The AIDS War

Propaganda, Profiteering and Genocide from the Medical-Industrial Complex

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The AIDS War: *Propaganda, Profiteering and Genocide from the Medical-Industrial Complex*

by John Lauritsen

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"Pagan" is used here to signify the outlook of classical antiquity. It has nothing to do with the occult.

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DEDICATION

This book is dedicated to my many fine teachers, and especially to the memory of Celestine Brock, who taught me Latin and journalism. She died on 18 September 1992, at the age of 99.

In 1955 Miss Brock retired, having taught in the Grand Island, Nebraska school system for 34 years. She then moved to Lincoln, where she taught correspondence courses in Latin for the University of Nebraska. In the 1980s, when Latin was no longer offered in public school curricula, Miss Brock was approached by students who still wanted a classical education. She taught them gratis.

I have not forgotten her disdain for euphemism, sentimentality, and all kinds of phoniness — nor have I forgotten a lecture she gave on the meaning of PROBITAS.

No sooner had Candide reached the inn than he was struck by a mild illness brought on by fatigue. But, as he was wearing a huge diamond on his finger, and a massive strongbox had been espied among his luggage, he was at once attended by two doctors he had not requested, several intimate friends who would not leave him alone, and two charitable ladies who supplied him with warm broth. Martin said: "I can remember that I too was sick on my first voyage to Paris; I was very poor then, so I had no friends, no charitable ladies, and no doctors — and I got well." However, by dint of medicine and blood-letting, Candide's illness became serious.

— Voltaire: *Candide,* Chapter 22

INTRODUCTION

The perils of telling the truth became known to me at the age of six. Just before Christmas I asked my parents if there were really a Santa Claus. They told me, and a few days later I told my playmates, who before that had been at least skeptical. Then the flak began. My mother received calls from bitter, sobbing women: *their Christmas had been ruined by me!* She listened patiently. That evening my father held a frank family discussion. I had done nothing wrong, he counseled, and it was always right to tell the truth — but it was also good to be cautious, for others were not so rational as we.

I do not regret telling the truth about "AIDS".[1] I have taken my share of blows for so doing, and I have also given a few — and I have survived, in good health and spirits. The AIDS epidemic is an epidemic of lies, through which hundreds of thousands of people have died and are dying unnecessarily, billions of dollars have gone down the drain, the Public Health Service has disgraced itself, and Science has plunged into whoredom.

The official AIDS paradigm — including the preposterous notion that a biochemically inactive microbe, the so-called "human immunodeficiency virus" (HIV-1), causes the (at last count) 29 AIDS-indicator diseases — represents the most colossal blunder in medical history. But it is more than a blunder. In the course of this book it will become plain why I have employed the metaphor of war: the terrible suffering and loss of life, propaganda, censorship, rumors, hysteria, profiteering, espionage, and sabotage.

This book has been written in the shadow of censorship, which is unofficial, but all-pervasive. Though I might have found a mainstream publisher with the courage to publish it, I have chosen to use my own press. This way I am my own master. No editor has imposed political correctness on me, or stylebook punctuation.

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[1]My reasons for using quotation marks will become clear later, especially in Chapter XIX.

The disadvantage is that I have had to do most of the work myself, including proofreading, which means that inevitably there are mistakes. I apologize for these, and would be grateful to readers who let me know about them — anything from mistakes of fact to dangling participles or faulty verb sequences.[2]

In a way, *The AIDS War* is the second volume to my first AIDS book, *Poison By Prescription: The AZT Story*. It is a collection of my major writings on "AIDS", going back to February 1985: dispatches from the front. I want them to stand for the record, so that no one, when the truth finally prevails, can pretend we didn't speak out.

A number of chapters were written especially for this book, and their placement in it is somewhat arbitrary. The most important are Chapter XIX: "The Risk-AIDS Hypothesis", in which I discuss the nature and causes of "AIDS"; and Chapter XX: "Recovery From AIDS", in which I put forward a comprehensive program of recovery for those with a diagnosis of "AIDS".

I began researching "AIDS" in early 1983. Initially I was shocked by the incompetence with which the Centers for Disease Control (CDC) conducted survey research, my own profession since 1966. Later I would be shocked by the dishonesty, venality, and ruthlessness of the AIDS Establishment. It became apparent, after a few years, that I could not do AIDS research and hold down a very demanding job at the same time, so I became a full-time writer, which is what I had always wanted to be.

For a decade of my life I have been fighting on the front lines of the AIDS War, and not alone. Many of my comrades appear as the heroes and heroines of this book. A great many more people have helped me, and I wish I could acknowledge them all — though if I tried, I would probably forget a few. My thanks to all of you.

Thanks especially to L. Craig Schoonmaker and Ian Young, who criticized important chapters and provided practical assistance. I remain grateful to Charles Ortleb, who originally published most of these articles.

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[2]Readers did respond to this appeal. Thanks. Dozens of mistakes have been eliminated from the second printing, though there probably still are a few.

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CHAPTER I

CDC's Tables Obscure AIDS-Drugs Connection [1]

In 1982 it became apparent that the proportions of each of the AIDS risk groups were remaining more or less constant. Month after month gay/bisexual men continued to account for just under three quarters of the cases.

If AIDS were simply a new, unusually virulent, communicable disease, it should have begun to fan out into the general population. But this has not happened. Outside of the other recognized risk groups — intravenous drug users, Haitians and hemophiliacs — only negligible numbers of women or heterosexual men have developed the syndrome.

It is therefore reasonable to infer that some particular lifestyle, genetic or environmental factor or factors are causing — or at least predisposing — the high risk groups to develop AIDS.

Regardless of what the final answers may be, government statistics have significantly misrepresented the risk factors for AIDS, both by overemphasizing homosexual practices and by submerging drug usage among AIDS cases.

CDC Misrepresentation of Risk Factors

Let's begin with a basic question: What are the characteristics of the people who have developed AIDS?

We do not really know very much about the people with AIDS. The data that we do have are inadequate and misleading, despite the fact that every week the Centers for Disease Control (CDC) release tables of "AIDS Cases by Patient Characteristics" — tables which are frequently reprinted in the gay press.

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[1] This was my first major AIDS article, published in the *Philadelphia Gay News* (14 February 1985), and then reprinted in five other papers.

Let's take a look at the CDC's "Patient Characteristics" table of 31 December 1984.

TABLE 1
AIDS Cases by Patient Characteristics
31 December 1984

	Number of Cases	Percent of Total
Gay/Bisexual		
Male	5,541	
Female	0	
	5,541	73.0
IV-Drug Abusers		
Male	1,042	
Female	275	
	1,317	17.0
Haitian		
Male	221	
Female	42	
	263	3.0
Hemophiliacs		
Male	49	
Female	0	
	49	1.0
Heterosexual Contact		
Male	5	
Female	54	
	59	1.0
Transfusion		
Male	49	
Female	41	
	90	1.0
Other		
Male	206	
Female	84	
	290	4.0
Total	**7,609**	

(I note in passing that whoever set up the right-hand column decided to use whole percents, but then absurdly added decimal points and zeros. Done correctly, in tenths, the column would read: 72.8%, 17.3%, 3.5%, 0.6%, 0.8%, 1.2%, and 3.8%. The CDC is ignorant of many quite elementary statistical conventions.)

Asked to interpret such a table, you would probably begin by saying: "Of the 7,609 AIDS cases, 73% are gay or bisexual men." So far so good.

Then you might say: "17% of the AIDS cases are intravenous (IV) drug abusers." But you would be wrong. The table is set up in such a way that the 17% figure comprises *only* those IV drug abusers who are completely straight. An IV drug abuser who has had sex with another man is not counted as an IV drug abuser; he is counted only as a gay/bisexual man. Nowhere on the table is the *total* percentage of IV drug abusers shown.

Although absurd from an analytical standpoint, the correct way to read the table is to say: "17% of the AIDS cases are IV drug abusers whose sexual orientation is entirely heterosexual."

Next we come to the Haitians, who appear to represent only 3% of the cases. But the 3% actually refers only to those Haitians who have never used IV drugs and who have never had gay sex.

The CDC calls this "hierarchical presentation". I call it obscurantism.

In a decade and a half in market research, I can't remember having encountered one of these "hierarchical presentations" and cannot conceive of any analytical purpose such a table might serve. What we want to know is how many of the AIDS cases *in total* are IV drug abusers, how many *in total* are Haitians. Why should gay sex make an IV drug abuser cease to be an IV drug abuser? Why should a needle-using Haitian cease to be a Haitian?

Significant Overlap

Let's go back to the IV drug abusers. Told how the CDC's "hierarchical presentation" works, you probably assume that the overlap between categories is relatively small — that only an insignificant percentage of the "gay/bisexual" men happen also to be "IV drug abusers". You would be wrong again.

At last year's New York City health conference, CDC representatives said that about 25% of the gay men with AIDS were also IV drug abusers. This means that about 19% of the total AIDS cases were gay male IV drug abusers whom the CDC had counted only as gay or bisexual. Adding this 19% to the 17% IV drug abusers who were straight, we find that 36%, or over one third, of the total national AIDS cases would be IV drug abusers.

Recent statistics, reported by Harold Ginzburg, Associate Director of the National Institute on Drug Abuse, suggest that 12% of the gay/bisexual males with AIDS had a history of IV drug usage. This means that 9% of the total AIDS cases would be gay male IV drug abusers whom the CDC had counted only as gay or bisexual. Adding this 9% to the 17% IV drug abusers who were straight, we find that 26%, or over a fourth, of the total national AIDS cases would be IV drug abusers.

Let this information sink in: *at least* 26% and possibly 36% of the national AIDS cases are IV drug abusers.[2]

New York Statistics

The New York City Health Department has issued statistical tables of patient characteristics which, if not perfect, are far superior

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[2]Note by Stanley Ward, who was Editor of the *Philadelphia Gay News* in 1985: According to Bob Alden, CDC Information Officer, the latest statistics, complete through 28 January 1985, indicate a total of 7,962 adults with AIDS, of whom 5,808, or 73%, are gay/bisexual males, 727 of the gay/bisexual males are also IV drug abusers. Adding this figure to the 1,372 heterosexual IV drug abusers yields a total of 2,099 IV drug abusers. For 868 of the gay/bisexual males, however, IV drug abuse is an unknown factor. Subtracting this figure from the total of 7,962 adult cases yields 7,094 persons with AIDS whose use or non-use of IV drugs is a known factor.

The 2,099 IV drug abusers thus represent 29.6% of the total AIDS cases for whom use or non-use of IV drugs is a known factor. This percentage lies approximately midway between the low estimate of one fourth and the high estimate of one third for the total percentage of IV drug abusers among persons with AIDS, regardless of sexual orientation.

A second source at the CDC, who asked that his/her name be withheld, placed the current total of IV drug abusers among persons with AIDS at 34.4%.

to the CDC's "hierarchical" tables. The New York data reveal that about one third of the AIDS cases in that city are IV drug abusers.

As of 21 December 1984, New York City had 2,848 cases of AIDS, of whom 64.5% were gay/bisexual men (regardless of whether or not they were IV drug abusers) and somewhere from 32.5% to 35.9% were IV drug abusers (regardless of sex or sexual orientation). A breakdown of these categories is shown below:

TABLE 2
NYC AIDS Cases by Patient Characteristics
21 December 1984

	Number of Cases	Percent of Total
TOTAL	**2,848**	
Gay/Bisexual Men - Total	1,838	64.5
Not IV Drug Abusers	1,570	55.1
IV Drug Abusers	171	6.0
IV Drug Use Unknown	97	3.4
Known IV Drug Abusers - Total	925	32.5
Straight Men	548	19.3
Gay/Bisexual Men	171	6.0
Straight Women	137	4.8
Sexual Orientation Unknown	57	2.0
Lesbian/Bisexual Women	12	0.4
IV Drug Use Unknown	97	3.4

Note: Some persons are counted in more than one category. This table does not show all categories (e.g., Haitians).

CDC Hierarchy: Medical or Moral?

The CDC has made little effort to correct the common public belief that IV drug abusers account for only 17% of the total AIDS cases, although in fact they represent between 26% and 36%. In the CDC newsletter *Morbidity and Mortality Weekly Report (MMWR)* of 6 January 1984, this statement appears: "Groups at highest risk of acquiring AIDS continue to be homosexual or bisexual men (71% of cases) and intravenous drug users (17%)." Note the absence of any qualifier — the reader is not informed that the 17% comprises only those IV drug abusers who happen to be exclusively heterosexual.

Last year's national television documentary, in which the CDC played a major role, concentrated almost entirely on gay men. Then, almost as an afterthought, it turned to other risk groups. A large "17%" filled the TV screen as a voice intoned, "17% of the AIDS cases are intravenous drug abusers". Not only is the statement incorrect — if intentionally so, it is a lie.

Intentionally or otherwise, the CDC's so-called hierarchical presentation does accomplish one thing: it de-emphasizes and under-represents every patient characteristic *except* homosexuality. One cannot help suspecting a theological mind-set behind this statistical misrepresentation of reality: That which is most "sinful" is presumed also to be the most dangerous.

IV Drug Abuse As a Risk Factor

In light of the high percentage of AIDS cases accounted for by IV drug abusers, it is not unreasonable to investigate the hypothesis that IV drug abuse plays a role in the development of AIDS.

The common hypothesis regarding the IV-drug abusers with AIDS is that they "shared needles", thereby transmitting an AIDS-causing microbe from one person to another. It follows from this hypothesis that if IV drug abusers carefully sterilized their needles, they wouldn't get AIDS. This hypothesis has been uncritically parroted by gay and straight media and in dozens of "risk-reduction" guidelines.

It would seem more scientific to investigate the hypothesis that IV drug abusers get AIDS as a consequence of the drug abuse itself before accepting as fact the hypothesis that they get AIDS as a consequence of poor needle technique.

Non-IV Drug Abuse

Let's look at drug abuse from another angle. Published studies on gay men with AIDS indicate that many of them had something in common besides sexual orientation. They were drug abusers — not necessarily IV drug abusers, but nonetheless regular and generally heavy users of many different unhealthful chemical substances, including quaaludes, cocaine, the nitrite inhalants (poppers), ethyl chloride, amphetamines, tuinol, barbiturates, uppers, downers, etc.

For a minority of gay men these "recreational drugs" seem to be an accepted and taken-for-granted part of the gay lifestyle. It is nonetheless realistic (not simply "judgmental") to say that all of these substances are dangerous and that anyone who takes one or more of them regularly qualifies as a "drug abuser".

The largest and most recent study was conducted between September of 1981 and October of 1982 by Harry Haverkos and other CDC researchers ("Disease Manifestation among Homosexual Men with Acquired Immunodeficiency Syndrome: A Possible Role of Nitrites in Kaposi's Sarcoma"). The CDC has neither published the study nor cleared it for publication elsewhere. Haverkos, who has since left the CDC for the National Institutes of Health, is critical of the CDC's AIDS work and has released copies of the report privately.

Haverkos and his colleagues found a high degree of drug abuse among the 87 gay men with AIDS in their study. The following levels of drug usage were reported:

Nitrite inhalants (poppers)	97%
Marijuana	93%
Amphetamines	68%
Cocaine	66%
LSD	65%
Quaaludes	59%
Ethyl chloride	48%
Barbiturates	32%
Heroin	12%
Any drug intravenously	17%

Multiple drug use was the rule: 58% of the subjects used five or more different "street drugs".

Furthermore, the gay men with AIDS tended to use their drugs heavily. Following are the median numbers of different days on which the various drugs were used:

Marijuana	720
Nitrite inhalants (poppers)	384
Amphetamines	120
Barbiturates	96
Quaaludes	60
LSD	36

In addition, we should not forget that chronic and excessive consumption of alcohol also qualifies as "drug abuse". Its familiarity notwithstanding, alcohol is still potentially one of the most dangerous drugs. Two prominent New York City gay physicians, both of whom have treated many persons with AIDS, have stated privately that most of these men were alcoholics.

Reversing the CDC's "Hierarchical" Priorities

The CDC has downplayed the drug connection in two ways. First, its reports under-represent IV drug usage by means of the "hierarchical presentation", which may reduce by as much as one half the number of IV drug abusers who are counted. Second, the CDC has chosen to disregard non-IV drug abuse as a "patient characteristic". Even someone who has taken large quantities of half a dozen different "recreational drugs" every day for years does not qualify as a "drug abuser" in the CDC's epidemiology.

Suppose that the CDC *had* kept records on *all* "drug abusers" (both IV and non-IV) and had recognized "drug abuse" as a "patient characteristic". What effect would such data have on the analytically absurd "hierarchical presentation"?

If we take the 87 gay men of the Haverkos study as a basis for some provocative guess-work, we can imagine a table like the following:

TABLE 3
Outguessing The CDC

AIDS Cases by Patient Characteristics
31 December 1984

	Number of Cases	Percent of Total
Drug Abusers (IV & Non-IV)	7,234	95
Haitians	152	2
Hemophiliacs	76	1
Gay/Bisexual Men	75	1
Other	73	1
Total	**7,609**	

Please remember — this table is *strictly guess-work*. No one — including the CDC — has sufficient data to set up a "hierarchical" table with "drug abusers" (both IV and non-IV) as a "patient characteristic".

But before you dismiss this imaginary table based on drug abuse as the primary "patient characteristic", note how dramatically it misrepresents the number of gay/bisexual males with AIDS. This element of distortion, inherent in any type of "hierarchical presentation", totally disqualifies the CDC reports as an accurate analysis of the epidemiology of AIDS.

Drug Abuse Hypotheses

Clearly the CDC should put aside the absurdities of "hierarchical presentation" and compile more comprehensive, representative reports of "patient characteristics". And "drug abuse (both IV and non-IV" *must* be included among those characteristics — on the basis of verified data rather than guess-work.

If reliable data on "drug abusers (both IV and non-IV)" did exist, researchers might tend to formulate hypotheses in which drug abuse played a central role in the etiology of AIDS. The following hypotheses might emerge:

1. *Drugs as primary factor:*
Drugs destroy the body's immune system, just as alcohol damages the liver, cigarettes promote lung cancer, and thalidomide causes birth defects. In one laboratory experiment, fumes from poppers caused thymic atrophy in mice. No thymus gland, no immune system.[3]

2. *Drug interactions:*
Particular combinations of drugs may be injurious to the immune system. A recent study produced data on how deadly, cancer-causing N-nitroso compounds are formed by an interaction of organic nitrites (like poppers) with any of a long list of common drugs and chemicals, including artificial sweeteners, antihistamines, pain killers and methadone.[4]

Who knows what might result from poppers plus quaaludes or from cocaine plus tuinol? By way of analogy, let's consider the fact that many "drug overdoses" are no such thing. An addict who has built up a tolerance for heroin will find it almost impossible to kill himself by taking an "overdose". Most deaths attributed to "drug overdose" actually result from a combination of two or more different types of drugs. A small amount of one plus a small amount of another could be fatal.[5]

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[3]John Lauritsen and Hank Wilson, *Death Rush: Poppers & AIDS*, New York 1986.

[4]Guy Newell *et al.*, "Toxicity, Immunosuppressive Effects and Carcinogenic Potential of Volatile Nitrites: Possible Relationship to Kaposi's Sarcoma", *Pharmacotherapy*, September/October 1984.

[5]Edward Brecher and the Editors of *Consumer Reports*, Chapter 12: "The 'Heroin Overdose' Mystery and Other Hazards of Addiction" in *Licit and Illicit Drugs*, Boston & Toronto 1972.

3. Drugs plus bugs:

Microbes, which might be harmless in a healthy body, become deadly in conjunction with drugs. This hypothesis was in fact put forward three years ago by David Durack in a lead editorial for the *New England Journal of Medicine*. Durack was attempting to explain why AIDS is apparently new, since both viruses and homosexual behavior are older than history:

> Some new factor may have distorted the host-parasite relation. So-called "recreational" drugs are one possibility. They are widely used in the large cities where most of these cases have occurred, and the only patients in the series reported in this issue who were not homosexual were drug users.... Perhaps one or more of these recreational drugs is an immunosuppressive agent. The leading candidates are the nitrites, which are now commonly inhaled to intensify orgasm.... Let us postulate that the combined effects of persistent viral infection plus an adjuvant drug cause immunosuppression in some genetically predisposed men.[5]

The HTLV-III virus is now being touted as the "AIDS virus". Perhaps it is, but as Joseph Sonnabend and other AIDS researchers have pointed out, it remains to be *proven* that HTLV-III is the primary cause of AIDS rather than just another opportunistic infection.

At any rate, HTLV-III would seem to be a weak virus. Preliminary testing has shown that up to 80% of urban gay men have been exposed to the virus without becoming sick.

Even if HTLV-III were the primary etiological factor, mere exposure to the virus clearly does not suffice to cause AIDS. A necessary precondition may be an already weakened immune system, a condition which is a usual and expected consequence of drug abuse.

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[5]David Durack, lead editorial, *The New England Journal of Medicine*, December 1981.

The Two Risk Reducers: Safe Sex, Drug Avoidance

The scientific approach means basing conclusions upon evidence and progressing towards ever greater certainty. Scientists don't like to guess. In the case of the people with AIDS, we simply do not have the epidemiological data that we need.

Three years ago the CDC conducted a case-control study of the first 50 gay men with AIDS, a study which was far from adequate even at the time. Since then, there have been more than 7500 additional AIDS cases, and we know next to nothing about them. The CDC seems content with the few "patient characteristics" isolated four years ago — and misrepresented through its "hierarchical presentation".

What do we really know about the gay men with AIDS, other than their sexual orientation label? What do we know about the IV drug abusers? As for the Haitian AIDS cases, the CDC tables don't even tell us exactly how many there are, let alone their physical or behavioral characteristics. If the CDC is unwilling, or unable, to do the necessary epidemiological research, then others ought to do it — soon.

At this point much more information is needed. But the evidence outlined in this article strongly implicates drugs in the etiology of AIDS — at the very least as a major co-factor.

Therefore, gay men should protect themselves in every way possible. This would mean following the "safer sex" guidelines — but even more important, completely avoiding any and all "recreational" drugs. If you are addicted to drugs, get help. Call Narcotics Anonymous or Alcoholics Anonymous. Your life may depend on it.