THE PROSTITUTE PARADOX

Female prostitutes often have 200-300 sexual partners per year and are therefore assumed to have much higher rates of exposure to HIV and AIDS than the vast majority of heterosexuals. Indeed, many AIDS researchers initially assumed that female prostitutes would be the vectors (or means of transmission) of HIV and AIDS to the heterosexual community. After all, a single HIV-infected intravenous drug user or bisexual man could infect one female prostitute, who in turn could infect dozens or perhaps even hundreds of non-drug using heterosexual men. These men could, in turn, infect their other sexual partners, and an explosion of HIV and AIDS could occur among people without any obvious risk for AIDS. Paradoxically, no heterosexual epidemic has occurred, and no evidence of female prostitutes transmitting HIV or AIDS into the heterosexual community exists for any Western nation. Reports by prominent researchers in the United States, Britain, and Germany have all concluded that acquisition of HIV by men from female prostitutes is almost always drug related. In fact, sexual acquisition of HIV and AIDS among female prostitutes themselves is almost unknown in the absence of concomitant intravenous drug use.

The statistics are striking. In New York City, for example, 40 to 50 percent of streetwalkers (a very low caste of prostitute) who have used IV drugs over the past decade are HIV seropositive. (Whether these streetwalkers had other immunosuppressive risks such as non IV drug use, unprotected anal intercourse, multiple sexually transmitted diseases, and/or anemia and malnutrition that may have predisposed them to HIV and other infections has never been studied.) Among call girls in New York City (a higher caste of prostitute)

(continued on page 4)

AN AIDS QUIZ

Suppose a hospital in New York City has diagnosed 100 cases of pneumocystis carinii pneumonia (PCP) among a group of severely malnourished IV drug abusers. They also tested for HIV and found 60 were positive and 40 were negative. These results were then reported to the CDC. How many of these were counted as AIDS cases?

If you answered 100, you are correct. You are also among the few who have actually read the CDC’s definition of AIDS.

The average American thinks that HIV is AIDS. Well-informed Americans know that this is, of course, inaccurate. But, even if you ask well-informed Americans for a definition of AES, the reply goes something like: “There’s a list of about 25 diseases, and if you have one of these diseases plus HIV, then you have AIDS.” This too is inaccurate.

It turns out that since 1985, shortly after HIV was announced as the cause of AIDS, the CDC surveillance definition of AIDS has expressly included HIV-negative cases. Even in 1992, if you are HIV-negative and have PCP, you are an AIDS case.

Consider the following: Virtually no one was tested for HIV before 1985. Between 1985 and 1987, less than 7% of AIDS cases in New York City and San Francisco were reported to CDC with HIV status. PCP accounted for over half of all AIDS cases from 1981-1987. How many AIDS cases prior to 1987 were HIV negative? Nobody knows, including the CDC.

—Robert Maver
THE GROUP FOR THE SCIENTIFIC REAPPRAISAL OF THE HIV/AIDS HYPOTHESIS

The following are among the signatories as of March 5, 1993 to the statement that appears on page 4 (tax numbers included unless otherwise noted)

Vahagn Agbabian, D.O., Internal Medicine, Pontiac, MI, (313) 334-2424.

Hansueli Albonico, M.D., Langnau, Switzerland, (41) 35-2-14-19 (v).

Barry R. Alexievich, Cell Biologist, Bristol, CT, (203) 582-3392.

David T. Berner, M.D., CT.

Lawrence Bradford, biologist and African tropical disease expert.

Harvey Bialy, Ph.D., Scientific Editor of Biotechnology, (914) 758-1934. Molecular biologist and African tropical disease expert. Founding editor of Rethinking AIDS.

Shelly B. Blam, Ph.D., Alameda, CA (510) 769-4689.

Lawrence Bernhard, Ph.D., Benedictine College, Atchison, KS, (913) 367-6102.

Carl Bradshaw, J.D., San Diego, CA, (619) 485-8398.

Frank R. Bulanoukas, Ph.D., Professor of Mathematics, CUNY/Bronx, (212) 295-0580. In 1988, organized the first conference questioning the HIV/AIDS hypothesis.


Melinda Calleira, President of American Assoc. for Science and Public Policy, Los Angeles, CA, (213) 656-7389.

Hiram Caton, Ph.D., Prof. App. Ethics, Griffith Univ., Brisbane, Australia, (07) 875-7730.


Michael Chappelle, playwright. Producer and actor in Dr. Antonioni's Imaginary Disease, Denver, CO 80218, (303) 733-9660.

Michelle Cochran, Emeryville, CA, (510) 642-3903.

Hywel Davies, M.D., cardiologist, writer, 1414 Meridith Lane, Pueblo West, CO 81007.

Marlowe Dittlebrandt, M.D., 2216 SW Sunset Dr., Portland, OR 97201.

Peter H. Dueberg, Ph.D., Prof. of Molecular Biology, UC Berkeley, (510) 643-6455. Member of the National Academy of Sciences. An early expert on retrovirology; has been writing on the problems of the HIV/AIDS hypothesis since 1987.

Gordon Edlin, Ph.D., Prof. of Biochem and Physics, University of Hawaii, (808) 956-9498.

Eleni Elefoupolos, M.D., Royal Perth Hospital, Perth, Australia, (61) 9-221-1480.

Bryan J. Ellison, author, graduate student, UC Berkeley, Stanley Hall, Berkeley, CA 94720. (510) 643-5455.

Michael Ellner, HEAL, New York, NY, (212) 243-1040.

Fabio Franchi, M.D., Trieste, Italy, Infectious Disease & Preventive Medicine, (39) 40-362-271.


Celia Farber, writer, New York, NY, (212) 877-1413.

Lawrence A. Falk, Jr., Ph.D., Senior Virologist, Abbott Labs., consultant to the National Cancer Institute AIDS task force. AIDS Research Institute, P.O. Box 148369, Chicago, IL 60614.

James A. Fimea, Ph.D., Laguna Beach, CA, (714) 499-4692.


William L. Gardner, Ph.D., 80 Great Plain Ave., Wellesley, MA 02181.

Arnold W. Giddens, P.O. Box 493, Shingle Springs, CA 95682.

Robert Grabowski, M.A., 1257 Woodward Ave., Birmingham, MI 48009.

Beverly E. Griffin, Ph.D., Royal Post-Graduate Medical School, London, U.K., (44) 81-743-8331.

Martin Haas, Ph.D., Department of Biology, Cancer Center, UCSD, (619) 534-5792.

Alfred Haessig, Prof. Dr. of Med., Bern, Switzerland (031) 49-92-22.

Urs Haldimann, Editor. Swiss Association of Science Writers, Aarctof, Switzerland, (41) 61 811 3712.

Timothy Hand, Ph.D., Asst. Prof. Psychology, Oglethorpe University, Atlanta, GA. (404) 364-8382.


Robert M. Hoffman, Ph.D., Department of Pediatrics, UCSD Medical School, San Diego, CA, (619) 534-6032.

John Holmisdal, Ph.D., Los Angeles, CA, (310) 477-2652.


Ross Horne, Montville, Queensland, Australia, (516) 491-3032.

Steven Jonas, M.D., Professor of Preventive Medicine, SUNY Stony Brook, NY, (516) 444-7525. Dr. Jonas is a member of the Executive Committee of The Group.

Phillip E. Johnson, J.D., Professor of Law, UC Berkeley, (510) 643-6171. Prof. Johnson is a member of the Executive Committee of The Group.

Heinrich Kremer, M.D., 2730 Seven, Mueckenberg 55, Germany, (49) 4281-1828 (v).

Hans J. Kugler, Ph.D., Editor, Preventive Medicine Update, 218 Avenue B, Redondo Beach, CA 90277.


John Lauritsen, author of Poison by Prescription, Death Rush, (212) 674-3321.

Nathaniel S. Lehrman, M.D., psychiatrist and author, Roslyn, NY, (516) 626-0238.

Paul Lineback, M.S., Eastern Oregon State College, (503) 962-3335.

(continued on next page)
THE GROUP FOR THE SCIENTIFIC REAPPRAISAL OF THE HIV/AIDS HYPOTHESIS

H. Loman, Physics Laboratory, Free University, De Boelelaan 1081, Amsterdam, The Netherlands, (020) 646-4589.

Judith Lopez, 529 Sth Ave., San Francisco, CA 94118.

Maurizio Luca-Moretti, Ph.D., Inter-American Medical Health Association, (407) 483-3239.


William H. McIlhany, I.R.F. Inc., P.O. Box 7486, Berkeley, CA 94709.

Ph.D., University of Massachusetts, (913) 451-1035.


Michael D. Mellgard, Student of AIDS misinformation, Los Angeles, CA, (213) 466-8201.

David Mertz, graduate student, Department of Philosophy, University of Massachusetts, Amherst, (413) 586-8393.

Richard Mitchell, Ph.D., Assoc. Prof. Sociology, Oregon State University, Corvalus, OR 97331.

J. Anthony Morris, Ph.D., biochemist, P.O. Box 40, College Park, MD 20740.

Joseph E. Morrow, Ph.D., California State University, 600 J St., Sacramento, CA 95819.

Kary B. Mullis, Ph.D., private consultant, La Jolla, CA, (619) 450-0639. Inventor of polymerase chain reaction technology and recipient of 1993 Japan Prize.

Cindy Orser, Ast. Prof. Bacteriology, University of Idaho, Moscow, ID, (208) 885-7966 (v).

Hannes G. Pauli, M.D., Bern, Switzerland, Former Director of the Berne University Medical Faculty, (31) 25-93-22.

Richard L. Pitter, Ph.D., Desert Research Institute of Nevada, (702) 677-3157.

Paul Rabinow, professor, Department of Anthropology, UC Berkeley, (510) 643-8557.

Jon Rappoport, author of AIDS INC., 1715 North Fairfax Avenue, Los Angeles, CA 90046, (213) 874-3393.

Dennis D. Rathman, Staff Member, Lincoln Labs, Lexington, MA, (617) 981-4578 (v).


Judith Riesman, Ph.D., author, 4531 North 40th St., Arlington, VA 22207, (703) 237-4528.

Michael Ristow, Ph.D., candidate in medicine, 1st Parallel Str. #16, D-4630 Bochum, Germany, (49) 234-33-07-43.


Gary Robertson, 73 Cypress Drive, Broadbeach Waters, Qld Australia 4218.

Robert S. Root-Bernstein, Ph.D., Professor, Michigan State University, (517) 355-5125. Dr. R-B is the author of Rethinking AIDS, and a member of the Executive Committee of The Group.

Philip Rosen, Ph.D., Prof. of Physics, University of Massachusetts, (413) 545-1691.

Frank Rothschild, Project Director, Berkeley Project on Bioscience and Society, (510) 642-8674.

Harry Rubin, D.V.M., Professor of Cell Biology, UC Berkeley, Member of the National Academy of Sciences, (510) 643-9290.

David F. Salehi, Ph.D., P.O. Box 1105, Lake Dallas, TX 75065.

Joan Shenton, MA oxon, TV producer, London, (44) 71-240-3818. Has produced six documentary films questioning the HIV hypothesis and use of AZT.


Russell Schoch, Editor, California Monthly, Berkeley, CA, (510) 642-6252.

Frederic I. Scott, Jr., Editor, Amer. Clinical Laboratory, (301) 265-8288.

Udo Schuskelken, Department of Ethics, Monash University, Melbourne, Australia, (61) 3-565-4274.

Jeremy F. Selvey, AIDS International, 8033 Sunset Blvd. # 2640, Los Angeles, CA 90046.

David Shugar, Ph.D., professor of biophysics, University of Warsaw; Editor, Pharmacology and Therapeutics, (48) 39-12-16-23.

Sinja Silva, 1828 Joleen, Los Lunas, NM 87031.

Ernest G. Silver, Ph.D., radiation biologist, Oak Ridge, TN, (615) 574-0382.

Gordon T. Stewart, M.D., Prof. of Public Health, University of Glasgow (ret.), (44) 02 72237768. Epidemiologist of infectious diseases. Former consultant to World Health Organization. Member of Executive Committee.

Richard C. Strohman, Ph.D., Prof. of Cell Biology, UC Berkeley, (510) 643-6791.

Lockie M. Swengel, 13534 Mango Drive, Del Mar, CA 92014.

Charles A. Thomas, Jr., Ph.D., molecular biologist, virologist, Helicon Foundation, San Diego, CA, (619) 272-1621. Member of the Executive Committee of The Group.

Frederick Tobin, Ph.D., 21 Church St., Gorke 3412 Australia.


Le Trombeta, Burzynski Research Institute, Houston, TX, (713) 777-3958.

Sunghul Ji, Ph.D., Prof. of Pharmacology and Toxicology, Rutgers University, (201) 932-3720 (v).

Friedrich Ulmer, Ph.D., professor of mathematics and statistics, Bergische University, Wuppertal, Germany (411) 53-97-32.


Darrell G. Wells, Ph.D., Prof. of Plant Sciences (emeritus), Route 4, Box 233, Brookings, SD 57006.

Theodor Wieland, Ph.D., Max Planck Institute, Heidelberg, Germany, (49) 6221-486-351.

Wai Yeung, M.D., Orinda, CA, (510) 254-5810.
titute), no seropositivity was found among those who were drug free. These figures were constant between 1984 and 1989.

The same sorts of figures have been found in all Western nations. In Seville, Spain, 20 percent of intravenous drug users are HIV seropositive and 2.5 percent of the non-needle using prostitutes. Only 8 in 10,000 non-needle-using prostitutes are HIV seropositive in the Philippines. Studies of drug-free prostitutes in Amsterdam, London, Zurich, Paris, Vienna, Athens, Pardone (Italy), Callao (Peru), Reno (Nevada), Tijuana (Mexico), and Central Tunisia over the last eight years have found only a handful of cases of HIV infection. Thus, American researchers M. J. Rosenberg and J. M. Weiner concluded in 1988 that "HIV infection in non-drug using prostitutes tends to be low or absent, implying that sexual activity alone does not place them at high risk, while prostitutes who use intravenous drugs are far more likely to be infected with HIV." Similarly, British researchers concluded in the same year that "sexual activity alone has not been described as the principal risk [outside of Africa]....The most important risk factor for prostitutes in the West is sharing needles and syringes for drugs." Every subsequent study has confirmed these conclusions.

It is important to note that the almost complete absence of HIV among non-drug using prostitutes is not due to safer sex practices. The same studies that found an absence of HIV documented low rates of condom use and very high rates of infection with classical sexually transmitted diseases. Twenty-five to fifty percent of the prostitutes were seropositive for syphilis; the same approximate percent were seropositive for hepatitis B virus (with about 5 percent actively infected); and antibodies against chlamydia, herpes simplex I, herpes simplex II, and gonorrhea were present in 95 to 100 percent.

HIV, in short, is not behaving like a typical sexually transmitted disease. Sexual promiscuity, per se, does not put female prostitutes at risk for either HIV or AIDS. There is only one possible conclusion: vaginal intercourse and oral forms of sex (which are by far the most common forms practiced by the prostitutes interviewed in the studies summarized above) are not high risk activities for either the acquisition or transmission of HIV and AIDS. As Japanese physician Y. Shiokawa has suggested, it is probable that drug use, multiple concurrent diseases, malnutrition, and other immunosuppressive factors are required to increase susceptibility. Thus, healthy individuals do not contract HIV or AIDS, and even HIV-seropositive, drug-abusing female prostitutes have not been and cannot be vectors for transmitting HIV or AIDS to a healthy, drug-free heterosexual population.

—Robert Root-Bernstein

Selected References


