

THE NAS FILE

THE CORRESPONDENCE

**Submission of articles to PNAS
Review by Strohman
Rejection by Cozzarelli
Lang letter to Cozzarelli
Lang letter to NAS President Alberts
Response from Bruce Alberts
Letter from Strohman to Cozzarelli
Closing Lang letter to the cc list**

MY REJECTED ARTICLES FOR PNAS

**Contradictions in the
"HIV/AIDS" Establishment**

**Questions of Responsibility
Concerning "HIV/AIDS"**

THE CORRESPONDENCE

Yale University *New Haven, Connecticut 06520-8283*

13 May 05

Telephone: (203) 432-4172
Fax: (203) 432-7316

DEPARTMENT OF MATHEMATICS
P.O. Box 208283

RECEIVED

MAY 16 2005

Proceedings Office

To the Proceedings of the NAS:

I am submitting the attached two papers for publication in the category of Social Science. I would appreciate their being in the same issue.

Also attached is the referee's report by Richard Strohmman in Berkeley.

I don't have email myself, so the material is being sent via the Math Dept Office Secretary Mel, here at Yale. My office number here is 203-432-4188.


Serge Lang

PS. I am leaving for Germany this Sunday 15 May. I'll be lecturing at different places (Bremen and Strasbourg), as well as seeing F. Hirzebruch in Bonn. My contacts in Europe are:

Bremen: Ivan Penkov, International University, Mathematics Dept, 011-49-421-200-3214

Strasbourg: Norbert Schappacher, Université Louis Pasteur, Mathématiques, 011-33-684-611-200

I'll be gone for two weeks. After that, I shall spend 3 months at:

Math Dept 970 Evans Hall
U of C
Berkeley Calif 94720

I don't know the telephone number of my office yet. Fax for me can be sent to the UCB Math Dept. K. Ribet (a member of the NAS) can also get email which he would transmit to me. I'll call your office from Berkeley as soon as I get there.

Thanks for the attention. Serge Lang

Review of Lang's papers: "Contradictions in the HIV/AIDS Establishment"
and "Questions of Responsibility Concerning "HIV/AIDS"
by Richard Strohman, 13 May 2005
<strohman@uclink4.berkeley.edu.>

I have reviewed the two papers submitted by Serge Lang and have reached the firm conclusion that their publication in the PNAS is not only merited, it is essential.

What we have here are two complementary papers. The first compiles specific instances of contradictions or inconsistencies in the establishment's position(s) concerning HIV/AIDS. These contradictions are of two types. The first type is between certain assertions and documented reality (empirical evidence). The second type is between what members of the establishment assert at different times. The contradictions involve many facets of the "HIV/AIDS" problems, ranging from the meaning of the expression "HIV/AIDS", to reasons for pathogenesis or non pathogenesis of HIV, and the toxicity of anti HIV drugs. The second paper gives specific examples of real life effects of following blindly the establishment's position on HIV positivity as a death sentence, leading to harmful experimentation on human beings including children.

Objections to the orthodox position stem from several types of people, including scientists who bring up contradictions between the orthodox position and empirical data; and journalists, who report existing contradictions from within the establishment and horrible consequences of medical misjudgment. My reading of the exchange between the critics and those representing the orthodoxy is that our establishment people are responding to valid criticism with an unabashed new-speak, a term defined as "language that is ambiguous or dogmatic, and conceals the truth". Of course, many scientists supporting the orthodox position simply have stopped reading the data, and their newspeak is simply rooted in ignorance. It is essential that the documented challenge to a question of world wide importance be removed from the margins of discourse and be brought to the mainstream. There is no better place to start than with publication in PNAS.

The two manuscripts from Professor Lang present a list of criticisms that have never been answered satisfactorily by AIDS researchers world-wide, or by any representation made by our National Academy of Sciences. It is entirely appropriate for the wide array of concerns listed in Lang's articles to be published as part of a statement of concern for public health everywhere. The specific challenges listed by Professor Lang, and their documentation, form the basis of a new effort to deal with a number of different diseases in different parts of the world. For example I had not known the finding of a Harvard African study (reported on p. 2 of Lang's first manuscript) that multivitamin therapy improved the condition of patients having diseases called "AIDS".

My own personal experience of the manifest inadequate nature of the established AIDS theory

came with my first telephone call to UC Berkeley's school of public health more than 15 years ago. I asked the person in charge of "AIDS Research" about the data comparing the frequency of AIDS in San Francisco among gay men broken down into those who were HIV positive and those who were HIV negative. His answer was first "we do not collect that information" and his second and final answer following my protest to him was "we are not paid to collect that information." Thus the data was collected in a biased way, in line with the tautological (circular) nature of the establishment's causal theory of "AIDS" pointed out by Lang.

Examples of premature closure around a theory are well known in the history of science as causes of many problems. In the case of "HIV/AIDS", the premature closure occurred back in 1984, following the press conference of Gallo and HHS Secretary Margaret Heckler. The physicist Walter Elsasser has given us an analysis of premature closure, invoking the classical cases of Copernicus, Galilei and Newton. However, the case of "HIV/AIDS" premature closure is worse, because it involves more than "erroneous interpretation" of data, as Elsasser says. The attitudes which determined the closure already prejudiced the data in the direction of unstated assumptions and a priori determinations of what was to be expected. Elsasser also said: "The famous 'epicycles' of Ptolemy's astronomy are a classical example of a prematurely ordered pattern which completely obscured the true pattern that eventually emerged as a result of the intellectual labors of Copernicus, Galilei, and Newton."

In my opinion the two papers submitted by Professor Lang constitute an excellent basis for reexamination of the standard theory of what is called "HIV/AIDS", because they contain substantial and extensive empirical evidence for the failures of this theoretical construct.

=====

Richard Strohman is emeritus (1991) professor of Molecular and Cell Biology at the University of California at Berkeley. He has been chair of UCB Zoology Department (1973-1976) and Director (1976-79) of Berkeley's Health and Medical Sciences Program. While on leave from UCB in 1990 he was Research Director for The Muscular Dystrophy Association's international effort to combat neuromuscular diseases. He was the 1992-93 *Distinguished Wellness Lecturer* at the University of California, Berkeley.

From: Nicholas Cozzarelli <ncozzare@berkeley.edu>
Subject: **PNAS papers**
Date: May 27, 2005 12:03:52 PM PDT
To: ribet@math.berkeley.edu (Serge Lang c/o Kenneth Ribet)

Dear Dr. Lang,

I have consulted with experts on the PNAS Editorial Board and we cannot accept either of your articles for consideration in the journal. Neither of them are research articles. They are instead opinion pieces.

Sincerely,

Nick Cozzarelli

—
Nicholas R. Cozzarelli

16 Barker Hall
Department of Molecular and Cell Biology
University of California, Berkeley
Berkeley, Ca 94720
510 642-5266 Tel.
643-1079 Fax

8 June 05

Prof. Nick Cozzarelli
61 Koshland Hall
U of C Berkeley 94720

Dear Professor Cozzarelli,

On May 13, I submitted for the Proceedings of the National Academy of Sciences, in the category of Social Sciences, two papers entitled: "Contradictions in the 'HIV/AIDS' Establishment" and "Questions of Responsibility Concerning 'HIV/AIDS'".

I received your rejection of my two submitted papers for the PNAS upon arrival in Berkeley last week, and immediately acknowledged this to you. Here is the longer comment I told you I would communicate after thinking over the situation.

1. You write: "Neither of them are research articles. They are instead opinion pieces."

I want to put in the record my strong objection to these assertions, giving your reasons for rejection. My two papers consist almost entirely of factual verifiable statements. They provide original sources to document the contradictions within the establishment position concerning "HIV/AIDS" and the toxic, pathogenic effects of anti-HIV drugs on people. I submitted the papers as "social science" because the main thrust involves people, how they fulfill their scientific (partly medical) responsibilities, and how they deal (or don't deal) with the contradictions. Your invoking "experts on the PNAS Editorial Board" confirms the extent to which the Editorial Board and yourself have missed the point: Experts about what? To what extent can we trust what so-called "experts" say in the scientific establishment, concerning both "HIV/AIDS" as a presumed disease and the establishment's position about "HIV/AIDS"? My documentation shows in particular how "experts" contradict each other, so evaluations have to be based on actual evidence, not what "experts" say.

Since you gave no evidence for the extent to which I wrote "opinions" rather than facts, I have to make an ad hoc decision how to deal with your sweeping characterizations. How much of my articles do I repeat to counter your sliver about my articles being "opinion pieces"? I choose to mention summarily a few titles of topics: The circularity of the CDC definition of "HIV/AIDS" (holding that only HIV-positive cases of 29 AIDS-defining diseases are called AIDS), the toxicity of anti-HIV drugs as state for example in the "Boehringer-Ingelheim Medication Guide", the CDC double U-turn (2001 and 2005) concerning the use of these drugs, the defective statistics, the recognition of the deficiency of the HIV-antibody tests by Harvey Fineberg (current president of the IOM) are not "opinions". The quotes I used from Fineberg came from an interview with the journalist Jon Rappoport. I wrote to Fineberg about this. I sent you a copy of my letter to him, and its enclosures. I have not had a reply from Fineberg. You don't even give any evidence that you read my articles. I urge you to do so if you have not done so, to understand the substance behind the above titles.

The above items constitute a mere summary of some of the verifiable evidence in my articles about the way the establishment promotes its HIV/AIDS position, based on defective rhetoric and defective purported statistics. It is a fact, not an opinion, that for instance the Ascher et al Commentary that appeared in *Nature* in 1993 did not quantify drug use in its study of the correlation of HIV and drugs with what is called "AIDS", to determine whether certain drugs are toxic. It does NOT take experts to realize that someone who smokes a pack of cigarettes a day for ten years is more likely to get lung cancer than somebody who smokes one cigarette a year. The same dose-response relation may apply to drugs, be they poppers, heroin, nevirapine, ad lib.

As to my second paper, the experimentation with anti HIV drugs on children in New York, and the death of a woman in Memphis (Tenn) because of the use of such drugs, are not "opinions". They are facts. Note that Dr. Edmond Tramont, NIH AIDS Division Chief, was quoted in an Associated Press

dispatch, referring to the doctors who prescribed such drugs in this woman's case. Tramont called these doctors "dumb docs" (8 August 2003, articles about Tramont-Fishbein).

Again, the above items are just examples of facts documented in my second article, which contains many more facts and additional evidence. As to the facts contained in both articles, the reviewer Richard Strohman had written that my papers "contain substantial and extensive empirical evidence for the failure of this theoretical construct [the standard HIV/AIDS theory]." Nowhere do you mention the reviewer, nor do you give evidence for your contrary opinion and that of your "experts". I followed the prescribed procedures in submitting my articles as an NAS member. Both the reviewer and I were entitled to more than the summary and false statement you wrote me in rejecting my articles.

Thus your rejection brings up several reasons for questioning the editorial decisions of the PNAS Editorial Board, transcending my particular case, and concerning both the Council and the membership at large. I am writing a letter to Bruce Alberts to expand on my broader concerns concerning the Editorial Board.

2. My articles are in line with Einstein's admonition concerning the responsibility of scientists:

"The Right To Search For The Truth Implies Also A Duty. One Must
Not Conceal Any Part Of What One Has Recognized To Be True."

This quote is carved in stone in the NAS building in Washington. Thus the NAS displays one type of rhetoric for all to see; but in practice, it acts in a manner opposite to this rhetoric, and we behold another contradiction. I compiled a number of facts in my two articles. You and the Editorial Board have not pointed to any error in my documentation of these facts. By refusing publication, you are concealing from the membership and readers of PNAS the existence of such a compilation.

Your letter provides documentation for social scientific research, including the way you exercise your power as Editor in Chief of the PNAS.

I shall do my utmost to give your rejection and the stated reason the publicity they deserve.

Sincerely yours,


Serge Lang

cc: Bruce Alberts, Council of the NAS, Harvey Fineberg, Richard Strohman, Peter Duesberg, Mamone Capria, Karl Turekian, Bob Shulman, Fritz Hirzebruch, etc.

Note: My submitted articles and our exchange will appear on the web site of Mamone Capria in Italy.

8 June 05

Bruce Alberts, President
National Academy of Sciences
500 Fifth St NW
Washington DC 20001

Dear President Alberts,

I enclose a copy of the two articles I submitted three weeks ago to the PNAS, the rejection letter from the PNAS Editor in Chief Cozzarelli, and my reply to him. I want you to be explicitly informed of these dealings.

There are indications that the orthodoxy on "HIV/AIDS" is increasingly challenged. The establishment has functioned in such a way that to raise questions about the orthodoxy amounts ipso facto to raise questions about the credibility of the establishment. Cozzarelli's and the Editorial Board's reaction to my submission shows that the NAS is also implicated in its refusal to open its pages to a discussion of the evidence, which includes internal contradictions and abuses of medical authority. You and the NAS Council have some responsibility for the way an atmosphere has developed overall in the scientific community, suppressive of evidence going counter to the "HIV/AIDS" orthodoxy. On the other hand, I did not suppress your position. The documentation in my two articles includes mention of the Durban Declaration and the advertisement you cosigned in the New York Times. Thus I juxtaposed your position next to verifiable facts. However, the Editorial Board called my articles "opinion pieces", so it is the Editorial Board that engaged in an "opinion".

My articles' reviewer Richard Strohman wrote: "In my opinion the two papers submitted by Professor Lang constitute an excellent basis for reexamination of the standard theory of what is called "HIV/AIDS", because they contain substantial and extensive empirical evidence for the failures of this theoretical construct." Thus Strohman can tell the difference between an opinion and empirical evidence. Cozzarelli's letter gives evidence that the PNAS Editorial Board cannot. Since Cozzarelli's letter makes no mention of Strohman's review, it also gives evidence that the Editorial Board disregards reviewers (how often? on what issues?) and does not give reasons for the disregard.

In light of the evidence I bring up in my articles, I don't see how one can say that my articles "propagate unfounded alternative claims" (this expression comes from your New York Times ad). The PNAS might have used the opportunity to confront various founded claims. Instead, the PNAS rejected this alternative by relying on unfounded opinions of the editors.

I have looked at recent issues of the PNAS. Almost all the articles come from the direction of biology, and are concerned with technical problems. But there are other areas in science, such as physics, chemistry, mathematics, and the social sciences, as well as interdisciplinary areas. For instance, the sociological aspects of medicine are rooted in experimental biological facts and opinions, but their applications concern the human environment. For example, how many children in New York and people in Africa have been experimented upon with nevirapine? So-called "experts" in one direction may not be "experts" in the other. The issues of PNAS I have looked at provide evidence for a strong prejudicial use of PNAS in one direction of science. The editorial policy of PNAS now comes into question, triggered by my submission and its rejection, but going beyond:

It is for the NAS higher ups - you and the Council - to decide if there is anything you want to do about the problems raised by Cozzarelli's letter, both in my case and the broader context which are mentioned above.

Very sincerely yours,


Serge Lang

Enclosures

cc: Cozzarelli, Strohman, Council of the NAS, Fineberg, Duesberg, Mamone Capria



NATIONAL ACADEMY OF SCIENCES

THE NATIONAL ACADEMIES

Office of the President

June 22, 2005

Dr. Serge Lang
Department of Mathematics
Yale University
10 Hillhouse Avenue
P.O. Box 208283
New Haven, CT 06520-8283

Dear Dr. Lang:

Thank you for your letter of June 8 concerning the rejection by PNAS of your papers, "Contradictions in the 'HIV/AIDS' Establishment," and "Questions of Responsibility Concerning 'HIV/AIDS.'" As you requested, we will place this on the agenda for the next meeting of the NAS Council, which will take place on August 7-8. As you may know, my term as NAS president ends on June 30; Ralph Cicerone, my successor, will be back in touch with you following the Council meeting.

Sincerely,

Bruce Alberts
President

Cc: Nicholas Cozzarelli
Daniel Salisbury
Diane Sullenberger
Ralph Cicerone

UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF MOLECULAR AND CELL BIOLOGY

BERKELEY, CALIFORNIA 94720-3206

July 21, 2005

Dear Cozzarelli,

In my view of the HIV-AIDS controversy, and there is one, what is most needed is to bring the arguments from dissident scientists and other scholars from the margins to the center of reporting in relevant science journals. In Serge Lang's articles you have the rare opportunity to do precisely that. In so doing you would be one of the few science editors-in chief to take seriously the need for a new social contract between science and society as outlined by Michael Gibbons in his millennium essay in Nature (vol. 402/Supp/2Dec.1999). I quote the opening statement:

"Under the prevailing contract between science & society, science has been expected to produce 'reliable' knowledge provided merely that it communicates its discoveries to society. A new contract must now insure that scientific knowledge is socially robust and that its production is seen by society to be both transparent and participative."

I cite this quotation to make the point that Lang's main concern has to do with the issue of need for both transparency and participation, and, therefore, a review process that reflects the need for multidisciplinary review.

Your one line dismissal of Lang's material as dealing only with opinion is not only quite unfair it reveals your own unfamiliarity with concerned media professionals such as Michael Tracey. In his Inaugural Lecture of the Chair of International Communication at the University of Salford, England in 1995, he started with the following in the first paragraph:

"After a decade or more of billions of dollars and pounds and D-marks there remain profound questions and an increasingly loud whisper from the margins of the scientific literature that either we did not get it completely right in the early stages of the disease or, even that we got it completely wrong. In short, we have to open ourselves to the possibility that the germ theory of Aids is, as they say in Mississippi, a dog that won't hunt." ...

"I am increasingly keen to explore the ways in which the mass media come between us and reality, indeed begin to ...construct interpretations of reality which we then act on and, as it were, make real. ...I want to offer some thoughts on the way we come to think about Aids. I am interested in the difficult question of whether we have constructed - or had constructed for us - interpretations of this problem which mire us in ways of seeing it that do more to confuse than clarify and thus are ultimately dysfunctional."

I am quite clear that the material submitted by Lang deals precisely with the concern voiced by Michael Tracey and reflects much more than common opinion. It reflects the reality of the actual state of confusion in a scientific establishment to offer sound evidence for the correctness of its analysis. And Lang also offers many examples of dissident scientists who ask good questions that go unanswered or with answers like "dogs that don't hunt".

I strongly urge you to reconsider your decision to reject Lang's articles.

Sincerely yours,


Richard Strohman

Cc: Serge Lang, Michael Tracey, Bruce Alberts, Ralph Cicerone, Council of the NAS, Harvey Fineberg (President of the IOM), Peter Duesberg

Telephone: (203) 432-4172
Fax: (203) 432-7316

DEPARTMENT OF MATHEMATICS
P.O. Box 208283

To the cc list for the NAS File:

You will recall that on May 16, I submitted two articles for the Proceedings of the National Academy of Sciences (PNAS). Following PNAS procedures, the articles were accompanied by a review, from Richard Strohman who concluded: "In my opinion the two papers submitted by Professor Lang constitute an excellent basis for reexamination of the standard theory of what is called "HIV/AIDS", because they contain substantial and extensive empirical evidence for the failures of this theoretical construct." My articles were rejected on May 27 by the editor Nicholas Cozzarelli, in a brief letter stating: "I have consulted with experts on the PNAS Editorial Board and we cannot accept either of your articles for consideration in the journal. Neither of them are research articles. They are instead opinion pieces."

I wrote to Cozzarelli to raise some specific objections to the rejection, in particular to his false statement that my articles are not "research articles" but are "opinion pieces." Thus another purportedly scientific avenue was closed to discuss the merits of the current orthodoxy on "HIV/AIDS".

Paradoxically enough, in January I attempted to buy 5-6 full pages of advertising space in the Daily Californian (UC Berkeley student newspaper) in which to publish an article that factually documented defects in the HIV/AIDS orthodoxy. The article-as-advertisement for the most part consisted of the same material as the articles I submitted later to the PNAS. The Daily Cal refused to run the advertisement.¹ One of the reasons given to me by a Daily Cal editor was that they would not publish a scientific article as an advertisement. An editor asked me to write a comprehensive disclaimer stating that my advertisement represented only my opinions or beliefs. I refused to make such a false statement, since my advertisement contained factual verifiable documentation. Some of it documented contradictions in the "HIV/AIDS" orthodoxy, including contradictory actions by the NIH; and facts concerning the toxicity of anti-HIV drugs, among other things.² The above parallel rejections document the extent to which the press, ranging from the student press to an NAS journal, refuses to publish a documented challenge of the orthodoxy. It also documents another contradiction. One reason given by the student press for refusing to publish my articles was that my piece was "scientific", as distinguished from an opinion piece. On the other hand, the PNAS refused to publish giving the opposite reason - that my articles are "opinion pieces" according to PNAS "experts" and the editor.

So I am gathering data on the ad hoc reasons the power structure gives for doing what it wants, when it wants. I thereby document manifestations of the first law of sociodynamics (see page 797 of my book *Challenges*, Springer Verlag 1998, enclosed).

¹Most people on the present cc list were also on the cc list for the Daily Cal File. One item was left dangling when I wrote a closing letter for this File on March 18, concerning the check which I had sent in January to pay for the ad which the Daily Cal refused to print. The check had not been returned as of March 18. This matter was settled two months later. The Finance Manager of the Daily Cal wrote me on May 18: "We did not run your ad, so I am returning your check to you." The check was in the envelope containing this brief message.

²See my letters to the Daily Cal Advertising Manager dated 31 January and 2, 3 February in the Daily Cal File, currently on Mamone Capria's web site. The Advertising Manager had also told me: "There are things we have to do to protect our readership." I ask: protect from what? from whom? To what extent is this among the unstated reasons for rejection of my articles by PNAS?

After Cozzarelli's rejection, I wrote to Bruce Alberts (President of the NAS through June), concluding: "It is for the NAS higher ups - you and the Council - to decide if there is anything you want to do about the problems raised by Cozzarelli's letter..." I received a reply, in which Alberts stated:

"As you requested, we will place this on the agenda for the next meeting of the NAS Council, which will take place on August 7-8. As you may know, my term as NAS president ends on June 30; Ralph Cicerone, my successor, will be back in touch with you following the Council meeting."

In fact, I have not received any communication from Cicerone or any one else concerning the Council meeting as of the present date (6 September). Thus the PNAS-Cozzarelli rejection of my articles stands without further comments from the higher ups. It is significant that Richard Strohman sent a letter directly to Cozzarelli on July 21, quoting from a speech by Michael Tracey³, and concluding: "I strongly urge you to reconsider your decision to reject Lang's articles." Strohman has also not heard back from Cozzarelli. So, as in the first law of sociodynamics, if giving certain reasons does not work, we reach the stonewalling stage.

I enclose once more the full correspondence dealing directly with my articles, including the latest letters mentioned above. Let scientific history record these dealings and the establishment's refusal to allow, let alone support, the mere existence of a challenge to the HIV/AIDS orthodoxy in a scientific context. One possible result of refusing to deal with scientists on this issue (let alone members of the NAS) is that the scientific establishment will have to deal with the media in a very damaging way - if and when the media stop repeating uncritically what is fed into them by that establishment. There are signs that the curve of journalistic criticisms of that establishment is about to shift from being slowly strictly increasing to a more substantial and rapid attack, beginning this fall. Even with what's coming this fall, it is of course not clear if and when a critical mass will be reached to topple the orthodoxy. But the scientific establishment has risked its credibility on the "HIV/AIDS" issue in a very big way.

Since it is highly unlikely that I shall hear from Cicerone or any other higher up in the NAS or PNAS, I close the NAS File.



Serge Lang

Enclosures: Page 797 from *Challenges*, and the correspondence pertaining to my rejected PNAS articles.

cc: Bruce Alberts, Ralph Cicerone, Harvey Fineberg, Nicholas Cozzarelli, Council of the NAS, Richard Strohman, Peter Duesberg, Adeel Iqbal, Nick Jewell, Malcolm Potts, Deborah Nolan, Michael Tracey, Orville Schell, Ken Ribet, H. Wu, Dean Richards, Jonathan Fishbein, Senator Grassley, The Group for the Scientific Reappraisal of HIV/AIDS, Marco Mamone Capria, etc.

³Inaugural Lecture of the Chair of International Communication, University of Salford, England, 1995. Michael Tracey is currently Professor of Journalism, University of Colorado. The speech is available on the web: www.duesberg.com/viewpoints/mere-smoke.html

THE THREE LAWS OF SOCIODYNAMICS

The first law of sociodynamics

- (a) The power structure does what they want, when they want; then they try to find reasons to justify it.
- (b) If this does not work, they do what they want, when they want, and then they stonewall.

The second law of sociodynamics

An establishment will close ranks behind a member until a point is reached when closing ranks is about to bring down the entire establishment; then the establishment will jettison that member with the least action it deems necessary to preserve the establishment.

The third law of sociodynamics

It's like the video games: one can't shoot fast enough.

MY REJECTED ARTICLES

CONTRADICTIONS IN THE "HIV/AIDS" ESTABLISHMENT

by Serge Lang

13 May 05

Most people are unaware that there exists a growing (although still marginalized) dissent against the establishment position on "HIV/AIDS" that one reads about most of the time, namely that "HIV causes AIDS". This dissent is based in large part on contradictions and a morass in this position. For 13 years, I have gathered documentation, some of which I reproduce below.

Just to start, even the meaning of "HIV/AIDS" is questionable. There isn't a consistent definition of "AIDS" or "HIV/AIDS", nationally or world wide. On the basis of inconsistencies and other defects in such definitions (to the extent any definition is given at all), a challenge already exists against applying the same name to whatever is happening in Africa (say) and the United States, whatever it is, called "HIV/AIDS".

§1. The official definition of AIDS in the United States is circular. Since 1985, the CDC (Centers for Disease Control) has made up an official list of diseases, constantly increasing, now up to 29. 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 or dementia. 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 my book *Challenges* [Lan 98] pp. 610-612). Thus the definition assumes a causative HIV/AIDS 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 naturally coincides with any of these diseases, and thus the question whether it is a cause of any disease. 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 [antibodies against] 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).

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 the 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 the ad hoc creation of time-dependent realities, incompatible with each other as time goes by.

The CDC list of AIDS-defining diseases was increased several times between 1988 and 1997. Since usually only cumulative figures of "HIV/AIDS" are reported, they give the false impression of an increasing epidemic, when actually the number of reported "HIV/AIDS" cases may decrease on a yearly basis. They also give rise to false statistics. For other causes of false statistics, see §6 and §7.

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. 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 exposed to different drugs come down with different diseases. 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 proved to be factors involved in the causation, see §6. 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 the following 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.

Evidence that certain diseases attributed to HIV and called AIDS are due to malnutrition was reported in 2004. For instance 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...

"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*...

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 have been more beneficial if it had 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?

§3. The toxic effects of anti HIV drugs. As to the toxic effect of anti-HIV drugs, I bring up significant references. One of them is John Lauritsen's book [Laur 90] *Poison by Prescription: The AZT Story*. Here are several others.

The "humiliating U-turn". The next reference 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]. The CDC itself took part in the U-turn concerning the drug nevirapine (also called viramune):

2001 CDC report [CDC 01]

Serious Adverse Events Attributed to Nevirapine Regimens for Postexposure Prophylaxis After HIV Exposures -- Worldwide, 1997 2000

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. Tramont, 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. The *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."

The drug nevirapine is sold under the brand name viramune by Boehringer Ingelheim Pharmaceuticals, Inc. Their "Medication Guide" for Viramune (11 January 2005), approved by the FDA, states: "This guide is required to be distributed to all patients receiving the drug." The guide reads:

What is the most important information I should know about VIRAMUNE?

Patients taking VIRAMUNE may develop severe liver disease or skin reactions that can cause death.

The risk of these reactions is greatest during the first 18 weeks of treatment, but these reactions also can occur later.

This acknowledgement leads to basic questions of responsibility in prescribing toxic drugs, in the U.S. and in places such as Africa. I deal with such questions in [Lan 05b]. Readers can compare the above with the documentation I provide, including the African National Congress admonition against ex-President Carter ([ANC 02], [Lan 05b] §1), 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].

§4. A Double U-Turn. Four years after the January 2001 "humiliating U-turn" mentioned above, about a month after the AP-Solomon articles of December 2004 and some mention of their content in the press, the AP reported what I call a "Double U-Turn", going back even further than NIH/CDC policy before 2001! I quote from the AP, 21 January 2005:

...The seismic shift in policy, announced Thursday by the Centers for Disease Control and Prevention in Atlanta, says a preventative regimen of drugs should be given to anyone exposed to HIV from rapes, accidents or isolated episodes of drug use or unsafe sex. The previous recommendation, made in 1996, had been only for health care workers accidentally exposed on the job.

The CDC itself issued a press release January 20, 2005:

CDC Issues Updated Guidelines on Use of Antiretroviral Drugs to Prevent HIV Infection After Sexual, Drug Use, and Accidental Exposure

<http://www.cdc.gov/od/oc/media/pressrel/r050120.htm>

The Double U-Turn documents the unreliability of NIH and government health agencies such as CDC in connection with "HIV/AIDS".

§5. "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 occasionally in scientific media, but has not been answered, let alone given the attention it deserves both in the scientific and general media.

(a) 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.) However, Ascher consigned 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.

(b) Three years later, we have the Mario 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.

(c) See also the Hellerstein et al article [Hel 99] and my comments on it in [Lan 99] for another invalidation of the Ho et al paper, and data on the toxicity of anti-HIV drugs.

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"?

§6. Defective statistics: a "random sample"? We return to the article "Does drug use cause AIDS?" by Ascher et al [ASWV 93], published as a "Commentary" in *Nature* in 1993. That article has been subject to severe criticism, for instance in the "Re-analysis of the San Francisco Men's Health Study" by Duesberg-Ellison-Downey (*Genetica* 95, 1993). I discuss the Ascher et al paper explicitly over 6 pages in *Challenges* pp. 642-648. A *Nature* press release stated that the Ascher et al paper was based on a "random sampling of San Francisco households regardless of sexual preference, lifestyle, HIV status or drug use".

This is false. The sample was biased 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). The press release by *Nature* concerning the "Commentary" misrepresented the sample as random, as did 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...

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". Thus objections and questions about the Ascher et al paper can be raised as follows:

1. The data does not quantify the relationship between people sick in bed and the extent to which they took drugs, especially poppers, before falling sick.

2. What is the correlation between the death rate and years of nitrite use in the sample on which the Ascher et al article is based, with the claim that "drug use does not cause AIDS"?

The National Institute on Drug Abuse (NIDA) sponsored a meeting in Rockville MD on the toxic effects of nitrite inhalants (23 and 24 May 1994, the year after Ascher et al). 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."

Unfortunately, the Ascher et al paper lacks the quantification which would make it possible to tell whether the sample they analyzed showed a dose-response relation similar to that found in the MACS study. Thus a defective purported statistical analysis fails in its scientific role to provide evidence for factual situations. Note that a dose-response relation also shows up for the effect of toxic anti-HIV drugs, see [Lan 05b] §1.

In addition, 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.

§7. Defective statistics about Africa: the Malan articles. 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 "**Africa isn't dying of Aids**" (*The Spectator* 27 December 2003), headed by the comments:

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 03] p. 385, the authors point out that during the so-called AIDS epidemic (1984-2000), 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..."

§8. Invalidity of the "HIV" test. Challenges to the validity of the "HIV" test come from several sources. Harvey Fineberg, President of the IOM (Institute of Medicine), published a statistical study on AIDS testing in the spring of 1987, in *Law, Medicine and Health Care*. Fineberg questioned the accuracy of the test. The journalist Jon Rappoport in his book "AIDS INC." quotes Fineberg as follows:

To begin with, in the study, we accepted the advertised accuracy ratings of the Elisa test. It's reportedly able to find true positives at a rate of 93.4%, and it supposedly can detect true negatives correctly 99.78% of the time."

[However, after some more specific critical comments, Rappoport quotes further:]

So now you have, out of every 100,000 people, 28 truly positive and 220 falsely positive test results. That means the statistical chances are about 90% that a positive-reading Elisa is wrongly positive...If you do a Western blot, the odds might, at best, be lowered to 25%. In other words, a fourth of the time, a positive AIDS test would be falsely positive.

If I had a patient who was really engaging in high-risk behavior, I wouldn't rely on test results. I'd simply sit down with this person and try to make him see he needed to change his lifestyle.

Duesberg has brought to my attention scientific papers showing that antibodies to the influenza virus, tuberculosis bacillus, leprosy bacillus and malaria have each been shown to give false HIV positive tests (see the references at the end). Such findings were also reported in the *London Sunday Times* ("Research

disputes epidemic of Aids", 22 May 1994, p. 24), where its science correspondent Neville Hodgkinson wrote:

An authoritative new study has uncovered powerful evidence that the 'Aids test' is scientifically invalid, misleading millions into believing they are HIV positive when they are not infected with the virus.

The findings, published in the *Journal of Infectious Diseases*, provide practical evidence that HIV tests may be triggered by other factors, such as leprosy and tuberculosis. They have heightened concerns that the spread of Aids in Africa has been wildly exaggerated.

The discovery was made by a team headed by Dr. Max Essex of Harvard University's School of Public Health and a highly respected Aids expert. One of the originators of the hypothesis linking HIV with Aids, Essex was also a leading exponent of the theory that the virus originated in Africa.

HIV-negatives with AIDS-defining diseases. There exist thousands of Americans who have AIDS-defining diseases but are HIV negative. It is quasi impossible to give proper statistics about how many thousands, partly because of the multiplicity of diseases used to define AIDS, and also because of the lack of studies which would systematically report overall figures, either for individual diseases or all of them as a group.

HIV-positives without diseases. Conversely, there are hundreds of thousands in the U.S. who test HIV positive but have not developed AIDS-defining diseases, and tens of millions of the estimated 40 million HIV positive in the world. As noted by the magazine SPY (February 1993, p. 19), since 1985, the CDC has stated each year that there are approximately one million Americans who are HIV positive. The CDC figure remained constant from 1985 to 2004. But most of these people have not gotten sick with one of the diseases listed by CDC in defining AIDS. Responding to Duesberg's letter dated 11 February 1993, Harold Jaffe replied on 5 March 1993 that, of these one million, "approximately 900,000 have not developed one of the clinical conditions included in the 1987 AIDS case surveillance definition." So in 1993, the CDC was asserting that about 90% among HIV positives have not developed an AIDS-defining disease.

Jaffe's percentage figure is quite different from the figure attributed by the *New York Times* to the World Health Organization. The numbers game still goes on, as reported for instance in a *New York Times* article "Obstacle-Strewn Road to Rethinking the Numbers on AIDS" (1 March 1994, p. B8), by Lawrence K. Altman, M.D., who regularly writes on HIV and AIDS for the *Times*, and systematically calls HIV "the virus that causes AIDS". In his article, Altman gave a revised figure ranging from 600,000 to 800,000, and stated that the figures might go down further.

Note that the figure of 1 million "estimated cumulative HIV infections" in North America has also been given by the World Health Organization ("The HIV/AIDS Pandemic 1993 Overview", The WHO, June 1993). This figure and other WHO figures for Western Europe (500,000) and Sub-Saharan Africa (8 million) were reproduced in a table prominently displayed in the article "HIV: beyond reasonable doubt" (*The New Scientist*, 15 January 1994, p. 24).

Just what is "beyond reasonable doubt"? Considering the way some estimated numbers have dropped radically, it follows that official figures from the CDC or WHO cannot be trusted. The figures these organizations put out add to the chaotic and unreliable mess which exists in lieu of information about HIV and various diseases.

Summary. The Double U-Turn and other facts recalled in this article give prima facie evidence of the unreliability of the top scientific-medical establishment, which creates reality as it goes along. The reality created at a given moment may be totally different from the reality created at another time (minutes, days, months, or years before or after). Thus there arise contradictions between the establishment's official positions and documentable reality, as well as contradictions between the establishment's positions at different times.

In addition to the contradictions, there is also a morass caused by artifacts of language, conditioning people to use meaningless expressions, defective purported science, as listed throughout this article.

How does one describe a morass without becoming part of it?

Onward. The present article presents a factual background needed to get more systematically into human issues, which deserve articles of their own. There arise issues of responsibility (see [Lan 05b]), as well as issues concerning the whole social-political-psychological environment when various political wings play a role (the right wingers are supposed to be homophobic, the left wingers pro-gay, funding is

available for "HIV/AIDS" research and support in much larger quantities than for other social governmental support, etc.) which would take several other articles to describe.

REFERENCES

- [ANC 02] AFRICAN NATIONAL CONGRESS web site, Response to Former President Jimmy Carter..., <http://www.anc.org.za/ancdocs/pr/2002/pr0310.html>
- [ANC 04] HEALTH - Nevirapine, drugs & African guinea pigs, *ANC Today* Vol. 4 No. 50, 17-23 December 2004
<http://www.anc.org.za/ancdocs/anctoday/2004/at50.htm#art1>
- [AP 04] Associated Press: "AP: U.S. Officials Knew of AIDS Drug Risks," 14 December 2004
- [ASAKB 95] M. ASCHER, H. SHEPPARD, R. ANDERSON, J. KROWKA, H. BREMERMAN, Paradox remains, letter to *Nature* 375 (18 May 1995) p. 196
- [ASWV 93] ASCHER, SHEPPARD, WINKELSTEIN and VITTINGHOFF, Does drug use cause AIDS?, *Nature* 362 (1993) pp. 103-104
- [BI 05] Boehringer Ingelheim Pharmaceuticals Inc. "Medication Guide" 11 January 2005
- [CAU 88] *Confronting AIDS Update*, Institute of Medicine, 1988, pp. 207, 208.
Quote from p. 207: "The following revised case definition for surveillance of acquired immunodeficiency syndrome (AIDS) was developed by CDC in collaboration with public health and clinical specialists..."
- [CDC 92] Center for Disease Control publication *Morb. Mort. Weekly Rep.* 41, No. RR17 (1 Dec 1992), giving "the revised classification system for HIV infection and expanded surveillance case definition for AIDS..."
- [CDC 01] Centers for Disease Control: "Serious Adverse Events Attributed to Nevirapine Regimens for Postexposure Prophylaxis After HIV Exposures -- Worldwide, 1997-2000
- [Ceck 04] E. CECK, Activists and researchers rally behind Aids drug for mothers, *Nature* 432 (23 Dec 2004) p. 935
- [Due 95] P. DUESBERG, *Infectious AIDS - Have We Been Misled?*, North Atlantic Books, Berkeley, Calif. 1995
- [Due 96a] P. DUESBERG editor, *AIDS: Virus-or Drug induced?* Netherlands: Kluwer Academic Publishers (1996)
- [Due 96b] P. DUESBERG, *Inventing the AIDS Virus*, Regnery Publishing Inc. 1996
- [DueKR 03] P. DUESBERG, C. KOHNLEIN, D. RASNICK, The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition, *J. Biosc.* 28 No. 4 (June 2003) pp. 383-412 (Indian Academy of Sciences)
<http://www.ias.ac.in/jbiosc/jun2003/383.htm>
- [Dur 81] D. T. DURACK, Opportunistic infections and Kaposi's sarcoma in homosexual men; *N. Engl. J. Med.* 305 (1981) pp. 1465-1467
- [EDD 96] B. ELLISON, A. DOWNEY, P. DUESBERG, HIV as a surrogate marker for drug use: a re-analysis of the San Francisco Men's Health Study, in [Due 96a] pp. 97-104
- [Far 04] C. FARBER, Grade four event, *New York Press*, 29 Dec 2004-4 Jan 2005
- [HHS 96] HHS Surveillance Report, HHS and CDC, National Center for HIV, STD, and TB prevention, Atlanta Georgia 30333
- [Hel 99] HELLERSTEIN et al, Directly measured kinetics of circulating T lymphocytes in normal and HIV-1-infected humans, *Nature Medicine* Vol. 5 No. 1 (1999) pp. 83-89
- [Ho 95] HO et al., Rapid turnover of plasma virions and CD4 lymphocytes in HIV-1 infection, *Nature* 373 (1995) pp. 13-126
- [Hog 04] J. P. HOGAN, *Kicking the Sacred Cow*, Baen Publishing Enterprises, 2004
See also: <http://www.jamesphogan.com/bb/content/12803.shtml>
- [Lan 94] S. LANG, HIV and AIDS: Have We Been Misled?, *Yale Scientific* (1994), pp. 8-23
(This article is reproduced updated in [Lan 98] and [Due 96a].)
- [Lan 95] S. LANG, To Fund or Not to Fund, That is the Question. To Inform or Not to Inform, That is Another Question, Proposed experiments on the drug-AIDS hypothesis, *Yale Scientific* (Winter 1995) pp. 15-21 (Reproduced in [Due 96a], [Lan 98], [Lau 04b])
- [Lan 98] S. LANG, *Challenges*, Springer Verlag 1998, pp. 600-714.

- [Lan 99] S. LANG, The case of HIV: We have been misled, *Yale Scientific* (Spring 1999) pp. 9-19
(Reproduced in [Lau 04b] and [Mam 04].)
- [Lan 05] S. LANG, The Daily Cal File, on [Mam 04]
- [Lan 05b] S. LANG, Questions of responsibility concerning "HIV/AIDS", submitted PNAS 13 May 05
- [Lau 03], [Lau 04a] HELEN LAUER, articles in *The Statesman*, on HIV/AIDS, for instance in 2003: September, October, November; and 2004: June (two articles)
- [Lau 04b] HELEN LAUER editor, *History and Philosophy of Science for African Undergraduates*, Hope Publications, Ibadan, Nigeria. This book is a collection of essays and articles. Several of Lang's articles on "HIV/AIDS" are reproduced pp. 47-74, including [Lan 95], [Lan 99], and a letter to the editors of *Scientific American*, which was not previously published.
- [Laur 90] J. LAURITSEN, *Poison by Prescription : The AZT Story*, Asklepios Pub. 1990
- [Mal 01] R. MALAN, Aids in Africa, *Rolling Stone* (22 November 2001) pp. 70-102
- [Mal 02] R. MALAN, Megadeath and Megahype, *San Francisco Chronicle INSIGHT* (Ideas, Opinions and Commentary) pp. D1, D6, 6 January 2002
- [Mal 03] R. MALAN, Africa isn't dying of Aids, *The Spectator* (27 December 2003), cover story
- [Mam 04] M. MAMONE-CAPRIA, "Science and Democracy" website: www.dipmat.unipg.it/~mamone/sci-dem
- [McN 04] D. McNEIL Jr, Furor in Africa over drug for women with H.I.V., *New York Times* 23 Dec 2004 p. A12
- [NIAID] "FACT SHEET" from National Institute of Allergy and Infectious Diseases, Office of Communications, "The evidence that HIV causes AIDS", <http://www.niaid.nih.gov/factsheets/evidhiv.htm>
- [NS 00] NO MORE COCKTAILS, *New Scientist* (16 Dec 2000) p. 7
- [NYP 04] *New York Post*, AIDS Tots Used as "Guinea Pigs", by Douglas Montero, 29 February 2004
- [Rap 88] J. RAPPOPORT, AIDS INC., Human Energy Press, 1988
- [Roe 98] M. ROEDERER, Getting to the HAART of T cell dynamics, *Nature Medicine* (4 No. 2) February 1998 pp. 145-146; see also his article in [Lau 04]
- [SFC] *San Francisco Chronicle*:
- [SFC 04a] Daily multivitamins found to cut AIDS risk in half, 1 July 2004, p. A7
- [SFC 04b] U.N. Aids Report: 3 million dead, \$6.1 billion Spent in 2004, 24 November 2004, p. A3
- [SFC 04c] U.S. officials were warned of risk posed by Aids drug, 14 December 2004 p. A4
- [SFC 04d] Aids Chief removed critical data on key drug, 15 December 2004 p. A9
- [SFC 04e] AIDS drugs probably killed woman - health officials knew of risks - Experimental medicines given despite signs of liver failure, 16 December 2004 p. A8
- [SFC 04f] AIDS drug debate creates fear of restrictions in Africa - Activists, doctors think governments may prohibit use, 17 December 2004, p. A23
- [SFC 04g] U.S. accused of AIDS drug conspiracy, 18 December 2004, p. A7
- [Sol 04] J. SOLOMON, Top U.S. officials warned of concerns before AIDS drug sent to Africa, AP Exclusive, <http://www.sfgate.com/cgi-bin/article.cgi?file=/news/archive/2004/12/13/financial1428EST0168.DTL&type=printable>
- [Sol 05] J. SOLOMON, Study Examines AIDS Drugs Tested on Kids, Associated Press. [washingtonpost.com](http://www.washingtonpost.com)
(It is not clear at the time this is written how extensively the above AP piece is covered in the mainstream press.)
- [Wei 95] WEI et al., Viral dynamics in human immunodeficiency virus type 1 infection, *Nature* 373 (1995) pp. 117-122
- [WHO 86] WORLD HEALTH ORGANIZATION, Provisional WHO clinical case definition for AIDS, *Weekly Epidemiological Records* 36 (7 March 1986) pp. 72-73
- [WHO 99] WORLD HEALTH ORGANIZATION, Global AIDS surveillance Part II: *Weekly Epidemiological records* 74 (3 December 1999) pp. 409-411

References for false HIV positivity. Duesberg gives the following references:

- for the flu, Mac Kenzie, W. R., Davis, J.P., Peterson, D. E., Hibbard, A.J., Becker, G. and Zarvan, B.S., Multiple false-positive serologic tests for HIV, HTLV-1, and Hepatitis C following Influenza vaccination, *J. Am. Med. Assoc.* 268 (1992) pp. 1015-1017
- for tuberculosis, Pitchenik, A. E., Burr, J., J., Suarez, M., Fertel, D., Gonzalez, G. and Moas, C., Human T-cell lymphotropic virus-III (HTLV-III) seropositivity and related disease among 71 consecutive patients in whom tuberculosis was diagnosed: a prospective study, *Am. Rev. Respir. Dis.* 135 (1987) pp. 875-879
- also for tuberculosis, St. Louis, U. E., Rauch, K. J., Peterson, L. R. et al. Seroprevalence rates of human immunodeficiency virus infection at sentinel hospitals in the United States, *N. Eng. J. Med.* 323 (1990) pp. 213-218

- for leprosy, Kashala, O., Marlink, R., Ilunga, M., Diese, M., Gormus, B., Xu, K., Mukeba, P., Kasongo, K. and Essex, M., Infection with Human Immunodeficiency Virus Type 1 (HIV-1) and Human T Cell Lymphotropic Viruses among Leprosy Patients and Contacts: Correlation between HIV-1 Cross-Reactivity and Antibodies to Lipoarabinomannan, *J. Inf. Dis.* 169 (1994) pp. 296-304
- for antibodies against malaria registering as false positive for HIV:
- Biggar, R.J., Possible nonspecific associations between malaria and HTLV-III/LAV, *N. Engl. J. Med.* 315 (1986) p. 457
- Biggar, R. J., Gigase, P. L., Melbye, M., Kestens, L., Sarin, P. S., Bodner, A. J., Demedts, P., Stevens, W. J., Paluku, L. C., D. H. et al., ELISA HTLV retrovirus antibody reactivity associated with malaria and immune complexes in healthy Africans, *Lancet* 2 (1985) pp. 520-523
- Volsky, D.J., Wu, Y. T., Stevenson, M., Dewhurst, S., Sinangil, F., Merino, F. L. R. and Godoy, G., Antibodies to HTLV-III/LAV in Venezuelan patients with acute malarial infections [letter], *N. Engl. J. Med.* 10 (1986) pp. 647-648

QUESTIONS OF RESPONSIBILITY CONCERNING "HIV/AIDS"

by Serge Lang

13 May 05

This article is rooted in the factual documentation presented in [Lan 05a]. Here we begin to deal with human-sociological questions, especially questions of responsibility vis a vis "HIV/AIDS".

§1. Africa and the U.S. 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, sub Saharan Africa is 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 [Lan 05a] §2 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. In [Lan 05a] §3 we have seen the newly triggered action by the AP (John Solomon) concerning the toxicity of nevirapine and the compounded African protest [ANC 04]. One of the paradoxes is that according to the WHO definition of AIDS in Africa, HIV is not even tested as a cause or a symptom of "AIDS", but in practice it may be tested.

Indeed, the NIH asked the IOM (Institute Of Medicine) to look into one narrow issue: the toxicity of the single drug nevirapine in the very narrow context of the "Uganda trial", i.e. just the case of using nevirapine in a single dose with the intent to prevent transmission of HIV from mother to child (whatever that means). An IOM Committee (Panel) was formed and issued a report in early April 2005. A press release from the National Academies [IOM 05b] stated: "A Ugandan drug trial's findings that the AIDS medication nevirapine is effective and safe in preventing HIV transmission from mother to unborn child during birth were well-supported, according to a new, independent analysis by the Institute of Medicine of the National Academies."

To verify the validity of this evaluation is impossible for me without spending more time than I have on hand. I ask one question in this connection:

Were the Uganda patients told about the Boehringer Ingelheim Medication Guide?

The guide itself states: "This guide is required to be distributed to all patients receiving the drug." See [Lan 05a] §3. Actually, patients aren't necessarily told of the toxicity, as exemplified in an AP article [SoH 04] about the case of a 33-year old Memphis woman:

AIDS drugs probably killed woman - health officials knew of risks.

Experimental medicines given despite signs of liver failure

Joyce Ann Hafford died without ever holding the son she had tried to save from AIDS by taking an experimental drug regimen administered by government funded researchers during her pregnancy.

...doctors continued to administer the drugs nevirapine and Combivir to Hafford despite signs of liver failure. Nevirapine is an antiretroviral AIDS drug used since the mid-1990s, and the government has warned since at least 2000 that it could cause lethal liver problems or rashes when taken in multiple doses over time...

The article further reproduces a statement by Clifford Lane, called the NIH's No. 2 infectious disease specialist:

Lane confirmed the nevirapine bottle Hafford received most likely wouldn't have had safety warnings because the experiment's rules called for the patient to be unaware of the exact drugs being taken to avoid patient influence on the test results...The official investigative files cited "drug-induced hepatitis" of the liver as the cause of death.

So the "experiment" is shown to have "rules" which CONTRADICT the FDA approved Boehringer Ingelheim Medication Guide! Thus we behold another contradiction between the rhetoric and the reality of the medical establishment's handling of "HIV/AIDS". We also see how group-think blinds doctors in the exercise of their medical responsibilities.

In [Lan 05a] §8, I brought up specific questions which exist about the most basic meaning, validity, or significance of "HIV positivity". Another fundamental objection now is that the IOM focuses attention on the toxicity question as it arises in the presumed single item of the "Ugandan drug trial". The special mother-child conditions under which nevirapine is given supposedly in a single dose may be quite different from the actual conditions under which it is prescribed as a "regimen" for people "at risk for HIV", including mother-child transmission. Or, as the case of the Memphis woman shows, there may be no difference in practice. In any case, as we have seen above and in [Lan 05a] §3, nevirapine has been recognized as highly toxic, both by the drug company selling it and by the HHS-NIH in 2001. It is already questionable in what sense the special case of one dose in the mother-child context is meaningful or significant.

The special case is of very little importance compared to the toxicity problem in the very much larger general context, not only because "HIV positivity" is a questionable concept, but much more fundamentally, because HIV (whatever it is) may not be pathogenic!

If HIV is not pathogenic, then what's the use of an anti-HIV drug?

We have seen how some studies point to malnutrition as the cause of some diseases which have been called "AIDS" in Africa. Other cases of so-called AIDS may be due to sanitation, malaria, and other classical causes.

In his comments questioning the meaning of HIV-positivity (see [Lan 05a] §8), Harvey Fineberg was quoted as concluding:

"If I had a patient who was really engaging in high-risk behavior, I wouldn't rely on test results.

I'd simply sit down with this person and try to make him see he needed to change his lifestyle."

What "high risk behavior"? What lifestyle was Fineberg thinking of? Sex habits? Taking poppers (sniffing amyl nitrite)? Amphetamines? Heroin? However, the malnutrition in Africa may not be so much due to "lifestyle" as to conditions resulting from poverty.

§2. Responsibilities. So what are our responsibilities - professional, institutional, individual? 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, academicians, etc. Although Duesberg is ostracized, there are scientists or members of the academic world who raise questions about the orthodox position on HIV/AIDS. See for instance the comments by the late Arthur Gottlieb, Chair of the Microbiology/Immunology Department at Tulane, p. 714 of *Challenges*; the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis; and the world-wide list of over 2,000 skeptics in [Crowe].

Professional/Medical responsibilities. Fineberg gave his endorsement to the narrow focus of the IOM Committee. But we have seen broader and more fundamental issues, which make this focus misleading, by obscuring these more fundamental issues.

- *The IOM did not consider the most fundamental issue: HIV pathogenesis.*
- *The IOM did not consider the fundamental issue of anti HIV drugs toxicity in general.*
- *The HIV/AIDS orthodoxy obscures the possibility of different factors causing illnesses in different parts of the world, under different conditions.*
- *Just the use of the same name "HIV/AIDS" obscures these differences, illegitimately and unscientifically. How come the IOM has not looked into this possibility, and issued reports about it, especially in the context of the Uganda trial considered by the IOM Committee?*
- *Did the IOM Committee take Fineberg's 20-year old evaluation of what "HIV positive" means into account in arriving at their conclusions? What definition of "AIDS" did they use?*

Independence of the IOM. The IOM is especially significant because it is part of the "National Academies" with the aura and prestige of science. In his foreword to the IOM Committee's Report, Harvey Fineberg stated that NIH asked IOM "to conduct an independent review of the HIV NET 012 trial". However, IOM is not "independent" in several ways which are not a priori objectionable, but do exist.

(a) The IOM has a link with the academic establishment. Some connections are more direct than others. Fineberg himself has been Dean of the Harvard School of Public Health and Provost at Harvard. The chair of the IOM Committee James H. Ware is now Dean for Academic Affairs at Harvard, and is also Professor of Biostatistics (a science) at the Harvard School of Public Health.

(b) In the natural course of events, medical scientists get funded in large part by NIH. These same people then are on committees to investigate actions taken by their funding agencies. They are subject both to social pressures (collegiality, the usual pressures of group-think which induces blindness) and money pressures (people from the biomedical establishment who speak out publicly against HIV pathogenesis lose their grants). The money pressures are usually given more emphasis than the social pressures. However, Senator Chuck Grassley wrote a letter to Fineberg dated March 30 in which he said: "Although I am troubled by this fact [reviewers' financial ties to the NIH], I am more troubled by the fact that at a meeting with the IOM on January 5, 2005, your staff assured my staff repeatedly that the current members of this IOM committee did not have financial or professional conflicts of interest."

(c) In the present instance, the NIH sponsored the IOM Committee. What's the probability the Committee would dump on the NIH? Just by accepting the limitations of a restricted "charge" by NIH to IOM, the IOM shows how it is NOT independent of NIH.

Both in the present instance and in general, the choice of subjects to be looked into and the attitudes toward these subjects are naturally affected by the above mentioned relations (institutional links and financial links). A priori, the connection between IOM and the educational establishment exemplified by Fineberg's and Ware's past and present connections with Harvard might be very valuable, since they could educate students and the public to have a more independent view of the HIV/AIDS situation. The evidence right now shows that this education is not taking place.

A Rhetorical Thrust. 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."

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?"

This kind of thrust avoids dealing with documented objections to the position of the orthodoxy. I regard this thrust as a major failure of intellectual, scientific, and professional responsibility. Evaluating such a 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?

Risking lives? The Durban Declaration. 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." 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 for the reason Baltimore gives? 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.

Baltimore and Bruce Alberts (President of the National Academy of Sciences) were among the signers of a full page advertisement in the *New York Times* (9 July 2000), supporting the Durban Declaration [DD 00]:

HIV Causes AIDS. To argue otherwise costs lives.

...Those who exploit their reputations as scientists to propagate unfounded alternative claims regarding the cause of AIDS are contributing to the growth of the epidemic and to the death of human beings. Such claims must be exposed and contradicted at every opportunity, and we offer this statement in that spirit.

The previous article [Lan 05a] accumulates evidence that the above establishment position is false, and that the alternative claims are not "unfounded". This evidence shows that some relevant or significant facts have been disregarded in the laboratory, in the classroom, on the public platform, in the Academies, in the media, and in real life.

Children guinea pigs in the U.S. As to risking lives, we have seen in §1 how there have been complaints in Africa about using Africans as guinea pigs (whose lives are risked). The problem is not limited to Africa. The journalist Liam Scheff published an article in the *New York Press* [Sch 04b]:

ORPHANS ON TRIAL

Abandoned kids are force-fed experimental AIDS drugs at a Catholic-Children's home in Washington Heights. And the city wants it that way.

There and in a subsequent piece [Sch 05], Scheff described in vivid and extraordinarily disturbing concrete terms how children and orphans are used as guinea pigs for toxic anti-HIV drugs. If some children refuse to submit, they are

drugged through nasal and gastric tubes...surgically implanted. Drugs, fat and protein mixtures are pumped into the children's abdomens by machine...The drugs used in the trials tend to bear FDA black-box labels, warning of fatalities caused by organ failure, bloody skin eruptions and blood-cell death, as well as developmental damage, cancer, wasting and heart disease. It's an ugly reality made acceptable for one reason: The children test HIV positive. The significance of the term "HIV positive" is accepted as a given -- a death sentence. But this concept, however heartfelt and popularly accepted, isn't borne out in the CDC reports and medical literature.

Thus we behold a horrifying result of the psychological, sociological, and medical dynamics leading to the above horrors. The signers of the Durban Declaration and the above-mentioned advertisement are among the many who contribute to the dynamics whereby "the term 'HIV positive' is accepted as a given - a death sentence", as Scheff writes, giving rise to "an ugly reality".

For almost two years, most of the mainstream media in the U.S. did not report the experiments described by Scheff. The *New York Post* was an exception [Mon 04]. The BBC did report [BBC 04]. More than a year later, the *New York Times* [Kau 05] and the AP John Solomon [Sol 05] reported an investigation into the doings brought to light by Scheff. The *New York Times* article was inaccurate and tendentious on several counts, cf. for instance [Sch GNN 05]. The *Times* article reads:

At the time [of the medical testing of AIDS drugs], officials from the agency and from the hospitals where the trials had taken place said they had been legitimately conducted on only foster children dying of AIDS who had no other medical options at the time.

However, the *Times* also reported that "Vera Sharav, the president of the Alliance for Human Research Protection, a Manhattan-based watchdog group that has pressed for a more thorough investigation, said that...the foster children were only presumed to have AIDS. 'It's a hell of a thing to give a child toxic drugs when they are only presumed to have AIDS,' Ms. Sharav said."

An AP report [Sol 05] was mostly not run in the mainstream press.

There have been other reports of people going overboard in their fight against HIV, for instance this abcNEWS (Internet Ventures)-Associated Press report from Pennsylvania (30 April 2005):

Kids Stuck by Needle Take Anti-HIV Drugs

Nineteen elementary schoolchildren who were pricked with a needle by another student are taking strong drugs to fight HIV after one of the children tested positive for the virus, officials said...Authorities have ruled out the possibility that the child who tested positive for the virus, which causes AIDS, could have been infected by the needle prick.

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" in James P. Hogan's book [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 articles help to inform, as distinguished from conditioning or manipulating people about the issues concerning "HIV/AIDS".

How does one challenge a mindset conditioned in the population at large over 20 years?

REFERENCES

- [ANC 02] AFRICAN NATIONAL CONGRESS web site, Response to Former President Jimmy Carter..., <http://www.anc.org.za/ancdocs/pr/2002/pr0310.html>
- [ANC 04] HEALTH-Nevirapine, drugs & African guinea pigs
ANC Today Vol. 4 No. 50, 17-23 December 2004
- [AP 04] Associated Press: "AP: U.S. Officials Knew of AIDS Drug Risks," 14 December 2004
- [BBC 04] GUINEA PIG KIDS, BBC, 30 November 2004
- [Crowe] Website: <http://aras.ab.ca/thelist.htm>
- [DD 00] Durban Declaration, reproduced in *Nature* Vol. 406 (6 July 2000) pp. 15-16
- [Hog 04] J. P. HOGAN, *Kicking the Sacred Cow*, Baen Publishing Enterprises, 2004
- [IOM 05a] Institute of Medicine of the National Academies "Review of the HIVNET 012 Perinatal HIV Prevention Study (7 April 2005)
- [IOM 05b] Office of News and Public Information, The National Academies, "Findings from Perinatal HIV Prevention Study in Uganda are Valid, New Review Says" [Press Release] April 05
- [Lan 05a] S. LANG, Contradictions in the "HIV/AIDS" Establishment, submitted PNAS 13 May 05
- [Kau 05] L. KAUFMAN, Private firm to Investigate AIDS Charges Against City, *New York Times* 23 April 2005
- [Mam 04] M. MAMONE CAPRIA, "Science and Democracy" website: www.dipmat.unipg.it/~mamone/sci-dem
- [McN 04] D. McNEIL Jr, Furor in Africa over drug for women with H.I.V., *New York Times* 23 dec 2004 p. A12
- [Mon 04] D. MONTERO, AIDS Tots Used as "Guinea Pigs", *New York Post*, 29 February 2004
- [Rap 88] J. RAPPOPORT, AIDS INC. Human Energy Press 1988
- [Sch 04a] L. SCHEFF, The House that Aids Built, Altheal.org
- [Sch 04b] L. SCHEFF, Orphans On Trial, *New York Press* Vol. 18 No. 17, April 27-May 3, 2005
- [Sch 05] L. SCHEFF, The News Hole, *New York Press*, 11 January 2005
- [Sch GNN 05] L. SCHEFF, All The News That Fits...Two Years Later, Guinea Pigs Kids,
GNN Articles: Sci-Tech, 27 April 2005
- [Sol 05] J. SOLOMON, Study Examines AIDS Drugs tested on Kids, Associated Press. washingtonpost.com
- [SoH 04] J. SOLOMON and R. HERSCHAFT, AIDS drugs probably killed woman - health officials knew of risks, *San Francisco Chronicle* 16 December 2004 p. A8