Rethinking AIDS

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RETHINKING THE NEWS

Herpes Proposed as HIV's Helper

On Dec 6, 1995, Peter Jennings reported on ABC Evening News that, although "the conventional wisdom has been that AIDS . . . is the consequence of one virus, and one virus alone," new evidence obtained by ABC News "points to a second virus, a virus that almost everybody has." The ABC correspondent on the story was John McKenzie, who said that scientists at the Medical College of Wisconsin "have long maintained that HIV is just part of the puzzle." McKenzie added: "Now these scientists appear to be right."

The second virus is said to be HHV6, a herpes virus discovered by Robert Gallo. The theory is that HIV and HHV6 somehow work in concert. Although HHV-6 harmlessly resides in most humans, it is "turned into a killer" if HIV is concurrently acquired. Gallo himself appeared on the program, and was quoted as saying that HHV6 "is an important factor in how AIDS develops."

It seems that these scientists have stumbled onto something that's been in the medical journals all along: In the test tube (where viruses have their maximum effect because there is no protective immune system), HIV does not kill the cells that it infects, whereas HHV6 does. That was what McKenzie meant when he said: "When you compare the two viruses in a laboratory experiment [i.e., in vitro] the more destructive by far is HHV6." In vivo, of course, the normally functioning immune system will suppress HHV6 and other pathogenic microbes. The question therefore remains, what suppresses the immune system in people with AIDS?

It is implausible that ubiquitous germs (such as HHV6) become murderous in response to HIV, which is noncytopathic (can't kill cells), infects only about one T4 cell per 500, and is present at concentrations of only about ten per mL of blood [*Nature*, 18 May 95, p. 197]. It is far more likely that resident herpes viruses and mycobacteria (another germ proposed as an HIV "co-factor") become pathogenic when the immune system is overwhelmed by such biologically significant factors as chronic recreational drug use, chronically acquired pathogens and antigens, AZT and malnutrition.

Still, it is good to see that some scientists are beginning to acknowledge that HIV is insufficient to cause AIDS. Its relegation to co-factor status is, surely, a necessary preliminary to its eventual abandonment.

Study claims HIV causes hemophilia AIDS

A British study published in Nature last September [1995; 377: 79-82] found that hemophiliacs infected with HIV were ten times more likely to die than those not infected. The 15-year study followed all 6278 hemophiliacs living in Britain between 1977 and 1993. Sarah Darby, the statistician in charge of the study, said "there is no doubt in our minds that this research has proven the link between HIV and death from AIDS." An accompanying editorial in Nature said that supporters of Duesberg owed the public "an acknowledgment of error."

The study was accompanied by much gloating in the *Independent* and *Guardian* newspapers in Britain. "The new research is seen as the final refutation of the views of Peter Duesberg, a Californian virologist who has for years claimed that HIV is harmless," Steve Connor reported in The Independent. Connor failed to phone Duesberg to obtain his opinion, however. More recently, The *Lancet* published a letter from Duesberg on the subject [346: 1371-2, Nov 18, 1995]. It was entitled "Is HIV the Cause of AIDS?"

Hemophiliacs are potentially a good test of the true cause(s) of AIDS. The date they became HIV-positive can be accurately approximated by their extensive medical records, which also document their total lifetime exposures to the factors that Duesberg and other critics claim are the true causes of AIDS in this group: impure clotting factor and AZT. For that reason, Duesberg has made a lengthy study of the subject (as the British researchers seemed not to know). His conclusion is that hemophiliacs who are HIV positive have received much larger cumulative lifetime doses of impure blood-clotting Factor VIII and AZT than those who are HIV negative.

The reason for this is simple. HIV is a rare contaminant of impure clotting factor, and thus hemophiliacs who have acquired it tend to have been injected with the most impure factor. AZT is prescribed only to those who are HIV positive, as treatment for AIDS, and even as protection against AIDS in symptom-free people. Yet both clotting factor impurities and AZT cause immune suppression. Ninety-nine percent of Factor VIII is comprised of foreign proteins which in the long run suppress the recipient's immune system. AZT is a cancer chemotherapy that blocks HIV infection, but it also kills the host cells, including those that comprise the immune and digestive systems.

A division of hemophiliacs into those who are HIV-positive and -negative effectively divides them into groups that have received large and small cumulative lifetime doses respectively of foreign blood proteins and AZT. In his *Lancet* letter, Duesberg referred to published journal articles demonstrating that (in the absence of AZT) "immunodeficiency in hemophiliacs is directly proportional to the lifetime dosage of commercial Factor VIII . . . irrespective of antibodies against HIV [HIV serostatus]."

It is hardly surprising that those with the largest lifetime doses of unpurified clotting factor and AZT are more severely immunosuppressed, and therefore have a higher mortality rate, than those with smaller doses. Because the British study failed to match hemophiliacs for lifetime consumption of unpurified clotting factor and AZT, it failed to test either Duesberg's theory or the official view, and no relevent conclusion can be drawn from it.

Next month *RA* will present a more in-depth deconstruction of the Darby paper.

In 1990, Cheryl and Steve Nagel of Minnesota adopted an infant Romanian girl, and named her Lindsey. She was healthy at the time she underwent the battery of tests usually administered to adopted children. One test was for HIV antibodies, and this came back positive. Lacking any symptoms of illness, Lindsey was nonetheless prescribed a variety of "prophylactic" medications, including the cancer chemotherapy AZT, now advertised as an "anti-HIV" drug. Only then did Lindsey become sick, and severely so. Her symptoms included some, such as wasting and chronic fever and diarrhea, that are called "AIDS". After two years' AZT consumption (and AIDS symptoms), the Nagels read about Peter Duesberg, the UC-Berkeley biology professor who claims that HIV is harmless, and that AIDS is caused by such noncontagious factors as recreational drug use, hemophiliac clotting factor impurities, and AZT. After contacting Duesberg, the Nagels followed his advice to discontinue the AZT treatment. Within days, Lindsey's AIDS symptoms disappeared. Today she is a healthy five-year-old. The Nagel's have since retained a Los Angeles law firm which has initiated a lawsuit against the manufacturer of AZT, Burroughs-Wellcome (now GlaxoWellcome).

AIDS by Prescription

How My Healthy Baby Developed AIDS from AZT

by Cheryl Nagel

We brought Lindsey, our new 2-month old baby, home from Rumania on December 29, 1990. In early January, 1991, she had a physical examination, performed by Dr. Cavender, a general practitioner, at a children's clinic in a prestigious suburb of Minneapolis. In addition to the physical, Dr. Cavender recommended we have Lindsey tested for hepatitis, parasites, and HIV, and get other tests which are routinely conducted on internationally adopted children. We agreed.

All the results came back negative, except for the test for detection of HIV antibodies, an ELISA, which came back positive. Dr. McHugh, another physician from the same clinic, called us and recommended we have a second sample taken. (We're not sure why the switch in doctors occurred.) Upon a second positive ELISA, followed by a positive Western blot, Dr. McHugh told us we needed to come in to see him for a consultation. He wanted to discuss Lindsey's prognosis.

Dr. McHugh explained to us that HIV was a very serious diagnosis, and told us about his discussion with Michael Osterholm, an epidemiologist from Minnesota. Osterholm recommended we have a culture test done to verify if Lindsey had the actual live virus, or just tested positive for her mother's antibodies to HIV. The culture test would be been done to "prove beyond any doubt" that our daughter had active HIV virus in her body. We were informed that this test was the Gold Standard among tests for HIV. Dr. McHugh explained that if the test were to come back positive it would mean Lindsey had a 20% chance of living to be 2 years old.

We waited ten days for the results of the culture test, and our worst fears were confirmed when the test came back positive. Lindsey had the live virus. We were devastated.

Dr. McHugh made an appointment for us to see a pediatric infectious disease specialist the very next day. We went to see Dr. Belani, who without seeing the results of ANY blood tests, gave us a prescription for Septra immediately. We were eager to do what we could to save Lindsey's life, and, at the time, it did not seem odd to start her on the medication even though she was not sick. Dr. Belani also ordered a battery of blood tests that same day.

At our next appointment, a week later, Dr. Belani went over the blood test results with us, and told us that her results were well within normal range and that unless they knew of her HIV status, anyone looking at her test results would not be able to see signs of illness. Lindsey was prescribed AZT on this visit.

Dr. Belani insisted on having a urine sample each time we went in. On one visit, the nurse put the "U-bag" on Lindsey as usual, but we noticed that there was blood along with urine in the bag. Lindsey was in pain and we panicked. It turned out that the nurse improperly attached the "U-bag" to Lindsey, and she had been cut by the tape, which caused the bleeding. The constant doctors appointments, testing, and consultations were beginning to take their toll on us. We did not find the doctors particularly concerned about what we were going through, and as time went on, we discovered that at least our doctor did not seem to know much about HIV. Oftentimes when we asked Dr. Belani a question, she would leave the room and then return with the answer. And despite our incessant contact with her, she often forgot Lindsey's name and age, and even things that she had told us previously.

We felt powerless in our relationship with Dr. Belani. On one visit, she told us Lindsey would need a port-a-cath. She said a surgeon would be calling us to schedule surgery to have one installed in Lindsey's chest. The surgeon never called. At our next appointment, the port-a-cath was never mentioned. Our frustration was mounting. We were also then beginning to question the medications Lindsey had been put on, as she was suffering from intense side-effects. We called Dr. McHugh to discuss our growing reservations about Dr. Belani, and he arranged for us to see Dr. Hostetter at the University of Minnesota Hospital & Clinic. Dr. Hostetter seemed friendly and very much in control of herself, though she didn't provide much more factual information than Dr. Belani had.

We became particularly concerned about Lindsey being on Septra. We knew that it was hard on her digestive system, and we noticed that she ate less on the days she was given it. Dr. Hostetter agreed that Lindsey's T-4 count was sufficiently high that she did not necessarily need to be on it. But she was concerned about Lindsey's lack of growth, and decided to up Lindsey's dose of AZT, hoping it would increase her weight and height. Lindsey's weight did go up temporarily, but reached a plateau after 2 months. We were becoming uneasy about Lindsey taking such a potent drug 4 times a day. We did not know much about AZT, and relied on our doctors' opinions that it was an absolute necessity in prolonging Lindsey's life.

In August of 1992, my dad called me on the phone and read me parts of an article in "The National Review," written by Tom Bethell. It was about Peter Duesberg, a professor at Berkeley who said HIV was harmless. "HIV plus tuberculosis is AIDS, but TB without HIV is just TB." It was Duesberg's opinion that AZT was one of the causes of AIDS. This news had no real effect on us initially. We had been told by every doctor we had seen that HIV inevitably leads to AIDS, and that without AZT Lindsey did not stand a chance.

Around Lindsey's 2nd birthday, she started experiencing leg cramps and would wake up screaming violently at least once, and sometimes two or three times, a night. We would awake to these blood-curdling screams, run into her room and take her out to the kitchen to give her a dose of Tylenol. Massaging her legs also helped to calm her down enough so

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she'd fall back to sleep, only to awaken a couple hours later to go through the same routine.

When we mentioned this to our doctor, she seemed to think that these were insignificant side-effects of her medication. We decided to write to Duesberg to ask him more about AZT. At this time we were not so concerned about whether HIV caused AIDS or not, what we wanted to know was what was the AZT was doing to Lindsey. Duesberg wrote us back, recommending that we take Lindsey off AZT immediately or she would die from it.

Lindsey never had another dose. Within 2 nights, Lindsey's leg cramps ceased and she started eating better and sleeping through the night. And within 3 months she gained 15% of her body weight, which was followed by a slow but sure movement back over to her previous place in the height charts— the 10th percentile.

We decided to tell Dr. Hostetter about our decision to take Lindsey off AZT at our next appointment. Fearing her reaction, we decided to contact her before the appointment to tell her we wanted to have a longer consultation, and that we wanted to discuss AZT.

The moment we saw Dr. Hostetter at that last appointment we could tell she was upset, as she hastily drew on her blackboard the graph with the headings, "HIV" and "AZT." She had shown us this graph at our very first meeting, and to present it again in this manner was degrading and arrogant. She did all she could to intimidate us into keeping Lindsey on AZT. We did not tell her we had already taken Lindsey off AZT. We only told her we wanted to discuss it. We left eager to see the results of Lindsey's T-cell counts after being off AZT for almost one month.

The results came back, showing a sharp upswing in both T4 and T8 cell counts. We were sure we had done the right thing at this point. We got a copy of Ram Yogev's book about pediatric HIV cases. Ram Yogev was the head of the ACTU in Chicago in pediatrics. We learned that T4 cell counts naturally drop as a child gets older, which radically differed from our doctors' contention that T4 cell counts should remain steady. Under doctors orders, Lindsey was to receive a dose of Septra if her T-cell counts dropped to 750.

We immediately ordered copies of Dr. Belani's and Dr. Hostetter's records to get all the information we could about Lindsey's blood work. Unbelievably we found that Lindsey's results were always well within the normal range for a child her age.

We weren't prepared for what followed next. We had to find another doctor, one who would not make us keep Lindsey on AZT. In the meantime, we took Lindsey to a holistic doctor to get optimum nutritional care for her and to find out how we could help rebuild her system after being on such potent medication for almost 2 years. When Dr. Hostetter found out about this, she called our holistic doctor and threatened that there were families available who would take care of children like Lindsey and insisted that this holistic doctor was not qualified to treat a child with HIV.

Our holistic doctor called us right away. I was immediately on the phone with my attorney to get information about what our rights were. He recommended getting a medical doctor as soon as we could. We called every doctor in Minneapolis, but could not find one who would allow us to NOT put Lindsey back on AZT. At last we contacted the Mayo Clinic, and a pediatric specialist agreed to see Lindsey right away. This specialist agreed that taking Lindsey off AZT was probably the thing to do, being that Lindsey had no compromised lab results, and had never been ill. She believed, however, that it was simply a matter of time until an antiretroviral would be required to offset the HIV infection, and death would follow at age 5,6,7....

This new specialist was telling us the same things Hostetter and Belani had —that death is inevitable, we'll need to use AZT, Lindsey will need to get to a hospital immediately if she develops a more severe illness such as chicken pox, or a flu that won't go away, fevers that last for days, and so on. Two other doctors we consulted flat out told us that AZT is a miracle drug and uniformly agreed that Lindsey would be dying prematurely without it. It was simply amazed us that this was coming from doctors who knew Lindsey had no compromised lab results.

In December of 1994 we discovered the startling news that the culture test Dr. Hostetter had performed on Lindsey back in 1992 had come back negative, not positive like she had informed us at the time the test had been performed. We discovered this as we were looking through Lindsey's medical file at the U of M. We weren't sure what to make of this discovery. Why weren't we told back in 1992, when the test had been done? Was there some kind of cover-up? The culture test was supposed to be the Gold Standard, the test used to prove beyond the shadow of a doubt that our daughter would live or die within 2 years.

Lindsey, at almost 5 years, is doing great. She is active and happy. She goes to preschool and has lots of friends. She is fine.

Peter Duesberg saved our daughter's life, and for this we will be forever grateful. It is through the caring people he has introduced us to that we have continued to be encouraged. Now, in turn, we hope to be able to help others before it is too late.

Cheryl Nagal can be reached at 1(800) 373-4073 and 73172.207@compuserve.com

Finally!

First of Two New Duesberg Books Already in Book Stores

Since 1987, U.C.-Berkeley biology professor Peter Duesberg has led an international campaign to reappraise the official view that AIDS is an infectious disease caused by HIV. Each year a growing number of fellow scientists, AIDS patients, and concerned citizens accept his argument that HIV is harmless and that people diagnosed as having "AIDS" are actually sick from chronic exposure to recreational street drugs, foreign proteins found in transfused blood, and AZT, the cancer chemotherapy advertised as an "anti-HIV" drug.

As fantastic as his theory may seem, it has been the basis what has become a small library of classic articles written by him for various academic journals, some of which are difficult to find. Now they have been collected between covers: *INFECTIOUS AIDS: Have We Been Misled?* (North Atlantic Books, Berkeley, CA).

Here we can retrace the facts and arguments that show how far-fetched the HIV theory is: HIV cannot kill the cells it infects; many AIDS patients have no HIV at all; when present in AIDS, HIV typically infects only a few cells and reaches only trace concentrations;

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HIV transmits only about once every 1,000 unprotected sex contacts with a positive partner; identified AIDS diagnoses in the US remain 97% confined to those people who *admit* to membership in the official risk groups established 15 years ago. Those risk groups are all characterized by exposure to risk factors that cause immune suppression even in HIV-negative subjects. And prolonged exposure to AZT can itself cause many of the conditions diagnosable as "AIDS".

A second book, *Inventing the AIDS Virus*, to be published by Regnery (Washington D.C.) and reportedly scheduled for an initial printing of 100,000 copies, will be available in bookstores this March. This long-awaited book is sure to generate a great deal of international attention, and will be the focus of a feature story in next month's RA. But the collection of his journal articles is at least as important. *Infectious AIDS*? puts into one package his 13 best papers, including the three most important: "Retroviruses as Carcinogens and Pathogens: Expectations and Reality" (*Cancer Research* 47, 1987), "AIDS Acquired by Drugs and Other Noncontagious Risk Factors (*Pharmacol. Ther.* 55, 1992), and his "Response to Nature" (*Genetica* 1995 Special Issue Supplement, in press), which rebuts the Ho and Wei studies claiming to show high HIV "turnover". Also included is a preface by a colleague of Duesberg's at U.C. Berkeley's Department of Molecular and Cell Biology, Richard C. Strohman.

Until now, Duesberg's papers have been as hard to acquire as an HIV infection, scattered as they are about the library. But now for $18.95 (in the bookstore, or by sending an additional $2 shipping charge to Natural Energy Works, P.O. Box 1148, Ashland, OR 97520), you can have the library of classics that once took hours of time and pockets full of nickels to collect.

Internet Sites that Reappraise AIDS

1. Receive daily press reports by contacting philjohn@uclink.berkeley.edu
2. Join the "rethink" discussion group by contacting guilty@philos.umass.edu
3. Browse the AIDS authority WWW site by contacting jason@asu.edu
4. Another interesting WWW is located at http://nyxio.cs.du.edu:8001/nwstewart/

HEAL (Health Education AIDS Laison)

HEAL is a national network of local groups supporting the reappraisal of the HIV/AIDS hypothesis. HEAL promotes the theory that people who receive "AIDS" diagnoses are sick not because of HIV infections, but as a result of chronic exposure to a variety of factors such as recreational drugs, foreign proteins like those found in transfused blood and hemophilia clotting factor, antibiotics, intestinal and venereal pathogens (of which HIV is not one), malnutrition, and the cancer chemotherapy AZT. HEAL provides information, hope, and support regarding natural ways of healing through alternative, holistic, and non-toxic therapies. HEAL is now organized in the following cities:

New York, Los Angeles, Seattle, Miami, Detroit, Minnesota, Alabama, New Hampshire, London, Vancouver, Amsterdam, and Buenos Aires. For regular meeting times, seminars, and information packets, contact:

HEAL - Los Angeles
11684 Ventura Blvd.
Studio City, CA 91604
(800) 410-4325
heal.sea@ix.netcom.com

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Paul Philpott, Publisher
7514 Girard Ave., #1-331
La Jolla, CA 92037
Fax 619-272-1621
paul.philpott@hqs.mid.gmeds.com

The editors welcome contributions reflecting all facets of the debate. We ask only that they be concise and appropriately referenced. Subscriptions in the U.S. are $25 yearly, elsewhere $35 yearly.

NOTE FROM THE EDITORIAL BOARD

Reappraising AIDS is pleased to announce the appointment of a new publisher/editor, Paul Philpott. Only with great reluctance have we accepted the resignation of Charles A. Thomas, Jr., without whose efforts RA would not have survived the last year. It was Charlie who stepped in on behalf of the rest of us to put in place the various mechanisms required to publish RA each month. Now that they are in place, Charlie wants to step aside to concentrate full-time on his many business projects. We are fortunate that he will continue to serve on the Editorial Board. His last act as Publisher was to facilitate an exchange of ideas and suggestions within the Board. As a result, you can expect that during the new year RA will be of even greater value to you than before. Each month, we will reappraise current news items and journal articles promoting the official view that people with AIDS diagnoses are sick because of HIV infections, and that "everybody is at risk." Furthermore, we will survey news items and journal articles supporting alternative views.

We invite your responses and further suggestions.