HIV/AIDS: Fact or Fantasy?

by David Crowe

Is HIV a ferocious killer or a laboratory artifact?

Is AIDS Research a triumph of Allopathic Medicine or a Giant Scam?

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Marketing Modern Medicine

The most profitable modern disorders are those that require regular, indefinite medication. If disorders don't exist they can be created by:

- popularizing tests that are based on a statistical, not an absolute, association between test results and the disorder, and then fine-tuning the thresholds to continually increase the market size.
- hype to medicalize non-health disorders (e.g. baldness)
- marketing pharmaceutical solutions in preference to solutions based on improved nutrition, exercise and removal of exposure to toxic/immune-suppressive substances.
- fast-track clinical trials that minimize development costs and minimize information about long term side effects
- using surrogate markers rather than holistic health assessment to measure effectiveness of medication
- Focusing on life-long medication rather than 'magic bullets' (such as vaccination, antibiotics)

Examples: Drugs for Baldness, Impotence, Obesity, Depression, ADD, Depression, Tamoxifen to prevent Breast Cancer, Estrogen Therapy…

The Alternative Goal: Sustainable Health

Goal is to maintain overall good health;

I) Enhance lifestyle factors: improved diet, exercise, fresh air.

II) Remove negative factors: smoking, excessive drug use, exposure to chemicals, pathogens and parasites.

III) Personally monitor overall health.

IV) Medical intervention to enhance the body's response to disease

AIDS: Caused by Sex, Drugs or Rock'n'Roll?

Sex/Germ Theory: First AIDS cases linked by sexual contact:

Promiscuous gay men who get AIDS have many partners who also have AIDS and/or HIV antibodies. Sexual transmission is a reasonable hypothesis.

Theory promoted by CDC, virologists, survivors of the failed “War Against Cancer”, and sufferers looking for an easy answer to their health problems.

“From the people who brought you the viruses that don’t cause cancer, here’s the virus that doesn’t cause immune deficiency”

Drug Theory: First AIDS cases linked by recreational drug use:

Promiscuous gay men often also used large quantities of recreational drugs, particularly "poppers" (alkyl-nitrite inhalants), but also methamphetamines, tobacco, alcohol etc.

Reference: Haverkos HW et al. *Health Hazards of Nitrite Inhalants*. NIDA Research Monograph. 1988; 83 *and* Kitzerow MR. *The AIDS Indictment*. www.aidsindictment.com. 2000.

Sex and the Virus Win...

- "Poppers" and other street drugs were eliminated by determining that a "bad" batch of poppers could not be the cause…
- but what if *all* Poppers are "bad"?
- Now it is “dangerous” to even talk about recreational drug use as an immune system risk factor
- But, was the case closed prematurely because a convenient villain was fingered?

Questions about the Virus Theory

- Why has AIDS stayed largely in the major risk groups – gay men and IV drug users?
- Why do surgeons and paramedics never get AIDS?
- Why do different risk groups have different disease patterns?
- Why is Kaposi's Sarcoma still an AIDS-defining disease when it has been believed since 1994 to be caused by a different virus (KSHV or HHV8)?
- Why are antibodies considered a sign of ill-health in AIDS?
- Why are there no (zero) scientific papers that prove that HIV *causes* AIDS?
- Why is the mechanism by which HIV kills CD4 cells unknown [David Baltimore, personal correspondence, April 1998].
- Why do some HIV+ people remain healthy for many years?

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The Multifactorial Theory

AIDS defining diseases are caused by the inhalation, ingestion or injection of immune-suppressive or toxic substances:

- Poppers are immune-suppressive and carcinogenic.
- IV drugs (e.g. heroin) are immune-suppressive.
- Factor VIII and IX contain immune-suppressive impurities
- Blood transfusions are immune-suppressive and usually given to people with pre-existing health problems
- Pollutants can be immune-suppressive, particularly "hormonal disrupters" such as dioxins and other chlorinated chemicals.
- HIV/AIDS drugs are extraordinarily toxic – carcinogenic and immune suppressive

AIDS in (Promiscuous) Gay Men

- Characterized most notably by PCP (Pneumocystis carinii Pneumonia) and Kaposi's Sarcoma.
- This syndrome was originally called GRID (Gay-Related Immune Deficiency).
- Associated with a minority of gay men who were heavy drug users (and also very promiscuous)
- Non-injection drug use is not monitored by AIDS agencies
- Most risk factors associated with the drug, sex & party life are ignored

Alternate Risk Factors: Inhalant drugs, exposure to pathogens, STDs, antibiotic overuse, exposure to semen, alcohol, lack of sleep, poor nutrition, etc.

AIDS in IV Drug Abusers

Disease	HIV Status	Diagnosis	Treatment
TB	+	AIDS	Antiviral, immune-suppressive drugs
TB	-	TB	Antibiotics, Better Nutrition, etc.

Why?

- IV Drug Abusers have always become sickly over time. Why is a new virus needed?
- Why don't IV drug abusers get Kaposi's Sarcoma as often as Gay Men?
- Needle Exchange Program users were shown to be more likely to be HIV+ than non-users in a Vancouver study. A major Montreal study estimated that NEP users were 10-30 times *more* likely to be HIV+ than non-users, with partial users in between.

Alternate Risk Factors: Drug use, malnutrition, exposure to pathogens

References: Strathdee SA et al. *Needle exchange is not enough: lessons from the Vancouver injecting drug use study*. AIDS. 1997 Jul 11; 11(8): F60-5. Bruneau J et al. *High Rates of HIV Infection among Injection Drug Users Participating in Needle Exchange Programs in Montreal: Results of a Cohort Study*. Am J Epidem. 1997; 146(12): 994-1002.

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AIDS in Hemophiliacs

- Hemophiliacs require frequent injections of Factor VIII or Factor IX
- Purity of Factor VIII has been increasing over time, reducing the immune system challenge
- HIV particles have never been found in Factor VIII
- HIV particles are generally believed to live for only minutes in blood, yet are believed to survive for days during Factor VIII preparation and storage, including freezing, drying and heating.
- The most sensitive part of HIV are the gp120 'knobs' that are *required* for infectivity - which should fall off in Factor VIII processing.

References: Biasi R et al. *The impact of a very high purity of factor VIII concentrate on the immune system of HIV-infected hemophiliacs: a randomized, prospective, two-year comparison with an intermediate purity concentrate*. Blood. 1991; 78(8): 1919-22. Ludlam CA et al. *HTLV-III [HIV] Infection in Seronegative Hemophiliacs after Transfusion of Factor VIII*. Lancet. 1985 Aug 3; 2(8449): 233-236. Kreiss JK et al. *HTLV-III [HIV] antibody, lymphadenopathy, and acquired immune deficiency syndrome in hemophiliac subjects*. Am J Med. 1986; 80: 345-50.

AIDS in Blood Transfusion Recipients

- Blood transfusions are immune suppressive. This is used to advantage in organ transplantation.
- Blood transfusions are likely to generate many antibodies as no blood, except your own, is truly the same as yours.
- People who get blood transfusions are usually very sick.
- The risk of dying after a blood transfusion is high (not necessarily from the blood).
- No HIV particles have ever been detected and isolated directly from "infected" blood.

Alternate Risk Factors: Immune suppression of foreign blood *plus* whatever disease/accident made blood transfusions necessary.

AIDS in Africans

- AIDS in Africa is NOT the same as AIDS in Western Countries!!
- "Bangui" definition defines AIDS as fever, diarrhea and cough for over a month with no HIV test necessary!
- Western Blot test interpretation is less stringent (2 antibodies required versus 3 or 4 elsewhere).
- Diagnosis often is without an ELISA or WB test (due to the cost)
- Many common African diseases cause false positive tests (e.g. Malaria, Leprosy)
- Most "AIDS" cases are TB. TB is a mycobacterium, related to Leprosy (which causes false positive HIV tests).
- AIDS brings much more money into Africa than other diseases, such as Malaria, that are not perceived as threats to the West

Alternate Risk Factors: Malnutrition, Lack of clean water, Exposure to bacteria & parasites, Overuse of Antibiotics, Pollution

References: Rana FS et al. Autopsy study of HIV-1-positive and HIV-1-negative adult medical patients in Nairobi, Kenya. JAIDS. 2000 May 1; 24: 23-29.

AIDS in Heterosexuals

- The category of last resort.

  …Gay Man?.....No.

  …IV drug abuser? .....No.

  …Hemophiliac? .....No.

  …Blood Transfusion Recipient? .....No.

  …Live in Africa?.....No.

  …Must be heterosexual transmission!

- Do sexual partners of IV drug abusers pick up HIV sexually or through a drug habit that doesn't involve a needle?
- Risk of transmission is believed to be low (1/1000 for vaginal intercourse), yet some men (e.g. Nushawn Williams) have been blamed for infecting multiple women, a statistical 'impossibility'.

Reference: Padian NS et al. Heterosexual Transmission of HIV in Northern California: Results from a Ten-Year Study. Am J Epidemiol. 1997; 146: 350-7.

Therapy: Drug Trial Protocols

AIDS drug trials have been characterized by:

- Lack of placebo since AZT for 'ethical' reasons
- Haste, resulting in no information on long term side effects
- Measuring surrogate markers ("viral load", CD4 cell counts etc.) instead of patient health.
- Blaming an increase in infections on "immune system rebound"
- Fraud (see information obtained in John Lauritsen's books "AZT: Poison by Prescription" and "The AIDS War") or, at least, pressure by drug companies and AIDS activists
- Serious side effects are generally found *after* clinical trials. Witness the "Buffalo Hump" and other fat redistribution anomalies of the latest AIDS miracle drugs: Protease Inhibitors.
- Drug failures are explained by: Mutations, Immune System Rebound, Blaming the Virus, Non-compliance

Therapy: Nucleoside Analogs

- Nucleoside analogs supposedly displace a nucleoside during DNA replication. AZT is a Thymidine analog.
- Literature review recently showed that AZT is not “triphosphorylated”, yet this process is essential for the drug to work.
- The first 'nuke' was AZT, a failed cancer chemotherapy. Others are ddI, d4T (Thymidine), 3TC and ddC.
- Side effects are caused because nukes interfere with regular cell division and the actions of mitochondria.
- Nucleoside analogs damage any body systems that rely on continual cell division, e.g. hair, blood and bone marrow, resulting in hair loss, anemia and *destruction of the immune system*.
- Side effects of AZT mimic AIDS: "It was often difficult to distinguish adverse events possibly associated with administration of Retrovir (AZT), from underlying signs of HIV disease." [Physician's Desk Reference, 1996]
- Further information on AZT: http://www.aras.ab.ca/azt.html

Therapy: Protease Inhibitors

- Retroviruses supposedly use a protease enzyme to cleave the proteins that they produce.
- The human body also uses proteases, especially in the gastro-intestinal system.
- Clinical trials based on surrogate markers (esp. viral load), not patient health, and did not use a placebo.
- Protease Inhibitors are always used in 'cocktails' with nucleoside analogs
- Clinical Trials were positive, but after the trials side effects of Diabetes, Fat redistribution ("Buffalo Hump") and other lipid abnormalities, heart problems, Intestinal abnormalities ("Crix Belly") and others have been found.

Further information: http://www.aras.ab.ca/haart.html

HIV Tests

ELISA - Blood reacts with multiple antigens ("HIV" proteins that cause an antibody reaction).

Western Blot - Multiple blood samples react individually with "HIV" antigens. Used to confirm ELISA tests, as it is considered more accurate, yet cannot be used without ELISA because of the large number of false positive tests! Interpretations of Western Blot for HIV infection vary dramatically.

Culture - Co-culture mixes 'infected' serum with cancerous cell culture and stimulating chemicals. Presence of the virus is detected by one of several non-specific phenomena.

Viral Load - Exponentially multiplies a *portion* of the HIV genetic material to quantify the amount of virus present. One study indicated that only 1/60,000 particles detected by viral load were infectious by culture!

References: See http://www.aras.ab.ca/test.html

Validating Tests

- Logically, tests must be validated against presence of the virus, the "gold standard".
- Results vary widely from one test to another.
- No HIV tests have ever been validated against presence of the virus directly from infected cells, extracellular fluids or blood products.
- Would a test for Gold be accepted if it had never been validated against samples with a known gold content, or by comparison with other, previously validated tests?

Is a Positive HIV Test Bad?

- HIV tests are antibody tests.
- The more challenges to an immune system, the more antibodies it generates.
- A positive HIV test may be a sign of immune system disorder.
- This explains the *correlation* of an HIV test to increased risks of ill-health, but…
- does not prove that HIV exists or is the cause of any diseases

Does the Virus Exist?

- There are no electron microscope photographs (EMs) of *multiple*, *isolated* HIV particles.
- Without true isolation, it is impossible to characterize the proteins and genome of the virus.
- EMs in *Virology* (two March 1997 papers) show that at least 90% of 'purified' HIV is cellular contaminants, many of which contain genetic material and virtually all of which contain proteins.
- "Culturing" HIV consists of adding "infected" cells/sera to an immortal cancerous cell line, adding a stimulating chemical (e.g. PHA) and monitoring for non-specific phenomena (Reverse Transcriptase, p24, budding particles or Synctitia). True controls (everything being the same except for presence of the virus) are not used.

References: Gluschankof P et al. *Cell membrane vesicles are a major contaminant of gradient-enriched HIV-1 preparations*. Virology. 1997; 230(1): 125-133. Bess JW et al. *Microvesicles Are a Source of Contaminating Cellular Proteins Found in Purified HIV-1 Preparations*. Virology. 1997; 230(1): 134-144.

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How Could So Many Be Wrong?

This would not be the first time that mainstream medicine favoured an infectious (or genetic) hypothesis, when other causes were more likely. Others include:

Disease	Actual Cause
Scurvy	Vitamin C Deficiency
Pellagra/Beri-Beri	Vitamin B Deficiency (believed infectious until 1920's)
Cancer	Internal/External environment is a more logical cause, although viral and genetic causes are often preferred by medical researchers.
SMON	Iatrogenically caused by Clioquinol. Epidemic lasted for 10 years in Japan due to the futile search for a virus.
Legionnaire's Disease	Age + Booze + Over-eating + Lack of Sleep
Thymus Disease	Artifact of reading X-Rays
Opportunist Infections	Germs are often as much the effect as the cause. TB has been reduced by better nutrition, sanitation and living conditions.

What about Prions? Mad Cow Disease? Hepatitis C? West Nile? Avian Flu? Nipah?

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Lies, Dem Lies & Statistics

Euphemisms:

"Powerful"/"Potent" Medication - applies to medication that has a powerful negative effect on the patient and not on the disease (e.g. Cancer & AIDS medicines are powerful, yet antibiotics are not)

"Viral Load" - Sounds like it counts virus particles, but actually amplifies snippets of DNA/RNA *believed* to come from virus. The inventor of PCR (Kary Mullis) does not believe his qualitative method can be used for quantitative purposes.

Statistics:

- Use of cumulative numbers exaggerates the growth of the epidemic.
- Use of increasing percentages in one category(e.g. for women) when absolute numbers are falling in all categories.
- Use of numbers across years when the definition of AIDS changed dramatically (esp. 1993 when healthy people first became eligible for an AIDS diagnosis).
- Extrapolation of numbers from a small population to a large (e.g. in Africa)

Censorship

- Dr. Peter Duesberg, once lionized even by Robert Gallo, has lost all his public research funding.
- Scientific papers by dissidents are subject to anonymous peer-review with no avenue for appeal, where the reviewers subscriber to the dominant HIV=AIDS paradigm
- Major scientific journals, such as Science and Nature, rarely cover the controversy, and even then, usually not in the words of the dissidents.
- Non-scientific media believe those in a position of power who claim that dissidents are crazy, that they have been proven wrong long ago, that they are dangerous, etc.
- Moderated internet newsgroup *sci.med.aids* has a special rejection code for postings that attempt to discuss the HIV=AIDS theory (Rejection code #23: "Your post concerned the HIV<>AIDS debate.").
- One censored posting (code #23) was:

  "I am looking for photographs of HIV, particularly those of isolated HIV particles. If you have any references to publicly available web sites, books or scientific papers with such pictures, please post them here, for the benefit of all."

Coercion in Canada

Doctors, Social Workers and Judges are convinced that HIV/AIDS science represents absolute truth:

- Montreal HIV+ mother Sophie X has two children removed from her custody and forcibly medicated. She seizes them and flees the country.
- Another Montreal woman hears about this situation and has an abortion.
- BC mother of two healthy children flees to Alberta due to threats from Social Workers and doctors

The United States has many similar stories:

- Valerie Emerson blames AZT for the death of her daughter and pulls her son off. His health recovers, but State of Maine sues to have him put back. She retains custody.
- The Tyson's fight State of Oregon demands to give AZT to their baby. They lose their case and the mother is legally barred from breast-feeding her infant.
- New York parents have their child seized by 7 policemen, taken to a hospital and medicated. After a court battle they regain custody.

These cases are only the tip of the iceberg!

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Fresh Air in South Africa

- President Thabo Mbeki has decided to investigate whether HIV is the cause of AIDS
- He put together an advisory commission before the Durban World AIDS Conference in July 2000
- Mbeki has never said that HIV *does not* cause AIDS, but he has never said that it does either
- Advisory commission contained some famous dissident scientists, including Duesberg, Rasnick and Geshekter
- Orthodox defenders on the commission have been very uncooperative in discussions
- Mbeki's concern: Will diverting health dollars to AZT result in declining health, and less attention to problems of poverty, dietary deficiencies and clean water?
- Is the generosity of donor nations being manipulated by pharmaceutical companies?

Famous Dissident Scientists

Dr. Peter Duesberg: World renowned retrovirologist who believes that HIV exists, but is harmless.

Kary Mullis: 1993 Nobel prize winner for invention of Polymerase Chain Reaction (PCR) which he believes has been improperly used for the "Viral Load" test.

David Rasnick: Protease expert, who believes that protease inhibitors cannot work.

Drs. Papadopulos-Eleopulos, Turner, Papadimitriou and Causer (et al):
The "Perth" group that first questioned the accuracy of HIV tests and subsequently the very existence of HIV.

Stefan Lanka: Virologist who questions the existence of all retroviruses. Are all retroviruses laboratory artifacts?

Dr. Charles Geshekter Professor of African studies at University of California in Chico

Selected Dissident Sources

- Duesberg, Peter. *Inventing the AIDS Virus*, Regnery, 1996.
- Hodgkinson, N. *AIDS: The Failure of Contemporary Science*, Fourth Estate Press, 1996.
- Maggiore, Christine. *What if everything you thought you knew about AIDS was wrong?* HEAL, 2000. Available from presentation author for CDN$10.
- Lauritsen, John. *The AIDS War*. Asklepios, 1993.
- *Continuum Magazine*. 172 Foundling Court, Brunswick Centre, London, WC1N 1QE, England (continu@dircon.co.uk).
- *Reappraising AIDS Newsletter*. 7514 Girard Ave. #1-331, La Jolla, CA 92037, USA.
- Papadopulos-Eleopulos, Turner et al. Numerous scientific papers on HIV/AIDS available at no charge by writing to: Dr. Papadopulos-Eleopulos, Dept. of Medical Physics, Royal Perth Hospital, Perth, Western Australia 6001 (fax: +6189-224-3511).
- newsgroup: sci.med.aids (moderated, censored)
- newsgroup: misc.health.aids (unmoderated, uncensored)
- Website: http://www.aras.ab.ca (with links to many other 'dissident' websites)

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