

# MEDICAL GENOCIDE

PART 21

Several experts maintain that the true nature of this deadly epidemic has been misidentified by the mass media and the medical establishment. Is it any wonder that their opinions have not been heard?

## AIDS: A MAN-MADE PLAGUE?

BY GARY NULL

AIDS is now, by conservative estimates, at least ten years old, and we are as far from finding a cure as we have ever been. A growing number of doctors, researchers, public-health officials, and journalists are questioning the validity of chasing after one cure for a syndrome that is actually many diseases. Yet every day that doctors and scientists blindly follow one line of research, like lemmings running to the sea, the deadly AIDS virus continues to spread and people continue to perish.

Every one of us is a potential victim of a disease of the immune system. Whether this will take the form of cancer, multiple sclerosis, AIDS, or a common cold is hard to assess. It will vary from individual to individual. Separating fact from fiction is perhaps the first step to knowledge and evasive action. The theories about what causes AIDS are many and varied. However, public-opinion polls have made it alarmingly clear that the public is not aware of the diversity of opinion among health professionals as to its cause.

Dr. Robert Strecker is a practicing gastroenterologist with a Ph.D. in pharmacology. He contends that it is possible and even probable that the AIDS virus may be



man-made. "I don't think there is any doubt that AIDS is a man-made problem," says Strecker. "The question is whether it was created either accidentally or intentionally. I believe the AIDS virus was requested, predicted, produced, and deployed."

In 1972, the World Health Organization (W.H.O.) published a report stating that scientists were actually attempting to produce a virus to

selectively attack and destroy T-cells, the components of the human immune system. Thus a virus that was being looked into back in 1972—one that might impair the immune response—could be what we call AIDS today. According to Strecker, it is possible that the AIDS-causing virus was quietly unleashed via vaccination research, subsequent testing, and the widespread programs of administering the vaccines.

Substances derived from sheep and cattle are commonly used in manufacturing vaccines. Certain viruses common to these animals can interact indefinitely, forming new and possibly deadly viruses called retroviruses. If grown on human-cell cultures in a laboratory, then injected into a human as part of a vaccination program, these viruses can wreak havoc with the im-

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mune system as they create new strains with unpredictable effects on the human body. Strecker believes that animal viruses may have been purposely combined in the lab and used in vaccines. A retrovirus that can destroy the body's defense (the T-cells) against such viruses may be the cause of AIDS.

On May 11, 1987, the London *Times* ran an article entitled "Smallpox Vaccine 'Triggered AIDS Virus,'" by Science Editor Pearce Wright. It charged that "the AIDS epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox." The World Health Organization, which masterminded the 13-year campaign that ended in 1980, is studying new scientific evidence that suggests that the smallpox vaccine awakened the dormant human immunodeficiency virus (HIV) infection. The smallpox-vaccine theory, as explained by the London *Times*, would account for the fact that seven Central African countries top the list of the world's most affected nations, as these countries had nationwide smallpox-immunization programs in the 1970s.

Dr. Robert Gallo, who first identified the AIDS virus in the United States, told the London *Times*, "The link between the W.H.O. program, smallpox vaccinations, and the epidemic in Africa is an interesting and important hypothesis. I cannot say that it actually happened, but I have been saying for some years that the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV."

The London *Times* article also stated that "many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of W.H.O."

Strecker believes that HIV (also known as HIV-1) is a virus that existed as early as 1969, and that it is a recombinant of visna (sheep) virus, a brain-rot virus, and bovine (cow) leukemia virus.

The smallpox vaccine is prepared by shaving a cow's belly, cutting into it, and introducing cowpox into the wound. A few days later, a stainless-steel canister is placed under the animal to collect the draining fluid. After the fluid has been dried, it becomes the next lot of vaccine. Obviously, if the animal is carrying a virus, the vaccine will be contaminated. If humans are inoculated with these viruses, "I see no reason that a species jump could not occur," Strecker says. It has been proved that a virus commonly found in one species can cause grave illness in another species.

The popular assertion that AIDS originated with the African green tree monkey is criticized by Strecker. "First, all the published data on AIDS indicate that the genes of the AIDS virus look like bovine leukemia virus or visna virus. Second, in Africa, AIDS appeared in the cities, not the jungles. If AIDS came from the African green tree monkey, it should have

appeared first in the Pygmies, who are most closely associated with them and who use green tree monkeys as a food source. In addition, the 40 million potential AIDS victims predicted by the World Health Organization in the next few years could not have originated naturally from a single-point infection."

Strecker continues, "If one analyzes the genes of the human AIDS virus and the genes of the bovine leukemia virus of cattle and the visna virus of sheep, and compares them, the genes appear related. How is it possible that the bovine visna virus—which looks like AIDS and produces an AIDS-like disease, and which produced pneumocystis carinii pneumonia in chimpanzees in 1972—has not been analyzed and compared with AIDS before now? Of the hundreds and hundreds of papers discussing the molecular nature of the AIDS virus, not a single paper addressed this question until 1987, when 'Characterization and Molecular

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Cloning of Bovine Lente Virus Related to Human Immunodeficiency Virus' was published in *Nature* magazine. Matthew Gonda, the author, described a virus that looked like AIDS, named bovine visna virus, and suggested that it was most closely related to AIDS and may well be its precursor."

Strecker believes that widespread malnutrition in Africa caused by major droughts in the mid-seventies and continuing through the eighties laid the foundation for population-wide weakened immune systems. In five to ten years, he says, one will go to Africa and find that the population of the entire continent has been eliminated.

Dr. John Seale is one of the most distinguished clinicians and research scientists investigating AIDS. He is a recipient of the Wainwright Prize in medicine, the Hadden Prize in pathology, the Toller Prize in medicine, and is a British Medical Association research fellow. In addition, he was a senior medical specialist with the Royal Army Medical Corps and a senior physician with National Hospital in London. He was educated at Exeter, Sherborne, and Cambridge and Harvard

universities. He is the author of more than 35 scientific articles.

Like Strecker, Seale believes that AIDS originated in the laboratory. The ability to create diseases indigenous to the lab has been in existence since the 1960s. The techniques developed in these years greatly increased the potential for accelerating the production of a wide variety of recombinant, mutant retroviruses by artificial or unnatural selection. Molecular evolutionary changes in retroviruses, which would take many thousands of years to occur in animals naturally, can be compressed into months. Highly pathogenic, genetically stable recombinants and mutants can be created artificially, but would never survive the checks and balances of natural selection. Rous sarcoma virus, which has been used to cause cancer in experimental animals for 70 years, is a laboratory artifact that does not exist in the natural world and could not survive there.

By the early seventies, laboratories had produced a wide range of new retroviruses made from various combinations of animal viruses grown on human tissue that would lead to disease if injected into humans. Seale sees a clear similarity between the newly created retroviruses and AIDS. Even if we did not have AIDS confronting us, Seale believes, we could hypothesize the results of these retroviruses infecting humans. New retroviral infections would spread exactly the way we know that AIDS has spread: through blood (transfusions, IV drug use, rectal intercourse). Such infections would not be easily transmitted by touching or kissing, and would not be found in large amounts in semen, saliva, or vaginal secretions. Lab-created viruses can produce slow infections that cause death by brain disease, immunodeficiency, and cancers.

Scientists have generally assumed that AIDS evolved naturally. Recent experimental evidence discredits this theory, however. In 1985, many believed that HIV-1 infected some animal species, such as the African green tree monkey, and that the AIDS epidemic was started by a monkey bite sustained by a human. This hypothesis is absolutely flawed, because HIV-1 is so species specific to humans that it has been impossible to transmit the virus to any other species except the chimpanzee. A virus that has recently crossed the species barrier can always be made to reinfect the species from which it originated.

Seale also refutes the theory that HIV-1 is an ancient virus that has infected, relatively harmlessly, an isolated group of humans in Central Africa for thousands of years, but has only recently spread to the rest of the human population because of increasing urbanization. "This hypothesis is flawed because extensive studies have failed to reveal any isolated group of infected humans, and examination of stored serum has failed to show

that HIV-1 infection was endemic anywhere before 1975. Even without experimental evidence, the hypothesis is not credible, because an ancient virus that makes people persistently infectious for life and is transmitted as easily as HIV-1 would have spread throughout the human population long before the 1970s."

In light of the major flaws in all the hypotheses put forth by molecular biologists that attempt to explain how HIV-1 could have evolved naturally, one is obliged to seek another explanation.

The hypothesis most consistent with available experimental evidence, Seale says, is that HIV-1 is a complex hybrid—created from two or more retroviruses infecting nonhuman species—that recombined and mutated in human-cell-tissue cultures and subsequently infected people. The means by which HIV-1 could have been created by accident during laboratory experiments are clear, given the research papers published by retrovirologists in the last 25 years. "For example, visna virus from sheep grows readily in human-cell cultures, but the culture medium in which the human cells are grown normally includes serum obtained from fetal calves. However, up to 25 percent of the samples of calf serum are contaminated with bovine viruses before they reach the laboratory.

"If the contaminating virus happened to be bovine immunodeficiency virus (BIV), which was shown to infect human cells over a decade ago but was not known to exist prior to 1972, the researcher could unwittingly produce a dangerous recombinant. These recombinants could infect somebody accidentally and trigger an AIDS-like pandemic."

The potential for accidental escape of new, highly pathogenic, laboratory-produced viruses during experiments in viral genetics was clearly described by the late Macfarlane Burnet, one of the founding fathers of modern virology and immunology and a Nobel Prize winner. He wrote in the January 1, 1966, issue of the *Lancet*, "Any escape into human circulation that is not immediately dealt with could grow into the almost unimaginable catastrophe of a 'virgin soil' epidemic involving all the populous regions of the world. . . . The practical applications of molecular biology to cancer research might also be sinister."

"The most rational motive for deliberately producing new viruses lethal to man, for which there is no vaccine or treatment," says Seale, "is to successfully wage a war of conquest. Such viruses, used as weapons, may allow an attacker to fight unnoticed, by viral proxy, in enemy territory without suffering casualties, provided the virus can be excluded from the aggressor's homeland.

"We do not know if HIV-1 was specifically designed for this purpose, nor do we know if more viruses are in the pipeline and whether they would be capable of causing epidemics even more dev-

astating than AIDS. However, a wealth of published experimental evidence leaves little doubt that the existence of HIV-1 is dependent upon biotechnology developed since World War II, just as the existence of nuclear weapons was dependent upon the technology of atomic physics developed after World War I."

The most urgent need now, Seale emphasizes, is for the world's leading molecular biologists and virologists to explain why they have stated that it was scientifically impossible for HIV-1 to have been made artificially, or why they have remained silent on the subject for so long.

Dr. William Holub and his wife Claudia present one of the most controversial yet plausible explanations of the cause of AIDS. They maintain that potential contamination from viruses that ended up in vaccines would not alone cause AIDS, nor would a homosexual lifestyle. The Holubs have combined these competing theories into the most terrifying of all

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scenarios. Just as heart disease, cancer, diabetes, and high blood pressure are all related to our lifestyle and environment, so too could be AIDS.

Holub, who obtained his doctorate in clinical biochemistry at Saint John's University, is a fellow of the American College of Nutrition. He has spent 25 years in the field and has written over a hundred articles. He and his wife Claudia, an educator and publisher, have spent seven years reviewing the scientific literature concerning AIDS. What they've come up with raises some very serious questions and offers a totally new hypothesis regarding the AIDS crisis.

"Almost everything about the syndrome to date is only alleged," says Dr. Holub. "AIDS may be the result of individual, multi-factorial, health-damaging lifestyles coupled with recent shifts to more aggressive and defensive medical practices. Resolving the AIDS crisis may not involve 'finding the cure,' but may require a cultural and scientific re-evaluation of belief systems and existing data throughout the scientific and nonscientific communities. Basic human issues that need reappraisal include prejudices in sci-

ence, corporate-research structures, and attitudes toward disease and healing."

Holub and his wife contend that many theories regarding the causes of AIDS are not based on true evaluation of the data. Most of the "accepted knowledge" actually represents unanswered questions. They suggest, then, "The true nature of the AIDS crisis may have been wrongly identified by the mass media and the medical establishment."

According to Holub, "In 1980, when the AIDS panic started, it seemed scientifically unsound that something about being gay could cause men to become sick and die. Yet if we carefully examine all the original clinical work describing and creating this new entity of AIDS, we find that with virtually no scientific support, an epidemic was created overnight, along with the defiantly illogical correlation that one could acquire an 'immunodeficiency' from gay sex.

"Careful examination of the first 100 [AIDS] patients clearly showed that the men were indeed sick, but for very well-established reasons and not because of their sexual preference. Most of the patients were serious drug abusers, showed all laboratory signs of malnutrition, and were chronically sick, with long histories of very aggressive medication programs (antibiotics, steroids, chemotherapy, etc.)—all of which have immunosuppression as a known side effect. Despite a great deal of obvious clinical information supporting [the existence of] a classic and very old health problem, their homosexuality was singled out as the common factor," says Holub.

"The news was out and the damage done. *Being gay causes a new lethal disease!* declared the medical journals and, very soon after, the mass media. Most shocking was that no one challenged this, so it became easier and easier for others to jump into this maelstrom of prejudice. Then the reported cases began to escalate, although there was no new disease, just a new name and a new cause assigned to old diseases." Holub adds, "I don't see that there's an epidemic of this disease. However, once you rename other diseases (bronchitis, gonorrhea, pneumonia, hepatitis, and tuberculosis), the list gets longer and longer. Obviously you create the illusion that an epidemic is occurring."

Holub sees AIDS as the result of an "abusive lifestyle. That's what gets the person sick enough to seek medical help. It is anything you do that harms your health on any level, whether it's spiritual or emotional or relates to exercise or diet, and is going to suppress your immune system. Lack of exercise or even excessive exercise suppresses the immune system. Lack of relaxation will also suppress it." He adds, "I think sex is a factor in AIDS, but I don't see it as a causative factor. I think malnourishing sex falls in the same category as a malnourishing lifestyle."

Another major factor in the abusive lifestyle of AIDS victims is cocaine and its derivative, crack. If we look at the cities where cocaine and crack are used, the risk groups for cocaine (at least at the beginning of the epidemic) were males age 20 to 40 living in San Francisco and New York. These are the same risk groups that are involved with AIDS—and the same cities. When Holub began to read case studies of AIDS patients, he counted a total of 62 drugs employed to treat it. Patients with a disease for which, supposedly, there are few therapies were receiving an amazing amount of therapy. The list of drugs and treatments ranges from antibiotics to anti-inflammatory drugs to chemotherapy. Holub looked up the drugs in the *Physicians' Desk Reference* and found that every one of them, without exception, has side effects that produce immunosuppression. "There was and still is great pressure upon practitioners to find and use any drug that seems to work," says Holub.

Holub disagrees with researchers who contend that AIDS is the final product of exposure to retroviruses, those endlessly recombining viruses that might have their roots in nonhuman species. Retroviruses (including HIV) were very popular subjects for research and research grants during the early 1980s, and researchers have been trying to implicate them in some human cancers. Holub reminds us, however, that the data show retroviruses to be opportunistic, as are many germs. They appear in people who are very sick from a wide range of causes, and are not specific to any one disease.

HIV not only appears to be everywhere in the world, but appears totally different in different locations. Holub finds evidence for this in a study of a totally non-risk group of indigenous people in rural Venezuela, among whom HIV was found. This finding not only widens the virus's range, but suggests that it has been around for hundreds or perhaps thousands of years. The only correlating factor in this tribe is an association with malaria, which is also an immunosuppressive illness.

Holub urges us to understand that the search for viruses is not easy. They cannot be seen or in any way be directly shown to exist in any sample of normal human tissue. He suggests that the virus has always been with us and only proliferates when a person becomes ill. Germs don't "incubate," he observes—they are always present and only await a situation in which they can proliferate.

Dr. Peter Duesberg is a molecular biologist at the University of California at Berkeley. Based on a March 1987 article in *Cancer Research*, published by the American Association for Cancer Research, he stated, "We may be after the wrong cause; it may not be the AIDS virus causing the AIDS diseases, as we've been told by Dr. [Robert] Gallo and the C.D.C. We have to look at other causes."

Duesberg continued, "First, in order to cause disease, a virus must be biochemically or metabolically active. It has to make something to get something done. In the case of the AIDS virus, it has to make protein. Second, the virus has to intoxicate or infect the majority of cells of a given type. If the virus claims more cells than one can spare, one suffers from the disease. Third, in order to cause disease, the virus has to hit a permissive host. The AIDS virus does not meet even one of these criteria. It is not active in AIDS patients, even in those who are dying from the disease. It only makes RNA in one out of 10,000 T-cells, even while it is said to cause AIDS. This is the equivalent of losing less than one drop of blood every other day, which a person could afford for the next 10,000 years without showing any signs of disease whatsoever."

In addition, when one has tested positive with the so-called AIDS test, Duesberg explained, "One would not expect to get a disease from the AIDS virus. Quite to the contrary, because the AIDS test measures nothing but antibodies to the virus, which means a person is resistant to the virus and from now on is naturally immunized or vaccinated. The so-called AIDS virus isn't active when it is said to cause AIDS. It doesn't infect many cells, and it is not found to cause AIDS in an infected chimpanzee. I think it is virtually impossible that this virus could be the cause of AIDS. There must be another cause.

"I would not be fearful of having this AIDS virus injected into my body in a clean preparation. I would not be fearful at all. If somebody said to me, 'Today you tested positive in the AIDS test,' I would not worry. In fact, I would say, 'I'm okay, because my immune system is able to deal with this, and I now have antibodies.' I would respond in exactly the same way if somebody were to tell me that after having been vaccinated against polio, measles, mumps, or other viruses, my tests for these viruses were positive."

According to Duesberg, "AIDS patients in this country are a very select and well-defined group epidemiologically. Promiscuous male homosexuals, intravenous-drug users, and hemophiliacs make up about 95 percent of U.S. AIDS patients. However, this is not evidence of viral infection. A virus does not discriminate between homosexuals and heterosexuals, or between men and women. This alone indicates that a virus is not a likely cause of the disease.

"In addition, when one tests positive for the AIDS antibody, one has to wait for eight years on average for the disease to become manifest. That is much too long for a virus to take to cause a disease, even a retrovirus. We know how long it takes that virus to induce immunity in a human body, and immunity means that the virus has been maximally active and was then rejected by the immune system to the point where it is no longer detect-

able. This takes one or two months in a human body, not eight years. . . .

"Instead of studying this retrovirus and spending millions of dollars on it, and making test kits for more millions of dollars and vaccines for more millions of dollars," noted Duesberg, "we should go back to look at the patients. We should not report 'this patient had AIDS because he had some kind of disease in the presence of antibodies to HIV.' We should say what kind of disease he had. We should record whether the patient was immunodeficient when he developed the disease. What was his sexual persuasion, and what was the extent of his activity? Was he an intravenous-drug user?"

Dr. Eva Lee Snead is a medical doctor in San Antonio, Texas, who has chosen a holistic approach to treating AIDS patients. She has documented further possible connections between AIDS and other agents. Snead notes that "the polio vaccine, which was made along with other vaccines from the infected kidneys of African green monkeys, contains a virus that can duplicate all the symptoms we now call AIDS."

She adds that "most viral vaccines given since the introduction of the polio vaccine have been made from the kidney cells of the African green monkey." Along with polio, these include "measles, mumps, and rubella—vaccines that may not have been sterile or clean.

"In the early 1960s, a whole array of viruses had been found in the vaccines and they were not safe. One of these viruses is known as simian virus 40 (or SV40). It definitely caused leukemia and lymphomas in laboratory hamsters that received the vaccine.

"SV40 causes a clinical syndrome in hamsters that is practically identical to AIDS. SV40 is a naked virus, which has the ability to carry genetic information piggyback into a cell and into the nucleus, or reproductive center, of that cell. This capacity makes the virus ideally suited for use in genetic manipulation, splicing, and even in the creation of hybrids or mutants."

Snead continues, "Although SV40 causes severe immunosuppression and it is known that 500 million people received inoculation containing SV40, no testing has been conducted for this virus. It is also known though that SV40 and another virus called Simian C Sarcoma virus give false positive tests for AIDS."

Snead notes in her writings, "The furry mammals which found their way into laboratories all over the world were placed in quarantine, and if not ill within 40 days, were certified to be healthy and used for research. Some minor epidemics of illness and even tumor formation in a few of the simians were considered by researchers to be a minor nuisance, and attributed to changed living conditions. A few of the technicians who had handled the animals—even just their cells—suffered various kinds of illness. One de-

veloped leukemia.

"The New Zealand Department of Health published a report concluding that a vaccine with a contaminant was probably not harmful to anyone, except those who are immunodeficient. A pathologist named Eddy did extensive studies on hamsters with SV40, with malignant results potentially similar to those of humans. Eddy discovered that when young hamsters were inoculated, they developed leukemia, low-grade fever, enlarged glands, abnormal blood count, abnormal protein levels, recurrent op-

portunistic infections, tumors of the salivary glands, and other tumors. Most significantly, they developed immunodeficiency. Unfortunately, this study has been ignored."

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