Paper denying HIV–AIDS link secures publication

Work by infamous AIDS contrarian passes peer review.

Zoë Corbyn

05 January 2012

A controversial research paper that argued “there is as yet no proof that HIV causes AIDS” and met with a storm of protest when it was published in 2009, leading to its withdrawal, has been republished in a revised form, this time in the peer-reviewed literature.

The reworked version of the paper, led by Peter Duesberg of the University of California, Berkeley, who is well known for denying the link between HIV and AIDS, was published in the Italian Journal of Anatomy and Embryology (IJAE) last month.

The manuscript was examined by two peer reviewers, one of them the journal's editor-in-chief, Paolo Romagnoli, an expert in cell anatomy at the University of Florence, Italy. But leading AIDS researchers and campaigners question how the paper could have passed peer review, and say that publishing it in a minor journal known to few does not give it scientific credibility or legitimacy.

"In my view this paper is scientific nonsense and should not have passed peer review. The thesis that HIV does not cause AIDS has no scientific credibility," says Nathan Geffen of the South Africa-based Treatment Action Campaign, who previously raised concerns about the article.

Romagnoli says he decided to review the revised paper because the original was withdrawn by Medical Hypotheses not for "flawed or falsified data" but for "highly controversial opinions" — which the IJAE's readers can make up their own minds about.

"Speculative conclusions are not a reason for rejection, provided they are correlated with the data presented," he says.

Potentially damaging

The paper's initial publication in Medical Hypotheses caused a furore, with attention being drawn to the fact that the journal was not peer reviewed despite being listed in the MEDLINE citation database.

Retrospective peer review later led to the paper's permanent withdrawal from Medical Hypotheses. The grounds stipulated in the withdrawal notice were concerns over the paper's quality and that it contained opinions about the causes of AIDS “that could potentially be damaging to global public health”.

Related content

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- AIDS contrarian ignored
The journal's publisher, Elsevier, revamped *Medical Hypotheses* to introduce peer review and fired editor Bruce Charlton, who resisted the changes. The University of California also bought charges of misconduct against Duesberg over the article's publication, but he was later cleared.

Duesberg says that the revised publication is a "new victory in our long quest for a scientific theory of AIDS", adding that the new version of the paper was better documented and more up to date.

Although the revised version has been toned down, the article still makes many of the same points as the original — refuting the effectiveness of anti-retroviral drugs, as well as death-toll estimates from HIV and AIDS in South Africa put forward in a study led by AIDS epidemiologist Max Essex of Harvard University in Boston, Massachusetts. "We deduce ... that HIV is not a new killer virus," Duesberg *et al.* write, proposing a "reevaluation of the HIV–AIDS hypothesis".

But Geffen says the paper "contains no new arguments or evidence about the South African data, and these arguments have been rebutted before".

Duesberg admits submitting the revised paper to more than four other journals before it was accepted by the *IJAE*, and only alerted his co-authors to the publication after he was sure it wouldn’t be aborted at the last minute.

**Dangerous distraction**

"It is just so far out that it is hard to respond in an intelligent way," says Essex, adding that it is "unfortunate" to see Duesberg continuing on a "dangerous track of distraction that has persuaded some people to avoid treatment or prevention of HIV infection".

Yet whether the publication will be officially challenged remains to be seen. John Moore, an HIV researcher at Cornell University in New York, who lodged a complaint with Elsevier when the original paper was published, believes that the movement to deny the link between HIV and AIDS is on its "last legs". Geffen, meanwhile, thinks the likelihood the paper will have significant impact — and therefore warrant challenge — is small.

"Duesberg's views no longer have significant political support, like they did in South Africa in the 2000s," Geffen says. "No one of consequence in government is likely to take any notice."

_Nature_ doi:10.1038/nature.2012.9737

**References**


http://www.nature.com/news/paper-denying-hiv-aids-link-secures-publication-1.9737#comments
Related stories and links

From nature.com
- AIDS researcher cleared of misconduct
  22 June 2010
- AIDS contrarian ignored warnings of scientific misconduct
  04 May 2010
- Editor says no to peer review for controversial journal
  18 March 2010

From elsewhere
- Peter Duesberg
- Italian Journal of Anatomy and Embryology
- Treatment Action Campaign

Comments

2012-01-05 04:15 AM

Eduard Grebe said: The paper must be brilliant and present huge quantities of conclusive new evidence, given that it has "refuted" the HIV-AIDS link, the effectiveness of ARVs and Essex's death-toll estimates in one fell swoop. Or perhaps Nature simply doesn't understand what the word "refute" means.

2012-01-05 04:38 AM

Richard Jefferys said: Here is but one extremely obvious example of the standards of scholarship on display in the paper you describe:

A quote from the Duesberg paper, grotesquely misrepresenting a quote from a paper in Nature Genetics:

"A recent British-American collaborative has since confirmed 'that people with successfully treated HIV infection age prematurely, leading to progressive multi-organ disease,'"

The quote in context from the cited paper (it's the first sentence of the abstract):


"There is emerging evidence that people with successfully treated HIV infection age prematurely, leading to progressive multi-organ disease, but the reasons for this are not known."

This is called quote-mining, and I think any article on Duesberg's papers is duty bound to offer some consideration of whether quote-mining is viewed as acceptable in the peer-reviewed scientific literature. The Medical Hypotheses paper also blatantly quote-mined the abstract of a paper in the Lancet in order to falsely claim HIV treatment doesn't work at all.

I think this part of UC Berkeley's code of conduct is relevant here:

http://apo.chance.berkeley.edu/faculty_misconduct_015.pdf

"Types of unacceptable conduct:
Violation of canons of intellectual honesty, such as research misconduct and/or intentional misappropriation of the writings, research, and findings of others.

2012-01-05 04:39 AM

Richard Jefferys said: Your article also fails to note that the same journal has previously published articles by AIDS denialists including Marco Ruggiero from the University of Florence, who is currently promoting a treatment called Gc-MAF for HIV (even though he doesn't believe HIV causes AIDS), and Henry Bauer.

Ruggiero’s Q&A on the AIDS denial message board "Questioning AIDS" is here: http://forums.questioningaids.com/showthread.php?t=7588 (like Duesberg, Ruggiero targets the misinformation directly to lay people) and his views are explained in detail--including many of the same misrepresentations and quote-mines as Duesberg--on his website: http://www.marcoruggiero.org/index.htm

A sarcastic exegesis on Ruggiero's activities at his University can be found here: http://snoutworld.blogspot.com/2011/02/hivaids-denialism-at-university-of.html

Henry Bauer’s blog, in all its insightful glory, is here: http://hivskeptic.wordpress.com/

Their previous papers in the Italian Journal of Anatomy and Embryology are:

Safety issues in didactic anatomical dissection in regions of high HIV prevalence.
Prayer Galletti M, Bauer HH.

On the risk of contracting AIDS at the dissection table.
Ruggiero M, Galletti MP, Pacini S, Punzi T, Morucci G, Gulisano M.

2012-01-05 07:31 AM

Richard Jefferys said: To add to the complaints about this woeful piece:

Duesberg was not "cleared" of misconduct by UC Berkeley, they stated there was "insufficient evidence" http://news.sciencemag.org/scienceinsider/2010/06/berkeley-drops-probe-of-duesberg.html

The writer Zoe Corbyn does not seem able--or perhaps even interested enough to bother--to discern the difference between "opinions" and misrepresentation, misquotation and the other shameful rhetorical tactics Duesberg has engaged in over close to three decades of "review" articles on the subject. Is it really impossible for a Nature journalist to actually read Duesberg's papers and check the claims and quotes against the cited sources? What about commenting on Duesberg's related activities promoting his bogus claims e.g. the recent interview with Bryan Fischer Of American Family Association, or the support his "Rethinking AIDS" organization gave to a fake "documentary" House of Numbers, which presents itself as objective but Duesberg and several of the other denialist interviewees all agreed to provide funding back in 2006, then participated in the pretense of objectivity. Check out the House of Numbers Facebook page to read comments from people with HIV who were persuaded by the deception. Duesberg presented at the "Rethinking AIDS" conference in Oakland in 2009, interviews and presentations featuring HIV positive attendees Emery Taylor and Karri Stokely are online; both have since died of AIDS. The disputes over peer review are just the tip the iceberg, because the intent of getting papers into the literature and PubMed is not to convince scientific peers, who
have long since seen through the transparent manipulations of Duesberg et al, it's to be able to try and give the false claims of AIDS denialists some thin veneer of scientific respectability that can then be sold to lay people via the internet and any other credulous, gullible or manipulatable publishing outlet.

2012-01-05 08:32 AM

Clark Baker said: OMSJ investigated allegations against Peter Duesberg in 2010 and, like UC Berkeley, found no credible evidence of wrongdoing.

In an unrelated case, OMSJ forced prosecutors to drop ALL HIV-related criminal charges against a criminal defendant in Iowa who – if convicted – faced 25 years in prison.

Tom Call's case brings to 38, OMSJ's total successes in just over two years. OMSJ succeeds by forcing HIV experts – typically MD/MPH infectious disease experts – to testify about HIV under oath, under penalty of perjury. In EVERY case, we've forced those self-described experts to admit that they know very little about HIV and AIDS.

Those experts have taught us that unless they're testifying under oath nothing they say has ANY credibility. This is especially true when pharmaceutically-funded activists like Jefferys, Grebe and Geffen are paid by the drug industry to make trouble for honest scientists like Dr. Duesberg.

Based upon our investigations, we found that Jefferys, Grebe and Geffen have no credible training or expertise in the field of HIV or AIDS and have insufficient credibility to render any kind of opinions regarding HIV and AIDS. If and when they attack anyone, readers can be reasonably sure that their target is probably telling the truth.

Clark Baker, Principal Investigator, OMSJ

2012-01-05 08:52 AM

Richard Jefferys said: So Mr. Baker, when Duesberg et al write:

"A recent British-American collaborative has since confirmed 'that people with successfully treated HIV infection age prematurely, leading to progressive multi-organ disease,'"

about this Nature Genetics paper: http://www.ncbi.nlm.nih.gov/pubmed/21706004, that is an accurate representation of the quote and the contents of the paper it is extracted from?

2012-01-05 08:53 AM

Clark Baker said: The same holds true for Cornell Professor John Moore. Based upon his past behavior and emails like this, OMSJ has questions about his credibility as an AIDS expert as well.

If and when he is willing to testify as a prosecution expert for any future criminal HIV case, OMSJ will gladly submit his name for prosecutors. It will then be up to them to decide whether he qualifies as a credible expert or not. Until then, his long association with the aforementioned parties speaks for itself.
2012-01-05 09:01 AM

Clark Baker said: Mr. Jefferys – OMSJ has already investigated you and your associates. If and when you think you're qualified to testify under oath and under penalty of perjury as an AIDS expert, I'll gladly submit your name to prosecutors for their consideration. Until then, I make it a habit not to quibble with paid pharmaceutical activists.

2012-01-05 09:11 AM

Clark Baker said: Mr. Jefferys – Your claim that Prof. Ruggiero "does not BELIEVE" that HIV cause AIDS is telling. BELIEF is a THEOLOGICAL attribute – one that requires FAITH, not EVIDENCE.

The fact that you BELIEVE that HIV causes AIDS does not make it true. But if and when you find that proof, we'd be happy to examine you and your proof under oath in one of OMSJ's MANY ongoing criminal HIV cases - again, if you qualify as an expert. Please let us know if you want to try to become a court-qualified AIDS expert. You know how to contact me.

2012-01-06 01:16 AM

Eduard Grebe said: Clark Baker's first comment contains a false and defamatory statement, nl. "Grebe and Geffen are paid by the drug industry to make trouble for honest scientists like Dr. Duesberg." Is defamation compatible with Nature's Community Guidelines? Publishing this kind of comment may potentially expose Nature to legal liability.

2012-01-06 01:18 AM

Eduard Grebe said: Clark Baker's first comment contains a false and defamatory statement, nl. "Grebe and Geffen are paid by the drug industry to make trouble for honest scientists like Dr. Duesberg." Is defamation compatible with Nature's Community Guidelines? Publishing this kind of comment may potentially expose Nature to legal liability.

2012-01-06 01:23 AM

figo white said: Living with HIV/AIDS is not so terrible if we know how to control it. Maybe you can check more HIV/AIDS blogs and inspirational stories at herpesdateonline.com. The STD counselor on the site will give you some advise about how to control it.

2012-01-06 01:25 AM

figo white said: Living with HIV/AIDS is not so terrible if we know how to control it. Maybe you can check more HIV/AIDS blogs and inspirational stories at herpesdateonline.com. The STD counselor on the site will give you some advise about how to control it.
2012-01-06 05:27 AM

**Brian Owens said:** Eduard: you're right, 'refuting' was too strong a word for the headline of this article. We have changed it to something more appropriate.

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2012-01-06 08:20 AM

**Eduard Grebe said:** @Brian, I am glad you agree and have changed the headline. However, the Duesberg paper should never have been covered by Nature News. And the tone and tenor of Corbyn's article is deplorable. It accords Duesberg's paper much more credibility and significance than it deserves.

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2012-01-06 09:07 AM

**Richard Jefferys said:** Marco Ruggiero--who is at the University of Firenze, which publishes the Italian Journal of Anatomy & Embryology--has a relationship with Duesberg that dates back to sharing an office in 1987. Ruggiero was recently appointed to the board of "Rethinking AIDS," the press release announcing said appointment misrepresents the same Lancet paper that was quote-mined in the Medical Hypotheses paper by Duesberg et al:

One of Ruggiero's more memorable comments is on one of Zoe Corbyn's previous articles for the Times Educational Supplement:
http://www.timeshighereducation.co.uk/story.asp?storycode=409997

"Marco Ruggiero 13 March, 2010
The meaning of truth.
http://www1.unifi.it/plrna/media/Poster%20Ruggiero.pdf

When viewed through the corrective lense of Jaques Derrida's deconstructive approach, the truth become readily apparent. Using this correction, it becomes plain that most peer reviewed publications on HIV actually demonstrate that HIV is not the cause of AIDS. Key phrases like 'increased survival' actually are code for 'increased mortality'."

It is disturbing to contemplate how he might apply these apparent code-reading capabilities to his duties on the editorial board of Nature journal "Kidney International," which publishes papers on HIV nephropathy
http://www.nature.com/ki/about.html

Ruggiero’s denialist co-author Henry Bauer has recently crowed about getting other tracts into the Italian Journal of Anatomy & Embryology (and via that route, PubMed):

Comments from Ruggiero on his purported research with Gc-MAF can be found on the same blog:
http://hivskeptic.wordpress.com/2011/07/18/a-cure-for-aids/

 e.g.

"Marco Ruggiero said
2011/07/30 at 8:04 am
Lea; we are now in the US to test MAF 3 14 on about 30 subjects. By the end of September, MAF 3 14 will be produced also in Italy from where it could be shipped to France, I guess. We have to work out the practical details, but I think that it is not an impossible task.”

To my knowledge, the "test" under discussion—if it ever took place—was not approved by FDA.

I can only surmise that it was expecting too much to imagine that a Nature journalist might uncover some of this background when attempting to figure out how Duesberg's paper got published.

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2012-01-06 09:35 AM
Clark Baker said: Mr. Grebe: OMSJ was scheduled to appear in Davenport, Iowa next week in the case of Tom Call, who was charged in September 2010 with having unlawfully exposed someone to HIV. If convicted, he faced 25 years in prison. Despite more than a year of searching, prosecutors could not find a single HIV expert in the United States or Africa who could competently testify under penalty of perjury about the testing, treatment and diagnosis of HIV against OMSJ's team—a team that has not yet required the testimony of bona fide experts like Prof. Peter Duesberg.

The Call case brings OMSJ's success rate to 38 in just a little more than two years.

So it seems, Mr. Grebe, that as outraged as you and your fellow truthers appear to be, it turns out that none of you really know what you're talking about.

If and when you think you or your other truthers are ready to testify as experts, let us know and we'll forward your names to the prosecutors. Until then, OMSJ will be forced to accept that your team is comprised of nothing more than hysterical pharmaceutically-funded gay activists who blog propaganda.

And if you think that's defamation, OMSJ's team of criminal investigators, attorneys, and medical and scientific experts is ready to address your concerns—if and when you're ready to leave the blogs for a real courtroom.

Clark Baker, Director, OMSJ

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2012-01-06 09:53 AM
Richard Jefferys said: A commentary on these events from a denialist perspective—including Clark Baker expressing mystification that Nature have not deleted his comments—can be found here:
http://www.facebook.com/groups/RethinkingAIDS/

Information on OMSJ's "team" can be found in their IRS 990 on Guidestar:

Clark Baker linked to one of his own articles about a lawsuit earlier, the decision of Justice York in this suit—which includes an evisceration of an affidavit submitted by Baker in the case—is available online here:

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2012-01-06 11:17 AM
Clark Baker said: Yes Mr. Jefferys. OMS J's 990 proves that OMS J doesn't accept pharmaceutical funding.
Clark Baker said:

The HI-99 test determines whether HI-99 does not accept pharmaceutical funding like Treatment Action Group - you got me there. I can't imagine why a drug industry that paid $12 billion since 2004 to settle thousands of criminal complaints related to the illegal marketing of drugs and devices that kill or injure more than a million Americans annually pays obnoxious gay activists to attack its critics.

As for Judge York eviscerating anything – he never mentioned my affidavit.

But if you skip to the last page of Judge York’s decision, he simply wrote that “Farber is a limited purpose public figure, and thus she must raise a triable issue as to Jefferys actual malice.”

This means that, because the judge thinks Farber is a limited public figure, you are permitted to engage in the outrageous conduct that my affidavit accurately describes.

The fact that "public figures" can be defamed in the United States by pharmaceutically-funded gay activists is MUCH different than what you claim, which says a lot say a lot about the credibility of you and your associates – and why truthers like you, Grebe, Moore and Geffen do what you do.

I’m relieved that the editors at NATURE have allowed OMSJ to clarify these points.

Clark Baker, Director, OMSJ

Richard Jefferys said:

"he never mentioned my affidavit."

Section D of the decision is entirely devoted to your affidavit and quotes it; although the judge mistakes your last name your denial surely cannot extend to denying that you are the same Clark from OMSJ with the same website address; you've also just posted the affidavit the judge quotes from. I can't post the full quote from the decision here as it contains words that trigger the spam filter, but it starts on page 28:


Brian Owens said:

checking pre-mod.

Clark Baker said:

Mr. Jefferys: Once I learned that Judge York characterized Farber as a "limited purpose public figure," I knew she had to appeal the ruling. I never read the opinion until now and only found the typo after you reported it.

York's summary of my affidavit is found on page 29:

"This goal does not show malice in a constitutional sense UNLESS Jefferys also demonstrated reckless disregard for or gross indifference to the truth. The quotes (Baker) ascribes to Jefferys in his affidavit, if accurate, suggest that Jefferys sincerely believed in the truth of what he was saying. (Baker) has not presented any data which supports his claim that â€œJefferysâ€™ intent was . . ."
he knew (Jefferys) was uttering lies about them... Other comments by (Baker) also do nothing to enhance Farber’s argument."

My affidavit failed NOT because it was inaccurate, but because I failed to produce evidence that you maliciously harbored a reckless disregard and gross indifference of the truth.

Judge York has a legal obligation to assume that you and your pharmaceutically-funded associates share a SINCERE BELIEF that what you think and say is true. My affidavit produced a lot of evidence, but proving your specific intent is extremely difficult – even for well-trained criminal investigators. Readers can make up their own minds.

2012-01-06 01:19 AM

**Charles Geshekter said:** The article by Duesberg, et al. is a valuable addition to the literature on what's really causing illness in Africa. The hyperbolic and frenzied comments from Richard Jefferys confirm that the article destabilized and agitated the AIDS orthodoxy, and that's a good thing.

Perhaps Jeffreys can explain his grounds for denying or refuting the mitochondrial toxicity found in patients given HAART therapies.

These harsh clinical results include rash, hepatotoxicity, metabolic disturbances, insulin resistance and pancreatitis as well as increased risk of cardiovascular diseases.

Or will Jeffreys deny the in vitro evidence?

2012-01-06 03:02 AM

**Ed Daring said:** I don't understand what Nature's angle was here, but one important aspect of the story has not been covered: what the IJAE Editor-in-Chief, Paolo Romagnoli, has done to the hundreds of hard-working scientists who publish their honest research in the journal entrusted to his care. Duesberg's writing is essentially a logically flawed opinion piece with no original data, which had already been rejected by every reputable scientist who reviewed it, and that had no direct connection to anatomy or embryology. Publishing it by apparent fiat, Romagnoli has risked the good name of the journal, which is the Italian Journal of Anatomy and Embryology, not the Italian Journal of Amateur Epidemiology.

2012-01-06 03:12 AM

**Clark Baker said:** Can NATURE explain the sudden decision to replace the original REFUTING title and link to DENY? Did the decision have anything to do with the fact that NATURE Washington Bureau Chief Barbara Culliton is a founding member of Robert Gallo’s Institute of Human Virology Board of Directors?

Before one can DENY the existence of something, PROOF of its existence must be verifiable and incontrovertible. The five Ws of epidemiology must establish WHAT, WHEN, WHERE, WHY and WHO proved that 1) HIV attacks cells and 2) HIV causes AIDS.

Because these critical question has never been answered, there is nothing for Duesberg to DENY. Duesberg’s team simply REFUTES the unsupportable theological beliefs of bloggers who BELIEVE that HIV causes AIDS.
Richard Jefferys said:

For the decision to be credible, NATURE must produce something more than the cross-linked shell game posted between government and social marketing websites and truther blogs. Real scientists are still looking for proof.

We’re waiting!

2012-01-06 03:43 AM

Richard Jefferys said: Cheer up Clark, it still says "refuting" on the front page of the Nature site:

http://www.nature.com/index.html

Although Merriam-Webster offers two definitions for the word, only one of which you can take solace in:

Definition of REFUTE

transitive verb
1: to prove wrong by argument or evidence : show to be false or erroneous
2: to deny the truth or accuracy of

@Ed Daring

Those scientists don't seem to matter to the Nature editor responsible for this piece, Brian Owens. According to his tweet publicizing the article, the Italian Journal of Anatomy and Embryology is just "a journal you've never heard of"

https://twitter.com/#!/BL_Owens/status/154980610438479873

2012-01-06 04:02 AM

Terry Michael said: To: Brian Owens, Assistant News Editor, Nature

Mr. Owens,

As a journalist and journalism educator, I am appalled that you caved to the HIV=AIDS orthodoxy and changed the hed on Zoe Corbyn's article from "Paper refuting HIV=AIDS link secures publication" to "Paper denying HIV=AIDS link secures publication."

I say that as someone who for five years taught "Journalism 100: Theory and Practice" at The George Washington Univ. in Wash DC.

QUOTING FROM YOUR COMMENT ABOVE:

2012-01-06 05:27 AM

Brian Owens said:

Eduard: you're right, 'refuting' was too strong a word for the headline of this article. We have changed it to something more appropriate.

There was absolutely nothing inaccurate or over-stated by the original hed. It simply noted that Duesberg et al were presenting their case in a peer reviewed journal, presenting their facts and arguments to refute [ORIGIN Latin refutare 'repel, rebut'] mainstream HIV=AIDS orthodoxy. What was overstated was your subhed on the piece:
Work by infamous AIDS contrarian passes peer review.

"Infamous" is an ad hominem attack on Duesberg. Is Nature a science publication or an advocacy group? As you must be aware, Eduard Grebe is associated with the truly "infamous" AIDSTruth.org, which engages in repeated ad hominem attacks on what they call "AIDS denialists"--an attempt to shut down all debate by trying to relate those of us with questions about HIV=AIDS to Holocaust denialists. By changing the hed to "denying", you associate Nature with that attempt to keep AIDS rethinkers from being heard.

I will, however, applaud you for at least running Zoe Corbyn's piece acknowledging that Duesberg...et al...Ruggiero's paper was published in a peer reviewed journal.

But it amazed me that Corbyn's piece cited as a science authority a representative of the Treatment Action Campaign (TAC), who is described here: http://www.witnesstoaid.org/about.html

Nathan Geffen has worked with the Treatment Action Campaign since 2000 as a volunteer, web-designer, treasurer, national manager and currently director of research and communications.

In other words, he is the public relations representative of TAC--with NO science credentials--and the Corbyn piece quotes him refuting, if you'll pardon the expression, the science in Duesberg's paper.

--Terry Michael, Executive Director
Washington Center for Politics & Journalism (affiliation noted for identification purposes only)
and freelance journalist covering the HIV=AIDS debate
http://www.terrymichael.net/Htm_InteriorPages/HIV/AIDS_Special_Report.html

2012-01-06 04:17 AM

Clark Baker said: Mr. Daring:

As commendable as your defense of hard working scientists may seem, you forget what Galileo did to hundreds of hard-working astrologers who published their honest research in Rome and BELIEVED that the Earth was the center of the universe. In this historical context, you might appreciate why European scientists consider ridicule like yours as proof of their own legitimacy.

Do real scientists really expect real scientists to agree with everyone else?

On the topic of SCIENTIFIC CONSENSUS, Michael Crichton wrote:

(The) work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What is relevant is reproducible results. The greatest scientists in history are great precisely because they broke with the consensus... There is no such thing as consensus science. If its consensus, it isn't science. If it's science, it isn't consensus. Period.

Based upon my career as a criminal investigator; my careful examination of the evidence and it's application in the successful outcomes of 38 criminal HIV cases since 2009, it appears that Peter Duesberg has more credibility than the HIV experts we now regularly impeach in criminal, civil and military hearings. Time will tell how many thousands of people have been wrongly imprisoned by the selfish incompetence of the hardworking consensus – not to mention the millions of injuries and deaths that will be attributed to the alchemy and
Charles Geshekter said: According to Jay Levy, *HIV and the Pathogenesis of AIDS*, (2007, 3rd edition), these tendentious defenders of the AIDS orthodoxy grind out 10,000-12,000 conference papers, articles, news reports and books every year, all claiming some minor variation on the same, barren, fruitful theory of what is making Africans ill.

But let one critical paper like the one by Duesberg, et al. get past the gatekeepers and you see how frightened and enraged they become that their fragile, unstable world seems about to collapse which it well may.

Perhaps Mr. Jefferys or Mr. Geffen can tell us how many cases of AIDS have been found among white, heterosexual, non-injection drug users in South Africa, 1980-2010? Citation of sources would be imperative here.

Ed Daring said: One could certainly concede Mr. Baker's point and acknowledge that Dr. Romagnoli's move to publish work by Duesberg and Ruggiero may represent an exciting new direction for the journal, away from the stifling constraints of the scientific method and into a more grandiose sphere. Journal readers could look forward in particular to more contributions by Dr. Henry Bauer, say, on the (crypto-embryology of the) Loch Ness Monster, Bauer's opposition to (perinatal) affirmative action, or his views on "homosexuality as an aberration or illness"* (in the context of the vasculature).


Clark Baker said: Prof. Geshekter: Last year, OMSJ began to actively seek HIV experts like Cornell Professor John Moore Ph.D., Harvard Prof. Daniel Kuritzkes MD, Robert Gallo MD, U. Conn Prof. Seth Kalichman Ph.D., Richard Jefferys, Magic Johnson, Bono, Elton John and the hundreds of other hard working scientists who could testify as HIV expert prosecution witnesses in HIV-related criminal cases.

Any idea how many calls we received?

That's right – NONE. Now, wouldn't you think that a $340 billion, 30-year-old PANDEMIC that poses an EXISTENTIAL THREAT to HUMANITY would yield ONE EXPERT from the NIH, CDC or major university. NONE.

They testified a lot before we got involved in in 2009.

These are serious cases. After all, if HIV is as deadly as they say it is, it would be a scientist's civic duty to protect those who might otherwise be unlawfully exposed to this deadly disease.

Sarcasm aside, the fact that thousands of hard-working scientists recoil like vampires in church when called to testify under oath and under penalty of perjury speaks volumes. We'd hire them ourselves, but our examination of their credentials suggests that none have the training or expertise to testify as defense experts. The very word "belief" is not even in their dictionaries.
witnesses. They're VERY good at expressing BELIEFS in sloppy journals, but it's quite another thing to ask them to tell the truth in a real court. This Nature blog is a much safer place for them.

2012-01-06 06:29 AM

**Clark Baker said:** Ed – The only difference between Prof. Bauer's "Loch Ness" and your HIV "Loch Ness" is marketing, non-profit foundations, pay checks and university grants.

If Loch Ness suddenly generated billions of dollars in grants, hard working scientists would crawl all over themselves to research the infamous Nessy – and those of us who laughed at the spectacle would surely be attacked as Loch Ness denialists. You're so predictable!

2012-01-06 07:00 AM

**Jack Knight said:** Mr. Clark Baker is not being completely forthcoming with facts regarding his supposed involvement in HIV Criminalization Cases. He claims to have been successful in 38 cases, but this is not accurate. Mr. Baker claims that in these cases one tactic he uses is to prove that HIV tests are fraudulent and not accurate. However, many of the cases Mr. Baker claims victory in are cases in which the HIV Charges were dropped because the client actually tested negative with the very tests Mr. Baker claims to be fraudulent: Daniel Hay Lewis, Jose Alex Perez and Lenny Love to name a few. Other cases were dropped due to previous legal precedent: Shan Ortiz and Darren Chiacchia to name two. Also, Mr. Baker claimed to have been "instrumental" in getting bioterrorism charges dropped in the Daniel Allen Case. However, the attorney, James Galen sent me an email clearly stating Mr. Baker was not involved in that case at all! Mr. Baker is less than credible. All this and more can be found at my site: www.hivinnocenceprojecttruth.com

2012-01-06 07:53 AM

**Eduard Grebe said:** I have no desire to engage with Clark Baker here (AIDS denialists thrive in these sorts of fora and love puerile "debates"). However, I would like to note that Baker has now extended his defamation of Richard Jefferys, Nathan Geffen and myself to the entire AIDSTruth.org team. None of this is surprising. What is surprising is that Nature apparently welcomes this kind of distraction from real science. It is frankly embarrassing.

2012-01-06 09:42 AM

**Colin Esperson said:** There seems to be some truth to Ed Daring's observation that Dr. Romagnoli intends to convert the IJAE from a legitimate scientific journal about anatomy and embryology to a vanity venue for his friends to publish their amateur musings on HIV/AIDS epidemiology in Africa and elsewhere.

One of Duesberg's co-authors, Henry Bauer, gives the game away on his blog here and here where he refers to his own papers in the "Italian Journal of Anatomy and *Epidemiology*"

If the error occurred just once it could be excused as a typo. Twice suggests there's something more to it.
Christian Fiala said: This is a great victory for all those who have a critical approach to scientific facts in general and to HIV/AIDS in particular.

The HIV/AIDS establishment is obviously in great despair. Why would they give space to a whole article on something they claim has no relevance? This is the main contradiction in the article. They claim the article 'does not warrant challenge' yet they write an entire article announcing the publication and by doing so, make the best possible PR for it.

But there are several other important points:

- "controversial research" apparently is used as an insult – instead of being welcomed. This is religious behaviour. In religion, everyone is expected to stay in line and controversies are silenced. But science should be different. At least that is what most people expect. Otherwise it becomes scientism and just another religious belief.

- Essex claims the paper is totally wrong, yet he admits "it is hard to respond in an intelligent way," - wow. In other words there is no argument against what we have presented. Can't think of a better compliment. Isn't this exactly what all scientist are striving for: to write an article where there is no counterargument? Just a small question remains, in what way is this article 'controversial' if there is no 'intelligent way' of responding to it? That sounds rather like an acknowledgment of outright acceptance.

- They claim that our views have little political support. Quite interesting. But did we publish this paper in a political magazine? Why would we expect or need political support for a scientific paper? We would expect scientific responses. But they are not likely to come because even our strongest adversaries admit that it is "hard to respond in an intelligent way."

- What a pity that they did not include the link to the article in the references section. Does Nature want to prevent readers from making up their own mind? This seems to be a breech of good scientific conduct.

http://www.fupress.net/index.php/ijae/article/view/10336/9525
Christian Fiala said:

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http://www.fupress.net/index.php/ijae/article/view/10336/9525
2012-01-07 08:41 AM

Jack Knight said: I am not quite sure why Mr. Fiala is so happy. He claims that: "The HIV/Aids establishment is obviously in great despair. Why would they give space to a whole article on something they claim has no relevance?"

One WHOLE article! Yep, that warrants "great despair" compared to the 30+ years of solid research.

As for this comment: "'controversial research' apparently is used as an insult â€” instead of being welcomed..." 25 years ago this may have been "controversial", now it is just desperate and sad.

2012-01-07 08:46 AM

Jack Knight said: I am not sure why Mr. Fiala is so happy. He claims that: "The HIV/Aids establishment is obviously in great despair. Why would they give space to a whole article on something they claim has no relevance?"

One WHOLE article. Yes, that warrants "great despair" especially when compared with 30+ years of solid research.

As for this comment: "'controversial research' apparently is used as an insult â€” instead of being welcomed..." 25 years ago this may have been controversial. Now it is just desperate and sad.

2012-01-07 09:43 AM

Clark Baker said: Having sent several thousand felons, predators and sociopaths to prison since 1980, I understand why truthers don't like me or OMSJ.

To understand why they hate and fear Prof. Duesberg, you must see who the truthers and their associates are.

For example, Jack Knight (aka Todd DeShong) is a wanna-be truther who abruptly closed his old blog after OMSJ exposed him and his associates in this report. This particular 45 y/o "HIV expert" changed his nom d'cyber and continues to blog hate from his mother's basement in White Settlement, Texas.

Unlike South Africa's truther blog and DeShong's new blogs, OMSJ is a licensed 501c3 non-profit investigation agency. Registered with the California Department of Justice, OMSJ's mission is to "protect and defend the victims and witnesses of medical and scientific corruption."

For more information, visit OMSJ or the HIV Innocence Group.

2012-01-07 11:29 AM

Jack Knight said: Please notice that Clark Baker can not address the SIX SPECIFIC examples I gave above regarding his fraudulent and unsubstantiated claims about his non-involvement in HIV Criminalization Cases. I provide specific examples backed up with facts and he tries to claim that I am someone I am not.

Why Nature continues to post comments by this Ex LAPD Cop who was fired for Police Brutality is a mystery.
Here is proof that Clark Baker is a disgraced LAPD Officer:

http://articles.latimes.com/1992-02-26/local/me-2666_1_excessive-force

He could not control his temper then and he still cannot. Why not argue with facts, Mr. Baker instead of resorting to childish behavior?

Ricci Davis said: "Conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this commentary which I reached slowly and reluctantly over many decades....one reason for the pervasive bias that is that physicians learn to practice a very drug-intensive style of medicine." [emphasis added].

The author of that candid observation was Marcia Angell, M.D. who was for twenty (20) years the editor of................The New England Journal of Medicine.


Ricci Davis said: John P. A. Ioannidis MD PhD reported that the greater the financial and other interests and prejudices in a scientific field, the less likely the research findings are to be true:Â

Conflicts of interest are very common in biomedical research, and typically they are inadequately and sparsely reported (link added). Â Â Prejudice may not necessarily have financial roots. Â Scientists in a given field may be prejudiced purely because of their belief in a scientific theory or commitment to their own findings. Â Many otherwise seemingly independent, university-based studies may be conducted for no other reason than to give physicians and researchers qualifications for promotion or tenure.Â Such nonfinancial conflicts may also lead to distorted reported results and interpretations. Prestigious investigators may suppress via the peer review process the appearance and dissemination of findings that refute their findings, thus condemning their field to perpetuate false dogma. Â Empirical evidence on expert opinion shows that it is extremely unreliable.

Dr. Ioannidis also:

â€Œ zoomed in on 49 of the most highly regarded research findings in medicine over the previous 13 years, as judged by the science communityâ€™s two standard measures: the papers had appeared in the journals most widely cited in research articles, and the 49 articles themselves were the most widely cited articles in these journalsâ€ŒÂ Â Of the 49 articles, 45 claimed to have uncovered effective interventions. Thirty-four of these claims had been retested, and 14 of these, or 41 percent, had been convincingly shown to be wrong or significantly exaggerated. Â If between a third and a half of the most acclaimed research in medicine was proving untrustworthy, the scope and impact of the problem were undeniable.Â


Ruairidh MacDonald said: Mr. Daring writes. Duhamel's writing is essentially a logically flawed opinion piece.
Nature editor Ruairidh MacDonald said:

If that is the case Duesberg is answering in kind because the original Chigwedere/Essex paper attacking him, *Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa* is just such an opinion piece with no original data, no critical examination of existing data, and no argument apart from politically motivated accusations. I quote from the introduction:

*We contend that the South African government acted as a major obstacle in the provision of medication to patients with AIDS... The intention is to estimate only the lost benefits attributable to the decisions made by the leaders of the South African government*

What scientific purpose does this serve? What scientist would be interested only in the deaths he can accuse certain other people of, and only in the calculations and references that serve this purpose? This is not an introduction to a scientific paper, this is an introduction prepared for a trial lawyer.

In this case Chigwedere et al. are content to proceed in the legal tradition recently enshrined by President Obama of denying the accused a right of reply. In the scientific world this means preventing an answer being published in a quotable journal, so that in and out of court you can present your side unchallenged.

That is why people like Jefferys, Moore and Grebe react so violently to anything published in a journal like Nature that does not condemn Duesberg in the strongest possible language. More than anything they are afraid of a debate on equal terms and will attack viciously any venue considering offering it. If Zoe Corbyn were to come out in defence of her article, which by no means can be considered a propaganda piece for Duesberg, or his right to a fair hearing, you will see these people throwing all the political weight they can muster behind forcing Nature to fire her. Their attacks in this thread can be read as the first and last not so subtle warning.

2012-01-07 01:47 AM

**Clark Baker said:** Nice try Jack, er, Todd...

Despite your claim and this hit-piece by fellow truther Jeanne Bergman Ph.D, you forgot to mention that my **conviction was overturned** in 1994 after the judge and prosecutor were found guilty of judicial and prosecutorial misconduct. Readers can review the complete court opinion here and note that I retired seven years after my conviction was overturned. My personal experience of political retaliation is what prompted me to create OMSJ to protect honorable and credible men like Prof. Duesberg from paid propagandists.

*Jack* illustrates why **hard working scientists** rely upon the ad hominem attacks by pharmaceutically-funded gay activists to defend themselves from credible questions that billions of wasted **research** dollars cannot answer.

The fact that HIV co-discoverer and Nobel Laureate Luc Montagnier MD admits in this short video that **HIV can be easily cured without drugs within a few weeks of infection**, but that **pills and vaccines are pushed because the drug industry cannot make a profit selling clean water and good nutrition**, also explains the attacks. That Montagnier implicates NIAID Director Anthony Fauci MD by **name** may also explain Fauci’s support of these obnoxious gay propagandists.

2012-01-07 02:06 AM
Charles Geshekter said: The terse, to the point comments by Dr. Fiala and Mr. Davis provide the good news and scientific accuracy that are so demonstrably absent from the pessimists, fatalists and "miserabilists" who cling to the rocks at the bottom of the HIV-causes-AIDS river.

Their is a barren and futile theory.

For example, In the City of San Francisco, one of the metropolitan areas where AIDS began, a cumulative total of 28,969 cases of "AIDS" were reported from 1981 through September 2011.

Of the 28,969 cases, 23% of the AIDS Indicator Conditions were Kaposi's sarcoma (now known not to be caused by HIV), 22% were various forms of tuberculosis, 38% were PCP, and 15% were "wasting syndrome." However, from 1996-2010, of the 8,073 AIDS cases reported in San Francisco, 81.3% were due to a CD4 cell count and another 6.3% were due to PCP.

In San Francisco, the total cumulative number (1981-September 2011) of AIDS cases involving non-injection drug, heterosexual contact males is 161 – or around 5 per year. With non-injection drug related heterosexual females the cumulative number of cases is 321, roughly ten per year. In both categories, the following requisite disclaimer is always included: "Heterosexual contact with a person known to have, or to be at high risk for, HIV infection."

Once again, these statistics suggest that if AIDS cases have anything to do with sexual behavior, anal, vaginal or oral positions, frequency of the acts, and so forth, one must explain why of the seven counties of the S.F. Bay Area (3 million people, 92-95% of them heterosexuals), over 90% of the AIDS cases were found in just 4-5 postal zones or zip codes and have continued to plummet for twenty years.

Some suggest the only kind of knowledge of value is that which embarrasses people, alarms them, and leads them to deny its existence. To imagine that any new knowledge in 2012 would be considered criminal or that sharp scientific criticisms might be deemed a punishable offense would seem anachronistic, even bizarrely medievalist. Yet within the culture of conformity and dogmatism that is the realm of conventional AIDS thinking (on display in graphic form here with these orthodox defenders) this is a widespread belief whose adherents resort to scorn and contempt to discredit anyone who challenges their conventional wisdom.

They have good reason to be angry, irritated, nasty and bewildered – that's what happens when long-established paradigms begin to crash and burn.

2012-01-07 03:26 AM

Clark Baker said: Corbyn's story and Ruairidh MacDonald mention _Chigwedere_, who admits that he relied on UNAIDS' unreliable estimates to render his own.

_Chigwedere estimates_ that between 270,000-320,000 South Africans died from HIV _EVERY YEAR_ between 2000-2005 (see Table 1 ), numbers that are significantly contradicted by SA's recorded HIV mortality of appx 8000/year during 1997-2002 (see Table 4.2 ) and appx 14,000/year in 2006-2007 (see Table 4.4 ). The fact that clinicians rarely report that their patients died from clinical errors and complications and adverse drug reactions (ADRs) suggests that actual HIV-related mortality is a tiny fraction of that fraction.

Chigwedere's numbers are consistent with the CDC's Coolfont Estimate , which _ESTIMATED_ the number of HIV infected persons in the U.S. in 1986 at between 1-1.5 million infections. That number was extrapolated from the Kinsey Report, which _ESTIMATED_ the number of homosexuals, IV drug users, hemophiliacs and heterosexuals who _allegedly_ took part in homosexual acts in 1948. Despite the fact that the US population has
swelled from 227 million to 312 million throughout the so-called AIDS PANDEMIC, the CDC's estimates hasn't changed.

And while HIV allegedly claimed millions of African lives throughout the so-called global pandemic, Prof. Duesberg notes that Africa's population doubled from 400 million to 800 million - an explosion that the United Nations fears will reach 1.7 billion people by 2050. All of this suggests that if Africa's population explosion is a problem, HIV will certainly not be the cure.

2012-01-07 03:36 AM

Colin Esperson said:

Dr Fiala and Dr Geshekter complain about the opprobrium they and their Rethinking AIDS organisation receive from legitimate HIV/AIDS researchers and clinicians. Dr Fiala seems to think it is because of his and his groupâ€™s â€œcontroversial researchâ€.

In reality, his group has conducted no research, controversial or otherwise. It is an advocacy organisation which targets its misinformation directly to people with HIV/AIDS or who are at risk. It has been immensely destructive.

Perhaps Dr Fiala or Dr Geshekter might like to explain to readers of Nature about the Patient Information Leaflet they distribute both in hard copy and through their website. This piece is intended for people â€œwith limited reading skillsâ€ and who are considering HIV testing or are contemplating treatment for HIV/AIDS. The full text can be found here but these are the opening paragraphs:

â€œAIDS doctors accidentally killed an estimated 300,000 people during the AIDS hysteria years of 1987-1997 (by prescribing heavy doses of AZT or similar drugs). It was a mass iatrogenic (doctor caused) massacre, claiming the lives of Arthur Ashe, Rudolf Nureyev, Keith Haring, Kimberley Bergalis, Freddie Mercury and many others.

â€œThey were healthy until convinced to take the medicines. This danger is still with us. Modern AIDS drugs are less toxic, but still life threatening, just not as quickly. Today, 2009, those taking the modern-day ARV therapy are dying at an average age of 45.â€

Getting their â€œreview articlesâ€ published in the scientific literature has been a major objective of Rethinking AIDS. However this has nothing to do with contributing to any genuine scientific discourse on HIV/AIDS: rather the aim is to provide a veneer of credibility to their scientifically unsophisticated target audience.

It is disappointing that Dr Romagnoli and the University of Florence have turned their journal over to Rethinking AIDS to be used in this way. While I can understand the temptation for a little short term attention and notoriety, in the long run this is likely to be extremely damaging to their credibility.

2012-01-07 03:41 AM

Jack Knight said:

Again Clark Baker refuses to provide all the facts. Maybe because he refuses to admit the facts. Yes, Baker, it was overturned but NOT because you were NOT guilty! You were guilty of handcuffing a jaywalker and then beating him, kicking him and dragging him 10 yards by his pony tail! The guilty verdict by 12 jurors of your peers. They found you guilty. And it was a jaywalker of all criminals! Not a rapist or murderer or even a thief...but a jaywalker! And you were ALLOWED to retire at 20 years. More like forced to retire. If you were as great a cop as you claim and loved it as much as you claimed, you would not have retired at the...
Charles Geshekter said:

Now that you can't hide behind a badge and a uniform, you hide behind a computer terminal and lie about HIV Criminalization cases in which you have not been involved. Why not deal directly with facts? I presented six specific examples above and yet you choose to not speak to facts. Your false claims are not fooling anyone. You are way out of your league.

You libel, defame and slander others and provide zero proof to back up your claims, just as you are doing here. Grow up, Mr. Baker and try to do something productive with your life.

Charles Geshekter said: I am sorry to be the bearer of bad news for Colin Esperson, but my evidence comes exclusively from mainstream orthodox sources in virology, epidemiology and clinical medicine.

I am here to help Mr. Esperson begin to escape from the suffocating confinement in the HIV-Causes-AIDS trap. He can initiate his own re-education on AIDS by reading several important studies with the utmost care and close attention to detail.


Chapter 18 by Barbara Koppel and Gokhan L. Afrikat, "Neurologic Complications of HIV and AIDS."

Chapter 33 by Patrick W.G. Mallon, et al., "Toxicities of Antiretroviral Therapy."

Chapter 34 by Joseph K. Wong, "HIV Drug Susceptibility Testing."

Once he has read and gasped the essence of that important data, I will be pleased to assist him in understanding the flaws, statistical errors, scientific contradictions, and egregious mistakes in data about the morbidity and mortality regarding AIDS cases in Africa.

Of course, both Prof. Nicoli "Nikki" Nattrass and Mr. Nathan Geffen can assist him with the South African material and I will be glad to lend a hand.

Clark Baker said: Jack Knight:

I need not PROVE anything – especially to meth addicts or fading drag queens who are too embarrassed to use their real names. Anyone who wants to verify OMSJ's record can check directly with the courts. GOOGLE IT!

OMSJ does not post details about every case and confidentiality often precludes us from releasing protected attorney-client information. Some clients and attorneys don't want to be deluged with crank telephone calls or have their corporate offices infested by hoards of sticky meth-trannies. However, recent cases like Corporal RL, Jason Young and the ongoing appeal of David Gutierrez contain plenty of info and links that corroborate OMSJ's involvement.
As for your personal attacks against me, readers will have to decide for themselves who is and is not credible. Having just forced prosecutors to dismiss all charges in the Tom Call Case, I had some time to follow this story and comments. I'm surprised that you aren't listed as a truther yet. Based upon your background, training and expertise, you would fit in VERY well.

2012-01-07 06:05 AM
Colin Esperson said: Dr Fiala interprets Dr Essex’s comment that "it is hard to respond in an intelligent way" as indicating "there is no argument against what we have presented". Perhaps it is simply that the paper is too inept for serious epidemiologists to bother with.

The thrust of Dr Fiala’s and Dr Duesberg’s argument is the absurd claim that because the estimated populations of various African countries have continued to increase during the HIV/AIDS epidemic, therefore there can’t have been significant HIV/AIDS mortality – ignoring the impact of high birth rates, migrations, and other factors on total population estimates. For example, they state:

Unexpectedly we found that the population of South Africa had increased by 3 million from 2000 to 2005, based on concordant statistics from South Africa and the US Census Bureau.

Dr Fiala and Dr Duesberg appear to be unaware that the Statistics South Africa and US Census Bureau population figures they are citing are not head counts, but estimates that included explicit modelling of the impact of HIV/AIDS on mortality. Later they tell us that:

In all countries where testing was introduced the prevalence of HIV-antibodies was soon found to be steady as it would be expected if HIV were a long-established endemic retrovirus (Duesberg, 1996; Duesberg, 1992; Duesberg et al., 2003).

This nonsensical claim is contradicted only a couple of paragraphs earlier when they inform us that anti-HIV antibodies were first detected in 0.7% of the (South African) population. This percentage then increased gradually (not exponentially!) over about 10 years until 2000 when it levelled off between 25 and 30%.

Dr Fiala and Dr Duesberg also appear not to have noticed that the figures they are citing were not for the South African population as a whole, but rather were annual surveys of antenatal clinic attendees.

The authors go on to recycle their endlessly discredited claim that:

In the US, for example, 1 million have been HIV-antibody-positive since 1985 (Curran et al., 1985; Institute of Medicine, National Academy of Sciences, 1986; Duesberg et al., 2003; Centers for Disease Control and Prevention, 2007, 2008).

Aside from the fact that they are seriously misrepresenting Curran et al’s 1985 estimate (which was based on taking the 10,000 notified AIDS cases to 1985 and guessing what percentage of the total HIV positive population they represent) it is nonsense to claim that the CDC estimates a steady 1 million prevalence. The CDC’s US HIV prevalence and incidence estimates over the course of the epidemic to 2006 are shown here

It is difficult to understand what epidemiological expertise Dr Romagnoli and the other IJAE peer reviewer brought to the task in approving this paper for publication.
Jack Knight said: Mr. Baker is being less than truthful about Jason Young.
Mr. Baker has stated in many public forums that Mr. Young would be out of jail by Christmas 2011. However, that is blatantly false.

The Actual Sentence
Friday Oct 22, 2011

According to Aiken County Solicitor Strom Thurmond, Jason Young pleaded guilty to two counts of intentional exposure to HIV. Young was charged initially back in January, then other people came forward in South Carolina and Georgia.

Young was sentenced to five years incarceration on each charge to run concurrently. That means Mr. Young will spend 10 years in prison, not a matter of two months as Mr. Baker claimed. Unless Mr. Baker meant he would be out of prison by Christmas of 2022!

Mr. Baker also claims that Mr. Young did not plead guilty. That is also blatantly false. Mr. Young made an Alford Plea In an Alford Plea, the criminal defendant does not admit the act, but admits that the prosecution could likely prove the chargeâ€¢defendant does not admit guilt but acknowledges that the stateâ€™s evidence against him is so strong that he is prepared to accept the entry of a guilty plea nevertheless. The court will pronounce the defendant guilty. One reason for making such a plea may be to avoid being convicted on a more serious charge.

Mr. Baker, you are no match for the truth and facts presented in logical format. Please stop embarrassing yourself.

Charles Geshekter said: Perhaps Mr. Esperson can assist me with a question about AIDS in South Africa. Or if not, maybe Prof. Nikki Nattrass or Mr. Geffen or even Mr. Grebe all of whom who claim to know a great deal about AIDS cases can lend him a hand.

I am unable to determine how many cases of AIDS were actually, officially reported in South Africa in the years 1995, 2000 and 2005, disaggregated for each of the country's 9 provinces and broken down by race, ethnicity, gender and age. This data that would be critical for tracking the AIDS epidemic in South Africa over time and since the termination of the apartheid state in 1994.

I am not asking about HIV rates, HIV prevalence, or HIV incidence. I am only trying to determine the actual number of AIDS cases reported in this one country over a 10-year period. Leaders at The Global Fund seem unable to provide those figures. If those numbers are said to remain "hidden," how can anyone ascertain the actual cause of morbidity or death? The Global Fund is silent on this matter.

So here are the three statistical questions that the well-financed AIDS monolith surely can answer:

1) To manage the data and get a better sense of the epidemiology of AIDS in South Africa, I focus on three provinces for a case study in the country that receives a great deal of attention about AIDS and AIDS deaths. The three South African provinces are Gauteng, KwaZulu-Natal, and Eastern Cape.

2) I want to know the actual number of AIDS cases reported officially in each of those three provinces for 1995, 2000 and 2005 and to identify exactly which agency gathered that data on the ground and where those
numbers are available.

3) For each of those three provinces, I need to determine how many people died of all causes in each of those three years (1995, 2000 and 2005) with an indication of the top 10 causes of death for each year.

With thousands and thousands of dedicated, hard-working, cutting-edge AIDS scientists available around the world, these basic data should be fairly easy to come by.

Thanking all of you in advance for your verifiable numbers and source citations.

2012-01-07 07:07 AM

Clark Baker said: Colin:

You're quoting ESTIMATES, nothing more. Despite what Dr. Curran wrote in 1985, White House documents prove that Curran's ESTIMATE came from the CDC's meeting in Coolfont VA in 1986, where Curran and others extrapolated that number from the Kinsey Report's 1948 ESTIMATE.

In 1999, Armstrong reported that infectious disease became statistically irrelevant in the US by 1955 and that HIV mortality hardly made a dent in US mortality numbers. That tiny number dropped off in 1996 – a year that coincided with the reduced doses of AZT.

In all of the criminal HIV cases reviewed since 2009, OMSJ found NO EVIDENCE that any of the clinicians involved in the testing, diagnosis and treatment of HIV ever competently diagnosed their patients before claiming that they were infected with HIV. Although ESTIMATES generate revenue, they do not have anything to do with the competent diagnosis of real patients.

BTW, Colin, is Luc Montagnier mainstream enough? How about Joseph Sonnabend?

2012-01-07 07:07 AM

Colin Esperson said: Dr Geshekter, I am not aware of any statistics on officially notified cases of AIDS in South Africa, or even whether AIDS is a notifiable disease in that country. Most diseases aren’t.

Perhaps you could inform us all about how you and your fellow members of the Board of Rethinking AIDS established that “AIDS doctors accidentally killed an estimated 300,000 people during the AIDS hysteria years of 1987-1997” and that among those killed by AIDS doctors were “Arthur Ashe, Rudolf Nureyev, Keith Haring, Kimberley Bergalis, Freddie Mercury and many others” who "were healthy until convinced to take the medicines."

Or did you just make it up?

2012-01-07 07:20 AM

Jack Knight said: I am sorry, but I must address Mr. Baker's on going lies. He claims that he cannot release confidential information due to attorney-client privilege but that is smoke and mirrors. You could get the client to waive that privilege. It seems that since you have basically just saved their lives (as you claim) they would be happy to avail you of that problem.

Also, you originally titled your service HIV Innocence Project, a direct attempt to ride the coat tails of the very
Colin Esperson said:

Charles Geshekter said:

Also, you originally named your service HIV Innocence Project and your effort has been in the very real and legitimate Innocence Project which is 100% transparent regarding all cases. The Innocence Project forced you to change your name because they did not want to be associated with you in any way! They did not want their credibility stained by you. So you changed your name to HIV Innocence Group.

At my two sites dedicated to proving that you are mostly fraudulent, I use many sources:
1. Court Documents specific to each case and the outcome.
2. Emails from the actual attorneys involved.
3. Recent news articles directly relating to the outcome of the specific cases.

Mr. Baker NEVER provides updated, recent news articles. He only posts the original article when the person was arrested.

I am happy to discuss any of the cases at my two sites dedicated to Mr. Baker's HIV Criminalization Cases:
HIV Innocence Project Truth
HIV Innocence Group Truth

I am happy to discuss these cases at length and in detail. I have proven in over 1/4 of the cases that Mr. Baker lists at his website that he is being less than truthful (I am softening my words so as to not get sued.)

2012-01-07 07:39 AM

Colin Esperson said:

Clark, you tell us that White House documents prove that Curran's ESTIMATE came from the CDC's meeting in Coolfont VA in 1986.

Dr Curran must have been remarkably prescient, given that he managed to publish the outcome of a May 1986 meeting in September 1985

You also tell us that AIDS death numbers dropped off in 1996 â€“ a year that coincided with the reduced doses of AZT

Unfortunately that is not correct. The fall in death numbers coincided with the introduction of triple combination antiretroviral therapy, most of which combinations included exactly the same dose of AZT (500-600 mg daily) that had been the FDA approved monotherapy maintenance dose ever since January 16, 1990.

2012-01-07 08:46 AM

Charles Geshekter said:

Mr. Esperson admits that he is "not aware of any statistics on officially notified cases of AIDS in South Africa, or even whether AIDS is a notifiable disease in that country. Most diseases aren't."


Better do some reading in Gary Wormser's book first as I recommended to you a few hours ago. Your knowledge of African AIDS is, as you well know, quite rudimentary and comically fanciful.

Even though you and your hysteria-driven mates blissfully claim to be unable to cite any data on AIDS cases, causes of death and actual mortality figures for South Africa for 1995, 2000, and 2005, perhaps you and your legions of AIDS activists and "researchers" [sic] can provide such data for......let's see....how about Zimbabwe! or Uganda? or Kenya? Take yer pick.
Just the AIDS and mortality statistics for any of those three countries – in the heart of Africa, so-called home of AIDS virus [sic].

Try not to change the subject now.......we are talking about AIDS cases and deaths in Africa, so just provide the basic facts.....

It's okay if you admit what is painfully obvious – that when it comes to AIDS in Africa you have no idea what you're talking about.

2012-01-07 09:04 AM
Jack Knight said: Mr. Baker has presented many excuses as to why he can not post PROOF about the 38 HIV Criminalization Cases he claims to have had successes with. But Mr. Baker is not one to shy away from presenting what he considers to be proof. Just take as an example this very comment thread:

Mr. Baker has posted 17 comments with 63 links to what he considers to be "proof" for the various and sundry claims he has made. Despite the fact that 90% of those links are nothing more than garbage, libel and slander!

If Mr. Baker would post 3.7 (round up to 4) links per comment and yet refuse to provide proof of his supposed wins in these HIV Criminalization Cases that he has dedicated the last 4 years of his life to, then something is drastically wrong in Denmark!

Mr. Baker, I again beg of you to provide proof of the HIV Criminalization Cases you have dedicated your life and credibility to for the last 4 years. You have shown through your past posts here and at your various sites that you are not one to shy away from providing what you consider to be proof. Why are you so shy now, Mr. Baker? I can tell you: because you know you are being "less than truthful"!

I stand behind my websites and the proof I have painstakingly provided. Why can't you, Mr. Baker?

2012-01-07 09:32 AM
Colin Esperson said: Dr Geshekter, I'm not sure why you are asking me to find South African AIDS notification statistics for you when you tell us you have already found them.

I don't have access to the November 2011 Statistical Release PO309.3 you mention as it has yet to be published on SSA's website, although I am surprised at your claim that SSA publishes AIDS notification data in a report about death notifications. None of the previous Mortality and Causes of Death in South Africa: Findings from Death Notification reports contain data on notifications of AIDS diagnoses.

It does seem an odd place to publish notifications of diseases rather than of deaths. Given that you have the relevant document, perhaps you could inform us all of how many AIDS diagnoses were made among South Africans, according to the report you are citing.

2012-01-08 12:00 PM
Colin Esperson said: I am still very keen to hear Dr Geshekter present the AIDS notification data for South Africa he has discovered, particularly since neither HIV infection nor AIDS appear to be on the list of notifiable diseases in that country
Clark Baker said: Colin – You make my point. Because the CDC and UNAIDS have never used real numbers, Curran can be as prescient as he wants to be. That's the magic of alchemy, astrology, HIV and global warming. When you rely EXCLUSIVELY on computer models and ESTIMATES, you can make up ANYTHING. In the case of HIV, The Coolfont Estimate establishes exactly how and where those ESTIMATES originated.

The only hard numbers exist in papers like those I linked in Comment #35913.

As for the merits of your defense of these spurious estimates, a 1988 AIDS & Public Policy Journal report suggested that drug addicts should be enlisted to educate the public about HIV and AIDS. Four years later, another APPJ report modified the idea, suggesting that homosexual drug addicts would make better teachers. This could explain why the dogmatic defense of HIV and AIDS has been relegated to gay activists like Jack Knight and the truthers.

Charles Geshekter said: Many thanks to Nature for including the article by Zoe Corbyn that highlights the valuable, life-saving work of Duesberg, et al. in their recent article.

Time to get back to some serious work, so I'll be leaving you kids to play among yourselves.

Colin – be a good lad and start reading your assignments in the book by Gary Wormser so you can get a better grasp on that ole devil "AIDS" in Africa. Boo!

South Africa has a population of nearly 50 million. In 2008 (the last year for which we have statistics), there was a grand total of 590,000 deaths from all causes in the country.

The total number of South Africans said officially to have died from "HIV Disease" [ICD/10 definition, B20-24] was........drum roll please.......15,083 (2.4% of all deaths).

Run along now Colin. Class dismissed. Ta ta.
Eugene Semon said: This criticism applies to both sides in this debate, especially considering that Chigwedere et al do not provide anything more than made-up numbers – sorry, estimates – to back up their original charge against Mbeki.

The problem is that different prevalence numbers come from computer models and antibody tests with different sensitivities - no basis by which to compare prevalence numbers on a legitimate basis. Using a “true infection test™ [e.g Merck/HVTN vaccine trials] throughout would produce valid [and undoubtedly much lower] prevalence numbers for comparison purposes.

So everyone knows “except science journalists alas “ that there is no reliable data on HIV prevalence “ only guesses – because the HIV-1 synthesized in cell cultures has never been caught actively replicating in human populations. For the activists who are still neophytes on the subject of retroviral isolation, this means at least extracting the complete dimeric genome from patients, not fragments of it via viral load assay.

Peter Duesberg no longer uses this old argument, but it stands nonetheless as he explained in Spin Magazine 1988 “

“SPIN: What is the difference between isolating the virus and detecting it?

DUESBERG: Detecting the antibody to the virus is what you can do in 80 to 90 percent of all cases. So, 10 to 20 percent don’t even have antibodies. With polio or hepatitis, you can isolate copious amounts of virus. Here, it is different. You have to use techniques which were developed to detect or activate so-called latent viruses, viruses that are not active. It involves taking millions of cells from a host, in the form of tissue culture, an expensive method, and then when they are removed from the immune system of the host, you add some uninfected cells. Then you wait a couple of weeks and hope during that time, something kisses awake the sleeping beauty, the resting AIDS virus. If one of them in that time becomes active, the whole culture will become infected, because now there is no immune system.

By then you have amplified or multiplied the tissue culture enough to detect it in a cell culture, and then you can say “Aha! I have isolated the virus.” All you have really done is, out of billions of cells, you have activated at least one virus. But in 50 percent of all AIDS patients, not even that much can be done. Even in millions of cells, you cannot activate one virus. That’s how low the viral content is.

For direct biochemical evidence of the virus, we look for the so-called provirus, a DNA copy. Biotechnology has developed a technique of detecting one gene in a billion cellular genes. By this method, you find HIV in no more than 15 percent of the AIDS patients.

As a follow up, one can check the original “continuous production™ 1984 Science paper of Gallo et al to verify that synthetic RT kinetics were used to demonstrate continuous production. Not of “virions™ as stated in paper, but a homopolymer that does not even rise to the level of a biomolecule.

Professor Duesberg knows another “direct biochemical technique™ to find ‘copious amounts of virus’, if it’s there in the person and not manufactured by the cell culture. Indeed he performed retroviral isolation experiments using the complete dimeric genome standard as far back as 1966 “ spinning them to the 70S band, the old technology. But this does not make the CONCEPT obsolete in terms of the extractable amount of 70S RNA directly from patients. Since everyone in this thread loves estimates, here™s mine 100-200ng of complete HIV genomic RNA if there™s active replication [not in culture but in human being]. This of course would be an unpublished null experiment at this point in time but certainly represents a proposal to obtain new data.
2012-01-08 11:27 AM

Eugene Semon said: Sorry that should be 100-200 ng/ml.

2012-01-08 01:07 AM

Adel Ibrahim said: Clark Baker’s first comment contains a false and defamatory statement, nl. “Grebe and Geffen are paid by the drug industry to facebook trouble for honest scientists like Dr. Duesberg.” Is defamation compatible with Nature’s Community Guidelines? Publishing this kind of Forums may potentially expose Nature to legal liability.

2012-01-08 01:15 AM

Charles Geshekter said: As a tiny addendum only because early AIDS learners like Esperson may not completely understand the definition of an "AIDS case" in Africa which differs decisively from one in California, Canberra, or Copenhagen........

The WHO uses a Clinical Staging System for what it calls "HIV Infection and Disease." There are 4 stages that entail a bewildering variety of 31 ailments, diseases, and maladies none of which are ever specified in the morbidity and mortality statistics for any African country.

So while the UNAIDS, CDC and WHO glibly and deceptively talk about tens of millions of AIDS cases and AIDS death in Africa (11 million square miles, 56 countries, 980 million people) they are utterly unable to deal carefully and concisely with individual countries like South Africa, Zimbabwe, Uganda, Kenya, et al.

Bye bye.

2012-01-08 02:55 AM

Christian Fiala said: Great. Finally we have something like a debate. Still quite emotional and full of personal attacks but at least some arguments are presented. We have gone a long way after the censorship of our first paper. Censorship which was based on the sole claim that we presented "opinions that could potentially be damaging to global public health". A claim which has never been substantiated and which is quite impressive: what kind of opinion could possibly have the power to damage nothing less than 'global public health'? (Btw this is the first time since long ago that an 'opinion' is considered dangerous in a scientific debate in the Wester world. Not talking about Soviet Union, China, North Korea or alike.)

Finally some people are coming with arguments against this evidence based but apparently dangerous opinion. Real arguments. Before going into details I would like to recall the essence of our paper: all past predictions of an Aids-epidemic have proven wrong, even in Africa. Consequently the underlying assumptions of these predictions have to be called into question.

Colin Esperson argues:

- "I am not aware of any statistics on officially notified cases of AIDS in South Africa, or even whether AIDS is a notifiable disease in that country. Most diseases aren’t." - Colin no problem you are not aware of Aids being a notifiable disease and statistic being done on this in Africa. But why do you accuse us for something you are not aware of? Instead of doing the obvious: do some research yourself. To

http://www.nature.com/news/paper-denying-hiv-aids-link-secures-publication-1.9737#comments
compensate your apparent lack of experience from working on the ground. To help you, please have a look at the reporting form for Aids cases (not deaths) from SA and Uganda at:

http://aids-kritik.de/aids/SA/meldeformulare.htm

- "ignoring the impact of high birth rates, migrations, and other factors on total population estimates." - Who told you that we would ignore these aspects? We have analysed them very carefully. But to our great surprise they don't explain the dramatically increasing population in Africa. There simply is no indication for a new and deadly epidemic in Africa.

- "Dr Fiala and Dr Duesberg appear to be unaware that the Statistics South Africa and US Census Bureau population figures they are citing are not head counts, but estimates that included explicit modelling." - We are well aware of 'explicit modelling' of population estimates. Especially the limitations of these models. Therefore we also included real 'head counts'. You pretend they are not being done. Again a look into the national statistics of SA, Uganda and other African countries would tell you the opposite. - Again no problem that you are not aware that population census are being done on a regular basis. But why do you accuse us for something you don't know. Btw. you might be interested in some reading about these 'explicit modelling' from someone who has done it for her whole scientific career:

http://www.i-sis.org.uk/beyondHIV-CausesAIDS.php and
http://www.scientificexploration.org/journal/reviews/reviews_21_2_bauer.pdf

These are just a few examples of what you said. Maybe Essex is right after all with his comment that "it is hard to respond in an intelligent way" as indicating "there is hard to find good arguments against what we have presented".

Or your words reconsidered: Perhaps it is simply that the paper is too serious for an inept epidemiologists to bother with.

2012-01-08 03:57 AM

Rob Marciano said: Dear Mr. Baker:
I would highly advise that you stop posting here. Your absurd assertions make people check on your background and expose you as the kook that you are. You used to have a minimally-read blog that denied global climate change, promoted facism, called Obama "Kenyan-born", etc. You trumpeted college-education as a "waste of time" and a " scam" - perhaps because you never were accepted to college. You repost articles from Glenn Beck and other idiots. You have never taken one science class in your life, and you make absurd statements.

Your "organization" consists of only you and a post office box. The funds you report are composed of your entire pension from the police department (where you served as essentially a traffic officer) and you had it certified by an accountant who is related to your wife, Carol Dunn – who is many decades your senior (she is in her 80s now?)

Clark, trolling these boards will not drum up "business" for your fake organization. You write one letter or email to some lawyer about a case they are handling, and they ignore it, and you claim you are therefore "involved." Most the cases I read about ended up very differently than you lead to believe.

You: Sin, are a complete waste of time, and you do yourself no favors by spending your time advertising your
You, Sir, are a complete waste of time, and you do yourself no favors by spending your time advertising your fake services in forums such as this. You falsely claimed once to a writer of TheStreet.com that you were an "elected state representative" and he called you "bat-s--t crazy and stupid."

You are helpless. Your case wasn't dismissed because of its merits. The prosecutor screwed up. You still beat up a helpless jaywalker and were fired from your job as an LAPD traffic officer with no college education, and now try and find other ways of making yourself seem important. You use the same phrases, the same false boasts, and the same fake arguments. You are so caught up in your own fake image of yourself that you don't even see what an idiot most people take you for.

You were eviscerated by the judge in New York. He said in legal words everything I have just said above. You lied that you didn't read it. Well, now that you have, you may pay attention to how much of a fool you came across there! Your incorrect and fake legal assertions based in no education make you look even worse.

When you are in a hole, stop digging.

2012-01-08 05:17 AM
Ruairidh MacDonald said: Dear Dr. Fiala,

We welcome this real debate as well, but you are moving very quickly now so a couple of questions if you do not mind:

1. Mr. Esperson did not say that real head counts have not been made, he said that the population growth trajectories you cite are based on models that have already factored in the hypothetical HIV/AIDS epidemic. Your answer is that you have considered the real head count and that it confirms the monotonous population growth trajectory you show in the paper. If that is the case the real head count confirms the modelling that has factored in the hypothetical HIV/AIDS epidemic, does it not?

2. You ask Mr. Esperson, who told you that we would ignore the impact of high birth rates, migrations, and other factors on total population estimates? We have analysed them very carefully

Since we were among the first to point out that you had not considered if the hypothetical HIV/AIDS epidemic had already been factored into the population growth trajectories you cited in the first version of your paper, and since we were among the first to point out that you had not considered the impact of high birth rates, migrations and other factors on population growth in the first version of your paper, we would like you to identify where you have included such considerations in the latest version, we cannot find it.

Googling AIDS, South Africa, notifiable disease will tell the lay man as well as the inept epidemiologist that AIDS is not a fully notifiable disease in South Africa, no need to board a plane to go see for yourself.

Finally a plea to Nature's moderators: If we are to have a sober debate could we please have done with Clark Baker and his various nemesis pursuing matters quite irrelevant to the topic at hand in a tone that is likely to discourage serious participants?

2012-01-08 05:28 AM
Clark Baker said: I'm usually too busy preparing cases and questioning HIV experts like Joan Duwve MD MPH to waste time with blogs like this. My fascination with the behavior of those who defend the corruption and incompetence that permeates HIV and AIDS prompted the exception.
_Real_ scientists know that _credible_ science requires neither belligerence nor belligerents to defend it. Scientific EVIDENCE (not ESTIMATES) speaks for itself – a fact that HIV's unhinged clerics and mullahs have forgotten. When they personally attack those who ask difficult questions, they have no idea how they implicate themselves.

The trolls and truthers who make personal attacks are as transparent as chocolate-smeared five-year-olds who deny knowledge of the missing chocolate cake. I simply wanted to see how far they would go this time – and they didn't disappoint. If nothing else, they are consistent.

2012-01-08 05:50 AM
Jerry York said: No Mr. Baker:
You are clearly not too busy to troll sites like this. You are the only one who posts tons of pointless links to your own fledgling fake organization. You don't "prepare" cases or question anybody. You aren't even a college graduate let-alone any legal expert in any way – as pointed out most recently by a judge who eschewed you for acting like an idiot.
You don't know what real scientists do. You have never been educated by them. You make flagrantly false statements, racist slanderings. It is not that "questions" by your ilk are difficult – their answers have been established for decades. You just keep asking the same garbage in an effort to convince yourselves that being contrarian compensates for your ignorance.
No one is implicated as being an idiot other than you.
And that's not chocolate that is smeared on your face, contrary to what you may think.
Now leave and go back to your doing nothingness.

2012-01-08 06:09 AM
Carol Dunn said: Smack!!!
Mr. Baker goes down for the count! Not surprised when I check out who he associates with.
He must have to spend his time doing something after being a kept man by this aged woman

2012-01-08 06:31 AM
Colin Esperson said: I want to thank Dr Geshekter for so generously taking time out from his "serious work" to correct any misapprehensions Nature readers might have had about his Rethinking AIDS group, which includes most of the authors of the paper in question.
I'm sure that readers will now be in a much better position to assess the veracity of Dr Essex's comment that "It is just so far out that it is hard to respond in an intelligent way."
I second Dr MacDonald's plea to the moderators, and I look forward to any sober debate that ensues between him and Dr Fiala. I'm sure it will be most enjoyable.
Robin P Clarke said: I'm afraid I see the demands for Clark's comments to be "moderated" as tellingly hypocritical after so much ad hom irrelevance posted here against him, and reflecting instead the desperation of the refutation-deniers. This 'controversy' has a close parallel with that about supposedly harmless dental amalgams. In that 'controversy' the supposed experts are likewise 100% phobic of allowing their putative expertise to be tested in court. They never reply to their critics. You can see some of the cheap falsehoods being used to cover up the truth about amalgam illness at www.bit.ly/foihg, and also find links there to the equal claptrap being used by the judges in London to avoid those 'experts' having to face my challenges in court anyway to the charlatanism that has devastated my entire adult life.

CFS Boston said: The medical establishment will have you believe that Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) is some sort of â€˜mysterious illness,â€™ but itâ€™s no mystery to me; CFS/ME leads to HIV-Negative AIDS, idiopathic CD lymphocytopena (ICL), a clinical diagnosis that I possess. How can the AIDS establishment continue on with a stale "it's caused by HIV" mantra when there are ICL cases cited in medical journals dating back to 1992? While millions of ailing immunodeficient CFS/ME patients get belittled and neglected, perfectly healthy HIV+ people are allocated billions of dollars in taxpayer money. How can it make any sense to anyone?

It's so easy to see that the medical establishment simply has these paradigms (CFS, HIV) inverted. AIDS patients are simply more CFS patients, who also happen to harbor a seemingly harmless virus, HIV. AIDS patients are just the tip of the CFS iceberg, and it's well-documented that HIV is not the cause of CFS/ME.

How else do you explain that there is no CFS/ME epidemic in the HIV+ population? CFS/ME does not discriminate. The answer is that there is; any otherwise perfectly healthy HIV+ person that is: 1) symptomatic, 2) is better on ARV's, or 3) is severely immunosuppressed (AIDS)...

...is yet another CFS patient.

Simply rename CFS, ME, and AIDS all to be "low natural killer cell disease" and everyone would very clearly see that:

AIDS + CFS + ME = low NK cell disease = one catastrophic epidemic (not caused by HIV)

Now that the 'mystery' has been solved, could we please stop wasting time and re-allocate all the HIV funding into CFS/AIDS research?

I want a revolution!

7 Step Plan to resolving our Worldâ€™s catastrophic public health disaster:

1. Demand research funding parity for CFS with AIDS.
2. Suggest that CFS & AIDS be researched together by scientists rather than as separate entities.
3. Urge the CDC to move their AIDS division under the CFS umbrella so they research all the infections that AIDS and CFS have in common.
4. Urge that AIDS organizations (like AmfAR) include CFS under their umbrellas so that CFS advocates donâ€™t have to reinvent the wheel...
€™t have to reinvent the wheel.

5. Demand that the White House, Fauci and the Director of NIH make a public statement that (just from what we know today) in terms of the immune dysfunction and human suffering, CFS is just as serious a public health problem as AIDS.

6. Request that an annual international joint CFS & AIDS conference be held by the World Health Organization.

7. Suggest that next December 1st be declared the first â€œWorld CFS/AIDS Day.â€

I stopped fighting for myself a long, long time ago.

I fight for humanity.

www.cfsstraighttalk.blogspot.com

2012-01-09 01:44 AM

Ruairidh MacDonald said: Mr Esperson,

You are far too modest. Since Essex, Chigwedere and the other authors of various hit pieces against Duesberg and Mbeki are even busier than Dr Geshekter with their "serious work", certainly too busy to engage those they have attacked in a forum like this which allows replies, we were rather counting on your continued participation. As Mr Semon also indicates above, deplorable as the quality of Duesberg's scholarship might be in particulars we see little difference between him and Chigwedere/Essex generally, and the latter appear much worse when it comes to the spirit of scientific enquiry.

In our first post we said that the stated "scientific" purpose of the Chigwedere/Essex paper was to make public accusations and establish the magnitude of guilt of Duesberg, South African president Mbeki and a few others. The authors' "scholarship" consisted in taking a pocket calculator to UNAIDS sanctioned statistics – which, as both Dr Fiala and Dr Geshekter have tried to get across in far too many words perhaps, are not supported by empirical observation – in order to lend formal substance to their accusations. Nobody here has contended that, but we would like to give the readers the last bit of the passage we quoted from the Chigwedere/Essex paper above:

The intention is to estimate only the lost benefits attributable to the decisions made by the leaders of the South African government. Our overriding values in choosing methods were transparency and minimization of assumptions, and we were purposely conservative.

Chigwedere speaks here of "values", a rather peculiar word in this context. It normally refers to something like scientific ethos, but in this case the pious formulation translates as "giving the accused all possible benefit of the doubt". The word "conservative" is also noteworthy. When a scientist is purposely conservative it usually means she wants to avoid the appearance of unwarranted optimism or bias in her own favour about a given premise or conclusion. That means Chigwedere/Essex have made a quite clear admission that it is in their interest to maximise the culpability of those they accuse, so much so in fact that in order to appear reasonable and fair they need to pretend to apply a set of "conservative values", which of course are anything but scientific or objective.

In other words, Mr Esperson, the spirit of Chigwedere's scholarship is deception, the very opposite of scientific search for truth.

The readers of Nature should be aware that after lobbying hard and exerting all their political muscle to have Duesberg's reply retracted from Medical Hypotheses and its editor Bruce Charlton fired, Chigwedere/Essex...
Duesberg's reply retractied from Medical Hypotheses and its editor Bruce Charlton fired, Chigwedere/Essex proceeded to immediately publish a comprehensive response to the paper they had just successfully censored. A rather unique state of affairs in the world of science, I hope you would agree. As signalled by its title, AIDS denialism and Publich Health Practice, in this second paper Chigwedere/Essex give up all pretense of being objective or adhering to "conservative values". The authors make clear that their business is not to get at any objective truth about the lost South African lives they pretend to care so much for, but to get a conviction of those they personally hate. I quote:

The extreme end of the argument is to suppose that Duesberg’s low statistics of about 12,000 AIDS deaths per year were correct— that would translate to a total of 72,000 deaths from 2000 to 2005, and this would still enable a calculation of the number of persons that could have been treated using ARVs had Mbeki not obstructed, 24,000 lives if we assume a third of them would have been treated. This is not a small number of people to let die because of AIDS denialism.

In other words, the important thing to Chigwedere/ Essex is not the actual numbers but to keep open the possibility of accusing and convicting their foes of a crime. A fitting end perhaps to a trial lawyer’s summary of his arguments, but it should be obvious that it cannot be trusted as a piece of objective science. In fact that we must treat every word of it with extreme suspicion, and we must treat with extreme suspicion the journals and editors who agree to lend a veneer of scientific respectability to open political witch hunts.

Mr Esperson, you, Mr. Jefferys and others, have expressed moral outrage at what you call Duesberg's quote-mining, poor scholarship, invented facts, and you have painted a bleak picture of the consequences this could have for public health. Surely you have reserved at least some of your outrage for the deception perpetrated by Chigwedere/Essex and aligned forces like TAC and AIDStruth by their misuse of supposedly scientific outlets to publish their political witch hunts?

2012-01-09 04:36 AM Report this comment | #36086

Colin Esperson said: I thank the plural Dr MacDonald for his (their?) generous but undeserved praise, and in particular for confirming to Drs Fiala and Geshekter that South Africa does not have a formal nationwide system for notifying AIDS diagnoses.

Sometimes it takes more than one person to point out the bleeding obvious.

Invariably, comment threads of this nature attract a variety of individuals with agendas that - while important and interesting in their own right - are of only the most marginal relevance to the topic at hand. I'm sure, for example, that those readers who wish to follow the unfortunate Mr Robin P Clarke's struggle for legal recognition of his complaints about his dental fillings will follow the link to his blog, as will those who are curious about Mr Boston's highly original theory that chronic fatigue syndrome and HIV/AIDS are one and the same, and that the medical profession has erred in treating them as separate entities.

Not to mention, of course, the perennial three-ring-circus-cum-cage-fight that is Mr Clark Baker and his merry troupe of detractors, who can always be relied on to provide length if not quality to any discussion of this nature – at least until the lawyers are called in.

Dr MacDonald, while I have no doubt that an in-depth and forensically rigorous discussion of the psychological and political motivations behind Dr Chigweder’s and Dr Essex's recent papers could be seen by some commentators as a matter of Grave Import, I'm not so sure that here is the right place.

Here's an idea: why not follow Mr Clarke's and Mr Boston's examole, and post an article about your concerns.
on your own blog. If you then post a link here then any readers who care to join you in discussion on this topic can do so.

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