

# Is AIDS a viral or a chemical epidemic?

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# The origin of AIDS

In the early 1980s,

- The incidence of about 2 dozen long-known diseases (Table 1), and
- The consumption of psychoactive drugs

had achieved epidemic proportions in the US, particularly in male homosexuals and in addicts of “hard” drugs ( Durack, 1981; Oppenheimer, 1982; Rappoport 1988).

In 1981, the Centers for Disease Control (CDC) first named this epidemic AIDS, for Acquired-Immune-Deficiency-Syndrome, because it assumed all these diseases were a consequence of immune-deficiency.

The term “syndrome” means a collection of symptoms from a common cause.

Table 1.  
14 of the  
old microbial  
and non-  
microbial  
diseases  
defined as  
AIDS  
diseases  
by the CDC

Disease	AIDS-diagnosis	%	Cases USA 1997
No disease	<200 T cells + HIV	61	36,634
Microbial	Pneumocystis	38	9,145
	Candidiasis	16	3,846
	Tuberculosis & Mycobacteria	15	3,537
	Cytomegalovirus	7	1,638
	Pneumonia	5	1,347
	Herpes virus	5	1,250
	Cryptococcus	5	1,168
	Toxoplasmosis	4	1,073
Non-microbial	Weight loss/wasting	18	4,212
	Kaposi's sarcoma	7	1,500
	Dementia	6	1,409
	Lymphoma/leukemia	4	850
	Cervical cancer	1	144
Total			60,161

# Exceptionalism of AIDS & the race for the cure

Early on, the Public Health officials (Surgeon G koop) and the press generated enormous public interest in AIDS by associating AIDS with the exceptional “lifestyles” of the AIDS risk groups, such as male homosexuals, intravenous drug users, prostitutes and hemophiliacs.

Moreover, CDC researchers and the press cultivated the primary fear of the germ theory – that a sexually transmissible microbe causes AIDS: “We are all in this together”.

The race for that microbe and the cure was on!

# 1984: The HIV–AIDS Hypothesis

- April 23, 1984: Secretary of Health & Human Services, Margaret Heckler and NIH researcher Robert Gallo announce at an international press conference in Washington that – a virus causes AIDS, and a vaccine would be ready 2 years later.
- No Peer-reviewed Articles or Papers.
- Also on April 23, 1984: The NIH and Gallo patent a test for the diagnosis of the “AIDS virus” or HIV – namely antibodies against (!) the virus. (The virus itself could not be found by Gallo and others.)

# Political consequences of the HIV-AIDS hypothesis

Over night, the HIV-AIDS hypothesis was adopted by:

1. The *New York Times* (the “AIDS Virus”) and all other obsequious media, including *Der Spiegel*.
2. The gay-interest AIDS organizations, because the hypothesis blamed AIDS on a God-given virus rather than on politically incorrect “lifestyles”.
3. Thousands of frustrated virus researchers, who had failed to find cancer viruses in president Nixon’s war on cancer.

# Scientific consequences: The CDC defines AIDS based on HIV

In 1985 the CDC re-defines AIDS as any one of 27 diseases in the presence of antibody against (!) HIV.

Thus, 2 dozen old diseases (CDC Table 1) – such as tuberculosis, dementia, Kaposi sarcoma, weight loss, cervical cancer – are now attributed to HIV and are even treated for HIV, if antibody against HIV is also present.

Examples:

Tuberculosis + antibody to HIV = AIDS

Tuberculosis – antibody to HIV = Tuberculosis

Dementia + antibody to HIV = AIDS

Dementia – antibody to HIV = unintelligence

# Birth-defects of HIV-based AIDS definition

HIV-AIDS definition came with 3 unsolved birth-defects:

1. What is the clinical difference between AIDS-defining diseases + and - HIV antibodies?
2. How can HIV cause immunodeficiency, since it does not kill cells (like all retroviruses) and is neutralized by 'diagnostic' antibodies?
3. What explains AIDS diseases that are not caused by immuno-deficiency, such as cancer, dementia and weight loss? (See Table 1, above)



# 25 Years Later – \$ bns Spent

- **No** vaccines
- **No** curative medications
- Treatment consists of inevitably toxic chemotherapy (AZT)
- NIH only funds research linking HIV+AIDS

# 25 Years Later – \$ bns Spent

- **No scientific explanation for the role of HIV in AIDS, because**
  - 1) HIV is still not SUFFICIENT for AIDS, because millions of HIV antibody-positives are healthy, including 1 million Americans.
  - 2) HIV is not NECESSARY for any of the over 2 dozens of AIDS-defining diseases, because they all occur in the absence of HIV.
- Research failures are used for fund raising.

# 2003 BART Poster



# Political correctness versus *the scientific method*

*The important thing is not to stop questioning* (Einstein).

What do scientists do, when a hypothesis fails to produce results?

They apply the *scientific method*, which is to question an unproductive hypothesis and look for productive alternatives – irrespective of political consequences.

# Correct theory must answer: Five AIDS Questions

- 1) Is AIDS caused by a virus?
- 2) If not, what does HIV do?
- 3) Can chemicals cause AIDS?
- 4) Can “anti-viral treatments” cause AIDS?
- 5) Why is African AIDS so different from American and European AIDS?

# 6 Predictions of a viral AIDS epidemic

1. AIDS would be contagious.
2. The AIDS virus would kill immune-cells as fast as it replicates, ie. within <24 hrs.
3. Since HIV replicates in 24 hrs, AIDS would appear within days to weeks after infection, prior to anti-viral immunity.
4. AIDS would be a virus-specific disease, just like flu or measles, etc.
5. AIDS would be self-limiting by antiviral immunity, individually and in populations (natural vaccination).
6. AIDS would be random in the population.

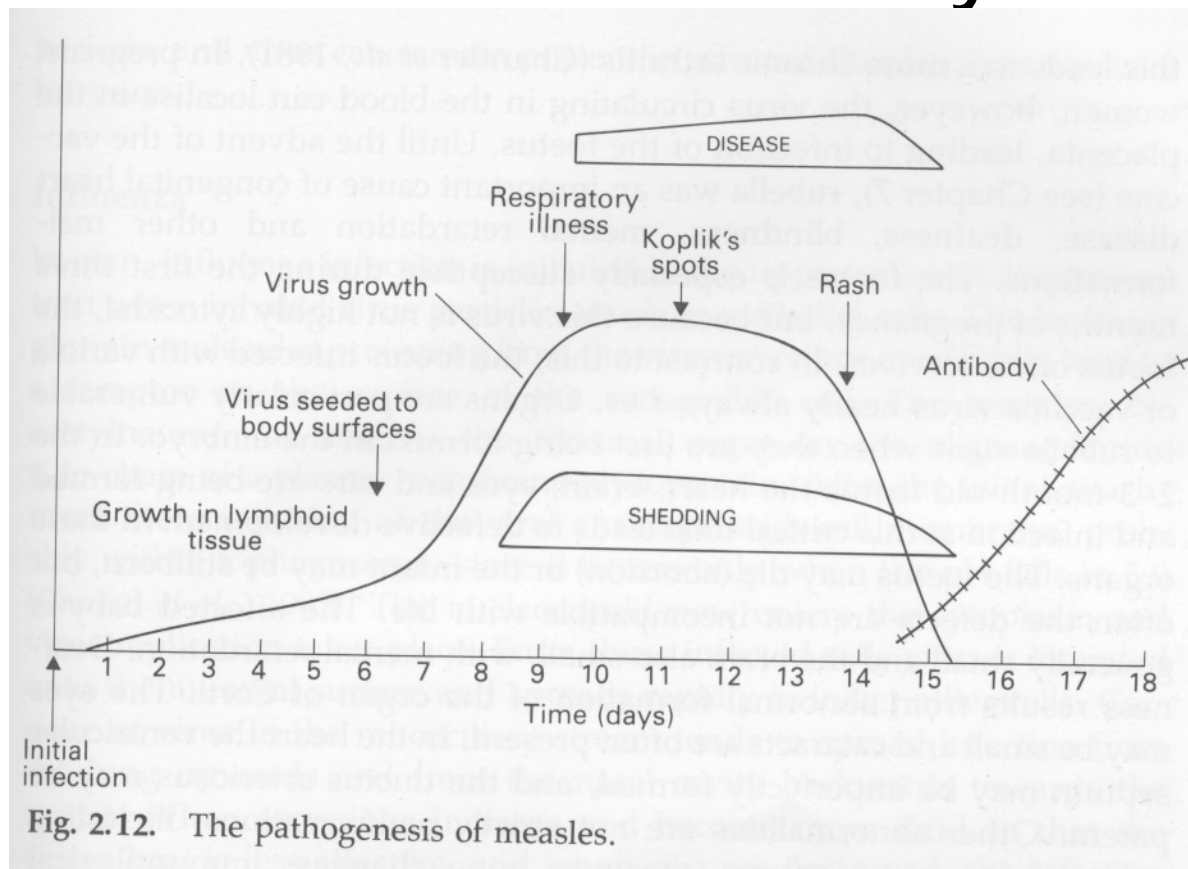
# But AIDS is not contagious

- Not one doctor or nurse has ever contracted AIDS (not just HIV) from over 1,030,00 AIDS patients in the US. But 1,000 contract annually hepatitis from patients.
- Not one of the thousands of HIV researchers has contracted AIDS from HIV.
- Wives of HIV-positive hemophiliacs have not contracted AIDS from their husbands.
- There is no heterosexual AIDS epidemic in the US or Europe since 1984.
- There is no AIDS-epidemic in prostitutes.
- There is no pediatric AIDS epidemic from millions of HIV-positive mothers in Africa.

Thus AIDS is not contagious.

References: D, K & R, J. Biosci. 2003, D & R, Genetica 1998; and CDC 2009.

# Measles as model of predictions: Short viral incubation periods, virus-specific disease (measles), disease self-limited by immunity

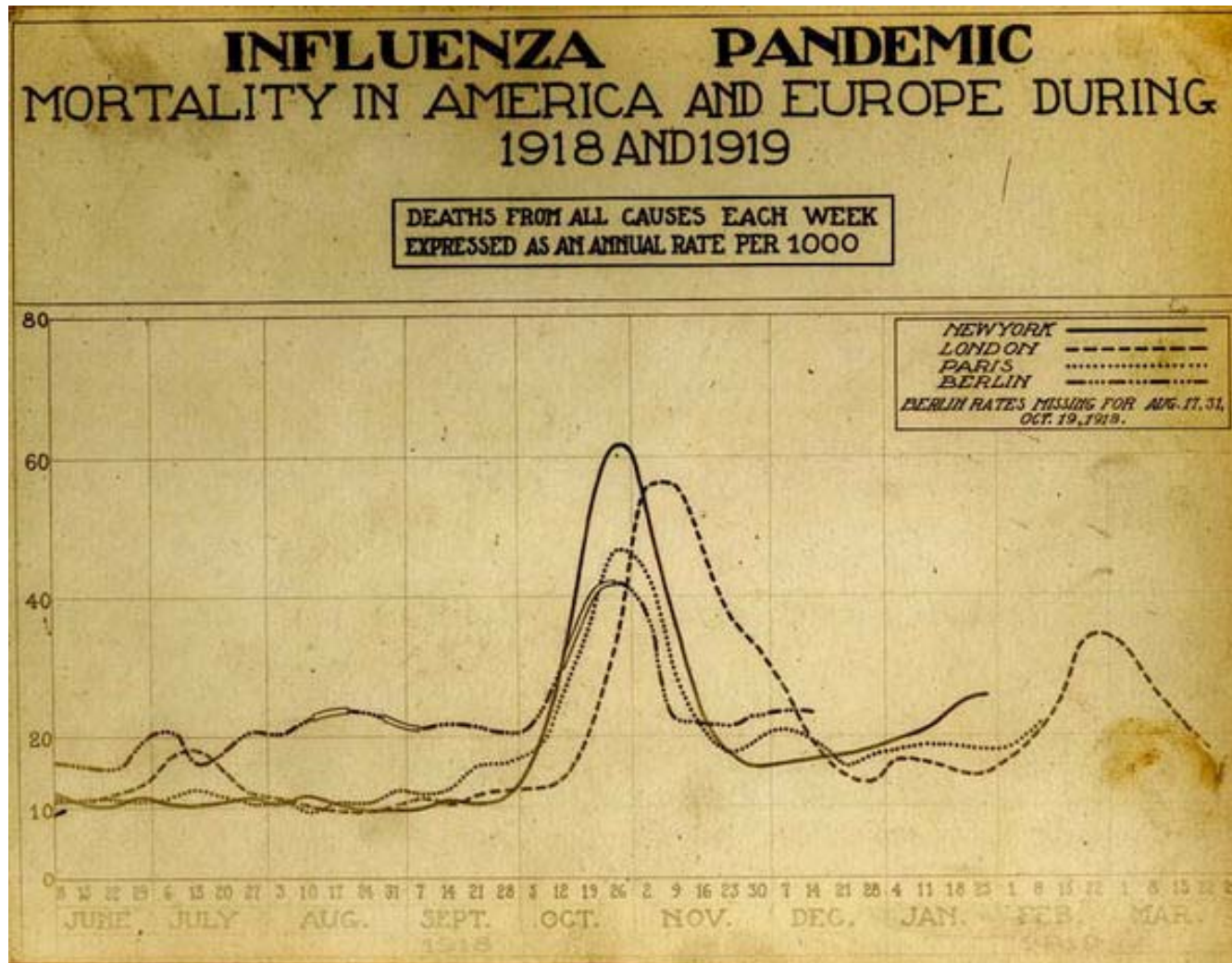


From: Viral  
Pathogenesis and  
Immunology, Mims  
& White, 1984

Note,  
time in  
days



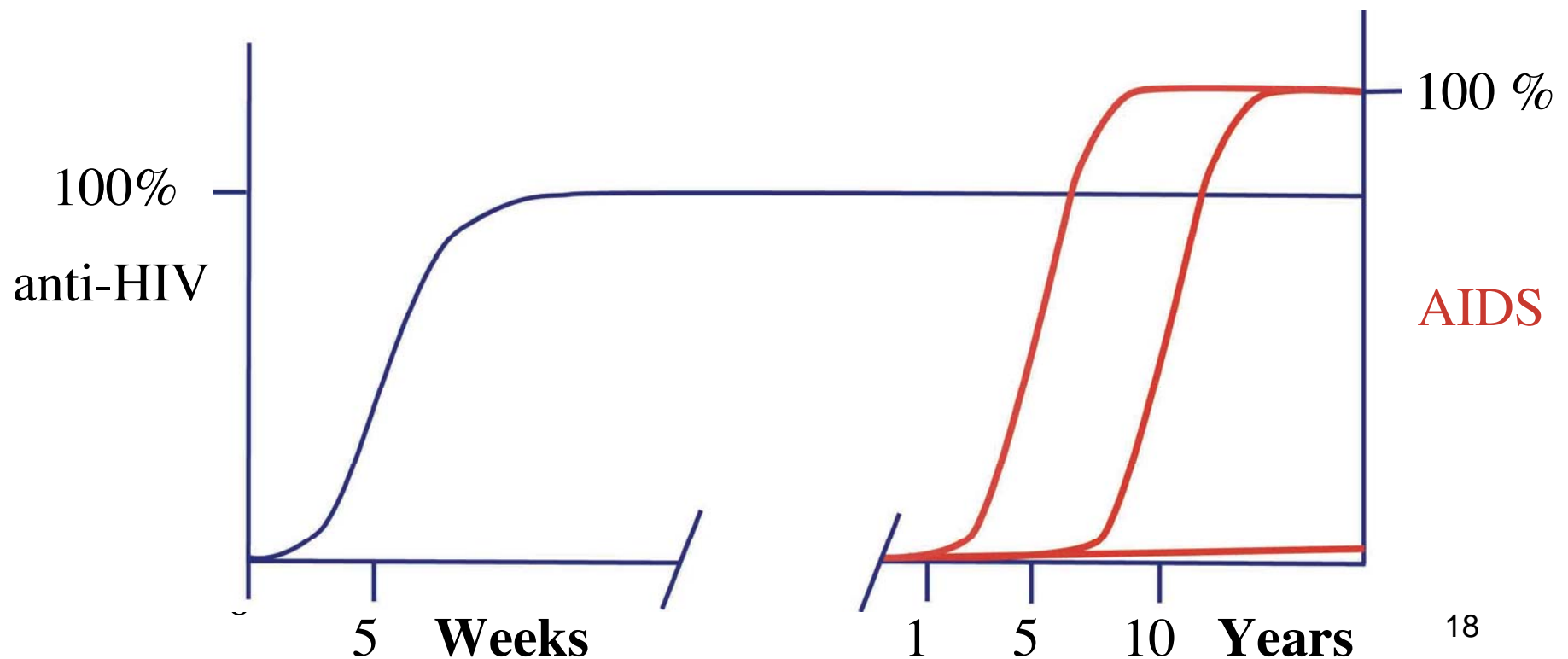
# Classical bell-shaped Flu epidemic of 1918 in the US and Europe



Short  
incubations,  
self-limiting  
by  
immunity

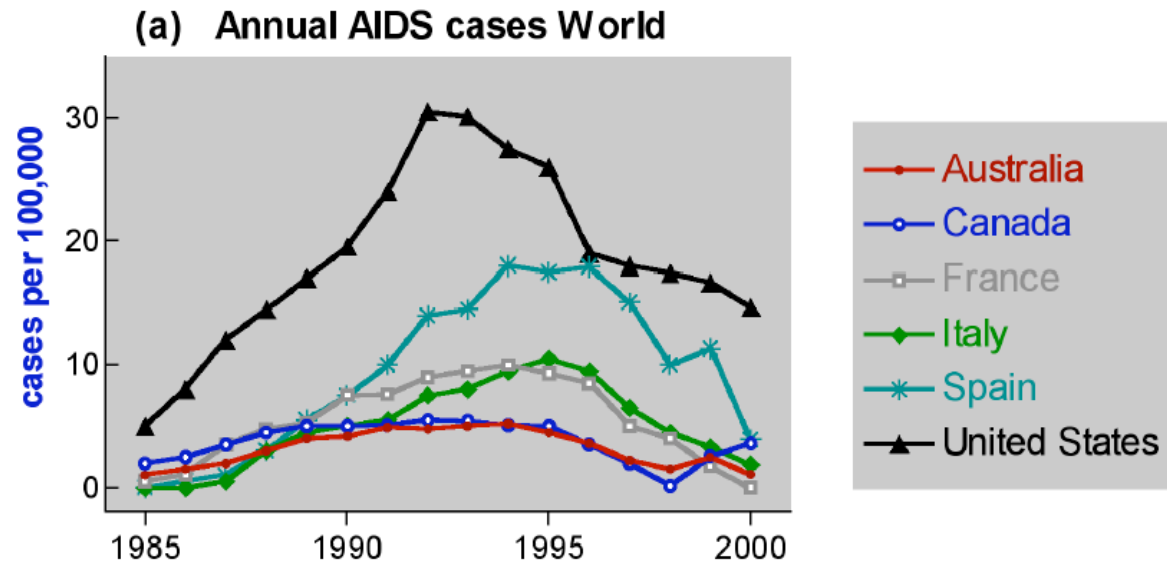
Note:  
Abscissa  
in  
months.

HIV is a conventionally fast immunogen – but is said to be a exceptionally slow pathogen.

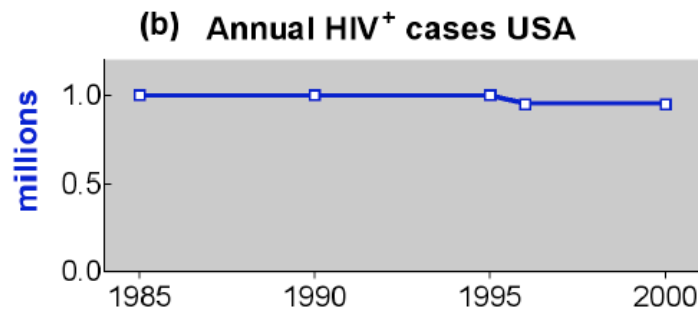


# Prediction: Viral AIDS epidemics are self-limiting and consistent with the HIV “epidemic”. Instead ...

(a) AIDS epidemics drag on for decades.



(b) HIV is steady in the US since 1985 and thus inconsistent with AIDS!



# Prediction: Viral AIDS would be random, but is not

Since the beginning of American AIDS until 2009, 80% (824,921) were males, and 20% (205,911) were females.

Moreover, about 1/3 of those males were NON-RANDOM IV drug users and 2/3 were NON-RANDOM homosexuals, who used psychoactive and aphrodisiac drugs over many years.

Even most of the female AIDS patients were drug addicts, or were associated with “high risk” partners, a euphemism for drug addicts.

# Conclusion: AIDS can not be a viral epidemic

AIDS is not a viral epidemic, because it –

1. Is not contagious.
2. Is highly non-random (or risk group-specific) in US and Europe.
3. Is not self-limiting by anti-viral (HIV) immunity.
4. Is independent of HIV, because it occurs, if at all, only 5-10 years after replication and neutralization of HIV by antibody.

So what does HIV do? And what causes AIDS?

# Is HIV a passenger virus?

A passenger virus is,

1. *Not sufficient*, to cause a disease by itself, e.g. Reo virus, Adeno virus, Cytomegalo virus – and HIV!
2. *Not necessary*, to cause a given disease because the disease occurs without the passenger virus.

# Inadvertently, CDC defined HIV as a passenger virus!

Whereas the CDC defines AIDS – as any one of 27 previously known diseases in the presence of anti-body against HIV – it defines HIV inadvertently as passenger virus:

- (1) Since the CDC and proponents of the HIV-AIDS hypothesis acknowledge millions of healthy = AIDS-free HIV-antibody-positive Americans, Asians, Europeans and Africans – *HIV is not sufficient for AIDS.*
- (2) Since all AIDS-defining diseases have occur independent of HIV, e.g. TB, Kaposi's, and pneumonia – *HIV is not necessary for AIDS diseases.*

# HIV meets definition of a passenger virus – exactly

- Only antibodies against HIV, but no active and abundant HIV are detected in AIDS patients.
- Only 1 in 500 to 1000 T cells are infected even in dying AIDS patients (see ref. 1,2 next).
- Expression of HIV RNA is either undetectable or very low, both in healthy carriers and in AIDS patients (see ref 4, 5).
- Until 1993, 4,621 HIV-free AIDS cases have been reported in the literature (see ref 3). Now verboten.

So, HIV is a classical passenger virus.



# NIAID records non-correlations between HIV and AIDS in JAMA in 2006

“Twenty-five years into the HIV epidemic, a complete understanding of what drives the decay of CD4 cells – the essential event of HIV disease – is still lacking ... The findings presented by Rodriguez et al <sup>(3)</sup> provide support to those who favor non-virological mechanisms as the predominant cause of CD4 cell loss.

The sustainability of the current paradigm for the more than 40 million HIV-infected individuals and the more than four million new HIV infections per year is, at best, questionable.” (Lane et al. (NIAID), J Am Med Assoc, 206, p1498).

– which is exactly what I have proposed since 1987.

# Can chemicals cause AIDS?

Having eliminated viruses and microbes as causes of AIDS, what is left?

Remember Sherlock Holmes:

*How often have I said to you, that when you have eliminated the impossible, whatever remains however improbable must be the truth.*

# Causes of “new” epidemic diseases

There are only two choices as causes of a “new” epidemic disease (like AIDS):

1. New germs or
2. New chemicals, alias “lifestyles”.

An example of (1) is the Flu epidemic of 1918.

An example of (2) is the lung cancer epidemic of cigarette smokers since the 1930s.

# First AIDS theory, 1981: The “Lifestyle Hypothesis”

Hardly anybody remembers now that in 1981 AIDS researchers had advanced the Lifestyle-AIDS hypothesis in the “prestigious” New England J. of Medicine (Durack et al. 1981) – 3 years before HIV-AIDS.

According to this hypothesis the massive consumption of recreational party and sex drugs, like nitrite inhalants, amphetamines and cocaine was the cause of the then new AIDS epidemic.

In the US the drug use epidemic started after the Vietnam war.

# Chemical AIDS

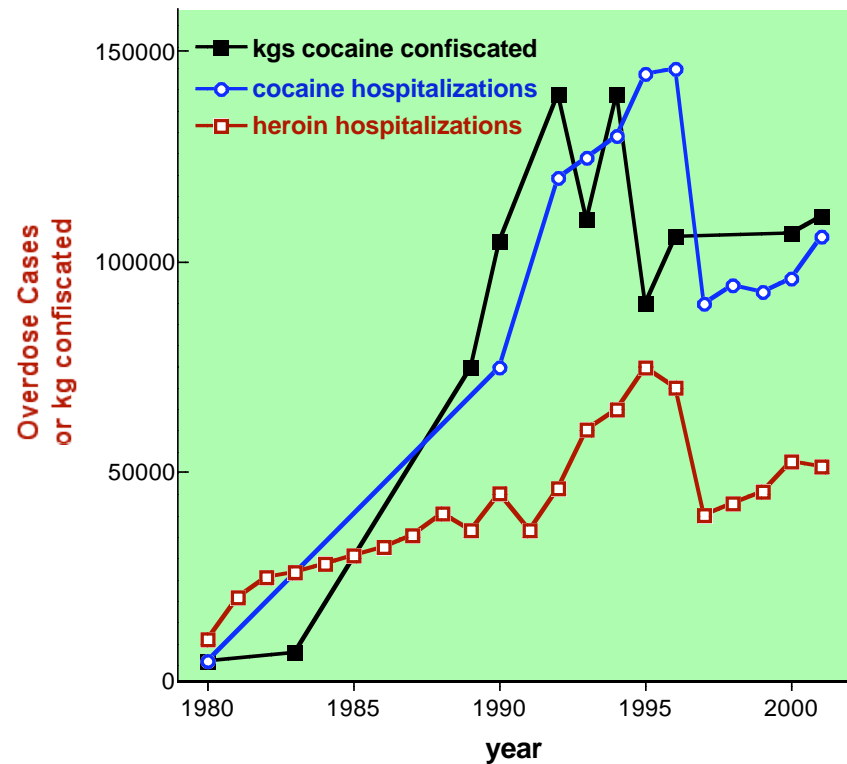
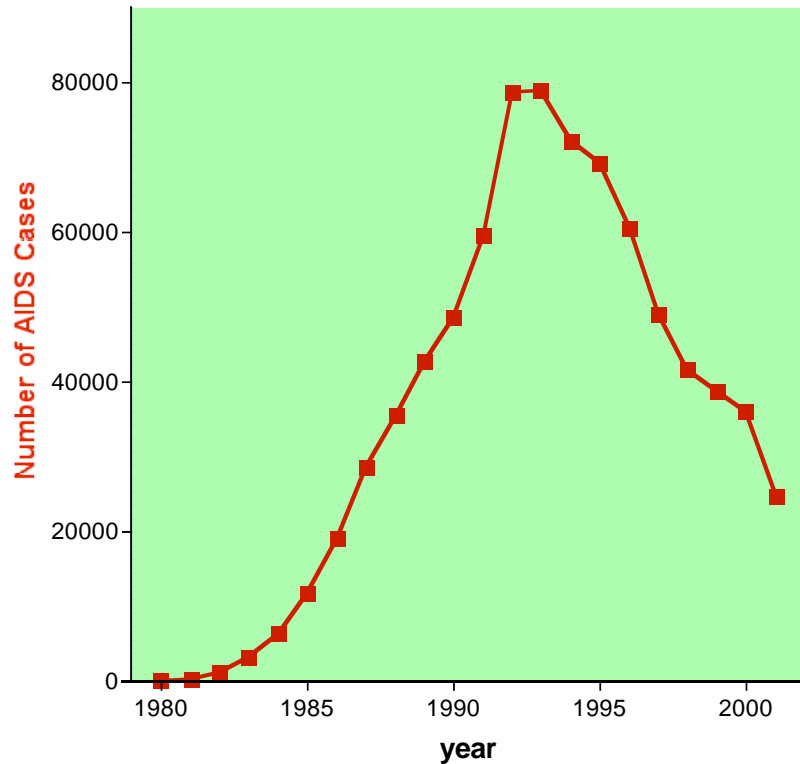
The Chemical-AIDS theory postulates:

AIDS is a consequence of the long-term consumption, or exposure to

- Recreational drugs,
- Anti-HIV drugs,
- Malnutrition.

The cumulative or long-term effects of chemical AIDS risks explain the “long latent periods” – now attributed arbitrarily to HIV.

# Coincidence of AIDS and heroin - cocaine epidemics in the US



# 100 years of literature show recreational drugs cause AIDS– diseases

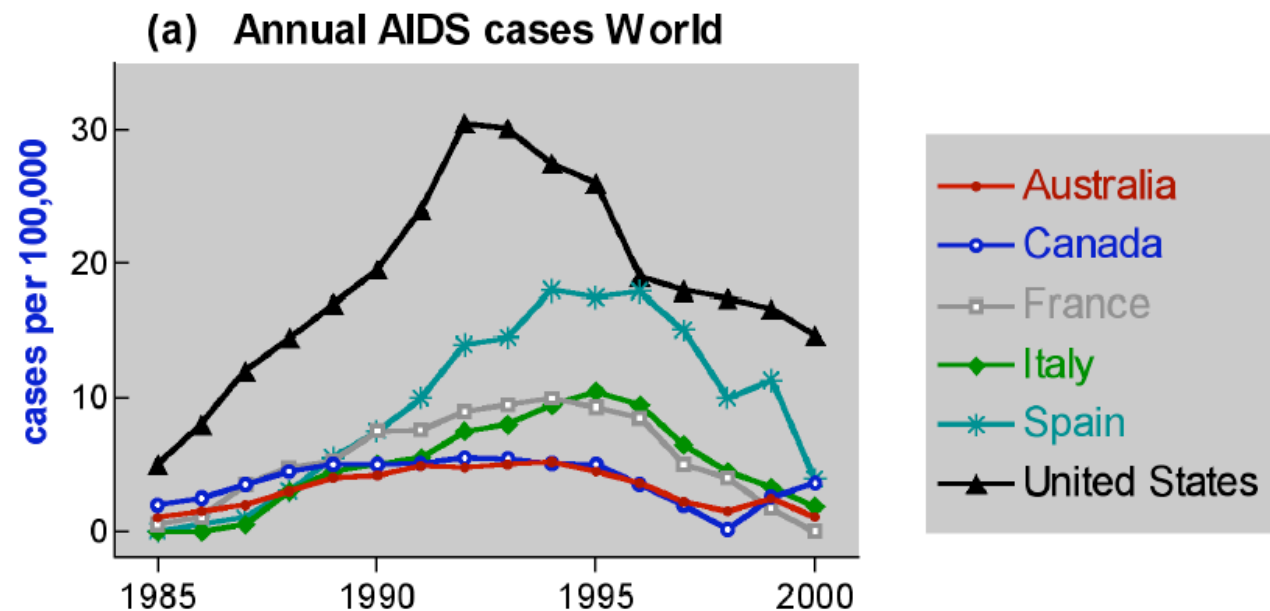
[See Duesberg & Rasnick, Genetica 1998]

Disease	Drugs	AIDS defining
Immunodeficiency	C, H, N, A	YES
Kaposi's sarcoma	N	YES
Candidiasis	C, H	YES
Pneumonia	C, H, N	YES
Lymphadenopathy	C, H	YES
Tuberculosis	C, H	YES
Weight loss/anorexia	C, H, A	YES
Dementia, encephalopathy	C, H	YES
Diarrhea	C, H	YES
Fever	C, H	YES
Thrombocytopenia	C, H	YES
Night sweats	C, H	YES
Spontaneous abortion, premature birth, congenital abnormalities	C, H	
Impotence	C, H	
Severe atherosclerosis	A	
Tooth loss, caries	C, H	
Dermatitis	C, H	
Hepatitis	C, H	
Epileptic seizures	C, H	
Endocarditis	C, H	
Bronchitis	C, H	

31  
A = amphetamines; C = cocaine; H = heroin; N = nitrites

# AIDS epidemic is not self-limiting, just like chemical diseases

Note that AIDS is dragging on over decades, not self-limiting to weeks or months by immunity (as is characteristic of microbial epidemics).





# American / European drug-AIDS risk groups

- About 1/3 of all American, 1/2 of all European AIDS cases are intravenous drug users.
- About 2/3 American and 1/2 European AIDS cases are male homosexuals having numerous sexual contacts, facilitated by numerous psychoactive and aphrodisiac drugs.
- Minor “AIDS” risk groups like hemophiliacs receive immuno-suppressive foreign proteins as clotting factors.

Thus AIDS is risk group-specific much like other chemically-induced diseases.

# Recreational drug use correlates with homosexual AIDS - 100%

Centers for Disease Control, Jama 1983

DRUGS	% users (50 AIDS + 120 at risk for AIDS)
nitrite inhalants	96
ethylchloride	35-50
cocaine	50-60
amphetamines	50-70
phenylcyclidine	40
LSD	40-60
metaqualone	40-60
barbiturates	25
marijuana	90
heroin	10
Drug-free	None reported

# Can “anti-HIV treatments” cause AIDS?

In 1987 the HIV-AIDS establishment has opened up a new chapter of chemical AIDS:

The prescriptions of anti-HIV medications to now 400,000 to 500,000 of HIV antibody-positive Americans.

# All anti-viral drugs are inevitably toxic

In principle, a specific anti-viral drug is biologically impossible.

This is because, the cell makes all viral DNAs, RNAs and proteins.

Therefore, all drugs that inhibit viruses are inevitably cytotoxic.

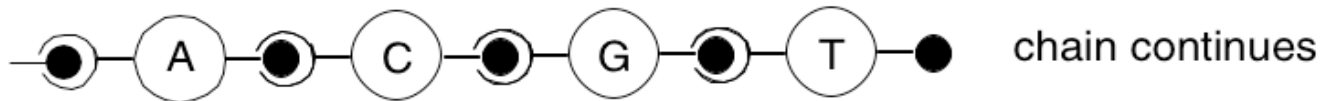
The first medication used against HIV was the DNA chain-terminator AZT, originally designed in 1964 to kill human cells for chemotherapy of cancer.

# Mechanism of DNA chain termination by AZT

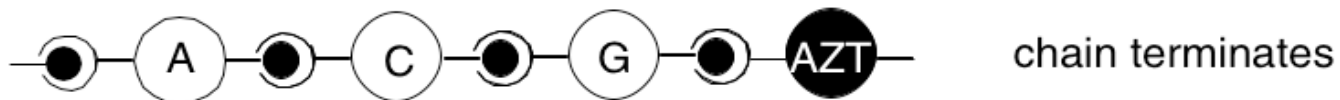
The drug was designed in 1964 by Horwitz for cancer chemotherapy.

Human DNA is a string of  $10^9$  A, T, C and Gs linked in a specific sequence

a) normal DNA synthesis



b) DNA synthesis with the T-analog, AZT



# AZT = AIDS by prescription

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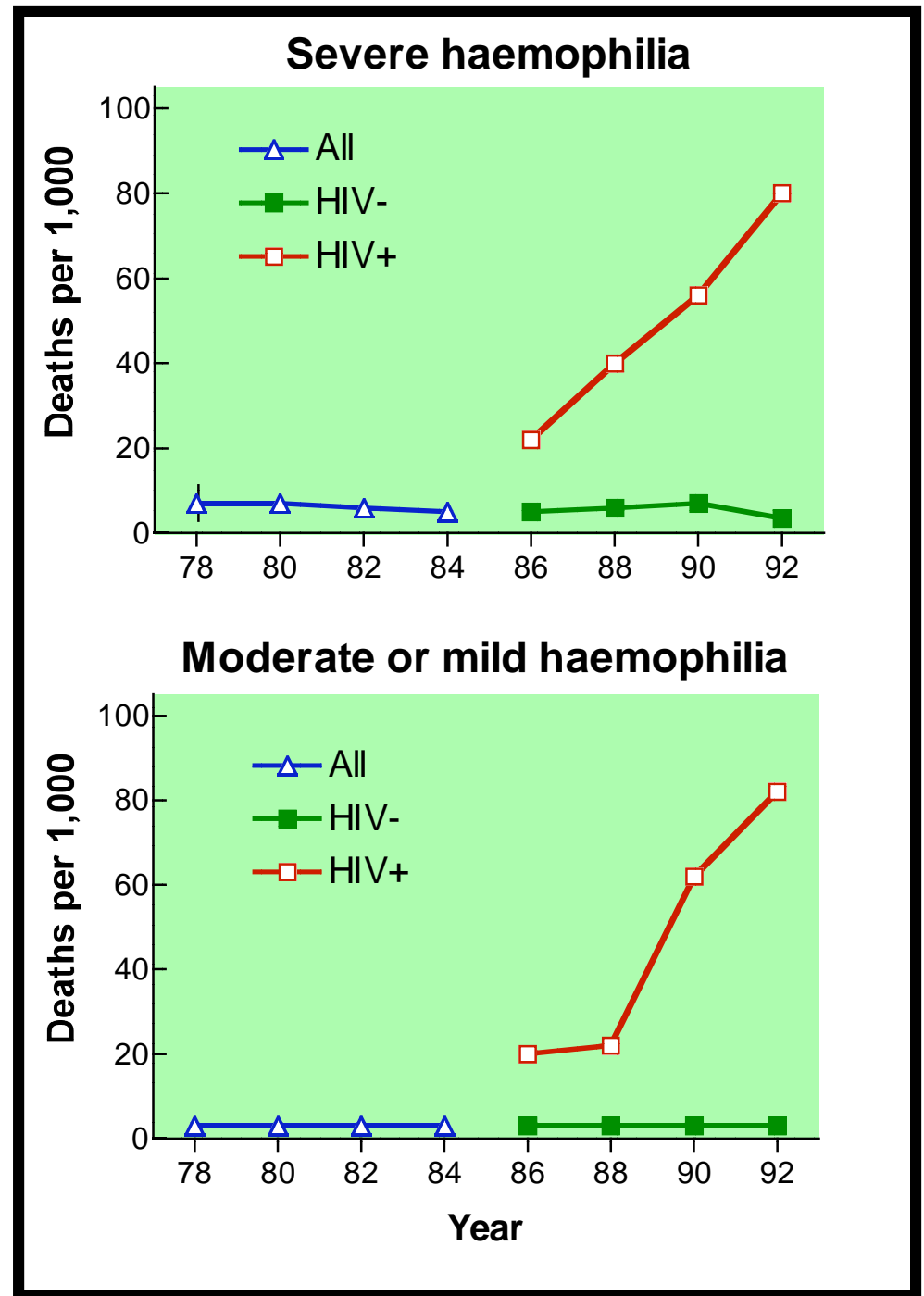
AZT causes life-threatening anemia, severe immune deficiency, cancer, nerve and liver damage, muscle wasting, dementia, diarrhea and other diseases (Duesberg et al. (2003) J. Biosci.).

Next 4 slides provide  
evidence for  
– ‘AIDS by prescription’ –  
from the orthodox literature.

1) Controlled study shows that deaths soar only in HIV+ hemophiliacs treated with AZT.

Darby SC, et al., Nature 377: 79-82 (1995)

Key: AZT available since 1986/7.





## 2) Over 50% of American “AIDS patients” die from liver, heart and kidney diseases

As of 2001 over 50% of American and European AIDS patients, treated with anti-HIV drugs, die from liver, heart and kidney diseases (see refs. 1-5).

Since HIV does not cause these diseases yet – the “AIDS patients” with liver, heart, and kidney-diseases die from these anti-HIV drugs.

## 2) Studies reporting that anti-HIV drugs cause liver, heart and kidney diseases

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5. El-Sadr, W.M., Lundgren, J.D., Neaton, J.D., et al. (2006). CD4+ count-guided interruption of antiretroviral treatment. *N Engl J Med*, 355, 2283-96.

See pdf of El-Sadr et al. on <duesberg.com>.

### 3) Anti-HIV drugs do “not decrease mortality” (Lancet, 2006)

In the largest epidemiologic survey of it's kind hundreds of investigators (!) published in the *Lancet* in 2006:

*“HIV treatment response and prognosis in Europe and North America...”*

**“Interpretation.** Virological response after starting HAART improved over calendar years, but such improvement has not translated into a decrease in mortality.” (May et al., *Lancet*, 368, p451-458.)

HAART = highly active antiretroviral therapy.

# Why is African AIDS different from AIDS in US and Europe?

According to HIV/AIDS researchers a new, sexually-transmitted AIDS epidemic decimates black Africa since 1984.

By contrast to the US/European epidemics, the African epidemic is random in the population – consistent with sex.

Predominant diseases are tuberculosis, weight loss, fevers and diarrhea.

Nearly all victims are subject to malnutrition and parasitic infections and lack sanitized water.

See D, K & R, J. Biosci 2003, and <http://www.altheal.org/statistics/fiala.htm><sup>44</sup>

# Questions about the African AIDS epidemic

- 1) In contrast to the US/European model, the African epidemic is random.  
So - how can the same HIV cause a random epidemic in Africa and highly non-random epidemics in the US/Europe?
- 2) The World Health Organization accepts “presumptive” HIV diagnoses (Bangui definition), because HIV-tests are unaffordable in Africa.  
So – how do we know HIV causes African AIDS?
- 3) Black, Sub-Saharan Africa has grown from about 400 in 1984 to 800 million in 2007 (World Bank Group, 2009)!  
So – where is the new fatal AIDS epidemic?

# Malnutrition/poverty explains AIDS in Africa

The chemical basis of African AIDS is malnutrition, alias poverty (D, K & R, J. Biosci. 2003).

This explains why African AIDS is:

- 1) Random in the poor population, and absent in doctors, scientists and tourists.
- 2) Clinically different from US/European AIDS. Over 90% of African AIDS diseases are tuberculosis, weight loss, fevers and diarrhea.

## Facts versus the predictions of AIDS theories

	AIDS facts	Viral AIDS	Chemical AIDS
1	No vaccine, despite 25 years of research	–	+
2	No virus, only anti-HIV antibodies in AIDS	–	+
3	Anti-viral drugs do not cure AIDS	–	+
4	AIDS only 5-10 years after neutralization of HIV by immunity	–	+
5	Time courses of AIDS epidemics follow lifestyles, not self-limiting by natural immunity	–	+
6	In the US and Europe AIDS epidemics are restricted to drug-using male homosexuals and intravenous drug addicts	–	+
7	AIDS epidemic random in Africa	+	+
8	No AIDS from contact infection by >1 million US patients in 21 years, despite absence of vaccine	–	+
9	No pediatric AIDS epidemic from perinatally-transmitted HIV	–	+

# The solution of the AIDS dilemma

AIDS dilemma:

- Numerous drug and lifestyle diseases are misdiagnosed and mistreated as viral diseases.

Solution:

- Diagnose the diseases of AIDS patients.
- Study all associated microbial and chemical pathogens.
- Identify the cause.
- Treat the disease based on its cause – rather than a presumably omni-potent virus.



To disprove chemical AIDS:

- 1) Find contagious AIDS in drug free subjects.
- 2) Show that in two matched groups of US soldiers only HIV-positives get AIDS.

END