HIV & AIDS - AIDS Dissidents: Interview with Alfred Hässig

INTERVIEW ALFRED HÄSSIG

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Immunologist Prof. Alfred Hässig was on the Board of Trustees of the International Society of Blood Transfusion from 1980 to 1986, as its President from 1982 to 1984. As head of the Swiss Red Cross Transfusion Service which he helped create, he was invited to join the National Commission on AIDS in Switzerland. On retiring from the Red Cross and the Chair of Immunology at the University of Bern at the age of 65, with colleagues he formed the Study Group for Nutrition and Immunity. An insider in national and international AIDS-politics, he spoke to Michael Baumgartner in his second interview for Continuum.

When did you start doubting the official handling of AIDS?

Around 1986 I witnessed acquaintances of mine, practising homosexual men, committing suicide after a positive "HIV antibody test". This was new in medical history – healthy individuals taking their lives after a medical test.

It is quite common today due to "HIV/AIDS". Even the controversy on euthanasia has been fuelled again because of AIDS.

It is the duty of every medical doctor to preserve life at any cost – the Hippocratic Oath – and not death-curse people based on any test so they are so frightened they kill themselves. I am sad to say that these voodoo methods were practised despite there never being any proof that the detected antibodies – suggested as specific to a retrovirus – are an indication of mortality in all diagnosed people. Every medical practitioner and scientist should know that the majority of antibody-positive individuals don't come down with disease. There has never in medical history been a disease fatal in 100% of cases.

Have you been a medical practitioner yourself?

I was for a time a clinician at the local hospital in Lachen, Switzerland. Later I was a deputy in some practices in Switzerland. Also, my wife died in 1980 of cancer. It was then I encountered the importance of encouraging somebody rather than just giving up. I was with her to the end empowering her.

These days it's becoming more accepted to integrate death into our sense of life, learning to talk about death and dying.

Even though I think that is important, I do not think it is the primary obligation of a medical doctor.

What is?

To motivate people to be or become healthy and to use medical knowledge for that.

And if that fails?

Even then I consider it medical malpractice to push patients into dying by prophesying an early death. We are medical scientists not

prophets!

When did you first realise the bad quality of the basic scientific research on which the "HIV/AIDS" hypothesis is based?

I have to confess I thought at first the basic scientific material was provided and explanatory. Since I am not a virologist or a molecular biologist I thought my colleagues had stated their case beyond reasonable doubt. As an immunologist – and much of what's called AIDS is dependent on immune disorder – I have pointed out other disease mechanisms that threaten the human immune system, complementary to the "HIV/AIDS" hypothesis. Together with two colleagues Professors Sorkin and Besedovsky from the Research Institute in Davos, Switzerland I wrote a letter to the editor of the Lancet. We pointed out the neuro-endocrine mechanisms which cause immune suppression. The letter did not get published. Even though they responded that the content was considered important, there was no space allowed for the letter, though it was quite short.

So the Acquired Immune Deficiency Syndrome was considered solely a problem of virology despite it being labelled an immune dysfunction?

Very much so, without rational scientific reasons. The human immune system was conceived of only in its function against foreign (non-self) structures. The Nobel laureates Burnet, Medawar and Jerne have completely neglected the main function of the human immune system. The human organism dismantles about 1 billion body cells every day. One part of our immune system – the T-cells from the Thymus gland – is in charge of cleaning up this altered-self material. In a healthy organism the immune functions of antibodies produced by B-cells, and of the cytotoxic or cell-clearing T-cells, remain in balance.

When did you first seriously question the "HIV/AIDS" dogma?

I was invited as an expert by the Supreme Court in Melbourne, Australia, to comment on whether the blood product Factor VIII used by people with haemophilia, could possibly transmit HIV, in 1990. I had to consult the scientific literature on AIDS. I found inaccuracies in the 'HIV/AIDS' statistics compared with the reality in different countries. I was especially attentive to the fact that AIDS diagnoses in Africa seemed common; in Asia however – despite the high incidence of so-called HIV-positivity – there were relatively very few AIDS diagnoses. One particular study caught my attention. It was carried out in Trinidad. From the almost equal numbers of positive Afro-Trinidadians and Indo-Trinidadians – each about 40%, with both about the same percentage of homosexual activity – only the Africans died with AIDS diagnoses. Why? As an immunologist focusing on nutrition I soon realised the specific nutritional components. Asians have a highly antioxidative diet, for example with curry. These findings caused serious doubts whether the perceived AID Syndrome was being sufficiently explained by "HIV".

Which fields of interest was the Study Group concerned with before AIDS?

I was mainly occupied looking into the treatment possibilities of aging illnesses such as arthritis and arteriosclerosis using polyanions/heparinoids and polyphenols. These illnesses are caused by a preponderance of oxidants and proteases.

How do you explain the antibody production interpreted as an infection with HIV?

We have to ask ourselves first what the commonalities are in those labelled risk groups – a certain section of sexually promiscuous homosexual men/recreational drug users, IV-drug addicts and haemophiliacs. They all share an excessive amount of psychological and toxic stress. Furthermore these groups are widely affected by hepatitis B and C. Once those viruses are in the body they cannot be eliminated. When they leave cells they cover themselves with cell proteins – actin. Antibodies formed against those cover-proteins are called autoantibodies because they are formed against human endogenetic material, not against foreign proteins. It is important to understand that in the course of a lifetime we all build these kinds of autoantibodies – but only in small amounts. If the organism

is put under stress more autoantibodies are produced.

This would mean that if tested at the "wrong" time e.g. under an acute stress, we could all test 'HIV+"?

Theoretically yes, however only temporarily. If the stress is chronic, lasts over a long period, then it leads to hypercortisolism. These people stay "HIV+".

How do you explain illness causing stress and what are its consequences on our body?

There are five identified categories of stress: infectious, toxic, traumatic, nutritional and psychological stress. If there is a chronic accumulation of several of these stress factors it causes a whole body inflammation. That means antibody production increases in order to keep pathogens under control or eliminate them while production of T-cells is suppressed. This leads to an over-demand on the organism – fight or flight – without the necessary restoration time – anabolism. Body reserves are used up in an extensive way, more than they are built up – catabolism. This achievement-oriented switch in the vegetative nervous system is called stress by the Hungarian scientist Hans Seyle. The stress hormones adrenalin and cortisol are produced extensively. This hypercortisolism causes the Thymus gland to shrink and fewer T-cells are produced while T-cells in circulation migrate to the bone marrow where they activate B-cells. In the short term these mechanisms are life-saving; when persistent they damage the immune system and create illness. We know all so-called risk groups are exposed to a multiplicity of stresses, including death-sentencing because of an "HIV"-diagnosis, and toxic treatments with so-called antivirals. Treatment with blood products is also hard on our immune system.

Were blood products demonstrably infected with HIV?

Not with the so far unproven HIV, but with hepatitis viruses. This is the reason I came up with the principle of only treating the recipients with blood products from a small number of donors. This led to the introduction of small-pool products and rejecting large-pool products in the treatment of haemophiliacs.

In your opinion where were the gravest mistakes made in the handling of AIDS?

Dr Gallo himself described his mistakes best in great detail in his book The Virus Hunters. He falsely interpreted the cell envelope structure actin, containing glycoproteins like p40, gp120 and gp160, as exclusively foreign to the body, or exogenous, and thus due to retroviral infection. Even though it is, as had been demonstrated earlier, endogenous and existent in all of us to a certain extent. This false assessment led to the deadly treatment with virucides like AZT. That AZT actually was an already failed cancer drug highlights the helplessness and lack of overview with which this virological cancer researcher approached AIDS from the start.

You deliberately distance yourself from the debate, published so far primarily in Continuum, about the existence of 'HIV'?

I am not a molecular biologist but an immunologist and as such I had to realise that the clinical picture associated as AIDS exists as a chronic immune deficit. I centred my arguments around immunological rather than virological models.

How do you summarise your insights?

Because the falsely interpreted "anti-HIV-antibodies" are not a defence mechanism against an infectious agent, a virus, but are autoimmune antibodies, all AIDS research at present and the resulting treatments are totally wrong. In earlier work I have described why a new retrovirus is not needed to explain the clinical picture called AIDS.

What are your recommendations for labelled "HIV+" individuals and those with AIDS diagnoses?

We all should learn again to live with our microbes in symbiosis instead of trying to kill them off – in short, to shift from antibiosis to symbiosis. In treating immune dysfunction I recommend natural anti-oxidants like Padma 28, green tea and spices like curry. To inhibit the inflammatory proteases I recommend natural substances like agar agar from algae. They are effective and of no danger, unlike the insufficiently tested chemical monoprotease inhibitors. However all this is useless if the stress factors like drugs, psychological hopelessness and helplessness etc. persist. We cannot energise destruction yet expect health.

If the cause of the illness is cytotoxic damage by so-called antiviral treatments, I consider this a legal matter for litigation, which should be discussed with a lawyer.

Thankyou for your insights. *