Rethinking AIDS

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WHAT HIV-AIDS EPIDEMIC?

Low totals and downward trends continue for both HIV and AIDS; cases remain confined to consumers of narcotics, anti-HIV drugs, and blood products

The CDC published its official HIV/AIDS data for 1995 in the summer of 1996, fifteen years after the first recorded case of AIDS in 1981, and eleven years after the 1984 declaration of AIDS as a sexually transmitted viral condition that would "explode" into the general population. But just as with every previous annual report, AIDS cases and HIV incidence in 1995 confined themselves to the same old risk groups characterized by non-contagious factors associated with AIDS symptoms even in the absence of HIV. These and all the other trends described in this article have continued in each subsequent CDC report, through July 2000 (when this article was reprinted). This confirms the predictions of those who dismiss HIV as a dud and explain AIDS with non-contagious factors.

How long can the CDC's official view survive its own data?

by Paul Philpott

"Nothing the wise men promised has happened, and everything the damned fools said would happen has come to pass! "
—Lord Melbourne

Reporters, health officials, university professors and medical doctors advance the impression that each year more Americans become HIV positive and develop AIDS than the year before. HIV and AIDS are "growing," they tell us, and "everyone is at risk." Women, blacks, heterosexuals and young adults are all portrayed as groups in which HIV and AIDS are "exploding."

But each of these claims is false. The fraction of Americans who are HIV-positive has never increased since testing began in 1985 [1]. And since 1993, the number of new AIDS diagnoses reported each year has been fewer than the year before, for all groups, including women, blacks, heterosexuals, and young adults [2].

Tiny Number of Risk-Free Americans are HIV-positive

The CDC's most recent HIV serosurveillance report [1] presents graphs showing HIV seropositivity for each year from 1985 through 1993 for blood donors, military recruits, and Job Corps applicants. They show that HIV seropositivity is low and shrinking among each of these groups.

The group with the smallest fraction of HIV-positives—blood donors—is also the one that best approximates the general population, those outside the official risk groups. Blood donation centers explicitly discourage official AIDS risk group members (gays, drug injectors, their heterosexual partners, hemophiliacs, and transfusion recipients). In 1993, the most recent year for which statistics are available, only one first time donor in 7,000 (or 1.75 donors in 10,000) was found to be positive for HIV. That fraction corresponds to only 44,000 out of a maximum possible 250 million risk-free Americans, and assumes that all of the positives found in the sample told the truth when they reported not belonging to an official risk category.

It is important to note that this tiny fraction does not indicate an increase over previous years. In fact, HIV-positivity in 1993 was down by about 50% or more for all the groups surveyed as compared with 1985, the year testing was introduced. This does not mean that HIV is infecting fewer people each year, necessarily. It could simply mean that the bulk of HIV-positive Americans was identified soon after HIV testing was introduced, and they have increasingly opted out of blood donations, military enlistments, and Job Corps participation.

In any case, screenings of first time blood donors are the only available source of HIV prevalence among risk-free Americans. These results show that there is currently no more than one HIV-positive risk-free American out of 7,000, and there is no evidence to suggest that this tiny figure represents an increase over previous years.

Could increased condom use be playing a role in suppressing an HIV epidemic? No. Since HIV is barely even transmissible via vaginal intercourse, [3] there could be no chance of a heterosexual epidemic even if nobody ever used condoms. Furthermore, there is no reason to think that condom use has increased significantly during the AIDS era. The real epidemics of teen pregnancies and true STDs have not declined, and according to a Knight-Ridder article, "industry reports say condom sales remain flat and have even declined among consumers under age 25." [4] One study found that even among couples with one partner known to

Are Gay AIDS Patients Drug Users?

The only studies that have ever asked gay AIDS patients about cocaine, poppers, and speed find that 93% to 100% admit using these drugs. Check for yourself:

Marmor, *Lancet*, May 15, 1982: **100%**
Jaffe, *An. Int. Med.*, August, 19983: **96%**
Havarkos, *STD*, Oct/Dec, 1985: **97%**
Kaslow, *JAMA* 261:23 1989: **96%**
Archibald, *Epidemiology* 3:203 1992: **100%**
Duesberg, *Genetica*, February, 1995: **93%**

be HIV-positive, only half used condoms. [3]

Even If HIV Did Cause AIDS...

These data directly support two important conclusions:

(1) There is no justification for claims that HIV has ever infected—or could ever possibly infect—a relatively large or growing number of risk-free Americans. Since there is only one HIV-positive risk-free American per 7,000, [1] and it takes an average of 1,000 unprotected acts of vaginal intercourse to transmit HIV, [3] then one act of random, unprotected vaginal intercourse among Americans outside the risk groups has only one chance in seven million (7,000 times 1,000) of resulting in the transmission of HIV. That's less than the risk of being struck by lightning, dying during child-birth, being injured in an elevator ride, dying of food poisoning at a fast-food restaurant, [6] or of hitting a hole in one. [7]

(2) HIV is not a newly introduced virus, as is required by the contagious AIDS theory. When germs are introduced into a population, incidence of infection increases over time until it reaches a constant, "endemic" level. Periods of increase are called "epidemics" (or "pandemics" when occurring at the same time among people in different nations). But epidemics can also result when sanitary conditions change for the worse, permitting old viruses to infect more people at one time.

Epidemics caused by new germs are easy to distinguish from those caused by sanitary breakdowns. When a new germ is introduced, incidence of that germ will increase in the entire population, while positivity for germs already residing in the population will remain constant. On the other hand, when an epidemic results from poor sanitation, positivity for all germs will increase, but only in sub-groups experiencing the poor sanitation.

The available evidence demonstrates that positivity for all germs—not just HIV—jumped among individuals who adopted unsanitary practices that prior to the 1970s were relatively uncommon: drug-driven "fast lane" gay sex, drug injecting, and therapy with hemophilia clotting factor. [9] Meanwhile, incidence of HIV has remained constant and low in the surrounding general population. [1] This strongly suggests that HIV is a virus that has resided in the American population as long as any other.

How to Call a 7% Drop a 16% Increase

The number of total new cases reported in 1995 was less than the number of new cases reported in 1994, and the number for 1994 was less than for 1993, the year when AIDS hit its peak. [2] The same is true for women, blacks, heterosexuals, babies, teenagers, young adults...everybody! [6]

Specifically, the total number of new adult American AIDS cases reported in 1994 was 78,863 and for 1995 it was 73,380, which represents a 7% drop. Furthermore, new cases were down for women (by 2%), blacks (by 7%), black men (by 7%), black women (by 4%), so-called heterosexual cases (by 5%), babies (22%) and young adults (by 3%). Only teenage boys showed an increase (3%), but there were so few of them (238 in 1994 and 245 in 1995) that their numbers are hardly relevant.

So how are HIV/AIDS alarmists able to claim that AIDS is "growing?"

One method is to cite cumulative figures. Although the number of new cases has dropped each year since 1993, the cumulative number keeps growing. HIV/AIDS advocates do not describe the 73,380 new cases in 1995 as a 7% drop from the 78,863 new cases in 1994. Instead, they describe it as a 16% increase of the total number of cases recorded since 1981. The same trick is used to make it appear as though AIDS is "exploding" in specific groups, such as women, blacks, and young adults, even though AIDS is actually declining in those groups.

A second method is to note that specific groups are grabbing a bigger share of the AIDS pie... without mentioning that the AIDS pie is shrinking. For example, the 13,764 new cases among women in 1995 was 19% of the 73,380 annual total, compared with the 14,081 new cases among women in 1994, which was 18% of the 78,863 total for that year. [2] So while 2% fewer women were diagnosed with AIDS in 1995 than in 1994, the fraction of women among total new cases was one percentage point higher.

The same phenomenon attends the other "heterosexual" groups, which the alarmists interpret as evidence of various AIDS "explosions." Consider the "explosions" of AIDS in children and teens. There were only 800 cases of infant-AIDS reported in 1995, down from only 1,034 in 1994. [2] As for teenagers, only 405 developed AIDS in 1995, slightly less than the 412 reported in 1994. [2] And these cases are as confined to the risk groups (with the babies consuming their street drugs in utero) [2] as are the adult cases, including 99% of the teenaged boys. [2] Yet most Americans are under the impression that AIDS is overrunning maternity wards and high schools. Any health professional, biology professor, or physician will likely tell you that each year thousands of babies and teens develop AIDS—and that the numbers are growing!

Lack of AIDS Outside Specific Risk Groups

If "everyone" was really at risk for AIDS, then there would be large numbers of AIDS cases found outside of the original risk groups identified over ten years ago. Yet since 1981, when the CDC began to document AIDS, 95% of the 473,141 identified American cases have been diagnosed in patients describing themselves as gay men who do not inject drugs (55%), drug injectors (34%), heterosexuals who knowingly have sex with drug injectors (4%), women who knowingly have sex with bisexual men (0.5%), and recipients of blood products (2.5%). [2] The remaining 5% represents 19,119 total identified AIDS patients who have not reported such status to health professionals. (These numbers do not include the "unidentified" cases for which risk status information is not available.)

But a July 23, 1993, New York Times article by correspondent Lawrence K. Altman revealed that a large fraction of these few supposedly risk-free patients have lied about their status. According to Altman's report, Dr. John Ward, Chief of the CDC's Surveillance Branch, stated that "the CDC conducted a pilot study in South Florida, re-interviewing people whose AIDS had initially been reported [to the CDC] as due to heterosexual transmission." As a result, "forty percent of the men initially reported as heterosexual cases were reclassified" as gay men or drug injectors, and 14% of the women were reclassified as drug injectors.

Using these findings, of the 19,119 U.S. AIDS cases identified originally by the CDC as occurring outside the official risk groups, 40% of the 7,857 men and 14% of the 11,261 women may have hidden their risk status from health care providers, leaving only 14,400 risk-free cases (3% of the total 473,141). During the fifteen years of AIDS, 14,400 comes out to only 960 per year, less than the number of Americans (1,044) who died from influenza in 1993 (the most

recent year for which influenza mortality has been tabulated). [8]

However, even this estimate of the number of risk-free AIDS patients in the U.S. might be too high.

Johns Hopkins University researchers examined 95% of the 37,436 AIDS cases reported from 1981 to 1991 in New York City. [11] New York City is America's AIDS capital, with 16% of all U.S. AIDS patients, more than the combined total of the cities with the next four largest AIDS populations (in order: Los Angeles, San Francisco, Miami, and Houston), and two-and-a-half times more than L.A. [2]

The Hopkins researchers identified official risks (gay sex, drug injection, hetero-sex with gays or drug injectors, and blood therapy) for all but 40 of the men and 26 of the women, or just 0.2% of the total. In other words, through ten years AIDS remained 99.8% confined to patients who revealed one or more of the official risks.

The data from Britain are just as damning to the official view, showing that AIDS there is 99.9% confined to the official risk groups. The London Sunday Times reported on June 23 that "of the 12,565 people in Britain who have developed AIDS since the disease was first diagnosed in 1982, a mere 161 (0.1%) have been heterosexuals not exposed to a high-risk category, such as drug abusers or bisexual men."

These figures conclusively refute claims that "everybody is at risk," and also falsify any contagious theory of AIDS.

The Unofficial Risks

The official AIDS risks are those practices (sex, needle sharing, transfusions) believed to facilitate the transmission of HIV, the official cause of AIDS. AIDS diagnosed in gay men is assumed to result from the sexual transmission of HIV from another gay man, in drug injectors from shared needles contaminated with HIV, and in transfusion recipients from blood contaminated with HIV.

The predominating alternative view of AIDS recognizes HIV as having no pathological capacity, and traces AIDS primarily to the health-destroying effects of narcotics (among gays and drug injectors), blood injections (among transfusion patients and hemophiliacs), abject poverty (in under developed regions), and pharmaceuticals prescribed even to symptom-free people who test HIV-positive. [9,10,12]

According to this non-contagious view, some risk group members with multiple exposures to non-contagious risk factors will never acquire HIV; thus this theory predicts (correctly) [9,10] a small number of risk group members who are HIV-negative but have AIDS symptoms. Also, some clinically healthy people with limited or no exposure to non-contagious factors will acquire HIV; thus this theory also predicts (correctly) [9,10] some healthy people who are HIV-positive but never develop AIDS.

Prevalence of Unofficial Risks in AIDS

How prevalent are unofficial risks (street drugs, repeated infections with—and toxic treatments for—a variety of toxic microbes, and toxic treatments for the non-toxic HIV) in Americans diagnosed with AIDS?

The original AIDS patients diagnosed in 1981 were described in the medical literature as "previously healthy gay men." Careful examination of their medical history, however, reveals that they were anything but "previously healthy." All these patients had an extensive history of non-injected street drug consumption, a long list of venereal and parasitic diseases requiring repeated toxic treatments, and an average of over one thousand anal sex partners prior to developing their AIDS conditions. [9] All subsequent studies confirm that gays who develop AIDS are characterized by a variety of factors that distinguish them from the vast majority of gays who do not develop AIDS, street drug use being chief among these. A 1995 study found that street drug consumption is more prevalent among gay men with AIDS symptoms than is HIV. [10]

Common factors among the gay men who represent 55% of U.S. AIDS cases and the 34% who identify themselves as drug injectors are a long history of street drug consumption [9,10] and a long history of various non-HIV infections. [9] If these two groups were put together under the common heading "drug users with a history of multiple infections," they would officially account for 89% of all American AIDS.

Like street drugs and chronic bouts of non-HIV infections, repeated or massive transfusions with whole blood or clotting factor preparations can erode health. The new CDC figures show that an additional 2.5% of all identified U.S. AIDS cases continue to fall within this group.

The remaining 8.5% are officially assumed to be drug-free heterosexuals. But are they? As already demonstrated, many of these patients actually are gay men or drug injectors who declined to admit their status to health professionals reporting to the CDC.

In addition, some unknown fraction consists of heterosexuals who consume non-injected street drugs (sniffing fumes, snorting powder, popping pills). Although several studies have demonstrated a nearly universal practice among "gay" AIDS patients of consuming non-injected street drugs, nobody has thought to scrutinize this activity among "heterosexual" patients. The CDC, of course, only tracks street drugs if they are injected.

There is evidence, though, to suggest that this small group of AIDS patients labeled as "heterosexual" differs in obvious ways from the vast majority of Americans who fund the AIDS budget.

In the May issue of the American Journal of Public Health (86:5, p642), CDC physician Scott Holmberg noted a "strong association between heterosexual HIV infection, 'crack' cocaine smoking, and syphilis in diverse northeastern urban cities" and described "a consistent profile of the highly at-risk person from AIDS surveillance data and from specific studies...of a generally young, minority, indigent woman who uses crack cocaine; has multiple sex partners; trades sex for crack, other drugs, or money; and has positive serologic tests for genital ulcerative disease such as syphilis and herpes simplex type 2."

Last year New York Times correspondent Gina Kolata published a February 28 article ("New Picture of Who Will Get AIDS Is Dominated by Addicts") inspired by advanced notice of Holmberg's then-unpublished paper. Holmberg, an epidemiologist, was quoted as saying, "Maybe as much as half of the new infections among heterosexuals are occurring in relation to crack cocaine."

"And although new infections are spreading fastest among women who acquire the infection through heterosexual intercourse," Kolata wrote, "as many as half of these women are crack addicts." Kolata went on to report that a National Research Council committee had concluded AIDS was "settling into spatially and socially isolated groups and possibly becoming endemic in them."

These isolated groups are defined by profound and obvious health-destroying factors that separate them from the vast majority

of gay and straight Americans who have no risk of developing AIDS, even if they never wear condoms.

According to the new CDC report, over half of the "heterosexual" AIDS patients (four-and-a-half of the eight-and-a-half percentage points that fall into this category) acknowledge that they have knowingly had sex with a drug injector (4%) or a gay man (0.5%). [2] Can it be that they developed their AIDS not because they picked up their partners' HIV, but rather because they picked up their partners' drug habit (albeit non-injected)?

Or, could it be that they picked up a harmless HIV infection, then developed AIDS symptoms only after submitting to aggressive prophylactic treatment with a variety of toxic "anti-AIDS" drugs? After all, one-third13 to one-half14 of all HIV-positive AIDS patients in the U.S. and Britain develop their symptoms only after taking AZT.

Whether you subscribe to the HIV model of AIDS or to the alternative view outlined here, the data are clear: for heterosexuals who do not consume street drugs, do not knowingly have sex with drug injectors or gay men, or who have not been injected with blood products, there is virtually no chance of either contracting HIV or of developing AIDS. This observation undermines the contagious (HIV) view of AIDS, and supports a non-contagious explanation.

Rethinking AIDS

is the monthly publication of the Group for the Scientific Reappraisal of AIDS, also known as the Rethinking AIDS Group.

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[1] Centers for Disease Control and Prevention (CDC), National HIV Serosurveillance Summary Results Through 1993, Update for Volume 3. **[2]** CDC, HIV/AIDS Surveillance Report, Year-end editions through December 1993 (5:4), 1994 (6:2), and 1995 (7:2); 1(800)342-2437 to order. **[3]** Brody, Archives of Sexual Behavior 24:4, 1995. **[4]** Detroit Free Press, June 9, p5J. **[5]** Nature 371, 1 Sep 94, p2. **[6]** Discover, May 1996, p82. **[7]** Sports Illustrated, June 17, 1996, p84. **[8]** National Center for Health Statistics: Death, call (301) 436-8500. **[9]** Root-Bernstein, Rethinking AIDS. **[10]** Duesberg, Inventing the AIDS Virus, 1996. **[11]** Thomas, American Journal of Epidemiology 137:2, Jan. 15, 1993, p121. **[12]** Papadopulos-Eleopulos, Res-Immunol. 143, 1992, p145. **[13]** Ascher, Science, Feb. 24, 1995, p.1080. **[14]** Poznansky, British Medical Journal 311, July 15, 1995, p.156.

About the Rethinking AIDS Group

Our members include medical scientists, physicians, and other professionals from around the world who encourage a serious reappraisal of the HIV-causes-AIDS model. We have identified solid scientific reasons to conclude that:

1 HIV may be entirely harmless.

2 People diagnosed with "AIDS" may be sick not from HIV infections, but from other factors, such as one or more of the following:

A. Direct or indirect effects of recreational drug consumption.

B. Imunological exposure to foreign proteins, such as through hemophilia treatments and blood transfusions.

C. Impoverished living conditions.

D. Toxic chemotherapy with "anti-HIV" pharmaceuticals such as AZT and protease inhibitors.

E. Psychosomatic terror inspired by a positive HIV diagnosis.

3 Within the AIDS risk groups, AIDS conditions may be common even in people who test HIV negative. This indicates a need to look beyond HIV in order to explain AIDS, and a need to reconsider the official AIDS definition, which limits diagnoses to patients with presumed HIV infections.

4 Pharmaceuticals prescribed to treat HIV infections may actually cause some cases of AIDS.

5 Most people who test HIV positive may have no active HIV infections, including many AIDS patients.

6 Contrary to the public health message that "everyone is at risk for HIV and AIDS," the vast majority of even sexually active Americans have no significant risk of either.

7 Public officials, medical scientists, and social activists may have accepted the HIV-causes-AIDS model without properly scrutinizing it.

8 Public officials, scientists, and social activists may have dismissed alternative models without properly considering them.

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.