

AIDS: A Second Opinion – Part II

by Gary Null, PhD

Alternative Hypotheses

If HIV doesn't cause AIDS, then what does? This section explores several theories:

Fear. Imagine going to the doctor and being told that you have 18 months to live. The effect can be devastating. Comparing those who survive an HIV/AIDS diagnosis to those who do not, Mark Conlan notes the importance of one's state of mind and emotion:³⁴ "So much of what is called HIV/AIDS is conceptual. I think a key element in any program is to not let your mind make you sick. If you genuinely believe that the HIV-positive test result means that you have a deadly virus inside your system that's going to make you sick with diseases that are going to kill you, then all the nutritional regimens in the world, all the herbal treatments are not going to help you in the long run.... You have to get out of the HIV=AIDS mindset and believe that if you are "HIV-positive" without symptoms, then nothing is wrong with you. I would ask myself, 'Why do I need treatment at all?' It's only when you believe that you're already sick from an HIV infection that you're doomed. I owe that insight to Michael Elner, the president of HEAL in New York and an experienced hypnotherapist who knows a lot about the mind/body connection."

Conlan urges people who see their diagnosis as a death sentence to work on changing programmed beliefs: "This is the only disease that they tell you about when you are a child. Even five-year-olds absorb the message that HIV=AIDS=death. They don't know about lung or breast cancer and other serious conditions that they may run across later in life, but the AIDS establishment has been so effective and universal in its propaganda that even children know that if you test positive for HIV you're going to get AIDS and you're going to die. It's an incredibly pervasive social message, and you have to arm yourself with the facts to get beyond it and get out of the HIV=AIDS mindset. If you believe HIV will kill you it will; if you don't, then that's your first prerequisite for survival." In keeping with this mission, Conlan's monthly news magazine, *Zenger's*, offers information on alternative views about AIDS.³⁵

AIDS survivor John Turner is an example of someone who has turned his life around from a paralyzing state of fear to positive well-being through a quest for the truth. Turner states, "At one point, I

took AZT for a two-week period out of fear and pressure from my doctor and friends. This was early on in the summer of '85 when my doctor told me that I had about six months to live.

"I felt it was my job to start getting as much information as I could. Everything I found told me that no one knew what they were talking about. The summer of '88 or '89 is when I discovered the paper written by Peter Duesberg. That paper sent me on a quest to start being proactive against the idea that a virus is capable of causing this disease without other causes." Fifteen years after he was first diagnosed with AIDS, Turner reports being a perfect specimen of health.³⁶

Lifestyle. Remember the swashbuckling actor Errol Flynn? As a young man, he charmed audiences as Robin Hood and Captain Blood. But by the time the actor had died on his 50th birthday, he was so burnt out from a fast life of drugs and heavy drinking that his doctors, upon autopsy, were amazed that he had remained alive for the last five years of his life. Triple the speed of Flynn's lifestyle, and you speed up the process of self-destruction.

Such is the case with AIDS, which many attribute to a worn down, stressed out immune system caused by drug abuse and a super fast lifestyle. Initially, AIDS was detected in homosexual men who were frequenting bars and bath houses and having multiple sexual partners every night. They were taking massive amounts of antibiotics as a prophylactic against syphilis, and repeatedly coming down with hepatitis and parasitic infections. They drank, smoked, ate poorly, and deprived themselves of sleep. Recreational drugs, such as cocaine, heroine, Ecstasy, and nitrite inhalants were commonplace. Many critics of the HIV theory say that any one of these factors alone could contribute to ill health and that so many of them over a long period of time are likely to result in diseases found in AIDS.

Dr. Frank Buianoucas, a professor of mathematics at City University of New York, and one of the leading forces in the New York HEAL program remembers the scenario: "The people who got AIDS were the free spirits of the 70's. They went around enjoying the new sexual freedoms and picking up microbes for which they had to use antibiotics and other medical drugs. Some friends of mine picked up syphilis or gonorrhoea about 25 times and

then went through all of the treatments. They also were using antibiotics as prophylactics against venereal disease and recreational drugs, all of which did damage to their systems. So many of the people I knew, who had these HIV-positive diagnoses, fit into that category."³⁷

Investigative journalist Michael Verney Elliot emphasizes that risk factors related to lifestyle are of central importance, a fact continually denied by the gay community: "Everyone perceives that the risk is the risk of being infected with HIV. But it isn't. In every known risk group, the risk of being immune-suppressed is for *other* specific reasons. If you ask the question, are we saying that all the people in the known risk groups would be perfectly healthy had it not been for HIV, then the answer is no. But it's the risks that makes them unhealthy. For instance, drug addicts, we know, are sick people. But we are meant to believe that because they have HIV drug addicts are now dying who wouldn't have otherwise died. And this, of course, is absolute nonsense because the average age of death of drug addicts in America is about 31, with or without HIV. This is about the same for gay men who have also got HIV but also do a lot of drugs. So the risk is of being immune suppressed for other reasons, not of being infected with HIV..."

Elliot reflects on the lifestyle common to a small subset of gay men as a result of the sexual revolution of the 70's that lead to sickness: "Why do we accept the HIV virus hypothesis so readily? It's more convenient I suppose to accept the virus from hell rather than our own foolish behavior which has led us into this situation. I think, for instance, that nobody wants to talk about doing drugs. Gay men do a hell of a lot of drugs. They take all sorts of drugs in the disco scene. They take a lot of aphrodisiac type drugs, etc. And if I mention this to my gay friends they regard me as a stupid old fossil who's trying to stop them from having a good time. And I say, well, okay, fine, go and have a good time, but then be prepared for when it all goes wrong later on. But you can't tell gay men not to take drugs because they've never been warned that the drugs themselves could actually cause immune suppression. Unless they've got the virus from hell, they're going to stay perfectly well and all live to be 85. You just can't talk any sense to them. They're not prepared to admit that it's the gay

lifestyle of the 70's which led to the first cases of AIDS.

"In 1982, there was a campaign in *The New York Native* by the late Michael Calan(sp?) who along with a colleague wrote an article called, "We know who we are." He was describing the gay scene as it was and saying 'Are we surprised that AIDS has struck us?' Something had to give sooner or later. He was vilified by the gay community in America for having said this because it looked as if he was betraying gay men by saying what gay men were doing. But it takes a gay man to be honest enough to say to other men, 'for God's sake, how much longer do you think you can get away with that kind of abuse?'"

"Another thing, during the height of the fast-track period in the 70's and 80's, sexually transmitted diseases were just regarded as a recreational hazard. You just got another shot and went straight back to what you were doing before. I talked to a guy once in San Francisco who actually boasted to me that he had gonorrhea 18 times in one year! Now if you can imagine having gonorrhea every three weeks for a year, that's going some. And I thought how can these people hope to be healthy?"

Elliot says the scenario continues and speaks of a phenomenon currently going on in the United States, called a circuit party: "About 7,000 or so gay men go around to a circuit of towns and throw three day raves where everybody gets absolutely bombed out of their minds on drugs, and lots of sex goes on. As a result, I suspect a lot of these men are going to get very sick. But you cannot say that to them. It's judgmental. They'll think you're trying to stop them from having a good time. But I can see the dangers where they can't."³⁸

Neville Hodgkinson adds that "Promiscuous gay men were particularly at risk. They had been exposed to lots of infectious agents. They had often taken antibiotics continuously as protection against renewed bouts of infection with sexually-transmitted diseases. And the passive partners in gay sex, before the days of safe sex, had been exposed to the sperm from sex partners, sometimes thousands of partners, in ways which, according to these scientists, could be very confusing to the immune system. There also had been very heavy drug use within that particular sector of the gay community that had been most at risk. And indeed, the drug-abusing community generally was the other big group where HIV-positivity had been detected, another very unhealthy group in most instances, where they had been exposed to blood from

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sharing needles, repeated infections because of an unhealthy lifestyle, sometimes malnutrition, and the damaging effects of drugs themselves. And of course, the third group were people who suffered from multiple transfusions, particularly hemophiliacs, who again were people who had had *repeated exposure to foreign protein* in their bodies. And according to the scientists, it was these repeated assaults on the integrity of the immune system of the individuals at risk that provided adequate explanation of why their immune cells should be sending out these distress signals. And you didn't need to postulate the existence of a deadly new virus....

"One strong theory about what's going on in AIDS is that it may be a confusion about what is my own body and what are invaders from the outside. When a person has been exposed to the kinds of risks I was describing, for a long period, immune cells may fail to recognize what is friend and what is foe and may begin to destroy cells that are actually part of one's own body instead of just the hostile invaders from outside. This may be a protective response. The body may see itself beginning to lose important immune cells....This may actually be an attempt to protect immune cells against being killed by the autoimmune process. But exactly what is going on is not clear. It's a field that needs a great deal of research."³⁹

Dr. Rasnick states that every AIDS-defining disease has been documented to be drug-related: "There are 20 million chronic drug users in the U.S. The numbers have gone up exponentially from a few thousand in the 70's to 20 million right now. Then there are another 50 million part-time drug users. AIDS is the tip of the iceberg of the drug epidemic. It's analogous to cigarette smoking. Most people in the US who have lung cancer or emphysema smoked cigarettes for a couple of decades. Yet the vast majority who smoke don't get emphysema or lung cancer. AIDS is pretty much in that same category. Peter and I cannot find any documented examples of drug-free AIDS cases, although the overwhelming majority of these 20 million chronic drug users don't have AIDS.

"Kaposi's sarcoma (KS) appears to be a consequence of breathing in chronic nitrite inhalants, the poppers, because 90% of all KS is in gay men, 100% of whom have a history of using the nitrite inhalants. As a chemist, I can tell you that nitrites are highly carcinogenic....When

these folks pop one of these little vials, they can breathe in a milliliter of amyl nitrite or butyl nitrite. And a milliliter of that stuff is about 10 billion molecules of nitrite for every cell in your body. They're certainly sufficient to cause serious damage to your DNA or protein. The KS that we see in these gay men is in the upper extremities around the mouth, face, throat, and lungs. Morris Kaposi never saw this kind of KS. Yet that's exactly where you would expect to see it in somebody who was breathing in a nitrite inhalant."⁴⁰

AIDS *Drugs*. "The HIV hypothesis is the basis for the daily intoxication of 200,000 Americans with DNA chain terminators and protease inhibitors," notes Duesberg. "You can't expect people to live when you are going after the central molecules of life."⁴¹

While AIDS in the 80's was primarily brought on by lifestyle, AIDS of the 90's has become an iatrogenic disease brought on or made worse by immunosuppressive drugs. Dr. Rasnick says, "The HIV antibody test is a reasonably good predictor of people who are going to get AIDS and die but not for reasons that most people think. If you are tested for antibodies to HIV and come back positive, your physician will then inform you as such with a death sentence....You can imagine what that does to you psychologically. It's like voodoo in a way.

"Secondly, the physician will strongly encourage, even to the point of intimidation and threat, that you take anti-retrovirals - AZT, DDI, 3TC - these DNA chain terminators and now protease inhibitors. If you continue to take these lethal drugs, you are certain to become an AIDS statistic. So, if you follow that path from HIV positivity to the drugs, the test is a good predictor of death from AIDS."⁴²

Hodgkinson adds: "There are a good number of scientists who argue that these treatments are the cause of AIDS because there is no known mechanism by which this purported virus could be doing the damage that's attributed to it. A steady diet of chemotherapy is a perfectly rational description of why some AIDS patients suffer from terrible muscle wasting and debilitating diseases. It's worse in many instances than simple immune system failure and vulnerability to infection. The side effects of some of the antiviral drugs that were prescribed in hopes of defeating this illness have actually been a central part of the AIDS syndrome during the second half of the



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80's and onwards. I'm afraid that they have become responsible for widening the scope of this immune system failure, perhaps to people who wouldn't have become ill but who, because of testing positive for some reason, were put on these drugs.⁷⁴³

AZT has never been proven safe or effective according to insider Lynn Gannett, data manager for AZT's phase 3 clinical trials in Syracuse, New York from 1987 to 1990. The purpose of the study was to see whether people diagnosed as having AIDS would improve with the drug protocol, but this was never determined due to a lack of ethics and concern. The actual goal of the research was to maximize the number of patients enrolled in the studies to increase funding, states Gannett: "Clinicians were so reckless that they actually enrolled a person who was HIV-negative, and they didn't even realize that until three weeks later.... Frequently, directives would come down from higher up, focused on enrolling more people. It's like they were oblivious to the

fundamental reason for the studies, to determine if AZT was safe."

Gannett gives a disturbing example of incompetence that took place during trials for AZT in combination with pentamidine: "There was a woman patient enrolled with a history of heart disease, obesity, and some other serious pre-existing medical conditions in addition to her HIV-positive diagnosis. She probably shouldn't have been enrolled in the study at all based on her complicated medical history. Early on, the woman developed a toxicity to the AZT. Her lab reports showed severe anemia. There were specific steps to be taken with people showing signs of toxicity. But none of the doctors or nurses paid attention to those explicitly outlined toxicity management steps.

"Because she was displaying toxicity, she should have been brought in for a lab check to see if that toxicity anemia progressed, which it did, but it was not monitored.... Nobody seemed concerned about it. By the time her week 24 follow-up visit came around, she was showing

signs of grade 4 anemia, which is most severe. She ended up in the emergency room short of breath and close to dying. As if that wasn't bad enough, she should have been taken off the experimental drug entirely, but instead was reduced from 1,000 mg of AZT a day to 500 mg a day. Her anemia continued to worsen, and she was taken off the drug entirely three days later. It was inconceivable to me how they were paying so little attention and making arbitrary decisions in violation of the protocol."

Gannett emphasizes that this was not an exceptional case, but rather an example of what routinely took place: "There are other examples such as incompetent nurses not keeping up with scheduling patients to come in and patients not complying with scheduled visits. Patients were supposed to be brought in for laboratory monitoring and interviews every two to four weeks and this wasn't happening. Wrong lab tests would be ordered so they would have information for lab values they didn't need, and there would be missing information for lab values that were supposed to have been ordered. Standard forms for capturing out of the ordinary information, such as adverse reactions to medications were rarely filled out. It was impossible to analyze the results of the research data coming out of the Syracuse clinic because it was too full of holes. In all likelihood, this happened in other research clinics as well. You can't analyze data if you're breaking the rules left and right. That's not research; that's garbage."⁴⁴ As a result, side-effects that people might have been suffering as a result of AZT and other medications were not recorded and could not, therefore, help the final decision-makers.

Gannett has since learned that AZT is highly poisonous to anyone taking the drug long-term. Created in the 60's as a chemotherapeutic agent for treating cancer, AZT was soon shelved for being too toxic, a fact seemingly forgotten by the pharmaceutical industry when a medicine was needed for AIDS. AZT terminates DNA synthesis; in other words, it prevents the replication of cells. As cell renewal is crucial to all biological organisms, AZT is therefore incompatible with life and health. Gannett finds it especially shocking that pregnant women and babies are given AZT as cell replication in these populations is so vitally important. Studies showing AZT's poor track record can be viewed on the web site called virusmyth.com.⁴⁵

In his documentary, Michael Verney Elliot calls the early AZT trials "sloppy and perhaps fraudulent." He states, "They

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were all prematurely terminated before the ill effects of AZT began to be noticed. Subsequently, it was shown that the dosage of AZT being given was a thousand times more toxic than it was ever claimed to have been.⁷⁴⁶

Recently, protease inhibitors, which contain AZT, have been touted as the miracle cure for AIDS. As deaths from AIDS in the United States were dropping annually before the protease inhibitors were introduced, Gannett surmises that this claim is merely propaganda put out by the mainstream media. These enthusiastic announcements were made within the first few months of marketing, but now, a little over a year later, disturbing side-effects of disfigurement are being observed. Gannett states, "The fancy name that the drug companies have come up with is fat redistribution syndrome. Lumps of fat accumulate on the back of the neck and the shoulder in people who take these drugs. People can't even lift their heads up straight without bumping into a glob of fat. Imagine how dreadful that must be. As fat migrates to different areas of the body, limbs become toothpick-like while the belly becomes distended."⁷⁴⁷

When AIDS drugs fail, other indications are looked at as measures of success. Surrogate markers can show whether or not CD4 levels improve. Mullis comments that no one knows whether CD4 cells should be high or low. In some diseases they go up, and in some they go down. Healthy individuals without risk factors for AIDS, including marathon runners, often have extremely low CD4 counts as well. CD4 levels are therefore insufficient surrogate markers. "The immune system is incredibly complicated," Mullis states. "No competent immunologist would tell you that CD4 levels were a sufficient surrogate marker for anything. The FDA is saying you don't have to show that these drugs help. You don't have to show that they save a single life. All you have to do is show that a clinical indicator has changed and hope this means it will make someone better."⁷⁴⁸

The whole policy of betraying the public trust is nothing less than criminal, say AIDS dissidents. Will we be seeing huge lawsuits in the future? Probably not. More likely, the scenario will be reminiscent of lawsuits against cigarette companies, where only a few are heard and resolved in deals made behind closed doors. Duesberg cites FDA approval as a reason: "Once the FDA approves [a drug], you can prescribe it for anything. You could prescribe AZT for dandruff and be immune as a doctor."⁷⁴⁹

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Where Did HIV Originate? The Viral Contamination Theory

Some dissidents theorize that HIV infected humans as a result of polio vaccine contamination. Michael Verney Elliot has researched this story and talks about its implications: "I first became interested in HIV and AIDS when I was trying to work out where it could have come from. We were told that AIDS was

caused by a retrovirus, HIV, and I thought, how did it get started? There were all sorts of legends about a monkey biting a man somewhere in Zaire. It all sounded a bit strange. So, I started to look into the possibility that HIV had been a contaminant in polio vaccines.

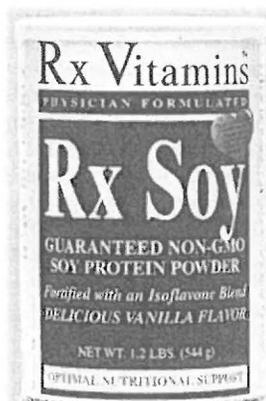
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called Simeon Virus 40 (SV 40). SV 40 was known to be highly carcinogenic when put into human cell culture. When injected into small laboratory animals, it could cause tumors. It looked as though the polio vaccine manufacturers had made a gigantic blunder and given a lot of children SV 40.

"I wondered if the same thing could have happened in this case with a monkey retrovirus. So I did a little bit of research....I came across a paper written by a man named Walter Kyle(sp?), who is a lawyer in America specializing in compensation claims. He wrote a piece in *The Lancet* – I believe it was the 7th of March 1992 – where he stated that it has been known by the American government since 1976 that retroviruses contaminated polio vaccines. That year, two men working with biologics in the United States were examining batches of polio vaccine under electromicroscopy. They discovered retroviral particles, or what appeared to be retroviral particles, which were subsequently confirmed to be type C RNA viruses – that's virology speak for retroviruses. I wondered how this could have happened and started digging around a bit.

"The whole thing goes back to the Simeon Virus 40 panic. In 1960, when the SV 40 was first discovered, it was realized that millions of children had been given live and killed virus vaccine and that they might be infected. It was decided that they ought to stop using rhesus macaques, that were a natural host for SV 40. They switched to a different species. On the advice of Mike Hillerman(sp?), they decided to import African green monkeys and use those cell tissues in the production of vaccines.

"It wasn't until 1985, after almost a quarter of a century using these African green monkey cells, that we realized that African Greens were infected with at least three retroviruses. Two of them happened to be the closest relatives of the two human retroviruses that are considered to cause disease. That's HTLV 1, which is thought to cause adult T-cell leukemia in humans discovered by Robert Gallo in 1980 and HIV which was discovered by Luc Montagnier in 1983. So, it does seem a bit of a coincidence that the two closest relatives of human retroviruses that we've found so far to be in a single species of monkey, which happens to be the chief species used in the manufacture of polio vaccines."⁵⁰

Promoting the Myth

Although open-minded inquiry is the hallmark of science, with AIDS this has not been the case. In 1984, then secretary of state, Margaret Heckler announced at a press conference that Robert Gallo had discovered HIV as the probable cause of AIDS. (French virologist Luc Montagnier is now given credit for this discovery.) Overnight, the word 'probable' was dropped from accounts of this pronouncement, and the war against HIV as the sole cause of AIDS began. The cause was determined even before any scientific papers on the subject were published.

Fifteen years and 50 billion dollars later, with 100,000 MD's and Ph.D's working around the clock, the AIDS orthodoxy has failed to cure even one AIDS patient, notes Peter Duesberg: "What we have done is untold harm to the American taxpayers and to those at risk for AIDS or those infected by HIV," he asserts. "I think everybody should now reconsider that the underlying hypotheses for this effort against AIDS might be flawed."⁵¹

It would be simple and cost effective to test alternative theories if it were not for a conflict of interests, Duesberg states: "The NIH is saying only experts understand AIDS. And who are they? They're the people who have worked on HIV, whose careers are completely based on HIV, and worse than that, almost all of them have huge commercial interests associated with it. They have companies; they have patents; they make megabucks. It's much more profitable than their university research. So, those are the judges.

"These people can afford to send you to Jupiter. But they cannot afford to give \$50,000 to Peter Duesberg or somebody else with an alternative hypothesis, like the one to test for drugs as a cause of AIDS. To prove them wrong would mean that they would risk losing their good reputation and their standing in the scientific community as well as their companies."⁵²

Nobel prize winning chemist, Kary Mullis originally accepted the hypothesis that HIV was the probable cause of AIDS but started to realize something was amiss when he began intensive research of his own. Two years later, Mullis concluded that the HIV hypothesis was originated as a ploy to generate huge funding dollars from the government. He states, "If you've got an epidemic, you get money from the federal government. If you don't have an epidemic and you study infectious

diseases, who cares?...We weren't seriously burdened by any infectious diseases in the United States until they made up this business about AIDS. If people were to say this disease is not going to spread and it's probably due to behavior, Congress wouldn't have funded AIDS research for two billion dollars a year."

Mullis also notes that the HIV hypothesis rests on a shaky foundation. Commenting on how scientists view Gallo, Mullis says, "Why did we think that just because Bob Gallo says, 'Gentlemen, we've discovered the cause of AIDS,' that it's so? It's not sufficient to publish a meager, little scientific paper somewhere. That isn't enough to spend billions of dollars and to ruin so many lives. This whole thing is based on a flimsy little statement from a guy who is known to have lied about a lot of other stuff. So why are we trusting him on this? If he was a witness in a courtroom we wouldn't trust his testimony. We've caught him in too many lies. We don't trust him anymore."⁵³

Duesberg and Mullis' arguments go unheeded by the mainstream scientific community as an article in *Yale Scientific* explains: "Both Duesberg and Mullis have emphasized that the papers of Montagnier, Gallo, or others do not provide any scientific justification that HIV causes a disease. They asked for such papers but none was forthcoming. In his *California Monthly* interview, Mullis tells how he began to think there was 'something fishy' about the evasive answers he was getting to his questions. He tells about the way he confronted Montagnier in San Diego, after Montagnier had given a talk on AIDS. Mullis noticed that Montagnier hadn't said one word about why we ought to think HIV is the cause of AIDS. After the talk Mullis asked Montagnier directly for a scientific reference, and Montagnier admitted that none existed.

"Duesberg wrote a letter dated 11 February, 1993 to Harold Jaffe, Director of the HIV/AIDS Division at the CDC. In that letter, Duesberg asked: 'Exactly which papers are now considered proof or, if there is no proof, the best support for the HIV/AIDS hypothesis?' Not a single specific paper was mentioned in Jaffe's reply. Jaffe only gave what he viewed as epidemiological evidence."⁵⁴ Once honored and embraced by the scientific community, these men are now viewed as being out of touch with reality.

For 28 years, Duesberg was never turned down for a grant. But once he became an advocate against the HIV hypothesis, his world changed: "Once you have no more grants, you're essentially finished as an experimental scientist. You

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hurt for another two years, and then it's over. My lab was filled with students and my papers were popular at meeting. I got awards and was elected to the academy. Nothing is left. I'm alone in the lab with no more grants and I'm only teaching undergraduate lab courses. This is what happens if you don't conform in this country."⁵⁵

The plight of Duesberg serves as an example to others who would dare to speak out and express skepticism. Dr. Phillip Johnson notes, "For anybody more junior and more outspoken, it would be a death sentence. So they just don't do it."⁵⁶

Any debate among scientists is not tolerated from the organizations in charge of how we view AIDS, observes Rasnick, who says that the NIH is run like the military: "I had assumed that the NIH, even though it was government-operated and funded, was a scientific organization where there is free and open discourse. I knew upper administrators in the CDC, for example, the surgeon general, had military ranks. A disturbing revelation was learning that the same scenario is true at the NIH. For example, Anthony Fauci has a military rank and uniform as do all the other big shots there.

"There's no tolerance of criticism in a military organization. There's no free discourse and debate. The military and scientific setting are completely incompatible, and the military orchestration always dominates....When you have a military structure, you can completely stifle any discourse, criticism, debate that goes counter to national policy. And the national policy as of April 23, 1984 was that AIDS was an infectious disease caused by a retrovirus which Robert Gallo discovered.

"The NIH is also the principle funding source of medical academic research in the U.S. They are *it*. Peter Duesberg and most other academics send their research proposals to the NIH. This military organization filters through what they're willing to accept and what they're not. That explains how a dynamic research community, open to discourse, debate, and criticism, vanished in the era of AIDS."⁵⁷

Professor Charles Gesheker adds that it serves no advantage to the authorities to participate in an open debate: "From what I would consider to be the inherent

flaws and weaknesses in the HIV=AIDS infectious theory, I think what would happen would be that the public would see that 'the emperor has no clothes.' And I think that you would see that the notion that the HIV infectious viral theory as science would be exposed for the ideology that it really has become. I don't think it could withstand a close, careful questioning. Further evidence of that is the way that those of us who are dissidents have had our views censored or not given a public forum to express those views. And so, if I were in the Gallo Ho camp, the last thing I would want would be an open, unfettered, robust exchange of scientific ideas."⁵⁸

Mark Conlan, editor and publisher of the health magazine *Zenger's* and co-founder of HEAL in San Diego, an AIDS activist organization, notes that open dialogue is discouraged because the HIV hypothesis serves so many powerful interest groups: "For the handful of government scientists who started the HIV/AIDS model, it serves the purpose of keeping them on a funding stream. In the



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early 1980's, a group of virologists were being threatened with having their cancer research program defunded and latched onto AIDS as a way to keep themselves in business and on the government gravy train. They lobbied the Reagan administration to have their view that AIDS was caused by a virus declared scientific truth.

"For the private pharmaceutical companies that bankroll a lot of the AIDS organizations, it's an incredible profit generator. One company that manufactures protease inhibitors built two entire factories just to take care of production. Plenty of people are making enormous amounts of money.

"For the gay community, it's been a validation. In the 1980's, when the view was represented that AIDS was due to toxic habits, like drug use and repeated antibiotic treatments for sexually-transmitted disease, people in the gay community got very upset at being blamed. People felt they were being victimized for being gay. So, when the HIV model was politically proclaimed, the leadership of the gay community, with a handful of courageous exceptions, seized on it and said 'we don't have to re-evaluate our lifestyle; it's a virus.'

"Then there was an enormous amount of sympathy. You got to see Liz Taylor wearing red ribbons. Gay celebrities, like Elton John, came out of the closet because they wanted to be identified with the fight against AIDS.

"And it's been an enormous source of income for the gay community. In fact, a lot of gay people are earning a livelihood from HIV - working for AIDS organizations, offering HIV treatment and prevention programs, taking care of people with AIDS. Most gay publications used to be supported by ads for gay bars. Now they've been replaced with ads about AIDS. Ad after ad is for HIV clinics or new drugs. Whenever a new drug gets approved, its makers will buy a three to five page spread in a gay publication, using pictures of wonderfully athletic people taking the drug. Way down in the fine print you'll read that there is no information that this drug actually improves the quality or length of life....

"Finally, I'd say that [HIV] is like a religion. It's given people, gay people in particular, a way to make sense of the world, a way to make sense of the fact that until recently quite a lot of people were coming down with these bizarre illnesses and dying well before their time. Like any

other religion it's been adopted as a belief, and people really don't want to have to look at it all over again and ask themselves was that really what was going on? Or was it something else? They believe, it satisfies them, and they integrate that into their lives."⁵⁹

In the 20th century, science has indeed taken on the power religion once had. The media and the public tend to accept the official point of view coming from the National Institutes of Health, the National Cancer Institute, and the Centers for Disease Control as if it were coming from a great deity. Dr. Schoch comments, "We assume these people know things and speak the truth. It's very difficult to challenge them on their own terms. They're given the benefit of the doubt by journalists because they do know some things that we do not know. But they are not and should not be above skepticism and criticism."⁶⁰

Dissenting Journalists

Like scientists, investigative journalists who want to explore the issues surrounding AIDS find that they have a difficult to impossible task. Often they are shot down by the authorities before their ideas can gain momentum. Neville Hodgkinson, former science editor for *The London Times* (a newspaper equal to our own *New York Times*), speaks of his experience: "I have been on a long journey with this because I was first reporting on AIDS back in the 80's. During that decade, I was telling the story from the conventional perspective, saying that this terrible syndrome was the result of an infection from a new and deadly virus. And I was writing about the hopes for a vaccine and drug treatment. [Then] I heard that a challenge had been mounted to the idea that HIV causes AIDS by an American scientist, Peter Duesberg...and I looked at those arguments very closely."

Believing that scientific inquiry was an open-minded process, Hodgkinson was unpleasantly surprised to learn that his ensuing two-page article, questioning the assumption that HIV causes AIDS, was met with hysterical response rather than reasoned argument. The mainstream community called him grossly irresponsible for expressing contrary views. He was told that dissent was not acceptable during such a terrible health emergency as people might give up their "safe sex" precautions which, in turn, might cause many more deaths. Besides, he must be wrong as all but the tiniest

handful had come to an agreement upon this issue.

The article also had the effect of making Hodgkinson a focal point for scientists who had started to question the HIV theory, but who were finding it impossible to publish their work in the lay or professional press: "They were writing to me, sending me unpublished articles, telling me that they too were concerned about the hypothesis. I realized quite quickly that this wasn't a view just confined to a very small group of scientists. Quite a few of them in various parts of the world were questioning the theory but were unable to get their voices heard."⁶¹

Dr. Peter Phillips, director of Project Censored, author of *Censored 1998* (Seven Stories Press), and professor of Sociology at Soma University in California expresses deep concern over the media's lack of openness and objectivity: "There are a number of scientists in the country who have signed a national petition to reassess the direction of AIDS research. They're not sure that HIV, in fact, causes AIDS...That's an interesting story. And it's a story that the mainstream media has ignored. Rather, they have accepted the model that this virus is catchable through sexual intercourse and that it will ultimately cause AIDS.

"The media in this country has totally ignored Dr. Duesberg's point of view that HIV may not be the actual cause of AIDS. Here we have a renowned virologist saying something now for ten years with a number of other scientists backing up that position, and he's not being given attention by the media. He has literally been blackballed from any public discussion in the open media marketplace of ideas in regards to this issue. This [lack of openness on the part of the media] is a concern that I have as a sociologist."

Dr. Phillips attributes the problem to the American media being owned by less than a dozen major corporations whose aim is to entertain the upper middle class and cater to advertisers. Since significant money is being spent on HIV research and prevention programs, to question the legitimacy of this might be perceived as threatening and result in the withdrawal of advertising dollars. Phillips concludes, "The idea that HIV causes AIDS becomes a sacred symbol that you don't question or discuss."⁶²

A handful of journalists and editors in this country have taken the position of wanting to inform the public. Geneticist Dr. John MacDonald, editor of the *Genetica* magazine agrees that it is imperative for the mainstream to openly debate issues surrounding AIDS, and has

become proactive in that direction: "I read articles about Dr. Duesberg and his claim that he was not given access to journals. That prompted me to write to him because I think if science is going to work, all points of view must become public and debated on scientific grounds....Even if there are points of view that we do not believe to be true at the present time, that does not give us the right to exclude them from the public domain. Science can only work if there is an openness [where] all ideas are exposed to the scientific community and the scientific community is allowed to test them. I think it's very dangerous for editors of journals and others to exclude, based on their own personal views as to whether a point of view is correct or not. I don't feel that's our role. Our job is to get different ideas out to the public."⁶³ An upcoming issue of *Genetica* will publish an article by Duesberg and a reply by an establishment AIDS researcher, a unique event and a step in the right direction.

Steve Allen, a journalist who has been an affiliate for ABC and CBS and who has filmed two documentaries on AIDS - *HIV: The Surrogate Marker* and *HIV Equals AIDS: Fact or Fiction* - speaks of the difficulties journalists have when they

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want to do more than act as public relations representatives: "I began to realize in 1992 that no one was questioning the powers that be. Essentially, all the information that was coming from the government was going right out over the air. Practically nobody was asking any objective questions and those journalists who did were being criticized and often blacklisted or censored.

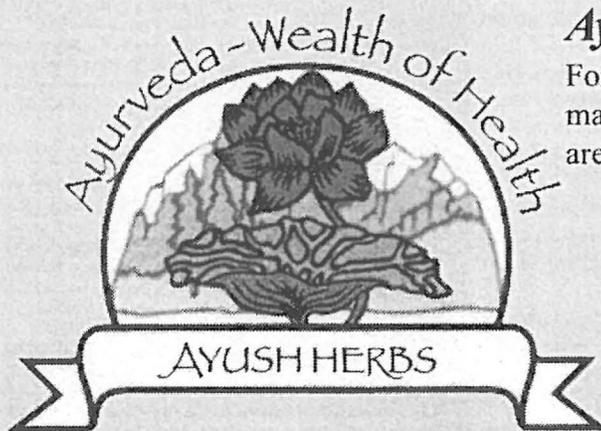
"Pressure is put on journalists whenever they challenge HIV=AIDS that doesn't allow us to publish or produce or otherwise get the information out there. Very often, you'll research a story, interview a lot of people, present facts, and it will meet some editorial gate someplace, and the information is just shut down. That happened to us in 1992. We took a piece out to Creative Artists in Hollywood that we thought was very exploratory, very objective, and balanced. We presented arguments from both sides of the issue of HIV. They said, 'We find the information very compelling, but we can't use it.' It's that kind of stuff that has a lot of people stuck in the corner. They have the

inability to get their information out there and for that reason, they just don't cover it."⁶⁴

AIDS activist and journalist Mark Anderson comments on the lack of fair representation by the media: "It's not the job of journalists to be advocating one scientific point of view or another, but I think it's their job to make sure that those who are advocating scientific points of view different from the dominant paradigm be given their time on the air or their space on the page.

"The evidence that the dissidents are presenting is persuasive. I don't think that it is something that you can look at and ten minutes later, it's an open and shut case. I think it's a very credible perspective. You have to remember that it's precisely this sort of debate that drives science forward. Without it, you can't have new ideas and perspectives. What's it about if you're not looking for new ideas and new insights?"⁶⁵

Dr. Russell Schoch, a professor at the University of California at Berkeley and a journalist who has written about AIDS



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for *Newsweek* says that, in the usual scenario, anyone offering an alternative to the mainstream perspective in any area of western medicine is automatically relegated to the margins: "There are very few independent journalists who question anything about AIDS, and it's not only AIDS. An important point is - this is western medicine as a whole. From Alzheimers to ulcers, you can find various contests about the nature of the disease, the cause of the disease, the treatment or cure of the disease. But they are rarely talked about in the mainstream press. AIDS is one very glaring example of the lack of conversation about the contests that go on."⁶⁶

What Does the Future Hold?

Dissidents from the AIDS community continue to ask, "Is HIV the virus that kills people or is it something else?" Yet their voices remain unheard. Some of the leading critics wonder if it will ever be any different. Hodgkinson states, "The Perth scientists are not alone. There are other virologists throughout the world saying that they have a point. We should be facing up to this. But it's too awful for the AIDS mainstream to contemplate that they could have gotten it wrong at that base level after all those years of work and the antiviral drug approaches. After all, millions of people have been told they're infected with a deadly new virus on the basis of the HIV test. Supposing that's wrong. It's a huge burden of responsibility."

"It's almost as though the world of science and medicine itself, which is a very proud and well-meaning world, wants to do good. It wants to make money, but it wants to do good too. People working within it have professional standards and it's almost as if to contemplate the possibility of such a damaging error is too much to face. For that reason, the good scientists who are raising these questions are being marginalized. There may be something of a breakthrough coming but, up until this point, nobody from the mainstream scientific world has been willing to take on such a radical challenge to the HIV approach to AIDS."⁶⁷

Journalist Steve Allen speaks of the importance of keeping the public truthfully informed: "I think the biggest problem we have had is that the public at large is not aware. If the American public knew how flimsy and scientifically bankrupt the entire argument is that supports the HIV=AIDS hypothesis is, then they wouldn't support it. But I still

find that ten years after Peter Duesberg has released his first articles in *Science* that most people have no idea that this is going on. If there's one point we need to get across to everybody it's that we need to challenge all this stuff."⁶⁸

Professor Gesheker believes that "irresponsible fear mongering on the part of the media" will intensify in the next few years to make it seem as if an AIDS pandemic is taking place in Africa because the next AIDS Conference is scheduled to take place there in the year 2000. To correct the misinformation campaign, Gesheker looks to the media and to websites to truly inform the public domain.⁶⁹

Dr. Rasnick contemplates the sociological significance of AIDS: "The founding fathers of this country were excellent students of human nature. They knew that one of the best ways to compensate for human nature was to have free and open discourse, debate, and dialogue. That's why we have freedom of speech as the First Amendment of the Constitution. The way to check various allegiances is to have diverse allegiances so that you have a really healthy, robust dialogue and debate going on. Then no one dominates."

"It used to be this way in science. Now we've stifled and pretty effectively done away with open discourse in the scientific community as well as in the media. That's what we have to address. We have to promote the diversity that we're all getting away from, with the creation of big industry and the homogenization of the media."

"AIDS is the best example of institutional collapse in our society. We have to address the structure of the information flow in society. Who has access to the truth? Who determines what truth is? It's much bigger than AIDS. But AIDS gives us the best example of what's wrong. And I hope that if we study it properly and in enough depth, that we will realize that it is an institutional problem. It's not a problem of a couple of renegade scientists who have gone wrong with a bad theory. It's much bigger than that. And I hope that's where the analysis gets directed. We should use AIDS and its numerous documented failings to ask ourselves, how could this happen?"⁷⁰

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