

HIVGATE

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HIV/AIDS is a double tragedy - of deadly illnesses made much worse by a critically flawed theory.

I never imagined for a moment when I set out to research the HIV theory of AIDS some years ago that I would uncover a quagmire of flawed illogical science and unreported serious scientific fraud in the most important HIV papers of all - those to which Government health institutions direct all inquirers when asked when and how was HIV first proven to cause AIDS.

Some senior scientists have been forced to conclude that there is something deeply wrong with the HIV theory. An Internet search will reveal eminent professors at major universities and Nobel Laureates who say HIV cannot be the cause of AIDS – and that antiretrovirals are thus entirely the wrong treatment.

These experts have set out their reasons for this in many a learned paper, but for our mass media, they may as well not have bothered.

Other scientists have meanwhile spent an absolute fortune, \$170 billion at last count, trying to resolve the difficulties of the HIV theory and find a cure.

Despite this, in the media the HIV theory is now enshrined as scientifically undisputed. Practically all media reports confirm this. The BBC's web pages on "The AIDS debate" are a fine example. They do not mention the existence of any scientific debate about the HIV theory whatsoever.[\[1\]](#)

A Voyage into HIV science.

But I must confess that I must share some blame for this. For many years I never thought to question the cause of AIDS, despite friends dying of it in the early 1980s, despite my working for decades as an investigative journalist. When in 1984 a virus called HIV was blamed for this horror, I presumed that it had killed these friends. I was then out in the deserts of Australia documenting the fight for survival of Aboriginal

nations. As the pandemic swelled, other issues had absorbed me.

It was not until 1995, when my help was sought for an investigation of the pharmaceutical industry, that I started to learn more about the world of viruses, bacteria and corporate medicine. This led to Channel 4 in 1997 sending me to an emergency scientific workshop in Washington DC, summoned because of highly disturbing reports of a monkey virus, SV40, being found in human cancers after spreading in contaminated polio vaccine. The workshop was at the top US health research authority, the National Institutes of Health (NIH). Horrifying as this was, I was still more shocked to learn at it that HIV may have spread likewise. Steps to screen this vaccine for HIV were only put in place in 1988, after the vaccine had been given to millions.

Dr Ben Sweet, who helped develop the polio vaccine for Merck, had confessed; 'We really didn't think about it ... and now, with the theoretical links to HIV and cancer, it just blows my mind.... we didn't know what these monkey cell cultures [used for growing vaccine virus] were carrying... But it was too late to switch gears and start using raccoon or chicken systems, because then you could be dealing with another whole set of viruses.' 1

I decided that if such terrible carelessness had helped spread the AIDS plague, I would document it and make it public. I thus plunged into researching HIV.

The AIDS epidemic had started in the late 1970s among heavily drug-taking gay Westerners. HIV was said to come from an African chimpanzee virus that mutated to infect humans, just as we now fear a bird flu virus might do.

There were, on the face of it, no evident links between Africa and the white gay scene. But several theories had been put forward. The first was that HIV came with the slave trade. Then via Haiti where there was a big gay scene, and then via a sailor. A leading UK virologist suggested that the link was in fact promiscuity - claiming this was a characteristic shared by Western homosexuals and African heterosexuals.

But was the real link to Africa a contaminated polio vaccine? When I learnt that poliovirus had been injected into a chimp's brain by a vaccine scientist to see if the virus would grow in it, then extracted the virus and put it into a human cell culture - all before trying out an experimental polio vaccine on over 200,000 Congolese children, I thought I had found the very moment when a chimp virus might have mutated into HIV and spread.

But as I dug deeper, questions came up that were harder to get answered. I found scientists widely differed on how long it took HIV to evolve from a chimp virus. Some argued it would take over a decade. If so, this would clear suspicion from the polio vaccine, as insufficient time would have elapsed between the chimp brain experiment and the vaccine's use. Others argued that mutations could happen very quickly. I purchased works of virology so I could understand this better.

This hunt was drawing me in deeper and deeper. I was told HIV was a retrovirus. These are, I learnt, extremely minute protein shells that carry, among other things, a short length of genetic code which they insert into our cells, whereupon these codes are incorporated into our DNA.

These DNA changing viruses caused much alarm when first discovered. The NIH poured millions of dollars into researching if they could be a major cause of cancer. The code they brought into our cells was described by many as 'junk DNA', and thought to have no value.

But, then I discovered to my surprise that evolutionary biologists saw most retroviruses much more positively, as produced by our healthy uninfected cells and as playing a major role in our evolution. I learnt from them that, over the ages, these incorporated codes have given our DNA a vast genetic library, several times larger than the codes for our genes. Today experts are constructing a map of evolution going back over 300 million years by consulting this same library.

This raised many questions for me about AIDS and the drugs we use for its treatment. What were the long-term effects of anti-retroviral drugs if retroviruses are such an intrinsic part of us? Wouldn't it be better to use medicines that target HIV alone? Why is HIV so uniquely dangerous when no human retrovirus kills?

HIV is said to cause AIDS by killing our T-Cells - a vital part of our immune system, thus opening the way to deadly opportunistic diseases. I thought we must know how HIV did this, so was astonished when an article in Nature in 2001 reported: 'We still do not know how ... the virus [HIV] destroys CD4+ T cells...

Several hypotheses have been proposed ... some of which seem to be diametrically opposed.'²

It seemed HIV had not been caught in this act and studied- despite 17 years of monitoring! I searched AIDS literature, but found most papers dealt with tiny aspects of the whole, with proteins, enzymes and genetic code fragments, so did not answer my quite elementary questions.

I soon realised that if I were to understand how a retrovirus out of Africa caused this terrible epidemic, I had to start at the beginning with the primary research that first established how HIV caused AIDS.

The papers recording this research were not hard to locate. They are praised by the major health authorities. They are 4 in number, all published on the 4th May 1984 in the authoritative *Science* journal. They describe experiments said to prove for all time that HIV is the cause of AIDS. These were carried out at the NIH between 1982-4 by Tumour Laboratory Chief Dr. Robert Gallo and his chief investigative scientist, Dr Mikulos Popovic. They reported that the guilty virus was fortuitously a relative of two retroviruses they were investigating to see if they caused cancer. They thus named the AIDS virus as Human T-Cell Leukaemia Virus III (HTLV-III.)³ This would be renamed in 1986 as Human Immunodeficiency Virus, HIV.

Among the first things virology teaches its students are the clear logical procedures devised for isolating a virus and discovering if it causes an illness. The results are then published, with all the substantiating evidence. Once done, there is no need to repeat this elaborate testing. It is instead time to work on a cure

I had little doubt that these papers would document such experiments, for they were highly endorsed from the moment their forthcoming publication was announced to the world's press as a great victory for American science by President Ronald Reagan's Health Secretary on the 23rd of April 1984. Two days later the leading science journal *Nature* had unambiguously headlined; 'The Cause of AIDS Identified'. Ten days later they were published in *Science*. Today it is to these that scientists turn to learn how and when HIV was proven to cause AIDS.

But my initial trust in them was shaken when I learnt their veracity in many respects was then bitterly disputed for years at the highest levels of the political and scientific establishment, involving in legal conflict Prime Minister Jacques Chirac and President Reagan; the NIH and the Institut Pasteur in Paris. This dispute led in 1990 to the launch of the most formidable governmental investigations into scientific fraud ever conducted.¹⁰

These inquiries were charged to establish the truth of the French charge that the key experiments documented in these famed AIDS papers, the ones said to prove the HIV theory, were fixed by having a French-discovered virus, LAV, secretly substituted at the last moment for the American virus HTLV-III, after the latter could not be proved to cause AIDS. The French claimed this meant their virus was the real HIV, and they were

thus owed royalties for the HIV test.

These fraud investigations continued until 1994. They called many eminent scientists as witnesses, subpoenaed all relevant laboratory documents, and analysed in great detail every aspect of these papers. I sought out what they had discovered, helped in part by the work of John Crewdson, an American journalist whose powerful articles in support of the French case had helped bring about these investigations

I eventually acquired a treasure trove of hundreds of pages on the key experiments, all highly authoritative, since they came from investigations supervised by the highly prestigious National Academy of Science and Institute of Medicine - and also by a powerful Congressional Investigative Sub-Committee. The latter even enlisted the US Secret Service, the body responsible for the security of the US President, to check the related laboratory records in the finest forensic lab in Washington. If any were forged, it would find out.

These inquiries ended after establishing the substitution took place. But I was interested in the evidence produced for entirely another reason. It was irrelevant for my purposes whether HIV were the French or the American virus. I wanted to know simply how it had been proved to cause AIDS. (For details of these inquiries see box.)

But I soon discovered the conclusions of these investigations were much more devastating than I had ever anticipated. They completely demolished the central claim made by Gallo in these famed *Science* papers; to have isolated HIV in dozens of AIDS patients in experiments conducted in 1982 and 1983.

The investigators scathingly concluded that, as of the 22nd February 1984, that is six weeks before the *Science* papers went to be published, Gallo hadn't proved any virus to cause AIDS. [11] Their verdict was; 'Despite these repeated published claims, when Dr. Gallo was challenged to provide substantiating evidence, he did not, could not, do so;' and that his claim to have discovered HIV prior to this date was 'scientifically impossible'.

They reported finding 22 serious scientific errors in just the first of these papers, including many 'deceptions'. They condemned captions to photographs, descriptions of experiments and enclosed tables as 'false and misleading'. [34] On top of this, the US Secret Service found many Gallo laboratory records were falsified prior to being presented as evidence. After this, how could I, or anyone else, trust these papers?

But I was astonished to find the investigators then did not demanded the withdrawal or correction of these papers! It seems they let them stand, with all their errors, simply

because they thought Gallo had succeeded at the very last moment. He had done so, they decided, by cheating - by secretly substituting the French virus. They concluded he had proved the French virus caused AIDS.

This left me completely perplexed. I had just read their devastating critique of the experiments Gallo performed over the previous two and a half years with his own virus. It was none too obvious from their reports, nor from the *Science* papers, just what Gallo had done in the final weeks with the French virus that was so very different.

It was not as if the French had proved that their virus caused AIDS prior to lending it to Gallo. They had stated: "the role of the virus in the aetiology of AIDS remains to be determined" [12]

Gallo said much the same when he wrote to the UK medical journal *Lancet* in March 1984, 'it is hard to say that it is really 'isolated' as virologists use that term.' [18]

Later the investigators dismissed this as a crude attempt to belittle the product of a rival laboratory, and thus did not test the truth of his claim; most unfortunately as it turned out - for Professor Montagnier, the head of the Institut Pasteur, would later confirm that Gallo was right in this, saying of what they sent to him: 'We saw some particles but they did not have the morphology [*appearance*] typical of retroviruses. They were very different...What we did not have [had not proved], and I have always recognized it, was that it was truly the cause of AIDS.' [19]

When I went back to the Crewdson investigation, the one that launched these inquiries, I found he did not examine the evidence for the French virus being the cause of AIDS - neither at the time nor in his later book about his investigation, *Science Fictions*. He apparently presumed that, once he had eliminated the Gallo virus, the French one had to be HIV.

Had the investigators taken this further? Did they check Gallo's proof for the French virus being the cause of AIDS - or had they made the same assumption as Crewdson? I sat down with their reports and the *Science* papers, and went through everything once again.

The Hunt for the AIDS virus.

Popovic, the reports told me, carried out the vital experiments with the French virus while Gallo was overseas travelling between research centres, telling them confidently

that his forthcoming *Science* papers would reveal the cause of AIDS, while reportedly lobbying for a Nobel prize for himself, briefing the BBC - and thus generating in advance much media attention and excitement.[17]

Did Popovic follow the standard methods of virology? The first stage involves making a culture from tissue or fluid from patients. This he carried out. But then he took the same "shortcut" Gallo had used in 1982 to 'isolate' his virus, one later condemned by the investigators as scientifically careless and mistaken.

It seems he believed, or had been told, that this would enable him to detect the virus more easily. It involved examining the culture to see if the enzyme 'reverse transcriptase' (RT) were present. Gallo claimed that if it were, then his virus must be too. Popovic took this literally. He wrote in the key lead *Science* paper that he measured 'the amount of released virus' by measuring 'RT activity in the culture.' There was apparently no need for any other test.

Gallo later told the investigators that this was a perfectly adequate way to prove HIV present. Yet he knew RT could come from many other sources. The discovery that RT is in all retroviruses had won his colleagues a Nobel Prize in 1975.

When in August 2005 I consulted international electron microscope expert Professor Emeritus Etienne de Harven, he wrote to me: "In 1984 it was well known and published that reverse transcriptase (RT) is an ubiquitous enzyme, present in all living cells and therefore in all cell debris.' The RT activity detected was 'most likely the result of the presence of contaminating cell debris...and is not acceptable evidence for the presence of any retrovirus". (He also added that pictures claiming to be of HIV found on media and health institution websites are usually the product of 'considerable computer graphical embellishment' and 'never directly from a single AIDS patient.')

Despite Gallo's repeated claims to thus 'isolate' HIV, he finally conceded 'that no 1982 sample was ever tested and confirmed to be HIV.' [22]

The investigators scathingly concluded; 'He could not substantiate his claim' to have found HIV in 1982 and; 'No evidence was supplied to show that any of these samples had ever been tested and found positive for HIV. In fact no such evidence existed.'

Thus the same must be said of Popovic's use of this same method.

But then it seems that Popovic used a method of which the investigators did approve.

It was another Gallo-invented 'short-cut' way to infer the presence of HIV. It involved taking a rabbit and injecting it with antigens (proteins) said to be from HIV so that the rabbit would produce antibodies against them. A blood sample from the rabbit containing these antibodies was then mixed with blood sera from AIDS patients. If these antibodies targeted antigens in the patients' sera - it was concluded that the patients must be infected by HIV.

But the investigators condemned Gallo's 1983 use of this technique, as documented in the *Science* papers. They observed 'no HIV-specific reagents [antigens] were available to [inject into the rabbit to] prove that a particular sample harboured the AIDS virus' [23] There was no way he could prove an antigen was from his virus before he had found that virus. They thus concluded 'there is no known basis for this claim'. [24]

But, the investigators approved a near identical experiment performed by Popovic in late February 1984. It seems the only difference was that he injected the French virus into the rabbit. They wrote, 'The experiment succeeded, and by late February, the resulting hyperimmune rabbit serum was available to test ... for the presence of the suspected AIDS virus.' Thus was found HIV, the investigators inferred.

But why? The logic escaped me. They had only said this test found 'the suspected AIDS virus'. They knew the French had not claimed to have proved their virus the cause of AIDS. If this were still the 'suspected' AIDS virus, when was it proved to be the AIDS virus?

I searched for other relevant experiment by Popovic or Gallo of which the investigators had approved – but found none.

As for the dozen or so proteins [antigens] Gallo claimed to be parts of HIV, and on which he based his HIV blood test, the *Science* papers recorded that these were not detected by [antibodies in] 'sera from heterosexual subjects.' This is interesting, given that we are now told that HIV is a great danger to heterosexuals - but in any case he only tested a handful of people.

If proteins are to be identified as coming from HIV, they must first be found in HIV. But no such experiments are described in these papers. Their authors simply say these proteins were found in laboratory culture near to, 'associated with', cells that were presumed infected. Needless to say, being associated with cells is not the same as being part of a virus.

They also said they found these particles after centrifuging samples from their cultures,

to see if anything were present that had the density of a retrovirus. But again, finding protein particles was not the same thing as proving these came from a particular retrovirus.

Later Gallo let it slip in the authoritative journal *Nature* that Popovic made the rabbit serum on which the investigators relied, not by injecting it with the French HIV as they thought, but with p24 (meaning a protein molecule with a mass 24,000 times that of a hydrogen atom).

Was p24 proved to be uniquely from HIV? This was necessary for this experiment to work, but the *Science* papers expressly reported the opposite, that p24 is found in two other non-AIDS viruses, and that is 'not detectable in most AIDS patients' although the same paper went on to say p24 must be a 'vital structural protein' of HIV – apparently because so much of it was found in AIDS patients! All without actually finding it in HIV!

The vital papers to my dismay were turning out to be an absolute quagmire of illogical science.

But surely Gallo found HIV - for he had photographs of it in these papers?

When the investigators asked Gallo for confirming photographs to prove his claim to have isolated HIV prior to procuring the French sample in September 1983, he could produce none. They concluded: "No pre-September [1983] HIV EM [electron microscopy] was ever produced, for the simple reason that none existed.'⁴

A letter preserved in the inquiry records reveals that Gallo in 1984 claimed to have samples of HIV ready for photography. He wrote that March to Dr Gonda, the Head of the Electron Microscopy Laboratory at the National Cancer Institute, asking him to take photographs for publication of the enclosed samples that 'contain HTLV' [HIV].

However Gonda replied on March 26th , 'I would like to point out that [some of] the "particles" ...are in debris of a degenerated cells;' and 'at least 50 per cent smaller' than they should be if they were retroviruses.. He concluded: 'I do not believe any of the particles photographed are HTLV I, II or III.' 'No other extracellular "virus-like" particles were observed.' [29] This reply went to Gallo just four days before he sent the papers to be published in *Science*.

Discovering this letter was a surprise - as 4 photographs 'of HTLV-III' were credited to Gonda in the published articles. In the accompanying text, Gallo states, without any caveats, that these are HTLV-III (HIV) - declaring them all of the right shape and correct

size - although close examination reveals most are of slightly different shapes and sizes.

I do not know for certain if these were the photos of which Gonda had written. If they were, publishing them was highly misleading. In any case, no evidence for them being HIV was given. If they were of the right size (and Gonda's letter casts doubts on this) some might possibly have been harmless human retroviruses.

To insert - e m photo of Friends Virus – held by J Roberts ready to be sent in

Above - 'Friends Virus' - an example of what an EM photo of isolated viruses should look like. Most particles look alike. Arrows point at the 3 particles of cellular debris present.

Below The photos by Gonda that Gallo claimed to be of 'HIV' and published in the Science Papers - showing a medley of particles of all sizes.

To insert photos from Science – scans ready to be sent in.

I then discovered the investigators had not left unchecked Gallo's failure to produce appropriate photos. They had ordered an independent electron microscope check on frozen samples of cultures in which Gallo had claimed to have grown HIV. This decisively reported; 'None of the ten pool [culture] samples contained a virus that looked remotely like HTLV-3B or LAV'.^[30]

Among the correspondence unearthed was also a letter from Gallo to a scientist who could not confirm Gallo's claims, since he could not find HTLV-III (HIV) in AIDS patients. It was dated one day before the Science papers were sent for publication, the 29th March 1984. In this Gallo explained; 'It is extremely rare to find fresh cells expressing the virus', but far easier to find the virus in the laboratory 'probably due to removal of inhibiting factors present in the patient.'^[32] Gallo has since also admitted, "We have never found HIV DNA in T-cells".^[2]

Could it be that Gallo never found his putative HIV, even when he used the French virus? On the evidence, I failed to see how his laboratory could have found HIV in the final weeks before the papers were published. The use of the French sample had changed nothing.

But the implications of this seem colossal. I was horrified by what I was learning. On the foundation of these papers was erected the entire HIV/AIDS research edifice. Today it is almost universally held that the French HIV (LAV) was proven in these papers to be the one and only cause of AIDS.

EVIDENCE MISSING FOR HIV DAMAGE

All this was getting extremely perplexing. If the virus were so rare in patients, how could it be killing millions of T-cells? The Science papers state HIV is uniquely 'cytopathic'; that is, able to kill. But when I searched these papers for the evidence supporting this statement, I could only find the observation that AIDS patients typically had low numbers of T-Cells.

It is widely known in science that many factors can diminish the numbers of T-cells in us - such as chronic 'poppers' (amyl nitrite) drug addiction (as proved by exposing mice to poppers), severe malnutrition and Chronic Fatigue Syndrome.[33] Sometimes even healthy people have low numbers.

In some frustration I went back to earlier work by Gallo to see if he had earlier proved HIV able to kill. I found before 1983, whenever he tried to grow T-cell cultures, the transplanted T-cells died. He had to throw away culture after culture. Then the French suggested they might be dying because the AIDS virus was killing them. So it seems possible that Gallo's theory that they were 'cytopathic' arose from his failure to grow T-cells. But where was the proof that these were killed by HIV? Many factors could be involved, such as the wrong nutrients, bacterial contamination, or, as the investigators would find in his cultures, mould.

Did the Science papers contain any firm evidence at all for HIV being even slightly harmful? All I could find was a claim that it produced 'giant multinucleated cells' in cultures. Gallo suggested doctors could reliably test for HIV by looking for such cells in the blood of patients.

But this idea was quickly dropped when it was realised that these are produced by cancers - not too much of a surprise since they were appearing in a culture of cancerous T-Cells. Popovic had overcome their earlier problem of having T-cell cultures constantly dying on them, by using cancerous 'immortalised' T-cells.

This was more and more disturbing. How could these papers be acclaimed as proving HIV caused AIDS - if they included no proof at all of this? As for AIDS being spread by the sexual transmission of HIV, I was utterly astonished also to find that no evidence at all was presented to support this.

Was it simply that Gallo and Popovic had failed to report in these papers all they had

done to prove that HIV causes AIDS? Perhaps they had simply omitted the vital isolation work, the evidence on transmission, the evidence of the virus killing our T-cells?

THE SMOKING GUN

Then, when ploughing my way through the many documents unearthed by the investigations, I came across totally unexpected and damning evidence against Gallo, in the typed draft of Popovic's lead paper for *Science*. Although Gallo took much of the credit as Laboratory Chief, the Investigators' reported: 'Dr. Popovic single-handedly carried out the most important early HIV experiments' [35]

The draft had been heavily edited by hand, with comments in the margin like 'Mika, you are crazy!' - Mika being what Gallo called Mikulos Popovic. According to the investigators, Popovic had given this draft to Gallo for his comments in mid-March; just two weeks before it was sent for publication. The investigators confirmed the handwritten changes were by Gallo, and said these were 'highly instructive with respect to the nature and intent of Dr. Gallo's actions'. Fortunately the underlying typed text was still mostly legible. I started to read it very carefully.

On the very first page Popovic admitted the French virus 'LAV' was 'described here as HTLV-III' - thus saying that they were disguising it as their own virus. Gallo had crossed out this admission and noted alongside 'I just don't believe it.' This deletion was no surprise to me. It had been mentioned in the Congressional Report - and by Crewdson.

I turned the page and was riveted. Popovic reported on the next page: 'Despite intensive research efforts, the causative agent of AIDS has not yet been identified.' I read it again and again. It was in the present tense - and thus apparently applied to his experiments with both their virus and the French. Gallo had deleted it by putting a line through it - but every word was clearly legible. This was totally unexpected. Nothing I had read prepared me for this. No report, whether by the Investigators or by Crewdson, in scientific journals or in histories of AIDS science, had reported these words, let alone their deletion by Gallo.

Insert scan of deletion – have ready to forward

I checked this against the published version and found it was changed at the last moment to say exactly the opposite, When published it read; "That a retrovirus of the
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HTLV family might be an etiological agent of AIDS was suggested by the findings'.

Why was such a critical change not reported by the investigators? They must have seen it. They had cited passages before and after this deletion. Was it because it brought into question the cause of AIDS? Was this one step too far for them?.

Just a few lines further down Popovic described as an 'assumption' (before Gallo deleted this word) Gallo's theory that 'the cause of AIDS is a retrovirus from the family of HTLV.'

Most of the rest of this paper described efforts to grow the French virus (disguised by being renamed as HTLV-III) in cultures of cancerous T-Cells. Popovic reported some success in doing this, but only as judged by the presence of RT. "In all cases the virus released into culture fluids was detected by RT assay.' He claimed that this meant that they had succeeded in growing HTLV-III (HIV). In fact it meant nothing of the sort as RT would normally be present in blood cells, in any human retroviruses present, in bacteria and in cellular debris.

But even if he had grown a possible HIV, Popovic admitted to not growing enough to prove it caused AIDS.

In the final paragraph of his paper, Popovic summed up in rather technical language the 'major obstacles' to discovering the cause of AIDS. 'The transient expression of cytopathic variants of HTLV in cells from AIDS patients and lack of (illegible deleted word) proliferative cells system [lack of a culture] which would be susceptible to and permissive for the virus [in which the suspected AIDS virus would grow] represented a major obstacle in detection, isolation and elucidation of the agent of this disease. The establishment of a T-Cell population [as a culture] which, after virus infection can continuously grow and produce virus, provides the possibility of detailed biological, immunological and nucleic acid studies of this agent.'

These were the very last words of his paper - before Gallo rewrote them. They made clear that the vital detailed tests were for Popovic only a future 'possibility' made easier by finding a way to grow T-Cells. Without such studies it was impossible to identify a virus as causing AIDS, as Popovic well knew - and thus his conclusion.

But Gallo rewrote this final paragraph, making subtle changes, adding the words 'previous', 'routine' and 'precise', to suggest the obstacles mentioned by Popovic had been overcome. When published it read:

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'The transient expression of cytopathic variants of HTLV in the cells from AIDS patients and the **previous** lack of a cell system that could maintain growth and still be susceptible and permissive for the virus represented a major obstacle in detection, isolation and elucidation of the precise causative agent of AIDS. The establishment of T-cell populations that continuously grow and produce virus after infection opens the way to the **routine detection of cytopathic variants of HTLV in AIDS patients** [a reference to the HIV test that Gallo was about to patent] **and provides the first opportunity for detailed** immunological and molecular analyses of **these viruses.**' [red text as redrafted or added by Gallo]

Gallo had removed any suggestion that the vital work needed to establish the cause of AIDS had not been done. It was thus a dramatically changed and deceptive paper that went a few days later to be published under his and Popovic's names.

According to the investigators' reports, this critically important draft had only survived because Popovic, disturbed by the changes Gallo had made to it, had secretly sent it to his sister in Austria for safekeeping, to serve as his insurance policy, only to be made public if needed to prove who falsified his research

His prudence had turned out to be necessary. He retrieved it from his sister when the investigations began - but hoped not to have to use it. Then he was sent by mistake a tape that recorded, not just his answers to questions, but also the comments made after he left the room. This revealed that he, rather than Gallo, was to be found guilty of scientific misconduct. Next morning a lawyer acting for Popovic gave this previously unknown draft to the Inquiry.

When published, the rewritten lead paper was entitled; 'Detection, isolation, and continuous production of cytopathic retroviruses (HTLV-III) ['HIV'] from patients with AIDS and pre-AIDS.' The word 'isolation' had been added. There had been in fact no isolation and no demonstration that the retroviruses present were 'cytopathic' - that is, able to kill.

As for the other three *Science* papers, Gallo took the lead credit for the second. It focused on his claim to have 'isolated' his virus in 48 AIDS victims in 1982 - which the investigators would prove scientifically impossible. The third of the papers referred to his claim to have identified HIV antigens in 1983 in experiments that would be later dismissed as utterly incompetent by the investigators, and the fourth included claims

about antibodies against HIV - which could not have been identified if the cause of AIDS had not yet been identified, as Popovic had said.

What then of the HIV Test?

The HIV test we use today is still basically the one patented by Gallo in 1984. The patent application for this is based on, and extensively quotes from, the fraudulently changed Popovic paper.

The test is supposed to infallibly detect HIV in our blood by discovering if our blood contains antibodies that target certain proteins, on the presumption that the latter are unique to HIV - even though the *Science* papers admit that some of these proteins also come from other retroviruses that do not cause AIDS!5 This is apart from the problem that Gallo did not prove he had a virus that caused AIDS.

Nevertheless, if these antibodies are detected in our blood, we are told that HIV is also certainly present and that we are on the slippery road to a very nasty death. Again this presumption is unsafe on many grounds. Not only are the antibodies detected not proved uniquely against HIV; antibodies can remain in our blood long after an infection has been defeated. This is the principle of vaccination.

But, there is another argument put forward today for the HIV theory of AIDS. The UK health authorities claim that as those who test HIV positive are more likely to get AIDS, as proved by an statistical association, this is certain proof that HIV is the cause of AIDS. This is an argument that deserved to be taken seriously. Could this be the proof that Gallo failed to obtain? I thus decided to look into how this test works in more detail.

The test looks for antibodies in the blood. These are molecules produced by 'lymphocytes' (white blood cells) called 'B-Cells'. Every day of our lives, many million new lymphocytes are created - with us having about ten billion at any one time. Such great numbers are able to make countless antibodies against many potential enemies, including toxins, viruses and bacteria.

What happens, if after a passionate night you get worried and seek an immediate HIV test? Your doctor will tell you to come back in two months time, on the grounds that it takes this long for antibodies to appear after infection. You may be offered instead an immediate short course of powerful antiretroviral chemotherapy-type drugs to 'prevent

infection' - but although this course was recommended for use without an HIV test by the Centres for Disease Control (CDC) in March 2005, this is thought to be still a rare medical practice in the UK.

When you return for the test, a blood sample is taken, normally from your arm, and sent away to be analysed. At the lab it has its red blood cells removed, and is then diluted 400 times.

To this are then added proteins 'from HIV'. Nowadays synthetic copies of these are used. As far as I can judge, these include copies of the proteins Gallo 'identified' as from HIV in the *Science* papers . If these are targeted by antibodies in your blood, then you have had a 'positive HIV test.' However you are not told this until after two 'confirming' tests are carried out.

1. The First Confirmatory HIV Positive Test – the P24.

This looks simply for the presence in your blood of the p24 protein claimed in the *Science* papers to come from the core of HIV - as described above. This is also the routine test used in screening blood supplies and for testing babies.

I suspect that its increasing use is because p24 is easy to find. This is not surprising, given it is relatively common in the human population, including in healthy people! The official AID Vaccine Clinical Trials Group reported; "The presence of p24 band was common among low-risk, uninfected volunteers "

THE BANDS ARE DETECTING P24 ANTIBODIES. NOT THE ANTIGEN. YOU ARE CONFUSING THE ANTIBODY WITH THE PROTEIN

In another experiment, p24 was detected in seventy out of a hundred HIV-negative and healthy people;⁶ while, in yet another experiment, p24 was detected in only 24% of 'HIV positive' people.⁷

The UK official HIV testing guidelines admit that a positive result with this test does not prove HIV infection. Philip Mortimer, a top UK government expert, has reported; 'Experience has shown that neither HIV culture nor tests for p24 antigen are of much value in diagnostic testing.'⁸ No wonder, if p24 is widespread in the healthy! It is thus disturbing, to say the very least, that, despite it not being 'of much value', the UK should approve it for deciding if infants are 'HIV positive' and made it an official confirmatory test for all.

2. THE Second Confirmatory HIV Positive Test - the VIRAL LOAD.

This is the second of the two UK confirmatory tests. Like the others, this does not look for HIV itself. Nor does it count viruses. It looks instead in your blood sample for tiny fragments of genetic code thought to come from HIV.

It studies these with a technique designed to multiply such fragments many millions of times to make them easier to count. The very fact that such vast multiplication is involved raises serious questions about the pathological importance of the tiny amount originally present. It also means any error is also multiplied by millions of times - so the prior very accurate identification of fragments as from HIV is absolutely vital to this test's validity.

But when I researched how and when these fragments were identified as from HIV, I found they were originally found floating loose in blood serum from AIDS patients. They are presumed to come from HIV partly on the basis that they are typical of retroviruses. PUBLISH THIS AND PERISH.

This is despite these fragments not being unique to a virus said to only infect humans. In 1986 researchers from the Pasteur Institute reported 'infection of insects by HIV,' since they found the same code fragments in tsetse flies, black beetles and ant lions from Zaire and the Central African Republic.⁹ These insects do however, like all cellular life, have their own natural harmless retroviruses – and thus fragments from these in their blood.

It is also entirely natural and healthy for us to have such RNA or DNA in our blood. Whenever a cell of ours normally dies, its DNA is washed away as tiny fragments in our blood. As up to 15% of healthy human DNA is retroviral, this means much of normal cellular waste contains retroviral genetic codes^[1].

Many events, even vaccinations, may sharply increase the numbers of these in your blood. It has been reported that "increases in HIV RNA [genetic material] levels in blood of as much as 300-fold have been observed within two weeks of routine immunizations against influenza, tetanus, or pneumococcus."¹¹

The scientist who won a Nobel Prize for inventing PCR, a tool used to do this count, Dr Kary Mullis, emphatically and somewhat angrily maintains that it is highly misleading to use his test like this, for it cannot count viruses, nor identify genetic fragments as from HIV. Rather the part of a fragment to be studied with the aid of this test, has to be

[\[1\]](#)

selected by the test's operator beforehand. How on earth can anyone identify selected code as from HIV if the code were not first identified in the virus itself? It seems these fragments were originally presumed from the virus because they were found in numbers in the blood of AIDS patients; of people typically infected with a multitude of pathogens and whose blood is thus full of disintegrated cells.

Nevertheless, it is presumed that the number of such fragments in the blood directly equates to the number of HIV in the blood, and so the UK health authorities say: 'Although the precise values of the viral load remains a matter of debate, a viral load of less than 10,000 copies is associated with relatively low progression rate [towards death from AIDS]. If you have over 50,000, you are 'likely to progress much faster' towards death. These fragments are, it should be emphasised, exceptionally small. Such large numbers may only equate to little more than the genetic code material of a single virus – i.e. not enough to normally make you ill.

Yet with a reading of 10,000, doctors may advise you to start immediately on powerful antiretrovirals, drugs designed to eliminate all retroviruses, and told that you must take them for the rest of your life, for, as the UK AIDS Treatment guidelines warn; 'following the cessation of therapy [with anti-retrovirus drugs] the wild-type virus rapidly emerges' - as revealed not by finding the virus, but with these same tests.

But none of this explains why there might be a statistical association between a positive result and a risk of getting AIDS, so I would need to look still deeper.

- The antibodies found with the HIV test are present to fight something else entirely.

The HIV Test locates antibodies. Of this there is no doubt. What the UK authorities were telling me was that finding these antibodies revealed a real risk of AIDS. But what if the antibodies detected were not against HIV? Could they instead target something else linked to AIDS?

Antibodies are molecules produced to 'mark' dangerous particles for destruction by sticking to them. This is nano-warfare at the molecular level. Antibodies are so small that they don't target whole viruses, bacteria or toxins, but tiny features on the molecules that make up these pathogens. Each antibody is designed to stick onto a particularly shaped feature - but since identically featured molecules may be found in different pathogens, the same antibody may be effective against several pathogens.

So - what pathogens are common in AIDS cases if we discount HIV? In the West,

people diagnosed with AIDS often die of PCP – pneumonia caused by a fungus. Over 70% of such patients have major fungal infections. Africans diagnosed with AIDS tend to die more of TB, a disease long known to be caused by mycobacteria.

I asked myself, could the antibodies found with this test be against fungi and mycobacteria? This at first seemed highly unlikely - for it was just too obvious. Surely these possibilities would have been the first to be checked when these antibodies were first investigated?

Then, while searching AIDS literature, I came across research that proved this is exactly what is happening! Much to my amazement I discovered that since 1985 it has been known by mainstream scientists that these same antibodies target the main causes of the major classic AIDS 'opportunistic' illnesses, TB and PCP, the first being caused by mycobacteria and the second by fungi! For me, discovering this was like finding the final missing piece in a jigsaw. The primary research on mycobacteria was in a paper produced by a scientific team that included Myron Essex of Harvard University, who served with Gallo on the US Government's AIDS task force, and who was a co-winner with him of the prestigious Lasker Award.¹²

Other scientists had later further established this finding. They reported that the antibody detected with the 'HIV test' targets a carbohydrate structure common to fungi and mycobacteria, and even to the thrush fungus better known as yeast!¹³ They consequently warned against relying on the HIV test in Africa where mycobacteria and fungi are widespread, saying even the contacts of TB patients may falsely test positive.

This to my mind was enormously important. It showed why the HIV test can detect a risk for AIDS without HIV being present, particularly in TB infected Africa, and among typical fungi-infected Western AIDS victims.

But it should also be noted that the "HIV test" may detect on occasion only minor fungal infections. Countless millions of otherwise healthy people are infected by yeast.¹⁴ Fungal infections are everywhere. Is this why so many more test positive than actually get AIDS? Could a positive result with this much dreaded test really indicate sometimes no more than a need for an antifungal medicine?

Suddenly I realised this was the missing factor that I had been seeking, that linked AIDS in Africa and in the West. It was not a virus - but identical features on proteins. With the same features on the mycobacteria that cause the African TB epidemic and on the fungi inflicting gay communities in the West, no wonder the same blood test found the same antibodies in both populations!

At a recent AIDS conference, Professor Papadopoulos-Eliopoulos of Western Australia presented a transparency contrasting the results of tests for 'HIV antibodies' on leprosy, TB and AIDS patients. The results were indistinguishable from one another. All the samples tested as if positive for 'HIV.'¹⁵ I found it staggering that such a presentation had not immediately led to a rethink of AIDS diagnosis in Africa. It suggested that AIDS is being vastly over-reported.

When I dug deeper, I found since the time of Essex's research, many other factors had been found to falsely test as if HIV with the 'HIV test'. Today the manufacturers of the test warn of these - saying they include having had a recent flu or tetanus vaccination, malaria, kidney failure, rheumatoid arthritis, herpes, hepatitis and even having had many children!¹⁶

The relationship between having had many pregnancies and testing positive is particularly disconcerting for South Africa. The World Health Organisation estimates HIV infection in that country, not by mass testing, but by testing blood from mothers stored at ante-natal clinics. It then adjusts upward for error, and applies the proportion of mothers thus estimated positive to the whole country. If women who have had several children test falsely positive, then this error was being multiplied a thousand fold. To this must be added the figures for the women who are positive solely because they have a friend with TB - which statistically is now the major killer in South Africa.

Still more contradictions surfaced the more I looked. I found Professor Montagnier, HIV's official discoverer, stated in 1997 that one of the particles commonly said to come from HIV, p41, is in every human cell as a chemical called Actin. If antibodies are attacking this, then an autoimmune disease is present, not AIDS.

Other scientists have reported that "normal human serum contains antibodies capable of recognizing the carbohydrate moiety [feature] of HIV envelope proteins" - meaning our healthy blood normally contains the antibodies found with the 'HIV test'.¹⁷ Thus a positive HIV test might mean nothing!

As I looked at the implications of this, I realised that this might also be why it is stipulated that blood samples from patients be diluted 400 times before being tested with the 'HIV blood test.' This is a highly unusual requirement. When other antibodies are tested for with this same test, such as for those against syphilis, no dilution may be required at all. Could it be that without dilution, so many of us would test positive for 'HIV' that the results would be rejected as unbelievable? When an AIDS researcher, Dr Roberto Giraldo, tested this with his own blood, he found without dilution, he was HIV positive,

and with dilution, HIV negative.18

I was thus forced to conclude that the statistical association on which the UK health authorities had relied, was no proof at all for the HIV theory of AIDS.

HIV not officially necessary for an AIDS Diagnosis.

It was also very disturbing to discover that, despite having had rammed into me by Health Authorities that HIV must be the cause of AIDS, that they are at the same time clinically advising doctors quite the opposite!

Currently UK doctors are told that AIDS may be diagnosed in the HIV negative if the patient has any one of 18 illnesses long known to have other causes than HIV. The list includes fungal pneumonia, pulmonary TB and bad Candida (Thrush) in the throat. These 3 are currently the major causes of illness in 63% of UK AIDS cases.

This UK governmental clinical advice surely contradicts the HIV theory. It also seems to be an incredible violation of the Koch Postulates found in all textbooks, cited on government websites, that are supposed to govern virology. These quite logically say that if a virus is the one and only cause of an illness, it must always be present.

But the UK clinical diagnosis rules are entirely concomitant with HIV not being the cause of AIDS - and with the "HIV test" detecting fungal infections and mycobacteria, given these are the long-known causes of the above illnesses.

But - if HIV is not the cause of AIDS, why are antiretroviral drugs staving off death from AIDS?

This argument is totally founded on the assumption that people prescribed these drugs are about to get AIDS. But, what if this is ill-founded?

The time to prescribe these drugs is normally decided, not by symptoms of illness, but by monitoring all who are 'HIV positive' every few months to discover if they have less than 200 CD4 T-Cells in an extremely minuscule 1000th of a millilitre blood sample. At this point antiretroviral drugs are promptly prescribed to delay the predicted arrival of AIDS.

But some 61% of people with this number of CD4 T-Cells were noted by the CDC in
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1997 (the last time they published this statistic) to have no visible symptoms of AIDS illness! The CDC also estimated in 1993 that up to 190,000 untreated Americans had levels this low without showing signs of illness.²⁵

Thus most go on these drugs while still looking healthy. They are however worried sick by being told that the drugs can only delay AIDS, that their life expectancy on the drugs may not be more than three to five years, although more is hoped for. Such fear and anxiety can by itself suppress their immune system. Some now live on these chemotherapy-type drugs, if their dosage is carefully monitored, for over a decade.

But what happens if antiretrovirus drugs are not administered? Extraordinarily, there are practically no studies published on this, as it has been considered unethical to delay drug giving, or to have a control group on placebos, from when the drugs were first released as an emergency response to the AIDS crisis.

But a recent study of 'HIV positive' people who refused these drugs revealed that many have remained 'free of illnesses and of AIDS for at least three years after their CD4 counts fell below 200'.

Such low numbers are not necessarily associated with illness. A study of patients in intensive care in hospitals found they could have very low numbers of CD4 T-cells without being infected by HIV, and such low numbers had nothing to do with the severity of the illness! 'Our results demonstrate that acute illness alone, in the absence of HIV infection, can be associated with profoundly depressed lymphocyte concentrations... [but contrary to expectations] the T-cell depression we observed was unpredictable and did not correlate with severity of illness, predicted mortality rate or survival rate.'²⁶

These drugs are the major Western answer to the AIDS epidemics - but none are claimed to be cures. Dr Anthony Fauci, Head of the National Institute of Allergy and Infectious Diseases, confessed in 2000. 'There is no hope for a cure for AIDS with the current drugs.'¹⁹ Attacking HIV had failed to stop AIDS.

Antiretrovirals are commonly administered alongside other drugs so it is difficult to say which drug is doing what. If a patient has TB and is HIV positive, drugs against TB are given precedence over antiretrovirals as the latter inhibit the action of the anti-TB drugs. The same goes for drugs for fungal pneumonia, for decades the main killer of 'AIDS patients'. One study concluded that the anti fungal drugs were solely responsible for increasing the life expectancy of AIDS patients.²⁰ In Botswana quite sensibly it has been laid down that clean water supplies have to be provided to potential AIDS victims,

not just antiretrovirals - and that nutrition should also be cared for. Such measures can undoubtedly help- but what about the antiretrovirals themselves? What do they do exactly?

These drugs do not target HIV itself - they are not designed to do so; and, despite their name, they do not directly target retroviruses. They target instead the parents of retroviruses; that is, the cells of our body that give birth to them! This is not an undesirable side effect - it is the way they are designed to work. It is hoped that by stopping our cells from producing retroviruses, and even from dividing to make new cells, this will stop the birth of HIV. They are thus said to eliminate the production of all retroviruses - including the vast number of harmless ones our cells naturally produce without any need to be infected. These are thought by some to possibly help repair damaged DNA, but they are not valued it seems, because their role is not well understood.

The drugs target our cells in a manner equivalent to dropping a 2000 kg bomb on a house to kill a mouse, by attacking the most basic processes of cellular life, the production of our DNA; the very process by which our bodies grow, are healed and our cells replaced, in the near suicidal hope that, by stopping this most vital process, the cells may be prevented from giving birth to 'HIV'!

At least 4 AIDS antiretrovirals are also marketed for chemotherapy against cancer - but for cancer they are only administered for a short period, to minimise their well-known damaging side effects, while AIDS patients are told to keep on taking them until they die.

Since the drugs work by blocking the synthesis of DNA, the first cells eliminated are those that reproduce most often, and thus need new DNA most often - such as bacteria. Thus these drugs may seem initially beneficial, as they can clear up many opportunistic infections.

But this stage usually does not last more than a few months, at most. The drugs must soon start to seriously damage the cells of our immune system, since these also reproduce quickly - thus doing the very damage blamed on HIV. As they interfere with DNA, they can also produce cancer. A medical study found; 'opportunistic infections, AIDS-associated malignant conditions and other non-infectious diseases ... often appeared shortly after the introduction of HAART.'²¹

'HAART' stands for 'Highly Active Anti Retrovirus Therapy' – the kind normally given against AIDS. It can also produce heart attacks. A study found 'The incidence of MI (heart attack) in HIV infected patients increased in our cohort after the introduction of

HAART.'22 Anther major study concluded of HAART: 'the treatment benefit is temporary and confers no long term survival advantage.'23

HAART involves normally a combination of three antiretroviral drugs, thus its alternative euphemistic name of 'Cocktails.' The British HIV Association's (BHIVA) guidelines for HAART, written by a committee dominated by doctors funded by major Anti-Retrovirus drug manufacturers, 24 currently advises 'HIV positive' patients without symptoms of AIDS, but with a CD-4 count between 200-350, to start on a HAART consisting of two Nucleoside RT Inhibitors, and one other kind of anti-retroviral.

The major types of antiretrovirals are as follows:

Nucleoside RT Inhibitors (NRTIs). These include the first anti-retrovirus drug, AZT (marketed as 'Retrovir' or 'Zidovudine'). It is a product of failed cancer research. When first invented it was set aside as too dangerous to use for cancer, but in 1987, after a three month controversial safety trial that became 'unblinded,' or seriously flawed, it was the first anti-retroviral marketed for long-term use for AIDS by the company we know as GlaxoSmithKline. Since AIDS is seen as an emergency, it has become common to release these drugs without long-term studies. A study in Lancet in 2000 reported; 'the severity of the HIV epidemic led to accelerated licensing of many antiretroviral agents, often with very little known about long-term safety'. 27

This drug uses a synthetic look-alike of thymine, one of the four basic building blocks ('nucleosides') of our DNA. The typical daily dose provides every cell within us with some 10,000 of these artificial particles. 28 Our cells then try to use these to build DNA, as if they were the real thing. But they are not - so our DNA production is blocked. These drugs are aptly also grimly known as 'Terminators.'

By stopping DNA synthesis, it must eventually severely limit the production of T-Cells, thus suppressing our immune system exactly as HIV is supposed to do. Inevitably the drugs then start to impede the production of the slower cells within our bodies, including those of our livers, kidneys and other organs. Such damage would be totally unacceptable - if it were not presumed that all patients found 'HIV positive' were already doomed.

The damage over years can be enormous, despite the best efforts of the monitoring doctors. It so impedes cell replacement that patients may start to look skeletal, an effect increased by the severe malnutrition caused by the drug killing stomach and intestinal

flora. Consequentially GlaxoSmithKline sells the drug with a warning that 'prolonged use of Retrovir [AZT] has been associated with systematic myopathy [body wasting] similar to that produced by HIV'. In other words, AZT produces a disease clinically just like AIDS.

When first introduced, many died on doses up to five times as large as given nowadays, but these deaths were said to be due to HIV cleverly mutating. Every death while on these drugs is blamed on the virus. Today 'AIDS' deaths are avoided or delayed by the practice of taking patients off the antiretrovirals whenever they become critically ill, on the grounds that the virus 'has gained resistance' to the drugs, rather than the drugs have created the critical state. Some weeks later, when the patients have recovered some strength, they are mostly put back onto a different 'cocktail'- to repeat the process again and again.

The drugs damage the DNA of the mitochondria that provide our cells with their essential energy. They 'inhibit mitochondrial DNA synthesis,'²⁹ thus vitally weakening our immune systems, doing the same kind of damage as produced by nitrite inhalants, thought by some to be one of the most toxic long-term recreational drugs known - an irony, as this drug is also suspected of causing AIDS.

These drugs are known to cause severe brain damage in, or even to kill, human embryos and young children. All our cells generate their vital energy with what is called their mitochondria. These drugs poison this. This is like smart bombing our cells vital power stations. Worse still, they do this to the cells of the unborn human child.

A recent study reported; 'Mitochondrial toxicity of some nucleoside analogues, when used alone or in association, is now well established. These molecules can cross the placenta, such that the foetus is often exposed for several months.'

If an expectant mother takes these drugs, there is a risk that her unborn child will suffer brain damage – as this is what happened in animal trials.³⁰ There is even a cancer risk. In September 2005 the CDC admitted; 'Data regarding the potential effects of antiretroviral drugs on the developing fetus or neonate are limited. Carcinogenicity and mutagenicity are evident in ... tests for all FDA-licensed NRTIs.' (Yet they are licensed !)

This is not mere theory. It is acknowledged that giving these drugs to expectant mothers has both brain damaged and killed their unborn children. This paper goes on to say that mitochondrial toxicity has led to 'neurological disease and deaths among uninfected children whose mothers took antiretroviral drugs to prevent perinatal HIV transmission.'

Despite these horrific findings, these drugs are still given to pregnant mothers - in order to prevent their embryos getting 'HIV'!

A medical reference work *Drug Information for the Health Care Professional* (1996) reported; 'it is often difficult to differentiate between the manifestations of HIV infection and the manifestations of Zidovudine (AZT). In addition, very little placebo controlled data is available to assess this difference.' Thus a doctor would find it very hard to distinguish a death caused by these drugs from a death from AIDS. The lack of placebo data also means that there is minimal evidence for the claims that these drugs are keeping people alive for longer.

GlaxoSmithKline made in 2003 over \$317 million from AZT sales. The drug has now brought the company over \$2.5 billion in total. Several hundred thousand people are now on AZT, according to the New York Times.

'Trizivir,' a 'cocktail' of three Nucleoside RT Inhibitors including AZT made by GlaxoSmithKline, comes with the warning; 'Does not cure or prevent HIV infection or AIDS'. When it was launched, several deaths occurred within a year. These were blamed on 'hyper-sensitive reactions.' The company told the Financial Times: 'clinical trials have indeed shown that it has a potential for side effects ... patients have died from using it.'³¹ In its first two years of use, this cocktail brought the company around \$350 million in revenue. Its current US price is \$1,170 for a month's pills, making it one of the most expensive.

Non-Nucleoside RT Inhibitors

These drugs attach to the enzyme RT, thus disabling it, in order to prevent it from incorporating HIV's genetic code into our DNA. But what these drugs do is to stop a normal and fundamental cellular process. Every one of our cells naturally possess RT, and uses it to manipulate its DNA. It has been judged by AIDS experts that retaining this fundamental process, is less important than stopping HIV.

In fact this interference has already caused severe damage. Take for example one such drug, Nevirapine, recommended for use by pregnant women. In 2002 President Bush made it the centrepiece of US aid to Africa.. But the CDC had warned earlier, on the 5th January 2001, that 'healthy health care workers stuck by needles' should not be given this drug as 'Nevirapine can produce liver damage severe enough to require liver transplants and has caused death.'³²

Nevertheless, this drug is still strongly recommended by US and international agencies for giving to pregnant mothers in Africa, but not to American Moms.

Protease Inhibitors

These antiretrovirals target another vital enzyme in our cells, protease. This is used by our cells to divide, enabling the creation of more cells - again an absolutely essential part of life.

Dr David Rasnick, a protease specialist, reported these antiretrovirals 'cause a massive cholesterol increase which frequently leads to heart attacks.... 34 they do most damage to the liver. 35 As a result liver failure is now the number one killer of AIDS patients.'36 He adds that they also 'cause lipodystrophy - a deformation of fat. [It] moves out of the face, arms and legs, which become veiny sticks, the face become skeletal. The fat collects into a 'buffalo hump' on your upper back. The belly becomes extended and bloated.'

(ed – I have a hideous photo of its effects I would like used)

Another study noted that 'Hyperlipidaemia [unnatural fat distribution] at degrees associated with cardiovascular morbidity occurred in 74% of protease-inhibitor recipients.' 37

A new type of anti-retroviral drug is a Fusion Inhibitor. This attaches itself to the outside of our T-cells, thus hopefully preventing HIV connecting to them and infecting them. But it also blocks the access to our T-cells of many other particles, thus preventing T-cells from protecting us. Its very use is thus a council of despair.

A recent study concluded; 'It is safe to conclude that a cure is extremely unlikely with the current approach to treatment...There is growing concern about the long-term toxicity and adverse effects of therapy, including liver damage and mitochondrial toxicity caused by nucleosides, the most studied anti-HIV drugs. After drugs are approved, fewer organized efforts are made to monitor them for long-term toxicities...the quest for HIV treatment is fuelled by the expensive, technologically oriented approach used in wealthy countries.'38

Health professionals put on antiretrovirals to prevent infection did not show, even for a month, the trust in these drugs expected of their patients. In September 2005, the CDC reported; 'as a result of toxicity and side effects among health care professionals, a substantial proportion have been unable to complete a full 4-week course.'[\[3\]](#)

But today many of their patients feel so hopeless about what they understand to be an incurable epidemic, that they will embrace, and feel safer, with anything that modern

medicine and their doctors endorse.

Most who take these drugs constantly eventually die on them, usually after three courses of cocktails have failed, and after a final desperate cocktail course of up to six antiretrovirals at once, called officially 'Salvage Therapy.' But their doctor will assure them, and may well believe, that they have lived longer by taking the drugs - even though evidence for this is non-existent.

ANTI-RETROVIRALS FOR THE HIV NEGATIVE.

From 2005, you need not be found HIV positive, or even to feel ill, to be put on these drugs. The CDC in January 2005 recommended that immediately a person suspects that they may have been exposed to HIV through 'unsafe sex', that they go on a 'cocktail' of these drugs for 28 days. To have a chance of 'stopping HIV infection' they recommend starting these drugs within 72 hours of the incident so the drugs can get to the virus before it fully infects.³⁹

The CDC recommends for this a short intense courses of triple cocktails including AZT on the 'assumption that the maximal suppression of viral replication ... will provide the best chances of preventing infection.'⁴⁰ This, it tentatively suggests, 'might reduce the risk of infection.' (In all there were 65 'mights' and 22 'possibles' in its statement authorising this treatment.)

Lisa Grohskopf of the CDC explained; 'The new guidelines are designed for use in specific situations, such as an occasional lapse in safer sex methods, a broken condom, rape or one-time sharing of needles.' Ronald O. Valdiserri of the CDC added, in language reminiscent of the moral push of the Bush Administration, 'the drugs are not a substitute for abstinence [and] mutual monogamy.'⁴¹

This statement means in future the manufacturers of these drugs will be able to drive up demand simply by building on our fear and paranoia. ⁴² Although the CDC says seek guidance from your doctor if you are not sure about the risk, a broken condom suffices in its judgement. This is likely to lead to a vast increase in the use of these drugs.

ADMITTED SIDE EFFECTS

It is supposed to take HIV 10 years to destroy the immune system. The antiretroviral
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drugs can do the job much faster.

Dr. David Rasnick reported, 'In an attempt to hide the fact that antiretroviral drugs are causing AIDS-defining diseases and death, the AIDS orthodoxy has come up with a new syndrome for those [ill] on these drugs with the oxymoronic name Immune Reconstitution Syndrome or IRS. The diseases of IRS are identical with the list of AIDS-defining diseases. It seems IRS is nothing other than AIDS caused by the antiretroviral drugs.'^[iii]

IRS = Anti-retroviral drugs + one or more of these diseases
 AIDS = one or more of these diseases with or without a positive HIV test.

Kaposi Sarcoma	Kaposi Sarcoma
MAC	MAC
TB	TB
Cryptococcus	Cryptococcus
Fungal Pneumonia PCP	Fungal Pneumonia PCP
Cytomegalovirus	Cytomegalovirus
Histoplasmosis	Histoplasmosis
Herpes	Herpes
Leukoencephalopathy	Leukoencephalopathy
Leprosy	Leprosy
Meningitis	Meningitis
Lymphoma	Lymphoma

S. A. Shelburne, et al., Medicine 81: 213-27, 2002	CDC HIV/AIDS Surveillance Report, year end edition, 1997
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When pressed, doctors will grudgingly admit most of this but will say the benefits outweigh the harm. Yet they cannot point to a single controlled clinical trial that reveals adults or children on these antiretrovirals live longer lives than do a similar group of HIV-positive people not taking the drugs.

This is remarkably easy to prove. The FDA requires that the package inserts provided with all antiretrovirals state clearly that these have not been proved to increase survival. The disclaimers accompanying four of the leading antiretroviral drugs are typical.

The insert for Glaxo's Ziagen says: "At this time there is no evidence that Ziagen will help you live longer or have fewer of the medical problems associated with HIV or AIDS."

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Merck's protease inhibitor is no more encouraging: "It is not yet known whether Crixivan will extend your life or reduce your chances of getting other illnesses associated with HIV."

The disclaimer for Boehringer Ingelheim's Viramune (also known as Nevirapine) reads: "At present, there are no results from controlled clinical trials evaluating the effects of Viramune [on] the incidence of opportunistic infections or survival."

Glaxo's combination of two nucleoside analogs called Combivir is the most disturbing of all: "There have been no clinical trials conducted with Combivir."

In 2002, at the 14th International AIDS Conference in Barcelona, Dr. Amy Justice of Pittsburgh University, produced one of the first surveys of the main cause of death in AIDS victims. She had studied the records of nearly 6,000 AIDS patients in the US and found today 'the most common cause of death among HIV positive people is liver failure'. These patients were all on antiviral medicines. When asked if she felt these drugs were involved in their deaths, she replied she did. 'It is the dark side of these drugs.' 43

Another study reported; "A comprehensive retrospective review of more than 10,000 adult AIDS patients participating in 21 different AIDS Clinical Trials Group (ACTG) studies [confirms]... that antiretroviral therapy is associated with a high rate of severe hepatotoxicity [liver damage], regardless of drug class or combination.'44 Another report stated; "Liver disease has become the leading cause of death among HIV patients at a Massachusetts hospital.'45

Yet liver disease is not officially listed as an 'AIDS-linked' disease. It began to kill hundreds of AIDS patients only after the introduction of antiretrovirals.

Many of these drugs are today 'safety tested' by major drug companies on a ready supply of uninsured American children taken without a court order from HIV positive parents for refusing to put their children on these drugs. They are placed in institutions where the drugs can be administered forcibly in order to 'save' the children. This was documented in a film called 'Guinea-Pig Kids' transmitted on the BBC in December 2004. This was based on the work of investigative journalist Liam Scheff. He discovered nine children's homes used for such trials around New York. 46

Today only 1% of the \$6.5 billion spent annually in the US on AIDS research goes on vaccine research. Nearly all is spent on expanding medical establishments and on developing the vastly more profitable antiretrovirals. By 2003 the annual US market for these was worth around \$15 billion.

I will finish with the testimony of a person who believes these drugs gave him AIDS, since he recovered much of his health since stopping taking them.

'I was 'diagnosed' in 1989. I was prompted to test after my partner at the time decided to get the test and it came back positive. Mine was positive also - CD4 count 462... 'I had no symptoms, but was told; 'Unfortunately, the virus is already destroying your immune system. You must start AZT immediately... Later, I was told I would start to get sick in about 18 months, and then I would get very sick within 2 years - and die.

'All I remember for the first several months or so is sleeping, throwing up, an unimaginable nausea, and an unending headache. I got weaker by the day. I lost a lot of my hair.'

'After a year I thought "Well, if I only have another year, I'm not spending it like this." So I stopped the pills.

'I slowly got better over the years - I may have made a full recovery that time, I don't know. I started living again, though, for sure. Oh...my CD4 count NEVER went above 500 during the whole experience.

But he remained HIV positive. 'In '97, I started 'the cocktail'. Sounded nice enough. It consisted of Crixivan, Epivir, and Zerit (instead of AZT because according to my Doc I had had a 'bad' reaction to AZT.)

'Before I knew it I had moderate/severe lipoatrophy (fat loss) and myopathy (muscle loss). My arms had stretch marks at the bicep area and looked like shrivelled balloons. I remember my arms always being tired because I held my body up with them when I sat down due to the fact that I sat on bone.

'My face was the worst: hollow cheeks and temples and no fat anywhere. When I smiled, the skin looked like someone pulling back curtains on a stage. I looked extremely shrivelled up and old for my age. My eye sockets were hollow, my eyes looked sunken in. I always looked kind of scared, like an animal caught in a car light. Eventually, I knew it was the 'meds', but was terrified to stop.

'After three and a half years I had had enough. I figured I was the living dead already, so what the hell - again I threw out the meds. By now it was Crixivan and combivir (which is AZT and something else, maybe Epivir - yeah back to AZT because unfortunately I had a worse reaction to Zerit than I had to AZT).

'Then - nothing. I held my breath - waiting for IT. Oddly, I began to feel better. I got stronger - and calmer. Around a year and a half after stopping, I was rubbing my eyes and realized the skin on my face was thicker. I thought about it and realized I had been sitting down without the use of my arms for a while without realizing it.

*'It's been 3 years since I stopped the meds. I can still see scars from that time - my body is not the body I used to have. But it's better. I'm back at the gym.'*⁴⁷

END

Sidebar

Is HIV linked to sex?

527 words

The largest controlled long-term scientific study of the heterosexual transmission of HIV ever done, the well-reputed Padian Study, [51] selected 442 heterosexual couples in which one partner alone was 'HIV' positive. These couples were then monitored for ten years. At the end of this time none of the HIV negative partners had become HIV positive. This was despite one quarter of the couples consistently not using condoms. Nancy Padian concluded in her 1997 paper; 'Neither condom use, total number of sexual partners since 1976, nor lifetime number of sexually transmitted diseases was associated with infection' and 'We observed no seroconversion [infection] after entry to the study.'

But Padian then backtracked slightly from her 'dissident' finding. Before her study commenced she had located some couples in which both partners were HIV positive. She now took the unusual step of presuming these partners must have infected each other and through sex. On this basis she came up with the widely quoted estimate of the risk of HIV infection 'through male to female contact' as '0.0009' - in other words, less than one infection in a thousand acts of intercourse, a risk level that is scarcely detectable - and entirely unprovable. The identical figure was also given for Uganda in a 2001 Lancet published study. [52]

Such an estimated infection level is physically not enough to sustain a viral epidemic. The World Health Organization 1992 estimate of 30% of all pregnant women in Uganda

as HIV infected through sex, could thus only be explained by such extreme promiscuity among married women that it is astonishing only HIV monitors observed it.

Many AIDS studies conclude that HIV is rarely if ever passed on through sex. For example; Peterman found 'eleven wives remained uninfected after more than 200 sexual contacts with their infected spouse.'[53] Also, in one of the largest ever studies on 'HIV positive' haemophiliacs and their wives, no wives became 'HIV positive'. The authors 'calculated that in 11 couples unprotected vaginal intercourse [without HIV infection] occurred a maximum of 2,250 times (minimum 1,563) without transmission of HIV.'[54] Such statistics make the possibility of a viral epidemic sustained by sex literally impossible.

In the largest of all European studies, spanning six countries, it was concluded 'the only sexual practice that clearly increased the risk of male-to-female transmission was anal intercourse...no other sexual practice has been associated with the risk of transmission'. [55] . (Other scientists have suggested that during anal sex, the immune system suppressant chemicals that protect the sperm, may enter the blood of the 'passive' partner through easily broken skin.)

Likewise with gay couples. Robert Gallo reported in 1986: "We found no evidence that other [than receptive anal intercourse] forms of sexual activity, contribute to the risk" of HIV infection.[56] The key Science papers of May 1984 do not discuss the sexual transmission of HIV. Yet HIV has been presumed spread by sex from immediately after these papers appeared - seemingly because 'everyone knew' that the gay people were highly promiscuous'. It is now the gospel accepted by nearly all media and health workers - apparently on the basis of belief and trust rather than of science.

Box. 865 words

The Government inquiries into the key HIV papers.

In 1990 a powerful Congressional Investigative Sub-Committee under Representative John Dingell launched a major inquiry into Gallo's research on HIV to see if he had proved his virus caused AIDS - or had stolen a French virus. The National Institutes of Health (NIH) then immediately launched its own Inquiry under its Office of Scientific Integrity (OSI), supervised by the Richards Panel of scientists nominated by the highly prestigious US National Academy of Science and Institute of Medicine.

Two other investigations were launched in 1991. The Inspector General of the

Department of Health investigated if Gallo should be indicted for lying in his application for patent rights to the HIV Blood Test, and the Department of Health replaced the OSI inquiry with one of its own, run by the Office of Research Integrity (ORI).

At the same time the Dingell Congressional Investigation obtained the research documents of the OSI and the services of its head, Dr Suzanne Hadley, after discovering the NIH had shredded key evidence.

The ORI was the first to report. It found Gallo guilty of multiple deceptions. In 1993 it drew up a powerful indictment (Offer of Proof) that it presented to the Department of Health's 'Research Integrity Adjudication Panel'.

This noted:

§ 'Research process can proceed with confidence only if scientists can assume that the previously reported facts on which their work is based are correct. If the bricks are in fact false...then the scientific wall of truth may crumble...Such actions threaten the very integrity of the scientific process.'

§ 'In light of the groundbreaking nature of this research and its profound public health implications, ORI believes that the careless and unacceptable keeping of research records...reflects irresponsible laboratory management that has permanently impaired the ability to retrace the important steps taken. '

§ [This] 'put the public health at risk and, at the minimum, severely undermined the ability of the scientific community to reproduce and/or verify the efforts of the LTCB [Gallo's 'Laboratory for Tumor Cell Biology'] in isolating and growing the AIDS virus.'

§ 'Gallo's failings as a Lab Chief are evidenced in the Popovic Science paper, a paper conspicuously lacking in significant primary data and fraught with false and erroneous statements.'

§ Gallo 'repeatedly misrepresents distorts and suppresses data in such a way as to enhance his own claim to priority and primacy in AIDS research.'

§ 'The [lead] Science paper contains numerous falsifications... the paper was replete with at least 22 incorrect statements concerning LTCB research, at least 11 of which were falsifications amounting to serious deviations from accepted standards for conducting and reporting evidence.'

§ 'The absence of virtually any assay data for the parent cell line is simply unbelievable. [Especially since this was] used to develop and patent the HIV antibody blood test.'

Gallo, 'in violation of all research protocols, impeded scientists wanting to follow up on his research ... imposed on others the condition that they did not try to repeat his work.'

But despite the ORI supporting this report with the testimony of over 100 scientists, the Panel (made up by lawyers, not scientists) decided that Popovic and Gallo were innocent since the 'intent to deceive' was not proved.

Then the Inspector General issued a highly critical report, saying that there was little evidence for the existence of Gallo's HIV - and it was doubtful that his claimed experiments were ever done. An immediate settlement was made with the French. It was acknowledged that the Institut Pasteur had found HIV first, compensation was paid - and Gallo left the NIH shortly afterwards.

At the end of 1994 the Congressional Inquiry issued a final 'Staff Report', summing up what had been discovered by the various investigations. Among its conclusions were:

§ 'The cover-up ... advanced to a more active phase in mid-March 1984, when Dr. Gallo systematically rewrote the manuscript for what would become a renowned LTCB paper (Popovic et al.; Science).'

§ 'The evidence is compelling that the oft-repeated [HIV] isolate claim - ... dating from 1982/early 1983, are not true and were known to be untrue at the time the claims were made.'

§ 'Many of the samples allegedly used for the pool [culture] were noted in the LTCB records to be contaminated with mould.'

§ 'The notion that Dr. Popovic used such samples in an effort to obtain a high-titre virus-producing cell line defies credulity.'

§ 'The [early] February 1984 experiment [said to prove HIV caused AIDS] was so faulty and so many aspects of it so questionable, that little or no confidence can be placed in any of its claimed findings.'

§ 'Contrary to the claims of Gallo and Popovic, including claims in their patent applications [for the HIV Blood Test], several of the putative pool samples contained no

HIV, while others did not even come from AIDS or pre-AIDS patients.'

The report concluded: 'The result was a costly, prolonged defence of the indefensible in which the LTCB 'science' became an integral element of the US government's public relations/advocacy efforts. The consequences for HIV research were severely damaging, leading, in part, to a corpus of scientific papers polluted with systematic exaggerations and outright falsehoods of unprecedented proportions.'

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BOX **The Two Rival Paradigms of Virology**

PARADIGM 1 'Every Virus is a Terrorist'

Virology was developed by scientists striving to discover the cause of illnesses. Thus many wrote of viruses with hostility, as highly suspect creatures which it is fine to make extinct. Thus virology papers commonly incorporate the negative vocabulary used of terrorists. Viruses are thus said to 'invade', to 'hijack', to 'mutate,' and to 'infect' - rather than to 'enter', to 'present genetic codes' and to 'change'. A 'to the death' competition is seen to rule their evolution rather than survival by learning to live together. One effect of this language is to produce public fear – and to thus maximise public funding for institutions engaged in a 'war' against viruses.

PARADIGM 2 'Viruses are a useful part of Nature'

In evolution, survival is better guaranteed by cooperation rather than competition - and viruses evolve thus to better co-exist. What is unique about retroviruses is that they are viruses our cells naturally make. All animals, all plants, all organisms make them. They carry information, in the shape of tiny lengths of genetic code, from cell to cell. What is called 'retrovirus infection' is the natural process by which cells receive these codes. Once in the cells, the newly arrived codes become a tiny part of our DNA, an intrinsic part of us.

Retroviruses are transports that cannot hijack - for once they have unloaded their cargo of genetic code through the portals provided for them, they cease to exist. The proteins that make up their shell are discarded.

Foreign viruses may present real danger if we are not adjusted to each other, as can more common foreign viruses if the balance of our body is disturbed by toxins or other factors - but such dangers rarely, if ever, come from retroviruses.

Two page spread

Some of the Top Scientists Who Say 'HIV DOES NOT CAUSE AIDS'

[1,570 words]

The following are just a few of the senior scientists who maintain that AIDS cannot be caused by HIV, but by long-term exposure to certain toxic chemicals and to other factors - more about their research in the next issue of the Ecologist

Their research has mostly been ignored by the media. Do these scientists deserve this? Look at what they have written, the positions they hold, and judge. Many of their papers are freely available on websites listed below.

Dr Kary Mullis - Nobel Prize Laureate, won for inventing the Polymerase Chain Reaction (PCR), a vital tool in the study of viral particles, used for the Viral Load test. <http://www.karymullis.com/>

'Years from now, people will find our acceptance of the HIV theory of AIDS as silly as we find those who excommunicated Galileo.'

Dr. Etienne de Harven - Emeritus Professor of Pathology, University of Toronto. One of the world's top experts on electron microscopy.

'Dominated by the media, by pressure groups and by the interests of pharmaceutical companies, the AIDS establishment lost contact with open-minded, peer-reviewed science ... the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored. '

The Perth Group. An international group of academics headed by Dr Eleni Papadopulos-Eleopulos, Professor of Medical Physics at the Royal Perth Hospital, Australia. Other notable members of this group include Dr. Valendar Turner and Dr. John Papadimitriou. www.theperthgroup.com ii

Eleni wrote 'HIV had not been isolated from either fresh tissues or culture, which means that its existence had not been proven and this situation has not changed up to the present day...I am saddened that there are forces at work that have consistently prevented purposeful but friendly debate. To me and my group the problematic nature of the HIV theory was apparent from the very beginning. '48

Dr Peter Duesberg - Professor of Molecular and Cell Biology at the University of California, Berkeley. Member of the US National Academy of Science, first to map the genetic structure of retroviruses. Recipient of the NIH's Outstanding Investigator Grant.

His books include 'Infectious AIDS: Have We Been Misled?' and 'Inventing the AIDS Virus'. He edited 'AIDS; Virus or Drug Induced?' and in 2003 co-authored a study entitled 'The Chemical Basis of the Various AIDS Epidemics; Recreational Drugs, Anti-Viral Chemotherapy and Malnutrition' available from his website; <http://www.duesberg.com>

He said of HIV; 'I'm not afraid that HIV exists, because I think retroviruses are not much to be afraid of.... HIV is just a latent, and perfectly harmless, retrovirus'.

Dr. Walter Gilbert, Ph.D., Nobel Laureate for Chemistry, Professor of Molecular Biology, Harvard University. Winner, 1980 Nobel Prize for chemistry.

"Duesberg is absolutely correct in saying that no one has proven that AIDS is caused by the AIDS virus."

Dr. Charles L. Geshekter, Ph.D., three-time Fulbright scholar. Professor of African History, California State University, Chico. He has served as an adviser to the U.S. State Department and several African governments.

"The scientific data do not support the view that what is being called AIDS in Africa has a viral cause. "The scandal is that long-standing ailments that are largely the product of poverty are being blamed on a sexually transmitted virus. "You're looking at what I think is going to turn out to be one of the great frauds of the late 20th century."

Dr. Rosalind Harrison, Fellow of the Royal College of Surgeons, consultant ophthalmic surgeon for the National Health Service, UK

'Virus isolation is necessary to prove virus infection. Retrovirologists have laid down a set of criteria to distinguish spurious from genuine retroviruses. HIV does not fulfil these criteria.'

Dr. Rudolf Werner, Ph.D., Professor of Biochemistry, University of Miami School of Medicine

"The HIV-AIDS hypothesis remains just that - a hypothesis. Many experts' predictions turned out to be false. For example, contrary to the prediction that AIDS would rapidly spread into the heterosexual population, the disease in the United States is still restricted to 85 percent males.'

Dr Gordon Stewart, - Emeritus Professor of Public Health, Glasgow University Former WHO Advisor on AIDS.

"AIDS is a behavioural disease. It is multifactorial'. "It is a scandal that the major medical journals have maintained a conspiracy of silence over any dissent from the orthodox views and official handouts."

Dr. Phillip Johnson, Senior Professor of Law, University of California at Berkeley
 "One does not need to be a scientific specialist to recognise a botched research job and a scientific establishment that is distorting the facts to maximise its funding."

Dr. Heinz Ludwig Sanger, Ph.D., Emeritus Professor of Molecular Biology and Virology, Max Planck Institute for Biochemistry, Germany
 "HIV cannot be responsible for AIDS. After three years of intensive critical studies of the relevant scientific literature, as an experienced virologist and molecular biologist I came to the following surprising conclusion - there is actually no single scientifically really convincing evidence for the existence of HIV. Not even once has such a retrovirus been isolated and purified by the methods of classical virology."

Dr. Richard Strohman, Emeritus Professor in Molecular and Cell Biology, University of California, Berkeley.
 "We need research into possible [AIDS] causes such as drug use and behaviour, not a bankrupt hypothesis." 'My colleagues in molecular biology by and large do not read the AIDS literature. They're just like everybody else who has to believe what they read in the newspapers. We all have to put our faith somewhere, otherwise we don't have time.'

Dr. Harry Rubin, Professor of Molecular and Cell Biology, Berkeley
 "Who were these people who are so much wiser, so much smarter than Luc Montagnier [the discoverer of what is now known as HIV]? He became an outlaw as soon as he started saying that HIV might not be the only cause of AIDS." iii

Dr. Serge Lang, Professor of Mathematics, Yale.
 "The hypotheses that HIV is a harmless virus and that drugs cause AIDS defining diseases are compatible with all the evidence I know." "I regard as scandalous the continued ostracism of people and points of view which go against the orthodoxy on HIV"

Dr. Heinrich Broder Medical director of the Federal Clinics for Juvenile and Young Adult Drug Offenders for five German counties, including Berlin, Bremen, and Hamburg.
 "The collective virus obsession enables 'HIV'/AIDS medicine to operate in a lawless sphere without responsibility for the often fatal consequences.

Dr. Bernard Forscher, former editor of the US Proceedings of the National Academy of Sciences
 "The HIV hypothesis ranks with the 'bad air' theory for malaria and the 'bacterial infection' theory of beriberi and pellagra [caused by nutritional deficiencies]. It is a hoax that became a scam."

Dr. Arthur Gottlieb, MD, Chairperson of the Department of Microbiology and Immunology, Tulane University School of Medicine -the first to report the Los Angeles AIDS epidemic in 1981

"The viewpoint has been so firm that HIV is the only cause and will result in disease in every patient, that anyone who challenges that is regarded as 'politically incorrect.' I don't think - as a matter of public policy - we gain by that, because it limits debate and discussion and focuses drug development on attacking the virus rather than attempting to correct the disorder of the immune system, which is central to the disease."

Dr. Joseph Sonnabend, MD, New York Physician, founder of the American Foundation for AIDS Research (AmFAR), he was one of the first to report the AIDS epidemic in New York.

"The marketing of HIV as a killer virus causing AIDS without the need for any other factors has so distorted research and treatment that it may have caused thousands of people to suffer and die."

"Gallo was certainly committing open and blatant scientific fraud. But the point is not to focus on Gallo. It's us - all of us in the scientific community, we let him get away with it... 'The notion of 'eradication' [of HIV] is just total science fiction. Every retrovirologist knows this. The RNA of retroviruses turns into DNA and becomes part of us. It's part of our being. You can't ever get rid of it."

Harvey Bialy, PhD, author of Oncogenes, Aneuploidy and Aids: A Scientific Life and Times of Peter H. Duesberg, resident scholar at the Institute of Biotechnology, National University of Mexico and founding scientific editor of Nature Biotechnology.

"HIV/AIDS [is] the biggest medical mistake and fraud of the past 500 years."

Dr. Rodney Richards, Ph.D., Biochemist, Founding scientist for the biotech company Amgen. Collaborated with Abbott Laboratories in developing HIV tests.

"To date, no researcher has demonstrated how HIV kills T-cells. It's just a theory that keeps money flowing into the pharmaceutical approach to treating AIDS."

Dr. Robert Root-Bernstein - Associate Professor of Physiology, Michigan State University.

Author of the book 'Rethinking AIDS; The tragic cost of premature consensus'.

"No evidence of female prostitutes transmitting HIV or AIDS into the heterosexual community exists for any Western nation. Acquisition of HIV by men from female prostitutes is almost always drug related.."

Dr Donald W. Miller, Jr., MD, Professor of Surgery, University of Washington School of
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Medicine

"The HIV-AIDS model is untenable. The twenty-plus diseases the government defines as 'AIDS' are caused, instead, by immunosuppressive heavy-duty recreational drug use, antiretroviral drugs, and receptive anal intercourse. The elusive HIV, when present, simply goes along for the ride, lodged in a small minority of the body's T cells. It is a passenger on the AIDS airplane, not its pilot."

END OF QUOTES -to add more websites and resources

Have many more scientists- could give website more names.

Footnotes to be supplied separately. (note the numbers in text need to be revised – confused in editing)

[1] http://news.bbc.co.uk/1/hi/talking_point/special/aids/default.stm

[2] This was at a 1994 meeting in Washington sponsored by the US National Institute of Drug Abuse,

[3] MMWR September 30, 2005 / 54(RR09);1-17 CDC

rest of footnotes in separate copy.

[i] Retroviruses transport their genetic code in the form of RNA. This is changed in our cells into DNA prior to being incorporated into our own DNA. An enzyme key to changing RNA into DNA is Reverse Transcriptase (RT.)

[ii] Personal Communication with author, 22 December 2002.

[1]

This selection is done by the use of 'primers' made to mark the start and end of the part of the genetic code fragment wanted for study. The selected section is then multiplied many millions of times so it can be more easily studied.