

# **The Pain, Profit and Politics of AIDS**

## **Part 1: HIV Twenty-Eight Years Later: What is the Truth?**

Gary Null, PhD

December 3, 2012

In the May 4, 1984 issue of the prestigious journal *Science*, one of the most important research papers of the last quarter century was published. “Frequent Detection and Isolation of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and at Risk for AIDS” would rapidly become the medical Magna Carta for the entire gold rush to develop diagnostic methods to identify the presence of HIV in human blood and to invent pharmaceutical drugs and vaccines in a global war against AIDS.

This paper, along with three others published in the same issue of *Science*, was written by Dr. Robert Gallo, then head of the Laboratory of Tumor Cell Biology (LTCB) at the National Cancer Institute (NCI) in Bethesda, Maryland, and his lead researcher Dr. Mikulas Popovic. To this day, this article continues to document the most cited research to prove the HIV hypothesis in scientific papers and places like the nation’s Centers of Disease Control (CDC) website.

For virologists, molecular biologists and other infectious disease researchers, particularly those tied to the biotechnology and pharmaceutical industries and the national medical and health institutions, the news of Gallo’s discovery was manna rained down from heaven. All research into other possible causes for the AIDS crisis ended abruptly. As soon as the winds shifted away from earlier efforts to find the cause of AIDS —people’s lifestyles, immune suppressing illicit drug use and other health risks and illnesses that adversely affect the body’s immune system — to that of a single new virus, the case was closed. Constructive scientific discourse and debate between those who quickly adopted

the new HIV belief and this view's opponents, whose numbers in the scientific community continue to grow, would never occur again.

Twenty-eight years later, US federal funding for cornering the elusive virus has reached \$27.7 billion. This is a far cry from the \$100 million awarded HIV research in 1984. Yet surprisingly, there remain very few conclusive results showing any significant progress has been made to isolate and understand HIV let alone to guarantee any relation it might have to AIDS. Rather, a review of the scientific literature and epidemiology suggests a prediction may slowly be unfolding. Dr. Kary Mullis, Nobel laureate and inventor of Polymerase Chain Reaction (PCR), a critical technology for studying genetic code fragments, has stated, "Years from now, people will find our acceptance of the HIV theory of AIDS as silly as we find those who excommunicated Galileo."

Many medical scientists throughout the world have scrutinized the HIV hypothesis objectively and have come to the conclusion that there are many unanswered questions about how one retrovirus can cause by itself all 30 AIDS related conditions. The theory's continued wide acceptance may be simply due to sloppy science and wishful thinking that staying the course will lead scientists in the right direction and will corroborate Gallo's hypothesis eventually. That has yet to happen yet.

However, what if the hypothesis is not just based on bad science but is in fact something more insidious? What if there is truth behind the words of Dr. Bernard Forscher, former editor of the US Proceedings of the National Academy of Sciences, who claims the HIV hypothesis "is a hoax that became a scam"?

In late August 2008, the investigative work by award-winning British journalist and filmmaker Janine Roberts was brought to my attention. Her book, *Fear of the Invisible: How Scared Should We Be Of Viruses and Vaccines, HIV and AIDS?* (Impact, 2008) has generated a stir in the HIV/AIDS research community, but has yet to reach the greater public. Ms. Roberts spent over a decade on several continents exploring the history of HIV science and interviewing those prominent scientists who have challenged its

conclusions. But most important Roberts carefully reviewed the original draft research article, with Dr. Gallo's handwritten changes—some that were clearly erroneous—and comments that would eventually become the famous announcement to the world that a retrovirus has been discovered and isolated and is the cause of AIDS. Although John Crewdson procured a copy of the document through the Freedom of Information Act and reproduced it in his book *Science Fictions: A Scientific Mystery, a Massive Cover-Up and the Dark Legacy of Robert Gallo* (Little and Brown, 2003), connecting the dots proving that Gallo never at any time detected and isolated a retrovirus in the samples tested, which would have been absolutely essential for associating it with any disease. This stunning revelation was missed until Roberts put the paper under closer scrutiny. The only conclusion that I can draw from Roberts' meticulous evaluation of this manuscript is that Gallo's research and conclusions were distorted.

We are fortunate to have this scribbled up manuscript rather than it having been shredded before or during later Congressional investigations charging Dr. Gallo with scientific misconduct during the early 1990s. Gallo's lead researcher and the lead author of the paper, Dr. Popovic, had the foresight to protect his own scientific integrity for having reported their laboratory's research accurately. Being cautious, Popovic sent a copy of the original draft with Gallo's handwritten changes to his sister living in Austria for safekeeping. In the event of any future legal investigation, Popovic could retrieve the document. In fact that occasion did arise during the course of the Office of Scientific Integrity's (OSI) investigation into Gallo's research at the LTCB.

If in fact the experiments in Gallo's laboratory at the NCI utterly failed to detect and isolate a retrovirus for AIDS, the implications are enormous. If the starting equation is utterly false then everything that follows is fundamentally useless. Dr. Gallo, nevertheless, continues to be one of world's most respected leaders in the HIV/AIDS global community, lecturing to the most prestigious scientific and international assemblies to continue the "war on AIDS", and inspiring countless young and seasoned scientists to continue this pursuit based on his initial hypothesis. If the entire HIV equals AIDS paradigm is founded on faulty science, then Dr. Gallo's studies and most of those

following in its footsteps contribute to the largest and most costly errors in medical science. It would have resulted in countless numbers of people being falsely diagnosed with HIV and subsequently administered some of the most dangerous drugs ever invented.

While I had always known serious questions have been raised against Dr. Gallo's scientific methodology, his publications and public pronouncements, and frequent condemnations against his detractors, seeing for the first time actual evidence showing that he altered the research in order to claim he "isolated" an AIDS causing retrovirus just days prior to submitting his paper to *Science* compelled me to report it to the media. Four years ago, I hosted a press conference over my radio broadcast on NPR in New York City to engage Janine Roberts and another invited guest, Prof. Andrew Maniotis, a professor of Cell Biology at the University of Illinois at Chicago, on a thorough exploration of Roberts new findings.

Janine Roberts recreated the events leading to the development of the infamous *Science* paper. During the period that Popovic was composing a draft of the paper, Dr. Gallo was away in Europe "to boast that they had already discovered the AIDS virus," Roberts writes, before the research was completed. He had also arranged for his discovery to be published in *Science*. Therefore, to preserve his scientific reputation—he had already failed in other pursuits to prove retroviruses (HTLV-1 and HTLV-2) were the cause of a rare forms of human T-cell leukemia—it was essential for Gallo to live up to his monumental declarations to the world's awaiting scientific community. As events unfolded, he would not disappoint them.

A brief review of the most critical changes and comments made by Gallo in Popovic's draft prove that his laboratory never discovered an AIDS-causing retrovirus is necessary. Gallo has already been accused and reprimanded for concealing his use of the Institut Pasteur's sample as the basis for his discovery. In fact, Gallo's handwritten changes are what tipped off OSI investigators about his intentions to hide his use of the French samples in his experiments.

When Gallo returned to the US and read Popovic's studies' results and conclusions, he must have been shocked. His comment in a margin, "This abstract is rather trivial for a putative breakthrough paper in *Science*," sets the tone for his concerted rewriting of the research claims and conclusions.

Popovic's original title was "Rescue and Continuous Production of Human T-Cell Lymphotropic Retrovirus (HTLV-III) from Patients with AIDS." Gallo's new handwritten title would be "Detection, Isolation and Continuous Production of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and Pre-AIDS." "Continuous production" simply refers to successfully growing the virus in a culture, which was really the experiments' only accomplishment. In the actual *Science* article, "continuous production" was also dropped from the title.

Identifying the retrovirus as "cytopathic," meaning the retrovirus is responsible for the degeneration and death of cells, in particular killer T-cells, was necessary in order to make the claim that HTLV-III was the cause of AIDS. (Later the American HTLV-III and the French LAV viruses would be given the common name Human Immuno-Deficiency Virus or HIV during the litigation settlement between the two research teams over who discovered the retrovirus first.) However, as Roberts observes there is nowhere in the paper "experiments to prove their virus killed T-cells." Aside from the prevailing assumption that HIV is a cytopathogen, a retrovirus has never been shown conclusively to kill T-cells nor has any retrovirus ever been shown to be a causal agent for disease in humans. This has been the unwavering view of one of the world's leading retrovirus experts, Dr. Peter Duesberg at the University of California at Berkeley. After many years of laboratory research, Duesberg concludes, "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."

During the 1970s, Gallo searched in earnest to find a retrovirus (HTLV) as the causal agent of a rare form of human T-cell leukemia without success. To this day, researchers

continue to hunt in the dark to discover just how HIV destroys T-cells. According to Roberts, “Gallo was on a rescue mission. He was trying to rescue his hypothesis that retroviruses were major causes of human diseases. He had failed to prove they were a major cause of cancer. He now wanted to prove they caused AIDS.”

Later in the paper, Popovic had typed “Despite intensive research efforts, the causative agent of AIDS has not yet been identified.” Gallo crossed out this sentence. Prior to Roberts’ review no one had drawn attention to this sentence’s replacement line in the final *Science* article: “that a retrovirus of the HTLV family might be an etiological agent of AIDS was suggested by the findings”. In addition, Popovic wrote that it was only an “assumption” that a type of HTLV was the cause of AIDS. Gallo changed this word to “hypothesis,” thereby elevating the scientific magnitude of the paper from mundane to momentous.

Janine Roberts reviews the primary experimental methods and interpretations in the Gallo/Popovich manuscript to show the faulty logic the investigators relied upon to arrive at their conclusion they had detected a retrovirus causing AIDS. For example, the research depended upon measuring the activity of an enzyme called Reverse Transcriptase (RT) in the cultures under investigation. According to Roberts’ research, Gallo believed RT was “a weapon used by an invading retrovirus to attack our DNA.” Before 1984 it was known that RT is found in every living cell, including the debris from destroyed cells and in all retroviruses. Moreover, as Roberts notes, Popovic added chemicals to the cell cultures to provoke RT activity. Despite this, measuring RT activity was one of the primary reasons for the researchers to conclude they detected a retrovirus. But now we know that “RT is a vital enzyme that has shaped our DNA over millions of years of evolution.”

Finally, Roberts brings attention to the interpretation of the electron microscope photos of Gallo’s retrovirus published in *Science*. Four days before Gallo was to submit his article, he received a letter from Dr. Matthew Gonda, Head of the Electron Microscope Laboratory at the NCI, giving his professional assessment of the images. Dr. Gonda

wrote, “I would like to point out that the ‘particles’... are in debris of degenerated cells... I do not believe any of the particles photographed are HTLV I, II or III.... No other extracellular ‘virus like’ particles were observed.” Disregarding Dr. Gonda’s interpretation of the images, the photos were nevertheless submitted for publication.

In preparation for the broadcasted press conference, I emailed Dr. Etienne de Harven in Paris, Professor Emeritus from the University of Toronto, one of the world’s foremost authorities on electron microscopy and a leading medical scientist. In response to my question whether there was any time during his long outstanding career in medicine when he had ever observed an HIV retrovirus from an electron microscope, he replied, “I never observed one single particle of retrovirus in any of the thousands of samples of human leukemic, cancerous and AIDS related samples I studied under the electron microscope between 1956 and 1993 (the time of my retirement).”

Earlier in 2008, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, wrote an essay “Twenty-Five Years of HIV” in *Nature*. The title is an indirect reference to the prevailing assumption that Dr. Robert Gallo at the National Cancer Institute in Bethesda, Maryland, and Dr. Luc Montagnier at France’s Institut Pasteur simultaneously discovered HIV, as the cause for several autoimmune disease symptoms that were grouped under the umbrella term AIDS.

During a recent interview conducted by the International AIDS and Vaccine Initiative, commemorating a quarter century of HIV research, Dr. Fauci stated, “There are some unique characteristics of HIV that relate directly to our inability, at this point, to develop a vaccine. The most important is that we do not know what a protective immune response would be because, astoundingly, there isn’t a single documented case of anybody who has developed an established HIV infection and then spontaneously eradicated the virus.” Fauci did not mention the much more astounding fact that during the past 28 years of HIV research, where is a single HIV retrovirus isolated from an AIDS patient? If in fact this has been accomplished, then the retrovirus could be photographed under an electron microscope. Where are these photographs taken directly from the blood of an AIDS

patients? Opinions abound for how and why HIV acts like a disease-causing phantom in the body and scientists continue to hunt for a retrovirus. However, any scientist who stops, questions and suggests the entire HIV hypothesis might be nothing more than a quest for ghosts are categorically denounced by the prevailing scientific HIV/AIDS community.

For Dr. Fauci to state that no one who has developed HIV infection and then had the retrovirus eradicated misses the main point. Instead, it should be asked, has anyone with full blown AIDS had their health condition restored? The answer is yes. And repeatedly so. But all such success stories of reversing AIDS have been accomplished without recourse to antiretroviral drugs. Fauci also omitted to note that despite the implication that HIV inexorably leads to AIDS and death, even mainstream researchers have an acronym, Long-Term Non-Progressor (LTNP), to describe people who live for many years without adverse health consequences from HIV and without taking AIDS drugs.

Today, we are witnessing a surge of funding throughout the AIDS research community, heavily backed by the NIH and CDC, pharmaceutical investors and lobbyists, and opinion leaders like Bill Gates and Bill Clinton, to develop a vaccine against HIV. If such a vaccine were ruled effective by the FDA, theoretically, the next step would be widespread mandatory vaccination across the nation. We might even require possession of government issued cards as proof of vaccination. This is not an entirely illusory scenario. At this moment there are politically and financially motivated efforts to push Glaxo's Human Papilloma Virus (HPV) vaccine, Gardasil, on state legislatures to make it mandatory for young girls before entering high school. Many serious questions have been raised concerning Gardasil's safety by the FDA. In the meantime, thousands of young girls and women have suffered serious adverse effects, including paralysis, lost of consciousness, and at least 110 reported deaths, after receiving the vaccine. The vaccine has only been shown to generate antibodies, not reduce the risk of cancer.

According to Dr. Andrew Maniotis, approximately sixty HIV vaccine trials have been executed so far. Each has failed dismally. The most notorious of these trials was the



AIDSVax vaccine conducted by GenVax President, Dr. Donald Francis, in Thailand. Ever since Dr. Gallo's pseudo-discovery, Francis has pursued the development of an HIV vaccine with the missionary zeal of a necon warrior. His Thailand trials resulted in increasing the HIV positivity among those who received the vaccine compared to the placebo group. Nevertheless, after many years of immense funding and nothing important to offer, Dr. Francis and his biotech firm were generously rewarded \$877 million to develop an anthrax vaccine for the military.

The views and research of the many medical researchers who find serious flaws in the science to support the HIV hypothesis can be summarized easily. There is no diagnostic test with the specificity to singly target HIV. There is no antiretroviral drug that doesn't also seriously compromise the human immune system and further threaten individuals with other life-threatening illnesses. And there is scant research proving that HIV is readily sexually transmitted. Nor is there proof that people who become HIV-positive but have none of the commonly associated health risk factors (such as drug or blood product use) are more likely to get sick than the average healthy person. This does not add up to much of an achievement for the HIV/AIDS advocates who preach the faith of Dr. Gallo and his close colleagues' faith.

What will come as a surprise to many readers is that in 1993 the CDC redefined the criteria for diagnosing a person with AIDS. No longer does a person have to show symptoms of illness; instead, a CD4 count of less than 200 is sufficient for being diagnosed with AIDS, even if a person feels perfectly healthy. This systematically increased the number of AIDS patients dramatically across the nation as well as increasing the numbers of the "infected" heterosexual population in the national health agencies' statistics. The science to support such predictions is as magical as any medieval exorcist employed by the Inquisition to prove the existence of a demon. To just give one sample, excessive exercise will lower CD4 count. I have trained thousands of people to compete in the New York City Marathon over several decades. On one occasion, I had almost 100 people in my training groups—each lived a healthy vegetarian lifestyle and was drug free—have their blood drawn prior to a marathon and again had it drawn upon

completion. In all cases, their CD4 count was around 200 or below compared to normal counts before the race.

Today, the walls between the opposing sides of the HIV argument continue to climb. Those who deny HIV causes AIDS are often viciously attacked with the words worthy of the most ardent demagogue from a pulpit. HIV “denialists” or “dissidents,” as they are frequently called, have been compared to pro-fascists who deny the Holocaust ever occurred. For Dr. de Harven, “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 since the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored. How many efforts, how many billions of research dollars have gone up in smoke?”

An excellent example of the breakdown in scientific discourse that is now the norm for HIV/AIDS scientific debate took place between the zealous HIV/AIDS advocate Professor John Moore at Cornell University, and The Perth Group, an international group of scientists located at the Royal Perth Hospital in Australia, who have consistently challenged the HIV hypothesis for many years with their own research. As reported by Roberts, the Perth scientists were simply citing academic evidence disproving the dominant belief in the cause of AIDS. Prof. Moore’s curse response was simply, “I despise you and your fellow AIDS denialists, and I regard your level of ‘scientific analysis’ as pitiful and laughable.”

It goes to show that a blind faith in a particular dogma of medical science can display many of the same signs found in the worst of cultic behavior. In its intellectual stagnation, AIDS science has retreated to a threatened embattlement, fighting by any means its opponents who might bring down its towering edifices of a hypothesis built on quicksand.

Gary Null, PhD is host of the nation's longest running radio program on nutrition and alternative medicine, a NY Times bestselling author, and a documentary filmmaker. His 2007 award-winning documentary *AIDS Inc* interviews Nobel laureates, medical academics, AIDS scientists and activists speaking out against the current evidence to conclude that HIV causes AIDS.

## Part 2

I have heard so many times from people within the orthodox AIDS community that any challenge whatsoever is tantamount to AIDS denialism, and yet hundreds of articles in the peer-reviewed scientific literature show that there are inaccuracies, inconsistencies, and out and out falsehoods being perpetrated within that orthodox community. What follows is but a random sample of recent AIDS research showing how they have been wrong on the important issues and continue to defend grossly flawed positions. Also included are a list of over 2,700 notable physicians, scientists and health freedom advocates who have raised doubts over the official HIV/AIDS paradigm. To my mind, the mainstream stance on this issue does not represent science or help those afflicted but rather defends the merits of a grossly misguided medical ideology.

### **AIDS Since 1984: No Evidence For A New, Viral Epidemic – Not Even In Africa**

- Likewise the CDC reports a steady 1 to 1.5 million of HIV-positive Americans since 1985 (see pages 186 and 191 above, and Duesberg et al. 2003). Since immigration of HIV-positives is banned, this indicates that the mortality of average American HIV-positives is close to normal. Furthermore, a study of the US Army reported recently that about 5% HIV-positive soldiers (Renzullo et al., 2001) “through an experiment of nature” developed no AIDS for up to 20 HIV-antibody-positive years without anti-HIV treatments.
- But since the Army’s study did not investigate the use of recreational drugs, although the majority of American AIDS patients have used recreational and anti-viral drugs (Duesberg et al., 2003, see also Introduction), it is possible that the AIDS-free HIV-positives were those who had used neither recreational nor anti-viral drugs. ... Thus the CDC, the WHO and the US Army provide evidence that supports our demographic evidence that HIV is a passenger virus.
- The predicted epidemiological pattern of mortality associated with the putative new AIDS virus never showed up in South Africa or anywhere else in Africa between 2000 and 2005. On the contrary, the African population doubled during the HIV-AIDS era, despite high prevalence of HIV. Our findings that there is no evidence for a new fatal HIV-AIDS epidemic in Africa have thus resolved the paradox that HIV would cause a general AIDS epidemic in Africa, but not in the rest of the world – namely by the absence of said epidemic.

Source: AIDS Since 1984: No Evidence For a New, Viral Epidemic--Not Even In Africa. Ital J Anat Embryol. 2011 ;116(2):73-92.

### **On the Risk of Contracting Aids at the Dissection Table**

- Since the beginning of the AIDS epidemic it was postulated that health care workers were at risk of being exposed to HIV and developing AIDS and, consequently, HIV serophobia became widespread among health care professionals including those working in mortuaries. .... However, occupational exposure to HIV is uncommon, and the overall risk of seroconversion after contact with HIV positive blood is extremely low.
- It is calculated that, on average, 99.7% of health care workers, who are exposed to HIV will not be infected.

Source: On the risk of contracting AIDS at the dissection table. Ital J Anat Embryol. 2009 Apr Sep ;114(2-3):97-108.

### **Mis-Steps in Science and the Epidemiology of HIV and of AIDS**

- When the army started HIV testing of recruits in 1985, they found that from all across the country, teenage girls tested positive just as often as teenage boys. But AIDS first appeared in a few big cities among gay men. What supposedly caused it, HIV, was supposed to have come into the US in the late 1970s. It couldn't have spread across the country like that within a few years so that girls would be as often infected as boys. Anyway, if it *had* spread like that, then there ought to have been AIDS cases among teenage girls, and there weren't. That same peculiarity among teenagers has been seen ever since then, in every social group. I couldn't understand what was going on, so I looked at all the published data from HIV tests in the United States, and kept finding more signs that HIV tests don't detect something that's infectious.
- For instance, the estimated number of infected Americans has remained at about the same level while the total number of AIDS cases has kept increasing.
- HIV and AIDS also affect black and white Americans quite differently. Again the relative incidence of AIDS has changed steadily and dramatically, while for HIV there's no sign of any trend. AND the geographic distribution of HIV has been the same for decades, and the same in all social groups

- So: in groups as varied as new mothers, military recruits, disadvantaged youth in the Job Corps, blood donors, and overall at testing places, the distribution over the US is about the same and has stayed that way for 20 years or more. No infectious disease stays distributed in so much the same way in every social group and over a period of twenty years.

Source: Bauer, Henry H. "Mis-Steps in Science and the Epidemiology of HIV and of AIDS" Powerpoint Presentation, Virginia Tech University. 2012

### **Human Endogenous Retroviruses and AIDS Research: Confusion, Consensus, or Science?**

- AIDS epidemiological data have been further confused by several consecutive changes in the official definition of the syndrome, and have failed to support the current HIV=AIDS dogma.
- The hypothesis of an exogenous retrovirus "HIV" causing AIDS appears unsupported by the scientific evidence concerning molecular markers, EM findings, ARV drugs, and epidemiology. However, two intriguing findings deserve further attention: the identification of genomic retroviral sequences in AIDS patients' blood ("viral load") and the EM demonstration of retroviruses in cord blood lymphocytes. Simply concluding that "HIV does not exist" is not sufficient unless alternative, satisfactory explanations for these two observations are found.
- As emphasized years ago by Papadopoulos, Lanka, and others, there is no scientifically verifiable evidence to confirm the existence of a hypothetical exogenous HIV. However, stating simply that "HIV does not exist" is an incomplete statement that fails to explain the complexity of HIV/AIDS research. To that statement, one should always add that HERVs have heavily interfered with HIV/AIDS research in a way that cannot be ignored. Adequate understanding of HERVs as confounding factors opens the way to a better, more objective analysis of AIDS research. Finally, the question as to whether HIV exists, or of whether researchers have been studying a harmless passenger virus, is a question that should be subject to open debate and careful consideration of

scientific evidence or lack thereof. Alternative explanations for findings should be decided by the scientific evidence, not by consensus. The advancement of our understanding of AIDS demands nothing less.

Source: de Harven, Etienne. Human Endogenous Retroviruses and AIDS Research: Confusion, Consensus, or Science? *Journal of American Physicians and Surgeons*. Fall 2010; 15 (3)

**Identification of Differentially Expressed Proteins in the Cervical Mucosa of HIV-1-Resistant Sex Workers (Evidence that prostitutes are not a risk group for HIV)**

- A subset of 140 women out of a total of over 2000 participants from the Pumwani Sex Worker cohort have been identified to be relatively resistant to HIV-1 infection. Previously described resistance mechanisms, such as delta-32-CCR5 polymorphisms, have been discounted in this population as their cells are readily infected in vitro and this genotype has not been detected in this group

Source: Burgener A et al. Identification of Differentially Expressed Proteins in the Cervical Mucosa of HIV-1-Resistant Sex Workers. *J Proteome Res*. 2008 Aug 16.