

**AIDS "Aetiology" – The Breakdown
A magnificent pipedream of the mad poet**

B. Ali

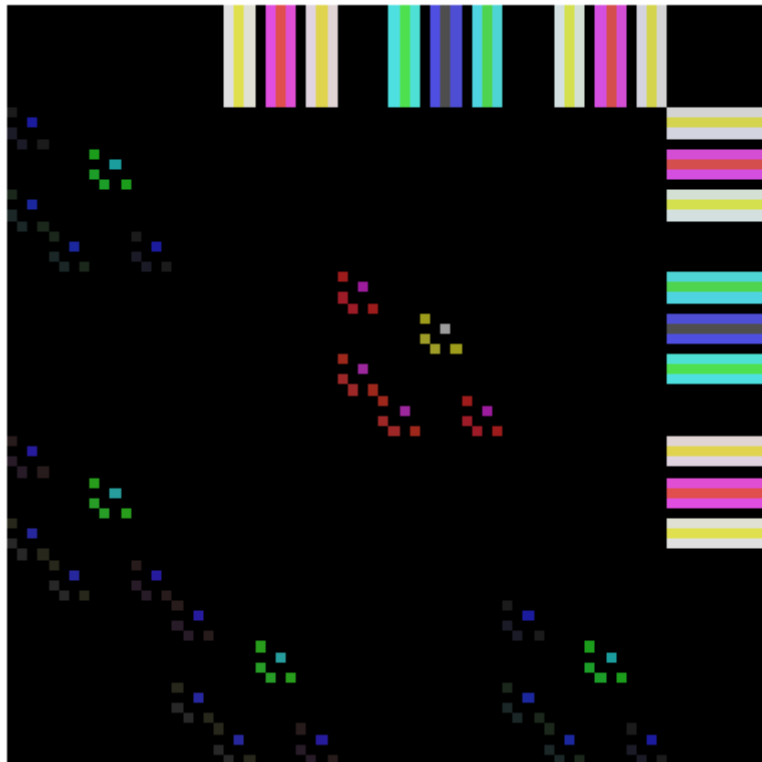
**And containing visual illustrations of the most amazingly complex simplicities by the mad
mathematician , imaging spectroscopist, and ex-MIT chemistry professor
Douglas Youvan**



*For Z
But for the Presence of her Absence, Undone*

*& For
Tara*





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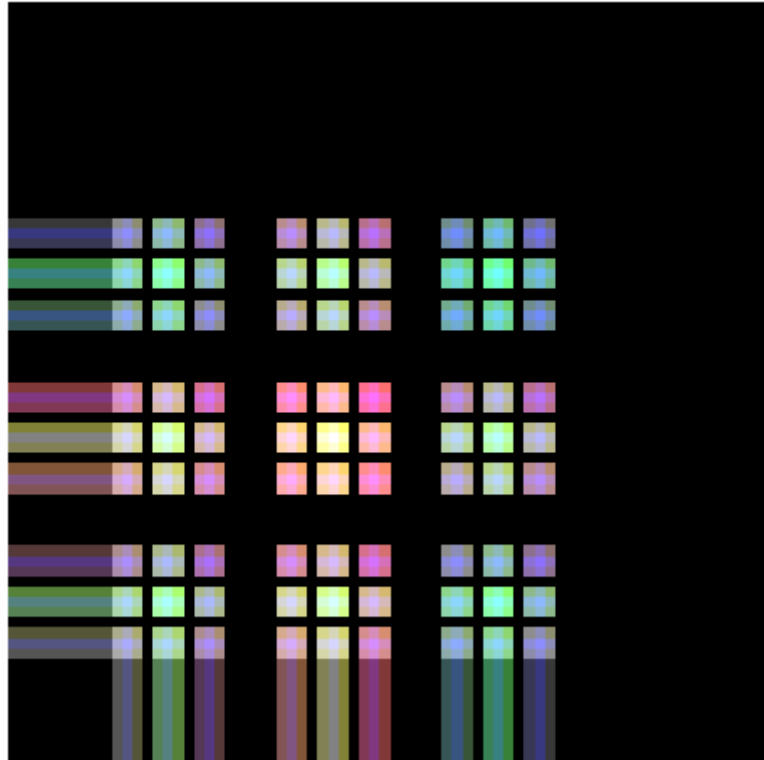
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INTRODUCTION BY THE TRANS-TEMPORAL TRANSLATOR

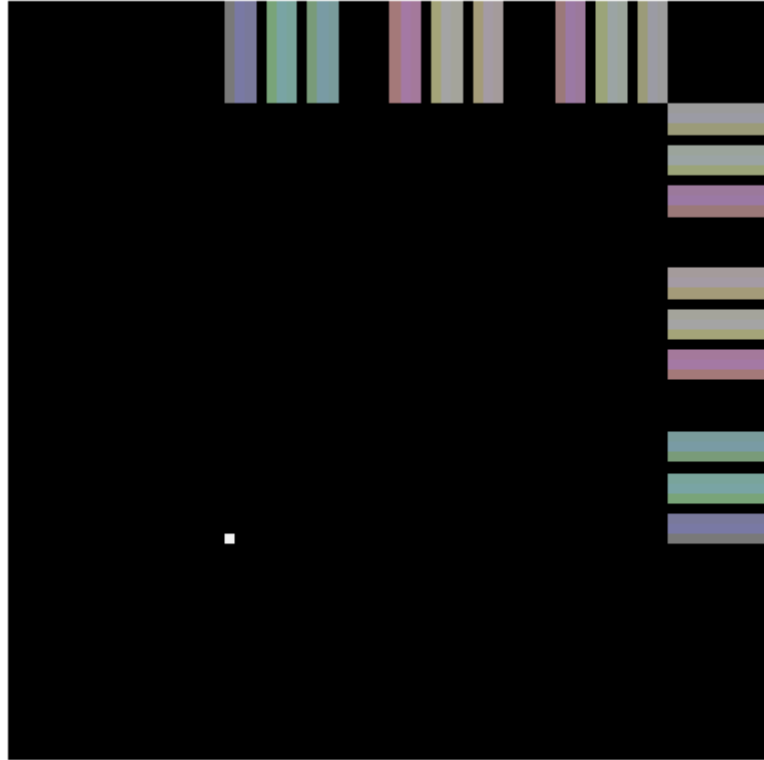
Some little or long while ago the text that is translated below arrived to my hands from parts not only unknown, but unknowable. As near as I could make out, after expending a *great* deal of effort I assure you, was that it contained an early 21st C. digitized copy of very difficult to decipher writings from an “Assistant Professor of Epidemiology” (whatever *that* might have denoted at *those* “points in time”) at something called “The University of Iowa” (whatever and wherever *that* might have been) on something called a “blog”. I know of course about SLLAB and his creator’s friend’s BLLLOG (bially/s), but I had “nooooo idea” what “blog” might meaningfully denote until I had made my way to a place in this long (not short, no way) scroll where someone named “Wheatdogg” arrived.

Until then the tedious and often tendentious “conversation”, as these “bloggers” seem to like to call their “preserved” transformations of the utterly ephemeral, had been almost mostly concerning a vicious, barely literate and horribly logically flawed attack by this Asst. Professor, on (I could hardly believe my eyes) a *book*, and worse than that, one that I discovered had been authored by a thoughtful and quite skillful writer of the time, old enough to be

her father. But after the appearance of “Wheatdog”, I understood. And though I suffered every single one (almost) of the “slings and arrows of outrageous Fortune”, as the greatest of the great, may his purest light forever illuminate, “Willie The Shake” phrased it when he laid it down zero degrees Kelvin cold in those *books* attributed to His Glorious Name some long or little while ago, I determined to complete my entrusted labor.

I have faith that a few, in whatever times and space, may derive some value from reading this modest effort I think to call:

The *Book of the Bblog*



THE ARRIVAL OF THE CURIOUS “WHEATDOGG”

Epidemiology is way out of my field of expertise, as is this debate whether HIV causes AIDS. Personally, I am convinced that it does, and frankly am perplexed why it makes any difference at all whether HIV is the culprit, since there seems to be no shortage of AIDS victims.

Celia's question whether anyone posting here has actually visited Africa is well taken. Dr. Bialy apparently has, since she refers to him in her SPIN article. Well, I have lived in South Africa and find both Mr Bethell's colonialist remarks and the general timbre of discussion here so appalling that words fail me.

Unlike much of sub-Saharan Africa, the RSA has a fairly robust economy, decent natural resources, and a stable government, even after 12 years of majority rule. Yet South Africa has a high death rate caused by AIDS, high enough that experts there fear decimation of the 20-30 age bracket with serious consequences for the future of the country. And where are most of the AIDS victims? In the poor rural and urban districts, the districts that the former apartheid government created to separate blacks from the whites. Despite its first world style economy, the RSA is still largely a third-world country. Huge sections of the bush have no running water, electricity, decent schools or decent medical care, a dozen years after the dismantling of apartheid. Similar situations exist in other former colonies in Africa. That Mr Bethell would credit the colonial powers for improving the lot of the natives is racist and hopelessly misinformed.

President Thabo Mbeki was ridiculed for several years for his stubborn insistence that HIV did not cause AIDS, despite evidence to the contrary, Mbeki finally retracted his objections. Whether it was for political or scientific reasons is hard to say. Tribal leaders recognize the problem as well and are not ashamed to identify sexual promiscuity as the root cause of the epidemic. Zulu communities have revived an ancient custom of "aunties" inspecting young women for intact hymens.

As for the timbre of the debate here, the question of who served on which board and when is rather pointless and adds nothing to the debate. AIDS is a life-and-death matter for millions of people worldwide. Understanding its causes and finding possible cures are substantive subjects and should be

the focus of debate. Arguing over minutiae is simply a waste of bandwidth and an obfuscation of the matter at hand.

Posted by: [wheatdogg](#) | [February 11, 2006 06:18 PM](#)

Wheatdogg,

You wrote this?

"Unlike much of sub-Saharan Africa, the RSA has a fairly robust economy, decent natural resources, and a stable government, even after 12 years of majority rule."

You got a real name that you would put to this piece of racist filth?

Posted by: [Harvey Bialy](#) | [February 11, 2006 06:30 PM](#)

>>*The overwhelming scientific consensus on evolution is more important than the various lists that creationists can put out for example.*

Not all consensuses are created equal. A squabble about the accuracy of the latest WHO statistics is not the same as a theory that has held up to 150 years of intense scrutiny. Yet they apparently fall into the same consensus basket.

Posted by: Cayte | [February 11, 2006 07:01 PM](#)

Dr. Bialy,

Once again you seem to pick on minutiae and avoid the main argument. Even so, you have a lot of nerve to accuse someone of being racist when you apparently have no problem with Bethell's colonialist remarks.

My point was perhaps too oblique. It was the expectation of some whites in South Africa that once the black majority ruled, the nation would fall to pieces. The fact that it did not contradicts their expectations and is a testimony to the democratic ideals held by the vast majority of the South African public. Contrast SA politics with that of neighboring Zimbabwe, for example.

It is not racist to point out that majority-ruled South Africa has a robust economy, democratic government and substantial natural resources. Nor is it racist to point out that this country which I love dearly survived a seachange in political rule without violence or turmoil.

My name is on my own blog. You're welcome to pay me a visit, if you can manage to be civil.

Posted by: [wheatdogg](#)  | [February 11, 2006 08:11 PM](#)

I did some homework after I finished my last response. I did not realize until now that Dr Bialy was on Pres. Mbeki's AIDS advisory panel, the same panel that convinced Mbeki that HIV does not cause AIDS.

Posted by: [wheatdogg](#)  | [February 11, 2006 08:33 PM](#)

John, (Wheatdogg)

Indeed you do have a name, and a not uninteresting at first peek weblog. But your attempt at an artful dodge doesn't quite make it.

You wrote that damming word EVEN, and you did not qualify its context as this was "the unrealized expectation of the racists in South Africa who wanted (and want) nothing more than to see Black majority rule fail". No my man, you let it stand naked and ugly, as your own thought. Indeed, our language often betrays our deepest thoughts.

I am glad that you have withdrawn, on closer inspection of what you wrote, the unintended but stark racism in the sentence.

I was in Cameroun the day Mandela walked out of prison, looking like a world leader, and the whole continent cheered him. And I was the first representative of UNESCO to visit a free South Africa a few months after he was elected. I am inordinately proud of the latter.

As I am inordinately proud to *still* be a member of Pres. Mbeki's Panel, which has never been dissolved, and neither has the President changed his mind that it is poverty, not sex, that is at the root of the beloved country's woes.

Posted by: [Harvey Bialy](#) | [February 11, 2006 09:16 PM](#)

*As I am inordinately proud to *still* be a member of Pres. Mbeki's Panel, which has never been dissolved, and neither has the President changed his mind that it is poverty, not sex, that is at the root of the beloved country's woes.*

So, you are proud of spreading misinformation and ignorance? Charming.

People like you are dangerous, as they ensure that prevention of HIV/AIDS is not done properly.

BTW you still haven't provided any corrections of the facts in Tara's post, other than the minor point of Bethell not being a member of a group any more.

Posted by: Kristjan Wager  | [February 12, 2006 07:45 AM](#)

Harvey Bialy will most likely never provide corrections to the main facts in Tara's post. He will simply nibble at the edges, make bold assertions that he can't adequately back up, and attack those who disagree--as usual. I've seen him in action before on [Dean Esmay's blog](#) whenever Dean starts spouting his HIV denialism nonsense.

Posted by: [Orac](#) | [February 12, 2006 10:41 AM](#)

What are the statistics for "HIV-negative AIDS"?

Tara wrote:

"As I've mentioned before, the central gist of AIDS denial is a fundamental misunderstanding of the germ theory of disease. Deniers point out, for example, that immunodeficiency is possible without HIV, and use this as a "blow" against the idea of HIV causation of the disease. This is, of course, patently ridiculous. Just because Streptococcus pneumoniae causes pneumonia doesn't rule out Staphylococcus causing it too. This also explains why there are conditions such as so-called "HIV-negative AIDS."

Tara, if it is true, as you wrote, that "there are conditions such as so-called 'HIV-negative AIDS'," what caused those people's AIDS?

The Encyclopedia Britannica entry for "immune deficiencies" states: "Poor nutrition also can undermine the immune system" A subsection, "Deficiencies caused by malnutrition" is devoted to this topic.
<http://www.search.eb.com/eb/article-215495>

In a place like South Africa where poverty and poor nutrition are rampant, one would expect many cases of "malnutrition/AIDS"--that is, immune deficiency acquired by poor nutrition.

Tara, being a public health professional, perhaps you can provide us with a breakdown of South Africa (or any other part of Africa where poverty is a serious problem) AIDS statistics for:

- (1) AIDS caused by HIV
- (2) "HIV-negative AIDS"

I have tried to find such stats, but cannot. Perhaps I am looking in the wrong places.

Wouldn't you agree, however, that it would be tragic to help people suffering from malnutrition/AIDS by giving them anti-HIV drugs if their suffering is, at the root, caused by poor nutrition?

Thanks in advance.

Posted by: Anonymous Two | [February 12, 2006 11:59 AM](#)

To go to Celia's point:

1. HIV spreads rampantly via heterosexual sex in Sub Saharan Africa and has been doing so since the mid 1980s, when HIV, (which originated in African monkeys,) made its way to the West.

I could maybe go with this--depends on what your definition of "rampantly" is.

2. The reason this is different, no, incomparably different, from what we see in the west, epidemiologically, is that Africans prefer dry sex as well as anal sex.

Um, no. In the US, at least, I'd attribute the difference to the founder effect. As initial populations to be infected were homosexuals and IV drug users, and as HIV luckily doesn't spread easily via methods other than intimacy or injection, it's been much slower to spread to individuals outside of those initial groups (though, of course, heterosexual infections are now much more common--it's even hit the elderly thanks to Viagra). In Africa, heterosexual transmission was there from the start.

3. There has been a catastrophic epidemic of sexually transmitted HIV in Africa, leading to AIDS and death, and X millions of deaths since the mid 1980s on the continent. (How many?)

Okay. Again, depending on your definition of "catastrophic", I can agree with that. Not sure the total deaths--I believe it stands ~25 million worldwide since the start of the epidemic, and most of those would be in Africa.

4. The figures given by WHO et al have not been significantly exaggerated.

Indeed. And to go along with this, I'll ask you what I emailed both you and Harvey: other diseases, such as TB and malaria, are similarly estimated and are not frequently diagnosed with molecular tests--why aren't those said to be "inflated" and generally incorrect, as you claim with AIDS?

5. The only hope to save people lies in anti-retroviral drugs, for those who are positive, and for pregnant women.

No, I don't think this is the *only* hope--I think you're creating a strawman here. More on this later.

6. The population on the continent of Africa has been blighted as a result of 20 years of AIDS, ie there are fewer people on the continent now, relative to the scale of time and population growth one would expect to see if there was no plague going on.

I don't know that one is necessarily widely accepted either. 25 million worldwide is no small potatoes, but I don't think it's enough to "blight" an entire continent. There are, however, segments of the population that have been heavily hit--as wheatdog mentions, specifically the 25-49 age group that is typically healthy.

7. Clean water, adequate nutrition, improved health care structures, etc, would do little to affect AIDS since it is a sexually transmitted disease.

No, no, no, no. Can I be a bit clearer? No. Wrong. No, no, no. No.

Clean water and adequate nutrition may not help much in stopping the spread of HIV, but they certainly would help fend off the secondary infections that result in clinical AIDS. While I strongly disagree with the idea put forth by Bethell et al. that the root cause of AIDS in Africa is really malnutrition, I don't think anyone disagrees that having good nutrition keeps one generally healthier and increases their ability to fend off a variety of diseases. And since so many diseases are currently acquired by terrible water in so many places, having safe water would help in this arena as well. I already addressed this in the post, so I'm a bit surprised you're repeating this strawman.

Improved health care structures would also help immensely. One risk factor that increases the odds of acquiring HIV in the first place is the presence of another STD. So if people could routinely be screened and treated for these, their chances of getting HIV in the first place would be decreased. Similarly, early diagnosis has been shown to be most effective in continuing to stay healthy, so better health care could also lead to earlier drug intervention (for both HIV drugs and simple antibiotics etc. to treat

acquired infections), or at least recognition that they are infected. The latter would also encourage, ideally, more careful sexual practices--including consistent use of condoms.

Is this more or less what those who are not in denial about Africa would put their names to? If not, please correct me.

I really find it hard to believe someone who's devoted as much time to the study of this issue would attribute many of those attitudes to those of us who accept that HIV causes AIDS. I don't doubt that perhaps someone has made such comments, but in no way does much of that represent the mainstream public health opinion.

Posted by: Tara  | [February 12, 2006 12:09 PM](#)

Anonymous Two--

Tara, if it is true, as you wrote, that "there are conditions such as so-called 'HIV-negative AIDS'," what caused those people's AIDS?

Could be a number of things. Other infections, nutrition, chemical exposure, etc. That's why I really don't like grouping them together as "HIV-negative AIDS," and why medical professionals have given them the name of "idiopathic T-cell lymphopenia"--in other words, "something's destroying your T cells, but damned if we know what." The reason I don't like to include them under the "AIDS" umbrella is because we *do* know what causes AIDS, and we can treat that (or, ideally, prevent it in the first place). So-called "HIV-negative AIDS" could be caused by a dozen different reasons, and until they're further sorted out, they should be kept in a different category from AIDS.

The Encyclopedia Britannica entry for "immune deficiencies" states: "Poor nutrition also can undermine the immune system" A subsection, "Deficiencies caused by malnutrition" is devoted to this topic. <http://www.search.eb.com/eb/article-215495>

In a place like South Africa where poverty and poor nutrition are rampant, one would expect many cases of "malnutrition/AIDS"--that is, immune deficiency acquired by poor nutrition.

Sure, and as noted toward the beginning of the comments, AIDS isn't noted as a definition unless malnutrition and other known conditions that compromise the immune system have already been ruled out.

Tara, being a public health professional, perhaps you can provide us with a breakdown of South Africa (or any other part of Africa where poverty is a serious problem) AIDS statistics for:

- (1) AIDS caused by HIV
- (2) "HIV-negative AIDS"

I have tried to find such stats, but cannot. Perhaps I am looking in the wrong places.

I don't know off the top of my head, and I'm not sure any numbers are kept for "HIV-negative AIDS," especially if you're asking that they include malnutrition in the second group.

Wouldn't you agree, however, that it would be tragic to help people suffering from malnutrition/AIDS by giving them anti-HIV drugs if their suffering is, at the root, caused by poor nutrition?

Indeed, but as I already discussed, nutrition is examined when immunocompromise is found. As David Crowe noted when he tried to argue my point (but actually proved it), the 1985 definition includes:

To quote from: *WHO/CDC case definition for AIDS. Wkly Epidemiol Rec. 1986 Mar 7; 61(10): 69-76. AIDS in an adult is defined by the existence of at least 2 of the major signs associated with at least 1 minor sign, in the absence of known causes of immunosuppression such as cancer or severe malnutrition or other recognized etiologies*

Posted by: Tara  | [February 12, 2006 12:19 PM](#)

Nginyabonga, Dr. Bialy, for retracting your intended insult of my character. And it is true that Pres. Mbeki has likely not wavered from his belief that HIV and AIDS are unrelated. So far as I know, however, he has not made any public pronouncements reiterating that belief, since it is a belief not widely shared by anyone working with AIDS treatment and patients there. This reference from [The Economist dated Jan. 20, 2005, supports that surmise.](#)

Poverty exacerbates the spread of HIV, AIDS and many other diseases, that is clear, but how does one explain the miniscule incidence of AIDS in Muslim sub-Saharan Africa? There is a coincident low rate of premarital and extramarital sex in Muslim countries. So, are we looking at correlation or causation here? Clearly, sex has to be a factor in the transmission of HIV/AIDS, whether you or Pres. Mbeki care to accept it.

And for a different perspective on Rian Malan's coffin-maker investigation, here is an excerpt from a longer article from [IslamOnline](#):

Presenting the findings of the research conducted in affected rural communities in Sub-Saharan Africa including Kenya, Namibia, South Africa and Uganda, Dr. Jane Dwasi, a law lecturer at University of Nairobi, Kenya and Attorney at Law said, "The impact of HIV/AIDS on Africa's environment could be demonstrated by an increase in timber consumption for coffins in areas such as in Kisumu, Kenya. In some areas, medicinal plants have been harvested unsustainably. Increased poaching and gathering of wild foods can also increase, as affected people cannot perform heavy labor for agriculture."

Dr. Dwasi said that in almost every trading centre in Sub-Saharan Africa there is a booming coffin-making industry.

Posted by: [wheatdogg](#) | [February 12, 2006 12:30 PM](#)

Thank you for the comments, Tara. Perhaps I was too quick to limit AIDS to only two categories. Given what you have said, it seems we need statistics for:

- (1) AIDS caused by HIV
- (2) "HIV-negative AIDS"
- (3) AIDS caused by a mix of HIV and non-HIV factors

In impoverished places in South Africa, what is the breakdown of these three statistics?

In answer to my question of what else, besides HIV, can cause AIDS, you wrote:

Could be a number of things. Other infections, nutrition, chemical exposure, etc. That's why I really don't like grouping them together as "HIV-negative AIDS," and why medical professionals have given them the name of "idiopathic T-cell lymphopenia"--in other words, "something's destroying your T cells, but damned if we know what."

If "HIV-negative AIDS" and "idiopathic T-cell lymphopenia" include the same "number of things" that can cause AIDS, I fail to see the benefit of using this new jargon, "idiopathic T-cell lymphopenia."

Tara also wrote:

I don't know off the top of my head, and I'm not sure any numbers are kept for "HIV-negative AIDS," especially if you're asking that they include malnutrition in the second group.

Surely people in the field of public health are interested in knowing where to devote resources. How can this be decided without knowing what is causing immune deficiency--and therefore, learning where the biggest problems lie?

Tara wrote:

The reason I don't like to include them under the "AIDS" umbrella is because we *do* know what causes AIDS, and we can treat that.

Does AIDS have a concrete definition or is it an "umbrella" into which professionals can decide what they like to include on a personal basis? If AIDS does not have a concrete definition, why are scientists even using the term? If AIDS does have a concrete, scientific definition, what is it?

In addition, you stated instead of "HIV-negative AIDS," medical professionals use the term "idiopathic T-cell lymphopenia," which you said means "something's destroying your T cells, but damned if we know what." Is this not inconsistent with your statement that "we *do* know what causes AIDS"?

Thanks again.

Posted by: Anonymous Two | [February 12, 2006 01:12 PM](#)

I'm heading out the door, just a few quick comments--

If "HIV-negative AIDS" and "idiopathic T-cell lymphopenia" include the same "number of things" that can cause AIDS, I fail to see the benefit of using this new jargon, "idiopathic T-cell lymphopenia."

AIDS is in a different category from "idiopathic T-cell lymphopenia" (which is just the formal name for "HIV-negative AIDS"). We know what causes AIDS and have a definition for that disease--we don't know what's causing the other immunodeficiencies *in the absence* of HIV. So to clarify:

*In addition, you stated instead of "HIV-negative AIDS," medical professionals use the term "idiopathic T-cell lymphopenia," which you said means "something's destroying your T cells, but damned if we know what." Is this not inconsistent with your statement that "we *do* know what causes AIDS"?*

We know what causes AIDS, and we do have a definition for it. However, it's like the pneumonia example I used in my post. There are multiple causes of pneumonia--many microbial, and some due to other factors. The microbes may present differently--for example, a primary pneumonia due to the influenza virus may be different than one caused by *Streptococcus pneumoniae*, which may be different than one caused by *Staph aureus*, etc. We may even have some pneumonias that don't have a known cause--that are "idiopathic." Right now, we have immunodeficiency disease that has a known cause and clinical spectrum--we call that AIDS. We have other immunodeficiencies that appear to be acquired, but that don't fall neatly into another group--ones that, for now, don't have a known cause. These are the idiopathic ones I mention.

Sorry, that's probably not any clearer--I'll give it a better go tomorrow. Out for now...

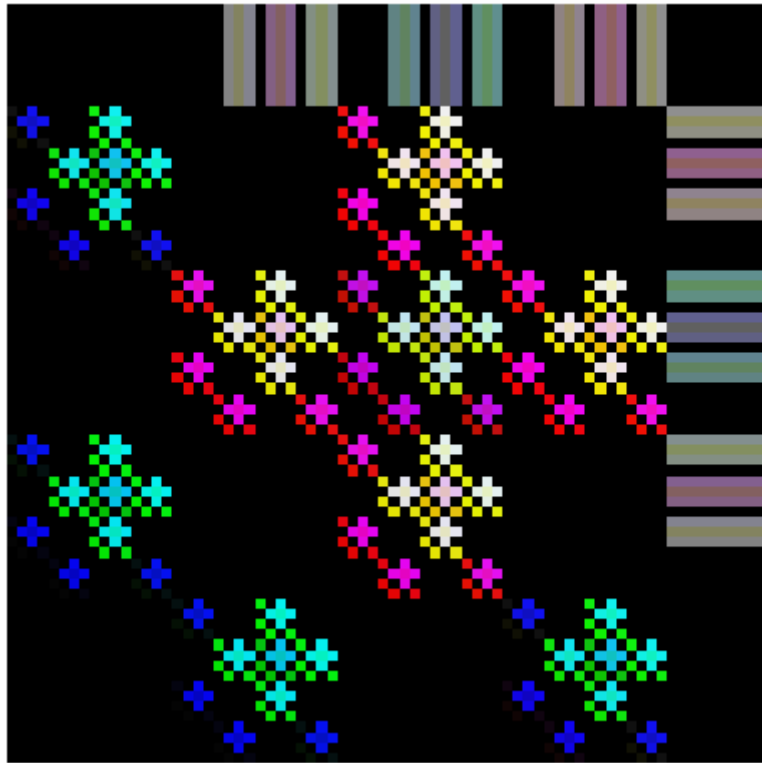
Posted by: [Tara](#)  | [February 12, 2006 01:22 PM](#)

>>Indeed. And to go along with this, I'll ask you what I emailed both you and Harvey: other diseases, such as TB and malaria, are similarly estimated and are not frequently diagnosed with molecular tests--why aren't those said to be "inflated" and generally incorrect, as you claim with AIDS?

As far as I know nobody claimed that TB and malaria stats were "scientific consensus" just a reasonable guesstimate. If the guesstimate were questioned it would be in a dry journal and nobody would be labeled a "malaria denier"

The distinction between reasonable and scientific is important because the words "scientific consensus" tends to have a chilling effect on public policy debate.

Posted by: Cayte | [February 12, 2006 04:00 PM](#)



A PEDAGOGICALLY ELEGANT INTERLUDE

I'm tempted to try a response to Tara's question of why we hold HIV to supposedly "higher standards" than other "infectious diseases". The first observation which comes to mind is that Tara's question presumes the fact, e.g. when she asks "why we hold HIV to a higher standard than other infectious diseases", it is implicit in this question that HIV causes an infectious disease. But that is the issue in the FIRST place. It is typical circular logic. You have to KNOW that a certain disease really is infectious before you "hold it to a higher standard" compared to other known infectious diseases. Comparisons with malaria, TB, influenza or similar types of diseases are red herrings. In fact, it's almost laughable to make comparison with those. Each of those has a somewhat specific diagnostic presentation. For example, TB is characterised by "productive, prolonged cough of three or more weeks, chest pain, and hemoptysis. Systemic symptoms include fever, chills, night sweats, appetite loss, weight loss, and easy fatigability." (Wikipedia article) Whereas "AIDS" is completely different. It has no specific diagnostic presentation such as the above. What is constantly forgotten (and this is SO important) is that "AIDS" was from the beginning an EPIDEMIOLOGICAL SURVEILLANCE TOOL, not a positive gestalt diagnosis. Only when HIV entered the scene did the diagnostic tool magically transform into a presumed disease with a single cause. Now, this would have been perfectly acceptable, provided there was some reasonable biological justification for transforming the epidemiological surveillance tool into a gestalt diagnosis. But such justification has never been coming. Gallo and Montagnier never provided it. Virologists have been struggling and struggling for 20 years to provide such justification. And no one has provided it since. Yet no one in HIV research seems to be bothered by this fact. It's an article of faith, like the Nicene Creed. The epidemiology is supposedly used to justify the biological "quest" for how HIV kills T cells or causes "AIDS", yet at the same time, the epidemiology REQUIRES some kind of biological justification to move itself from beyond the realm of epidemiological surveillance tool and into the realm of gestalt diagnosis.

The biology is supposed to justify the epidemiology, yet at the same time, the epidemiology is supposed to justify the biology. Another example of the ubiquitous circular logic of "AIDS science". Caveat emptor.

Posted by: [Darin Brown](#) | [February 12, 2006 07:55 PM](#)

Casually notes that the substance of Tara pots has not actually been adressed by the HIV causes AIDS deniers. Wonders why screening for HIV in blood transfusions has reduced the risk of transmission by blood transfusion and subsequent development of HIV/AIDS.

Posted by: Steve | [February 13, 2006 06:14 AM](#)

I must admit that I am rather shocked that apparently well educated and fairly intelligent people can actually be AIDS-deniers. Much the same way I got shocked the first time I ran into the Intelligent Design crowd.

Oh, and Steve - spot on.

Posted by: Kristjan Wager  | [February 13, 2006 06:22 AM](#)

Hi Liam,

First, you say:

For the record, the orthodox theory in question here is:

Acquired Immune Deficiency Syndrome caused by a single factor, distributed through a single vector, namely human sexual intercourse. Heterosexual, in the case of Africa.

That's not the "orthodoxy" at all. I'm a bit tired of the strawmen. First, as I mentioned in my post, while HIV is certainly considered to be a necessary factor for the development of AIDS, it may not be sufficient by itself to cause it. This is an active area of investigation. Additionally, obviously sexual intercourse is not the only transmission vector. IV drug use has been, and continues to be, a transmission route as well (although clearly more of a problem in developed countries with easier access to needles than in many areas of Africa).

Additionally, you suggest I've not read the "challenges" to the "orthodoxy." Isn't that exactly what Bethell's book claims to be? I've also read, as I mentioned to Harvey, damn near everything of Duesberg's I've been able to find, the entire collection of articles on the virusmyth site, and Maggiore's book and website as well, in addition to a number of other things I've found here and there (including your own articles). Feel free to point me to anything important you think I've missed.

Posted by: [Tara](#)  | [February 13, 2006 10:05 AM](#)

Tara said:

Additionally, obviously sexual intercourse is not the only transmission vector. IV drug use has been, and continues to be, a transmission route as well (although clearly more of a problem in developed countries with easier access to needles than in many areas of Africa).

From very early on (1982-83) the disease was identified to occur in - gay males, haemophiliacs, intravenous drug uses, and Haitians.

Screening of organs, blood and blood products have reduced or eliminated those vectors.

Posted by: Dave S.  | [February 13, 2006 10:22 AM](#)

Feel free to point me to anything important you think I've missed.

And here we would obviously really like to see all fairly recent (say from within the last 10 year or so) peer-reviewed articles that support the lack of connection between HIV and AIDS.

As I have said before, on other subjects, it's not that we are anti-'your idea', but we are pro-science, so please provide us with any science that you might have.

Posted by: Kristjan Wager  | [February 13, 2006 10:30 AM](#)

Additionally, obviously sexual intercourse is not the only transmission vector. IV drug use has been, and continues to be, a transmission route as well

l

Blood transfusions also caused a lot of people to be infected in the early days, but as Dave said, screening has (more or less) removed this vector.

Posted by: Kristjan Wager  | [February 13, 2006 10:33 AM](#)

Tara,

Buen dia

I really didn't think **anything** could get me to return to this discussion, especially after the brilliant posts of Anon II, which caused you to run away sputtering, but you have amazed even me with your last comments.

You did write, I think, the following:

That's not the "orthodoxy" at all. I'm a bit tired of the strawmen. First, as I mentioned in my post, while HIV is certainly considered to be a necessary factor for the development of AIDS, it may not be sufficient by itself to cause it.

How did I ever miss **that** in your post? If I had seen it, almost everything I wrote to you previously would have been unnecessary.

Â¡Felicidades! You are in fact an **orthodox** "AIDS denier".

I can hardly believe it, and I am sure neither can Tony the paper *tyger*

Posted by: [Harvey Bialy](#) | [February 13, 2006 12:52 PM](#)

As you can see, those "predictions" are mostly due to a misrepresentation or misunderstanding of the literature, and the holding of HIV up to a standard that other microbial causes of disease simply aren't held to.

So in other words, it shows all the symptoms of pseudo-science, if not outright anti-science. This is pretty much what the Intelligent Design crowd does, and the Mercury->Autism crowd does. It's depressing.

Posted by: Kristjan Wager  | [February 13, 2006 12:53 PM](#)

BTW

There is a new entry in "bialy/s" that I am certain will take this very elevated "scientific discussion" to even greater heights.

(And for the peanut gallery: It contains the "spanking" I thought Tom make take the time to administer here. My style, of course, is quite different from what his might have been.

Posted by: [Harvey Bialy](#) | [February 13, 2006 01:06 PM](#)

Harvey Bialy said:

You did write, I think, the following:

That's not the "orthodoxy" at all. I'm a bit tired of the strawmen. First, as I mentioned in my post, while HIV is certainly considered to be a necessary factor for the development of AIDS, it may not be sufficient by itself to cause it.

*How did I ever miss *that* in your post? If I had seen it, almost everything I wrote to you previously would have been unnecessary.*

In the opening post we find:

Conversely, the fact that not everyone who is HIV-positive develops AIDS is also to be expected. There are very few, if any, pathogens that cause disease in every single person who is infected. Every other

disease has people who are infected, but healthy--we call this the "carrier state." There's no reason this couldn't happen with HIV as well.

As an analogy, the fact that some people may not get killed in car accidents does not prove that car accidents don't kill people.

Posted by: Dave S.  | [February 13, 2006 01:16 PM](#)

and a further btw

There is also to be found there "A Petition" that anybody, no matter what side of the debate they be, should be not only happy to sign but eager to as well, as it provides a clean way for the *real* scientific community to shut Peter up once and forever, and all could be accomplished in 72 hours, electronically and completely anon.

Read the petition and think about what it says, and what it implies.

This is not tongue-in-cheek "bially"-type wordplay. It is as serious as the history detailed in my fast becoming very famous book (that Tara has promised to "try and find the time to review here"...I can't wait, and I am sure neither can "you")

I think that's really it. Although, you never know with us little sneaky Colombo types...there could always be "just one more *little* thing".

Posted by: [Harvey Bialy](#) | [February 13, 2006 01:17 PM](#)

Harvey,

Did you miss this in the OP?

For instance, it's been suggested that other viruses may play a role in progression of AIDS, either speeding it up or slowing it down.

If that makes me an "AIDS denier," you have a mighty open definition of the term. Most of the scientists researching HIV would then be classified as "AIDS deniers."

Posted by: [Tara](#) | [February 13, 2006 02:15 PM](#)

Additionally, you mention that

There is a new entry in "bially/s" that I am certain will take this very elevated "scientific discussion" to even greater heights.

(And for the peanut gallery: It contains the "spanking" I thought Tom make take the time to administer here. My style, of course, is quite different from what his might have been.

Can you provide the direct link, please?

Posted by: [Tara](#) | [February 13, 2006 02:22 PM](#)

Harvey Bialy writes:

*There is also to be found there "A Petition" that anybody, no matter what side of the debate they be, should be not only happy to sign but eager to as well, as it provides a clean way for the *real* scientific community to shut Peter up once and forever ...*

I'm sorry, but how would a "series of debates between David Baltimore and Peter Duesberg" settle the "pseudo-debate over the cause of AIDS that has been simmering in the pages of the journals and popular media for almost two decades"? Is there to be some kind of vote afterwards where people phone or write in to support their favorite debator?

And what is a *pseudo*-debate anyway? That implies to me that there is no real debate at all.

And is there really a *debate* in the journals? That would imply to me that currently a significant proportion of scientists in the relevant field are arguing for and against the hypothesis at question and publishing data to support their views. Is that the situation we actually see?

Posted by: Dave S.  | [February 13, 2006 02:29 PM](#)

Is that the situation we actually see?

I obviously haven't studied the field extensively, but that's certainly not my impression.

Posted by: Kristjan Wager  | [February 13, 2006 02:51 PM](#)

BTW it's really interesting how certain subjects seem to generate huge amounts of comments on science blogs - AIDS denial, Mercury-Autism links, Intelligent Design...

Why do we have to use so much energy on these subjects, instead of focusing on real science/research?

Posted by: Kristjan Wager  | [February 13, 2006 02:53 PM](#)

Tara,

You cause me to return, to the delight of a few and the groans of many.

Let me clear up your first confusion. The petition **only** asks the editors of the two most important **general** scientific journals to **anon. and electronically poll their subscribers** and ask them if they think the issue is so damn dead that a series of real old time scientific debates between the two most credentialed and well-recognized champions of the two sides (a little like Bohr and Schrodinger) in the most dignified of arenas under the auspices and conditions of the NAS would be a waste of time. It does not ask for such a debate. If the issue is as closed among real scientists as you and your peanuts continue to claim, then there should instantly be a flood of "no"s. It's really very, very, very simple. Elementary in fact.

As to your attempt at a dodge... Gimme a break

You are actually saying that

..it's been suggested that ...

is the functional equivalent of:

That's not the "orthodoxy" at all. I'm a bit tired of the strawmen. First, as I mentioned in my post, while HIV is certainly considered to be a necessary factor for the development of AIDS, it may not be sufficient by itself to cause it.

No wonder you think DNA viruses cause cancer in humans and HIV is a pathogen.

Posted by: [Harvey Bialy](#) | [February 13, 2006 03:04 PM](#)

Harvey Bialy says:

If the issue is as closed among real scientists as you and your peanuts continue to claim, then there should instantly be a flood of "no"s. It's really very, very, very simple. Elementary in fact.

If the issue was open as you claim, then there should be all sorts of dissent by the relevant scientists in the modern scientific literature, complete with the data to back them up.

It's really that simple.

Nonsensical petitions for pointless debates notwithstanding.

Posted by: Dave S.  | [February 13, 2006 03:21 PM](#)

Nonsensical petitions for pointless debates notwithstanding.

Excuse me ... a nonsensical petition asking the editors to ask their subscribers if they want to see such a pointless debate.

Apparently such a debate could possibly solve the pseudo-debate (whether that means there is or isn't a debate is a mystery).

Posted by: Dave S.  | [February 13, 2006 03:38 PM](#)

Harvey,

Call it a "dodge" if you wish, but I think it's rather clear here who's been dodging the issues.

Additionally,

No wonder you think DNA viruses cause cancer in humans and HIV is a pathogen.

For the benefit of all readers, I'll also mention here that Dr. Bialy denies that the human papilloma virus (HPV) causes cervical cancer. I'm not sure of Harvey's position on this, but Peter Duesberg also denies that prions are the cause of scrapie and "mad cow." Perhaps all of infectious disease is just a big sham?

Posted by: [Tara Smith](#) | [February 13, 2006 03:52 PM](#)

Not all infectious disease at all, Dr. Smith, only the post-modern, economically propagated ones you mention.

They share, along with ID, *all* the properties of pseudo-science, except mainstream consensual support.

And since in post-HIV biomedicine (translate, biotechnology) that has been represented *only* by its cash equivalent (i.e. integrity left molecular biology almost immediately when some molecular biologists had visions of dancing media-driven sugarplums in the form of previously unimaginable dollar wealth and cover boy or girl status), it is a *critical* difference between the IDs and HIVists.

But the difference is critical only because of the present totally (almost) debased state of biomedicine. The logic and the dynamic structures of the two groups of pseudo-scientists are otherwise isomorphic.

You are much, much too young, as I "spanked" you for in my internet play that you pretend to be unable to locate easily, to have any first or even second (or perhaps even third hand) experience of what *real* science was like only a relatively short time ago.

Perhaps you can get a sense of it from a certain recent *sleeper* of a book, whose title you should not have to guess.

Posted by: [Harvey Bialy](#) | [February 13, 2006 04:09 PM](#)

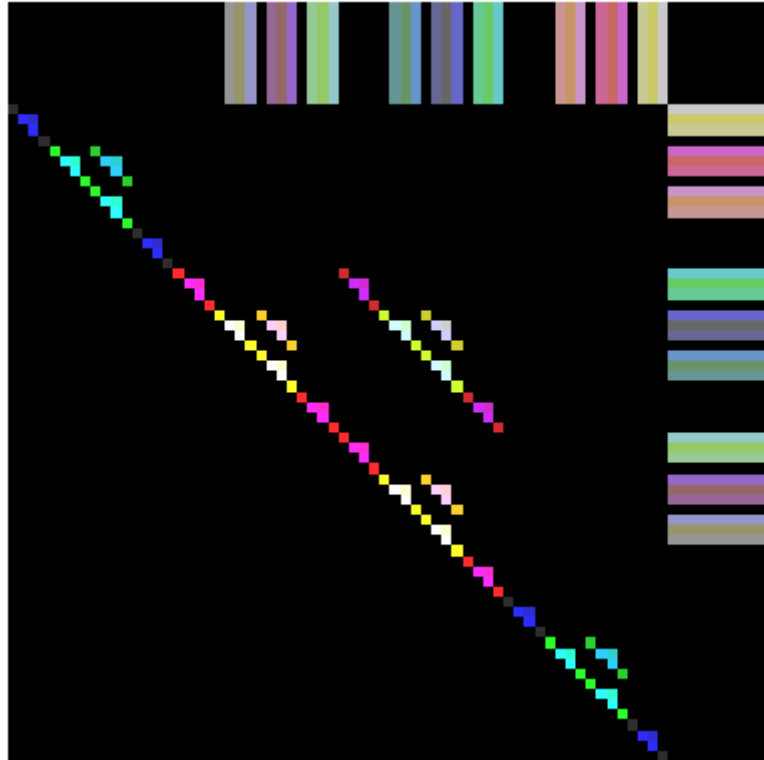
Responding to [my message](#), Tara finished her posting with:

Sorry, that's probably not any clearer--I'll give it a better go tomorrow. Out for now...

Not to rush you, but I am still very interested in your "better go".

Thank you.

Posted by: Anonymous Two | [February 13, 2006 04:16 PM](#)



“THE PLOT THICKENS AND BEGINS, AT LAST, TO CONGEAL”

While waiting for Dr, Smith to muster her arguments and references:

Dave S wrote:

"If the issue was open as you claim, then there should be all sorts of dissent by the relevant scientists in the modern scientific literature, complete with the data to back them up.

It's really that simple."

Is it? I know of no one on the dissenting side who ever claimed it was an open scientific issue among mainstream scientists whether HIV was a sexually transmissible pathogen. Examined from an objective point of view, such as might be provided by the NAS, we certainly make such a claim. But it is exactly the mainstream that has claimed for years and years and years and very loudly all over the damn place that the issue has already been decided in the journals by an overwhelming abundance of "pure scientific data", and that to even raise the matter in a back and forth series of editorials between Peter and any of them is a big waste of everybody's time, and dangerous to public health to boot.

So...if that claim is even remotely true, what have the editors of Nature and Science to lose by asking their very scientific readership whether indeed it is a closed book.

Like I said, the issue could be decided quantitatively, simply and once and for all.

What do Phil and Don (I can call them that, you can't) have to lose?

Posted by: [Harvey Bialy](#) | [February 13, 2006 05:59 PM](#)

Hi Tara, I posted something hours ago, but it hasn't appeared. I sent an email to aetiology@gmail.com to verify.

Posted by: [Liam S](#) | [February 13, 2006 06:05 PM](#)

Harvey Bialy said:

Is it? I know of no one on the dissenting side who ever claimed it was an open scientific issue among mainstream scientists whether HIV was a sexually transmissible pathogen.

There is either a debate in the scientific community or there isn't. A scientific debate implies exactly what I already said. It would involve a significant number of scientists today publishing in the scientific journals with opposing viewpoints, making predictions and testing them.

The reason there is no serious debate is because people who actually know the science, see the evidence as overwhelming. Certainly as convincing as for most any other virus.

Same as intelligent design. There simply is no scientific debate. Only scientific-y sounding arguments that many easily mistake for science.

Like I said, the issue could be decided quantitatively, simply and once and for all.

Complete nonsense. Such a debate would settle nothing and be pointless except as spectator sport. Science does not proceed by such debate but by theory, prediction and evidence. I'm frankly embarrassed to have to tell you this.

I am curious as to why you don't just directly ask them to debate (since you apparently know them by first name) or directly petition them to debate. Why the tortuous route of making a petition asking them to circulate a petition, which asks if a debate would be desirable? It's not even clear that the signatories of the first petition would agree to the question that would be asked in the second petition (though we assume so). Seems like you want to ask the question without being the ones to ask the question. Is your credibility really so non-existent?

And you never did answer my questions about how this debate would settle the issue and what is meant by 'pseudo-debate'.

Doesn't sound very "clean" to me. Sounds like a low-grade set-up.

What do Phil and Don (I can call them that, you can't) have to lose?

Yes I can, Phil and Don.

People here have compared the HIV denier community to the ID community. I think the ID community is much more sophisticated.

This is more like the moon hoaxers. But more harmful than nuisance.

Posted by: [Dave S.](#) | [February 13, 2006 06:44 PM](#)

Dave S (I may call you that I assume)

Thank you very much for that last comment, and I mean that with no sarcasm at all.

I now understand something that I never understood before, and that answers a very big question raised as an overarching mysterious dark cloud that penetrates all the amusing prose of my biography of Peter.

Most Americans I now see, even those with college and university degrees, and even some perhaps with scientific degrees, like the owner of this blog, are so convinced of the fantasy of major-journal peer review, etc. as being the real way to settle scientific arguments among scientists, that to even suggest that this is maybe not the case in the real world any longer (if it ever was) is viewed as so far beyond any comprehension that they cannot even endorse an objective anon poll of scientists to ask them if that indeed is what they all think.

I repeat once more, such a poll could be accomplished in a few days. Its result would be clear.

X readers of Nature/Science support such a "hypothetical" debate, y don't.

I know Phil and Don would have no trouble acceding to such a petition if the subject was ID vs Darwin, and suitable names were put forth.

So if scientific AIDS dissent is the same as ID, what's "your" problem with the poll? I know what the boy's prob is.

Posted by: [Harvey Bialy](#) | [February 13, 2006 07:05 PM](#)

Deniers,

i've yet to see anything remotley convincing, just plenty of misrepresentation, and still non addressing of the original article.

I've also noticed that the psuedo science and medical quacks tend to arrive mob handed, be free with insults, try to find personal data about people with opposing viewpoints and often post anonymously to give the appearance of support for their positions. IP addresses would be interesting :)

The course of disease progression in transfusion recipients and occupational health exposures is very well documented and mapped. Cell counts and viral loads give good supporting evidence. I'd love to hear a parsimonius explanation of these actual facts.

(Actually its just ocured to me, that like the ID crowd, the AIDS deniers have no evidence for their designer, don't want to talk about him or put a falsiyable face to him)
gnight ,its late in the Republic of Wales :o

Posted by: Steve | [February 13, 2006 07:27 PM](#)

OK Dylan

Please provide me with a series of letters or papers in the medical journals *documenting the clinical course of AIDS progression* in needle-stick and other occupational or accidental infections, or presumptive sexual exposures for that matter. (Whatever happened to Rock Hudson's boyfriend after he got however many million in his lawsuit against the late actor's estate? I am sure had he died of AIDS we would have heard of it. And what about the Argentinian doctor who was famous for a while in the NY papers in the late 80s. She got a couple million too from the city and like Mathilda took the money and run Argentina. Or how about just *one* good one, like the lioness.)

Do this and I will enter into a thorough analysis of the paper(s) right here online with you (at whatever time of the day or night you wish) - but with *you* only, no meddlers or interlopers -- of its *real* scientific merits.

Deal?

Posted by: [Harvey Bialy](#) | [February 13, 2006 07:49 PM](#)

So I'm curious. What exactly would Duesberg and Baltimore debate? What does Duesberg have to offer in the way of arguments beyond what he offered back in the late 80s and early 90s and that have already been addressed?

Posted by: Dale | [February 13, 2006 08:49 PM](#)

I can't take it any more. The level of denial of the deniers is breathtaking. Bialy quotes Tara saying

First, as I mentioned in my post, while HIV is certainly considered to be a necessary factor for the development of AIDS, it may not be sufficient by itself to cause it.

and says it makes her an AIDS denier. Helllo?????

A NECESSARY FACTOR!!!!

if it's a necessary factor, then it makes sense to try and address that factor by, I don't know....

MEDICINE!

yeesh

Anon II: The primary affect of HIV is immunosuppression, which you can get from other conditions. So immunosuppression does not necessarily mean AIDS. But since AIDS is so prevalent these days, immunosuppression is often assumed to be AIDS, and someone without HIV may be diagnosed (incorrectly) as having non-HIV AIDS.

Ivan

Posted by: Ivan | [February 13, 2006 08:56 PM](#)

Dear Tara,

As moderators of forums and bulletin boards well know, there comes a time when he/she should pull the plug on a discussion and close the topic. I apologize if I sound presumptuous, since I know little about epidemiology or the exact connections between HIV and AIDS, but frankly the level of this discussion has deteriorated to the point that I can no longer remember what the original post was by the time I reach the bottom of the page. The two "sides" have not yet reached the point of flaming each other, but they're real close.

Perhaps we could direct our comments to the OP instead of sniping at each other.

I would also like to know who our anonymous posters are. Since Dr. Bialy demanded to know my real name, it seems only fair that Anonymous 1,2,3 and 4 also come clean. I would like to be reassured the four are not in fact the same person.

I have not heard any comment from Dr. Bialy, et alia, about my naive observation that AIDS infection rates are very low in Muslim Sub-Saharan Africa, indicating there is some connection between sexual activity and infections. Am I misinterpreting the data, as a layman, or are you ducking the question? Please enlighten me.

I am a physics teacher who is trying to understand the issue.

John Wheaton

St. Francis High School

Louisville, Kentucky

Member AAPT and NSTA

Posted by: [wheatdogg](#) | [February 13, 2006 10:58 PM](#)

Liam--

I find it interesting that you take offense to the use of the term "deniers," yet you make assertions about the "monolithic" face of academic science, as if all of us have exactly the same view on HIV and AIDS. Perhaps y'all should stop trying to pin down a single "AIDS orthodoxy" to rally against, and instead, take a little bit more time to understand the nuances of the research?

Regarding the studies you cite--first, Gisselquist was a review published 15 years after the fact, and as I'm sure you know, there have been numerous published objections to his conclusions. And while I don't agree with all of his conclusions, sure, there's no reason to think that health care in Africa didn't also contribute to viral spread. It sure did in America, and we've seen the hazards of re-used needles in Africa (for instance, they certainly played a role in the intensification of Ebola outbreaks once patients arrived at a hospital). Do I agree that it's been a major factor? Nope. Gisselquist's paper is interesting, but I've not seen more data to really back him up. So, that's how I "square" my assessment with that paper.

Regarding Padian--it's been awhile since I read that paper, and it appears that it's not online at the [AJE website](#). However, even from just re-reading the abstract, it seems you're leaving out some critical info there. I'll paste the entire abstract (emphasis is mine):

*To examine rates of and risk factors for heterosexual transmission of human immunodeficiency virus (HIV), the authors conducted a prospective study of infected individuals and their heterosexual partners who have been recruited since 1985. Participants were recruited from health care providers, research studies, and health departments throughout Northern California, and they were interviewed and examined at various study clinic sites. A total of 82 infected women and their male partners and 360 infected men and their female partners were enrolled. Over 90% of the couples were monogamous for the year prior to entry into the study; less than 3% had a current sexually transmitted disease (STD). The median age of participants was 34 years, and the majority were white. Over 3,000 couple-months of data were available for the follow-up study. **Overall, 68 (19%) of the 360 female partners***

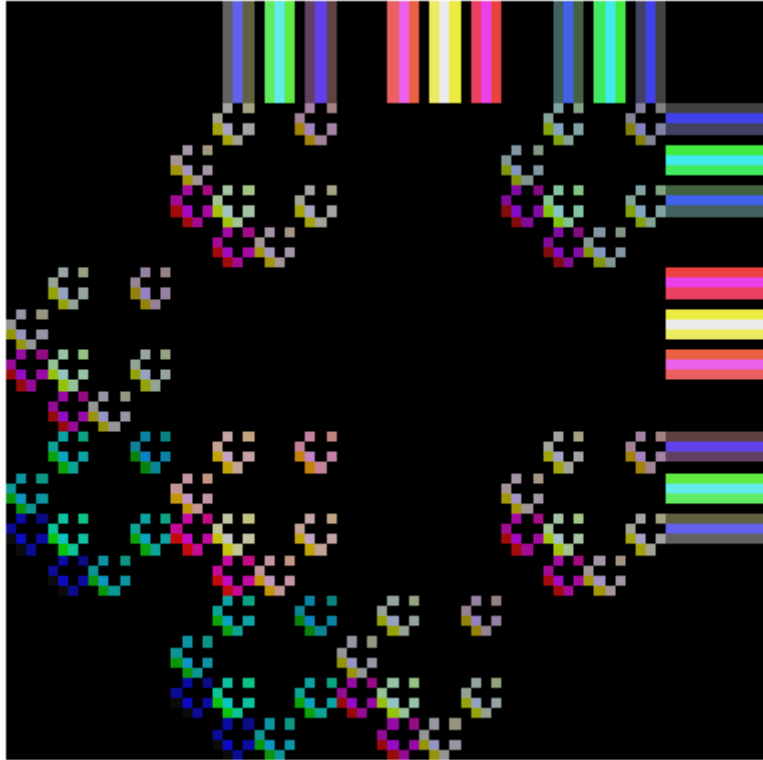
of HIV-infected men (95% confidence interval (CI) 15.0-23.3%) and two (2.4%) of the 82 male partners of HIV-infected women (95% CI 0.3-8.5%) were infected. History of sexually transmitted diseases was most strongly associated with transmission. Male-to-female transmission was approximately eight-times more efficient than female-to-male transmission and male-to-female per contact infectivity was estimated to be 0.0009 (95% CI 0.0005-0.001). Over time, the authors observed increased condom use (p less than 0.001) and no new infections. Infectivity for HIV through heterosexual transmission is low, and STDs may be the most important cofactor for transmission. Significant behavior change over time in serodiscordant couples was observed.

So there **was** documented transmission, and since it went in the way expected (easier for males to pass it to females than vice-versa), it seems unlikely it's all due to needle sharing and other factors, as your post suggests. But without looking at their M&M, that's about all I can muster at the moment, unless you want to pass along a copy of the paper. As far as the infectivity rate, we've known it's low for some time (and that coincident STDs increase the efficiency of transmission), so that's not a surprise. I also disagree with your three options--I choose none of the above.

Anonymous Two--I'm happy to elaborate, but it would help if you had some specific questions on what I wrote, so I can focus rather than just re-hash.

As far as the remainder of Bialy's posts, unfortunately, he's gotten rather abusive via email, and I find his [comment](#) on the "post-modern" infectious disease conspiracy to be so ludicrous, he's proven himself to be an utter waste of my time. So it goes, I guess...

Posted by: [Tara](#)  | [February 13, 2006 11:41 PM](#)



AN IRRESTIBLE ASIDE :: THE ABUSIVE EMAILS OF DR. BIALY

On 2/12/06, **bialy harvey** :
tara

i sincerely hope that when you next look at <http://bialystocker.net> you will not hate me.
(with a pdf of the Tony Fauci Hour (Aetiology) bllog/book located therein)

if there is anything in what you read that bends you out of the fine shape you appear to be in from both your photograph and your writing, please let me know asap and i will, in all likelihood, quickly accede to your wishes and alter the possibly offending section or section appropriately and ask the webmaster at the site quick as he can substitute the amended pdf.

but really, i am pretty sure you will find nothing of the sort, and will appreciate the document for what it very plainly says it is.

the only person (other than poor immunoblogged joe, and the other 'cardboard clowns') that these compilations are meant, quite deliberately, to offend is tony the not so terrible and terribly mediocre as a scientist paper *tyger* (see my book, which i hope you will get free and fast) fauci (whose very name means false!)

pase un buen domingo con su familia

kuntu zhangpo

harvey

On 2/12/06, **Tara Smith** <aetiology@gmail.com> wrote:

Hi Harvey,

It seems to me that simply copying and pasting that entire conversation is infringement on my copyright, since you're not using it to critique my claims (which would fall under "fair use".) but instead are merely copying the whole discussion over to your site. I've asked my editor about it, though, since the whole internet copyright stuff is a bit beyond me.

Tara

From: **bialy harvey**

Date: Feb 12, 2006 9:46 AM

Subject: Re: buen dia

To: Tara Smith <aetiology@gmail.com>

i would think it infringes on your copyright only if you want it to

if you wish to pursue this as a suddenly OMG legal matter
then go ahead and do so

i thought we were all about free exchange of ideas

i am a bit shocked

no more than a bit

you have my phone number

i do think we need to talk about this...

harvey

On 2/12/06, **bialy harvey** <harveybialy@gmail.com> wrote:

and this is the gospel on my sainted mother's ashes (buried in our garden)

i must be the only person in america who has neither read nor seen GWTW

i know it has a tara and that the tara there derives from keltic origins and winds up in a hollywood fabrication of the last days of overt slavery in the us

i hope that you see now the irony of the subject of post, and the phonetic only relation between your given name and that of my magnificent daughter, who you and the who would have condemned to death had she been born in 1996 instead of 1976

At this point Dr. Smith abruptly ends (she thinks) this “conversation” by repeating in blog style the remarks above, and concluding with some of her own:

“Wow, I guess that ends this conversation. Too bad, I thought you were a bit more reasonable, but I don't care to deal with that type of histrionic and terrible accusation.

The “abusive” PhD continues:

On 2/12/06, **bialy harvey** wrote:
i didn't realize we had ever begun one

public/private letters are not what i have ever thought of as conversations

your fear of the telephone is probably something you need to discuss with your therapist

are you going to sue too?

On 2/12/06, **Tara Smith** <aetiology@gmail.com> wrote:
I'd told you I was planning on calling today, but obviously that's out the window. Perhaps it is you who need therapy--I never attacked you, Dr. Bialy. Good day.

On 2/12/06, **bialy harvey**
ok. we both should be in therapy. but are you going to sue, and even more important, don't you want to trash my book anymore?

On 2/12/06, **Tara Smith** <aetiology@gmail.com> wrote:
I've never sued anyone, and I hardly would over something so inconsequential. I just think it's a bit unethical of you to reproduce that in its entirety for no apparent reason. I still plan to read your book. I don't plan on "trashing" anything, but sure, if there are things I disagree with, I'd point them out on my site. I'd still be happy to host Mr. Bethell if he wants to disagree with my comments.

From: **bialy harvey**
Date: Feb 12, 2006 10:57 AM
Subject: Re: and you really should know
To: Tara Smith <aetiology@gmail.com>

tara

you are very gracious actually, and not, i now think in need of therapy (although i probably am).

i would be thrilled if we could one day have a real "conversation" about my book. as we both know, we are each completely civil and well-spoken in these cyberworld discussions. i retract my pejorative use of the word "basura".

and i also want to make it very clear that in raising the ironies surrounding your *name* only, and that of my magnificent daughter and the subject of the blog post i was in no way shape or any form whatsoever (i swear on my sainted mother's ashes) implying anything about YOU personally.

although my pun on the who is meant very seriously (though again not personally) and i do hope you think about it. look at those pictures of tara. i tell you because i know (from being there!) that what i wrote you is exactly true. read claus k's physician's journal on the site. he knows too.

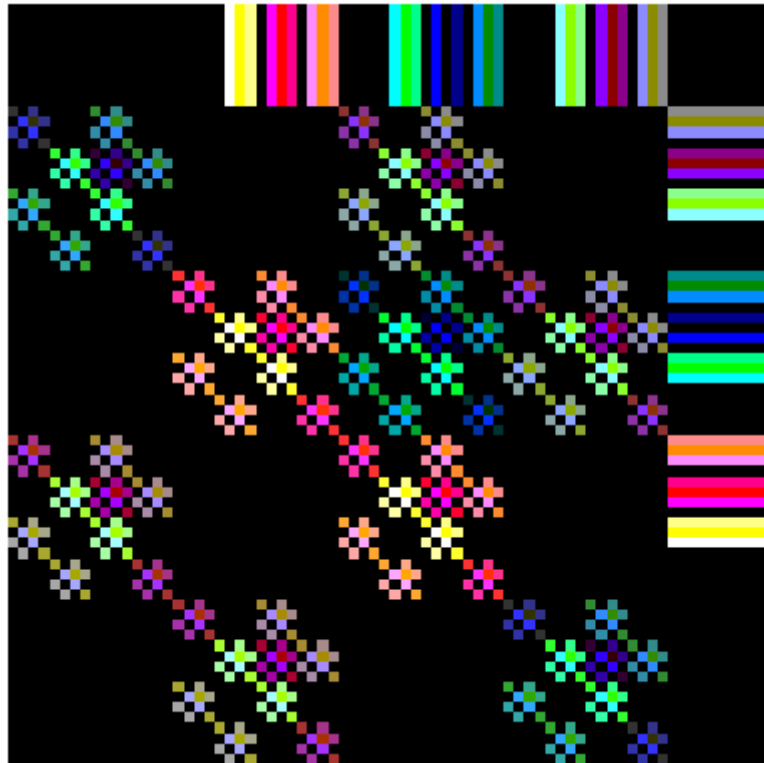
probably better if we don't telephone talk, unless you wish to really explore the very very human issues raised in the pre-penultimate graph

and speaking of graphs....you really need to ponder the flat line prevalence curve

kuntu zhangpo

harvey

This ends the aside containing one full hour of *some* of the more abusive of the abusive e-mails of Dr. Bialy to Dr. Smith



THE BREAKDOWN

Tara,

Do you recall in one of my letters to you reproduced in my new "blog book" where I assumed you knew and had studied the famous Padian study which demonstrated so well that sexually transmitted HIV was a figment, and I believe even gave you a clue that you need to actually read the paper and not the abstract. The real data in the paper is not easy to find because it so damaging to the orthodoxy it had to be massaged for publication to have something to put in an abstract that pseudo-scientists like you could trot out at low level science forums like this to look like you actually knew something.

I reproduce below the comments from Hank Barnes, a commenter in the Dean's World marathon of last year that is known hereabouts as "Eleven Days of CyberDrama" (all the blog/books as pdfs are available at "bially/s" and can be found with only a minimum of searching)

There is quite an extensive discussion of this paper that can be found therein. Since you can't seem to locate a copy of the actual paper but see fit to trot out the abstract here with emboldens too, consider these remarks of Mr. Barnes, and then consider if you, a professional epidemiologist would care to go one on one with this layperson about the details of this landmark study.

"Hank Barnes (mail) (www):

Dr. Harvey,

Sadly, I'm away from my office, so I don't have the Padian paper in front of me.

Also, I'm on the road tomorrow so, won't be able to get it until probably Tuesday.

But, from memory:

1. The study started in 1985, so there were no licensed drugs to treat AIDS then.

And, I recall no mention that anyone in the study was taking those dreaded drugs;

2. I recall nothing in the study on the cause of death of anyone. Not even a suggestion that anyone died of AIDS. The focus was on sex, the whole sex and nothing but the sex.

3. Table 3 says, essentially, some couples used condoms, some did not; some couples had anal sex, some did not. I can't recall the actual numbers.

My bottom line on Padian:

Raw data: Out of 175 discordant couples having a lot of sex over 10 years, exactly ZERO contract HIV.

Adjusted Data: Padian is bewildered by her own findings, does some goofy "meta-analysis" extrapolation, concludes:

- a. 1/1000 odds of woman getting HIV from sex with HIV+ man
- b. 1/10000 odds of man getting HIV from sex with HIV+ woman.

So, even if you accept Padian's spin, most men (certainly the nerds on this blog) are never gonna have 10,000 sexual liaisons in their life, so are never gonna get HIV from sex.

So, the Hank question:

How can you have a sexually transmitted disease that is never transmitted by sex?

Good day, Gentlemen

Hank Barnes

1.14.2005 12:57am"

Posted by: [Harvey Bialy](#) | [February 14, 2006 12:24 AM](#)

Funny how you think it's OK for him not to have a copy of the paper in front of him, but not for me. I have indeed read it as I mentioned, but it's a 9-yr-old paper; I don't have the M&M memorized, and our library closed over an hour ago. I ain't gonna jump just because you have nothing better to do than wait for my replies, Harvey. Patience is a virtue.

Posted by: [Tara](#)  | [February 14, 2006 12:35 AM](#)

Hi Tara,

Just read the portion of [your note](#) addressed to me:

Anonymous Two--I'm happy to elaborate, but it would help if you had some specific questions on what I wrote, so I can focus rather than just re-hash.

No problem. Here are my specific questions.

Question One. You wrote:

there are conditions such as so-called 'HIV-negative AIDS',

I asked, if this is true, then what caused those people's AIDS? You [answered](#):

Could be a number of things. Other infections, nutrition, chemical exposure, etc.

Given what you have said, it seems we need statistics for:

- (1) AIDS caused by HIV
- (2) "HIV-negative AIDS"
- (3) AIDS caused by a mix of HIV and non-HIV factors

For (1) and (2), you responded:

I'm not sure any numbers are kept for "HIV-negative AIDS,"

Surely such statistics are important. How can one decide where to devote resources before knowing what is causing immune deficiency--and therefore, learning where the biggest problems lie?

Question Two. You have [stated](#):

*AIDS is in a different category from "idiopathic T-cell lymphopenia" (which is just the formal name for "HIV-negative AIDS"). We know what causes AIDS and have a definition for that disease--we don't know what's causing the other immunodeficiencies *in the absence* of HIV.*

I confirm that you have equated "HIV-negative AIDS" with "idiopathic T-cell lymphopenia", the latter being "just the formal name for" the former.

I am having trouble understanding how "AIDS" can be in a different category than "HIV-negative AIDS", which to me would seem to be a subset of "AIDS"--by definition.

If "HIV-negative AIDS" is not "AIDS", then all "AIDS" would presumably be "HIV-positive AIDS", unless there are people who have "HIV-neither-positive-nor-negative AIDS".

Following this logic, if all "AIDS" is "HIV-positive AIDS", then any discussion/debate about a correlation between HIV and AIDS is meaningless--they are perfectly correlated, by definition.

Question Three. You previously wrote:

*The reason I don't like to include them under the "AIDS" umbrella is because we *do* know what causes AIDS, and we can treat that.*

I [asked](#), does AIDS have a concrete definition or is it an "umbrella" into which professionals can decide what they like to include on a personal basis?

You [responded](#) that:

We know what causes AIDS, and we do have a definition for it.

If "we" (who?) do have a definition for AIDS, why are you describing it as an "umbrella" into which you decide what you personally "don't like to include" (and presumably like to include) in it?

Hopefully that's a clear summary of my questions for you, based on what you have written. Thanks again.

Posted by: Anonymous Two | [February 14, 2006 01:05 AM](#)

Well, the level of the debate is here for all to see. At least Tara makes an *attempt* to actually respond to various points, as opposed to others who have quickly taken refuge in well-worn rhetorical tactics.

Here I respond to Tara.

Not at all. One, we know that HIV is detected in AIDS patients, by a number of methods (showing evidence of current or prior infection with the virus).

You still are not recognizing my main point. I will repeat it once again, as it's very important: "AIDS" was originally an epidemiological surveillance tool. At one point in time, HIV was not a part of the definition of AIDS. In order to PROPERLY show that HIV causes any syndrome or collection of diseases, you should be able to do this WITHOUT the putative cause being a part of the definition. This was how the whole thing slipped by: We got a new syndrome (1981-83). We weren't able to show that HIV causes the syndrome. So, we make a big press conference, convince the whole world to accept this without proof, and now that we have convinced the world of this, they will let us slip HIV into the definition, so that whenever we attempt to go BACK and re-explore the original question of whether the infectious agent really causes the syndrome, this attempt is profoundly muddled by the current definition. And this is

precisely the essence of the circular logic: the definitions that have been in use since 1986 have been based on the assumption that proof of causation was demonstrated at the time (meaning, 1983-85). And we now know that was definitely not the case. You CANNOT use epidemiological data which is profoundly muddled by the assumption that HIV causes AIDS as evidence to PROVE HIV causes AIDS.

I don't know how else to explain this any simpler. If you do NOT recognize why this is circular logic, then I have a real loss of faith in the critical reasoning skills scientists are supposed to be taught now. Sometimes I wonder, is it just because I'm a mathematician that this bothers me?? In mathematics, we are constantly taught to be on the lookout for mistakes like this, because IF you make a mistake like this in math, you are SUNK. TOTALLY sunk.

The major difference (and it is major) between the orthodox and dissidents is that dissidents actually look at the reality of the data without looking through a cloud of definitions and hypotheses. When you actually look at the REAL empirical data, stripped away from the lens of HIV, it all completely falls apart. But you simply cannot extricate yourself from the theoretical morass long enough to see epidemiological reality.

Therefore, we know that there is an infectious agent that is correlated with disease development, and we move on from there. It's not circular logic because we've not decided that HIV causes any disease--that's what we're testing.

Tara, would you listen what you're saying. How can you POSSIBLY say "we've not decided that HIV causes any disease--that's what we're testing". When HIV is such an explicit part of the CDC definition. It's right there, in plain English in the CDC definition. Again, if you really want to do it right, come up with a definition of the syndrome that has nothing to do with HIV, THEN show the epidemiological correlation, THEN show that it behaves something like an infectious disease, THEN show that it has some PLAUSIBLE biological mechanism of action, (as opposed to the fairy tales we're told) and THEN I will start to take you seriously. These are not impossible things to show. They have been done in the past.

You are basically saying "Look, there is HIV. It's present at the scene of the crime. It must be the murderer." In other words, correlation is enough, and forget the fact it's manufactured. This is the same argument that's been used for 20 years. And it's precisely this argument that's been answered by Duesberg over and over and over again. If you really have read all his papers so closely, I KNOW you couldn't have missed his answer.

For example, point #2 ignores the fact that immunosuppression can be due to a number of factors in addition to HIV--the pneumonia stuff I discussed earlier.

Your language betrays you. Immunosuppression due to HIV is "AIDS", whereas immunosuppression "due to a number of factors in addition to HIV" is just plain old ordinary vanilla immunosuppression.

#4 ignores the fact that it's not HIV that's causing the specific diseases--it causes the *immunosuppression* that *leads* to the other diseases.

Imagine saying that 25, 30 years ago. You realise how SILLY it sounds. HIV is the first microbe in human history of the world that is claimed to attack the immune system itself. Every other infectious disease or illness has a more or less restricted diagnostic presentation. Every other infectious disease or illness takes advantage of a compromised immune system to cause some more or less specific CLINICAL state which can then be observed directly or at most one or two levels removed from direct observation. Every KNOWN cause of immunosuppression that I am aware of (besides HIV) is either NON-infectious or a combination of infectious and non-infectious causes. (e.g. autoimmune diseases, genetic diseases, recreational drugs, malnutrition, etc.) HIV is the first claimed infectious cause of immunosuppression. HIV is the first microbe whose diagnostic presentation is supposed to be a destruction of the immune system itself. HIV is the first microbe whose diagnostic presentation REQUIRES observation several levels removed from direct observation. That is a very big claim. And very big claims require very big evidence. I think someone else said that before once.

Do you have nothing to say on the Ho/Shaw papers? Are you not bothered that so many mistakes in those papers were allowed to go through peer review smooth sailing? Do you deny that there are huge problems with Ho/Shaw?? You can't say you aren't familiar with them, if you've really read all of Infectious AIDS and all Duesberg's papers.

Posted by: [Darin Brown](#) | [February 14, 2006 02:01 AM](#)

Not that this was jermaine to the discussion but the reason Marc Christian (Rock Hudson's boyfriend) never died of AIDS is because he was never positive for HIV. No HIV = no AIDS, huh, go figure.

And, I don't have the Padian paper either but, just from the abstract Hank's recollection of the data appears to be wrong.

"Overall, 68 (19%) of the 360 female partners of HIV-infected men (95% confidence interval (CI) 15.0-23.3%) and two (2.4%) of the 82 male partners of HIV-infected women (95% CI 0.3-8.5%) were infected."

Hank: *"Out of 175 discordant couples having a lot of sex over 10 years, exactly ZERO contract HIV."*

Posted by: [Moment of Science](#) | [February 14, 2006 02:05 AM](#)

Someone said:

>>Complete nonsense. Such a debate would settle nothing and be pointless except as spectator sport. Science does not proceed by such debate but by theory, prediction and evidence. I'm frankly embarrassed to have to tell you this.

HELLO! The claim at hand which Harvey was referring to was not the HIV/AIDS hypothesis, it was whether the HIV/AIDS remained an "open" question. And he provided an emperical, quantitative way of testing the hypothesis of whether such a question remained "open". That is what scientists do -- provide emperical tests of hypotheses.

Posted by: [Darin Brown](#) | [February 14, 2006 02:37 AM](#)

Dave S. --

"Psuedo-debate" is exactly the perfecto description of the sorry state of affairs of the past 20 years. PSEUDO = FAKE.

Posted by: [Darin Brown](#) | [February 14, 2006 02:41 AM](#)

Darin,

You still are not recognizing my main point. I will repeat it once again, as it's very important: "AIDS" was originally an epidemiological surveillance tool. At one point in time, HIV was not a part of the definition of AIDS. In order to PROPERLY show that HIV causes any syndrome or collection of diseases, you should be able to do this WITHOUT the putative cause being a part of the definition. This was how the whole thing slipped by: We got a new syndrome (1981-83). We weren't able to show that HIV causes the syndrome. So, we make a big press conference, convince the whole world to accept this without proof, and now that we have convinced the world of this, they will let us slip HIV into the definition, so that whenever we attempt to go BACK and re-explore the original question of whether the infectious agent really causes the syndrome, this attempt is profoundly muddled by the current definition. And this is precisely the essence of the circular logic: the definitions that have been in use since 1986 have been based on the assumption that proof of causation was demonstrated at the time (meaning, 1983-85). And we now know that was definitely not the case. You CANNOT use epidemiological data which is profoundly muddled by the assumption that HIV causes AIDS as evidence to PROVE HIV causes AIDS.

I don't know how else to explain this any simpler. If you do NOT recognize why this is circular logic, then I have a real loss of faith in the critical reasoning skills scientists are supposed to be taught now. Sometimes I wonder, is it just because I'm a mathematician that this bothers me?? In mathematics, we are constantly taught to be on the lookout for mistakes like this, because IF you make a mistake like this in math, you are SUNK. TOTALLY sunk.

Maybe it is because you're a mathemetician, 'cause while I understand what you're saying, it still ain't circular. You're leaving out a few critical details--I'll elaborate.

So let me start at the beginning as well. Indeed, as you mention, AIDS was a surveillance tool in the early years--a collection of strange, rare infections found originally in gay men in the US. In 1984 it was announced that a virus associated with this syndrome--by then called AIDS--had been found. But you act like this was just accepted without any testing. If it had been, and if the definition had been modified to simply include HIV without any further study, sure, it would be circular. But that ain't how it

happened. (In fact, you're kind of arguing against Bethell here--he's pissed because HIV wasn't even included in Africa's 1985 definition of AIDS, and you're claiming it's circular logic when HIV *was* eventually introduced into the definition of AIDS here in America. Rather funny).

See, Darin, the part you're missing is the tests that were carried out following the big ol' press conference. Examinations like [this one](#), where a cohort of patients was already in place and many had been diagnosed with AIDS prior to the recognition of HIV, and where stored blood samples could be examined to see if HIV seroprevalence had increased since 1978 (it did, of course) and then if presence of HIV correlated with what had already been identified as AIDS. You've left out other natural, tragic experiments where people received the virus via blood transfusions or occupational exposure, then developed AIDS and died. The identification of the virus in people who died of previously rare infections that came to be hallmarks of AIDS--Kaposi's sarcoma, *Pneumocystis*, etc. Some of these were diagnosed while living--others were diagnosed with AIDS prior to HIV's identification, and were retrospectively found to have the virus. It wasn't just blindly accepted, despite what spin you may put on the issue.

The major difference (and it is major) between the orthodox and dissidents is that dissidents actually look at the reality of the data without looking through a cloud of definitions and hypotheses. When you actually look at the REAL empirical data, stripped away from the lens of HIV, it all completely falls apart. But you simply cannot extricate yourself from the theoretical morass long enough to see epidemiological reality.

I disagree. Sure, we all have our biases, but I submit that many of the "dissidents" pick and choose which data to focus on, say "aha!" over a few points, and claim that those little nitpicks "disprove" HIV causation. Looking at the fuller picture--the virology, the epidemiology, the pathology, the immunology, the evolutionary history--I don't see anything that stands out. Indeed, it makes a nice little picture.

Tara, would you listen what you're saying. How can you POSSIBLY say "we've not decided that HIV causes any disease--that's what we're testing". When HIV is such an explicit part of the CDC definition. It's right there, in plain English in the CDC definition. Again, if you really want to do it right, come up with a definition of the syndrome that has nothing to do with HIV, THEN show the epidemiological correlation, THEN show that it behaves something like an infectious disease, THEN show that it has some PLAUSIBLE biological mechanism of action, (as opposed to the fairy tales we're told) and THEN I will start to take you seriously. These are not impossible things to show. They have been done in the past.

Indeed, they have been done in the past. They have been done with HIV. You don't agree with them--fine and dandy. And I hate to point this out here, but as you said, you're a mathematician. The HIV-AIDS link has been looked at by thousands of people with relevant expertise all over the world--microbiologists, virologists, epidemiologists, immunologists, geneticists, physicians, and on and on. Don't you think, perhaps, there's a reason why we accept it? Are we really just so "brainwashed," stupid (or, if you really want to get into the conspiracy theory angle, paid off) to fall for the HIV causation angle?

You are basically saying "Look, there is HIV. It's present at the scene of the crime. It must be the murderer." In other words, correlation is enough, and forget the fact it's manufactured. This is the same argument that's been used for 20 years. And it's precisely this argument that's been answered by Duesberg over and over and over again. If you really have read all his papers so closely, I KNOW you couldn't have missed his answer.

That's not what I'm saying at all--indeed, it seems that you missed or have forgotten my original point here. HIV fulfills all of Koch's postulates as well as any other infectious disease does. I'm not just saying "HIV's present at the scene of the crime". I'm saying it's there with a bloody knife, matching stab wounds in the victim and a dozen eyewitnesses.

Your language betrays you. Immunosuppression due to HIV is "AIDS", whereas immunosuppression "due to a number of factors in addition to HIV" is just plain old ordinary vanilla immunosuppression.

That's not a betrayal at all--that's my point. Yes, now that we're 20+ years into HIV research, we do indeed have a definition of AIDS that is based on the presence of HIV--like we have a definition of

streptococcal pneumonia based on the presence of *S. pneumo*. That's how things progress in infectious disease--once we have a causal agent that's well-established, we use that agent for diagnostic testing and it becomes part of the definition of that disease. If it's not there, we look elsewhere for the cause of the disease. Surely this isn't a surprise or novel to you?

Imagine you have a sore throat. If your strep test is positive, you now have streptococcal pharyngitis. If it's negative, your sore throat is probably due to one of a dozen-odd viruses. Is requiring *Streptococcus pyogenes* to be present to diagnose streptococcal pharyngitis now "circular reasoning?" Because other infectious agents also cause sore throats, does that lessen the strength of association between *S. pyogenes* and this condition? That's all I'm saying with HIV/AIDS. HIV is one cause of immunosuppression. After a large body of work in a number of areas, we can confidently say HIV fulfills Koch's postulates (as much as any other infectious agent does). So, now HIV + immunosuppression leading to secondary infections = AIDS, just as *S. pyogenes* + sore throat, fever etc. = streptococcal pharyngitis.

Imagine saying that 25, 30 years ago. You realise how SILLY it sounds. HIV is the first microbe in human history of the world that is claimed to attack the immune system itself. Every other infectious disease or illness has a more or less restricted diagnostic presentation. Every other infectious disease or illness takes advantage of a compromised immune system to cause some more or less specific CLINICAL state which can then be observed directly or at most one or two levels removed from direct observation. Every KNOWN cause of immunosuppression that I am aware of (besides HIV) is either NON-infectious or a combination of infectious and non-infectious causes. (e.g. autoimmune diseases, genetic diseases, recreational drugs, malnutrition, etc.) HIV is the first claimed infectious cause of immunosuppression. HIV is the first microbe whose diagnostic presentation is supposed to be a destruction of the immune system itself. HIV is the first microbe whose diagnostic presentation REQUIRES observation several levels removed from direct observation. That is a very big claim. And very big claims require very big evidence. I think someone else said that before once.

I suggest you spend a bit more time boning up on the literature, then. I don't mean to be patronizing or dismissive, but all kinds of microbes can target the immune system--it's really an incredible area of study. I don't see why anyone would think that was a silly hypothesis--it makes perfect sense for microbes to attack our defenses in order to further their own survival. For example, *Strep pyogenes* (can you tell what my dissertation was on?) makes a protein that specifically cleaves a protein important to our immune response--the C5a molecule, part of the complement cascade. *Mycobacterium tuberculosis* causes apoptosis of certain cells of the immune system. Our own gut flora appear to play a huge role in modulating our immune responses. This is a giant and fascinating field, and getting larger every day. HIV may have been the first (I dunno about that), and while it may be the most dramatic, it's certainly not the only one to take a bite out of the host immune system.

Do you have nothing to say on the Ho/Shaw papers? Are you not bothered that so many mistakes in those papers were allowed to go through peer review smooth sailing? Do you deny that there are huge problems with Ho/Shaw?? You can't say you aren't familiar with them, if you've really read all of Infectious AIDS and all Duesberg's papers.

Heh. Am I supposed to comment on every HIV paper written over the past 20 years? I think I've been much more amenable to questions than your colleagues, and I've not seen those papers brought up yet (but with over 100 comments and limited time, it's quite possible I missed it). I don't have much to say about them, anyway. Yes, I'm quite familiar with them, and with both the critiques by Duesberg et al. and with the responses to the critiques and responses to the critiques of the critiques etc. etc. In the end, I think the proof is in the pudding, and the drug cocktails have largely worked. Does this mean Ho et al. were correct? I can't say, but again, that paper was 11 years ago, and the field has progressed since then.

Posted by: [Tara](#) | [February 14, 2006 04:01 AM](#)

Sheesh! Well, Tara, I thought that was a great post and you've followed it up with a lot of substantive and patient responses in the comments... Top hole!

I'm exhausted after reading it all, though.

Posted by: outeast  | [February 14, 2006 08:27 AM](#)

Harvey Bialy said:

Dave S (I may call you that I assume)
By all means. Beats "peanut".

Most Americans I now see, even those with college and university degrees, and even some perhaps with scientific degrees, like the owner of this blog, are so convinced of the fantasy of major-journal peer review, etc as being the real way to settle scientific arguments among scientists, that to even suggest that this is maybe not the case in the real world any longer (if it ever was) is viewed as so far beyond any comprehension that they cannot even endorse an objective anon poll of scientists to ask them if that indeed is what they all think.

That "fantasy" has worked out pretty well over the last several centuries for many different sciences. And you still haven't explained how a series of debates between 2 individuals would be a superior option. Unless of course you think scientific truths can be decided by rhetoric, popularity and decibel level.

Also, science is done by those other than Americans too.

Like I said, the issue could be decided quantitatively, simply and once and for all.

Still waiting for you to explain how this decides the issue. I mean, the Durban Declaration apparently didn't convince anybody, so why should this? It's a stunt Harvey Bialy, pure and simple. And a badly attempted one at that.

Darin Brown said:

HELLO! The claim at hand which Harvey was referring to was not the HIV/AIDS hypothesis, it was whether the HIV/AIDS remained an "open" question. And he provided an empirical, quantitative way of testing the hypothesis of whether such a question remained "open". That is what scientists do -- provide empirical tests of hypotheses.

And if that were the case, then we'd already be seeing the debate being played out in the literature and at scientific conferences. That's what scientists do.

"Pseudo-debate" is exactly the perfect description of the sorry state of affairs of the past 20 years. PSEUDO = FAKE.

Thank you Darin Brown for explicitly admitting that this petition has nothing to do with asking an honest and clear question, and everything to do with a public relations stunt. Harvey Bialy avoided this question for a reason.

Posted by: Dave S.  | [February 14, 2006 08:50 AM](#)

I suggest you spend a bit more time boning up on the literature, then. I don't mean to be patronizing or dismissive, but all kinds of microbes can target the immune system--it's really an incredible area of study. I don't see why anyone would think that was a silly hypothesis--it makes perfect sense for microbes to attack our defenses in order to further their own survival.

Tara, please do be patronizing AND dismissive to Darin. A comment as incredibly ignorant and ill-informed as his claim that HIV is the "first microbe in human history of the world that is claimed to attack the immune system itself" reveals such a profound lack of knowledge about what he is talking about that Darin really doesn't deserve the politeness you are showing him.

Posted by: [Orac](#) | [February 14, 2006 12:30 PM](#)

Forgot to add:

Even if HIV *were* the first virus ever to be postulated to attack the immune system, that wouldn't invalidate its role in causing AIDS or mean that the hypothesis that bacteria and viruses can target the immune system isn't a valid hypothesis. It is irrelevant whether the concept "sounded silly" over 30 years ago. Science advances and has discovered since then that microbes do indeed target the immune system.

One problem with HIV/AIDS denialists is that, like altie followers of, say Beauchamps over Pasteur, they like to cite old and outdated science to support their claims.

Posted by: [Orac](#) | [February 14, 2006 12:40 PM](#)

Orac says:

Tara, please do be patronizing AND dismissive to Darin. A comment as incredibly ignorant and ill-informed as his claim that HIV is the "first microbe in human history of the world that is claimed to attack the immune system itself" reveals such a profound lack of knowledge about what he is talking about that Darin really doesn't deserve the politeness you are showing him.

But aren't you CONVINCED by his compelling use of CAPITALIZATION? FACTS? Bah, they can be used to prove ANYTHING that's even remotely TRUE*.

* Apologies to Homer Simpson.

Posted by: Dave S.  | [February 14, 2006 12:57 PM](#)

Hello Dr. Harvey!

You mentioned me above regarding the famous Padian paper!

I was just reviewing it last week, so I have the salient facts at my cyber fingertips:

1. It was the longest and largest epidemiological study of heterosexual transmission of HIV (1986-1996);
2. For 10 years, it followed 175 discordant couples, who had a lotta sex. "Discordant" means for each couple, 1 person was HIV+, and one was not.
3. So, obviously, if you're gonna have lots of sex with an HIV+ person, you're gonna get the virus, get AIDS and die, right?
4. After 10 years, the scientists found NO seroconversions.
5. The couples who used condoms, did not transmit the virus
6. The couples who failed to use condoms, did not transmit the virus
7. The couples that exclusively engaged in vaginal intercourse did not transmit the virus;
8. In fact, 39% of the couple engaged in anal sex -- they too did not transmit the virus.

The only logical, scientific conclusion from the Padian report is that AIDS is not a sexually transmitted disease.

Indeed, How can you have a sexually transmitted disease, that is not transmitted by sex?

If anyone here disputes any of the fact I've recited above re Padian, please feel free to read the paper and tell me where I've erred.

More importantly, assume my recitation of the paper is true. Then, what logical, scientific conclusion would YOU reach regarding HIV?

Fondly,

Hank Barnes

Posted by: Hank Barnes | [February 14, 2006 01:11 PM](#)

Hello, Tara!

Nice blog, you are one smart babe!

2 simple questions, both of which are purely scientific:

1. If you believe that HIV causes AIDS, please cite the actual peer-reviewed published paper that established this connection. It probably was published in the early 1980's.
2. If you believe that HIV causes AIDS, what evidence would falsify this contention?

Hammerin' Hank Barnes

Posted by: Hank Barnes | [February 14, 2006 01:19 PM](#)

Hi Hank,

1. If you believe that HIV causes AIDS, please cite the actual peer-reviewed published paper that established this connection. It probably was published in the early 1980's.

Funny, this is just what Harvey asked me about HPV, and I'll tell you what I told him: there's no "one paper" that establishes this connection. (Indeed, this is a typical creationist tactic as well--show the "one paper" that "proves evolution.") Rather, it's the entire sphere of evidence that I mentioned earlier.

Second, any number of things, but again, it would be a number of studies over varied disciplines. If, for example, HIV hadn't been found in those early studies I referenced earlier, that would have killed the hypotheses before it even got off the ground.

Posted by: [Tara](#) | [February 14, 2006 03:20 PM](#)

Hank- thanks for stopping by to repeat your summary of a paper which is completely discredited by the actual abstract of said paper. Someday we hope to see you in reality.

Ivan

Posted by: Ivan | [February 14, 2006 04:14 PM](#)

That's pretty weak, Tara. Stay focused. I'm not Harvey, I'm not talking about HPV, I'm not a creationist, and we're not talking evolution. We're talking about the t-cells of the immune system, which supposedly is your field of expertise.

Lemme understand your response: You can't name "one paper," yet there is an "entire sphere" of evidence? Hmmm.

Lemme try again:

1. In 1979, nobody believed that HIV caused AIDS, right? (Because AIDS wasn't known).
2. In 1982, nobody believed that HIV caused AIDS, right? (Because while AIDS was known, HIV was not)
3. By 1985, a lotta people started to assert that HIV (HTLV-III) caused AIDS, right?

So, What was the seminal paper -- published in the peer reviewed literature -- that demonstrated that HIV causes AIDS?

It's a very simple question. Either there is a paper and you can cite it or there is not.

For example, if someone were to assert that the DNA molecule is structured as a say, single strand of nucleic acid, not as a double-helix, I would cite [this](#) famous 1953 paper in Nature, by Messrs. Watson & Crick to refute that position.

So, with respect to AIDS, Do you have a paper or not?

If yes, great! Then, we can intelligently discuss it, scrutinize, point out its strengths and weaknesses.

If not, when did AIDS science become faith-based, rather than fact-based?

Also, humor me on the falsification question, too. Surely, the HIV-AIDS hypothesis is falsifiable, No?

Ever Yours,

Hank

Posted by: Hank Barnes | [February 14, 2006 04:22 PM](#)

Ivan,

Have you read the body of the Padian paper or did you just read the abstract?

The abstract doesn't faithfully report the data contained therein.

It happens sometimes, dumbass. See recent [Stem Cell fraud](#).

Fondly,

Hank Barnes

p.s Happy Valentine's Day

Posted by: Hank Barnes | [February 14, 2006 04:27 PM](#)

It's not online. Post it (or send it to Tara, I'm sure she will), I will read it.

FYI, in science, if you disagree with the methodology or interpretation, you can submit letters to the editor, or you can publish critiques. Those do not constitute a summary of the paper. Your posts were written in a way that conveyed that you were merely passing along the results and conclusions that the authors published.

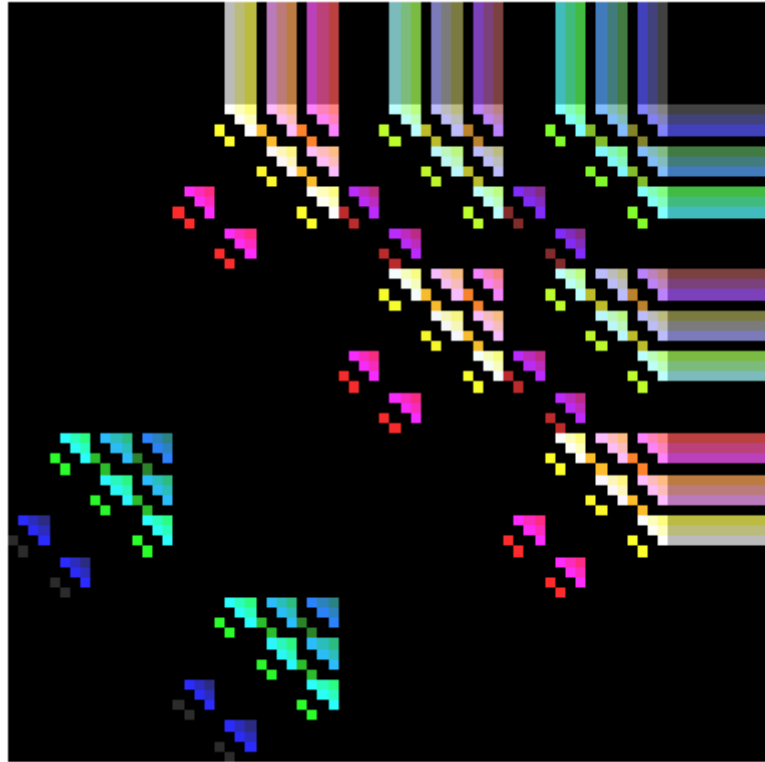
And it's Dr. Dumbass to you.

Ivan

Posted by: Ivan | [February 14, 2006 04:47 PM](#)

And though the scroll continued and continues (and according to the instructional code of the time can be located by the indicator > http://scienceblogs.com/aetiology/2006/02/post_3.php#c013080), the ATPs of The Translator have reached a near critically, nay catastrophically, minimal flux, and the “Book of the Bblog” comes to a close.

“Out of the mouths of Babes”



Illustrator's Note:

Think of the top of each image and the right side of each image as containing 64 color guns each. However, some of the guns shoot anti-color, some super-color, and some shoot real color. Only the 'real color' guns are visible. As you might expect, interesting things happen when the row and columns intersect within the matrix and combine color, super-color, and anti-color. For example, 'invisible' super-color and anti-color guns can interact to make real color.

I've been playing with the “aesthetics” of the random number generators and their ranges. The *Mathematica* source code for this matrix can be used to adjust a few numbers akin to r,g,b to make surprising images.

This is 64 x 64, and might be fractal in appearance – having microscopic structure at high resolution that looks like macroscopic structure at low resolution. I don't know, and I don't think my laptop can compute that hard.

Douglas Youvan, Bangkok, 14 February 2006

