

Inventing the AIDS Virus, by Peter Duesberg

2013 Review

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This book is as fascinating as a murder mystery – and it might be exactly that: murder by government

The author's perspective appeared most plausible when he published 17 years ago, and certainly seems so today. There are many interwoven layers of clues, no set of which appears to be entirely internally consistent. Almost every character except the author himself is shown to have ulterior motives. And if the author is right, what government and scientists have done is tantamount to murder.

"I'm from the government, and I'm here to help" should always be greeted with suspicion. AIDS has been a great boon to many governmental agencies. They grew enormously. The people in charge received grand titles, increased salaries, government-paid travel hither and yon, and prestigious awards. They received royalties from intellectual property associated with the HIV virus and medicines to treat it. They founded and owned stock in biotechnology companies which contracted to deliver analysis kits and medicines to the government. They scared the hell out of two generations of sexually active kids. Whether they advanced the public interest is another question.

Even the undisputed public record indicates that these are not humble, selfless men of science. There was a very public squabble when one of them, Robert Gallo, stole the AIDS virus from the Frenchman, Luc Montagnier, who naïvely sent him a sample. Gallo went on to patent it, creating a money tree for himself. David Baltimore, Nobel laureate, apparently fudged data in one of his seminal reports, claiming that the insertion of a foreign gene into a mouse can induce the mouse's genes to produce antibodies mimicking those of the foreign gene. It was a key paper supporting the AIDS hypothesis. The bureaucrats' loudly trumpeted claims about the nature, cause and cures for AIDS, even if true, serve their private interests. As such they deserve to be investigated. Peter Duesberg has done exactly that.

Viruses that are caused by infectious diseases share several characteristics. They multiply rapidly in a newly infected victim. They are equal-opportunity: they do not discriminate among victims on the basis of age, sex or sexual orientation. The incidence of cases in the victim population increases rapidly, until every potential victim has been exposed and rejected the infection through its own immune reaction, overcome the illness and recovered, or succumbed. Recovered victims carry antibodies, a mark of prior infection and protection against renewed infection. Mankind's major viral diseases include Bubonic plague, polio, influenza, measles, mumps, smallpox, rabies, herpes and the common cold.

Viruses differ somewhat in their behavior. Most viruses simply go away. All that remain are the antibodies created to fight them. Some, such as common cold and influenza, mutate rapidly in order to overcome antibody resistance. Chicken pox and the closely related herpes virus can linger, flaring up as shingles and cold sores.

Two great victories over viruses were celebrated in the last century: polio and smallpox. After taking their victory laps, the numerous and theretofore well-funded virus hunters asked themselves, "What next?" On the strength of research by Duesberg himself that some viruses cause cancer, they became extensively involved in President Nixon's proclaimed War on Cancer. After a decade of futile efforts to make a connection, they were more than willing to jump on the AIDS bandwagon when that disease emerged in the early 1980s.

Viruses are all around us. Most of them are totally harmless, many even essential to our metabolism. To associate a virus with a disease, researchers must satisfy the criteria first postulated by Robert Koch in 1884, and copied here from Wikipedia.

1. The microorganism must be found in abundance in all organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. The cultured microorganism should cause disease when introduced into a healthy organism.
4. The microorganism must be re-isolated from the inoculated, diseased experimental host and identified as being identical to the original specific causative agent.

It is possible to take polio virus from an animal infected with the disease, isolate the virus and grow it in the lab, infect another animal by injecting the lab-grown virus, and lastly, confirm that what ails the second animal is identical to the virus taken from the first one. That's how we know that the polio virus, instead of one of the millions of other viruses coursing around in our bodies, causes the polio disease.

Duesberg's thesis is that AIDS is a lifestyle disease and that HIV itself is a harmless virus that happens to be transmitted by activities associated with homosexual and drug using lifestyles. It exists at higher frequency in some populations than others. It makes sense that the incidence is highest in Africa, which the AIDS literature itself emphasizes has looser constraints on sexual behavior than other places.

The AIDS community contends that AIDS is caused by HIV. They say that HIV is a different sort of virus, one with a long latency period. They have stretched said period from one or two years to many, as the incidence of people who live uneventfully with the HIV virus seem stubbornly to be surviving. Duesberg claims that HIV is a harmless passenger virus and that the AIDS researchers have not, in three decades of attempts, been able to satisfy Koch's four postulates, named above.

I, the outsider, was flabbergasted to find in my Google search for such a demonstration of the four principles a citation of the patients of gay Stuart, Florida dentist David Acer. After Acer died of AIDS in 1990 the researchers looked for HIV among his patients. A handful had the virus. They inferred that the patients must have gotten it from their dentist, and treated them with AZT. Some got sick and died.

Here's the problem. All the analysis was done after the fact. None at all was the type of controlled research Koch talked about. Most importantly, AZT is poisonous. Many others who took it died. Duesberg asks whether these people died because of the AZT treatment, and that their being HIV positive was incidental. It seems to this reviewer to be a very good question. As a statistician, I can say with absolute certainty that nobody should draw conclusions about something as serious as AIDS, and the billions being spent, on the basis of a sample of six or so people without any scientific controls.

This text is from the government web site, niaid.nih.gov. "Understanding how HIV Causes AIDS" "Postulate #3 has been fulfilled in tragic incidents involving three laboratory workers with no other risk factors who have developed AIDS or severe immunosuppression after accidental exposure to concentrated, cloned HIV in the laboratory. In all three cases, HIV was isolated from the infected individual, sequenced and shown to be the infecting strain of virus. In another tragic incident, transmission of HIV from a Florida dentist to six patients has been documented by genetic analyses of virus isolated from both the dentist and the patients. The dentist and three of the patients developed AIDS and died, and at least one of the other patients has developed AIDS. Five of the patients had no HIV risk factors other than multiple visits to the dentist for invasive procedures." To me as a statistician, this argument is so weak as to be ludicrous.

The fact that there has been no more research convinces me of Duesberg's point. They don't ask the question because they are afraid of the answer. No matter how weak the evidence above, it is better for them than evidence that goes the other way – which a proper investigation might reveal. They have a huge vested interest in AIDS being caused by HIV, and don't want anything to get in the way.

Culturing the virus is another weakness that Duesberg points out. With most viruses it is quite easy to get them to grow in a culture. AIDS has proven difficult. A person who is "HIV infected" may have antibodies

against HIV, but it is sometimes hard to find the virus itself. Part of this, the explanation goes, is that it is a retrovirus, hidden in the depths of the cell. Duesberg suggests that it might not even be there in any meaningful concentration. The researchers have developed powerful techniques to literally make mountains out of molehills. Whatever trace of HIV they find, they claim to be an infection. A realistic criterion would be that the virus presence is numerous and growing.

Another problem with AIDS is that it has remained stubbornly confined to male homosexuals and drug abusers. Communicable diseases hit everybody. This was exactly the fear about AIDS in the 1980s – it would spread to the heterosexual population. This has not happened. The HIV theory supporters were wrong. Why were they, and why aren't they asking themselves that question?

The reasons not to ask are again, the vested interests of the doctors. Also, gays and drug users are not the most sympathetic victims, especially if their lifestyles bring the problem upon themselves.

AIDS is defined as a vast complex of diseases. The theory is that HIV ravages the immune system, and the opportunistic diseases then attack the weakened organism. They list a grab-bag of 27: yeast infections, several cancers, salmonella, pneumonia, herpes and tuberculosis among them.

There are two problems with this thesis. First, these diseases have been around far longer than AIDS and occur in people without HIV. To call it AIDS only when it occurs in a person with HIV is circular: you have AIDS only because they said you have AIDS. Second, there are lots of people with HIV who don't have any of these diseases. The theory is that AIDS is "latent" in them for ten, twenty, or thirty years... a figure which has grown as quickly as the years since AIDS' emergence.

The HIV-AIDS theory fares badly in Africa, where up to a quarter of the population has HIV. Twenty five years ago the dire projections were that everybody in Sub-Saharan Africa would die of AIDS. They have not. In fact, these countries have the highest population growth rates of any in the world. They are poor, and people die of disease every day, but there is little evidence that things are any worse than before. They can be suffering an "AIDS epidemic" only by definition. A person dying of many common diseases is defined as dying of AIDS if they had HIV. This tautology is good for funding, but no help at all in understanding what's going on.

Duesberg's thesis is that the two affected groups of people, male homosexuals and drug abusers, are prone to the AIDS complex of diseases because they compromise victims' immune systems. How do they do that?

"Fast track" male homosexuals tend to have much, much more sex than other people, and with many, more partners. Straight men are severely constrained by women, who want love and commitment, and are not generally interested in day-and-night sex. Harems are out of the question, and call girls are expensive. Most heterosexual men are happy with sex a couple of times a week with the same woman. Since prostitutes demand protection for themselves, their partners are likewise protected. See the case of Elliot Spitzer for an example of how insistent the girls can be.

For gays, among whom both partners seem to want lots of sex, don't want love and commitment, and aren't choosy about who they pair up with, there is vastly more exposure to STDs. Anybody who works in a gay clinic will say as much. Whether or not they intend to be careful, both partners are often inclined to be high when they have sex, and they get careless. Besides, as Spitzer said, condoms are a drag.

Duesberg writes more than I had ever known on the subject of "poppers." Like most straights, I have no experience with anal sex, but my imagination tells me that the body is not constructed for it. Duesberg says I'm right. Gays take drugs such as amyl nitrite to relax their muscles, loosen up so it can happen. Again and again. These drugs, he contends, take a toll on the immune system as well.

He contends that the bathhouse crowd also tends to abuse more traditional recreational drugs: marijuana, cocaine, amphetamines. It isn't good for them. HIV/AIDS aside, they tend to have more health problems than the population at large.

Intravenous drug users likewise compromise their immune systems, injecting diseases from those with whom they share needles. A druggie lifestyle also typically involves careless sex, bad diet, exposure to people with diseases and other risk factors. It is not surprising that the down-and-outers who use drugs tend to get sick. They also get the HIV virus; it piggybacks on dirty needles, etc. Since the coincidence of HIV and any of the opportunistic diseases these folks are likely to suffer is defined as AIDS, they by definition become AIDS victims.

A low T-cell count is defined as a symptom of AIDS. It is the sign of a compromised immune system. Duesberg contends, however, that victims generally get that way by overloading their immune systems with threats. The immune system eventually gives up. Some, like hemophiliacs, are constantly challenged simply by receiving blood transfusions. With lower immunity, they are subject to many diseases, including the 27 (number subject to change) which are defined as being associated with AIDS.

Duesberg has a lot to say about the drug AZT (Zidovudine). It is chemically simple: $C_{10}H_{13}N_5O_4$. Probably quite cheap to make, if not to buy when it was under patent. It was in Burroughs-Wellcome's inventory, having been tried and rejected earlier as a cure for other diseases. It was known to be poisonous. It was hoped that it would fight HIV, the supposed cause of AIDS. Its poisonous nature aroused resistance from gay groups early in the game. There was this 1992 press notice about one of Dr. Acer's supposed victims: "Webb is 66, a retired schoolteacher and a grandmother. She was the second of five patients to be infected with the AIDS virus by David Acer. The young and beautiful Kimberly Bergalis had been the first. Webb does not yet have AIDS itself, though the medication she takes to thwart its onset has a litany of side effects, including fatigue and relentless pain in her joints."

1992 was a year in which the AIDS fighters were trying hard to gain credibility, both for their analysis of the nature of the disease and a cure. Duesberg contends that they rushed the "cure" into use before it had much clinical testing, such as animal studies, on the basis that they were fighting an emergency. If he is right, some of the earliest AIDS victims were done in by the cure, rather than the phantom disease. Note that the concentration of AZT has been significantly reduced, if not eliminated, from today's anti-HIV drugs. Survival rates are up. This would be true if (1) the drug actually helped fight a real disease, or (2) it amounted to no longer poisoning people with a phantom disease.

The AIDS community's projection 1992 was that the disease would have spread very widely among straights and gays and all races by now. Duesberg's projection would have been that it would remain with the groups with dangerous lifestyles. What has happened? AIDS deaths in the US have declined steadily over the past decade, and it remains more and more concentrated among gays, drug users and blacks. It is under control in Europe. As noted above, the dire predictions about Africa have not come to pass. The evidence fits Duesberg's hypotheses far better than that of the establishment. Will he ever get the pleasure of a "Told you so?" An apology? Not a chance!

Duesberg is a man of accomplishments. His work demonstrating how a virus causes cancer in chickens could have brought him a Nobel Prize, had he played his cards right. However, when he started to question AIDS in the manner shown above, he rapidly acquired enemies. Well-funded enemies: the drug companies and the AIDS bureaucracy. I invite you, the reader, to look at the entries for Peter Duesberg and Kary Mullis (the Nobel winner who wrote the introduction to this book) to witness two of the most egregious smear jobs every to slip through the Wikipedia process. I am keeping copies, in case this humble review might cause the powers that be to amend them.

Duesberg's conclusion when he published this book in 1996 was rather optimistic. He had letters from Congressman and other officials stating that he had been right, and promising investigation. A suggestion that things would change. They quite obviously have not. As I write this seventeen years later, President Obama has just pledged another hundred million dollars to AIDS research. The US government advertises weekly hiring for their team here in Ukraine attempting to stamp it out. In a word, the old paradigm, against which this book rails, remains in full force.

Duesberg's enemies have effectively quarantined him, preventing his getting published and speaking at conferences. They attempted to get him fired from Berkeley. But they have not shut him up. A fairly lengthy chapter in the book goes into how effective they were, however, in shutting up others who initially agreed with him, or at least supported the notion that his voice should be heard. Duesberg writes in the third person, relating with sadness rather than rancor how supposed allies were seduced or suborned into deserting Duesberg. They didn't have tenure; they had career aspirations, etc. etc.

I am all the more willing to accept Duesberg's story because it parallels that of other dissidents. The global warming camp centered around the UN's Intergovernmental Panel on Climate Control is hugely funded by governments and business interests. They use the same measures to exclude, discredit, defund and have fired such dissidents such as Fritz Vahrenholt, Sebastian Lüning and Fred Singer. I did my PhD work in educational statistics – academic and IQ testing. The foremost intelligence researcher of the 20th century, Arthur Jensen, could not get his capstone work, "The g Factor," published by his longtime publisher, or anybody else. Other researchers such as Philippe Rushton suffered the same problem. The Prime Minister of Finland Matti Vanhanen had to distance himself from his own father, Tatu, on account of the latter's publications on intelligence. None of these men's work on intelligence has been refuted by recognized scientists. Rather, it has been shouted down and shut out because people don't want to hear it. "No Child Left Behind," the belief that every child has the potential to succeed, is at the heart of a trillion dollar industry. Nobody wants to hear that some kids are just too slow. Stephen Pinker courageously reported what happened to Jensen in his own masterpiece, "The Blank Slate." Napoleon Chagnon reports on a smaller but similarly vicious brouhaha in "Noble Savages: My Life Among Two Dangerous Tribes -- the Yanomamo and the Anthropologists." Powerful vested interests did not want to hear that violence is part of human nature. Pinker again, to his credit, wrote a book jacket squib for Chagnon.

I write this review confidently, inasmuch as I have no job to lose. I wish you, the reader, could be sure other reviewers of any book were equally disinterested and immune from outside pressure. For a sampler of opinions telling me to shut up, I invite you to read comments on my reviews of the above-named authors.

Duesberg closes with a chapter starting with this paragraph: "For the public to break command science it must first understand the basis of its enormous powers. (1) Enforced consensus through peer review, (2) Consensus through commercialization, and (3) The fear of disease, particularly infectious disease.

The problem with government-funded science is that the governments usually have their own concept of what a solution must look like. There are always vested interests both within government and among the private sector donors to politicians. It is hard to name a single problem that has been solved by massive public funding. The war on drugs? The war on cancer? The war on poverty? Global warming? No child left behind? There is a common thread throughout. Money corrupts, and absolute control of money corrupts absolutely. Once governments start to control funding in science, alternative voices are shut out. There are good livings to be made, and recognition to be won, all of which stops if the problem is ever solved. Problems remain unsolved, government grows, and honest dissidents like Duesberg become rarer.