

From: Peter Duesberg

Date: 2009/11/1

Subject: Fwd: Rebuttal to "Deconstructing Duesberg"

To: [...]

Dear colleagues,

FYI, the deconstruction of Jensen's "Deconstruction of Duesberg" from Joyce Arthur.

Peter

----- Original Message -----

Subject: Rebuttal to "Deconstructing Duesberg"

Date: Sat, 31 Oct 2009 11:42:22 -0700

From: Joyce Arthur

To: Peter Duesberg

CC: Christian Fiala

Dear Dr. Duesberg,

I am a good friend of Christian Fiala's, who years ago introduced me to the "other side" of the HIV/AIDS story and to your work. I would not call myself a "dissident" as I'm not scientifically qualified to judge whether or not HIV exists or causes AIDS. To be honest, I'm not really sure and I don't agree with some of your arguments. However, I think that you and many other brilliant people have raised some excellent questions about it that are still unanswered by the orthodoxy.

I know that you are speaking at the Rethinking AIDS conference next weekend on the topic of the recent article you, Christian, and others co-authored that has been withdrawn by the Medical Hypotheses journal. (Btw, Christian has hired a lawyer in The Netherlands to fight this. Christian is also speaking at the RA conference.) So in case you find it of interest or use, I wanted to send you the following rebuttal that I just wrote to Claus Jensen's article "Deconstructing Duesberg," in which he tries to rebut your article.

Thanks very much for your time,

Joyce Arthur

Vancouver, BC

Whose Side Is He On, Anyway?

A Rebuttal of Claus Jensen's article "Deconstructing Duesberg"

http://www.tig.org.za/Deconstructing_Duesberg.pdf

by Joyce Arthur

Disclaimer: I am a writer, not a scientist, and do not claim to have an accurate grasp of all the issues involved. Therefore, I have not tried to refute everything in Claus Jensen's paper, only the parts that I have some knowledge (or sense) about.

Oddly, Jensen self-identifies as a "dissident" (<http://www.thetruthbarrier.com/reviews/55-claus-jensen/70-a-denialist-reads-seth-kalichman>), although one would never know that from this paper. Because of his hostility to Duesberg and the many poor arguments in his paper, I'm assuming for the sake of argument that Jensen sides with the orthodoxy. However, the ambiguity of his position gives his article a lack of focus and purpose. Jensen's "two-faced" approach might also explain his failure to address the major points of Duesberg et al., which are: 1) The claims that HIV has caused huge losses of African lives are unconfirmed, 2) HIV is not sufficient or necessary to cause AIDS, and 3) HIV-positives do not benefit from anti-HIV drugs because they are toxic and there is no proof HIV causes AIDS. Instead, Jensen focuses mostly on minor details, and relies on many unsupported claims.

In his first paragraph, Jensen says: "Since both [the passenger virus theory and the pathogenic virus theory] rely on the same epidemiological data and the premises on which those data are presented, Duesberg cannot argue his passenger virus theory without lending support to the HIV=AIDS theory, and conversely he cannot critique the HIV=AIDS theory without exposing the flaws in his own passenger virus theory."

This is Jensen's major theme in the article, but I believe his logic is badly flawed. First, of course the Rethinking AIDS position (RA) relies on the same data and evidence used by the orthodoxy (which is actually an indication that RA is not pseudoscience). However, RA does NOT rely on the same premises, i.e, assumptions - quite the opposite. RA gives the evidence a different interpretation based on different premises, which boils down to questioning the belief that HIV causes AIDS or is solely responsible for AIDS. Further, using the assumptions of the orthodoxy to question or refute the orthodox theory is a tried-and-true method of critique. I do it myself when I quote the Bible to disprove the Bible, even though I'm an atheist. The Bible is internally contradictory and self-refuting when you examine it closely, and you could say the same for the HIV=AIDS hypothesis. It's necessary to take the Bible seriously when you critique it, because millions believe in it literally and many Christians in positions of power try to impose Biblical doctrine on the rest of us. Likewise, the HIV=AIDS dogma is widely accepted and powerful, so it needs to be refuted on its own terms, by "accepting" its assumptions for the sake of argument, in order to refute them. This is not the only way to refute something of course, but it's a perfectly sound and valuable method, and it's what Duesberg et al's paper is mostly doing (as I see it).

Likewise, Jensen says (bottom pg 1) "Duesberg et al. accept these basic references [about HIV causing AIDS] without challenge, and in doing so concede all the ground on

which Chigwedere et al stand." The failure to challenge a particular thing does not signify acceptance of that thing. It more likely means Duesberg et al. considered the sources of the claims irrelevant or unimportant, or didn't have the time/space to challenge them. Further, Jensen's statement is very sweeping - just because Duesberg et al. didn't object to a couple references used by Chigwedere, it means he concedes "all the ground on which Chigwedere et al. stand"? That's absurd!

On pg 2, Jensen complains that Duesberg et al. used inflated statistics of HIV prevalence not used by Chigwedere and now abandoned by the orthodoxy (12 million infected as opposed to 5.5 million). I can't speak to that, other than to say that the very fact that the South Africa estimates were inflated by more than double speaks volumes about the serious problems in HIV testing and identification - the very thing Duesberg et al. are pointing out! So Jensen's criticisms seem misdirected; they actually expose the flaws in orthodox theory and support Duesberg et al's conclusions.

In the next paragraph on pg 2, Jensen claims that "it has been long observed that AIDS is rarely given as the cause of death because of associated stigma, uncertainty about HIV status, etc." Jensen gives no reference for this claim, but I question it since it seems highly likely the opposite is true - that large numbers of deaths would be misattributed to HIV/AIDS when they are actually malnutrition, TB, malaria, etc. Or, at least one could argue that there are misattributed deaths in both directions, and this might balance things out somewhat. In a related note on pg 6, Jensen states that Duesberg overlooked other factors that affect death rate statistics, such as improvements in death registration. It's true that many factors can affect death statistics. However, the magnitude of expected deaths from AIDS based on the wide prevalence of HIV infections should be much more obvious statistically than it is, given the ubiquitous orthodox claim that HIV=AIDS=death.

On pg 2 (3rd para from bottom), Jensen states: "One does not have to be an epidemiologist to see that Fig 1b shows anything but epidemiological stability." Well, I'm not an epidemiologist, and when I look at Fig 1b and compare it to population growth, it looks pretty damn stable to me! I.e., HIV infection appears to be increasing at about the same rate as the population, or at least in tandem with increased testing. So I don't understand what Jensen is talking about.

At top of pg 3, Jensen says: "No cogent explanation is offered for the huge differences in the cited prevalence rates of the supposedly endemic, perinatally transmitted virus, ranging from 5% in Uganda to 30% in South Africa. This compels the reader to ask of Duesberg et al. the question previously asked of racist HIV promoters: What are those South Africans doing to each other that Ugandans are not?" That last bit is rich, considering that the whole HIV business in Africa is predicated on the myth that Africans have more deviant sexual behaviour than the rest of us (e.g., they are promiscuous, have multiple partners, prefer "dry" sex, have sex with monkeys, etc.) Anyway, it's unclear why Jensen is puzzled by the lack of an explanation, since the obvious likely explanation for the differences between SA and Uganda is different practices in regards to testing, identification, prevalence estimating, etc., as well as different cultural and political attitudes that influence the way HIV/AIDS programs are carried out and their efficacy/consequences. Also, the very fact that there's such a large difference points again to the serious problems with HIV tests, and also supports the hypothesis that "HIV infection" is unrelated to AIDS or perhaps even to illness. Again, Jensen keeps inadvertently confirming basic problems in the orthodox theory.

Similarly, in the next paragraph, Jensen says: "Duesberg et al. ... still face the task of explaining why the prevalence rate is so much higher among pregnant women than the rest of the population. How this can be done without discrediting the tests, and thereby all the statistics Duesberg et al. rely on, is an open question." What's incredible about this statement is Jensen's apparent ignorance of the common dissident observation that pregnancy causes a high rate of false positives. Henry Bauer had a recent good post explaining this in detail: [http://hivskeptic.wordpress.com/2009/10/05/why-pregnant-women-tend-to-test-\"hiv-positive\"/](http://hivskeptic.wordpress.com/2009/10/05/why-pregnant-women-tend-to-test-\) It may be because "Pregnancy brings a Th1→Th2 shift in the immune system [and] 'HIV-positive' is associated with a Th1→Th2 shift." Unfortunately for Jensen, this theory DOES discredit the tests and the statistics.

On pg 3, Jensen says: "These flawed models... are the very same that Duesberg et al. rely on to arrive at their own steady prevalence rates. In other words, by accepting the raw antenatal clinic statistics, Duesberg's co-authors contradict their self-references." Again, using orthodox data to refute the orthodox theory is a perfectly acceptable method of critique, and does not mean the authors are being self-contradictory - or even that they support their finding. By saying Duesberg et al. used the data to arrive at "their own" steady prevalence rates, Jensen implies that they presented those rates as their own conclusion, but it seemed to me that Duesberg et al. were simply showing the expected prevalence rates based on the orthodox data. It does NOT mean those rates are accurate or believed by the authors. Also, the antenatal data is admitted as "flawed," but again this is strong evidence of the problems with antenatal HIV testing in Africa and the whole paradigm in general, which Jensen fails to point out.

On pg 4, Jensen says: "It stands to reason that increases in testing and improvement s of models over time would produce more accurate results. But if that is the implicit argument, one wonders why Uganda was chosen as a parallel. The reader is expected to accept without explanation that the early models inflated Uganda's stable 5% HIV prevalence to 13%, while in South Africa the opposite was the case, in which HIV prevalence rose from near zero to 30%." This seems bizarrely obtuse, because that is obviously not the "implicit argument" that Duesberg et al. are making. The most plausible explanation for the differences between South Africa and Uganda is that they are artifacts of faulty HIV testing (and other factors as I noted above). Although this perhaps could have been more clearly stated in the Duesberg et al. article.

Continuing on pg 4, Jensen says: "The models that estimate population growth are typically adjusted for various factors, including presumed impact of HIV/AIDS." Here, Jensen is claiming that Deusberg et al. don't understand how population growth is estimated. But the official estimates for population growth in South Africa have been shown to be WAY off from reality, regardless of "adjustments" for impact of HIV/AIDS. In 2007, the population reached 48.5 million, an 8.2% growth rate since 2001. (http://www.statssa.gov.za/community_new/content.asp) But the US Census Bureau model had predicted a population of about 44 million (stagnant) because of deaths from the HIV/AIDS "epidemic." Note that the population in 1996 was 40.5 million, with a 10.4% growth rate over the next five years.

Also, at the bottom of pg 4, Jensen says that Duesberg et al. should have used other sources on population growth estimates to support their case, and he cites as an example: "...in a publication dated 2004-2005, the US Census Bureau's 'With AIDS' estimates show negative population growth for South Africa after 2003, at -0.075 for 2004 and -0.235 for 2005." Those figures have proved spectacularly wrong, providing

impressive evidence to support Duesberg et al's conclusion that there is no HIV epidemic. Why does Jensen somehow make it sound like the opposite has occurred?

On pg. 5, Jensen states: "Why does it matter if it is difficult to tell HIV-positive from HIV-negative deaths? Unless Duesberg et al. want to concede that HIV can cause AIDS in some cases, the argument is meaningless." Obviously, if it's difficult to distinguish the deaths, this has huge implications for the accuracy of mortality data and the cause-of-death on death certificates, an issue that Jensen previously complained that Duesberg et al. did not adequately address. Further, Jensen's second sentence is just another failure to understand that making an argument based on orthodox assumptions is not the same as agreeing with those assumptions - it's a way to expose them.

On pg 6, Jensen tries to refute Duesberg et al's argument that HIV does not synthesize DNA *in vivo* because it is suppressed by antibodies and is inactive. Jensen says: "This is a powerful argument; it is also an old one, originally based on the understanding of HIV in the late 1980s. Since then it has been claimed that HIV infection is never completely suppressed, that HIV 'hides in secret places' in the body, and that tests such as 'viral load' are indirect proof of this." The operative word in that sentence is "claimed", as there isn't a shred of evidence for any of these claims as far as I know. They strike me as "desperately grasping at straws" arguments because they just can't figure out what's going on with HIV. Which I guess leaves Duesberg's arguments just as "powerful" as before.

On pg 7, Jensen says: "The quotation in context says that *in the era of HAART*, the improvement in virological response has not translated into a decrease in *first-year mortality*." He's trying to distinguish a significant difference between what the paper says and what Duesberg et al. claims it says. But if there is no decrease in first-year mortality, the obvious likely reason is those most susceptible to the toxicity of the drugs are dying first and quickly, while others who can tolerate it better live longer. In other words, the paper may be proving the toxicity of the drugs.

In the last paragraph on pg 8, Jensen says about Duesberg et al's arguments about mortality stats: "...it raises concerns about overall strategic coherence when a scientist accepts with such ease two mutually exclusive results and offers two mutually exclusive explanations for them." But it's perfectly normal to offer a variety of explanations for something, and of course some of them may be mutually exclusive. It doesn't mean that the author actually accepts all the possible explanations he gives. Again, Jensen is mistaken in his assumption that authors contradict themselves by extrapolating wrong data and conclusions in order to demonstrate that those data and conclusions are wrong.

A bizarre comment made back on pg. 6 seems to sum up the problem with Jensen's article. Jensen says: "Duesberg and Rasnick thus needlessly give the HIV/AIDS mainstream what it does not have: the virus, the HIV tests and the efficacy of their trademark, AIDS drugs." I find this sentence incomprehensible in the given context, as Duesberg et al. have done nothing of the sort. It is ironic indeed that a supposed dissident would complain that other dissidents "needlessly give the HIV/AIDS mainstream what it does not have" when this is exactly what Jensen has done by publishing a weak rebuttal that the mainstream can now ridicule as a sign of dissident confusion, ignorance, and division. Whose side is he on, anyway?