

Rethinking AIDS

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MAJOR AFRICAN MAGAZINE RETHINKS HIV-AIDS MODEL

Led by Editor Baffour Ankomah, *New African* scrutinizes reports of doomsday epidemic and assumption that HIV is the cause

Typical coverage portrays AIDS numbers as inflated, cases resulting from poverty & tropical infections, not HIV

by Paul Philpott

AN INFLUENTIAL African news magazine, *New African*, for several years has promoted an AIDS reappraisal perspective. Under the direction of its editor, Baffour Ankomah, nearly every AIDS dispatch and editorial in the monthly publication scrutinizes the widespread belief that Africa suffers from an exploding epidemic of AIDS, that HIV explains or can possibly cause AIDS, and that unprotected vaginal intercourse can transmit either HIV or AIDS. The magazine consistently treats African AIDS as resulting from the features of African poverty: malnutrition, parasitic infections, and overuse of antiparasitic and antibiotic drug treatments.

Last year, American readers became aware of *New African's* courageous editorial policy through an August 1999 wire services report that decried and misdescribed its reports. The article appeared on the front page of many major newspapers under such headlines as: "AIDS denial ravages Africa; Conspiracy theories spread with disease" (Detroit Free Press, Aug. 14) and "AIDS just a sinister hoax, many Africans told: Intellectuals spread message of denial" (San Diego Union Tribune, Aug. 13).

The terms "denial," "conspiracy," and "hoax" are familiar catch words used by journalists to describe individuals who provide facts and logical conclusions that pertain to HIV and AIDS. The report, by white Zimbabwean journalist Neely Tucker, described *New African* as "a glossy, London-based magazine that circulates to 32,000 well-heeled readers in 40 countries" calling it "one of Africa's most respected news magazines," whose "articles are reprinted in magazines across the continent."

But the article also claimed that "the magazine's editorials urge people to ignore health warnings and to not wear condoms." Ankomah vigorously denies this. "Our worldwide readers are well aware that *New African* has never published editorials 'urging people to ignore health warnings and to not wear condoms.' Neely

Tucker's work shames our profession and exemplifies why so many people say, 'Never trust a journalist.'"

Tucker's article focused on what professional African AIDS workers increasingly cite as a major obstacle to their efforts: residents who fail to regard AIDS as a serious threat, or who even no longer believe that AIDS spreads sexually or that HIV causes it. Tucker described *New African* as the principal source for this sentiment.

Most Africans who qualify for an AIDS diagnosis test HIV-negative

227 patients: 59% test HIV-negative

Lancet 340, p971, 1992

122 patients: 69% test HIV-negative

Am. Rev. Resp. Diseases 147, p958, 1993

913 patients: 71% test HIV-negative

J. AIDS 7:8, p876, 1994

California State University African history professor Charles Gesheker, who has conducted considerable research in Africa, calls *New African*, "the equivalent of *Newsweek* or *Time* in Africa."

A review of articles on *New African's* website (www.africasia.com) confirms that its writers analyzed the scientific papers of such researchers as UC-Berkeley virologist Peter Duesberg and Australian biophysicist Eleni

Papadopulos-Eleopulos. *New African's* articles describe a trend among Africans generally becoming familiar with Duesberg and Eleopulos's controversial views.

This trend has become significant enough for professional AIDS workers to complain about their need for more "education" funding, which is what inspired Tucker's article.

Unlike western dispatches such as Tucker's, those in *New African* accurately consider the conclusions of Duesberg, Eleopulos, and others who propose non-HIV explanations for AIDS. They conclude that the cases of AIDS in Africa appear to result not from a sexually transmitted microbe, which is what allegedly HIV. Rather, these scientists contend that African AIDS cases represent the common afflictions of African poverty (malnutrition plus parasitic infections and the effects of over-used antibiotics) renamed as "AIDS" if HIV turns out to be one of the many microbes for which these patients test positive.

New African's writers understand how Duesberg and Eleopulos disagree. Duesberg regards HIV as a harmless "passenger virus" and

HIV antibody tests as indicating current or previous HIV infections. In contrast, Eleopulos views HIV as a laboratory artifact and proposes that HIV antibody tests indicate current or previous exposure to other infectious or noninfectious antigens, and other forms of "oxidative stress."

When western reporters consider non-HIV explanations for AIDS, they present illogical misrepresentations of these views, then summarily dismiss them. A typical distortion (in Tucker's article) muddles together the ideas of Duesberg and Eleopulos to produce a confusing amalgam that includes unrelated and incompatible con-

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spiratorial claims (which Duesberg and Eleopulos emphatically reject) of western military scientists "inventing" HIV.

New African keeps these competing views clear and distinct, but gives them a serious hearing. New African stories emphasize different AIDS perspectives. Some New African articles stress the conventional view of a sexually contagious HIV as explaining all cases of AIDS. These articles sometimes include the conspiratorial claims of being HIV a lab creation. But even within the context of the HIV model, New African reporters and commentators turn a critical eye on the unsubstantiated claims that Africa is awash in AIDS patients and people infected by HIV.

Mostly, though, New African stories stress the views of Duesberg and (increasingly) Eleopulos.

ANKOMAH RETHINKS AIDS

A prolific journalist, Baffour Ankomah grew up in Ghana and has extensively traveled across the continent reporting on a diversity of political and social issues. In his writing and in an interview with RA, he makes plain that his personal and professional observations coincide with what Duesberg and Eleopulos agree about — that non-sexual factors rather than HIV explain AIDS causation, and that western officials drastically overstate the extent of AIDS in Africa.

Nonetheless, Ankomah declines to endorse or reject any of the major explanations of AIDS, including the HIV model. "I am not an expert," he told RA. "I don't know what causes AIDS, if HIV is harmless, if it causes AIDS, or if it's merely an artifact." But the articles he publishes clearly endorse the criticisms advanced by AIDS reappraisers and provide their perspective equal billing with — and usually more credibility than — the conventional HIV explanation.

New African has promoted Eleopulos's contention that, despite elaborate and persistent efforts, no samples labeled "HIV" constitute isolations of any biological entity, much less isolations of a particular virus. That means HIV is either a hypothetical virus that is too

flimsy to isolate, or may not even exist at all.

He and other New African writers often reiterate RA's criticisms of the official African AIDS statistics: that no reliable, accurate figures substantiate the alarmist claims of a runaway AIDS epidemic sweeping the continent.

"I have been writing for years that the 'millions of Africans dying of AIDS' is an exaggeration," he told RA. "Consider the special United Nations program UNAIDS, which in an October 1998 report claimed that 4,600 Liberians died of AIDS in 1997. If that many Liberians died of AIDS in 1997, there would be a crisis in Liberia today. But I reported from Liberia in 1997 and 1998, and I didn't see people dropping dead of AIDS. So where did UNAIDS get its figures?"

That UNAIDS report also alleged 24,000 AIDS deaths in 1997 for Ghana, says Ankomah of his birthplace. "In my own extended family of several hundred members, only three people have died in the past 12 years: my grandma and aunt died of old age, and my father died of a heart seizure. My wife will tell you the same about her extended family. So will any Ghanaian you meet in the streets of London. Who are these Ghanaians that UNAIDS claims have been dropping dead of AIDS, 24,000 in 1997 alone?"

Ankomah sides with scientists who doubt that unprotected vaginal intercourse can transmit either HIV or AIDS. "I've read the American-originated research years back that showed it takes 1,000 acts of sexual intercourse for a man to infect a woman, and 7,000 acts for a woman to infect a man," he says, referring to the published findings of researcher Nancy Padian. "So the claim of sexual transmission is a big con. In my visits to Liberia, I witnessed how the civil war there made some womenfolk turn to prostitution as a means of

HIV tests haven't been correlated with actual infections and positive results alone are "enough to condemn people to develop AIDS."

survival, as happens in any war zone. But I found no reason to think those women were developing AIDS or becoming HIV-positive, as you would expect if vaginal intercourse really did spread HIV, and if HIV really did cause AIDS. This is why so many Africans are still not wearing condoms, despite all the reports like those by Tucker claiming that millions are dropping dead. More and more Africans see through the lie that condoms are the be-all and end-all of AIDS prevention."

Ankomah agrees with Eleopulos's assessment that HIV antibody tests are particularly problematical in Africa. Many millions of Africans have encountered various non-HIV agents that trigger antibody production, increasing the likelihood of false positive results on antibody tests for any microbe. Some of these agents common in Africa even trigger some of the same antibodies that react with the officially regarded HIV proteins. A fundamental problem with the HIV-AIDS model is that nobody has correlated the clinical

tests for HIV, including the antibody and viral load tests, with actual, active HIV infections. Yet standard practice arbitrarily assumes that positive results indicate active HIV infections. This causes the bloated figures of rampant HIV infections in Africa. And among individuals who believe that HIV infections cause AIDS, these tests alone are "enough to condemn people for life as destined to develop AIDS," Ankomah says.

Ankomah joins Duesberg and Eleopulos in objecting to another flawed practice that causes a dramatic official overestimation of AIDS in Africa: presumptive diagnoses. Because Africans and their governments generally lack the money for HIV tests, AIDS diagnoses on the continent require no testing. Instead, residents of regions with a high prevalence of positive HIV tests are assumed to be HIV-positive if they develop AIDS symptoms; and those symptoms are automatically blamed on HIV and hence labeled as AIDS. Yet several studies show that AIDS conditions are so prevalent in Africa that 70% who qualify for a presumptive AIDS diagnosis actually test negative when investigators subject them to HIV tests (RA April 1996 and September 1998).

This raises essential questions about the HIV model of AIDS: If most AIDS conditions among Africans occur in people who test HIV-negative, what causes those conditions in those individuals? Do those factors also affect the patients who test positive? If so, what reason is there to blame HIV rather than the other factors?

Ankomah echoes the frustration of Duesberg and Eleopulos when he asks, "Why did HIV as the 'probable cause of AIDS' declared at Robert Gallo's 1984 press conference with then US Health Secretary Margaret Heckler instantly become steamrolled into the gospel truth? What is the US government's interest in this view?"

Ankomah shares Duesberg's and Eleopulos's conclusion that AIDS in Africa simply represents a new name for the ordinary diseases of African poverty: malnutrition, malaria, tuberculosis, dysentery, and cholera.

ANKOMAH ON TUCKER

According to Ankomah, during his tape-recorded, in-person interview for his article, Tucker himself offered an observation that supports this "dissident" interpretation of HIV/AIDS statistics. "He told me, with my colleagues in our open office listening, how he and his wife visited an orphanage in Zimbabwe. He said they saw all these orphans supposedly dying of AIDS. One particular boy had all the 'classic AIDS symptoms.' But he and his wife took the boy to a hospital, and then home, fed him, and today the boy is alive and healthy! Tucker admitted that the boy was dying of malnutrition diagnosed as 'AIDS.' I told him that the 'classic symptoms of AIDS' are the classic symptoms of malnutrition, and that cases like this boy's account for the African AIDS figures. These patients are dying of malnutrition diagnosed as AIDS."

Ankomah continues: "Africans are not being allowed to die of the old diseases. Why can't Africans today die of TB or malaria — which are diagnosed as 'AIDS' if the patient tests HIV-positive and often when the patient isn't tested at all — as they were in the past? Sadly, Tucker found this crucial point too dull to include in his article."

Ankomah notes that although the official African AIDS definition calls for these old diseases to be diagnosed as AIDS even in the absence of an HIV test, the vast majority of cases occur in patients

who fail to receive an AIDS diagnosis, because they live in areas characterized by low HIV rates. Yet "billions of dollars are being poured into African AIDS programs, while the figures show that many more African malaria and TB deaths occur in patients not diagnosed with AIDS than all the AIDS-classified deaths put together," he says. "Why are TB and malaria not given the same, if not more, attention and funding by the establishment? Is it because the belief of infectious AIDS draws more money to the pockets of officials and researchers than do TB and malaria, which everybody knows confine themselves to impoverished populations?"

New African writers oppose the AIDS reappraisal views only on the rare occasion when they consider the claim that scientists invented HIV. This allegation casts HIV as a super virus that causes AIDS and transmits easily. Its advocates always describe HIV and AIDS as "amok" in Africa. Ankomah declines to dismiss this view, popular among some black Americans, even though it contradicts his own conclusions that HIV and AIDS affect far fewer Africans than the official estimate, that HIV transmits only with great difficulty, and

"The classic symptoms of AIDS are the classic symptoms of malnutrition. This accounts for the African AIDS figures. These patients are dying of malnutrition diagnosed as AIDS."

that non-HIV factors explain AIDS among Africans.

"That makes Ankomah a fair-minded journalist, an editor who permits writers to disagree with him," Gesheker, the African history professor, says. "New African's editorial policy and its publication record represent a victory for those who advocate a frank and honest discussion of the topic of AIDS."

Ankomah regards Tucker's article as an attempt to demonize AIDS "dissidents," as a way of suppressing data and opinions that undermine the frightful hysteria that keeps funds rolling into HIV-based AIDS programs. "Representatives of the establishment attempt to destroy journalists, researchers, or aid workers who question the HIV model of AIDS," he concludes.

When Tucker asked if Ankomah's work amounted to "irresponsible journalism," Ankomah responded with comments that Tucker declined to print. "I said it would be if, at the end of the day, we were proved wrong," Ankomah says. "'But it wouldn't be irresponsible if the establishment was proved wrong.'"

A better answer might have been that it is never irresponsible for journalists to state their views or those of their subjects, even if those views are later proved wrong. Genuine irresponsibility is when journalists consciously omit information or mischaracterize views in the name of protecting popular conceptions or pleasing powerful institutions.

"Dissident" ACT-UP chapter forms in Hollywood.

LONG-TIME HEAL-LA and Alive & Well-LA speaker and organizer Rod Knoll has opened a Hollywood chapter of ACT-UP (www.actuphollywood.com). ACT-UP was one of the original gay-oriented activist groups that lobbied hard for "the government" to produce a viral model and a pharmaceutical treatment for AIDS.

In recent years disaffected members formed a dissident chapter, ACT-UP/San Francisco (www.actupsf.com), which promotes the alternative view that non-HIV factors — such as recreational drugs and "anti-HIV" pharmaceuticals themselves — are among the actual causes of AIDS. ACT-UP/Hollywood represents the organization's second "dissident" chapter.

The chapter has already locked horns with KABC talk radio host Al Rantel and the LA Gay & Lesbian Center. A center official canceled the group's paid meeting space, fearing that a public AIDS reappraisal would be "injurious to the community."

Rethinking AIDS

is the monthly publication of the Group for the Scientific Reappraisal of AIDS, also known as the Rethinking AIDS Group.

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Gear magazine describes HIV "cocktail therapy" benefits as "science fiction"

IN THIS MAJOR FEATURE (March 2000), staff writer Celia Farber (an RA Group Board member) reports on the failure of the protease inhibitor drug "cocktails" to fulfill their much-hyped and little-scrutinized promise. Farber reminds readers of the ecstatic claims that attended the 1996 introduction of this therapy, including anecdotal accounts of dying AIDS patients "rising from the dead," thanks to these drugs.

She quotes HIV/AIDS critic David Rasnick, a protease inhibitor researcher and fellow RA Group Board member, pointing out that these "Lazarus" effects eluded the clinical trials, which never demonstrated a health benefit for the drugs. Farber cites mainstream scientists and physicians who now refute the four contributions that won superstar scientist David Ho the Time magazine 1996 "Person of the Year": the therapy itself (it harms more people than it might help), the "hit hard, hit early" strategy (symptom-free people who test "HIV-positive" are more likely to suffer the toxic effects and less likely to enjoy any apparent benefits), its theoretical basis (the "virological mayhem" math model is wrong), and the "viral load" technique to quantify its effects (the test doesn't measure viruses).

About the Rethinking AIDS Group

Our members include medical scientists, physicians, and other professionals from around the world who encourage a serious reappraisal of the HIV-causes-AIDS model. We have identified solid scientific reasons to conclude that:

- 1 HIV may be entirely harmless.
- 2 People diagnosed with "AIDS" may be sick not from HIV infections, but from other factors, such as one or more of the following:
 - A. Direct or indirect effects of recreational drug consumption.
 - B. Immunological exposure to foreign proteins, such as through hemophilia treatments and blood transfusions.
 - C. Impoverished living conditions.
 - D. Toxic chemotherapy with "anti-HIV" pharmaceuticals such as AZT and protease inhibitors.
 - E. Psychosomatic terror inspired by a positive HIV diagnosis.
- 3 Within the AIDS risk groups, AIDS conditions may be common even in people who test HIV negative. This indicates a need to look beyond HIV in order to explain AIDS, and a need to reconsider the official AIDS definition, which limits diagnoses to patients with presumed HIV infections.
- 4 Pharmaceuticals prescribed to treat HIV infections may actually cause some cases of AIDS.
- 5 Most people who test HIV positive may have no active HIV infections, including many AIDS patients.
- 6 Contrary to the public health message that "everyone is at risk for HIV and AIDS," the vast majority of even sexually active Americans have no significant risk of either.
- 7 Public officials, medical scientists, and social activists may have accepted the HIV-causes-AIDS model without properly scrutinizing it.
- 8 Public officials, scientists, and social activists may have dismissed alternative models without properly considering them.