

Revolt Against the HIV Doctrine

The dictum that HIV causes AIDS has been as thoroughly impressed on our minds as an engraving on a coin. A small group of scientists is challenging the HIV theory, however, using a solid pack of arguments and evidence. They claim AIDS is caused by something entirely different. Here are their claims.

By Brian Hammer (People's News Service)

In the 1993 movie *Philadelphia* Tom Hanks plays a homosexual man stricken by AIDS who gradually collapses into disease and death. He is a warm guy loved by family and friends, and it is inevitable that we feel sympathy for him. His death seems almost accidental, a modern tragedy with the role of antagonist played by a virus.

Ask anyone on the street these days what causes AIDS, and you will almost always get the answer, "HIV". So thoroughly has the verdict of the medical research community and governments penetrated popular consciousness that it is almost unheard of to think differently.

Yet, a growing school of scientists, physicians, political leaders and AIDS activists is challenging the HIV theory, and rejecting it in favor of a theory that says that AIDS is caused not by a virus, but by—drugs. In this scenario Tom Hanks' character may have been lovable, but he did not confess how much he was into the drug scene.

"Recreational" drugs like nitrite inhalants, amphetamines, cocaine, heroin, LSD and even Ecstasy cause AIDS diseases, says this theory—and so does AZT, one of the main drugs prescribed to combat AIDS. HIV is merely a passenger virus, and not even present in all AIDS cases, though prescribed opinion would have us think it is.

Moreover, AIDS is unlike any other infectious disease, and affects only very clearly defined groups, not, as in the case of normal viruses, the general population. This dissident theory presents other arguments as well.

The fair conclusion, say proponents of the "drug-AIDS theory", is that AIDS is not an infectious, sexually transmitted disease, but something else. And they have loads of scientific data to support them. The HIV theorists, surprisingly, do not.

For the sake of downsizing huge research budgets, eliminating billions unnecessarily spent on AIDS treatments, restoring peace of mind, and saving lives by focussing on the true causes of AIDS, a fundamental re-evaluation of the HIV thesis is in order.

Peter Duesberg

Spearheading the attack on the HIV thesis is Peter Duesberg, Ph.D., originally from Germany, a professor of molecular and cell biology at the University of California,

Berkeley, where he has been since 1959.

Professor Duesberg is a recognized scientist in his field. In 1968-1970 he demonstrated how the influenza virus is able to recombine to form new influenza strains. He isolated the first cancer gene in 1970, and mapped the genetic structure of retroviruses. He was elected to the U.S. National Academy of Sciences in 1986 for this and later work. He has received several scientific awards in several countries.

Because his drug-AIDS theory conflicts with the HIV theory of the American medical establishment, the U.S. government is refusing him funding for the study of this theory. The prestigious scientific journal *Nature* in the United Kingdom has refused to publish both his articles and replies to attacks on his theory for reasons known only to its editor [This has changed since the original writing of this article – *author.*]. But his theory makes a lot of sense; the arguments are convincing. A closer look at it is the only way to determine whether Professor Duesberg and his supporters are right or wrong.

History

Like nations, cultures and individuals, theories have histories. The HIV theory of AIDS was born in the early 1980s, when AIDS was first discovered. The first five cases diagnosed as AIDS in 1981, before HIV was known, were male homosexuals with pneumocystis pneumonia and cytomegalovirus infection, two diseases now lumped together under AIDS, who had all used nitrite inhalants "recreationally".

Data like this and scientific studies led the Centers for Disease Control in Atlanta to propose in 1982 that nitrites indeed caused pneumonia and Kaposi's sarcoma, another AIDS disease. Cytomegalovirus and various bacteria were also proposed as causes of AIDS.

Other early CDC data from 1981 and 1982 show that 75 percent of male homosexuals with AIDS had used oral drugs at least once a week and 97 percent occasionally, and that every one of 20 Kaposi's sarcoma patients had used nitrites.

From 1981 to 1984, epidemiologists and toxicologists, including some from the CDC, considered recreational drugs such as nitrite and ethylchloride inhalants, cocaine, heroin, amphetamines, phenylcyclidine, and LSD as the causes of AIDS. The reason for the early suspicion about drugs was simple. Nearly all AIDS patients were either male homosexuals who had used these drugs as aphrodisiacs and psychoactive agents, or were heterosexual intravenous drug users.

Former CDC head James Curran was among the early drug-AIDS theory proponents. In 1981-2 he stated, "At this point our best clue to the cause of the disease was 'poppers' [nitrite inhalants]".

He based his conjecture on informal reports such as those from Dr. Alvin Friedman-Kien, professor of dermatology at New York University. Two Kaposi's sarcoma

patients who showed up in his office were male homosexuals who "had a multiplicity of sexual partners over an extended period of time as well as using a variety of recreational drugs – cocaine, marijuana, LSD, THC, MDA, and amyl nitrite."

Said Friedman-Kien at that time: "...as [AIDS] patients started coming in, it turned out that all of them, 100 percent, had been using amyl nitrite".

Viruses appeared as an explanation in 1983. Then Luc Montagnier in France and and Robert Gallo in the U.S. proposed what came to be known as human immunodeficiency virus (HIV) as the cause of AIDS. Gallo held a press conference to announce his theory, patented an AIDS test, and the HIV doctrine was on its way. Psychoactive drugs were still retained by some as an explanation for Kaposi sarcoma and pneumonia in homosexuals, however.

In April 1984 the U.S. Secretary of Health and Human Services announced at an international press conference that HIV was the cause of AIDS. Still no American study on HIV had yet been published, however. By 1986 most medical scientists and virologists had accepted the HIV-AIDS theory. Peter Duesberg launched his criticisms in 1987.

In 1996 more than 400 persons signed their names to a letter demanding a reappraisal of the conventional view. They state that the HIV theory is at best unproven; some go so far as to state that it is already disproven. More than 70 PhDs, dozens of medical doctors, scientists and AIDS patients and activists were among the signatories, most of whom were American, though 23 countries were represented.

It is already accepted by mainstream science that HIV does not directly kill immune system cells, though this was the original claim, a claim upheld until evidence to the contrary proved too overwhelming. In other words, one pillar of the HIV theory has already fallen, though other explanations have been put up to defend the theory in other ways.

The Drug-AIDS Theory

The basis of Peter Duesberg's drug-AIDS theory is one simple fact: that over 95 percent of (American and European) AIDS patients use recreational drugs.

Approximately sixty percent of American AIDS patients are male homosexuals who use various drugs as aphrodisiacs and psychoactive stimulants. One-third are intravenous drug users, both male and female. The remaining few percent are hemophiliacs and transfusion patients who suffer AIDS diseases at a normal, pre-HIV rate. In other words, aside from a small percentage of patients already extremely ill from other causes, AIDS strikes only fringe groups who engage in behaviour considered extremely risky from a medical viewpoint.

The degree of drug use among homosexuals, for example, is phenomenal, setting them apart from all other social groups in this regard except intravenous drug users. In

the largest study of its kind, cites Duesberg, a 1990 survey of 3,916 self-identified American homosexual men reported that 83 percent had used one, and about 60 percent two or more drugs regularly with sex during the previous six months. These drugs included nitrite- and ethylchloride inhalants, cocaine, amphetamines, methaqualone, lysergic acid, phenylcyclidine, and others.

In 1987 a study of a group of 359 homosexual men from San Francisco reported that 84 percent had used cocaine, 82 percent alkylnitrites, 64 percent amphetamines, 51 percent quaaludes, 41 percent barbiturates, 20 percent injected drugs and 13 percent shared needles. From these statistics it is clear that multiple drug use was the norm. It was this same group from which the 10-year incubation period of HIV was determined—and assumed relevant for all people, including heterosexuals.

Similar statistics can be found in Germany.

The repeated evidence of drug use in AIDS patients would make even the average person, uneducated in the intricacies of medical science, suspect a strong link between recreational drugs and AIDS. In other words, if virtually all AIDS patients use drugs, it would seem that there would be no problem for the medical community to see the connection.

But this has not proved the case. The "HIV orthodoxy" only denies or downplays the connection. Its claim is still that HIV causes AIDS. A closer look will show that this claim is based on weak evidence. The link between HIV and AIDS is fragile indeed.

AIDS Without HIV

If HIV is the cause of AIDS, it will be present in *all* AIDS diseases. Prof. Duesberg's theory, however, since it proposes that drugs cause AIDS, should show that people can have AIDS without being infected with HIV. In Duesberg's formulation: "the drug hypothesis predicts (a) HIV without AIDS, (b) AIDS before HIV, and (c) AIDS without HIV." It also predicts that (d) discontinuation of drug use either stabilizes or cures AIDS except for those whose diseases have progressed too far. According to Duesberg, "Each of these predictions is confirmed."

HIV without AIDS: The typical life span for someone with AIDS is about ten years. Yet, a number of people infected with HIV have lived for 15 years or more!

Worldwide (as of 1998), no more than 6 percent of the 17 million people with HIV have developed AIDS over the last 7 to 10 years. Thus, the risk of AIDS to an HIV-carrier is less than 1 percent per year. Hardly the sign of a deadly virus.

Moreover, there is not a single controlled study in the vast AIDS literature proving that HIV-positive people who are not drug users have a higher morbidity or mortality rate than HIV-free controls.

In addition, scientific testing shows that drug users develop AIDS diseases in the

absence of HIV. Duesberg cites a Dutch study showing that lymphocyte reactivity and abundance were depressed by long-term drug use in both 111 HIV-positive and in 210 HIV-free intravenous drug users. Depressed lymphocyte reactivity and abundance is one example of the "deficiency" in "Acquired Immune Deficiency Syndrome".

Finally, discontinuation of drug use can halt AIDS. One study showed, for example, that over a period of 16 months AIDS diseases appeared among 297 HIV-positive, asymptomatic intravenous drug users at a rate three times higher than in those who stopped injecting drugs.

Another study showed that typical AIDS diseases like lymphadenopathy, weight loss, fever, night sweats, diarrhea, and mouth infections were observed in 49 out of 82 HIV-free intravenous drug users from France who had used drugs for an average of 5 years. Additional studies could be mentioned also.

AIDS before HIV: Prospective studies have demonstrated that the number of T-cells of male homosexuals using psychoactive drugs and sexual stimulants may decline prior to infection with HIV. T-cells are small lymphocytes that mediate the immune responses of body cells, and a significant decline in their number indicates serious problems in the immune system, the basis of the body's defense system.

An Italian study showed that a low number of T-cells was the highest risk factor for HIV infection. In other words, a decrease in T-cells indicates increased chances for HIV infection. The HIV theory, which makes HIV out to be the agent of death in AIDS, predicts that T-cell counts should drop AFTER HIV infection, not before. This supports the hypothesis that something other than HIV is the cause of AIDS.

HIV-free AIDS: Intravenous drug users, their babies, male homosexuals consuming aphrodisiac and psychoactive drugs, hemophiliacs, and poor Africans develop the same diseases called AIDS whether HIV is present or not.

In support of the HIV-free theory of AIDS, Duesberg cites the following:

In one study scientists observed severe immunodeficiency in 6 of 14 HIV-free and 9 of 15 HIV-positive hemophiliacs. Another study described a group of 15 hemophiliacs who had acquired immunodeficiency before they were infected with HIV.

Recently, CDC workers have postulated a Kaposi agent other than HIV, because of the almost exclusive occurrence of Kaposi sarcoma in homosexuals among AIDS risk groups.

In more than half the deaths of a group of intravenous drug users in New York with a "spectrum of HIV-related diseases" HIV was absent. There was no HIV in 26 of 50 pneumonia deaths, 15 of 22 endocarditis deaths, and 5 of 16 tuberculosis deaths.

The ratio of helper to suppressor T-cells in a group of 21 heroin addicts was found to fall within 13 years from a normal of 2 to less than 1. This is typical of AIDS, but only

two of this group were infected with HIV.

Professor Duesberg also cites data showing that up to 1989 only about 73 percent of all American AIDS cases were confirmed HIV-positive. In New York the figure was only 39 percent, and in California 61 percent. Moreover, "statistics are biased in favor of HIV-positive cases because AIDS is reportable whereas most HIV-free indicator diseases are not". In other words, it is natural that HIV-free AIDS cases are unreported or underreported in the AIDS literature if HIV-free cases are intentionally ignored.

Robert Maver, consultant to healthcare and insurance industries and former vice-president and director of research at the Mutual Benefit Life Insurance Company, goes so far to say that incorporating HIV into the definition of AIDS is "tautologically contrived". It's like saying "HIV causes AIDS because HIV causes AIDS"—a meaningless definition by any standard of logic.

The Duesberg literature reports one summary of AIDS studies describing over 4,621 AIDS cases who were not infected by HIV.

Discontinuation of drugs can cure AIDS: If HIV was truly a killer, HIV-infected babies would become more ill, not better. HIV-positive babies born to mothers who used intravenous drugs during pregnancy find their illness decreasing and their immune systems strengthening, however, once they are free of the umbilical cord and its deadly cargo of drugs—even though HIV is present.

In one study over three years researchers observed 71 HIV-positive newborns who had shared intravenous drugs with their mothers prior to birth. After three years, 61 of these HIV-positive children were healthy. During their first 18 months some even developed diseases from which they recovered.

Only 10 of these children developed encephalopathy and other AIDS diseases in this 18-month period; nine died. "The study," says Duesberg, "points out that the baby's risk of developing AIDS was related 'directly with the severity of the disease in the mother at the time of delivery'."

In other words, it had nothing to do with HIV. These children's T-cells increased after birth from low to normal levels—despite the presence of HIV and contrary to the HIV-AIDS theory. If HIV were the cause of AIDS these children would have gotten sicker, with lower T-cell counts, not better. In addition, those who did die did so in a much shorter period than the ten years that the HIV theory predicts.

Thus, people with HIV don't die when they should, people without HIV get AIDS diseases, and discontinuation of drugs cures people of AIDS even though they have HIV. In light of such facts, how deadly is this virus, really?

A very popular television commercial flooded American homes during the 1980s that may characterize the true value of the HIV-AIDS theory. In this commercial (for the Wendy's hamburger chain) a short, old lady with a beat-up face and a voice like a drill

sargeant enters a rival fast-food chain restaurant and orders a hamburger. Upon being served she examines her hamburger and exclaims loudly: "Where's the beef?! Where's the beef?!", threatening the clerk with angry looks and her umbrella.

These words became an American catchphrase in the 1980s. It means something lacks substance, and has only the frills or trappings of something substantial, like a thin hamburger buried in a lot of lettuce, tin plated with gold, or plastic pearls.

Based on facts like the above, saying HIV causes AIDS seems to fit the phrase. If Professor Duesberg and his supporters are right, as studies seem to show, fast-food chains would go out of business if their hamburgers had as much content as the HIV theory.

Nor is this the end of the case against HIV. The number and kind of facts and arguments raised by scientific dissidents against it are several. But before turning to the rest of them, a look at what the HIV establishment says about the drug-AIDS thesis is in order.

Why Drugs Are Ignored

A main reason why the HIV establishment rejects the drug-AIDS theory is simple: In reporting AIDS cases they ignore data about drug use. That is why studies like those above showing HIV-free AIDS cases and AIDS-free HIV infections are relatively few. It is not that such cases do not exist: Rather, they simply are not studied.

Contrary to the scientific method, studies of the "progression" of HIV to AIDS fail to study drug-free groups. According to Duesberg, "there is not a single epidemiological study in the bulging AIDS literature that ever described a group of HIV-positive people, without confounding health risks like drug use or hemophilia, progressing from HIV to AIDS".

In other words, though all study subjects chosen have HIV, they also all use drugs or have a serious non-AIDS disease. Yet, like the prospector who searches for gold but ignores the uranium he finds, American and European scientists fail to study the destructive effects of long-term drug use while they research HIV. This fact alone should be enough in scientific terms to question the validity of such studies, though it has not been. At least 100,000 American PhDs and MDs are engaged in this research.

Many studies do acknowledge "bewildering" drug use in AIDS patients however.

One investigator probably speaks for them all: At a 1994 conference on the role of nitrites in Kaposi's sarcoma, asked if he knew of one drug-free AIDS patient, he said, "I never looked at the data in this way". This investigator was involved in the largest study of male homosexuals and AIDS that had ever been conducted.

Called the MAC study, sponsored by the U.S. National Institute of Allergies and Infectious Diseases (NIAID), it has reported heavy drug use amongst homosexual

AIDS patients for over ten years but denies any connection between drug use and AIDS. It has stated: "No evidence [is found] for a role of alcohol or other psychoactive drugs in accelerating immunodeficiency in HIV-1 positive individuals". This is even though it had never identified a single drug-free, HIV-positive homosexual with AIDS in 10 years.

The MAC study even virtually contradicts itself about the role of drugs in AIDS. The *Journal of Substance Abuse*, publishing a report from the study, states: "Men who combined volatile nitrite (popper) use with other recreational drugs were at highest risk both behaviorally and in terms of human immunodeficiency virus-1 (HIV) seroconversion throughout the study." All of the study's 500-800 homosexual men at "highest risk" had used nitrites plus combinations from amongst 12 other recreational drugs. But drugs are still ignored as the cause of AIDS.

The role of drugs in AIDS is not only presumed to be nonsense, and facts misrepresented, it is suppressed.

Robert Gallo, HIV's co-discoverer, for example, has implied that since "everyone" accepts the HIV theory, anyone with a contradictory theory must be unscientific. *Nature* refused to allow Duesberg to set out his case in their pages even though it attacked Duesberg's theory numerous times. The journal also refused Duesberg the right to reply to its attacks. [As noted, the journal has since changed its stance – *author.*]

After the discovery and announcement of HIV in 1983, the U.S. Centers for Disease Control decided to abandon the drug hypothesis it had been entertaining. It had to do this, however, with the knowledge that highly convincing correlations existed between drugs and AIDS.

Breaking standard protocol, the CDC commissioned its own study of the effects of nitrite inhalants on the immune system of mice. Published *as an anonymous one-page paper* in the CDC's house journal, the study reported that the mice showed no evidence of toxic reactions even though there was "some evidence of thymic atrophy, possibly stress-related".

Duesberg found several abnormalities with this study.

Most important was the fact that the dosage of nitrites given to the mice was *several times weaker* than that taken recreationally by humans. So of course the mice would not show toxicity.

Higher doses, more like those humans imbibe, were evidently studied initially, however. Interviewing one of the study's investigators in 1994, a journalist reported, "Lewis explained that, in determining the dose, they had to adjust it below the level where they were 'losing' the mice...".

Furthermore, calling thymic atrophy (the thymus is part of the immune system)

"stress-related" is only begging the question, since the important issue is what caused the stress if not the nitrites.

Finally, the study was published before "detailed ... examinations [had been] completed", a curious step to take considering scientific procedure and the seriousness of AIDS.

This study was the basis of the CDC's decision to reject drugs as the cause of AIDS. Other examples of poor science and scientific reportage could be mentioned.

Re-investigation of a *Nature* commentary on HIV, for example, "revealed that 45 drug-using, HIV-free patients had been omitted from the paper, although they had AIDS defining diseases".

In addition, "the *Nature* commentary also omitted the fact that 73 percent of the HIV-positive AIDS patients were on AZT". Duesberg says that AZT, a drug used against AIDS, also causes AIDS diseases, as will be seen below.

Based on these examples of "scientific reporting" Duesberg and associates go so far as to say that "the role of drugs is divorced from AIDS by unscientific manipulations including misrepresentations, double-standards, omissions of facts and controls and outright censorship".

"Scientific correctness" may characterize the HIV theory more than real science.

Super-virus or Harmless as a Lamb?

Such an enormous amount of publicity about the dire effects of HIV has been spread around that it has created an attitude toward this little virus permeated with hysteria, like a modern Black Plague. HIV is claimed to be capable of producing 30 different diseases, and even is said to cause different illnesses in the West than it does in Africa. Professor Duesberg and his associates, however, claim that HIV is no invincible killer of men, but is on the contrary—harmless, as weak and innocent as a newborn lamb.

HIV is said to work by destroying the T-cells that are essential to the immune system. Studies of AIDS patients, however, show that HIV infects on average only one out of 1,000 T-cells. This makes it weaker than the flu, says Prof. Duesberg, which attacks about one in three lung cells.

This extent of infection is no threat to the body's recuperative mechanisms. Retroviruses like HIV take two days to replicate, and in this time the body reproduces five percent of its T-cells. This is much more than the one-tenth of one percent of T-cells that ever get infected by HIV.

Finally, neither Kaposi sarcoma nor dementia, two AIDS diseases, has any relation to HIV. Kaposi sarcoma is a cancer, and HIV is not found in the cancer tissue. Similarly

with dementia: there is no HIV infection of neurons.

Professor Duesberg—and scientific studies—are quite clear that viruses acting at the level of HIV cannot be pathogenic. If viruses or microbes were harmful at the level of HIV, he states, *most* Americans would have pneumonia, cytomegalovirus disease, mononucleosis from EBV and herpes. The pathogens for all these diseases are latent in the U.S. population in varying, relatively high degrees (80-100 percent have immunosuppressed pneumonia pathogens, for example).

Some scientists contend that HIV functions through other agents, or "cofactors". This is still unproven, and is thus in essence a confession that HIV is still unproven as the cause of AIDS for those who try to modify the HIV theory in this way. It is already scientifically accepted that HIV does not kill T-cells directly, contrary to HIV's discoverers' initial claims. In light of Professor Duesberg's arguments, the search for cofactors might be best characterized as a dog trying to catch its tail—it will never happen.

HIV is also claimed to have other powers other viruses lack.

The normal process for disease-causing viruses is to overwhelm the body's defenses. However, standard HIV testing reveals no HIV, but rather only HIV antibodies. The absence of a virus plus the presence of its antibody in normal science indicates that the virus has been controlled and rendered impotent. Vaccination works on a similar principle.

The 10-year latency period claimed for HIV is also highly original. Pathogens that cause disease long after infection exist, says Duesberg, "but only when they are activated from dormancy by rare acquired deficiencies of the immune system". In other words, immunodeficiency comes first, then the viral activity, not the other way around as the HIV theory claims.

Finally, no virus of the HIV type ("retroviruses") has ever been shown to be pathogenic in people. HIV, however, is generally thought to be 100 percent fatal, far more than any other kind of virus.

Many special, wholly unique powers are attributed to HIV. If this were politics, HIV would be like a king who is above the law. Nature, however, operates according to laws, and according to Duesberg the HIV theory of AIDS seems intent on breaking several of them.

When an Epidemic Is Not an Epidemic

The willingness of HIV theorists to bend the facts to their theory does not stop at altering the characteristics of viruses. According to Duesberg, HIV, in supposedly spreading through the population, does not even act like the epidemic it is said to be.

For one thing, sexually transmitted diseases are normally about equally distributed

between the sexes. AIDS, however, occurs in (American) males at a ratio of about nine to one compared to females, even though no AIDS disease—like pneumonia or anemia—can be said to be a male disease.

Secondly, in all other epidemics, like the flu, one person has the same disease as the next. This is not true of HIV, which is said to cause 30 quite different diseases, from a form of cancer to dementia.

Moreover, HIV is claimed to cause different diseases in different countries. For example, "53 percent of American AIDS patients have *Pneumocystis pneumonia* and 13 percent have candidiasis, whereas 90 percent of the African AIDS patients have slim disease, fever, diarrhea, and tuberculosis but not pneumonia and candidiasis, although *Pneumocystis carinii* and *candida* are ubiquitous in humans". Duesberg says that African "AIDS" can be explained as normal African diseases that have always existed and are due to malnutrition and lack of disease-specific vaccinations.

Also, AIDS diseases of American children differ from those of adults.

Thirdly, AIDS breaks Farr's Law for epidemics. Normally, says Duesberg, "a new infectious disease spreads exponentially in an uninfected population, like a seasonal flu—but American and European AIDS lingers in fringe groups, spreading slowly, but non-exponentially, over years". In other words, AIDS does not choose its victims quickly at random, as does any normal epidemic; it remains confined to specific groups and spreads more like glue than fire.

As mentioned, the prime common characteristic for over 95 percent of persons with AIDS is "the many illicit sexual and mental stimulants" used by homosexuals and intravenous drug users. The remaining few percent are typical diseases of hemophiliacs and transfusion recipients at normal incidence for these groups. Nor have the wives of 15,000 American hemophiliacs gotten AIDS even though this contradicts the normal workings of a sexually infectious epidemic.

These and other facts, says Duesberg, "confirm that AIDS is not infectious," contrary to prescribed opinion.

HIV Testing

Moreover, whether HIV is actually present in a person is subject to uncertainty. HIV testing, it turns out, is significantly unreliable.

According to a (London) *Sunday Times* article by science correspondent Neville Hodgkinson in 1993, many illnesses can show HIV-positive results even if a person is not infected by HIV. Malaria, malnutrition, multiple infections, tuberculosis, multiple sclerosis and even flu jabs and heavy exposure to sperm can all give what are called "false positives".

The reason for these false positives is because standard HIV testing does not look for

HIV itself, but for a related protein called p24, part of the virus's genetic material. This protein, however, can be found in several immune system disorders, as well as a tiny percentage of healthy people: 13 percent of people with warts show p24, as do 41 percent of people with multiple sclerosis. It is therefore unsurprising that people with other forms of weakened immune systems—like drug users, hemophiliacs and multiple transfusion patients—test positive also.

Hodgkinson based his article on a 10,000-word article in *BioTechnology*, a sister publication of the journal *Nature*.

Finally, HIV antibodies are not the only antibodies present in AIDS patients in greater quantity than in a healthy population. AIDS patients carry antibodies not only to HIV, cites Duesberg, but also to "cytomegalovirus, hepatitis virus, herpes simplex virus HTLV, parvovirus, Epstein-Barr virus, genital papilloma virus, Treponema, Neisseria amoebae, candida and mycoplasma".

"Because AIDS patients carry antibodies to many more viruses and microbes, in particular, rare ones such as HTLV, than the general population," states Duesberg, "it is arbitrary to delineate HIV as an etiologic agent of AIDS by the presence ... of antibody alone."

And, the HIV antibody, though the most prevalent in AIDS patients, is present in only 73 percent of the American AIDS population.

If HIV is not a catastrophic killer, then what is it? The proper way to describe HIV, according to Duesberg, is as a "marker" or "harmless passenger virus". It is a virus that appears, along with others, *after* damage to the immune system has already been done.

Moreover, HIV is a marker to other stimuli. A study of nine subjects published last year in the prestigious *New England Journal of Medicine* (U.S.) reported that HIV infects the blood of subjects inoculated with tetanus vaccine much more easily than non-inoculated subjects. Here a vaccination is the facilitator of HIV, not, as the HIV theory predicts, sexual transmission.

And because of the presence of HIV antibodies, it is not only a marker or harmless to begin with, it is a virus that has been neutralized years before AIDS diseases begin to appear.

The Physiology of "Recreational" Drugs

The drug-AIDS hypothesis proposes that drugs, not HIV, cause the various AIDS diseases. If Professor Duesberg is right about the fundamental normality and benignity of HIV, then there must be something pathogenic about recreational drugs.

The "drug epidemic", as Professor Duesberg calls it, has been seen before.

Heroin, cocaine and nitrite inhalants, says Duesberg, were all legal and in use prior to World War I, widely in use as prescribed medicines and recreational drugs. The West saw its first drug epidemic from the mid-1880s until the 1920s, when concern over the diseases and effects on society of drug use led to anti-drug legislation.

As early as 1909 a scientific study in Paris reported the immunodeficiency caused by morphine addiction. In 1921 American pathologist Willis Butler reported that "most addicts suffered from a serious illness, such as syphilis or tuberculosis".

Since then, states Duesberg, "numerous scientific studies ... have documented the drug diseases of long-term drug addicts and their babies. These diseases include immunodeficiency, pneumonia, tuberculosis, dementia, candidiasis, weight loss, diarrhea, fever, night sweats, congenital abnormalities, mouth infections, impotence, epileptic seizures, paranoia, lymphadenopathy, hemorrhages, hypertension and many others". "The pathogenicity of cocaine and heroin is exhaustively documented." It is only a short step to conclude that these same diseases can be found in unaddicted drug users like homosexuals, and thus in all AIDS cases.

An orthodox AIDS specialist now director of an AIDS foundation in France says about amphetamines: "Studies have shown that crystal [amphetamines] eats T-cells for breakfast, lunch and dinner." A New York specialist has said that intravenously injected amphetamines lead to death in two years.

Nitrite inhalants ("poppers"), in turn, says Duesberg, "react with all biological macromolecules, mutating and inactivating DNA and RNA, diazotizing proteins, killing vitamins and oxidizing hemoglobin to inactive methemoglobin. ...In addition to their cytotoxic potential, nitrites are among the best established mutagens and carcinogens."

The U.S. Food and Drug Administration made nitrites legally available only by prescription in 1969, and in 1982 the U.S. National Research Council listed them as carcinogens. A 1988 U.S. National Institute of Drug Abuse paper called "Health Hazards of Nitrite Inhalants" warns about the AIDS risks of nitrite inhalants, especially Kaposi's sarcoma.

Regular, longterm drug use is a virtual death sentence, as is AIDS. Professor Duesberg's argument is that there is so much overlap between drug diseases and AIDS that there is no point in separating the two.

AIDS by Prescription

The HIV theory plows ahead in spite of its critics and the drug-AIDS hypothesis. In its wake have appeared a host of drug treatments directed against HIV. The first and most notable of these is AZT, or Zidovudine.

According to Duesberg, AZT is neither a cure for AIDS nor a drug that prolongs the

life of AIDS patients: It itself is a cause of AIDS, and is lethal rather than life-giving.

Several studies Duesberg cites show just how lethal this drug, once hoped for as the saviour from AIDS, really is. For example:

Out of 308 Australian AIDS patients, 172 developed one or more new AIDS diseases within 48 weeks on AZT. Likewise, in a study of 365 French AIDS patients, about 50 percent got leukopenia (a decreased number of white blood cells), others developed other AIDS diseases, and 20 percent died within nine months on AZT.

According to the U.S. National Cancer Institute, the rate of lymphoma (a cancer) in AZT-treated AIDS patients over three years was 50 percent. This is about 50 times higher than the rate in untreated HIV-positives, who developed lymphoma at a rate of only 0.9 percent in the same period.

The British-French Concorde trial, the largest controlled study of its kind, reported in 1994 that AZT is not only unable to prevent AIDS, it even increases the death rate of recipients by 25 percent compared to those in the study untreated with AZT.

In 1994 an Indian-English study of 104 babies of AZT-treated pregnant women, "8 aborted spontaneously, 8 were aborted 'therapeutically' and another 8 were born with serious birth defects, including holes in the chest, abnormal indentations at the base of the spine, misplaced ears, triangular faces, heart defects, extra digits and albinism. Zidovudine users in this study may have experienced more rapid CD4+ cell depletion", something said also about a study of AZT in American intravenous drug users.

The American MAC study of 5000 homosexual men observed that HIV dementia was 97 percent higher among those using antiretroviral drugs (including AZT) than among those not using them.

In other, separate studies, nearly all HIV-positive AZT-treated AIDS patients recovered cellular immunity, recovered from myopathy (a disease of the muscles), or recovered from severe pancytopenia (a reduction in the number of blood cells) and bone marrow aplasia (marrow cell development failure) after discontinuing AZT. Myopathy redeveloped in two patients put back on AZT.

AIDS patients on AZT do not live long. Duesberg cites the fact that about 1.8 million Americans and Europeans had been on AZT for an average of only one year as of 1996 even though AZT has been prescribed for AIDS since 1987. He says that "the one-year-average on AZT is derived from the fact that within one to two years the average AZT recipient succumbs to the toxicities of AZT and of recreational drugs, and that many drop out after only a few months due to unbearable drug intoxication". The explanation of the HIV orthodoxy, however, is that the virus "becomes resistant" to AZT.

AZT Biochemistry

Lest it be misunderstood, AZT is an extraordinarily powerful drug that works by interfering with one of the basic processes of life itself.

AZT is similar enough to thymidine, a constituent of DNA, that it can be incorporated into a cell's growing DNA chain instead of thymidine. Because AZT lacks a specific component of thymidine, DNA synthesis stops and the cell dies.

Not only HIV-infected cells are killed. "Since AZT cannot distinguish infected from uninfected cells and only 1 in 500 T-cells is infected in AIDS patients and asymptomatic carriers, it kills 500 uninfected cells for every infected cell. Thus AZT is inevitably toxic, killing 500 times more uninfected than infected cells."

It is for this reason that AZT and other drugs in its class also used in the war against HIV, are called DNA "chain terminators", though since DNA and body cells are essential to life itself, they could be called "life terminators". This includes ddI, dd, 3TC and d4T. It seems to be a clear case of killing the patient in order to cure the disease for those who stay with the therapy more than a year.

Moreover, DNA chain terminators were not even invented to combat AIDS. Most, according to Duesberg, were designed over 30 years ago for cancer chemotherapy. By stopping cell reproduction in all cells, they stop the proliferation of cancer cells too. Thus, their original purpose was *not* to kill viruses, but body cells. Duesberg states that this is contrary to the information provided by the manufacturers of chain terminators like AZT.

If Not AZT, then Protease Inhibitors?

A new, experimental class of drugs was launched in 1996 called protease inhibitors. By being mixed with AZT or similar drugs it was said (with added mass media approval) that these "cocktails" would be more "effective" than AZT in helping AIDS patients.

Duesberg cites the popular press to show some of the effects of a few months on this new class of anti-AIDS drug: "suicidal thoughts, twitching, central nervous disorders ... extreme nausea, hallucinations, intense trembling". HIV-AIDS researcher Jerome Groopman of the Beth Israel Medical Center in Boston has stated that after a few months on protease inhibitors even the "viral [loosely, HIV] load" increases again, "and no one knows why".

According to an *Economist* article, nor are patients' T-cell counts much better with protease inhibitors than they are with the AZT class of drugs, indication that the immune system fails to recover.

Some homosexual organizations have protested both AZT-class drugs and the new protease inhibitors vehemently. At the opening of the XIth International Conference

on AIDS in Vancouver, Canada, in July 1996, ACT UP San Francisco and other AIDS activists carried a banner reading "AIDS Drugs Kill. Ban Toxic AZT. Sue Glaxo!" to emphasize the seriousness of their opposition to DNA chain terminators as well as the new drugs.

ACT UP SF claimed that the new protease inhibitors "impair the creation and functioning of important immune system cells, especially ... T lymphocytes (CD8s)". (CD8s must be at high levels for a person to overcome AIDS.)

They also claimed that "AZT and other AIDS drugs have been approved on the basis of fraudulent data from short-term clinical trials paid for and conducted by the products' manufacturers". Professor Duesberg and supporters say the same thing in different words.

Protease inhibitors are said to function by lowering the HIV count in the blood. In response to this, ACT UP SF member Michael De Hart warned, "lowering blood viral load with immune suppressive treatments has not been associated with any clinical benefit including extension of or improvement in quality of life." (All ACT UP SF quotes are from the Vancouver conference ACT UP SF press releases.)

ACT UP SF further "cited numerous scientific studies that cast serious doubt on the predictive value of viral load testing in determining clinical outcome, disease progression or the effectiveness of AIDS treatments on overall health of PWAs [people with AIDS]".

The problem is that "viral load testing" measures viral products like RNA, viral protein and "virions", not infectious HIV itself, and uses a technique that magnifies the amount of viral products in order to detect them.

Infectious HIV is normally very difficult to detect, and has been from the beginning of the AIDS crisis, which is why various tests over the years have been developed. And, as mentioned, infectious HIV will be even more difficult to detect (actually impossible) if it has been neutralized by antibodies.

For one thing, viral load testing measures any and all HIV products. This includes, acknowledges one of the pioneers in the viral load theory of AIDS detection, "substantial proportions of defective or otherwise non-infectious virus." One word for this is viral "debris".

In addition, the test for viral load—the polymerase chain reaction test—requires magnifying the number of viruses in order to detect them. This is done, says Duesberg, outside the body in laboratory conditions: "Infectious virus was only obtained by activating latent HIV from a few infected cells out of millions of mostly uninfected cells from a given AIDS patient. Such virus activation is only achieved by growing cells in culture away from the hyperactive immune system of the host".

In other words, this test makes HIV infectious, it does not find it infectious.

According to David Rasnick, Ph.D., Chairman of the Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis at the University of California/Berkeley where Professor Duesberg works, "A person with a viral load of 500,000 viral particles per ml of blood plasma has at most 0.2 percent infectious virus particles. That is, 99.8 percent of the viral load is for non-infectious virus.... The viral load test essentially counts dead viral carcasses, which have nothing whatever to do with pathogenesis."

Kary Mullis, 1993 Nobel Prize winner, who developed this test, has rejected the HIV theory of AIDS.

The AZT class of drugs was, until the idea of viral load was advanced, postponed for use until AIDS diseases appeared. The new class of anti-HIV drugs, protease inhibitors, has in some countries been directed against HIV when it is said to be highly active replicating itself. They can thus be used as soon as a person is HIV-positive.

If Duesberg's science is correct, this means that protease inhibitors are being sent against what is, once again, a pathogenic non-entity—a very low number of a harmless virus.

Being combined with AZT-class drugs, this means that the new "cocktail" prescriptions can make people ill with AIDS even sooner. And this is even when the capacity of protease inhibitors to cause their own illnesses is relatively unknown. There is no scientific literature on controlled human or animal studies of the longterm mortality of protease inhibitors.

In addition, says Duesberg, "most if not all American HIV-positives at risk for AIDS also take other 'concomitant medications' that have known immunosuppressive and other detrimental effects, such as cortisones, dapson, pentamidine and others". The variety and quantity of medicinal and recreational drugs that those engaged in AIDS-risky behaviour pour into their bodies is enormous.

To refer to the 1987 study of 359 San Francisco homosexuals and the 1990 study of 3,916 American homosexuals again, their "drugs of choice" included nitrite- and ethylchloride inhalants, cocaine, amphetamines, lysergic acid, phenylcyclidine, quaaludes, barbiturates, and injected drugs. Duesberg calls people with AIDS and at risk for AIDS "walking pharmacies" because of the "bewildering" combinations of toxic recreational and toxic medical drugs consumed.

In addition, these people were already less than healthy. About 74 percent of the San Francisco group had past or current infection by gonorrhoea, 73 percent hepatitis B virus, 67 percent HIV, 30 percent amoebae and 20 percent syphilis. It is from the same group, to repeat, that Duesberg says the ten-year "incubation period" of AIDS and the 100 percent HIV-to-AIDS progression rate was calculated and said to be "relevant for the population as a whole".

The rational question at this point, if Duesberg is right, would seem to be not which anti-HIV drug the HIV establishment (and pharmaceutical companies) will start promoting next, but when they will abandon the HIV theory altogether. *Ideé fixe* do not crumble easily, however, even in science.

The Next Step

Professor Duesberg's drug-AIDS hypothesis is rational and meets several scientific criteria better than the HIV hypothesis. 1) It takes into account that virtually all AIDS patients are longterm users of recreational drugs or AZT class drugs. 2) It has no need to twist the definition of a viral epidemic. 3) It takes into account that stopping drug use ends AIDS in patients whose diseases are not too far progressed. 4) It takes into account the documented diseases that develop from drug use. 5) It does not rely on the unproven mechanisms of HIV pathogenicity. 6) It does not require a common class of viruses (retroviruses) to perform the stupendous feat of producing 30 diseases and killing 100 percent of people infected. 7) It predicts who will get AIDS (ie, longterm drug users and those put on AZT-class drugs).

The HIV theory, to compare, ignores near-universal lifestyle data of AIDS patients (drug use), has still not proven HIV pathogenicity, disregards the laws of epidemics, and has failed to cure a single AIDS patient, among other things.

To test the drug-AIDS hypothesis, says Duesberg, would be simple, using animals and human cells in tissue culture. More studies involving stopping drug use (including AZT) in those infected with HIV and in those with AIDS diseases could also be conducted to see if either AIDS fails to develop or if AIDS diseases are cured.

Duesberg further states that AIDS would be "entirely preventable and at least partially curable if: 1) AZT and all other anti-HIV drugs were banned, 2) illicit recreational drug use was terminated, 3) AIDS patients were treated for their specific diseases with proved medications, e.g. tuberculosis with antibiotics, Kaposi's sarcoma with conventional cancer therapy, and weight loss with good nutrition". For those averse to conventional drug treatments altogether, alternative therapies like homeopathy, ayurveda and special diets could be considered.

Thousands of lives could be saved yearly if Duesberg's theory were proved correct and his socio-medical policies implemented. Significant financial savings would also be realized. An AIDS education campaign could succeed where the HIV establishment and the war on drugs have failed if homosexuals and intravenous drug users knew that their lifestyle led directly to AIDS.

Behind the Combination Therapy Hoopla

The drop in the number of AIDS cases, and to some extent the shortterm improvement on the new combination therapies, seem to indicate that AIDS is being

beaten. A closer look shows that the situation is more complicated.

Professor Rasnick says that the number of AIDS cases *was falling anyway*, even before the introduction of combination therapies. This drop started the year *before* combination therapies were started. The HIV-AIDS establishment acknowledges this. The peak number of AIDS cases occurred in 1989-90.

Not only that, the numbers of AIDS patients has been manipulated. Centers for Disease Control data show that there have been three different definitions of AIDS: one pre-1987, one in 1987, and one in 1993. According to Professor Rasnick, each new definition came after a fall in the number of people with AIDS as defined under the previous definition. Under the 1987 definition, for example, there would be only 4000 AIDS cases in the U.S. today.

What is happening, says Rasnick, is that "People with the worst form of AIDS are dying out. What is left are the vast majority of HIV positive people who are perfectly healthy."

Because the number of AIDS patients is dropping anyway, and because these patients are already healthy and don't die, this "has allowed some physicians and scientists and their drugs [HIV protease inhibitor 'cocktails'] to take credit for saving these lives."

In fact, however, these people are "more tolerant of the toxic effects of those drugs, at least in the short term," and don't die as quickly as people with developed AIDS diseases only because they are more healthy to begin with. People with AIDS diseases who stayed on AZT-class drugs, to recall, had short lifespans.

According to Rasnick's analysis, their healthy status on combination therapies is because they *are* healthy, though he predicts this to change.

The viral load may decrease, but the real test, says Professor Rasnick, will only come when the toxic effects of these therapies start showing. Then there could be a new round of AIDS disease and death.

Professor Rasnick also says that protease inhibitors are far from effective. Published scientific literature states that the toxicities of these drugs are so severe that 30-50 percent of patients cannot take them.

Moreover, he says, "there is no data published (or unpublished as far as I can tell) anywhere that has convinced me or the FDA [the U.S. Food and Drug Administration] that these drugs reduce the morbidity or mortality of AIDS patients. All you have to do to confirm this statement is read the inserts provided by the drug companies required by the FDA as to how effective their drugs are."

The Merck company's disclaimer for Crixivan, for example, reads: "Crixivan is not a cure for HIV or AIDS. People taking Crixivan may still develop infections or other conditions associated with HIV.... It is not yet known whether taking Crixivan will

extend your life or reduce your chances of getting other illnesses associated with HIV. Information about how well the drug works is available from clinical studies up to 24 weeks." *Only* 24 weeks, it could be added, considering toxic buildup.

In addition, these drugs can have unexpected effects. The Abbott pharmaceutical company drug, for example was found to toxify the liver; high levels of Merck's compound (Crixivan) cause kidney stones.

Drug Resistance

Finally, the common notion that if protease inhibitors fail it is because HIV mutates into a strain resistant to a particular drug, does not stand up under close scrutiny, says Rasnick.

In a paper submitted to the United Nations he writes that HIV goes through eight sequential "cleavages" in its maturation. Though mutation may or may not create drug resistance, any mutated virus must also retain its ability to perform these eight cleavages in order to maintain its supposed infectious power.

This does not happen, writes Rasnick. "None of the inhibitor-resistant mutant HIV proteases reported so far (even in the absence of inhibitors) has come anywhere near the minimum level of overall catalytic activity necessary for infectious, viable virus."

Drug resistance is just one more near-impossible task HIV is expected to perform.

All protease inhibitors were approved under the FDA's "accelerated approval process". Their longterm effects are thus unknown. People in other countries infected with HIV are thus potential victims of a probably panicky hurry-up process in the U.S.

Professor Rasnick also revealed that since 1990, in the U.S. at least, steroids were being added to the drug mix prescribed to AIDS patients. Steroids, as many body builders know, are a quick way to add muscle mass and body weight. They are used in order to counteract the "wasting" that is part of AIDS. They can also be quite harmful.

Steroids are powerful hormones that increase metabolism throughout the body. They cause cancer among other diseases and are also "powerful depressants of the immune system", along with ... recreational drugs, AZT-class drugs and everything else the HIV establishment says does *not* create the immune deficiency syndrome called AIDS.

Professor Rasnick suggests that in the longer term protease inhibitors will also fail to stamp out AIDS, as have AZT-class drugs. Rather, "due to the increased use of drugs in the population, especially among young gay men, we could see a resurgence of AIDS [in the U.S.] after the turn of the century".

An increase in drug use would show the same result—in spite of—and because of—

any existing *or new* combination drug therapies, if the Duesbergian hypothesis is correct.

David Rasnick has his doctorate in chemistry and has over 20 years' experience with proteases and their inhibitors.

The Challenge

Peter Duesberg's thesis has strong logical and scientific merit. As such, it should be tested, if the HIV theory is not rejected outright after unbiased review of his books and articles. Human lives and a great deal of money are at stake.

Still, no government or medical establishment has fully adopted the drug-AIDS theory. In fact, no matter how strong its arguments are, it might still be denied and sidestepped publicly in countries like the U.S. for a variety of reasons, including pressure from anti-AIDS drug producers and an unwillingness of the AIDS lobby to face facts.

Assuming that honesty and scientific integrity prevail elsewhere, other countries than the U.S. could play a pivotal role in the AIDS crisis in at least two ways. First, funding could be allocated for research into Professor Duesberg's theory, probably at low cost. Second, keeping in mind whose theory this is, other governments could fund Professor Duesberg and his team directly as well. The only question is which will be the first country to reject the HIV theory and adopt the drug-AIDS theory if the research forces that conclusion.

The deeper issue of course is why people engage in regular drug use in the first place, but that is another story having to do with culture, self-indulgence, and the emptiness of modern commercial values when it comes to satisfying deep human needs.

Peter Duesberg is the author of several scientific papers as well as the books *Inventing the AIDS Virus*; *Infectious AIDS: Have We Been Misled?*; and *AIDS: Virus- or Drug-Induced?* The source of much information in this article and more information about the drug theory of AIDS can be found at <http://www.duesberg.com>.

Special thanks to David Rasnick for help with the more difficult scientific points of the HIV- and drug-AIDS theories.

[Author's note 2001: President Thabo Mbeki of South Africa has recently heroically tried to support the drug theory of AIDS but has either been ignored or faced ridicule and opposition for his efforts. He deserves support and praise for his refusal to surrender fully to scientific dogma.]

[Author's note 2005: This article was posted in 2001 at <http://www.prouworld.org/features/hiv.htm> and is being reposted at this website as the HIV AIDS myth continues to flourish in spite of its debility as a scientific theory. In addition, poor countries like India and South Africa, with their large proportion of "AIDS" patients, and wealthy countries with bloated medical costs, would stand to benefit if unnecessary expenditures on HIV drugs and associated research were stopped and this funding diverted elsewhere. As of March, 2005, Professor Duesberg's website still supports the toxicological (drug-induced), not virological (virus-induced), theory of this disease syndrome.]