

DISSENT FROM THE "HIV/AIDS" ORTHODOXY

by Serge Lang

This ad was originally submitted to fulfill my responsibility to provide some documentation for my op-ed piece. As explained on the preceding page, my op-ed piece was rejected. In this ad, I emphasize recent developments, but link them to the past.

§1. The official definition of AIDS in the United States is not scientifically neutral. It is circular. Since 1988-94, the CDC (Centers for Disease Control) has made up an official list of 25-29 diseases. Among these, about 60% have to do with immuno deficiency (for instance tuberculosis) but 40% do not, for instance diseases of cancer type, such as cervical cancer and Kaposi's sarcoma. A low T-cell count is mentioned explicitly as only one of the 29 diseases. A person is then defined to have AIDS for surveillance reporting purposes if and only if this person has at least one of these diseases, and simultaneously tests HIV antibody positive ([CAU 88], [CDC 92], see also the "Fact Sheet" from [NIAID], and *Challenges* pp. 610-612). Thus the definition assumes the correlation.

Thus when two persons have the same symptoms of a sickness on the CDC list, if one tests HIV antibody positive the sickness is called AIDS, and if the other person tests HIV antibody negative, then the sickness is given its ordinary name. In this way, the definition obstructs dealing with the question whether the virus called HIV is a cause of any disease, and biases correlations. Some medical practitioners or scientists follow the CDC definition and some do not. Usually articles (scientific or simply journalistic) do not specify what AIDS-definition they use. I have never seen a newspaper give a definition. The implicit newspaper definition, which can be extracted from the context, is that a person has HIV and will be dead in 10 years.

HHS and NIAID contribute to the incoherent mess by not even following the official CDC definition. For instance the HHS Surveillance Report [HHS 96] has a boxed item:

Acquired immunodeficiency syndrome (AIDS) is a specific group of diseases or conditions which are indicative of severe immunosuppression related to infection with the human immunodeficiency virus (HIV).
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Thus they omit the cancer type diseases in the CDC list, e.g. Kaposi's sarcoma, which may not involve immunodeficiency. I wrote to CDC Director David Satcher to point out the incompatibility. A Dr. Ward answered me that the boxed "statement is not, nor was it meant to be, a proxy or substitute for the CDC definition of AIDS..." I replied by pointing to a [NIAID] "FACT SHEET" which states:

Definition of AIDS. The CDC currently defines AIDS...as the presence of one of 25 conditions indicative of severe immuno suppression associated with HIV infection...

Thus the wheels at HHS, CDC, NIAID give no evidence that they can tell a fact from a hole in the ground.

In Africa, the official definition of "AIDS" is the Bangui definition, arising from a conference held there in 1985, sponsored by the WHO (World Health Organization) [WHO 86], [WHO 99]. It is based on certain clinical symptoms, it does not involve HIV, and it was officially approved by the WHO. Cf. the 12 references given in [DueKR 03], p. 386, about this situation, and the conclusion: "Indeed, all available data are compatible with an old African epidemic of malnutrition and poverty-associated diseases under a new name."

§2. Is HIV harmless? A counter hypothesis and the toxic effects of anti HIV drugs.

The first idea that came to the mind of medical researchers around 1980, when there occurred an increase of certain diseases in certain well-defined risk groups in the United States, is that this increase was due to drugs, of various kinds depending on the risk group, see for instance [Dur 81] and historical comments in [DueKR 03]. Different risk groups come down with different diseases, and are exposed to different drugs. Various drugs can be involved, ranging from sex-enhancing recreational drugs and intravenous drugs to HIV-inhibiting drugs.

One risk group is usually called the homosexual risk group, thereby prejudicing the situation illegitimately. Actually, in a subgroup of male homosexuals, heavy use of drugs, especially "poppers" (whose technical name is amyl nitrite) to reinforce sexual pleasure, has been suggested as the cause of the increase of AIDS defining diseases such as Kaposi's sarcoma in this population. In England, poppers were declared illegal in 1996, because of their link (correlation) with Kaposi's sarcoma.

The time period and cumulative effect of certain drugs may also be factors involved in the causation, see §6 (my second letter to Jewell). The situation may be similar to prolonged use or abuse of alcohol causing cirrhosis of the liver, or smoking causing lung cancer. But correlation does not always imply causality, as we can see from this analogy. The correlation of lung cancer and heavy smoking is essentially the same as lung cancer and yellow fingers, but yellow fingers do not cause lung cancer. One question is whether HIV is a "yellow finger".

The drug hypothesis (that HIV is not pathogenic, and diseases in the West attributed to HIV are caused by drug use) has been taken up by Duesberg and others as in the paper with Kohnlein and Rasnick [DueKR 03] and the publication "Reappraising AIDS" by The Group for the Reappraisal of AIDS.

As to the toxic effect of anti-HIV drugs, I bring up significant references. One of them is John Lauritsen's book *Poison by Prescription: The AZT Story* [Laur 90]. Another consists of articles published in the gay-interest British journal *Continuum* by German and Swiss doctors. I quote from these articles.

AIDS BY PRESCRIPTION

*Protease inhibitors and antiviral drugs with mitochondrial toxicity:
AIDS treatment with consecutive death.*

The advertising drums are beaten hard all over the world today. The same doctors are calling for obedient candidates for their experiments and holding out the same promise of a cure who have poisoned countless AIDS patients by administering the DNA blocker AZT for the past ten years in an attempt to hunt down the phantom HI virus...

The victims and perpetrators have only recently come to realize that AZT (also known as Zidovudine and Retrovir) has, in countless cases, brought about the inevitable and slow asphyxiation of the patient's body cells, which are in particular need of oxygen and hence the equally inevitable death by poisoning of those persons who are stigmatized as HIV positive or diagnosed as suffering from AIDS and who trust their doctors...

A guarantee of success is secured in advance, as with AZT, because any fatal "secondary effects" of the mixture are described as an outcome of the phantom HIV infection.

H. Kremer M.D., Stefan Lanka PhD & Prof. Alfred Hässig M.D.
Continuum, July-August 1996

15 years of AIDS

The continuous failure in the prevention and treatment of AIDS is rooted in the misinterpretation of an inflammatory autoimmune process as a lethal, viral venereal disease.

Prof. A. Hässig M.D., H. Kremer M.D., S. Lanka PhD

Prof. W-X Liang M.D., K. Stampfli M.D.

Continuum, Spring 1998

Continuum gives the professional background of the above doctors as follows.

Dr. Heinrich Kremer M.D. was medical director of the Specialist Clinic for Juvenile and Young Adult Drug Offenders for five German counties, including Berlin, Bremen, and Hamburg. With the German virologist Dr. Stefan Lanka he initiated the Research Group for Investigative Medicine and Journalism, reg!med. Immunologist Prof. Alfred Hässig, Professor Emeritus at the University of Bern, is a former director of the Swiss Red Cross Transfusion Service, and former President of the Board of Trustees of the International Society of Blood transfusion. With colleagues he formed the Study Group for Nutrition and Immunity.

Most of the above issue of *Continuum* is devoted to articles which present analyses from points of view independent of the orthodoxy.

The second reference which I mention concerning the toxicity of anti HIV drugs comes from the *New Scientist* in London [NS 00] p. 7. The article starts:

No more cocktails

Four years of "hit hard, hit early" HIV treatment may be on the way out in the US, as evidence mounts of the drugs' serious side effects.

AIDS experts in the US are about to complete a humiliating U-turn when the Department of Health and Human Services launches its revised HIV treatment guidelines in January...

A caption under a photograph accompanying the article states: "About turn: campaigns urging more funds for antivirals to treat HIV are being overtaken by fears over the drugs' toxicity". Thus the American biomedical establishment was beginning to take note of a position taken long before by Duesberg. Cf. also [DueKR 03].

Despite this evolution, four years later an Associated Press article ([Sol 04], 13 December 2004) started as follows:

AP Exclusive: Top U.S. officials warned of concerns before AIDS drug sent to Africa - John Solomon, Associated Press Writer

Weeks before President Bush announced a plan to protect African babies from AIDS, top U.S. health officials were warned that research on the key drug was flawed and may have underreported severe reactions including deaths, government documents show.

The 2002 warnings about the drug, nevirapine were serious enough to suspend testing for more than a year, let Uganda's government know of the dangers and prompt the drug's maker to pull its request for permission to use the medicine to protect newborns in the United States.

But the National Institutes of Health, the government's premier health research agency, chose not to inform the White House as it scrambled to keep its experts' concerns from scuttling the use of nevirapine in Africa as a cheap solution, according to documents obtained by The Associated Press.

"Everyone recognized the enormity that this decision could have on the worldwide use of nevirapine to interrupt mother-baby transmission," NIH's AIDS research chief, Dr. Edmund C. Tremont, reported March 14, 2002, to his boss, Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

The AP article goes on for five pages, and parts of it made it in the press at large, for example the websites of *USA Today*, CBS "Officials Hid AIDS Drug Dangers", ABC News, on 13 December 2004. The bay area's newspaper *San Francisco Chronicle* had a sequence of articles [SFC 04c-g], starting on 14 December on an inside page (the front page was busy with a murder trial): "U.S. officials were warned of risk posed by Aids drug."

Readers can compare the above with the documentation I provide above and below, for instance the African National Congress admonition against ex-President Carter ([ANC 02], see the end of §5), and the

ANC protest "Nevirapine, drugs & African guinea pigs" [ANC 04] after the AP-Solomon report. See also "U.S. accused of Aids drug conspiracy" [SFC 04g], [Far 04]; and circling the wagons in *Nature* and the *New York Times* [Ceck 04], [McN 04].

Draw your own conclusions.

§3. "Paradoxes" arising from the hypothesis of HIV pathogenesis. Articles by Ho et al and Wei et al [Ho 95], [Wei 95] are among the most famous purveyors of the orthodox view concerning HIV. Ho was a Man of the Year for TIME magazine. However, the above articles have been severely criticized. That the HIV hypothesis of pathogenesis leads to "paradoxes" (incompatibility with empirical evidence) has been noted several times. One of those pointing out some paradoxes is M. Ascher, who is part of the biomedical establishment, and was the lead author of an article in *Nature* [ASWV 93], purporting to show that "drug use does not cause AIDS", as the *Nature* press release stated. (More about this below in §6.) However, Ascher cosigned a letter to the editors of *Nature* [ASAKB 95] making the point:

The articles by Ho et al.¹ and Wei et al.² have been hailed as providing crucial new information that clarifies the enigma of HIV-mediated pathogenesis...But the central paradox of AIDS pathogenesis remains...there is about 100-1,000 fold more cell death than can be accounted for by the observed rate of virus production.⁵ It is a murder scene with far more bodies than bullets.
...those who would see AIDS as a more-or-less conventional viral infection have consistently refused to recognize the paradoxes that are clearly evident in the experimental data. The problem continues.

Three years later, we have the Roederer article in *Nature Medicine* [Roe 98], addressing especially the Ho et al and Wei et al articles which promoted the orthodox position about the "war" between HIV and T-cells, purporting to show how HIV demolishes the immune system. Roederer writes that the Ho et al and Wei et al articles

received enormous publicity in the popular press, with vivid portrayals of a "massive immunological war" in which billions of CD4⁺ T-cells were produced and destroyed daily.

However, Roederer follows this up with an analysis containing the "nails in the coffin" sentence:

In this issue of *Nature Medicine*, reports by Pakker et al.³ and Gorochov et al.⁴ provide the final nails in the coffin for models of T cell dynamics in which a major reason for changes in T cell numbers is the death of HIV-infected cells.

For completeness, I note that at the end of his article, Roederer maintains HIV pathogenesis, when he asserts:

Finally, the facts (1) that HIV uses CD4 as its primary receptor, and (2) that CD4⁺ T cell numbers decline during AIDS, are only an unfortunate coincidence that have led us astray from understanding the immunopathogenesis of this disease. HIV leads to the progressive destruction of all T-cell subsets, irrespective of CD4 expression. Ultimately, AIDS is a disease of perturbed homeostasis...

No evidence is given for attributing this kind of pathogenesis to HIV. And besides, which definition of AIDS is Roederer using? Is a case of Kaposi's sarcoma "AIDS" according to Roederer, even when no immunodeficiency is present? In Roederer's expression "this disease", what is the justification for the implied claim of a well-defined single disease rather than a collection of diseases which are given the same name "AIDS"?

On the other hand, the *San Francisco Chronicle* (1 July 2004, p. A7) had an article starting:

Daily multivitamins found

to cut AIDS risk in half

A study of HIV-infected African women found that daily doses of multivitamins appear to slow down the disease and cut the risk of developing AIDS in half.

The researchers who conducted the study in Tanzania suggested that vitamin supplements could be used in developing countries to delay the need for AIDS drugs, saving them for use at more advanced stages and avoiding their side effects.

"It's a low-cost intervention that could result in major savings and be helpful to many individuals in terms of better quality of life," said Dr. Wafaie Fawzi of Harvard School of Public Health, who led the study reported in today's New England Journal of Medicine...

[And later in the article:] Fawzi said the high-dose multivitamins with vitamins B, C and E used for the study cost about \$15 for a year's supply; AIDS drugs in Tanzania cost about \$300 a year.

The article in the *Chronicle* might be OK if it made more precise what was meant by "HIV" and "AIDS". With these undefined terms, it is partly tendentious and confused. For one thing, what is meant by "AIDS", e.g. in the sentence from the article reading: "The women were followed for about six years. Eighteen of the 271 women who took multivitamins or 7 percent, developed AIDS, compared with 31 of the 267 women, or 12 percent, who took a dummy pill." The Bangui definition does not use HIV presence in its definition of "AIDS", whereas the CDC definition does. What the above study found to be AIDS is compatible with malnutrition as a cause of disease in part of the group studied, the label "AIDS" being added in a way which may be challenged as above. On the other hand, getting Kaposi's sarcoma is compatible with having taken poppers for a decade. What do the two have in common, besides being called "AIDS", illegitimately I claim, in light of the evidence?

§4. UNAIDS and WHO estimates; newspaper reporting. On 22 November 2001, *Rolling Stone* published a long documented article by Rian Malan questioning the validity of figures spread by UNAIDS and the WHO about "HIV/AIDS" in Africa. Towards the end, this article reproduces an exchange with UNAIDS' chief epidemiologist Dr. Bernhard Schwartländer, about the "UNAIDS computer model of Africa's epidemic", said to be "completely dependable". However, Malan writes:

If that's true, I said, then why would we have 457,000 registered deaths here last year [in South Africa] when the UN says 400,000 of them died of AIDS? One of these numbers must be wrong.

"You say there are 457,000 registered deaths in South Africa?" Schwartländer said, momentarily nonplussed. "This is an estimate based on projections."

No, said I, it's the actual number of registered deaths last year.

"We don't really know," he replied. "Things are moving very fast. What is the total number of people who actually die?..."

Malan wrote a similar article for *The Spectator* 27 December 2003, under the heading:

Africa isn't dying of Aids

The headline figures are horrible: almost 30 million Africans have HIV/Aids. But, says Rian Malan, the figures are computer-generated estimates and they appear grotesquely exaggerated when set against population statistics.

Concerning computer generated estimates by UNAIDS and the WHO, Malan wrote:

Aids is the most political disease ever. We have been fighting about it since the day it was identified. The key battleground is public perception, and the most deadly weapon is the estimate...Who were they, these estimators? For the most part, they worked in Geneva for WHO or UNAIDS, using a computer simulator called Epimodel. Every year, all over Africa, blood would be taken from a small sample of pregnant women and screened for signs of HIV infection. The results would be programmed into Epimodel, which transmuted them into estimates. If so many women were infected, it followed that a similar proportion of their husbands and lovers must be infected, too. These numbers would be extrapolated out into the general population, enabling the computer modellers to arrive at seemingly precise tallies of the doomed, the dying and the orphans left behind...

Malan goes on documenting the contradictions with empirical data. He concludes:

I think it is time to start questioning some of the claims made by the Aids lobby. Their certainties are so fanatical, the powers they claim so far reaching. Their authority is ultimately derived from computer-generated estimates, which they wield like weapons, overwhelming any resistance with dumbfounding atom bombs of hypothetical human misery.

The *San Francisco Chronicle* published a shorter version of the Malan *Rolling Stone* piece on 6 January 2002. However, some three years later (24 November 2004, p. A3) the *Chronicle* became a conduit for the exaggerated figures of UNAIDS and the WHO, when they published an article headlined:

U.N.AIDS REPORT: 3 MILLION DEAD, \$6.1 BILLION SPENT IN 2004

Thus the headline makes it appear that actually 3 million people have died of HIV/AIDS in 2004. However, the article itself states:

Despite a spurt in international spending against AIDS, the epidemic will claim more than 3 million lives this year...

In its annual statistical assessment of the epidemic, UNAIDS estimates that 39.4 million people are living with HIV, the virus that causes AIDS. That represents a 4 percent increase over revised estimates from 2003.

There we behold the way journalism reinforces the propagandistic character of UNAIDS estimates, because the 3 million figure is not one of actual deaths in 2004, but is only an estimate, similar to those criticized by Malan. Thus the headline is a misrepresentation, passing off a computer-generated estimate for the future as a fact. Thus does the *SF Chronicle* contribute to conditioning people for the orthodoxy. Did the author of this *SF Chronicle* article read the Malan articles, in *Rolling Stone* or in the briefer version published by the *Chronicle* itself? Can the author of the *Chronicle's* current article, or the editors who might have written the headline, tell the difference between a fact, an opinion, a hypothesis, a computer estimate, and a hole in the ground?

More systematically, in [DueKR] p. 385, the authors point out that during the so-called AIDS epidemic (1988-2000), the sub-Saharan African population has grown by 274 million people. Hence the WHO's purportedly statistical figure of about 1 million cases of AIDS over this period "is statistically hard, if not impossible to verify - unless the African AIDS diseases were highly distinctive..."

§5. The case of Africa. One position of dissent from the orthodoxy concerning Africa is that it is illegitimate to give the same name "AIDS" for what's happening there, as for what's happening in the United States, within some well defined risk groups. Roughly speaking, sickness and death in Africa due to malnutrition, sanitation, and arising from poverty, have been occurring for centuries, and whatever increase has occurred has remained approximately the same relative to the total population. Actually, some parts of Africa are experiencing a population explosion. This doesn't mean one should not be concerned with the health problems of Africa, or that one should not help. The question is rather, what is help and what is not. I quote from an ANC website [ANC 02].

**RESPONSE TO FORMER PRESIDENT OF THE UNITED STATES-
JIMMY CARTER'S COMMENTS ON HIV/AIDS STRATEGY**

We are also surprised at the comments made by the delegation about anti-retroviral drugs in general and Nevirapine in particular.

We do not understand why US citizens urge this drug upon us when the health authorities in their own country do not allow its use for mother-to-child transmission. One of the reasons for this is that these health authorities say that there is insufficient data about issues of the safety of the drug.

We find it alarming that President Carter is willing to treat our people as guinea pigs, in the interest of the pharmaceutical companies, which he would not do in his own country.

In §2 we have seen the newly triggered action by the AP (John Solomon) concerning the toxicity of Nevirapine and the compounded African protest [ANC 04]. In §3 we have seen how some African diseases called AIDS might more appropriately have been attributed to malnutrition. More effective help

might have been given than sending \$15 billion worth of toxic drugs to Africa, as President Bush promised in 2004.

It is appropriate here to mention articles by Helen Lauer (a lecturer at the University of Ghana, Legon) on HIV/AIDS, going against the orthodoxy, and published in the African magazine *The Statesman* [Lau 03], [Lau 04a], and the various articles on "HIV/AIDS" in the book *History and Philosophy of Science for African Undergraduates* [Lau 04b].

§6. The universities (that's us). So what are the universities doing from their supposedly independent positions? Answer: In the U.S., going along with the orthodoxy, not to speak of corporate biotechnology. See for instance Richard Strohman's commentary [Str 99] "The University and Corporate Biotechnology", subtitle: "These days, profit margins and epistemology direct university research." In the 70's for a couple of years, Strohman was Director of the Health and Medical Sciences Program at UCB. The *Daily Cal* published his commentary in 1999. Strohman was retired by then.

For a concrete example of the University and Corporate Biotechnology, I refer to my confrontation with the *Yale Scientific* in 2001-2002, about an article of theirs reporting that "...the Yale administration encouraged Bristol-Myers Squibb to make the drug d4T [an anti-HIV drug developed at Yale] widely available to African communities who otherwise would never have seen these drugs." I submitted some comments for publication in the *Yale Scientific*, pointing out among other things that d4T is among those drugs which have life-threatening toxicities, and were the subject of the change in HHS guidelines in 2001 (the "humiliating U-turn" mentioned in §2 above). The *Yale Scientific* refused publication of my comments. The editors also expressed publicly their disagreement with the previous editorial decision to publish my 1999 article [Lan 99], when the editor in chief wrote to Helen Lauer (7-8 March 2002): "The magazine management in 1999 may have had a different opinion, but it is the current management that must act! [sic] in the best interest of YSM as we deal with the issues stemming from Lang's article."

Meeting Nick Jewell. While in Berkeley, I encountered defective responses or no responses to challenges of the HIV/AIDS orthodoxy. I had the opportunity to meet Professor Nick Jewell (Public Health and Biostatistics, also a Miller Professor). I shall now quote extensively from two letters I wrote him in fall 2004. These letters refer to material that I have published, among which: a chapter on HIV/AIDS in my book *Challenges* [Lan 98], and articles in the *Yale Scientific* [Lan 94], [Lan 95], as well as [Lan 99] when the editorial board had quite a different attitude from the one in 2001-2002. At the lunch when I met Prof. Jewell, I mentioned a paper by Ascher et al [ASWV 93] "Does drug use cause AIDS?", which claimed to present evidence why it does not. I mentioned that this article had been severely criticized. Prof. Jewell apparently did not understand what I was referring to, because he also mentioned some article himself, for which I asked a precise reference. He sent this reference more than a week later, and it turned out to be the same paper I mentioned! He wrote:

The reference I had in mind was the article "Does drug use cause AIDS" by Ascher, Sheppard, Winkelstein and Vittinghoff (the last was a PhD student of mine) which appeared in *Nature* Vol. 362, 103-104 in 1993. The data - from a probability sample of single men in SF - shows a death rate of 42% in HIV positive men and 2% among HIV negative men (just looking at homosexual men, the comparison is even more dramatic if one includes heterosexuals) in 8 years of follow-up. There is no association between drug use and AIDS, measures of immune function and death once one accounts for HIV status. The data is, in my mind, conclusive about the role of HIV as compared to drug use.

I sent to Jewell my 1-inch packet of documentation about "HIV/AIDS", and wrote to him.

From my first letter to Jewell, 5 October 04

That article is precisely the paper I mentioned. I also mentioned the severe criticism to which this paper has been subjected, for instance, the "Re-analysis of the San Francisco Men's Health Study" by Duesberg-Ellison-Downey (*Genetica* 95, 1993), but you gave and give no indication of knowing about this. I discuss the Ascher et al paper, published as a "Commentary" in *Nature*, explicitly over 6 pages in my book *Challenges* pp. 642-648. I enclose this book which has a 114 page chapter on "HIV/AIDS".

The Ascher et al paper was not, as you state, a "probability sample of single men in SF". It was a biased sample because, as the paper itself states, it was drawn "from neighborhoods of San Francisco where the AIDS epidemic had been most intense before 1984". This area is the Castro district, where two things occur simultaneously: homosexuality and drug taking (especially poppers). Misrepresenting as you do has occurred before, e.g. in the press release by *Nature* concerning the "Commentary", and in an article by Gina Kolata (*New York Times* 11 March 1993). I report on this matter in my book pp. 642, 643, 644.

Also note Richard Strohman's letter to the editors of the *SF Chronicle* (never published), concerning the defects of the Ascher et al paper, quoted in full in *Challenges*, and the exchange between Strohman and Winkelstein in the *Daily Cal*. I reproduce here a few lines from Strohman's letter to the *Chronicle* (cf. p. 644).

...the article is not a scientific paper that survived any rigorous review process; it was instead part of what is called "scientific correspondence" that gets by with often cursory review by journal editors. Second, there is no detail given on methods used to collect data. Third, without details on methods we can not evaluate the data itself, never mind conclusions drawn from that data. Thus, all standards of real science are violated. What remains is only "scientific correspondence", at best a mechanism for developing opinion or debate...

Under the circumstances, I cannot go along with your statement at the lunch table that the paper is "incontrovertible", nor with your assertion: "The data is, in my mind, conclusive about the role of HIV as compared to drug use."

I did not get an answer to the above letter to Jewell, and I wrote to him again. I mentioned that I had recorded some objections to the Ascher et al paper in *Challenges*. The part specifically on Ascher et al occurs on pp. 642-648. I then wrote further that in this second letter I want to go into another objection directly addressed to his comments about the data and the percentages he mentions, and his "conclusive" conclusion.

From my second letter to Jewell, 3 November 2004

But, as I relate on pp. 624-626 of *Challenges*, on 23 and 24 May 1994 the National Institute on Drug Abuse (NIDA) sponsored a meeting in Rockville MD on the toxic effects of nitrite inhalants. The 12 August 1994 issue of *Biotechnology* reported on this meeting under the headline: "NIH reconsiders nitrites' link to AIDS." The article, by John Lauritsen, stated among other things:

...according to Jay Paul of the University of California at San Francisco, the highest risk for AIDS involves the use of poppers and four other drugs. And Lisa Jacobson of Johns Hopkins University (Baltimore MD) reported that 60-70 percent of the several thousand gay men at risk for AIDS who participate in the Multicenter AIDS Cohort Study (MACS) have used nitrites.

In addition, those favoring a more direct role of nitrites in AIDS pointed to data from the MACS showing that HIV-negatives had, on average, 25 months of nitrite use, HIV-positives had 60 months of nitrite use, and AIDS patients had over 65 months of nitrite use -- an apparent dose-response relation. When asked whether there was even one gay AIDS case in the cohort who had not used drugs, a somewhat-surprised Jacobson replied: "I have never looked at the data in this way."

Thus I raise the questions:

1. Did you analyze the data, which you call "conclusive", to see whether it reflects the same "dose-response" relation between nitrite use (poppers) and HIV? If not, why not? Was it just as in Jacobson's case, that you never looked at the data in this way?
2. What is the correlation between the death rate and years of nitrite use in the data on which you base your "conclusive" evaluation?

3. Did your "mind" take into account the possibility of a dose-response relation between nitrite use and HIV positivity? "Causality" may be too strong a word, or may not be well-defined. Let's say "dose-response" means HIV is a marker for nitrite use, possibly quantitatively as well as qualitatively.

As mentioned p. 643 of *Challenges*, the re-analysis of the San Francisco Men's Health Study by Ellison, Downey and Duesberg (*Genetica* 95, 1995, [EDD 96]) already raised the objection that the Ascher et al analysis "suffered several fatal flaws", among which "failing to quantify total drug use over time". Lacking such quantification, it is impossible to tell whether the data you invoke (from the Ascher et al article and the SF Men's Health Study) shows a progression (dose-response) similar to that found in the MACS study ten years ago. So I don't see what's "conclusive" about such data.

In addition to these comments to Jewell, note that the re-analysis [EDD 96] mentioned above found that 100% of the sick men in the sample had used nitrites, while 83% were HIV positive. In the present context, I recommend that the reader also look at the Hellerstein et al article [Hel 99] and my comments on it in [Lan 99].

I did not get an answer from Jewell.

I cc'ed my letters to Jewell to the chair and vice chair of the UCB Statistics Department, and brought to their attention the articles by Helen Lauer mentioned above in §5. I also gave them my 1-inch packet of documentation on "HIV/AIDS". No responses.

RESPONSIBILITIES

So what are our responsibilities? There is no universal criterion to determine them. Within the academic and scientific communities we are in different positions with different commitments: undergraduates, graduates, professors, directors of various institutes and programs, administrators, journalists at the *Daily Cal*...

As for educational responsibilities, do the universities teach that in interpreting data, or extrapolating data, there always exists a pitfall that we have overlooked some essential conditions which would affect our interpretation? I have given concrete examples in my letters to Jewell, in the analysis by Malan of UNAIDS and WHO so-called "statistics", and in mentioning the question whether HIV is a "yellow finger".

On the issue of HIV pathogenesis, I confronted various higher ups in the past, for instance the *Lancet* editor Richard Horton. He wrote a long review article for *New York Review of Books* (23 May 1996) about some of Duesberg's publications. On the whole Horton's selectivity did not properly allow readers to evaluate (a) the books under review; (b) the relative merits of hypotheses competing with the orthodoxy; (c) the positions of a number of scientists who have challenged the orthodoxy. Cf. my detailed analysis in *Challenges* pp. 699-713. I wrote a critical analysis of Horton's review, but both NYR and Horton for the *Lancet* refused to publish it. Cf. *Challenges*. In his article, Horton did state without fudging that "the ideological assassination that Duesberg has undergone will remain an embarrassing testament of the reactionary tendencies of modern science...". Still, he spoiled the effect of this sentence in a subsequent exchange with Duesberg in NYR (8 August 1996), where he wrote:

Duesberg accuses me of using "the argument of fear." If there is nothing to fear from HIV, he can easily prove it. If Duesberg seriously believes that HIV is harmless, let him inject himself with a suspension of the virus.

Evaluating this rhetorical thrust is fundamental to scientific standards. The thrust transforms what could remain a legitimate exchange about the evidence into an ad hominem attack, and thereby contravenes fundamental scientific standards. I object to replacing questions about what's the evidence with questions about beliefs. For a longer discussion of this thrust, see *Challenges* pp. 707-708. What will be the ultimate evaluation of such a thrust by the scientific and academic community?

I also confronted Donald Green, Director of the Institute for Policy Studies at Yale. The Yale AIDS program is under the aegis of this Institute. I gave him my packet of "HIV/AIDS" documentation. He

used the same ad hominem thrust as Horton. He said: "If you are so sure about HIV being harmless, why don't you inject yourself with HIV?" After such a thrust, it becomes difficult if not impossible to go further in discussing the validity of the orthodox position, or of my documentation concerning HIV pathogenesis. I regard this thrust as a major failure of intellectual, scientific, and professional responsibility.

David Baltimore, currently President of Caltech, is quoted in the article "AAAS criticized over AIDS skeptics' meeting" (*Nature* 369, 1994, p. 265): "There is no question at all that HIV is the cause of AIDS. Anyone who gets up publicly and says the opposite is encouraging people to risk their lives." Thus Baltimore has a quite different notion of responsibilities from Duesberg or me. There is indeed a question whether HIV is pathogenic. Is it responsible to withhold evidence on this question, and to stake the credibility of the scientific-academic establishment in the opposite direction? Besides, by covering up the toxicity of anti-HIV drugs for many years, and promoting the dogma of HIV pathogenesis, while not warning certain social groups that poppers are dangerous to their health and lives, scientists-academics such as Baltimore make a prejudicial choice which does not properly allow people to exercise judgment about what does constitute risks to their lives.

There is also the question whether some relevant or significant facts have been disregarded in the laboratory, in the classroom, on the public platform, and in the media. So we come to:

The Daily Californian.

(a) World Aids Day article. On 2 December 2004, the *Daily Cal* published a front page article headlined: **WORLD AIDS DAY EVENT EDUCATES, RESONATES**. Among other things, a bunch of students from Berkeley High School were passing out leaflets pushing the "HIV/AIDS" orthodoxy on the UC campus. The continuation of the article on an inside page was headlined: **AIDS: EVENT STIRS EMOTIONS, RAISES AWARENESS**. However, there is another way of looking at the event, namely that these students accepted unquestioningly the orthodoxy concerning "HIV/AIDS", and served as propagators for this orthodoxy like choir children. Such students had not been told (by their teachers, by the *Daily Cal*, by the Media at large) of the dissent I have described, based on substantial documentation. (I talked to a couple of them.) They got social approval, from *Daily Cal* headlines and the article, which quoted the lead coordinator of the event:

"(World AIDS Day) is a great opportunity to raise awareness, and it's encouraging to see how involved the students are and how much they know already and how eager they are to learn more."

"Encouraging" to whom? How much do they know of what? Was the author of this *Daily Cal* article aware of the documentation in the packet I gave to the editor at the beginning of the fall term? Did the editors process the information in the packet? Did they ask the "lead coordinator of the event" to comment on this documentation? In any case, the *Daily Cal* article on World AIDS Day Event just reinforced the conditioning stemming from the orthodoxy in giving social and journalistic approval to those students following this orthodoxy.

(b) Duesberg article. After I gave to the editors of the *Daily Cal* my 1-inch packet of documentation on "HIV/AIDS" at the beginning of the fall term, the editors assigned a reporter Alicia Wittmeyer, who interviewed Duesberg several times. (She did not interview me.) On 9 December 2004 (one day before the *Daily Cal* stopped publication at the end of the fall term) there appeared her front page article:

WORKING UNDER A CLOUD

Professor's Controversial AIDS Theory Leaves Him Isolated
Professionally and Personally

The article gives a correct picture of the way Duesberg has been ostracized (personally, scientifically, financially). However, the article biases the issues by reporting beliefs rather than documentation and facts, for instance: "[Duesberg] has been called anti-gay, even been called a mass-murderer for his role in persuading South African President Thabo Mbeki to ban the AIDS treatment drugs AZT and Nevirapine

from rape victims and pregnant women. Duesberg believes these drugs are killers worse than the disease they are meant to treat." But once more, it's not a matter of what Duesberg believes! In §2 we have seen that many people knew of this toxicity, including the German-Swiss doctors publishing in *Continuum* last decade, and the *New Scientist* describing the "humiliating U-turn" of the U.S. biomedical establishment in 2000-2001. We have also seen that the NIH top establishment covered up the toxicity of drugs such as Nevirapine while sending it to Africa. It's ironic that the AP-Solomon article on this matter occurred four days after the appearance of Wittmeyer's *Daily Cal* article.

Wittmeyer goes on to quote Art Reingold, an epidemiologist in the UC School of Public Health:

Nobody thinks he's crazy, we just mean he's wrong - 99.99 percent of anyone who understands epidemiology believes that Dr. Duesberg is wrong. It's not any sort of substantial minority view...It's not only that he's wrong, but his error has...done real damage. If this was simply a sterile academic argument, one could say he's entitled to his opinion, but it does have real-world consequences.

At this point, Duesberg told me that the *Daily Cal* did not report properly what he actually told the reporter, and what he and others actually published concerning what they find to be the causes of what is called "AIDS". Among other things, Duesberg warns against the toxicity of drugs, from poppers to AZT and Nevirapine. But the reporter uses her own tendentious expressions: "The tattered immune system of AIDS patients is a result of unhealthy lifestyles and living conditions..." to describe Duesberg's position. Duesberg told me that these expressions do not properly represent what he told Alicia Wittmeyer, although they are common in publications about him. Indeed, what does "unhealthy lifestyles" mean? Many articles about Duesberg have falsely created a context when he is represented as anti-gay. "Unhealthy lifestyles" can be interpreted as homosexuality and sexual transmission of a harmful virus, or it can be interpreted as taking certain recreational drugs such as poppers, for instance. Duesberg's warning about drugs is not anti-gay or homophobic, any more than the warning of the German-Swiss doctors, or that of *Continuum*. With its tendentious selectivity and ambiguous wording "unhealthy lifestyles", the *Daily Cal* does not make Duesberg's position clear, and also reinforces impressions that Duesberg does not have a credible scientific explanation for the various epidemics of what has been called "AIDS", which is false; see [DueKR 03], for instance.

Furthermore, the way Reingold is quoted gives no explanation whatsoever on what grounds Reingold charges Duesberg of being scientifically "wrong", what his "error" is, and what's the "damage" he has done. The reporter gives no further explanation of what these words mean. As Duesberg told me:

In view of this, it seems particularly disingenuous not even to mention the "real damage" and "real world consequences" of prescribing to 450,000 Americans inevitably toxic DNA chain terminators such as AZT as anti-HIV drugs. AZT, for example, has been developed over 40 years as chemotherapy to kill human cells. However, the prescription of AZT to people with antibodies against HIV is the sole responsibility of the HIV/AIDS establishment to which Reingold belongs.

Of course, it's not just what Duesberg told me - as the documentation in §2 shows, including the "humiliating U-turn" reported by the *New Scientist*. In the present article I have brought to your attention not only the toxicity of anti-HIV drugs, and the evaluation of this toxicity from several quarters, but also concrete defects in purportedly scientific articles; cf. Strohman's evaluation of the Ascher et al paper [ASWV 93], my questions about the Jewell endorsement of the incomplete and inadequate data from this paper, the lack of answers to specific questions, the paradoxes (incompatibility with empirical evidence), among other items which I have mentioned. I have been concrete. The *Daily Cal*-Wittmeyer article does not mention the existence of any such concrete documentation, although I gave it to the editors early in the term, and it triggered the process leading to the article on Duesberg.

Nor does that article mention any other scientist who has also questioned the "HIV/AIDS" orthodoxy besides Duesberg. It lets Reingold's figure of "99.99 percent" stand without comment. However, a number of such scientists contributed articles to the Kluwer collection *Aids: Virus- or Drug Induced* [Due 96a], such as Harry Haverkos (National Institute on Drug Abuse) and Peter Drotman (CDC), Kary Mullis (Chemistry Nobel Prize for PCR test), Gordon Stewart (Emeritus Professor of Public Health, University of Glasgow), the Perth group in Australia from the Royal Perth Hospital and the University of Western Australia

(Papadopoulos, Turner, Papadimitriou, Causer, Hedland-Thomas, Page). There are variations in the ways these express their dissent from the HIV/AIDS orthodoxy. Walter Gilbert (Harvard, Nobel Prize in Chemistry) has been quoted in the press in favor of debating the HIV pathogenesis issue [Due 96b] pp. 236-238. Arthur Gottlieb M.D., Chair of the Department of Microbiology/Immunology at Tulane, provided a statement at the end of the chapter on HIV/AIDS in *Challenges*, p. 714, stating in part:

Within the medical-scientific community, HIV is widely accepted as the causative agent of AIDS. Notwithstanding this consensus, a group of knowledgeable scientists have raised a number of meaningful questions about this thesis, while some remain unconvinced of its validity.

In this chapter, Prof. Serge Lang has well documented the basis of this controversy and has provided a sobering picture for the reader of the polity of thinking that has characterized this field...

As well, Lang asks to what extent are readers of scientific journals correctly informed of various points of view and do editors assert unreasonable control over the terms of disclosure in their journals? These are important and disturbing questions. A review of the scenarios which Lang has painted should give the thoughtful reader pause as well as some insight into how doctrinaire thinking can develop and be perpetuated.

See also the list of professionals, hundreds from all over the world, compiled over the years as part of *Rethinking Aids* [Crowe], as well as articles by A. Liversidge and D. Rasnick on [Mam 04]. Thus the *Daily Cal* made Duesberg seem even more isolated than he actually is.

I object.

ENVOI

At the moment, we are at an impasse. The dissent is growing. For an example coming from a source quite different from the sources that I have already mentioned, see "Closing Ranks: AIDS Heresy In The Viricentric Universe" by the well-known science fiction writer James P. Hogan [Hog 04]. Other mass appeal publications of AIDS heresy are in the works presently. However, it's not clear if or when the dissent will reach a critical mass sufficient to unravel the orthodoxy. I hope the present advertisement helps to inform, as distinguished from conditioning or manipulating people about the issues concerning "HIV/AIDS".

Given the present psychological, social, political conditions surrounding "HIV/AIDS", I see no way for people to arrive at independent evaluations without doing individual homework. I regard it as a sad state of affairs when universities (including Yale and UC) do not provide natural academic forums which would make advertisements in the *Daily Cal* unnecessary for an issue of global interest. It is also sad to see the high schools transformed into conditioning centers for the orthodoxy on "HIV/AIDS".

In §6, we have seen examples of the way universities fail in their educational responsibility in significant cases. I have met my responsibility in publicizing information about where to look to get evidence against the orthodox position on "HIV/AIDS". It's your responsibility to decide if and when to do homework to develop your own independent evaluation of this evidence.

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