

RethinkingAIDS

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SOUTH AFRICAN AIDS DEBATE PANEL HOLDS FIRST MEETING IN MAY Pres. Mbeki takes another historic step

In preparing to host July's International AIDS Conference, South African President Mbeki made history as the world's first head of state to consult with scientists who reject the HIV explanation of AIDS. This outraged many powerful quarters that demand an ignorance and suppression of such views. Mbeki responded by assembling an international panel that included "dissident" scientists. Here Mark Conlan interviews "heretic" scientists Peter Duesberg and David Rasnick. In May, the two participated in the panel's first scheduled meeting, where participating HIV scientists managed to suppress any debate or presentation of facts. They also declined to engage in the Internet discussion meant to bridge the first meeting and the second, to take place in early July, just before the conference. Yet one CDC official reportedly agreed to work with Duesberg on an experiment to test the HIV-AIDS model.

Second meeting to occur just before July's Int'l Conference

The first meeting of South African President Thabo Mbeki's AIDS advisory panel in Pretoria on May 6-7 was a dream come true for Peter Duesberg, David Rasnick and the other eight "dissident" scientists in attendance who have challenged the worldwide scientific consensus that AIDS is an infectious, sexually transmitted disease caused by the so-called Human Immunodeficiency Virus (HIV). Though the panelists who support the HIV-AIDS model blocked any actual scientific debate, the fact that the meeting occurred at all represents a milestone triumph for the dissidents. After all, the dissidents had supported Mbeki's efforts to facilitate a debate, while the HIV scientists participated only after urging Mbeki not to proceed. In Rasnick's words, "It was a victory from the moment we stepped off the plane."

For the first time in the 16-year history of the HIV-AIDS model, a head of state has publicly challenged it and essentially told scientists on both sides of the "Does HIV cause AIDS?" question to make their cases: to defend their conclusions in an open forum and offer evidence that would help him decide what AIDS policy he should pursue as a national leader. Unfortunately, the forum wasn't quite as open as it could have been. The two-thirds of the 30 panelists who support the HIV-AIDS model voted to separate themselves from the 10 who reject that model. As RA went to press, the second scheduled meeting had taken place in early July, with the HIV scientists having never participated in the Internet discussion intended to help the two camps hash out their differences.

The panel has gained a maximum amount of attention because South Africa will host the massive International AIDS Conference in Durban July 9-14, with Mbeki slated to make the kick-off speech on

opening day at an outside sports arena expected to draw over 10,000 delegates from around the world, just days after the controversial panel's second meeting. AIDS industry officials chose South Africa to host this year's conference (which is held every other year) after having targeted that nation with their considerable marketing efforts, promoting it as the most important battlefield in their fight against HIV.

Presumably, Mbeki in this speech will reveal how the panelists' contributions have affected his view on AIDS. It would represent an enormous embarrassment for the HIV industry if South Africa's president used the forum to lend credence to the view that HIV is innocent of all charges.

Conlan interviewed Peter Duesberg and David Rasnick separately in early June to get their story of the South African panel's first meeting in May. The following is a composite transcript of both interviews.

Conlan: How did you first hear about Mbeki's interest in the alternative view of AIDS?

Duesberg: I think it was in February. He had called David Rasnick in January, and then there were some e-mails. Then came all these reports from the press — first in South Africa, then in the US — from all directions, when he made it clear that he questions the virus hypothesis of AIDS, or at least isn't sure about it, in connection with the need for disease treatment down there.

They were supposed to decide whether to start treating with AZT "prophylactically" or take preventive measures, and how to invest in government health spending. I didn't even watch it so carefully until it became very clear: until they said in the press, "Oh, Mbeki, he's sid-

ing with Duesberg." All of a sudden I said, "There's somebody on our side. What's going on here? He must be crazy." I never dreamed that he would be the one national leader who would question the HIV/AIDS model, or that anybody would question HIV in South Africa.

Conlan: *When did you get the invitation to join the panel?*

Duesberg: He asked me and others whom to invite. There were tentative invitations, and we were asked to suggest topics to be discussed, but a specific invitation wasn't issued until around the last week of March, when I was specifically invited and asked if I would want to attend.

Conlan: *What was your impression of the meeting itself?*

Duesberg: It was a surprise that it actually happened, but it was a very circumscribed, or very censored, exchange. There was a so-called "moderator" [Canadian law professor Stephen Owen] who, I think, was not as neutral as he was supposed to be. He was trying to accommodate the establishment, I think, much more than any controversy, although he was given a hard job, because he was trying to reconcile the irreconcilable, which didn't work.

Rasnick: The panel initially consisted of about 30 members, AIDS experts from all over the world. Two-thirds were clearly advocates and supporters of the mainstream HIV hypothesis of AIDS — that AIDS is contagious, sexually transmitted, caused by HIV, and that the anti-HIV drugs promote health and well-being. One-third of the panel was made up of critics of the HIV/AIDS hypothesis. They're also called "dissidents" and they're called all sorts of names. Ten of us put our names publicly to a document that says we dispute the HIV/contagious hypothesis of AIDS (presented in this issue).

There were also about three or four African-American physicians who were added at the last minute, at President Clinton's suggestion. He called Mbeki and said he would like these other Americans to join in the panel, and Mbeki agreed. This was a clear attempt, to everybody in the room, to try to be politically correct, as if that wouldn't go unnoticed. They were trying to go out of their way to say, "We appreciate Black people."

Conlan: *And to show, "Black people believe in HIV, and Black people need to unite around the threat of HIV?"*

Rasnick: Yes, I'm sure that was part of the signal they were trying to send. I can tell you, from my own observation, they really didn't participate in that panel. They were more or less observers, as far as I could tell. But those are details. Sam Mhlongo was the only African dissident on the panel. There were a bunch of other Africans on the panel, but Mhlongo was the only one who was a critic of the HIV hypothesis of AIDS. He wanted to know, first of all, if the rumor was true about these guys — that Clinton had asked Mbeki to include them on the panel. Mhlongo asked the panel, and the moderator, and they just wouldn't answer. Just as I was about to suggest that we put it on the record that they refused to confirm or deny that these people were latecomers at the behest of President Clinton, finally a woman who came from Mbeki's office did acknowledge that Clinton had indeed talked with Mbeki and asked that these people join. Mbeki graciously acquiesced and said, "Sure, you know, come on in."

But accepting them was a good idea because it sort of put the

stamp of US approval on the panel — that President Clinton approved of it, you know. It said, "Oh, Clinton, he's interested in this. He cares about this. He supports Mbeki's panel, this thing that he's doing, because he's suggesting other people to be on it."

Duesberg: One problem with the moderator was that he conducted it as a meeting in which the people would state conclusions and so-called "beliefs." There was a panel of about 30 participants, and each of them was allotted a five-minute introductory statement in which they declared their beliefs, or convictions, or conclusions, without scientific evidence and without debate. There was no time for — in fact, by now I think there was no desire to have a true scientific debate on the issues, on why people would come to such conclusions. So it was, indeed, a rather unscientific meeting — although it had been intended to be a scientific meeting.

Rasnick: That first two days of meetings went almost exactly as I had expected. I didn't expect much, other than that we would behave civilly and, I was hoping, professionally, towards each other as scientists and physicians. That pretty much happened. Data were not presented. They were not allowed to be presented. It was essentially, "I'm right and you're wrong," type of thing. Which was O.K.; it was really an introductory thing.

Conlan: *What did you mean, "Data not allowed to be presented?"*

Rasnick: Well, they had projectors, 35 mm projectors, overhead projectors, and were ready to go. But there were always objections. Peter [Duesberg] tried to put some overheads up, and they shouted it down. They just did not want to see data. I wasn't too surprised, and it really didn't bother me, because just getting people together under that one roof, that was good enough.

Duesberg: The next day, it broke up into subgroups which essentially identified themselves as either questioning or not questioning HIV, and were supposed to make specific policy recommendations. Those of us who advanced the chemical-AIDS hypothesis that AIDS is not infectious, but caused by lifestyle and chemistry and drugs and malnutrition, had clear recommendations — forget about vaccines and antibody tests; by all means, do not allow or even consider antiviral treatments; and invest money, if there is such money, into improving the standard of living, like nutrition and sanitation and health standards, conventional health care.

Then we rejoined each other at the end at a press conference. Before the press conference there was another round of statements which were very polar, even asking, "What is actually the epidemic in Africa? Is there in fact an epidemic altogether, or is it just tabloid rhetoric that we're repeating here?" Believe it or not, with all these scientists, there was not even once any documentation that we have an epidemic — how many are infected, and how many are suffering or have a disease, and is it in excess of what used to occur there, the long-established background of these diseases? That was never discussed, and even for asking it, many immediately stated that they didn't want to continue the discussion with somebody who doesn't believe in AIDS and doesn't believe in HIV.

Conlan: *Tell me about the subgroup that included Duesberg, Harvey Bialy, Helene Gayle from the U.S. Centers for Disease Control (CDC), and Malegapuru Makgoba, who talked about*

designing and conducting experiments and studies to test the HIV-AIDS model. Just what sorts of experiments and studies are they talking about?

Rasnick: Let me tell you how that came about, and then where it stands, as far as I know. It came up on the second day. The first day was just really pretty much powder puffs. The second day was getting a little bit more serious, and one of the guys wanted to separate the two groups in room A and room B: the proponents of HIV and the critics of it. We said, "No, that's not why Mbeki got us here. We've had these discussions in room A and room B for 16 years. It was Mbeki's innovation to bring us all together in one room, room C, to have these discussions. That's why he did it, you know. If he wanted to continue these discussions independently, he wouldn't have gone to all the trouble to bring us together."

But they still went ahead and separated us out, and our side, the ten of us, came up with recommendations based on our determination that AIDS is not contagious. The other side has not produced anything that's available. They went on and on and on, and what they said was completely, totally unmemorable. I couldn't even remember it five minutes after they went on and on and on about that stuff!

Helene Gayle, who's at the CDC, was the only one, so far as I could tell, on the other side of the supporters of HIV, who had any sense of humor; who was playful; who was even a nice person to be around, and didn't frown. All the rest of them seemed to sit at attention. They even had crewcuts and flattops! They looked really, really military, most of the proponents of the HIV hypothesis. It was really very interesting. But she was the only one that had a sense of humor, and was playful, and joked around. Helene Gayle was joking around with Peter Duesberg a lot. He loves to play around and joke a lot, too.

When it first came up that she had offered Peter a chance to collaborate with the CDC, I thought it was a joke. I talked to Peter on the phone a week later, when we got back, and said, "Peter, what's your take on that? That whole thing about the CDC collaborating with you?" I said, "I thought it was a joke!" And he said he did, too! But it became a reality at the press conference, after the thing was over, because I think the Health Minister and the government in general were looking for any positive sign at all to convey to the world, that bringing together all these people led to something constructive.

Duesberg: That "committee" is a little less clear-cut than you name it now. It's an afterbirth of a press conference. We talked about the possibilities of what could be done, and I made some proposals. Helene Gayle is a Black lady who worked for quite a while in Africa, and she has a sense of humor and is sort of charming. She's at least sympathetic with us, concerned about African issues. She said I should come visit and spend a sabbatical at the CDC, so they could straighten me out — or maybe I could straighten them out, and that sort of thing. So I proposed, as a possible experiment that would be feasible and doable and relevant for Africa, to take 100 AIDS patients, diagnosed according to African standards, the Bangui clinical case definition [which actually allows AIDS in Africa to be diagnosed without any evidence of HIV exposure] and check them with the best methods available for HIV to see if they are in fact even "HIV-positive." It would be very important to know how reliable the average diagnosis is before we offered these people AZT, which is specifically aimed only at HIV and not against anything other than AIDS. It's not against any AIDS disease; it's a drug administered to inhibit HIV. So if most of these AIDS diagnoses, or even a significant percentage,

were "negative," such treatment would be a true disaster. Another experiment I proposed is give AZT or the other antiviral drugs to rats and dogs, and maybe some monkeys in Africa, to see how well they survive this and see what the so-called "side effects" of these things are; rather than giving them only to people who [test] "HIV-positive." Nothing is ever published about what happens to animals when they are given these drugs.

In this country, the leading nation in the world for everything including human rights, we don't torture animals with those drugs. We test them in homosexuals, hemophiliacs, and junkies. Or maybe in Africans who sign with a cross or a square on an "informed consent" form with Robert Gallo, or with Zagury for the *Lancet* study, or with antiviral drugs in the bushes of Africa. That's how these experiments are done. So I suggested a long-forgotten standard: that we test a drug which is known to be toxic, designed to be toxic, in animals before we feed it to humans. But it only became reality when this Health Secretary said that at the post-meeting press conference, to the people of the press. I never thought that it would be mentioned again.

Conlan: *If you did the experiment of testing people in Africa who'd been diagnosed with "AIDS" under the Bangui definition, and testing them for HIV exposure, exactly how would you measure HIV exposure, given the critiques that have been made by the Perth Group and others against the accuracy of virtually all the standard tests?*

Duesberg: I know the accuracy of antibody tests is limited. I know that. But even allowing that, we would just apply the standards of European or American AIDS diagnosis, which includes some HIV tests, to African "AIDS" patients. I assume we would take a better one, and just apply it, and see if it is 100 percent positive, or just 50 percent positive. Since they don't even do an HIV antibody test, and don't even ask for a test, for diagnosis of "AIDS" in Africa, there could be many, many people who are said to be "AIDS patients" who do not have antibodies to HIV, or have no virus, by the standards of the tests used in the West — even if the tests themselves are flawed. Harvey [Bialy] was going into this and said the tests should include polymerase chain reactions (PCRs) as well, because, particularly in Africa, there would be many false-positives on the antibody tests because of other diseases cross-reacting and so on. That would be fine with me. I wasn't very concerned about the accuracy of the test; I was just wondering, if we applied some of the tests that are standard here, how would they come out in Africa, where we diagnose [AIDS] without the tests?

Conlan: *In other words, to see if the African people who are diagnosed with "AIDS" meet the same standards as an American or Western European who is diagnosed with "AIDS," never mind whether the standards actually mean anything in terms of actual risk for immune suppression.*

Duesberg: Yes, that's right. I tried to be as diplomatic as possible, just to say, "Look here, we're treating people — assuming, even, that all of this is right about testing and the virus. But we are giving them, knowingly, drugs that are inevitably toxic. Is that responsible when we don't even know if they're "HIV-positive?" These drugs are said to be specifically directed against this virus, and if that is not the case, if there's not even that virus, how could we possibly accept or work on such a procedure?

Rasnick: I don't see how the CDC can really afford to legitimate the whole question as to whether or not HIV causes AIDS. That's the purpose of the experiment — to test the hypothesis that HIV causes AIDS, either through regular animal experiments with chimpanzees, for example, that have been discussed, with all those 150 some-odd HIV-infected chimpanzees, let's treat them with the anti-HIV drugs. I know what will happen — they'll die. They'll get AIDS first, and then they'll die.

That's part of it, and then the other one is some epidemiological studies that have actually been done, and have been published, that show that there is no correlation in Africa between HIV antibodies and AIDS. In fact, the majority of the people the Japanese studied, when they did a study of AIDS in Africa, didn't have antibodies to HIV, even though they were "AIDS" cases under the Bangui definition of AIDS. But I don't know how that's going to turn out. I'm glad I'm not part of that unholy alliance, because it's such a mess, and it's so political. I'm really happy I'm not involved in that.

Conlan: *Where is this going to go from here? I know you're supposed to be having these discussions on the Internet.*

Rasnick: Just on our side, so far. [Note: At publication time, the second and final panel meeting had assembled without the HIV scientists

ever participating in the Internet discussion — Ed.]

Conlan: *And the final meeting just before the official AIDS conference in Durban. What's the outcome you hope for, and what's the outcome you expect?*

Rasnick: I wish I could give you some sort of solid answer. I'll tell you what I hope for. I can tell you in the short term. I can't tell you what in the long term is going to come of this, but I can tell you in the short term I hope that this three-day meeting in Pretoria, the next one, really is a scientific meeting, where you have equal time allotted to the main protagonists — those who support the mainstream HIV-AIDS hypothesis and those who challenge it. I hope we present arguments and data, and then have a discussion and all that. I hope that happens. I don't know if that will happen or not.

The other side seems so really hesitant, resistant, to do anything like that. But that's what I hope for. The media have been really active down there. When we were down there it was on all the TVs, all the radios, in all the newspapers. Mbeki, a head of state, is doing this, and he's going to keep it that way. There are lots of documentary-like TV programs on all this stuff that are supposed to air this month down there. And then you've got the AIDS conference following July 9. At least the media now have been primed. Most of the people who interviewed me in the past two months, at least, have never written about AIDS before, which is a very good sign. It means they don't have anything they have to defend. They don't have anything at stake. The reason they got involved in this was because it was a political and national issue, since the head of state was involved. So they're doing what journalists ought to do. They're doing their job. They're asking the basic, simple questions, and basically reporting what they've learned. With AIDS, it changes everything, so there's lots of vitriol going around, and lots of ad hominem attacks that you just have to expect. So I hope the media stay active, and more of them that haven't been involved in the AIDS stuff get involved, because, as I say, they don't have anything they have to defend and protect, nothing they have to swallow and live down. In terms of the world, the whole thing is supposed to be made public at some point. Everything was filmed, videotaped. All that is supposedly going to be transcribed — every word of it, they said — and the videotapes and the transcripts are supposedly going to be made available to the people of the world. I hope that happens.

Conlan edits and publishes the Zenger's, a monthly gay issues periodical that devotes regular coverage to factual reporting and analysis of HIV, AIDS, and related topics. (Contact: P.O. Box 50171, San Diego, CA, 92165-0171; mgconlan@earthlink.net).

Rethinking AIDS

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- 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.