

CONFESSION OF AN “AIDS DENIALIST”
How I became a crank because we’re being lied to about HIV/AIDS

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For decades I had taken an interest in scientific unorthodoxies. I had written books about them (1). I had learned from Bernard Barber (2) that scientists always resist the great discoveries vigorously before accepting them--almost every 19th-century advance in understanding electricity, for example. I had learned from Gunther Stent (3) that some discoveries come “before their time” and are long ignored--Mendel’s genetics, Wegener’s continental drift. I had learned from Thomas Kuhn (4) that science progresses by paradigm shifts in which the old world-view is overturned by one that seemed heretical or incredible just before the revolution--light as particles, or quantum mechanics.

I also learned that the history of science is largely silent about all the claimed discoveries that turned out to be spurious. Most unorthodox claims come to naught in the end, and so they were very properly ignored or resisted.

I learned much about heretics. I learned that one cannot easily or quickly distinguish cranks from geniuses. Geniuses are cranks who happen to be right, and cranks are geniuses who happen to be wrong, and they all behave in the same way. They stubbornly believe themselves right, no matter what others think. They know that their discovery is the most important thing under the sun, and they believe everyone should appreciate that. They so misunderstand the ways of the world that they are their own worst enemies. They press their ideas in ways that give them the least possible chance of being taken seriously. Failing to get favorable attention from the experts, heretics often fall into the company of other people who have ideas that everyone else thinks absurd. Finding appreciative attention there, the heretics come to see more and more substance in all those other rejected ideas; whereby, little by little, a perfectly competent scientist may become progressively more and more gullible, forgetting the necessity of being always critical, always skeptical, of always checking theories against facts.

I understood all that, yet still I found myself going the same way, becoming a crank.

Contrary to what just about everyone knows, HIV doesn’t cause AIDS. Billions of dollars are being misspent on misguided research and misguided aid; untold thousands of well-intentioned people are misled and are actively misleading others; and, what most haunts me, healthy people (including babies) who test positive on an “HIV” test are being made unhealthy by toxic “antiretroviral” drugs.

Here’s what made me a crank: fully believing that I had stumbled upon *the proof* that HIV doesn’t cause AIDS; proof so absolutely clear and decisive that everyone who looks at it is bound to concede to it, yet at the same time a proof that everyone else had somehow been overlooking, even the many competent people who have been arguing for twenty years that HIV doesn’t cause AIDS.

Shades of Immanuel Velikovsky. He was the first crank whose story I looked into in any detail. One day he had been struck by a stunning insight: The ancients had described, in masked fashion--in legends and myths about the gods--actual events they saw taking place in the skies. Being a psychoanalyst, Velikovsky could decode these stories. The Red Sea’s parting was owing to a comet passing close to Earth; so were the plagues of Egypt; and so on, and so forth. Velikovsky had uncovered the hidden, repressed memories that cause human beings to lapse into traumas and behave badly toward one another. He could correct ancient history and save the world from itself, through the obviously correct insights that had evaded everyone else.

One day I was struck by a stunning insight: Data from HIV tests prove that HIV is not a sexually transmitted virus. Somehow, everyone else had overlooked this for twenty years. Yet the proof is so absolutely clear and decisive that everyone who looks at it is bound to agree.

All I had to do was to get people to pay attention.

When I shared my insights with the Army HIV Research Office, they ignored me.

The Centers for Disease Control and Prevention were more courteous. They acknowledged the great time and effort I had put in, agreed that I had the data right, agreed that the trends I saw really are there--but insisted they are compatible with orthodox HIV = AIDS theory.

That was my first great surprise. I had expected to be told that I had the data wrong, or that there were other sources that vitiated the trends I thought I had seen. I had expected denial, stonewalling, not the defending of insupportable inferences. Yet I shouldn't have been surprised; that's par for the course. For reasons of human psychology and sociology and material self-interest, astronomers and other scientists didn't accept Velikovsky's insights. For reasons of human psychology and sociology and material self-interest, the HIV/AIDS Establishment couldn't accept my insights.

To doubt that HIV causes AIDS is not merely to doubt a claim made by a few clinicians, it's to deny the authority of the National Institutes of Health, the Centers for Disease Control and Prevention, the World Health Organization, UNAIDS, the World Bank, and other powerful organizations. It is to question pledges by governments to spend billions of dollars in the fight against HIV/AIDS in Africa. It is to threaten the research grants needed by innumerable individuals and coveted by innumerable institutions. It is to suggest that the host of AIDS charities have been misled and misguided--charities established, supported, and advertised by such celebrities as Princess Diana, Nelson Mandela, Bill Gates, Sir Elton John, and many others.

Those institutions and those eminences are not going to admit they've been wrong before they absolutely have to. You don't have to be a conspiracy buff to suspect that they will find all manner of ways to prevent it ever happening.

Paranoia comes readily to us cranks. It's a well earned paranoia, as a friend and colleague remarked recently in connection with how the media treat us. Tell someone--almost anyone--that HIV doesn't cause AIDS, and you're immediately and automatically labeled a kook, not to be taken seriously. I've understood that for a long time, of course, and the seemingly good and ample justification for it: out of all the many such claims--pyramid power, homeopathy, extrasensory perception, etc., etc.--only a very few will ever turn out to have real substance to them; that's what the history of science teaches. To ignore us cranks is to go very sensibly with the overwhelming odds.

Understanding that, I had acknowledged it when I approached the Centers for Disease Control and Prevention and the Army Research Office: I noted that this sort of communication, from someone not known to them and making so startling a claim, would normally be the sign of a crank; but, please, just look at the data.

I was telling them, in other words, "***I*** am ***not*** a crank". Just as convincing, no doubt, as when a President assured the nation, "I am not a crook".

I realized how unconvinced they were when I read that brief but courteous letter from the Centers for Disease Control and Prevention. I recognized the style, because I'd written letters like that myself, as editor of the *Journal of Scientific Exploration*, responding to obvious cranks who wanted their stuff published and for whom I felt sympathy--nice old fellows lapsing into their dotage who wanted to do something really important before they passed on. I had observed the syndrome years earlier. Analogous to the mid-life crisis, it's the end-of-career crisis. It's seen, for example, in those Nobel-Prize winners who then behave like all-purpose world-saving gurus; the physicist who discovers eugenics and re-invents the old erroneous wheels; the professor not of biology or anthropology or medicine who comes up with a new theory of human social evolution. Less kindly, the phenomenon has been described not as the end-of-career crisis but as the "old-man last-gasp syndrome".

I had understood all this for quite a while, yet here I was, exemplifying it. Having been retired for half-a-dozen years, I had now achieved the most important, the most consequential insight of my life. I could set straight what thousands of others, tens of thousands, had gotten wrong.

I'd been haranguing friends and acquaintances to look at the data, to read my analyses, to tell me where I'd gone wrong or where I was unconvincing; and I couldn't help being surprised--even as I ought to have known better--when they didn't think it all that world-shattering. To them, after all, HIV/AIDS is just another tsunami, earthquake, massacre, famine--the sort of thing that goes on all the time in some other part of the world. AIDS is devastating Africa, not the United States--or at least here it only affects those "others" who don't behave as responsibly as we ourselves do.

Cranks suffer from a lack of constructive critiquing. Every researcher and every writer soon learns to value disinterested criticism: it helps in avoiding error and in enhancing the persuasiveness of what one later publishes. Heretics receive at best only cursory comments, so what we then publish tends to be anything but professionally polished; and that provides yet further ready excuse for not taking us seriously.

We cranks are also pushed into presenting ourselves as know-it-alls. My "Eureka" moment, my *satori*, had been the realization that the argument over HIV/AIDS could be settled by looking solely at the epidemiology of positive HIV-tests--no need to get into intricate technicalities of molecular biology. But as I sought reactions from the most various people, I kept being asked, "But then what *does* cause AIDS? What *is* HIV? How could everyone have been so wrong for so long?"

Those are red herrings. They're beside the point. The data show conclusively that "HIV" is not sexually transmitted, and didn't spread from the AIDS epicenters. Case closed.

But those questions are red herrings only intellectually, whereas the task is a matter of psychology, of how to persuade people to shed their beliefs, preconceptions, prejudices. People who have imbibed the standard view of HIV/AIDS *cannot* accept my analysis of the data. That's what Kuhn (4) meant by "incommensurability"--radically unorthodox claims are not even understood by those vested in the conventional wisdom. Psychology calls it "cognitive dissonance"; in Festinger's classic study (5), the beliefs of cult members grew stronger rather than weaker when evidence contradicted their belief.

So, in order to be persuasive, I prepared answers to those red-herring questions: I explained what HIV really is, what really causes AIDS, how everyone could indeed have been so wrong for so long. I've got an answer to everything, in other words. I present myself as not just an iconoclast on a single point--the epidemiology of HIV showing it isn't sexually transmitted--I present myself as a know-it-all, about matters of medicine and about the history and sociology of science and medicine. One of the marks of the crank that I had identified in the Velikovsky affair is the brazen willingness to speak like an expert in any number of disciplines. Now here I am, doing that myself.

Yet it's not only the questions raised by individuals that make it necessary to offer answers to those red-herring questions, it's also in the nature of how science works. A theory is never abandoned just because of accumulated conundrums that it can't explain; change comes only when it's seen that an alternative theory does the job better. To displace current beliefs about HIV/AIDS, there has to be offered a comprehensive framework for explaining what AIDS is, what HIV is, and how a wrong interpretation came about and persisted for so long. One who seeks to displace the current theory *must* act as a know-it-all.

So there we are. I have to behave like a crank even though I recognize that's what I'm doing and how counterproductive that is. We cranks are *incurably* naïve: we believe that the truth speaks for itself, and that therefore the truth will out. No matter how much we know about the ways of human beings and human groups, we continue to regard self-interested behavior as aberrant instead of recognizing it as the norm. No matter how much we've learned about the other

cranks who were sure they were right, each one of us knows that he is different, unique--*I* know I'm different, because unlike all those other cranks, I *really* am right.

Time to cut to the chase: Could I perhaps interest you in looking into the data I've put together, just looking at it? No obligation to think about it, or to comment, let alone to buy into it. (Though secretly I know, if I can just get you to look, you're bound to get hooked, just as I was.)

Here's just a foretaste.

Since 1985, tens of millions of HIV tests have been done, mostly on people not really thought to be at risk of infection: blood donors, military personnel, women giving birth, many others.

Whenever and wherever tests were done, anywhere in the USA, some HIV-positive people were found. Not many, just a few in every thousand or every ten thousand or so. But all over the place. If HIV started out--as the experts tell us it did--in San Francisco and New York and Los Angeles no earlier than the 1970s, then it couldn't have become so widely distributed by 1985. That's not enough time for a sexually transmitted bug to go from ghettos of gay men in a few big cities to become so widespread that some teenage Army recruits, males and females equally, from all over the country, turn up infected. But that's what the facts are. Among teenage applicants for military service between 1985 and 1989, equal numbers of males and females tested positive. And yet AIDS victims then were 95% males (6).

The sex ratio for "HIV infection" is nothing like that, rarely more than 2 men for each woman, 65% as against 95%--among blood donors and Army recruits, at hospitals and clinics. Among young teenagers, "HIV"-positive females often outnumber the males.

How do babies get infected? Through the mothers, of course. But why are male babies infected about 25% more often than female babies?

Infection by HIV is supposed to be permanent. Once you've got it, you never get rid of it. The prevalence of HIV can't go down, it can only increase in the population, under the accepted view. Yet the data show that it *did* decrease during the 1980s, in every State and in every tested group--blood donors, active-duty soldiers, applicants for military service, members of the Job Corps, people tested at all sorts of public clinics.

Drug addicts typically have a high rate of testing "HIV"-positive. But among those who stopped taking drugs, the rate was lower; and it was lower, the longer the tested group had been off drugs. How did they become dis-infected?

Babies test "HIV"-positive about 4 to 10 times more often than children between about 1 and teenage. How do those babies become dis-infected?

Why is it that drug addicts who shared needles showed *less* infection than those who used clean needles--at the same clinics and in two countries? And why did those who *smoked* crack cocaine have a higher level of infection than those who *injected* cocaine? And why did those who injected cocaine show a higher level of infection than those who injected heroin, who in turn had a higher rate of infection than those who injected amphetamine? Does amphetamine sterilize the needles?

In June 2005, a press release from the Centers for Disease Control and Prevention announced that the number of HIV-infected Americans had surpassed a million "for the first time". But two decades earlier, in 1986, their estimate had been: between a million and a million-and-a-half; refined a few months later to between 945,000 and 1,410,000. Those are rather precise figures, so they must have been rather sure of them. In 1990, they estimated that about 1 million Americans were infected, but that at the beginning of 1986 there had only been about 750,000. In 1993, the flagship journal *Science* gave the estimate of >1 million. Now, a dozen years later, here we were again at about 1 million . . . "for the first time"?!

Whichever way you look at it, this is not a spreading, increasing epidemic. The numbers of infected haven't changed appreciably. But neither have the hysteria and fear-mongering changed, the propaganda that insists everyone is at risk and that sex isn't safe.

Nothing about HIV makes sense if you regard it as a sexually transmitted infection. Why would patients at TB clinics and at clinics for sexually transmitted diseases be equally infected with HIV? Why would psychiatric patients be even more infected?

How could HIV have remained distributed around the United States in exactly the same way for 20 years? And why is it distributed like that, anyway--more prevalent in the Atlantic Coast and Southern regions than in North-Central locales? In every group--Army recruits, the Job Corps, women having children, people getting tested at all sorts of clinics! What's so specially dangerous sexually about the South-East and the Atlantic Coast?

Why are Asians always less infected than white people, who are always less infected than Hispanics, who are always less infected than black Americans? No matter what group you look at--soldiers, sailors, Marines, blood donors, women who have just given birth--always that same sequence! What sort of virus discriminates by race?

The reason is *not* that the minorities have been so long discriminated against that sexual diseases are naturally more common among them. Native Americans, who have been discriminated against as much as anyone, are less infected than Hispanics, and much less infected than black Americans.

And why are Hispanics on the West Coast infected about as little as white Americans, while on the East Coast they are infected nearly as much as black Americans?

As I've confessed, I'm a crank; and another crank characteristic is that we can't stop talking. I said I was going to give a foretaste, and here I am, spilling bean after bean.

Please, do just look at the data. They are in articles in respectable, peer-reviewed journals and official reports from the Centers for Disease Control and Prevention and the Department of Defense, all unclassified, all no further away than an Internet terminal (7).

But be warned: If you do look at the data, you may stop thinking I'm a crank. You'll be well on the way to becoming one yourself.

ENDNOTES:

- 1 *Beyond Velikovsky: The History of a Public Controversy* (1984); *The Enigma of Loch Ness: Making Sense of a Mystery* (1986); *Science or Pseudoscience: Magnetic Healing, Psychic Phenomena, and Other Heterodoxies* (1992); all from University of Illinois Press.
- 2 Bernard Barber. Resistance by scientists to scientific discovery. *Science* 134 (1961) 596-602.
- 3 Gunther Stent. Prematurity and uniqueness in scientific discovery. *Scientific American*, December 1972, 84-93.
- 4 Thomas S. Kuhn. *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press (1970, 2nd ed., enlarged; 1st ed. 1962).
- 5 Leon Festinger, Henry Riecken, & Stanley Schachter. *When Prophecy Fails: A Social and Psychological Study of A Modern Group that Predicted the Destruction of the World*. Minneapolis: University of Minnesota Press (1956).
- 6 All the following assertions are fully supported by original sources in the mainstream medical-scientific literature. Those sources are cited in Henry H. Bauer, *The Origin, Persistence and Failings of HIV/AIDS Theory*, McFarland (2007); see <http://failingsofhivaidstheory.homestead.com/>.
- 7 A large number of these sources are also cited in the book mentioned in the previous endnote.