

Book Reviews

The Origin, Persistence, and Failings of the HIV/AIDS Theory, by Henry H. Bauer, 282 pp, soft cover, \$35, ISBN-13: 978-0-7864-3048-2, Jefferson, N.C., McFarland, 2007.

One of the most difficult things to write is a refutation of a massive fraud, especially a health fraud, in the face of research cartels, media control, and knowledge monopolies by financial powerhouses. Making it still more difficult is the possible threat of libel lawsuits from the powerful parties essentially accused of scientific misconduct at best, and criminal negligence at worst. Yet Dr. Bauer's civility of tone is remarkable.

"HIV/AIDS theory, the officially promulgated view, is that HIV is the primary cause of AIDS, *the necessary and sufficient cause*: no HIV, no AIDS....," Bauer writes (p121). Following in the footsteps of Peter Duesberg, Robert Root-Bernstein, Neville Hodgkinson, Gordon Stewart, David Crowe, Linda Marsa, and many others, Henry Bauer has produced a very readable explanation of why HIV does not cause AIDS, and why AIDS, whatever it is, has not been involved in an epidemic.

Dr. Bauer's conclusions are backed up by about 450 references, about 100 to primary medical journals. The book has three major sections, a good index, 27 figures, and 35 tables. Physicians may be disappointed with the lack of medical terminology, but the intended target audience is broader.

In Part I, Bauer makes the case that HIV does not cause AIDS. "HIV positive," he explains, means a response to a test that shows little more than stress and immune system potentiation. It is supposed to show antibodies to HIV-1 or HIV-2.¹ An actual HIV virus has not been isolated, he states. At least three of Koch's Postulates were not fulfilled. This is the main reason, in his view, that no vaccine has appeared.

People who test positive for HIV—or what Dr. Bauer labels F(HIV)—are usually not sick, will not necessarily develop AIDS, may spontaneously change (seroconvert)

so they are no longer HIV positive, and are not likely to infect anyone else by blood transfer or sex, Dr. Bauer states (p 88). The failure of even F(HIV) to spread, and its almost steady incidence over 20 years contradict the scary warnings that permeate publications and TV programs.

For example (p 33), the incidence of F(HIV) in American applicants for military service depended on ethnic group as follows: blacks, 4/1,000 in 1986 dropping to 1.5/1,000 in 1996 and unchanged until 2004; hispanics, 2/1,000 in 1986 dropping to 0.5/1,000 by 1992 and unchanged to 2004; whites, 1/1,000 in 1986 dropping to 0.2/1,000 by 1992 and unchanged until 2004. No epidemic here.

The percentage of people who show F(HIV) is dependent on age, race, sex, and location, not their behavior, Bauer writes. Moreover, some people who develop AIDS are not HIV positive.

Many perfectly healthy people with F(HIV) who were given AZT or mixtures of antiretroviral drugs (the triple cocktail) developed symptoms said to be AIDS that were actually drug side effects, Bauer states. This was said to "confirm" the false premise that F(HIV) indicated AIDS. Even now, healthy people who have F(HIV) test are said to be "living with AIDS," a false and destructive description, according to Dr. Bauer.

Part II discusses other mistakes in medical science to show that the HIV/AIDS paradigm is not unique. Schizophrenics were infected with malaria, treated with electric shock, and then subjected to lobotomy—purported cures that we now see as brutal and idiotic. Orthodox medicine long resisted the notion that bacteria were the prime cause of some peptic ulcers. Bauer also includes the very common belief that high serum cholesterol, or LDL level, causes atherosclerosis and heart attacks in his catalog of errors. He attributes much of the resistance to change to Big Pharma's desire to maintain profits, which also applies to antiretroviral drugs and cancer chemotherapy drugs.

Part III is the most dismaying to read. It concerns the corruption that has contaminated the science. For example, Robert Gallo claimed to have isolated "the cause of AIDS," eventually named the human immunodeficiency virus or HIV, from materials from AIDS patients sent by the Pasteur Institute (PI). Actually, Gallo developed a test that was claimed to show antibodies to HIV. Based on the outcome of a patent dispute between Gallo and PI, Bauer concludes that PI invented the test first.

The CDC, acting contrary to one of its mandated functions, then spread panic about the connection between F(HIV) and AIDS, Bauer notes. He supplies exact quotations from the CDC and others on F(HIV) and AIDS, pointing out their internal inconsistencies or distorted statistics.

Bauer argues that President Mbeki of South Africa was correct to refuse antiretroviral drugs, and that there is no epidemic of AIDS or even F(HIV) in Africa. On p 241, Dr. Bauer cites a World Health Organization claim that 34,000,000 people worldwide were F(HIV) positive in 2000, and that there were 470,000 actual AIDS cases. This is only 1.4%, of which many would be misdiagnoses. Alarms about rampant AIDS bring money to African and other nations, while reports of widespread malaria, which really is more prevalent and lethal, bring neither money nor DDT.

A gullible media, also subject to financial pressure such as threats to withdraw advertising revenues, gets some blame, with most reporters accused of going only to mainstream "experts" and not taking the time to understand the field. The control of medical journals and the failures and biases of peer review, covered more extensively elsewhere,² are aired. The obstacles to dumping the dogma are clearly highlighted as Dr. Bauer discusses the near impossibility of having so many organizations recant, partly because of the record number of lawsuits that would arise.

Buried under this exposé of brutal bureaucratic bungling and fraud, some very

good news emerged from this book. In my opinion, it gives HIV-positive patients reason to refuse treatment if asymptomatic. Persons who have had “unprotected sex” at some time should not panic about the possibility of contracting AIDS, because transmission of whatever the test responds to occurs in fewer than 1 in 1,000 instances. Additionally, many people, especially babies who were born with F(HIV), spontaneously become HIV negative.

I think the book gives reason for patients to refuse testing, if possible. If forced to have it, they might want to sign on to any class-action lawsuit that may be filed for invasion of privacy, since transmission rates are so low, negating the excuse for invading privacy in the first place by testing for HIV.

Dr. Bauer is aware that the words “increase” and “decrease” are transposed in the second paragraph on p 34.

The book does not discuss alternate treatments for AIDS, such as intravenous ascorbate, that have been proposed and tried.

I recommend the book very highly.

¹ Thomas CL, ed. *Taber's Cyclopedic Medical Dictionary*, 18th ed., Philadelphia, Pa.: Davis; 1997:53-55.

² Smith R. *The Trouble with Medical Journals*. London, UK: Royal Society of Medicine Press; 2006.

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Science Sold Out: Does HIV Really Cause AIDS? by Rebecca Culshaw, 96 pp, paperback, \$14.95, ISBN-10: 1-55643-642-4, ISBN-13: 978-1-55643-642-0, Berkeley, Calif., North Atlantic Books, 2007.

It must have been hard for a professor of mathematics to write a technical book with only one graph (prevalence of HIV positives in the U.S. 1985-2005 steady at 1 million, p 2) and only one “equation”: human immunodeficiency virus (HIV) = acquired immune deficiency syndrome (AIDS) = death (p 1). Culshaw’s goal is to show the total falsity of that equation, and in my opinion, she succeeds. She did not use Henry Bauer’s careful step of distinguishing an HIV-positive test result from being infected with a dangerous virus.¹

Culshaw writes that HIV has never been isolated in pure form, and proper electron micrographs, with separation of viral particles from everything else, have never

been prepared. The common test protocol that shows antibodies to HIV does not indicate the presence of a real virus leading to AIDS. No preparation purported to contain HIV has been shown to satisfy Koch’s Postulates.

A positive “HIV test,” Culshaw states, is likely to mean hypergammaglobulinemia, a common condition showing more than ordinary amounts of antibodies. She gave an example of screening 135,187 military applicants by the standard ELISA method, finding 6,000 (4.4%) positives. A repeat ELISA found only 4,000 (3%) positives; thus, it is not a reliable test. The results of two Western Blot (WB) tests done on the positives were not clearly explained (p 43). The usual test protocol stops after the first WB and gives 2.5 times as many false positives as true positives. It is not clear whether the 0.4% positive rate in the general American population and 0.02% rate in low-risk groups cited by Culshaw include the false positives (p 42).

In Africa, an HIV test is not considered necessary for diagnosing AIDS. The diagnosis is based on symptoms that can easily be attributed to a dozen other diseases. Where HIV testing is available, the criteria for a positive test are the least stringent in the world (p 85). Thus, African “AIDS” may be a chimera.

Culshaw explains, as others have,¹ that a positive HIV test usually does *not* lead to clinical AIDS, whatever that is—the definition has changed since the early 1980s. In a paper by Robert Gallo et al. in 1984 claiming “frequently” detected HIV in AIDS patients, only 26 of 72 of his AIDS patients were HIV positive, Culshaw observes (p 19). Yet she shows how claims that HIV positivity is *associated* with clinical AIDS came, around 1993, to mean that HIV *causes* AIDS, despite the absence of new evidence.

“...[T]he real problem with...HIV antibody tests lies not with the tests themselves but with how they are used essentially as weapons of terror,” Culshaw states. “This medical terrorism reached new heights in June 2006 with the CDC’s new testing guidelines, which recommend that everyone between the ages of 13 and 65 be tested for antibodies to HIV... The problem is that in a population with low prevalence...the rate of false positives will soar” (p 49). Culshaw notes that the test kits for HIV display disclaimers saying that the kits should not be used to diagnose HIV infection.

Disturbingly, the use of zidovudine (AZT), nevirapine, or other such drugs to treat HIV positives with few or no clinical symptoms was associated with an annual mortality of 7–9%, Culshaw points out, while untreated HIV positives suffer only 1–2% annual mortality (p 56). She notes that HIV-positive pregnant women are encouraged to abort, or to undergo a Caesarean section. In many states these women and babies are forced to omit breast feeding and to take antiretroviral drugs. Older children may be force-fed these drugs.

“Clearly, the ‘HIV test’ needs to be thoroughly reappraised as a diagnostic tool. Results of this test should not be used to discriminate against anyone, especially since the test itself is so unreliable,” Culshaw writes (p 49). She observes that even cancer patients with the worst prognoses are given some hope, but not HIV positives.

There are some errors in terminology. Culshaw claims that when the CDC expanded the definition of AIDS in 1993, the resulting increase in the total pool of AIDS patients led necessarily to a dramatic drop in “the number of those patients who actually died” (p 27). Presumably, she means a drop in the *proportion* of patients. She used “hysteresis” instead of “hormesis” (p 86). Protein gp41 is a monomer (not an oligomer) of gp160 (p 52).

Many other angles and facets are explained well, although the book does not present a clear time-line of events. The writing is mostly clear despite a dozen grammatical lapses. Appendix A lists 13 failed predictions of conventional HIV/AIDS theory. Appendix B lists 15 recommended books, followed by a good glossary, some endnotes, and the citations, but no index.

Bauer’s book¹ presents more data in graphical and tabular form, and includes more quotations from the CDC, with disproofs. Culshaw’s book has more detail on testing and biology, and on the terrible social implications of “HIV” testing. The books complement each other; you should read both.

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¹ Bauer HH. *The Origin, Persistence and Failings of the HIV/AIDS Theory*. Jefferson, N.C.: McFarland; 2007.