

## Symposium

# Results Fall Short for HIV Theory

By Peter H. Duesberg

**A**fter more than a decade, the war on AIDS has been a dismal failure. At the 1993 International AIDS Conference in Berlin, even the most dogged researchers were beginning to admit their frustration and the mood of the conference was generally pessimistic.

As the number of AIDS victims continues to rise, so do the bewildering questions. Why do so many people infected with the virus remain healthy? Why do homosexuals manifest radically different diseases than the hemophiliacs to whom they donated infected blood? Why can we not, as the most technologically sophisticated biomedical establishment in history, produce a vaccine, as was previously accomplished for polio, measles and other viruses? Where is a safe, effective treatment for AIDS?

Such questions are asked not only by the so-called HIV-AIDS dissidents, such as myself, but also by an increasing number of mainstream AIDS researchers and concerned scientists, including this year's Nobel laureate in chemistry, Kary Mullis.

The government currently is spending \$6 billion annually for AIDS research and treatment, according to the U.S. Public Health Service. Yet despite spending more than \$22 billion since 1982, and despite a staggering 75,000 scientific papers written during the last decade, a cure for AIDS remains as elusive as ever. It now appears likely that AIDS researchers have made a terrible mistake in blaming HIV, the so-called AIDS virus, for causing AIDS.

This fatal assumption mostly was the result of a rush to judgment in 1984 when virologist Robert Gallo from the National Institutes of Health, along with the Department of Health and Human Services, announced at an international press conference that ac-

quired immune deficiency syndrome was caused by a retrovirus, now known as human immunodeficiency virus.

The announcement was made in the *New York Times* before even one American study on HIV had appeared in scientific literature. It was welcomed by the Reagan administration as a quick answer to gay pressures for a solution to the growing AIDS epidemic. Gallo and his collaborators cited antibodies against the virus in "about 85 percent of patients with AIDS" as the evidence for their hypothesis. Yet that was their only evidence.

In the scientific papers that followed, HIV was said to cause AIDS by depleting the white blood cells known as T cells. The hypothesis proposed

that HIV would cause 30 previously known diseases, including a number of diseases that are not consequences of immunodeficiency, such as cancer, weight loss and dementia.

It now appears that the HIV-AIDS hypothesis is the only link that holds together the 30 heterogeneous AIDS diseases. AIDS is defined as a syndrome that occurs only in the presence of HIV. For example, if tuberculosis occurs in the presence of antibodies to HIV, it is AIDS. In the absence of those antibodies, it is tuberculosis. Given this definition, the link between HIV and AIDS is unfalsifiable.

However, to date, the HIV-AIDS hypothesis remains just that — an unproven hypothesis. It is supported only by circumstantial evidence, primarily by the claim that all AIDS patients carry antibodies against HIV. But this correlation is biased by the practice of excluding from AIDS statistics those patients with AIDS-defining diseases in whom no trace of HIV can be found. The disease of such a patient will be diagnosed either by its old name, for example, pneumonia or Kaposi's sarcoma, or will be called idiopathic CD4 lymphocytopenia. This explains why some researchers see the "perfect" correlations between HIV and AIDS.

