Accent On Advocacy was a column that appeared in the Well Beings Newsletter, published by Vaccination Alternatives. This was a 3-part series on HIV "dissident" Peter Duesberg, and how that dissident movement affects vaccination issues.

DUESBERG

Part 1: Introduction to a Series

by Gary Krasner

Accent on Advocacy in *Well Beings*, November 1997

This month we provide a synopsis of two books that were written by Peter Duesberg, and published in the last couple of years. Parts two and three of this series will follow in the coming months. As the readers will learn, AIDS is a critical, and will likely be a pivotal issue for anti-vaccinationists, anti-vivisectionists, and all who oppose the tyrannical, monopolistic medical establishment.

~ NOTICE TO THE READER ~

Certain words and phrases are used in this three part series to conform to a common frame of reference established in mainstream discussions about AIDS. The reader should be aware of the context in which they're used, and also not assume that their generally accepted meanings are endorsed by the author or this publication. Examples follow: (1) An example of being "at risk", or AIDS "risk groups", usually refers to a higher than average exposure to HIV through IV drug abuse. To others, it refers only to the immunosuppressive effects of the drugs themselves. (2) "Infectious" generally refers to the transmissibility of a microbe via bodily fluids and the potential of that microbe to cause disease. Natural Hygienists, for example, do not accept the latter half of that proposition. (3) Being "HIV positive" most often refers to a result of a test that checks only for presence of antibodies to HIV, and not to the presence of HIV itself. Ironically, one should actually feel fortunate to be antibody positive since it indicates protection from an antigen (HIV in this case). Nevertheless, antibody tests are highly questionable due to the extremely high ratio of false-positives. The method to detect the virus itself (PCR) entails the amplification of an original HIV-RNA signal by many thousand times, so that error (via artifacts) becomes a major problem in quantitation. (4) Finally, "AIDS" is often referred to as a disease, but it is actually a "syndrome" of 30 (and ever-expanding list of) old and disparate diseases alleged by mainstream medicine to be caused by a single microbial agent—albeit now they claim with the help of "cofactors".

The challenge to the popular claim that HIV is the cause of AIDS got a big boost in 1987 when Cancer Research published a lengthy article by a prestigious retrovirologist who was a member of the National Academy of Sciences (an exclusive club of about a thousand of the elite scientists of the world who have made major contributions in their field). Peter Duesberg argued that an infectious agent cannot be the cause of AIDS. Rather, the cause is toxicological. Since that time those who wanted to follow the writings of Peter Duesberg and the "HIV Debate" had to view medical journals. But now we can refer to two fine books by him. While both books argue a solid scientific case, Inventing The AIDS Virus (pub. 1996) is more intended for the layperson and newcomer to the issue, while Infectious AIDS: Have We Been Misled (pub. 1995) is a compilation of some of Duesberg's published articles from peer reviewed journals from 1987 to 1995.

Infectious AIDS is an excellent resource: 582 pages containing thirteen lucid, logical, and rigorous articles. It eventually becomes apparent to the reader why the AIDS establishment first tried to ignore

Duesberg, and then later resorted to ridiculing him with ad homonym attacks, withdrawing his research grants, refusing to publish his letters in Nature, blackballing him from major media outlets, restricting his academic duties to undergraduate student teaching, and by responding to only a fraction of his arguments or else intentionally misstating them in his absence. In retrospect, it also becomes apparent how Duesberg's arguments became so formidable as to precipitate the major retreats by the AIDS Establishment to date: <1> The call to search for cofactors; <2> The call to revise Koch's Postulates (after a century of utility); <3> The call for cohort controlled studies factoring in all types of risk behavior; <4> The use of less toxic treatment alternatives to AZT (like protease inhibitors).

However, in both books Duesberg demonstrates that AIDS cannot be caused by a microbe. At most, HIV may be a (harmless, non-causal) serological marker for risk behavior, like the toxic long-term use of drugs. Although he warns that correlation (i.e. presence of HIV antibody in those who get sick) alone doesn't prove causality, he uses epidemiology effectively to show very high correlation of AIDS risk groups and risk-group-specific AIDS defining diseases. The dominant risk behavior is long-term abuse of drugs. Although our immune systems have been assaulted by increased food processing and chemicals, pesticide drift and runoff, topsoil erosion, increased background radiation, vaccination, fluoridation (the list is extensive) for the last 60 or so years, AIDS became noticeable in high enough numbers only after a new quality of drugging began around 1970. Duesberg believes that the highly immunosuppressive amyl and alkyl nitrite inhalants, amphetamines, quaaludes, cocaine, heroine, and others—with exponential increases in usage every decade—are what tipped the scales.

In *Inventing The AIDS Virus*, Duesberg provides a short history showing how the toxic effects of certain allopathic drugs became part of the case definition of the diseases they were supposed to remedy. One example was neurosyphilis ("third stage" of syphilis) following the use of mercury and arsenic based drugs used prior to 1950. He devotes other sections to describe the "fanatical germ hunters" since the turn of the century, who wasted time, resources, and human lives vainly seeking fame and fortune to find microbial causes for such diseases as scurvy, pellagra, beriberi, SMON, Legionnaire's disease, and of course, AIDS. Historically, these fortune hunters and the scientific establishment ignored the more obvious nutritional and toxicological clues.

Obviously that angle of the AIDS debate can be very useful to us. Next month we'll examine the ostensible paradox of a renowned (and reformed?) virus hunter (Duesberg) and basic supporter of the germ theory of disease who calls Hepatitis-C a "phantom" (phony) disease, disputes the pathogenicity of Ebola and Hanta, and shatters the "slow-virus" theory.

DUESBERG
Part 2

by Gary Krasner

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President Clinton recently proposed a ten-year program to develop an AIDS vaccine. He likened its importance and magnitude to the space program that led to the manned-landing on the moon in 1969. Not intended as just another Clinton program, this is an effort by a second-term president to make his mark in the history books. Although there is no approved AIDS vaccine yet, this initiative, as well as the continuation of the HIV=AIDS dogma, represents the biggest threat to "freedom of health" in our lifetime. The fear and hysteria created by AIDS and the other supposedly deadly infectious and

contagious diseases (like ebola) will likely lead to mandatory vaccinations and the curtailment of many of our rights of choice and privacy.

Anti-vaccinationists must understand that vaccine failures and mishaps that have been uncovered and made public in the past have never forestalled the push for new vaccines for "new diseases". Each time the promise of safer vaccines had placated the general public.

Nor should vaccination opponents be placated just because there's no approved AIDS vaccine yet. Informing the American public in 1950 of the medical flim-flam involved with the diagnosis of poliomyelitis—as well as what really caused it—might have derailed the paralysis-inducing Salk vaccine steamroller by 1955. Already, testing for HIV in newborn babies in the U.S. is universal, and informing the mother of the results is mandatory. If we wait until a vaccine is developed before we begin to focus on AIDS, we will not have the necessary lead-time to effectively challenge the presumptive cause of AIDS. By that time, talk shows and the mainstream news media will only be willing to entertain on the easier-to-digest issues of vaccine safety and the civil rights of people to refuse it—if it is made mandatory. Historically, those latter two resources had not always been a sufficient means for obtaining an exemption, particularly for groups like medical and military personnel, teachers and school-aged children, and for your pets.

Therefore, AIDS is an issue for vaccination opponents right now, and the *necessity*—not the safety—of an AIDS vaccine should be our issue. It has been dubbed, "the plague of the 20th Century". Demonstrating that AIDS is not caused by a virus and is not infectious is the ONLY way to thwart drives for an AIDS vaccine. We can achieve this by learning about the many irrefutable paradoxes of the virus=AIDS hypothesis, and by promoting the Drugs=AIDS hypothesis. The leader of the scientific opposition to the AIDS juggernaut has been Peter Duesberg.

In the previous column I began a review of Peter Duesberg's recent books on AIDS: Inventing The AIDS Virus (1996) and, Infectious AIDS: Have We Been Misled (1995). I'll resume by starting with a word about the author's background.

Peter Duesberg was born in Germany in 1936 and received a Ph.D. in chemistry in 1963 while at the Max Planck Institute for Virus Research. He joined the University of California at Berkeley in 1964, and became Professor of the Department of Molecular Biology in 1973 (where he remains today). He began studying cancer biology and retroviruses and was the first to decode their structural proteins. In 1970, Duesberg and Peter Vogt discovered and described oncogenes—genes that are thought to transform normal cells into rapidly reproducing cancer cells. In recognition for his contributions to virology, which included several hundred scientific papers (some are considered classics), Duesberg received several awards and was elected to the National Academy of Sciences in 1986. Many thought that Duesberg deserved a Nobel Prize for his work on oncogenes, but he was too unpopular with other scientists in his field. His skepticism concerning a viral cause of human cancers—where much of his own reputation had been built—became known as early as the 1970's. Nixon's War On Cancer had funneled hundreds of millions of dollars into virus research and more was to be had from the private sector. He was rocking that boat.

He also began asking pointed questions of his colleagues about the HIV=AIDS hypothesis shortly after NCI researcher Robert Gallo's 1984 press conference that announced the cause of AIDS. Nonetheless, the next year he received a seven-year Outstanding Investigator Award Grant from the NIH, worth $300,000-a-year. Very few are awarded, and only to the most distinguished scientists. Ironically, the recipients are specifically urged to use the grant to "ask creative questions" and "venture into new territory". But he had lost that grant and became an outcast from the research establishment after he wrote a very lengthy paper for the March 1987 edition of Cancer Research. The 10-member review panel that refused to renew the grant were mostly scientists profiting from the theories that Duesberg was challenging.

Duesberg concluded in that paper that retroviruses do not cause human cancers. Although most of the paper dealt with the pathogenicity of animal and human retroviruses, the last four pages laid out the flaws in the alleged causal role of HIV in AIDS.

While we still read in the media about "cancer" viruses, many biologists and researchers conceded by then that the effort to attribute human cancers to viruses had failed. Many of the fundamental questions that Duesberg began to raise by the early 1980's could not be answered: Why are human cancers not contagious if they are caused by viruses? Why are the "cancer" viruses always found in healthy carriers who never subsequently develop cancer? But unlike cancer research, AIDS research and treatment had reached an $8 billion annual expenditure, placing it on a much larger scale.

Duesberg realized that many of the same contradictions that plagued the retrovirus/cancer hypothesis also emerged in the HIV/AIDS hypothesis: The unusually long latency period; the virus is found without the disease; the disease is found without the virus; the suspected pathogen is found in quantities too low to explain a possible mechanism to account for the disease; a single variant of the virus supposedly causing a wide spectrum of diseases; attributing infection as the cause of the sickness while ignoring more plausible environmental or genetic correlations; retroviruses do not kill cells; the alleged pathogen is not biochemically active during the disease—unlike all other retrovirus diseases that have latent *and* active periods; etc.,. The only argument that the HIV=AIDS proponents had was that HIV was new and was present in many AIDS patients. But even if that were enough to establish causality, both assertions have since been contested and disproved.

These issues and more have been expanded and debated by both sides for ten years. Some get into very complex and technical avenues. Duesberg addresses all of them in each of his books. With every announcement of an "advance" by the AIDS establishment, there has been a published rebuttal from Duesberg, or from the more than 300 scientists that dissent from the establishment view. But as long as fortunes are being made from the AIDS "industry" (drugs, patents, research, treatments, special social service subsidies, etc.) the views of the latter will continue to be mentioned less—if at all—by the media.

Duesberg points out many errors that Establishment AIDS has made in their support of the virus=AIDS hypothesis. Where applicable, we should learn to recognize them when any disease is named to justify vaccination. Just one error involves epidemiology, the misuse of associations, and the definition of AIDS itself:

The correlations used to link HIV to AIDS has relied upon faulty and dishonest epidemiology. The skewed definition of AIDS makes a close correlation with HIV inevitable, regardless of the facts. A disease is only recorded as AIDS if antibodies to HIV are also found. A diagnosis of any one of the 30 independent and disparate "AIDS" diseases, accompanied by a positive test for antibodies to HIV, will be recorded as AIDS. The same disease conditions are not defined as AIDS when the antibody test is negative. Tuberculosis with a positive antibody test is AIDS; tuberculosis with a negative test is just TB. Therefore, the seemingly close correlation between AIDS and HIV is largely an artifact of the misleading definition of AIDS.

This tautological definition of AIDS ignores all AIDS indicator diseases that occur in the absence of HIV. For example, 50% of all American IV-drug users and 25% of all hemophiliacs are free of HIV antibodies, so their AIDS indicator diseases—when diagnosed—are not reported as AIDS by the CDC. Conversely, half of all the American AIDS patients have been presumptively diagnosed (based only upon symptoms) because antibodies against HIV could not be found. To date, the CDC concedes that at least 40,000 "AIDS cases" were diagnosed solely on that basis.

Also, false positives are very high (approx. 80% for ELISA tests, for example). Yet tests to measure antibodies to HIV are used because the HIV virus is so low and hard to detect. Of all AIDS patients, HIV could not be isolated in 50% of them, and provirus could not be demonstrated in 85%. The fact that all of the AIDS-defining diseases occurs in all AIDS risk groups in the absence of HIV is effectively concealed because the HIV/AIDS Surveillance of the CDC does not report HIV tests. When the public first learned of thousands of cases of AIDS without HIV, the CDC quickly buried the anomaly by inventing a new disease called ICL (Idiopathic CD4+ Lymphocytopenia). Now, when it becomes apparent that HIV is missing in a case of AIDS, it is removed from the official statistics as AIDS, artificially guaranteeing a 100% correlation. [Is this

why medicine is called an “art”, and not a “science”?!—Ed.]

In AIDS studies, apparent perfect correlations result only because the surveys follow only people at risk for AIDS (e.g. drug abusers, recipients of blood products, etc.). None of them reflect the fact that no more than 6% out of the 17 million healthy HIV+ humans have developed AIDS in the past ten years. Other studies have compared mortality rates of HIV+ against HIV- groups over time. Yet all other reports that have also factored in drug use and other noncontagious, noninfectious AIDS risks have found that AIDS correlates to those factors just as well, if not better than HIV.

Next month I'll conclude this series on Peter Duesberg with an explanation of his value to the work of anti-vaccine advocates.

DUESBERG

Part 3 (Conclusion)

by Gary Krasner

Accent on Advocacy in *Well Beings*, March 1998

This three-part series has been based on a review of Peter Duesberg's recent books on AIDS: Inventing The AIDS Virus (1996) and, Infectious AIDS: Have We Been Misled (1995). Last month I described the the issues and its importance to opponents of vaccination. In this final installment, I'll mention a couple of examples of unsupportable theories of disease that have been used to “prove” that HIV causes AIDS, and point out the value in Peter Duesberg's work for anti-vaccine advocates.

Duesberg says that inappropriate virus models are used to explain paradoxes of HIV. One is that HIV is a “slow virus”. Duesberg traces the development of this theory since 1957 and demonstrates that so-called slow or latent viruses are yet unproven, unprecedented, and the work that ostensibly established it was poorly done. It allows scientists to blame a long-neutralized virus for any disease that appears decades after infection. It was applied to AIDS to justify the long latency period of HIV (20 to 30 years for Americans). Since only 0.3% of HIV-infected Africans develop AIDS diseases annually, 300 years would have to pass before all of the infected develop AIDS! Another is the declaration that some animal retroviruses cause “AIDS” when injected into the appropriate species. However, upon closer inspection, these diseases behave like traditional viral flu-like diseases.

Duesberg also points out that many well-established precepts of infectious disease have had to be suddenly discarded in order to accept HIV as the cause of AIDS. Koch's Postulates, for example, are the 100-year old rules that determine whether a microbe is the cause of an infectious disease. Since AIDS has failed to meet the criteria for these postulates, supporters of virus=AIDS had to dismiss these rules in one way or another—but failed to offer any rigorous scientific rules to replace them. Duesberg points out that the failure of a given microbe to meet these postulates does not call the postulate into question, but rather the microbe as the cause of the disease. The problem of proving that AIDS is a New Infectious Disease lies in the fact that it is neither new (HIV has existed since 1959 at least), nor infectious (HIV fails to meet even one of the classical epidemiological criteria of infectious diseases), nor is it a disease (its a syndrome of a steadily growing collection of thirty old and dissimilar diseases).

Duesberg challenges the alleged animal analogs to AIDS: “Any young animal that will develop a flu or pneumonia (symptoms) when injected with huge quantities of a retrovirus [not to mention the remnants of the toxic foreign proteins comprising the substrate medium—Ed.] now becomes an experimental model

for AIDS. Virus hunters have transformed one strain of Feline Leukemia Virus into a case of "Feline AIDS" (FAIDS)", and did likewise with monkey (SAIDS) and mice leukemias (MAIDS).

Not stopping there, Duesberg even challenges "plain-old" Feline Leukemia Virus (FeLV) as the cause of ANY disease in cats: "One-third of all leukemic cats have never been infected by FeLV; the same proportion as among healthy cats. Two-thirds of all cats on the outside eventually catch FeLV, quickly and permanently neutralizing the infections with their natural immune systems. Thus most cats already have natural immunity against the virus through natural infection. Leukemia is extremely rare, appearing in only 4 out of 10,000 cats each year. Rather than being an infectious disease, its more likely an acute immune deficiency [from toxemia or chronic malnourishment]. And a vaccine can do nothing against a virus that becomes latent anyway." Tell this to your veterinarian the next time he tries to scare you into vaccinating Whiskers. [Author's note—At least some cat owners have already discovered the "cure" for Feline Leukemia: switch from processed food to raw protein. Carnivorous animals require an uncooked protein diet consisting of raw meat, fish, and/or egg yolks. A cat that is diagnosed with Feline Leukemia placed on such a diet will stop coughing and wasting away, and will gain weight inside of two weeks. Using toxic medications and vaccines will only reduce your cat's life expectancy, thereby "confirming" your vet's claim that FeLV is a slow-acting killer virus. Preventing your cat from sleeping on the T.V. or clock radio might also be a good idea. Electromagnetic frequencies have been implicated in some diseases. But whether infected cats should come near him should not be a concern, because the mere presence of FeLV—like all other viruses—is at most, just a consequence of disease, and not the cause.]

However, the best information that vaccine opponents may learn from are found in Duesberg's descriptions of diseases in which microbes are, or had been, falsely attributed as the cause—such as scurvy and beriberi. Duesberg devotes five pages to show that the virus that supposedly causes Hepatitis-C is a fabrication, similar to the way HIV is implicated in AIDS. He even accused his supervisor at U.C. Berkeley of a conflict of interest for being a consultant to the corporation that markets the test kit that tests for the "phantom" Hepatitis-C virus. He shows that the Ebola and Hantavirus epidemics failed to materialize, and cites published work indicating that they weren't infectious nor pathogenic.

Duesberg equips vaccine opponents with a wealth of arguments grounded in orthodox germ theory principles that demonstrates many diseases to be noninfectious. I discovered a couple of pages in *Infectious AIDS* that summarized quite well some of the examples that he discusses at length elsewhere in each of his books:

"Thousands of lives have been sacrificed to [the] bias for infectious theories of disease, even before AIDS appeared. For example, the U.S. Public Health Service insisted for over 10 years in the 1920s that pellagra was infectious, rather than a vitamin B deficiency as had been proposed by Joseph Goldberger (Bailey, 1968). Tertiary syphilis is commonly blamed on treponemes, but is probably due to a combination of treponemes and long-term mercury and arsenic treatments used prior to penicillin, or merely to these treatments alone (Brandt, 1988; Fry, 1989). "Unconventional" viruses were blamed for neurological diseases like Kreutzfeld-Jacob's disease, Alzheimer's disease and kuru (Gajdusek, 1977). The now extinct kuru was probably a genetic disorder that affected just one tribe of natives from New Guinea (Duesberg and Schwartz, 1992). Although a Nobel Prize was given for this theory, the viruses never materialized and an unconventional protein, termed "prion," is now blamed for some of these diseases (Evans, 1989c; Duesberg and Schwartz, 1992). Shortly after this incident, a virus was also blamed for a fatal epidemic of neuropathy, including blinding, that started in the 1960s in Japan [the SMON epidemic], but it turned out later to be caused by the prescription drug clioquinol (Enterovioform, Ciba-Geigy) (Kono, 1975; Shigematsu *et al*., 1975). In 1976 the CDC blamed an outbreak of pneumonia at a convention of Legionnaires on a "new" microbe, without giving consideration to toxins. Since the "Legionnaire's disease" did not spread after the convention and the "Legionnaires bacillus" proved to be ubiquitous, it was later concluded that "CDC epidemiologists must in the future take toxins into account from

the start" (Culliton, 1976). The Legionnaire's disease fiasco is in fact the probable reason that the CDC initially took toxins into account as the cause of AIDS (Oppenheimer; 1992)."
"The pursuit of harmless viruses as causes of human cancer, supported since 1971 by the Virus-Cancer Program of the National Cancer Institute's War On Cancer, was also inspired by indiscouragable faith in the germ theory (Greenberg, 1986; Duesberg, 1987; Shorter, 1987; Anderson, '99'; Editorial, '99'; Duesberg and Schwartz, 1992). For example, it was claimed in the 1960s that the rare Burkitt's lymphoma was caused by the ubiquitous Epstein-Barr virus, 15 years after infection (Evans, 1989c). But the lymphoma is now accepted to be non-viral and attributed to a chromosome rearrangement (Duesberg and Schwartz, 1992). Further, it was claimed that noncontagious cervical cancer is caused by the widespread herpes virus in the 1970s, and by the widespread papilloma virus in the 1980s—but in each case cancer would occur only 30 to 40 years after infection (Evans, 1989c). Noninfectious causes like chromosome abnormalities, possibly induced by smoking, have since been considered or reconsidered (Duesberg and Schwartz, 1992). Further, ubiquitous hepatitis virus was proposed in the 1960s to cause regional adult hepatomas 50 years (!) after infection (Evans, 1989c). In the 1980s the rare, but widely distributed, human retrovirus HTLV-I was claimed to cause regional adult T-cell leukemias (Blattner, 1990). Yet the leukemias would only appear at advanced age, after "latent periods" of up to 55 years, the age when these "adult" leukemias appear spontaneously (Evans, 1989c; Blattner; 1990; Duesberg and Schwartz, 1992)."

Peter Duesberg has been referred to sarcastically as a "brilliant chemist" by his detractors. But he can wear that label proudly. He had not been imbued with the hubris and arrogance that characterize most medical doctors. Duesberg once remarked, "Why are MDs so resistant to challenge to their authority? Why won't doctors like any other scientists accept the possibility they may be wrong? In any other discipline you put out a theory, then you see it challenged and you discuss it, but not wth MDs. If you challenge their theory, they take it as a personal insult."

Not since the famed bacteriologist René Dubos has there been such a highly credentialed advocate for a rational view of infectious disease. And not since Dr. Robert Mendelsohn have opponents of vaccination had such a determined critic of medical dogma and deceit. Without saying much about vaccination specifically, Peter Duesberg nonetheless manages to topple the defective "science" of infectious disease and delivers stinging broadsides against the "fanatical virus hunters" (Duesberg's words) and the profiteering biomedical and pharmaceutical industries—who are behind vaccinations.

For vaccination opponents and the medical establishment alike, the stakes have never been higher. HIV has been the most studied microbe in history. AIDS has been dubbed, "the plague of the 20th Century". We should expect our privacy rights and medical freedoms to continue to deteriorate. Compulsory vaccinations will be next. What is on the line is the reputation of the entire biomedical research community, doctors in clinical practice, biotechnology and drug company-supported AIDS "charities", and the mainstream media that has parroted the mantra, "HIV, the virus that causes AIDS". The only way that their game plan can succeed is if the public continues to believe that HIV causes AIDS. If they fail on that basis, the damage control will not be as easy as it was for the swine flu fiasco or the failed War on Cancer. They would be put out of the disease-of-the-week scare mongering business for quite a while, and they know it. Peter Duesberg and other HIV-AIDS dissidents know it.

The question is, do opponents of vaccination know it?

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