AIDS: A Second Opinion – Part I

by Gary Null, PhD

In 1984, two new acronyms were indelibly printed on everybody's minds after the world was told that the Human Immunodeficiency Virus (HIV) was responsible for the Auto Immune Deficiency Syndrome (AIDS). The belief has remained prevalent up until today with more than 100,000 scientific researchers investigating HIV for the last 15 years and publishing over 200,000 articles in science or medical journals on its relationship to AIDS. The media has kept us updated on their latest findings, while doctors and educators have continually warned us that our very lives may depend upon "safe sex," since the transmission of this infectious virus is certain to cause AIDS.

What most of us fail to realize is that not everyone accepts the mainstream point of view. A growing number of critics, including leading virologists and Nobel Prize winning scientists, doctors, journalists, and other academicians, question HIV's relationship to the diseases we term AIDS. Some argue that HIV has never been isolated; therefore, we have no proof of its existence. Others believe that HIV does exist, but that it can't possibly be doing everything that it is purported to do as it is merely one of 3,000 retroviruses, none of which have ever been proven harmful. What these dissenters have in common is a belief in the need to re-evaluate the HIV=AIDS hypothesis.

Arguments Against the Existence of HIV

Some virologists now claim that the microbe accused of causing AIDS has never been isolated and cultured. In other words, it has never been shown to exist. Recent reports from an Australian scientific team, E. Papadopulos-Eleopulos et al. have brought this idea to light. In a recent journal Papadopulos reports, "...all the evidence comes from electron micrographs of whole cell cultures, not density gradients. From this evidence, it can be said that cell cultures [contain] a large variety of particles, some of which are claimed to look like retroviral particles. That's all. None of the particle data has been taken further – no purification, no analysis, and no proof of replication. In these cultures, several research groups, including Hans Gelderblom and his associates from the Koch Institute in Berlin who specialize in this area, have reported not just one type of particle, but a stunning array of particles.

"This raises several questions. If one of these particles really is a retrovirus experts call HIV, what are all the others? If the HIV particles originate from the tissues of AIDS patients, where do all the others come from? Which of these particles band at 1.16 gm/ml? If the HIV particles cause AIDS, why doesn't one or several of the other particles also cause AIDS? Or why doesn't AIDS or the cultures cause the appearance of the particles? And when it comes to HIV, the HIV experts can't even agree what is the HIV particle. There are three subfamilies of retrovirus and HIV has been classified by different research groups under two of these subfamilies as well as three different species."[2]

By the end of the century, we will know everything there is to know about HIV and nothing about AIDS.

– Robert Root-Bernstein[1]

In his own work, German virologist Stefan Lanka has reached the same conclusion: "A virus is an easily definable entity. It's the very stable product of cells...easy to isolate. To characterize a virus, you have to photograph the isolated particle; then you destroy the virus, characterize the proteins of the virus, and photograph the protein. And you do the same with the genetic material of the virus....This has never ever been done with HIV."[3]

Science journalist Neville Hodgkinson, author of *AIDS: The Failure of Contemporary Science: How a Virus that Never was Deceived the World* (London, Fourth Estate, 1996), is convinced of the evidence supporting this viewpoint as well: "[Scientists] have not proven that they have actually detected a unique exogenous retrovirus. The critical data to support that idea have not been presented. You have to be absolutely certain that what you have detected is unique and exogenous, and a single molecular species. They haven't got conclusively to that first step. Just to see particles in the tissue, and fail to look for evidence that it is an ineffective virus, is wrong. Are these the particles that cause disease? The proper controls have never been done. There is no evidence, ten years on, that the particles are a new infectious virus."[4]

If HIV is not a virus, then what is it that scientists have been studying all these years? Apparently, what we have been calling HIV is nothing more than a collection of cellular particles, say these pathologists. Hodgkinson reports that "Most analyses of so-called 'HIV' genetic material are based on small segments of the purported virus genome...typically covering between 2 percent and 30% of it, since the longer sequences are so rarely found. There is not even any fixed pattern to the composition of these segments – they vary 40% or more. No two identical HIV's have been found, even from the same individual. In other words, there is no evidence for the presence of any unique molecular entity like a virus."[5] Dr. Lanka adds: "What they are showing to us is the particle in the cells, not the virus particles. We see a huge variety of particles in all cells and tissues. They are designed for export/import. And they are not stable like a virus. Therefore, they cannot be isolated. A virus has to be very stable to leave the cell of the tissues and enter the bloodstream and vice versa. Because a virus is stable it can easily be isolated. This has never been achieved in HIV."

"If you carefully check, you'll see that the particles always look different. They have different sizes and shapes. And if you read what is written beyond the pictures – not in the lay press, like the *New York Times* when they say this is the HIV virus, but in the scientific literature – they never would claim this is an isolated virus. They say it represents particles produced in the cells."[6]

Papadopulos-Eleopulos says that since HIV differs in appearance from other retroviruses it cannot function as

one: "Gallo and all other retrovirologists, as well as Hans Gelderblom who has done most of the electron microscopy studies of HIV, agree that retrovirus particles are almost spherical in shape, have a diameter of 100-120 nanometers and are covered with knobs. The particles the two groups claim are HIV are not spherical, [there are] no diameters exceeding twice that permitted for a retrovirus. And none of them appear to have knobs....

"All AIDS experts agree that the knobs are absolutely essential for the HIV particle to lock on to a cell as the first step in infecting that cell. So, no locking on, no infection. The experts all claim that the knobs contain a [glyco]protein called gp 120 which is the hook in the knobs that grabs hold of the surface of the cell it's about to infect. If HIV particles do not have knobs, how is HIV able to replicate?....And if it can't replicate, HIV is not an infectious particle.

"The knobs problem is not something new. [A] German group drew attention to it in the 1980's and again in 1992. As soon as an HIV particle is released from a cell all the knobs disappear. This single fact has many ramifications. For example, three quarters of all haemophiliacs tested are HIV-antibody-positive. The claim is that haemophiliacs acquired this as a result of becoming HIV-infected from infusions of contaminated factor VIII, which they need to treat their clotting deficiency. The problem is that factor VIII is made from plasma. That's blood with all the cells removed, which means [that] if there are any HIV particles present in factor VIII they must be floating free in solution. But if cell-free HIV has no knobs those HIVs have no way of getting into fresh cells to infect them."[7]

Dr. Lanka believes that the discovery of reverse transcription is not proof of a new class of viruses called retroviruses. Actually, this phenomenon, which reverses the flow of genetic material, is commonly seen in cancer and embryonic cells. It is also a process of normal DNA repair. "They are using markers, very different biochemical molecules," Lanka states, "saying that if we can detect them, if we can quantify them, this is proof that the virus must be there. But everything they are measuring, quantifying, characterizing, and presenting as part of HIV are of human cellular origin."

Lanka explains that researchers in the 60's and 70's detected this then unfamiliar biochemical activity while studying cancer cells in test tubes and jumped to inaccurate conclusions: "Some scientists...were led to believe that since a certain biochemical function, reverse transcription, with its then unfamiliar mode of action, did not fit the dominant world picture of genetics, it would be explained only through the claim of the existence of a new class of viruses, the retroviruses. The shock of reverse transcription was that it is possible to make genetic substance out of messenger substance, which until then was believed to be impossible....So, tragically, in 1970, the detection of a healing process gave birth to the idea of a new class of viruses, and eventually HIV, because astonishingly, researchers were not willing to rethink their models or listen to what nature has to tell them."

Lanka notes that scientists manipulated cultures to produce the results they were looking for. They would mix patients' cells with cancer and embryonic cells to get high reverse transcriptase activity. On top of that, researchers would heavily stress cells so that the cells would create special proteins that they would not produce normally. This induced a disease-like effect, much like what would happen in patients who stressed themselves with highly oxidizing substances, such as nitrites and antibiotics. He states, "A virus is not needed to explain the conditions we are seeing in AIDS patients. It's the effect of extreme oxidative stress."[8]

Kurt Vanquill, a Harvard graduate doing research in California, gives similar counterarguments to Gallo and Montagnier's original evidence for HIV causing AIDS: "When Montagnier and Gallo detected reverse transcription activity in their cultures, they concluded that these T cells from AIDS patients were indeed infected with a retrovirus. Unfortunately, reverse transcription activity of normal cells also tends to be promoted by the very cellular conditions to which Gallo and Montagnier subjected their patients' T cells. Therefore, detection of reverse transcription activity in the T cell cultures of AIDS patients was not proof at all that there was a retrovirus in those cultures.

"The second piece of evidence that Gallo and Montagnier offered in support of the notion that there was a retrovirus in the T cell cultures in their patients with AIDS, was that they detected retroviral-like particles in these cell cultures. The important thing to remember is they didn't identify retroviral-like particles in isolates, i.e. pure HIV, from these cultures. They simply pointed to particles in impure cell cultures and asserted that not only were they retroviruses, but they were a specific retrovirus, HIV.

"Now that really defies all scientific good sense because as even Gallo admits, retroviral-like particles that are actually cellular in origin are, in fact, ubiquitous in cultures, especially when cultures are subjected to the conditions that Gallo and Montagnier used in order to cultivate HIV. Therefore, the identification of these particles in impure cell cultures was not by any means, proof positive that those particles were a retrovirus, much less a specific retrovirus, HIV.

"The third piece of evidence that Gallo and Montagnier offered in support of the notion that these T cells cultures from AIDS patients actually harbored a retrovirus, was that they identified certain proteins in these cultures as HIV proteins. These HIV proteins were then incorporated into the antibody and West Blot and used to test for HIV antibodies. Unfortunately, Gallo and Montagnier identified proteins in their cultures as HIV proteins simply because these proteins reacted with antibodies from AIDS patients, and not from non-AIDS patients. Unfortunately, because AIDS patients had a high level of circulating antibodies, much higher than in normal, healthy individuals, that meant that AIDS patients were likely to have antibody cross reactions with any particular given protein more frequently than non-AIDS patients. Therefore, the identification of certain proteins as HIV proteins, simply because they reacted with antibodies of AIDS patients and not non-AIDS patients was insufficient proof that these proteins were actually HIV proteins.

Those three pieces of evidence – reverse transcription activity, the

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identification of retroviral-like particles in impure cell cultures, and the identification of HIV proteins simply on the basis of antibody reactions – were the only pieces of evidence Gallo and Montagnier had in support of their claims to have isolated a retrovirus from their patients' cultures.

Vanquill adds that subsequent to these isolation experiments, Montagnier and Gallo claimed that they had identified HIV DNA in cell cultures. But objectors ask how could they identify DNA as belonging to a retroviral particle unless they first isolate the retroviral particle and extract DNA from it? Vanquill states, "Two points should be made. First, if this is actually the DNA of an exogenous retroviral particle, there should be evidence of it being a unique molecular entity. Unfortunately, they found that this DNA is wildly variable. There are myriad incommensurable HIV DNA's, genetic sequence that vary by as much as 50 to 60%, indicating that this DNA that they culture out of a patient's T cells isn't necessarily the DNA of an exogenous retroviral particle."[9]

French film maker Djamel Tahi says that Montagnier admitted to not isolating the virus in an interview for a documentary about AIDS. Tahi states, "I asked Montagnier, 'Can you please explain to me how you isolated HIV?' During the interview, it became very clear that he did not isolate HIV. He found something that looks like a retrovirus."[10]

Lanka says that the tests once used to detect P-24 antigens as proof of HIV is meaningless. He points out that P-24 only represents a class of weight of proteins. There are several hundred different proteins in the body with a molecular weight of P-24; these tests are non-specific and can be detecting any of these proteins. Virologists no longer look for P-24. They have abandoned these tests in favor of genetic tests, which no longer refer to P-24 antigens.[11]

Vanquill points out other problems with AIDS tests which are reported in an article by Eleopulos et al. in a 1993 *Biotechnology* article called "Is a positive western blot proof of HIV infection?" He states, "Researchers have identified several proteins that they consider unique structural components of HIV, and they have put these proteins in bands on a strip called the western blot. They expose this strip of what is purported to be HIV proteins to a patient's blood serum. If the patient has any antibodies in their serum that react with any of these proteins, these bands will darken and that patient will be considered someone who has been previously exposed to HIV.

"The Australian researchers point out that the test is not standardized, meaning that different laboratories have different standards for interpreting how many bands actually have to darken in order for an HIV test to be considered proof of HIV infection. In Africa, for example, you only have to have two bands darken before they consider you HIV-infected. In America, you generally have to have three bands darken before they consider you infected. And in Australia, you need four bands. Dissidents joke that if you are HIV-positive in Africa you should move to Australia. There's a good chance that you may be negative there. What it comes down to is that HIV testing is extremely subjective.

"The second point they make is that the test results are not reproducible. They produce a photograph in this paper of one and the same serum sample and send it to 19 different laboratories. Each time, they come back with a different result."[12]

Nor is the antibody test proof of the existence of HIV. According to Lanka, a positive reading is merely an indication of antibodies made by one's own protein, not HIV: "If you have a lot of dying cells in your body, more antibodies are going to be produced against them. You will automatically raise your antibody levels, and you will be said to be positive and then infected."[13]

Neville Hodgkinson speaks of other problems with the antibody test: "In 1993, I came across an article in the science journal *Biotechnology*. There was a long review article by the Australian scientists who were questioning the validity of the HIV test. They were doing more than questioning it. They actually went through the various protein components of the tests.

"As you know, the HIV test purports to show the presence of antibodies to proteins that are said to be specific to HIV, this alleged virus infection. The whole validity of something like that depends on being sure that the antibodies that are picked up really do mean the presence of this virus, and nothing else. What the Australian scientists had done was go through the various proteins involved in this test (the proteins from the virus are called the antigens, and the antibodies are the response to those proteins by the body of the infected person.) One by one, they showed that none of these proteins were actually unique to HIV. In every case, there was documented evidence that they couldn't be. These various proteins and the equivalent antibodies could be explained by other conditions. They lifted quite a wide variety of conditions from the published literature, dismantling the whole idea that this test proved what it said it proved, the presence of a deadly new virus."

Before drawing conclusions, Hodgkinson shared this information with four virologists, expecting to receive criticism, but getting none. He went ahead and printed his article, with no resulting challenge from the scientific or medical community.

Hodgkinson gives an example of how a cross-reaction can occur on an antibody test: A team working from a University in Zaire set out to test the theory that leprosy could be one of the diseases that would count as an AIDS-defining illness in HIV-positive patients. Sure enough they found that a high proportion tested HIV-positive. When they went into it more deeply, they found that it was a protein from the leprosy germ itself that was reacting with the HIV test.[14]

An important part of the definition of AIDS is a gross reduction in T 4 and suppressor 8 cells. While HIV is said to be the culprit responsible for killing these immune cells, this has never been actually proven. Hodgkinson says that according to the Australian scientists, T cells are not being destroyed at all but displaced to other parts of the body: "At the time, they were the only ones saying this, and it seemed a strange idea, but recently there's been more and more work published by the mainstream acknowledging this fact that the whole idea of the virus killing the T cells hasn't been acknowledged by experimental work."[15] Lanka adds, "In the 70's, a new test to measure the strength of the immune system came to market. It would count T4 (or T helper) cells. This

was very misleading to doctors who believed that it was possible to measure the immune system by measuring some cells in the blood. This is not possible because only 2% of white blood cells are in the blood. If you have a little bit of stress, those 2% will immediately be removed into the tissues. This is an important biological operation. When the body thinks it is in a state of alarm, immune function is not needed. It would be a waste of energy. The body needs all its energy in the tissues to react quickly – to fight or run away."

Lanka concludes that T 4 counts are meaningless and mainstream science has long been aware of this: "The T 4 cells of the normal population were never checked because [scientists] already knew. In 1981, a leading immunologist in the United States said it makes no sense to measure subsets of T cells because they had measured them in the 70's, and they found that T and B cells could be high or low in healthy or ill, young or old people. There was no correlation.

"The original literature says that the normal range for T-cells is between 200 and 3,000, but think about what they are going to tell you if you have less than 500. They will tell you that you are in a dangerous state. It's very frightening that this has been known in detail since the 70's."[16]

Arguments for a Harmless HIV

While Papadopulos-Eleopulos, Lanka, and others argue that HIV doesn't exist, others believe differently. Michael Verney Elliot, award-winning English journalist and producer of the documentary: *The Unheard Voices on AIDS* states, "If Montagnier found nothing, then what did Gallo misappropriate? Why was Gallo accused of having misappropriated the virus? Why was it said that there was contamination that took place in Gallo's laboratory, perhaps with Montagnier's isolate? If he didn't isolate anything, how could it be transferred to somebody else's cultures? The same something has been found in several laboratories all over the world. Several scientists have claimed to have isolated it independently. So, you can't say it doesn't exist."[17]

Many scientists accept the existence of HIV but refute the notion that HIV causes AIDS. They argue that HIV is a harmless, noninfectious retrovirus. Furthermore, it is difficult to detect in people diagnosed as HIV-positive and even in AIDS patients. These points were first brought to worldwide attention by the brilliant and outspoken retrovirologist Dr. Peter Duesberg of the University of California, Berkeley. A lone voice at first, Duesberg was considered out of touch with the reality of the disease by AIDS research scientists. Now, a growing number of experts in the field have begun to reconsider Duesberg's belief that HIV does not cause AIDS since the HIV hypothesis continues to remain unproven and the disease has not spread from its original risk groups to infect the population at large.

One of the most puzzling problems is HIV's contradiction to the viral load ➤

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theory. Usually a certain percentage of microbes must be present before a disease can manifest, but HIV appears to be excused from this rule, explains Duesberg: "The correlation between the activity and abundance of microbes in disease is very clear. They have to exceed a certain threshold number before they can cause a disease. And they have to kill a significant percentage of so-called target cells. A flu virus, for example, has to kill a certain number of lung cells before you have pneumonia. And a hepatitis virus has to infect a significant percentage of liver cells before you have symptoms of liver disease. HIV is the exception. Here is a virus that "kills" – killing has never been established – less than one in a thousand T cells, and yet it is claimed to be responsible for the loss of all of them."

Duesberg goes on to explain that an imperceptible amount of virus cannot cause an infectious disease: "The bottom line is that if you have a virus and a susceptible cell in the same human body, the two cannot be kept apart for very long. Soon the virus will meet the susceptible cell, like boy meets girl, and they won't be kept apart for very long. The virus has to find a susceptible cell in order to replicate and survive. So, if such an abundant amount of viruses were around in AIDS patients, as these people keep claiming, you couldn't have 99.9% of your T cells uninfected."[18]

Journalist Neville Hodgkinson says that a virus should be easy to find without the addition of technological processes: "You never actually got HIV unless you took samples from the patient and put them through a lot of stimulating procedures, adding various ingredients to your culture until you eventually found some signals indicating the presence of the virus. But it was difficult."[19] Researcher Lynn Gannett adds, "This is the only virus for which they use polymerase chain reactor (PCR) technology. They multiply whatever it is they're measuring. A dear friend, Dr. Robert Geraldo has a great analogy for this. He asks, if you have a dollar bill and you make a hundred photocopies of it, how many dollars do you have? You still have one dollar. You cannot say that if you have this HIV virus in your body and you do this test that it multiplies it so that you have a viral load of 10,000. That's not truthful."[20]

Duesberg provides several arguments against HIV being a sexually-transmitted disease: "HIV is the exception of everything. Here we have a virus that causes disease only after it is neutralized by antibodies. All other viruses do their ugly work before we have a vaccine or we have made our own antibodies. And here's a virus that only causes a disease ten years after infection, when all other viruses cause it right after infection when they're most biochemically active....To date, in America, we have had over 750,000 AIDS patients. Every one of them has been treated by doctors, health care workers, nurses, family members. In the huge literature on AIDS, show me one example of a health care worker or doctor ever getting AIDS from his or her own patient. And this is without a vaccine to protect them."

Duesberg concludes that the idea of HIV being an infectious disease derives from a completely undiscussed and unchallenged assumption that was made implicitly with the HIV hypothesis.... "What we don't emphasize enough," he states, "is that, according to the World Health Organization (WHO) and the Geneva Conference, HIV has been found in 30 million people who don't even have a trace of AIDS."[21]

Furthermore, while HIV has been correlated with AIDS, there have been many cases of people with AIDS diseases with no evidence of the virus, notes Dr. Charles Thomas, Jr., of the Helicon Foundation, a not-for-profit AIDS organization. Therefore the virus could not possibly be causing AIDS in these cases.[22]

The average person can plainly see that AIDS does not spread like an infectious disease. One famous example is Magic Johnson who was diagnosed as HIV-positive while his wife has tested HIV-negative. Other instances are reported by John Turner, a long-term AIDS survivor and a member of Atlanta's HEAL: "One close friend of mine lost two lovers to AIDS. His third lover went off the drugs, because of all the toxic side effects, and survived. This friend, who had three lovers in his life, still remains negative. I have another close friend in the same predicament. He has had many HIV-positive lovers and even has one now. He still remains negative."[23] Dr. Lanka adds, "From the very beginning, the Centers for Disease Control (CDC) could not find a single case where one person was infected through another, and this person was infecting a third one. There is no study where this kind of transmission has ever been proven. If you look at the rate of positivity among hemophiliac women, there were only 1 in 500 infected."[24]

While infectious diseases spread throughout the population at large, AIDS remains confined to its original risk groups. Dr. David Rasnick explains, "Infectious diseases don't know if you're black, white, male, female, gay, or straight. HIV deserves a graduate degree from the best universities for making those discriminations. In reality, AIDS is still in almost 9 out of 10 cases affecting males in the United States and Europe. About 86% of the latest percentage is male. And 60% of AIDS patients in the United States and Europe are gay men. Another third are IV drug users (a code word for heterosexual drug users). Then there's about 1% of pediatric AIDS, 80% of which are, according to the CDC, born to mothers who used drugs during pregnancy."

Rasnick adds that AIDS is also unusual in that it mostly strikes 25 to 50 year olds when those most prone to infectious diseases are the very young, whose immune systems aren't fully developed, and the very old, who have declining immune systems: "People between 25 and 50 are the least prone to infectious diseases. They have fully operational immune systems. Yet the vast majority of AIDS cases in the US and Europe are in people between those ages. There's virtually no AIDS among teenagers, and teenagers are certainly sexually active. If you had a sexually-transmitted disease, you would find a reasonable fraction of your AIDS patients being teenagers, and they just aren't there."

Another point made by Rasnick is that while most infectious agents cause the same symptoms, HIV does not: "A flu virus causes the flu, not polio, for example. If you transmit the spirochete of syphilis you get syphilis, not cold symptoms. Yet a gay man with Kaposi's sarcoma (KS), one of the AIDS-defining diseases who happened to do his civic duty and donate blood during his so-called ten-year incubation period, passes

his blood on to someone else, and you would expect that person to also get KS but this is not the case. Of the 15,000 HIV-positive hemophiliacs in the United States who received blood products from donors with KS, not one came down with KS."[25]

AIDS has not become the pandemic once feared, notes chemistry's Nobel Prize winner Kary Mullis, inventor of the polymerase chain reactor, a genetic testing device used in AIDS research: "If the National Institutes of Health (NIH), Gallo, and Faucci were right then their predictions would be right. We would have a worldwide pandemic of an infectious, sexually-transmitted disease that heterosexuals and homosexuals would be equally susceptible to. This is the fear that has gotten everyone terrified. You mean we could have sex and get AIDS and die? None of these predictions have come true."[26]

Instead the number of AIDS cases have declined, as Hodgkinson points out: "We've had absolutely no spread over the past ten years. When the tests first became available, it was estimated that there were 50,000-100,000 HIV-positive individuals in the United Kingdom. In the early 90's that estimate drastically declined to about 23,000. That figure has remained steady. Other countries paint a similar picture. There is no evidence of a spread of this condition, and that is a powerful support for the theory that HIV-positivity is not indicative of a new infectious illness spreading among us." Mullis adds that the numbers are inflated because 25% of cases are based on symptoms only and not blood work-ups: "I contacted the CDC and asked them if they did blood work-ups on all the people included in the AIDS figures from day one. The answer was no. About 25% of those figures were based upon symptoms. I said there are at least seven other diseases that have the identical symptoms as AIDS, such as tuberculosis, malaria, and cyto-megalovirus. They kind of shrugged their shoulders and didn't address the issue."

Mullis also points out that this is not the first time a disease has been mistaken as infectious: "In the early 20th or late 19th century in the south, pellagra was thought to be an infectious disease. In actuality, it was from a lack of niacin because southerners were eating corn instead of wheat. Farmers were taking kids out of their homes and placing them in orphanages. The child would now get some wheat and no longer have pellagra."[27]

Hodgkinson adds that while HIV is reported to be rampant in Africa, the continent where AIDS supposedly started, its citizens are not dying at high rates from AIDS: "Perhaps the simplest way of refuting these claims is to point to issues of *Time* and other news journals three to five years ago. They were running cover stories about the massive threat to the future of people in Africa posed by HIV and AIDS. These stories were based on estimates of HIV-positivity that were being claimed. It was thought that Africans were in the pipeline of death and that there would be entire wastelands on the continent as a result of that terrible epidemic.

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"Just a few weeks ago, *Time* ran a big cover story on Africa. There wasn't a single mention of HIV or AIDS in all of the 11 or 12 pages of that article. It was about the great future and the new mood of optimism that is present within that continent."[28]

This point is emphasized by Mullis who states: "The World Health Organization studied prostitutes in a little coastal African country above Liberia. They found that 75% of the prostitutes were HIV-positive and predicted that five years later half of them would be dead. In five years they came back and there were no bodies to count. Still they're HIV-positive, according to their tests. Actually, they're positive due to a cross-reactivity. The conclusion of a paper on this published in *Nature* was that these people had a special strain of HIV which firstly does not cause any disease and secondly protects you from the strains that are rampant throughout Africa. It even said that we ought to study these people further to develop a vaccine. Even a sixth grader looking at the logic of this would say, 'Wait a minute. The Emperor has no clothes here!' There's something seriously wrong with the minds of people who don't examine direct evidence of their conclusions being wrong."[29]

Charles Geshekter, PhD a professor specializing in African studies has taken 12 research trips to Africa and has organized a conference on Rethinking AIDS when he was chair of the History of Science, Pacific Division, a section of the American Association for the Advancement of Sciences. Professor Geshekter says that AIDS in Africa is a different set of diseases than it is in North America and Western Europe: "You have to go back to the original definition of a so-called AIDS case in Africa. You'll discover that a World Health Organization conference convened in the Central African Republic, a landlocked country north of Zaire in its capital city, Bangwee(sp?), in late 1985. And at that conference a definition of an AIDS case in Africa was agreed to. That is the definition that they are using to count AIDS cases in Africa. The definition itself is decisively different than the definition of an AIDS case in North America or Western Europe. And that definition is simply based on four clinical symptoms which are very widespread and very common throughout Africa because it is, in fact, such an impoverished continent. I, myself, have had all of those four symptoms. They are a persistent dry cough, a high fever, loose stools or diarrhea for 30 days, and a 10% loss of body weight over a two month period. I've suffered from all those working in the fields of Kenya, Ethiopia, and Somalia. If I were African, I would be judged to be an AIDS case. And I'm not. So, I'm judged to have traveler's diarrhea or some such thing. If you go and look carefully at what it is exactly that they're counting, you'll see that old symptoms that are clearly non-HIV insults have been redefined into an epidemic of so-called AIDS case."[30] Dr. Mark Chanley(sp?) of the Department of Biological Sciences, University of North Texas adds, "It seems to me that when you're looking for the cause of a disease, you're looking for commonalities, not differences. AIDS in the United States is characterized by such things as severe immuno-suppression and characteristic opportunistic infections like Kaposi's sarcoma and candidiasis, whereas in Africa it's associated with other symptoms like wasting disease. [In Africa], they've always had the wasting disease and the malaria. Other parasitic diseases come to mind. Having an infection with the HIV virus doesn't predispose to you to getting these diseases. People in that environment get them because they're in the environment that exposes them to those sorts of infectious agents....The virus should cause the same disease, and it clearly doesn't in Africa. They've just taken all the old diseases, combined with HIV, and called it AIDS. But a lot of people in Africa just have the same diseases they've always had."[31]

Dr. Phillip Johnson, a law professor at the University of California, Berkeley, who has taken an interest in AIDS issues, says that in all probability, we are focusing on the wrong microbe: "If you were to go back and audit the evidence without a prejudice in favor of the reigning theory, the conclusion would be that it's harmless. A correlation does not prove causation People who are very sick have lots of infections and foreign proteins in their blood. They may test positive for lots of things, but that doesn't mean that those things are causing their condition."[32]

Dr. Rasnick, who has spent 20 years developing protease inhibitors, including the ones used to stop HIV activity, believes that these drugs are the best proof of HIV not being the cause of AIDS. By inhibiting the enzymes of HIV, protease inhibitors deactivate the so-called cause, yet the condition remains. Research shows that people taking these medicines are still dying from immunosuppressed conditions. Rasnick states, "Protease inhibitors are the most potent inhibitors that I've ever seen. They absolutely shut down HIV in the laboratory. If HIV were replicating in a human being, these protease inhibitors would shut it down....When you get no clinical benefit from the drug you have to seriously doubt your hypothesis and think maybe HIV is not the cause of AIDS."[33] A 1994 conference devoted to proteases announced these findings, saying that 400 AIDS patients taking two grams of Sequenivir(sp?) every day over an 18-month period showed no clinical benefit. They did not live longer or improve in any way.

Rather than question the assumption that HIV causes AIDS, Rasnick notes, scientists came up with another explanation, saying that the clever HIV was mutating to inhibit resisting forms. Though speculation has become dogma, Rasnick criticizes the idea, saying that mutations in human beings have never been demonstrated in the scientific literature; mutants are only produced in the laboratory.

Antibodies typically mean that a microbe has been rendered harmless. Vaccines are created on this premise; they introduce antibodies into the system to keep the microorganism latent. With AIDS this rule has been broken and antibodies have been used to predict the inevitability of disease. Strangely, the logic will again change with the introduction of an AIDS vaccine that will inject people with antibodies to HIV. Suddenly, instead of causing sickness and death, the antibodies will offer protection.

Next Month: Part 2 – Alternative Hypotheses

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