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Alpha and Omega

In the fall of 1994, when all his grants had become unworthy of funding, students were warned not to seek his mentorship, he was no longer considered qualified to offer graduate-level classes, and he had gone from chairman of the seminar committee to organizer of the yearly departmental picnic, I received a telephone call from Peter I have always remembered as “A Night at the Opera,” even though its humor was as far from the Marx Brothers as imaginable. In substance, Peter tells me the following: The other after-noon, I hear from my old buddy Steve O’Brien. He is on his way to China on some NIH business and is in the Bay Area for only a brief time. But he has tickets for the SF Opera that night—curiously enough, Susa’s *Dangerous Liasons*—and wants to invite me to discuss old times and some important matters. The intrigue is irresistible, so I take an old tux from the closet and we meet. Coin-cidentally, the silverbearded J. Michael is also in attendance, and waves hello. Afterwards we go out for a quiet drink, and just like in the movies, Steve surreptitiously pulls out a folded manuscript from the inside of his own tuxedo pocket, and *sotto voce* says, “This has already been accepted at *Nature*. All you have to do is sign.”

The manuscript is one that we have already encountered—“HIV Causes AIDS: Koch’s Postulates Fulfilled”—except this time the authors were Peter H. Duesberg, Stephen O’Brien, and William Blattner.

Peter told him that he would carefully read the proffered offer at redemption and get back with his response. I said to Peter something like, “Cheer up. It means you are still making big waves and they are so intellectually bankrupt, this is the option of last resort.” It did about as much to cheer him as it did me, although any notions we might have retained about the way AIDS science was supposed to operate were in tatters long before this epiphany. Peter spent more than a few hours rewriting the essay, which was nothing more than a recycling of the well-worn epidemio-logical arguments we have already examined; his efforts included altering the title to something more appropriate to the facts. And he did this with the urgency that O’Brien had conveyed on his way to the mysterious East. After several international phone calls and faxed revisions between the two, on October 11, Peter received the following:

I want to bring a personal reflection to your attention because it influenced my decision to approach you with the intention to sign the essay. I was outlining to my post-doc in China the other day some more blatant examples of fraud in science. As I was explaining to him how the scientific community had been thoroughly duped by [here a list of prominent names, including some we have encountered in the previous pages, has been deleted on advice of the publisher’s counsel], I realized that there was one striking exception, Peter Duesberg. Your skepticism about onco-genes made skeptics and better scientists of us all, even the 20 plus National Academy Members that oncogenes regal-ized.

But to be honest, Peter, your campaign that HIV does not cause AIDS is not so compelling and I am afraid wrong, just wrong. I am sorry if you think my assessment harsh,
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i-320-OA&A 5/14/04 10:15 AM Page 178. but having said that I believe that you should consider sign-ing

the article for your own good.¹

The piece, of course, never appeared in *Nature*. Minus the Dues-berg recantation it was just another restating of the already multiply-asserted but never proved. It did, however, resurface, essentially unaltered from the draft Peter had rejected, in the much more obscure journal *Current Opinion in Immunology* in 1996.² (See previous chapter.) Blattner's name had also disappeared, yet the published version included a note that Peter had declined joint authorship, which must have completely bewildered anyone who bothered to read the article carefully enough to notice.

Nonetheless, in this disingenuous guise, O'Brien's publication became a key citation in *The Durban Declaration*³ and thus managed to sneak into *Nature* via the back door in July of 2000. *The Durban Declaration* is an unprecedented piece of science by consensus that came about because the questions Peter had championed for more than a decade (through all the personal vilification, humiliation, and marginalization) had taken sufficient hold to require the equivalent of a Papal edict to put a stop, once and for all, to a potentially dangerous revival of the anti-HIV/AIDS heresy.

The main reason for the revival, and the timing, was that Thabo Mbeki had convened a Presidential Advisory Panel to examine the credibility of all the claims that had been making headlines about the ravages of HIV and AIDS in South Africa since the democratic reforms of a few years earlier. The panel was comprised of about forty-five invitees, two-thirds from the mainstream AIDS establishment and the other one-third most politely referred to by the media as "dissidents," of whom Peter was the most prominent. The Advisory Panel's final formal meeting coincided with the annual AIDS international media and pharmaceutical company circus, scheduled that year for Durban.
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i-320-OA&A 5/14/04 10:15 AM Page 179. Compared to the attacks on Peter, the response to President

Mbeki's daring to question the ultra-authoritative proclamations of the World Health Organization (WHO) was, and continues to be, the equivalent of an all-out thermonuclear strike with as much relative effect as lobbing a large firecracker.⁴ Mbeki remains unconvinced that sex not poverty and malnutrition is at the root of his country's medical woes.⁴ The panel, of which I am a member, still exists, and the South African Minister of Health, Manto Tshabalala-Msimang, once an HIV/AIDS stalwart, has become Mbeki's strong ally in the cabinet⁴—an act that has raised numerous calls in the local, white-controlled press for her resignation if not outright suicide.

That Peter survived long enough for the remarkable resurgence of HIV/AIDS criticism sketched immediately above to even occur is due primarily to the support of three people: Siggie Sachs, David Rasnick, and Robert Leppo. After determining in their own ways that a serious miscarriage of science had taken place, each

did what they could to rectify it. Without them, I doubt that there would be anything to write of Peter's scientific life and times other than to depict a noble and tragic fall from fame to obscurity. Peter and Siggi met in Bonn in 1993, when he was invited to a symposium she had organized on behalf of George Birkmayer, the Secretary General of the International Academy of Tumor Marker Oncology (IATMO) in Vienna. Their relationship began with a characteristically Peter practical joke. Arriving at the symposium's welcome desk, he saw a number of other invited speakers nearby and joined them briefly before registering. Although the others may have been from a lot to a little taken aback by Birkmayer's invitation to Peter, none cancelled their own participation as would Robert Gallo—a "medical emergency" in his family while he was only a short distance away in Hamburg compelling the last-minute "I'm sorry, I can't." At the moment of Peter's arrival, however, Gallo was only mysteriously late, and

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i-320-OA&A 5/14/04 10:15 AM Page 180. that of course was the subject of their spirited chat.

Siggi was taking the registrations, and when Peter introduced himself as "Dr. Robert Gallo," she said immediately, "Oh good, we were wondering where you were." But handing him his alter-ego's name tag a few seconds later, she asked with coy bemusement, "Are you sure you're Dr. Gallo? You don't look like his pictures." The relationship advanced much more productively and rapidly than HIV/AIDS research. Not long after, she resigned her position with Prof. Birkmayer to join Peter in Berkeley, and began to organize the mountains of paper and multi-megabytes of electronic files that had accumulated in the time he could not afford highly-skilled administrative assistance. One might correctly surmise there was at least one other element, in addition to a similar playful sense of humor, involved in this decision. Their son Max is now eight.

David Rasnick, a biochemist of my generation who retired at a relatively young age from a South San Francisco biotech company (called at the time Khepri), joined the Duesberg lab in June of 1996, prompted by his own independent reading in the field. He initially took over the majority of the AIDS matters that had consumed Peter for almost ten years and left precious little energy and no resources with which to pursue his lifelong scientifically consuming passion of determining the genetic basis of human cancers. Rasnick was to become, as we will see below, a key player in the formation of Mbeki's panel. He was also to become a true scientific collaborator in the development of a quantitative genetic theory, which as we will also see, has come to rival cellular oncogenes and mutation as an explanation for cancer.

Robert Leppo, a historian and philanthropist, became intrigued by the saga of the once famous now impoverished and despised professor across the bay. After completing his own analysis, Leppo offered sufficient financial support for Peter to restart the laboratory just as the ideas referred to above were beginning to take

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i-320-OA&A 5/14/04 10:15 AM Page 181. testable form. Bob has remained a major benefactor of the rejuvenating

Duesberg research enterprise, which according to the Institute for Scientific Information produced more papers in the year 2000 that were cited more times than the multimillion-dollar

machine of Prof. Gallo.

But for now, let us follow the story that led to *The Durban Declaration* and the American presidential decree that AIDS in Africa is a matter of U.S. national security.⁵

In 1998, Duesberg and Rasnick published an updated, comprehensive review in Volume 104 of *Genetica*, entitled *The AIDS Dilemma: drug diseases blamed on a passenger virus*.⁶ Unlike the tortured history of the 1989 *PNAS* article, the time between sub-mission and acceptance was the normal few months, perhaps because while highly respected, *Genetica* is regarded as a specialist journal and does not have the wider circulation of the *PNAS*, for example. Moreover, John McDonald, then its editor, had invited the paper with the express purpose of ending the silence about the still unproved HIV/AIDS hypothesis. He was to more than accomplish his purpose, only not quite as he anticipated. In fact, a readership of one was all that was necessary to restart the stalled AIDS controversy with a resounding roar. The article was among the first pieces of criticism of the virus-AIDS hypothesis that Mbeki read carefully. Mbeki is an economist, and while some of the “molecular minutiae” was at that time beyond his ken, the epidemiological data were completely transparent. And they simultaneously explained and reinforced his bafflement at the basic anomaly that had led him to question the HIV/AIDS epidemic in the first instance. He expressed this puzzle as follows in his welcoming address to the panel, but it was somehow ignored by the large number of TV and print journalists in attendance.

In the years prior to the end of apartheid, all studies on AIDS in South Africa had shown quite clearly that the con-

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i-320-OA&A 5/14/04 10:15 AM Page 182. dition was restricted to the same risk groups as in the United States and Europe—mostly (in South Africa) white, urban drug-abusing male homosexuals and intravenous drug users. Yet somehow in the few years between the end of the '80s and early '90s the demographic profile of the “epidemic” had shifted to predominantly rural, black, heterosexual and impoverished.⁷

That the Western media bought and continues to market this protein-deprived but testosterone-overabundant concoction is hardly surprising considering the “scientific” explanation of the origin of AIDS in Africa provided by Prof. Karpas in the pages of *Nature* a few years earlier.

The part of the *Genetica* review that pertains to a rigorous differentiation between a true pathogen and a harmless passenger or associated virus has been examined sufficiently in the previous chapters to not require further detailed elaboration here. But with regard to the anomaly referred to above, it makes this telling point:

The AIDS literature has further shown that HIV is naturally transmitted perinatally (mother to fetus) (Duesberg, 1992a; Connor et al. 1994; Duesberg, 1994; Duesberg, 1996c). Indeed, perinatal transmission of HIV is 25 to 50% efficient (Duesberg, 1988; Duesberg, 1992a; Connor et al., 1994; Hal-lauer & Kupsch, 1997), but sexual transmission is less than 0.1 % efficient (Peterman et al., 1988; Jacquez et al., 1994; Padian et al., 1997). Therefore, HIV depends on perinatal transmission for survival just like all other retroviruses (Duesberg, 1987; Duesberg, 1992a).

Because pathogenicity during perinatal transmission would be incompatible with the survival of the host, all perinatally transmitted viruses or microbes must be harm-less (Duesberg, 1992a; Duesberg, 1996d). It is for this reason Alpha and Omega 183

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i-320-OA&A 5/14/04 10:15 AM Page 183. *that antibody against HIV is found in at least 17 million healthy humans, including 1 million healthy Americans and 0.5 million healthy Europeans (Figure 1) (Merson, 1993; World Health Organization, 1995; Centers for Disease Control and Prevention, 1997).*^s

This also explains why the U.S. Armed Forces find that, just as in Africa, the distribution of HIV antibody is gender-neutral among the presumably fit adolescents wanting to enlist.⁹ Young men and women who wish to join the armed forces do not in general come from the defined AIDS risk groups, and are unlikely to have had the good luck to have the number of sexual contacts required to acquire their infection the way Africans are said to get theirs.

In South Africa, the only sub-Saharan country that uses a positive HIV antibody test before labeling an otherwise common disease or combination of diseases AIDS, the 1 in 1000 chance of a sexual transmission immediately calls into serious question the testosterone hypothesis. All other African countries rely on the clinical, so-called Bangui definition,¹⁰ which is so general that had it been in place in 1976 when my daughter was born in Ile-Ife, Nigeria, and developed a bad case of thrush as an infant, she would have been designated an AIDS victim by the University's health center and duly reported to the WHO. By contrast, *Pneumocystis pneumonia*—the most common latent pathogen in all of us and whose diagnosis in male homosexuals, along with Kaposi's sarcoma, were the initial inspiration for the epidemic of HIV and AIDS in the U.S. and Europe—are not even included in the Bangui definition. And thrush, unless accompanied by a positive HIV antibody test, is not by itself considered an AIDS-defining disease in the U.S. or Europe.

As antenatal testing is the most used method by which the WHO obtains the numbers on which to base its estimates that are
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i-320-OA&A 5/14/04 10:15 AM Page 184. then, quite incorrectly, linearly extrapolated to entire populations,

it is not surprising that HIV/AIDS is said to be evenly distributed between the sexes in Africa.

Yet, as Duesberg and Resnick extensively document, the clustering of HIV infections and AIDS-defining diseases had remained absolutely non-random in the U.S. and Europe from the first notice anyone took of the "gay plague" in the early 1980s. This stubborn refusal of both the virus and the diseases it is said to indirectly produce to spread into the general population after so many years is a *prima facie* reason to consider non-infectious causes, and to rethink the very idea that AIDS is a singular condition. The major part of the forty-plus-page *Genetica* review is a painstaking demonstration that chemistry, not a chronically dormant virus, more plausibly explains the distribution of the diseases that in the U.S. and Europe are called AIDS, if and only if they are diagnosed in the presence of antibodies to HIV. It also explains why HIV is much more common in certain groups than

in the general population, and is therefore in the U.S. and Europe a surrogate marker for AIDS' risks.

I quote here in full the abstract in which the basic arguments are enumerated, leaving it to the sufficiently interested reader to put the necessary flesh on their logic and contentions by under-taking to read the entire article as critically as the President of South Africa did.

Almost two decades of unprecedented efforts in research costing US taxpayers over \$50 billion have failed to defeat Acquired Immune Deficiency Syndrome (AIDS) and have failed to explain the chronology and epidemiology of AIDS in America and Europe. The failure to cure AIDS is so complete that the largest American AIDS foundation is even exploiting it for fundraising: "Latest AIDS statistics 0,000,000 cured. Support a cure, support AMFAR." The scientific
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i-320-OA&A 5/14/04 10:15 AM Page 185. *basis of all these unsuccessful efforts has been the hypothesis*

that AIDS is caused by a sexually transmitted virus, termed Human immunodeficiency virus (HIV), and that this viral immunodeficiency manifests in 30 previously known microbial and non-microbial AIDS diseases.

In order to develop a hypothesis that explains AIDS we have considered ten relevant facts that American and European AIDS patients have, and do not have, in common:

(1) AIDS is not contagious. For example, not even one health care worker has contracted AIDS from over 800,000 AIDS patients in America and Europe.

(2) AIDS is highly non-random with regard to sex (86% male); sexual persuasion (over 60% homosexual); and age (85% are 25-49 years old).

(3) From its beginning in 1980, the AIDS epidemic progressed non-exponentially, just like lifestyle diseases.

(4) The epidemic is fragmented into distinct subepidemics with exclusive AIDS-defining diseases. For example, only homosexual males have Kaposi's sarcoma.

(5) Patients do not have any one of 30 AIDS-defining diseases, nor even immunodeficiency, in common. For example, Kaposi's sarcoma, dementia, and weight loss may occur without immunodeficiency. Thus, there is no AIDS-specific disease.

(6) AIDS patients have antibody against HIV in common only by definition—not by natural coincidence. AIDS-defining diseases of HIV-free patients are called by their old names.

(7) Recreational drug use is a common denominator for over 95% of all American and European AIDS patients, including male homosexuals.

(8) Lifetime prescriptions of inevitably toxic anti-HIV drugs, such as the DNA chain-terminator AZT, are another
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i-320-OA&A 5/14/04 10:15 AM Page 186. *common denominator of AIDS patients.*

(9) HIV proves to be an ideal surrogate marker for recreational and anti-HIV drug use. Since the virus is very rare (< 0.3%) in the US/European population and very hard to transmit sexually, only those who inject street drugs or

have over 1,000 typically drug-mediated sexual contacts are likely to become positive.

(10) The huge AIDS literature cannot offer even one statistically significant group of drug-free AIDS patients from America and Europe. In view of this, we propose that the long-term consumption of recreational drugs (such as cocaine, heroin, nitrite inhalants, and amphetamines) and prescriptions of DNA chain-terminating and other anti-HIV drugs, cause all AIDS diseases in America and Europe that exceed their long-established, national backgrounds, i.e. >95%.

Chemically distinct drugs cause distinct AIDS-defining diseases; for example, nitrite inhalants cause Kaposi's sarcoma, cocaine causes weight loss, and AZT causes immunodeficiency, lymphoma, muscle atrophy, and dementia. The drug hypothesis predicts that AIDS:

(1) is non-contagious;

(2) is non-random, because 85% of AIDS-causing drugs are used by males, particularly sexually active homosexuals between 25 and 49 years of age; and

(3) would follow the drug epidemics chronologically.

Indeed, AIDS has increased from negligible numbers in the early 1980s to about 80,000 annual cases in the early '90s and has since declined to about 50,000 cases (US figures).

In the same period, recreational drug users have increased from negligible numbers to millions by the late 1980s, and have since decreased possibly twofold. However, AIDS has declined less because since 1987 increasing numbers of mostly healthy, HIV-positive people, currently about Alpha and Omega 187

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i-320-OA&A 5/14/04 10:15 AM Page 187. 200,000, use anti-HIV drugs that cause AIDS and other diseases.

At least 64 scientific studies, government legislation, and non-scientific reports document that recreational drugs cause AIDS and other diseases. Likewise, the AIDS literature, the drug manufacturers, and non-scientific reports confirm that anti-HIV drugs cause AIDS and other diseases in humans and animals. In sum, the AIDS dilemma could be solved by banning anti-HIV drugs, and by pointing out that drugs cause AIDS—modeled on the successful anti-smoking campaign.⁶

Substitute chronic malnutrition for heroin or AZT as the chemical cause of immunodeficiency and hence increased susceptibility to otherwise common infections, and one can easily see why Mbeki found this analysis to be so relevant to the unprecedented health crisis that was said to be destroying his beloved country, when after so long it could at last be called his.

By the end of 1999, South Africa's President had read and assimilated as much of the scientific literature on HIV and AIDS as he needed in order to telephone David Rasnick and ask if he and Prof. Duesberg would participate in a panel he was contemplating forming. I was visiting Peter's laboratory at the time of the telephone call in January of 2000, and remember the way he dismissed David's and my enthusiasm, if not elation. Peter had become so pessimistic that all he could say was the powers that be would never let this upstart African upset their carefully constructed and very expensive applecart, and we were once more grasping at mirages masquerading as miracles. I said in rebuttal

only that Mbeki had fought and won a much harder and seemingly impossible struggle against an apparently insurmountable and powerful foe, and he was not a person whose commitment should be treated so cavalierly .

The official letters from the government of South Africa inviting 188 Oncogenes, Aneuploidy, and AIDS

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i-320-OA&A 5/14/04 10:15 AM Page 188. ing each of us to participate in the first panel meeting scheduled

for May came a few months later. Peter was obviously pleased to have been mistaken, and the repercussions of those letters continued to destabilize the inner circles of the AIDS power-brokers. The most unexpected immediate result of the foolish president's decision to flog a dead horse—as non-abusive a summation of the massive media assault that followed the announcement of the panel as I can manage—came from the White House and its outgoing occupant William Clinton, who declared that AIDS in Africa was suddenly of national security concern to the United States. An article from the *Washington Post* explains the reasoning for this as follows: “Authors of one intelligence report said the consequences of AIDS appear to have ‘a particularly strong correlation with the likelihood of state failure in partial democracies’ and held out the prospect of ‘revolutionary wars, ethnic wars, genocides and disruptive regime transitions.’ Thus, HIV not only causes poverty and malnutrition in Africa,¹¹ but it also is a cause of political instability and potential wars. These arguments have been put forth as recently as November 2003, by the shameless, U.S. Secretary of State Colin Powell, who parroted precisely this nonsense to the BBC.¹² When the panel's first meeting convened in Pretoria in May 2000, it was attended by a contingent from the CDC and NIH who were not on the original invitation list.

One might speculate that the actual reasons for this unanticipated attention were two-fold. First, the virus-AIDS hypothesis, formulated on essentially epidemiological arguments, having failed to live up to even one of the epidemiological predictions that had terrorized the US and Europe so effectively between 1984 and the late nineties, was no longer so terrifying. Second, Africa—and South Africa in particular, the only sub-Saharan country with a twenty-first-century infrastructure and an independent, viable economy—could be transformed into a battlefield large enough Alpha and Omega 189

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i-320-OA&A 5/14/04 10:15 AM Page 189. to require keeping every platoon in the enormous army in the war

against AIDS combat-ready 24/7, and even adding a few special forces.

The Panel's formal deliberations consisted of an initial two-day gathering in Pretoria that, a little ironically, was held at the Sheraton Hotel overlooking the South African equivalent of the White House. This was followed by a six-week Internet-based continuation of the “dialog” that was initiated in May 2000. Finally, the Panel reconvened in early July, this time in Johannesburg, and eventually a report of the recommendations was submitted to the President in March of 2001.

Mbeki's decision produced a number of consequences that include the geopolitical, the scientifically substantial, the scientifically shameful, and relative to the preceding, the trivial effect

that this appointment as a presidential advisor had on Peter's already demolished professional standing. After years of relative media inattention, during which time he had managed to publish several definitive papers on his now widely recognized alternative genetic theory of cancer, Peter acquired an entirely new, large, and remarkably vitriolic band of enemies to join the prominent, but aging, prior retinue.

Other than the pre-emptive manic response from Washington, the actual content of the live debates (which Mbeki had video-taped from four different angles so he did not miss anything, including Luc Montagnier's afternoon nap) and the written material contained in the Internet exchange served only to reinforce the conviction that he was completely correct in convening the panel and raising exactly the kinds of questions he did. The continuing press coverage in South Africa, almost 100% negative, of this determination and the prominence that government HIV/AIDS policy has taken are well documented and easily available via the Internet.

The scientifically substantial outcome was the clear recommendation that the accuracy of HIV antibody testing in South

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i-320-OA&A 5/14/04 10:15 AM Page 190. mendmentation that the accuracy of HIV antibody testing in South

Africa be rigorously examined. There is an extensive literature demonstrating the lack of specificity of these tests when used on people chronically infected with a variety of pathogens common to Africa.¹³ Since South Africa, as we have noted, is the only African country to use HIV antibody status as a diagnostic criterion for AIDS, the entire validity of the epidemic rests on the tests' accuracy. In May of 2003, the first of these studies was begun at the Medical University of South Africa in Pretoria. To any reader perplexed by the long time intervals, I can only say that they represent the obstinacy and mendacious procrastinations of the South African HIV/AIDS establishment that Mbeki had the temerity to engage. Eventually these studies may produce sufficient data to verify empirically the only explanation, other than deep massage, of the following conundrum. According to the CDC, between 1985 and 2000, the annual incidence of HIV infection in the "sexually conservative" United States remained constant at one million,¹⁴ while according to the WHO, in "sex-obsessed" Africa during this same period it linearly increased to approximately twenty-five million.¹⁵

The scientifically shameful outcome of Mbeki's Advisory Panel was the widely known *Durban Declaration* in which five thousand approved scientists endorsed as the true gospel that there is only one AIDS and it is caused by HIV. The prime mover of this let's count-hands-and-degrees version of the scientific method was Simon Wain-Hobson, an HIV gene sequencer at the Pasteur Institute. One can only imagine that the poor showing of their colleagues at the first panel meeting, and their almost complete silence during the Internet discussion, set enough alarms sounding to instigate the following bulk email that would divert whatever serious attention the substantive undertakings of the Panel might otherwise have received.

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i-320-OA&A 5/14/04 10:15 AM Page 191. Thu, 22 Jun 2000 04:22:28-0700 (PDT)
Dear——,

You have probably heard about the reappearance of an old myth surrounding the cause of AIDS. Peter Duesberg is back in the columns of *Nature* and *Science*. His thesis is that HIV doesn't cause AIDS, that there is no need to screen blood, or treat patients. The situation has taken a serious turn in that President Mbeki of South Africa is consulting him. The consequences are being felt in Africa and Asia. An international group of scientists and doctors has come up with something called the Durban Declaration to be published in *Nature* on July 6. You will find it at the bottom of this message. As a scientific statement in plain language, it attempts to set the record straight by stating the facts.

The organizing committee of scientists and front-line physicians has 181 members spread over 43 different countries. The list of committee members follows the declaration. Among them you will find David Baltimore, Sir Aaron Klug, President of the Royal Society, Luc Montagnier, Rolf Zinkernagel and many more. The object is to get as many names of scientists and doctors to sign on. Names of signatories will appear on the *Nature* website. If you would like to sign on we would be delighted. Send me an e-mail confirming this. To economise space on the website we have to name people in a single line:

Name, Major degree, One title if necessary, Hospital/University/Institute,

City, Country. The form of the ideal response would be:

Durban Declaration: Agreed

Robin WEISS, PhD, Professor, University College, London, UK

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i-320-OA&A 5/14/04 10:15 AM Page 192. Please note in CAPITALS your name as found in the index of an English-language scientific paper. This is important as we will be listing everyone in alphabetical order.

Many of you will say that HIV/AIDS is not your area. However over the years you have heard enough of the arguments to understand the association. Furthermore many of you know well infectious diseases and understand Koch's postulates. If you have colleagues in the laboratory or in the clinic who you feel would like to sign on please ask them. The more the better. However, please note that in order to be authoritative we feel it necessary to restrict the list to those with major university qualifications. Hence please do not ask students. Apologies for this. We would need email replies as soon as possible and before June 27.

Finally please do not talk to reporters about the Durban Declaration until

Nature publishes it. If you are asked by a member of the press, just say "I'd be pleased to talk to you about this, but I'm afraid I am not at liberty to do so at the moment."

Please could you point this out to others who wish to sign on.

Many thanks,

Simon Wain-Hobson

on behalf of the organizing committee

The text of the aptly named "declaration" is provided as an appendix, along with a refutation from Peter's very likely final

scholarly review article on this subject, entitled “The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition,” which appeared in June 2003 in the *Journal of Biosciences*.¹⁶ One piece of quantitative reasoning contained in that review is appropriate to quote here, Alpha and Omega 193

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i-320-OA&A 5/14/04 10:15 AM Page 193. because it demonstrates the fundamental statistical flaw that

underlies all of the WHO-endorsed proclamations about AIDS-related mortality in Africa and the attendant, horrific consequences.

*According to the US Bureau of the Census International Database, 2001, the population of Sub-Saharan Africa grew at an annual rate of 2.6% between 1980 and 2000, from 378 million to 652 million. Thus Africa has gained 274 million more people, the equivalent of the entire US. According to the WHO, Africa lost to ‘AIDS’ during this same period a total of “1,093,522” persons. It is statistically impossible to verify this number, unless the African AIDS’ diseases are completely distinctive.*¹⁶

When an in-depth examination of these same points by South African author Rian Malan appeared in the South African investigative monthly *Noseweek* in December 2003, under the title

“Apocalypse When?”¹⁷ the *Mail & Guardian*, a major Johannesburg daily, immediately published an editorial, “Author claims Aids figures based on false surveys.” It began: “Rian Malan’s crime is not just saying the unsayable, but saying it so well.”¹⁸

Finally, I cannot resist pointing out that in addition to the O’Brien paper, another key citation in this sparsely referenced but definitive declaration is the Weiss and Jaffe caricature of Peter we also encountered in the previous chapter. After abrogating completely any semblance of the proper way in which a scientific journal should operate, *Nature* did allow a brief reply to publication of *The Durban Declaration* from the propagators of “old myths surrounding the cause of AIDS.”¹⁹

Objective confirmation the most recent Duesberg review mentioned above does not omit any important new findings regarding the presumed pathogenicity of HIV is contained in the July 2003 issue of *Nature Medicine* devoted to “20 Years of HIV Science.”¹⁹⁴ Oncogenes, Aneuploidy, and AIDS

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i-320-OA&A 5/14/04 10:15 AM Page 194. In these pages Mario Stevenson from the University of Massachusetts

Medical School, in an eerie, persistent echo of the retired John Maddox’s words almost ten years previous, writes: “. . . the reason why HIV-1 infection is pathogenic is still debated and the goal of eradicating HIV-1 infection remains elusive.”²⁰ Exactly how elusive is quite wonderfully described in an article from *The New York Times* of September 23, 2003, entitled “Trying to Kill AIDS Virus by Luring It Out of Hiding.”²¹

Perhaps the alternative explanation for the different consortia of diseases that go under the name of AIDS is not as unreasonable a hypothesis as Fauci pronounced fifteen years ago when he ranted in the pages of *Science* about the non-existent risks of non-existent, HIV-infected, sixty-year-old wives of hemophiliacs.²²

Chapter 5 Notes

1. *Per. comm.* from Stephen O’Brien to Peter Duesberg, preserved in

the *Peter H. Duesberg Archive* of the Bancroft Library of the Univ. of California, Berkeley.

2. O'Brien, S. J., and Goedert J. J. 1996. HIV causes AIDS: Koch's postulates fulfilled. *Curr. Opin. Immunol.* 8:613–618.

3. The Durban Declaration. 2000. *Nature* 406:15–16.

4. A sample of articles in the mainstream print media from early 2000 through February 2004. Many similar can easily be found online.

HIV-doctors go ballistic; Doubting Peter Scientists call S. Africa's AIDS policy idiotic. April 19, 2000. By Maggie Fox, Health and Science Correspondent, Washington (*Reuters*)

In South Africa, AIDS and a Dangerous Denial. *The Washington Post Company*, April 20, 2000. Op-ed column by Ronald Bayer and Mervyn Susser.

AIDS skeptic gets boost from South Africa. *San Francisco Examiner*, April 21, 2000, page A-2 (reprinted from: Salopek, P. "Scientific world frustrated at new attention focused on HIV denial," *Chicago Tribune*).

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Wyndham Hartley writing in *Business Day (Johannesburg)* on February 9, 2004, under the sub-head: Mbeki skirted top three issues. *State of the Nation* makes this same point, more pointedly perhaps, but less informatively, when he writes: *And he has tried especially hard to avoid talking about HIV/AIDS, perhaps because he still believes it is a eurocentric invention.*

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Sir—In response to recent action by President Thabo Mbeki of South Africa and in advance of the International Conference on HIV/AIDS held in Durban on 9–14 July, the Durban Declaration was prepared by a committee representing a consensus of “181 scientists and front line physicians.” Before publication in *Nature*, it was circulated: “To get as many names of scientists and doctors to sign on. Names of signatories will appear on the *Nature* website. If you would like to sign on, we would be delighted. Send me an e-mail confirming this. To economize space on the website, we have to name people in a single line. Many of you will say that HIV/AIDS is not your area. However, over the years you have heard enough of the arguments to understand the association. Furthermore, many of you know well infectious diseases and understand Koch’s postulates. If you have colleagues in the laboratory or in the clinic who you feel would like to sign, please ask them. The more the better. However, please note that in order to be authoritative we feel it necessary to restrict the

198 Oncogenes, Aneuploidy, and AIDS

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i-320-OA&A 5/14/04 10:15 AM Page 198. list to those with major university qualifications.” This is an extract

from the circular distributed on behalf of the organizing committee which included Luc Montagnier, Catherine Wilfert, David Baltimore, Sir Aaron Klug (as President of the UK Royal Society), and many other well-known names and organizations from developing countries as well as from the West.

Briefly, the authors of the declaration state that AIDS/HIV is spreading as a pandemic now affecting 34 million people, of whom 24 million are in sub-Saharan Africa. They say the disease began there as a viral infection of chimpanzees and monkeys conveyed somehow to humans, and is now spreading worldwide by heterosexual and mother-to-infant transmission. The authors consider that their evidence supporting this hypothesis is “clear-cut, exhaustive and unambiguous”; that most people with these infections will develop AIDS within 5–10 years unless treated; and that “there is no end in sight” until research based on their hypothesis leads to a vaccine to supplement safe sex, health education and other, simpler approaches to avoidance and prevention. With no end in sight after 17 or more years of intensive research, priorities and incentives, one might think that this consensus would be open to alternative approaches, but the authors of the declaration are emphatic that this is not needed because the evidence that HIV is the cause of AIDS has met or exceeded the “highest standards of science.” By implication, any other evidence is therefore a deception, even less likely to lead to a successful vaccine, curative drug or hypothesis.

Our objection to the Durban Declaration is factual and verifiable from data published in the early 1980s (refs 2–4). We believe that World Health Organization (WHO) figures produced since then can be interpreted to say that AIDS first appeared and spread, not in Africa but in US urban clusters of mainly white, affluent, promiscuous homosexual men and drug addicts, and then spread, on a lesser scale, in Europe and Australasia but hardly at all in Asia. Disastrous epidemics due to heterosexual transmission of HIV were confidently predicted in general populations of developed countries, but they never happened. AIDS has diminished in incidence and severity though it is continuing in female partners of bisexual men and some other communities engaging in or subjected to behaviours which carry high risks of infections, various assaults and misuse of drugs. In sub-Saharan Africa, AIDS was reported later (refs 7,8) with an

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i-320-OA&A 5/14/04 10:15 AM Page 199. alarming frequency in mothers and infants not seen in the United

States or Europe. Sentinel surveillance by the WHO shows correlation between this frequency and the seroprevalence of HIV, but there are unmeasured overlaps with other major diseases and deprivations which, together with anomalies in classification, distribution, transmission and country-specific pathogenesis, and especially cross-reactions in serological tests (refs 6–9), raise questions about the accuracy of diagnosis and approaches to control. In the absence of satisfactory, or of any, answers from the consensus to his specific questions on this matter, President Mbeki invited us to join other experts with differing viewpoints in a panel to explore the way forward to control AIDS in Africa.

Unlike the signatories to the Durban Declaration, we claim no exhaustive and unambiguous unanimity. There are differences between ourselves and with other panellists, and we are happy to acknowledge possible convergence with certain priorities favoured by the declaration's authors. But we reject as outrageous their attempt to outlaw open discussion of alternative viewpoints, because this reveals an intolerance which has no place in any branch of science. Our viewpoints could also explain the failure to prevent the spread of AIDS in high-risk populations in the West, amounting, in the United States now, to almost 700,000 registrations—an unbeaten score in the global tally of this disease.

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200 Oncogenes, Aneuploidy, and AIDS

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