

After a long time, a statesman with moral fiber had shown courage to challenge the might of the Pharmaceutical Corporations; Viral Research lobby and the Establishment of United State of America on the issue of HIV / AIDS.

Mr. Thabo Mbeki, the President of the Republic of South Mrica, believed deep in his heart that the central problem of his country in particular and the World in general is "poverty" and others including HIV / AIDS are manifestations of the same. He stood firm to his conviction and refused to be bogged down by the Global pressure to prioritise HIV / AIDS above poverty in terms of emergency of action as well as financial allocations. He has called for a consultation and invited the group of Scientists who have been consistently questioning the scientific validity of the way HIV/AIDS has been presented to the World.

The strong opposition this initiative faced from the American officialdom, has a section of powerful media and Corporate world, speaks a lot about their high stakes involved in business of HIV / AIDS.

In this issue of Infopack we are providing informations about the report of the Panel set up by President Mbeki as follow-up to the Global consultations along with few articles by the scientists belonging to the dissenting group.

Looking at the way agenda of HIV / AIDS is been concertedly pushed by international agencies of all varieties in India without any public debate and accountability, we believe that the time has come to look at the issue more critically and wholesistically.

We hope that access to such material will be helpful in creating an informed base for worthwhile debate and formidable actions to make the official and non official efforts on HIV / AIDS more rooted and accountable.

We will share with you more material on the issue from time to time.

Persidential AIDS Advisory Panel Report

March 2001

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Birds Eye View

This report is an outcome of the deliberations by the panel of experts invited by the President of the Republic of South Africa, Honourable Mr. Thabo Mbeki. The World Health Organisation report on the 'Global situation of HIV / AIDS pandemic, end 1999' states that of the 5.6 million people, who were infected with the HIV in 1999, 3.8 million lived in Sub-Saharan Africa. It also states that during the same year 2.2 million people in Sub-Saharan Africa died of HIV / AIDS, which represented 85% of the global total of the death due to HIV / AIDS in 1999. In addition, the report stated that there were more women than men among the 22.3 million adults and 1 million children in Sub-Saharan Africa who are estimated to be living with HIV/AIDS. Faced with the catastrophic situation that South Africa and the rest of the world is confronted with, the President sent invitations to eminent scientists and individuals around the world to bring into the debates on all viewpoints related to HIV and AIDS.

The Presidential AIDS Advisory panel was constituted to bring together diverse expertise and experience on the subjects of HIV and AIDS. Each member of the panel was invited in her/his personal capacity as an expert and not as the representative of a particular group or position.

The first meeting of the panel took place at Pretoria on 6-7 May 2000 in which 32 eminent persons participated, while the second meeting took place at Johannesburg on 3-4 July 2000 and was attended by thirty of the original invitees. There were several others who made their contributions to the debate through internet medium.

The report attempts to reflect as objectively as possible the content of the deliberations, contrasting opposing views, highlighting areas of consensus and identifying gaps in the knowledge. The report represents a summary of the deliberations, debates, views, opinions and recommendations and explicitly avoids passing judgement on the validity of the arguments made by panellists individually or collectively.

The report is divided into ten chapters. The chapters are as follows:

- * Setting the scene
- * Aetiology and Transmission of AIDS
- * Surveillance
- * HIV tests and their accuracy .
- * The treatment of AIDS and the use of Anti-Retroviral drugs
- * Preventive and Prophylactic measures against AIDS
- * Socio-economic factors in the context of HIV / AIDS
- * Recommendations
- * Proposed research projects and studies
- * Conclusion

The report starts with the challenges, the South African Government is

confronted with in responding the growing AIDS epidemic in South Africa in particular and Sub-Saharan Africa in general. It also gives a brief background of the situation and the nature of AIDS epidemic which forced them to pose some pertinent questions related to the accuracy of the tests currently being used to diagnose HIV infection, the impact of poverty and malnutrition on the ability of the people to respond to this infection, the relationship between HIV infection and other infections leading to TB, malaria, hepatitis as well as other parasitic infections and the authenticity of the claims that AIDS epidemic exists in South Africa. In fact opinions on some of these pertinent issues were so diverse that the South African Government felt it important to interrogate these in an open debate.

This chapter also provides the names of the scientists, physicians, historians, economists, public health professionals as well as policy makers who were invited by the South African President and were present in the meeting. The terms of reference set for the Presidential AIDS advisory Panel is also documented in this chapter.

The second chapter primarily deals with the arguments related to the causes and transmission of AIDS. It states that most of the panellist agreed that HIV exists, but not all acknowledged that it causes AIDS. Prof. Duesberg in his submission to the panel said that he had studied retrovirus for 30 years and in his experience, retrovirus do not kill the cells they invade but are latent passengers in human beings and animals.

Dr. Giraldo informed the panel that he started studying immune deficiency in 1965 and he is convinced that the AIDS epidemic is worse than what the people who assert HIV as its cause. He also says that the levels of immune deficiency in Africa is on increase much before the recognition of AIDS. Prof. Duesberg and Dr. Giraldo do not subscribe to the link between HIV and AIDS. They do, however believe that AIDS does exist, caused by factors other than HIV. On the other hand, panellists such as Dr. Rasnick argued consistently that AIDS does not exist and that AIDS would disappear itself if all HIV testing was outlawed and use of anti-retroviral drugs are banned.

This chapter also talks about the causal link between HIV and AIDS. Dr. Williamson gave a presentation that affirmed that HIV causes AIDS. He informed the panel that it is retrovirus belonging to lentivirus family of the RNA viruses. However opinions were expressed in the panel that purification of a virus, as well as electron micrographs of pure virus is essential to answer the question as to whether a particular virus exists or not.

At a later stage this chapter speaks about the various tests namely PCR (Polymerase Chain Reaction) and ELISA and Western Blot test being carried out to diagnose AIDS patient. Dr. Williamson argued that PCR is an acceptable method for the identification of HIV. Dr. Makgobe also supported her view. However, there were other pannelists like Dr. De

Harven who argued that these tests are not specific as over 70 medical conditions unrelated to AIDS frequently test positive to ELISA and Western Blot test.

Dr. Lane pointed out that the ELISA test is not a diagnostic test for HIV. However, combination of the ELISA with a Western Blot provides an accurate method of diagnosing HIV Infection. Dr. Giraldo contested this view in front of the pannelists that how the two tests that are not diagnostic individually could become the basis of diagnosis in the combined form. This section also contains the references made by the manufacturers of kits used for ELISA, Western Blot and PCR which says the following:

- * ELISA testing cannot be used to diagnose AIDS, even if recommended investigation of reactive specimens suggests that antibodies to HIV are present" and "specimens found to be repeatedly reactive to ABBOTT HIV AB HIV-1/HIV2(rDNA) EIA must be investigated by additional more specific supplementary tests" (Abbott Laboratories, Diagnostic Division, 68-0158/R12; December 1996)
- * "Do not use this kit as the sole basis of diagnosing HIV-1 infection" (HIV-1 Western Blot Kit, Epitope, Inc., Organon Teknika Corporation PN201-3039 Revision #8)
- * "The Amplicor HIV-1 Monitor test is not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection" (Roche Diagnostic Systems, Inc., Amplicor HIV-1 Monitor test Kit. US 83088. June 1996 (13-06-83088-001)

This chapter also speaks about the various alternative theories and hypothesis on the cause of AIDS. These alternative theories have been suggested by the panellists who do not subscribe to the notion of HIV causing AIDS. These are: The chemical AIDS hypothesis, The Immtino-toxicological hypothesis and The oxidation hypothesis

The third chapter explains the issue of surveillance related to the HIV/ AIDS. Emphasis has been placed on the availability of surveillance data from South Africa and elsewhere and the ability of these data to demonstrate the presence and magnitude of an AIDS epidemic. The issues discussed under this section include whether the AIDS epidemic in South Africa is indeed a reality, why the pattern of the epidemic differs so significantly between Africa and Europe/USA. Whether available data sufficiently demonstrate an AIDS epidemic and issues related to AIDS defining criteria and reliability of serological tests. A major section in this chapter has been devoted to understand whether the South African AIDS epidemic is a fact or fiction.

This chapter also deals with the factors related to socio-economic conditions. While one school of thought argues that poverty in itself is a sufficient risk factor in getting AIDS, the others argued that low socio-

economic status and poverty contributes to the circumstances that would increase the risk of acquiring AIDS, but these factors are not in themselves sufficient in acquiring and spreading AIDS.

Next section of this chapter deals with the issues surrounding why and how the South African epidemic differs from the epidemic in Europe and the USA. A major difference of opinion among the pannelists was on the issue of transmission. However, the pannelists failed to explain why HIV is transmitted heterosexually in south and homosexually in north. Towards the end of this chapter seven recommendations has been given related to surveillance in South Africa.

The next chapter of the report deals with the issue of HIV tests being carried out all over the world and their accuracy. The most frequently used tests to confirm HIV are ELISA, Western Blot and PCR viral load tests. The ELISA and Western Blot tests detect HIV antibodies in the serum of the patients, where as the PCR Viral load tests is a genetic test that detects small HIV nucleic acid fragments in the whole blood. The CD4 count is an additional laboratory test used in combination with ELISA to make a diagnosis of AIDS.

The specificity, reliability and its reproducibility of all these tests has been dealt at length specifically in this chapter. Going through this chapter makes one think that till date there is no 'gold standard' against which the accuracy and reliability can be measured. In fact some of the pannelists have recommended the South African government to terminate HIV testing by blood banks and for general surveillance since the results of all the tests are unreliable and nonspecific.

Chapter 5 focuses on the treatment of AIDS and the use of Antiretroviral drugs. Pannelists who disputed the causal link between HIV and AIDS were of the view that the use of anti-retro viral drugs is wrong. The other set of pannelists argued that there are clinical experiences which affirm the value of anti-retro viral drugs in the treatment of HIV / AIDS. In this chapter both set of proponents have produced evidence in support or against the use of anti-retro viral drugs to treat HIV/AIDS patients. The supporters for the use of anti retro viral drugs referred several clinical experiences which improves the quality of life of HIV infected persons. However, the pannelists opposed to the use of anti-retroviral drugs asserted that the benefits being claimed by the other group is only anecdotal and have no scientific data to prove their claim.

This chapter also speaks about the toxicity of the anti-retroviral drugs and there was no dispute from any of the pannelists on this issue. However, one group were of the opinion that these antiretro viral drugs are toxic to the extent that it can lead to other disease conditions in an otherwise healthy person. The other group felt that there are evidences that admintering anti retroviral drugs have substantial clinical value when used in correct dosages and under carefully monitored conditions. Towards the end of this chapter several recommendations have been given on the

use of anti-retroviral drug from both the groups.

The next chapter is on the preventive and prophylactic measures against AIDS. As there is completely opposite opinion on HIV being the causal agent for AIDS two different set of recommendations have been given on prevention of AIDS by the pannelists.

Chapter 7 of the report focuses on the socio-economic factors in the context of HIV/AIDS. The socio-economic factors taken up in the report includes malnutrition and sanitation, orphans, Ethics and human rights, sexual behaviour, rape, stigmatisation, promiscuity, condom use and issues of economics.

Chapter 8 compiles all the individual recommendations made by the pannelists which runs into fourteen pages while chapter 9 contains the title, rationale, methodology and other details of the proposed research to be carried out. Altogether 10 proposals have been submitted to South African Government for further research. Chapter 10 is the concluding chapter of the report followed by appendices. The report runs into 134 pages.

What causes AIDS? It's an open question

Charles A. Thomas Jr.,
Kary B. Mullis and Phillip
E. Johnson

Published By Reason

June 1994

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Birds Eye View

This paper has been jointly written by three renowned person of their own field. Charles A. Thomas Jr., is a biochemist and is president of the Helicon Foundation in San Diego and secretary of the group for the scientific reappraisal of the HIV / AIDS hypothesis. Kary B. Mullis is the 1993 Nobel Prize winner in chemistry for his invention of the polymerase chain reaction technique, for detecting DNA, which is used to search for fragments of HIV in AIDS patients. Phillip E. Johnson is the Jefferson E. Peyser Professor of Law at the university of California, Berkeley.

In this paper they have tried to examine the dominant and popular hypothesis of mv causing AIDS. They are of the opinion that most people have to believe in this hypothesis because there has been aggressive publicity from the official and non-governmental sources in the media that AIDS is caused by a retrovirus called HIV. However, leading biochemical scientists and retrovirus expert Peter Duesberg and Nobel Prize winner Walter Gilbert have been warning for years that there is no proof till date that HIV causes AIDS.

The author of this paper says that there are at least three reasons for doubting the official theory of HIV causing AIDS. First, even after spending billions of dollars, the proponents of the hypothesis have failed to explain that how HIV, a conventional retrovirus with a very simple genetic organisation, damages the immune system. In fact when the so called HIV virus was discovered in 1984 the US government officials have predicted to make vaccine which will be available if! two years

time. So far seventeen long years have passed without any vaccine.

The second reason is that in absence of any agreement about how HIV causes AIDS, the only evidence that HIV causes AIDS is a correlation. To prove their points the authors say that there are many cases where all the symptoms of AIDS is present in the person but he or she has not been found infected by HIV. Likewise there are also many cases of persons who have been infected by HIV for more than a **decade** and have shown no signs of illness.

Later they have argued that AIDS in US and Europe has not spread through the general population. Rather it remains almost entirely confined to the original groups, mainly sexually promiscuous gay men and drug abusers. The number of HIV-infected Americans have remained constant for years instead of becoming an epidemic.

The authors have also questioned that how the retrovirus supposedly infects and kills the “T -cells” of the immune system, leading to AIDS. They have explained that even in patients in the late stages of HIV infection with very low blood T4 cell counts, the proportion of those cells that are producing HIV is very less i.e. one in 40.

The article says that the HIV paradigm has failed every scientific test. In the past research based on this paradigm have failed not only to provide any cure or vaccine but has also failed to explain any theoretical explanation for the disease causing mechanism. Such success as medical science has had with AIDS has come not from futile attempts to attach HIV with toxic antiviral drugs like AZT but from treating the various AIDS associated diseases separately. Predictions based on the HIV theory have been falsified and yet the HIV establishment continues to insist that nothing is wrong and is using its power to exclude the dissident VOICES.

The article demands for a thorough reappraisal of the existing evidence for and against this hypothesis. This reappraisal should include genuinely controlled epidemiological studies of all the major risk groups. The studies should employ unbiased definition of AIDS. It also puts emphasis on critical re-examination of the statistics of AIDS and HIV in Africa and Asia.

To conclude one can say that this paper tries to critically examine the dominant theory of HIV causing AIDS. While going through this paper one gets a feeling that the dissenting voices continue to be side lined and till date one can say it for sure that HIV is the causal agent for AIDS. The paper has been first published in June 1994 and runs into seven pages.

The Merchants of AIDS

Birds Eye View

Clark Henderson

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This investigative paper has been written by Clark Henderson. The paper focuses on the hidden side of the origin of AIDS. Mr. Henderson says that there is documentary evidence that a disease which is recognised as AIDS has been worked on for years. He says that testimony before a subcommittee of the House Appropriations committee, in Washington, D.c., in 1969, for the Department of Defence Appropriations for 1970, stated that within the next 5 to 10 years, it would be possible to make a new infective microorganism which could differ in certain important respects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease. (R. Harris and I.Paxman, A Higher Form of Killing, 1982, P.241). He further adds that the money was approved and by 1972 this potential new micro-organism was described so clearly that there is little doubt that it is AIDS.

The paper says that initially information about the new disease was not shared. This policy proved to be effective in facilitating the spread of AIDS. Even when people began to come down with AIDS nothing was done. Later there was deliberate refusal of drugs in government AIDS studies. The author says that the best example of this refusal was seen in providing prophylaxis against pneumocystis carinni pneumonia (PCP) to those people who had AIDS in which more than 30,000 Americans died. The drug sulfamethoxazole which can prevent PCP was never administered to the patients.

In US the Surgeon General, working under the Secretary of Health is the designated person to inform the public of the presence of infectious diseases. His job is to issue reports on epidemics particularly the new epidemics that affect the public health. In this way no new disease can arise in the united States without the Surgeon General being aware of it and alerting the public in the news conferences. During 1981 Dr. C. Everett Koop, M.D. was the Surgeon General. He was considered fearless, outspoken and honest. In his own words Dr. Koop says that I was told by the Assistant Secretary for Health that I will not be assigned to cover AIDS. He was also forbidden by the Assistant Secretary Health not to speak in public about AIDS.

The above mentioned incident is not an isolated one. Even Dr. William Logan, a heart surgeon who treated two patients with the process of hyperthermia, the National Institute for Allergy and Infectious diseases (NIAID), a leading government AIDS research agency ridiculed him and stopped him to conduct any human experiment on this line. The author went on to say that the American government's lack of action concerning AIDS is incomprehensible-unless it is a deliberate policy to spread the disease.

The paper contains some other instances as well which perhaps throws light on the possible involvement of the US administration in the AIDS warfare. The paper runs into seven pages and towards the end contains references as well.

With therapies like this, who needs disease?

Bryan Ellison Peter
Duesberg

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Birds Eye View

This is an exploratory article written by noted scientist Bryan Ellison and Peter Duesberg. The article starts with the story of a little Romanian girl named Lindsey who was diagnosed HIV positive when she was only two months old. From there the nightmare started for her American parents. The article gives a detailed description of the medication which was initially a Sulfa drug named Septra and later the famous AIDS therapy-AZT (a chemotherapeutic drug designed to kill growing cells). But even with this therapy the condition of Lindsey continued to worsen. Finally after coming across an article written by Peter Duesberg against AZT treatment of AIDS the couple tracked down his number; who in turn provided them scientific documents on AZT and on the shaky evidence of an AIDS virus the couple stopped feeding AZT to their daughter. Once AZT was off she started recovering.

The paper also explains how the so called wonder drug AZT was discovered. The origin of AZT goes back to 1975 with the discovery of the protein "reverse transcriptase". Since then many virus hunters switched into chasing the retrovirus and the reverse transcriptase protein took on mythic proportions. The "reverse" feature of the retrovirus protein inspired virus hunters to make it their key target for the invention of the drug. Once AIDS was blamed on HIV, a retrovirus, the race was on to find a drug that could inhibit the viral reverse transcriptase.

The paper also gives a step by step brief account of the research and development done in order to find a cure for cancer. It says that in 1955 when James Shannon took over NIH, he instituted several major research programme to attract vast new budget from the US congress. The largest of these became the virus cancer programme which ultimately got converted into war on AIDS. Thus the fifties and sixties saw a proliferation of drugs designed to kill growing cells. This was based on the concept that cancer is made of persistently dividing cells, and finding a drug which prefers to kill the cells that grow will help in combating the disease. However, the treatment based on chemotherapy showed several side effects.

AZT was invented under this programme in 1964 by Jerome Horwitz and was expected to be perfect killer of dividing cells. However it was a big failure when it was tested on a cancer ridden mice. Eventually further research on AZT was abandoned. Twenty years later in 1984 when Gallo announced HIV as the AIDS virus the pandora box was reopened. Burroughs Wellcome, the pharmaceutical company positioned itself at the right place and right time and pushed AZT for approval by FDA. It was reported that only a tiny concentration was needed to block the virus from multiplying. Of course, this would mean nothing if the same dose of AZT would also kill the T cells in which the virus : grew, in which case it would destroy the immune system before : the virus supposedly could. AZT was publicised as a compound that specifically attacks reverse transcriptase, the retrovirus enzyme. In other

words it was declared that the "magic bullet" has been invented. However, the author says that AZT do not really attack reverse transcriptase directly. It only stops synthesis of DNA. It is a toxic drug and indiscriminately kills virus infected and uninfected T cells alike.

urther, the article gives details of the events which took place in the Phase II trials of AZT and the sequences which lead to the approval of AZT by FDA. The authors are of the opinion that the FDA endorsement on use of AZT is a cruel joke perpetrated by heartless AIDS scientists. It further illustrates the sequences which led to the introduction of ddI, another DNA chain terminator drug and the role being played by FDA director David Kessler in its approval.

In the next section the authors gives details of the studies in the years following AZT's approval. In all this none have included placebo groups and have rationalised it by ethical concerns that patients should not be denied such a miracle drug. But somehow the studies show altogether a very different picture. This sections highlights the disorders/side effects associated with the administration of AZT in the AIDS.

The paper also speaks about the other means being adopted by the AZT lobby. Frustrated with its failure to cure AIDS it has started focusing on the prevention of infection. To prevent HIV infection, the drug will have to stop all the cell growth in the body for several weeks. This is because retroviruses like HIV depend on cell division for reproduction and therefore infection. If a few cell continue to divide, the entire defence against HIV would be useless and to completely shutdown cell division so much AZT will have to be administered that the survival of the person will be impossible.

Towards the end of the article there is a letter written by Raphael Sabato Lombardo to Peter Duesberg. Having been discharged by the US Navy for being HIV antibody positive Raphael has won his oneman campaign against the Navy and the AIDS Establishment all by himself. This section also contains the stories of those people who were identified as HIV positive and : went for AZT treatment.

We will like to receive the copy of the document(s)
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- What Causes AIDS? It's an Open Question**
- The Merchants of AIDS**
- With Therapies Like this, Who Needs Disease?**

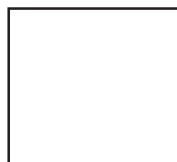
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