The Unending Human Tragedy—and Scientific Scandal—of HIV/AIDS


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Scientific explorers are familiar with and perpetually frustrated by the refusal of organized science to look at the tangible evidence for the occurrence of apparently psychic phenomena, the well-attested reports of unidentified, apparently flying objects, the range of evidence that supposedly extinct or unidentified animal species are present in various parts of the world, and other such situations. The refusal even to glance at the evidence stems from an entrenched belief that the asserted phenomena must be spurious because “science” says so.

What few people have so far realized is that the same dysfunctional circumstance of refusing to look at evidence exists within the accepted subject matter of science itself: Researchers who venture unorthodox interpretations, or who take seriously observations or experiments that seem to contradict established theory, are treated just as dismissively as are anomalists; indeed, such maverick mainstream researchers may be treated even worse, being positively persecuted rather than simply ignored. One such case is that of the established theory that HIV causes AIDS.

Only recently did I come to know about the 2012 documentary film and 2016 book, “How to Survive a Plague.”1 Book and film both garnered rave reviews. For example, “David France managed to simultaneously break my heart and rekindle my anger in just the first few pages of his breathtakingly important new book . . . Riveting.”2

Those words describe my own emotions quite accurately, but for very different reasons; namely, that so many good people have unwittingly suffered so much, and so needlessly, through being misled by misguided
dogmatic dissemination of a mistaken theory by the popular media under
the influence of the mainstream medical Establishment, the scientific
Establishment, and most of the political and social Establishment.

It should be easy enough nowadays for anyone who cares to look at the
actual evidence to recognize that HIV did not and does not cause AIDS; see
for a start the books and many hundreds of articles cited at The Case against
HIV, but that literature exists in a parallel universe to almost all of the
present-day mainstream global worldview, the global conventional wisdom.

Everyone who may read How to Survive a Plague or watch the film,
very much including informed HIV AIDS dissidents, must surely empathize
with David France and the other people whose stories and tragedies he
describes; but the dissidents will also recognize the many points on which
the narrative is wrong about substantive matters of fact. The account of the
eyearly history of AIDS includes many clues about how things went wrong—
irretrievably wrong, it seems by now, as illustrated by the rave reviews of
book4 and film.5

The tale of going wrong began with misguided and mistaken
classification: that the common thread among the first AIDS patients was
that of being gay rather than the actual commonality of drug abuse and
generally unhealthy lifestyle (Lauritsen 1985). That drug abuse can result
in the wasting away, general ill-health, and opportunistic infections that
characterized the early AIDS patients is demonstrated by the description
of such symptoms by Gordon Stewart during the 1970s epidemic of drug
abuse (Hodgkinson 1996:103–104); and also nowadays by observing on
television those who currently abuse methamphetamine and its ilk; France
does in one place (p. 499) note that abuse of crack cocaine can deplete the
critical CD4 cells of the immune system.

Additionally misleading was the generalization that the early AIDS
patients were “young and previously healthy,” whereas in truth their
average age was mid-to-late thirties with a long history of venereal diseases
and antibiotic treatments (Cochrane 2004). The disastrously wrong path of
blaming a virus, announced in April 1984 under the official auspices of the
Department of Health & Human Services, soon became entrenched (Bauer
2007: Part III): by vested interests of drug companies and of researchers
whose funding comes largely from drug companies, and also the interest
of gay-activist organizations that a viral cause was more congenial than the
consequences of a highly self-destructive lifestyle.

None of that story is mentioned in How to Survive a Plague. That
lack is illustrated by the absence of any mention of John Lauritsen, Peter
Duesberg, Kary Mullis, Robert Root-Bernstein, John Crewdson, and the
many other researchers and journalists who have, from the beginning and
to the present day, spoken truth to power over HIV and AIDS; and without truth there can be no lasting good.

Yet this book and this film remain of lasting historical value for their vivid reminders of the pervasive, terrible, psychological and social pressures on homosexual boys and men, and the discrimination and frequent violence against them, before the slow emancipation began that followed the Stonewall riots, emancipation that remains far from consummated.

David France does cite “the tidal wave of disease” (p. 18) that followed Stonewall: “What from the outside might have looked like pure carnal zeal was the rudimentary first pass for this emerging young culture [of gay community].” But he fails to note that, as predicted by Joseph Sonnabend, AIDS was the cumulative consequence of the “fast-lane” lifestyle that included this “tidal wave of disease,” described by Larry Kramer (1978) in Faggots, by Michael Callen (1990) in Surviving AIDS, and in the documentary film about Fire Island activities When Ocean Meets Sky (Robey 2003). It was a small percentage only of gay men who went so foolishly and so promiscuously wild, but the mistaken “virus” diagnosis brought subsequent harm and misery to huge numbers of people who happen to be classed as “HIV-positive” on the basis of entirely non-specific tests. Perhaps the most crucial element leading to the contemporary circumstances of HIV and AIDS was the progressive re-definition of AIDS: from that of opportunistic infections owing to a damaged immune system, to appearing “HIV positive” on tests that do not actually demonstrate the presence of a human immunodeficiency virus.

Having missed the truth about the early days of AIDS, David France naturally misunderstands and mis-describes the roles of AZT and later anti-retroviral treatments; his story culminates in the middle 1990s when the advent of protease inhibitors, seemingly confirmation of the virus story, brought new and additional forms of harm to those sentenced to anti-retroviral drugs. False hope had been aroused by instances of the “Lazarus effect,” where initial anti-retroviral treatment brings a seemingly magical positive response—before the inevitable relapse, which the mainstream for a time tried to rationalize by inventing a paradoxical “immune restoration syndrome.”

The overall lack of success of anti-retroviral treatment, and the dangerous toxicities associated with it, can be read—if only between the lines—in the continuing successive changes to the official Treatment Guidelines (https://aidsinfo.nih.gov/guidelines). France’s book does note the greatly belated acknowledgment that the first, highly touted anti-retroviral drug, AZT, delivered no benefit to AIDS patients as well as being highly toxic; yet AZT and its chemical analogues remain part of many “anti-retroviral” regimes.
A rather obvious and striking contradiction of the official view concerns the purple skin lesions that were iconic in the early AIDS patients but which became quite uncommon within a half-a-dozen years or so. These lesions were at first taken to be Kaposi’s Sarcoma (KS), supposedly another opportunistic ailment permitted by suppressed immune systems. In recent years, however, KS has come to be attributed to its own herpes virus (KSHV or HHV-8), thereby raising the conundrum, why HIV and KSHV had both victimized the first AIDS patients but then HIV continued to spread into and beyond the gay community whereas KSHV almost disappeared within a few years. Dissidents, of course, have a convincing, straightforward answer: those purple lesions were not KS at all, they resulted from damage to the arteries as a result of promiscuous sniffing of the “poppers” (nitrite drugs) widely (ab)used in the early days of Gay Liberation (Lauritsen & Wilson 1986).

Another conundrum that orthodox HIV/AIDS theory is helpless to explain is why the 1980s American epidemic of “AIDS” among largely white gay men morphed into the contemporary circumstances that “HIV-positive” is most prevalent among black people (Bauer 2007).

This book and the film version are well done and tell a gripping story. It is informative and accurate about much of the sociopolitical events; but the book should not be read nor the film watched without being informed that the science is all wrong, that “HIV” did not and does not cause AIDS and may not even exist as an independently existing retrovirus. That this wrong theory could have captured public acceptance and public policies illustrates the danger in contemporary society of the conventional wisdom becoming captive to a scientific–technological elite, a danger that President Eisenhower warned of more than half a century ago (Bauer 2018).

In this respect, the phenomenon of HIV/AIDS parallels anomalistics,
cryptozoology, parapsychology: The mainstream Establishments have succeeded in making hegemonic a mistaken view that ignores and thereby suppresses the actual evidence. There is a fatally vicious circle: The evidence is not even glanced at because “everyone knows” it must be spurious; and the failure to look at the evidence allows ignorance and false theories to continue to prevail.

Notes

1 https://surviveaplague.com
3 http://thecaseagainsthiv.net
4 https://surviveaplague.com/book-reviews
5 https://surviveaplague.com/film-reviews

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