

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

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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.

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 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 Papadopulos, 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.

**Gary Null, Ph.D.** 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.



Top Scientists Ask Journal *Science*  
To Retract Original AIDS Papers

**SAN FRANCISCO (Rethinking AIDS) Dec. 9, 2008**—The international nonprofit scientific organization Rethinking AIDS gave its full support today to 37 senior researchers, medical doctors and legal professionals who are requesting that the medical journal *Science* withdraw four seminal papers on HIV authored by Dr. Robert Gallo—papers widely touted as proof that HIV is the "probable cause of AIDS." An online posting of the letter can be found [here](#).

"With new findings that undermine the scientific integrity and veracity of Gallo's four papers, the entire basis of the theory that HIV causes AIDS may now be questioned," says Rethinking AIDS president David Crowe.

The letter to the journal comes at a time when the microbiology world is abuzz about Gallo's omission from the 2008 Nobel Prize in medicine for the discovery of HIV, contrary to an international agreement that the two teams should share credit. French scientists Drs. Luc Montagnier and Françoise Barré-Sinoussi are instead to be given the award, a decision that also implicitly questions the scientific integrity of Gallo's claim of the discovery. Montagnier, however, [admitted on camera](#) more than a decade ago that his experiments did not purify any virus.

The four papers were originally published on May 4, 1984, a few days after a press conference by Gallo announcing he had discovered the "probable cause of AIDS." Now, a British investigative journalist has shown that Gallo's claim was based on last-minute alterations to documents that make false claims about the results of his lab work and research experiments. The letter to *Science* sent by the 37 experts on Monday, Dec. 1, 2008, includes a copy of Gallo's handwritten changes to the article, a letter from an electron microscopy expert indicating that Gallo's samples did not contain any virus, and a letter from Gallo to a researcher verifying that HIV could not be purified directly from human materials.

The investigative conclusion prompting the letter to *Science* was made by journalist Janine Roberts, author of *Fear of the Invisible*, a book that examines the origin of several disease theories. "I was shocked when I read the original draft of the key scientific paper now widely cited

as proving HIV causes AIDS," says Roberts. "Gallo's handwritten last-minute changes had reversed what the scientists in his lab had originally concluded. This demonstrates a stunning disregard for the scientific process and a very disturbing breach of public trust."

It is clear that the seminal research published on HIV contained unjustified claims and alterations. In 1993, governmental investigators determined Gallo had so poorly recorded his key and much-cited experiment that it was impossible to repeat and verify it.

In the early 1990s, several highly critical reports on the research underlying Gallo's papers were produced as a result of governmental inquiries working under the supervision of scientists nominated by the National Academy of Sciences and the Institute of Medicine. The Office of Research Integrity (ORI) of the U.S. Department of Health and Human Services concluded that the lead paper of the four was "fraught with false and erroneous statements" and that the "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." Further, a Congressional Subcommittee on Oversight and Investigations produced a staff report on the papers, containing scathing criticisms of their integrity.

[Rethinking AIDS](#) — an international group of more than 2,600 scientists, doctors, journalists, health advocates and others — offers several eminent medical and scientific experts to comment on this and other AIDS issues currently in the news:

**Etienne de Harven, M.D.\***

Professor Emeritus, University of Toronto      Saint Cézaire, France

Member and professor in cell biology, Sloan Kettering Institute, New York, 1956-1981. Isolated and obtained the first electron microscopic studies of the murine Friend leukemia virus, and retroviral budding. Frequent critic of the "isolation" of HIV, and past president of Rethinking AIDS. Dr. de Harven can comment on the science of retrovirus isolation.

**Janine Roberts**

Investigative Reporter    Bristol, U.K.

[jan@fearoftheinvisible.com](mailto:jan@fearoftheinvisible.com)

Author, *Fear of the Invisible*, a recent book exposing the fraud in the drafting of one of the original 1984 *Science* articles by Robert Gallo.

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*Rethinking AIDS: The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis ("RA" or "the Group") was formed in 1991 to express the concerns of a growing number of renowned scientists and medical doctors about HIV research and the resulting human rights abuses. In 1995, by a letter published in Science, the Group called for a thorough reappraisal of the existing evidence for and against the HIV/AIDS hypothesis and recommended that critical epidemiological studies be undertaken.*

*Among RA's founders and key members are University of Toronto professor emeritus and former cancer researcher Dr. Etienne de Harven; Harvard microbiologist Dr. Charles Thomas; 1993 Nobel laureate for chemistry Dr. Kary Mullis; Nature/Biotechnology co-founder Dr. Harvey Bialy; University of California at Berkeley molecular biologist Dr. Peter Duesberg and the late Yale mathematician Dr. Serge Lang, both members of the National Academy of Sciences; physicist Eleni Papadopulos-Eleopulos of the Royal Perth Hospital in Australia; and Glasgow University professor emeritus of public health and World Health Organization consultant Dr. Gordon Stewart.*

THE AIDS INDUSTRY AND MEDIA WANT YOU TO THINK THERE ARE ONLY A HANDFUL OF SCIENTISTS WHO DOUBT THE HIV-AIDS THEORY.

HERE'S THE REALITY.

<http://www.garynull.com/home/the-2729-aids-doubters.html>

**The 2,729 doubters:**

**Last updated November 7, 2010.**

*This is not a petition, it is a compilation of notable people whose doubts about Aids are publicly known (more details at the end).*

*New and updated entries from the last three months are shown in red. Limitations on the beliefs of those who question only key parts of the Hiv theory are shown in brackets.*

*Some names on this webpage have been blacked out because AIDS Inc. apparently feels threatened by public exposure of the tremendous dissent to their very profitable HIV theory, so they are contacting people and pressuring them to request removal from this page.*

*If you think you belong on this web page please [email us](#).*

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Ono A. Abada. MSc (Economics). Country Director, Pan African Educational Services (PANAFES), Cape Town, South Africa.

Jeanette S. Abel. MD, Portland, Oregon.

**Folarin Abimbola. Medical student, Obafemi Awolowo University, Ile Ife, Nigeria.**

**Dr. Richard Ablin. PhD (State University of New York). University of Arizona Department of Immunology. Author of over 300 scientific papers.**

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Jotham Achineku. Engineer, Ikeja, Nigeria.

Zdenka Acin. PhD, Journalist, Author, Former Editor of the Yugoslavian magazines Duga and Intervju. Toronto, Canada.

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Donna Fezler. Inventor, Microbiologist, Jacksonville, Illinois. Holds patent for Rhea extract and discovered the ATP Pathway

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Jonathan M. Fishbein. MD. Former Director, Office for Clinical Research Policy at the Division of AIDS (DAIDS) at the National Institute of Allergy and Infectious Disease (NIAID), the US National Institutes of Health (NIH) [*Thinks Nevirapine is a very dangerous medicine that was approved based on improperly conducted studies. Also doubts that the Hiv tests are valid*]

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Donna Flagg. MA. Former visiting instructor at New York University and columnist for Empire magazine

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Michael B. Flanagan. MD, Carmel, California [*Says Hiv is "rarely, if ever" transmitted by penile-vaginal sex*]

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Dr. Stephen Gaiazza. MD. New York. *[Believes that HIV does not play a causal role, but may be a co-factor.]*

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Jamie Glazov. PhD, Managing Editor, Frontpage Magazine [*Says Aids is not transmitted by penile-vaginal sex. Calls this a "Big Lie"*]

Michael Arnold Glueck. MD, Harvard University, Medical Writer. [*Thinks Aids in Africa is greatly exaggerated, calls Aids alarmists 'scaremongers' and says that the cause of Aids remains 'controversial'*]

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Shyh-Ching Lo. MD, PhD, Chief, Division of Molecular Pathobiology, U.S. Armed Forces Institute of Pathology [*Says AIDS is much more complicated than just Hiv and Hiv's causative role is only "possible," i.e., not proven*]

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Giora Mavligit. MD, University of Texas. *[Concluded that their results “strongly support the hypothesis that allogenic sperm is an etiologic factor in the pathogenesis of acquired immune dysregulation among homosexual males” who practice anal sex.]*

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Author, *Sexual Personae, Sex, Art and American Culture* and *Vamps and Tramps*

André Paillaugue. Writer, literary critic, professional in publishing and journalism, participant in Art and Science seminars, publications and meetings, France. Witness of the wild experimentation with AZT in the gay community in Paris, around 1986, and of its fatal consequences.

Montserrat Palacin. MD, President of Spanish Kousmine Association, Expert in RPG, Barcelona, Spain

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Raúl Palma Ehrichs. Musician, Málaga, Spain. Diagnosed HIV-positive in 1998. Medication free and healthy since then. Critic of the pharmaceutical industry and allopathic medicine and other disciplines that want also their slice of the cake. Believes that the only way out of any unhealthy, unbalanced body or mind is to readjust your way of living and lifestyle using the most natural methods possible.

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*Funzionale, L'Invecchiamento - Invecchiare in salute con le strategie della medicina funzionale* and other books.

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Gianfranco Valsè Pantellini. PhD, Biochemist, Firenze, Italy [*Says Vitamin C can prevent Aids*]

Dr. William Panton. MD [*Believes that AIDS can be controlled with supplementation with Selenium or other nutrients*]

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*Dr. Stephen Pauker. MD, New England Medical Center, Boston [Does not believe in widespread antibody testing in low-risk populations.]*  
*M. Dennis Paul. PhD, Thought Addiction Specialist, Counselor/Therapist, Windsor, New Hampshire*  
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*Dr. Linus Pauling. PhD, Chemist, two-time winner of the Nobel Prize [Said high dose Vitamin C can control Aids]*  
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**Gerald H. Pollack. PhD. Professor of Bioengineering, University of Washington, Seattle.**

*Author: Cells, Gels and the Engines of Life and Muscles and Molecules: Uncovering the Principles of Biological Motion [Says the Hiv-Aids-AZT controversy needs serious debate, and debate is being blocked by the Aids establishment]*

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Ronald F. Price. PhD, La Trobe Univ., Bundoora, Victoria, Australia

Ritu Priya. MD, epidemiologist and professor at the Centre for Social Medicine and Community Health of the Jawaharlal Nehru University in New Delhi, India *[Says Hiv tests kill people and Aids patients recover with holistic treatment]*



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George Quasha. Writer/Editor. Author of *Somapoetics*, *Giving the Lily Back Her Hands*, *Ainu Dreams* and other books. Has taught at SUNY Stony Brook, NYU, The New School for Social Research and Bard College

Dr. Pierre Quellere. Berlin, Germany

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Dr.Sanjeev Ranjan Desai. Patna, India

Bruce Rankin. Lawyer, Bridgetown, Alabama

Steven Ransom. Co-author, *World Without Aids* and author of many other books about scientific/medical corruption

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**Jon Rappoport. Investigative reporter, author, *AIDS, Inc. The Scandal of the Century***

Carolyn Rasche. PhD, Psychotherapist, Atlanta, Georgia

**Dr. David Rasnick. PhD, Biochemist, Protease Inhibitor Developer, University of California**

Molly Ratcliffe. science writer, London, UK

**Dr. Matthias Rath. MD, Director, Dr. Rath Health Foundation, The Hague, Netherlands [*Says Aids can be controlled with Vitamin C and other natural therapies*]**

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Dr. Leo Rebello. ND, PhD (UK), DSc, FFHom, MBA (M'Asia). Has 30 years of clinical, teaching and research experience. Delivered over 10,000 lectures in 63 countries, written 33 books, thousands of articles, reports, editorial letters, short stories and other works. Director of the Natural Health Centre, Bombay; President of AIDS Alternativa and Indian Council of Natural Medicine and Research; Fellow of European Medical Association, Permanent Fellow and Adviser to British Guild of Drugless Practitioners and Fellow of Indian Nature Cure Practitioners Association.

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*Lew Rockwell. Libertarian political commentator. Founder of the Mises Institute for economics. Author of [Speaking of Liberty](#) (2003). Editor of [Man, Economy, and Liberty: Essays in Honor of Murray N. Rothbard](#) (with Walter Block) (1986), [The Free Market Reader](#) (1988), [The Economics of Liberty](#) (1990), [The Gold Standard: Perspectives in the Austrian School](#) (1992), [Murray N. Rothbard: In Memoriam](#) (1995), and [The Irrepressible Rothbard](#) (2000). [Has provided a forum for AIDS rethinkers on his political weblog [LewRockwell.com](#)] [\[visit website\]](#)*

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Hans Ruesch. Novelist, activist against animal experimentation, racing car driver. Switzerland.

Author of *The Great Medical Fraud* (1982), *Slaughter of the Innocent* (1978). [\[visit website\]](#)

Urs Rufener. Dr.med.vet, Zurich, Switzerland

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Winner of *Premio Medicina 1987*. Co-author of *Aids denialism at the [Italian] ministry of health* (Medical Hypotheses, 2009). [\[visit website\]](#)

Dr. John Ruhland. N.D, Seattle

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Dr. Ahmed Saad. Los Angeles, California

Aapo Säask. MSc, MA, MBA, Developer of water purification technology, Consultant on Third World Development to World Bank, WTO, FAO. Stockholm, Sweden

Brooke Saathoff. MS Psychology, Parsons, Kansas

Marco Saba. Science Investigator, Ethical Environmental Observatory, Milano, Italy

Renato Sabelli. Biochemist, Tor Vergata University, Rome, Italy

Dr. Albert Sabin. Inventor of live-virus polio vaccine. *[Stated that the views of people like Peter Duesberg are terribly important and that he was astonished by the hysteria around AIDS. He later did research on AIDS vaccines but never withdrew his earlier statements.]*

Juliane Sacher. MD, Specialist in General Medicine. Concerned with AIDS medicine since 1983.

Frankfurt, Germany. Author of *Causes of Immunodeficiency, Immune-Disbalance and Non-Toxic Therapy*. [\[visit website\]](#)

Peter Safar. MD, Head of Department of Obstetrics and Gynecology, Zomba Central Hospital, Malawi

Dorion Sagan. Science writer for The New York Times, Bioscience, The Times Higher Education Supplement, Wired, Natural History, Coevolution Quarterly, The Smithsonian, The Sciences, The Science Teacher, Whole Earth, Omni, The Environmentalist, The Ecologist and The New York Times Book Review. Author or co-author of 16 books translated into 11 languages, including *Up From Dragons: The Evolution of Human Intelligence, Acquiring Genomes, Microcosmos, Origins Of Sex, Into the Cool: Energy Flow, Thermodynamics, and Life, and What is Life?* [\[visit website\]](#)

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Balwant Saini. PhD, Emeritus Professor and former head of the Dept. of Architecture, University of Queensland, Australia. Consultant to the UN, Asian Development Bank and Australian Government. Author of several university textbooks

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Liam Scheff. Journalist who exposed the forced drugging of orphans at the New York 'Incarnation Children's Center'

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Dr. Heinz Dieter Schneider. Moeglingen, Germany

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Robert Scholl. CEO and President, Children's Wilderness Fund, Tarpon Springs, Florida

L. Craig Schoonmaker. Author, Founder and President, Homosexuals Intransigent

Katinka Schröder. Journalist and author, Dortmund, Germany

David R. Schryer. PhD. Research chemist. Former researcher at NASA's Langley Research Center. Co-developer of a catalyst for use in a space-based laser that uses carbon dioxide to help generate its beam. Author of *Heterogeneous Atmospheric Chemistry* and *Crystallite orientation in molded graphites*. Co-author of *Man's impact on the troposphere: lectures in tropospheric chemistry*. Hampton, Virginia.

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Mary Sevigny. PhD, Molecular Biology, University of California, Berkeley. Cancer researcher, University of California, San Francisco. Lecturer in Biology, Napa Valley College (2004–5). Adjunct professor in Microbiology, Dominican University (2006–). Member, American Societies for Biochemmistry and Molecular Biology and Cell Biology. [\[visit website\]](#)

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Muslim Shahid. Inorganic chemist, research and development scientist, inventor, Houston, Texas

Inbar Shai. PhD, Brookline, Massachusetts

Dr. Frank Shallenberger. MD, former professor, University of California School of Medicine at Davis and John F. Kennedy University in Orinda, California; Secretary, Orthomolecular Medical Society; Medical Board of Directors, Huxley Institute for Biosocial Research; Founding Director of the International Bio-Oxidative Medicine Foundation [\[visit website\]](#)

James Shapiro. PhD (Genetics). Institut Pasteur Fellowship. Appointments to Harvard, University of Havana, Brandeis, University of Chicago, Tel Aviv University, University of Edinburgh, Cambridge. Editorial boards: Journal of Bacteriology, Enzyme and Microbial Technology, Biotechnology Series, FEMS Microbiological Reviews, Research in Microbiology, Environmental Microbiology. Awards:

Marshall Scholarship (1964-1966); Wellcome Research Training Scholarship (1966-1967); Jane Coffin Childs Memorial Fund for Cancer Research Postdoctoral Fellowship (1967-69); NIH Research Career Development Award (1976-1980); Darwin Prize, University of Edinburgh (1993); Fellow, American Academy of Microbiology (1993); Foundation for Microbiology Lecturer, American Society for Microbiology (1994-6); AAAS Fellow (1994); OBE (2001).

Amir Shariff. MD, Chicago, Illinois

Mohammad Mehdi Sharifi. ND, MSc, Vancouver, British Columbia, Canada, Doctor of Naturopathy, Master of Holistic Applied Nutrition

Ramesh Sharma. Gandhi Peace Foundation, India [*Says the entire Aids campaign in India is profit-driven*]

Marla Shauer. Nurse, Washington, DC

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Sevl Sheldon. Psychiatrist, Pennsylvania

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Author, *India: Progress or Poverty* and *Underdevelopment and Economic Growth*

Joan Shenton. MA, Meditel Productions, England. Medical journalist and producer of over 100 TV documentaries which won her company seven international awards as well as the British Royal Television Society Award and the British Medical Association Award

James T. Shepherd. MD, Port Arthur, Texas

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Dennis Shipman. MS in Medical Anthropology. Adjunct Professor, Burlington Community College, Camden Community College, Lincoln University. Graduate Assistant, SUNY Buffalo State College.

Nagesh Shirgoppikar. MD., AIDS specialist, Salvation Army Clinic, Mumbai, India [*Says Hiv+ patients, if treated holistically, remain in perfect health without Aids drugs*]

Joshua Shome. L.Ac, MSTOM, Acupuncturist, Oriental Medicine Practitioner, New York City

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Eric Shragge . PhD, Professor of Social Work, McGill University, Montreal, Canada.

Author, *Community Economic Development: In Search of Empowerment* and other books

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David Shugar. PhD, Prof. Biophysics, Univ. Warsaw, Editor, *Pharmacology and Therapeutics*, Poland

William F. Shughart II. PhD. Barnard Distinguished Professor of Economics, and holder of the Robert M. Hearin Chair of Business Administration at the University of Mississippi. Formerly, economist at the Federal Trade Commission. Associate editor, *Southern Economic Journal*; Book review editor, *Public Choice* and *Managerial and Decision Economics* journals. Author of *Taxing Choice: The Predatory Politics of Fiscal Discrimination*; *The Elgar Companion to Public Choice: The Organization of Industry*; *Antitrust Policy and Interest-Group Politics*. Co-author, *Modern Managerial Economics*; *The Causes and Consequences of Antitrust*; and *The Economics of Budget Deficits*.

Mark Shulgasser. Playwright, Author, New York

Dr. Severin Sibailly. MD, physician, Abidjan, Cote d'Ivoire [*Says many Hiv-negative women in Africa have Aids*]

Yannis Sideris. Professor of Social Sciences, Merchant Marine Academy, Thessaloniki, Greece

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David Sigurslid. MD. Durango, Colorado.

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João Silva. Electrical Engineer. Lisbon, Portugal.

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Thula Simpson. Postgraduate research student, University of London, UK

Dr. Hector Simpson-Gildemeister. DPhil (Oxford). Biochemist, UK.

Arthur Singer. Author of *23 Years Positive*.

Anju Singh. Co-founder of NGO JACK India. Member of Rethinking AIDS. Has been questioning the Indian health ministry and UNAIDS about the scientific evidence behind labelling sections of the population, such as homosexuals, high-risk groups. New Delhi, India.

Beldeu Singh. MSc Physical Anthropology, Malaysia. Columnist for the website [www.independent-media.tv](http://www.independent-media.tv)

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Xin Song. Computer Scientist, Universität Trier, Germany

Dr. Joseph Sonnabend. MD, New York Physician, founder of the American Foundation for AIDS Research (AmFAR) [*Says Aids is multifactorial, AZT is 'a disaster' and that heterosexual transmission is 'a hoax.'*]

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**Shagha Tahmasebi. MS. Infectious Diseases. California, USA.**

**Bolgova Tais. Lawyer. Russia.**

Julie Talavera. Medical Student, Tulane University. Recipient of the Francis M. Taylor award for Chemical Engineering

Chris R. Tame. PhD, Journalist, Founder and Director of Britain's Libertarian Alliance *[Says Aids is not a threat to heterosexuals and statistics are faked and manipulated to convince you otherwise]*

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There you have it. No "handful of wild-eyed conspiracy theorists." No "right-wing racists," as the Aids industry's spinmeisters would have you believe. Just 2,729 very serious, concerned, highly educated people from every corner of the globe who sense that an enormous tragedy is unfolding due to the medical establishment's unwillingness to face the evidence that the Hiv-Aids theory is a mistake.

The people on this page were intellectually curious enough to have sought out and studied the arguments that discredit the Hiv-Aids theory. Since the mass media and professional journals censor these arguments, the vast majority of doctors and scientists, although decent people who want to do the right thing, have never been exposed to them, and so accept the biased conclusions of politicized bureaucracies like the CDC and WHO, whose coziness with the drug

industry is legendary and whose recommendations always seems to dovetail perfectly with drug industry marketing plans.

Were it not for the massive media blackout of information that contradicts the Hiv theory, many more people would be asking tough questions.

The next time you hear the media say, “only a handful of scientists doubt Hiv’s role in Aids,” refer them to this page. Explain to them that it is wrong to misrepresent the fact that there is enormous dissent to the Hiv-Aids paradigm.

The next time you hear the media drone, “Hiv, the virus that causes Aids,” remind them that journalists are supposed to distinguish between what is a theory and what is a fact. That Hiv-Aids is only a theory and has never been proven, is admitted by top scientists even in the Aids establishment.

The next time the media announce that tens of millions of people are dying from Hiv in Africa, ask them how they know that. Remind them that journalists are supposed to question dubious assertions from powerful, drug-industry funded agencies like the WHO, not parrot them as if they were indisputable. Ask them why they report these numbers as if they were actual Aids cases, when in fact they are projections made by WHO’s computer programs, based on very questionable statistical methodologies and contradicted by many facts including the continual large population increases experienced in the countries supposedly worst affected.

Request that the media stop twisting the truth in support of a politicized, entrenched Aids establishment that profits financially by terrorizing people, pokes its nose shamelessly into people’s private sex lives, compels people to submit to inaccurate tests and literally forces mothers and babies to swallow toxic, unproven chemotherapy drugs with horrific, often-fatal side effects. Explain to them that this is irresponsible, and that such actions cause needless anxiety, shatter people’s lives, tear families apart, destroy hope and trigger countless suicides. And that while we realize that sensational headlines about “killer viruses” sell newspapers, the social cost of these profits is unacceptable.

Make the media understand that keeping people in the dark about the large number of credentialed dissenters to the Hiv-Aids dogmas, and the financial conflicts of interest that are rampant among Hiv-Aids scientists and NGOs, is a violation of everyone’s human right to informed consent and freedom of information.

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Note: Affiliation with an organization does not imply that the organization supports the individual HIV/AIDS skeptic’s position.

All those who suggest or state that I or any of the other scientists, activists, journalists and health care professionals who challenge the rightness of the existing medical paradigm involving AIDS could have had all their questions answered and proved positive our position on December 9, 1993. On that day, more than 100 persons assembled with their physicians in New York City at a major press conference, they had been selected over a twelve month period if they could prove with medical verification, including blood work up, viral load, CD4 and CD8 count, that they had made major improvements without relapse with their AIDS condition. An independent panel of medical and scientific experts brought more than 25,000 scientific references to verify the medical veracity, efficacy and safety of any given protocol used by the patients. For example, if someone stated that they had been using intravenous vitamin C with glutathione pushes and had made a remarkable recovery, then all the studies in the peer-reviewed literature on vitamin C impacting viral loads were provided. Four of the individuals in attendance had been following my protocols through the Tri-State Healing Center. As each individual came to the podium along with their attending physician to discuss their protocols and improvements, eleven had complete reversal of HIV antibody response. They actually went from HIV positive to HIV negative. What was missing from the press conference was the press, as well as any representatives from the mainstream gay and AIDS community. A major PR firm had been hired and on three separate occasions prior, had invited more than 7,000 journalists as well as members of ACT UP, but none attended.



Press Conference Photographs



