

Letters to the Editor

Gary Null Responds

Editor:

This is in response to the criticism of George Carter, director of DAAIR. His comments are not surprising. After all, I have been an outspoken critic of many of the activist organizations that have aligned themselves with the traditional views of the cause of and best treatments for AIDS. It should be noted, though, that the positions I've taken are also those of the 900 or so other scientists and public health educators who are members of the Reappraisal of AIDS Group.

Mr. Carter states, "This article does nothing to support comprehensive approaches except to provide anecdotes from anonymous individuals." To that I respond that virtually all of medicine must be in part anecdotal. Otherwise, researchers would never take into account or care about the input from the patient; it would be as if the patient were nothing more than a microbe on a dish or a broken part to be fixed. To rationalize ignoring the benefits of complementary approaches by saying that any improvement is only anecdotal is, to my mind, unconscionable, considering that the double-blind, placebo-controlled studies that critics would require are generally not feasible for holistic therapies. That's because these therapies don't hold out the promise of big corporate profits, the way a new, patentable drug does, and so no one is funding them. This is a sad economic reality, but should we then make the reality sadder by denying people the benefits of holistic approaches?

In my article, the patients providing the "anecdotes" were offered an opportunity to either give their names or not. I make no apology for offering them that choice. In the past, I have done more than 300 radio programs on AIDS and written more than 20 articles on the subject, frequently using full names of patients. On several of my seven appearances on the TV show *Tony Brown's Journal*, individuals came forward, gave their names and backgrounds, and shared information

from their medical records both before and after using holistic protocols. The protocols were then offered to others – both patients and their health care providers – free of cost, with more than 2,000 accepting them. I should add that while I consult daily with physicians and patients from all over the US about holistic approaches to disease, I have never charged any of these people a dime.

For a reader to suggest that patients describing what they did has no purpose or meaning is, in reality, for that reader to reveal that he has not fully grasped the purpose of the article. The article was meant to report a reality, i.e., that there are long-term HIV and AIDS survivors – including people who had full-blown AIDS – who are alive and doing well today due to their implementation of holistic protocols. Further, these protocols were tailored to individual needs and thus were unique for each individual. To suggest that these patients do not represent at the very least an inspirational model, and at best a clear demonstration of the need for additional research, is, in my opinion, a kind of self-imposed blindness.

Had Mr. Carter reviewed my earlier article in the *Townsend Letter* (Feb/Mar. 1996, "Unconventional ways to Deal with HIV Infection and AIDS: Three Paths") he would have seen a reviewed article with more than 60 scientific references and specific protocols used by three named clinicians, with patient records documented. I have also produced an award-winning video documentary, *Surviving AIDS Naturally*, that featured 41 patients who chose to make their stories and identities known. Each used a different combination of holistic treatments, but all were improving, and as of today only two of those people have died, neither one from an AIDS-related condition. All the rest are alive and well seven years after that documentary was produced.

As to Carter's statement that "Null seems only to want to perpetrate his bizarre ideas, if thinly veiled in this article about HIV being harmless – a stupid and comprehensively refuted notion – as well as his line of overpriced products," I have never offered for sale,

nor even mentioned, any of my products at any time in my writing or documentaries. Nor do I tell people I counsel to use my products. I wonder if representatives of DAAIR and other AIDS organizations that sustain a livelihood by the sale of supplements can say as much.

Concerning Carter's statement, "And it stuns me further that you would publish this vague, haphazard material," what is vague in a person making specific statements about the nature of their illness before treatment and the nature of their recovery today? And is it haphazard that people have chosen, by virtue of their education and experience, to no longer embrace the medical establishment party line because they were getting, not better, but sicker? That is not haphazard. And it is not vague. It is specific. They give details.

There is no mention in this article of my feelings about HIV being or not being the cause of AIDS. The comments are those of the patients, not mine. However, my views on the politics of AIDS are well known, and I was the first major US journalist to publicize dissident views on the causes of AIDS, on the antibody test, and on the toxic effects of retroviral cocktails. These are views shared by hundreds of scientists, including Nobel-prize-winners Dr. Kary Mullis and Dr. John Gilbert. For a comprehensive review of the dissenting points of view on AIDS, I have made available, free of charge online at garynull.com, a 1,300-page scientific manuscript on the subject. Readers of this document will see that there are hundreds of articles in peer-reviewed journals supporting the positions taken by AIDS dissidents, specifically: (a) that nutrition at various therapeutic levels has immunostimulating and healing effects, and (b) that the standard treatment lacks efficacy at every level.

I have had exclusive interviews with scientists who were part of the original AZT study groups who came forward to blow the whistle and describe how corrupt the study was, making it absolutely worthless. Unfortunately, many activists jumped on the AZT bandwagon and encouraged people to

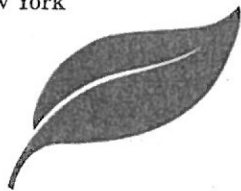
get on this drug early. Isn't it interesting that when you look at AIDS support groups, while it isn't hard to find long-term survivors who have used alternative therapies, you can't find any long-term survivors who have used orthodox treatments? That's because the orthodox-treatment users simply don't last as long. If Carter had taken the time, as *Continuum Magazine* has done, to seek out, worldwide, long-term survivors, to study the nature of their protocols, to see what factors they had in common, and then to compare these survivors to those who used orthodox approaches, he would not be so quick to condemn alternative perspectives.

Unfortunately, people who break with medical orthodoxy on this subject always seem to run afoul of what I call the "AIDS police," those who denigrate and marginalize dissenters. For instance, Professor Gordon Stewart, a prominent European scientist, has reported that, although he'd published more than 250 articles in peer-reviewed journals, including *The Lancet*, without ever having had a problem, from the moment he questioned the war on AIDS, he was unable to get published. Many other AIDS dissidents have had a similar experience. There's a kind of Inquisition going on with respect to those who would dare challenge the mainstream thought on AIDS. From the patient's point of view it's as if society would rather have you die at the hands of orthodoxy, quietly and without having challenged anyone, than have you survive using alternative approaches and asking questions. As Ivan Illich so brilliantly described in *Medical Nemesis: The Expropriation of Health*, in our society, if you're not a so-called "expert," you're not supposed to know anything, or even want to.

In 1995 I held the first press conference on long-term survivors of AIDS. We spent more than \$15,000 producing and publicizing this event, which featured over a hundred long-term survivors, who were there with their medical records, and a panel of 10 distinguished clinicians and other experts. People from all the major print media received press releases announcing the event, as well as faxed announcements and personal phone calls. To our amazement, not one single member of the mainstream American press showed up. Meanwhile, Lawrence Altman was writing about AIDS drugs in *The New York Times*.

Fritz Perls said it best: "A fear of knowing is a fear of doing." Had mainstream media people found a way to attend that press conference, it might have been the beginning of a way for society to bridge the gap between conventional and alternative ways of dealing with the disease process. But perhaps it is not too late for other more open-minded people, including readers of this publication, to do that.

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Natural Childbirth and Nursing Article Offensive

Editor:

As a mother and a professional medical writer, I would like to suggest some revisions to your articles on childbirth and nursing.

The tone and language in these articles (I refer specifically to the November 1998 issue) are offensive to those of us who could not have a "natural" childbirth experience, nor nurse our babies according to the dogmatic guidelines presented by some of your authors.

Birth and nursing experiences are not always perfect, problem-free, dreamy experiences, even in the United States among educated women with adequate health insurance. One of my close friends chose to obtain prenatal care from a women's clinic staffed by midwives. On the day she started labor, she checked in at the clinic, and was told to go home because it would be a while before she needed more constant attention. Shortly afterwards, she experienced precipitous labor. Not only that, but the baby was in a breech position, and the ambulance got lost on the way to her home. This poor woman ended up giving birth to her son, bottom-first, on the bathroom floor. They were extremely fortunate that the baby wasn't born dead.

In my case, I had an uneventful pregnancy (not even any morning sickness) but labor was delayed about 2

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weeks beyond my due date. I did NOT require a pitocin drip, but instead, walked around the hospital doing my LaMaze breathing exercises and sitting in the whirlpool tub to help move the labor along. After 19 hours of this, the labor wasn't getting anywhere, so the doctor broke open the amniotic sac. There was meconium in the fluid. Three times over the next 5 hours, my baby's heart rate dropped below 80 beats per minute. I ended up requiring an emergency C-section (with an epidural anesthetic) and my baby was resuscitated.

I wanted desperately to nurse my son, but he had such terrible colic that it broke my heart (and split my head) to hear him scream for hours at a time with his legs drawn up to his stomach. After the doctor could find nothing else wrong, I went to the store and bought some Nutramigen, a formula with the proteins specially processed into short chains of amino acids. After 2 days on Nutramigen, our son was a completely different, angelic baby. And forget me trying to pump milk for him to eat when I was at work - all I could harvest at a time was 1 ounce, and this baby was sucking down 6 to 8 bottles a day. My 5-year-old is now a healthy, active boy whose height and weight is over the 95th percentile on the pediatric growth charts.

As a medical and scientific journal, your authors should realize that not everyone will have a problem-free home delivery experience and be able to produce abundant milk supplies for their babies. Dogmatic and scientifically unsupported statements, such as "only women in poor countries who have inadequate prenatal care will have poor home-birth experiences," are dangerous, insensitive, and give the impression that the author sees the mother as an object rather than as part of the sisterhood of women, all with different bodies, needs, and experiences. Please consider revising the language of these articles so that the facts are apparent, including the one that not everyone can have successful home birth and nursing experiences.

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