

[VIRUSMYTH HOMEPAGE](#)

BLINDED BY SCIENCE

By David Rasnick

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A skeptical veteran of AIDS research bemoans the culture of conformity imposed by government-funded, industry-driven, and media-hyped Big Science.

People think of "AIDS research" as the crucible of modern science and technology. There are more than 100,000 scientists and doctors working on AIDS - more than the annual number of AIDS patients in the U.S. There are 80,000 AIDS organizations in the U.S., one for each new AIDS patient. As a scientist who has studied AIDS for 16 years, I have determined that AIDS has little to do with science and is not even primarily a medical issue. AIDS is a sociological phenomenon held together by fear, creating a kind of medical McCarthyism that has transgressed and collapsed all the rules of science, and imposed a brew of belief and pseudoscience on a vulnerable public.

Like most scientists, I was taught in school that science is a self-correcting activity. All hypotheses, no matter how precious, were put to the grindstone of the scientific process, which was designed to preserve what was true and destroy what was false.

But this delicate state of affairs was possible only when science was free - or, in fact, when science was broke, before the tragic union of government and science ushered in by the Manhattan Project and the Cold War. Nuclear physicist Ralph E. Lapp, a researcher and adviser on the Manhattan Project, remembers what science was like before the shift:

In those days no scientist ventured to ask the federal government for funds. He gathered together what money he needed from private sources or earned extra pay as a consultant to pay for his own research. But mostly he acted as a jack-of-all-trades and built his own equipment. Graduate students were required to take machine-shop practice and learn glass blowing. If he needed Geiger counters he made them himself, and he wired his own electronic circuits.

Before World War II, research and development funding for the sciences, public and private, amounted to about \$250 million per year. By 1993, the federal share alone was \$76 billion. And what has it bought us? For the \$45 billion of taxpayer money spent on AIDS so far, HIV researchers still use statistical methodologies shown by their inventors to be invalid and still conduct experiments without any controls. They take causes for effects, correlations for causations, and constants for variables. Most important, they haven't stopped AIDS. What they have done is successfully instilled fear into human sexual relations - an amorphous fear, which most AIDS professionals as well as journalists argue has been valuable. I doubt even George Orwell could have imagined that an autocratic regime would be able to successfully equate sex

with death at the end of the millennium. What the government has bought with this money is a culture of conformity, whereby only HIV research is funded, creating the appearance that all researchers believe HIV is the cause of AIDS.

Let's review what readers of this column have been told many times: In 1984, National Cancer Institute virologist Robert Gallo held a press conference, with Margaret Heckler, then the Secretary of Health and Human Services, at his side. Gallo announced that he had found the "probable cause of AIDS" in a retrovirus he was then calling HTLV-III (and which had already been isolated a year earlier at the Pasteur Institute in France).

With that announcement, Gallo had publicly leapfrogged straight across the scientific process - across peer-review and analysis, across the very checks and balances of science. He made no attempt to demonstrate his claim - in fact, only 50 percent of his sample patients had any trace of HIV - but fed it straight to the global media, which broadcast it without hesitation. What made the move toward the viral cause of AIDS irreversible was the fact that the federal government supported it, if it didn't engineer it. Now a new standard of brash, unscientific science was set, and all others took their lead from it. Since then, the media have painted a false picture to suggest that virtually every scientist and doctor in the world supports the HIV hypothesis of AIDS, with the lone dissenting voice of Peter Duesberg, who is now defunded and all but exiled from American science. In truth, there are thousands of dissenting voices throughout the world, who have been trying for years to get our opinions heard, counted, factored in. The Group for the Scientific Reappraisal of the HIV Hypothesis was founded by former Harvard professor Charles Thomas in 1991. Today more than 500 scientists, health-care workers, and other professionals have signed on.

What distinguishes this group? By and large, its members are not dependent on grants from the National Institutes of Health for their livelihood. The signatories who are Nobel laureates are immune from bureaucratic intimidation. Many of the academic members of the group who publicly support Duesberg are emeritus professors, whose careers can't be terminated. Younger academics, on the other hand, who have seen the establishment mercilessly punish and excommunicate someone of Duesberg's stature have clearly gotten the message: They keep their mouths shut and bow down before the golden calf of HIV.

Serge Lang, the legendary Yale mathematician and member of the National Academy of Sciences, has had so many letters to editors concerning the HIV scandal refused publication that he started sending checks along with his letters - the equivalent of buying space in which to speak. (Some editors were sufficiently embarrassed by this tactic that they published Lang's letters and returned his checks.)

There are countless more stories of censorship, intimidation, and financial and professional manipulation. But the discordant data still sits there, indestructible and unresolved.

A few specifics: We have been told for 13 years that AIDS is infectious, and is spreading rapidly into the heterosexual population. If so, why have the Centers for Disease Control's estimates of the prevalence of HIV infection in the U.S. never gone up since HIV testing began? In fact, the estimates have gone down.

Since 1985, the U.S. government and various civilian institutions have performed some 20

million HIV tests per year. This is where the CDC gets its estimates of how many Americans are infected with HIV. But because of the reduction in false positive results, the CDC's current estimate is that there are about 750,000 HIV-infected Americans - down from the original mid-'80s estimate of one million or more.

Another of the many anomalies: The prevalence of HIV in the general population is equally divided between men and women. But men account for 90 percent of all AIDS cases in the U.S., as they have throughout the history of AIDS.

We are told that hemophiliacs are especially hard-hit by AIDS. Seventy-five percent of the 20,000 hemophiliacs in the U.S. test positive for HIV. The paradox is that the average lifespan of hemophiliacs, including those who were HIV-positive, doubled during the first decade of AIDS. In fact, the positives seemed to do better than the negatives. But in 1987, the mortality of HIV-positive hemophiliacs began to rise sharply. That was also the year that AZT - the drug now openly admitted to be detrimental to AIDS patients - was first widely prescribed to HIV-positive hemophiliacs.

When AIDS first appeared around 1980, I had just moved to the San Francisco Bay Area to help set up a small biotech company. Soon stories were going around about a strange new disease that was affecting the immune systems of gay men. I viewed the new scourge as one of the most stimulating scientific puzzles of the century. But as an organic chemist, not an immunologist or physician, I felt there was little I could contribute scientifically toward unraveling the mysteries of the disease.

In 1984, when Gallo announced at that historic press conference that the cause of AIDS had been found in HIV, all speculations about causation came to a screeching halt. At first, I was exuberant. This retrovirus provided the clarity we all needed. I now had an object upon which to apply my art as an organic chemist. I began to explore the possibilities of making inhibitors for the protease (a class of enzymes) produced by HIV. But when I recalled that a friend at Abbott Laboratories had been working for years on just such protease inhibitors, I pulled out of the race.

I'm glad I did, because before long I was having serious doubts about the viral hypothesis of AIDS. I spent countless hours, as did many scientists, devising ingenious explanations for how HIV could destroy the immune systems of its victims. But by the end of 1985, I was convinced that something was fundamentally wrong with the basic assumptions that had become entrenched in the mega-institutions of science and medicine. The more I examined HIV, the less it made sense that this largely inactive, barely detectable virus could cause such devastation. How could \$45 billion of taxpayer money be spent on such an ordinary, humdrum virus? And why has the media functioned as the public relations arm of the HIV/AIDS establishment? Uncovering Watergate now seems trivial compared to what it will take to expose the decade of fraud, incompetence, and flagrant lying that has been going on behind a veil of scientific and medical jargon, credentials, and expertise. In *The Rise and Fall of T.D. Lysenko*, Russian historian Zhores Medvedev describes the rise to power of an autocratic Soviet pseudoscientist, who over a period of decades corrupted and nearly destroyed Soviet biology and agriculture. Medvedev concludes that "monopoly in science by one or another false doctrine, or even by one scientific trend, is an external symptom of some deep-seated sickness of a society." The general acceptance of Lysenko's perverted scientific theories -

designed to undermine Western science, primarily Darwinism - was heavily promoted by the government-supported media. "The peculiarities of [the Soviet] press," Medvedev writes, "made possible popular support for one or another scientific trend selected by the political leadership, and complete suppression of the opposition."

Medvedev easily could have been describing the way our government's public-health institutions have commandeered the AIDS debate. Because the NIH and Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, control funding of virtually all academic research, they can with impunity cut off funds to dissenting voices. Editors of peer-reviewed journals are pressured not to publish papers critical of the HIV hypothesis. Journalists who interview dissenting scientists are denied access to government sources, and accused of acting "immorally." The result is a world in which the once-cherished process of scientific discourse is treated as social deviance - and punished as such.

In AIDS, perhaps the most devastating effect of this new antiscience is in the realm of clinical trials. Most drugs that are approved by the FDA must complete three phases of human clinical trials - phase I for toxicity, phase II for short-term effectiveness, and phase III, the most vital, for the ultimate measure of morbidity and mortality (that is, whether the drugs actually benefit patients).

None of the recently lauded HIV protease inhibitors approved by the FDA has yet completed a phase III clinical trial.

In order to satisfy the requirements for licensing, however, two phase III protease inhibitor clinical trials recently got under way: a 1,200-patient Boston-centered study and a 3,300-patient trial in Europe. (With AZT, only the Europeans kept their study going long enough to see the true results, despite the fierce protestations of activists and health care workers. In the end, the so-called Concorde study gave us the answer about AZT—it did not work.) But on February 25, a Boston Globe headline trumpeted: AIDS Trial Terminated; 3-Drug Therapy Hailed. The article reported that 63 of the 579 Boston trial subjects receiving two drugs had died or developed new AIDS-associated illnesses, while only 33 of the 577 individuals receiving the new three-drug "cocktail" had died or gotten sicker. It also mentioned that, as late as mid-January, a "peek" at the results of the two drug regimens had concluded that they had not "yet diverged enough to warrant stopping the study."

When the triumphant results were reported, Fauci dramatically announced that the trial had provided evidence that combination treatments including protease inhibitors "can reduce the risk of death" from AIDS.

You don't have to be a scientist to follow the logical difficulties here. It seems highly unlikely that between mid-January and mid-February, the data had changed enough to stop the phase III trial. Even the leader of the Boston trial admitted that there was no statistical difference between the deaths in the two treatment groups. When the study was concluded, there were eight deaths among those taking three drugs, compared with 18 deaths among those taking two. Using these mortality figures at face value is a little like using the halftime score in a basketball game to determine the winner. As everyone knows, the lead can oscillate back and forth throughout the game. The same is true of clinical trials.

In short, we don't know if the combination therapies work to "reduce the risk of death," because it hasn't been proven. So why did Fauci and his allies halt the phase III trial before it yielded statistically significant results?

Protease inhibitors were internationally hailed as miracle drugs in 1996, without the benefit of proof. As long as phase III trials were under way, they posed a dangerous uncertainty. A completed trial that resulted in an unsatisfactory result would be difficult to explain away. From the HIV/AIDS establishment's perspective, the safest course of action was to stop the game, declare victory, and hope nobody would call them on it.

AIDS research has become a virtual puppet for the titanic, symbiotic forces of industry and government. I recently attended a small, elite conference focusing on the "chemotherapy of AIDS," where 43 of the 100 people present were pharmaceutical company representatives who ran to the phones after each session to call in the results. (Is this Wall Street or science?) During one session, I asked a leading proponent of cocktail therapies how the patients receiving the cocktails were doing. He said that some were healthy enough to work. Then I asked whether, during the course of therapy, the 20 individuals did better, stayed the same, or got worse. He did not answer. It was an embarrassing moment for the audience. Then I asked: "Your patients should have done better, right?" Again, he was speechless.

Even more disturbingly, one presenter suggested that "clinical endpoints are dead" in phase III trials. In other words, he believes that clinical trials will no longer use morbidity and mortality as endpoints—they will no longer be designed to determine whether drugs actually work. The excuse given for dropping phase III clinical trials is that they are unethical and too costly; we are henceforth supposed to assume that the drugs under evaluation reduce morbidity and mortality before this has actually been demonstrated.

To date, there is still no clinical trial that has proven that the protease inhibitors—either taken alone or in combination with other antiviral drugs—reduce the mortality of AIDS patients.

The HIV cult has transported AIDS beyond the domain of science and medicine, and into the realm of mythology. The discourse is controlled by powerful individuals and institutions with a professional or financial stake in HIV, who take it upon themselves to be the sole purveyors of "truth." Government institutions have compounded the difficulty of arriving at a true understanding of AIDS by doing everything in their power to suppress the views of scientists who disagree with established opinions.

Yet there is always hope for the future; those willing to challenge orthodoxy still believe that science will ultimately return to its moorings and that their message will be heard. I am reminded of former Supreme Court Justice William O. Douglas's warnings against the tyranny of conformity and the injury it does to freedom of expression and thought. As he wrote in *Freedom of the Mind*: "The curious man—the dissenter—the innovator—the one who taunts and teases or makes caricature of our prejudices is of ten our salvation. Yet throughout history he has been burned or booted, hanged or exiled, imprisoned or tortured, for pricking the bubble of contemporary dogma. *

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