RethinkingAIDS

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# THE AIDS BLUNDER
# How could it happen?

A protease inhibitor researcher comments on how smart scientists came to misunderstand ordinary, non-infectious diseases as induced by a harmless virus, and how they came to misunderstand that virus as possessing fantastic, pathogenic powers.

*by David Rasnick, PhD*

## *What is the way out?*

*A FINANCIAL NEWS magazine,* Africa the Best, *invited RA Group Board member David Rasnick to write this article for its special June issue, which focuses on AIDS. Editor Honoré de Sumo (hds@camnet.cm) of South Africa learned about the AIDS reappraisal perspective from a letter by Rasnick printed in a South African newspaper, the* Financial Mail. *De Suma wrote Rasnick, requesting an article and asking him to "feel free as to the orientation to give to your contribution, since we want this section to be an open debate." He also said he wanted "to inform our readers about the group" that publishes RA..*

THE HIV HYPOTHESIS of AIDS is not only the 20th century's greatest scientific and medical blunder, it is also the biggest embarrassment. I have come to realize that the magnitude of this embarrassment presents the main obstacle to exposing the simple, clear, and obvious facts that:

1) AIDS is not contagious,
2) AIDS is not sexually transmitted,
3) HIV does not cause AIDS, and
4) the anti-HIV drugs are killing people.

It may come as a surprise that there is not even one study in the vast scientific, medical literature that shows that:

A) a group of HIV-positive adults or children live shorter or poorer quality lives than a similar group of adults or children who are HIV-negative, or

B) a group of HIV-positive adults or children who take the anti-HIV drugs live longer or better quality lives than a similar group of adults or children who are HIV-positive and do not take the drugs.

To counteract the natural reaction of utter disbelief, I pose a simple challenge that should undermine your confidence in the central axioms of AIDS. Come up with the name or names of the person or persons who are documented to have shown that HIV causes AIDS, or that AIDS is contagious, or that it is sexually transmitted, or that the anti-HIV drugs actually promote life and health. The task is not to find a list of people who have made these claims. That list is a long one. No, the task is to supply the names of the people who have produced the evidence that shows those claims to be true or at least likely.

I have studied AIDS from the very beginning and I have not been able to find those names or the documents that contain the evidence supporting the axioms of AIDS. In fact, I do not know anyone who has found the names or documents.

So why do we read in the newspapers or see on the television every day a growing litany of AIDS horrors and HIV statistics? Why do virtually all doctors and public health officials profess their unswerving allegiance to the dogma of HIV and the axioms of AIDS? The answer is simple once you see it.

Advertising is a multi-billion dollar industry because advertising works. During the past 19 years American taxpayers have spent over $60 billion on AIDS. You can buy a lot of PR with that amount of money. The $60 billion does not include the billions of dollars that the drug companies have spent on their AIDS-targeted products or the billions more in revenues they have pocketed from the sale of those products. By way of comparison, American taxpayers spent $22 billion to put a man on the moon. We got our money's worth — we got to the moon. However, we have not yet saved the life of even one AIDS patient with those billions of dollars, and the first success is not in sight.

The tens of billions of HIV dollars support the more than 100,000 doctors and scientists who have built their careers and reputations by simply accepting the HIV dogma and the axioms of AIDS. What these 100,000 HIV scientists and doctors have not done with

### *Most Africans who qualify for an AIDS diagnosis test HIV-negative*

As South Africa prepares for this month's International AIDS conference, and with that nation's president considering the scientists who look beyond HIV to explain AIDS, we hope interested parties address the following data pertaining to "AIDS in Africa":

**227 patients with "AIDS": 59% test HIV-negative**
Lancet 340, p971, 1992

**122 patients with "AIDS": 69% test HIV-negative**
Am. Rev. Resp. Diseases 147, p958, 1993

**913 patients with "AIDS": 71% test HIV-negative**
J. AIDS 7:8, p876, 1994

that money, however, is produce the evidence that shows that the AIDS axioms are scientific facts or at least likely to be true. As Peter Duesberg has often said about AIDS funding, "They could spend billions to study HIV on the moon if they wanted, but they can't afford $50,000 to prove themselves wrong."

If you think big science is devoted to the free exchange of ideas and is committed to open debate, you are in for a rude awakening. One thing critics discover very soon is that the high priests of HIV dogma rarely if ever address the specific criticisms of the AIDS axioms.

The few scientists who question HIV dogma and the axioms of AIDS quickly find that they can no longer get any of their research proposals funded. To save their careers, most scientists stop asking embarrassing questions and prostrate themselves before the golden idol of HIV. The courageous (or stubborn) few who stick to their principles are forced to scrape up the money any way they can to do their research. In Duesberg's lab, for example, we rely on the generosity of wealthy individuals, private foundations, and general donations; and we have even started a company in the hope that it will provide a long-term source of funds for our research.

**"The fear of being so obviously wrong about AIDS keeps lips sealed and the money flowing."**

But even if you get the money to do the work, you won't be able to get your results published in American scientific or medical journals, and you will no longer be invited to professional meetings. If you publicly question HIV dogma, you risk ad hominem attacks, accusations of homophobia, and charges that you are discouraging people from taking beneficial drugs and using condoms.

With so many careers dependent on, and billions of dollars invested in, the HIV dogma and the axioms of AIDS, it is easy to see what is at stake. If some or all of the AIDS axioms are false (and I'm certain they are), then we are faced with the biggest blunder of the 20th century. It would require superhuman courage and integrity on the part of numerous government officials and the directors of the National Institutes of Health and the Centers for Disease Control, and of countless physicians, scientists, health care workers, journalists, celebrities, and average citizens, to admit that they made a big mistake--that they got it all wrong about AIDS.

Many informed critics think that the billions of dollars at stake are the biggest roadblock to ending the AIDS insanity. That money is certainly a formidable weapon in the service of the HIV/AIDS establishment. However, I think it is simple human embarrassment that is the biggest obstacle to bringing this insanity to an end. It is the fear of being so obviously and hopelessly wrong about AIDS that keeps lips sealed, the money flowing, and AIDS rhetoric spiraling to stratospheric heights of absurdity.

The physicians who know or suspect the truth are embarrassed or afraid to admit that the HIV tests are invalid, and that the anti-HIV drugs are injuring and killing people. We are taught to fear antibodies, and to believe that antibodies to HIV in the healthiest person harbinger a lethal viral infection, weeks or years away. When you point out to health care workers that antibodies are the very essence of anti-viral immunity, your objections draw contempt or silent puzzlement.

The National Institutes of Health, the Centers for Disease Control, and the World Health Organization are terrorizing hundreds of millions of people around the world by their reckless and absurd policy of equating sex with death. Linking sex to death has put these organizations in an impossible situation. It would be intolerably embarrassing for them to admit at this late date that they are wrong, that AIDS is not sexually transmitted. Such an admission could very well destroy these organizations or at the very least put their future credibility in jeopardy. Self-preservation compels these institutions to not only maintain but to actually compound their errors, which adds to the fear, suffering, and misery of the world — the antithesis of their reason for being.

The only way we can free ourselves from the AIDS blunder and end the tyranny of fear that protects it is to open an international discourse and freely debate all things AIDS. We will have to come up with some way to do this that minimizes both the embarrassment of those who have most arrogantly embraced the HIV model, and the anger of those who have most seriously suffered from it. But anger should be put aside quickly. It is a mistake to focus on villains and on whom to punish. The AIDS blunder is a sociological phenomenon in which we all share a measure of responsibility.

Ultimately, the AIDS blunder is not really about health and disease, nor even about science and medicine. The AIDS blunder is about the health of our democracies. I think it is highly unlikely that the AIDS blunder could have occurred or been maintained in a healthy democracy, where continuous discourse and debate of all important issues is vigorous and open, where criticism flourishes, and critics are not just tolerated, but encouraged and admired.

A healthy democracy demands that its citizens keep a skeptical, even suspicious, eye on its institutions in order to prevent them from becoming the autonomous, authoritarian regimes they are now. The AIDS blunder shows that we need to rethink and restructure our institutions of government, science, health, academe, journalism, and media. We must replace the National Institutes of Health as the primary gatekeeper of research funding with competing sources of funding. We must restructure the peer review processes of scientific publishing and funding so that they do not promote and protect any particular dogma or fashion of thought or exclude competing ideas. A robust and truly investigative journalism profession must be revived, rewarded, and cherished.

Finally, as citizens we must take back the authority and responsibility for our own health and well being and that of our democracies.

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# THE VIRAL PLAGUE THAT ISN'T
# Does a plague of poverty rather than HIV explain the AIDS epidemic?

The author is an African history professor and US policy advisor who has traveled and studied the continent extensively before and after the AIDS era began in 1981. He concludes that what we now call "AIDS" represents a new name for the old diseases of malnutrition and poor sanitation brought on by economic problems, natural disasters, famine, and war.

*by Charles Geshekter, PhD*

## *Can anti-HIV drugs and condoms figure into the solution?*

*The* Canadian Globe and Mail *on March 14 published this article by RA Group Board member Charles Geshekter, a faculty member at California State University, Chico*

THE UNITED NATIONS calls AIDS the "worst infectious disease catastrophe since bubonic plague." U.S. Senator Barbara Boxer advocates spending $3 billion to "fight" the alleged culprit, HIV. And delegates at February's National Summit on Africa in Washington, DC, pleaded for more money to wage war on AIDS, by which they also mean HIV. But the scientific data do not support the view that what is being called AIDS in Africa has a viral cause.

I recently made my 15th trip to Africa to find out more. Let's start with a few basic facts about HIV, AIDS, African record-keeping and socio-economic realities. What are we counting? The World Health Organization defines an AIDS case in Africa as a combination of fever, persistent cough, diarrhea, and a 10 percent loss of body weight in two months. No HIV test is needed. It is impossible to distinguish these common symptoms — all of which I've had while working in Somalia — from those of malaria, tuberculosis, or the indigenous diseases of impoverished lands.

By contrast, in North America and Europe, AIDS is defined as 30-odd diseases occurring in people who test "HIV-positive." The lack of any requirement for such a test in Africa means that, in practice, many traditional African diseases can be and are reclassified as AIDS. Since 1994, tuberculosis itself has been considered an AIDS indicator disease in Africa.

Dressed up as HIV/AIDS, a variety of old sicknesses have been reclassified. Post mortems are seldom performed in Africa to determine the actual cause of death. According to the Global Burden of Disease Study, Africa maintains the lowest levels of reliable vital statistics for any continent — a microscopic 1.1 per cent. "Verbal autopsies" are widely used because death certificates are rarely issued. When AIDS experts are asked to prove actual cases of AIDS, terrifying numbers dissolve into vague estimates of HIV infection.

The most reliable statistics on AIDS in Africa are found in the WHO's Weekly Epidemiological Record. The total cumulative number of AIDS cases reported in Africa since 1982, when AIDS record-keeping began, is 794,444 — a number starkly at odds with the latest scare figures, which claim 2.3 million AIDS deaths throughout Africa for 1999 alone.

> **"Red ribbons and condoms will do little for the health of Africans."**

More reliable, locally based statistics rarely exist. In December, I interviewed Alan Whiteside of the University of Natal, a top AIDS researcher in South Africa, and asked for details of the alleged 100,000 AIDS deaths in South Africa in the last year. He laughed aloud. "We don't keep any of those statistics in this country," he said. "They don't exist."

And South Africa is more advanced than most African countries in that it conducts HIV tests in surveys of about 18,000 pregnant Africans annually. The HIV-positive numbers are then extrapolated. But there are two problems with this: The women are given a blood test known as ELISA, which frequently gives a "false positive" result (one condition that can trigger a false alarm is pregnancy). Even the packet insert in the ELISA test kit from Abbott Labs contains the disclaimer: "There is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood."

Secondly, it's well understood that many endemic infections will trigger the same antibodies that cause positive reactions on the HIV antibody tests. When I asked Thuli Nxege, a 28-year-old domestic worker from a rural Zulu township, what made her neighbors sick, she cited tuberculosis, and added that the lack of sanitary facilities and having open latrine pits adjacent to village homes made it difficult to prepare clean food.

Beauty Nongila, principal of a rural school in north Zululand, insisted that having more toilets would improve the health of her 408 students (her sparsely-equipped elementary school has four). She struggled to provide her underfed kids with a spartan lunch on an allowance of 8 cents a day. When I inquired about the AIDS crisis, she laughed and said that dental problems, respiratory illnesses, diarrhea, and chronic hunger were far more vexing.

Figures about children orphaned by AIDS also bear closer examination. The average fertility rate among African women is 5.8 and the risk of death in childbirth is one in three. The African life span is not long — 50 for women and 47 for men — so it would not be surprising, on a continent of 650 million people, if there were even more than 10 million children whose mothers had died before they reached high school age.

The scandal is that long-standing ailments that are largely the product of poverty are being blamed on a sexually transmitted virus. With missionary-like zeal, but without evidence, condom manufacturers and AIDS fund-raisers attribute those symptoms to an "African sexual culture." Rev. Eugene Rivers of Boston has launched a crusade to change African sexual practices — a crusade reminiscent of Victorian voyeurs whose racist constructs equated black people with sexual promiscuity.

In South Africa, which will host the International AIDS Conference in July, criticism is on the rise. Some journalists and physicians are challenging the marketing of anxieties and questioning the epidemic.

> **“Committee members confided that if they voiced doubts, they risked losing their funding.”**

Late last year, South African President Thabo Mbeki launched an investigation into the safety and benefits of AZT, a toxic and expensive drug that produces abnormalities in laboratory animals; and for which its claims of life-extending benefits remain unproved. South Africa's Minister of Health, Manto Tshabalala-Msimang (a physician herself), told South African television audiences in December that she would not recommend AZT, advice echoed on the same program by Dr. Sam Mhlongo of the National Medical University in Pretoria.

I'd argue that wearing red ribbons or issuing calls to condomize the continent will do little for the health of Africans. By contrast, a 1998 study of pregnant, HIV-positive women in Tanzania showed that simply providing them with inexpensive micronutrient supplements produced beneficial effects during and after pregnancy. The researchers found that women who received prenatal multivitamins had heavier placentas, gave birth to healthier babies, and showed a noticeable "improvement in fetal nutritional status, enhancement of fetal immunity and decreased risk of infections."

Once AIDS activists consider the non-contagious, indigenous-disease explanations for what is called AIDS, they may see things differently. The problem is that dysentery and malaria do not inspire headlines or fatten public health budgets. Infectious "plagues" do.

This means that those who question AIDS in Africa put their own funding at risk. I saw this at first-hand when I visited Swaziland in mid-December at the invitation of their HIV/AIDS Crisis Management Committee. I was driven from the airport to the hotel in a late model 4-wheel drive vehicle. It had been donated by UNICEF and was covered with AIDS posters urging Swazis to "use a condom, save a life." The committee included representatives of the major government ministries, as well as church and women's groups.

After my presentation, an attorney named Teresa Mlangeni acknowledged that she could easily see how malnutrition, tuberculosis, malaria, and other parasitic infections — not sexual behavior — were making her fellow Swazis ill. But other committee members confided that if they voiced public doubts, they risked losing their international funding. And I realized that the vested interests of the international AIDS orthodoxy would discourage further inquiries.

Traditional public-health approaches, clean water, and improved sanitation above all can tackle the underlying health problems in Africa. They may not be sexy, but they will save lives. And they will surely stop terrorizing an entire continent.

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## Rethinking AIDS

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### Mission Statement of the Rethinking AIDS Group

**1** To develop, articulate, and promote rational scientific discourse on the subject of HIV and AIDS.

**2** To advocate the absolute right of students, professors, physicians, scientists, government officials, and everyone else to think freely and speak openly on the subject of HIV and AIDS without fear of professional, social, political, economic, or criminal penalties.

**3** To assemble scientists, physicians, and other informed people who support these views, and make those persons available for commentary and consultation to interested social groups, media outlets, government agencies, professional organizations, and individuals.