A Paradigm Under Pressure

HIV-AIDS model owes popularity to wide-spread censorship

by Gordon Stewart, MD

AIDS entered the medical domain quietly in 1981 with a report in Los Angeles of five cases of severe pneumonia caused by a parasite, Pneumocystis carinii, common in animals but uncommon in humans. All five were young homosexual men who engaged in anal intercourse very frequently, with multiple changes of partners; had histories of previous attacks of gonorrhea and other sexually-transmissible diseases (STDs); and used mind-altering drugs regularly. They became fatally ill with uncontrollable diarrhea, weakness, and wasting. Also in 1981, a series of cases of an unusual form of skin cancer, Kaposi's sarcoma, was reported in New York City in young homosexual men with similar histories, many of whom also had the same kind of pneumonia together with opportunistic infections in the mouth, gullet, intestine, and skin, with enlargement of lymph glands.

Within a few months, many similar cases attracted attention in Los Angeles, San Francisco, and New York City because they were all homosexual men in their twenties who used drugs freely, either by inhaling volatile nitrates from 'popping' capsules or by injecting or ingesting heroin, amphetamines, and other illicit drugs. Although usually previously healthy except for attacks of STDs, they succumbed rapidly to debilitating illness as described above, with the same unusual pneumonia, yeasty white saliva, uncontrollable diarrhea, and other infections to which
they seemed to have no immunity. They lacked energy, lost weight, and suffered pitifully before early death. This condition was described in the official publication of the US Centers for Disease Control at first as a gay-related wasting syndrome and then, after further investigation of immune status, as Gay-Related Immune Deficiency (GRID). A similar disease was noted in non-homosexual drug addicts who shared needles for heroin injection, and a similar loss of immunity -- already well recognized in patients who were rejecting skin and other surgical grafts -- was described in hemophiliac patients who began about this time to receive transfusions of the corrective Factor VIII, prepared from pooled donations of blood plasma. GRID was then renamed the Acquired Immune Deficiency Syndrome (AIDS).

Thus defined, AIDS spread rapidly in the USA in promiscuous homosexual men and drug addicts, and then in conurbations in Europe and Australia. There were no reports in females, older persons, or children until similar cases were detected in much smaller numbers in women or girls who used drugs or were partners of bisexual males. In late 1983, Science magazine published a report from the Pasteur Institute in Paris claiming discovery of a new retrovirus in a culture from an enlarged lymph gland in an otherwise asymptomatic homosexual man. Workers at the US National Cancer Institute in Washington then claimed that the new retrovirus in this culture was one which they had already isolated from many homosexual men with AIDS in the USA. The virus presumed to be present in these cultures was pronounced in 1984 by the US Secretary of Health to be the sole cause of AIDS and after some argument about priorities and patents, named the Human Immune Deficiency Virus (HIV).

In this way, AIDS entered the public domain in headlines as a plague already causing thousands of cases in North America as the start of a lethal, global pandemic. This pronouncement -- without confirmation by isolation of the original retrovirus -- was accepted instantly by responsible medical scientists and hence by health authorities worldwide because antibodies, allegedly specific for indirect detection of HIV, were found in the blood of patients with AIDS. Wider testing supported the belief that HIV had spread beyond the risk groups defined above to the general population by heterosexual transmission. This became a dogma accepted without further question by an international consensus. Up to this point, the origins and causation of AIDS had been investigated openly and without prejudice. However, with the "discovery" of HIV as the putative,
universally infectious retrovirus and the conversion of this hypothesis into a dogma by the consensus, all dissent began to be suppressed by anonymous censorship, which became absolute, amazingly pervasive, and apparently immune from disclosure of conflicts of interests.

While all this was happening, I was acting as a consultant to the World Health Organization (WHO) on social and behavioral aspects of communicable diseases. Although I accepted HIV as a possible participant in the complex pathogenesis of AIDS, I was impressed by the overriding fact that, in all countries with reliable registration procedures, full-blown AIDS was confined to the original risk groups of homosexual men and drug users, and to those -- like female partners of bisexual men and their infants -- who were passively exposed to the same risks. This trend was so invariable by 1987 that predictions based on appropriate mathematical formulae were accurate in numbers and distribution, year by year. There was no evidence whatsoever in 1987 that AIDS was being transmitted heterosexually in general populations except in headline propaganda about the scare of AIDS internationally. But I found then that, although the data and opinions that I offered to the WHO received attention internally, they were barred from publication. Meanwhile, medical literature exploded, with worldwide coverage in all media, to accommodate the consensus view that AIDS was becoming a global pandemic. Alarming figures accepted at face value by WHO from some third world countries were used to support this assertion.

In 1987, Professor Peter Duesberg, a pioneer in retrovirology at the University of California in Berkeley, suggested instead that HIV was a latent virus incapable of causing AIDS which was due, in his view, either to suppression of immunity by toxic drugs or to a recrudescence of other diseases. A fuller statement of his view, published by the prestigious US National Academy of Sciences in 1989, caused a furor. Duesberg’s arguments were not debated. He was almost universally demonized but not silenced. Indeed, his dilemma became the focus of all doubts about AIDS, from whatever source. This did not help his courageous effort to promote rational debate because, by attracting irresponsible support, it enabled the consensus to discredit responsible doubts.

In 1989 also, the Royal Society organized a learned symposium on epidemiology. With few caveats, this endorsed earlier predictions of tens of thousands of cases in the UK by 1992. When I suggested that this was
exactly what was not happening, the editor of the Society's Transactions generously invited me to submit my data and analysis of the problem. A four-year correspondence ensued, of questions by numerous peer-reviewers and answers by myself, which ended in 1994 when my paper was finally rejected. Among the two-inch file of correspondence amassed in that time were such comments as "Why should I read a paper by someone who believes the earth is flat?", and "the alternative proposed by the author provides no coherent criticism of the accepted position, for reasons that were well articulated in the national press following the notorious Duesberg Channel 4 program." The first comment says more, I think, about the reviewer, than about my paper, while the latter defies belief. That peer reviewers selected for their specialist knowledge should take a cue from the popular press is somewhat unusual, to say the least.

Meanwhile, the passage of time showed that my predictions made in 1989 were accurate to within 10 percent of actual registrations of AIDS, whereas those published in the symposium, official projections, and other expert quarters were exaggerated, often by orders of magnitude. It seemed that I was right for the wrong reasons whereas they were wrong for the right reasons -- a not impossible contingency, which should have provoked debate.

Instead, since 1990, Nature, Science, the New England Journal of Medicine, the British Medical Journal and other mainstream, peer-reviewed journals have preferred to reject papers by others besides my colleagues and me containing verifiable data that throw doubt on the claim that AIDS is capable of causing epidemics in general populations of developed countries by heterosexual transmission of HIV, and also falsify the hypothesis that HIV is the sole cause of AIDS. The Lancet has published some short letters but has consistently refused to publish fuller reasons for dissent. This is interesting in a journal which, since 1945, has regularly accepted papers from me on other subjects, and often invited me to draft editorials and assist with reviews. Twice I have been invited by the Royal Statistical Society to present my views and then turned down peremptorily. On many occasions, I have been asked by the BBC and other networks to talk about AIDS only to find, at the last minute, that my appearance was canceled. This happened also when a program with several distinguished experts participating made by Meditel Productions for Channel 4 was unaccountably stopped.
Secretive censorship like this is familiar to everyone who has dared to question orthodox views on AIDS. The result is that essential questions are never debated openly except in a few lesser journals, or in well-informed non-medical magazines like *Reappraising AIDS* and *Continuum*. The barrier to discussion at a UN Global AIDS Conference was breached for the first time by the (Swiss) International Forum for Access to Science in Geneva in 1998 in a marginalized session. Otherwise, the censorship maintained by the international consensus of experts in the main research councils, learned societies, official committees, and WHO is unyielding; so also are the main channels in radio, television, and the press. This censorship is not unique, but in my 57 years as a professional, I have never encountered anything like it nor did I ever think that I would in the world of medical science where, as in all other science, difference of opinion is the sine qua non of all advance.

There are many reasons for the censorship I have encountered. Different reasons for different people -- scientists profess scientific explanations for rejecting articles, editors profess editorial reasons, such as, "it's no longer news." In all, however, colleagues and I attempting to publish have met an unholy alliance intent on rejecting any papers that offer serious criticisms of the orthodoxy. There are, naturally, vested interests involved; many bodies and individuals receive high rewards for their work within orthodox AIDS science. Underlying much of this, the pharmaceutical companies have their own obvious agenda.

The mainstream journals and media to which I refer pride themselves on their independence and support for open debate, but whenever they are presented with reasonable doubts about AIDS, they close ranks like regimented clams.

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[RETHINKING AIDS HOMEPAGE](http://www.rethinkingaids.com)
Harvard/Berkeley Biochem PhD Rush Wayne Reappraises AIDS

Rush Wayne received a PhD in biochemistry from UC-Berkeley in 1976 after earning a master's degree in biochemistry and molecular biology from Harvard in 1972, and a bachelor's degree in biochemistry from UC-Berkeley. He completed three years of postdoctoral studies at UC-Berkeley in bacteriology/microbiology before embarking on his current career as an innovator and private business owner in the field of organic farming near Eugene, Oregon.

I started questioning the HIV-AIDS model because of how it affected acquaintances of mine (now close friends) Kathleen and David Tyson. They are the Oregon couple who made international news for breastfeeding their infant son, Felix, and declining AZT treatment despite Kathleen's "HIV-positive" status.

I found out about their situation when the news appeared on the front page of our local newspaper that they had lost custody of Felix because their views of HIV and AIDS differed from those of their doctors. I wondered if their position had any validity. The newspaper mentioned that they had found some information on the internet, so I decided to take a look.

I am not currently involved in academic research or teaching in any way, and thus have no students, and most of the people I consider colleagues are not scientists. I found a copy of a talk Peter Duesberg delivered to the Cal-Berkeley Alumni association. Because I did my PhD work at UC-Berkeley, I had heard of Duesberg and
his position years ago, but I had read only the sketchiest of details from an article in the *Daily Cal*. This was not at all convincing—the few arguments the article presented sounded completely contrived. But now, reading Duesberg's own words, I had an entirely different reaction. His arguments were very clear and logical, and I was impressed. I didn't know how they would stand up to rebuttal, but I was very interested in learning more. The next week I checked out a copy of Duesberg's book, *Inventing the AIDS Virus*, from our local library. I read it straight through. I was also excited to see that my old lab mate, Nobel Prize winner Kary Mullis, had written the forward, and that Nobel Prize winner Walter Gilbert, an impressive teacher of mine at Harvard, was among the dissenters. I was convinced.

Since then, I've continued to read about the issue, now and then looking at the actual research articles when I could get to them. I have been especially fascinated by the articles from Australian biophysicist Eleni Papadopulos-Eleopulos—they could serve as primers on critical reading of research papers. They helped me look at the establishment papers on HIV in breastmilk, and I discovered that these studies had no HIV-negative controls.

While first learning about the issue, I read whatever I could on both sides. If someone criticized the dissenters, I studied the critique to see if it held water. But I have not found an instance, when both sides have been able to state their complete case, where the establishment view has held up. On the contrary, much of the establishment view seems to be based on bad research and fallacious reasoning.

I have only spoken with two other scientists about my views on the HIV-AIDS controversy, both of whom were skeptical of my perspective. Unfortunately, the sheer volume of material generated by the establishment makes it an exhausting proposition to evaluate it all.

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[RETHINKING AIDS HOMEPAGE](http://www.rethinkingaids.com)
Florida A&M math prof reappraises AIDS

Mathematics professor Tom Mason at Florida A&M University in Tallahassee, which I attended as a biology and chemistry undergraduate from 1991 to 1995, wrote to say, "The scene at FAMU lapsed into its usual level of mediocrity once you left. The Afro-centrists have decided that AIDS is the white man's invention. They even now have an exact date and place for the seminal event. I went to a presentation, but the paranoia was so absurd I couldn't stomach it." FAMU's 12,000 students make it the US's largest black university.

Mason used to attend the regular campus AIDS reappraisal seminars I conducted. He would advertise them in his classes and to his colleagues Mason, who is black, included photocopies of two newspaper articles, one entitled, "Facing HIV, AIDS in the black community," by St. Petersburg (Fl.) Times columnist Bill Maxwell published July 28. "I was amused by the comment that, 'You can't continue to lose three people every hour and continue to exist.' Three people per hour add up to 26,280 people per year. I seriously doubt that that number of African-Americans are dying from so-called 'AIDS' in a given year. Even if they were, 26,280 represents about 0.1% of the total African-American population. So I doubt that our existence is threatened. So much for the numeracy of ministers."

The other article was from the January 20 St. Pete Times, "Soldier Pleads Guilty to 9 HIV Assaults." The wire story described "an HIV-infected army private," 21-year-old Gerland Squires, in Aberdeen, Md., who pled guilty to "aggravated assault for having unprotected sex with nine men"
and to disobeying a superior officer who ordered her to tell her partners "she carried the virus. She could get up to 77 years in prison." Mason commented, "Here we have a woman's life being thrown away on something that doesn't even exist. This madness must stop."

Mason intervened on my behalf when the dean of pharmacology banned me from using the pharmacy building for my lectures, and also when the dean of student affairs banned me from discussing AIDS anywhere on campus.

Each semester Mason would turn both sections of his 30-student undergraduate statistics class over to me for one lecture period. He had me discuss HIV and AIDS statistics, and demonstrate from the data why he and I, like many scientists and physicians, reject the HIV explanation for AIDS. Mason continues to devote one lecture period every semester to this discussion. That may make him the only professor in the world to critically evaluate the HIV explanation of AIDS and promote scientific inquiry in a course that involves a technical aspect of this topic (in this case, statistical analysis).

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