

"Falsifying the HIV/AIDS Hypothesis" : Eleven Days of Real-Time Cyber-Drama  
(Condensed)

"Falsifying the HIV/AIDS Hypothesis" contains perhaps the most extensive attempt to date to examine, in a public forum, the entire gamut of issues linked to the hypothesis that the virus called HIV is the cause of the complex of ailments known as AIDS. As of this writing (Jan 30, 2005), the blog stream is still active. The present "condensation" takes us from its inauguration on January 13, 2005, with the first post by Dr. Harvey Bialy, until the afternoon of Jan. 23. The cut-off point is somewhat arbitrary, but it seems to me that a decent sampling of the material in the blog is composed here, certainly enough to provide a wealth of material, even in condensation, to occupy any fair-minded investigator concerned to plumb the depths of the HIV controversy.

A bit of reading might prepare the peruser of this blog for the discussions that follow. There are numerous references linked throughout, but I would recommend the following as a minimal point of departure:

1. "Duesberg, P. H., Koehnlein, C., and Rasnick, D. 2003. The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition." This is linked in Dr. Bialy's opening post: "Falsifying the Unfalsifiable Hypothesis." Also inside this post is the link to:
2. "Six Questions." Within "Six Questions" are links to:
3. "The Durban Declaration," and:
4. "The Durban Declaration is Not Accepted by All."

(This blog was preceded by discussions with Dr. Bialy on *Dean's World* that follow in the "Six Questions" stream.)

If this were an academic seminar, the required reading would be *Oncogenes, Aneuploidy, and AIDS, A Scientific Life & Times of Peter H. Duesberg* (Institute of Biotechnology, Autonomous National University of México, Cuernavaca, México, North Atlantic Books). This is Dr. Bialy's scientific biography of the principal scientific mind behind the anti-HIV "insurgency."

Though the host of the stream is Dean Esmay, its instigator is Dr. Bialy, whose opening gambit (and why it is a gambit will appear forthwith) includes a pair of graphs meant to get discussion going. One graph shows the constant presence of HIV in the American population from 1985 until 2000, the other the precipitous rise and fall of AIDS over the same period among the same people. The two images are incompatible. They spell the impossibility of the AIDS hypothesis.

The clarity with which they do so provokes a flurry of blogger response. There must be something wrong with the graphs. Post after post appears, attempting to unmask or correct them, demonstrating in several quite contradictory ways how the graphs were ignorantly, amateurishly, or viciously constructed. But the sense of the graphs *taken as a question*, (rather than as an argument) pervades the discussion. If HIV infection is constant (in whatever sense) while AIDS rises and falls (whatever the details) can HIV possibly cause AIDS?

I include much of that discussion. You can go to the blog itself to get more of the tangle if you like. But what comes to light is a welter of contradictory assertions regarding the state of our information about HIV and AIDS—not at all limited to the information captured or occulted by the graphs—so that, as the discussion advances, the graphs become somewhat irrelevant, and the state of our knowledge gets rather clear; that is to say, it grows clear that our knowledge is anything *but* clear, regarding almost every aspect of the illness. The bloggers martial their arguments with well-focused acumen, so that one can see, over the course of the days covered by this condensed version, virtually all of the arguments currently brought to bear in the HIV/AIDS debate. What is not here, is either in one of the references or nowhere.

As for the graphs themselves, one might perhaps see that it comes to this: the data that the Center for Disease Control (CDC) has published (and on the basis of which the graphs were produced) may have been shoddily compiled; it may comprise

methodologically unsound extrapolations; it may be inaccurate, inconsistent, and/or based on mere guesstimates. But the data is nevertheless the basis on which the CDC currently confirms the HIV hypothesis. The graphs may fail to represent the truth of the HIV/AIDS situation, but they were cobbled up from the CDC data, so the question is this: Is it possible to maintain the HIV hypothesis if the graphs and the data from which they are constructed are credited? The answer is clearly no. Therefore, the effort that is expended by the AIDS defenders at the beginning of the blog and sporadically throughout it to impugn the graphs by revealing just how uncertain and unclear the data behind them is—impugn the hypothesis itself! (Hence the gambit.)

The AIDS "Insurgency," as Bialy chooses to call it (rather than the AIDS Dissidents, updating the image of militant dissent) is, it turns out, essentially a Socratic enterprise. It seeks to awaken awareness of the inconsistency and instability of the HIV hypothesis. There is something of a counter hypothesis, but it is little more than the remainder that is left when the HIV claim is removed: devastated immune systems, a list of illnesses, drug abuse, malnutrition, poor sanitation, a "passenger" virus.

As various members of the insurgency are tireless in pointing out, seventeen years after the proclamation that HIV causes AIDS, no unexceptionable demonstration of the mechanism by which it does so has emerged. The HIV orthodoxy has offered instead a series of *models*. These they labor to demonstrate are not inconsistent with the epidemiological and virological data. But the data themselves are unstable, not only because of the conditions of the illness itself and the inherent volatility of the epidemiology, but because the conceptual bases for the models have changed over time, are applied differently to different geographical regions and different populations, and harbor insuperable inconsistencies. I refrain from providing a sampling of these problems here: the insurgents do this quite adequately during the course of the blog. But the impression made on this participant is that we are dealing here with shifting sands beneath the winds of change. Nothing remains constant but the bare bones of the hypothesis itself: the assertion HIV causes AIDS.

Nevertheless, readers ill-equipped to examine technical references and inexperienced in the wiles of informal argumentation will be duly impressed by the somewhat daunting show of data produced by HIV defenders to create the impression

that the way that HIV brings down the immune system is well-understood. There are indeed models of how HIV may ravage immunity, as I mentioned. But here the difference between model and mechanism is what the wary reader must keep in mind. The various stages by which HIV might destroy immunity are often detailed with some clarity. But the demonstration that these stages actually occur, or universally occur, or occur precisely in the way that the model prescribes, is simply lacking. Further, not all the posts marshalling technical details and complicated molecular processes will be found to make sense, and in a fair sampling of cases, the papers referenced turn out to be the very ones that have been repeatedly critiqued and discredited by Duesberg. This phenomenon is duly detailed in Bialy's book.

The insurgency does not necessarily respond, therefore, to all the details of the HIV defenders' formidable constructions of the causal situation, much of which they see as redundant, already critiqued, based on faulty references, or best understood in terms of the history of the AIDS controversy. It takes the existence of the enormous amount of data itself as obfuscatory and a symptom of the failure of the hypothesis. Successful hypotheses make things clear; they do not require decades of epicycle-like qualifications and revisions to keep the initial hypothesis afloat. In this case, the position of the insurgents is actually best represented by the position of the defenders. "By their words ye shall know them," Dr. Bialy proclaims at several points.

I have tried to keep the condensation to the essential scientific conversation, eliminating or at least curtailing most ad hominem postings, and restraining a certain person's antics to the bare essentials necessary to the truth of his presence in the blog stream. Dr. Bialy's slowly growing exasperation and ultimate flight into the transcendent is as much a part of this blog as the various lines of argument he, with an ever-fissioning multiplicity of parries, dives, subversions, insinuations, thrusts, and seductions, offers or plies to disrupt the quotidian business of discussion, which, it seems to him, simply cannot be brought into rational line, because of the sheer multiplicity of the forking paths of pointlessly initiated investigations.

Bialy increasingly, and to some extent alarmingly, and certainly disconcertingly, assumes a persona of ignorance. This ignorance is Socratic in essence, but soon passes beyond the quiet stance of the Athenian sage. Bialy channels or is possessed by a series

antic voices—Clown, Madperson, Prophet, Raging Fiend—evoking for those who can pick it up, the inflections of those "wise-fools" who haunt the disaffected underground of history. King Lear's Fool sighs, at one dark moment, "That truth's a dog must to kennel, I had almost forgot." Dog that he is, Bialy will not "to kennel." Often in the guise of Eccles the Idiot (of BBC Radio's Goon Show fame) he hangs in there to reason with, bedevil, bark at, and annoy those who hold what he perceives to be a fool's hypothesis gone awry.

An important branching issue connected to the matter of the etiology of AIDS is the social question of AIDS diagnosis, the reliability of the AIDS tests, and the social consequences of positive HIV diagnosis. If you are not familiar with the picture of African Aids beyond the headlines, go to the 1/22 6:20 PM post by "Dian" at once. If you think that it is possible to understand the AIDS epidemic on the basis of AIDS tests, again, read that post. If the blog seems to be sinking in a bog of irrelevancies, go to 1/22 6:20 PM. Don't wait! Do it! If I weren't committed to keeping this condensation to the blog's true chronology, I would take that post (it is an article by Liem Scheff) and put it at the head of the whole shebang. Every stat that is based on the compilation of AIDS tests is, as they say, "made to tremble," by what is narrated there.

The text of this condensation is simply a choice of postings, kept in the chronology of their occurrence. In some cases I have truncated extended posts, because the text wanders into ad hominem assault or special pleading, covers material adequately expressed elsewhere in the same manner, or refers to other posts that have been excluded. The reader is invited to return to the original blog archived at *Dean's World* if she is interested in exploring what has been excised here. I have not edited the posts in the sense of attempting to correct typos etc., as this would both have misrepresented the blog-stream as it grew in situ and made it difficult for the reader to refer back to the full stream should she so desire. The texts, except for the excisions, are here just as they occurred.

Condensing this blog has been an excruciating task. Nothing wanted to be left out of it! Bad arguments seemed dramatic instances of—well, bad arguments! The bloggers as "characters" seemed so expressive and eloquent, each in her or his own way, that it was tempting to give us all plenty of room just to expose ourselves! So much so, that

Bialy's claim at a certain point that the blog was in the process of composing its own film script seems not off the mark.

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One final subject I would like to broach here at the risk of nonsequitor, but by way of expanding the social and ontological provenience of our concern with AIDS. In scientific discussion we do not normally permit ourselves recourse to what thought we have given to ultimate questions, science being suspended, as it were, between invisible metaphysical tenacities. What is at stake in the AIDS controversy goes under the rubric of "lives of men and women and children," but we do not permit ourselves, in public forum, to reflect on what those lives are thought to be.

When you are diagnosed with a medically certified ailment, you acquire, in addition to what identity you have in your social and personal and spiritual life, a new one: an identity as a medical object. When that object is part of a social field of fear and opprobrium, a curse has very palpably been put upon you. This is not a metaphor. What begins as science, once it passes into the social arena, ceases to be protected from infection by magic. When you are diagnosed "HIV positive," this designation marks you in the social context in which you live. It is a stigma, in the original, again, not metaphorical sense. Your being has been marked and appropriated by a terrible spirit. You cannot deny it or evade it without a magic of equal virulence to the force with which you have been marked, but what force is that? If you live in rural Africa, how to overcome the energy of the White Man's Scientific Magic? The only way to turn the magic of science back on its own heels is to deepen it.

We have given to our scientists an awesome power that ranges beyond the material efficacy of its technology—the power to draw distinctions and by drawing them to conjure the differences that they bring to bear. It is the power to name. Let HIV be the Cause of AIDS. Let AIDS be the name of such and such a condition. And a million humans crumple beneath the weight of the designation. To whom do we assign the authority to perform such acts? We had better be careful about this. Science in its ideal self-conception, but ONLY in its ideal self-conception—guarantees transparency for

these discriminatory interventions in the course of human suffering. When that transparency is clouded, when the ideals of scientific practice are compromised, we are certainly in the grips of something less than science, in the sense that we can no longer vouchsafe to it our trust in its ontological originarity, though it is *not* less than science in regard to the power with which it legislates and executes the Will- To-Create- Differences-By-Drawing-Distinctions in our lives and in our worlds. In losing control of the science that has established the HIV hypothesis we have allowed an elaborate series of baffles to arise between us and our ability to render just this process transparent. We have allowed what is being done to us by way of acts of distinction to pass beyond our ken.

The demand of the AIDS insurgency is a bit more than to strip some cliché'd emperor of his cliché'd clothes. It is to dissolve the clouds—economic, nomological, political, cognitive, magical—between ourselves and the persons who have accumulated the *medicine* to draw the distinctions that conjure our world. The old political mantra "Power to the People" must take on this new meaning. There is no power without the power to draw our own distinctions, to find the differences it serves us to discern.

Charles Stein

Jan 30, 2005

Barrytown, NY

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"The curtain might rise anywhere on a single speaker"  
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## **Falsifying the HIV/AIDS Hypothesis**

*As of this writing, the CDC clearly shows the incidence of HIV infection in the U.S. today at between 850,000 and 950,000 (see <http://www.cdc.gov/hiv/stats.htm> -- dean) exactly as described below. My own efforts to find the raw amount of HIV infection for earlier years from the CDC web site were frustrating; CDC does not make the historical national incidence of simple HIV infection easy to find. But by checks through historical news archives and what I was able to find on the CDC web site, I was able to confirm it: I can*

*find no fudging of numbers below. No surprise; real scientists do not do such things. Still, if anyone can find CDC numbers on the incidence of HIV infection for any year between 1985 and 2005 which do not fall within the range described, I will publish it immediately.*

*We here at Dean's World also wonder how it is that HIV could have shown up as a "new" virus in the 1980s when HIV has been found in frozen blood samples taken from people in the 1970s, at least one of whom was alive and healthy as of a year ago. The implications of that fact we leave as an exercise for the reader.*

*We will entertain questions from commenters to this article who wish to address **the data presented and its implications**. You are free to question the data or its implications--not the presenter, and not issues outside of the data presented here.*

*You may ask questions related to other HIV issues in other threads, which you'll find attached to the numbered links below.*

*Dean's World also hereby issues an open invitation: we will publish a response from any public health official, epidemiologist, biologist, or other professional researcher who wishes to refute the data presented in this article, or the implications we have drawn from same.*

*The following piece is by Dr. Harvey Bialy, member of the South African President's Advisory Panel on AIDS. More information on Dr. Bialy's background, if desired, can be found in the "HIV Discussion: Supplemental Materials" article in the numbered articles below.--Dean*

**FALSIFYING THE UNFALSIFIABLE HYPOTHESIS** by Harvey Bialy, Ph.D.

The mighty wall, atop which sits what I and a few other "insurgents" call the Humpty Dumpty of all biomedical hypotheses, was made from two kinds of bricks — fashioned from the stuff of virology and epidemiology, and held by what we contend is scientific cement of the most dangerously thin consistency.

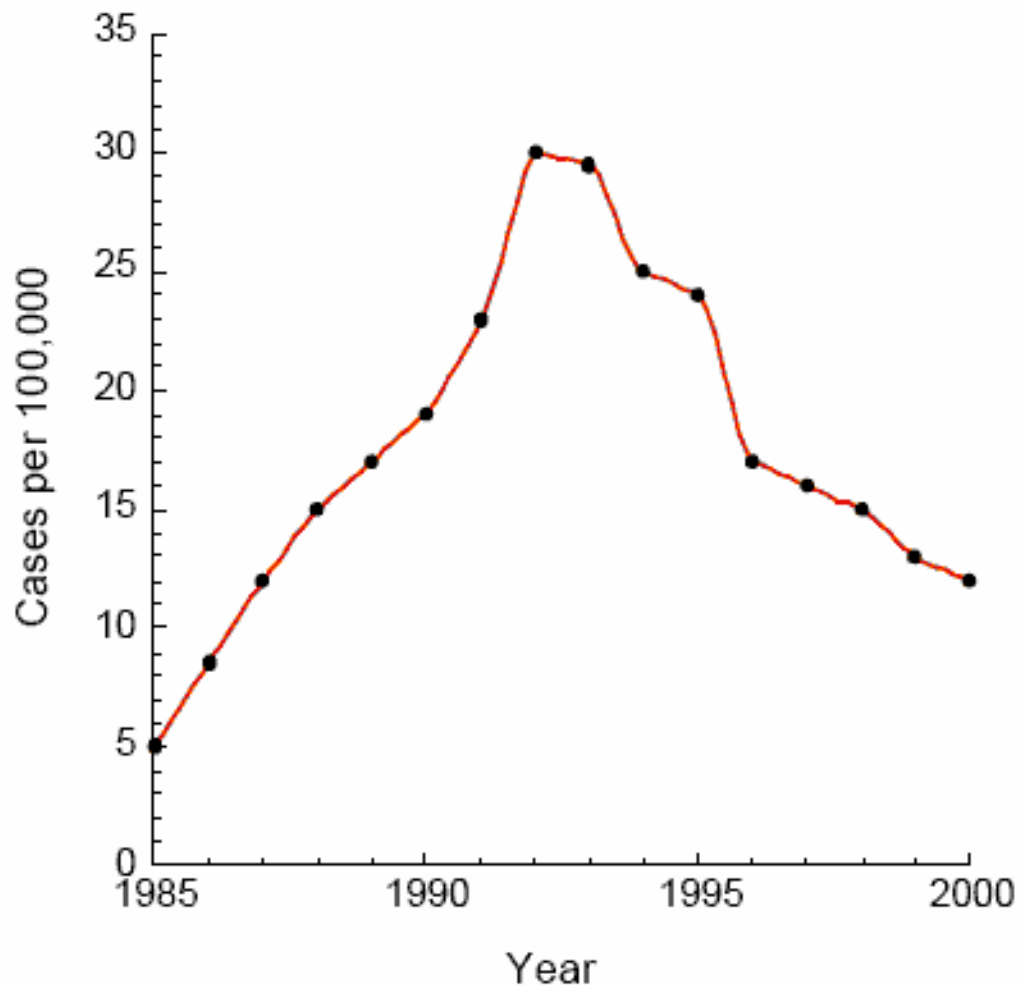
[Six Questions](http://www.deanesmay.com/posts/1104937424.shtml) (see <http://www.deanesmay.com/posts/1104937424.shtml> - Dean) demonstrates a few of the inconsistencies that have persisted in the vast databank of HIV/AIDS virology since 1987. The associated discussion thread speaks for itself. Also speaking for itself, and in a language close to "Tongues," is the epidemiological data.

While it is perfectly true that the hypothesis of infectious, HIV/AIDS cannot be falsified by any person's experimentation, like all poor hypotheses it can falsify itself given sufficient time.

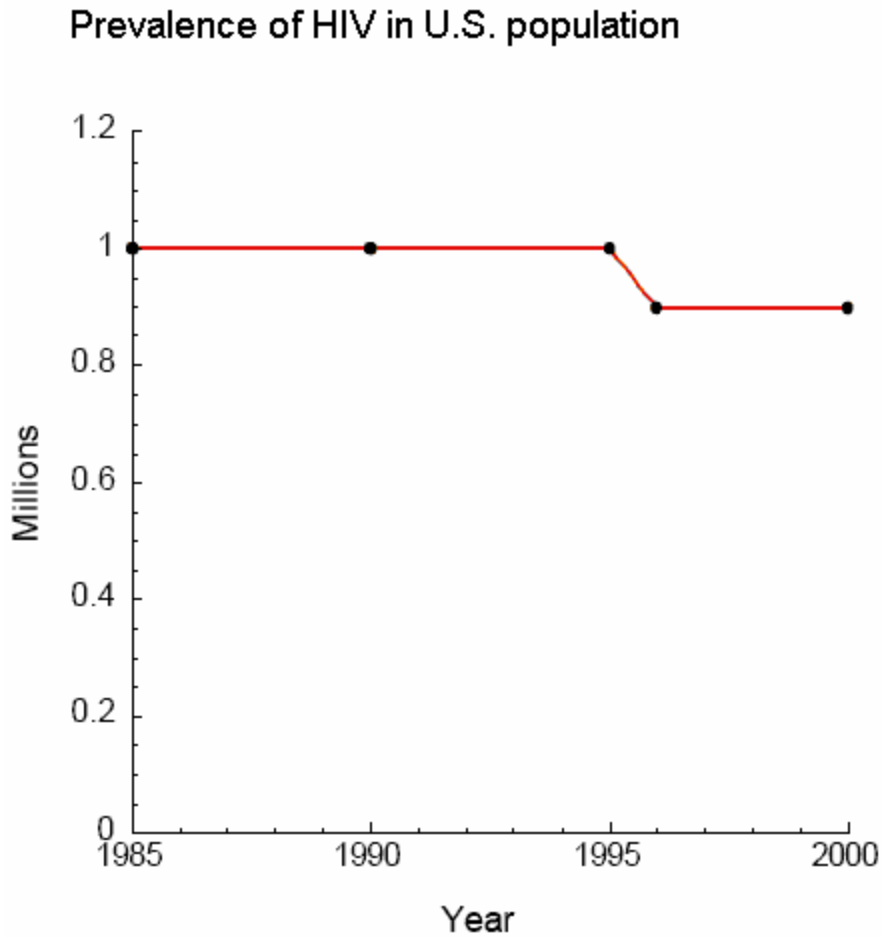
The graphs below are adapted from: Duesberg, P. H., Koehnlein, C., and Rasnick, D. 2003. The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition. J. Biosci. 28:383-412. (See <http://duesberg.com/papers/index.html> --Dean)

*a. Incidence of AIDS in the U.S. Population*

**Incidence of AIDS in the U.S. population**



*b. Prevalence\* of HIV in the US Population*



*The data in the above graphs comes from the US, CDC.HIV/AIDS Annual Surveillance Reports for the years indicated.*

What these show are:

a. The number of AIDS cases in the U.S. increased between 1985-1992, and has since decreased in almost a perfectly Gaussian manner.

b. The number of HIV-antibody positive people in the U.S. has remained constant from (at least) 1985 until (at least) 2000.

If HIV is the cause of AIDS, and the number of infected individuals is constant, then, other things being unchanged, the number of cases must remain constant.

Although there are reasons why a virus might stop causing a disease (such as immunity, or drugs that confer resistance - although neither apply in this case), there is no defensible reason in the clear light of these data for thinking that HIV ever began to cause one in the first instance.

*\* Update \* As originally published, the second graph, B, was published as "incidence of HIV" when it should have read "prevalence." The fault for that is the editor's. It has been corrected. Since more in-depth references have been requested, they will be published in a later article.--Dean*

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Chris Lansdown ([mail](#)) ([www](#)):

Please forgive me if this is a superficial question, but if a virus can take years to turn virulent and bring about the disease for which it is responsible, and if the time to virulence is not uniform but instead distributed with, say, a gaussian distribution, wouldn't you expect to see a delay between prevalence of the virus in the population and prevalence of the disease? And if the creation of drugs to prevent said disease are timed correctly, couldn't that cause the bell shaped infection curve seen above?

1.13.2005 10:41am

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Publius Rex ([mail](#)) ([www](#)):

Chris,

Just my opinion, and I'm no expert, but what is convincing to me is that there is no drop in HIV proportional to the drop in AIDS that preceded the AIDS drop. My guess is that sometime between 1985 and 1990 there would have been a big drop in HIV cases.

1.13.2005 10:46am

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Dave Schuler ([mail](#)) ([www](#)):

Well, **Dean**, you've succeeded in confusing me and that's a good thing. Learning can't take place in an environment of certainty. I read the paper that's linked to in the post and it's interesting. I then went to the NIH to see what they had to say and I was honestly shocked to find that they'd re-written Koch's postulates to satisfy what they'd discovered about HIV. Koch's postulates aren't perfect and there are exceptions but misstating them is at best bad science.

**Alex Knapp** the literature is full of cases of AIDS in the absence of HIV—nearly 5,000 cases. And, of course, HIV without AIDS.

So at this point I'm confused.

1.13.2005 11:10am

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([link](#))

Aaron Pohle ([mail](#)):

To address the above about the drugs causing what we are seeing on the graphs, the numbers seem off for that to be the case.

AZT and other "chain-inhibitors" went into widespread use around 1987, yet incidents of HIV remained essentially constant and incidents of AIDS greatly increased.

Protease inhibitors were added to the "AIDS cocktail" in 1996 and were credited with helping to greatly reduce the onset of AIDS. However, the drop began slightly in 1992 and more in 1994, with the largest drop in 1995.

One question I have about the graphs. What definition is being used to define AIDS patients? In 1993 the CDC changed their criteria to include HIV+ with a CD4 T-cell count below 200. If the above graph is based on CDC definitions, then it is likely that the drop in AIDS (as it was defined prior to 1993) is greater than shown.

The other question I have for those claiming that the graphs are supported by the effectiveness of the drugs is this: Even if your numbers are accurate and it was the introduction of AZT and the PIs that caused the drop, how do you explain the rise? HIV incidence was nearly constant from 1985-1992 yet AIDS cases were rapidly increasing. If HIV were a new epidemic wouldn't it still be rising in incidence? Are there any viruses that have this great of a disparity between infection and symptom curves?

1.13.2005 11:20am

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[link](#))

Russell Newquist ([www](#)):

The latency/treatment issue doesn't hold up against these charts. You don't *need* to be an epidemiologist to see that, either.

Simplify the problem, and you'll see what you should expect. Suppose that in 1985 you have one million cases of HIV infection. Let's pretend for a minute that HIV has a constant, known latency of five years (I know, this is against the HIV - AIDS model - we'll correct back to that in a minute). What you would expect, then, is to have one million cases of AIDS in 1990. The AIDS chart would perfectly match the HIV chart, only it would be shifted by five years.

The HIV -AIDS hypothesis, however, posits that there is a variable latency period. Furthermore, let us suppose that the treatment is effective in delaying the onset of AIDS symptoms as claimed. With our nearly perfectly flat HIV curve, then, what we should see is a continuous gradual rise in the number of AIDS cases that should eventually stabilize into a roughly flat curve, although perhaps after a very small falloff from the peak.

If the number of HIV infections is constant, the AIDS curve shouldn't exhibit a dramatic falloff unless one or both of two things is happening. Perhaps large numbers of AIDS patients are dying - in numbers *FAR* larger than the HIV infection rate - in which case we have an epidemic that is well under control, because it's not spreading. Or two, a true cure for AIDS has been developed.

A drug that delays the onset of symptoms wouldn't cause a dramatic drop in total AIDS cases. It would cause a dramatic drop in *NEW* AIDS cases. In *total* AIDS cases, it would cause the curve to flatten. It would still be a growth curve, if indeed every person who contracts HIV eventually gets AIDS. It would just be much less steep.

These charts, by themselves, don't *prove* that HIV doesn't cause AIDS, but they *do* prove that there's *something* wrong with our model. There's *something* major that we don't know about AIDS, and whatever it is, it's important. It *could* be something out there that's inhibiting the HIV virus or curing people of it. Or it *could* be that HIV does not, in fact, cause AIDS. Occam's Razor *suggests* that the simpler explanation, HIV doesn't cause AIDS, is correct. But these charts alone do not in fact prove that.

They are enough, however, to give me personally a Dean-like "a ha!" moment.

1.13.2005 11:23am

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caltechgirl ([www](#)):

No Alex, all that would demonstrate is what I have been postulating all along, which is that AIDS has a complex etiology. Don't be confused, Dave.

However, I'm sorry but this is apples and oranges. One graph shows AIDS cases and the other shows HIV cases. These graphs must be interpreted in the light of 1) what maor pointed out earlier (error) and 2) historical significance.

It is entirely plausible that AIDS cases declined while HIV cases remains stable due to drug intervention. The downslope begins at approximately the same time as the widespread use of the triple cocktail, which by all published accounts has lengthened the amount of time that patients survive before developing AIDS.

You can discount the drug data all you like by expounding on its toxicity and its own likelihood to induce AIDS symptoms in people taking it. You can point out all the people who seem to be ok without taking medication. That's fine. But none of those things answer this fact: HIV+ patients who go on anti-retroviral therapy are up to 50% less likely to develop AIDS-defining illnesses (R. Baker, BETA(Mar 1997) 3-4; and P. Randall NIAID AIDS Agenda (Mar 1997) 1-2.) and if they don't meet the criteria, they won't be diagnosed as having AIDS, hence the decrease. If patients continue taking the cocktail, it appears (although we don't have more than 6-8 years of data) that MOST of them might never progress to AIDS, which accounts for the continuation of the drop.

I thought you were really gonna blow the doors off. This is more like a bad April Fool's joke. I should have known.

1.13.2005 11:37am

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Tom DeGisi ([mail](#)) ([www](#)):

This reminds me of Copernicus, Kepler and epicycles. The questions the insurgents have are generally in the category of simple things that are wrong with the HIV=AIDS hypothesis. The means used to counter them all add complications.

When people believed in the Platonic geocentric model of planetary motion, each planet circled a point in space which circled the earth. This arrangement was called an epicycle. It came close to our observations, but didn't make it. Some astronomers added another point, so the planet circled a point, which circled a point, which circled the earth. Still didn't match.

Copernicus thought everything circled the sun, but the data didn't match for Mars.

But Kepler came up with ellipses, and suddenly everything matched.

This is just a hunch, but right now HIV=AIDS appears to be adding epicycles.

1.13.2005 11:56am

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JDS ([mail](#)):

maor,

If the HIV incidence numbers aren't all that accurate, then I suppose this whole line of argument is pointless.

But I'm less concerned about the actual numbers than the trend. It would seem unlikely that HIV incidence would remain largely stable over this 15 year period, during which time we had scare campaigns, new drugs being developed, safe sex campaigns, etc. Maybe the HIV incidence estimates are inaccurate, but they would have to be wildly so.

1.13.2005 1:10pm

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([link](#))

Voros ([mail](#)) ([www](#)):

"But I'll tell you what would be a slam dunk case: find a patient who is diagnosed with AIDS who is NOT infected with HIV."

Someone said that there are such cases and again I know nothing about epidemiology so that may be.

But even if there aren't, what you're stating isn't necessarily true. There are two (and possibly more my addled brain can't think of right now) counters I can come up with:

Even if HIV+ does not cause AIDS, it could be infinitely possible that AIDS makes one highly susceptible to the virus. Meaning instead of HIV+ -> AIDS, AIDS -> HIV+.

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([link](#))

TLHeart:

Simple math will convert the charts to the same base, and then it is seen visually that although the actual number of hiv cases stays constants, or with a slight drop, the actual number of AID's cases is also decreasing, after a spike in the early 90's.

Throw in the changing definition of AIDs, and the truth is very hard to find. Has AIDS every really been an epidemic in the US? or just a political football? More people die in car crashes every year, than die from AIDs. Are car crashes an epidemic?

Is HIV the sole cause of AID's? I doubt it. Does life style, genetics, and other factors contribute to one's immune system shutting down. YES.

1.13.2005 1:19pm

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Russell Newquist ([www](#)):

I'm going to retract part of my last statement. After looking more at this new chart, I think it shows something different. I will try and get a copy of it to Dean soon, and post more after I've considered it some.

1.13.2005 1:41pm

Russell Newquist ([www](#)):

You can see my version of the AIDS cases chart [here](#). To me, this version casts serious doubts on Dean's and Dr. Bialy's claims, since it very closely matches with my own predicted chart based on an HIV-AIDS theory, as quoted from earlier in this discussion:

"The HIV -AIDS hypothesis, however, posits that there is a variable latency period. Furthermore, let us suppose that the treatment is effective in delaying the onset of AIDS symptoms as claimed. With our nearly perfectly flat HIV curve, then, what we should see is a continuous gradual rise in the number of AIDS cases that should eventually stabilize into a roughly flat curve, although perhaps after a very small falloff from the peak."

The only variation from my prediction is that the "very small falloff" is in fact a large falloff, but with the stabilization afterward this dropoff *can*, at least to me, be explained by effective treatment methods.

1.13.2005 2:03pm

([link](#))

Alex Knapp ([mail](#)) ([www](#)):

Russell - that's excellent work.

Also, also looking at the numbers it seems that if the population is growing but the incidence of HIV is declining/constant, that represents a decrease in the RATE of infection. Since the rate of infection is declining, this should result in fewer incidences of AIDS per 100,000 people, which is also what we see.

1.13.2005 2:11pm

([link](#))

Chris Lansdown ([mail](#))

([www](#)):

Russell,

I agree with you that your prediction makes sense. What I'm wondering about, though, is the HIV curve — it's extremely flat, which suggests that HIV saturated before the data starts. This brings up the question: when did HIV actually enter the population, and how long was it there.

Like you (see my original comment) I agree that one would expect to see a fairly rapidly growing AIDS incidence which trails HIV infection rates by probably 3-8 years (I haven't done any of the arithmetic, so I'm not sure).

Unless HIV took off like wildfire from the very start then saturated some small subset of the US which it couldn't escape from, I would not expect to see zero deaths from AIDS just 4 years before HIV infection rates were stable at 1E6 individuals.

Is there any evidence that HIV went from zero to a stable 1E6 in only a few years?

(granted, the early stuff is really difficult to tell due to misdiagnosis, etc. Also, IV drug users would have the ability to spread a blood-borne disease really quickly, I imagine.)

By the way, does anyone know the incubation period after infection but before a person has enough HIVs to pass on to someone else?

1.13.2005 2:20pm

([link](#))

Chris Lansdown ([mail](#)) ([www](#)):

For those explaining the falloff in AIDS despite a relatively constant HIV infection, you forgot one of the obvious explanations: evolution.

The first people to die are the ones most vulnerable. The viruses least likely to spread are the most virulent ones. After the most susceptible die off, you're left with those who are less susceptible. After the really virulent viruses kill off their hosts and die themselves, you're left with the less virulent ones.

Even absent drugs, you'd expect to see a falloff in mortality from a disease caused by a virus (though how big a falloff depends greatly on the details of the virus, the population, and the disease).

1.13.2005 2:26pm

([link](#))

Hank Barnes ([mail](#)) ([www](#)):

My take on the graphs (which ain't earth-shattering):

1. At one point in the U.S., people died of disease caused polio, caused by the virus called poliomyelitis. (I think).
2. A vaccine was developed.
3. Consequently, U.S. polio deaths dwindled to nearly zil. (I think. I've never heard of anyone dying of polio in 25-35 years).
4. I would expect that concomittant with a vast decrease in polio cases and polio deaths, that the number of people INFECTED with the polio virus (Polio positive?), would roughly decrease in proportion.

Does anyone contest this very simple, basic, uncontroversial analysis?

Let's compare to AIDS.

5. The graphs show that while AIDS deaths have declined to 15,000/year (less

than the flu), the number of HIV infected people (Ahh, HIV positive!) has NOT decreased, but rather remains stuck at about 1 million.

6. Like polio, I would expect the number of HIV positive folks to roughly track the number of AIDS deaths. The number SHOULD be going DOWN It is not.

Conversely, it should have been going UP from 1981 to at least 1995. It didn't.

So, what conclusion can we draw?

A reasonable conclusion is that HIV and AIDS ain't connected. [Ducks head, as cyber rotten tomatos are hurled at 'ole Hank].

Association ain't causation.

This doesn't seem that controversial to me. Why is it so controversial to some of you guys?

Also, feel free to show me where I erred -- I admit that my skill sets are quite pronounced, but even I have limitations:)

1.13.2005 2:26pm

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([link](#))

Alex Knapp ([mail](#)) ([www](#)):

Chris,

Building on that, we also know that being infected with 2 or more different strains of HIV will markedly decrease the amount of time before the onset of AIDS.

Reinfection by other HIV strains was probably more likely in the time period where people didn't know about AIDS, safe sex wasn't part of the culture, etc...

1.13.2005 2:27pm

([link](#))

Alex Knapp ([mail](#)) ([www](#)):

Hank,

The reason why is because there is no vaccine for HIV, like there is for polio. Folks who are HIV+ can still infect others.

Also, we're better at treating AIDS itself, which means that even people who have full blown AIDS can expect to live longer, which also causes a decrease in AIDS deaths.

The two cases simply aren't analogous.

1.13.2005 2:31pm

([link](#))

Chris Lansdown ([mail](#)) ([www](#)):

Hank,

The problem with your analysis is that a vaccine conditions someone's immune system to destroy the target virus.

The AIDS cocktails are only designed to prevent HIV from causing AIDS, not to suppress or destroy HIV. Thus even if they shoved AIDS down to 0, there could be a 100% infection rate.

As Dean has noted, there's a 100% infection rate for some forms of pneumonia which are immune system easily keeps in check. The virus is ubiquitous, the disease it causes nearly unknown.

That's not a problem.

1.13.2005 2:32pm

([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

Chris,

You write:<i>That's not a problem.</i>

It is if you're the NIH. They claim HIV is a deadly viral pathogen.

You have just defined HIV as an AIDS <i>passenger</i>.

Congratulations on joining the insurgency.

1.13.2005 2:41pm

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([link](#))

Hank Barnes ([mail](#)) ([www](#)):

Man, there ought to be a gold medal for ad hoc reasoning and uncited propositions. Some of you boys would be Olympic champs!

I almost forgot my daily request:

To anyone who holds the opinion that HIV causes AIDS:

Please cite me the paper in the mid-80's where this causal connection was first made. Author. Journal. Page Number. Year. I'm sure that fellow/lady must have won the Nobel Prize for that breakthrough achievement, right? Another Fleming? Another Salk?

If you can't (or won't) do this, then it seems to me you believe stuff, without evidence.

Now, believing stuff without evidence is a wonderful thing in Buddhism, or Christianity or perhaps even the Kaballistic strains of Judaism. It's called faith.

But, of course, faith ain't science.

Regards to all,

Hank Barnes

1.13.2005 2:52pm

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([link](#))

Dave Schuler ([mail](#)) ([www](#)):

I don't have any dog in this hunt but, **Alex Knapp**, the NIH report that you linked to is the same one I found. It *misstates* Koch's postulates and it misstates them in a way that enables them to claim HIV satisfies Koch's postulates.

Here's Koch's first postulate

*The suspected causal organism must be constantly associated with the disease.*

Here's the way it's stated in the NIH report:

*Epidemiological association: the suspected cause must be strongly associated with the disease.*

If you define AIDS tautologically i.e. Kaposi's sarcoma, TB, etc. *in the presence* of HIV infection, of course it's caused by HIV. In the definition. But that's not particularly helpful.

And the citation you were looking for for non-HIV AIDS cases is in the paper that Dean links to in the body of the post.

1.13.2005 3:04pm

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([link](#))

maor ([mail](#)):

Hank,

"I would expect the number of HIV positive folks to roughly track the number of AIDS deaths."

The flaw in that reasoning is that AIDS deaths would expected to be proportional to HIV+ folks DIVIDED by the time until death.

Increasing time until death => less AIDS deaths per HIV+ folks.

"Conversely, it should have been going UP from 1981 to at least 1995. It didn't."

The flaw here is that there's a lag time between HIV contraction and onset of AIDS. An increase in AIDS until the early 90's corresponds to an increase in HIV until the mid 80's. There is no data for whether that happened.

1.13.2005 3:25pm

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([link](#))

maor ([mail](#)):

JDS,

you said "But I'm less concerned about the actual numbers than the trend. It would seem unlikely that HIV incidence would remain largely stable over this 15 year period, during which time we had scare campaigns, new drugs being developed, safe sex campaigns, etc."

Keep in mind that HIV carriers live for a few years, so decreases in new HIV+ cases only gradually change the HIV statistics.

Drugs do not prevent HIV contraction. They help people who are already HIV+. Also the scare campaigns are up against the natural tendency of the virus to spread. It's not that surprising if they partially cancel each other out.

And the correct HIV stats for 1985 and 1990 could easily be anywhere between

500,000 and 2 million (how would you translate "an estimated 1 million" based on very little data?), making the whole point moot.

1.13.2005 3:35pm

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Alex Knapp ([mail](#)) ([www](#)):

Dave,

The NIH links I just pointed you to use the exact phraseology of the Kuch Postulates, not the rewritten phrases.

1.13.2005 3:52pm

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Dave Schuler ([mail](#)) ([www](#)):

*The NIH links I just pointed you to use the exact phraseology of the Kuch Postulates, not the rewritten phrases.*

Yes, but the reported results (in the NIH report) don't satisfy the first postulate. In every instance they qualify their findings e.g. "most cases" and *that doesn't satisfy the postulate*.

1.13.2005 4:10pm

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Alex Knapp ([mail](#)) ([www](#)):

Russell,

Exactly. The number of people with HIV remains constant and the number of living people with AIDS increases. New cases of AIDS decline because of treatment.

These numbers don't show a thing to disprove the HIV-AIDS hypothesis.

1.13.2005 4:14pm

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Hank Barnes ([mail](#)) ([www](#)):  
Alex Knapp,

The NIH link paper you cited is (a) anonymous and (b) not published in the peer-review literature.

It was designed to make certain, er, gullible people feel good about holding the opinion that HIV causes AIDS, without a scientific basis for so holding.

Find me THE PAPER IN THE 1980'S WHICH DEMONSTRATED THAT HIV CAUSES AIDS!

That would end the discussion. Or, at least make it more fruitful.

To the impartial folks:

1. If I want to state that asbestos is "reasonably safe," I can cite Fleischer et al (1946), a Health Survey of Pipecovering Operations in Constructing Naval Vessels, J INDUST HYG, 28-916.
2. Of course, those folks were like the precursors to the tobacco executives, who insisted there was no causal connection between smoking and lung cancer. They were later proven dead wrong -- after hundreds of thousands of blue-collar workers died from asbestos exposure.
3. So, If I want to state that asbestos is unsafe and causes a hideous cancer called mesothelioma I can cite a *later* study, (Wagner, et al, Diffuse Pleural Mesothelioma and Asbestos Exposure in the Northwestern Cape Province, (Brit J. Ind Med, 12, 260-271 (1960).)
4. In fact, on every single scientific discovery (Theory of Relativity, DNA Structure, lung cancer=smoking, polio vaccination, etc, etc), I can find and cite the definitive study. Without exception.

Are you surprised that nobody yet (on this blog) has produced the definitive paper that proved the causal connection between HIV and AIDS? Surely, one exists, no?

Wouldn't this paper prove Dean wrong?

Where is it, I ask for the 5th consecutive day.

1.13.2005 4:14pm

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Richard Bennett ([www](#)):

So Dean, how long are you going to let these comments run before you admit you're trolling and expose the scam? It's really amusing, in a scary kind of a way, to see how many people you've snookered with your little chart.

Hint: US HIV rates are uncertain, for a number of mostly political reasons, but there are other countries who track HIV rates very diligently, and no more than 10 minutes on Google will show you some real infection data.

Second hint: The real HIV infection rate isn't a flat line.

1.13.2005 4:53pm

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Alex Knapp ([mail](#)) ([www](#)):

Hank,

There are 11,000+ papers on Medline related to HIV. Feel free to do your own damn research.

1.13.2005 5:14pm

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

It might help, in an *analysis of what the two curves above imply*, to consider them independently of the words HIV and AIDS. Redraw them without any units on the axes. Ask yourself, or any epidemiologist, if the flat line incidence curve of the presumed pathogen is consistent with it being a cause of the epidemic curve?

If he or she tells you yes, ask them to explain.

If you post your explanations here, I will reply to them carefully. ...

1.13.2005 6:40pm

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Hank Barnes ([mail](#)) ([www](#)):

I know, I know it irritates folks when I insist on citing from the published literature, but.....

New England Journal of Medicine:  
Sepkowitz, "AIDS -- The First 20 Years" (344:1766 (2001)

*"Zidovudine (earlier known as azidothymidine, or AZT) was among the earliest compounds tested and, in 1987, became the first drug approved for the treatment of AIDS."*

So far, so good.

*"After initial exuberance, many in the community of AIDS patients turned against the drug (cite). They came to see its promotion as an almost hostile act on the part of the NIH and Burroughs Wellcome and treating physicians."*

Uh-oh. NIH folks forgot to tell AIDS patients that AZT was toxic cancer chemo, that will either kill you in the short run or cause cancer (lymphoma) in the long run if you can survive it.

*"Accusations abounded that cheap and simple treatments had been overlooked in favor of a mediocre, costly and toxic agent."*

You got that right, pard. Here's the kicker though:

*"Patients soon claimed that everyone they knew who took [AZT] was dead -- a familiar lament."*

See, that's the problem. AZT killed a lot of patients, whose deaths, though, were blamed on the virus.

And Duesberg was the only one pointing this out,..... for which he was not hailed as a hero, but ostracized by an inferior crowd of bean-counting health bureaucrats who couldn't interpret properly what was going on. Very sad.

But the real tragedy is that ignorant doctors and scientists are still touting AZT and still forcing pregnant mothers to take it or give it to their kids, under threat of removing custody of the child.

Quite shocking, no?

Great thread, Dean.  
1.13.2005 8:38pm  
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John Van Laer ([mail](#)):

I don't want to add to the confusion here, but what the hell...

The trouble with these data on HIV/AIDS infections is that they do not warrant serious study. The epidemiology of the disease and of the infection is a political minefield. The CDC and NIH have been pussyfooting around it for years. I don't know what the CDC does now, but in the 80's, in the absence of solid data, they used a technique of estimation dreamed up by the RAND Corp, called the Delphi Method.

Yep, Delphi, after the classic oracle. How it works: you sit a bunch of recognized experts around a table. You ask: "How many cases of AIDS are out there?" Everyone writes down a number, like a secret ballot. The results go up on a blackboard, and another round of guesses takes place. And another, and another, until all but maybe 1 or 2 outliers fall within a range that seems tolerably narrow. Then, for maximum impact, you publish the upper end of the consensus range.

That may be good staff work in the face of great uncertainty, but it isn't statistics. It has nothing to do with standard error of estimate, or confidence intervals or any of the stuff that Jason the Samurai will have to struggle with if he has the misfortune to need to dip into the Annals of Math Stat.

1.13.2005 9:57pm

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([link](#))

willem ([www](#)):

The CDC December 1996 Surveillance Report states: "Acquired immunodeficiency syndrome (AIDS) is a specific group of diseases or conditions which are indicative of severe immunosuppression related to infection with the human immunodeficiency virus (HIV)."

This definition, that the diseases or conditions defining AIDS "are indicative of severe immunosuppression", is completely inconsistent with the December 1992 definition by the CDC, which defined AIDS to be any one of 29 diseases if and only if the person is also HIV positive. Indeed, one of the defining diseases is a low T-cell count, but about 40% of the 29 diseases defining AIDS in the 1992-1993 CDC list do not involve immunosuppression. For instance, Kaposi's sarcoma and cervical cancer are not "indicative of severe immunosuppression", but according to the December 1992 definition, they are among the AIDS defining diseases in the presence of HIV including cases when there is no immunosuppression.

Duesberg and Bialy are well on point and have made reasonable use of the charts being discussed here. There was nothing better to use. Sadly, the charts being debated are made from migrating definitions, diagnostic duplicity, circuitous data and leaps of orthodoxy. This is emblematic of the HIV-AIDS scandal that continues to emerge. A tragic mess has been made from great suffering, flawed assumptions and premature conclusions.

We need to awaken to the greater issues being raised these scientists. We need to appreciate the magnitude of human error that has accumulated and become falsely established in our desperate race to find a cure. If you have a deepened interest in HIV-AIDS, then CAREFULLY READ Duesberg's paper cited by Dave above. If that is too much, then just read about the destroyed lives of history-changing physicians Ignaz Semmelweis or James Lind.

Western medical orthodoxy has a long, well established tradition of intellectual thuggery and indifference to fact. The unfolding tragicomic scandal of present HIV-AIDS orthodoxy sadly repeats a recurring pattern in western medicine's scientific and cultural history.

We need to remember the wisdom of Schopenhauer's observation that new thought and new truths go through three stages. First, they are ridiculed. Next they are violently opposed. Then, finally they are accepted as self-evident.

It normally takes a generation for flawed medical orthodoxy to be overthrown. With the help of scientists like Duesberg and Bialy, let us pray this one will not take so long.

1.14.2005 12:51am

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Hank Barnes ([mail](#)) ([www](#)):  
Dr. Harvey,

Sadly, I'm away from my office, so I don't have the Padian paper in front of me. Also, I'm on the road tomorrow so, won't be able to get it until probably Tuesday.

But, from memory:

1. The study started in 1985, so there were no licensed drugs to treat AIDS then. And, I recall no mention that anyone in the study was taking those dreaded drugs;

2. I recall nothing in the study on the cause of death of anyone. Not even a

suggestion that anyone died of AIDS. The focus was on sex, the whole sex and nothing but the sex.

3. Table 3 says, essentially, some couples used condoms, some did not; some couples had anal sex, some did not. I can't recall the actual numbers.

My bottom line on Padian:

Raw data: Out of 175 discordant couples having a lot of sex over 10 years, exactly ZERO contract HIV.

Adjusted Data: Padian is bewildered by her own findings, does some goofy "meta-analysis" extrapolation, concludes:

- a. 1/1000 odds of woman getting HIV from sex with HIV+ man
- b. 1/10000 odds of man getting HIV from sex with HIV+ woman.

So, even if you accept Padian's spin, most men (certainly the nerds on this blog) are never gonna have 10,000 sexual liaisons in their life, so are never gonna get HIV from sex.

So, the Hank question:

How can you have a sexually transmitted disease that is never transmitted by sex?

Good day, Gentlemen

Hank Barnes

1.14.2005 12:57am

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daf9 ([www](#)):

I find the comparisons between arguments used by religious fundamentalists to refute the "theory" of evolution and AIDS Dissidents to refute the "theory" of hiv/AIDS interesting and instructive. Members of both groups carefully cull the literature for data and then formulate questions that they say are unanswerable. I have no doubt the questions are unanswerable as formulated. Trying to answer them is like trying to beat a shell game. But the flaw is in the formulation of the question. Why should HIV cause AIDS when two closely genetically related viruses HTLV-1 and HTLV-2 do not? And I ask you, if all three are dogs, why should a greyhound be able to run 50 miles an hour when a dachshund or a toy poodle can't? Either the greyhound isn't really a dog or the

many many attendees at dog races must be suffering mass hallucinations? Or does something about that argument not seem quite right?

if you look at the early AIDS literature what it 'says' is that the epidemiological data is most consistent with an infectious agent transmitted via body fluids. That conclusion was drawn by looking for a common denominator among the groups of individuals who first showed up with AIDS. An infectious agent, hiv, was subsequently found and shown to be transmissible through body fluids. Reducing the incidence of that infectious agent in the blood supply reduced the incidence of AIDS defining illnesses in hemophiliacs and others receiving blood transfusions. The hiv/AIDS hypothesis also predicted that treating patients with antiretrovirals should improve outcome. The data I've seen seem to support that prediction as well, at least on the short term. To me those are pretty practical outcomes arising from predictions made by the hiv/AIDS hypothesis. And that's what hypotheses are for - to make useful predictions.

Someone else in this discussion asked what it would take for an AIDS Apologist to accept that HIV does not cause AIDS. For myself, the answer is an alternative hypothesis that better explains ALL the existing data. I haven't seen one.

daf9

1.14.2005 6:51pm

[see Gene Semon's post, 1/23 3:54 PM cs]

AnthonyL ([mail](#)) ([www](#)):

daf9, what you say is true in that in that there are various changes in the "other things", but it is hard to see how any of them could account for the profound disconnect between this totally FLAT incidence of HIV in the population (the descent to another level is just a different estimate, not an actual sudden drop) and a bell curve of newly detected AIDS disease.

If I may reply point by point to your previous post and that of Richard:

daf9 I find the comparisons between arguments used by religious fundamentalists to refute the "theory" of evolution and AIDS Dissidents to refute the "theory" of hiv/AIDS interesting and instructive.

AL -Surely those who cling fixedly to a questioned belief are the ones behaving as if they were members of a church....

daf9 Members of both groups carefully cull the literature for data and then

formulate questions that they say are unanswerable.

AL In this case the believers produce belief and the data and the heathens accept the data but point out that it doesn't accord with the belief.

daf9 I have no doubt the questions are unanswerable as formulated. Trying to answer them is like trying to beat a shell game.

AL - You imply that responders on either side are concealing data. I don't think anyone I know is making such accusations. If one muddies the issue with accusations, it doesn't help resolve it, it merely makes it unscientific. As a matter of fact, the dissidents in AIDS accept the peer-reviewed study data in the scientific literature for the purposes of their argument that it doesn't fit the theory.

daf9 But the flaw is in the formulation of the question. Why should HIV cause AIDS when two closely genetically related viruses HTLV-1 and HTLV-2 do not? And I ask you, if all three are dogs, why should a greyhound be able to run 50 miles an hour when a dachshund or a toy poodle can't? Either the greyhound isn't really a dog or the many many attendees at dog races must be suffering mass hallucinations? Or does something about that argument not seem quite right?

AL - I agree it is not quite right. Dogs or viruses, as you point out, it is quite possible that each type has varying characteristics. But I don't think anyone involved ever argued that HTLV-1 and HTLV-2 are harmless, therefore HTLV-3 must be. HTLV-1 is actually said by Robert Gallo to give you leukemia.

daf9 if you look at the early AIDS literature what it 'says' is that the epidemiological data is most consistent with an infectious agent transmitted via body fluids. That conclusion was drawn by looking for a common denominator among the groups of individuals who first showed up with AIDS.

AL - I believe they first supposed or at least entertained the idea that it was a toxic chemical or chemicals, specifically the amyl and butyl nitrites that were later blamed by dissidents for causing the purple skin cancer Kaposi's sarcoma. This idea seemed to prove out when KS dwindled as a prime symptom of AIDS as gays stopped taking so much those nitrites, which are reported to boost your sexual performance through expanding blood vessels. Now KS has not been the leading symptom of US AIDS for some time. Yet in the beginning it was the lead symptom. Suggestive?

daf9 An infectious agent, hiv, was subsequently found and shown to be transmissible through body fluids.

AL Far from infectious, it turned out. In fact, HIV is the least infectious agent ever blamed for a disease. Don't you recall that even using the same towels and

toothbrush as an HIV positive person is not a concern? As noted above, hemophiliac husbands had to sleep with their wives 500-1000 times to transfer the virus, a peer reviewed study showed. Small wonder that heterosexual AIDS didn't break out, despite dire warnings of overflowing hospitals in New York City by the early nineties.

daf9 Reducing the incidence of that infectious agent in the blood supply reduced the incidence of AIDS defining illnesses in hemophiliacs and others receiving blood transfusions.

AL - Did it? Have a look at Duesberg's paper, which Dean highlighted above. Click, then search for hemophiliacs.

daf9 The hiv/AIDS hypothesis also predicted that treating patients with antiretrovirals should improve outcome. The data I've seen seem to support that prediction as well, at least on the short term.

AL - That's what most scientists as well as the public believe. You are saying exactly what James Watson (the one that won his Nobel for in 1953 working out the structure of DNA was a Double Helix, the title of his famous book) said to me last year -- "The new drugs work, don't they?" In fact they don't. Have a look at Duesberg's piece again, you'll see that the peer reviewed literature says that you die at four times the rate on cocktails.

AL Of course, to be precise, you said that they appear to work at first. That may be, I don't know any studies on that, and the media anecdotes have AIDS patients leaping out of bed and going back to work and happily "living with AIDS" instead of dying from it.

Perhaps they do, for some reason. The orthodoxy believes that proves they work against HIV and prove it really is the culprit. The dissidents have to believe it is for other reasons. We do need an explanation for the anecdotes of rapid temporary improvement in patients on protease inhibitors. Are these in the literature? I can look. Or Dr Bialy may answer that point.

daf9 To me those are pretty practical outcomes arising from predictions made by the hiv/AIDS hypothesis. And that's what hypotheses are for - to make useful predictions.

AL- yes but as above there is only one thing you believe which is not immediately contradicted by the literature. So the hypothesis is not coming off as very useful, is it? And what about the long list I posted above? You dismiss it by saying both sides can produce such lists. This is not true. It is only the dissidents that can produce such a list of inconsistencies with science, medicine and sense.

The believers only produce a list of rationalizations of their beliefs which the dissenters say are unlikely or

impossible. But what the dissidents say most powerfully is that the hypothesis has proved not useful at all. Its predictions have failed, its promises of explanation, cure and vaccine have not been realized, and review has been dismissed without the debate being permitted to run its course.

I believe at some point you have to ask why you confidently dismiss the critique. Are you influenced by the understandable feeling that the probability of a globally endorsed theory being wrong is very low? Are you not prejudiced against dissent by all you have read in the papers and in science journals and on tv? This is a reasonable and fair prejudice normally, I agree. But when power, prestige, and position are used to prop up a paradigm with pillars of social, psychological and political pressure and approval, doesn't that predisposed judgment become one we have to reverse? Isn't it actually more likely that the dissent is right if it is too strongly resisted, and the dissidents are so vehemently disrespected?

daf9 - Someone else in this discussion asked what it would take for an AIDS Apologist to accept that HIV does not cause AIDS. For myself, the answer is an alternative hypothesis that better explains ALL the existing data. I haven't seen one.

AL - Well, this thread has discussed one. The Duesberg alternative sees all the difficulties melt away. All the inconsistencies, paradoxes, puzzles and motivation for endless imaginative speculation to bolster the reigning hypothesis vanish in an instant. The data all make sense if the construct is rejected as wrong and the immune defeating diseases are recognized as themselves, instead of being relabeled "AIDS" on the basis of a test for antibodies to a virus which doesn't fit the hypothesis that it is the culprit. TB becomes TB, pneumonia becomes pneumonia, malnutrition is recognized as malnutrition, etc, with the usual agents producing them and the immune impact that goes along with them.

Richard Bennett Indeed, daf9. Going back the charts in this posting, we notice that the incidence of AIDS in the US Population is doing exactly what we want it to do - steadily going down from the peak in 1992. So whatever the truth or falsity of the primary theory about AIDS causation may be - and I happen to believe it's true - we must be doing something right. I don't believe you'll see a similar curve for South Africa during the Mbeki HIV denial period.

AL - But Richard, if you review the posts in this set of threads, you will see that all the speculation concerns reasons why the incidence of new AIDS cases might fall, as you do yourself ("we must be doing something right"). Unless I am mistaken no one is able to explain why there should be a sudden rise in new AIDS symptom cases out of nowhere when the level of virus in the population remains flat. There might be a decline, if medication can block the supposed effect of the virus, true, but as posters have pointed out, the dates of these two things don't coincide very well.

Richard Bennett Also, if you look at the kinds of things AIDS researchers are finding these days, it's clear that they're getting results based on the HIV theory.

AL Not really, as noted above. There has been a good deal of backing down in the science literature as to the efficacy of the cocktail, on top of the study result that it multiplies your chances of dying by four. Then there are all the failed predictions, including the stillborn promise of the vaccine "within two years", the heterosexual epidemic that wasn't, etc.

Richard Bennett. It's always easy to get thrown off track in obscure areas of science in which we aren't experts and the data isn't as clear and complete as we'd like it to be, so it's therefore instructive to look at the problem from other angles.

As long as the overall rate of AIDS is going down, I'm convinced that we're doing the right things.

AL: If the HIV AIDS idea is wrong, and we are doing the wrong things, there are still possible reasons for the number of new AIDS cases to go down, are there not? If it was really due to too many drugs, for example, then if drug taking went down, wouldn't the number of AIDS cases go down?

Richard Bennett And Dean, while it's virtuous to be a rebel and question the establishment, being contrary for its own sake is not a virtue, nor is seeing conspiracies in every corner of the world. Sometimes the common wisdom really is wise, and sometimes the people who label our buddies and heroes "crackpot" are correct.

AL That is true, but what has it got to do with the debate? How do we know if it applies to this issue or not? Whatever the prejudices or motivations of the participants, the bottom line deciding factors are the evidence and the reasoning, aren't they? Don't we have to leave out discussion of motivations to keep the argument on the rails? I think we do. Especially as the manipulation of the defenders of any faith (sorry- a motivation phrase of my own!) is often to question the motivations, credibility, sanity, goodwill and expertise of the challengers.

1.15.2005 2:20am

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Dean Esmay ([www](#)):

What I notice of this discussion is that the defenders of HIV as the sole cause of AIDS continue to change the subject and bring up separate issues. One person has accused Duesberg of falsifying, a scurrilous charge that requires more than merely an assertion. That's a paper that was published in a respected scientific journal and underwent the standard peer review process that all

scientific papers do before publication, and responses were invited for anyone in the field who wanted to respond--none questioned those figures.

Someone recently suggested that "the charts" referenced in this thread disproved the numbers and conclusions but this is a very long thread and I am not seeing it. Just more ad hominem arguments, points to irrelevant data, and a lot of patting each other on the back.

If there is no reliable data on the incidence of HIV prior to 1989, then the entire HIV hypothesis suffers a serious blow--because before 1989, the only proof for the pathogenic nature of HIV was that there was a correlation, and the correlation was not even 100%. By 1989, anyone who showed up HIV+ was put on AZT without any other symptoms (the current stuff about t-cells and viral loads is quite a bit more recent).

I do not think those of you who are continuing to defend the notion that HIV caused an AIDS epidemic have really thought very carefully about any of this.

1.15.2005 3:19am

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Dean Esmay ([www](#)):

Okay, okay, wait a minute.

Look: unless I'm badly mistaken, Bialy's charts measure two things:

- 1) How many people on an annual basis do we find with AIDS?
- 2) How many people on an annual basis do we find with HIV?

Deaths is not part of the question. At all. It's "how many people do we have with an AIDS diagnosis?" and "how many people are walking around with HIV?"

AIDS cases will be documented, reported. HIV in the general population has to be extrapolated by sampling methodologies. But that's a normal practice and we accept the CDC's extrapolations at face value unless they issue a correction.

Does this help?

1.15.2005 6:23am

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daf9 ([www](#)):

AnthonyL

I have read Dr. Duesberg's paper. What he appears to be suggesting is that AIDS has different causes in different populations around the world but that in the USA the major causes are drug use (NI in homosexuals, other drugs in IVD and the antiHIV drugs themselves). In other parts of the world AIDS is caused by malnutrition. The fact that all these populations share a single common demoninator hiv is coincidence. Sorry but I see that as complicating the issue, not simplifying it. Especially since laboratory studies have given rise to models that would explain how hiv is capable of doing what happens to AIDS patients.

Most of his other "questions" about how hiv could cause AIDS appear to be based on the assumption that hiv should behave like a lot of other viruses that cause different diseases. And my question is why? Research into the properties of hiv in cell culture have already shown many ways in which it is not exactly like any other virus, so why should it behave exactly like any other virus when tossed into as heterogenous a host as human beings?

Other of his questions have already been addressed through modifying and expanding the initial hypothesis. Researchers initially believed that hiv depleted T-cell populations by direct killing and as Duesberg points out that doesn't seem to account for what actually happens. But more recent literature that I've seen would indicate that more scientists are looking at the possibility that what hiv actually does is lead to chronic activation of subpopulations of memory T cells and that it is this chronic activation that leads to T cell depletion with time. In other words the effect is indirect not direct killing of T cells.

Also, I think you'd be hard pressed to find any establishment scientist today who would argue that hiv is the "sole" cause of AIDS; that is that progression from seropositivity to an AIDS defining illness or even to immunosuppression is not influenced by cofactors. Duesberg is refuting an argument that isn't part of the establishment hypothesis and as far as I can tell from the literature, never has been. Papers from the 80s mention cofactors.

What is happening to the hiv-causes-AIDS hypothesis is very similar to what has happened to the theory of evolution, it has evolved over time to accomodate new information.

Let me ask you this. If antiHIV drugs themselves are contributing to AIDS and access to and use of the drugs from 1985 to 2000 has obviously increased, why is the proportion of AIDS diagnoses and deaths for that matter (based on CDC stats) falling in the USA?

1.15.2005 2:39pm

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Harvey Bialy ([mail](#)) ([www](#)):

Epidemic curves come in a variety of flavors as a profitable use of Google will show you. They all have one thing in common, however. It's the first lick that's the killer.

BTW, some of you might want to look at the figure in the Duesberg paper that the graphs I presented are adapted from. They have a missing part that is as bewildering, almost, as the point I made by extracting only two of the data sets there.

Look at the data from Africa. What? How can that be?

Either the CDC is full of it or the WHO is. You decide. Pres. Mbeki has. But then again he is only an economist and the president of a country.

1.15.2005 4:58pm

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Harvey Bialy ([mail](#)) ([www](#)):

daf9 or 10, or maybe even Googleplex!

**(If I may be permitted another aside. It is often quoted in the press that South Africa's president, Thabo Mbeki, famously said, "I don't know anybody who died of AIDS". Well he did say exactly and precisely that. Quite plainly what he meant was that AIDS is not a disease, it is a collection of diseases --- although not a single reporter anywhere in the mainstream media of several continents has to this day managed to get it, despite the ANC publishing a press memo explaining exactly what the President meant. People die from specific causes, like Mandela's son, who died of complications of gall bladder surgery. Gall bladder operation? Maybe you physicians who are out there can tell me if I am correct in thinking that gall bladder problems are quite often linked to hepatic malfunction, which coincidentally is the most frequently reported complication of HAART therapy, which coincidentally is what the man was enduring for at least a year. But I digress sufficient. Everybody knows Mbeki is a foolish, internet surfer with a degree in economics not epidemiology (and silly me I thought math was math...but I digress again), and is a big denialist to boot, and anyway Mandela's son died of AIDS, so would he say that now?.)**

1.15.2005 8:13pm

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Dian ([mail](#)) ([www](#)):

Dr. Bialy, I am reading Dean's blog with great interest, because here I find bubbling a huge controversy surrounding a massive machine built to treat a "disease" where we can see death haunting the sufferers, we can see them becoming skeletal and wasting away. The machine is huge, well-oiled, and very, very rich. Money is being thrown at it from all sides, around the world. It has lured Bill Gates, Bono, and countless other iconic figures into its massive maw.

There is evidence, presented here and elsewhere, that the machine is a fraud built upon a fraud. And there are these very educated, aware, and thinking people putting their minds to this question, some of whom uphold the NIH view of this disease, and some others of whom are screaming "genocide".... and because of the massive public dependence upon "authorities" and "experts" who remain reticent in this regard, we, the reasonably sentient public, are left scratching our heads for lack of PROOF of either argument. There is no resolution; there is only a longer blog.

Is there an identifiable disease, or not? Is a retrovirus capable of doing damage, or not? Where is the evidence? Surely there must be some, after two decades or more! Dr. Anthony Fauci, who is the chief NIH mouthpiece on AIDS, has parroted his own statement since 1984: "There is no debate". Yet here we are debating, Dr. Fauci, here we all still are.

I say, since Dr. Fauci has such control over matters of health, shouldn't he be put to the strictest proof of what he has foisted on Americans, and indeed on the world? And what about Dr. Robert Gallo, who blurted his "discovery" to an unsuspecting public but never supplied any evidence, either? Shouldn't they all supply evidence, when lives are at stake? What are their motives? Are they in it to heal people's pain, or to line their own pockets at the expense of "irrelevant" life?

I've known for a very long time, as an alternative health care practitioner, and consultant to a major Canadian Health Lobby (Freedom of Choice in Health Care), that truth, clarity, and honor have taken a back seat in matters of health and healing. It appears to me that the motto of the medical community (read, cartel) is now, "A patient cured is a customer lost". (Don't even let me get started on all the wrongs: I lost two aunts and nearly lost my mother due to medical incompetence, insouciance, and lies.)

Suffice to say that medical care is today a number one killer in the world. The statistics on iatrogenic deaths in America are mind-numbing. Yet we are asked to swallow both the words and the pills of sycophants trailing alphabet soup behind them, just because these guys wear white coats and have a Washington address?

Dr. Bialy, I look at your credentials, and they are very strong. I look at Anthony Fauci's, and his are also strong. Then along comes Dr. Peter Duesberg, Luc Montagnier, and others. I look at all of the letters after all of the names, and what comes to mind is that Ph.D, in many cases, stands for "Piled Higher and Deeper". So based on credentials, I see

no reason to believe ANYONE completely. I want PROOF. The world DESERVES proof. The one thing that is bothersome in the AIDS issue is the ABSENCE OF PROOF. And since in the fraud scenario we are talking about trillions of dollars going into people's pockets, as well as people dying, I'd say the money motive has to be part of that proof. A good detective always follows the money. Qui bono?

Nobody should get to avoid scrutiny here. I note, Dr. Bialy, that you have a new book on this topic that you are selling. Will not your efforts in this area produce a lovely income for you, if your views are postulated widely and provoke debate? Is there a profit motive for you, as there is for those involved in promulgating the current direction of AIDS treatment, and the machine it has birthed? Certainly we can see that there is a great deal of money involved... for somebody. And we all know to follow the money, to solve crimes. Money will be coming your way because of this debate, Dr. Bialy... what about that, is it a motive for you? I look forward to your answer.

I look more pointedly for an answer from Dr. Robert Gallo and Dr. Anthony Fauci, who has had the huevos to keep saying "there is no debate" despite needing earplugs to drown it out, all this time. We should ALL be looking. Pointedly.

You do see what I mean. We have a lot of very "educated" voices speaking at once, each calling the other side wrong. The one thing we have ALL been denied, since the spring of 1984 when Margaret Heckler announced that the cause of AIDS had been defined at last, is an examination of the proof. I, for one, am sick to death of this ongoing argument that will not go away. So let's have all the truth on the table, shall we? Let's have these guys prove what they are saying, because the lives of human beings depend on the truth, and they are either into healing these lives, or they are not. We will know who you are, you pundits, by how you answer us.

1.16.2005 1:39am

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AnthonyL ([mail](#)) ([www](#)):

Daf9 wrote: AnthonyL

I have read Dr. Duesberg's paper. What he appears to be suggesting is that AIDS has different causes in different populations around the world but that in the USA the major causes are drug use (NI in homosexuals, other drugs in IVD and the antiHIV drugs themselves). In other parts of the world AIDS is caused by malnutrition. The fact that all these populations share a single common demoninator hiv is coincidence. Sorry but I see that as complicating the issue, not simplifying it. Especially since laboratory studies have given rise to models that would explain how hiv is capable of doing what happens to AIDS patients.

Dear daf9, I am impressed you went to read Duesberg himself, instead of relying just on these blog threads, which, just like the same debate in science over the years, are rife with good sense, drivel, apparently great expertise, ignorance, degree and affiliation flaunting, credentials challenging, insulting ad hominem jabs, premature conclusions, errors,

mistatements, illuminating statements and perceptions, posturing, and false logic, rather like a river with ships and yachts mixed with and running into flotsam and jetsam. I think its rich dynamics says much for Dean, though I am disappointed that his forcefully clarifying refereeing seem to have no effect on the worst miscreants who hourly spoil the advance by matching resolutely towards the rear!

But what you say you have concluded from Duesberg is not complicating, as you say, it is actually clarifying. It is one of the factors (that "AIDS" is radically different in Europe and the US compared to South Africa and Asia) that tell us the whole thing doesn't make sense, and we need some other explanation as to what is going on.

There are in fact many, many such inconsistencies. (see next post below, which lists them).

Before expanding on that remark, let me just say to Dian that Harvey Bialy will make no money of any kind from his book, since he is giving away 85% of whatever pitiful sum he will make from selling 1000 books (the expected sale unless it breaks into the Oprah Windrey show, which I doubt) to a project that will advance Duesberg's critique - see [IBT Project](#) No, sirree, there ain't no money in heresy. It leads reliably to ruin, like any whistleblowing. See my post in the next thread of comments in the By the Way- Can you find someone for me? Dean box.

1.16.2005 2:50am

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AnthonyL ([mail](#)) ([www](#)):

Now to note once again the humunguous list iof unbelievabilities in HIV-AIDS ideology, which I posted earlier but withdrew to fix a bad url in. Here it is again: ...

Maybe the simple fact of a constant level of virus in this population over 17 years, and a rising and then falling graph of "AIDS" cases over the same period, just implies what it says prima facie--that one is independent of the other. Whatever the flimsy data on which the CDC base their repeated claim over the last 17 years that the level of HIV positive people has remained FLAT at around 900,000, give or take 100,000, in the US population for the duration of the supposed epidemic, this if accepted means that the rise and fall in new AIDS cases over the same period (second graph) MUST be due to other factors than the spread of the virus. The virus cannot be the cause of a rapidly changing infectious disease epidemic if it is a constant in the population. The changes have to be the result of other factors, whether biological or not. The picture is starkly inconsistent with the standard belief that a spreading virus caused the mushrooming epidemic of immune collapse and other symptoms called AIDS.

"As Duesberg has pointed out again and again, to believe in AIDS, we have to believe in the following phenomena: a infectious viral disease where the virus's rate of infection (1 in 500 sexual contacts) is outdone by the rate of human impregnation (1 in 10); a cell killing retrovirus, when otherwise retroviruses never kill cells; indeed, a virus

provided to labs in immortal cultures of the same T cells it is said to kill off; a fatal virus that cannot easily be found in most patients, even dying ones, only antibodies to it; a disease where patients merely with antibodies can nevertheless die of the disease; a disease whose nature varies from place to place, being almost exclusively a homosexual and drug user ailment in North America and Europe, but heterosexual elsewhere; a disease that correlates with drug use in North America and Europe, yet is alleviated or prevented by a bowl full of other damaging and lethal drugs, never proved to be directly helpful; a disease whose mechanism, including an up-to-twenty-year delay in onset, is as yet quite unexplained; a cell killing disease that also causes cell multiplying cancer, with no trace of the virus in the cancer; and a disease said to be a killer epidemic in Haiti and South Africa, with no significant change in overall mortality, and long endemic in sub-Saharan Africa, where a population explosion has nonetheless added 250 million people in two decades.

Let's pause for a breath before we complete the list, for if there seem too many to support already, that's hardly all.

We also have to believe in an epidemic mapped in Africa by the World Health Organization almost entirely without the benefit of AIDS tests, which themselves are problematic; a viral epidemic spread uniquely without initial exponential growth or bell-shaped rise and fall; a viral epidemic which has not found immunity anywhere; a killer disease where no doctor, nurse or researcher working with it has caught the disease; a disease with risk group, lifestyle, and malnutrition specific symptoms; a disease whose every symptom is shared with other diseases—in fact, a disease which would in every case be counted as those other diseases except for the supposed presence of antibodies to the "virus that causes AIDS"?; a viral epidemic without a sign of a promising vaccine despite the best funded army of researchers in history; a viral disease which quickly achieves the antibodies of vaccination of its own accord; and a virus transmitted 25-50% through birth which has produced no epidemic among children.

That list is long enough, I think you will agree, that a New Yorker such as myself might be forgiven for saying that if you can believe all that, I have a bridge I would like to sell you.?

Duesberg asserts that all these paradoxes are resolved if we simply accept that AIDS is a drug phenomenon, or elsewhere a picture artificially created by gathering other diseases under the AIDS umbrella, where any occurrence of disease is relabeled AIDS if HIV antibodies are reckoned to be present. I know of no good reason to disbelieve him. One good reason to believe him is that there is no AIDS disease among HIV positive patients who abstain from recreational and medicating drugs."...

Sorry if this list is unreadable, and if you wish, please find flaws. But that is the standing list of conundrums ie conflicts with science and common sense that HIV-AIDS theory produces if you believe it. Good luck in reconciling them in any other way than the way Duesberg suggests: that AIDS is a disease of testing and relabeling and miscalculating, not a viral disease.

The list is from [The Scorn of Heretics](#), a long screed I wrote a couple of years ago based on a talk I gave to the wonderfully apolitical INstitute of Philosophical Studies in Naples, a mighty palace of truth and a crossroads for scholars which is completely apolitical and independent of all the academic, commercial and governmental politics which now distorts science worldwide.

If anyone cares to read the whole thing, it is a thoroughgoing and untechnical attempt to answer the two questions,

a) what is the full list of insults to science and common sense do we have to believe in if we want to go along with HIV-AIDS, and

b) how is it possible that any such ringingly hollow claim can flourish and take over the world at the turn of the 21st Century, an era which is supposed to be the new information age where all knowledge is available and checkable at the touch of a few keys?.

The short answer to the second puzzle is that human nature hasn't changed.

1.16.2005 4:16am

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daf9 ([www](#)):

Anthony L,

Personally I don't put a lot of faith in that HIV incidence graph because it's all based on estimates and I don't even know what estimates because I couldn't find those particular numbers in the CDC Surveillance report from 2001. But it's not like starting in 1985 every person living in the USA was tested for HIV status. I have no idea what percentage of US residents have ever been tested but I'll bet it's still relatively low. So the basis for the estimates has changed over the years based on which populations appear to be at highest risk, which has itself changed over the years from largely male homosexuals and IVD to include other groups. So I look at the figures for actual cases reported as being more reliable numbers. What the CDC Surveillance reports tell me is that about 40,000 new cases of HIV infection have been reported every year for the past three or four years (those are numbers not estimates) and that the number of people in the USA living with HIV/AIDS has been increasing over that time from less than 300,000 to more than 400,000. The CDC Surveillance reports also tell me that deaths from AIDS have been decreasing.

As far as how HIV can kill T cells goes, what the scientific literature tells me is that at least some AIDS researchers no longer believe that HIV is acting primarily by direct killing of T cells but indirectly by causing chronic activation that leads to depletion of the T cells. That hypothesis is based on measuring differences in T cell turnover in HIV positive and negative individuals.

You say there is no AIDS amongst HIV positive people who abstain from recreational drugs or medications. I would like to know your source for this.

My guess is that this particular piece of information is based on ascertainment bias. HIV positive people don't for the most part start taking antiretrovirals until they are already sick or at least immunosuppressed based on T cell counts. There is still a large proportion of hiv positive people who don't even get tested until they already meet the criteria for an AIDS diagnosis. That's why the people on the drugs are on average sicker than the people not on the drugs. The only way to do an unbiased study would be to randomly assign a large number of hiv positive people to either undergo treatment or refrain from treatment for at least 5 years, regardless of their health status during that time. Clearly that would be both unethical and illegal.

1.16.2005 11:10am

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([link](#))

Marcel ([www](#)):

Because there is a vast amount of literature that maintains (correctly) that Hiv is not and never was the cause of Aids, I've prepared a few summaries of the available information, so that people can find the most critical info all in one place.

This summary is in the form of quotes from doctors and scientists:

<http://aras.ab.ca/aidsquotes.htm>

And here is a list of over 1,300 scientists, doctors and academics who don't believe in the Hiv fairytale:

<http://aras.ab.ca/thelist.htm>

That list is far from complete, and it's still being compiled, but I think you'll find it interesting.

1.16.2005 1:05pm

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Nick Bennett ([www](#)):

Shad - thanks for the clarification. I'd read as much as I could but didn't see it. I guess it's easy to miss :o)

This is an oooolllldddd debate. Still ongoing in various guises online dating back to 1993. I doubt it'll get sorted here!

Re: AnthonyL's list of points. Duesberg's logic is horribly, horribly flawed, based on the fact that he isn't (a) a clinical doctor and (b) worked only with acutely transforming retroviruses.

As Duesberg has pointed out again and again, to believe in AIDS, we have to believe in the following phenomena: a infectious viral disease where the virus's rate of infection (1 in 500 sexual contacts) is outdone by the rate of human impregnation (1 in 10);

This is kind of irrelevant, and I don't know where he gets the 1 in 10 impregnation from.

a cell killing retrovirus, when otherwise retroviruses never kill cells;

Only because he never worked with one that did. All his viruses were defective mutated viruses that carried host oncogenes (e.g. Src in RSV). That's like saying "no aeroplane could ever break the sound barrier because the Sopwith Camel couldn't".

indeed, a virus provided to labs in immortal cultures of the same T cells it is said to kill off;

It is well known that many lytic viruses can be grown in culture if seeded sufficiently low so that cell growth keeps up with death.

a fatal virus that cannot easily be found in most patients, even dying ones,

HIV can be found by PCR and culture in 100% of AIDS patients and most of those who are HIV+ (e.g. Jackson et al J Clinical Mole Bio 1990 pp 16-19) Failure of culture correlates to low levels of virus, and as the patient gets sicker the virus levels rise, and cultures turn positive. HIV seronegatives do not have detectable HIV.

only antibodies to it; a disease where patients merely with antibodies can nevertheless die of the disease;

You mean like hepatitis B?

a disease whose nature varies from place to place, being almost exclusively a homosexual and drug user ailment in North America and Europe, but heterosexual elsewhere;

Whichever sexual risk group it entered the population in. How many heterosexual women do homosexual men sleep with?

a disease that correlates with drug use in North America and Europe,

Ascher et al. Nature. 1993 Mar 11;362(6416):103-4 They show that drug use is actually protective for CD4 T cell loss. Only HIV serostatus predicted T cell loss. The drug use was predictive for HIV serostatus, that's all (similarly for malaria and HIV, transmitted through unscreened transfusions given for the anaemia).

yet is alleviated or prevented by a bowl full of other damaging and lethal drugs, never proved to be directly helpful;

The Swiss HIV Study Cohort, to name one, clearly show improved survival due to the new therapies. Other cohorts are similar.

a disease whose mechanism, including an up-to-twenty-year delay in onset, is as yet quite unexplained;

Others have mentioned the altered thymic function and loss of T cell replacements.

a cell killing disease that also causes cell multiplying cancer, with no trace of the virus in the cancer;

This is because the cancer (Kaposi's Sarcoma) is due to another virus called HHV8, which also causes KS in other forms of immune suppression (old age, transplant recipients).

and a disease said to be a killer epidemic in Haiti and South Africa, with no significant change in overall mortality,

The WHO would say otherwise...

and long endemic in sub-Saharan Africa, where a population explosion has nonetheless added 250 million people in two decades.

Since the "long endemic" most probably dates only to a restricted region in central Africa since the 1950's this isn't too surprising. Mortality rates are changing, but it's clear that the spread of HIV is relatively recent. We're not talking a mutual co-existence like SIV and the chimps...

Cheers

Bennett

1.16.2005 1:07pm

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Dian ([mail](#)) ([www](#)):

Wow. Nice to see that this blog has actually promoted some real live debate and presentation of evidence on this topic, which is what has always been missing in the mess, as I said in a previous post.

Newquist's OWN conclusion after all his laborious chart-making and analysis led him to admit that "**They do not prove the theory correct, but neither do they invalidate it as claimed**". So what we have been left with is a can, replete with worms, which has been opened, with all the wrigglers wriggling in front of us. This is a significant achievement, since up to now a lot of people were loath to admit there even WAS a can to open.

I am no scientist, statistician, or math genius, just a simple alternative practitioner who does not believe things just because others say so. I struggled to understand what the

charts meant, and indeed they seemed to bolster the information I already had gleaned from other sources. Then I struggled to understand what Newquist said about his charting. And I too had to admit that his calculations seemed to debunk the original postulation. But the bottom line that I could come up with, despite all my effort, was that damnable can of worms.

It's still there, wriggling.

However, what is most exciting about all this is the simple fact of the debate engendered here. The fact is that the most important issue is *the lives being damaged and destroyed*. If we are in this to benefit mankind with the truth, then we must adhere to the concept of free sharing of information, free discussion of all information, and universal acceptance of what is universally true. Thus far, while the can of worms is open, it is neither eliminated nor disinfected.

Having said all that, it is apparent to me that this debate MUST continue... that the truth MUST be exposed, NO MATTER WHERE IT LEADS US. I hope that both Dean and Russ Newquist, since they are ultimately asking for the same thing, will join forces to push this into a bigger and bigger arena, use that blog power to squeeze until the truth comes out, finally, once and for all, and people can get on with the business of healing.

1.16.2005 6:32pm

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Dean Esmay

My #1 concern--and this is a change of subject, I grant--has always been the same thing, which is the apparent lack of a firm diagnostic standard for AIDS and an apparent lack of interest in even trying to figure out how many HIV+ people may never develop AIDS and may need no medication at all if they are careful with their lives. That and the fact that the early science on all this was so damned sloppy and so riddled with assumptions, and the questionable use of AZT, especially in the frighteningly high doses it was used in in the early days. (I won't even go into Africa at the moment, which is a big mess all by itself.)

1.16.2005 9:28pm

Dean Esmay ([www](#)):

*The only way to do an unbiased study would be to randomly assign a large number of hiv positive people to either undergo treatment or refrain from treatment for at least 5 years, regardless of their health status during that time. Clearly that would be both unethical and illegal.*

Wait a minute, wait a minute. Why?

We have patients right now who are HIV+ and refusing to go on any of the drug therapies. We have physicians--licensed, practicing--who are also recommending against the drug therapies.

That being the case, it would seem quite possible to do such a study, and that such a study would be neither illegal nor unethical. The study would have problems, because you can't use a placebo and just trick people. So you'd have to do a tracking study.

Has anyone done such a tracking study? This would seem incredibly important, since we've got these people out there who've been HIV+ for 15, 20 years now who simply refuse drug therapy. Some are having HIV+ kids and refusing drugs for them as well.

Some of these people are busy writing books about it and forming support groups--and yes, yes, some in the support groups drop out (we can argue about why, but we know some do stay in the groups and some drop out and some say it's because they got sick)--so locating people to do the study on cannot be all that hard.

1.16.2005 9:34pm

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([link](#))

daf9 ([www](#)):

The problem with such a study as I said is that it is biased. People who aren't showing symptoms will be willing to be part of the no-treatment group while people who are sick or become sick during the course of the study will want treatment. That's human nature. And it would be medically unethical to deny it to them.

I don't doubt that there are people out there who have been hiv positive for years without treatment (or at least without antiretrovirals) and without signs of illness. According to the data I've seen about 50% of hiv positive individuals will develop symptoms of AIDS within 10 years of infection. That number seems to rise to greater than 90% by 20 years. About 10% of patients develop symptoms of AIDS within 2 or 3 years of infection. Unfortunately, there is no way to determine ahead of time who's going to be lucky and who isn't. Nobody is saying the drugs aren't toxic. They are. The question is do they do more harm than good and the studies that have been done say that it's the latter. Statistics say that deaths due to AIDS, hospitalizations among patients with AIDS, laboratory measurements of immune function in patients with AIDS with or without HAART treatment - all these numbers say that the drugs are effective.

1.16.2005 10:14pm

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Dean Esmay ([www](#)):

Come on man: yes, such a study would be biased, but all the studies used to produce the belief that HIV causes AIDS all suffer from similar biases. I mean, look, you're spouting these numbers about risks and yet you don't have a problem with the biases that reached those conclusions, but you dismiss out of hand the utility of a study which tracks people who've decided they believe the skeptics and refuse anti-retroviral therapy? Even though they're growing in number and increasingly vocal?

Come on, we can do better than this.

1.16.2005 11:02pm

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daf9 ([www](#)):

Dean,

I still say a study of HIV skeptics who are already long term survivors would at most show that there are a small percentage of hiv infected people who can maintain a functional immune system for many years without treatment. Even for viruses that cause acute symptoms and kill very quickly that is true. There were small numbers of people who survived the bubonic plague or people who survive Ebola.

I would just add as well, if such a study would be a nail in the coffin of the HIV/AIDS theory why haven't one of the long list of skeptical scientists undertaken such a study? It's their theory; they should be testing it.

1.17.2005 8:44am

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([link](#))

Nick Bennett ([www](#)):

Dean - thanks for the opportunity to post. No, I'm no relation to Richard Bennett :-). I can appreciate the lack of time, partly because I'm wondering when I'll get a chance to post after today (it being a holiday for me!). I will try to pop back now and again to check on things if I have to take a day away - for now things look good...

My background? I have a Bachelors with Honours specialising in genetics and viral pathology, a PhD in HIV viral packaging, and an MD - all from Cambridge UK (so those familiar with things will realise that I don't really have an MD, I have MB/BChir which is the UK equivalent). I'm currently working in pediatric infectious disease doing clinical trials and data analysis, but not on HIV. I'm now based in Upstate NY. My employer is a charitable research foundation. On top of that I got dragged into the HIV/AIDS debate after my first degree and have been there ever since... I can honestly say I've learnt more about HIV and AIDS by being involved in the debate than through my formal training and research! I would say I'm more than familiar with the arguments - this has been a hobby for my entire post-graduate life. If sometimes my answers appear brusque it's because I'm shooting from the hip - sometimes I forget to go back to basics and explain trains of thought.

Daf9 - One such study has in fact been proposed by a couple of AIDS skeptics last year and I've seen recruitment advertised on the web. I have very real concerns about confidentiality, getting it through an IRB (institutional review board) and therefore having it worth the paper it's written on. Running trials, even those "only" looking at patient charts and follow-up is a regulatory nightmare.

Cheers

Bennett

1.17.2005 10:21am

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Harvey Bialy ([mail](#)) ([www](#)):

Nick Bennett ([www](#)):

*Has anyone thought of the most obvious error in the HIV figures?*

*All the HIV infection data is estimated. Early estimates were based on smaller figures and larger estimates of undiagnosed infections. Later estimates have got better real data but smaller estimates of undiagnosed infections (based on that better real data). AIDS diagnoses on the other hand are much better reported, as they're an end-stage event presenting to a clinician.*

*There's no evidence that the entire US population was ever tested, so saying that 1% or .8% are infected is basically guesstimating from smaller studies. Same as any other epidemiological study! There's nothing wrong with that, so long as you recognise the limitations of what you're saying.*

*A graph of annual diagnosed HIV infections would be far more helpful here - but even then would dramatically underestimate early infections (since not everyone at risk would be tested) and overestimate the initial growth (as the undiagnosed got tested).*

*Basically you can't conclude much at all from this comparison :o)*

Does the quotation above go with the CV below?

*My background? I have a Bachelors with Honours specialising in genetics and viral pathology, a PhD in HIV viral packaging, and an MD - all from Cambridge UK (so those familiar with things will realise that I don't really have an MD, I have MB/BChir which is the UK equivalent). I'm currently working in pediatric infectious disease doing clinical trials and data analysis, but not on HIV. I'm now based in Upstate NY. My employer is a charitable research foundation. On top of that I got dragged into the HIV/AIDS debate after my first degree and have been there ever since... I can honestly say I've learnt more about HIV and AIDS by being involved in the debate than through my formal training and research! I would say I'm more than familiar with the arguments - this has been a hobby for my entire post-graduate life. If sometimes my answers appear brusque it's because I'm shooting from the hip - sometimes I forget to go back to basics and explain trains of thought. -----*

Perhaps Dr. Bennett, who I refrained from addressing before because the reasoning in the first quotation made me think he had not bothered to read my hint at how to think about this problem that was posted just a bit above, and therefore he did not merit a reply. And like all the students and amateurs, he avoided addressing the essential part of the very first question that this demonstration was intended to have addressed. I now see that I was very wrong. His avoidance was not ignorance, far from it.

Thank you *very* much Dr. Bennett for showing the whole world, in *permalink*, exactly how HIV/AIDS "experts" think and reason and respond to simple, direct, and often-repeated questions; as well as providing an object lesson in the demeanor, racial biases and temperment of some.

While you did a piss poor job of explanation, you did abang up one of obfuscation. The boss of your bosses, Tony Fauci would be proud of you.

Perhaps *Dr.* Bennett, would like to perform the simple excercise below. He can use any help at all, including the entire epidemiological staff of the Albany foundation where he is employed by AIDS, Inc.

And perhaps when he returns from his holidays, he would be so kind as to provide us with his well reasoned answer.

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Erase the words HIV and AIDS, and remove all the numbers. Under what conditions could the flat line incidence of HIV Ab+ cases possibly be the cause of the bell shaped epidemic curve?

Hint: Epidemic curves come in all flavors. They have *one* thing in common, however. It's the first lick that's the killer.

And "Chairs & Tables" to you Nick, as we used to toast with Harp for Happiness beer at the staff club of the University of Ile-Ife, where I was known by students and staff alike as "Dr. Tryptophan" 30 years or so ago.

1.17.2005 11:46am

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([link](#))

Nick Bennett ([www](#)):

I apologise to Dr Baily for not referring to his previous suggestion about analysis - but it made no sense.

There is no way that the data for estimated HIV *prevalence* can be correlated with measured AIDS *incidence*.

There are far too many uncontrolled variables in your data: applicablity of the surveillance, accuracy of the estimates, the introduction of effective antivirals. All of these will impact BOTH the HIV prevalence AND the AIDS incidence. It's your job as presenter of the data to control for that - just presenting it "as is" is, excuse my language, piss poor :-)

The comparison is meaningless - more so if you simpify it to two lines without knowing what they refer to. If you want a full reply then:

The two graphs are entirely in agreement with the straight line representing pathogen prevalence and the upper line representing disease incidence if the pathogen is newly introduced into the population and has a long clinical latency period but a restricted spread after public awareness campaigns. This interpretation doesn't require assumptions to be made about poor initial data quality (which was true for HIV) or treatment (which was true for AIDS).

Additionally, as Dean confirmed your data by digging through web archives, it appears to me as if you're using (indirectly) data acquired *at the time*. Most likely those numbers are simply wrong and need to be revised downwards - so the straight line of prevalence was in truth a curve, but the estimates were all wrong).

Happy? And as for the minor dig about my holidays: it *is* MLK Jnr day after all ;- ) I can write as much as I want today, it's when I get back to work that I'll have problems.

Cheers

Bennett

1.17.2005 12:30pm

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Nick Bennett ([www](#)):

I've just fully appreciated the fact that Dr Bialy is operating under the misconception that the 1 million cases of HIV is incidence. OMG. They're actually prevalence estimates - it was only when a colleague pointed it out to me that I checked the graph, and the last post confirms it. I'd seen the numbers so many times I hadn't bothered to check the wording.

I'm the only person here who has noticed the distinction it seems - so, er, do we need to restart the whole thread?

There has never been, and likely never will be, an incidence of 1 million cases per annum. There however is a likely prevalence of around a million cases.

Statistics 101:

Incidence - new cases.

Prevalence - current pre-existing cases.

That changes things rather a lot, hmm?

Cheers

Bennett

1.17.2005 12:43pm

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Nick Bennett ([www](#)):

Jenks - you should've spoken up and saved some time ;-)

It makes a big difference though - obviously trying to explain large, huge, linear HIV infection rates with the AIDS incidence curve is a whole new ball game. I mean, blimey, if the US really had that many new cases a year there'd be a real mess...

It probably was sloppiness and/or not knowing the difference. But this is supposedly a guy who is a "scholar in residence" and a journal editor.

[conspiracy] Is he really Harvey Bialy..? [/conspiracy] :o)

I'm certain the AIDS cases here are incidence. That's all that gets reported anyway. I'm also certain the HIV cases here are prevalence - I've been looking at them for the last few years! Even if you go on the meds and get higher CD4 T cells and stop getting opportunistic infections, you are still listed as having AIDS. For AIDS prevalence to drop like that you'd need a massive mortality rate to suddenly kick in. Just the opposite happened in fact. However by preventing/slowing progression to AIDS you would see that kind of curve. Current treatment guidelines recommend starting just prior to AIDS rather than waiting for the first OI. There is good evidence that if you wait too long you don't recover as well. If you start too early however you don't get any added benefit, and have 5-10 years of side effects to deal with. Bad idea.

And thanks for posting, because I was about to rip into Bialy and that wouldn't have been good :o) He reminded me too much of an old adversary... Like I said before - ad hominem attacks are an occupational hazard. I used to get pissed, now I just quote articles :-D

Cheers

Bennett

1.17.2005 1:43pm

\*\*\*

Shad:

Nick -

*I'm the only person here who has noticed the distinction it seems - so, er, do we need to*

*restart the whole thread?*

Actually, various flaws in the data and graphs have been pointed out by commenters in this thread and in both of the followup threads ([here](#) and [here](#)) on this blog.

Additionally, Jenks corrected the AIDS chart to be comparable to the HIV chart [here](#), and Russell Newquist invested the time and effort [here](#) to provide some additional views of the data as well as some descriptive text.

If you visit Russ's site you can see the response by Mr. Bialy to those clarifications. And you've already seen Mr. Esmay's [indignant response](#) to the observation that the data being relied upon here was misrepresented or misapplied.

1.17.2005 2:12pm

Dian ([mail](#)) ([www](#)):

I posted this on the BTW thread, but I should have put it here. In my humble opinion, though, it needs to be addressed, so perhaps double duty is appropriate. If anyone is upset, I apologize... and Dean, congratulations on your new baby. May he or she have the benefit of truth in healing, always. Here's the post:

All right now, have we danced enough? There's been a lot of dust in the air. But I have to say, Dr. Bialy has made his point. He put some most excellent minds onto some data and all that happened was that we discovered that the "can of worms" actually exists... the same can of worms that has been claimed not to exist. There have been no answers here, no final exclamations of "Eureka!", even though one would think, with AIDS affecting millions of lives (and incomes), there would be some resolution by this time, and this blog thread would not have a reason exist. Not so.

I'm starting to appreciate Bialy a lot more than I did when I first read about him on [nomorefakenews.com](#) (Jon Rappoport's site). Remember, I put him under some scrutiny, challenged his motives, just as I challenge the motives of everyone I deal with before I fully trust them. Not only did he step up to submit to whatever scrutiny I wanted to apply, somebody else (AnthonyL) stood up and did it for him. Bialy is present and available, and makes no bones about where he stands. His motivation is to find out the truth; Bialy's passion for truth, and his willingness to take his lumps and accept critique, have impressed me mightily. That is not to say that others couldn't. But they haven't yet.

I, like some of you, thought he'd lost it entirely when he made his 'concession' on the graphs. But had he? Not for a hot second, I think. My humble observation is

that there was indeed a point made here, showing that even when the best of minds tackle bad data, they collapse in a heap. And the point showed, too, that the data we need to make that definitive conclusion we seek is not in our possession. AND IT SHOULD BE. WHY ISN'T IT?

Am I the only one here who can say in all honesty that I've never seen so many unconnected dots in my life? Brilliant minds, all of you... and all that has happened is the discovery of more dots. But what's the big picture? I think that is what Bialy is after, because that's the only rational conclusion I can draw from this. What might BE in that big picture? Roughly what we have seen here: a grand debate that led absolutely nowhere, solved nothing, and left us sitting in the stew as we were before. BUT WE NOW KNOW WE'RE IN A STEW. Hot worm stew, no less. And people are DYING.

We've just experienced how bad data brings no conclusions. We know that there are many variables thrown into the mix, and a lot of totally backwards science, like the idea that the presence of antibodies means the body is fighting and defeating an intruder, suddenly means that the body is sick. The same antibodies they attempt to engender with vaccines ( Hmmm..) are now an indicator of a life-threatening illness? How can that be? What's the titer? How do you measure titer on a gene fragment that can't be seen? What makes the HIV retrovirus deadly when all other research shows that retroviruses do not kill cells? What about the lack of scrutiny of any paper (or indeed of a PAPER) by Gallo? And, not to be forgotten, what about all the variants in diagnostics and the lack of a reliable test? What about all those heinous false positive declarations? What about the experimentation on children going on at Incarnation Children's Center in New York? What about the radical differences in diagnostics in Africa? What about all those people who do NOT take medications and are healthy today? What if an immune crash is just an immune crash? Focus on freakin' graphs? Not bloody likely.

As a person who lives in Toronto and cleared a subway car with one innocent cough during the so-called SARS fiasco, I am sick to death of half-assed explanations from the medical community, the same community ( are you reading this, Dr. Frank Plummer?) which completely ignored the Health Canada statistics on deaths from flu/pneumonia (notice they didn't list them separately, what a neat trick) that said that more than 7600 Canadians die EVERY YEAR from these illnesses... and declared a pandemic on less than 50 deaths, forgetting entirely to mention the deaths counted annually by Health Canada of the VERY SAME GENRE. I'm sick to death of it. And I'm sick to death of not being able to trust a community that is supposed to be there to HEAL.

Gives new meaning to the words "Physician, heal thyself", doesn't it?

Look, if there is one thing this whole thing is proving it is that we don't have the information we need to draw a conclusion. Bialy has pointed out exactly where

the problem is... the lack of true data upon which we can rely destroys anyone's ability to draw logical conclusions, even with logical methods of processing information. And it is equally obvious that dammit, it's time to get the information, before more people die, possibly for a reason none of us would like to admit might be true.

Do I sound like I've drawn a conclusion already? Probably. I have personal experience with government non-disclosure of life-saving data, in the drunk driving issue. When I demanded certain "confidential" studies from our provincial government, I was told by this high-ranking bureaucrat that "There's a bottom line to the issue you have to consider"... and when I asked what that was, he said, in essence, that a lot of people make a living because of drunk driving crashes... i.e., drunk driving creates jobs (!)... so can you blame me for being, um, untrusting? (the official quit two weeks later and went to work for the Liver Foundation... guilt pangs, I expect....)

Bialy has the right idea. And so have a number of you, I notice from the thread... calling for a debate. It's apparent to me that the world needs the straight goods on all of this. It's equally apparent that the people most able to enlighten, expose, and explain what is TRUE here are the big boys, the ones we don't see (other than Bialy) in the blog. Duesberg, Fauci... the two proponents of oppositional viewpoints, the bellwethers behind whom all of us are trailing to find truth.

We have to ask ourselves, what if it IS all a fraud? We HAVE to ask... because the wrigglers, a gazillion worms of different stripes, are now spilling over. People are dying of something. Lives are being ruined, families destroyed. All while we pore over graphs.

Let's get to the real stuff, shall we? What are we doing here, anyways? Are we just here to work out at the local brain gym? Or are we here because we give a damn? Friends of mine have died, and I want answers... don't you?

Let's get the dudes with the real answers. Let's get them to put their information on the table, and the last fact standing wins. Let's get back to the business of healing what hurts, and clean up all those worms. And thank you, Dr. B, for pointing out that there ARE unanswered questions, real wormy ones, that must be answered.

I can think of one good use for worms.... bait. Any unanswered question is bait for a good mind. Think we can catch a couple of really big fish and finally prove who's feeding off the bottom?

1.17.2005 3:47pm

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Jenks0 ([mail](#)) ([www](#)):

I really can't let an attack on a group run by Catholic Charities stand without at least a response.

*What about the experimentation on children going on at Incarnation Children's Center in New York?*

OK, here you slander an organization run by Catholic Charities, for crying out loud. For the sake of balance here is their response:

"ICC was only one of more than 25 foster care institutions in New York City that took part in the trials. Across the country, thousands of HIV infected children took part in the trials.

The trials at ICC were successful; where previously the HIV infected children at ICC died, they lived, and are now in adolescence. According to Columbia, none of the children at ICC died as a result of the trials, and while a few experienced reactions to the drug combinations used in the trials, none suffered lasting side effects.

Over the past months, a number of stories directed against clinical trials, most recently on the BBC, and distorting ICC's role in the trials have appeared in the media. The source of these stories appears to be a group that holds the view that the HIV virus is not the precursor of AIDS, a view discredited by the world's scientific and medical communities. The media that have reported on ICC have been informed that their sources are a group of HIV deniers; the media have not included this important fact in their reporting."

1.17.2005 4:22pm

Nick Bennett ([www](#)):

Well I'm happy to hang around and (try to) answer any questions about HIV, virology in general etc. What would be most useful I suppose would be a simple list of questions:

1. Why is X so?
2. Why can't Y be true?

As regards Dian's questions:

Antibodies are only protective against certain pathogens. How many colds have you had in your life? Measles generally induces life-long immunity. RSV (respiratory syncytial virus, not rous sarcoma virus) generally does not until 2-3 infections have occurred. HIV antibodies seem particularly useless against the virus. There's isn't anything particularly special about that: Hep B and Hep C are the same, and all the herpes viruses will cause disease long after the initial infection. Arguing that antibodies should mean the host is definitely protected doesn't make sense. Antibodies are most effective against bacteria anyway - it's the cellular arm of the immune system that protects against viruses (and cancer). Not surprisingly the CD8 T cell responses **DO** correlate with how badly affected someone will be with HIV. There are even people who are exposed to HIV and developed CD8 responses and don't get infected. Once these people (prostitutes) stop getting exposed their CD8 responses wane, and if they then re-expose themselves they **DO** get infected. It's all rather tidy.

The virus can be seen quite happily in electron micrographs of lymph nodes, which is where the virus replicates. Quantitative PCR from the bloodstream is very good at judging the replication rate of the virus, but it's a secondary finding because the virus doesn't actually replicate peripherally. Many people argue that the viral loads aren't large enough to explain the CD4 T cell drops, but that's like looking at an ants nest from the outside and arguing that there aren't enough ants moving around to build and maintain the nest.

The myth that retroviruses are harmless to cells comes from the work in the 1960s on simple retroviruses. They were all isolated from cancers in chickens, mice and other non-human animals. HIV however is a complex retrovirus - by definition a simple retrovirus has only 3 genes. A complex retrovirus has accessory genes, of which HIV has 6, for a total of 9. It's a lot like comparing a modern luxury car to the Model T Ford. ABS, traction control, Sat-Nav system - *rev, tat, nef*... It's a simple fact that if you put HIV onto a permissive cell line it kills the cells - no amount of "but retroviruses don't kill cells" will alter that fact. Duesberg incidentally did some amazing work using the most basic tools on these simple retroviruses. It's a shame he screwed it all up by writing so prolifically against HIV.

I'll try to catch up with the AZT story, but some history helps. AZT was promoted as the cause of AIDS by Duesberg in his book *Inventing the AIDS virus*. In it he says:

"AZT was the perfect killer of dividing cells. However, when [Horowitz] tested the compound on cancer ridden mice, it failed to cure the cancer. The drug **MUST HAVE** killed the tumors, which contain dividing cells, but it so effectively destroyed healthy growing tissues that the mice died of the extreme toxicity." (emphasis my own)

That's a mighty big assumption, because the real story is that the drug failed

because it was inactive. The inventor of AZT (Beltz) says:

"I synthesized AZT in my laboratory as a NIH Senior Research Fellow (National Cancer Institute) in the autumn of 1961. The AZT was among a group of four thymidine analogs that I prepared at that time. AZT proved to be the most biologically active of these compounds. Finally, I prepared 1 gram of crystalline AZT and sent it to my friend Dr. Alan Sartorelli, Professor of Pharmacology at Yale University, for testing against animal cancers. It proved to be completely inactive in all of the test systems he employed. In my laboratory I found AZT incapable of inhibiting the growth of Jensen sarcoma cells in vitro at very high concentrations. Thus, AZT showed no activity as a potential anticancer drug at that time."

Beltz is often quoted online by the AIDS skeptics as saying that AZT is too toxic for use - he adds to this email (sent to an AIDS dissident mailing list):

"Now let me say that I am aware of the existence of certain quotes attributed to me on the Internet, such as the one you mentioned in your letter. Such quotes are completely untrue! Never at any time did I study the potential of AZT to cause cancer, nor did I investigate the toxicity of AZT in animals or humans. At that time I was interested in AZT as a potential anticancer drug. When AZT proved to be inactive in the experimental tumor systems that I and Sartorelli tested it against, I discontinued my work on AZT."

On this backbone has the attack on AZT been based. \*sigh\* For sure it's a crappy drug, but it's not even the worst anti-HIV drug and it's certainly not the cause of AIDS.

I had a discussion with a French guy about the oxidative abilities of AZT on Usenet and at the BMJ - a bit out of my field since it was all biochemistry and redox states. Blurgh. One thing that came out though was that AZT does affect the oxidative state of the cells: one way through a direct effect as a chemical, and one though being toxic to mitochondria. I don't think he actually proved to my satisfaction that AZT was per-se an oxidant like H<sub>2</sub>O<sub>2</sub> is.

The mitochondrial DNA polymerase is chemically similar to the viral reverse transcriptase, enough so that the drug is toxic to the little blighters. The symptoms of AZT toxicity are largely due to the effects on mitochondria. However since its antiviral activity it at concentrations between 10 and 100 times lower than its cytotoxic (cell killing) activity the case it pretty much closed about how selective it is. In my mind anyway.

Cheers

Bennett

1.17.2005 5:42pm

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

Bet you thought I had left town. Quite the contrary I am just back from the seminar below.

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enero 17 Lunes 12:00 hrs. Auditorio  
Dr. Harvey Bialy  
Instituto de Biotecnología/UNAM

"Proving a negative: HIV does not cause AIDS"  
(Invitado de : Dr. A. Alagón)

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I will give you all a full documented report of the results of this experiment in a few hours or less. Meanwhile let me deal with the crushing blow that has been done to the demonstration. Yup I was being both sloppy and careless, although why it took until an in your face to the ex-patriate doc is perhaps a little odd. Odder is that nobody seems to have noticed that the figure the graph is extracted from clearly has the HIV Ab+ data labeled as "annual cases". No big whup. It is obvious that I could not have meant incidence as it is technically defined. Rx: Relabel the Y-axis on graph b.

I have already owned up, several times in earlier discussions to being a sloppy, molecular biologist. *Sloppy* is a technical term among us old molecular bio cats because we used to be called, in the 60s, "biochemists who practiced without a license". We were always very proud of this because we took it to mean we knew when it was ok to be a little sloppy and when one needed to take extra care. Mixing up the technical meaning of prevalence and incidence does not seem to me to be so bad since a typewriter fixes it.

But I also wrote several times that my thesis advisor, Rich Calendar, would frequently admonish me with: "Why is there never time to do it right, but always time to do it over?"

Having said my *mea culpas* for this oversight (I could have Googled a stat text as Jenks and some others got around to doing eventually, and then we would not have gotten off on the particular tangents that we have. Although I am certain now that had it not been this, it would have been some other trivial, irrelevancy that was used to distract us from the question.)

So Dr. Bennett, using the re-labeled graph, can you present a formal defense of the idea that has been floated any number of times that an extended *latency* period (latency, like prevalence/incidence for epidemiologists, has a technical meaning for molecular biologists that most of you are unfamiliar with because it is never defined by the NIH or anyone else who float the term. It is sort of like the fearful *viral load*, an absolutely biologically meaningless number that attempts by the same inaccurate use of language to make people think it means what they think it must mean. Latency refers to the period that the microbe is inactive before it begins active replication. This is not what happens in HIV infection. Virus replication is so negligible at all times that it requires 30 or more PCR cycles to amplify enough of a piece of the virus to even detect.

Dr. Bennett, you are a physician, therefore the meaning of the term infectious virion should be quite familiar to you. What exactly is the relationship (quantitatively) between a viral load of 100,000 and the number of infectious virions per ml of serum (or blood). This number is well known. When you discover what it is, will it surprise you? I hope you tell us. Then we can begin a serious discussion of this load of crap measurement that has fooled many into thinking they are full of virus and need to be given one of your favorite expensive poisons when they are told their "viral load" is dangerously high. 100,000 is about as high as they go. So what's that correspond to in actual infectious particles? This is important because a piece of RNA cannot infect a cell, and neither can an antibody coated virus for that matter, although part of its genome might be amplified in the PCR reaction. Anyway it is hardly worth controlling (you do know what a control is don't you Dr. Bennett. I am not being rude, because so many of the papers you have been offering here with such assurances about the conclusions are quite improperly controlled.

After Dr. Bennett has given us a defensible explanation that reconciles the annual AIDS incidence cases and the prevalence of HIV Ab+. maybe he can answer ole' Hank's fascinating question.

*How can you have a sexually transmitted disease that is never sexually transmitted?*

Infinite latency Hank. Come on you dummy!

And Dr. Bennett, once you are done with these trivial questions perhaps you would care to enter into a formal debate so that those who are more interested in seeing a point by point dissection of specific arguments of both the establishment and the insurgency may do so. I think we could all learn a lot. I think this would be infinitely more productive than the offer you made above. You can of course consult with your experts before posting anything, but the discussion has to be only between us. If you agree, we can work out the precise ground rules with Dean separately.

Got any other *hobbys* beside debating whether you are killing people or saving their lives with your *overwhelmingly* proved hypothesis?

And by the way, what *exactly* is Pres. Mbeki denying?

1.17.2005 6:15pm

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Harvey Bialy ([mail](#)) ([www](#)):  
**Seminario simulation**

*enero 17 Lunes 12:00 hrs. Auditorio*

*Dr. Harvey Bialy*

*Instituto de Biotecnología/UNAM*

*"Proving a negative: HIV does not cause AIDS"*

*(Invitado de : Dr. A. Alagón)*

Start:

No. who were convinced HIV causes AIDS: 14

No. Skeptics: 10

No. Agnostics: 90

No. Insurgents: 1

I then presented the famous Monty Hall puzzle with which many here are familiar.

The idea was to let people discover for themselves that something they were so sure seemed obvious and which they were certain they knew, could in fact be wrong.

Start: Switch 8, Stay: 97

I asked one of the people who immediately knew the correct answer to explain it. He did a good job, and pretty soon there *was lots and lots and lots* of discussion *with lots and lots of equations* (most of which I couldn't understand at all, at all)

that reiterated all of the basic arguments.

After 15 minutes I said. Basta! We are experimental scientists, not theoreticians. If we go on like this, those with more mathematical sophistication will always be able to overbear until even a person with the right answer who basically understand what is going on can be bamboozled. But this is a problem in game theory and we have computers so lets run the simulation from the web.

In about 20 seconds the switchers numbered 115

I then put up the two curves with which we are all familiar without data and labeled X-axis: years, Y-axis: cases and asked if one curve could be pathogen and another the epidemic it was said to cause.

Of course not by a wide margin in about 2 seconds.

I then put up the figure from the Duesberg paper and called attention to the two data sets that have been extracted here.

A collective gasp...and then the defenders of the faith began their but what ifs, including of course *latency*. One young woman with a PhD wondered why if the latency was pushed to 20 years and the earliest cases were postulated in the 50's, if that wouldn't explain it. People looked at her strangely.

One very bright guy from Cuba, immediately interrupted me and said he could reconcile the graphs and immediately mentioned co-factors, and then just as I wrote in 101 Dalmations he laughed and said but that would destroy HIV/AIDS quite effectively too. Somebody else pointed out for me that anyway the NIH says no co-factors.

I then reported to them the results of the Padian study which I probably never would have remembered if not for CalTechGal.

More gasps.

Final tally

No. who were convinced HIV causes AIDS: 4

No. Skeptics: 64

No. Agnostics: 46

No. Insurgents: 1

Of the 4 believers remaining, one of them was a senior investigator who does

good deeds by visiting secondary schools and scaring the students about unprotected sex.

He could not offer any response to the data from Padian or the disconnect between epidemiological data and hypothesis. I asked Dr. C. how he could go out and cower poor students with his vastly superior knowledge, and yet not be able to defend a single reason for having that knowledge in front of his colleagues. He had no answer for that either.

You can tell, I have a lot of friends at the IBT -- almost as many as on this blog. Not sarcastic..several women investigators told me that their children had been subjected to the brainwashing of C. and came home from school terrified. They thanked me for giving them accurate data so that they could make accurate inferences.

This is the first time I have used this technique so I don't know if it is the reason or not. But 10 converts from the church to the heretics in one hour is a personal best.

The linked slides show the auditorium, the tally sheet, Dr. Alagon vouching for the correctness of the count, and Dr. Tryptophan going off on Calva .

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photographic documentation, and a live link to the brainteaser that changed my world will be added by Dean, I hope)

1.17.2005 7:07pm

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Gene Semon ([mail](#)) ([www](#)):

Response to daf9 post at 1.15.2005 2:39pm

You said, "what hiv actually does is lead to chronic activation of subpopulations of memory T cells and that it is this chronic activation that leads to T cell depletion with time."

But that's exactly the point, that ADS is not a proven infectious disease. What you attribute to "HIV" can also be accomplished by an endogenous retrovirus, or to be precise, transcriptions of retrotransposon genes and complementation in trans within a subpopulation of T cells.

1.17.2005 7:29pm

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([link](#))

Nick Bennett ([www](#)):

Bialy - I'd appreciate it if your tone were rather more civil.

Relationship between viral load and infectious virions? 1 in 60,000 (published figures range between 1 in 10k and 1 in 100k). It's at the high end of particle to pfu ratios.

My formal "defense" (I prefer the term explanation) was in the post immediately prior to the one where I realised you had mislabelled the graphs.

I refer you to the concept of clinical latency versus biological latency. This is a basic undergraduate error. I will explain it to you if you like. The virus is certainly not latent during the post-seroconversion pre-AIDS phase of the infection. Approx 10 billion new virions per day according to Perelson et al, Science. 1996 Mar 15;271(5255):1582-6. Up to 800 million per day according to Stellbrink et al AIDS. 1997 Jul 15;11(9):1103-10. Incidentally the Stellbrink paper deals with clinical latency, in case you need a real life demonstration of what it means.

A piece of RNA can actually infect a cell, but then that's another matter. It's irrelevant here. If the virus actually gets coated with antibodies such they they interfere with the binding/fusions sites then I'm sure it would interfere with infection. Can you show me that it does for HIV? ;-) Why don't we discuss the prime areas of HIV mutation in the envelope protein related to immune evasion?

...

Cheers

Bennett

1.17.2005 7:53pm

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Nick Bennett ([www](#)):

Gene - the trouble with that idea is that no endogenous sequences have been found that do that.

If HIV RNA were from an endogenous sequence, then it's DNA should be ubiquitous. It isn't. HIV "only" infects maybe 25% of cells in lymph nodes as demonstrated by in situ hybridisation, so that means the DNA isn't present in the remaining 75%.

Pantaleo et al Nature 1993 Mar 25;362(6418):355-8

Cheers

Bennett

1.17.2005 8:02pm

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Harvey Bialy ([mail](#)) ([www](#)):

Ok. Now we are into it. Finally.

One question at a time Nick.

Since I started this discussion with a single question, let us deal with that one first.

Nick: *My formal "defense" (I prefer the term explanation) was in the post immediately prior to the one where I realised you had mislabelled the graphs.*

You mean this?

*There is no way that the data for estimated HIV prevalence can be correlated with measured AIDS incidence.*

*There are far too many uncontrolled variables in your data: applicability of the surveillance, accuracy of the estimates, the introduction of effective antivirals. All of these will impact BOTH the HIV prevalence AND the AIDS incidence. It's your job as presenter of the data to control for that - just presenting it "as is" is, excuse my language, piss poor :-)*

*The comparison is meaningless - more so if you simplify it to two lines without knowing what they refer to. If you want a full reply then:*

*The two graphs are entirely in agreement with the straight line representing pathogen prevalence and the upper line representing disease incidence if the pathogen is newly introduced into the population and has a long clinical latency period but a restricted spread after public awareness campaigns. This interpretation doesn't require assumptions to be made about poor initial data quality (which was true for HIV) or treatment (which was true for AIDS).*

*Additionally, as Dean confirmed your data by digging through web archives, it appears to me as if you're using (indirectly) data acquired at the time. Most likely those numbers are simply wrong and need to be revised downwards - so the*

*straight line of prevalence was in truth a curve, but the estimates were all wrong).*

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Are you sure you want to submit this to a professionally qualified mathematician for critique?

1.17.2005 8:13pm

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([link](#))

Gene Semon ([mail](#)) ([www](#)):

Response to Nick Bennett post 1.16.2005 1:07pm

You said, "HIV can be found by PCR and culture in 100% of AIDS patients and most of those who are HIV+ (e.g. Jackson et al J Clinical Mole Bio 1990 pp 16-19) Failure of culture correlates to low levels of virus, and as the patient gets sicker the virus levels rise, and cultures turn positive. HIV seronegatives do not have detectable HIV. "

and "I've just fully appreciated the fact that Dr Bialy is operating under the misconception that the 1 million cases of HIV is incidence. OMG. They're actually prevalence estimates .... There has never been, and likely never will be, an incidence of 1 million cases per annum. There however is a likely prevalence of around a million cases.

Statistics 101:

Incidence - new cases.

Prevalence - current pre-existing cases.

Dear Dr Bennett: the misconception is over retroviruses; applying Occam's Razor, (hopefully without cutting my throat), to the most basic statistic of all - percentage of humans with latent retroviruses = 100. Since HIV is a starburst phylogeny, incidence equals prevalence.

1.17.2005 8:39pm

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Harvey Bialy ([mail](#)) ([www](#)):

*Basically the early estimates were wrong. [shrugs] That's all. That's all????????????*

How much would they have to be "off" in order to reconcile the data?

Are you sure Americans would like to discover that according to a ranking field officer in the NIH war on AIDS that during the early years of the epidemic they had "guesstimated" that wildly, while at the same time proclaiming loudly in the papers and on the televisions that a million Americans are now infected (year after year). No wonder not a single epidemiological prediction of your Humpty Dumpty hypothesis has ever proved out! ...

1.17.2005 8:43pm

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

Yo Nick

*Relationship between viral load and infectious virions? 1 in 60,000 (published figures range between 1 in 10k and 1 in 100k). It's at the high end of particle to pfu ratios.*

Ok. That is to say, the nucleic acid amplification technique is 60,000 x more sensitive than traditional measures of infectious virus. So a "viral load" of 100,000 is equal to 1.7 infectious particles. That's an awful lot of virus isn't it Nick. No wonder it's so hard to find, even in the blood of dying AIDS patients. I will not give you references because it is all *fully* explained, along with the impoverished counterarguments you have made. Duesberg, unlike his opponents, openly discusses the objections of the critics of his critique and references them. As my book shows, this collegial cordiality and scholarship is never reciprocated.

I am now stunned that so few people participating in this seminar have ever bothered to read, let alone study, the definitive text of the class that is only a click away.

I am not the only person who thinks Duesberg's papers are just swell stuff to

unfreeze even the most frozen of minds.

*Among other things, I learned from this book that Walter Gilbert used Duesberg's 1989 Proc. Nat. Acad. Sci. (USA) review, in which he detailed his objections to claiming HIV the cause of AIDS based on imperfect correlations instead of functional demonstrations, as the basis of a graduate seminar at Harvard in critical thinking in molecular biology. I intend to use Oncogenes, Aneuploidy and AIDS in a similar manner and recommend that all my colleagues, North and South, do the same.*

— Rafael Rangel, Professor, Institute for Advanced Studies, Caracas  
(from Barnes and Noble)

1.17.2005 9:29pm

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Hank Barnes ([mail](#)) ([www](#)):

Hi Dr. Bennett!

My name is Hank Barnes -- I ain't that bright, just curious.

Simple Questions:

1. Isn't there a peer-reviewed published paper probably in the mid-80's that demonstrated HIV causes AIDS?
2. If yes, what is the author, journal, year, and page number?
3. If not, why not?

Cheerio,

Hank Barnes

1.17.2005 9:38pm

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Hank Barnes ([mail](#)) ([www](#)):

A few more queries to Dr. Bennett, if I may?

4. When AZT was developed in 1964ish for cancer chemotherapy, was it considered cytotoxic?

5. If yes, wouldn't it be cytotoxic for AIDS patients since 1987?

6. If not, what possible use would it have as cancer chemo?

7. Also, aren't nucleoside analogs generally immunosuppressive?

Feel free to ask me any questions too -- ya may get a few moronic answers, but I shall try my best.

1.17.2005 9:44pm

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Harvey Bialy ([mail](#)) ([www](#)):

Look what I found on the site with lots and lots and lots of graphs:

*Comment from: David Crowe [Visitor] - <http://aras.ab.ca>*

*I think I understand why you think that comparing HIV prevalence (total number of cases at a point in time) to AIDS incidence (number of cases occurring over a period of time) is an apples-to-oranges comparisons. And that comparing HIV Prevalence with AIDS prevalence is apples-to-apples (or oranges-to-oranges, depending on your preference). But, unfortunately, your argument is not correct. The number of AIDS cases that will occur in 2005 (at least according to the infectious HIV causes AIDS paradigm) is a function of the number of HIV cases at the beginning to the year. Essentially an AIDS cases can come from someone who was HIV+ at the beginning of the year, or became HIV+ due to contact with someone already HIV+. The total number of HIV cases at a point in time (prevalence) is the major factor in the number of new AIDS cases in the next period of time (incidence).*

*The relationship between HIV prevalence and AIDS prevalence is much more complex. Basically, the total number of AIDS cases at a point in time (say the end of 2005) is a function of the number of cases at the previous interval plus the incidence of new cases during the interval (a function of HIV prevalence) minus deaths during the interval.*

*Comparing AIDS prevalence with HIV prevalence ignores the variables of pre-existing AIDS cases and the death rate.*

*Furthermore, your criticism of deanesmay for using the rate per 100,000 rather*

*than totals is very minor, because the US population is growing quite slowly. Given the uncertainties in the statistics being used, I think it is irrelevant.*

*A good question to ask is where the chart of AIDS incidence, deaths during a year and AIDS prevalence came from. There is an article by Harold Jaffe in Science (2004 Aug 27 "Whatever happened to the US AIDS epidemic) that has it, but it merely references the CDC annual surveillance report.*

*If you go to that report (<http://www.cdc.gov/hiv/stats/hasr1402.htm>) you will see this graph on the cover. However, only the data from 1998 through 2002 is provided. And it comes with the note "These numbers do not represent actual cases in persons living with AIDS. Rather, these numbers are point estimates of persons living with AIDS that have been adjusted for reporting delays and for redistribution of cases in persons initially reported without an identified risk. The estimates have not been adjusted for incomplete reporting."*

*I believe that the CDC gets this information from the equation given above. The reason that I say this is that, up until (1997 <http://www.cdc.gov/hiv/stats/hivsur92.pdf>), the CDC gave the information required to calculate the number of people living with AIDS (however artificial this number is). My calculations up to 1997 are reasonably close to their numbers.*

*It is interesting to ask, not only why the HIV prevalence graph is flat for a supposedly new epidemic, but why the AIDS prevalence graph is linear, and not exponential.*

*Another question is why the CDC doesn't give the public access to the raw data (with all personal identifying information expunged). I know that they don't, I tried for about two years to obtain it and was told that they were 'too busy' (or didn't have enough money, or some other excuse). They have a very complete database, they even provide descriptions of its contents, but they will only hand out subsets with the interesting data eliminated.*

Mon Jan 17 2005 @ 19:26

1.17.2005 10:08pm

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Nick Bennett ([www](http://www)):

Hank - Hello!

1. 2. 3. The Gallo/Montagnier papers often quoted as "proof" of HIV causing AIDS by the dissidents are just the start of it. HIV was in fact officially recognised

as the cause of AIDS several years later in 1986. Frazer, I.H. and B.P. Mulhall, Second International Conference on the acquired immune deficiency syndrome. Med J Aust, 1986. 145(10): p. 524-9. (See, another Ex-Colonial country respected!).

Fundamentally the decision is based on all the literature on HIV and AIDS between Montagnier's discovery and that time. There is no one paper.

4. 5. 6. AZT wasn't developed for chemo, or at least it wasn't active as such. See my earlier post on this myth.

7. Nukes are not generally immunosuppressive, at least they're not if targetted at the retroviral RT enzyme. There are of course nukes that ARE used in chemo that are basically cytotoxic, and therefore preferentially affect dividing cells, and therefore are immunosuppressive.

Good questions :o)

Cheers

Bennett

1.17.2005 10:23pm

\*\*\*

Nick Bennett ([www](#)):

How did a million Yanks get infected by 1980? The answer is they probably weren't, in my opinion. You can either argue that the original data is wrong based on reasonable facts (limited reporting, small sample size, incorrect modelling) or that the yearly HIV diagnosis are wrong (based on actually lab tests). I know which one I'd trust. From what I can see the \_actual\_ measured rates of HIV incidence do not add up to the total HIV prevalence. Obviously the HIV prevalence is an estimate based on a model.

The model in the early years was wrong, and modified as time went on. Comparing the estimate from 1985 with that of 1995 is useless, since they've based on different models.

What the CDC could have done is modelled it once and then just added each year's new cases on the "total" to get the next years' prevalence. Subtract deaths and you're done. But that's shoddy science.

How much they would have to be off by is an interesting question: without knowing the exact model I'd just subtract the reported HIV cases each year to get back to the total in year X :o)

Gene - I'm not sure why a starburst phylogeny means it's endogenous. To me, you need to show a Southern blot hybridisation with HIV probes and then clone a chromosomal location with the provirus, from a seronegative person. In all the cells tested. There are many known HERVS (human endogenous retroviruses) but none really look like HIV. They're all simple genomes as far as I remember. Occams Razor actually says that it's far easier to accept an exogenous entity that postulate some kind of complex genetic rearrangement that miraculously results in an infectious virus. There is plenty of evidence that it's infectious in vivo, but even if you don't believe that there's the in vitro culture data as well. SOMETHING which has the genetic appearance of an exogenous complex retrovirus is growing in the labs...

Cheers

Bennett

1.17.2005 9:55pm

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([link](#))

Nick Bennett ([www](#)):

Bialy - David Crowe is the source I used for the AZT is not toxic quotes. Will you therefore accept that as gospel also? Heheh.

I'll check your last post properly tomorrow.

Cheers

Bennett

G'night

1.17.2005 10:25pm

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

Look Bennett, if you won't read my book, read my CV. The mother of all my children is an Ibibio woman. There is a very interesting personal anecdote about the severe thrush my new-born daughter contracted in 1976. She would be an AIDS case today. If Dean will fix it, I can post a picture of her as she appeared a few months ago. I'm sure she would like the publicity as she is beautiful, unlike her ugly old dad.

1.17.2005 10:27pm

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

*Are you ~~only~~ here to sell your book?* asks my deep cover insurgent Nick the Brit Bennett.

YOU BETCHA!!! A GOOGLEPLEX WOULD BE GREAT!!!!

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*Bialy - David Crowe is the source I used for the AZT is not toxic quotes. Will you therefore accept that as gospel also? Heheh.*

*I will accept, as will anyone judging this already lost by you intellectual karate match, nothing less than what any ordinary university professor would accept as a passing answer. Thus far you have not supplied one. But keep trying. Ever hear of quicksand?*

*We in the insurgency practice very advanced forms of intellectual Tai Chi, and because we have been denied everything except our own resources and thinking power over so many years, we actually have amassed an enormous stockpile of quite potent weapons of mass destruction for you, and all the rest of AIDS, Inc.*

*When it comes to real information and analytical thinking, the insurgency is the way better armed army. You have today begun to see the tip of the tsunami of data and fact and correct inference (even if poor typing on my part) that will pour into this unblocked blog.*

*This is what I will accept. I will accept that you produce the quotations from the papers that back up every single claim that is made. I would ask Crowe to do the same.*

*The gloves are off doc. Put up or shut up forever time.*

*On behalf of the entire insurgent army... Thank you for at last giving us the opportunity to make our case widely, even very widely known, and thank you Dean for providing the forum and the technological wizardry to make this happen.*

*Doc B...better call Tony. I think a few people already have.*

*Watch for another Durban Declaration bloggers.*

*I'll check your last post properly tomorrow. That would be a welcome first.  
Cheers*

*Bennett*

*G'night Goodnight Gracie  
1.17.2005 10:41pm  
\*\*\**

Hank Barnes ([mail](#)) ([www](#)):  
Sir Bennett,

I'm framing your compliment "Good Questions:0)" for future use:)

1. Will check your Frazer paper, sounds a little obscure, but what the hay.
2. I have a buncha follow-ups, but not too many tonite, cuz' I'm tired. But here's one that nags at me. You write:

*Nukes are not generally immunosuppressive, at least they're not if targetted at the retroviral RT enzyme. There are of course nukes that ARE used in chemo that are basically cytotoxic, and therefore preferentially affect dividing cells, and therefore are immunosuppressive.*

Nucleoside analogs were developed in the 1960s'. RT, if I'm not mistaken, was discovered in 1970 by either Temin or Baltimore.

1. So, how could nucleoside analogs "target" RT, if they preceded RT?
2. And, since AZT is a pyrimidine nucleoside analog, wouldn't it "target" (your word) the millions of Thymine and Cytosine nucleosides of healthy white blood cells, whether infected with retroviruses or not?

Your faithful Yankee, by way of Alabama,

Hank Barnes

1.17.2005 11:32pm

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daf9 ([www](#)):

Hank,

Nucleoside analogs were not developed to target reverse transcriptase. They were later found in laboratory experiments to inhibit reverse transcriptase. These compounds don't 'target' the cellular nucleosides, they 'target' the enzymes that utilize deoxynucleotides as substrates. Retroviruses can't replicate after infecting a cell until the viral genome is first reverse transcribed into DNA.

Cytotoxicity is not an absolute for any chemical. There is presumably a concentration of AZT that will preferentially inhibit viral replication without killing lymphocytes. That's what clinical trials establish; the amount of a medication that will be maximally effective with minimal side effects.

1.18.2005 12:36am

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Harvey Bialy ([mail](#)) ([www](#)):

...And no, I do not pay this guy with promises of vast riches from the screenplay. But if there are ANY riches that would ever accrue to me through my blogosp[herical monkerings at the keyboard where I am a two fingeredteror then let me take this moment to say that I want 100% to go to the world finest informational empowerment project:

**<http://www.ibt.unam.mx/virtual.cgi>**

1.18.2005 12:42am

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Marcel ([www](#)):

>Jenks wrote:

>That statement is tantamount> to slander. At the very >least it is a gross lack of respect and unprofessional >as well. Just read that last >paragraph and tell me how >that does NOT look like blatant >conspiracy theorizing. >And, ad hominem is >frowned upon but blanket statements >that challenge> the honesty and integrity of a vast >sector of the >scientific community is OK!?! [END QUOTE]

You'll notice that Hiv promoters like Jenks and Nick love to use these slanderous terms like "conspiracy theorists" and "denialists" to characterize people who engage in what is or should be (or once was) the very soul of the scientific process: legitimate questioning of assumptions.

So, Jenks and Nick, how do you respond to some real heavy duty conspiracy theorizing that comes from one of your own: Dr. Marcia Angell, former Editor in Chief of the New England Journal of Medicine:

"Research is biased in favor of the drugs and drug makers. The pharmaceutical industry spends a great deal to influence people in academic medicine and professional societies. It does a super job of making sure [that] nearly every important person they can find in academic medicine [who] is involved in any way with drugs is hired as a consultant, as a speaker, is placed on an advisory board — and is paid generous amounts of money.

"Conflicts of interest are rampant. When the New England Journal of Medicine published a study of antidepressants, we didn't have room to print all the authors' conflict-of-interest disclosures. We had to refer people to the website. I wrote an editorial for the journal, titled 'Is Academic Medicine for Sale?' Someone wrote a letter to the editor that answered the question, 'No. The current owner is very happy with it.' That sums up the situation nicely." --  
Los Angeles Times, 9 August 2004

Or the conspiracy theorizing from another former Editor in Chief of NEJM, Jerome Kassirer, whose recent book is entitled: "On The Take: How Medicine's Complicity with Big Business Can Endanger Your Health."

All this back and forth, citing this study and that one that few people have the time or access to check out, neglects a very important problem: the research is all corrupt and cannot be trusted. Academic researchers and doctors who do these studies are being paid by the drug companies to do them, and it's pretty far fetched to suggest that this doesn't influence the results, humans being humans.

These studies are done by people who are making a lot of money by doing them, and they know that if they don't come to the "right" conclusion, the one the drug company wants, they won't get any more very profitable studies to do. And if the study is not financed by a drug company, it's likely to be financed by the NIH or

other government entity whose officials are happily caught in the government-industry "revolving door" that assures them big paying jobs when they leave government, if they "act responsibly" while they are allegedly working for the public.

How can anyone in his right mind suggest that a system like this is going to produce meaningful results?

The results of these studies are therefore highly likely to be biased toward all those wonderfully lucrative assumptions: that Hiv causes Aids, that the medicines extend life, that the tests are accurate. So when dissidents cite these studies to make their points, they should realize that they are dealing with data that's already biased, and that if it weren't biased, their dissident points would be even more obvious.

1.18.2005 9:48am  
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Marcel ([www](#)):

So many of the Hiv defenders keep repeating the assertion that the Aids drugs extend life. I would like to see the evidence for that assertion. It is not evidence to say that Aids patients live longer today than they did in the late 1980s, therefore the Aids drugs extend life. The difference can be attributed to the fact that in the late 80s Aids patients were given 1500 mg of AZT chemotherapy daily, a dose that is today recognized as way too high. So naturally they wasted and died more quickly than they do on lower doses of Aids drugs today. Poisoning people more slowly is not the same thing as extending life.

So, please, Hiv defenders, show me the controlled study that was done that demonstrates that the Aids drugs extend life, and also I would like to know, by how many years do they extend it?

1.18.2005 9:54am  
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Nick Bennett ([www](#)):

Hank - daf9 gave a good answer on the nuke subject. I suppose "target" is the wrong word in that the drug wasn't designed to act preferentially against RT - it was just discovered to. The first true drugs-by-design were actually the HIV protease inhibitors. Prior to that it was semi-guesswork and trial and error. The

reference \_is\_ obtuse unfortunately. It's just a report on the 2nd AIDS conference. The decision was actually made at the conference - prior to that HIV was called HTLV-III or LAV, which was suggestive of a link to AIDS. They decided that the literature needed to be tidied up and agreed that the virus should be called HIV by all, to highlight its causative role in AIDS.

Bialy - The number of 1.7 infectious virions per ml is nothing. In a typical well-treated patient copies can drop to 50 per ml, which roughly equates to 2 lonely infectious viruses in their entire bloodstream!!! But when the drugs are taken away the virus rebounds (Ho's kinetics work for example). What does that tell you? Perhaps that the virus is somewhere else...?

Two things: where do viruses live? In cells. If you culture the \_cells\_ for HIV you can get 1500 cultures seeded from a single ml of blood. That's at least 1500 infected cells per ml containing replication competent virus - never mind those that might contain replication incompetent mutants. Secondly, lymph nodes contain 10 times as much virus per cell (1 in 4 versus 1 in 40 infected). Again, what does this tell you about where the virus is? All together now -

In the lymph nodes.

Viral load is predictive of risk of AIDS, no doubt about that, but it's only a relative marker of infectious virus, not an absolute marker. To say otherwise is to misrepresent the science.

I ask again, you want to quote me some figures on blood virus levels of a fatal flu infection? What about rabies? Herpes encephalitis? ;-)

Cheers

Bennett

Refs:

Pantaleo 1993 Nature: 362(6418):355-8

Ho 1989 NEJM 321:1621-5

1.18.2005 9:55am

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Marcel ([www](#)):

Daf9 wrote:

>"Hats off to you Bennett! It's like reading about James >Randi point out the 'trick' to some particular sleight >of hand."

Thanks for pointing that out, Daf9. All the while I've been reading Nick's posts, the fact that they were sleight of hand didn't occur to me. I thought that they were more double talk --the use of soporifically convoluted jargon and numbers, assumptions spouted blithely as if they were facts, findings flourished as if they were proofs, all thrown about with such abandon that the bewildered audience concludes that this guy must know what he's talking about, and I don't, and therefore I should leave the issue to the experts. Just what Aids, Inc. wants everybody to think.

You have to marvel at the Hiv Illusionists' performances.

1.18.2005 10:52am

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Harvey Bialy ([mail](#)) ([www](#)):

Sorry the expresso boiled over...

*Two things: where do viruses live? In cells. If you culture the \_cells\_ for HIV you **can** get 1500 cultures seeded from a single ml of blood. That's at least 1500 infected cells per ml containing replication competent virus - never mind those that might contain replication incompetent mutants. Secondly, lymph nodes contain 10 times as much virus per cell (1 in 4 versus 1 in 40 infected). Again, what does this tell you about where the virus is? All together now -*

*In the lymph nodes.*

How often doc? I am not a medical microbiologist so I am unable to answer your questions about these pathogenic viruses with any authority. But if you made you point first, I might do some research.

With respect to your previous statements about HIV being easily found in the blood after primary infection. How often? HIV, like all retroviruses, as Duesberg has pointed out since 1987 in agonizing and incredibly booooooring detail, has a small pathogenic potential that manifests itself during *primary, acute* infection when there is indeed *lots and lots (or is it lots and lots and lots)* of virus around...for a while. It mostly replicates like this in the lymph nodes. After a few weeks at most, the virus is restricted to chronic latency. This early manifestation of its full pathogenic potential is just one more piece of data that tells me HIV is not a pathogen but an AIDS passenger.

1.18.2005 12:06pm

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Hank Barnes ([mail](#)) ([www](#)):  
Sir Bennett,

*Hank - daf9 gave a good answer on the nuke subject.*

Actually, it was kind of evasive. But, that's ok!

*I suppose "target" is the wrong word in that the drug wasn't designed to act preferentially against RT - it was just discovered to.*

Yes, "target" is the wrong word. Nucleoside analogs can't differentiate between Thymine of a healthy cell or the Thymine of a cancerous cell or the Thymine of HIV.

You say it was "discovered to" act preferentially? Where and when and by Whom?

*The first true drugs-by-design were actually the HIV protease inhibitors.*

We're focusing on AZT, though.

*Prior to that it was semi-guesswork and trial and error.*

Right — a lot of error. Giving cancer chemo to people without cancer was the first big error, no?

*The reference is obtuse unfortunately. It's just a report on the 2nd AIDS conference. The decision was actually made at the conference - prior to that HIV was called HTLV-III or LAV, which was suggestive of a link to AIDS.*

Yes, but it's *your* reference. But, how can the paper that demonstrated HIV causes AIDS be obscure and obtuse? Did Fraser win the Nobel prize for this historic paper?

Also, Gallo found Human T-Cell Leukemia Virus III. Doesn't that imply that this virus causes leukemia? Isn't leukemia an **increase in cancerous white bloods** ?

So, how can a virus simultaneously **increase** cancerous white blood cells and **deplete** healthy T-cells?

*They decided that the literature needed to be tidied up and agreed that the virus should be called HIV by all, to highlight its causative role in AIDS.*

Sorry, 'ole chap — but this is a bit much. The literature needed to be "tidied up." Really? Who is this imperial "they"? And, highlighting its causative role is kinda, dangerous without proving that it did in fact cause anything, right?

I'm reading from an editorial in *Science* in the same issue that Gallo published his 4 papers:

"Traditionally, final proof that a particular agent causes a disease usually involves showing that Koch's postulates can be met. One of the postulates requires that the host be injected with the agent to see whether the disease develops. With an illness as deadly as AIDS this will never be possible with human subjects. But showing that HTLV-III can be used to produce an effective vaccine would go a long way to removing whatever doubts might remain about whether it is the AIDS agent."

(See Marx, Strong New Candidate for AIDS Agent, *Science* 224:474-6 (1984).

21 years later — no vaccine, no Koch's postulates.

Seems to me Gallo brought the ball to the 20-yard line, and kicked a field goal wide right.

But, maybe the Fraser paper you cited explains all this, so I'll report back when I get it.

Cheerio,

Hank Barnes

1.18.2005 12:52pm

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Nick Bennett ([www](#)):

Bialy

How often just translates to how much virus that person has. The figure quoted was from an AIDS patient, not an asymptomatic HIV+ patient. Culture titre was less in those without AIDS but off-hand I can't remember how much lower. Significantly I think, an order of magnitude or more. It was basically 100% detection (at some level) in those who were HIV+, and zero in those who were HIV- (matched controls, by the way). I used the figure from an AIDS patient because we were using AIDS viral loads, and high ones at that (it makes more sense anyway - those who are HIV+ but not yet AIDS are quite variable and so

taking an "average" isn't that helpful).

HIV is found in peripheral blood in every case of seroconversion, as far as I'm aware. You're right in that you would expect a relatively minor acute infection which is then controlled as the immune system kicks in. That's how viruses work when faced with a multicellular host! The seroconversion illness for HIV is relatively mild and disappears as anti-HIV CD8 T cells appear. So far so good. The weird thing is that during this seroconversion illness the CD4 cells plummet - this isn't normal. The numbers do return but they don't return to the same pre-infection range, and then they decline over time (if untreated).

Average values here: pre-HIV 1000 per ul. During seroconversion they drop to 500 per ul. After seroconversion they rise to 700 per ul (still in the normal range, but lower than previously), then they drop by an average of maybe 50 per ul per year. These are numbers pulled from various bits of literature. It seems that at a certain point, around 200 per ul, the infection becomes runaway and the CD4 cells plummet as the viral load rises. Prior to that the decline in CD4 seems to be linear and the viral load is steady. This is detailed in Fauci Ann Intern Med. 1996 Apr 1;124(7):654-63. (I know, it's our friend Tony ;-)

Some people get OIs before that point (KS for example has been seen with CD4 counts of 600) and some people don't get anything until much, much later (I've seen new patients presenting with CD4 counts of 20). Again, as with viral load, the CD4 counts are a surrogate marker for immune function that correlate with but do not account for the actual function. The best demonstration of this is that immediately after starting antivirals the CD4 count jumps up. The thing is these aren't new cells at all, they're just cells that were previously in the lymph nodes but are now unactivated and free to move around the circulation. That doesn't detract from the fact that CD4 counts do, for a population, predict the risk of certain OIs appearing. It also doesn't detract from the fact that new cells do later appear to replenish the numbers.

The word "latency" is here again. The immune system will restrict the virus to clinical latency, but there's nothing to suggest that it will restrict it to virological (true) latency. In fact, since HIV replicates in activated T cells and HIV itself activates T cells, there is every reason to postulate that HIV replication will be ongoing throughout infection. All the evidence shows this to be the case (viral load, culture, LTR circles from reverse-transcription, the appearance of immune and drug escape mutants etc).

Duesberg's arguments were based on his (considerable) experience with acutely transforming retroviruses. As you would expect, when you effectively transduce a cell with a hugely powerful oncogene like src or myc you can expect results in short order! But you can't extrapolate from there to another virus type - you can predict, but you must accept it if this different virus shows different behaviour. Duesberg didn't apparently accept that, but stood by his statement that all RV's

are acute. That's terribly narrow-minded.

Cheers

Bennett

1.18.2005 1:01pm

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Nick Bennett ([www](#)):

Hank - the thing is the thymidine has to be maneuvered into position by an enzyme. RT is different from DNA polymerase I which is different from DNA pol III etc. The different analogues bind to the different enzymes with different efficiencies.

I don't actually know who tested AZT on RT. presumably someone in Glaxo! Please read my comments above from Beltz about how effective AZT is against cancer.

HIV was merely called HTLV-III because it looked genetically similar to HTLV I and HTLV II. All three are complex retroviruses and contain genes in similar places with similar functions. HIV has tat and rev, the HTLVs have tax and rex. tat/tax trans-activate the genome (positive feedback to make more virus) and rev/rex ensure that unspliced mRNA is made to produce Gag protein and virus genomes. There is also limited cross-reactivity with some antibodies.

The L was changed to mean "lymphotrophic" once an "HTLV" was discovered that didn't cause leukaemia ;-). Of course later better genetic analysis showed that HIV isn't really related to HTLV beyond being a complex retrovirus.

The Fraser paper is merely a meeting report - a bit like a sports commentary on the back pages of the newspaper. You don't win the superbowl for writing about the game.

The literature always gets tidied up from time to time. Another big one I can remember is DCC (deleted in colon cancer) that rather embarrassingly was discovered NOT to be deleted at all, but it was the gene next door. "They" refers merely to those writing about the topic, to come to some form of consensus so that everyone knows what everyone else is talking about.

Cheers

Bennett

1.18.2005 1:12pm

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Comment from: Harvey Bialy [Visitor] · <http://www.ibt.unam.mx/virtual.cgi>

What happens when fine minds, accustomed to analyzing clean data with digitally precise 21st C. Turing machines, are turned on an analogical problem that defies all reason?

Everything above this post.

This singular datum could make us all go off to the beach, or into the "weeds", as Dean thinks I and a few of my blog-buds did, to perhaps never return.

Well Dean, what did you expect? There is a dynamic here we have no more ability to control than we do to make a determination about whether in fact HIV is responsible for the epidemic of diseases that go under the name of AIDS. We simply do not satisfy the most fundamental conditions for a proper scientific inquiry into the question. So even though we are each fully capable of arriving at correct determinations, that is only possible if we have been provided with inferences drawn from a verifiable and reproducible set of data. As I am sure many of us were surprised to find, given the massive and sorry state of the so-called scientific literature, it is impossible for any amount of high tech, hi IQ, collective cyber-brainstorming to resolve something the world's best scientists have been unable to resolve in 15 years of what we all now know has been some of the fiercest, nastiest most contentious debate in the history of biomedicine?

My new blog, best friend Dian wrote HIV/AIDS is a big can of worms many did not even know existed. Discussions here have shown that opening it, even for the brief time it takes to carefully remove one of the poisonous snakes that had been sleeping with its data-worm and maggot relatives so comfortably for so long, and put it under the microscope, is as hazardous to mental health as AZT is to the health of T cells. We are fortunate apparently, seeing all the rancor that this pretty little devil of a snake caused, that we all didn't succumb to the poisonous vapors that scrutiny of just one node of the corrupted network of HIV/AIDS inevitably produces.

Can you blame me for going around several bends simultaneously? Whether you blame me or not, I know you can understand me, since the mental anguish I suffered trying to reconcile the mini and maxi-paradoxes that have sprung like Medusa's children this past week was not unique.

I am a simple, semi-retired molecular biology professor, who has spent most of my professional life trying to make sense out of data. When I first learned of "Gallo's virus", through rumor and then from the early papers in the mid 80's, I was confident the contradictions in the inferences that were easily drawn from the data in those papers would be quickly resolved as a few more experiments were done to resolve the discrepancies that led to the drawing of contradictory

inference. This is how experimental science works.

Well its 25 years later, and the few papers that were supposed to supply the better data so that the inferences were not a matter of opinions but a matter of cold logic have grown to tens of thousands, with the result that the collective power of the internet's very best data miners could come to no conclusion about what would seem to be the simplest of problems after multiplexed hours of furious work.

I gave up, and actually some time ago, of trying to rationalize any of the inevitable metastable constructions that are an inevitable consequence of opening a big can of snakes and worms and data maggots. I can't. And as you have now proved to yourselves, and the world, neither can you. At least not as things stand.

It is much more frustrating than attempting to rationalize the two curves. What you knew for sure was a well connected network of data and inference that together said HIV/AIDS, turns out to be better modeled by a can of worms.

So "we" gave up, and went off into the weeds to contemplate whether there might be a more scientific and civilized way to confront this ugly paradox, and *italic-I* remembered the opening sentences of the final chapter of my book, and as always, remembering Max Delbruck, calmed and made me think.

Delbruck lived for paradox. In paradox he saw the possibility of new knowledge. He was a little melancholy when he reached about the same age that I am now because the paradoxes that he hoped a molecular analysis of genetics would reveal, never appeared. Each apparent paradox vanished once a clean line of thinking was applied to a clean set of data. He was rather hoping for a real paradox, like in the physics in which he grew up - the kind that can only be resolved by a quantum leap into a new unknown. Sad for Max he never saw that flickering horizon in his lifetime. But if we could attain Delbruck's ennui concerning the apparent paradoxes of all varieties we have encountered here, as sure as the rising sun, uncountable millions of people all over the world would be spared useless and needless sufferings of all kinds.

The science that Max fathered, and which paradoxically perhaps made him sad by being so successful with its skillful application of diamond reason to clean data, provides a clear instruction on how to accomplish the noble goal above.

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Nick. Send via post your first fully documented, and this means including the precise quotations from the primary literature that you are using to substantiate your claims countering the Duesberg argument that unlike all other retroviruses HIV is said to kill the very cell it depends on for its continued replication. You have made a lot of good sounding arguments above. Believe me I have heard them all before, many times, and presented in just that machine gun style that so impresses Jenks and the rest. It doesn't impress me, nor any of your colleagues who are or will shortly be reading this.

So no more twist us on THIS SUBSTANTIVE matter until such time as I see your challenge to my challenge. At that time I will respond in full and then we can let the scientific community decide on that question because it will be all here, *with the references*, not just references to the references, for all bloggers and nonbloggers alike to judge. Just as it always should have been

Are we on doc?

1.18.2005 1:36pm

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Tom Hawkson ([www](#)):

Jenks0,

It's true that conspiracy theories vastly outnumber actual conspiracies. But we have a real, live, garden variety conspiracy displayed here: the sudden funding and academic ostracism of Dr. Duesberg. Such conspiracies usually go by another name: normal academic politics. One of the sub-texts for this topic is that academia clearly needs dramatic reformation. Us proles depend on an academia which is not mired in group think, on this question and many others.

In addition, real, live, garden variety conspiracies validate real, live, garden variety conspiracy theorists, and they begin to see conspiracies where they aren't. So here is a plea to all the academics reading this. Please expose and decry academic ostracism! I love eccentric, outspoken, curmudgeonly academics. Don't make them an endangered species!

Yours,

Tom Hawkson

1.18.2005 2:17pm

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“Nick Bennett (www):

Daf9 - Actually some would argue that Duesberg was in fact ostracised for his views. He has tenure though I think, but the stories go that his funding was cut back. I have no proof either way, but knowing the politics of universities can well believe it to be true.”

Nick, you are not aware of Peter Duesberg’s complete loss of funding, from an original golden boy status of being one of the few (less that 20 I believe) who received the Outstanding Investigator Grant from the NIH, \$350,000 to play with as he saw fit- except as it turned out reviewing AIDS-HIV hypothesis and turning it down was a no-no for all his erstwhile chums who reviewed his grants, for he never got another one. In fact his invitations evaporated, his salary was frozen, his graduate students and post grad help warned off, his university positions evaporated, except famously for his one responsibility now which is to be chairman of the department picnic, and his lab would have been shuttered except for the intervention of private donors who saw what was happening. Nick, as a fellow Englishman I have to say that you show all the signs of a sheltered background and unawareness of the ruthless competition for position and spoils in the academy in the US and how very hard it is to raise a dissenting voice here and not get into real trouble real quickly.

Dian ([mail](#)) ([www](#)):

Jenks:

*Unpleasant, but informative read... Thanks. My advice would be, since you seem to care alot about this, instead of putting your faith in the claims of a few people, go take some science classes instead of memorizing talking points and revisit the issue then. I can assure you that you will have a fuller understanding of it. I mean that sincerely, don't take it to be mean. Oh, and it would also be a good idea to stop assuming the worst of people who have dedicated their lives to treating and curing a disease. Again, don't flip out and call me a "corporatist" or something, but consider what I said.*

Sorry I took a while to respond, but I do have a life that actually requires my presence elsewhere once in a while. I'm not flipping out here, but I can't just let this pass, either.

Dear me, Jenksy, do you actually take offence when a NON-scientist has questions? Actually as far as the issues and questions I raised, these are the

same questions asked by the author of AIDS, Inc. I suggest you take up your comments with him. You won't find Jon Rappoport an easy target, scientist or no. Have fun trying.

I took your commentary as a flat-blank dismissal of what I was saying on the basis that I am not a scientist, and I find that completely unfair. I do not recall anyone ever saying that this issue's facts, non-facts, and remaining questions were the sole purview of you PhD types.... nor is the capacity to think, for that matter. In fact, your diatribe merely convinced me that I was right when I said that in many instances PhD means Piled Higher and Deeper. "Take science courses", indeed. That's exactly the method by which ivory tower types can con the rest of the world into swallowing garbage science ("never mind, you couldn't possibly understand this anyways, just listen to US"), then build a huge make-work project on it, cutting everyone else out of the argument and force them to kowtow to the "accepted research". Just like when the SARS research was confined to WHO labs around the world, and no independent research was allowed. You may not be a corporatist, Jenks, but it is that exclusionary attitude that produces the conditions needed for corporatism to take the helm in this, or any other issue. Science is supposed to be shared, because it's for all of us, right? Right? SO WHERE IS GALLO'S PAPER? And where are the stats on the people who did NOT take medication, and did NOT die? WHY DO ALL THESE QUESTIONS EXIST IF YOU HAVE ALREADY GOT THE ANSWERS?

I found your commentary on the child experimentation at ICC to be absolutely horrid, as I find the experimentation itself. I suggest you actually read about some of what is going on, read some testimony from people whose foster children have died horribly and prematurely because of that program, instead of posting the "defence note" of the institution. And quite frankly, to give a clean bill of "health" to a Catholic institution JUST because it's a Catholic institution

*OK, here you slander an organization run by Catholic Charities, for crying out loud.*

is so goddam blind of you I can't speak. I could mention the millions of dollars paid out by the Catholic church to placate molestation and sexual abuse victims of priests; I could mention the "butter box babies". I could mention a LOT more. But it makes me sick to my stomach to think about it, so I'll leave you to do your own research. Feh! leaves a bad taste in my mouth. It's not about the Catholic part. It's about the ABUSES.

Don't EVER make the mistake of believing or trusting somebody because they have credentials.

That is the absolute HEIGHT of stupidity to a thinking mind.

*"Believe nothing just because a so-called wise person said it. Believe nothing just because a belief is generally held. Believe nothing just because it is said in ancient books. Believe nothing just because it is said to be of divine origin. Believe nothing just because someone else*

*believes it. Believe only what you yourself test and judge to be true."*  
*: Siddhartha*

I never questioned the motives of the doctors and scientists working on all of this.. just the answers they don't have, and their blind obeisance to protocols that have heavy-duty problems attached. But cartels are not built by the workers, are they? And I guess it's hard not to trust in the "honor" of the pharmaceutical industry whilst sipping a pina colada at a "convention" to discuss the merits of, say, Paxil, or Prozac. Or Celebrex. Etc.  
You're damned right... I'm righteously indignant. Like I said. I've lost friends. They were PEOPLE to me.

And wasn't MY point that people are dying here and this stuff needs to be resolved NOW? Maybe I'm old fashioned, but I remember back in the days when MD's actually took the Hippocratic Oath (the Stone Age, I think that was, but I date myself) that said "First, do no harm", and "I will administer no noxious substance". No wonder they don't take that oath any more... because they administer a LOT of noxious substances.... just look at the drug recall lists, the side effects, the toxicity, not to mention the 195K Americans ( I believe that's the correct figure) who die annually from the PROPER administration of prescription drugs by doctors!! What about the fact that medical care is a leading cause of DEATH? What, I'm supposed to just sit back and let you guys drive when you don't seem to know where you're going? Suuuuuure. Great idea. Reduce those iatrogenic death stats to ZERO, then come talk to me.

Criticizing my lack of scientific training is not changing those issues, is it? Nor will it.

In essence, you've been shooting a messenger, Jenks, but I ain't got a scratch on me. And you didn't really answer my questions either, you just dismissed them. They're still there.

I say our friend "Hank the Tank" Barnes has the right idea:

*p.s. I'll be back in a few days. We really need to pit Bennett v. Bialy, one-on-one, and dispense with these amateurs. Those 2 are the big dogs.*

I can't wait.

1.18.2005 4:46pm

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AnthonyL ([mail](#)) ([www](#)):

Shad said: Duesberg is to be praised, respected, and treated seriously because he has a degree from an established mainstream university, he received an award from the NIH, and received huge sums of money for his research efforts

Correct. Ideally all participants in any debate should be taken seriously until they show they cannot handle reason or evidence responsibly. That includes you and me. Certainly it includes Duesberg and Nick and Harvey.

One thing I am glad to see is the acknowledgement that the data sheet is full of crappy and obtuse studies, though this is always the clever way of undermining the critics. First, you let them base their objections on the peer reviewed literature and go on and on complaining of the absurdity of the conflicting and unsustainable conclusions that flow from it, then you pull the rug out from under them by admitting that the data isn't that sacrosanct after all. Does it not occur to you, Nick, that inconsistent data and bad studies are a natural outcome when a false premise becomes rooted in the culture before it has been properly reviewed and tested? If anything it is the best demonstration that there is something very wrong about the grand premise on which it is collected.

So far I haven't seen anything pertinent you have claimed which isn't roundly contradicted by Duesberg's peer reviewed, repeat, intensely and vengefully peer reviewed critiques, which one can believe, for that very reason – the most hostile peer reviewing couldn't find fault in them any more, and they had to be reluctantly OK'd by their strongest opponents. I expect Harvey to nail every one of your points, and only regret that they are being obscured from the hoi polloi by a blizzard of jargon and technicalities.

One thing I don't think should be obscured by preening technicalities, jargon and degree flaunting is the plain and simple fact that this is meant to be an infectious disease, the premise on which the whole house of cards is built, and which is a pillar of the current scaremongering about the spread of the horror to Russia and China after its insidious advance in Asia and in South Africa, where it has supposedly recently infected 20 million or more through, by Heaven, heterosexual sex, as practiced by the out of wifely control truck drivers of the subSahara. Never mind that the subSaharan population has expanded by a third or 250 million while this disease has threatened for the entire period to make orphans of a generation. (Odd how fast these numbers are being reassessed in the wake of articles from local reporters in South Africa pointing out that the death rate in that country show NO EPIDEMIC whatsoever – no untoward lump of any kind, and quoting coffin makers as wondering where all the business has gone).

Anyhow this infectiousness. How do you explain the Padian study showing NO transfer of positive antibody status in unbalanced heterosexual couples over

three years, or the studies showing unbalanced couples which include one antibody positive hemophiliac took on average 500 bed bouts to transfer the virus? How would that rate of transfer support any epidemic?

And how do you explain the gaping statistical chasm where the much predicted heterosexual epidemic in the US is meant to be, according to the confident predictions trumpeted by Oprah Winfrey and other unskeptical media people, including science reporters who apparently act like stenographers for the powerful perhaps because they are their essential prime sources? Don't think that all male heterosexuals have been wearing condoms like good boys. Chlamydia went from 500 cases in 1984 to 500,000 in 1998 (CDC 1998 STD Surveillance).

So Nick, you may hide in the lab away from the epidemiology, but you still have to answer the question, how do you reconcile the evident NONinfectiousness of the virus—we don't have to fear using the same towel or even toothbrush as our positive lover, we are told—with the claim that it causes an epidemic in the rest of the world among heterosexuals (let's ignore the homosexuals who account for almost all AIDS in America and Europe, they possibly do imaginative things to each other that would transfer anything)? The claim that make it worth your studying the virus and its habits so closely? That make it worth founding your well educated (as far as Cambridge can manage it these days of desperation for funding) career upon? If the virus is the least infectious infectious disease agent known to man short of kuru, are you suggesting that the sexual habits of Africans include cannibalism? Harvey will set your straight on that one, I believe. I lived in Kenya for a while, and if there was any excesses involving tens of thousands of cannibal sex crazy truck drivers I never heard of them. But you have? Damn. Which parties did I miss?

daf9 ([www](#)):

AnthonyL

"Anyhow this infectiousness. How do you explain the Padian study showing NO transfer of positive antibody status in unbalanced heterosexual couples over three years, or the studies showing unbalanced couples which include one antibody positive hemophiliac took on average 500 bed bouts to transfer the virus? How would that rate of transfer support any epidemic?"

There have been many studies looking at conversion of hiv status in partners of hiv positive individuals. What they show is that conversion does occur. It doesn't occur with every sexual contact between every pair of individuals but it does occur. In a few studies that has been demonstrated conclusively by sequencing

the virus from both partners and showing the virus in the newly infected partner has the same sequence as the virus in the long term affected individual.

How do the low frequency of transfection rates explain the spread of the virus? First off it's clear that viral transmission is not the same for all isolates of virus. There's data in the literature supporting that one. I've also read a paper recently that suggests that viral transmission may be higher in the first months following seroconversion when viral loads appear to be higher.

1.18.2005 5:43pm

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Firstly, there is no reason to suppose that a virus shouldn't kill its host cell. Duesberg uses this argument as if it's some kind of obvious statement, when any virologist can rattle off a series of lytic viruses. Polio and adenovirus are the two most obvious ones that spring to mind, aside from the bacteriophages. It's a standard categorisation of viruses (lytic versus non-lytic). Enveloped viruses are less likely to be lytic, but there's no reason why they shouldn't be. This argument alone seriously, VERY seriously discredits Duesberg's logic. As I recall Duesberg argues that it's bad (and therefore unreasonable) for any virus to kill its host cell, not just a retrovirus. Reality suggests otherwise.

Secondly one of the first things that people noticed about HIV was the fact that it killed cells. It seemed to kill them directly, form syncytia (fused cells) and prevent cell growth. (e.g. Folks et al Proc Natl Acad Sci U S A. 1985 Jul;82(13):4539-43)

All was well and good until 1990 when Montagnier (he of HIV discovery fame) published a report suggesting that a mycoplasma contaminant appeared to be a cofactor in HIV-mediated cell death. (Lemaitre et al Res Virol. 1990 Jan-Feb;141(1):5-16. and Lemaitre et al Infect Immun. 1992 Mar;60(3):742-8). When he added simple antibiotics to the cultures cell death disappeared. This was a finding replicated elsewhere. However in vivo there appeared to be no effect of mycoplasmal infection on AIDS (Montagnier and Blanchard Clin Infect Dis. 1993 Aug;17 Suppl 1:S309-15.)

The answer came a year later from Canada, when a group working on the exact same cell line (but using appropriate antibiotics) discovered the following:

"After long-term cultivation of the three cultures, no antigen-positive cells were detected and no trace of virus expression could be observed. The remaining cells consisted entirely of CD4-negative cells. PCR analyses indicated that cells harboring a provirus were progressively eliminated from the cultures, leaving only virus-free cells. In this system, cells carrying a latent provirus survive for a limited period of time before virus activation induces

cell lysis. These results suggest that at least three types of cells exist in the CEM cell line: CD4-positive cells which are rapidly killed by the virus, a second type harboring a latent viral genome after the infection and which grow normally until activation of the resident genome by external or internal signal(s), and a third type which represents rare CD4-negative cells present in the initial CEM population and which are selected for by the NSI isolates. This is the first study documenting specific interactions between NSI strains of HIV -1 and distinct subpopulations of CEM cells grown as a single cell culture." (Yelle et al Arch Virol 1994;139(1-2):155-72)

So in one fell swoop this paper shows (A) HIV infects and kills CD4+ T cells and (B) explains the mycoplasma data. HIV plus mycoplasma results in non-selective cell death. HIV alone only kills CD4+ cells, and in a mixed cell line the CD4- cells grow to replace. Montagnier did not stain the cells to detect this change - but then he had no reason to suspect it was a mixed lineage line. Mycoplasma is also famous throughout tissue culture labs for doing "weird sh\*t" with experiments - this kind of finding underlines that. Mycoplasma is very hard to detect without specialist kits - most bacterial contamination is really blindly obvious to see, because the culture flasks start getting cloudy :o) Mycoplasma are also resistant to the usual antibiotics used to prevent contamination (penicillin and streptomycin).

As for other retroviruses, a simple PubMed search for "retrovirus "cell death"" brings up viruses such as Avian Hemangioma Retrovirus, Moloney Murine Leukaemia Virus and Chicken Anaemia Virus. Retroviruses are \_usually\_ non-cytopathic, or at least not directly cell-killing if they do demonstrate some kind of effect on the cells, but not always. You know what they say - it's the exception that proves the rule ;-)

Now, this isn't to argue that HIV causes AIDS by simple cell death - that's not the case. In fact direct HIV-induced cell death probably plays a very small role in vivo. But it does mean that the argument "HIV cannot cause AIDS because it can't kill T cells" is fabricated. That as much as anything else is annoying - the more so that the myth has persisted, for some, for the last 20 years.

I have no problem whatsoever with people poking holes in the logic or facts surrounding HIV and AIDS, but I would prefer they do so with at least a modicum of truth. Errors were made (high dose AZT monotherapy, hit-hard-hit-early, HIV causes AIDS by cell killing etc) but we've learnt and moved on. Providing the correct errors continue to get pointed out we can still move on, but arguing the wrong points not only has the possibility of sending research down the wrong path, but also carries the risk of not being believed when something TRUE gets pointed out.

Until t'morrow, time permitting.

Cheers

Bennett

1.18.2005 6:22pm

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Harvey Bialy ([mail](#)) ([www](#)):

Why i am so vitriolic towards the NIH and Anthony Fauci

by: Harvey "Dr. Tryptophan" Bialy

Because of them my beloved Africa is suffering in the 21st C. what she has suffered since the first white man (so called) set his first damn foot on the Motherland!

It ain't supposed to be that way.

1.18.2005 6:31pm

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Harvey Bialy ([mail](#)) ([www](#)):

Nick.....

So fast? So facile? You 100% sure this is what you want me to post for critique by Duesberg on the new Discussion thread that will be opened in a few days? You already messed up super bad by aligning yourself with the *Russell refutation*. Wanna try for 2 out of 2?

What about my request for links to the pdfs of the papers that support all the stuff you say?

I can find only this:

(*Yelle et al Arch Virol 1994;139(1-2):155-72*)

and this:

*As for other retroviruses, a simple PubMed search for "retrovirus "cell death"" brings up viruses such as Avian Hemangioma Retrovirus, Moloney Murine Leukaemia Virus and Chicken Anaemia Virus. Retroviruses are \_usually\_ non-cytopathic, or at least not directly cell-killing if they do demonstrate some kind of effect on the cells, but not always. You know what they say - it's the exception*

*that proves the rule ;-)*

really my doc squared blog not-bud. is this the **best** you can do to fulfill a serious, no, **more than serious request from an awful lot of people, judging from what dean tells me hthe visits or hits or whatever have been over the past 2 days.**

remember this is going to be posted and widely distributed -- **to all the scientific journals** for them to reprint or not as their editor's see fit. as the best lieutenant in the aids, inc. army presents the overwhelming evidence in a way that **everybody** can evaluate without doing pub med searches of the mess of aids pseudo-science that taken together will prove to any scientist who examines it that anything the nih has claimed abt the fing "deadly" virus is the least bit true.

do you gots it now. this is NOT a fing online chat. this is the BLOGOSPHERE nitwit.

and like my kids used to say... *whup dere it is.*

p.s. do you sleep with your uniform on?

1.18.2005 6:43pm

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Gene Semon ([mail](#)) ([www](#)):

Dear Dr Bennett:

One of the problems in debates about HIV and AIDS and why people wind up talking past each other is that one has to say, in effect, WHICH HIV (or AIDS) are we talking about.

You are correct in saying HTLV IIIb does not match up with endogenous retroviruses. This was of course the "molecular clone" that was Gallo's original HIV. But like AIDS itself the "genes" representing HIV were assigned to many "subtypes" as the definition continually evolved. This even led to Dr Urnovitz' conclusion (see [chronicillnet.org](http://chronicillnet.org)) that HIV is a "set of cellular signals" that "may be" associated with AIDS. In fact, this led to a sort of crisis in HI virology as stated by Leitner et al in AIDS Research and Human Retroviruses, V11, 1995, p997: "The growth of unclassified sequences indicates that it is becoming increasingly difficult to categorize the HIV-1 sequences by the proposed (env "star phylogeny" et al) criteria. We start to see sequences that branch off earlier on established subtypes, suggesting that we may eventually be faced with a continuum of genetic variants". And "certainly we would find many more HIV-1

sequences that blur the phylogenic patterns if all HIV-1 carriers in central Africa were analyzed."

Now, I respectfully ask you, as an expert on retroviruse, can you exclude the production of HIV sequences (as stated by Gallo's original HTLV papers 80 to 84) in cell cultures by complementation in trans from TODAY'S known endogenous retroviral, LTR retrotransposons, LINEs, etc. sequences?

Best,  
Semon

1.18.2005 6:47pm

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Harvey Bialy ([mail](#)) ([www](#)):

This is what inspired my jab at Tony the paper Tiger above:

**Why I envy all fifth grade teachers(regardless of how much they earn per > year).**

**By: Tara Ekaette Kelly Bialy**

To be a fifth grade teacher is enviable because the fifth grade teacher has the possibility to be the most important influence in shaping the life-long thinking, and the life-long habitual behavior that goes along with thinking patterns that begin to crystallize at this age. The brains of fifth graders are alive as can be and it is possible for them to discover almost anything if properly guided. For example, I know that project SEED during the 1970s-1980s was very successful in teaching pre-calculus to fifth graders in East Oakland.

Along with this priviledge comes an awesome responsibility. It is for these reasons that I cannot think of a more noble occupation than > being a fifth grade teacher, and why I want to be one too. :o)

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Yes, Tara is more beautiful inside than outside. Her brothers too. She wrote this for a job interview. I hope she gets it.

And it also inspired this:

**Why I am more rich by far than Donald Duck Trump**

I have more friends that Daffy Donald couldn't buy than I do dollars in my money market checking.

1.18.2005 8:33pm

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Harvey Bialy ([mail](#)) ([www](#)):  
right on cue as always guys...

Why Dr. Nick Benedetti is no Arturo on the Keyboard

or

Cambridge Mass KO's Cambridge UK

And why his use of Google mostly produces gobbledegook

Just a few posts above this one is something from Prof. Rafael Rangel of the Istitute of Advanced Studies in Caracas (I know Nick, how could they be advanced in Venezuela about anything except beauty pagents and dancing in the streets...but faggedabout that fo' a ny minute). Prof. Dr. Rangel wrote that he had learned something from the book I am "hocking" (that's right...1/2 price from the publisher's . But act now it goes to the recycle next month.). Namely that **Walter Gilbert** (you have heard of him right?) **used Duesberg's PNAS '89 paper at Harvard**. I know you read it because you even wrote me the set-up line I had written for you, you puppet.

So why didn't you go to Amazon and use the search inside the book with Gilbert in the search field and discover if Prof. Rangel was delusional, or I was outright lying in my carefully researched and documented work that took 4 years, not 4 hours?

Although it is well protected from copying, the relevant text is not that long, and you could have read it online. Since you obviously didn't, let me put it here for you from my PDF of the final pages...some of the line breaks will not be right but I really can't spend the time now to fixem and make it purty. But I think a double doc from Cambridge UK can figger it out ok.

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*A scientist who did take this paper very seri-ously is Harvard's Walter Gilbert, best known today for being the first person to decipher a piece of DNA and for teaching every-body*

*else how to do it—a feat of molecular linguistics for which he shared a Nobel Prize in 1981 with another biochemical wizard, Cambridge, England’s, two-time winner, Fred Sanger. What is less well known by today’s molecular biology graduate students is that Gilbert was also one of an illustrious assemblage to demonstrate, in 1961, 35 that the short-lived RNA species present in cells were the postulated “messenger molecules,” thus completing the proof of molecular biology’s central hypothesis—DNA makes RNA makes Protein. Given even these few facts, the additional one—that for several years he used Peter’s Proceedings ’89 review as the basis of a graduate seminar in critical analysis in molecular biology—should not “escape notice,” to recall a phrase from the pages of Nature in its better days 36 that is familiar to every molecular biologist reading this. Even more to the point, although Gilbert had no motivation to prepare a critical appraisal of Peter’s analysis, each of the brainy grad students that took the seminar sure did. As another Nobelist, Kary Mullis, is fond of noting, even a half-way defensible rebuttal of PNAS ’89 would have received expedited publication in either the Hertz or Avis of journals, and made an instant fama of its author. That none was ever forthcoming is probably an accurate measure of the task that Gallo, with typical braggadocio, had set himself.*

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And now that you have done it. How do you have the nerve to think that in your spare time you can do what Wally's grad students couldn't?

I really hope you take no offense to being called a nitwit. I am sure you have been called a lot worse, as have I, and right here too.

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On a more pleasant series of notes, at least to my ears: In going to Amazon, I also looked at the very first customer review from Dr. Charles Stein, one of my longest lasting friends that Daffy couldn't buy. Stein is also much quicker of wit than me, as well as being a whole lot better read and reader and speaker of exotic languages like Greek, and Tibetan. Chuck's artistic work, along with that of other fine artists can be found at [www.stationhill.org](http://www.stationhill.org).

Once I said to Chuck:

*Evil is the root of all money.*  
And quick like a bunny came back:

*Many are cold, but few are frozen.*-----

Get it doc? Say goodnight Gracie. Goodnight Gracie

Curtain call: Obviously my favorite TV character of all time is Colombo. Peter's too.

1.18.2005 9:39pm

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Nick Bennett ([www](#)):

It's fast because it's easier to tell the truth than to obfuscate :o) Actually it's more that I've debated this stuff so many times I'm largely just pulling references and articles out from the archives. Saves me a lot of trouble.

I have a fuller refutation of Duesberg's stuff from way back, but it's only another online debate thing. Not the stuff you're after it seems, but I think it might give me something to work on.

I'm sure your \*cough\* polite contributions will be viewed very well by the editorial board of "all the scientific journals".

And why do you need PDF's - surely you're already familiar with the papers, having read them to refute them in the past, right? If anything I tend to go for older non-PDF papers because I believe in using the primary sources, not some secondary study. Otherwise I could just quote a bunch of review articles and have done. Much easier for me, far less meaningful for the reader.

Other people have asked equally important, if not more so, questions regarding transmission risks, endogenous sequences etc. If you want a proper publication quality article you're going to be waiting some time. But now at least I have a better idea of what you want. You implied all you wanted was a refutation of why HIV cannot kill T cells. You got one.

Judging by your language this is very much like an online chat :o)

AnthonyL ([mail](#)) ([www](#)):

I started to read a few posts the first one expressing severe disappointment in Liam Schiff for making inaccurate claims about HIV crossing the placenta barrier in pregnancy. Fair enough, if what you say is correct. But in

general surely you accept that the story of the children used as guinea pigs has held up under the scrutiny of other journals and the web, aside from similar minor mistakes, is that not so? And do you really resist the current damnation of the officials who hid test results for nevirapine to allow it to be recommended for pregnant African women? Surely not?

Whatever, the key point here I would like to point out is that you too are unforgiving of minor mistakes in the science. But is there a difference? If the scientists in power make mistakes of that kind a whole lot of lives are at stake, just as you guys complain that if Duesberg is making a mistake a whole lot of lives are at stake also. The fact is that both sides should make a constant effort to educate everybody and act very responsibly.

And one thing should be banished from the discourse, which is this appalling statement that Duesberg's objections to HIV-AIDS are dangerous. If he is right, then he is rescuing us from a very dire situation, and it is the misguided men of presumed goodwill who run things who are dangerous. If he is wrong, OK. But we don't know without airing the debate in public and letting it run its course. Stifling it with political smears like "dangerous" which beg the question we should answer is abhorrent.

So you agree I hope that we should listen to the heretics and making sure that every good point they raise is answered? Aren't you setting a very good example by trying to do this, and should n't every scientist in AIDS do this as far as time and opportunity allows?

Do you not then join me in strongly censuring all the scientists who run away from answering questions, starting with Anthony "Reagan's hero" Fauci, who had the effrontery to write in an NIH newsletter in the early years of this muffled, underreported debate to the effect that 'any reporter who raised this question would find his calls will no longer be returned'?

And won't you agree that scientists who run away (literally, I have seen them do it, and many others too, even an economist) from this questioning as if it was some kind of deadly plague are revealing a fear which must include a conscious or unconscious knowledge that things are very wrong and they risk having their careers exposed at best as publicly irresponsible, and at worst actual knowing murder of thousands and thousands of innocents? After all even raising the topic with a doctor is tantamount to asking him to consider that he has been assisting his patients into the grave instead of curing them.

That is why I worry that you are naive in your willingness to debate us honestly. How long has your blog been going? Only since August 2004, it seems. Let's see if you are not yourself the victim of powerful disapproval if you continue to debate the heretics freely in public, you start to lose points and Harvey's rash emails alerting the powerful are opened instead of deleted. I fervently hope not since I

would like to believe that with the existence of the Web and the blogosphere that era is now over, and they will accept they have to allow a genuine public debate at last, because the cat is out of the bag, the Web is here and they have no recourse.

I tell you I for one am keeping my fingers crossed for you.

1.19.2005 2:33am

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Harvey Bialy ([mail](#)) ([www](#)):

**BY THEIR WORDS YOU SHALL NOW THEM**

*Is there anyplace that kicked the Brits out that you do respect? I asked dDoc Benedetti in reference to his patronizing British attitude towards happy, blissfully ignorant pre-denialist Pres. Mbeki South Africans, and Indian journals of science.*

He did not reply directly to me, but in this remark to Jenks0-1:

*Jenks - it's a silly question about respect. The Yanks kicked the Brits out as well, and I'm over here and loving it.*

Quite the contrary dddDoc, it is a **very** serious question about respect that you should have answered like this, if you had any shame at all.

*Dr. Bialy, I strongly resent the implication in your remarks that I harbor any racial or other prejudices that would keep me from writing here, permalinked for all time, that I hold the Indian scientific academy in the same respect exactly that I do the British or American or any other first rate scientific culture.*

(You could even have flourished it up by listing a few great Indian scientificsts and mathematicians, ever heard of one?)

I did not expect that you even noticed the racial undertones in your remark abt happy Africans.

Aint language a bitch? .>

1.19.2005 3:39am

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Samba Diallo ([mail](#)) ([www](#)):

## **\*\*VIRUS ALERT\*\***

For some time now, a new computer Virus is out there. Its mode of transmission is uncertain, but it has been revealed by government researchers that it is sufficient to read all or part of Dean's World logs to get you computer infected. In some as of yet unexplained manner, the dot configuration on the screen back-feeds into the system making it increasingly fragile and error-prone.

The virus is hardly detectable by existing software (Norton, VirusShield, and the like), as its structure is virtually indistinguishable from numerous system files, is deeply embedded in the operating system and its informational content is highly disperse.

Infection of the system by the virus inevitably results in some 30 computer malfunctions of varying severity (hardware and software, such as susceptibility to infection by OTHER computer viruses by interference with anti-virus programs already installed, computer freezing, hard-disk malfunction, power-source burnout, incapacity to create temporary files, etc., the list is still growing, albeit more slowly than initially). The problems manifest themselves in a time period between 12 hours to 30 days after reading the mentioned page. The end result is that you have to shut down your computer (death) and restart it (death, if you believe in reincarnation). It is not clear yet whether reading the posts more than once, or even writing comments, increases the chances of malfunction.

Fortunately, some major software developers are putting out emergency programs to prevent transmission between computers and to delay consequences of infection. The understandable and praiseworthy preoccupation of the authorities resulted in the creation of an emergency fund of many million dollars (the actual amount has not been publicly disclosed yet) for the development of appropriate software for early detection and elimination of the Virus. The earliest antivirus program (Executioner 0.0beta, originally made for defense purposes during the last period of the Cold War) eliminates the virus, but it conflicts with many system files and causes a very high frequency of crashes/deaths on its own. Recently, a second generation of programs (Bourreau 2.0, Verdugo 7.1, Hashishin 2) are being beta-tested on an undisclosed number of computers throughout the world, and although the computers on which these programs have been installed do not crash as early as those with Executioner, other problems, such as monitor burnout, screen-refreshing impairment, and some unexplained crashes have been reported. Fortunately, software developers are flocking into the funding agencies to get the means to attack this frightful problem which endangers ALL the world's information community.

Some old school computer scientists (led by Prof. Noter Chomsberg) have been saying it is impossible that all those hardware/software problems allegedly caused by the Virus are an artifact, and that in fact they would occur anyway with a certain frequency. They have said that if you try to simultaneously, for example,

burn a DVD, scan a document, read/write a comment in Dean's World, video-conference with your pals in Ulan Bator and Papeete, edit a image data set of 1 GB with Photoshop, and print high resolution pictures of your dog, your system will probably crash, and that the reading of Dean's page will be irrelevant. They have even had the temerity to say that no known computer virus can spread into the system from the display of a certain pixel configuration on the screen of the computer and that those 30 (or so) malfunctions happen all the time at similar frequencies even if the Virus is not there. While they were known, at their time, to have been some of the most knowledgeable academicians on computer science, it has been countered that this is a wholly new generation of computer viruses, operating under a new class of consequences of a mathematics which is just beginning to be discovered. Even more so, although they do not know the screen-to-system feedback mechanism, there is OVERWHELMING evidence that if you read Dean's weblog, in the absence of a specialized antiviral program, any of the 30 or so problems will hit your computer within a month. If they don't, your computer is a long-term survivor and the software developers would like to study it in detail. In either case, please report to the authorities to contribute to understand the problem.

However, the government perceives these criticisms as dangerous to the less aware blogger community, and they are urging them to take measures after reading Dean's page, particularly recommending NOT READING IT AT ALL, and if not possible (too late) then installing the anti virus software of their choice and following the instructions religiously. Those refusing because that impairs their computers so severely they can't work anymore are considered dangerous denialists as their computers continue to propagate the virus and increase the probability of innocent, non bloggers getting infected as the virus is very very intelligent and seeks new screen configurations that will maximize its spread and survival. In particular, it seems that even if you did not actually read Dean's page, it may be enough that Dean's page was mentioned in a Google or Yahoo search and the link displayed to suffer the consequences.

For example, recent research has shown that in Africa the Virus spreads even faster than here in the developed world, notably because over there it is enough to use ANY email program to get infected. Although the data on African computers is scant, estimations by the UN World Information System Experts (UNWISE) say that all of African computers will be infected in no time, severely limiting their entry into the global information system and its benefits. They have decided (in Bangui, Central African Republic) that since running the necessary and sophisticated tests is, as of now, virtually impossible there, it will be assumed for for statistical purposes that ANY malfunction in the list IS a consequence of infection by the Virus. The picture is, folks, dreadful. Negotiations are proceeding to expedite some soft loans to African governments to install Executioner, or even Verdugo (the cheaper antiviral programs) in all government and private computers. The urgency of the situation has been rashly contested by some African authorities, who say that the number of email-ready functional computers

in Africa is so low that the risk is not very important (as most people actually talk to each other to communicate, or even use the phone) compared to others, and that agricultural development (their top priority) is not very dependent on computers anyway and that they prefer to spend that money in other, and they say more socially beneficial, programs. They have also had the the temerity of using some of the of Prof. Chomsberg's arguments regarding the feebleness of the proposed mode of transmission for Africa, and stated that computer malfunction in Africa is endemic (particularly as electrical supplies are rather unstable and limited) and that the little existing data does not show an above-normal increase in computer malfunction, even for those very few who read Dean's page, due to the alleghed new Virus.

So, for those who read Dean's page (that's YOU), BEWARE, if in an unpredictable period your computer crashes, freezes, or has to be otherwise re-started, I told you so and get to your nearest Executioner, Bourreau, Verdugo and Hashishin resellers. It is not cheap, it is not very effective, will generate all types of conflicts with existing software and cause some crashes, but its the best we have and it is, after all, a WORLD WIDE emergency.

Thank God that our best and brightest software developers (Microsoft at the head, as could be reasonably expected) are generously financed with public money by a government that cares for the public. We hope soon Africa will benefit from these undivided and selfless efforts.

Samba Diallo

PS- I haven't insulted anyone, so I hope I do not get insulted. However, I do fear that Hank "the Tank" , Marcel, Semon, AnthonyL and a few other denialists will laugh at me and hurt my feelings. But just try to falsify THIS before 30 days ...

1.19.2005 5:58am

Harvey Bialy ([mail](#)) ([www](#)):  
keep writing....ALL of you, please:

the most educational, enlightening and hysterically funny world's FIRST cyberspace OSCAR winning screenplay of all cinema varieties that begins all **cinema veritas** is being writ by you in the realest of time

all monetary profits however must go to:

THE BIALY FAMILY FOUNDATION FOR THE SUPPORT OF INDEPENDENT SCIENTIFIC RESEARCH RESEARCH

WHICH ITSELF WILL SUPPORT AS MANY FULL FELLOWSHIPS TO AFRICAN POSTDOCTORAL CANDIDATES - TO BE AWARDED ON A COMPETITIVE BASIS - TO STUDY IN THE LABORATORY OF PROF. PETER H. DUESBERG, AS IS POSSIBLE FROM ITS COFFERS

**ALL PROCEEDS...**

1.19.2005 11:22am

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Harvey Bialy ([mail](#)) ([www](#)):

2nd notice:

THE BIALY FAMILY FOUNDATION FOR THE SUPPORT OF INDEPENDENT SCIENTIFIC RESEARCH ~~RESEARCH~~

WHICH ITSELF WILL SUPPORT AS MANY FULL FELLOWSHIPS TO AFRICAN POSTDOCTORAL CANDIDATES - TO BE AWARDED ON A COMPETITIVE BASIS - TO STUDY IN THE LABORATORY OF PROF. PETER H. DUESBERG, AS IS POSSIBLE FROM ITS COFFERS

1.19.2005 11:24am

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Harvey Bialy ([mail](#)) ([www](#)):

so thee can be no confusion whatsoever.

1. 85% of any profits that accrue from the sales of *Oncogenes*, *Aneuploidy* & *AIDS* will go to support the world's finest information empowerment  
**<http://www.ibt.unam.mx/virtual.cgi>**

2. any and all profits that may accrue from the realization of this amazing multi-logos in the blogosphere will go the scrumptious foundation mentioned 2x immediately above (unless someone has continued the action in the time i have written and attempted to post something today that i do not have to correct...

1.19.2005 11:38am

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005 7:36pm

([link](#))

Richard Bennett ([www](#)):

Dean, is it clear to you by now that this Bialy character doesn't have all his oars in the water?

I've never seen anybody try to win a debate by drooling before, so I thank you for bringing me this unique experience.

It's like watching a blind-folded fat kid try and hit a pinata with a wet noodle: amusing, but sad.

1.19.2005 7:39pm

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Dian ([mail](#)) ([www](#)):

I just spoke by telephone to Dr. Bialy. I called him to congratulate him, and in his usually quirky way he told me that his purpose in all this was to make his name... not his face, he said... famous. NOT for ego gratification, of course. Nope. Rather because, as he just confided to me, all his kids call him colonel froggy, because he always tells nothing but the truth, and he wants all people to have that truth, and the ability to make up their own minds about it.

Bialy is all about scrutiny. He said this blog has moved from an episode of Columbo, where the crime is "solved" for us at the beginning, and the whole show is about the process of proving it, to Law and Order. I saw his point.

I have watched in recent posts where brilliant minds recalled every possible scenario they could think of, and all this yielded was that no final answers were found, because not a single thing was actually resolved. But that's exactly the point. Given the Holmesian method (After all possibilities are eliminated, that which remains must be true, no matter how impossible it seems), there must be more possibilities to examine.

Bialy has met the objective of pointing up the need for sharing of the facts admirably. And we are reminded that without an examination of ethics, motives, and outside controls, as well as presented data, any scientific process is vulnerable.

Bialyzebub (his own sardonic invention, lol), in true Devil's advocate fashion, has let the dogs loose, and they've barked like hell. In some cases, their bark was much worse than their bytes... and in others, dogs who were mostly silent through the thread, suddenly showed they had an iron grip jaw. (Samba, wherever did you come from? Yowza!)

This blog has proved to me, the non-scientist observer, that the best of intentions mixed with bad information never result in anything useful. I had questions, as a non-scientist, as to how scientists, many of whom participated in this thread, were dealing with the many inconsistencies in the HIV-AIDS issue. It appears they aren't. Two sides of an issue sit across from each other with a demilitarized zone in between, but the answers are somewhere in no-man's land.

As I said earlier, the best point made here, out of all that has emerged thus far, is that openness to public scrutiny is absolutely mandatory in science of any discipline. This is why I am SO delighted to hear about the "library" being developed by Dr. Bialy with the proceeds from his book:

85% of any profits that accrue from the sales of Oncogenes, Aneuploidy & AIDS will go to support the world's finest information empowerment  
<http://www.ibt.unam.mx/virtual.cgi>

I am delighted because this means that, while the application of scrutiny is always the responsibility of the scrutineer, the information will BE there to be scrutinized by minds such as those participating here. It will BE there for all to see. Call me a Bialy apologist if you will, but how can anyone argue that this is not a good thing?

This is the key: Truth, openness and sharing of that truth, and honor in its use. Without these, all is for somebody's benefit but it sure isn't mankind's.

We have to be honest with ourselves, all of us, scientist, non-scientist, whatever we may be, and admit that the thing that has been missing is still missing. This argument has fomented for two decades now. I'm here because I want to know more about what people are doing about it. If they're sharing the truth, putting their heads together and trying to come up with the right answers for the right reasons, I'm into it with both feet. Yeeeeehah!

May all bloggers here always be fearless of where the truth will lead them, and instead revel in their ability to expose it, whatever its nature!

"Only the truth is real, and what is real cannot be threatened." *A Course in Miracles*

\*curtain goes up on a little kid holding up his porridge bowl and saying "Please, sir, can I have some more?\*

1.19.2005 7:51pm

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Chris Noble ([www](#)):

The ultimate source for the "incidence" of 1 million HIV infections in 1985 can be traced back to

Curran et al, Science 229:2720(1985), 1352-1357.

It can be found after much trouble hidden in "Fact no 11" in Table 4 of Duesberg's J. Biosci. 28:4(2003), 383-412.

The basis of the estimate comes from the San Francisco CDC cohort study with a total of 6875 subjects.

In this cohort the seropositivity was found to have increased from 4% in 1978 to 68% in 1984. This is hardly indicative of stable prevalence.

In 1984 it was therefore estimated that of the 6875 subjects 4675 were infected with HIV. The cumulative number of reported AIDS cases in the cohort was 166. The ratio of HIV-infected/AIDS-cases at this point in this sub-epidemic was therefore 28:1. The clinical latency between HIV infection and progression to AIDS can be seen clearly in this cohort. The ratio is very high at the beginning of the sub-epidemic when between HIV-infection and AIDS-cases changes during the sub-epidemic.

Curran et al assumed that in the US as a whole the ratio of HIV-infected/AIDS-cases was higher - somewhere between 50:1 and 100:1. They then took the US cumulative number of AIDS cases ~10,000 and multiplied it by the magic number to get an estimate of between 500,000 and 1,000,000

The magic ratio could equally well be 28:1 as in the SF cohort. Why does Duesberg choose the higher estimate rather than 500,00 or 280,000?

More noteworthy is that Duesberg is prepared to accept the estimate but apparently not the data from which it is obtained. The seropositivity in the SF cohort rose from 4% to 68%! He lists the estimate of 1 million as a fact!

1.19.2005 8:59pm

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Dean Esmay([www](#)):

I'm struggling to keep up with this. I can't right now but will have more soon.

What's been fascinating to me is to watch how those opposing Bialy have changed the subject so often, then accuse him of changing the subject.

It's also been odd to watch how those against Bialy time and again to go ad hominem arguments, or trumpet that they've won the argument. It's really quite odd.

First it was that the charts are "apples and oranges." No they aren't. One shows HIV fairly static in the population, the other shows AIDS (whether it's new cases or not is all but immaterial). Yes, they're estimates--based on the best data available from the CDC, and fully sourced to the CDC. I have more details on that data if anyone wants it, but it's a projection based on testing the blood supply, military personnel, and hospitals. We had no reliable testing methodology before about 1989, true, but that begs the question because the estimates of the time were pretty close to what was eventually found through testing and, more to the point: what was the belief that HIV was the cause based on in the first place if that was the case?

The attempt is made to claim that the relatively steady amount of HIV found in the general population is due to AIDS medications and prevention programs; if that's so why did AIDS start going down four years before the miracle drugs came online? If prevention is the only explanation, how is it that other STDs increased during that same time period?

And it's interesting that you guys keep hammering this guy with personal attacks, but never spot the gaping holes in your own arguments--as if you think you can just bat this all down without a thought.

The more this goes on the less convinced than ever I am that anyone believes HIV causes AIDS for any reason except that they've always been told that it's so. Maybe I'm missing something but that's what I'm seeing.

If epidemiological data--the best available from the CDC--was not reliable, if the lab studies were not reliable, what was reliable?

1.20.2005 7:29am

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daf9 ([www](#)):

Dean asks "The attempt is made to claim that the relatively steady amount of HIV found in the general population is due to AIDS medications and prevention programs; if that's so why did AIDS start going down four years before the miracle drugs came online?"

The following is taken from the yearly CDC Surveillance Reports. These are not estimates, these are reported deaths. Death, being an end point I think we can all agree is fairly easy to measure.

Deaths of people with AIDS (these aren't people dying from AIDS related causes, these are people who at the time of their deaths had been diagnosed as having AIDS)

Year Deaths

92 41,181  
93 44,859  
94 49,214  
95 49,985  
96 37,525  
97 21,909  
98 19,005  
99 18,454  
00 17,347  
01 17,402  
02 16,371

I ask you Eccles, where is the evidence that AIDS was going down prior to the introduction of medications?

1.20.2005 8:27am

([link](#))

daf9 ([www](#)):

Eccles,

The two charts are apples and oranges not only because of the confusion over trying to compare incidence with prevalence but because in one case (HIV) the numbers are based on estimates while in the other (AIDS) the numbers are based on reported cases. Although looking carefully at Duesberg's paper even that isn't quite right. He redrew the CDC numbers according to some WHO calculation. I can't find the WHO report he references so I'm not sure how he did that. But it's pretty obvious from comparing the CDC numbers from their surveillance reports and his figure that he must have. The CDC altered their criteria for diagnosing AIDS in 93 to include people with low T cell counts with no other signs of illness. The number of AIDS cases diagnosed in 93 doubled because of that.

Here are the CDC numbers for the past few years. The first number is the year, the second the number of AIDS cases diagnosed that year and the third is the cumulative AIDS cases (which I believe is the number of people living with AIDS).

96 70,103

99 54,140 711,344  
00 47, 083 753,907  
01 40,894 793,026

And the same numbers for newly diagnosed hiv positive people

96 14,802 80,485  
99 20,270 113,959  
00 21,048 127,648  
01 22,000 145,753

Based on your logic, we would have to assume that it wasn't voters who elected President Bush since many of the exit polls of voters showed Kerry leading and yet when the ballots were counted there was Bush. Estimates of hiv incidence are the exit polls and AIDS patients reported are the ballots.

1.20.2005 8:57am

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maor ([mail](#)):

Eccles,

One major problem is that it is false to claim that a "fairly static" HIV prevalence is inconsistent with a rising and falling AIDS incidence. Mathematically incorrect.

- 1) Prevalence tends to be more static than incidence, as it has a considerably longer turnover time (so it is a bit of an apples to oranges comparison).
- 2) changing latency periods predict changes in AIDS incidence, even if HIV prevalence is constant (why do you discard the possibility that AZT played a role?)
- 3) Because of latency, the rise in AIDS during the late 80's needs to be compared to HIV statistics for the early 80's (NOT the late 80's), which are oddly missing. That was REALLY an apples to oranges comparison.
- 4) AIDS incidence in the past few years (also missing from the graph) is "fairly static".

[Note that none of these claims are based on the assumption that transmission of sexually transmitted diseases are declining]

Besides that, the claim that the HIV data are the "best available" is completely inadequate if the data are obviously unreliable. It is perfectly logical that no reliable data exists.

(It is not true that the estimates agree with what was found later. The original estimates suggest that several million people got HIV over the years. After testing, it is believed that significantly less people have been infected.)

Now, if Chris is correct, and the 1985 estimate was based on Curran et al., the

whole claim of static HIV is obviously wrong because Curran et al. assume that HIV prevalence is increasing rapidly (there is no other way to assume a 100:1 HIV to AIDS ratio). So we have an estimate, a fairly arbitrary one (why 100:1 and not a less round number?) that is correct ONLY if HIV prevalence is far from static, being used as sole evidence that HIV prevalence is static? Maybe Chris is wrong, but no one has found another source for the 1985 estimate. And it's not as if we haven't asked Bialy for the source.

Now, search this thread for responses by HIV skeptics to these points. See ya!

1.20.2005 9:07am

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maor ([mail](#)):

"Estimates of hiv incidence are the exit polls and AIDS patients reported are the ballots."

Let's be fair to the skeptics. What you say assumes HIV causes AIDS, which is the topic of the debate.

1.20.2005 9:14am

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Marcel ([www](#)):

Dear Dr. Bennett,

I believe you have said or implied on this forum that the Aids medicines extend life. I know that you, as a scientist, wouldn't say that if it weren't demonstrably true. Neither would the media. Neither would Bill Clinton.

So where is the evidence for that statement? I would like to have the scientific references that prove that the Aids drugs extend life, so that I can put these denialists in their place.

Let's agree on definitions: "extend life" means make a person live longer. It doesn't mean reduce their viral load or raise their t-cell counts.

Thanks.

Your admiring "scientist groupie",

Marcel

1.20.2005 9:21 am

([link](#))

Marcel ([www](#)):

Dear Dr. Bennett,

I know that Hiv causes Aids, but I'm just looking for scientific references that will prove it to these denialists!

For instance, they are always bugging me with questions like these:

How can you know that it is Hiv causing immune suppression when virtually everybody who has Aids has a whole bunch of other factors that are proven to cause immune suppression, including, especially, staggering psychological stress and depression that comes from the diagnosis "Hiv+", depression so extreme that it often drives people to suicide after they get their test results. They are also often given medicines that have the unfortunate side effect of suppressing immunity all by themselves.

Both of these things, as well as the social isolation caused by the diagnosis, have been proven fully capable of reducing an immune system to a shadow of its former self.

So, I always answer, that we are confident that Hiv is causing the immune suppression because science has proven a mechanism by which Hiv does this. But I can never site the paper that details and proves that mechanism, darn it!

And then they ask me about all the many people who, demonstrating superhuman courage and strength, don't get sick anyway, despite the psychological devastation. Well, I tell them that those people have special genes that make them invulnerable to Hiv, like Superman. But when they persist in questioning, I can never seem to find the study that proves this! You know, the one that evaluates a significant sample of these people and confirms that they all have that gene, and that proves the mechanism by which that gene protects them from Hiv.

Persisting in their foolishness, they ask me ridiculous questions like, "If, as Padian says, it's 8 times easier to transmit the virus from a man to a woman than vice versa (which makes sense, since a pussy is a lot bigger than a pisshole), then why are the overwhelming majority of Aids cases still males? Shouldn't they be overwhelmingly females?"

There seems no end to their questions. That's why I am asking you (and let me confide that you are my favorite scientist on earth, even above Don Ameche) to help me out by giving me the proof that I am looking for. Then I will be able to give those denialists the rebuttals that they deserve! (and, if there are any judges watching this forum, is there anything we can do to put the denialists in jail?)

Thanks.

Your fan,

Marcel

1.20.2005 9:44am

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Eccles the Idiot ([www](#)):

Do yuh fellas who so suddenly write so damn cutesey and finally *sound* like you make at least some sense, I mean FINALLY

do you fellas duh realize that you are now arguing with a self-proclaimed Idiot?

*Who's holding the ladder?*

1.20.2005 9:55am

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Marcel ([www](#)):

Chris Noble wrote:

>So Dr Bialy, let's get this straight.>

>You presented your absolutely best >attempt at >falsifying the theory that >HIV causes AIDS.

Chris Noble, you are admitting here that "Hiv causes Aids" is only a theory!

I never thought we'd get you to blurt that, bub. Your subconscious speaking, no doubt!

Debate over.

Marcel

1.20.2005 10:01am

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([link](#))

Eccles the Idiot ([www](#)):

O you with the Frogey namee, mimist Marcel

here is an answer for you from another idiot's mouth

wasn't there a tv show on your commerical tv called kids say the darndest things?

*dD not-Benedetti* wrote:

I have no problem whatsoever with people poking holes in the logic or facts surrounding HIV and AIDS, but I would prefer they do so with at least a modicum of truth. **Errors were made (high dose AZT monotherapy, hit-hard-hit-early, HIV causes AIDS by cell killing etc)** but we've learnt and moved on. Providing the **correct errors** continue to get pointed out we can still move on, but *arguing the wrong points* not only has the possibility of sending research down the wrong path, but also **carries the risk of not being believed when something TRUE gets pointed out.**

1.20.2005 10:05am

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([link](#))

Eccles the Idiot ([www](#)):

Eccles channels Italic-I on *VIRology* in 1970:

Dear Flabby,

This is in regards to a letter you published last week from the Murchison Meteorite and your cozy reply. Because the Murchison Meteorite doesn't speak for ALL the 'cules down at that site or any other. I just want your readers to know that "the Murch" wasn't that special a job and he ought to realize what he fell into before he complains about getting fucked over by the Ames Team (a bunch of real jokers anyway) and duplicated by *us*. The fact is there ain't nothing down here but us virus and the reason we're not worried bout who gets the prize is the same reason we're not worried about who takes the cake and we dont worry about any *subject-object* relationship because we're completely into where those two lines *converge* -- and by the way, if Murch wants to know what *Simultaneous* really means he can try that the way we do it aound here!

Furthermore, I can say without any sarcasm that we're perfectly satisfied to all look alike and do our one thing -- and rather pleased, when we get to them, Everybody else begins to look like us.

Such an arrangement takes care of all those *decisions* I've heard you're up against out there. You oughta try it. Of course as a virus *individual* I admire myself (which is the same thing) a *very* Great Deal --- and why not? That's what I'm here for. But it's a strictly private affair between reality and me (which is the same thing) and there isn't one of us who is even slightly concerned with the public ego of an acceptance speech. So by now you will begin to understand. Me can speak for all of us because me are all of us. You better believe I don't need to speak Swedish to tell you that.

sighnd, Vira --somewhere in case 1E20/ tube "2311"

P.S. On the basis of what's predicted here of organisms of so-called complex extensions (a very gross aspect of evolution indeed) I can believe they'd get it off accepting almost anything.

1.20.2005 10:51am

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Eccles the Idiot ([www](#)):

Eccles channels the supremely excellent member of the Celestial most Royal Court -- the very good and kind:

Dr. William Carlos Williams (from memory)

"It's hard to get the news from poetry

Yet men die miserably every day

for lack of what is found therein"

1.20.2005 11:08am

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AnthonyL ([mail](#)) ([www](#)):

> I do have a problem in that I tend to think the best of people rather than assume the worst. You generally have to prove yourself to me to be an asshole. Conversely I won't kow-tow to anyone just because of status - you've got to prove yourself to be a great guy too ;-)

Nick the Lion Heart Bennett

Good for you. But I would think that is the trap the top gamers set. You're assuming that I am a nice guy? Right, I will hide my cards and you will never see

anything different. I don't think you have to have a nasty suspicious mind to think this may be the Enron of science. Consider what would happen if it is. When leaders cheat the Nixon syndrome kicks into play. When the nice guys and the little people trust you, they'll actually defend you against suspicions. In fact they do half your work for you. You have to hit the iceberg and upend the ship before they stop their chorus of how everything's AOK, and anyone saying otherwise deserves to be thrown overboard. Are you really sure that you are not being suckered in this manner? What safeguards have you got in place? I can't say I see the usual level of skepticism of a scientist. Would you say you are a scientist, or or a doctor? It always seems to me that doctors are much more in the business of implementing knowledge than questioning it, whereas true scientists are the opposite.

> I've actually come close to dissenting myself, right up until I went and read the literature that was being sent my way. Then I realised it was either believe HIV causes AIDS or re-write every biology textbook.

So that is your rationale! Not very scientific, surely... More like a doc, surely? Bennett, I have old news for you, the textbooks and encyclopaedias are subject to just the same source lock as the media. You don't find future paradigms in textbooks.

447E AnthonyL - your question needs a longer reply, but I've not forgotten about it. You're quite right in that epidemiology isn't my field, I'm more of a benchtop scientist. I should be able to hunt stuff down for you though.

Bennett, thank you I look forward to it. Whether the virus is infectious is the fundamental tenet of the whole scheme, and your chances of finding something in the literature which can stand the light of day are by definition low. Realistically, how likely is it that the top man in the field could soldier on year after year on pain of the severest political penalties in science through armies of hostile peer reviewers thinking up every possible objection to what he says and leave a counter argument lying around overlooked until you decide to hunt stuff down on the topic? Don't you see that it is almost inconceivable? You will find plenty of BS of course just as others have been doing here. But the issue has been fought over for nigh on twenty years. The alternative is to believe not that Duesberg is dumb, but that all his peer reviewers are even dumber. And if they are that dumb, the same conclusion applies - the odds are overwhelming that what they support is wrong. ...

Nick Bennett ([www](#)):

Having read Duesberg's work on RSV I find him far from dumb. But you wouldn't think so from reading his HIV stuff :o)

His errors are in oversimplifying and mis-concluding - a pretty potent combination.

Bennett

1.20.2005 12:14pm

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Eccles the Idiot ([www](#)):

doc-not double dumbrnuts bennett writes, and keeeeeeps writ/hg" sez italic-I intersperced.

**Having read Duesberg's work on RSV I find him far from dumb. *HOW COULD YOU POSSIBLY EVER FOLLOWED THOSE ELEGANT PAPERS? CAN I GIVE YOU A QUIZ?* But you wouldn't think so from reading his HIV stuff :o)**

and

I have no problem whatsoever with people poking holes in the logic or facts surrounding HIV and AIDS, but I would prefer they do so with at least a modicum of truth. Errors were made (high dose AZT monotherapy, hit-hard-hit-early, HIV causes AIDS by cell killing etc) but we've learnt and moved on. Providing the correct errors continue to get pointed out we can still move on, but arguing the wrong points not only has the possibility of sending research down the wrong path, but also carries the risk of not being believed when something TRUE gets pointed out.

Duh, why? I have your words RIGHT HERE again .>.

1.20.2005 12:54pm

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daf9 ([www](#)):

Anthony L says "Whether the virus is infectious is the fundamental tenet of the whole scheme, and your chances of finding something in the literature which can stand the light of day are by definition low. "

But Dr. Bialy himself acknowledges that the virus is "productively infective" when introduced into chimpanzees. If you go over to the Six Questions thread you will read where Dr. Bialy makes that statement. Chimpanzees and humans appear to differ in how the initial infections are resolved but that is another issue.

1.20.2005 2:01pm

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Eccles the Idiot ([www](#)):

*producively means the chimps make antibodies continuously but just like people don't get sick...even an idiot knows that daf*

here is the question..without which the answer doesn't make too much sense....

remeber steve allen's question man: the answer is 9w. what is the question?

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not-this:

1. Why has ~~not a~~ only a single chimpanzee, out of more than 250 successfully infected since 1984, developed AIDS? There is not one other human viral pathogen that cannot reproduce a similar disease in chimps (Duesberg, P.H., Pharmacology & Therapeutics 55: 201-277, 1992). Arguments concerning simian viruses and simian AIDS are not relevant. As pointed out at great pains in the above review article, these animal diseases are not suitable models of human AIDS. (Note for the skeptical: the editor of this journal, Dr. David Sugar, (shugar@xxxx.edu.pl) has on file literally hundreds of pages of the most extraordinarily detailed review process that this paper underwent before publication.)

I would, in the light of the apparent openness of some of you to now consider previously unacknowledged arguments, and a renewed interest in defending your well-fortified hypothesis in the best tradition of science, offer the following correlative of the chimp infection data. The passenger-HIV hypothesis, as opposed to the pathogenic-HIV one, predicts that "viral load" measurements on infected chimps over time show precisely the same fluctuations as measurements made using sera obtained from infected humans (whether "medicated" or not). Any takers?

In the event that the question about the chimps is dismissed with some flippancy

such as "there is always something new under the sun," then I would at least expect a direct reply to the following, related question. Why do the large numbers of US long-term (10-15 + years), "medication"-free survivors of their AIDS diagnosis not require that the HIV=Death "equation" be rewritten? The clearest documentation of this claim can be found in the appendix of C. Maggiore, What if Everything You Thought You Knew About AIDS Was Wrong? (The American Foundation for AIDS Alternatives, ISBN 0-9674153-0-6, 2000) in which she reproduces over 50 sworn testimonials of the hundreds on file with her organization.

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Do you spell your name with a V Mr. Wagner?

1.20.2005 3:02pm

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([link](#))

Eccles the Idiot ([www](#)):

Dr. Bialy tells me that the insertion of the very strong assertion of 0 chimps was a piece of bait to see if ANY of the dat-miners who pretended to be soooooooo skeptical would call him on this point.

EXACTLY ONE PERSON DID..if you go to the Six Questions DISCUSSION *NOT DEBATE*..you can see what **deliberately productive** discussion (not infection) means.

And italic-I ax me to say you 2 daf9...n that the exception sometimes does prove the rule

1.20.2005 3:30pm

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daf9 ([www](#)):

Eccles,

Productively infected means just what it says - the virus replicates in chimps as it does in humans. Most of the chimps have not gotten sick that is true. But if you check the recent literature you will see that may be changing. Although only 1 chimp in 15 years actually developed AIDS there have now been several that are showing signs of immunosuppression. And the virus isolated from the chimp that

actually developed AIDS appears to be more effective in causing immunosuppression when transferred to other chimps than most hiv isolated from humans is.

might explain what happened in humans. the first humans infected with hiv may not have developed a disease at all, like the chimps. But with time the virus mutated to become better at making humans sick (like it seems to have done in the chimp).

Eccles writes: "..who wrote that lode nice sounding malarky above...really?

you din't really write it for yourself as you said did you?

"

Is that really the best you can do to point out the errors in my reasoning? If it is, I may begin to think I'm onto something.

1.20.2005 3:46pm

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Charles Stein ([www](#)):

Try this. There are two distinct theses under discussion here: 1. That the HIV-AIDS hypothesis is false; HIV does not cause the syndrome called AIDs. And a corollary: the very identity of the syndrome is in question. 2. That the scientific process by which the HIV -AIDS hypothesis came to become accepted by the bio-medical community was so profoundly flawed, that the truth of the HIV -AIDS hypothesis has never actually been tested. No one knows whether or not HIV causes something that may or may not exist as a clearly identifiable syndrome generally known as AIDS.

Though much of the furor on this blog seems to be over the first thesis, it seems to me that the more culturally frightening and, one should say, politically relevant thesis is the second. Let those who are certain that (however it came to be accepted) HIV causes AIDS consider whether or not it is important HOW that occurred. Think of this as a separate question from the first. What if HIV does cause a syndrome that can, by some recognizable criterion be identified as AIDS, but the way in which this came to be accepted by the community was scientifically flawed? Is that okay with them? And if it is, what is left of the very character of science itself as a public institution? On what other matters should we abandon our trust in scientific method and its traditionally skeptical, methodological conservatism? And if not to scientific method, precisely to whom or what mechanisms should we turn in our concern for "truth" regarding knowledge of the physical world?

Charles Stein

1.20.2005 4:36pm

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Gene Semon ([mail](#)) ([www](#)):

Response to Chris Noble:

You said; "In this cohort the seropositivity was found to have increased from 4% in 1978 to 68% in 1984. This is hardly indicative of stable prevalence."

Fine, but we still need to pin down what exactly are we talking about. Consider, (1) "While extensive DNA analysis REMAINS THE GOLD STANDARD for (HIV) epidemiological investigations..." (emphasis added),(Leitner, et al. AIDS Research and Human Retroviruses, V11, 1995, pg 1090); (2) "seropositivity" may be a cross reaction with autoantibodies, vaccinations, other viruses, etc. and (3) the original 2 HIV's of Gallo: something like 90% of AIDS patients "seropositive" and 15% with proviral HIV DNA - the GOLD STANDARD!

Later Peter Duesberg, (I would say) using his expert judgement as a retrovirologist comes up with an incidence/prevalence estimate, (no error bars required), since there was very limited proviral epidemiology. If you read his papers, the probability of HIV transmission is vanishingly small for all the reasons stated therein. Consider the Perth Group's arguments, and the probability is zero. Therefore, for "sunburst" HIV incidence equals prevalence. If there is a better guesstimate on HIV proviral DNA incidence and prevalence, (or data) please let us all know.

Speaking of estimates as "facts", what do you think the HIV and AIDS numbers in Africa are based on, (strong temptation here, resist the urge to go ad hominem . . .)? According to UNAIDS they are "ESTIMATES" - and their model doesn't match data! (See BMJ articles and Duesberg, virusmyth.net on this.)

1.20.2005 4:36pm

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Marcel ([www](#)):

Daf9--

I am interested in this 1 chimp in 15 years who developed Aids. What was his

Aids indicator disease?

Also, these other chimps who you say have developed signs of immunosuppression: are there any other explanations for that? For instance, could they be showing signs of immunosuppression, maybe, because they're aging? Like old people do? Routinely.

Could they be showing immunosuppression from the stress and depression of living in a cage for 15 years? With nobody around to play with except a bunch of insensitive Aids scientists?

What makes you think it's the Hiv that causes them to show immunosuppression?

And just what are these "signs of immunosuppression" that you refer to? Decline in T-cells? But all sorts of things can cause that, including simple psychological stress.

Let's hear more about these monkeys, Daf9.

1.20.2005 5:20pm

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Eccles the Idiot ([www](#)):

duh daf...he means the monkeys!

chimps may be a lot of things but they are definitely NOT monkeys.

i may be just an old british radion voice idito being channeled by some of the goons at their keyboards here but this just cam over the wire and i think maybed not-doc bennett who is so fond the lifesaving epidemic reversing poisonous handjive of all kinds might like to wise off abt

dig:

CDC: HIV drug treatment for all people exposed to virus ATLANTA (AP) — "The government recommended for the first time Thursday that people exposed to the AIDS virus from rapes, accidents or occasional unsafe sex or drug use be given potentially lifesaving medications that can keep them from becoming infected." "The Centers for Disease Control and Prevention expanded that recommendation Thursday. It said the treatment should start no more than 72 hours after a person has been exposed to the virus, and the drugs should be used by patients for 28 days."

1.20.2005 5:54pm

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Nick Bennett ([www](#)):

Okay, infectiousness. It wasn't so much that I had nothing in my head, but that it's an argument I can't throw together off-hand, since all the stuff I've written on it is scattered around the web and in various emails and articles on my laptop. It seems pretty clear cut to me, albeit inefficient, so I'll try to explain why I think the virus is infectious despite that.

One very large thing to remember - a low rate does not mean no rate. The fact that any kind of rate at all exists means that it's not zero, and therefore infectious in some way. The alternative theory is that it's a spontaneous phenomenon, which makes no sense biologically or statistically.

The Padian study suffers from all the problems Daf9 brought up. The largest that I can see is that condom use wasn't really factored in at all. The other thing to bear in mind is that this is one single paper...and absence of evidence is not evidence of absence. There is no single "Padian study", just one "Padian study" that is used by the dissidents.

Another one clearly refers to a different group of people, looking at 442 serodiscordant couples for an average of around 7 months each [1]. 70 seronegative people seroconverted during the study, linked to a risk for other STDs. Male to female transmission was 8 times more common than female to male - but this is consistent with other animal retroviruses[2]. Condom use was measured in this study and increased over time.

There are other studies out there with Padian's name on them that clearly show infectivity. In fact, infection of sexual partners was one reason why people started thinking AIDS was an STD at all. Originally it was assumed to be related to a homosexual lifestyle in some way, but when the heterosexual partners of infected hemophiliacs and children of infected women started getting AIDS the theory had to change to an infectious cause.

As another example, do we quote Jackson et al from 1987 with a 57% detection rate [3] or from 1988 with a 99% detection rate using an improved culture system [4]? I have actually debated with people trying to argue that HIV cannot be found in all AIDS patients using the 57% paper and ignoring the one published a year later, just proving to me that it's not the literature that disproves HIV causes AIDS but the people selectively quoting it. How do I explain the Padian results? Simply that the transmission rate was low and a larger study, or one including people with higher risk factors, was required. Such studies exist, but those keen to promote HIV as harmless won't tell you about them ;-)

Of interest with reference to the conflict of interest issue is the fact that Jackson was testing a industry product in the first paper in which he published the poor results, and used his own protocol for the later, better results.

The SIV issue is actually to me, as a virologist, a clincher. It's only half right that SIV doesn't cause a disease in animal models. More specifically SIV will not cause a disease in the animal from which it was originally isolated... If you take SIVsm from sooty mangabeys and put it into macaques the macaques get sick. This is similar to flu being a harmless gut virus in birds but a pathogenic respiratory virus in humans. Infecting the "wrong" host often leads to disease whether the host is wrong due to age, sex, species or whatever.

The fact that HIV doesn't cause AIDS in chimps suggests to me that that's where it came from, strongly supported by the genetic similarity between SIVcpz and HIV-1 [5]. HIV-2 looks so much like SIVsm that originally the researchers couldn't tell them apart even at the genetic level [6]. HIV-1 will still infect chimps [7], but they don't get the same immune dysfunction as humans get, and this is perhaps why they don't end up getting AIDS.

There is also some interesting data from African studies looking at extra-marital infection with HIV which shows that while men are less likely to get HIV from women, they sleep with more women and the risks balance out [8]. There is some stuff closer to home, where the researchers actually traced who had sex with whom to get the virus.

<http://research.unc.edu/endeavors/win2004/hiv.html>

Bringing in one of Marcel's questions here, he asks why if men don't get HIV from women very efficiently are so many men (in the Western world) infected with HIV - the simple reason is that they're not getting it from having sex with women ;-)  
Anal sex has a higher rate of transmission than vaginal [8a]. Additionally, in one European study early in the epidemic general homosexual sex and nitrite inhalants were NOT risk factors for AIDS or HIV antibodies...but homosexual sex with an \_American\_ man was a very high risk of getting HIV [8b]. This a huge evidence for an infectious agent.

Anyhow, I think you're grossly underestimating me in terms of wilyness ;-)  
Assume the best, prepare for the worst. I generally go with Confucius when he says that you should judge a person by their actions not their words, and I've learnt that words can be especially misleading. However, assuming the worst of someone generally gets you into far more trouble than assuming the best. You can always bitch-slap someone if they're really bad underneath with no qualms, but there's a lot of guilt if you accuse someone of being bad who isn't. Geddit? ;-)

You're obviously writing under the assumption that all this research was done

and then a bunch of scientists ("lead" by Duesberg) analysed it and found errors. In FACT what happened is that some research was done which was retrospectively mis-understood by a small disparate collection of scientists (of whom Duesberg is merely one, albeit perhaps the first). There was nothing wrong to discover. However, it made for a good meme and has spread itself around the world in the meantime - leaving a few like me to sweep up the detritus.

If sometimes it seems like I don't question it, it's because there's nothing to question. All of the dissident points that I know of fall into one of three categories.

1. They were wrong in the first place. Misunderstood, misrepresented, misquoted. Whatever. E.g. antibodies always protect against infection.
2. They were legitimate concerns which were NOT incompatible with the HIV causes AIDS paradigm and have since been proven unnecessary. E.g. Most people in the West with HIV are men.
3. They are downright lies. E.g. AZT was a highly toxic cancer drug.

Under this latter category falls something Marcel brought up - I'd like him to find some literature which actually shows that the antiviral medications are immunosuppressive. I ask because I have an awful lot of literature which shows that immune responses get stronger after starting medications...

As for a pathogenic mechanism...well, that's a whole new post which I'll have to cut and paste from elsewhere. The other questions are easier.

Protective genes - CCR5 is the most famous, not least because it solved a problem with HIV research. Scientists knew that the protein CD4 was required by HIV to get into cells but that it wasn't sufficient. Something else was required. A group of prostitutes was discovered which were resistant to HIV and were found to have a gene deletion - this gene turned out to be the missing protein required for HIV to get into the cells [9, 10, 11]. The mutation is a small deletion that prevents the protein from reaching the cell membrane - because of multiple redundancy it is not required for normal physiology. Since CCR5, other mutations have been found in related genes that confer some protection (e.g. CCR2, CCR3).

You're right in that a lot of the survival benefits seen in the post-HAART era are confounded by better management of opportunistic infections. Some studies specifically mention that this effect cannot be removed from their analysis.

One thing that's easy to remove is the effects of "other stressors". Control groups in cohort studies show that the ONLY factor likely to result in AIDS is HIV seropositivity [12]. Studies like this are prime area where HIV-negative AIDS

cases may come to light, and yet none are reported... Especially important are those studies looking at lab markers like CD4 counts [13]. If the theory was wrong then someone would have spotted it during these longitudinal analyses. Additionally some research directly addressing life stressors found no evidence for an effect [14] although I've certainly read papers where clinical depression, like in cancer, was predictive of a worse outcome.

Alas it's now 6pm and I've rambled on for long enough. I'll come back tomorrow or later tonight if I can to finish off the survival-benefit story and the pathogenic mechanism.

Cheers

Bennett

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5. Gao et al Nature 1999; 397(6718). p 436-441 "Origin of HIV -1 in the chimpanzee Pan troglodytes troglodytes"
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"Changes in T and non-T lymphocyte subsets following seroconversion to HIV -1: stable CD3+ and declining CD3- populations suggest regulatory responses linked to loss of CD4 lymphocytes. The Multicenter AIDS Cohort Study."

14. Kessler et al Am J Psychiatry. 1991 Jun;148(6):733-8. "Stressful life events and symptom onset in HIV infection."

1.20.2005 6:06pm

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daf9 ([www](#)):

Marcel

According to the paper describing the chimp, it had been infected with hiv from 3 different patients and behaved like most chimps (chronic infection no sign of disease for at least ten years), then over a three year period it developed chronic intermittent diarrhea, eventually anemia and at least one opportunistic infection that was cured by antibiotics. This was the only chimp of the ones they were following (of which there were maybe 10?) that showed increased viral loads, reductions over time in T cell counts and these particular problems. Are there other possible explanations for a single chimp? Sure. But then, blood from this chimp was used to infect a second chimp who went on to develop the reductions over time in T cell counts. The course of the second chimps symptoms were similar to what happens to humans early after infection. That chimp as far as I

can tell has not gone on to develop any further symptoms except apparently a chronic rash. But of course that second chimp is probably only 10 - 13 years post infection and 50% of human HIV infected individuals haven't developed symptoms by that point in time either. Could still be coincidence I agree but ...

The HIV isolated from the first and second chimps was the same and not exactly like any of the human hiv's the first chimp had been infected with. It looked like two of the human hiv's had recombined to make a new hiv.

In a more recent paper, HIV from that second chimp was then used to infect two more chimps; one of whom had never been infected with HIV before and who also developed reductions over time in T cell counts that at least two years after infection hadn't returned to normal (the way most chimps do following HIV infection). This suggests that the recombinant HIV may cause a more AIDS like disease in chimps than the original human hivs.

Could all of this be coincidence? Sure it could. Maybe it just happens that the only chimps that develop lower T cells counts just happen to also show the highest amounts of virus in their blood. Maybe it could just happen that these particular chimps are immunosuppressed because they are depressed but although all the chimps have been injected with hiv and all the chimps live in the same laboratory conditions, only the chimps injected with this particular hiv get depressed.

To me that's a lot of maybes.

I don't know anymore about the other chimps who are apparently also starting to show signs of immunosuppression (as measured by low T cell counts).

The chimps as a single piece of data neither prove nor disprove the hiv/aids hypothesis. Nor taken individually do any of the epidemiological studies, the cohort studies or the hundreds of laboratory experiments published, following peer review, in dozens of different journals from dozens of different countries around the world over the past 20 years. But taken together, the preponderance of evidence supports the theory that HIV causes AIDS and fails to support any alternative theory that has been put forward to date.

1.20.2005 6:44pm

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Catch 22:

Charles Stein: Try this.

“While it is perfectly true that the hypothesis of infectious, HIV/AIDS cannot be

falsified by any person's experimentation, like all poor hypotheses it can falsify itself given sufficient time."

That statement is *false* in its latter conclusion.

Not only have dissidents not demonstrated a negation of the HIV/AIDS paradigm, they are not going to, even any projection twenty years out will not do it on merely high probability.

Newton had measureable data that was irrefutable until some guy names Einstein came along. Bialy's multiple observations with thousands of accumulated data will not disconfirm the current paradigm and the two graph's negate nothing. The solution is not resolvable with an adding machine- no matter how many graph's he produces.

The greater probability is that Stein, Eccles and Bialy are the same persona or else very close personal buddies. But that's probably much too counter-intuitive.

Dean's World never had an eccles until--well just hit ctrl + f and check out eccles. Now do the same thing with the word Charles Stein.

1.20.2005 7:46pm

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Eccles the Idiot ([www](#)):  
<i>name that tune</i>

not nearly as good a game as monty python (or was it hall?)

but it COULD have been had they played the opening riffs from  
monk  
and  
bird  
and  
diz  
and  
cecil  
and o.c.  
and moffett  
and ....sooooo many other's tunes for the ages  
instead of the stale whitebread  
pat boone's looney tunes  
they did  
but it was amerika then

and amerika now too  
sad to say

but be that as it might...

the song in question is titled, appropriately enuf

<i>It's Gonna Work Out Fine</i>

1.20.2005 7:47pm

([link](#))

Catch 22:

Well, you can thank a guy named Amerigo Vespucci.

He was close friends with Yusef Lateef.

1.20.2005 7:55pm

([link](#))

Eccles the Idiot ([www](#)):

who is yusef lateef?

dont tell me to google...my browser's stuck

we really wanna where you came up with his name

do you particularly like his music?

does he scare you

even a little?

us shadows know

do you?

1.20.2005 8:02pm

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Harvey Bialy ([mail](#)) ([www](#)):

The Ultimate AIDS Nightmare

I wake up one morning and click my browser or turn on the TV to discover that the vaccine is ready, and plans are underway for the largest public health project in the recorded history of the planet. "Thanks to the ceaseless, selfless and near heroic efforts of (mostly US) government, academic and company scientists, the beginning of the 21st century will see the end of AIDS. No expense will be spared, and no corner of the globe will go unprotected.

This vast effort will take place in three phases. In the first phase, everyone will be tested in order to determine who is eligible for the vaccine. In the second, all persons who are antibody positive, and therefore ineligible, will immediately, and on a compassionate basis if needed, be provided the newest and most potent medicines to prolong and enrich the quality of their lives for as long as possible. In the third phase, actual vaccination of all antibody negatives will commence. Everyone who receives the vaccine will be tested to make certain that he or she has become antibody positive, and will be regularly retested, and given booster vaccinations when required. The program will begin almost immediately in all US hospitals with the testing and vaccination of every newborn child.

Since most antibody positives will be found in Africa, it is imperative that an unparalleled humanitarian effort be undertaken to ensure that the expensive pharmaceuticals that will be required are made available through the largesse and compassion of the industrialized countries, which will now repay the dark continent for hundreds of years of mistreatment by saving it from AIDS, even though the scourge came from there in the first place.

The heads of state of the G-7 nations have already met and pledged "whatever it takes" to meet the WHO deadline of December 31, 2002 (symbolically the final day of the first palindrome year of the millennium) s "Everybody is Positive Day".

Like all nocturnal neural performances, this particular totalitarian insanity (the same thing) has tendrils, if not roots, in waking so-called reality. Since natural vaccination is well known to be completely effective as measured by the lifelong presence of high levels of virus-neutralizing antibody in persons with positive AIDS tests, there is no scientific reason why any of the various vaccine preparations in trials that have been demonstrated to induce similar neutralizing antibodies could not tomorrow be declared the winner. <b>Even paranoiacs can have enemies, and any of three things could catalyze?the subtle shift from the world we imagine we inhabit to the one of this Orwellian fantasy that in another order nightmare might turn out to be the same place. One. The heretics show signs of making serious trouble for the church. Two. The gravy train begins to decelerate with a steep slope. Three. The consolidation of medical science allows the various patents and other pies to be divided so as not to leave any of the deserving without a comfortable stash of whatever their heart's desire.</b>  
Just thought I'd share.

Harvey

18 de Marzo 2000  
Cuernavaca

1.20.2005 9:02pm  
\*\*\*

Harvey Bialy (mail) ([www](#)):

\*\*\*\*\*\VACCINE ALERT\*\*\*\*\*

## WARNING COMING TO A HOSPITAL NEAR YOU

Thanks to the ceaseless, selfless and near heroic efforts of (mostly US) government, academic and company scientists, the beginning of the 21st century will see the end of AIDS. No expense will be spared, and no corner of the globe will go unprotected.

This vast effort will take place in three phases.

In the first phase, everyone will be tested in order to determine who is eligible for the vaccine.

In the second, all persons who are antibody positive, and therefore ineligible, will immediately, and on a compassionate basis if needed, be provided the newest and most potent medicines to prolong and enrich the quality of their lives for as long as possible.

In the third phase, actual vaccination of all antibody negatives will commence. Everyone who receives the vaccine will be tested to make certain that he or she has become antibody positive, and will be regularly retested, and given booster vaccinations when required. The program will begin almost immediately in all US hospitals with the testing and vaccination of every newborn child.

Since most antibody positives will be found in Africa, it is imperative that an unparalleled humanitarian effort be undertaken to ensure that the expensive pharmaceuticals that will be required are made available through the largesse and compassion of the industrialized countries, which will now repay the dark continent for hundreds of years of mistreatment by saving it from AIDS, even though the scourge came from there in the first place.

The heads of state of the G-7 nations have already met and pledged "whatever it takes" to meet the WHO deadline of December 31, 2006 (symbolically the final day of the first 2X3 palindrome year of the millennium) as

"Everybody is Positive Day"

-----  
Like all nocturnal neural performances, this particular totalitarian insanity (the same thing) has tendrils, if not roots, in waking so-called reality. Since natural vaccination is well known to be completely effective as measured by the lifelong presence of high levels of virus-neutralizing antibody in persons with positive AIDS tests, there is no scientific reason why any of the various vaccine preparations in trials that have been demonstrated to induce similar neutralizing antibodies could not tomorrow be declared the winner.

Even paranoiacs can have enemies, and any of three things could catalyze?the

subtle shift from the world we imagine we inhabit to the one of this Orwellian fantasy that in another order nightmare might turn out to be the same place.

One. The heretics show signs of making serious trouble for the church.

Two. The gravy train begins to decelerate with a steep slope.

Three. The consolidation of medical science allows the various patents and other pies to be divided so as not to leave any of the deserving without a comfortable stash of whatever their heart's desire.

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\*\*\*\*\*Distribute Widely\*\*\*\*\*  
REMEMBER YOU SAW IT FIRST IN DEAN'S WORLD  
1.20.2005 10:04pm  
\*\*\*  
  
\*\*\*

Harvey Bialy ([mail](#)) ([www](#)):  
Hi / I'm Zaida again.  
Bialy is in bed with a flu. He want me to tell you Ekels and he are soory.  
So even he is a mentiroso y un gran bobito tambien, el es mi esposo  
ok.?

Then I saw this:

*The chimps as a single piece of data neither prove nor disprove the hiv/aids hypothesis. Nor taken individually do any of the epidemiological studies, the cohort studies or the hundreds of laboratory experiments published, following peer review, in dozens of different journals from dozens of different countries around the world over the past 20 years. **But taken together**, the preponderance of evidence supports the theory that HIV causes AIDS aand fails to support any alternative theory that has been put forward to date.*

Does this mean in 1985 when I was a young *tecnica* at the CIGB in La Habana and everybody was so crzy about the new AIDS virus disease that there wasn't anything to prove this? ... and that 20 years later:

*The preponderance of evidence**TAKEN ALL TOGETHER ONLY supports the THEORY** that HIV causes AIDS*

No wonder Ekles was laugh so hard...and Bialy too, that they cry.

Buen dia sr. Pato-infintium. You are sure write ingles muy bien yanqui boy  
1.21.2005 12:42am  
\*\*\*

Chris Noble ([www](#)):

Willem writes:

**Concerning Bialy's use of the graphs cited in the noted paper of Peter Duesberg, Claus Koehnlein and David Rasnick, here is what was actually stated there. The authors are clear in qualifying their sourcing of this information:**

**"Figure 1. Time courses of (a) the American, European and Australian AIDS epidemics since 1985 according to Centers for Disease Control and Prevention 2001 and redrawn from the World Health Organization (1999), (b) the incidence of HIV antibody carriers in the US since 1985 according to the Centers of Disease Control (CDC), and (c) the incidence of AIDS and HIV antibody carriers in Africa according to the WHO. See text for further explanations and references."**

See text for further explanations and references. !!!

Well the only reference I can find in the text is given in table 4.

**In the US HIV infections have remained constant at 1 million from 1985 (29)**

...

**(29) (Curran et al 1985)**

**Curran J W, Morgan M W, Hardy A M, Jaffe H W, Darrow W W and Dowdle W R 1985 The epidemiology of AIDS: current status and future prospects; Science 229 1352 1357**

[Pubmed](#)

I will quote from the study: *We assume that the infection in most parts of the United States lags behind the 1984 HTLV-III infection-to-AIDS rates of the San Francisco cohort. If the infection-to-AIDS ratio is currently between 50:1 and 100:1, then it can be estimated that between 500,000 to 1,000,000 Americans may have been infected with HTLV-III/LAV to date.*

In 1980 the infection-to-AIDS ratio in this cohort was 825:1.

In 1984 it was 28:1

In 1985 it was 19:1 [CDC](#)

The estimate 500,000-1,000,000 comes from data from the San Francisco CDC cohort.

Why does Duesberg choose the 1,000,000 number? It wouldn't be that he started with the theory that HIV prevalence is static and then chose the data to match his theory?

Please look at table 2 in the Curran et al paper. It shows seroprevalence rising in this cohort 1978-4%, 1979-12%, 1980-24% ... 1984-67% (1985-73% CDC).

Is this consistent with a static seroprevalence?

I think this case highlights the way that Duesberg and other *Insurgents* cherry-pick data. Here they pick out the upper range of the estimate and present it as a rock solid fact - don't blame us, blame the CDC. At other times when results of studies contradict their deeply held dogma they like to highlight that these values are only estimates obtained through mathematical models. Here the values that they present as fact are obtained from a mathematical model that extrapolates results from a cohort in SF.

My questions remain unanswered by Bialy or Duesberg or any of their multiple personalities that they are currently channeling.

Do they accept the results from the San Francisco CDC cohort?

If No: How can they then take the estimate which was based on these results.

If Yes: How can you reconcile the results with your claims that HIV seroprevalence is static.

In the mean time could Bialy demonstrate his ability to model epidemiological data by calculating a theoretical number of AIDS cases per year from 1985 to 2000 **assuming** a constant HIV seroprevalence of 1,000,000 and a median time from seroconversion to AIDS of 10 years and a median time from seroconversion to death of 12 years.

This would greatly assist in demonstrating his case. Of course if he wishes to make a fool of himself please proceed with the gooning around.

Thanks  
Chris

1.21.2005 2:26am  
FS

\*\*\*

*In the meantime could Bialy demonstrate his ability to model epidemiological data by calculating a theoretical number of AIDS cases per year from 1985 to 2000 assuming a constant HIV seroprevalence of 1,000,000 and a median time from seroconversion to AIDS of 10 years and a median time from seroconversion to death of 12 years.*

he probably could if he put a few hours into it, but he is not here to play games like **that**.

his questions are meant to make a point that has nothing to do with demonstrating what you know

they always have to do with discovering something new from because of what you do not know

yes,i know

this is the definition of a fool.

so of course i am a fool and freely admit my own ignorance. if not how could I possibly ever learn anything new?

it's obvious.

(see the spencer brown "laws of form" for a complete formal treatment of this profound and incontrovertible logic)

it's obvious

as obvious i suppose as the fact that once drawn this curve is supposed to show that the dat sets are in fact resolvable..and so simply!

I am astounded..show me how please...now

everybody is waiting if you chris have the answer

why make us wait while you taunt poor bialy who is a computational math nitwit and has a flu, for which he can find no doc or even any not-docs to give him

haart for

but is supect you dont really have one since for one week now the two curves have been really full in the face of the NIH and it has taken until now for some jr. mouthpiece to discover there is some **simple** graphic explanation that this fool bialy just didn't see, and curiously **neither** did we....until now ( otherwise -- this entire weeklong marathon was only to fool everybody into thinking there was something here worth attention when really it can all be cleared up by a first level epidemiology textbook problem,which will be revealed and bialy and duesberg and the whole insurgency will come crashing down

well if that was the plan it wasn't very good...because even if my single crushing demonstration gets exploded...all the rest of the damage has still been done...can't put humpty back with dumpty no mo no mo no mo no mo and donch come back neither jack

so since i am an ignorant fool who likes to goon around..maybe you can enlighten me and show me what the graphs that i might or might not be able to construct for myself with a few hours work would **SHOW**

do they resolve the paradox

I HAVE BEEN WAITING A LONG TIME TO SEE THIS

SHOW ME, PLEASE

1.21.2005 2:59am

([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

but really chris

can this old fool who really wants to get some sleep and hope that the contac makes contact with the wool over his poor lavaloued neural network ( a technical term from Yoruba newrobiologee)to clarifying effect

just ask one last double dum and really dumb question one more time

i really thought, until you enlightened me a few minutes ago, that the problem was not in making curves from these numbers...you probably even have a COMPUTER program more sophisticated than \$Xcel\$ (or however you spel it) to do it for you so you do not have to think...that the problem was how did the million get there in the first instance????

the first lick.....remember?

3:26 AM

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Harvey Bialy ([mail](#)) ([www](#)):  
two more simple sequences whose resolution has caused a lot of  
problems

kkk/ccc

but unlike the paradox of the *Book of the Book*  
which has to do with books and their covers and discerning the container from  
the contained

this is like the incompatible curves of the passenger and the savaged

as the most-aptly monikered Catch-22 quoted for us hours and lots of lots of  
hours ago

"...there are no paradoxes in nature only flawed hypotheses...." Duesberg

...the pseudo-paradoxia that Max the Greatest  
saw melt away and caused him to ask when he was only a bit older than me to  
wonder aloud and to me a mere boy at a picnic table, if the answers lay in poetry.  
of course i had no answer of any kind whatsoever...and i still of course have that  
same question.

...Delbruck lived for paradox. In paradox he saw the possibility of new  
knowledge. He was a little melancholy when he reached about the same age that  
I am now because the paradoxes that he hoped a molecular analysis of genetics  
would reveal, never appeared. Each apparent paradox vanished once a clean  
line of thinking was applied to a clean set of data. He was rather hoping for a real  
paradox, like in the physics in which he grew up - the kind that can only be  
resolved by a quantum leap into a new unknown. Sad for Max he never saw that  
flickering horizon in his lifetime. But if we could attain Delbruck's ennui  
concerning the apparent paradoxes of all varieties we have encountered here, as  
sure as the rising sun, uncountable millions of people all over the world would be  
spared useless and needless sufferings of all kinds.

The science that Max fathered, and which paradoxically perhaps made him sad  
by being so successful with its skillful application of diamond reason to clean  
data, provides a clear instruction on how to accomplish the noble goal above.

"...there are no paradoxes in nature only flawed hypotheses...." Peter H.  
Duesberg

1.21.2005 5:40am

([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

no body could have planned this

Peter Duesberg [SMTP:duesberg@uclink4.berkeley.edu]

To: h.bialy@natureny.com

Cc:

Subject: Fwd: Re: Re[2]: My phone is 212 534 7371 what is yours? Re:

Worthwhile reading

Sent: 21/01/2005 07:58 a.m.

Importance: Normal

Harvey,

Do U have this email? What really is a blog? What do you want to phone about?

Peter

PS. serious confidential problems with my lab: 1) Katz may have passed away. No more response from the foundation.

>DomainKey-m;

>

>h=received:message-id;

>

1.21.2005 8:34am

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3. an admix: just as i suspected the reason peter had been so incommunicado...he was busy with **REALLY** (and everybody i mean everybody knows i am deadly serious now) **really** important matters:

a. **Peter Duesberg** [SMTP:duesberg@uclink4.berkeley.edu]

To: amhayestadesse@hotmail.com

Cc: David Rasnick; Koehnlein-Kiel@t-online.de

Subject: **AIDS and Ethiopians and Dr. Rath**

Sent: 21/01/2005 09:14 a.m. **Importance: Normal**

Hi,

I send this again without the attached article, because your email can not accept the attachment. However, the article can be found on <duesberg.com>.

Peter D.

<b>  
Dear Ethiopians,</b>

Thanks for your kind letter. In an effort to provide some "support and sharing info" I send you per attachment our most recent article on AIDS, "The chemical bases of the various AIDS epidemics...." (Duesberg, Koehnlein & Rasnick, J. Biosci. 2003). There is also <duesberg.com> for additional information.

I just learned about Dr. Rath from my colleague David Rasnick, who is planning to visit him very soon in South Africa (cc'd).

Cordially,

Peter Duesberg

> Amhayes  
> Tadesse  
> amhayestadesse@hotmail.com  
> +25103510298  
> Concern Ethiopia  
> >  
> Addis Ababa  
>  
> Ethiopia  
>

> We are a group of Ethiopians engaged in HIV and AIDS studies. We >believe that HIV is not causing AIDS despite the fact that a lot of  
>Ethiopians are dying from AIDS and found HIV positive. In addition >to AIDS related studies we also contacted natural health advocates  
>like Dr. Mathias Rath and are trying to change about reversing the >existing scenario. Your support and sharing information will help us  
>a lot. Thanks Duesberg.

--

Peter Duesberg  
UC Berkeley

Department of Molecular and Cell Biology  
Stanley Hall  
Berkeley, CA 94720

b. Date: Fri, 21 Jan 2005 05:27:49 -0800  
To: tod\_stjohn@yahoo.com  
<b>From: Peter Duesberg </b><duesberg@uclink4.berkeley.edu>  
Subject: Re: Website Information Request  
Cc: Rasnick-David, koehnlein  
Bcc: Bob\_Leppo  
X-Attachments: :Macintosh HD:2018076:J. Biosci. final.pdf:

Dear Tod St. John,

Thanks for your encouraging note. As you can see from the attached article, "The chemical bases of the various AIDS epidemics..." (Duesberg, Koehnlein & Rasnick, J. Biosci. 2003), "the theory (and facts) remain the same today".

Cordially,

Peter Duesberg

Tod St. John

tod\_stjohn@yahoo.com

Dr. Duesberg,

I have never read/heard your theory on HIV -AIDS before, and I have to say that I am completely blown away. Mindboggled, actually. My question: most of the articles/interviews I have read tonight seem to be from the 90s. Does your theory remain the same today, or have you modified it based on any new studies out? Thank you for opening my eyes to the absolute charade that "science" can be when driven by power and money. Please respond to my question, if possible. My best to you,

CTS

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4. a delight from my oldest bestest friend that daffy donald could never ever in a googleplex or more of earthly or solar years even buy even one hair of his beautiful rabbinical beard for all his fake taj mahals...the incomparable <b>Daniel Fendel</b> (whose mother Ruth was my mother Dorothy's (a Homeric root...check it out) best friend too, and whose father Irving was my father's very best friend ever, ever, and whose passing saddened my father so greatly I always thought it took years from his own life.

this is for you christopher noble, my friend as well as <b>Compadre</b> in the <b>Celestial </b><b>Circus</b>

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Dan Fendel [SMTP:fendel@math.sfsu.edu]  
To: Harvey Bialy  
Cc:

Subject: Re: HELP !  
Sent: 21/01/2005 09:03 a.m.  
Importance: Normal  
<I've also read the "maybe I don't need help,,,: post>

Just to offer a thought, without knowing the technical terminology: "median time of 10 years" isn't enough, because that could mean a time that varies wildly, but just averages (sort of) 10 years. But it could also mean "always 10 years". In the latter case, it seems to me, the number of new AIDS cases would be constant, beginning 1995 (assuming no seroprevalence before 1985). Similar if "seroconversion to death" was a constant of 12 years, then the total number of cases would max out in 1997, when all of those who "got AIDS in 1995" (10 years after infection) would be dying, and would exactly match those who got AIDS in 1987, etc.

Try it with, say, 10% of all who are infected in each year suddenly getting sick 10 years later and then dying in another 2 years. (The infection group needs to get new folks once they infected start dying.)

D

1.21.2005 10:42am  
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Harvey Bialy ([mail](#)) ([www](#)):

and this just came from the equally incomparable **Samba Dialla** who I have never met

Yo mon,

Attached here is the virus\_alert piece with some very small corrections/additions. It is the final version. Do with it what you want but you can NOT change it.

It is my last contribution to the debate. Others may have loved your style, but i did not and although some (very small) parts of it made me laugh, i found it irritating and i do not, as you know, follow generals i have not chosen into battle.

Take it easy, compadre, as usual i respect your efforts (and agree with them) but i have very little love for your tactics, which i judge improvised and too ego-ridden to be maximally effective. Too much of the debate made me feel a lot like in my most irritated moments in SA.

Yours in war and peace,

Samba

1.21.2005 11:10am

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Gene Semon ([mail](#)) ([www](#)):

Response to Chris Noble, Nick Bennet and daf9:

It seems that a great opportunity to have a genuine colloquy on the set of phenomena labeled "HIV" by many different research groups is quickly slipping away from us. We are now at the vast quantity-of-information dumping phase of the debate with each side pretty much ignoring all points raised by the other side.

I have only tried to get across several simple points in support of the Duesberg-Bialy graph. (1)It is a good first approximation of a critical response to HIV "viremia" graphs presented by Duesberg's opponents who intended to "dispose" of his theory and (2)an attempt to reconcile "different" HIV's or ways of detection that produced paradoxical results. In other words no actual numbers exist to justify a classical infectious incidence model.

All we have are guesstimates based on how we choose to define "HIV"

1.21.2005 2:13pm

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Nick Bennett ([www](#)):

The thing is, Gene, the infectious model wasn't based upon those graphs. It seems silly to try to disprove it based on those graphs. The infectious model was based on observations that the disease was appearing to be spread from person to person - that's something that a large overview of numbers cannot possibly tell you. Especially true if they are misused estimates!

I'm sorry if it is a phase of information dumping, but this information directly contradicts the anti-HIV stance. As such it's important. So often I've heard the claim "we don't have to prove anything, it's up to the orthodoxy to prove that HIV causes AIDS". Well, it's there - in the info dump. It's a lot easier to simply say "the evidence doesn't exist" than it is to go read, interpret and assimilate what's out there - so the quick and easy memes spread at the expense of the rest...

Besides, has Bialy actually added anything at all to the discussion of late? A critique of the posts from Chris Noble and myself would be a start.

Cheers

Bennett

1.21.2005 2:58pm

([link](#))

Nick Bennett ([www](#)):

Anthony - there is no backfilling. All this is known to those in the field, and conveniently ignored by those arguing against HIV causing AIDS. You've never heard of the 99% isolation papers before? Who did you ask?

The fact they exist tells you something profound - arguing against a hypothesis based on non-definitive data is wrong. E.g. "HIV cannot be found in all samples, there it cannot cause AIDS". The logic makes no sense, the correct conclusion is "therefore it might not cause all AIDS cases". If later data shows that HIV is found in all cases even that argument is under serious pressure. The anti-HIV arguments were never that cautious and have never taken into account new data. They're pretty much worthless.

How about we turn the tables here...how about applying some of that considerable skepticism of yours to the anti-HIV side...? Could it be that \*gasp\* you've been lied to? :o) Heaven forbid that the establishment arguments were actually correct...

Like I said, I still hear arguments based on the old literature. Why do you think that is? I think it's because it's convenient for these people to ignore it.

I called the Perth Group in public on their lie that Montagnier didn't distinguish viral RT from cellular activity. I'm still waiting for a recognition of the fact 6 months later, despite several public reminders to do so. They haven't even tried to

defend their conclusion, just ignored my comments, even though it underpins most of what they argue about HIV being an endogenous cellular phenomenon.

Why do you think that is?

I'm sorry if this sounds more irate than normal - the concept of scientists deliberately lying and misrepresenting the literature winds me up something rotten.

Cheers

Bennett

1.21.2005 4:02pm

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daf9 ([www](#)):

But the 'miracles' still all occurred in people who were hiv positive.

there are three questions here. what causes AIDS, what is the best way to treat it and how does that treatment work?

People who aren't HIV positive don't get AIDS. Dissidents like to make a big fuss about all the AIDS-defining diseases but the fact of the matter is there is a common symptom in AIDS patients; that is a loss of a particular class of blood cells called T-cells and hiv infection. The clinical conditions that can arise from that disease are various but there are still only those two common factors: Loss of T cells and evidence of hiv infection.

Reducing oxidative stress and other measures to improve immune function in hiv positive people may indeed be a useful form of treatment but it doesn't address the root cause of AIDS.

1.21.2005 5:54pm

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AnthonyL ([mail](#)) ([www](#)):

Thanks Nick, I wrote it out again from memory. Here it is. I fail to see that as a riff it is any more objectionable or less informative than Eccles' posts. To the poster above, yes it is authentic, email me anytime. That is just a convenience of domain name email forwarding, you can label email according to source. Nick, I wonder if you could email me your e-address?

Alas! Harvey's style is a two edged sword, Samba, yes, it is entertaining, lively and funny and keeps up one's interest in poking through this black sludge of data, but also worrying too in its improvisations, in that it mocks and leaps and gambols and flies over the heads of the earnest inquirers trying to nail down the specifics and the measures, and the public who may come to read this thread, this first time public discussion of this knotted and sealed and buried issue, and gives them the impression that the albeit passionately outraged Harvey may be a fierce dog, liable to attack any Englishman or stranger, even the one merely trying to undero understand at the heck is going on. Is a pillar of the current world view cracking!? Is Niagara Falls running backwards!?

A two edged blade, perhaps, just as the data is, unfortunately, allowing far too much room for maneuver on the part of the virophiles, who escape the force of first base, a priori objections by pleading that it isn't precise, there is this factor and that factor to consider, these qualifications, those qualifications, and if we have one embarrassing study, why here is another, and if Oh, sorry that one is corrupt, here is another. Year after year the unproven paradigm is shored up by the faithful against obvious glaring defects, like a leaking ship being tarred as it travels, with no engine, to boot, the engine that is missing being the proof that is missing. Why does it have to be stoutly defended by Bennett and other gunboats after all this time?

Never mind that the first Gallo papers, which served as the basis for the press conference announcing to the world that US science had triumphed again, and had found the cause of the new catastrophe, was an infectious virus HTLV-111 (later named HIV), a vaccine would come in two years, now the gays could go away and stop harassing Ronnie, smile the Reagan smile folks, the boffins in the white coats have nailed it, trust them, even though the papers were as yet unpublished, never mind those Gallo papers found the dread bug in as few as two thirds or less of the blood samples he tested. But now, Lo and Behold, we are told above of the study that found it in 99% of the samples after all, is that right? Gee that clinches it alright, I guess, funny I never heard of that one before, amazing what this 16,000 paper database on HIV now contains. Excuse my skepticism, but I have seen too many studies which crowed that Duesberg was finally shown up to credit any new one too easily.

Does it not occur to anyone that this level of backing and filling and inability to clinch the \$140 billion deal betrays the matter? Is there any paradigm in science or medicine that contues continued stinking like a rotten fish nearly *two decades* after it was adopted, without any proof since rising above this initial evidence of limited association, not causal, since one third of the samples showed no presence? If one removes a fish from the freezer after twenty years and it smells iffy, do you eat it? Only on Fear Factor, NIH style, where the winners get to share a slice of the \$140 billion dollar pie, and the losers worry about whether their few patrons are liable to leave them for another, better world, age being the source of

their wisdom? Not to mention the patients to whom truth is a matter of life and death.

Listen folks, I am now channeling Galileo Galilei, and he would have you know that he too was a fan of the Church, and he regretted his sin of contradicting his Mother Church and his Pope, and he recognized even then that Faith is the key to God's blessed joys, and that he should do penance for the operation of his brain, which seemed to have a mind of its own, darn it, and please read the latest histories to see if this is not true. Faith is the strongest force in human nature, and with \$140 billion at stake it can easily make rotting fish smell like roses, murderous medication seem like saving grace, and dress ignorance in the robes of authority. It is a wonderful thing! Those without it can never be happy! Neither money nor their wives will love them, and they will find their way quickly to damnation by the whole world.

That is why Arthur Ashe kept his faith to the end, I believe, saying he had read Duesberg and his ideas and thought there was a lot to it but it was too late for him now, he would have to leave it to others to find out about. That is why, I imagine, even sophisticated patients say, get away from me Satan! when asked to at least read the review of AIDS. What alternative do they have? They must keep Faith in their caretaker, the doctor who must and will save them? Faith saves them from doubts and fear. Faith saves a lot of time for professionals, too, it tells them what to think of any doubts, how to read the stats and the dissent, how to put smiles on the faces of one colleagues. and their patronage. The path of a skeptic is arduous, dissent is hard work, and painful. Faith saves us from ostracism, disinvitation, and social hell. Does Duesberg get invited to faculty parties now? Insider conferences? I'll give you one guess. (The answer is Not for years, just in case you have the rosy, rather admirable Nick Bennett level of genial, Panglossian optimism, shining like a sun on this Fresh Kill mountain of data.)

But wait, this is the blogosphere, the home of skeptics and geeks, pit bulls who will tear apart data when it is tossed in their pen without mercy or favor. Not for them is Faith. No Sir. No one will get away with that stuff around here. We question everything! Bring it on. Except wait a minute, they can get distracted by one thing. Exactness of data. They love it. They demand it. Even if the data is a pile of manure, please tell us the height to within one inch. Never mind that the box is empty, how tall is it, how wide, how high - -in millimeters please!

Thank God for the blogosphere. I think.

I'll reply to you to your fair question Nick shortly.

1.21.2005 9:09pm

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AnthonyL ([mail](#)) ([www](#)):

> I'm sorry if this sounds more irate than normal - the concept of scientists deliberately lying and misrepresenting the literature winds me up something rotten.

Are you irate? Sorry I missed it! You sound perfectly reasonable to me. Maybe this is because I was not accusing anyone of bad faith, just that they are influenced by the psychology of Faith, secular in this case. I don't think anyone sophisticated accuses the defenders and exploiters of the ruling paradigms of conscious lies or misrepresentation. I at least have never met anyone among the many leaders I have met who seemed to betray conscious deceit. Of course, they are the same as most other successful people in this environment, obviously good at power and money. What they often do as I noted is literally run away from questioning their Faith. This betrays unconscious motivation all too clearly. This is definitely not pure science.

The characteristic of the unfortunate, self-sacrificial "dissenters", "heretics", "questioners"; "challengers", what have you, on the other hand, is pure science, in that in my experience in researching and describing the affair they have *always* answered *every* point raised against them if it operated on the level of the true discussion, though I grant you after a time only if it was not a repetition for the hundredth time of lay doubts and challenges that had already been dealt with (how come nuns get it, how come hemophiliacs get it, etc etc). Of course I came in at the very start of the thing, which may make a difference. But Peter Duesberg always answered every challenge I brought to him and with science not nonsense, which my early interviews with his opponents elicited (see the two SPIN interviews with the expostulating Robert Gallo in virusmyth and elsewhere and see if you can have any confidence in his assertions!).

I admire Harvey Bialy's book, and Peter Duesberg's, and quite honestly find it hard to imagine that anyone defending the paradigm honestly as you are would not want to read them. They are clean and intelligence science, and seem to me to show what high standards lead to, since they exhibit high standards all the way through. Only actual readers can see that for themselves. I believe all good scientists will find them extremely worthwhile.

As to the Perth Group, I find them lesser performers in both that regard and in their ability to justify their views so that they make any sense to me, a journalist, when they are asked to respond.

> How about we turn the tables here...how about applying some of that considerable skepticism of yours to the anti-HIV side...? Could it be that \*gasp\* you've been lied to? :o) Heaven forbid that the establishment arguments were actually correct...

Well, the two edged sword again. I do agree that to a large extent the two sides talk past each other, and I understand why this occurs, in that one simply starts

to ignore less than cutting edge arguments after a while. Explaining the basic after a while becomes a chore. Naturally I recognise that this applies to the establishment too. But again, I don't sense the heretics hide anything. I sense the establishment hides the usual factors that all players of the money and power hide.

What's interesting is that you couch the suggestion in the terms that you do. I didn't say "lie", you did. I said the establishment arguments seemed to be fueled by Faith, and to have not improved since the beginning of this tug of war. Meanwhile, the other evidence is that it is Duesberg who has been trashed and destroyed, pretty much, as a player, so I conclude he is the one who is trying harder to be right since he is paying such a penalty. Its a huge sacrifice to make and be wrong. Seems much less likely. A paper that undergoes, or better, runs the gauntlet of nine hostile reviewers who clearly wish to sink it, and cannot, is clearly a very good paper, a priori.

Ultimately, as I posted at the beginning of this thread, the bottom line for the few outsiders who really dig into this issue seems to be that there are dozens of claims in AIDS about HIV which make no sense in terms of normal science and have never been justified, in terms of explanation of mechanism of the virus and of the epidemiology. No one knows to this day AFAIK what could possibly enable this retrovirus to kill cells, nor what could enable it to cause a rampant epidemic in Africa and Asia among heterosexuals.

It seems to me intelligent people on the top level of all fields make decisions without going into all the details. That is how CEOs operate. They cannot know what the details are of all their vast operations, with 100's of thousands of employees and tens of thousands of products marketed in many countries. In the same way I think AIDS asks for the same simple decision. Does this wash or not? It's a judgement call.

By all the main indications, it doesn't, clearly. So do we believe the mass of details that are produced to convince us otherwise? My own feeling is - No. It would make better sense by now, after 17 years, if there was another conclusion hiding in the details. Resort to the details is a bad sign, anyhow..

Or at the least, like quantum physics, it should show some kind of results to back it up. But there are no results yet. No proof, no explanation, no solution. The benefit of protease inhibitors are unconvincing, and patients get liver disease, if Larry Kramer is any indication with his transplant.

Sorry, but nothing of what you have said has had the same force as these many broad indications. so i have to say to you in your turn, I think you should exercise your skepticism on both sides too, just as a thought experiment. Is it conceivable to you that people might banish thoughts that their ruling paradigm, the one they live and work by, the source of all their sustenance, privilege, acclaim, respect,

reputation, media attention, invitations, admiration, authority, and prizes, banish thoughts it could possibly be wrong, and they have spent their lives advising how to kill people? Seems conceivable to me.

I wouldn't call it "lies", though. I'd say more "force of circumstance." people are not just scientists, they have lives. Not everyone, for example, has the strength of character to flout their wife's injunction to stop fighting the mainstream, as Duesberg's first wife did.

1.21.2005 11:46pm

([link](#))

AnthonyL ([mail](#)) ([www](#)):

> In that case, all other things being unchanged, wouldn't the percentage seroprevalence of HIV fall exponentially?

Good one. Let's ask Duesberg :-)

1.21.2005 11:58pm

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jfr ([mail](#)) ([www](#)):

Jeremy Parker says:

The STD argument doesn't fit w/o stats b/c STD's could have gone down in the HIV at risk populations and up in the non-HIV at risk populations. I have no idea but you haven't presented that data.

You simply dismiss Africa out of hand as well--so we can't even discuss it--which probably helps prove the HIV/AIDS case even more.

The trial done by Dr Anatoli Kalamai in Uganda (Lancet. 2003 Feb 22;361(9358):645- 52.) shows this :

However, while the trial led to a marked change in sexual behavioural patterns, with the proportion reporting causal sexual partners falling from around 35 per cent to 15 per cent, there was no noticeable fall in the number of new cases of HIV infection, although there was a significant reduction in sexually transmitted diseases such as syphilis and gonorrhoea.

Dr David Gisselquist told the Times of London that "Results from the Masaka

study add to the already long list of findings from other studies that don't fit the hypothesis that most HIV in Africa adults is from sexual transmission." "These results from Masaka are similar to results published earlier from a similar study in Rakai, Uganda, where interventions that reduced STD prevalence had no impact on HIV incidence."

( [Gisselquist 2004](#) )

The epicenter of seropositivity are Botswana (30 % ?) and Swaziland. If you look to [this paper](#) this paper from US government, you see that the estimated growth of population is 0,76% with Aids, and 2,5% without Aids. These number come from the Epimodel of Unaided (Dr. Ghys) which uses antenatal screenings (these screenings give a 30% prevalence of seropositivity). The real growth can be obtained from the [census](#) from 1992 and 2002. They give a growth of 2,4%.

This says that seroprevalence is not bound with mortality, not?

The same game come for Swaziland :

[US data](#) and [Census in Swaziland](#)

1.22.2005 12:47am

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Harvey Bialy ([mail](#)) ([www](#)):

I am asked by my good friend and palm wine drinker *comrade* to deliver, and the sooner the better, to the small-chief *comrado* the Definitely NOT doc nick, the following:

*Additionally, in one European study early in the epidemic general homosexual sex and nitrite inhalants were NOT risk factors for AIDS or HIV antibodies...but homosexual sex with an **American** man was a **very high risk** of getting HIV [8b]. This a **huge** evidence for an infectious agent.*

Writes Dr. (2x on paper) Bennett. Does Dr. Bennett take this a *huge* evidence, or *medium sized* evidence, or *between medium sized and modest* evidence that AIDS originated in America and NOT AFRICA?

WE are waiting for this expensively educated perfect example of a modern Cambridge educated nit to publish this ABSOLUTELY correct inference in *Nature* . We can supply him with as many proper references to substantiate this thesis as he may require, highlighted even!.

Prof. Anthony Okoh  
Dept. of Microbiology  
Obafemi Awolowo University,

Ile-Ife, Nigeria  
iokoh@oauife.edu.ng  
1.22.2005 1:57am  
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daf9 ([www](#)):

Dr Bialy writes :Additionally, in one European study early in the epidemic general homosexual sex and nitrite inhalants were NOT risk factors for AIDS or HIV antibodies...but homosexual sex with an \_American\_ man was a very high risk of getting HIV [8b]. This a huge evidence for an infectious agent.

Writes Dr. (2x on paper) Bennett. Does Dr. Bennett take this a huge evidence, or medium sized evidence, or between medium sized and modest evidence that AIDS originated in America and NOT AFRIKA?

False conclusion. Doesn't say where AIDS originated. Just that it may have entered certain European populations via the USA.

1.22.2005 2:39am  
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Eccles the Idiot ([www](#)):

good thinking daf. keep it up and you could become a *real* insurgent.  
1.22.2005 5:02am

([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

2..Indeed, daf9. Going back the charts in this posting, we notice that the incidence of AIDS in the US Population is doing exactly what we want it to do - steadily going down from the peak in 1992. So whatever the truth or falsity of the primary theory about AIDS causation may be - and I happen to believe it's true - we must be doing something right. I don't believe you'll see a similar curve for South Africa during the Mbeki HIV denial period.

Also, if you look at the kinds of things AIDS researchers are finding these days, it's clear that they're getting results based on the HIV theory. It's always easy to get thrown off track in obscure areas of science in which we aren't experts and the data isn't as clear and complete as we'd like it to be, so it's therefore instructive to look at the problem from other angles.

As long as the overall rate of AIDS is going down, I'm convinced that we're doing the right things. And Dean, while it's virtuous to be a rebel and question the establishment, being contrary for its own sake is not a virtue, nor is seeing conspiracies in every corner of the world. Sometimes the common wisdom really is wise, and sometimes the people who label our buddies and heroes "crackpot" are correct. ---(interesting inversion here already...one can see why the complete disintegration of this shell of a mind was so rapid)

3. 1.16.2005 10:51am: There's no evidence that the entire US population was ever tested, so saying that 1% or .8% are infected is basically guesstimating from smaller studies. Same as any other epidemiological study! There's nothing wrong with that, so long as you recognise the limitations of what you're saying

4. 1.16.2005 1:05pm: Shad - thanks for the clarification. I'd read as much as I could but didn't see it. I guess it's easy to miss :o)

This is an oooollldddd debate. Still ongoing in various guises online dating back to 1993. I doubt it'll get sorted here!

Re: AnthonyL's list of points. Duesberg's logic is horribly, horribly flawed, based on the fact that he isn't (a) a clinical doctor and (b) worked only with acutely transforming retroviruses.

5. 1.16.2005 1:07pm: the lord and master responds to Sir. Anthony Liverside in part as follows: a cell killing disease that also causes cell multiplying cancer, with no trace of the virus in the cancer;

This is because the cancer (Kaposi's Sarcoma) is due to another virus called HHV8, which also causes KS in other forms of immune suppression (old age, transplant recipients).

and a disease said to be a killer epidemic in Haiti and South Africa, with no significant change in overall mortality,

The WHO would say otherwise...

and long endemic in sub-Saharan Africa, where a population explosion has nonetheless added 250 million people in two decades.

Since the "long endemic" most probably dates only to a restricted region in central Africa since the 1950's this isn't too surprising. Mortality rates are changing, but it's clear that the spread of HIV is relatively recent. We're not talking a mutual co-existence like SIV and the chimps...

Cheers

Bennett

6. 1.16.2005 8:56pm

You can believe that antibodies mean lifelong protective immunity if you like: that HIV doesn't kill T cells, that drug use is a better predictor than serostatus and that HIV cannot be found in many AIDS patients. But to do so you'd have to rewrite biology to explain the experimental findings.

It's a lot easier to say, completely unreferenced and unsupported, that HIV cannot be found in AIDS patients. If one cannot use the literature to prove it otherwise (see Jenks' comment, which I'm still hoping was in jest!) then what?

This is an old story, nothing new. The can was opened a long time ago and the worms died - it's just that some people keep prodding them to see if they move! I'll keep on doing my bit to inform people about the facts, so long as they choose to listen. Otherwise...I'll move right along.

Cheers

Bennett

7. Richard Bennett (www):

So Dean, how long are you going to let these comments run before you admit you're trolling and expose the scam? It's really amusing, in a scary kind of a way, to see how many people you've snookered with your little chart.

Hint: US HIV rates are uncertain, for a number of mostly political reasons, but there are other countries who track HIV rates very diligently, and no more than 10 minutes on Google will show you some real infection data.

Second hint: The real HIV infection rate isn't a flat line.

1.13.2005 4:53pm

8. Dean Esmay (www):

Oh by the way Bennett, not that credentials are the most important thing here--if

they were I wouldn't even be playing host to this discussion--but may I enquire what your background is in all this? Please believe I will have no tolerance for any sneerers if your answer is "I've got a a working mind and a strong familiarity with both sides of this argument," but I'm curious. Some will obviously suggest that you're an idiot, or that you work for a pharma company or any of that, so I'm just asking flat out so we can get past any of that crap

NOTE THE TIME: 1.17.2005 1:55am

B.WITHIN MINUTES OF HIS USUAL CHECK UN TIME --NICK BENNETT  
EMERGES FROM THE CYBERSCOPIC TELEPHONE BOOTH AS :

My background? I have a Bachelors with Honours specialising in genetics and viral pathology, a PhD in HIV viral packaging, and an MD - all from Cambridge UK (so those familiar with things will realise that I don't really have an MD, I have MB/BChir which is the UK equivalent). I'm currently working in pediatric infectious disease doing clinical trials and data analysis, but not on HIV. I'm now based in Upstate NY. My employer is a charitable research foundation. On top of that I got dragged into the HIV/AIDS debate after my first degree and have been there ever since... I can honestly say I've learnt more about HIV and AIDS by being involved in the debate than through my formal training and research! I would say I'm more than familiar with the arguments - this has been a hobby for my entire post-graduate life. If sometimes my answers appear brusque it's because I'm shooting from the hip - sometimes I forget to go back to basics and explain trains of thought.

9. Nick Bennett (www):

Oh yeah, I also taught the 2nd year virology course at Cambridge to a couple of the colleges there. That's less impressive than it sounds, but maybe relevant.

Bennett

1.17.2005 11:41am POSTED 2X BY ERROR AND THEN A 3RD POST TO SAY SILLY SYMBOLIC SORRY AND BLAME HIS LAN

10. I apologise to Dr Baily for not referring to his previous suggestion about analysis - but it made no sense.

There is no way that the data for estimated HIV prevalence can be correlated with measured AIDS incidence.

There are far too many uncontrolled variables in your data: applicablity of the surveillance, accuracy of the estimates, the introduction of effective antivirals. All of these will impact BOTH the HIV prevalence AND the AIDS incidence. It's your job as presenter of the data to control for that - just presenting it "as is" is, excuse my language, piss poor :-)

The comparison is meaningless - more so if you simplify it to two lines without knowing what they refer to. If you want a full reply then:

The two graphs are entirely in agreement with the straight line representing pathogen prevalence and the upper line representing disease incidence if the pathogen is newly introduced into the population and has a long clinical latency period but a restricted spread after public awareness campaigns. This interpretation doesn't require assumptions to be made about poor initial data quality (which was true for HIV) or treatment (which was true for AIDS).

Additionally, as Dean confirmed your data by digging through web archives, it appears to me as if you're using (indirectly) data acquired at the time. Most likely those numbers are simply wrong and need to be revised downwards - so the straight line of prevalence was in truth a curve, but the estimates were all wrong).

Happy? And as for the minor dig about my holidays: it is MLK Jnr day after all ;-) I can write as much as I want today, it's when I get back to work that I'll have problems.

Cheers

Bennett

1.17.2005 12:30pm

11. Nick Bennett (www):

I've just fully appreciated the fact that Dr Bialy is operating under the misconception that the 1 million cases of HIV is incidence. OMG. They're actually prevalence estimates - it was only when a colleague pointed it out to me that I checked the graph, and the last post confirms it. I'd seen the numbers so many times I hadn't bothered to check the wording.

I'm the only person here who has noticed the distinction it seems - so, er, do we need to restart the whole thread?

There has never been, and likely never will be, an incidence of 1 million cases per annum. There however is a likely prevalence of around a million cases.

Statistics 101:

Incidence - new cases.

Prevalence - current pre-existing cases.

That changes things rather a lot, hmm?

Cheers

Bennett

1.17.2005 12:43pm

12. Nick Bennett (www):  
LOL Jenks :o)

Writing music, martial arts, computer programming, house rabbits and Zen philosophy.

Oh yeah, and wasting time online - much to the chagrin of my better half ;-)

Cheers

Bennett  
1.17.2005 8:30pm  
Bennett  
1.17.2005 12:43pm

12. Nick Bennett (www):  
LOL Jenks :o)

Writing music, martial arts, computer programming, house rabbits and Zen philosophy.

Oh yeah, and wasting time online - much to the chagrin of my better half ;-)

Cheers

Bennett  
1.17.2005 8:30pm

13. and to round out the baker's **do-not-zen** display (thee are lots and lots more..these aint cherry picked..look for yourself)...his funny sense mind in full display:

Richard Bennett (www):  
Dean, is it clear to you by now that this Bialy character doesn't have all his oars in the water?

I've never seen anybody try to win a debate by drooling before, so I thank you for bringing me this unique experience.

It's like watching a blind-folded fat kid try and hit a pinata with a wet noodle: amusing, but sad.

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**by their words you shall know them**

as an exercise..continue this with the noble recent cambridge graduate's remaining posts. indeed one of the incredible tools you have at your fingertips is with lightening speed and precison do this for **any** WORD or NAME or IDEA that occurs anywhere in this very long, week now long, enlightening and educational and funny and sad and all the other things that make up what the GREATEST WILLY THE SHAKE meant when he called the vast world a vast stage and all of us bozos, players.

now if the Byronesque fools will leave us alone, the dionysian spencerian moreno and technicolor real fools of all sizes, shapes, and dimensionalities, not to say temporalities play for god's sake..tomorrow is SUN DAY

bring on the better than barnum bailey n-tuple ring eXtravaganza of the C..C..C

warning: if you thought what preceeded was weird...come back manana when the crzed poets are all sleeping it off

1.22.2005 2:50pm

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Dian ([mail](#)) ([www](#)):

Since this has been posted today on nomorefakenews.com by what I can only see as divine timing, and nobody else has posted it, I will gift this blog with something you all need to see.

I would now ask all of you to put this information side by side with what Bialy has been saying interminably throughout, for they are inexorably allied, and further represent the poison in the tree, the fruit thereof you now discuss here.

I ask you to note the reference sources of the material, and I am going to tell you now that if you can accept that the things said here are true, you must also therefore accept that the entire thing is suspect from the get-go.

I also point you to that bit of prophetic prose Bialy sent with a request to send everywhere...the one about the "AIDS Vaccine", and look what is being announced, as we read it:

THE CDC EMBARKS ON A NEW POISONOUS PLAN

JANUARY 22, 2004. The CDC has just made a new recommendation to give EVERYBODY who has been exposed to HIV profoundly toxic AIDS drugs right away.

At first I thought this meant the person in question had to test positive for HIV, but upon re-reading the AP piece (reprinted below), I infer this is not the case. If person A, who has tested positive for HIV, MIGHT HAVE exposed person B to HIV, person B would get the drugs

right away.

So now it's twice removed.

Readers of this site know I've presented much information to show that HIV is not the cause of AIDS or any human disease. But aside from that, the HIV test is the gateway into the drugs. Test positive, get the drugs. Now, if the CDC recommendation is followed by doctors, the net has been widened considerably.

What does it really mean if person A (in my little illustration above) has tested positive for HIV? Because, after all, that's the signal that person B, who might have caught HIV from person A, should get the toxic drugs.

Well, as I've also discussed, the HIV test is incredibly unreliable in the first place (even assuming HIV is relevant at all). HIV tests cross-react with many non-HIV factors and thereby read FALSELY positive.

So it's very easy to get a situation where person A tested false positive for HIV, and then, based on that, person B will GET THE DRUGS.

Here are two articles. The first is by a great medical reporter, Liam Scheff, analyzing in detail the unreliability of the HIV test. It's quite a shocker to people who have blithely accepted the conventional wisdom on the test. That's followed by the AP piece on the CDC's new recommendation.

(Original on GNN.TV)  
By Liam Scheff  
"Knowing is Beautiful"

As a journalist who writes about AIDS, I am endlessly amazed by the difference between the public and the private face of HIV; between what the public is told and what's explained in the medical literature. The public face of HIV is well-known: HIV is a sexually transmitted virus that particularly preys on gay men, African Americans, drug users, and just about all of Africa, although we're all at risk. We're encouraged to be tested, because, as the MTV ads say, "knowing is beautiful." We also know that AIDS drugs are all that's stopping the entire African continent from falling into the sea.

The medical literature spells it out differently - quite differently. The journals that review HIV tests, drugs and patients, as well as the instructional material from medical schools, the Centers for Disease Control (CDC) and HIV test manufacturers will agree with the public perception in the large print. But when you get past the titles, they'll tell you, unabashedly, that HIV tests are not standardized; that they're arbitrarily interpreted; that HIV is not required for AIDS; and finally, that the term HIV does not describe a single entity, but instead describes a collection of non-specific, cross-reactive cellular material.

That's quite a difference.

The popular view of AIDS is held up by concerned people desperate to

help the millions of Africans stricken with AIDS, the same disease that first afflicted young gay American men in the 1980s. The medical literature differs on this point. It says that that AIDS in Africa has always been diagnosed differently than AIDS in the U.S.

In 1985, the World Health Organization called a meeting in Bangui, the capital of the Central African Republic, to define African AIDS. The meeting was presided over by CDC official Joseph McCormick. He wrote about in his book "Level 4 Virus hunters of the CDC," saying, "If I could get everyone at the WHO meeting in Bangui to agree on a single, simple definition of what an AIDS case was in Africa, then, imperfect as the definition might be, we could actually start counting the cases..." The results - African AIDS would be defined by physical symptoms: fever, diarrhea, weight loss and coughing or itching. ("AIDS in Africa: an epidemiological paradigm." Science, 1986)

In Sub-Saharan Africa about 60 percent of the population lives and dies without safe drinking water, adequate food or basic sanitation. A September, 2003 report in the Ugandan Daily "New Vision" outlined the situation in Kampala, a city of approximately 1.3 million inhabitants, which, like most tropical countries, experiences seasonal flooding. The report describes "heaps of unclaimed garbage" among the crowded houses in the flood zones and "countless pools of water [that] provide a breeding ground for mosquitoes and create a dirty environment that favors cholera."

"[L]atrines are built above water streams. During rains the area residents usually open a hole to release feces from the latrines. The rain then washes away the feces to streams, from where the [area residents] fetch water. However, not many people have access to toilet facilities. Some defecate in polythene bags, which they throw into the stream." They call these, "flying toilets."

The state-run Ugandan National Water and Sewerage Corporation states that currently 55% of Kampala is provided with treated water, and only 8% with sewage reclamation.

Most rural villages are without any sanitary water source. People wash clothes, bathe and dump untreated waste up and downstream from where water is drawn. Watering holes are shared with animal populations, which drink, bathe, urinate and defecate at the water source. Unmanaged human waste pollutes water with infectious and often deadly bacteria. Stagnant water breeds mosquitoes, which bring malaria. Infectious diarrhea, dysentery, cholera, TB, malaria and famine are the top killers in Africa. But in 1985, they became AIDS.

The public service announcements that run on VH1 and MTV, informing us of the millions of infected, always fail to mention this. I don't know what we're supposed to do with the information that 40 million people are dying and nothing can be done. I wonder why we wouldn't be interested in building wells and providing clean water and sewage systems for Africans. Given our great concern, it would seem foolish not to immediately begin the "clean water for Africa" campaign. But I've never heard such a thing mentioned.

The UN recommendations for Africa actually demand the opposite - "billions of dollars" taken out of "social funds, education and health

projects, infrastructure [and] rural development" and "redirected" into sex education (UNAIDS, 1999). No clean water, but plenty of condoms.

I have, however, felt the push to get AIDS drugs to Africans. Drugs like AZT and Nevirapine, which are supposed to stop the spread of HIV, especially in pregnant women. AZT and Nevirapine also terminate life. The medical literature and warning labels list the side effects: blood cell destruction, birth defects, bone-marrow death, spontaneous abortion, organ failure, and fatal skin rot. The package inserts also state that the drugs don't "stop HIV or prevent AIDS illnesses."

The companies that make these drugs take advantage of the public perception that HIV is measured in individual African AIDS patients, and that African AIDS - water-borne illness and poverty - can be cured by AZT and Nevirapine. That's good capitalism, but it's bad medicine.

Currently MTV, Black Entertainment Television and VH1 are running advertisements of handsome young couples, black and white, touching, caressing, sensually, warming up to love-making. The camera moves over their bodies, hands, necks, mouth, back, legs and arms - and we see a small butterfly bandage over their inner elbow, where they've given blood for an HIV test. The announcer says, "Knowing is beautiful." Get tested.

A September, 2004 San Francisco Chronicle article considered the "beauty" of testing. It told the story of 59 year-old veteran Jim Malone, who'd been told in 1996 that he was HIV positive. His health was diagnosed as "very poor." He was classified as, "permanently disabled and unable to work or participate in any stressful situation whatsoever." Malone said, "When I wasn't able to eat, when I was sick, my in-home health care nurse would say, 'Well, Jim, it goes with your condition.' That's the way I thought," he said.

In 2004, his doctor sent him a note to tell him he was actually negative. He had tested positive at one hospital, and negative at another. Nobody asked why the second test was more accurate than the first (that was the protocol at the Veteran's Hospital). Having been falsely diagnosed and spending nearly a decade waiting, expecting to die, Malone said, "I would tell people to get not just one HIV test, but multiple tests. I would say test, test and retest."

In the article, AIDS experts assured the public that the story was "extraordinarily rare." But the medical literature differs significantly.

In 1985, at the beginning of HIV testing, it was known that "68% to 89% of all repeatedly reactive ELISA (HIV antibody) tests [were] likely to represent false positive results." (NEJM - New England Journal of Medicine. 312; 1985).

In 1992, the Lancet reported that for 66 true positives, there were 30,000 false positives. And in pregnant women, "there were 8,000 false positives for 6 confirmations." (Lancet 339; 1992)

In September 2000, the Archives of Family Medicine stated that the more women we test, the greater "the proportion of false-positive and ambiguous (indeterminate) test results." (Archives of Family Medicine.

Sept/Oct. 2000).

The tests described above are standard HIV tests, the kind promoted in the ads. Their technical name is ELISA or EIA (Enzyme-linked Immunosorbant Assay). They are antibody tests. The tests contain proteins that react with antibodies in your blood.

In the U.S., you're tested with an ELISA first. If your blood reacts, you'll be tested again, with another ELISA. Why is the second more accurate than the first? That's just the protocol. If you have a reaction on the second ELISA, you'll be confirmed with a third antibody test, called the Western Blot. But that's here in America. In some countries, one ELISA is all you get.

It is precisely because HIV tests are antibody tests, that they produce so many false-positive results. All antibodies tend to cross-react. We produce antibodies all the time, in response to stress, malnutrition, illness, drug use, vaccination, foods we eat, a cut, a cold, even pregnancy. These antibodies are known to make HIV tests come up as positive.

The medical literature lists dozens of reasons for positive HIV test results: "transfusions, transplantation, or pregnancy, autoimmune disorders, malignancies, alcoholic liver disease, or for reasons that are unclear..."(Archives of Family Medicine, Sept/Oct. 2000).

"[H]uman or technical errors, other viruses and vaccines" (Infectious Disease Clinician of North America 7; 1993)

"[L]iver diseases, parenteral substance abuse, hemodialysis, or vaccinations for hepatitis B, rabies, or influenza..." (Archives of Internal Medicine August, 2000).

"[U]npasteurized cows' milk...Bovine exposure, or cross-reactivity with other human retroviruses" (Transfusion,1988)

Even geography can do it:

"Inhabitants of certain regions may have cross-reactive antibodies to local prevalent non-HIV retroviruses" (Medicine International 56; 1988).

The same is true for the confirmatory test - the Western Blot.

Causes of indeterminate Western Blots include: "lymphoma, multiple sclerosis, injection drug use, liver disease, or autoimmune disorders. Also, there appear to be healthy individuals with antibodies that cross-react..." (Archives of Internal Medicine, August 2000).

"The Western Blot is not used as a screening tool because...it yields an unacceptably high percentage of indeterminate results." (Archives of Family Medicine, Sept/Oct 2000)

Pregnancy is consistently listed as a cause of positive test results, even by the test manufacturers. "[False positives can be caused by] prior pregnancy, blood transfusions... and other potential nonspecific reactions." (Vironostika HIV Test, 2003).

This is significant in Africa, because HIV estimates for African nations are drawn almost exclusively from testing done on groups of pregnant women.

In Zimbabwe this year, the rate of HIV infection among young women decreased remarkably, from 32.5 to 6 percent. A drop of 81% - overnight. UNICEF's Swaziland representative, Dr. Alan Brody, told the press "The problems is that all the sero-surveillance data came from pregnant women, and estimates for other demographics was based on that." (PLUS News, August, 2004)

When these pregnant young women are tested, they're often tested for other illnesses, like syphilis, at the same time. There's no concern for cross-reactivity or false-positives in this group, and no repeat testing. One ELISA on one girl, and 32.5% of the population is suddenly HIV positive.

The June 20, 2004 Boston Globe reported that "the current estimate of 40 million people living with the AIDS virus worldwide is inflated by 25 percent to 50 percent."

They pointed out that HIV estimates for entire countries have, for over a decade, been taken from "blood samples from pregnant women at prenatal clinics."

But it's not just HIV estimates that are created from testing pregnant women, it's "AIDS deaths, AIDS orphans, numbers of people needing antiretroviral treatment, and the average life expectancy," all from that one test.

I've certainly never seen this in VH1 ad.

At present there are about six dozen reasons given in the literature why the tests come up positive. In fact, the medical literature states that there is simply no way of knowing if any HIV test is truly positive or negative:

"[F]alse-positive reactions have been observed with every single HIV-1 protein, recombinant or authentic." (Clinical Chemistry. 37; 1991).  
"Thus, it may be impossible to relate an antibody response specifically to HIV-1 infection." (Medicine International, 1988)

And even if you believe the reaction is not a false positive, "the test does not indicate whether the person currently harbors the virus." (Science, November, 1999).

The test manufacturers state that after the antibody reaction occurs, the tests have to be "interpreted." There is no strict or clear definition of HIV positive or negative. There's just the antibody reaction. The reaction is colored by an enzyme, and read by a machine called a spectrophotometer.

The machine grades the reactions according to their strength (but not specificity), above and below a cut-off. If you test above the cut-off, you're positive; if you test below it, you're negative.

So what determines the all-important cut-off? From The CDC's instructional material: "Establishing the cutoff value to define a positive test result from a negative one is somewhat arbitrary." (CDC-EIS, "Screening For HIV," 2003 )

The University of Vermont Medical School agrees: "Where a cutoff is drawn to determine a diagnostic test result may be somewhat arbitrary...Where would the director of the Blood Bank who is screening donated blood for HIV antibody want to put the cut-off?...Where would an investigator enrolling high-risk patients in a clinical trial for an experimental, potentially toxic antiretroviral draw the cutoff?" (University of Vermont School of Medicine teaching module: Diagnostic Testing for HIV Infection)

A 1995 study comparing four major brands of HIV tests found that they all had different cut-off points, and as a result, gave different test results for the same sample: "[C]ut-off ratios do not correlate for any of the investigated ELISA pairs," and one test's cut-off point had "no predictive value" for any other. (INCQS-DSH, Brazil 1995).

I've never heard of a person being asked where they would "want to put the cut-off" for determining their HIV test result, or if they felt that testing positive was a "somewhat arbitrary" experience.

In the UK, if you get through two ELISA tests, you're positive. In America, you get a third and final test to confirm the first two. The test is called the Western Blot. It uses the same proteins, laid out differently. Same proteins, same nonspecific reactions. But this time it's read as lines on a page, not a color change. Which lines are HIV positive? That depends on where you are, what lab you're in and what kit they're using.

The Mayo Clinic reported that "the Western blot method lacks standardization, is cumbersome, and is subjective in interpretation of banding patterns." (Mayo Clinic Procedural, 1988)

A 1988 study in the Journal of the American Medical Association reported that 19 different labs, testing one blood sample, got 19 different Western Blot results. (JAMA, 260, 1988)

A 1993 review in Bio/Technology reported that the FDA, the CDC/Department of Defense and the Red Cross all interpret WB's differently, and further noted, "All the other major USA laboratories for HIV testing have their own criteria." (Bio/Technology, June 1993)

In the early 1990s, perhaps in response to growing discontent in the medical community with the lack of precision of the tests, Roche Laboratories introduced a new genetic test, called Viral Load, based on a technology called PCR. How good is the new genetic marvel?

An early review of the technology in the 1991 Journal of AIDS reported that "a true positive PCR test cannot be distinguished from a false positive." (J.AIDS, 1991)

A 1992 study "identified a disturbingly high rate of nonspecific positivity," saying 18% antibody-negative (under the cut-off) patients tested Viral Load positive. (J. AIDS, 1992)

A 2001 study showed that the tests gave wildly different results from a single blood sample, as well as different results with different test brands. (CDC MMWR, November 16, 2001)

A 2002 African study showed that Viral Load was high in patients who had intestinal worms, but went down when they were treated for the problem. The title of the article really said it all. "Treatment of Intestinal Worms Is Associated With Decreased HIV Plasma Viral Load." (J.AIDS, September, 2002)

Roche laboratories, the company that manufactures the PCR tests, puts this warning on the label:

"The AMPLICOR HIV-1 MONITOR Test...is not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection."

But that's exactly how it is used - to convince pregnant mothers to take AZT and Nevirapine and to urge patients to start the drugs.

The medical literature adds something truly astounding to all of this. It says that reason HIV tests are so non-specific and need to be interpreted is because there is "no virologic gold standard" for HIV tests.

The meaning of this statement, from both the medical and social perspective, is profound. The "virologic gold standard" is the isolated virus that the doctors claim to be identifying, indirectly, with the test.

Antibody tests always have some cross-reaction, because antibodies aren't specific. The way to validate a test is to go find the virus in the patient's blood.

You take the blood, spin it in a centrifuge, and you end up with millions of little virus particles, which you can easily photograph under a microscope. You can disassemble the virus, measure the weight of its proteins, and map its genetic structure. That's the virologic gold standard. And for some reason, HIV tests have none.

In 1986, JAMA reported that: "no established standard exists for identifying HTLV-III [HIV] infection in asymptomatic people." (JAMA. July 18, 1986)

In 1987, the New England Journal of Medicine stated that "The meaning of positive tests will depend on the joint [ELISA/WB] false positive rate. Because we lack a gold standard, we do not know what that rate is now. We cannot know what it will be in a large-scale screening program." ( Screening for HIV: can we afford the false positive rate?. NEJM. 1987)

Skip ahead to 1996; JAMA again reported: "the diagnosis of HIV infection in infants is particularly difficult because there is no reference or 'gold standard' test that determines unequivocally the true infection status of the patient. (JAMA. May, 1996)

In 1997, Abbott laboratories, the world leader in HIV test production stated: "At present there is no recognized standard for establishing the presence or absence of HIV antibody in human blood." (Abbott Laboratories HIV Elisa Test 1997)

In 2000 the Journal AIDS reported that "2.9% to 12.3%" of women in a study tested positive, "depending on the test used," but "since there is no established gold standard test, it is unclear which of these two proportions is the best estimate of the real prevalence rate..." (AIDS, 14; 2000).

If we had a virologic gold standard, HIV testing would be easy and accurate. You could spin the patient's blood in a centrifuge and find the particle. They don't do this, and they're saying privately, in the medical journals, that they can't.

That's why tests are determined through algorithms - above or below sliding cut-offs; estimated from pregnant girls, then projected and redacted overnight.

By repeating, again and again in the medical literature that there's no virologic gold standard, the world's top AIDS researchers are saying that what we're calling HIV isn't a single entity, but a collection of cross-reactive proteins and unidentified genetic material.

And we're suddenly a very long way from the public face of HIV.

But the fact is, you don't need to test HIV positive to be an AIDS patient. You don't even have to be sick.

In 1993, the CDC added "Idiopathic CD4 Lymphocytopenia" to the AIDS category. What does it mean? Non-HIV AIDS.

In 1993, the CDC also made "no-illness AIDS" a category. If you tested positive, but weren't sick, you could be given an AIDS diagnosis. By 1997, the healthy AIDS group accounted for 2/3rds of all U.S. AIDS patients. (That's also the last year they reported those numbers, CDC Year End Addition, 1997).

In Africa, HIV status is irrelevant. Even if you test negative, you can be called an AIDS patient:

From a study in Ghana: "Our attention is now focused on the considerably large number (59%) of the seronegative (HIV-negative) group who were clinically diagnosed as having AIDS. All the patients had three major signs: weight loss, prolonged diarrhea, and chronic fever." (Lancet. October, 1992)

And from across Africa: "2215 out of 4383 (50.0%) African AIDS patients from Abidjan, Ivory Coast, Lusaka, Zambia, and Kinshasa, Zaire, were HIV-antibody negative." (British Medical Journal, 1991)

Non-HIV AIDS, HIV-negative AIDS, No Virologic Gold standard - terms never seen in an HIV ad. But even if you do test "repeatedly" positive, the manufacturers say that "the risk of an asymptomatic [not sick] person developing AIDS or an AIDS-related condition is not known." (Abbott Laboratories HIV Test, 1997)

If commerce laws were applied equally, the "knowing is beautiful" ads for HIV testing would have to bear a disclaimer, just like cigarettes:

"Warning: This test will not tell you if you're infected with a virus. It may confirm that you are pregnant or have used drugs or alcohol, or that you've been vaccinated; that you have a cold, liver disease, arthritis, or are stressed, poor, hungry or tired. Or that you're African. It will not tell you if you're going to live or die; in fact, we really don't know what testing positive, or negative, means at all."

Liam Scheff is an investigative journalist and health advocate who's been published in the New York Press, LA Citybeat and Boston's Weekly Dig. His reporting on cell-killing drugs like Nevirapine was recently featured in a BBC documentary.

End Scheff article

...and now here is a piece on the new CDC recommendation to give devastatingly toxic drugs to EVERYBODY who "may have been exposed to HIV" as a result of contact with someone who tested positive for HIV:

CDC Recommends HIV Drugs for All Exposed  
Jan 20, 10:52 PM (ET)

By DANIEL YEE

ATLANTA (AP) - In a major policy shift, the government recommended for the first time Thursday that people exposed to the AIDS virus from rapes, accidents or occasional drug use or unsafe sex receive drug cocktails that can keep them from becoming infected.

Previously, federal health officials recommended emergency drug treatment only for health-care workers accidentally stuck with a needle, splashed in the eye with blood, or exposed in some other way on the job. That recommendation was first made in 1996.

The Centers for Disease Control and Prevention expanded its guidelines to rape victims and many others Thursday. It said treatment should start no more than 72 hours after a person has been exposed to the virus, and the drugs should be used by patients for 28 days.

It is a major shift away from a policy that some doctors had called unconscionable and that put the United States years behind much of Europe and other nations.

"The severity of the HIV epidemic dictates we use all available tools to reduce infection," said Dr. Ronald Valdiserri of the CDC. He stressed that emergency drug treatment is a "safety net," not a substitute for abstinence, monogamy, and the use of condoms and sterile needles.

"It is clearly not a 'morning-after pill,'" he said.

People accidentally exposed to the AIDS virus are usually given a three-drug combination that includes AZT and 3TC. In tests on primates, drug cocktails prevented infection with the

monkey version of HIV 100 percent of the time if given within 24 hours of exposure to the virus, and 52 percent of the time if administered within 72 hours, said Dr. Charles Gonzalez, assistant professor of medicine at New York University School of Medicine and a member of the New York State AIDS Institute medical guidelines board. [ATTEMPTS TO PROVE THAT HIV CAUSES AIDS BY INJECTING IT INTO PRIMATES HAS PROVED TO BE A MISERABLE FAILURE. THEY DON'T GET SICK---JR]

However, there is no data from clinical trials on how effective the drugs are in stemming HIV infection in people. [HELLO? THERE'S A QUOTE TO FRAME AND PLACE ON THE MANTLE---JR]

The new guidelines do not bind the U.S. government to pay for the treatment regimen through Medicare or Medicaid, and no federal money has been allocated to help doctors and health departments carry out the recommendations.

European countries, Australia and Brazil have long had guidelines calling for the use of HIV drugs to prevent infection in rape victims. Without a national policy in the United States, New York, California, Massachusetts and Rhode Island and cities such as San Francisco and Boston came up with their own such guidelines.

"It's unconscionable they didn't have a policy for rape victims. It's just ludicrous. They knew they were well behind the curve," Gonzalez said.

The CDC said it hesitated to recommend wider use of AIDS drugs because it did not have enough information on their effectiveness. But the agency said better information has been gathered over the past several years from animal and lab studies and from state and city programs that offer HIV drugs to rape victims and others.

But Gonzalez suggested that the CDC may have been stymied by a conservative administration in Washington from making such a recommendation from earlier.

"This may be a 'red state, blue state' issue, where states such as Massachusetts, New York and California are willing to discuss this matter in terms of rape and what happens to consensual adults," Gonzalez said.

The CDC said the regimen is not recommended for habitual drug users who share needles or for people who frequently engage in risky sex. Those people would have to take medication practically nonstop, which the health agency does not endorse.

End AP story

JON RAPPOPORT [www.nomorefakenews.com](http://www.nomorefakenews.com)

Yo, what they said.

1.22.2005 6:10pm

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Dean Esmay ([www](#)):

Your "as far as you can tell from the literature" is a fine guess, daf9, but in truth as far as I can tell from the literature the symptoms list and the definitions change depending on what source you're looking at and who you're talking to.

Already in this conversation we have had a self-proclaimed expert admit that almost all the early treatment protocols and the use of HAART to aggressively treat at first sign of infection was wrong and destructive. That the definitions of the disease change depending on who you're talking to, and so on.

I continue to note that we went from a disease that was easily classified to one that had scores of symptoms, one that killed anyone diagnosed usually within a year to one that COULD have a long latency period to one that DID have an AVERAGE latency period of 10 years, a disease that they're only now vaguely starting to admit that maybe some people have permanent immunity to by mechanisms poorly understood, a disease "anyone could get" but that now more and more are admitting is still really restricted to certain population groups and is not so easy to spread after all.

Face it--pointing to HIV skeptics who disagree with each other is a fool's game because it's just as easy to line up HIV believers who strongly disagree with each other and can't get their own story straight--or worse, actually think it's a point in their favor that they have constantly changed the definitions of this disease and after 17 years and billions of dollars of government money still cannot give you a clear and coherent story on how it is this virus is supposed to behave, just a lot of ever-changing theories with apparently no need to consider whether the hypothesis itself has flaws in the first place.

It's very interesting to me that there's growing admission that there may be cofactors involved in the disease. For the longest time even that was a heresy.

1.22.2005 9:53pm

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daf9 ([www](#)):

Dean,

If you look at the early literature, a number of different hypotheses were considered. The infectious theory was favored because that's the one the data supported. The major reason why the symptoms and diagnostic criteria have changed over the years is because medical science has learned more about the disease as more people have been diagnosed. The symptoms have also changed over the years because the treatments have altered the progression of the disease. Ignoring antiretrovirals for the moment, there have been a lot

of other treatments developed over the years, not to mention that persons known to be hiv positive are screened more thoroughly by their doctors, are given more aggressive treatments to reduce the possibility of infection following surgery, that kind of stuff. If you look at the history of treatment of almost any human disease you will see it follows a similar course.

Look for example at the history of BRCA1 and breast cancer. BRCA1 is a human gene in which mutations lead to breast and ovarian cancer in women. This is mutation that a woman is born with and yet some women develop the disease in their 20s and some in their 40s or 50s. As more and more mutations have been discovered and studied it looks likely maybe some women will never develop breast cancer (lifetime risk estimates vary from about 35% to 85% depending upon the mutation and the study). It's very similar to what has happened with hiv. It's the nature of science.

1.22.2005 10:25pm

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Dean Esmay ([www](#)):

The history I have read doesn't support the notion that the infectious model was accepted because that was what the data supported--and yes, before you ask, I've read more than the skeptics' literature on that. The history was one of a lot of sloppiness and a lot of assumptions and a lot of backtracking to try to support a model that was very poorly supported from the git-go.

Again, HIV's defenders admit all of this from what I've seen; you're the first to say it was different.

Yes, it's true that our understanding of a disease does change over time as we learn more about it, but I have yet to see any disease go through anywhere near as many revisions and rethinkings as HIV/AIDS at such fundamental levels. Nor one so replete with conflicts of interest among the researchers who support their hypothesis--it's all well and good to pat people on the head and call them "conspiracy theorists," but in point of fact almost all the people who are behind the HIV theory of AIDS---the ultimate figures I mean, people like Gallo and Fauci and so on--have serious vested interests in the matter, and it's not wrong to point that out.

I have watched for more than a decade now as the establishment slowly, very slowly, came to acknowledge that HIV didn't instantly give you AIDS, came to acknowledge that the huge amounts of AZT used early on were almost certainly lethal, that maybe there are cofactors after all, that maybe some people will never get the disease... I've watched as they've been allowed to put experimental

drugs on the market at an expedited pace well beyond drugs for any other purpose, and watch some get pulled... I've watched as more and more people show up who are HIV+ and are furious that they were told they had a death sentence and yet are still healthy now... I've watched as people have tried to justify forcing children onto AZT and other cocktails even though to this day they can't give you a straight answer on how likely these HIV+ kids actually are to develop AIDS.

I've watched these changes and I've seen nothing in the history of science so rife with holes in the data, people with conflicts of interest--and I've never seen dissenters on a medical hypothesis treated so viciously and so savagely.

1.22.2005 10:35pm

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Dean Esmay ([www](#)):

Oh, and I've also never seen a disease wherein qualified individuals—repeat, qualified individuals—in the field were routinely denied funding for any research whatsoever which questioned the reigning paradigm.

I mean come off it, Daf. Earlier I suggested we should at least be doing study on all these people (growing in number) who are HIV+ and refusing any chemotherapy. You instantly rejected such a study as biased, even while you admitted that the studies supporting HIV were also biased. What kind of thinking is that?

Like it or not, the dissidents are not shrinking in number, they're growing. More and more parents saying "no way." More and more HIV+ individuals saying "screw this." You figure they're all just gonna die except a lucky few, do you? And you're so sure of that you figure a study would be a big waste of time?

1.22.2005 10:40pm

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Harvey Bialy ([mail](#)) ([www](#)):

just when i thought i cld get some zzzz...

those of you who are asleep here get the f-out now and don't come back no mo no mo no no mo

the dis-respect that jerm as he is known to his fiends opps friends..in cybersense only of course...dis-embdoied snooty voices dont have REAL friends, that is Y

there R the small way they r.

look you bored wannabee tv nvp/yes-not-doc ass-piring asp/ u kan zit all you vant end snoozle your noozle and even whacky yr shlong but no disembodied mind will notice you again until you begin to show some respect for the holy trinity of MIND

words...symbols...glyphs and the operations of inference that make them the tools of the great god of thought THOTH/Hermes ---the messenger of VERITAS

if you cant think the simple  
how can you even presume to begin to think the impossible  
and if you do not wish to think the impossible  
Y are you here and more importantly  
if you cannot dare to think the impossible  
you do not have the balls to be either a healer or a scientist

so go to the dantean hell where eou kame from and all the daemons of choronzon come from and say hello to tony when you get there  
he speaks **your** labgauge (language) per/fectly

1.23.2005 1:31am

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Charles Stein ([www](#)):

For 22 and some others:

I wish to make two points, that one needs to be very clear about, in attempting to listen to the sound that has perhaps entered one's mind through the missives of Dr. Bialy. Particularly the sounds that anyone here might imagine are quite wanton ones. The first has to do with language and its responsibility. The second with the sacrament of the wild and its random basement, whose winds must blow through even the narrow precincts of the blagosphere, because, as it turns out, the blog, in its reference, is coextensive with the world.

1. We take an interest in language, we who use it with such consciousness of its power that we imagine there to be something important afoot in the matter of the HIV/AIDS controversy, which most of us, at last, admit, IS a controversy, if by no other evidence than that we speak here.

But language, even of the thoughtful, does not originate, with ourselves. It is unusual that anyone, in fact, "writes his own post." Bialy clearly never claims that he does this. The first step in becoming conscious of language and therefore of

becoming responsible for its use, is to recognize in one's wheelhouse that "I" — Dorn/Bialy's italicized I—is a function of the language that wields him. It is a terrifying realization. It cuts to the quick of identity. One does not write one's own post. "I myself am another" the most cherished French poet of the 19th century has been often, with varying degrees of comprehension, quoted as writing.

You can see that on three levels. Level One: One may or may not be an agent in a literal, cash-dependent sense of AIDS inc., or any other institution, so that one's words ventriloquize the interests that supports one. Level TWO: One may or may not be an agent of the clutch of ideas and researches that, precisely due to what one believes is one's most careful reflection, occupies one's intelligence entire. One speaks for what one "thinks" as if one were not the fiction of the subject that thinks it. Now if I am not an agent in either of these sense, -still, there's Level THREE: One does not write one's own post. I introduce this with a famous saying of another Frenchman: "I am not here where I am the plaything of my thoughts—but there where I do not think to be thinking." Every utterance either surfaces from the gesture stock of language that comes from an elsewhere that is the thought and style and rhythm and attitude of countless speech events that has preceded this one, but to which one is constantly exposed, and to which one owes one's very ability to speak, but of which one is not one wit conscious. And all this sits on deeper structures whose sovereignty over the identity we think we possess renders them the studd of the gods. Or else, if that is NOT the case—if one actually—rare occasion—sits on an edge where a verbal event that has not occurred before it is actually emergent, actually emerges through one— THAT event is the most terrifying of all. Who one is is utterly at hazard. One is nothing but the turnstile of an incursion from one knows not whither. The claim that one is the author of one's own post is a self-whithering claim. It takes decades to get used to it. To admit that it might occur. To acclimate—but that is the wrong word—to cease attempting to acclimate is better—the self that is both invented and brought into question by the event of it.

2. It is not wise to mention the names of certain beings whose very nature hazards the wind. You mention Yusef Lateef. It is not a light thing to hazard the wind. And to fool with the wind of the wind is to call it in the window and into one's dreams. One must be taught that there is a sphere of hazard just beyond the screen of rational order that most of us hold so closely pressed to our minds that there seem nothing else besides. One wishes to believe that taming the random is no more than a few experiments away. Here, on this side is all that we understand. There on that, the random universe, which would be negligible were it not the immediate site of our next advance. But it is not so. As the mathematicians tell us, the random numbers, though each cannot be found by algorithmic means, so vastly outnumber the numbers we understand, as to render the known ones literally negligible. Through the filter of the rational wails the sound of the abyss. Woe if we should hear it. Woe if we fail to hear it. It cannot be entered into. It can only be crossed by one enormous flash of the mind. Or else disaster.

Consider this :  
(from THE WANDERINGS OR FALSIFICATIONS OF THE ONE THOUGHT OF  
FRATER PERDURABO)

just for you  
22

{Kappa-Epsilon-Phi-Alpha-Lambda-Eta Kappa-Beta}

## THE DESPOT

The waiters of the best eating-houses mock the whole world; they estimate every client at his proper value. This I know certainly, because they always treat me with profound respect. Thus they have flattered me into praising them thus publicly. Yet it is true; and they have this insight because they serve, and because they can have no personal interest in the affairs of those whom they serve. An absolute monarch would be absolutely wise and good. But no man is strong enough to have no interest. Therefore the best king would be Pure Chance. It is Pure Chance that rules the Universe; therefore, and only therefore, life is good.

1.23.2005 2:36am

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Dean Esmay ([www](#)):

All just a bit too postmodernist for me, Charles. But then, I have very little respect for French philosophers; I think of the whole run of them from Rousseau all the way to Foucault as blithering idiots. Which may offend you, but there it is, it is what I think. Language isn't, in my view, a thing which controls us; even Orwell was wrong about that (and Orwell was no idiot). Language can fool us, but ultimately it is a natural tool of the human brain, given to us by evolution in no wise different than evolution gave us the ability to walk, to dance, or to sing, and it works to our purposes and not the other way around. Read "The Language Instinct" by Steven Pinker some time.

So, while much of this is interesting, to me the important discussion is what the facts are--and unlike some postmodern thinkers, I believe there is such a thing as a fact. I am an empiricist, and facts impress me, and so it is only facts that I wish to glean from this discussion. I don't really need to be taught how to think, but rather, I need to figure out myself what to think.

It has been interesting to me to watch from afar as the HIV/AIDS debate has

been dominated by people with vested monied interests and those who don't seem to realize that all the major figures, from Gallo to Fauci to Ho, all have huge mone interests in the theory. Those who point this out are angrily denounced for attacking doctors and others who only want to do good, but that's sidestepping: I have never believed that doctors, nurses, or even the everyday student are guilty of anything except trying to do the right thing.

The question goes to why scientific dissenters--highly qualified dissenters--have been so angrily shouted down, abused, and treated with contempt while never once, even once, being granted any crumb of funding from the tens of billions of dollars spent to investigate any approach to the disease which questions the reigning orthodoxy--even after mistake after mistake has been admitted to.

1.23.2005 10:26am

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daf9 ([www](#)):

Dean writes: Earlier I suggested we should at least be doing study on all these people (growing in number) who are HIV+ and refusing any chemotherapy. You instantly rejected such a study as biased, even while you admitted that the studies supporting HIV were also biased. What kind of thinking is that?

Studies are being done on people who have been HIV+ for long periods of time without chemotherapy. They are often included for comparison in studies of more typical HIV+ individuals. What I said was that a study that looked only at that population would be biased because according to the numbers I have seen those individuals are the unusual ones.

1.23.2005 10:19am

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Dean Esmay ([www](#)):

*Studies are being done on people who have been HIV+ for long periods of time without chemotherapy. They are often included for comparison in studies of more typical HIV+ individuals.*

Ah. I'd like to see some of those, and to see how precisely they are defining a "typical" HIV+ individual.

1.23.2005 10:41am

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([link](#))

Harvey Bialy ([mail](#)) ([www](#)):

what is the post-modern term for Death ITself  
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AIDSof course  
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and is the insubstantial HIV-demon its cause?

how cld it be you *geeks*?

\*I\* - in all its productive Variations - can stand for *lots of things*

e.g.

intelligence  
introspection  
integrity

signify 3 obvious members of *that* set

but \*i\* et Cie. are really close to absolutely definitely sure  
that to most  
in these post/modern times

when asked to fix a singular node to signify the noblest of imperial letters, "I"

the Word that rises first to Mind is

INFORMATION AND the Techno-Logos that's ITs Twin  
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get **IT** now?

when you do

even Yogi's question will make sense  
and as the Poet Louis Z. (not B.) once spoke

\* /s\* will transform to wide and wonder opened eyes:

and the many worlds will know at last

at least some little peace

perhaps

1.23.2005 11:19am

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Charles Stein ([www](#)):

Dean--

Calling French intellectuals blithering idiots doesn't offend me at all—I just like the quotes. The second one is from Jacques Lacan, indeed, and it is worth thinking about. Try it. The first is not from a post modernist but the poet Arthur Rimbaud, and again, it's the most succinct expression of what I was driving at.

It is interesting that all you have to do is blink and people's (yours, Dean) attitudes about an entire universe of controversy comes tumbling at one. The actual sources of the concern here could best be referenced to the American poet Jack Spicer, who died (1965) some years before the postmodern fracas as such had even got well under way in Paris. He was in fact a linguist, in a familiar American sense, not a French one, a baseball fan, very much an empiricist (in the broader sense of hanging in there with the actual contours and drifts of what can be experienced). It is the experience of poets, some of them anyway, to be frighteningly in the grips of the event which reshuffles the content of the mind and gives it form. I believe this happens to nonpoets too, but they for the most part ignore it or work their asses off to rub it out. And good thing too.

So I'm not sure that "control" is what is particularly at stake here. It's more like this: our relation in/to/within language cannot easily be gotten outside of, and when we do (get outside) it's scary sh\*t.

We could do a whole blog on Pinkert. But the population no doubt divides on its experience of language. If you think that natural science has even begun to get a

handle on it, well, bully, like they say. There are certainly versions of language which have been cut to fit the kinds of anthropological studies that serve as data base for linguistics and cultural linguistics.

Weirdly, and in an other vein (in response to somebody who wondered if I was among Bialy's inventions), I write in many tongues, though under the same name. I am not one of Bialy's schizmatoids, though I do not deny, as he reciprocally would not deny, that I am in some manner, and in the spirit of my early morning post, among his creations.

The Names of old Blue Flagons do Riot Furiously, as poets have always known, and I can prove it (in about 20,000 words). Another blog.

But here's a taste of Spicer from a book called Language:

Moon, cantilever of syllables  
If it were spelled "mune" it would not cause madness...

Our image shrinks to a morpheme...Death  
is an image of syllables.

1.23.2005 1:00pm

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Gene Semon ([mail](#)) ([www](#)):

Response to Nick Bennett post 1.17.2005 9:55pm:

I finally located your response and let me briefly state I'm not equating HIV to an endogenous retrovirus. Complementation mechanisms are covered in CURRENT RESEARCH and are not "miraculous". Additional "complexity" of HIV is covered by Duesberg under the no AIDS gene argument in Harvey's book, page 152, "the presumably specific genes of the HIVs are alternative reading frames of essential genes SHARED BY ALL RETROVIRUSES. Their apparent novelty is more likely to reflect new techniques of gene analysis than to represent HIV-specific retroviral functions."

Sorry I didn't get back to you sooner; please consider all my posts as response to endogenous/exogenous "problem" before reposting.

1.23.2005 3:54pm

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Gene Semon ([mail](#)) ([www](#)):

Response to Nick Bennett in a post way back:

You said , "One very large thing to remember - a low rate does not mean no rate. The fact that any kind of rate at all exists means that it's not zero, and therefore infectious in some way. The alternative theory is that it's a spontaneous phenomenon, which makes no sense biologically or statistically."

But you're ignoring the proviral stage of a retroviral infection where the virus is asleep, possibly for millions of years. Clearly, rare horizontal transmission, a biological characteristic of retroviruses, when combined with proviral suspended animation can produce a constant level of "seropositives" in a population. Can you see this as a possibility?

1.23.2005 4:14pm

([link](#))

Gene Semon ([mail](#)) ([www](#)):

Dear Dr Bennett:

I read your response 1.18.2005 10:30pm to me with BLAST searches and I think you are missing my point. Can matching be done with all subtypes of full-length and partial HIV -1s that would disprove what I'm saying?

1.23.2005 4:46pm

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Eccles the Idiot ([www](#)):

Eccles The Famoso **I**diot **R**eturnS to  
**X**plan

The **only** secret of All magic, including Magi-**c**-**k** That in the eye of a certain infamous magician of the last C., to whom as a proud British Idiot by birth I am related, involves the Method of Science and the AiM of Religion

*mis* / direction

the attention of a scientist who is more properly described by the term

"signifYing monkeY

imMEdiately fiXs on a point of apparent contention &challenge  
since that is the ONLYiest and saddest 2  
thing it can do and promptly goes off in at least 4 directions <i>Simultaneously

as Vira, the self important virus made, through the Poet/gunSlinger's voice, so  
fing clear at least 3x</i>

a monkey, whether it can sign or not, sure as hell kant thinc nor apparently hear  
2 good neither

Lord Byron, Poet said it as well as it could possibly be ever said

makes me think of Groucho's Duck who would drop down with 100 bills  
xactly what a caddy cost in Rain Man's World  
when some one said the magick word

but as usual \*i\* digresS

ok

here is what the signifying monkey way Up in His-tree saw <i>below</i>

/(> now even a sign-yes-idiot-yes-monkeY scientist knows that if you are sitting  
so far Up u kan only see BELOW

<i>Although there are reasons why a virus might stop causing a disease (such as  
immunity, or drugs that confer resistance - although neither apply in this case),  
there is no defensible reason in the clear light of these data for thinking that HIV  
ever began to cause one in the first instance.</i>

You have seen with freshly wonder-opened eyes (pronounced \*i's\*), the  
<b>only</b> law-conforming consequence of even <i>attempting</i> such a folly

and more than see, you heard it with the ring of Utter truth from science-  
speaking-monkey's lips that sounded often like children who say the darndest  
grown-up truths, and yet have not the slightest notion of what it was they had just  
said.

and in that xact mode to discover how angry they become when their own  
bewilderment returns to taunt them.

mosst especially because all of the bewildered rage was souced by the the very

thing they were sogoddamned sure was not only Their Truth but every/body else's truth as well.

nonetheless their Fiath was admirable if not reasonable, and many of the defenders went crazy and started spouting more idioic babble than even me, and continued to the bitter end to claim the Emperor had at least a sanitary napkin covering His Imperial arSe.-

( some mayh have continued even beyond..if any have i can only take my eccles idiot cap off to them...they have reached as close an epsilon to an absolutely frozen mind as is possible in your galaxy to achieve.

i mean it is possible i will post this &find another try from daf9's hq in which it klaimS that the vaccine - which be announced next month - will prove the case once and for all bekauze after the vaccine nobodyY will <i>ever</i> get <i>AIDS disease </i>again.

very stale, very white, and no edible bread at all, what a nightmare<b>!</b><b>.</b>

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on the other side of the one way mirror we had

the foolish, ordinary plain as day scientistS who stand on their own 2 legs

they ALL said

Y look down when you can see ABOVE lots &even lots more clear <b>?</b>

and when they looked Up, like looney goons, straight into the <i>apparently</i> blinding Sun they also caught a glimpsS of this

:

<blockquote>

Six <i>Questions</i> demonstrates a few of the <i>inconsistencies</i> that have persisted in the <i>vast databank </i>of HIV/AIDS virology since 1987. The associated discussion thread speaks for itself. Also <i>speaking for itself, and in a language close to "Tongues</i>," is the epidemiological data.

</blockquote>

<blockquote>

While it is perfectly true that the hypothesis of infectious, HIV/AIDS cannot be

falsified by any person's experimentation, like all poor hypotheses *it can falsify itself* given sufficient time.

being very clever little devils indeed they pulled off what was i thinks you all agree a tidy little trick.

in the simple alphabetic calculus that i-Eccles tried to teach, u cld write the trick like this:

*transform: mage to 1/m-age to wage to .... Word*

with no body

see nothing at all

...

absolutely positively most definitely not a single piece of nada whatsoever anytime at all

!  
!  
!

&to thinkS  
we owe it All to geeks

i mean

greeks

-----

take a bow Eccles.

Eccles attempts to make a gracieful curtsey and falls ALL over his-Slef  
1.23.2005 4:51pm

Dean Esmay ([www](#)):  
*You do yourself a disservice by accepting the blame for mislabelling the graph. It is clearly mislabelled in Duesberg's paper:*

Ah. So it is. Sort of. On the graph itself it says "annual HIV cases" but in the text it says "incidence." Well all right then.

However: when I spoke to Dr. Rasnick--who by the way is the person who produced that part of the paper--and I asked him (on the phone) he inhesitantly said that the chart in question represented the total pool of HIV+ people in the US according to the CDC and said he would compile a reference list for anyone who wanted it.

No evasions, no demurring, none of that. Just picked up the phone, called him, said, "what's this represent?" and he explained it simple as pie.

If you look up the dictionary definition of "incidence" it's not clear what it means unless you give it context. So--you've caught them out on an elementary bit of fuzzy phrasing. Ask them exactly what they meant and they tell you exactly what they meant, just like any honest person would.

Which is why one more time I go back to my statement: if you have a question, phrase it as a direct question. Pretend you're in a classroom, and are talking to a biologist with a Ph.D. discussing his theories. You don't sneer at him, you ask honest questions assuming you're talking to an honest man.

You want to phrase your questions like that I'll pass 'em on.

1.28.2005 2:36am