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Science Sold Out: Does HIV Really Cause AIDS? by Rebecca Culshaw. Berkeley, CA: North Atlantic Books, 2007. 96 + xii pp. \$14.95 (paper). ISBN 1556436424.

That HIV does not cause AIDS could hardly be stated more cogently, compactly, readably, and even comprehensively than in this book. There are also insights here not sufficiently emphasized in other such contrarian or "dissident" works: the sheer lack of logic in much of what the mainstream says about HIV/AIDS; and that this illustrates a pervasive decline in intellectual standards in science as a whole.

Culshaw is assistant professor of mathematics at the University of Texas at Tyler. Her graduate work, on modeling immunological aspects of HIV theory, led her to recognize deficiencies in HIV/AIDS theory. The book's emphasis on logic may well owe something to the discipline of mathematics: in much of empirical science, paradoxes and anomalies are tolerated so long as something "works"; but being illogical in mathematics is fatal. Perhaps, too, the earlier role of graduate student allowed Culshaw to take a fresh look not easily taken by people immersed in the subject for a couple of decades; though one may hope that HIV/AIDS theory will not (continue to?) exemplify Planck's dictum, 'that the old fogies need to pass away before a mistaken mainstream consensus is corrected.

The Introduction begins with a conundrum pointed out by Duesberg. Official estimates have had about 1 million Americans HIV-positive, steadily, year after year, since 1985. That is incompatible with the chronology of AIDS cases and AIDS deaths: official figures show for AIDS cases a linear increase, and for deaths a rapid increase, peaking in the early 1990s and then decreasing again. Those HIV data are also incompatible, quantitatively as well as qualitatively, with the official estimate of about 10 years from infection to AIDS. Further, the symptoms and epidemiology of AIDS are entirely different in the First and Third Worlds, which is not the case with any other disease, be it sexually transmitted or not. Moreover, AIDS has become so mired in emotion, hysteria, and politics that it is no longer primarily a health issue [P]ronouncements by powerful government officials and ill-informed celebrities are taken as gospel, and no one even remembers when, a few years later, these pronouncements turn out to be false. (p. 4)

Chapter 1 recounts briefly how Culshaw came to realize that the HIV/AIDS model is wrong. Chapter 2 points out that there is no agreement on, or evidence for, any mechanism by which HIV lulls the cells that are depleted in AIDS.

Culshaw comments, too, on the short life of HIV/AIDS publications, as contradictory claims are published only to be themselves quickly superseded. Here more discussion and specific examples would have been warranted. Culshaw's jaundiced view of the short life of research articles may be a corollary of being a mathematician; in chemistry and physics and other experimental and primarily inductive sciences, most research articles are ephemeral, never cited after a few years (indeed, most are never cited at all). It would make the case here more solidly to illustrate *the manner* in which later work *continually contradicts* earlier work in HIV/AIDS; for example, recommendations to treat early rather than late, and to interrupt treatment rather than to avoid any interruptions, have alternated several times with their very opposites, as small unreplicated research studies are published and treated as believable until the next one appears; or, the increasingly far-fetched and divergent notions of how HIV causes CD4+ cells to die off, ignoring articles published in 1992 which found that it is not a virus but an antibiotic-sensitive agent that can kill these cells in culture. In the experimental sciences, rather trivial and ephemeral little items about various details eventually cumulate to a consensus and an understanding; but in HIV/AIDS, there has been no such cumulation, just a succession of anomalies, conundrums, and contradictions. Culshaw notes the overall lack of logic in mainstream pronouncements in this regard:

HIV researchers continually claim that certain papers' results are out of date, yet have absolutely no hesitation in citing the entire body of scientific research on HIV as massive overwhelming evidence in favor of HIV. (p. 12)

Again,

Peter Duesberg ... is often cited as having been discredited despite the fact that there is no record of this "discrediting" anywhere in the scientific literature. (p. 13)

Chapter 2 also mentions a number of competent experts who have pointed to various flaws in HIV/AIDS doctrine and makes an important point that I have not found elsewhere among HIV/AIDS critiques:

HIV science has sold out to the epidemic of low standards that is infecting all of academic scientific research.

...
[M]any of the arguments presented in response to the queries of HIV/AIDS skeptics are essentially some form of appeal to the use of low standards. ... "You don't need a reference that HIV causes AIDS," "The fact that HIV and AIDS are so well correlated indicates that it must be the cause," "HIV is a new virus, and new viruses will meet new standards," "Koch's postulates are outdated and don't apply in this day and age," "We don't need to worry about the actual infectious virus, viral markers should suffice," ...

...
It is this decline in scientific standards that I point to when I am asked how so many scientists and doctors could be so wrong. (pp. 13-14)

Chapter 3 recounts how HIV/AIDS dogma became established, against the evidence even then available. For instance, the mathematical analysis on which HAART (Highly Active AntiRetroviral Treatment) depends was almost imme-

diately shown to be invalid, yet this "cocktail" treatment continues in routine, standard use.

Chapter 4 remarks on some of the illogicalities in defining "AIDS," acquired immunodeficiency *syndrome*. Typically, when a new clinical syndrome—a collection of symptoms—has been recognized, further work refines the description, sifting the symptoms down to those that are truly characteristic and specifically resulting from the causative agent, thereby leading to identification of that agent. By contrast, the definition of "AIDS" has been steadily broadened to include a larger and larger number of individual diseases, all of them known well before HIV or AIDS appeared on the scene. "AIDS" nowadays is an entirely different set of diseases and symptoms than it was in the early 1980s. Again, hemophiliacs should never have been included among people suffering from what was supposed to be an immune deficiency *without obvious reason*, for immune systems do not function normally in hemophiliacs. Moreover, the CD4+ cell counts used as a criterion of immune deficiency vary so much among healthy people, and fluctuate so much over time in any given healthy individual, that the use of this "surrogate marker" of AIDS progression is clearly invalid—as, indeed, many studies over the years have concluded; but, as with HAART, those direct proofs have not put a stop to the practice.

Many studies have also shown that antiretroviral treatment does more harm than good, without ending the resulting epidemic of iatrogenic (treatment-induced) morbidity and mortality. As usual, lack of logic reigns: even as CD4+ cell counts rise (supposedly, immune systems "improve"), patients get more sick more quickly; but instead of ceasing such treatments, the phenomenon is named "immune restoration syndrome," a postulated, previously unknown, utterly perverse property of the immune system by which it is supposedly so displeased at being healed that it seeks to kill its host. In the early years of AIDS, patients died of raging, rare, opportunistic infections; nowadays, the most common causes of "AIDS" deaths are liver failure and cardiovascular events, which are direct results of drug treatment and which were absent in the years before AIDS patients received antiretroviral treatment. But this change is masked by official statistics: "In Massachusetts . . . all deaths among HIV-positives are counted as AIDS deaths . . . [even if death resulted from] liver failure, a heart attack, suicide, drowning, CMV (cytomegalovirus) infection, or a car accident, *or anything else*" (p. 30). Given all this, it is nothing short of horrifying that the Centers for Disease Control and Prevention now recommend that all pregnant women be tested for HIV, for *pregnancy is a common cause of false-positive HIV tests* (p. 31).

Chapter 5 surveys what's wrong with HIV tests: for one thing, they have never been validated against pure HIV—which might seem surprising, were it not for the fact that *pure HIV has never been isolated*. The testing kits from all manufacturers state disclaimers: the tests cannot and should not be used to diagnose HIV infection. Yet that is precisely how they are used, despite being "some of the worst tests ever manufactured in terms of standardization, specificity, and reproducibility" (p. 36). It is a stunning sin of omission on the part of the media that they have not brought this to the public's attention, particularly

since testing HIV-positive has led to incarceration of people found guilty of transmitting HIV and to treatment of many overtly healthy people with toxic drugs. The tests were devised "in an amazing display of circular logic" (p. 38). They involve diluting *400-fold* the blood to be tested, because undiluted blood from almost every healthy person tests HIV-positive on these highly non-specific tests. Furthermore, the criteria for "positive" are not clear-cut. They depend on judging the shade of a color (in ELISA tests) or the strength of coloring of a variously defined number of protein-containing bands (on the Western Blot test, which is used to "confirm" a positive initial test on the ELISA). Supposedly there are 10 proteins characteristic of HIV. Depending on the country and the medical authority, detecting anywhere between two and four of these is taken as a "positive" test! But "since none of these proteins is specific to HIV, this would be like saying that since dogs have four legs, are furry, wag their tails, and enjoy eating steak, that any entity that is furry and enjoys steak must be a dog" (p. 41). In logic, if these proteins really were specific to HIV, then finding just one would suffice to demonstrate infection.

In actuality, the "HIV" tests are highly non-specific. People whose health is challenged for any reason at all are more likely to test HIV-positive (as shown by the mass of accumulated HIV data).²

Dozens of medical conditions cross-react with these tests to produce false positives, while on the other hand many AIDS patients never test positive (p. 40). More ill logic is displayed in the mainstream satisfaction because the tests are supposedly 99% specific. Even were that the case, since the numbers of HIV-positives in the United States are well under 1% of the whole population, testing everyone would turn up false positives in much larger numbers than "true" HIV-positives. Ninety-nine percent specific means that 1% of *HIV-negative* people will test positive as one seeks to identify the less than 1% of the population that really harbors HIV. Thus, testing all Americans would yield more false positives than genuine ones, and that would lead to administering toxic drugs to about 170,000 people who falsely tested positive. As it is, pregnant women and babies are already urged, in some places and cases actually forced, to take these tests and then these drugs.

Chapter 6 is about the lack of evidence that HIV causes AIDS, as admitted by mainstream researchers, for example, in a 2006 article in *Nature Medicine*: "The pathogenic and physiologic processes leading to AIDS remain a conundrum" (p. 51).

Chapter 7 considers "The sociological implications of AIDS." Culshaw notes the fear that HIV/AIDS orthodoxy has instilled throughout the world and the *ad hominem* polemics by which the orthodoxy defends itself, owing in some part to the financial interests of drug companies and the vested interests of hordes of researchers. Mainstream beliefs seem to rest to a certain extent on endemic racism and homophobia, given the unsupported speculations in the professional HIV/AIDS literature about the alleged behavior of Africans. Chapter 7 concludes with a brief summary of the persecution of Christine Maggiore, whose child died of

unknown causes, probably an allergic reaction to amoxicillin, but allegedly from AIDS.

The emphasis on social aspects continues in Chapter 8, "Where do we go from here?" (p. 70):

... when the HIV/AIDS hypothesis is finally recognized as wrong, the entire institution of science will lose the public's trust, and science itself will experience fundamental, profound, and long-lasting changes. The 'scientific community' has risked its credibility by standing by the HIV theory for so long. This is why doubting the HIV hypothesis is now tantamount to doubting science itself, and this is why dissidents face excommunication.

And so, given the dereliction of responsibility within the scientific and medical and mass-media communities, it becomes necessary for individual people everywhere to look at the evidence for themselves and reach their own judgments.

On all essential points, this book is right on the mark. I wish for it many future printings and editions,³ and it is in that spirit that I note a few easily correctable blemishes. The book deserves an index. The Glossary is a good idea, but some entries are superfluous while some other terms should be included. On p. 86, "hysteresis" should be "hormesis." On p. 52, gp41 should be described as a *monomer*, not an oligomer, of gp160 (a distinction made correctly elsewhere in the book).

I do not usually take much note of a cover design, but the one on this book is highly appropriate to the book's content, and it is striking without being fussy.

If anyone is willing to read just one "dissident" book about HIV/AIDS, this would be the ideal choice among some very worthy contenders⁴ and a number of quite useful ones that deal with more limited aspects of the matter⁵; though I hope reading Culshaw's book might also lead readers then to delve into some of the others, and into my own very recent effort.⁶

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Notes

¹ Planck's own words have been translated from the German original, paraphrased, and abbreviated in various ways; for example: "New ideas win out not by convincing their opponents but by outliving them"; or, more provocatively, "Science progresses funeral by funeral."

² See Bauer, Henry H. (2006). Demographic characteristics of HIV: II. What determines the frequency of positive HIV tests? *Journal of Scientific Exploration*, 20, 69–94.

- ³ All profits from the book are designated for the Serge Lang Memorial HIV/AIDS Archive. Lang, who died in 2006, was a distinguished mathematician and an outspoken, uncompromising, irreplaceable defender of academic freedom and intellectual standards.
- ⁴ Jad Adams, *AIDS: The HIV Myth*, 1989; Harvey Bialy, *Oncogenes, Aneuploidy and AIDS: A Scientific Life and Times of Peter H. Duesberg*, 2004; Peter Duesberg, *Inventing the AIDS Virus*, 1996; Bryan J. Ellison & Peter H. Duesberg, *Why We Will Never Win the War on AIDS*, 1994; Neville Hodgkinson, *AIDS: The Failure of Contemporary Science*, 1996; Evan C. Lambrou, *AIDS: Scare or Scam?*, 1994; John Lauritsen, *The AIDS War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex*, 1993; Christine Maggiore, *What If Everything You Thought You Knew About Aids Was Wrong?*, 2000 (4th rev. ed); Gary Null, *AIDS: A Second Opinion*, 2002; Robert Root-Bernstein, *Rethinking AIDS—The Tragic Cost of Premature Consensus*, 1993; Joan Shenton, *Positively False: Exposing the Myths Around HIV and AIDS*, 1998.
- ⁵ Mohammed Ali Al-Bayati, *Get All the Facts: HIV Does Not Cause AIDS*, 1999; Richard Berkowitz, *Stayin' Alive: The Invention of Safe Sex*, 2003; Elinor Burkett, *The Gravest Show on Earth: America in the Age of AIDS*, 1995; Michael Callen, *Surviving AIDS*, 1990; Richard C. & Rosalind J. Chirimuuta, *AIDS, Africa and Racism*, 1989 (rev. ed., first published 1987); Michelle Cochrane, *When AIDS Began: San Francisco and the Making of an Epidemic*, 2004; John Crewdson, *Science Fictions: A Scientific Mystery, a Massive Cover-Up and the Dark Legacy of Robert Gallo*, 2002; Stephen Davis, *Wrongful Death: The AIDS Trial*, 2006 (a docu-novel); Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*, 1996; Celia Farber, *Serious Adverse Events: An Uncensored History of AIDS*, 2006; Marvin R. Kitzerow, Jr., *The AIDS Indictment*, 2000; Felix I. D. Konotey-Ahulu, *What Is AIDS?*, 1989; John Lauritsen, *Poison by Prescription—The AZT Story*, 1990; John Lauritsen & Hank Wilson, *Death Rush: Poppers and AIDS*, 1986; John Lauritsen & Ian Young, eds., *The AIDS Cult: Essays on the Gay Health Crisis*, 1997; Bruce Nussbaum, *Good Intentions: How Big Business and the Medical Establishment Are Corrupting the Fight Against AIDS*, 1990; Phyllis E. Pease, *AIDS, Cancer and Arthritis: A New Perspective*, 2005.
- ⁶ Bauer, Henry H. (in press). *The Origin, Persistence and Failings of HIV/AIDS Theory*. McFarland Publishers. ISBN 0-7864-3048-6.