



Birchgrove

THE BIRCHGROVE GROUP, P.O. BOX 313, CANTERBURY, KENT CT1 1GL. TEL: 0345 697231

the aids hypothesis

Although the following article is contentious and may cause some people concern, we feel that the ideas which are expressed should be available for debate. Birchgrove is a forum for discussion, and provides opportunities for people with haemophilia and HIV to debate ideas and opinions about HIV&AIDS. We would encourage anyone who may have strong views regarding this article to write to the Editor. We are keen to publish any thoughts or views which help to promote a healthy debate.

"Above all, do no harm." - attributed to Hippocrates

For a decade and a half we have been subjected to AIDS propaganda. We have been indoctrinated into ever-changing and ever-more-elaborate AIDS mythologies. Over 100,000 papers have been written on "AIDS". The jargon, the technobabble must run to hundreds of words by now. It all seems hopelessly complicated - far beyond the comprehension of a mere layman, a non-specialist. And yet, at bottom, "AIDS" is really rather simple. My goal is to cut through the trappings and mystifications of "AIDS", to lay bare and articulate its fundamental assumptions and contradictions. I want to bring us back to the Reality Principle: to see things as they really are.

My entire message can be expressed in three brief points:

- There is no such thing as "AIDS"
- HIV is not harmful
- People with "AIDS" diagnoses became sick in the ways that they did because of health risks in their lives.

CONTENTS

Commentary	Page 1
Whose Fault Is It Anyway?	Page 5
Memorials	Page 6
Book Review	Page 7
ABC Of Hepatitis	Page 8
Long Term Survival	Page 9
Parvovirus	Page 12
Round Robin	Page 13
What Long Term Really Means	Page 13
The Small Print	Page 14
The Woodland Project	Page 15
Creutzfeld-Jakob Disease	Page 15

THERE IS NO SUCH THING AS "AIDS"

The so-called Acquired Immunodeficiency Syndrome or "AIDS" is not a coherent, single disease entity. It has neither symptoms nor diagnostic criteria of its own. Other diseases, such as mumps, measles, polio, chicken pox, rabies, gonorrhoea, malaria, salmonella, the common cold, or bubonic plague, can readily be described and diagnosed. Not "AIDS", which is defined entirely in terms of other, older diseases, in conjunction with dubious test results and even more dubious assumptions. Although people are undeniably sick, "AIDS" itself does not really exist; it is a phoney construct. The core definition of "AIDS" can be expressed by the following formula (I am indebted to Peter Duesberg): INDICATOR DISEASE & HIV = AIDS

the aids hypothesis: continues on page 3

First, the good news: the weapons deployed will be strictly conventional. The bad news is that it isn't just sticks and stones that can hurt you. I'm referring to an apparent state of war between some Haemophilia Centre Directors, and some of their patients. Some of you may be saying, "What war?" Others might be asking, "How did it come about?" or "Who threw the first stone?"

The truth is, it doesn't matter. What matters is that doctors begin listening to their patients and respecting their wishes, and that HIV positive haemophiliacs give credit to those whose attitude and approaches have changed. Attitudes on both sides have remained entrenched. But over the last few years, many positive haemophiliacs have begun to question the paternalism which pervades all aspects of their treatment. They have sought out and gained access to information that was denied them, for whatever reasons, by the medical profession.

Such illicit information includes doubts about the efficacy of certain drugs, and the toxicity of others; the fact that arthritic conditions among haemophiliacs may be more related to HIV and HCV infection than to bleeding disorders; a questioning of the value of liver biopsies; knowledge of the possible benefits to be derived from large dosages of Vitamin C; the therapeutic effect of practices such as Acupuncture and Aromatherapy; the sense of empowerment many positive people experience through involvement with self-help groups.

It isn't hard to see why many Centre Directors were so afraid of us throwing open the lid of this Pandora's box. Where once their word was sacrosanct, now patients are beginning to question the approach of Haemophilia Centre staff to treating HIV/AIDS related illnesses. The perception seems to be that we are biting the hand that feeds us. As a result, there seems to be a growing paranoia among some Centre staff that has more to do with a fear of a diminishing power base, than it has to do with concern for their patients.

The way to resolve this conflict is not difficult. All that is required is an acknowledgment of past mistakes, and an acceptance by Centre staff that patients have a right to be informed of new developments, and a right to have their wishes regarding treatment respected.

Is that really too much to ask?

HEPATITIS C SUPPORT GROUP

The Mainliners Hepatitis C Support Group meets every 4 weeks on Tuesday nights at 7.00pm (No entry after 7.30 pm).

The meetings schedule for 1995 is:

7 March, 4 April, 2 May, 30 May, 27 June, 25 July, 22 Aug, 19 Sept, 17 October, 14 Nov, 12 Dec. Please call to confirm.

The meetings are held at Mainliners, 205 Stockwell Road, London SW9. Entry is by entryphone system at number 205. The meeting is held in safe, comfortable surroundings and is facilitated by a peer group member. Attendance is limited to those who are HCV positive.

The aims of the support group will include:

- To share information and experience
- To provide support
- To provide a forum for discussion of related issues.
- To create a pressure group for action on Hepatitis C.

If you would like further information please ring Christine at Mainliners. on 0171 738 4656. If you cannot attend but would like updates please write and ask for details of the Hep C newsletter.

The views expressed in each of the articles are those of the individual authors, and not necessarily those of the Birchgrove Group. The Birchgrove is a forum for discussion and seeks to encourage debate on the issues that affect people with haemophilia and HIV. We would encourage anyone who may have strong views regarding any of the items published in this newsletter to write to the Editor. We are keen to publish any thoughts or views which help promote a healthy debate. No assumptions should be made regarding the health status of any individual whose name appears in this publication.

"BIRCHGROVE" is published by:

The Birchgrove Group, PO Box 313,
Canterbury, Kent CT1 1GL
Tel: (0345) 697231 (Lo Call)

Editorial Board: Michael O'Driscoll,
Paul Jenkins, Cady Khudabux.

THE AIDS HYPOTHESIS: continued

In conjunction with HIV, an "AIDS-indicator disease" becomes "AIDS". In the absence of HIV, the "AIDS-indicator disease is called by its old name. Let's try a couple of examples: TB & HIV = AIDS, TB - HIV = TB or, Dementia & HIV = Aids, Dementia - HIV = Crazy. At last count there are 29 "AIDS-indicator diseases", not one of which is new. All of them have causes other than HIV. Both components of the AIDS-defining formula are absurd. The AIDS-indicator disease part is absurd because the diseases have nothing in common. Although the central idea of "AIDS" is immune deficiency, some of the AIDS-indicator diseases, like the cancers, wasting, and dementia, have nothing whatever to do with immune deficiency. The HIV part of the formula is also absurd, because it is almost always based on unvalidated and unreliable antibody tests; because it is sometimes based on "presumptive" diagnoses (in other words, on guesses); and above all, because HIV is not pathogenic. Since the very definition of "AIDS" is absurd, it necessarily follows: "There is no such thing as 'AIDS'".

"Since the very definition of 'AIDS' is absurd, it necessarily follows: 'There is no such thing as 'AIDS'"

HIV IS NOT HARMFUL

Molecular biologist Peter Duesberg has argued that it is not in the nature of retroviruses to cause serious illness, and HIV is a completely typical retrovirus. HIV's consistent lack of biochemical activity is a salient reason for rejecting the HIV-AIDS hypothesis. There are different ways of evaluating the activity of a microbe, just as there are different ways of evaluating the activity of a human being (such things as motion, heartbeat, breathing, body temperature, etc.). If I were running the 100 meter race, I would be much more active; if I were asleep, I would be much less active; and so on. HIV is consistently inactive, even in patients who are dying from so-called "AIDS". It therefore cannot cause disease, any more than a human being could rob a bank at the same time he was lying in a coma.

PEOPLE WITH "AIDS" DIAGNOSES

became sick in the ways that they did because of health risks in their lives.

The basic idea here is that different "risk groups" and different individuals are getting sick in different ways and for different reasons. We need to find out what factors have affected their health in ways that caused them to develop one or more of the 29 old illnesses that qualify for a

diagnosis of "AIDS". With regard to any specific risk group, the question is not, "Why have these people developed AIDS?", but rather, "Why are these people sick?"

Why Are Intravenous Drug Users Getting Sick?

- No study has ever been done to determine if all, or even most, IVDUs with "AIDS" diagnoses ever did share needles (most IVDUs, in fact, do not share needles),
- The hypothesis ignores the harmful consequences of putting chemicals into the body, and,
- HIV is not pathogenic.

The clinical profile of an IVDU with "AIDS" is emaciation (wasting) and one or more lung diseases. And yet, for a hundred years, the classic profile of a chronic heroin user has been emaciation and lung disease. Heroin is bad for the health and bad for the immune system; on top of that, it suppresses the respiratory system. The consequences are tuberculosis or one or another form of pneumonia: emaciation and lung disease.

In his paper, "AIDS Acquired by Drug Consumption and Other Noncontagious Risk Factors", Peter Duesberg cites many medical references that indicate: "From as early as 1909 evidence has accumulated that addiction to psychoactive drugs leads to immune suppression and clinical abnormalities similar to AIDS."

So then, IVDUs are getting sick in 1995 in the same ways and for the same reasons they were getting sick 86 years ago. The only difference is that now their illnesses are called "AIDS".

Why Are Gay Men Getting Sick?

It is only a very small, particular subset of gay men who are getting sick, and they are getting sick for reasons that are all too obvious once the right questions are asked.

- "Recreational drugs" (drugs used for intoxication, rather than for medical purposes)
- Venereal diseases & antibiotics
- Psychological factors
- AZT and other nucleotide analogues

I have devoted thirteen pages of my book, *The AIDS War*, to describing the health risks in the lives of those particular gay men who became sick with AIDS-illnesses. Some of the drugs they used, like the nitrite inhalants (or "poppers"), were hardly used at all by anyone who was not

"HIV is consistently inactive, even in patients who are dying from so-called 'AIDS' It therefore cannot cause disease"