

There's a ragged, exhausted prettiness to Christine Maggiore's face, and she's as angular and darty as a whipper. On the day we met, in the fall of 2005, she was dressed in California shabby chic: a cutoff denim miniskirt, black Chuck Taylor sneakers, and a strappy tank top. Her legs were wiry and bare, as were her arms and shoulders—she could have collected rainwater in the cleft of her collarbone. More than a few teenage girls would love to inhabit that physique.

I am described as wearing a "cut off denim miniskirt" when I wore a skirt with a hemline that falls mid-knee.

I looked at her and wondered whether she was ill. In 1992, Maggiore was diagnosed as HIV-positive. At the time, she was a single, professional woman living in

middle-class Van Nuys. She was stunned by her diagnosis. "I thought, That's it, I'm dead."

Devastated, she dropped out of the graduate business program she'd been attending, stopped seeing friends, donned a fake wedding ring to ward off men, made a list of all the things she hoped to accomplish in her time remaining—learning to paint, taking up ballroom dancing, getting abs of steel—and settled in to die. It was widely assumed by both physicians and patients in 1992 that a positive HIV test would soon lead to full-blown AIDS, followed by obscene wasting, a litany of opportunistic infections, and death.

But Maggiore didn't die. She didn't even get sick—and this

was before the advent of the current state-of-the-art treatments for HIV, the protease inhibitor drugs or so-called trivalent "drug cocktail" that in many cases have reduced HIV infection to a chronic, manageable disease. Although she wasn't taking any of the medications then available, she did not come down with any of the typical AIDS-related illnesses (pneumonia, infections, herpes, cancer). Newly strict about her diet and exercise, she said she felt "healthier than I'd ever been." After a few years of this, and of receiving, she says, no reasonable explanation from mainstream medical sources for her asymptomatic state, she turned elsewhere. What she found was uplift and hope. She found the HIV deniers.



In the early 1990s, a tremendous amount was unknown about AIDS and about HIV; certain aspects of the two remain mysterious even now. Scientists couldn't easily isolate the HIV virus in the blood or tissues of infected patients. Clinicians instead relied on checking for antibodies to the virus in the blood. Generally in medicine, finding antibodies to a disease, and not finding the active virus or bacteria itself, is an indication that the person's immune system has done its job and wiped out the invader. Even so, the majority of AIDS experts were convinced that HIV was the invader. It was the only microbe almost universally present in the bodies of sick patients, even if only ghostly traces of its passage—the antibodies—could be found.

But enough doubt remained to fuel the growth of the HIV deniers or, in less-inflammatory terms, the AIDS alternative explanation movement. Its proponents, who have included prominent scientists and physicians (a Nobel Prize winner among them), held that AIDS was not an emergent illness, but merely a cluster of long-recognized conditions. They claimed that doctors were seeing more of these once-rare illnesses because of recreational drug use and chemical contamination in the environment. HIV, the dissidents said, was a red herring.

Maggiore was only 36 when she found out that she was HIV-positive. (She's 50 now.) At first, the diagnosis turned her into a woman she couldn't stand. "I was passive, withdrawn," she said. "I felt I had no options, no control." But when she was recruited by AIDS Project Los Angeles and other groups to riff on the general topic of "If HIV Can Happen to Me, an Affluent White Woman, It Can Happen to *Anyone*," it turned out that she was a dynamic speaker; she scared the crap out of her audiences and was proud to do so. Until then she still subscribed to conventional beliefs about AIDS and HIV, but at a friend's suggestion, she began looking into the HIV-deniers' movement. As she devoured the skeptics' literature, as she interviewed researchers, immersed herself in the agitprop and the actual science, she became more convinced of the rightness of the dissidents than some of the dissidents themselves. Their theories explained to her satisfaction why she didn't progress to AIDS and why others she'd met hadn't either. And as she gradually regained her old amped energy, her ambition and drive, she directed them not back into her first, quite successful career in the fashion business in Italy—where she'd met her longtime boyfriend, the man who'd likely infected her with HIV—but

Reynolds writes that I looked into "HIV deniers...at the suggestion of a friend," omitting the well known fact that a year into my positive diagnosis, I experienced a series of conflicting HIV test results that fluctuated between positive, negative and indeterminate, and that this prompted my investigation into AIDS science.

into this anti-mainstream-medicine brand of AIDS activism.

She founded a group, Alive & Well AIDS Alternatives, and became a linchpin for the movement. Her self-published manifesto, *What If Everything You Thought You Knew About AIDS Was Wrong?*, sold 50,000 copies. She was called a murderer, a nut, a homophobe. People screamed that she had on her hands the blood of HIV-positive patients who'd declined AIDS drugs. She had unprotected sex with the man who would become her husband, bore a son, Charlie, and then a daughter, Eliza Jane, declining to take the drugs that obstetricians recommend to stop transmission of HIV to the fetus. In media appearances, Maggiore often pointed to her two blooming children as evidence that the old hypotheses about HIV and its effects were all wrong.

Then on May 16, 2005, three-year-old Eliza Jane died suddenly of what the Los Angeles County Coroner determined were complications caused by AIDS. Since then, Christine Maggiore has been facing grief, a raft of weird physical ailments, death threats, a legal investigation, and, one assumes, the lacerating question that must plague all true believers at least once in awhile: Could she have made a terrible mistake?

Faith, I thought as I approached her house, has carried plenty of people through doubt, loss, calumny, and even proof. But such certainty tends to exact a cost. How, I wondered, do you bear it if that cost is paid by those you love?

"I was terrified about having kids," Maggiore said as we sat in her sunny, spotless kitchen last November, sipping organic lavender chamomile tea. "Not about whether they'd get the disease. I was terrified about how much you love them."

She was well established as an outspoken HIV skeptic when she met Robin Scovill. A fledgling filmmaker almost 13 years younger than she, he fell in love, he told me, when he first laid eyes on the author's photo on the back cover of her book. Leaning against the kitchen island as he spoke, he stared into the middle distance. A burly man with long, unruly dark hair and a gorse-hedge beard, he seemed more lumberjack than agitator-aesthete, but he threw himself into filmically depicting the arguments and personalities behind the skeptics' movement. The documentary he made, *The Other Side of AIDS*, received a special mention at the 2004 American Film Institute film festival in Los Angeles.

From its inception, the relationship between Maggiore and Scovill was whirlwind. They met, dated once or twice, had sex—not using condoms; he knew her HIV status and believed, with her, that the virus was not a threat—and with that first coupling, she got pregnant.

"We hadn't even talked about marriage," let alone children, Maggiore said. Her immediate thought was abortion. "Not because of HIV. I wasn't sure we were in any position to have

My husband is described as having "dark, unruly hair" when his hair is sandy blonde and straight.

A two-month pre-coital courtship with my husband is described as "they met, dated once or twice, had sex."

children together." She scheduled the procedure, arrived at the office, and then, at the last moment, uncertain, unsettled, left.

At the time, pregnant women with HIV were, as a matter of course, put on the drug AZT, which blocks the replication of viral RNA. "Without medication, the chances of transmitting HIV to the infant are about one in four," Jessica Frickey, a former spokesperson for the Centers for Disease Control's National Center for HIV, STD, and TB Prevention, told me in a telephone interview. "With medication, the transmission rate is reduced to about 1 or 2 percent."

But—and no one denies this—AZT is toxic. "I wouldn't be surprised if, 20 years down the line, we find that everyone who's taken AZT develops cancer," said Jay Gordon, one of Maggiore's pediatricians. In 1998, a mother won the right from the Maine Supreme Court to stop AZT treatment for her HIV-infected son, over the objections of the child welfare authorities who were trying to take custody of the child because another of the woman's HIV-infected children had died, in part from complications caused by AZT.

"It's certainly not a harmless drug," said Douglas Diekema, MD, a pediatrician and the interim director of the Treuman Katz Center for Pediatric Bioethics at the Children's Hospital in Seattle. "But you must balance its risks against the benefits of not transmitting HIV to the infant."

Not a problem for Maggiore. She saw no risk in transmitting a virus she was not convinced she had, and even if she did, she was not convinced the virus was harmful. She *was* convinced that AZT was harmful, and therefore she was not going to take it. This made finding an obstetrician impossible. None of the 15 doctors she called in Los Angeles would accept her as a patient when she told them her HIV status and beliefs. So she turned to a certified nurse-midwife, and "after a ridiculously healthy pregnancy," gave birth at home, in a wading pool, to Charles Scovill, who had every appearance of lusty good health. She breast-fed him, violating the accepted medical practice for HIV-infected mothers; HIV can be transmitted through breast milk.

The experience of having Charlie was so blissful, she said, that she and Scovill—they'd married after his birth—agreed to try again. Four years later, she was delighted to find herself pregnant.

Again Maggiore opted to eschew AZT, employ a midwife, give birth at home, and breast-feed. The baby, Eliza Jane, outweighed her brother at birth by a pound. "She was a little chunkster," Maggiore said. In all probability, Eliza Jane became infected with HIV during gestation, labor, or breastfeeding. There's no evidence that she contracted the virus at any other time. (HIV is not easily transmissible, and Maggiore never, to anyone's knowledge, bled on her daughter.) But it's impossible to know. Determining the HIV status of newborns and young children is thorny.

Between 20 percent and 45 percent of babies born to

The article states, I "scheduled the appointment [for an abortion], arrived at the office, and then, at the last moment, uncertain, unsettled, left." In fact, as I explained to Reynolds, a doctor halted the procedure after a pre-operation ultrasound mistakenly indicated I was 15 weeks pregnant.

Reynolds states that "In all probability, Eliza Jane became infected with HIV during gestation, labor or breastfeeding," when in fact, the autopsy report does not give her HIV status, and we have no laboratory evidence from the coroner of a positive HIV test, despite multiple requests for such evidence by our attorneys.

HIV-infected mothers will test positive, whatever their actual status, because they share the mother's antibodies. "Tests on children younger than about 18 months to two years are unreliable," said Charles J. Sophy, MD, the medical director for the Los Angeles County Department of Children and Family Services (DCFS).

Maggiore wasn't planning to have her children tested anyway, at any age. "Why should I subject them to the consequences of a positive test?" she asked, since she considered the findings invalid and meaningless.

This choice, more than those concerning AZT and breast-feeding, seems to have set her on a course that, to most of medicine, is unsettling, or worse. "We have good treatments for pediatric AIDS now," said Dr. Norman Fost, a pediatrician and the director of the bioethics program at the University of Wisconsin School of Medicine. "To blind yourself to the possibility that your child might be infected, particularly if you've not taken AZT, seems to me morally irresponsible and certainly rises to the level of medical neglect."

"I'd say," Maggiore retorted, "those people haven't read the small print on an HIV test."

A quick primer: The vast majority of doctors and scientists in the world today view AIDS not as a single disease, but as a syndrome, an umbrella diagnosis. To have AIDS, you must first be infected with HIV, which most scientists believe attacks CD4+ T cells in the immune system, weakening the body's ability to fight off infection. Being infected with HIV does not mean that you have AIDS; it is only the first prerequisite. As a result of weakened immune systems, people with HIV usually develop a wide range of opportunistic diseases, including pneumocystis carinii pneumonia (PCP) and others. In America, to be diagnosed with AIDS, you must develop at least one of a wide range of specified illnesses, in conjunction with a positive HIV test. It's these acute diseases and infections that kill, not HIV.

In many ways, HIV and AIDS are capricious. The most

common HIV test, because it looks for antibodies, produces false positives for odd reasons, including the presence of other illnesses and, interestingly, pregnancy. Next-generation molecular tests can identify the actual viral RNA, although as with antibody testing, false positives are still possible. HIV also acts differently in different people. "Not everyone who is infected [with HIV] gets sick," an AIDS doctor wrote last summer in *The New York Times*. "Not everyone who is treated gets well. Some people progress along the road from initial infection to progressive immune deficiency to life-threatening illness at the expected pace, then with treatment head right back again to health. Others stall along the way, sick or well, defying our dire

In her "quick primer" on AIDS, Reynolds mentions that AIDS conditions occur when CD4 T lymphocyte cells are depleted, weakening the body's ability to fight off infection," but does not mention that my daughter's total lymphocyte count at the time of her death was well above normal and five times higher than World Health Organization's guidelines for diagnosing AIDS via total lymphocyte count (Costello C et al. Predictors of low CD4 count in resource-limited settings. J Acquir Immune Defic Syndr 39: 242-248, 2005).

predictions and happy reassurances alike.”

None of this suggests, however, that HIV is not the cause of AIDS. By all the accepted standards of science, it is. “It is the only, and I stress only, thing shared by every group of people with AIDS,” Frickey said. “That includes homosexual men, heterosexual men, hemophiliacs, women, drug users”—patients in Africa, patients in Illinois, newborns, grandmothers, the rich, the destitute, and lab workers whose only risk factor happened to be a needle jab from an HIV-infected patient. “From a CDC perspective,” Frickey added, “the scientific evidence is overwhelming. I’m sorry [Maggiore] disagrees. I hope that, if she develops symptoms of AIDS, she won’t delay getting treatment. The drugs now available can prolong life. I hope she’ll put aside her doubts when the time comes and take advantage of what the medical community can offer.”

Maggiore responds to such sentiments with austere disdain. “If anyone will show me one study, just one, that proves, incontrovertibly, that HIV causes all of these [diseases that represent AIDS], I will accept their findings. I’ll close down [Alive & Well AIDS Alternatives]. I’ll stop fighting. There are better things I could be doing with my life. But that hasn’t happened, and it won’t. It can’t.” Later she added, “You have these tests that are supposed to tell you whether you’re living or dying, and they can’t even look for the virus itself. They look for representations of it, for antibodies. That’s not just bad science. It’s evil.”

There’s an element in the statements from both sides of the HIV issue of liturgy, of pastoral faith in the face of the imponderable. Modern science cannot, at least not yet, explain all aspects of AIDS. But, to be frank, it does a more persuasive and dispassionate job than Maggiore. When I ask her about the current HIV tests that isolate actual viral RNA, she dismisses them as meaningless, saying they reveal only “protein strands,” which is, in fact, what RNA is.

“People who have strong belief systems, and that includes all of us, are not generally swayed by the intrusion of inconvenient facts,” Dr. Diekema said. “Even when they are presented with evidence that seems overwhelming, they will look at it and make it fit their beliefs.”

Which is fine. “Everybody has the right to hold wacky beliefs about medicine,” Dr. Fost said. But only for themselves. Things get messier when they catch the helpless in the grip of their convictions.

Eliza Jane’s final illness didn’t start ominously. The little girl, a few months past age three, developed the sniffles. This was near the end of April 2005, when coughs and colds were plowing through the under-five set in Los Angeles. Maggiore decided to take her daughter to the doctor.

At the time, the family was seeing three pediatricians, although only two practiced in Los Angeles. The third, a Denver-based doctor, was on the scientific and medical advisory board of Alive & Well AIDS Alternatives and supported Maggiore’s cause

Reynolds claims, “When I ask [Maggiore] about the current HIV tests that isolate actual viral RNA, she dismisses them as meaningless, saying they reveal only ‘protein strands,’” when in fact, I cited the test kit’s disclaimer for Reynolds which states that it is “not intended to be used as a screening test for HIV or as a diagnostic to confirm HIV infection.”

wholeheartedly. Maggiore had been commendably frank with the doctors, telling them her viral status, AIDS philosophy, and that she hadn't had her children tested for HIV. The primary pediatricians the family had chosen—Paul Fleiss, father of Heidi, the Hollywood madam, and his protégé, Jay Gordon—were well known in Los Angeles for supporting alternative medical approaches, such as skipping childhood vaccinations. (Maggiore's children hadn't been vaccinated.)

But Gordon told me he didn't agree with her beliefs about HIV or testing. "I'm sure I urged her to have the children tested," he said. (Maggiore disputed this.) "I suppose I knew she wouldn't. Nothing would have changed her mind. She could not be swayed one degree from her 180-degree opposite view of the actual science. But I didn't want to turn the children away. I thought that I could keep an eye on them and watch for symptoms."

He'd seen Eliza Jane for her annual checkup a few months before she became ill and hadn't noted anything worrying. Nor did he when Maggiore subsequently brought her in with the sniffles. "I ask myself how I could have missed [what turned out upon autopsy to be pneumonia]." Gordon said last fall. "All I can say is that the symptoms were not pronounced." Like Dr. Fleiss a few days earlier (Maggiore had double-booked appointments, she said, to be sure she'd get in to see someone), he concluded that she merely had a cold and fluid in her ears.

Dr. Gordon said that when both he and a nurse called her a few days later to ask about the girl, part of their standard follow-up. Maggiore assured them that Eliza Jane now was fine. But in fact the child's runny nose, fussiness, cough, and malaise lingered.

At last, on May 14, about three weeks after the first symptoms had appeared, Maggiore called Philip Incao, the Denver pediatrician, who was visiting Los Angeles. An MD who practices what he calls "anthroposophic medicine," a distant relation of homeopathy, he came to Maggiore's house, checked Eliza Jane, listened to her lungs, checked her temperature (slightly elevated), and diagnosed an ear infection, for which he prescribed the antibiotic amoxicillin. (Incao was not licensed to practice or prescribe medicine in California, and his actions are still under review by the California medical board.)

Just before midnight the following evening, after a day of nausea, vomiting, and wheezing, Eliza Jane suddenly stiffened and stopped breathing. Scovill, who'd been on the phone with Incao, frantically hung up and dialed 911. The little girl was rushed to the hospital. But around dawn, attached to the dwarfing tubes and machinery of a pediatric intensive care unit, Eliza Jane went into irreversible cardiac arrest and died.

"I thought the grief would kill me, it was that strong," Maggiore said. "I wanted to scream and make things be different. She'd been a beautiful, healthy little girl. But no one is spared from sorrow, no one, and that" (Continued on page 553)

Reynolds quotes Dr Jay Gordon as saying, "I'm sure I urged [Maggiore] to have the children tested," yet medical records show that Gordon did not discuss or order HIV tests for Eliza Jane or her brother Charlie, not even at an exam with Charlie two days after his sister's death.

Reynolds writes that "At last on May 14...Maggiore called Philip Incao [to see Eliza Jane]" omitting a May 7 exam with Dr Incao that followed the visit with Dr Gordon. Reynolds also omits that at the May 7 and May 14 exams, records show my daughter had no cough. Instead she writes, "the child's runny nose, cough and malaise lingered."

Please note that the error about "a day of vomiting" was specifically corrected during the fact check yet appears in the article nonetheless, and the unsubstantiated allegation that my daughter was also "wheezing" and had "nausea" was not mentioned during the fact check.

THE BELIEVER

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includes us." She paused. "Everyone at the hospital was very kind, though. At least at first."

As soon as Eliza Jane had been declared dead, a large, unwieldy investigative mechanism swung into action to ascertain why. Agents from the police, coroner's office, and Los Angeles County Department of Children and Family Services all responded.

In the early days of the investigation—and of her own disorienting mourning, Maggiore said—she did not volunteer any information about her HIV status or stance. "I didn't want to cloud anyone's thinking. I know how these things work. I didn't want to prejudice people and direct their thinking about what had happened to my daughter in any way. I wanted an unbiased investigation."

Which left the investigators baffled. The preliminary autopsy findings were inconclusive. There were no signs of physical abuse or of obvious, gross damage to the lungs or other organs. The pathologists didn't order an HIV test; in the normal course of investigating the death of a white, middle-class three-year-old, they wouldn't.

Then someone in the coroner's office Googled Maggiore's name. And the focus of the investigation abruptly shifted.

In September 2005, four months after Eliza Jane's death, the coroner released an autopsy report that concluded, emphatically, that the little girl had died of AIDS. Pathologists had found PCP—pneumocystis carinii pneumonia—in her lungs, sores in her mouth suggestive of herpes, a badly atrophied thymus (all markers of pediatric AIDS), and strands of HIV's molecular proteins throughout her inflamed brain.

Reynolds claims "as soon as Eliza Jane had been declared dead, a large, unwieldy investigative mechanism swung into action" when in fact, the police investigation began several weeks after her death, and the Department of Children and Family Services was not involved until four months later.

Reynolds claims that "the pathologists didn't order an HIV test in the normal course of investigating the death of a white, middle class three year old..." as if race and income dictate testing decisions. Instead, the coroner's office has stated that cases of unexplained death "are not routinely tested for HIV because AIDS is so obvious."

Reynolds states that my daughter had "sores in her mouth suggestive of herpes" when the autopsy report makes no mention of sores of any kind in her mouth.

Reynolds states that the coroner found "strands of HIV's molecular proteins throughout [my daughter's] inflamed brain" when in fact, her brain was normal (not inflamed) per a CAT scan taken at the emergency room, per the findings at autopsy, and per a neuropathology exam included in the autopsy report. Further, the finding of a single protein, rather than "strands of HIV's molecular proteins," was added as an amendment to coroner's report four months after the original autopsy.

Reynolds omits mention of the fact that the credibility of Dr James K Ribe, the coroner brought in to resolve my daughter's case, has been challenged by the District Attorney as well as in numerous judicial proceedings, or that Ribe is currently a defendant in a civil suit for having altered autopsy reports of several murder victims to conform to a confession later determined to have been fabricated by police.

Maggiore's response was immediate and has remained unwavering: "It's not true," she said, referring to the coroner's conclusions that Eliza Jane had pneumonia and died of AIDS. Obviously, the coroner disagreed, and after the report was released, the police began investigating whether her conduct of Eliza Jane's medical care constituted child abuse. The DCFS opened a case. Maggiore and her husband were told that they might lose custody of Charlie. The blogosphere, with its typical measured impartiality, called for Maggiore to be assassinated. A few people even offered to do the job themselves. So she fought back. A pathologist, a man on the board of Alive & Well AIDS Alternatives, produced what Maggiore called an "unbiased" second-opinion explanation of the coroner's findings. His report concluded that Eliza Jane had died of an acute allergic reaction to amoxicillin.

Reynolds claims my response to the coroner's September declaration was "an immediate... 'it's not true!'" when in fact, my first public statement on the issue came during a December 5th broadcast of ABC's PrimeTime, and did not contain the words "It's not true!" (Per the program transcript: "I believe the unfortunate irony in this situation is that the one time we were asked to and that we complied with mainstream medicine, we inadvertently gave our daughter something that took her life.")

Reynolds claims I "fought back" against the September declaration my daughter died of AIDS by hiring a pathologist. In fact, the pathologist's request to receive a copy of the autopsy report was submitted to the coroner's office in May, four months before the declaration was issued.

A number of prominent pathologists have examined both the original autopsy and the alternative version. All have publicly concluded that the original was correct. Eliza Jane died of AIDS.

Reynolds claims that, "a number of pathologists have examined both the original autopsy and the alternative version. All have publicly concluded that the original was correct," when disagreement with the original findings by pathologists and other medical experts appears in the public record. In fact, the "alternate version" of the original autopsy was published in a peer reviewed medical journal with an editorial board consisting of 10 PhDs and 12 MDs with whom I have no association.

No one should be surprised to learn Christine Maggiore does not accept their findings. She will not, probably cannot. "Explain to me how she

can have been a healthy little girl, with no signs of pneumonia, no evidence of swelling in her lungs, and have died of PCP?" she asks. "It's ludicrous. Pneumonia is defined as swelling of the lungs, and she didn't have any. This is the antithesis of good science. The coroner's office reached its conclusions based on what they knew about me, not what they saw in the autopsy."

Reynolds changes my definition of pneumonia from the correct one, "inflammation of the lung caused by disease," to a medically incorrect interpretation, "swelling of the lungs," and falsely attributes this mistake to me. The correct definition is crucial to the story as my daughter's autopsy report states that medical examiners found "no inflammation" of her lungs, thereby ruling out pneumonia.

Reynolds compounds this error by omitting a correct reference to swelling, that is, that the autopsy notes swelling of all my daughter's vital organs, a hallmark of toxic reaction, especially in lungs described at autopsy as having "no inflammation."

A spokesperson for the L.A. County Coroner's Office said the autopsy was conclusive and the findings had not been influenced by Maggiore's activism.

Which leaves her in a parental purgatory. The criminal investigation still proceeds, more than a year after Eliza Jane's death. As recently as May, detectives were canvassing her friends and neighbors, asking them about her parenting style, the health of her children, and whether, in effect, people liked her. Was she a good mother? Almost uniformly, the replies were positive. A series of letters, solicited by Maggiore after Eliza Jane's death and sent to both the DCFS and the sheriff's office, glow with affection for the Maggiore-Scovills. "Every time I was there, Christine looked after Eliza Jane and Charlie very closely in terms of their health and their general well-being," wrote a teacher who'd done some work for Maggiore. Another letter writer, a professional nanny, said, "Robin and Christine [are] a continual source of parenting inspiration for our family." A detective declined comment about the investigation, except to say that charges, which could range from manslaughter to child neglect, had not been filed.

Unlike the police, the DCFS has closed its investigation of the family after insisting that Maggiore and her husband have Charlie tested for HIV or lose custody. The boy ultimately underwent four HIV tests, including one in the offices of the DCFS medical director. All were negative. (Robin Scovill also tested negative.) That ended the interest of the agency. "Unless they decide to have more children, we would have no reason to intervene at this point," Dr. Sophy, the department's medical director, said. He sighed. "They're good people. I wish them well."

Maggiore brushed aside such sympathy. "It's patronizing." But she admitted to some dark nights of the soul, and some disturbing breakdowns of the body. In the immediate aftermath of Eliza Jane's death, she stopped menstruating. "Traumatic menopause." She had asthma attacks and lost weight. "Some doctors would have diagnosed me with AIDS right then," she said. "Luckily, I don't go to those doctors." With herbal remedies and rest, her periods resumed and her asthma waned. But on the anniversary of Eliza Jane's death, she was still being bothered by an excruciating mouth abscess and a crushing, sorrowful fatigue.

Sometimes I miss her so much that I have to sit down and put my head between my knees.

Reynolds' article leaves out why my daughter's case was referred to the LA County Coroner's office: A physical exam, two chest Xrays, a CAT scan, a spinal tap, blood work and other tests performed at the ER provided no insight into why Eliza Jane had died.

Reynolds states that "DCFS closed its investigation after insisting that [my son] be tested for HIV or lose custody" when in fact, Charlie had three times tested HIV negative prior to the DCFS investigation. As reported in the Los Angeles Times, "After reviewing recent test results from three labs showing that the boy is HIV-negative, the Los Angeles County Department of Children and Family Services is expecting to close its child endangerment investigation..."

My two day wait for treatment of a faulty root canal is described as me "still being bothered by an excruciating mouth abscess" a year after my daughter's death.

Maggiore said, "I'm afraid I'll pass out."

Scovill, for his part, was spending long periods away from Van Nuys, in New York and elsewhere. "He's guy-grieving," is all his wife would say.

In the end, Maggiore is unlikely to face legal consequences for Eliza Jane's death. "She went to three licensed medical practitioners who knew her HIV status," Diekema said. These pediatricians didn't suspect AIDS. (Pediatric AIDS sometimes progresses rapidly, with few early symptoms.) They didn't force Maggiore to have her daughter treated or hospitalized. They didn't alert the DCFS to the fact that she had not had either of her children tested for HIV. "She followed licensed, medical advice in this case. So she's essentially inoculated herself against prosecution for child abuse."

But she's not free from the suspicion that, perhaps, just perhaps, she furtively suspected. "I ask myself, why did she see three separate doctors?" Jay Gordon said. "Why did she tell my office that the girl was fine when we called her back? I can only speculate. But it does have the appearance of her not wanting anyone to look too closely...I feel that we failed that child. I did, the other doctors did, the teachers [at Eliza Jane's preschool], the neighbors, the friends, her parents. We could have saved her. I regret this case more than any I've ever had in my career."

"I'm sure there are people out there who think, 'Oh, now that this has happened, she'll change her mind about everything,'" Maggiore said. "They see this as a delicious opportunity for me to get my comeuppance. But nothing has changed. My daughter died of a reaction to amoxicillin. I suppose I'll be more opposed to the indiscriminate use of antibiotics than I was before. But that's all."

No cracks. No doubts. The woman could lead armies.

Twilight had come as I prepared to leave Maggiore's house. A few hours earlier, we'd picked up her son from the exclusive private school he attends and set him up with his homework at the kitchen table. Charlie, a grave, lanky little boy with his father's long hair and his mother's delicate face, ignored me. The press had not been kind to his mom.

"Are you hungry, love?" Maggiore asked at one point, offering him a bag of organic potato chips. He took the bag and showily, for my benefit, hugged her.

Finishing his homework, Charlie ran outside to play, and his mother leaned wearily against the kitchen island. "There are people who think that denial is all that's keeping me alive," she said. "These are the same people who say how virulent HIV is. So how can denial keep it at bay? None of what they say makes sense."

From the gathering dark, Charlie's laugh rang out. "There are also people who would feel satisfied if I dropped dead," she said. She paused, and unexpectedly, her laugh plaited with Charlie's. "So out of principle, I can't." □

My husband's four-day trip to New York last year was described as him "spending long periods away from [home] in New York and elsewhere."

The article includes a fictitious scene in which I "set my son up with his homework at the kitchen table." In fact, school he attends does not assign homework until third grade which he begins this fall.