Rethinking AIDS

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THE HIDDEN AGENDA BEHIND HIV

by Bryan J. Ellison

Bryan has impressed us all in the past, but perhaps nothing is so explosive as his revelation that the U.S. Public Health Movement is full of doctrinaires, dogmatists, tyrants, and public policy disasters. This piece is derived from some of the material in his new book (with Dr. Duesberg), INVENTING AIDS, sold to Addison-Wesley (who chickened out at the last moment) and then finally bought by St. Martin's, possibly due for release in August. Can we get advance copies? Probably not yet. This article is sure to generate strong feelings, both positive and negative—let us hear your opinions!

Despite all assurances to the contrary, the AIDS establishment continues to fund only research on HIV. Peter Duesberg inadvertently proved this blackout on all alternative research when he recently submitted a grant proposal to the National Institute on Drug Abuse. The Institute's clinical director of AIDS research had personally invited the proposal, which outlined a plan to test the long-term effects of nitrite inhalants, or "poppers," on the immune systems of mice. The answer came back in December: the anonymous referees had not only turned it down, but had refused to give the proposal more than a cursory review.

Why does such a political correctness continue to dominate the War on AIDS? After all, public health officials cannot yet demonstrate they have saved any lives from the syndrome, while its death toll rises steadily. The scientific predictions have also failed miserably. In contrast to the predicted spread of AIDS in the United States, the epidemic has remained strictly confined to risk groups; nine of every ten AIDS cases have been male, and ninety percent of all AIDS victims have been linked to heavy drug use, whether intravenously or as "fast track" homosexuals. Indeed, epidemiologists have yet to establish that any epidemic at all has struck among blood transfusions recipients. Even individual AIDS diseases prefer specific risk groups, such as Kaposi's sarcoma among homosexuals and the near-absence of *Pneumocystis carinii* pneumonia among Africans, whose lungs all contain the microbe. And some thirty-nine percent of AIDS diseases in America have nothing to do with immune deficiency—witness Kaposi's sarcoma, various lymphomas, wasting disease, and dementia, for example. In short, AIDS is not an infectious disease.

The obsession with an "AIDS virus" has little to do with science or medicine. Writing in *Nature* in 1991 (June 21), British HIV researcher Robin Weiss and American CDC official Harold Jaffe hinted at the real purpose in an attack on Peter Duesberg: "But if he and his supporters belittle 'safe sex,' would have us abandon HIV screening of blood donations, and curtail research into anti-HIV drugs and vaccines, then their message is perilous." To whom? If AIDS is not infectious, such recommendations would simply save the taxpayer money and anxiety.

But perhaps this is the point. A 1989 report by the National Research Council more explicitly revealed the hidden agenda. Originally sponsored by the Rockefeller and Russel Sage Foundations and then funded by the Public Health Service, *AIDS: Sexual Behavior and Intravenous Drug Use* laid out a plan for social engineering on a massive scale—using AIDS as the excuse. "The devastating effect of an epidemic on a community can evoke strong political and social responses," the committee duly noted. "An epidemic necessitates the rapid mobilization of the community to counter the spread of illness and death" (p. 373). The power of such a method to force changes in cultural values is based on careful manipulation of fear. "Ideally, health promotion messages should heighten an individual's perceptions of threat and his or her capacity to respond to that threat, thus modulating the level of fear...What is not yet known is how to introduce fear in the right way in a particular message intended for a particular audience. Acquiring that knowledge will require planned variations of AIDS education programs that are carefully executed and then carefully evaluated," stated the committee coolly (pp. 267-8).

A sophisticated $2 billion-per-year operation, the CDC employs a staff of thousands who see themselves as having an activist mandate. They view epidemics as opportunities for control and for imposing lifestyle changes on the population.

The report then identified one of the major targets of change—Judeo-Christian moral values. "Historically, there has been a strong social reluctance in the United States to speak or write about sexuality in explicit terms. Despite recent indications of greatly increased tolerance for sexual explicitness in the media and literature, that reluctance remains strong in much of the population; it is particularly strong in instances that involve

continued on page 2

THE HIDDEN AGENDA

(continued from page 1)

the education of children and adolescents" (p. 379). The fear of a supposedly infectious AIDS epidemic, however, could be used to fix such problems. As the report declared, "The committee believes that, during an epidemic, politeness is a social virtue that must take second place to the protection of life" (p. 379).

Other public health officials have been even more forthright. As an officer of the Centers for Disease Control, Donald Francis had in 1984 drafted the CDC's proposed AIDS strategy. In his 1992 retirement speech at the agency's Atlanta, Georgia headquarters, Francis voiced the ambitions held by many of his fellow officers in describing "the opportunity that the HIV epidemic provides for public health" (*JAMA*, 9-16-92). He stated in no uncertain terms the radical nature of the plan:

> The cloistered caution of the past needs to be discarded. The climate and culture must be open ones where old ideas are challenged. Those who desire the status quo should seek employment elsewhere. The American HIV prevention program should be the place where the best and the brightest come, where the action is, where history is being made. This is the epidemic of the century, and every qualified person should want to have a piece of the action.

The "action" described by Francis was a set of programs that would, as he fully recognized, need strong political protection from angry taxpayers and voters. For example, he bitterly attacked public opposition to condom distribution programs, and called for powerful legal measures to bypass parental discretion. "The ongoing controversies involving abstinence and condoms typify the morass into which schools can fall," Francis complained. "If, in the opinion of those far more expert than I, schools cannot be expected to provide such programs, then health departments should take over, using as a justification their mandate to protect the public's health."

Francis also included proposals for dealing with the AIDS risk of intravenous drug use—including a call for "prescription of addicting drugs" with Federal government sponsorship. Even libertarians who advocate legalizing drugs would balk at such notions, which would ultimately create a massive bureaucracy encouraging drug use. "Following a more enlightened model for drug treatment, including prescribing heroin, would have dramatic effects on HIV and could eliminate many of the dangerous illegal activities surrounding drugs," he insisted, knowing that only fear of the AIDS epidemic might make such proposals tolerable to the public. Ignoring the toxic, and possibly AIDS inducing, effects of drugs, Francis emphasized that "In addition to treatment, safe injection [!] must be stressed both for those in treatment programs and those out of treatment. The provision of sterile injection equipment for drug users should be the standard of public health practice in the United States."

Most chillingly of all, Francis saw the possibilities in harnessing other epidemics to advance similar agendas. As he put it, "if we establish new mechanisms to handle the HIV epidemic, [these] can serve as models for other diseases."

The common denominator of these and similar plans is that they originate with the Federal government's Public Health Service, and especially from its frontline public health agency, the Centers for Disease Control. Public perceptions often paint the CDC as a minor office that gathers and publishes dull statistics on disease. The truth is shockingly different. A sophisticated $2 billion-per-year operation, the CDC employs a staff of thousands who see themselves as having an activist mandate. They view epidemics as opportunities for control and for imposing lifestyle changes on the population.

The CDC has traditionally specialized in contagious disease. Its initials, in fact, originally stood for the Communicable Disease Center, from its formation in 1946 until its name changed in 1970. And therein lies its bias, for it tends to interpret almost any epidemic as being infectious. Certainly the CDC has plenty of raw material with which to work; each year at least one thousand outbreaks, or "clusters," of disease strike in the United States—one every eight hours. These can range from flus and pneumonias to closely-occurring cancers, but most outbreaks involve no more than a handful of people each; since the polio epidemic, none have posed serious threats to the general public. However, by falsely labelling any arbitrarily chosen outbreak as infectious and blaming it on a virus or other microbe, the CDC can quickly generate public fear and political mobilization behind almost any agenda.

The CDC has actually engineered a number of false alarms or misdirected campaigns over the past four decades, neutralizing scientific dissent and calmer voices when necessary. AIDS, though not the first example, has now become the most successful epidemic by far. Two powerful weapons in the agency's arsenal, both unknown to the public at large, have made this possible: a semi-secret wing of the CDC known as the Epidemic Intelligence Service (EIS), and a quiet "partnership" program with private organizations.

The Epidemic Intelligence Service

Among epidemiologists, it is often half-jokingly referred to as the "medical CIA." Founded in 1951 by public health professor Alexander Langmuir, the EIS was first designed to act as an elite biological-warfare countermeasures unit of the CDC. Langmuir was hired because he also served as one of the select advisors to the Defense Department's chemical and biological warfare program.

The first EIS class of 21 recent medical or biological graduates underwent several weeks of intense training at the CDC's Atlanta headquarters, before being dispatched on their two-year assignments on loan to various state or local health departments around the country. They acted as the eyes and ears of the CDC, carefully monitoring for any possible outbreak of war-induced disease. While on their tours of duty, each EIS officer could be sent elsewhere in the country on a 24 hour-a-day basis. In case of war, the EIS would operate under any emergency powers granted the CDC—potentially including quarantines, mass immunizations, or other drastic measures.

In an article written for the *American Journal of Public Health* (March, 1952), Langmuir made clear that membership in the EIS did not end with the two year assignment, but was permanent. He wrote that, "As a result of their experience, many of these officers may well remain in full-time epidemiology or other public health pursuits at federal, state, or local levels. Some, no doubt, will return to civilian, academic, or clinical practice, but in the event of war they could be returned to active duty with the Public Health Service and assigned to strategic areas to fulfill the functions for which they were trained."

Every year since 1951 has seen a new crop of EIS recruits, some classes over one hundred members in size. The nearly 2,000 alumni have gone on to high positions in society, though rarely advertising their affiliation. Indeed, the CDC has now made the EIS more secretive than ever, having suppressed the public availability of the membership directory since last year.

continued on page 3

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THE HIDDEN AGENDA

(continued from page 2)

Members can be found in the Surgeons General's office and elsewhere in the Federal government, as well as in the World Health Organization, state and local health departments, universities, pharmaceutical companies, tax-exempt foundations, hospitals, and even as staff writers, editors, or news anchormen for major newspapers, scientific journals, and television news departments. In these positions, EIS alumni act not only as the CDC's surveillance arm and emergency reserve, but also as seemingly "independent" advocates for CDC policies.

In time, the fear of artificial disease epidemics faded. But Langmuir and other top CDC officials had always held bigger plans for the EIS. Langmuir, for example, an apostle of Planned Parenthood founder Margaret Sanger, involved the EIS in the population control movement by the 1960s. The CDC has gained most, however, from EIS activities in natural disease epidemics, to which its "disease detectives" have turned their attention.

The flu, being truly an infectious disease, often proved itself most valuable to the CDC. Although the winter following the end of World War I was the last time a flu epidemic caused widespread death, the CDC has pushed annual flu vaccinations up to the present day. At times, the agency has even rung the alarm over an impending flu crisis, hoping to use memories of the 1918 epidemic to gain emergency powers and impose mass vaccinations. By using such tactics in 1957 over the Asian flu, the CDC managed to wrangle extra money out of Congress to expand the EIS and crash-produce a vaccine. But the flu season was already winding down by the time the vaccine was ready, and the flu itself turned out to have been as mild as in any other year.

By 1976, CDC director David Sencer wanted to try again, though on a grander scale. After one soldier in Pennsylvania died of a flu-related pneumonia in January, Sencer predicted that a pig-borne human virus, nicknamed the "swine flu," would soon devastate the United States. Panicked with visions of impending doom, Congress moved to authorize the CDC's immunization plan for every man, woman, and child in the country. Unexpectedly, the legislation suddenly stalled when the insurance companies underwriting the vaccine discovered that it had seriously toxic side effects.

Sencer had to do something fast. He immediately set up a "War Room" in Auditorium A at the CDC headquarters, and put the EIS network on full alert to search for any disease outbreak that might resemble the flu. Within weeks, the War Room received word of a pneumonia cluster among men just returning home from the Philadelphia convention of the American Legion. Several Philadelphia-based EIS officers and alumni had detected the outbreak, and acted as a fifth column that not only helped arrange an invitation for the CDC to come in, but also took their orders from the arriving team of CDC and EIS officers. Even the *New York Times* staff writer sent to cover the story, Lawrence Altman, was himself an EIS alumnus.

The CDC team allowed media rumors to circulate that this Legionnaires' disease was the beginning of the swine flu. Within days, Congress decided to pass the vaccine bill. Only later did the CDC admit that the legionnaires had not been infected by the flu virus, too late to stop the immunization program. Some 50 million Americans received the vaccine, leading to more than a thousand cases of nerve damage and paralysis, dozens of deaths, and lawsuits awarding almost $100 million in damages. In the ultimate irony, no swine flu epidemic ever materialized; the only destruction left behind by the phantom swine flu resulted from the CDC's vaccine.

The agency later blamed Legionnaires' disease on a common soil bacterium, one that clearly fails Koch's postulates for causing the disease and is therefore actually harmless. The legionnaires' deaths are not so hard to understand, since the pneumonias struck elderly men, many of whom had undergone kidney transplant operations, and who had become particularly drunk during the Bicentennial celebration—the classic risks for pneumonia. Thus "Legionnaires' disease" is not an infectious condition, but merely a new name for old pneumonias.

Using its EIS network, the CDC has applied similar tactics to other outbreaks of disease. During the 1960s, for example, the EIS helped fuel the National Institute of Health's growing Virus-Cancer Program by tracking down every small cluster of leukemia cases, trying to create the impression that some virus was responsible for the cancer. Robert Gallo because one of the many scientists so impressed with the CDC investigations that he devoted the rest of his career to finding a human leukemia virus.

More recently, the CDC managed to have a team of EIS officers invited into New Mexico to investigate a cluster of pneumonia cases among Navajo Indians. By June of 1993, the CDC began insisting that the brief and relatively small outbreak was caused by a rat fecal virus, the Hantavirus. But as a letter in the January 1 issue of the *Lancet* pointed out, most of the affected Navajos actually tested negative for the virus. And unlike a contagious disease, this pneumonia never spread beyond the first few dozen victims. Again, the CDC's "disease detectives" used a high-profile investigation to create media publicity and frighten the general population, rather than troubling themselves with the scientific method and its more boring answers.

Of all the epidemics mismanaged by the CDC, AIDS proved the most spectacular in achieving political success. By 1981, the EIS had so thoroughly penetrated the medical and public health institutions in the United States that it could now detect even the smallest and most loosely-connected "clusters" of diseases, no matter how far apart the victims were in time and space. The original AIDS cases were all found in homosexual men in the "fast track" lifestyle—those having hundreds or thousands of sexual contacts and using enormous amounts of hard drugs to make such promiscuous activity possible. For the CDC, the trick was to make the illness seem contagious; a simple drug-induced epidemic among homosexuals would hardly have frightened the public, nor have allowed the CDC to accomplish its radical public health agenda.

The epidemic officially began in 1980 after Michael Gottlieb, a new immunologist at the UCLA Medical Center in Los Angeles, decided to test the brand new T cell-counting technology. He put out an informal request to fellow physicians to refer cases of immune deficiency to him. Over the next several months, colleagues sent him four such cases, all male homosexuals with *Pneumocystis carinii* pneumonia. Sensing that the CDC might take an interest, Gottlieb called active EIS officer Wayne Shandera in the Los Angeles health department. Shandera had heard an isolated report of a fifth homosexual with the same problem, and compiled a report for the CDC.

Ordinarily, each of the five cases would have been seen by separate doctors, leaving nothing to suggest the word "epidemic" to anyone. But having a pre-positioned EIS agent like Shandera certainly helped the CDC gather such cases together as a potential cluster. Shandera's report fell on the desk of James Curran, an official in the CDC's venereal diseases division; the 1987

continued on page 4

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THE HIDDEN AGENDA

(continued from page 3)

book *And the Band Played On* records that Curran wrote "Hot stuff. Hot stuff." on the report (p. 67). He had the agency publish it immediately.

By the time the report appeared on June 5, 1981, Curran was already organizing a special Kaposi's Sarcoma and Opportunistic Infections (KSOI) task force to lead an investigation of the five-victim epidemic. EIS members Harold Jaffe and Mary Guinan, also from the venereal diseases division, helped run the task force. The first order of business was to find as many similar patients as possible, thereby causing the epidemic to "grow." Next was to explain the syndrome; to the CDC, this meant trying to find an infectious agent. This would be no simple task, since essentially all of the first fifty cases admitted to heavy use of poppers, a drug preferred by homosexuals as a means of facilitating anal intercourse. Even if this toxic drug presented itself as the obvious explanation, the CDC investigators had no intention of letting the evidence interfere. According to historian Elizabeth Etheridge, "While many of the patients were routine users of amyl nitrites or 'poppers,' no one in the KSOI task force believed the disease was a toxicological problem" (*Sentinel for Health*, 1992, p. 326).

So the EIS was activated to prove AIDS infectious. EIS officer David Auerbach and others confirmed that these extremely promiscuous homosexuals were often linked to one another through long chains of sexual encounters. To prove that AIDS was "spreading" to other people, other officers scoured hospitals to find heroin addicts with opportunistic infections, and blamed their needle-sharing rather than the heroin use, itself a classic risk factor for pneumonias and other illnesses. Bruce Evatt and Dale Lawrence, both members of the EIS, discovered one hemophiliac in Colorado with an opportunistic pneumonia as a side effect of internal bleeding, but rediagnosed the patient as an AIDS case. Even Haitians in Florida and Haiti were interviewed by EIS officer Harry Haverkos, who renamed their endemic tuberculosis as AIDS.

Not understanding the loaded nature of such investigations, the outside world completely bought the CDC line. Soon the race was on for scientific researchers to find the guilty virus. But this search, too, had been rigged. Donald Francis, an EIS member himself since 1971, decided just eleven days after the original Shandera report that the syndrome should be blamed on a retrovirus—with a latent period, no less. Using his various contacts in the retrovirus field, Francis spent the next two years pushing Robert Gallo to isolate a new retrovirus. Eventually Gallo did take an interest, and claimed credit for finding HIV.

With his April 23, 1984, press conference, Gallo completed the crusade begun by the CDC and its EIS. As the tapes rolled and the cameras flashed, Gallo and Health and Human Services Secretary Margaret Heckler launched the nation into a War on AIDS. Few people knew the true story behind the announcement, or of the political agenda that Don Francis and others were preparing to foist on the American people.

The Partnership Program

The CDC's second major weapon for mobilizing public support lay in its assistance programs for private organizations. By funding or otherwise supporting groups not affiliated with the CDC, the agency could create apparently spontaneous mass movements. Spokesmen claiming to represent various communities could all simultaneously advocate policies identical to those of the CDC, while allowing the agency to remain quietly in the background and avoid direct criticism.

In 1984, the CDC began forming "partnerships," based on "cooperative agreements," with large numbers of "community-based organizations," for the purpose of AIDS "education" (read: indoctrination). At first the funding was channeled through the United States Conference of Mayors, which dispersed the money to a growing network of AIDS activist groups. By 1985, the CDC was giving over $1 million to state governments, influencing their response to AIDS.

After 1986, the money began flowing freely, and the CDC's corresponding influence expanded quickly. The American Red Cross alone received over $19 million from 1988 to 1991, cementing CDC control among medical institutions. Millions more were targeted to such groups as the American Medical Association, the National Association of People with AIDS (which operates as a coordinating center for much of the AIDS activist and gay rights movements), Americans for a Sound AIDS Policy (which generates CDC-approved materials for evangelical Christians), the National Education Association (the major teachers' union), the National PTA, the National Association of Broadcasters (which represents most television and radio stations and their networks), the National Conference of State Legislatures, and dozens of others. Even such groups as the National Urban League, the National Council of La Raza, and the Center for Population Options receive CDC grants and other technical aid. Many specifically AIDS-related groups actually depend on CDC money for their very existence.

Naturally, the CDC has established mechanisms for ensuring that its money and other aid are used for the intended purposes. Organizations wishing to receive grants must not only file applications, but are pre-screened by having to send representatives to CDC workshops on how to apply. These meetings allow the CDC to meet and judge applicants directly. Furthermore, any organization receiving aids winds up having CDC supervision of its AIDS-related "educational" activities.

It is little wonder there is so much political pressure, from all sides, to defend both the virus-AIDS hypothesis and the CDC's public health agenda.

As with so many non-contagious diseases in the past, the CDC has persuaded the public that AIDS is infectious. Thus the taxpayer is manipulated with fear to acquiesce to the radical measures being pushed by the agency. Where "safe sex" programs, sterile needle exchanges, Federal subsidies of drug addiction, and other CDC proposals would normally be thrown out—along with the officials who proposed them—many Americans suspend judgment.

Most people do not yet realize that the entire campaign has been orchestrated mostly by a single agency of the Federal government, rather than being a spontaneous decision by independent experts and activists. As intended, the CDC has been able to mobilize the scientists, the medical institutions, political bodies, the news media, and a bewildering array of AIDS organizations behind its hidden agenda. All such groups will lose their credibility once the public discovers the real source of the campaign, and honest skepticism will spread faster than AIDS itself.

Signs of imminent change are appearing. The CDC's public health measures—condoms, sterile needles, contact tracing, and the like—have failed to prevent the steady growth of AIDS. As this bad advice is recognized for what it is, more voices are joining the chorus of dissent against the HIV-AIDS hypothesis. The CDC may soon have to hold HIV research meetings all by itself.

That is, if Congress doesn't abolish the CDC first.

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MUZZLING AND DESTROYING AIDS DISSENTERS: THE McCARTHY INQUISITION'S LATEST PHASE

(c) Nathaniel S. Lehrman, M.D., L.F.A.P.A.
Former Clinical Director, Kingsboro Psychiatric Center, Brooklyn, New York

Hold on to your seats. Nate Lehrman, M.D., has been fighting the good fight for several years now. In addition to being a guest on Tony Brown's Journal, *he has been a guest of the U.S. Federal Court and has strong opinions about the whole HIV/AIDS problem. Have you also heard stories like these?*

American scientists who question official AIDS doctrine—that HIV is the *only* cause of these diseases—face jail, exclusion from their specialties, revocation of their medical licenses and termination of their research grants. Some now live on food stamps, or on newspaper-delivery and toxic-substance jobs. These scientific dissenters are being persecuted in the same way that Andrei Sakharov was in the Soviet Union, and alleged Communists and their suspected "sympathizers" were during the notorious McCarthy 1950s.

WILLIAM HOLUB

Despite 30 years of experience, William R. Holub, Ph.D., of Port Jefferson, New York, has been blacklisted from work in both industrial biotechnology and academia. He lost his home, was forced into bankruptcy, and now supports his wife and four children with a job handling toxic chemicals, supplemented by delivering newspapers. He and his wife began publicly asking questions about AIDS in 1982, and published well-documented critiques in 1987, 1988 and 1993. In 1986, he was a full-time adjunct professor of biology at Nassau Community College. After he discussed his AIDS questions on television, two faculty colleagues and a laboratory assistant surreptitiously but widely accused him of lying about his scientific work and being a sexual pervert, and called him and his wife unfit parents—all Big Lies. Nursing department faculty called him a "quack" behind his back, and a high college administration figure stopped publicity for an AIDS lecture the Alumni Society President arranged for him to give by claiming he was "crazy"—all without his ever being asked for data supporting his AIDS views.

His departmental colleagues distanced themselves in response to the slanders, and then voted not to renew his year-to-year teaching contract. They gave the job instead to the much less qualified laboratory assistant. His chairman advised him to "go through channels" but the President of the College refused to see him. The Dean of Instruction, the faculty union and the college's attorneys agreed he had been mistreated but said they could do nothing; all urged him to resign. After three years—soon after the appearance of his 1988 article—he did. At the same time, an attorney hired by his two partners in a private company of which he was co-owner and research director advised them to "get rid of" him—which they did, partly to hide their blocking his access to company funds and their allegedly embezzling money from it. Since then he has been unable to obtain any position in his highly technical field.

PETER DUESBERG

The best known target of today's witch hunt against dissenting AIDS scientists is Professor Peter H. Duesberg, Ph.D., of Berkeley. He received a National Institutes of Health (NIH) Outstanding Investigator Award in 1985 and was elected to membership in the National Academy of Sciences the next year for mapping the genetic structure of retroviruses. But his highly honored status ended suddenly when his March 1987 *Cancer Research* paper pointed out that retroviruses, including HIV, were too weak to cause any illness at all. His startling questions evoked only scientific silence, but when columnist Jack Anderson began looking into them, and the White House considered doing so too, a smear campaign started.

The *New York Times* began it. That newspaper's first, and for years only, story about Duesberg (January 11, 1988, by Philip M. Boffey, now its deputy editorial page editor) claimed his paper "sank without a ripple in the scientific world, winning few if any converts." (Over 400 scientists have already joined the group calling for "Rethinking AIDS.") A month later, the Presidential AIDS commission invited him to hearings in New York in order to discredit him—an unnamed staff member told the February 26 *Wall Street Journal*. *Science*, the country's leading scientific publication, took almost a full year—until March 25—for its first mention of his challenging paper. Then its story, "A Rebel Without a Cause of AIDS," accompanied by a mysterious-appearing picture of him, focused more on his alleged personality quirks than on his ideas. That April 9, AMFAR, the American Foundation for AIDS Research, made another attempt "to put his ideas to rest"—as the *Washington Post* described it. *Science*'s April 15 report on that meeting—headlined "Duesberg Gets His Day in Court," as though he were a criminal being tried—also minimized his arguments and emphasized those of his opponents. It described "vigorous headshaking and audible groans" at him from most of those present—a blatant falsehood; I was there—and concluded that if the "session accomplished anything, it was to confirm Duesberg as odd man out." Many *Science* readers then dismissed Duesberg as indeed an "odd man"—probably psychologically disturbed. Relatively few connected the dismissive attitudes the story evoked with the later, carefully-worded *Science* letter (June 10) from Berkeley molecular biology professor Harry Rubin characterizing the Washington meeting—which he also attended—as "designed to discredit" Duesberg.

Duesberg's startling questions evoked only scientific silence, but when columnist Jack Anderson began looking into them, and the White House considered doing so too, a smear campaign started.

Duesberg's subsequent papers cast increasing doubt on official doctrine from many points of view, and the AIDS establishment struck back hard. Although he is a member of the National Academy of Sciences, its *Proceedings* rejected his paper on drugs' important causal role in AIDS. He published it in a less widely circulated journal, which the hand-out-dependent lay

continued on page 6

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MUZZLING AND DESTROYING DISSENTERS

(continued from page 5)

media could ignore more easily. In 1991, a government-appointed panel of scientists, most of them recipients of HIV-based research funds, decided not to renew his long-held research grants, claiming that "a dilution of his efforts with non-scientific issues" had made him not "likely to make further important contributions." With his grants gone, and graduate students afraid to be associated with such a "maverick," Duesberg—and the real fight against AIDS—have paid dearly.

PHILIP ARTZ KEES

Charges were brought against Philip Artz Kees, M.D., in 1985 before the highly-politicized California Medical Board after his widely publicized testimony under subpoena about the promiscuous administration of major psychotropic drugs like haldol, prolixine and thorazine—and long-term injections—to violent offenders at Patton State Hospital, and his suspicion that these drugs, because of their well-known immune-suppressive effects, exacerbated the AIDS epidemic sweeping the facility. He was accused of violating prisoner/patient confidentiality by testifying to federal and state authorities, violating his superiors' direct orders not to testify, "obsessive" fascination with AIDS and its causes, and "delusions and illusions" about the possible exacerbation of AIDS by prescribed medications. His medical license was suspended throughout his seven years of hearings, bankrupting him—while the state repeatedly "lost" or destroyed key case records.

Kees was accused of having an "obsessive" fascination with AIDS and its causes, and "delusions and illusions" about the possible exacerbation of AIDS by prescribed medications.

In 1989, the Director of the California Medical Board and Presiding Judge of San Diego's Superior Court told Kees's attorney that for $50,000 they would drop all charges. The bribe attempt was reported; after a four year investigation, the director was dismissed and the judge resigned. Their associates brought other charges against Kees causing revocation of his medical license in 1992, with his appeal to the courts continuing to be blocked by the State's failure to produce records of his hearings. Without funds, and living without a telephone in a tiny efficiency apartment, he nevertheless writes, "The State is determined to destroy me, but I'm a tough resilient bastard."

EDWARD J. WAWSZKIEWICZ

Edward J. Wawszkiewicz, a tenured associate professor of microbiology at the University of Illinois, Chicago campus, who has published questions about established AIDS thinking and other scientific problems, was suddenly labeled "mentally ill" by the University in 1986, separated from his teaching and then from his salary, and is also now struggling to exist on food stamps. But he also continues to combat AIDS fraud.

NATHANIEL S. LEHRMAN

Nathaniel S. Lehrman, M.D., former Clinical Director of Kingsboro Psychiatric Center in Brooklyn, New York, author of this article, and published critic of official AIDS doctrine since 1985 (*Wall Street Journal*, November 20), is appealing a conviction and jail sentence for Medicaid fraud he did not commit. **Before his appeal could be heard, his medical license was revoked.** He was "set up" by another psychiatrist, who claimed to be a political victim, and an investigator, allegedly persecuted by the AIDS establishment, who was actually an Internal Revenue Service undercover agent. The other psychiatrist was vulnerable to I.R.S. manipulation because he had not paid income taxes for many years.

Scientific dissenters are being persecuted in the same way that Andrei Sakharov was in the Soviet Union, and alleged Communists and their suspected "sympathizers" were during the notorious McCarthy 1950s.

Not knowing about the other doctor's tax situation, Dr. Lehrman agreed early in 1987 to take over his recently-inspected, high-quality, Central Harlem Medicaid practice since the other man's medical license was going to be revoked. They agreed the other man would continue running the practice administratively, including all billings. Not until after Dr. Lehrman was tried and convicted in 1991 did he discover that even *before* the other man's license was revoked, he submitted huge billings in Dr. Lehrman's name for two weeks he was out of the country. These blatantly fraudulent new billings guaranteed, and received, attention from the Medicaid authorities.

Dr. Lehrman ran the practice for 2-1/2 years *after* the license revocation, during which time the other doctor billed in Dr. Lehrman's name—mostly validly but often fraudulently, hiding the latter from the overly-trustful Dr. Lehrman. The two, and a third associate, were then indicted, tried and convicted.

Victim rather than criminal, and broken financially, Dr. Lehrman is currently appealing his conviction, his sentence of 1 to 3 years in jail, and $250,000 in "restitution." While physicians *without specialties* netted $100,000 a year, his gross for 2-1/2 years of hard, specialist work in the inner city was $160,000—mostly spent on taxes and legal fees. Dr. Lehrman is also appealing the $100,000 fine ordered by a Health Department administrative law judge—before whom the undercover agent had appeared as *Dr. Lehrman's* witness—for faulty prescriptions on which the state's handwriting expert acknowledged that Dr. Lehrman's signatures had been "simulated."

Scientists raising questions about AIDS are targets of the decentralized government efforts to destroy individuals which were perfected against leftists during the McCarthy era. These efforts against dissenters of many kinds never stopped, and are described in detail by Bud and Ruth Schultz's fine book, *It Did Happen Here* (U. of Cal., 1989).

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1993: THE DOG THAT DIDN'T BARK

By Russell Schoch

I first heard of Russell Schoch, editor of the estimable and highly circulated Cal Alumni Monthly, *in a* Newsweek *piece in which he describes his hemophiliac son's HIV infection. Having become convinced some time ago of the flaws in the HIV hypothesis, he bravely resisted the efforts to "medicate" his son and fret over his HIV condition. He offered this summary of the gains we made in the past 12 months.*

During the course of 1993, the conventional thinking that AIDS is a threat to the general population and AZT is good medicine continued to be challenged, even by official sources. In early February, the National Research Council reported that AIDS remains concentrated among homosexuals and drug users and other "socially marginalized" groups, confirming what critics have long maintained.

On the AZT front, a letter to the *Lancet* last April and a report at the Berlin International AIDS Conference in June both cited preliminary data from the large Anglo-French Concorde trials showing that AZT does not improve the health or longevity of AIDS sufferers. The Concorde data confirm earlier U.S. Veterans Administration trials and back up long-published statements by independent researcher John Lauritsen on the limits—and dangers—of AZT.

Another blow to conventional AIDS thinking came with the rise and fall of the highly touted combination therapy of AZT, ddI, and nevirapine. Early enthusiastic claims for this Harvard research, headed by Yung-Kang Chow and reported in a February 18 paper in *Nature*, were found to be inaccurate and based on a laboratory error. "The fact that so much hype and so much hope can coexist in a single episode," commented *Science*, shows "how little solid ground there is for researchers to tread on as they search out the right combinations."

In March, ABC aired a "Day One" segment featuring Peter Duesberg, Dr. Joseph Sonnabend, Robert Root-Bernstein, Walter Gilbert, and other AIDS skeptics; this was the first network television program to provide extensive coverage of challenges to the HIV hypothesis. In August, *Bio/Technology* ran an article by Australian scientist Eleni Papadopulous-Eleopulos and others that questioned the validity of standard tests for HIV infection. Throughout the year, Neville Hodgkinson wrote major articles in the *Sunday London Times* critical of official versions of the AIDS crisis; his long story on AIDS in Africa, entitled "The plague that never was," received wide comment. And Celia Farber in *Spin* and various writers in the *New York Native* continued their reporting against the AIDS mainstream.

In mass magazine circles, the Sunday supplement *Parade* magazine early in the year (January 31) ran a cover story on AIDS survivors, which carried anti-AZT and pro-nutrition messages; the November *GQ* magazine featured a profile of Robert Root-Bernstein ("The Heretic"); and, appearing in December, the January 1994 *Penthouse* featured an article by Gary Null, headlined "AIDS is not a Death Sentence," which focused on the use of natural substances to fight the syndrome.

Three important books were published in 1993. Robert Root-Bernstein's *Rethinking AIDS: The Tragic Cost of Premature Consensus* (Free Press) appeared in March; John Lauritsen's *The AIDS War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex* (Asklepios) appeared in June; and, in England, Martin Walker's *Dirty Medicine: Science, Big Business and the Assault on Natural Health Care* (Slingshot Publications), which includes several chapters on the Wellcome Foundation and AZT, appeared in November. One important point brought to light by Walker is that the Wellcome Foundation was permitted to write into the protocols of Concorde that Wellcome would have control over the reports of the trials; perhaps as a result, no final report on this "damaging" trial had been released by the end of 1993.

A bright spot this fall was the awarding of the Nobel Prize in Chemistry to Kary Mullis, who has been outspoken in his opposition to the hypothesis that HIV causes AIDS. Unfortunately, while writing about Mullis and his Nobel Prize, no mainstream newspaper in the United States saw fit to question Mullis about AIDS.

The failure of the press to pay attention to Mullis on AIDS epitomizes where matters stand as we look back at the previous year. Books, articles, and a network television show came out in favor of rethinking AIDS; there were also official reports that were implicitly critical of orthodox thinking on AIDS. On the other hand, and offsetting these gains, much of the mainstream press in America and the official scientific press internationally continued their refusal to fully address the challenges to AIDS orthodoxy.

The world's two most prestigious general scientific journals—*Science* in the United States, and *Nature* in England—still have not permitted the three-sentence statement from the Group for the Scientific Reappraisal of AIDS to appear in their pages. And both journals stepped up their attacks on doubters of HIV during 1993. "It's the virus, stupid," *Science* headlined a report on an AIDS conference last April. That same month, *Nature* editor John Maddox dismissed skeptics who refer to the "HIV hypothesis" by stating that "there is no other, and thus no choice."

Maddox went further on two unsettling occasions. In May, after a paper by Ascher et al. in *Nature* attacked Peter Duesberg's views on the role of drugs in AIDS, Maddox refused to allow Duesberg the right to reply, closing the pages of *Nature* to the Berkeley scientist. And in December Maddox took on the *London Sunday Times*, condemning its "line on Aids," "a line that is seriously mistaken and probably disastrous as well."

In an editorial in *Nature* on December 9, 1993, Maddox admitted that the "mechanism of the pathogenesis of the disease has not yet been uncovered..." Nevertheless, he apparently retains his view that there is "no choice" about HIV as the cause because he finds intolerable the fact that the *Sunday Times* continues to discuss other points of view and to question HIV as the cause and Africa as the epicenter of AIDS.

After ruling out compulsion, reason, ridicule, and picketing the newspaper's offices as ways to bring the *Sunday Times* to heel, Maddox decided upon the following "device:" "Each week, the coverage of Aids in the *Sunday Times* will be reported [in *Nature*] as if it were news, and in enough detail to let readers judge whether the newspaper's line on HIV and Aids shows signs of being modified."

Thus, within the inner circle of western orthodox science—the editorial office of *Nature*—the stakes were raised to alarming levels during 1993: censorship of a prominent scientist and open condemnation and an announced "monitoring" of a respected newspaper. But what looks alarming in the short run may turn out to have a positive effect. As Neville Hodgkinson pointed out in response to the *Nature* editorial, the reporting by John Maddox of what's in the *Sunday Times* "would allow some of his readers to become exposed for the first time to facts and arguments which *Nature* should long ago have reported and debated in detail."

The fact that the major British newspapers (including the *Guardian*, *Independent*, and *Sunday Telegraph*) in late 1993 turned out stories on the debate between "AIDS Refusenicks" and the scientific watchdogs is a reminder of how absent the mainstream media in the United States has been. As Philip Johnson wrote (in an article turned down by the *Wall Street Journal*) at the end of 1993: "The dog that doesn't bark in the night in this story is the American media." Perhaps that sleeping dog will awaken and find a voice in 1994.

DIARY OF AN AIDS DISSIDENT

MEDITEL Productions Limited, London (Scheduled for broadcast in April 1994 on PBS stations in New York and Washington)

Review of Video by Kathleen Goss

This review, done by a young woman who has over 14 book credits and dozens of articles to her name in the medical field, was done with a heavy heart. We at RETHINKING AIDS are great supporters of MEDITEL as they are of RETHINKING AIDS. (Readers may order both THE AIDS CATCH and AZT—CAUSE FOR CONCERN, available on VHS for $35 each.) Those shows were truly great and clear breakthroughs. They were so good that MEDITEL got called on the carpet proper for its troubles. Yet, thousands of HIV/AIDS people were liberated into a healthy skepticism for the first time. But since we are an open forum, we want you to note—dear Joan—that this DIARY OF AN AIDS DISSIDENT is not your best work. Kathleen Goss tells why.

It seemed cause for rejoicing that one of Joan Shenton's hard-hitting films was at last to be shown on American television. Her earlier excellent documentaries including THE AIDS CATCH (1990) and AZT—CAUSE FOR CONCERN (1992) had been shown on BBC in the United Kingdom. In them expert after expert made clear and persuasive statements about the fallacies of the HIV/AIDS hypothesis and the dangers of AZT. Undoubtedly these films have won many converts to the dissenting view on AIDS.

Unfortunately, Shenton's most recent effort, DIARY OF AN AIDS DISSIDENT, proved disappointing. Done in an amateurish documentary style using hand-held High-8 camera, the film jumps jerkily from topic to topic and venue to venue, wasting precious footage on traffic and airport shots, its important message lost in the distracting noise of irrelevant camerawork.

The film begins with coverage of the dissidents at the Berlin World AIDS Conference in June 1994. They appear a sorry lot—scruffy, placard-waving protesters with bare feet, multiple piercings, and slogan-laden buttons; a vocal London prostitute; and a gaggle of journalists who interview one another and harass the conference speakers. Peter Duesberg, the only dissident expert to offer his view in this portion of the film, appears to lose credibility by association with this marginalized group, even though his argument is, as always, cogently presented (largely in the form of old footage shot at the 1992 AIDS Conference in Amsterdam). The dissident journalists do bring out a few points in their confrontations with the conference speakers: the censure of Robert Gallo for scientific misconduct by the U.S. Office of Research Integrity (subsequently retracted); the disregard and suppression of the disappointing results of the AZT Concorde study.

As I watched the film, I had the uneasy feeling that this is precisely the way protest movements are traditionally portrayed by the mainstream media—the shrill, ineffectual speechifying and sign waving of an unsavory bunch of radicals, butting their heads futilely against the monolith of the medical-pharmaceutical establishment.

The film moves to London to cover the "AZT on Trial" conference. The presenters on the panel are mainly journalists, rather than scientific experts, the sole exception once again being Peter Duesberg. Unfortunately, the restless camerawork detracts from the points being made by the panel, panning away from John Lauritsen (indicting the fraudulent U.S. AZT licensing studies) and Duesberg (speaking of the toxicity of AZT) to unhelpful shots of other panel members.

Time after time, the film misses the opportunity to drive home an important point. In its coverage of the protests in London against the Penta trial of AZT on infants at Great Ormond Hospital, we see more sign-waving protesters (including the ever-present prostitute), and we learn that a large proportion of the trial subjects are the babies of African mothers. Yet no attempt is made to educate the viewer about the distinction between AIDS in Africa and in the Western hemisphere. We are left only with the implications of a genocidal, racist bias in the Penta study.

The scientific underpinnings of the AIDS dissident movement appear to be in disarray, if the people interviewed in the film are any indication. The etiology of AIDS is of course a central issue. The film shows four people, with widely differing credentials, offering four different theories about the cause of AIDS. Duesberg's hypothesis that AIDS is related to drug abuse and risk factors such as transfusions is presented in passing early on in the film, with little amplification. In a segment shot in New York, Chuck Ortleb, editor of the *New York Native*, makes an impassioned plea for his hypothesis that AIDS and Chronic Fatigue Syndrome are one and the same, both caused by the HHV6 virus. A mathematics professor, Frank Buinouckas, is interviewed on a graffiti-covered park bench in New York. He advances his hypothesis (based on counseling work with AIDS patients) that multiple chemical toxicity is the cause. Finally, a Swiss immunologist, Alfred Hassig, says that AIDS is caused by a toxic inflammatory reaction which leads to a surplus of iron in the blood.

In this morass of theorizing experts and non-experts, the work of HEAL in New York offers a ray of hope. As HEAL director Michael Ellner explains, their counseling work seeks to undo the negative programming that equates HIV-positive status with death. Unfortunately, the HEAL client selected for the film is a man with a 30-year history of drug addiction who now practices acupuncture. One wonders how many viewers would want this man to stick needles in them.

I am sorry that Joan Shenton has chosen to depict the AIDS dissident movement in such a pronounced underdog posture. Where are the white-coated scientists and physicians who spoke with such authority in her earlier documentaries? Most of the credible footage detailing the dissident view has in fact been drawn from her earlier films. There appears to be little new here.

The argument against the HIV/AIDS hypothesis is complex and fraught with emotional overtones. It deserves thoughtful presentation, rather than tabloid-TV coverage of shoving matches and loud demonstrations. Rather than allow this disorganized piece of work to represent the dissenting view on PBS, let's press to get THE AIDS CATCH and AZT—CAUSE FOR CONCERN shown on television in the United States. THE DIARY OF AN AIDS DISSIDENT will simply not win any converts.

Kathleen Goss is a writer on unorthodox approaches to health and medicine. Among other books she is co-author (with Michael Weiner, Ph.D.) of Maximum Immunity *(Houghton Mifflin, 1986), which predicted many of the "alternative" interpretations of the causation and treatment of AIDS.*

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EPISTLES

HIV ANYONE?

Dear Dr. Duesberg,

I have continued my demonstrations at the HIV testing centers [San Diego] by passing out booklets of your interview with SPIN magazine, and I have come across some interesting and disturbing information.

HIV is starting to develop into a welfare system: federal and state housing subsidies and Social Security disability. I have been speaking to many homeless and unemployed persons who confide to me that they are doing everything that they can to acquire the HIV virus so that they can qualify for these programs. They know that HIV/AIDS is a fraud and they want to cash in on it; surprisingly, many homosexuals are included.

Also, I have been approached by several anonymous County Health Service officials who have indicated to me that they have meetings on how to discourage the increased enrollment in these programs which seem to be skyrocketing. Their insinuations are that efforts are being made to get the recipients to stop prescribed medical treatment and thus disqualify themselves from the programs. As crude as this may sound, AZT was their best weapon because patients were dying and, of course, getting off the programs. However, AZT/ddI patients who continue to receive the drugs, to stay on the program, have been intelligent enough to just not use them. The latest suggestion by some doctors to drive people from the programs is to perform painful spinal taps, using the premise that they are attempting to fight off possible dementia.

I know that this all sounds unbelievable but I run into it on a weekly basis. I thought that you would be interested in the nightmare that Dr. Gallo's fraud has created.

Sincerely,
R.L.K. [name withheld by request]
San Diego

FALSE POSITIVE IS NOW VERY NEGATIVE ON OFFICIAL SCIENCE

Dear Group,

In the early '80s, I was a married woman. I never thought the spectre of AIDS would find its way to my door. Divorced, it didn't seem much closer, until I took my first HIV test. That act changed my life. I refused any medical treatment for this "condition" (previous medical mis-adventures with cancer had taught me that AZT was a systemic poison). But, the HIV death sentence caused me bouts of clinical depression bordering on suicide. I tried various therapies, exercise, and had a medicine cabinet full of vitamins. After six long years of this agony, I awoke to the fact that since I wasn't dead, I might as well start acting like the lively young woman I was. I placed a personal ad, looking to attract some male attention.

In addition to many responses, a scientist answered my ad and told me he didn't believe that HIV caused AIDS. He sent me some scientific literature to support his position. Also, the publisher of RETHINKING AIDS contacted me, giving me the full load of materials, and answered my many questions. The information in this journal put plenty of doubt in my mind about the HIV hypothesis. I decided to get retested, since it was clear to me that your information proved that the tests were quite unreliable, especially under my original circumstances.

Then I found out that I was actually negative. I had been living with a false positive for six years! Lest anyone think this was stupidity on my part, I had been told when I asked about false positives that there was no possibility of it; furthermore, I was in the normal denial stage, and that I should (and I am quoting precisely here) "Go home, get your affairs in order and write your will."

As I re-invent my life one more time, I have a request to make: Please keep this Newsletter alive. And, scientists or not, re-educate yourself as to what the basic elements of good science are. Insist that they be followed. Science isn't a belief system; good working hypotheses don't have huge gaping holes in them. We need more Duesbergs shouting the facts, and I personally thank you for the integrity of your work.

To those of you struggling with HIV, I no longer believe that HIV causes AIDS. If you do, and are worried, think again. Especially if you are one of those "long-term survivors." The incubation period keeps getting extended because you are not getting sick! Also, if you are on AZT and are a false positive, the only thing wrong with you is that you have an iatrogenic (doctor-induced) illness. Anyone interested in filing a class-action suit against Dr. Gallo or other negligent parties, please feel free to contact me.

Sincerely,
Ann Lauren
P.O. Box 6273
Albany, CA 94706
(510) 874-4700

VICTIM OR FOX?

Dear Group,

I have recently read an article in EDGE Magazine [1/26/94: HIV-HOAX, Hollywood, CA] and felt compelled to write to you.

I was diagnosed "HIV Positive" four years ago with a T-cell count of just under 500. My doctors recommended that I get into a retroviral study immediately. I complied because that was the current wisdom, and in the induced panic, I forgot my natural tendency to question medical practitioners. They are, after all, only "practicing" medicine, and a new medicine at that. I began a double-blind study almost two years ago, and began taking drugs. They thought that I might be taking ddI, and AZT, but were not sure and were very reluctant to say what they thought. Anyway, within a month, I felt my strength bleed from my body, and began having the feeling that the drugs they were giving me might be worse than the disease they were trying to fight. After all, I hadn't felt bad before the test, and my symptoms began appearing just as I began to take the drug. Most noticeable to me was the dwindling control I seemed to have over my body. Up until that time, I could make myself gag down anything and suffer no side effects. But my mental control seemed useless against the toxicity of these drugs.

The good people who were conducting this study were acutely interested in my symptoms, but not at all interested in helping me alleviate them. They recommended that I talk to my doctor, but they asked him not to prescribe any medicine, as it could affect the study outcome. I was incensed and realized that I had volunteered for something other than pure scientific advancement of mankind.

During the following disheartening months, I gradually stopped taking all

continued on page 14

SCIENTIFIC PAPERS

ROBERT MAVER: Why the AIDS numbers don't add up

Interviewed by Jim Trabulse, RETHINKING AIDS

This is a transcription, courtesy of Kathleen Goss (see her review of DIARY OF AN AIDS DISSIDENT), of the audio interview I made with Robert Maver. The information is so useful and NOT ALL of you ordered the tapes, so I am reprinting it here. Dr. Maver has an amazing grasp of the statistical side of the HIV/AIDS hypothesis, which is the only area propping up the lame science at this point.

RETHINKING: We're interviewing Robert W. Maver, FSA, MAA. Bob Maver is one of the founders of our Group. You come from the corporate world, don't you?

MAVER: That's correct. My position was Vice President and Group Actuary for a major insurance company.

RETHINKING: For those of us who don't know this obscure but very impressive field, what is an actuary, and what kind of training is required to make one?

MAVER: The actuary is a relatively small profession, although important to the insurance industry. Actuaries are the ones who do the statistical workup and statistical background to project when certain events will happen, and how often they will happen—for example, the probability of becoming disabled, or the probability of dying, the probability of living being the opposite to that. We're involved in designing policies, designing insurance products, and most importantly, pricing them.

RETHINKING: Let me clarify that. An actuary calculates risks for death rates for different purposes. Is that correct?

MAVER: Yes, and we have to relate everything to the financial world. We're very concerned with the present value of the future risk.

RETHINKING: From what I understand, a CPA takes about two or three years of undergraduate training, and then he has to pass a battery of tests that takes, I think, two full weekends or so. What is the training of an actuary like—just for beginners, entry level?

MAVER: It's somewhat rigorous. We go through a series of ten exams to attain a professional designation of FSA; that stands for Fellow in the Society of Actuaries. The ten exams start with rather traditional mathematics; for example, the first exam is a calculus exam, the second is probability and statistics, the third is a numerical analysis and the theory of interest exam. Then we get into the more esoteric mathematics of the insurance industry, where again we are combining the present-value concepts that the financial world is familiar with—the present value of future interest rates, for example—but we combine it with what we call life contingencies, the probability of living or dying in any given year. I would say that the actuary takes probably eight years on average, maybe longer, to pass this series of exams.

RETHINKING: If I were a CDC epidemiologist, how many years of training would I have, and would it be as rigorous as an actuary's training?

MAVER: You would probably have a Ph.D. at this point, if you were one of the top epidemiologists at CDC, so your background might be a bit more focused, specifically in the area of epidemiology, of course, and the statistics that go into that. But I would say you would have a four-year undergraduate degree, just as an actuary would; mine happens to be in applied mathematics. But I would say the CDC epidemiologist would have another four years of education, or course, to get to the Ph.D. level.

RETHINKING: And actuaries do this arithmetic, calculations, complex computer data base analysis, everything, with the idea in mind to commit premium dollars for various risk pools. That's it—it has to be a very fine probability calculation in the end, isn't that right?

MAVER: That's correct.

RETHINKING: So you're certainly in the world. Now, professionally, you're one of these actuaries, and on top of that your corporate credentials have led you to be the head of the entire department of actuaries for Mutual Benefit Life. And Mutual Benefit Life is one of the top ten in the country in size?

MAVER: At the time that I worked for them, they were one of the top fifteen. They were fourteen billion dollars in assets.

RETHINKING: And essentially the actuarial department was able to decide the allocation of premium dollars. The executives used that information to come up with a conclusion, is that right?

MAVER: Yes, and my specific area of responsibility was the group insurance aspect, with which listeners would be familiar. That's the benefits that they get from their employers.

RETHINKING: Now, you're sitting around here as an executive of sorts, and along comes AIDS. And you have to do what all good actuaries do. You've got to go out and look at the numbers and decide what the insurance company's risk is, to underwrite these things, or even to take the hit that might happen. Is that correct?

MAVER: That's an excellent description. It really caught our attention in the mid-1980s.

RETHINKING: And you were getting projections—at the time the information you were getting was that we were going to have a million deaths in a five- or ten-year span, and your department was responsible for going out there and finding out what was really happening, and what the risk was, and what the people who were currently on your insurance policies were going to cost you. Is that right?

continued on page 11

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MAVER

(continued from page 10)

MAVER: That's correct.

RETHINKING: Now, this is where you got involved with this whole thing, isn't that right? You began to look at the numbers. Why don't you take a few minutes and just tell us what the sequence of events was, so our non-expert listeners can get an idea of what you ran into.

MAVER: The Actuarial Society puts out various models to help the actuary in practice in a company. They put out these models to help you project for your own company what the impact is going to be of AIDS claims into the future. Every model that I looked at suggested that we had a major, major catastrophe, a major epidemic on our hands—one that was going to spread well beyond the initial risk population; one that should cause us to reexamine all of our underwriting rules; and one that really painted quite a gloomy picture for a group actuary, in the sense that one might have to make rate adjustments immediately, meaning premium increases, in order to prepare for such an epidemic.

RETHINKING: Let me stop you here just briefly. That means that the implications were that insurance companies had to do one of two things—either increase their reserves and cut into their profits, or increase their premiums and drive their customers away—if this was all going to come to pass, or even risk bankruptcy if they weren't properly capitalized, if they had too many AIDS claims. Is that correct?

MAVER: Yes. Well, especially along the lines of the point of view of group insurance. The nature of a group insurance contract is that you get to renew it every year. You get to set what you think is the correct rate each year into the future. It's not a lifetime contract. So we were actually looking at decisions such as, "Are there areas of the country where we can no longer write certain products, because of the expected pervasiveness?"

RETHINKING: And this had an unexpected political side effect too, didn't it, with regard to the gay community?

MAVER: Oh, absolutely, absolutely. Initially of course that's where the epidemic was when we started looking, and one has to be very careful of all sorts of insurance-based laws designed to protect our policyholders. There are certain kinds of underwriting that you can and cannot do, to better define the risk. But back to your original question. Essentially, what I found when I examined these models was that the data that we had so far was not at all consistent with the models that I was looking at. That is, the models would predict a number of AIDS cases for the year 1988, and I'd be able to look in 1989 to see how good that model was, and quite frankly, the model was awful.

RETHINKING: Awful meaning off by ten percent, five percent? What sort of expectation should a good model have?

MAVER: Well, I'll answer the question this way. The model was off by more than fifty percent. We don't have to get into the fine gradations here, of what's a good model and what isn't. We know that's a bad model.

RETHINKING: That's a bad model; there's no doubt about it. But if you found a variation of five or six percent, it wouldn't necessarily be a bad model, would it?

MAVER: No, no, that would have been fine.

RETHINKING: But we're talking about fifty percent. Now, who designed the models? Was it actuaries, or was it the CDC, or was it the data that was provided that you built it around?

MAVER: The data came from CDC. In some cases it was actuaries who took that data and tried to extrapolate from it, project out to the future. However, there were certain basic assumptions that actuaries were not well equipped to challenge, shall we say. I'll give you an example of a critical assumption that I found when I looked through the models—and of course what you do when you come up with a model that's not producing the reality is look and see what assumptions were made, and is it conceivable that some of these assumptions are in fact incorrect? Maybe there are places where they don't even realize they have made assumptions. The first thing I noticed, the assumption that all of the models used as far as future AIDS claims, was that 50% of people who had HIV, the virus that is alleged to cause AIDS, would convert to AIDS cases within a ten-year period. That is a critical, critical assumption—anyone that had HIV, not just within a certain risk group, anyone with HIV is going to develop AIDS within ten years. I decided to look into what that was based on. Surely there must have been a population that was studied to come up with that sort of assumption, and indeed there was. However, the population that was studied was a population from San Francisco that all had in common hepatitis B.

"The models would predict a number of AIDS cases for the year 1988, and I'd be able to look in 1989 to see how good that model was, and quite frankly, the model was awful."

RETHINKING: No kidding! The projections were made on a very narrow, specific population.

MAVER: Yes. As a matter of fact, it was a population of gay men who had the hepatitis B, had various venereal diseases, had cytomegalovirus, Epstein-Barr virus, a whole host of problems in addition to HIV; let's put it that way. And the immediate question that came to my mind was, is this a reasonable model for the population at large that may contract HIV, or is this a model for a population that clearly has many, many other risks?

RETHINKING: So what's the next step, after you've figured this out?

MAVER: My next step was to gain some education in the medical arena, as to what were the reasons that we decided that HIV caused AIDS. That was another assumption that to me was made rather quickly. I noticed that regarding the group that was studied, of men with HIV who also went on to develop AIDS within ten years, one could ask the question, how about all these other viruses that were also present? Why did we decide it was HIV? This turned out to be the critical question, because this led me into quite an interesting series of papers and meetings, and pretty much pointed to the conclusion that it was a hypothesis,

continued on page 12

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MAVER

(continued from page 11)

and a tenuous one at best, to suggest that HIV would always lead to AIDS.

RETHINKING: Was it at this time that you found out about the Group, or helped to form the Group—that you met Duesberg and heard of the other dissenters?

MAVER: Yes, as a matter of fact the first paper that I read was Peter Duesberg's in *Cancer Research*, back in—I think he published that in 1987. There were so many points that made sense in terms of keeping an open mind toward questioning whether HIV is in fact *the* cause of AIDS.

RETHINKING: Let me fast forward a bit. The net effect in terms of profitability, in terms of the company you were working for—what did that do? Was it able to reduce the panic in the boardroom and change your reserves and so on? Can you describe that process? Or was it so controversial that you actually ran afoul of some of your colleagues?

MAVER: Well, it certainly is a controversial notion to suggest that HIV is not the cause. However, it's not controversial at all to suggest that HIV is only a small portion of the picture of AIDS. I guess the essence of my research was to dig into the CDC data base, to actually go into the computer records, where they list, for every AIDS case that's ever been recorded in the United States with the CDC, perhaps 50 elements of data describing that case. What I was able to do from that was to reassure the company that in fact the epidemic is very, very strictly contained within certain high-risk groups, especially groups related to drug abuse.

RETHINKING: Let me interrupt here, now. Peter Duesberg takes the position that biologically speaking, the drugs can cause the damage. Now you're statistically correlating drug abuse with AIDS, is that correct?

MAVER: No question about it.

RETHINKING: So we have two different approaches now to verify, or at least to indicate drug abuse. By drug abuse, does that mean a specific type of drug abuse, or is it any long-term drug abuse? Is it a high correlation? Is it one to one, or what is it?

MAVER: Well, in the data that I looked at from CDC, they record intravenous drug abuse. What I was able to uncover, digging into the data itself, was that the vast, vast majority of those cases characterized as heterosexual AIDS by the CDC are actually in affiliation with the intravenous drug abuse in some way.

RETHINKING: I see. That's a little sneaky of them not to report it that way. Or did they not know it? Did they actually claim ignorance about the drug relation?

MAVER: I guess that's hard to answer.

RETHINKING: Well, let's skip the political side. Now, you found this out; your company was able to make its adjustments. Were you the first company to do that, or did the entire insurance industry figure this out pretty much at the same time?

MAVER: I think that the industry is still operating on the premise that HIV is equal to AIDS, and that even though the vast majority of the population with HIV have not gone on to develop AIDS, the insurance industry at large believes that they will go on to develop AIDS—that HIV is the equivalent.

RETHINKING: So that's where it stands now. Did your insurance company at that time take that posture, or did they actually lessen their reserves, or whatever you call it, to take advantage of this new information you had developed?

MAVER: No, it did not lessen reserves. It only used the information to understand better the nature of the risk that we were underwriting.

"What I was able to do from that was to reassure the company that in fact the epidemic is very, very strictly contained within certain high-risk groups, especially groups related to drug abuse."

RETHINKING: There's a political element there too, of not wanting to inflame the the gay community, or those who thought it was judgmental to know these things. Is that a possibility, that that was part of the equation at the executive level?

MAVER: Well, certainly one has to be careful.

RETHINKING: In closing, I want to ask you this: how about the next two years? What's it going to take to get the truth out there, and do you have any hope for some kind of change, or is it just too far gone at this point?

MAVER: Well, I still hold out hope for change, and I think that it will occur by doing good science. I think that's the only way out at this point. I think we have to find an organization courageous enough to do the studies that should have been done many, many years ago. As an example, there are some viable theories—one of which is Peter Duesberg's, one of which is Bob Root-Bernstein's—as to what may cause AIDS. These are theories that would be testable in an animal model, and I would hope that we would move forward with those animal models and have those tests done, so that we can either rule out those theories or confirm that in fact, *yes*, there it is.

RETHINKING: Some of our subscribers who will be listening to this tape are HIV positive, and really don't have any other kind of health problem, nothing—really that's it for them, and they're scared. Given that that's entirely true, what chance do they have of developing anything remotely resembling AIDS, just from having that virus and nothing else?

MAVER: From the research that I have done, it looks to me like it's virtually impossible. They would be the first case ever on the books of having HIV only.

RETHINKING: That is really a fantastic comfort, I think, to people who are afraid of this, and whose doctors would like to give them AZT prophylactically. Thank you, Robert Maver.

Robert Maver can be reached at 11341 Hemlock Court, Overland Park, MO 66210. His fax number is 913-451-1035.

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EPISTLES

(continued from page 9)

medications. Instead of a rapid decline in my physical health, as was predicted, I began to have more energy and was more emotionally balanced. I haven't taken anything since, and my blood count has remained the same. For the last 19 months, the doctors have been telling me how stable the drugs made me and that I should be expecting a decline in T-cells any time and not to worry...!

I haven't told them I'm drug free yet because they provide me with free lab results. This study is scheduled to end at the end of February and I have decided to wait until then to tell them about my hoax.

What interests me is how I can help other people in similar circumstances. Please write and let me know anything you can. I'd be happy to volunteer time. In conclusion, I want you to know that you've offered me the first real hope in many months and I've very grateful. Keep up the good work.

M.A.E. [name withheld by request]
Los Angeles

THANKS FOR SAVING MY LIFE

Dear Dr. Duesberg,

First I want to thank you for sending me your booklet [*AIDS Acquired by Drug Consumption and other Noncontagious Risk Factors*, 72 pp., $15.00—see order form in this issue].

My comment is more of a compliment and that is, I believe you and your associates are teachers and students of TRUTH in your field and for that I would like to thank you. And that thank you is a great thank you. You see, Professor Duesberg, I have HIV, and people like you have saved my life. When my helper T-cells went down from 719 to 410 in less than a year, my doctor tried his best to get me to take AZT and when I said no, he tried to make me believe in the benefits of it, and when I still said no, he tried suggesting ddI and ddC or something like that. And I still said no. Thanks to you and a guy named John Lauritsen....In the next year, my T-cells went up from 410 to 568. Of course, my doctor is still trying to get me to take AZT and the others, other drugs like the hepatitis B shot, the PCP (?) shot, flu shot and another one or two supposed immunization shots. I said no...I want to thank you again for being who you are, and doing what you do. For that I will always be grateful.

M. Andrews
New York, NY

CAN AZT HURT US?

Dear Group,

I just read an article that cited your work [EDGE Magazine, Hollywood, Jan. 26, HIV-HOAX?].

I'm taking AZT like most of my friends, and I'm worried about the effects it has on all of us. It's hard to know what to do; I feel better when I don't take the drug, but I've also seen so many people die from AIDS in such horrible ways that if the drug could help prevent some of that, or postpone it, it would be worth it. I don't know. I'd be interested in getting any literature you might have. Please put me on the mailing list.

Also, the article I read proposed that drug use causes AIDS. I'm not sure that this could explain what happened to me or many of us here in Utah. A lot of us with AIDS out here grew up Mormon, which means certain things. Before I tested HIV positive, for example, I never drank an alcoholic drink, smoked, drank coffee or tea, or used drugs. I was in pretty good shape, actually. A lot of us would fit that profile. So, how do we fit into your theory? I'm sure drug use must be hard on people, but it looks to me like there must be something else going on that causes AIDS.

Like you, however, I'm not sure the treatments commonly prescribed are the best approach to saving any of us. I think we need to keep asking questions.

Yours,
S. Bell
Salt Lake

STATEMENT

The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis came into existence as a result of our efforts to get the following four sentence letter published in a number of prominent scientific journals. All have refused to do so.

"It is widely believed by the general public that a retrovirus called HIV causes the group of diseases called AIDS. Many biomedical scientists now question this hypothesis. We propose that a thorough reappraisal of the existing evidence for and against this hypothesis be conducted by a suitable independent group. We further propose that critical epidemiological studies be devised and undertaken."

____ I would like to be a signatory to the statement above.

_____ _____
Signature *Date*

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