

# HIV equals

## and Other Myths of the AIDS War

Article by Gary Null, Ph.D.

For more than a decade now, we've been told that the human immunodeficiency virus causes acquired immune deficiency syndrome, which in turn causes death. Those in the scientific community who have questioned this dogma—the three-part equation of HIV = AIDS = death—have been suppressed. But they will be heard. In the war on AIDS, it's only a matter of time.

The AIDS issue may well become America's Vietnam of the nineties. Think back to the mid-sixties, if you're old enough. You'll remember that as the United States got increasingly involved in the Vietnam War, the government was adamant about the correctness of its official line: We had to fight Communism in Southeast Asia because if we didn't, the world's nations would fall like dominoes under Soviet

sway. The war was in our national interest. The war was winnable. Along with these constantly repeated "facts" came the denigration of anyone who looked at things differently, anyone who had the temerity to question or protest what administration officials were telling us.

Fast forward about 30 years. One of the chief architects of America's Vietnam involvement, ex-Secretary of Defense Robert S. McNamara, has revealed that he and other top administration officials, including President Johnson, had their doubts about the official doctrines relatively early into the war. But nobody said anything publicly. Nor did they admit that the protesters might have a point. On the contrary, they continued to vilify them. The administrators had already invested so much in their

flawed policy that they'd lose face by admitting that their assumptions had been wrong. So they simply continued having Americans march headlong into the Vietnam quagmire for years, at a devastating cost in American and Asian lives, suffering, and expense. Ultimately, of course, there was the expense of governmental credibility as well.

It's almost uncanny how the AIDS war parallels our Vietnam experience. In this case, it's not a matter of whether we should be engaged in the fight, but of whether our underlying assumptions about the cause of AIDS, and our approach to it, are correct. Increasingly today, members of the scientific community give us reasons to challenge these assumptions.

So one can't help but wonder, this time, is it going to take decades before the protesters' valid points are finally acknowledged? Or will those who are in power, this time, have the courage to come out and publicly admit where they've been wrong?

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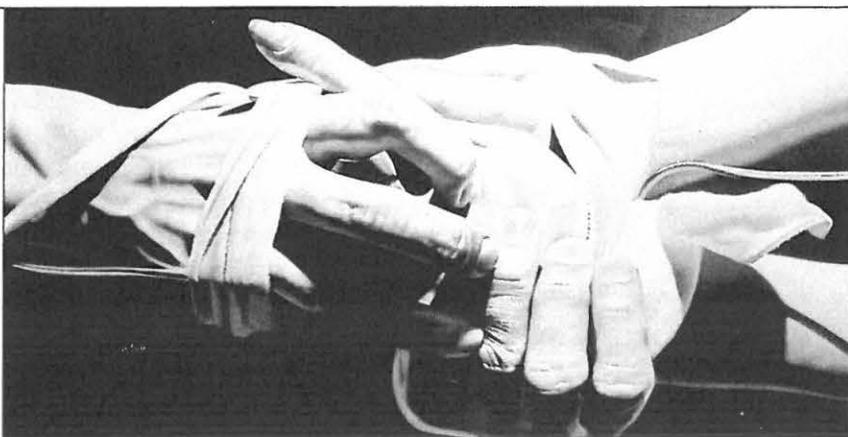
The fact is, there have always been people questioning or disagreeing with the official theory and treatment approach, but they have been silenced. Early on, the theory was challenged by a world-renowned retrovirologist, Peter Duesberg, professor of biochemistry and molecular biology at the University of California at Berkeley; and by Nobel Prize-winning scientist Walter Gilbert. But instead of being urged on in their attempt to help mankind, they were ridiculed and their funding was stopped.

The resistance to new evidence and exploration continues. Just last year, I sponsored a conference featuring 100 AIDS survivors who beat the odds using alternative therapies. Although press releases were issued on three occasions, not a single member of the mainstream media attended. Similarly, Professor Charles Gesheker, who was chair of the history of science for the American Association for the Advancement of Science, Pacific Division, was

world, where the threat of losing grants always looms as a very real possibility. "Look what happened to one of the great scientific geniuses, Peter Duesberg," Buianouckas says. "What has he gained from his courageous stand? I think lesser scientists see that and will keep their mouths shut."

Nonetheless, a lot is happening behind the scenes. Journalist Neville Hodgkinson writes in *The Sunday Times* of London that challengers of the original hypothesis are growing in number because after 11 years of work on H.I.V., AIDS researchers have failed to show how the virus could be doing the damage attributed to it. The link between H.I.V. and AIDS is not as close as once believed, and doomsday predictions about its spread have collapsed.

At the same time, the orthodoxy holds to its original beliefs more strongly than ever, and continues to belittle the opposition. Their credibility is at stake. As biochemist Charles A. Thomas, Jr., Nobel Prize-winning chemist Kary B.



**THE AIDS DOGMA AND ITS PROBLEMS**  
Since 1984, the mainstream media have been giving us only one side of the AIDS story—the officially approved side. When Dr. Robert Gallo and then Secretary of Health Margaret Heckler announced that the probable cause of AIDS had been discovered, H.I.V. became the sole cause of AIDS and the case was closed. "Overnight, the word 'probable' ceased to exist and it became dogma ... engraved in stone," says investigative journalist John Lauritsen.

From that time on, a campaign has been conducted to program us into believing that the human immunodeficiency virus is a deadly, infectious virus that inevitably results in AIDS, and death. And we have been continually told that while no cure exists, antiviral drugs, including A.Z.T., D.D.I., and D.D.C., will slow down the progression of the disease. Despite evidence to the contrary, the general public continues to buy these ideas. They are the only ones reported.

thwarted by elements in the A.A.A.S. in his efforts to organize a symposium to discuss problems with the H.I.V.-equals-AIDS hypothesis.

Others report comparable experiences. Nathaniel S. Lehrman, M.D., former clinical director of Kingsboro Psychiatric Center, in Brooklyn, New York, reports that in June 1991, a committee of 40 scientists sent a simple letter to the five leading scientific publications in the English-speaking world. The letter said, basically, that the H.I.V.-equals-AIDS hypothesis wasn't getting anywhere, and suggested that other avenues be explored. Says Lehrman, "None of these five leading scientific publications—*Nature*, *Science*, *The Journal of the American Medical Association*, *The New England Journal of Medicine*, and *The Lancet*—would even publish this letter. This is called suppression."

Frank Buianouckas, Ph.D., believes outspoken scientists are scapegoated as a warning to others in the science

Mullis, and law professor Phillip E. Johnson write, "If the theory is mistaken, billions of dollars have been wasted—and immense harm has been done to persons who have tested positive for antibodies to H.I.V., and therefore have been told to expect an early and painful death."

#### WHAT'S WRONG WITH H.I.V. EQUALS AIDS?

"In a nutshell, the idea of AIDS is a phony construct," states Lauritsen. "It ties together 29 old diseases along with the presumption of H.I.V. infection. ... This is not caused by H.I.V., the retrovirus."

"As applied, the H.I.V. theory is ... useless as a medical hypothesis," asserts Mullis, winner of the 1993 Nobel prize in chemistry for inventing the polymerase-chain-reaction test for detecting the human immunodeficiency virus.

"I am well convinced that H.I.V. is harmless," states Dr. Fabio Franchi, a specialist in infectious diseases and preventive medicine.

Why do these scientists and hundreds of others doubt the official story on AIDS? Thomas, Mullis, and Johnson offer three reasons:

"First, after spending billions of dollars, H.I.V. researchers are still unable to explain how H.I.V., a conventional retrovirus with a very simple genetic organization, damages the immune system, much less how to stop it. The present stalemate contrasts dramatically with the confidence expressed in 1984. At that time Gallo thought the virus killed cells directly by infecting them, and the U.S. government officials predicted a vaccine would be available in two years. [Eleven] years later, no vaccine is in sight, and the certainty about how the virus destroys the immune system has dissolved in confusion.

"Second, in the absence of any agreement about how H.I.V. causes AIDS, the only evidence that H.I.V. does cause AIDS is correlation. The correlation is imperfect at best, however. There are many cases of persons with all the symptoms of AIDS who do not have any

The immune system appears to respond to H.I.V. in a typical fashion. Initially, a newly infected person will experience mild flu-like symptoms. Then the immune system will attack the virus and reduce its numbers to insignificant amounts. If H.I.V. destroys the immune system, argue Thomas, Mullis, and Johnson, it must do so years later, after the immune system has already destroyed the virus.

But a long latency period is not possible, according to Duesberg. He argues that if H.I.V. were deadly, it would attack immunity right away. "We have an encyclopedic knowledge of retroviruses accumulated in the last 20 or 30 years. We know about hundreds and thousands of them, better than any other type of virus. And not one of them does that.

"When you contract any virus," Duesberg continues, "like measles from your friend or your sister or brother, or herpes from a sexual contact, within a week, or two or three at the latest, you will have caught it from that contact....

Services, said, we have found the probable cause of AIDS. They opened the floodgates of the political and federal money to study AIDS and to confront AIDS only in the name of this one hypothesis. They created an instant orthodoxy, mostly of virologists who [had been] looking for viruses for over 30 years."

Duesberg proposes a simple, cost-effective study to determine, once and for all, whether H.I.V. leads to AIDS. "Why don't we look at H.I.V.-infected people who have no other reasons to get AIDS—no lifestyle, drug, or disease factors—and who are not hemophiliacs?" He says that U.S. Army and blood-donor tests detect thousands of such cases, and asks, "Why don't AIDS epidemiologists ever look at those people and check them every week, or month, or year, for disease? This study can distinguish between these alternatives—is it H.I.V. or is it drugs or is it transfusions? It would be so easy to do; it would be the cheapest study of them all."

While H.I.V. and AIDS are indeed correlated, the causative link has not been proven. One reason to doubt that H.I.V. causes AIDS is that many people who have been diagnosed as H.I.V.-positive never become sick. The editors of the newsletter *Rethinking AIDS* (now renamed *Reappraising AIDS*) point out that approximately 75 percent of American hemophiliacs have had H.I.V. for more than seven years, yet only two percent annually develop AIDS-indicator diseases. According to predictions, about 50 percent should have developed AIDS. There are also incidences of H.I.V.-positive homosexual men who have remained healthy for more than a decade.

Further, in experiments, chimpanzees repeatedly inoculated with H.I.V. never develop the syndrome. As Charles A. Thomas, molecular biologist and former Harvard and Johns Hopkins professor, explains, "The H.I.V. infects these animals, multiplies, elicits the information of antibody, and then disappears, just like in humans. Even after many years, not one chimp has come down with AIDS diseases. This means we have an animal model for H.I.V., and it does not seem to cause AIDS."

The possibility of being H.I.V.-positive without developing AIDS does not discount causation as much as the reverse scenario, of which there is ample evidence. Numerous cases of AIDS without H.I.V. have always existed and were even discussed at the Eighth International Conference on AIDS, in Amsterdam. "[There are] an approximate 5,000 cases of AIDS without H.I.V. in groups considered to be at risk of developing the syndrome," Duesberg reports. "There may be many more, as in the U.S. only 50 percent of all cases of AIDS

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H.I.V. infection. There are also many cases of persons who have been infected by H.I.V. for more than a decade and show no signs of illness.

"Third, predictions based on the H.I.V. theory have failed spectacularly. AIDS in the United States and Europe has not spread through the general population. Rather, it remains almost entirely confined to the original risk groups—mainly sexually promiscuous gay men and drug abusers. The [rate] of H.I.V.-infected Americans has [increased more slowly] instead of increasing rapidly as predicted, which suggests that H.I.V. is an old virus that has been with us for centuries without causing an epidemic."

You wouldn't know it from the mainstream media, but the H.I.V. virus has proven to be a weak one. As Duesberg explains, "Most viruses kill cells, but certainly not the so-called AIDS virus. It rarely infects even one cell, and even if it is in a cell, that cell doesn't die. One in a thousand cells, at most, is infected. If you infect one in a thousand cells with a virus that doesn't kill it in the first place, you cannot explain a fatal disease, namely AIDS, or a collection of fatal diseases that is said to be due to the complete loss of T cells."

The first cell gets infected. Then the infection spreads a day later to a hundred cells, then to a hundred times a hundred cells, and so on. Within a week or two, you either get infected and get a disease, or you reject it and don't get one. At no time do you get infected today and then ten years later get dementia, diarrhea, Kaposi's sarcoma, or pneumonia, all of which are called AIDS now. There's no such thing."

In light of this knowledge, why does the scientific community still officially consider H.I.V. the sole cause of 29 deadly and unique diseases? "[In 1984]," Duesberg explains, "the AIDS epidemic was just starting, Reagan was to be re-elected, and the vocal gay community was requesting some actions against AIDS. The preferred answer to a new disease was the hope for a fast career, and the prevention of a microbe, virus, or bacteria. If you claim a virus or a microbe, everybody knows what to do. A company starts making vaccines or test kits or drugs. Everything looks promising....

"That's exactly what happened," Duesberg continues. "Gallo stood up and said, I have a virus; Margaret Heckler, secretary of Health and Human

# AIDS

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are confirmed H.I.V.-positive; the rest are presumptive diagnoses. In science the exception does not prove the rule; it disproves the hypothesis. Such findings also conclude that H.I.V. is neither necessary nor sufficient to induce an immune deficiency and AIDS-defining illnesses."

AIDS minus H.I.V. is especially prevalent in Africa, where being H.I.V.-positive is not even a factor in diagnosis. According to Gesheker, "the definition of AIDS in Africa is ... fundamentally different than the definition of AIDS that is used in industrialized countries. If an African in a supposedly highly infected country like Rwanda, Uganda, Zaire, is diagnosed with the following clinical symptoms—a persistent cough, a high fever, chronic diarrhea, a ten-percent weight loss in the last two months—and lives in one of these countries, that person has AIDS." Nevertheless, Western scientists claim that 85 percent of the African population is positive for H.I.V. antibodies, when tests are rarely, if ever, performed to determine this.

When AIDS was first declared an epidemic, government agencies confidently predicted that before long, H.I.V.

would spread from the initial risk groups, i.e., homosexual men, intravenous-drug users, and hemophiliacs, to the population at large. After all, that is what normally happens when people have not yet developed an immunity to a new virus. Contrary to this forecast, though, AIDS has remained within specific high-risk groups, and the incidence of H.I.V. has decreased. Johnson says that according to Centers for Disease Control and Prevention statistics "the figures have been going down. They still like to claim that one million Americans are H.I.V.-positive, but professionals know that the numbers are from 600,000 to 800,000. It's just for public-relations reasons that this isn't acknowledged, because it's totally inconsistent with the idea that H.I.V. infection is ravaging whole new populations and spreading like wildfire."

The concept of AIDS as a sexually transmitted disease is another part of the establishment picture that doesn't quite hold up. There is, in fact, no support for the idea that AIDS is a sexually transmitted disease anywhere in the world. Duesberg uses discordant couples as an example—people who are diagnosed as having AIDS but whose partners remain uninfected. "There are thousands of those," he says. "One of the most famous examples is Arthur

Ashe. He had H.I.V. for ten years and died of AIDS, but his wife and daughter are both H.I.V.-negative.... There are 15,000 American hemophiliacs who are H.I.V.-positive, and there isn't one study that shows that the wives of hemophiliacs get AIDS from their partners."

We should note, too, that AIDS has not spread to those who have intimate contact with the virus—scientists and health-care workers. Normally these people are at high risk for contracting an infectious disease. For example, 1,500 cases of hepatitis are reported each year from accidental needle pricks. Yet this has never been documented to happen on a statistically significant scale among health-care workers or scientists who work with blood from H.I.V.-positive and AIDS patients.

## THE REAL CAUSES OF AIDS

In December 1994, Richard Horton, then North American editor, now editor, of *The Lancet*, stated, "It's been a year when there's been a painful reassessment of all the assumptions that have been the foundation of AIDS science during the past decade. People have been forced to admit uncertainties they were unwilling to admit before."

Today, scientists are looking increasingly to cofactors—non-H.I.V. immunosuppressive factors that, when com-

bined with the presence of the virus (although not always), cause what we call AIDS. These factors became more prevalent just as AIDS was being recognized as a "new" entity. But the thing is, most of the dissidents say, AIDS is not really a new phenomenon. The opportunistic infections satisfying the C.D.C. criteria for AIDS, such as Kaposi's sarcoma and progressive multifocal leukoencephalopathy, have been around for decades.

It has long been established that the chemistry of the body of most people with AIDS, and those considered to be living at risk, does not look like any typical response to a single viral agent. In terms of chemical interactions, AIDS is far closer to resembling a "stress response." This situation is characterized by an increase in the production of certain chemical "messengers" called cytokines that coordinate the immune system. The overproduction of cytokines can cause a persistent suppression of immunity that impairs the body's immune response.

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Four factors that are major causes of oxidative stress and overproduction of inflammatory cytokines are chemical toxicity, from both recreational and medicinal drug use, as well as environmental sources; microbial activity, from multiple and concurrent infections that may be viral, bacterial, fungal, or protozoal; nutritional deficiencies, a diet deficient in antioxidants, coupled with other nutritional deficiencies; and psychological stresses, e.g., fear, anxiety, or sustained stress. All of these factors, in differing combinations and to varying degrees, are found in people with AIDS and many of those considered to be living at risk.

**Drugs.** In Duesberg's view, the strongest cofactor tie-in to AIDS is that of chemical toxicity. "[Drug use] explains why it's in the 22- to 45-year-olds and not in the kids or the old people. This explains why it's mostly in males, because ... males consume 80 percent of the hard psychoactive drugs. And this explains why the infants of 70 percent of junkie mothers have AIDS. This explains why homosexuals who inhale poppers to facilitate anal intercourse get Kaposi's sarcoma. This explains absolutely everything about AIDS."

**Infective agents.** Microbial cofactors in AIDS are held to be just as important as drugs by many in the field. Christopher Calapai, D.O., explains the role of sexually transmitted organisms. "Since Dr. [Luc] Montagnier in Paris has said that mycoplasma is a very common cofactor and will allow the disease to progress," Calapai says, "we're looking at various other viruses, fungal organisms, and bacteria as cofactors in this syndrome. We know that those individuals who are H.I.V.-positive and those who have AIDS frequently have infections such as cytomegalovirus, Epstein-Barr virus, herpes virus I, II, and VI, hepatitis B virus, and T.B. We also know that those individuals who are hemophiliacs that are H.I.V.-positive have a fourfold chance of developing AIDS if they are cytomegalovirus-positive."

Researchers at Columbia University now believe that human herpes virus VI plays a major part in Kaposi's sarcoma. Investigative journalist Nina Ostrum reports that "researchers all over the country are discovering that what H.H.-

VI [Type A] does to the immune system is much more devastating than anything that H.I.V. is able to do. No one has put forth a convincing argument about how H.I.V. causes AIDS, and no one has been able to use H.I.V. in an animal model to create an AIDS-like illness. On the other hand, we know exactly what H.H.-VI does. It goes right in and it destroys T cells, B cells, and a very important immune-system cell called the natural-killer cell. It's been associated with a number of cancers, including oral cancer and Kaposi's sarcoma. It's the real heavyweight virus. All of the research shows this to be the case."

Marjorie Siebert, D.O., states that "herpes is found in almost every case of full-blown AIDS. The herpes virus, like Epstein-Barr, has immune-suppressive properties of its own and increases the replication of the H.I.V. virus." She adds that the immunosuppressive action of certain viruses is already known, saying, "Epstein-Barr virus, in its own right, is an immunosuppressive agent, and when combined with H.I.V. increases the penetration of white blood cells by the H.I.V. virus.... When herpes lesions or lesions of syphilis, molluscum, or

papilloma virus are present, H.I.V. spreads much more quickly during intimate contact."

One sexually transmitted disease in particular has a strong association with AIDS. In 1989 the Los Angeles Health Department said that epidemiological studies showed a history of syphilis to be the most common predictor of the development of AIDS, in the absence of all other factors. And there is a high correlation between those most at risk of developing AIDS and those most at risk of contracting syphilis. For example, if you are gay in the United States, statistically you are 14 times more likely to have had syphilis than if you are heterosexual (and therefore 14 times more likely to have had antibiotic treatment, another cofactor). Between 1981 and 1989 the recorded number of cases of syphilis in the United States increased by a significant 34 percent.

An additional risk factor to consider is parasites, which readily accompany a fast-track lifestyle. Cocaine, for instance, has been shown to reduce resistance to intestinal parasites.

**Nutrition.** Many studies have shown that people with AIDS, and those considered to be living at risk, suffer from wide-ranging nutritional deficiencies. Specific nutrient abnormalities that have been found include vitamins A, E, B<sub>2</sub>, B<sub>6</sub>, and B<sub>12</sub>, and the minerals copper, zinc, and selenium. In addition to these nutrients, the amino-acid-related substance glutathione has also been found typically deficient.

It must be stressed here that a diet high in processed and refined foods, and low in whole and "live" foods, has become the staple diet for the majority of people living in the West. Western food products are further corrupted by the use of pesticides and herbicides, and almost all meat products contain antibiotics, hormones, and steroids. Such a diet not only leads to vitamin and mineral deficiencies, but will also cause annihilation of the bowel flora ("friendly" bacteria essential for suppressing yeast overgrowth and synthesizing certain vitamins), toxic overload in the body, and a weakened immune system.

**Psychological factors.** Part of the AIDS myth is the idea that this is an incurable disease. Thus, most people who are newly diagnosed as being H.I.V.-positive have been led to believe that they have just been condemned to die. Now, literally hundreds of studies in the field of psychoneuroimmunology have shown that what a person thinks—in either a positive or a negative vein—has definite and immediate biochemical effects on the immune system. So to put someone into such an acutely negative state of mind is a good way to substantially exacerbate the progress of whatever disease they have. This is part of

what prompts immunologist Dr. Alfred Hassig to state, "The sentences of death accompanying the medical diagnosis of AIDS should be abolished." And Nick Siano, author of *No Time to Wait*, says, "The things that we're feeding people emotionally about this disease are much more deadly than H.I.V. itself. The emotional content of H.I.V. infection is 75 percent of the battle."

A.Z.T. AND THE ECONOMICS OF AIDS  
A.Z.T. has long been the medical orthodoxy's choice treatment for AIDS and people who are H.I.V.-positive. But has this drug been proven safe and effective? Researchers are now saying some disturbing things. For instance, Duesberg claims that A.Z.T. "is AIDS by prescription. Nothing could cause AIDS more directly than a substance that is doing only one thing—killing cells, particularly the cells in the bone marrow, which are the immune system. You are killing off your immune system every six hours with A.Z.T." Geneticist Richard Strohmman states, "There's every reason

explains, "because if H.I.V. causes anything, it certainly causes fund-raisers. It sells stocks. It supports dances. It sells condoms. And it keeps the AIDS establishment going..."

One reason to be skeptical about the quality of the information we're getting is that the so-called AIDS authorities are the same people who were the so-called cancer experts. As Dr. Bruce Halstead explains, "Many cancer authorities have shifted over to AIDS for the simple reason that it is where a lot of the money is available, and it is where you have more opportunity." Moss further explains the link between AIDS, cancer, and business, saying, "The paradigm that was laid down for how to milk the cancer problem is basically the same paradigm which is being followed in milking the AIDS problem. Here's how it breaks down. The largest producer of chemotherapy in the world is Bristol-Myers Squibb. They make between 40 and 50 percent of all the chemotherapy. They also make the AIDS drug D.D.I. [And members] of the Memorial Sloan-

company to do the double-blind studies and the toxicity studies on animals, or whatever is required by the F.D.A. to prove it. So we have this interesting situation where nutritional substances, which are not patentable, are excluded from being looked at by the F.D.A."

#### OUR UNINQUISITIVE PRESS

The media have not been quick on the uptake concerning challenges to A.Z.T. In fact, the mainstream media, always attuned to the quick and easy in the way of explanations, has not been much help in asking any of the difficult questions about AIDS. Ostrum points out that simplistic government propaganda is easier to report than more complex perspectives. "If they only have one microbe to warn you about, if there's one virus to produce disease, and there's one thing that you should do to prevent it, and that is to have safe sex or not share needles ... that's a very easy message for the press to pick up on."

In addition, reporters believe that science and medicine are too sacrosanct to question. Tom Bethel feels that "the interesting thing is that the media has not been going after this story at all. They regard very deferentially what the government press releases say. This is exactly the opposite of the attitude 20-odd years ago. If you remember at the time of Watergate, Woodward and Bernstein's method was, don't accept government handouts. Dig behind the scenes, ask questions, don't accept that what they tell you is true..." Today, Bethel says, while the media are sometimes still willing to dig behind the scenes in fields like foreign or domestic policy, "when it comes to health and science, they say, 'Uh-oh, I'm not qualified to question this.' They just go along with the official version."

Occasionally stories of A.Z.T. hazards slip into conventional newspapers, but they are carefully hidden. *The New York Times* recently printed a story on the dangers of A.Z.T. use with children. The article reported that federal health officials determined A.Z.T. to have "unexpectedly high rates of adverse side effects in children, like bleeding and biochemical abnormalities," but this important information was buried on page C13.

But whatever page it's on, the news will come out eventually—especially if it's big enough and if it involves lawsuits. This is, in fact, what's starting to happen with A.Z.T. NBC's "Today" covered the first lawsuit involving A.Z.T. by featuring Susan Threackall, who is suing Burroughs Wellcome over the A.Z.T. poisoning of her husband. The idea of going beyond the virus-only causality of AIDS is one whose time has clearly come. We'll be hearing a lot more about it in the future. 

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to think that A.Z.T. will kill you faster than an AIDS-related disease ... because it's a D.N.A.-chain terminator. It will kill every cell in your body that's making D.N.A."

Why are these sorts of conclusions being suppressed and ridiculed? To answer this question, we need to understand the lengths to which powerful business interests will go in order to protect their products and themselves.

A.Z.T. was originally developed as a chemotherapy agent in the late sixties for the treatment of leukemia, but was soon found to be too toxic for human use, and thus was shelved. In the early eighties, the drug was revived as a treatment for AIDS on the theory that it would inhibit the replication of the H.I.V. virus. There is no denying that AIDS creates a lucrative business for A.Z.T.'s manufacturers. Ralph W. Moss, Ph.D., adviser to the Office of Alternative Medicine of the National Institutes of Health, says that "these things happen as a matter of course in the search for the highest possible profits out of the medical system." Frank Buianouckas elaborates on how keeping the H.I.V. theory alive supports business interests. "I am suspect about everything involved in this AIDS epidemic," he

Kettering board [have also been] high officials of Bristol-Myers Squibb."

Allowing the same people to run the show doesn't bode all that well for the possibility of finding a cure. Look at these statistics quoted by Dr. Seymour Brenner: "In 1950, the year I started in my practice, 50.6 percent of all people diagnosed as having cancer died. In 1990, 40 years later, after approximately \$40 billion has been spent in research, 49.7 percent of all people diagnosed as having cancer die. Nine-tenths of one percent improvement."

While AIDS is actually a complex of approximately 25 different diseases, one drug is put forth as an all-encompassing AIDS weapon. This presents vast economic opportunities for those who are in on the profits. Halstead states that "you have a single drug that can be patented, and with this patent, you essentially have a drug monopoly." But the desire for a profit from a patentable product excludes research into safe, natural substances. As Robert Cathcart, M.D., explains, "It has been estimated that it takes anywhere from 15 to 50 million dollars to get a drug through the F.D.A. If a drug is not patentable, it does not pay for the drug