

# Rethinking AIDS

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## **SOUTH AFRICAN AIDS REAPPRAISAL PANEL COMPLETES SECOND MEETING HIV scientists ban press, block debate, present no data**

When South African President Mbeki's 33-member AIDS advisory panel initially convened in May (RA June), advocates of open scientific inquiry entertained great hope. The panel included 11 "dissident" scientists eager to explain the data and defend the rationale that compels them to reject the HIV explanation of AIDS. In their view, Mbeki's government should consider devoting available AIDS funding to alleviate the abject poverty they believe causes and sustains the diseases in Africa that are now diagnosed as "AIDS." The majority of panel members accepted Mbeki's invitation only reluctantly. They believe that African governments should spend their AIDS resources on toxic cancer chemotherapies like AZT and other "anti-HIV" drugs, and that scientists who think otherwise should be silenced. The HIV scientists apparently participated to appease Mbeki's requests and to block the dissidents from making their case. At the inaugural meeting in May, Mbeki charged the participants with constructing terms for discussing their scientific discrepancies, with the hopes that the two sides would argue their points vigorously in the tradition of science, and pound out some mutual recommendations. When the panel met in Johannesburg for the second time, a few days before July's International AIDS Conference in Durban, it was clear that the HIV proponents would succeed in preventing this. Independent journalist Mark Conlan, who interviewed dissident scientists Peter Duesberg and David Rasnick after the first meeting, continues his coverage by interviewing Rasnick again, and dissident African historian Charles Gesheker, both of whom participated in the second meeting.

by Mark Gabrish Conlan

All South African President Thabo Mbeki did to ignite an uproar in January was announce that he would appoint an international advisory panel of experts to critically appraise the highly popular HIV-AIDS model. Billions of American tax dollars every year go to employ thousands of scientists and others to study and accommodate the model, and to advertise the model to a well-receiving public. Like so many other popular ideas from the USA, this one has won powerful and adamant adherents around the world.

And they all seemed to rise together against Mbeki in advocacy of one of the HIV-AIDS model's *de facto* auxiliary tenets: that the model shall not be scrutinized or criticized, that the case for HIV versus other proposed causes of AIDS, and the case for and against AIDS as an infectious condition, shall not be made. The outrage stemmed from the universal

popularity and acceptance of HIV as the cause of AIDS. Particularly galling to the many people who embrace the HIV model of AIDS is that the panel was inspired by Mbeki's serious consideration of the scientist who dismiss HIV as a possible cause of AIDS, and who even conclude that AIDS is not contagious. In constructing the panel's agenda and invitation list, Mbeki sought counsel from prominent critics of the HIV/AIDS model, including microbiologist Peter Duesberg, PhD and protease inhibitor chemist David Rasnick, PhD.

Mbeki — an erudite, poetry-writing economist — apparently concluded that though the HIV scientists who had won the competition for effectively all the world's AIDS research funding and political support had never sat down with their colleagues who have reached contrary conclusions. So in an attempt to develop the most effective and compre-

hensive possible AIDS policy for South Africa's relatively scarce resources, and before devoting all those resources to the HIV model like all other governments have, he sought to do what no other head of state had before: see if the HIV model can stand up to the experts who doubt it.

He assembled an advisory panel comprising eleven experts who reject the HIV model, and 22 who accept it. Mbeki intended for the panelists, in the classic paradigm of a scientific debate, to prove or disprove at least some of the conflicting scientific ideas, and produce some common conclusions and recommendations. He scheduled the panelists to assemble twice, first to meet each other and to establish the terms of the debate, and a second time to finalize their results. Most of the debating would take place via a special closed Internet discussion over two months in between the meetings.

The panelists first met May 6 and 7 in Pretoria, as reported in the June issue of RA. Mbeki intended for them to clarify their differences, and develop a plan for how they might persuade each other with data and logic, including the construction of experiments. For the most part, it didn't work out that way. Mbeki's organizers and the dissidents wanted all panelists to meet together in heterogeneous teams devoted to three aspects of the issue, to invite the press to observe, and to have scientific data and arguments presented.

But the HIV panelists used their majority vote to split the panel into two groups — one comprising those who embrace the HIV model, the other comprising the dissidents— so that the panelists mostly spent time with people who agreed with them. They also successfully voted to ban the media and block any presentations of scientific data or arguments. However, the dissidents did reach an informal agreement to conduct a joint experiment with some of the HIV scientists to examine certain very specific topics of dispute.

In this report we learn that this tentative plan came close to formalization at the second meeting, in Johannesburg July 3-4, just days before the 13th International AIDS Conference convened in the South African oceanside resort city of Durban.

But the intervening Internet debate virtually did not occur at all. Whereas the dissidents contributed voracious amounts of data, questions, and evaluations to it, the HIV scientists barely participated at all — to the point of angering Mbeki's organizers.

While avoiding any debate within the panel's official activities, a number of the HIV scientists signed a document called the "Durban Declaration," published in the July 6 *Nature*, and released just before the second panel meeting. The document's authors were among the HIV scientists who Mbeki shocked and outraged by turning a serious ear to those who doubt the HIV model. The 18 paragraphs of text expressed the

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## Claims of black African promiscuity deserve scrutiny

If AIDS in South Africa derives from a sexually transmitted microbe (which is what HIV is said to be), rather than simple poverty, then AIDS cases should prevail there among affluent, promiscuous populations, but not among impoverished, less libertine populations.

This line of thought leads to a rarely examined corollary of the HIV explanation of AIDS: the prediction that the impoverished black African populations characterized by high rates of positive HIV testing and AIDS are more promiscuous than affluent white populations in which positive HIV testing and AIDS cases are rare.

Like most implications of the HIV-AIDS model, no funded researchers have formally and critically examined this one. The only observers who have considered this corollary at all are those who doubt or even outright reject the entire notion of HIV-caused AIDS. The writers, editors, and commentators in Africa's largest newsmagazine, *New African* (RA Feb 2000), for example, regularly point out that no formal studies have demonstrated that Africa's HIV-prevalent populations are more promiscuous than its HIV-scarce populations. *New African's* writers doubt that this is the case.

So does RA Group Board member Charles Gesheker, an African history professor with extensive research travel on the continent. Gesheker participated in South African President Thabo Mbeki's AIDS advisory panel.

"If AIDS transmits via heterosexual behavior or condomless sex," he told RA upon his return, "then surely the epicenter should include the wealthy white populations of Durban's resort communities, the leafy suburbs of Johannesburg, and the international swingers' scene around Camps Bay and Sea Point in Cape Town. The affluent whites in these areas have more income, time, and opportunities for multiple sex partners than do the blacks in regions of HIV prevalence.

"Having spent five weeks in South Africa and traveled 2,500 miles all across the landscape, I saw far more evidence of an open sexual culture of surfers, drug users, gorgeous bodies, porn shops, sex shops, and beautiful prostitutes within one mile of my hotel room at the South Beach in Durban than I ever saw in 1,000 miles through the poverty-stricken regions of Zululand and Maputaland," where poor health and endemic illness manifests as various "AIDS" conditions such as TB, wasting, fever, and diarrhea, even in people who

test "HIV-negative."

"Yet," Gesheker says, "the affluent white regions which feature considerable promiscuity in South Africa are the last places one finds AIDS cases."

Meanwhile, "The proclaimed 'ground zero' of the 'AIDS' epidemic in South Africa is Kwa Zulu Natal, where poverty, not promiscuity, plays a dominant role in the culture. The province is heavily Christian, where Zionist, Apostolic, and Shembe churches exert powerful and influential roles in people's daily lives. In these cultures, where 'AIDS' symptoms flourish, sexual relations are closely monitored and regulated by community pressures and peer surveillance."

Gesheker says that his search of the medical and social science literature and first-hand observations have identified no empirical basis to assign to sexual activity the blame for increasing or causing endemic "AIDS" in Africa. Instead, the data point to increasing or endemic poverty and related factors. He would like to see his hypothesis tested formally by funded researchers, and that the issues of poverty, education, social stability, and racism receive as much international concern as claims of sexually transmitted AIDS.

— P. P.

hope to stop any such discussion once and for all. It relied more on the intimidating impression created by the 5,195 scientists and physicians from 83 countries who signed it than it did on its 13 references, some of which did not support the points they were cited to support.

Mbeki's press secretary responded by saying that if anybody officially presented the Durban Declaration to Mbeki, "it will find its comfortable place among the dustbins of the office."

As for the first panel meeting, Conlan interviewed two participants separately and combined transcripts from both interviews into the article below. This time he interviewed David Rasnick, PhD, and Charles Gesheker, PhD, a professor of economic and social history at California State University, Chico. Though not a physical scientist, and not a member of the panel when it first met, he was added in the interim because of his years of study in Africa and his deep working knowledge of the physical and sociological problems facing the continent.

**Conlan:** [to Gesheker]: You weren't on the panel the first time it met. How did you become part of the panel for the second meeting?

**Gesheker:** I'm not entirely certain of the mechanism for choosing people for the second round. I was on the short list of people for the first round, but probably was left off because they wanted mostly doctors, biologists, virologists, and scholars from the natural sciences, rather than the social sciences. After the initial meetings in early May, the people who formed the secretariat of the AIDS advisory panel solicited suggestions and recommendations from members of the panel, on both sides of the debate, asking for others who might be added to an expanded Web site, which they then set up for a discussion, which was going to culminate in the meetings in Johannesburg in early July.

I was asked to submit my vita via e-mail, and did so in the third week in May. Around the 10th of June, I received a notice from the secretariat of the AIDS panel, issuing my password, giving me full access to the chat room as a full participant. I posted five or six messages, mostly questions. Then I received the invitation and travel arrangements to participate in the second stage of advisory panel meetings, in Johannesburg on July 3 and 4.

**Rasnick:** This one was no picnic, because we had two months of water under that bridge since the first one. I wasn't looking forward to it. Nobody was, but our side scored a lot of points in this thing. The health minister, Manto [Tshabalala-Msimang], expressed the government's anger and frustration at the mainstream for not participating in that two-month Internet exchange that the government went to all that time, trouble, and expense to put together so that all the people on Mbeki's panel could discuss things and raise issues that would be addressed face-to-face in July.

They just totally refused to participate. The government was really furious with that, and they let everybody know that in no uncertain terms. It turned out that the government found out that some of the members of the panel not only signed the Durban Declaration,

they set up their own Internet discussions, urging other members of Mbeki's panel not to participate. This was a very, very bad thing to do, and it infuriated the government. Not only did these people not participate, they had a conspiracy to undermine and derail the panel's proceedings. And Manto told us all that. So the mainstream did not do anything to endear itself to the government of South Africa.

**Conlan:** How did the meetings proceed? I talked to Peter Duesberg and David Rasnick about the first round of meetings in

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May (RA June), and their complaint particularly was that there was very little dialogue and very little actual science. Was that your impression this time?

**Gesheker:** The structure was initially unknown to me, and probably to a lot of other people, until perhaps Sunday night or even Monday morning, when we first gathered. It was much more structured this time. They set it up

the first day so that there were two panels in the morning, and two in the afternoon. There were four panels, which would begin with two 30-minute, uninterrupted presentations, one by a dissident representative, the other by a member of the orthodox view. Then the moderator would open the entire panel, so that members of each side who raised their hands could have three minutes maximum to question or rebut the other side's presentation.

The time limit forced everybody to be succinct and terse in their points. And it was orderly. Obviously there were sharp disagreements. Some sarcasm and bombast was included in some of the comments. But pretty quickly, with some exceptions, most people on both sides realized that it was of utmost importance to make clear, brief, understandable comments, by way of support or rebuttal.

Then the moderator would decide after an hour, perhaps, of back and forth exchanges, to ask each of the two original formal presenters, one on the dissident side and one on the orthodox side, for a five-minute wrap-up. Next we took a tea break for 15 minutes, and came back for another round with the same format. That happened on four occasions, two in the morning and two in the afternoon.

**Rasnick:** We finally had scientific presentations, two speakers on each topic. There were maybe six or eight speakers total, one from each view — from the mainstream view [and the alternative view]. They had etiology; Peter Duesberg was obviously the one who addressed that [from the alternative view]. And they had two very junior, inexperienced virologists, presenting the mainstream's arguments for the HIV hypothesis. Either the other side was so contemptuous that they didn't want to put a heavyweight up to present that, to give it any sort of credibility; or who knows what, you know. They left it up to these two young women, and Peter just went on about his business. He didn't destroy them in public, you know, which could have easily been done, but it would have been pointless. It would have been like Muhammad Ali beating up some person on the street. But he laid out the arguments against the HIV hypothesis, and not only that, the arguments against "AIDS" in Africa.

Then there was prevention. That was led either by Salim Abdool-Karim or Helene Gayle, on the mainstream side. Roberto Giraldo argued prevention for our side. Then I covered the treatment end of it, made a presentation on that. And it was Joseph Sonnabend on the other side.

I specifically addressed the claims that the reduction in AIDS mortality in the U.S.A. and Europe was due to the anti-HIV drugs. I hit that pretty hard, showing that AIDS peaked in 1992. I used the CDC's own stuff to show that, and demonstrate that the reduction in mortality is a consequence of the definition change in 1993, and showed the CDC's own statistics, their own data, Table 11 and Table 12, which they dropped after 1997. They don't show it anymore. But prior to that, they showed the fractions of new AIDS cases in the U.S. that had no symptoms of disease or illness. Diagnoses were made from just two laboratory tests [a positive HIV antibody test and a T-cell count of less than 200], and nothing else. Those percentages went from just under 50 percent in 1994 or 1995, to over 60 percent in 1997. They stopped reporting those data after 1997.

When you start including large numbers of healthy people in the rolls of a supposedly virtually 100 percent lethal disease, you'll show a drastic reduction in mortality. Besides, all this stuff happened years before the introduction of the anti-HIV "cocktails," so they couldn't give the credit to the drugs — unless the virus knew they were on the way and decided to run away. And then I presented the latest publications — as of this year — that show how horrible these drugs are: the nucleoside analogs, the protease inhibitors, and all that.

**Geshkter:** The first day, Monday, was very tiring. It was like being in a pit. We sat at a U-shaped table, the moderators and the secretariat at the bottom part of the "U," and the participants — dissidents and the orthodoxy interspersed next to one another — along the parallel arms of the "U," with presentations taking place at the open end of the "U." So by design, the dissidents weren't all on one side and the orthodoxy weren't on the other.

Throughout the entire panel I sat between Clifford Lane [a director of the U.S. National Institutes of Health] and Barry Schoub, the chairman of the Department of Virology at the University of Witwatersrand in Johannesburg [and Director of South Africa's National Institute of Virology], two strong advocates of the AIDS orthodoxy.

The idea was to try to integrate the viewpoints. I think the secretariat wanted to see if, despite profound disagreements among us, there was an area where we could come to some agreement. That was certainly to their credit, and it was something I tried to work hard on.

During the breaks, including those for lunch and breakfast, instead of visiting with my friends among the dissidents, I made a point of mingling with and eating with members of the orthodoxy. I wanted them to talk back to me, and so that was how I proceeded.

On Tuesday we had some break-out sessions, where some fairly unpleasant and acrimonious exchanges took place. We tried to all come together at the very end, between 2 and 4 pm, and see if there weren't some areas of agreement.

**Rasnick:** The first day was basically business. We behaved ourselves

pretty much as scientists, as much as you can on this crazy thing. The second day, though, was really not a pleasant day, by and large, although it did have a pleasant ending.

The mainstream didn't participate at all in the Internet debate — and Mbeki had specifically asked for the issues, all issues, from the critics' position, from the mainstream position: he wanted all this stuff discussed. But the mainstream's positions were not discussed because they did not participate in the Internet debate. So he wanted it discussed.

The secretariat was under orders to have this stuff discussed. For example, had we not addressed our issues, they would have seen to it that we discussed those on the second day. But the mainstream didn't want to address these things. They had all the opportunity to do it during the Internet thing, but they didn't.

The meeting organizers broke us up into about three or four groups, where we addressed those specific things that went unaddressed previously. It was not very pleasant, because nobody wanted to do it. But it got done, and then towards the end of the day, Peter got on the radio, a local radio station, for about three hours, debating Helene Gayle of the CDC. She was totally outgunned, but she repeatedly said — certainly towards the close of the second hour — that AIDS was not contagious, that you couldn't "catch" it from anybody. You can't get it from blood transfusions, you can't get it sexually. That's what she said — Helene Gayle!

Then, after she realized she'd stepped in it — she never pulled back from it, never retreated, never changed what she said — but she immediately emphasized, "Oh, but HIV is contagious. It is sexually transmitted, and you can get it that way." So now we have one of the big shots at the CDC acknowledging in public on the radio — and she didn't correct herself — that there's this disconnect between AIDS and HIV — that AIDS is not contagious, AIDS is not sexually transmitted, but HIV is. And, as everybody knows, HIV is supposed to cause all this stuff, and cause AIDS.

This was really a consequence of this Orwellian transformation of AIDS into "HIV disease," and what they're trying to do in Africa — like they've done in the scientific literature around the world. You don't even see "AIDS" talked about that much. You see "HIV disease" in most scientific literature. It hasn't caught on with the public so much, but it certainly has in the scientific literature.

And in Africa, they call it "HIV/AIDS." They don't call it "AIDS." They don't call it "HIV." They call it "HIV/AIDS." It's sort of like the missing link in an evolutionary chain, and my guess is that the whole thing is setting the stage so that eventually they can drop the "AIDS" part and just call it "HIV." I think that's really what led to Helene Gayle's big mistake on the radio, when she uncoupled HIV from AIDS and said that AIDS is not contagious, not sexually transmitted, you can't get it from blood transfusions and things like that. And of course Peter jumped all over that, wouldn't let that go unemphasized, and she never did retract it.

I can tell you there wasn't nearly as much press coverage the second time as there was the first time. The only time the press really showed up was at the very end, when Manto and the government officials had a press conference.

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## "The government was angry at the absence of participation from 'the mainstream.'"

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**Conlan:** You said the officials assigned to the AIDS panel were very upset that there hadn't been more mainstream participation in the Internet forum. Exactly how did they express that?

**Rasnick:** In those words! That the government was angry, displeased at the absence of participation, you know, from — they didn't call them "the mainstream." But of course we all knew whom they were talking about, because during that Internet debate we had cajoled, pleaded, begged, talked about it. We had e-mail exchanges from Makgoba, from the government's end of things, to us, wondering why the other side wasn't participating. Pleas from the government, from other people, for them to participate. So they didn't have to call them by name. The people in that room knew.

**Conlan:** Did anybody from the mainstream try to defend themselves and offer a reason why they hadn't participated?

**Rasnick:** Nope! They were silent. No apologies, either.

**Conlan:** One gets the impression, from the fact that their real response was the Durban Declaration, that their strategy was simply to isolate you, saying, "This is the overwhelming majority of the world's scientists. This is 5,195 signatures; and on the other hand you've just got a handful of people in your room. Why bother to listen to them when you've got this overwhelming majority on the side that HIV causes AIDS?"

**Geshekte:** Sure. And they weren't speaking to the government. First of all, the Declaration was a lame and cowardly defense of their position. They could have, should have, and were duty-bound to have presented those arguments and evidence to the panel, during the Internet debate and/or during that panel exercise.

We actually seem to know the orthodox AIDS literature better than the orthodoxy itself does. And we were already well aware and informed of those six or seven references that they used in their Declaration. We quoted, recited, and regurgitated it back to them. In fact, many of those references we used as evidence against their position. For example, the Darby study, about hemophiliacs in England.

So if it was such a wonderful, exhaustive, overwhelming argument for their position, why didn't they present it during the panel exercises? That would have been a great place to do it! If they were really right, brilliant, and correct, they could have shown us up in front of the government of South Africa, Manto, Mbeki, the secretariat, and the other ministers and other scientists at that meeting.

But they chose not to put it up before experts who would analyze it, critique it, you know, attack it logically and scientifically. They obviously had absolutely no confidence in defending their position, because they didn't put it up in the position where they could defend it. They sent it out to the world, via *Nature* and other outlets, where it would not get critiqued or criticized. They didn't put it in the lion's den. So the fact that they went the route that they did is a clear indi-

cation that they are aware that it's not so conclusive, not so "overwhelming." Or else they would have demonstrated that it was conclusive and overwhelming, so to speak, in a competition.

**Conlan:** In other words, you'd have to say that it has to do with power, not science.

**Rasnick:** It has nothing to do with science. I put this out as evidence that the other side knows they got it wrong. Because I know my profession, and we take tremendous pride. We have big egos, scientists and physicians and other people. We love to have our names on things. We love to win prizes, like Nobel prizes, and get our names on important papers and stuff like that. We want credit for it, and we want to show off. We want to put it out there and impress our friends and foes alike with how brilliant we are, and take credit for everything we've done.

And here these guys are, going behind our backs, putting it out there, not presenting it in a forum. It's like saying you're the world's best boxer, or you're the world's champion in baseball, but you refuse to play any games. You don't play the game; you just declare that you're the world's best. And the fact that they're not playing the game is a clear indication to me — yet another one — that they are aware that their position is, if not hopeless — and I think some of them know that it's hopeless, ultimately — at least in big trouble.

So it was political. You're right. The whole Durban thing had nothing to do with science. It was them trying to defend themselves against a very effective attack on the whole structure, the whole edifice of the contagious HIV hypothesis of AIDS, that Thabo Mbeki is challenging.

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## "Are these antibodies against HIV actually an indicator of the presence of HIV? That's what the government has committed to funding."

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**Conlan:** Are there really going to be any studies resulting from this panel that will actually test the HIV-AIDS hypothesis?

**Rasnick:** Time will tell. All I know is that there has been a commitment to do experiments. That's far, far different from actually having them done. I think, as long as Thabo Mbeki has any say in it, something will be done. He has not reneged from any one of his promises or commitments. He has fulfilled every one of them that I know of. And he has said that the government of South Africa is going to pay for these studies. The results of those studies are supposed to be reported back to him by the end of this year.

So I'm convinced that there will be something done. What that something is, and who does it, is a whole other issue.

**Geshekte:** I proposed several possible studies during my interventions. In the end I found the final work of the panel to be a bit elusive, and it remains so to me now. There seemed to be some general agreement about the need to develop carefully monitored protocols and research strategies to try and explain, once again — or anew, if you will — exactly what were the links between antibodies to HIV and the onset of the clinical symptoms that define an "AIDS" case in Africa, and to make a clear distinction between correlation and causation. I think that is where it is right now.

**Rasnick:** Harvey Bialy and William Makgoba of the Medical Research Council in South Africa were putting together a study, which the government of South Africa was going to fund, to test whether the HIV test, the ELISA test, in South Africa actually does test for HIV. It doesn't say anything about AIDS. This test, and this experiment, would not address whether or not HIV causes AIDS. All it is intended to do is to [answer the question], "Are these antibodies against HIV actually an indicator of the presence of HIV?" That's what the government has committed to funding, and that's what Harvey and William Makgoba says that they're going to do.

The other study — which I don't believe is going to happen, because I just can't believe that the CDC is going to do it — is based on the fact that every year for the past 15 years, they've tested a couple million or so recruits, applicants to the Army, Navy, Air Force, Marines, Job Corps, organizations like that. They've got tens of millions of young people who've been tested over these years, and tens of thousands of them have been refused entry into the military because they have antibodies to HIV.

It's a very simple experiment. The HIV hypothesis estimates a lead time of 10 years or so between the time you have antibodies to HIV and

the time you get AIDS. Well, since they've been doing this for 15 years now, the HIV hypothesis would predict that certainly over half of all these people should have had AIDS by now, because we've had enough people, for a long enough time. We've had really large numbers.

So the experiment is to randomly obtain 1,000 of these names of these young people that you can track down, and see how they're doing, see which ones have been taking the HIV drugs, which have a history of consuming narcotics. See how many of them are alive, and if they're healthy, and what their health status is. We predict that the overwhelming majority — about 80 to 90 percent of these people who have consumed no HIV drugs or narcotics — will be alive and well. The HIV hypothesis says that fewer than 50 percent of these people would be.

That's a very clear, easy experiment to do. There's precedent for it. Earlier this year, there was a study where they got information from 45 years back — it was a 45-year-long study, because they retained blood samples of people in the military — checking the blood samples for hepatitis C. Remember hepatitis C, now, everybody thinks that's important ever since HIV came out. And the conclusions were, after this 45-year study, that hepatitis C is not a risk to health. Now, that's interesting in its own right, but the most important thing about that is that there's a precedent here. People are able to go back and get information from the military about hepatitis C. So one should be able to do the same thing about HIV.

## 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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- 2 To advocate the absolute right of students, professors, physicians, scientists, government officials, and everyone else to think freely and speak openly on the subject of HIV and AIDS without fear of professional, social, political, economic, or criminal penalties.
- 3 To assemble scientists, physicians, and other informed people who support rational, open scientific discourse on the subject of HIV and AIDS, and make those persons available for commentary and consultation to interested social groups, media outlets, government agencies, professional organizations, and individuals.