

RETHINKING AIDS HOMEPAGE**AIDS; WORDS FROM THE FRONT**

Interview with Peter Duesberg

By Bob Guccione, Jr.

Spin Sept. 1993

Professor Peter Duesberg believes HIV doesn't cause AIDS. Is he the heretic the medical establishment claims, or a 20th - century Galileo? Bob Guccione, Jr. tries to find out.

In March 1987, Dr. Peter Duesberg, professor of molecular biology at the University of California, Berkeley, and one of the world's leading experts on retroviruses, a field he helped pioneer, wrote in *Cancer Research* that he didn't believe HIV, a retrovirus, caused AIDS. He argued that HIV was too inactive, infected too few cells, and was too difficult to even find in AIDS patients to be responsible. And since the virus is notoriously difficult to isolate, antibody detection became the indicator of infection—something Duesberg protested is highly inconsistent. Antibodies dominant over a virtually unfindable virus has always meant the immune system has triumphed over the invader, not capitulated to it. Finally, there were AIDS cases without any HIV, virus or antibody, further weakening the hypothesis. The Centers for Disease Control (CDC) swept those under the carpet by changing the definition of what an AIDS patient is to necessarily include HIV infections. But hundreds of HIV-free, certified AIDS cases surfaced again at the 1992 International Conference on AIDS, and now total over 4,000. This time the CDC changed the name of the disease. Duesberg contends it's AIDS nonetheless and changing the name only further distracts from the likelihood that HIV doesn't cause it.

Duesberg was and continues to be assailed for his views. Science progresses by debate but, AIDS, suffused with overtones of life-style criticism and moralizing, became as much a social issue as a medical one. Truth became subjective and relative and as hard to pinpoint as an exit in a house of mirrors. At first, the medical establishment tried to dismiss Duesberg, then, when that failed, became obsessed with him. Each advancement and understanding of detecting the virus was trumpeted as crushing Duesberg but never succeeded in doing so. "They move the goalpost," he said repeatedly, "but they don't change anything." A number of the world's top scientists began agreeing with him, including Kary Mullis, the inventor of PCR, the most elaborate HIV detection machine: He believes HIV doesn't cause AIDS. Duesberg's credentials are impeccable. He is a member of the National Academy of Sciences and a recipient of an Outstanding Investigative Grant from the National Institutes of Health in 1985. He was a candidate for the Nobel Prize for his work in discovering oncogenes, thought to be a cause of cancer, in viruses. But he derailed his chances of winning when he cautioned that his findings did not prove that there were cancer genes in cells, as was popularly theorized at the time (and still an unproven theory). An insane move for a scientist's career but an exemplary act of ethics.

I interviewed Duesberg over the course of a month, beginning in his cramped office in his Berkeley laboratory and continuing through hours of long distance telephone cross-examinations. As the government health agencies still fail to produce a single effective treatment, a vaccine, or even proof of how HIV is supposed to bring on AIDS, Professor Duesberg's skepticism about HIV and his

hypothesis about what he believes are the real causes of AIDS become ever more important to hear.

SPIN: Why do you think HIV doesn't cause AIDS?

Dr. Peter Duesberg: Every virus I've ever seen gets its job done by killing a cell at a time, and when it has killed enough, you get sick. HIV is said to be responsible for the loss of T-cells, which are the immune system. Now, in every AIDS patient studied so far, there is never more than, on average, one in 1,000 cells infected by HIV.

How many cells in 1,000 would another virus infect-for instance a flu virus?

If it would cause flu, then 30 percent of your lung cells are ruined by the virus, the lining is gone, or is infected. If you have hepatitis almost every single cell in your liver is infected.

A lot of very bright scientists are working in AIDS and they don't all have dubious agendas and they must have asked themselves the same questions. If HIV doesn't kill a lot of cells, why is it widely believed to be the cause of AIDS?

By assigning it all these unprecedented, paradoxical properties that no other virus ever had. They say it can kill cells indirectly, or can induce something called autoimmunity, which essentially is, the virus sends out a trigger and the body is now convinced to commit suicide. Or they say there are cofactors, if you really press them hard on it. But what they are has yet to be determined.

How feasible is the argument that HIV triggers autoimmunity?

It is very implausible indeed. There are a million Americans with HIV who are totally healthy. There are six million Africans according to the World Health Organization who have HIV; 129,000 had AIDS by the end of last year, that means five million eight hundred and so many thousand had no AIDS. Half a million Europeans have HIV and 60,000 have AIDS. So there are millions and millions of people on this planet who have [HIV but] no AIDS-why don't seven-and-a-half million get autoimmune disease if HIV is the cause of an autoimmune disease?

Well, the establishment says that everybody with HIV will develop AIDS and it's just a matter of time.

In the last ten years this has happened in America to about 20 percent of all people with HIV, 250,000[including deaths to date] out of a million. But the people who are dying from AIDS are hardly ever your all-American friends of 20 to 40 years of age: Virtually all heterosexual Americans and Europeans who had AIDS are intravenous drug users. And the homosexuals who get AIDS had hundreds if not thousands of sexual contacts. That is not achieved with your conventional testosterone. It is achieved with chemicals. Those are the risk groups, they inhale poppers, they use amphetamines, they take Quaaludes, they take amyl nitrite, they take cocaine as aphrodisiacs.

What is it about intravenous drug use as opposed to ordinary drug use, like snorting cocaine, that would mean these people would go on to develop AIDS?

It's a matter of degree. With drugs, the dose is the poison. You take one aspirin, you lose your headache, you take 200, you drop dead. You smoke one pack of cigarettes, you're fine, but if you smoke two packs of cigarettes for 10 or 20 years, you may get emphysema. It is the same with drugs. If you snort a line of cocaine

on a weekend, you probably won't notice the difference. But if you inject it intravenously two or three times a day, that's when the toxicity shows up. We're designed to take some shit. But we're not designed to inject cocaine three times a day. People have been having a little cocaine in their tea in South America, yes, but not injecting it three times a day, and nobody was inhaling nitrites-nitrites are toxic as hell. Nobody was taking amphetamines at those doses; they were not available. That's what's new.

But back to this argument about HIV. Viruses can only work one way. They can only be toxic if they affect a cell. They cannot work at a distance. There's no exception. Viruses are what you call an intracellular parasite. They don't have an autonomous life. They are just a little piece of information that is stuck into a cell and acts like a parasite. But outside of the cell it's like a disc outside a computer.

So is there any precedent of a virus creating an autoimmune disease?

There are a few hypotheses, but no. When a doctor doesn't know how to explain a disease, he has two classical crutches: it's a slow virus or it's an autoimmune disease. I've heard that for the last 20 years. When they didn't know what diabetes was, it was a slow virus or an autoimmune disease. Alzheimer's: slow virus or an autoimmune disease. And with AIDS, slow virus, causing an autoimmune disease. You have both!

An autoimmune disease is a misdirected immune response. It cannot tell a harmful virus from a harmless one, it overreacts. If the virus were the trigger, that should follow as soon as the virus gets in you. Not, as they say about AIDS, you get infected now, ten years later you get diarrhea. It's totally absurd.

Is it possible that AIDS could be an autoimmune created disease, but HIV isn't the trigger?

Some of the AIDS diseases could possibly be autoimmune diseases. Certainly not all. 38 percent of American AIDS cases have nothing to do with immune deficiency. 38 percent. 10 percent are Kaposi sarcomas, 19 percent are this so-called wasting disease.

That's seen in Africa a lot, the slim disease?

Yeah, there it's somewhat different, it's usually coupled with infections. But the American or European wasting disease is actually specifically defined as a nonparasitic disease.

Anyway, 6 percent is dementia, 3 percent is lymphoma cancer. If you add those up, that's 38 percent of all American AIDS cases. Out of 250,000, that's about 100,000-their diseases cannot be explained by any form of immunodeficiency whatsoever.

Why is it considered AIDS, then?

That's one of the questions I would love to know the answer to. I have asked several experts; they always get mad. AIDS is always presented as if it's all immune deficiency. It is not at all. Cancer has nothing to do with immune deficiency.

So what is the common denominator between all of the 25 AIDS diseases?

None! They name it AIDS, that's all. None of these 38 percent have anything whatsoever to do with immunodeficiency, but they're called AIDS.

There's not one AIDS disease that's new. What is new is only the incidence of these diseases in 20-to 45-year-old men, mostly, and a few women, has gone up.

I've always thought the 25 diseases that form the AIDS syndrome had the common denominator that they were the results of the Immune system's inability to stave them off.

That's how they try to sell it without looking at the evidence. But cancer is not a consequence of immune deficiency. Dementia has nothing to do with the immune system. Your brain is independent of the immune system. Of course, if there's no immune system, and your brain gets infected, you can get meningitis. But it doesn't affect your IQ. Sure, in the end, if everything fails you can get all sorts of diseases.

Even if you accommodate the virus with all sorts of absurd and paradoxical hypotheses-indirect mechanisms, and cofactors, autoimmunity, a ten-year latency period-even that doesn't get you around the solid number of 4,621 HIV-free AIDS cases [worldwide, a third of these in the U.S.]. How do you explain those? You couldn't have a better alibi than being there! And that is suppressed. Here we have a real cover-up. Last year the numbers of these cases was going up like crazy, and Anthony Fauci [director of National Institutes of Health [NIH], and the Centers for Disease Control and Prevention [CDC] called a meeting. And you know what they did? They gave it a new name. They call it "Idiopathic CD-4 lymphocytopenia." Or ICL. When you're HIV-free now, it's no longer called AIDS.

There's 4,000 cases that don't have HIV, but the 250,000-plus cases that remain do have HIV.

That's what you think. How do you know that?

Because they've been tested.

By whom?

By their physicians

So who tells us that they have been tested?

A guy goes to his doctor, clearly very ill, he has AIDS. He's tested or was tested earlier on and is found to be HIV-positive.

Even now, there is no record, anywhere, that says in how many American AIDS cases HIV was actually found.

But in every AIDS case, the CDC would know whether or not the patients were HIV-positive, because the physicians reported it.

You're led to believe this by the CDC, but the evidence that HIV is there, they never disclose. Nowhere in the HIV/AIDS Surveillance Report, as they call the national statistics kept by the CDC, do you ever find HIV data. No survey on HIV at all. All they talk about is AIDS. And then you read a little more of the fine print, how AIDS is defined. They accept what you call "presumptive diagnosis"- AIDS cases without HIV tests. You know what that means? The guy wears a leather jacket, has an earring, and is coughing. And he's from San Francisco. That's an AIDS case. I don't even have to check it, his physician thinks.

I recently wrote a letter to Harold Jaffe [acting director of the Division of HIV/AIDS

at the CDC]. He acknowledged 43,606 presumptive diagnoses up to 1988. I checked the literature and came up with 62,272 until 1992.

Let me get this straight, you're saying between 43,000 and 62,000 of the cases of AIDS up until 1992 were not tested, which means we have no idea whether or not they were HIV-positive.

Absolutely.

They may or may not have been HIV-positive.

Yeah. Even in the latest AIDS definition, in January 1993, they allowed presumptive diagnosis. In other words, a good number of them even now will be reported without an HIV test.

The public perception is that all cases of AIDS have HIV, that a case is not defined as AIDS without the presence of HIV, which would mean, by definition, that somebody tested them.

Most people assume, like you do, that everyone [with AIDS] is positive. That's not the end yet. We have what is called false-positive antibody tests. They call them HIV tests, but you know what you're testing. The antibody can be there and the virus could be long gone.

Additionally, there are crossreactions, where the antibody might react to, say, malaria or arthritis and that's mistaken for engaging HIV?

Exactly. Or people vaccinated for the flu. Blood donors, ten recently seven out of ten were positive for HIV.

Did they have the virus?

No!

How do we know they didn't have the virus?

They were checked a half a year later, and the test was negative. There was no virus.

Every year, 12 million blood donations are checked. The donors are treated preferentially; they don't want them to get the flu so they give them a flu vaccine free. Seven out of ten of those guys then tested after the flu vaccine turn out to be "positive" for HIV. They didn't have HIV, the flu vaccine crossreacted with the HIV antibody.

How often is the test false?

The test can be wrong over 50 percent of the time. If you just repeat it, half of them fall out immediately. But if you look at a group of newly recruited soldiers, one in 100 tests positive, and when you check them again, one in 1,000 remains positive.

That's pretty incredible. That means only one out of every ten that tested positive is actually positive.

You see, that's the point: The idea that everybody who has AIDS is known to have HIV is far from the truth. There's a significant percentage who are totally untested. And the tests are often unconfirmed, and even if they are confirmed,

they are only antibody tests. There are a number of people who even have a positive Western Blot-the more reliable antibody test-but when you look for the virus it's still not there.

In San Francisco, there are three people, false positives, who found out now they have no HIV, but were treated with AZT, which is designed to inhibit the virus. And AZT, as we all know is extremely toxic. And they have AIDS now. They have pneumonia, they have pneumocystis-exactly like AIDS-and they have no virus.

You presume it was because of AZT.

That's what they're suing for.

Explain why you have called AZT "AIDS by prescription.

It's AIDS by design. It was designed over 20 years ago as a chemotherapy. And chemotherapy is a rational but desperate treatment for cancer. The rationale is, Let's kill all the growing cells for several weeks. The hope is the cancer is going to be totally dead, and you are only half dead and recover. Chemotherapy is a rough treatment. You lose your hair, you lose weight, you get pneumonia, you get immune deficiency, you literally get AIDS, you have nausea, all the AIDS symptoms, because it's severe cellular intoxication. You kill a lot of good cells, too. Often the treatment works, the cancer is indeed dead and you survive and recover.

Now you give that drug to somebody indefinitely. Not just for two or three weeks. Every six hours, your HIV-positive person takes 250 mg of AZT. So they lose weight, they become anemic, they lose their white cells, they have nausea, they lose their muscles. Like Rudolf Nureyev, they cannot even stand on their own legs. And then they die. Like Kimberly Bergalis, Nureyev, Arthur Ashe, Ryan White, and many others. That's what you call AIDS by prescription.

There's one issue even more fundamental we scientists have never discussed: Is AIDS actually an infectious disease or not? You see, you can "acquire" a disease in two ways. Either by a microbe-and then it's an infectious disease; then you can pass it on, sexually or otherwise-or you acquire it from the environment, that is, by toxins, like you acquire lung cancer from smoking or liver cirrhosis from drinking. Those are two entirely different mechanisms of getting a disease. So how do we tell them apart? The infectious diseases have one thing in common: Without one single exception, all infectious diseases are always equally distributed between the sexes. Zero exceptions. From measles to mumps, syphilis, gonorrhea hepatitis, tuberculosis, all infectious diseases follow soon after contact. Microbes don't mess around. They have a generation time of hours or at very most a day or two. That's their built-in generation time. They grow at that rate. There is no other way. They can't do it faster and they can't do it slower.

You are 75kg of meat to them. Nothing more, nothing less. And they convert it within days to themselves, that's what they do. There's not one authentic exception, where you get infected today and get a disease ten years later.

And it certainly doesn't happen ten years after antibodies are made. Antibodies are an indication that the body has noticed the guys and knocked them out.

Isn't the argument, though, that the immune system is losing the battle? The antibodies may be there, but the T-cells are being depleted, so the immune system is actually losing the battle?

Only if the virus has ever overwhelmed the immune system, but it hasn't. The

immune system does beautifully. It knocks the virus out to a level where nobody can find it. [Dr. Robert] Gallo and [Dr. Luc] Montagnier had a hell of a time finding it. Because it was gone. That's why we look for antibodies in the AIDS test. It can't find the virus. That's the third point-again, no exception to that rule where you have an infectious disease, the microbe that is responsible for that disease is abundant, very active in many cells.

What about this recent discovery that large quantities of HIV are in the lymph nodes?

What they're doing is using a bigger scope, the polymerase chain reaction, which amplifies a needle in a haystack to a haystack itself. So now you can all of a sudden see it. And they say, isn't it great what we can see with a new scope. Well, the problem is, you don't help the emperor a lot if you can see his clothes only with a microscope. All they're doing is applying bigger and bigger scopes. They magnify the needle, but they don't make more of it, they only see it better.

What you're saying is if a man is six feet tall, and you put him on a cinema screen, it doesn't mean he's really 20 feet tall.

That's right. Now, what's the prediction for a non-infectious disease, a toxic disease? One of them is, it's not distributed equally between the sexes or randomly in the population, it's distributed according to exposure. The smokers are the ones who get lung cancer, the nonsmokers hardly ever get it. The alcoholics get the liver cirrhosis and not the milk drinkers. And so it's exposure to the toxin. The health consequences are not immediate. You don't get sick from one cigarette. It takes years of build-up. You have to reach a certain threshold of toxicity.

You believe this explains the so-called latency period.

That is the classical relationship between drug consumption and the disease that follows. Unlike the infectious agents, which work immediately or never.

The argument about AIDS is that there are lots of people who do drugs and don't have AIDS.

It's the dose. There's a genetic constituency, some people are more resistant than others. But very roughly, it's a cumulative thing. It's a certain threshold you have to reach and that varies personally. Now look at AIDS. It fits none of the criteria of an infectious disease-not equally distributed, not soon [manifested], no active microbe, nothing is there. You can't find HIV even if people are dying-you can, tiny bit, occasionally....

What about the 10 percent of AIDS patients that are women?

Those are drug users mostly.

Okay, the statistics say something like 75 percent of the women have some kind of recreational drug history, or were HIV-positive and went on AZT. That still leaves about 25 percent that don't have a drug history.

Well, see, if you talk 25 percent out of 10 percent, you're talking 2.5 percent. And now here we come to the definition of AIDS. AIDS is 25 old diseases under a new name in the presence of HIV. These diseases do occur with or without HIV.

Is there a difference in the manifestation of, for instance, tuberculosis, in a case where a woman has tuberculosis and HIV, and a case where a woman just has

tuberculosis?

None that I know of.

Woman A has tuberculosis, no HIV. Woman B has tuberculosis and HIV; she is said to have AIDS. Now, are there any physical differences?

No. In terms of diagnostic features, it's the same.

Absolutely the same? And they should, if they're both of average health, either recover or die at the same pace?

It should be exactly the same. The only thing is that because HIV is rare in this country, only one in 250 Americans, 0.4 percent, are HIV-positive, and because it's so difficult to pick up, the odds are that he or she may have been one of those people who have practiced risk behavior, or been receiving transfusions.

Okay, woman B is not a prostitute, is not promiscuous, is not an intravenous drug user-

And HIV-positive and has tuberculosis? That would be exactly the same as the woman without HIV and tuberculosis. Totally the same.

What you're saying is woman A and woman B are identically sick. So we can challenge the readership of the magazine that if anyone out there has AIDS and is HIV-positive but hasn't done any risk behavior, they should contact us and let us look at their case history, and we would learn a lot if such a person who doesn't come from one of the risk groups has HIV and has developed AIDS. Have you scrutinized the case history of any patient who has AIDS,

is HIV-positive, and doesn't come from a risk group?

They are extremely rare. Those are the cases like Kimberly Bergalis. They give them AZT and then it's finished.

Did Kimberly Bergalis [the Florida woman who contracted HIV from her dentist] get AZT before or after she had AIDS?

She had a yeast infection, that was her diagnostic disease, which is not so rare in women. And antibodies for the virus.

After her HIV diagnosis, they gave her AZT. She was otherwise healthy, except for the yeast infection?

Tell me a woman with a yeast infection needs blood transfusions for anemia. Tell me a woman with a yeast infection who loses 30 pounds in a year. Tell me a woman with a yeast infection who loses her hair and needs a wheelchair because of muscle atrophy. How many women fit that description? I've never heard of one.

And all she had at the time of prescription of AZT was a yeast infection. Are you sure of that?

They said the yeast infection was first and then she later also had some kind of a pneumonia and they don't say when they started her on AZT. But I have yet to ever hear of a 21-year-old that needs blood transfusions for pneumonia or a yeast infection.

AZT destroys the bone marrow, doesn't it?

Of course it does, it kills the red cells. Anemia is the first direct effect of AZT toxicity. If you have no red cells. Anemia is the first direct effect of AZT toxicity. If you have no red cells, you can't pick up oxygen. You're in trouble, my friend.

Is a transfusion itself very immunosuppressive?

Well, one or two transfusions are not going to make a very big difference. It's a problem for hemophiliacs who get it regularly and keep getting foreign proteins over and over and over. You get proteins from somebody else, that's suppressive to your own immune system.

Let's look at Arthur Ashe from the public perception: heterosexual, non-drug-user, former athlete, has a blood transfusion following bypass surgery. He discovers he has HIV from the transfusion. He develops AIDS and clearly dies from it. How do you explain that?

Arthur Ashe had the virus since 1983, that's when he had transfusions for surgery. And in '88, he was put on AZT and later on ddI. Last December, he looked like he came from Auschwitz. He was emaciated, he was unfocused, he couldn't answer questions well. That's why he got pneumonia; a sportsman at 49 doesn't die of pneumonia, but an AZT victim like Kimberly Bergalis does.

So before he took AZT, he was healthy?

Except, of course, this congenital heart condition which was pretty well taken care of. The plausible cause of death considering his background would have been some heart problem. But not a pneumonia. Like others who took AZT and died way too early, he was a typical example of an AZT victim. Another note about Arthur Ashe: He had the virus in 1983, he died in 1993, ten years later, his wife happens to be HIV-negative. In ten years, he couldn't transmit HIV to his wife? It's a sexually transmitted disease, remember, officially.

He probably used a condom-

In '83, you didn't even know what HIV was. And he certainly didn't use a condom when he fathered his daughter [now 5]. Maybe he used a condom in the last two years with AZT-probably didn't need a condom 'cause one of the consequences of AZT is impotence.

You told me that when they transport HIV for researchers to study it, they transport it in T-cell cultures, but the T-cells don't die. Explain that.

In 1984, in Science, Gallo said HIV kills T-cells and that is the cause of AIDS. Also in 1984, in May, he signed under oath to the U.S. Patent Office that this same virus can be produced in permanently growing human T-cells. And these T-cells are still growing in his laboratory, in dozens of companies on this planet, enough to conduct at least 25 million tests per year in this country alone, over 20 million in Russia, millions all over the world. These T-cells have yet to die.

But some must die?

Not because of the virus. Sometimes they die because people don't treat them right. But if they keep them going, they go and go and go. If the virus were toxic to human T-cells by itself, in any way whatsoever, these cells would all be dead. And it's not only T-cells, you can use B-cells, you can use monocytes, and skin cells and nose cells. There is no toxicity whatsoever detectable to that virus to human cells in culture.

Is there any difference between the virus that is mass-produced and the virus that is found in the body?

Nothing.

Let me go back to HIV 101, if such a thing exists. The orthodox standpoint is that when people are exposed to the virus, at some point it can be as long as ten years—they start to lose T-cells, their immune system diminishes. The T-cells disappear to a chronically low level. Now, you say it is something else that is causing the diminishing of the T-cells and it is coincidental to have HIV.

That's what I think. I support that in two ways. There are a million Americans with HIV and their T-cells are normal, they don't disappear, they are not depleted. Six million Africans are said to have HIV normal T-cells, minus those who get AIDS, that's a small fraction there.

HIV is one of the most harmless viruses you could possibly have. Retroviruses in fact were the last ones to be discovered, at least in humans, and that actually says something about them. Viruses and microbes were historically discovered by the diseases that they caused. It's not that people looked to see what could we find through a microscope. They were looking for something that could cause tuberculosis or syphilis, and now AIDS. The last to be found were the retroviruses, because they never do anything.

We found the polio virus by taking infected cells from a polio patient; we took an AIDS patient's infected cells and found HIV. Where is there a difference?

Well, when you look at the polio patient and you look in the right place you find abundant virus. You look in the nerves when they are paralyzed you look in the guts when they have diarrhea and fever, you find plenty of virus. Now you look in the AIDS patient and you are in trouble. Gallo was in trouble. The only one who saw it, and barely, was Montagnier in '83—he got some viruses out of there. You can squeeze them out but it's an enormous job, because there is little or no virus.

If I understand you correctly, if you isolate the polio virus, and you apply it to healthy cells, it will infect those cells.

It will kill those cells in eight hours.

And if you apply HIV to healthy cells, what will happen to them?

The healthy cells will continue to live exactly as if they were uninfected.

The retrovirus basically seems to be a squatter virus, it doesn't want to kill anybody in the house, it just wants to move in.

That is the reason why we have chased retroviruses so dearly in the last 20 years, because we thought they might be a cause of cancer. Because they don't kill cells. That's why Gallo is a retrovirologist, or David Baltimore [Nobel Prize-winning researcher who discovered reverse transcriptase] or me. We were chasing this class of viruses as possible carcinogens. Cancer is

caused by cells that grow out of control, not by cells that are dying.

HIV never claims more than one in 1,000 cells every other day. And every two days you replace 3 percent of your cells. That is at least 30 out of 1,000.

What is depleting the immune systems of people with AIDS?

Well, it clearly can't be HIV, it's got to be something else. There is too little HIV even in people dying from AIDS to explain the loss of these many cells. The AIDS establishment actually gives me credit for that question, but they are always "just solving it about now." And for \$4 billion [the annual AIDS budget] they slowly solve that problem, but they haven't solved it yet.

So it's got to be something else. I have an alternative hypothesis, that in all those Americans and Europeans with AIDS who don't have congenital clinical problems like hemophiliacs, acquired clinical problems like people who are ill and needed transfusions, it's drugs in some way or another. Virtually all heterosexuals with AIDS are long-term cocaine and heroin users. And orally consumed drugs, which includes to some degree cocaine, but mainly the ones that are used by the gays as aphrodisiacs, or to facilitate anal intercourse, like the nitrite inhalants, ethyl-chloride inhalants, Quaaludes, PCP, LSD, Ecstasy, and all of the combinations of things that they're using.

What about antibiotics?

That's not a specific cause, I mean it doesn't help if you take too many of them.

And AZT?

The worst of all is AZT. 200,000 people take AZT now in this country every six hours just for having the virus, for being antibody positive. You don't need any further explanation; that kills the bone marrow right there.

Does cocaine or heroin kill your immune system?

Well, the long-term effects haven't been studied well. The shortterm effects is what everybody studies. There are, however, numerous studies that show that as of early in the century, a long-term junkie had pneumonia, weight loss, dementia, diarrhea, mouth infections, fevers, endocarditis, those are the typical junkie diseases. If you are drug addicted you don't even want to eat, you're flying and you don't sleep. Insomnia and malnutrition

are the primary causes of immune deficiency in the world.

Drug addicts have always been described with the same diseases that are called AIDS now. Even way back from the Opium Wars in China, the classical picture of the opium addict is this emaciated guy sucking on his opium pipe. He doesn't eat, doesn't sleep, he's high, he's losing weight, and he ends up with pneumonia or tuberculosis.

How do you explain the Kaposi's sarcoma cases, where do they come from?

That is a key argument for my hypothesis that AIDS is caused by drugs. The nitrites are the key drug used by promiscuous homosexuals. Amyl nitrites, butyl nitrites, and other nitrite derivatives are highly carcinogenic substances. So they enhance the cancer risk and guess where the kaposi's are? In the face, the lung, the hand. That's exactly where they put the stuff. They put it in the hand, inhale it, and then you get Kaposi's sarcoma.

What about teenagers with AIDS?

780 in the United States in the last ten years, so divided by year that's 78 per year in a country with 30 million teenagers. A third are hemophiliacs, another third

are gay prostitutes, and another third are IV-drug users who started at 10 and 11. Those are your 780 American teenagers with AIDS. That's not a lot. The only significant number in people under 20 are the infants. One-or two-year-old, possibly three-year-old babies born with AIDS in Europe and in America. A full 80 percent of them were born to mothers who were injecting drugs during pregnancy. These kids are intrauterine junkies. They have been on drugs since before they were born.

What about the other 20 percent?

Another 5 or 10 percent are congenital conditions like hemophilia. Some are simply infant mortality under a new name, "ghetto kids." Infant mortality is higher in this country than in all comparable industrialized nations. We have the suburbs, where you get every health care you want, and then we have places like Harlem, Richmond, Oakland, deep impoverished conditions, that you don't find in Europe where you have socialized medicine. Starvation, malnutrition, all these kinds of things. Teenage mothers who run away from the kids, or are working on the streets while the kids are alone at home. Those are the American AIDS babies.

Is it really true that the death rate among hemophiliacs with HIV is identical to those without HIV?

As far as we can tell from the few studies available, it's the same. In fact, the irony is, it is probably even lower. And I tell you how I arrived at that. There are 20,000 American hemophiliacs, 75 percent of them are HIV-positive. 75 percent-or 15,000-have HIV, for nearly ten years now, because as of 1984-85 they started AIDS testing, so they eliminated blood with HIV. Now, in the last 10 to 15 years, the median age of hemophiliacs has doubled. They are now twice as old as they were 10 to 15 years ago. The fact is, during that same 10 to 15 years, the Factor-VIII treatment has been developed and perfected and everybody gets it. That's the clotting factor that's missing in hemophiliacs, extracted out of blood donations and because they extract it, you extract viruses, too; that contaminated FactorVIII. But they are irrelevant, mostly harmless things, because a blood donor is typically not a terribly sick person-you wouldn't collect blood from somebody who's dying from a disease. So these are usually your ubiquitous little microbes that don't harm you. As a result, they picked up HIV. So the treatment that also brought them HIV has doubled their life.

HIV didn't hurt them?

No. In fact, it disproved the virus hypothesis in the largest human experiment ever done. 15,000 people infected with HIV. And now they live twice as long as hemophiliacs ever lived before in history. Better, longer.

It's really an overwhelming point. It's not a minor experiment. We have a huge population: 15,000 people with HIV. Sure, it's true, some of them get what they call AIDS now. But they get less of it than they did before, and they get it because of transfusions. Because even now, they constantly get these transfusions. They need FactorVIII. It's not chemically clean, and that is immunosuppressive.

Why is HIV present in the majority of AIDS patients?

It is preferentially in AIDS patients, I acknowledge that. But they have many other microbes, too. because your typical AIDS patient has picked up HIV from "risk behavior": either intravenous drug use or promiscuity. Or you are the recipient of transfusions. Now what do those three things have in common? Intravenous drug users, highly promiscuous people, and the recipients of transfusions? They collect all the microbes that are available, like stamp collectors. If you get a

transfusion, you don't have to shop around a lot, you get everything in a shot. The hemophiliacs get it by constantly getting transfusions. The intravenous drug users, they (a) use prostitution to pay for the drugs, and (b) they share needles. They go to shooting galleries, they take the same needle until it breaks off in somebody's arm, then they take a new one.

So these guys have cytomegalovirus, Epstein-Barr virus, Human T-cell Leukemia Virus, hepatitis virus, papiloma virus, syphilis, gonorrhea, all these microbes. Mycoplasma, pneumocystis, all these of these things you find abundant in AIDS risk groups and AIDS patients. HIV is just one of many, many microbes you find in these people.

Let's just say 50 percent of AIDS patients have HIV, and I think it's more, but let's keep it simple for argument's sake. If one million people have HIV, in a country of 250 million, it's 0.4 percent of the total population, but 50 percent of the AIDS population. So it's 0.4 percent versus 50 percent.

I agree. It's high.

Why do you think there's that inequity?

An average high-risk homosexual has 500 to 1,000 sexual contacts. By the time you have 1,000 sexual contacts, you would have picked up HIV from somebody. And they have sexual contacts with people who are equally active. So the odds of picking it up are much increased. So, you're looking at those who worked hardest for a rare microbe, and that's where you find it concentrated.

Cytomegalovirus is much more common in the general population, but it's in 100 percent of the AIDS population. In the early days they considered that a cause for a while. Now nobody looks for it anymore. Hepatitis virus, another suspect for AIDS initially, is rare in the general population in this country. It's very, very common in AIDS patients and junkies.

What about cofactors?

They always talk about cofactors, but there are a lot of healthy people who have all of those combined. Prostitutes for sure. You find healthy prostitutes lots of them. Their business is promiscuity. They all have cytomegalovirus, many of them have HIV, and they're fine. As long as they don't do drugs, they're fine.

Don't two-thirds of babies born with HIV seroconvert, go from HIV positive to HIV-negative?

It's about half and half, depending on what studies you look at. But that's good enough for the virus to survive. When the U.S. army tests the applicants, 16-, 17-, 18-year-old kids, one in 1,000 is positive. Well, how come? 'Cause they already had 1,000 sexual contacts with somebody who is HIV-positive? [More likely] that guy picked it up from his mother, or father, and was positive all along and didn't even know it, until the U.S. army tested him.

What you just said was interesting: The virus can be latent, it can just do nothing, it can be silent and invisible. Isn't that what people say when they say it has a latency of ten years?

Let's say you get infected today and then ten years later you get sick, during that time it's latent, that's true. But what they don't say is, once you get sick, the virus remains in most cases even then latent, and that's not what is meant by latency. Let's say you get infected today by syphilis, and a week later you get chancres.

During that time when you don't have any symptoms, the bugs are relatively latent because there are still too few of them. They're clinically latent. But with HIV, even when you're dying, that virus is still latent.

Let me get this straight: Babies with AIDS come from mothers with AIDS or are born to mothers with terrible drug addictions. Babies with HIV from their parent, half of the time lose the HIV and do not develop AIDS. They have the virus but not the AIDS condition, whereas if they're born to parents who have toxic damage, then they themselves are toxic-damaged.

That's right.

You're saying the least efficient form of transmission is sexual.

Hopeless. From the virus point of view, that virus would never make it.

Why are so many women contracting HIV and developing AIDS? It seems the majority are not in the known risk groups, and the presumption is they were infected sexually.

"So many" is totally off the mark. It is very, very few. Only 10 percent of all AIDS patients are women, in America and in Europe.

But aren't they the group increasing the fastest?

It has been 100 percent for quite a while now, and 10 percent is not a whole lot. It's like 25,000 in ten years that's 2,500 per year, if you average it out.

But how do you counter the argument that women are victims of the sexual transmission of HIV?

That is absurd. There is no evidence that women are getting HIV more readily from men.

When people say there's no heterosexual epidemic, women say, well, that's not true, women are getting it. Heterosexually.

The first answer to this is virtually all women who get AIDS-AIDS, not HIV, you should distinguish very clearly-are intravenous drug users. And any attempts to connect these by tracing sexual contacts is virtually impossible with a disease that is said to have a latency period of ten years. If you get something today from somebody sexually and ten years later you get sick, how are you going to make a connection there? That is totally anecdotal and circumstantial evidence. I have yet to see a paper that ever says, this one did it ten years ago to me and now I'm getting dementia. There is nothing to that.

Why isn't there a heterosexual epidemic of AIDS?

Because AIDS is not an infectious disease and not sexually transmissible. AIDS is a drug disease, so it will not distribute according to sex, it will distribute according to exposure to drugs. Men consume 80 percent of the hard drugs. And the soft drugs, like the poppers, are consumed almost exclusively by male homosexuals. So that's why it skews the epidemic very much in the male direction.

Why did the growth of new cases of AIDS drop off after the establishment of safe sex and the practice of condoms among homosexuals?

It hasn't. AIDS has continued to increase despite the safe sex campaign.

I thought it was decreasing.

The only thing that they claim is decreasing is HIV infection, but AIDS continues to increase every year more than the previous year. The failure of the safe-sex campaign argues against sexual transmission of AIDS at this point. When you point this out to them they say, oh, it would have been even more if we hadn't done that.

There's said to be 7,000 people in the U.S. with AIDS, with what they call "no identified risk." Do you know about this? It's a very large number.

Divide that by ten years and you get the annual incidence, 700. Out of 250 million Americans. That is an incredibly small number. That is so small that it is the natural incidence of these diseases in HIV-positive people. There are one million HIV-positive Americans, every year roughly one-and-a-half percent of any population will die. One-and-a-half percent of a million is 15,000. So out of those 15,000, 700 would be diagnosed with AIDS because they would also have the antibodies. And we are looking at 25 diseases here. That is the normal incidence of these diseases in HIV-positive people in America.

Just to clarify, the Cook County Public Health Department, which chronicled the 7,000 so-called "no identifiable risk" patients, says that the majority of those cases have become reclassified into-their quote- "one of the known modes of transmission," in others words at least a risk factor group.

Yeah, I think in Germany they have 30 "heterosexual cases." If they can't find a risk group then it's called a heterosexual case. This is the normal incidence of [those diseases in] those people with or without HIV.

Newsweek reported a man who ten years ago got HIV from a transfusion, and ten years later suffers no symptoms and no loss of immune function. They tracked down the donor and found none of the other people infected had any effects and that the donor himself was just as healthy as the people who got his blood. They explained this as "a harmless strain." Is there such a thing? I know you think HIV is harmless, but are there cases where a virus is both harmless and harmful?

You can have harmless variants of any virus. But this is very easy to demonstrate with HIV. They tried, they sequenced it they've looked at HIV, but there is no evidence whatsoever that there is a harmless and a nonharmless variant. Nothing.

They are saying they found harmless strains and were thinking about using it as a vaccine.

Well, they found people who didn't get sick. There are a million harmless HIV viruses in Americans, all of whom are not sick. When they get sick then all of a sudden the virus is harmful. So this is totally arbitrary and hypothetical. There is not one study that has ever been able to show a harmless gene or a malignant gene in HIV. In other viruses that has been done occasionally, they have pointed out when you take this off, or when you leave this part, all of a sudden it becomes harmless, it becomes attenuated as we call it. In HIV strains, despite intensive efforts and a hundred thousand papers on the stuff there is not one study that has ever been able to point out a distinction between a so-called harmless HIV and a fatal HIV. They are all the same.

How does the government get away with, unchallenged, the idea that there is

such a thing as a different strain? Why don't other scientists say that is impossible, we've seen the genetic

blueprints of the so-called harmless virus and they are the same as the so-called harmful one.

Yeah, they would say that and guess how popular they would be, and how much money they would get the next time they apply for HIV grants.

What about people who are not applying for HIV grants?

They wouldn't bother sequencing it, they wouldn't be equipped, they wouldn't have the time to analyze it. And I would also like to submit to you that about 50 million American smokers smoke harmless cigarettes except for the 20,000 or 30,000 who develop lung cancer they smoke fatal cigarettes.

Newsweek-this is Newsweek, one of the most respected journals in the world-said: "few [viruses] evolve as fast as HIV. Confronted by a drug or an immune reaction the virus readily mutates out of its range." Does it?

This statement that the viruses can mutate themselves away is absolutely silly. It ignores entirely that a virus is a parasite, it is entirely dependent on the host. It is on a leash of the host and that leash is very tight and very short. If it takes one step further from that leash, it is dead.

What do you mean?

The virus is what you call an obligatory parasite, as dependent on the host as an unborn baby on the mother. In theory the virus could mutate like crazy. But what would it help the virus if it cannot parasitize the host any longer? Then it's dead. The virus is just a piece of information, everything the virus does depends entirely on the cell. It needs the cellular ribosomes, it needs the cellular amino acids and triphosphates and proteins.

So you're saying if it mutates to a point where it is vastly different...

Vastly? Just a tiny bit. It is totally on a leash, it has very little room to mutate. It has to be compatible with the cell entirely.

What about a flu virus, does that ever mutate?

It does mutate, all viruses mutate, but in a very limited way. Actually, that was my claim to fame. In 1968 I found out why that is: They have different chromosomes. This [flu virus] is one of the rare viruses with multiple chromosomes, in fact it was the first time this was shown in a virus. And that gives it the additional ability to recombine.

Why can't HIV do the same thing? Why can't it recombine?

Because it doesn't have segmented chromosomes. And viruses with a single genome [genetic information] cannot recombine, they can only exchange in a very minor, very limited way.

And HIV has only a single genome. So they've looked and discovered that HIV does not have the capacity to recombine.

It does have the capacity but it cannot change like flu because all HIVs are closely related. They are all one genome so if you recombine one genome with

another, they are nearly identical and you don't get any new, different recombinant. There are chicken flus and swine flus and human flus and they can all recombine. But the HIVs are all from humans, and they are virtually all identical. You wouldn't create a new so-called "host range," as we say, or a new pathogenic type. The spontaneous mutations that the Newsweek article describes wouldn't help it, because nearly all spontaneous mutations would be fatal to the virus. And those that wouldn't be fatal make no difference. We have yet to see a single case where an HIV mutant has been isolated that can do something that other HIVs can't.

The impression given is this virus is mutating like some kind of monster and there is no vaccinating against it.

That is the fantasy of an undergraduate science fiction writer. In a classroom, that's very possible, but in the laboratory of life it's ridiculous. Here's an example of just how restricted the range of HIV mutations really is: antibodies against all strains of HIV detected in all people all over the world were detected because they crossreacted with the same HIV strain Montagnier isolated in 1983.

But you're not the only guy in the world who knows this about the virus. The people who work on the virus regularly sequence it and come up with the theories that it is mutating. If they know this isn't possible, why don't they say it?

I think some of them don't even know it because they never think about it. They are so used to one way of thinking that they don't consider alternatives at all. They don't want to consider them and if they consider them, they are out of the think-collective. They are very unpopular immediately, just like me.

Which costs them money.

Which costs them dearly. If you're in the think-collective you stop thinking other than what the collective think. You think pretty much on the wavelength they allow you. If you say there is no way there could be a harm or a nonharm gene-if there was such a gene we would have found it in nine years and we would have seen the difference, if you say that then you essentially force a discussion on why a million HIV-positive people never get sick from it. Maybe then the virus isn't the cause.

What about cases where homosexuals have come down with AIDS, are HIV-positive, have no history of recreational drug use, and they haven't gone on AZT?

Well, see, that is what I am looking for. That is my battle with John Maddox [editor of Nature] and with people who are actually fabricating data [Ascher, et al., in Nature, March 11, 1993]. They claim to have such a group that had not used any drugs. When I analyzed the data, it turned out that there was not a single person in their paper that was drug-free. I submitted that critique to Maddox, but his response was I could no longer respond. I was censored.

John Maddox wrote an editorial in the May 13 issue, saying that your questions are "unanswerable rhetorical questions" and "the stock-in trade of undergraduate debating societies." What do you feel about that?

Maybe they are unanswerable to John Maddox. He's not the only reader of his journal. There should be many scientists, maybe they could answer them. The only way to find out is by presenting these questions which he has refused for three or four years now. I have been negotiating with him, as he acknowledges in his article, to present these questions in his journal, and he never accepted that

proposal.

So you're saying your questions are legitimate questions that go unanswered because they are censored?

In fact, in his article, he does say that some of those questions are legitimate. Progress in science depends entirely on communication, debate, interaction among scientists, exchange of ideas. He is interrupting that by censorship.

Is there any area of the HIV-as-cause theory that you're uncertain about, that you think might be plausible or that you don't feel you can explain?

Not any more. Absolutely nothing anymore.

So you're more convinced than ever?

Yeah, I don't see even an area of doubt that can be left: I used to see a few, but I don't see them anymore.

What was the last one you saw that you are no longer seeing?

I was sort of, more or less, impressed by what they presented as this perfect correlation between HIV and AIDS, but I've since realized that the correlation is by far less perfect than they pretended; that is, actually, rather unimpressive.

How pressured did you feel to come up with an alternative theory when people said, "Okay, if you don't think HIV causes AIDS, what does?"

I didn't feel any more pressure than I thought I could provide evidence for I mean, I was thinking about it, yes, I thought what else can it be, and I think I would have left it at that if I

could not have seen another explanation. If I don't believe in Santa Claus, then I don't have to come up with another Santa Claus.

This didn't come out of the blue. If the CDC tells me that onethird of all American AIDS patients, namely all heterosexuals, are intravenous drug users, I'd say that's a good start, isn't it? The first 80,000 are handed to me by the CDC. I'm also told, by the NIH and the CDC, that the virus has a latent period of ten years, which I translate into a euphemism for ten years of drug use.

Okay, last question: Since the gay community is unilaterally offended by your suggestion that AIDS is the result of a self-destructive lifestyle, do you ever feel that you should change the way you talk about AIDS and its causation, and is there anything that would make you stop and give up this fight, because you're almost alone in it?

Well, not as long as I remain a scientist. The charge of a scientist is to find the truth, to find the scientific basis of a problem. So you go for it irrespective of the political and moral and ethical consequences. You look at what is the plausible cause, and what is ultimately the truth.

A scientist is not a politically correct crowd pleaser, he is supposed to find the cause of disease. Otherwise, we get what we get now: We try to please the gays by approving AZT, and now 200,000 of them are dying for it, and we keep telling them that this is the best we can do for you guys, because we mix politics with science. They are not compatible. Science is amoral. Nature doesn't know morals. If our peers and our government would act scientifically, it would reward

scientific truth, not political correctness. What we are doing now is rewarding political correctness, and we are paying the price for it. A very high price, four billion dollars and 50,000 deaths a year. *

[RETHINKING AIDS HOMEPAGE](#)