

**IS “HIV” REALLY THE CAUSE OF AIDS?
ARE THERE REALLY ONLY “A FEW” SCIENTISTS WHO DOUBT THIS?**

Over 2,000 scientists, medical professionals, authors and academics are on record that the “Hiv-Aids” theories, routinely reported to the public as if they were facts, are dubious to say the least.

Information shown in red indicates recent additions.

“It’s not even probable, let alone scientifically proven, that HIV causes AIDS. If there is evidence that HIV causes AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability. There are no such documents.”

Spin Magazine, Vol. 10 No.4, 1994

“The HIV-causes-AIDS theory is one hell of a mistake.”

Foreword, “Inventing the AIDS Virus”

“Years from now, people will find our acceptance of the HIV theory of AIDS as silly as we find those who excommunicated Galileo.”

“Dancing Naked in the Mind Field,” 1998

“Where is the research that says HIV is the cause of AIDS? There are 10,000 people in the world now who specialize in HIV. None has any interest in the possibility HIV doesn’t cause AIDS because if it doesn’t, their expertise is useless.”

“People keep asking me, ‘You mean you don’t believe that HIV causes AIDS?’ And I say, ‘Whether I believe it or not is irrelevant! I have no scientific evidence for it.’ I might believe in God, and He could have told me in a dream that HIV causes AIDS. But I wouldn’t stand up in front of scientists and say, ‘I believe HIV causes AIDS because God told me.’ I’d say, ‘I have papers here in hand and experiments that have been done that can be demonstrated to others.’ It’s not what somebody believes, it’s experimental proof that counts. And those guys don’t have that.”

California Monthly, Sept 1994

“If you think a virus is the cause of AIDS, do a control without it. To do a control is the first thing you teach undergraduates. But it hasn’t been done. The epidemiology of AIDS is a pile of anecdotal stories selected to the virus-AIDS hypothesis. People don’t bother to check the details of popular dogma or consensus views.”

HIV not Guilty, Oct 5, 1996

“[Aids] is not ‘God’s wrath’ or any other absurdity. A segment of our society was experimenting with their lifestyle, and it didn’t work. They got sick. Another segment of

our pluralistic society, call them doctor/scientist refugees from the failed War on Cancer, or just call them professional jackals, discovered that it did work. It worked for them. They are still making payments on their new BMWs out of your pocket.”

Dancing Naked in the Mind Field. Vintage Books. 2000

— **Dr. Kary Mullis**, PhD, Biochemist, Winner, 1993 Nobel Prize for Chemistry for inventing the polymerase chain reaction, the basis for the HIV *viral load* tests.

“The HIV hypothesis of AIDS is the biggest scientific, medical blunder of the 20th Century. The evidence is overwhelming that AIDS is not contagious, sexually transmitted, or caused by HIV. The physicians who know or suspect the truth are embarrassed or afraid to admit that the HIV tests are absurd and should be outlawed, and that the anti-HIV drugs are injuring and killing people.”

Mail & Guardian, Johannesburg, SA, Jan 24, 2001

“As a scientist who has studied AIDS for 16 years, I have determined that AIDS has little to do with science and is not even primarily a medical issue. AIDS is a sociological phenomenon held together by fear, creating a kind of medical McCarthyism that has transgressed and collapsed all the rules of science, and has imposed a brew of belief and pseudo-science on a vulnerable public.”

Spin, June 1997

“Fifty percent of Africans have no sewage systems. Their drinking water mixes with animal and human waste. They have constant TB and malaria infections, the symptoms of which are diarrhea and weight loss, the very same criteria UNAIDS and the World Health Organization use to diagnose AIDS in Africa. These people need clean drinking water and treated mosquito nets [mosquitoes carry malaria], not condoms and lectures and deadly pharmaceuticals forced on pregnant mothers.”

Scheff, AIDS Debate, Boston Dig, 2003

“We’ve put 20 years and \$118 billion into HIV. We’ve got no cure, no vaccine and no progress. Instead we have thousands of people made sick and even killed by toxic AIDS drugs. But we can’t just treat them for the diseases we know they have because if we do, we’re called ‘AIDS denialists.’ AIDS is a multi-billion dollar industry. There are 100,000 professional AIDS researchers in this country. It’s as hard to challenge as big tobacco at this point.”

Scheff

“Those damn [HIV] tests should be outlawed. They’re lethal. First of all, it’s a death sentence in South Africa. People commit suicide, they’ve been stoned to death, they’ve had their houses burned down, they’ve been murdered. Just for having antibodies to HIV. They have been ostracized. And in certain rural communities, ostracism is

equivalent to death. So you're scared to death, first of all. And then you start taking the anti-HIV drugs, which cause AIDS, and if you take them long enough they will kill you.”
New York Press, vol. 14, no. 16, 2002

“In 1990 at the San Francisco AIDS conference, [HIV co-discoverer Luc] Montagnier announced that HIV did not, after all, kill T-cells and could not be the cause of AIDS. Within hours of making this announcement, he was attacked by the very industry he'd helped to create.”
Scheff

“People can have a high viral load and be healthy and have a low viral load and be sick and everything in between. These guys [AIDS researchers] will admit this between themselves, they just don't admit it publicly.”
Gear Magazine, March 2000

“The National Institutes of Health, the Centers for Disease Control, the Medical Research Council, and the World Health Organization are terrorizing hundreds of millions of people around the world by their reckless and absurd policy of equating sex with death. Linking sex to death has put these organizations in an impossible situation. It would be intolerably embarrassing for them to admit at this late date that they are wrong, that AIDS is not sexually transmitted. Such an admission could very well destroy these organizations or at the very least put their future credibility in jeopardy. Self preservation compels these institutions to not only maintain but to actually compound their errors, which adds to the fear, suffering, and misery of the world — the antithesis of their reason for being.”
British Medical Journal Rapid Response, 18 April 2003
— **Dr. David Rasnick**, PhD, Biochemist, Protease Inhibitor Developer, University of California

“The HIV-causes-AIDS dogma is the grandest fraud that has ever been perpetrated on young men and women of the Western world. AIDS is a cruel deception that is maintained because so many people are making money from it. Take away this money and the entire system of mythology will collapse.”
Sunday Times, London, 3 April 1994

“I think that Duesberg and Root-Bernstein have it right [about what causes AIDS]. Anything or process that destroys the individual's ability to mount an immune response...This could be the use of...cocaine, heroin, amyl nitrite (poppers), amphetamines...malnutrition and lack of essential vitamins...being the recipient of whole blood or blood products...repeated and multiple infections... [all] are immunosuppressive.”

“Kimberly Bergalis, according to the general press, was a young lady who was found to have antibody to HIV...she was put on AZT [AIDS medicine]...the AZT killed her.”

“Ryan White was an 18-year-old hemophiliac who died in April of 1990 of unstoppable internal bleeding which may have been exacerbated by the AZT he was taking.”

“...Even after many years not one [HIV-infected] chimp has come down with AIDS diseases. This means we have an animal model for HIV, and it does not seem to cause AIDS.”

“...By the most sensitive PCR and culture procedures, no virus can be detected in 90% of the semen samples taken from men with AIDS.”

Rethinking AIDS May 1993

“The reason that the whole shabby story of HIV is being held in place is there’s so much money riding on it. The federal government is spending about \$4 billion on just this single subject, and all that \$4 billion is predicated on the idea that HIV causes these diseases. If HIV does not cause these diseases, then that money is being wasted. And I believe it is being wasted. But the people who are the recipients of that money don’t want it to stop.”

“I often wonder what would happen if all federal money for AIDS—education, research, treatment, and so forth—was suddenly dropped to zero. It’s my belief that AIDS would go away. In other words, the AIDS diseases that we see today would be reassigned to their former categories—Pneumocystis carinii pneumonia, Kaposi’s sarcoma, and the other 25 or so different diseases, now including cervical dysplasia and so forth. AIDS has been a disease of definition. If we said that it didn’t exist and didn’t pay for it with taxpayers’ money, it would disappear into the background of normal mortality.”

Penthouse Magazine, April 1995

“Sex is no more dangerous today than 20 years ago—or 1,000 years ago.”

Rethinking AIDS May 1993

— **Dr. Charles Thomas**, PhD, former Professor of Biochemistry, Harvard and Johns Hopkins Universities. Former chair of the Cell Biology Department, Scripps Research Institute

“I do not believe that HIV, in and of itself, can cause AIDS.”

New York Daily News Sep 20, 1993

“The assumption was made in 1984 that HIV caused AIDS and this has scarcely been challenged since. We don’t really know if HIV causes AIDS, nor have we seriously tried to find out.”

Virusmyth.net, Nov. 1991

“It will surely lead to a scientifically healthier society if the burden of proof for HIV as a deadly pathogen is returned to where it belongs — to those who maintain that HIV causes AIDS — and others are allowed to pursue alternative approaches in the battle for eradication of the disease.”

Nature, 20 April 1989

— **Dr. Beverly E. Griffin**, PhD, Director, Department of Virology, Royal Postgraduate Medical School, London

“HIV tests are meaningless. A person can react positive even though he or she is not infected with HIV. The tests are interpreted differently in different countries, which means that a person who is positive in Africa [or Thailand] can be negative when tested in Australia. There is no justification for the fact that most people have not been informed about the serious inaccuracy of the tests. The error has catastrophic repercussions on thousands of people. Since people are reacting positive on tests that are not specific for HIV, let's please stop labeling them as 'HIV positive.'”

Continuum Magazine, Mid-Winter 1999

“There are many scientific facts which show that the so-called human immunodeficiency virus ('HIV') does not fulfill the epidemiological and biological requirements, nor the common sense requirements, to be the cause of the human immunodeficiency syndrome.”

Continuum, Spring 1998

“The transmission of AIDS from person to person is a myth. The homosexual transmission of AIDS in Western countries, as well as the heterosexual transmission of AIDS in Africa and in other underdeveloped countries, is an assumption without any scientific validation.”

Virusmyth.net, Sep. 2000

“None of the postulates on which the infectious hypothesis of AIDS is based fulfill the requirements of the research method. None of the bases of the HIV-AIDS hypothesis has been demonstrated at an objective level. They are theoretical assumptions, created by the minds of those who generate and defend that hypothesis.”

“Aids and Stressors,” 1997

— **Dr. Roberto Giraldo**, MD, specialist in internal medicine, infectious and tropical diseases, New York. Former Chairman of the Department of Microbiology and Parasitology, University of Antioquia, Medellin, Colombia. Author, *Aids and Stressors*

“I would not be surprised if there were another cause of AIDS and even that HIV is not involved.”

Omni Magazine, June 1993

“Duesberg is absolutely correct in saying that no one has proven that AIDS is caused by the AIDS virus. And he is absolutely correct that the virus cultured in the laboratory may not be the cause of AIDS.”

Hippocrates Sept./Oct. 1988

— **Dr. Walter Gilbert**, PhD, Professor of Molecular Biology, Harvard University. Winner, 1980 Nobel Prize for chemistry

“Buried deep within the secretive and well-guarded dogma that Aids is a plague caused by the lethal virus known as HIV, there is a time bomb of potentially explosive contrary information.”

“The hypothesis that HIV is the sole cause of AIDS simply does not fit the clinical and epidemiological facts.”

Sunday Times, London, 7 June 1992

“There is no specific etiologic agent of AIDS. The disease arises as a result of a cumulative process following a period of exposure to multiple environmental factors...”

“Debating AZT,” 2000

“Nobody wants to look at the facts about this disease. It’s the most extraordinary thing I’ve ever seen. I’ve sent countless letters to medical journals pointing out the epidemiological discrepancies and they simply ignore them. The fact is, this whole heterosexual AIDS thing is a hoax.”

Spin June 1992

“AIDS is a behavioural disease. It is multifactorial, brought on by several simultaneous strains on the immune system — drugs, pharmaceutical and recreational, sexually transmitted diseases, multiple viral infections.”

Spin June 1992

“With the ‘discovery’ of HIV as the putative, universally infectious retrovirus and the conversion of this hypothesis into a dogma by the consensus, all dissent began to be suppressed by anonymous censorship, which became absolute, amazingly pervasive, and apparently immune from disclosure of conflicts of interests. On many occasions, I have been asked by the BBC and other networks to talk about AIDS only to find, at the last minute, that my appearance was canceled.”

“Colleagues and I attempting to publish have met an unholy alliance intent on rejecting any papers that offer serious criticisms of the orthodoxy. The mainstream journals and media — whenever they are presented with reasonable doubts about Aids — close ranks like regimented clams ... There are, naturally, vested interests involved; many bodies and individuals receive high rewards for their work within orthodox AIDS science. Underlying much of this, the pharmaceutical companies have their own obvious agenda.”

Index on Censorship, UK, Issue 3, 1999

“It is a scandal that the major medical journals have maintained a conspiracy of silence over any dissent from the orthodox [HIV-AIDS] views and official handouts. At the same time, through their panic statements about everyone being at risk, health authorities spread undue alarm and anxiety among millions.”

Sunday Times, London, 7 June 1992

“The germ theory has become a dogma because it neglects the many other factors which have a part to play in deciding whether the host/germ/environment complex is to lead to infection. Among these are susceptibility, genetic constitution, behaviour, and socioeconomic determinants.”

‘Limitations of the Germ Theory’. *Lancet*. 1968 May 18

— **Dr. Gordon Stewart**, MD, Emeritus Professor of Public Health, University of Glasgow. Former Consultant Physician (Epidemiology and Preventive Medicine) to National Health Service (UK) and WHO. Author of over 100 journal articles and contributions to symposia, as well as such books as *Trends in Epidemiology* and *The Penicillin Group of Drugs*.

Many orthodox people speak as though it were the business of sceptics to disprove received dogmas rather than of dogmatists to prove them. This is, of course, a mistake. If I were to suggest that between the Earth and Mars there is a china teapot revolving about the sun in an elliptical orbit, nobody would be able to disprove my assertion provided I were careful to add that the teapot is too small to be revealed even by our most powerful telescopes. But if I were to go on to say that, since my assertion cannot be disproved, it is intolerable presumption on the part of human reason to doubt it, I should rightly be thought to be talking nonsense. If, however, the existence of such a teapot were affirmed in ancient books, taught as the sacred truth every Sunday, and instilled into the minds of children at school, hesitation to believe in its existence would become a mark of eccentricity and entitle the doubter to the attentions of the psychiatrist in an enlightened age or of the Inquisitor in an earlier time.

Wikipedia (Russell's teapot. Accessed August 2011)

http://en.wikipedia.org/wiki/Russell's_teapot

— **Bertrand Russell**

“While the experts, with their statistics, would have one believe that there exists an extremely serious HIV/AIDS epidemic [in Africa], no trace of an epidemic is observable in the field. All that can be seen is a very poor, undernourished population suffering from malaria, endemic immunodeficiency and common illnesses.”

“The facts very clearly demonstrate that the endemic African immunodeficiency has nothing to do with a hypothetical ‘HIV,’ but is, rather, the result of malnutrition and its corollaries.”

“The so-called ‘HIV’ tests are unspecific; the positive results they may give are misleading and lead to the false belief in the existence of a viral epidemic. A positive test — and this applies especially to Africa — is not a sign of a specific viral infection. These so-called ‘HIV’ tests are deceptive, in that the positive results give the illusion that a precise diagnosis has been made.”

“And yet, it is these very same misleading [HIV test] results which constitute the basis of official statistics and which lead, first the experts, then the scientists, medical doctors, newspaper reporters, and finally the general public to believe that Africa is being ravaged by a specific viral infection called ‘HIV/AIDS!’ People speak of an epidemic of ‘HIV/AIDS,’ but the only thing which has the appearance of an epidemic is what I would call the ‘epidemic of tests,’ an artificial epidemic which is being actively promoted.”

“[The HIV tests] are also dangerous because they cause panic and stigmatization, they lead to the use of toxic anti-viral drugs and they draw attention away from the real sources of immune system deficiencies. Common sense and scientific reason dictate their abandonment.”

“For more than 15 years, the various scientific, medical and mass media alike have ceaselessly portrayed Africa as the continent caught in the grip of a new deadly sexually transmitted infection, and doomed to the most somber future imaginable. Yet, during this very same period, the population that was in the eye of the cyclone and received no specific treatment has continued to increase as before.”

“In 1985, the newly out ‘HIV’ tests detected the first HIV-positive individuals in precisely this same [Tanzania] border area...According to the experts, this region was doomed to be decimated, unless energetic measures were taken to combat this new deadly virus.

“Fifteen years later, we can begin to take stock of the situation. The following are official census results: For Tanzania, a regular upward curve can be observed for the period 1967 to 2002, with a [population] growth of 49% between 1988 and 2002. There is no drop in the population. For the Kagera region, we see the same upward curve, with 53% growth between 1988 and 2002.”

“...‘HIV’ tests were conducted [in Tanzania], but they led to the observation that sick children, whether ‘HIV’-positive or ‘HIV’-negative, recuperated equally well, so long as they received adequate nutrition and medical attention.”

“To state that the priority, with respect to emergency humanitarian aid, should be given to the fight against ‘HIV’ and to giving those countries the possibility of buying cheap-priced anti-viral products is just as irrational as saying to someone suffering from acute vitamin C deficiency, ‘Sir, I see that you are suffering from scurvy. You’d better go buy yourself some antibiotics and condoms.’”

December 8, 2003, address to European Parliament Conference on AIDS in Africa, Brussels

— **Dr. Marc Deru, MD, Visé, Belgium**

“The gross figures about African AIDS were extrapolated to heavy degrees of exaggeration from small samples, thanks to interested publicists consciously running up the score. At a time (1980-2000) when AIDS was portrayed as decimating Africa, the population was actually increasing from 378 million to 652 million. Remember as well that people don’t die of AIDS per se but of other diseases attacking individuals made vulnerable by immune deficiencies whose principal cause, universally, is not HIV but

nothing more mysterious than poor living conditions. The more selective precondition of AIDS can thus be posthumously assigned, presumptively.”

AIDS Reconsidered. 2006 Oct.

— **Richard Kostelanetz**, MA. Fulbright Scholar. Prolific writer, musician, videographer and artist.

“There are many people with AIDS but without HIV, and a great many people with HIV but without AIDS. These two facts mean that HIV=AIDS is much too simple. Plausible, alternative, testable causes of impairment of the immune system which may ultimately lead to AIDS should become part of regular AIDS research.”

Sunday Times (London) 3 April 1994

— **Dr. Henk Loman**, PhD, Professor of Biophysical Chemistry at the Free University in Amsterdam.

“I am well convinced HIV is harmless.”

Sunday Times (London) 3 April 1994

— **Dr. Fabio Franci**, MD, Specialist in Preventive Medicine and Infectious Diseases, Trieste, Italy

“I stopped going to AIDS meetings several years ago — I could no longer stand the stress of restraining myself from getting up and shouting, ‘Rubbish!’”

“From the outset I was never convinced that HIV had a role to play in AIDS, since the so-called evidence was unacceptable to me. However, I learned to keep my views to myself for a long time until I realized that there were many other ‘dissidents’ and doubters out there.”

“None of these investigators isolate actual viruses or viral genomes; all they do is add some primers to a PCR mixture and pretend that the printout represents HIV genomes. None of this has been proven, and furthermore the PCR technique was never conceived as a quantitative measure of anything. In view of this we should always qualify our usage of the term ‘viral load,’ otherwise we fall into the trap of subscribing to their hypothetical nonsense.”

“I do not believe there is an AIDS epidemic in Africa or Asia. People there are still dying from the combined effects of chronic infectious diseases plus malnutrition, poverty, and other factors, just as they always have.”

Virusmyth.net

— **Dr. James Hudson**, PhD, Professor of Pathology and Medicine, University of British Columbia, Canada

“There are too many shortcomings in the theory that HIV causes all signs of AIDS. We are seeing people HIV-infected for 9, 10, 12 years or more, and they are still in good shape, their immune system is still good. It is unlikely that these people will come down with AIDS later.”

“HIV is neither necessary nor sufficient to cause AIDS.”
VI Int'l AIDS Conference, Jun 24 1990

“AIDS does not inevitably lead to death, especially if you suppress the co-factors that support the disease. It is very important to tell this to people who are infected.... I think we should put the same weight now on the co-factors as we have on HIV.”

“Psychological factors are critical in supporting immune function. If you suppress this psychological support by telling someone he's condemned to die, your words alone will have condemned him.”

“We did not purify [isolate] ... We saw some particles but they did not have the morphology [shape] typical of retroviruses ... They were very different ... What we did not have, as I have always recognized it, is that it was truly the cause of AIDS.”
Interview with Djamel Tahi-1997

— **Dr. Luc Montagnier**, Virologist, co-discoverer of HIV, Pasteur Institute, Paris

“[Luc] Montagnier said clearly what he meant. HIV is a necessary but not, without the cofactor, a sufficient cause of AIDS.”
Nature 1992, 357:189

— **John Maddox**, Editor, *Nature Magazine*

“In 1994, (HIV co-discoverer) Robert Gallo quietly admitted that Kaposi's Sarcoma (KS) — the major AIDS defining illness in gay men — could not be caused by HIV. But this was never reported in the mainstream press. Gallo told the audience of scientists and activists at the '94 NIDA meeting that HIV couldn't cause KS and that he'd never even found it in T-cells, which HIV is supposed to kill. He said, 'I don't know if I made this point clear, but I think that everybody here knows — we never found HIV DNA in the tumor cells of KS. And, in fact, we've never found HIV DNA in T-cells. So in other words, we've never seen the role of HIV as transforming [cancer-causing] in any way.’”

“This was in complete opposition to everything Gallo had ever said about HIV or AIDS. But very few people paid attention to his retraction. The CDC ignored it, and continues to tell people KS is an AIDS disease. When Gallo was asked what, if not HIV, caused KS, he said, 'The nitrites [poppers] could be the primary factor' because 'mutagenesis is the most important thing.' It's a very embarrassing situation for the AIDS establishment, and they've kept it quiet. One of the two hallmark diseases of AIDS is now clearly understood to be totally unrelated to AIDS or HIV.”
AIDS Debate, Boston Dig, 2003

— **Liam Scheff**, Journalist who exposed the forced drugging of orphans at the New York 'Incarnation Children's Center

"[The evidence is] overwhelming that [Kaposi's Sarcoma] is not caused by HIV."
Spin, Nov 1994

— **Dr. Marcus Conant**, Clinical Professor of Dermatology, University of California, San Francisco

It's clear that HIV alone can't explain Kaposi's [sarcoma]. There has to be something else."

"The KS lesions are most common on the face, nose, and chest. If you are inhaling vapors, that is where you will have the highest concentrations. You don't have to be a rocket scientist to see that there is some logic to the hypothesis [that gay men's use of nitrites ('poppers') caused Kaposi's Sarcoma]

Spin, Nov 1994

— **Dr. Harry Haverkos**, Director of the AIDS office, US National Institute on Drug Abuse (NIDA)

"Evidence is rapidly accumulating that the original theory of HIV is not correct."
Sunday Times (London) 3 April 1994

"When Magic Johnson announced that he was infected by HIV, I wrote him a letter saying that assuming he didn't have any other disease or condition that compromised his immune system, and assuming he didn't take AZT, I would wager \$10,000 that he would not die of AIDS. I advised Magic to un-retire and go back to playing in the N.B.A. He took that advice, although I'm sure it was not because I sent him a letter. I think it was highly unfortunate that he was forced to retire. I'm sure that there are any number of players in the N.B.A. who are HIV-positive, and none of them will get AIDS either, unless they have some other disease or condition which compromises their immune system."

"There were people who felt that a single-virus theory would be very useful in helping to raise public awareness about the 'disease.' It would help them get the research they thought was necessary and public funding for its treatment by scaring people into believing that while the disease was affecting gay men now, it was eventually going to spread throughout the heterosexual population. This political definition of the disease has proven to be inaccurate and inconsistent with its real medical nature."

Penthouse, April 1995

— **Dr. Steven Jonas**, MD, Professor of Preventive Medicine, State University of New York at Stony Brook

"AZT (anti-viral AIDS medicine) has, in countless cases, brought about the inevitable and slow asphyxiation of the patient's body cells, and death by poisoning. The doctors wrongly diagnose the fatal consequences of AZT medication as AIDS following a prior

HIV infection. Treatment with AZT and allied toxic substances may be equivalent to joining a suicide squad with a time fuse.”

Continuum, July/Aug. 1996

— **Dr. Alfred Hassig**, MD, Professor in Immunology, University of Bern, former Director Swiss Red Cross blood banks. Advisor to WHO. President, International Society for Blood Transfusion. Chairman, Study Group for Nutrition and Immunity. Pioneer in hematology, immunology and stress-medicine.

— **Dr. Heinrich Kremer**, MD, Germany

— **Dr. Stefan Lanka**, PhD, German virologist

“People with AIDS must learn that much of what they are told about AIDS is mere speculation, i.e. theories. The idea that the virus invades white blood cells, called T4 helper cells, and destroys them is one such theory. This theory and myth has been presented to the public as fact. The idea that a diminished number of T4 cells is the critical factor in the development of AIDS is another such theory. The idea that a number of T4 cells below 200 is the magic measure of whether a person should start taking AZT is a pig-in-the-poke choice of numbers.”

“In my own medical practice I have a few patients who have had less than 50 T4 helper cells for months and years and they haven’t become weakened or ill with serious infections. On the other hand, one patient who followed a natural therapy had a T4 increase from less than 100, to over 600, at which time he developed pneumocystis carinii pneumonia.”

“T4 white blood cell counts are intimately related to mental focus. One of my patients was without symptoms and went to another doctor for an ‘AIDS test.’ The doctor did the test, which was positive, as well as the T4 helper cell count, which was 494 and normal. Upon learning that his antibody test was positive, the patient went into a tailspin of depression and fear. One week later he returned to the doctor because of his anxiety, and his T4 helper cell count was taken again. After one week of depression and no other symptoms, his T4 cells count fell over 50% to 234.”

“This intimate relationship of the mind and body raises a question about the true nature of the AIDS epidemic. It is not far-fetched to postulate that much of the immune system depression among AIDS-test-positive patients might be the result of doctors telling them that it is likely they will get AIDS and die. The brain is a giant immune system gland that operates on hope, joy, and optimism. The gland turns off in response to mental attitudes of fear and depression.

“The question is raised as to how many people are dying because they have been programmed to die. The observation is made that doctors who tell their patients they have a terminal disease are programming their patients to die. The charge is made that these doctors are performing malpractice.”

— **Dr. Lawrence Badgley**, MD, San Francisco. Author, *Healing Aids Naturally*

“The first casualty of the ‘war on AIDS’ was the integrity of science. The exact moment of the crime can be pinpointed: it was the April, 1984 press conference where the then [US] Health Secretary Margaret Heckler declared that government scientist Robert C. Gallo had discovered the viral cause of AIDS. Heckler hailed the discovery as ‘yet another miracle for American medicine and science’ and a ‘victory over a dreaded disease.’ If smoke and mirror tricks are miracles, then miracle it was...Neither Gallo nor the [Pasteur] Institute proved that the virus was pathogenic. Indeed, they did not even isolate it, as the Pasteur Institute later admitted. But the spin-doctors at the National Institutes of Health had organized leading journals to endorse Secretary Heckler’s ‘miracle’ with the seal of Science. From that moment, all AIDS research and policy were based on a speculation converted to dogma by bureaucratic power.

“This initial public execution of scientific integrity unleashed a propaganda machine that expands Heckler’s initial obvious whopper (‘victory over a dreaded disease’) into a never-ending sickness saga that extorts money and grinds millions into the muck of bad medicine.

“Scientific integrity was murdered by a brutal health fascism. The next victim was the gold standard of clinical evaluation, the double blind trial. With a perversity that spin doctors must admire, the methodology was abandoned in the name of ethics! In reality, the double blind trial had to be murdered because it placed the treatment and causality dogmas of AIDS science at grave risk of falsification. The next victim was the integrity of independent clinical judgment. Any doctor who bucked the official line placed himself at risk of retaliation. And now, in the Tyson and Emerson cases, we see that the fundamental right of informed consent and right to refuse treatment were also murdered.”

“Be informed. Withdraw your consent from the most malignant fraud ever perpetrated in the name of medicine. Be aware that the primary truth in the ‘AIDS war’ is that powerful agencies have declared war on YOU and your loved ones, regardless of your HIV status. Be aware that ‘AIDS science’ is 90% mindless repetition and 10% deeply inconsistent findings of no clinical value.”

Coming to Grips with Health Fascism, Virusmyth.net, April 1999

— **Dr. Hiram Caton**, PhD, Ethicist, Head of the School of Applied Ethics at Griffith University, Brisbane, Australia

“You do not want to give (AZT) to anyone, but especially to a baby, which is basically a mass of replicating DNA...I have an 8-year-old daughter, and I would never give her AZT - I would leave the state or country first.”

“It’s terrible to tell a practicing doctor that his therapy is killing his patients...There’s almost no way to engage orthodox physicians in this debate because they go nuts on you.”

The Register-Guard (Eugene, Oregon). 29 Dec 1998

“I don’t recommend people ever getting tested. The reason is I don’t know what the tests mean, and I think no one else knows what the tests mean. I’ve never seen any evidence that what these tests purport to show they’re actually showing -- namely, the presence of a virus, the presence of an exogenous virus. I really would like to see the

electron microscopic data of this, and apparently there is none. There is none where you've done a rigorous isolation protocol.”

The Other Side of AIDS <http://www.theothersideofaids.com>

— **Robert De Prato**, MD, US Dept. of Defense. Portland, Oregon

“When AIDS patients' bodies finally break down from the effects of these anti-viral drugs, they say, 'Now the virus has become resistant, and the drugs have lost their effectiveness.' What really is happening is the toxicity of the drugs builds up to a point where the patient cannot stand it anymore. And, of course, they say it was the virus — rather than the entirely inevitable and predictable toxicity of these damned drugs.”

Reappraising AIDS Feb./March 1998

“Many Americans use amphetamines, diet drugs, cocaine and designer party drugs. When you do this for years, you start getting sick. You go to the doctor, who says the first thing you need is an HIV test. You test positive because HIV tests cross-react with antibodies produced by drug use. The doctor puts you on AZT, a DNA chain terminator, which, in high doses, will finish you off in six months. I'm not talking about a one-time use of a party drug. We're designed to consume a lot of junk, but we're not designed to tolerate a gram of cocaine, nitrite inhalants or heroin per day, and we're even less capable of handling AZT.”

Scheff

“This is my battle with John Maddox [editor of Nature] and with people who are actually fabricating the data [Ascher, et al in Nature, March 11, 1993]. They claim to have such a [Aids] group that had not used any drugs. When I analysed the data, it turned out that there was not a single person in their paper that was drug-free. I submitted a critique to Maddox, but his response was, I could no longer respond. I was censored.”

Spin, Sep 1993

“Look, the same virus wouldn't cause Kaposi's sarcoma in homosexuals, pneumonia in transplant recipients and 'slim disease' in Africa. The HIV theory doesn't make sense. But we have a totally totalitarian science environment today. You have to become a government contractor to do research. And if you don't concur with the government — with HIV, with Gallo — you don't get any money. The fringes are growing, but the majority of researchers are conformists. We have a million PhD's in this country, and they can't all be Einsteins. Most of them are just good soldiers; they'll do as they're told.”

GQ Nov 1993

[On the AIDS establishment's rejection of HIV co-discoverer Dr. Luc Montagnier when he said in 1990 that HIV alone cannot be the cause of AIDS]: “There was Montagnier, the Jesus of HIV, and they threw him out of the temple.”

Miami Herald 23 Dec 1990

“HIV is just a latent, and perfectly harmless, retrovirus that most but not all AIDS patients happen to carry. To say that HIV is the cause of AIDS is to cast aside

everything we know about retroviruses...The HIV theory is inconsistent, paradoxical, and absurd...”

“The NIH is saying only experts understand AIDS. And who are they? They’re the people who have worked on HIV, whose careers are completely based on HIV, and worse than that, almost all of them have huge commercial interests associated with it. They have companies; they have patents; they make megabucks. It’s much more profitable than their university research. So, those are the judges. These people can afford to send you to Jupiter. But they cannot afford to give \$50,000 to Peter Duesberg or somebody else with an alternative hypothesis, like the one to test for drugs as a cause of AIDS. To prove them wrong would mean that they would risk losing their good reputation and their standing in the scientific community as well as their companies.”
Townsend Letter for Doctors and Patients, June 2000

“Millions of lives that could have been saved won’t be saved if we work on an ungrounded or poorly grounded hypothesis.”
Meditel 1990

“...The point that everybody is missing is that all those original papers Gallo wrote on HIV have been found fraudulent. Well, then, that throws into question the entire HIV hypothesis, doesn’t it? The HIV hypothesis was based on those papers.”
Spin June 1992

— **Dr. Peter Duesberg**, PhD, Professor of Molecular Biology, University of California, member, National Academy of Sciences, first to map the genetic structure of retroviruses. Five-time recipient of the National Institutes of Health’s Outstanding Investigator Grant. (All federal grants terminated when he started challenging the HIV theory). Author, *Inventing the AIDS Virus*

“Peter Duesberg knows more about retroviruses than any man alive.”
Spin, June 1992

“...He doesn’t believe HIV causes the disease...I can’t win that debate. Rational people learn not to debate such things.”
NYU Medical Center, Interview with Robert Gallo by James M. Scutero Nov 11, 1993

“I think that if HIV is not being expressed and not reforming virus and replicating, the virus is a dud and won’t be causing the disease...”
Spin, Oct 1994

— **Dr. Robert Gallo**, co-discoverer of HIV

“If the papers that Duesberg cites are not misrepresented — and it is difficult to see how hundreds of papers could be misrepresented without the AIDS establishment coming down mercilessly on his misrepresentations — then his points are indeed compelling. For example: Why is the amount of HIV present in most AIDS patients so small that PCR amplification is required to demonstrate its presence? Why is AIDS in the US and Europe not random as it is in other viral epidemics? Why would HIV take 10 – 15 years from infection to AIDS? Why is the mortality of HIV-antibody positives treated with anti-HIV drugs higher than the untreated group? These and other troubling questions are answered with impeccable logic and references. Of course, the literature could have

been abused to make a point, and I'm impressed that the full text of most of the papers cited in Duesberg's 1992 review are now available though a hyperlink (<http://www.rethinkaids.info/body.cfm?id=58>). Anyone interested can make judgment.

One could only hope for a detailed point-by-point response from the establishment, but very little of substance has been forthcoming. Mainly, what have come from the AIDS establishment are ex-cathedra responses such as "the evidence is overwhelming." The book reminds us that although over \$100 billion has been spent on AIDS research, not a single AIDS patient has been cured — a colossal failure with tragic consequences. It explains in too-clear terms the reasons why AIDS research focuses so single-mindedly on this lone hypothesis to the exclusion of all others: egos, prestige, and money.

Mainstream virologists have assumed the power of the purse, and their self-interests (sometimes financial), propel them to suppress challenges. This is not an unusual story: challenges to mainstream views are consistently suppressed by mainstream scientists who have a stake in maintaining the status quo. It's not just Semmelweis and Galileo, but is happening broadly in today's scientific arena. Only now are the granting agencies beginning to face up to this serious problem."

Review of Oncogenes, Aneuploidy, and AIDS: A Scientific Life and Times of Peter Duesberg by Harvey Bialy <http://www.deanesmay.com/posts/1136852361.shtml>

— **Gerald H. Pollack**, PhD. Professor of Bioengineering, University of Washington, Seattle. Author: *Cells, Gels and the Engines of Life and Muscles and Molecules: Uncovering the Principles of Biological Motion*

"For the past 20 plus years, like most other hospital based physicians working inside mainstream medicine, I accepted the HIV/AIDS hypothesis without question. The idea that HIV infected and killed T cells and therefore wiped out the immune system causing opportunistic infection was accepted by every one else, so I had no reason to question it. My major concern was avoiding a needle puncture from a patient whose HIV status was unknown. In retrospect, I admit I was vaguely aware of questions, but I didn't know what those questions were or who posed them."

"A few months ago, while surfing the internet for news, I came across a Google video entitled, "HIV/AIDS, Fact or Fraud?", containing interviews with Dr. Peter Duesberg and Dr. Charles Thomas. The information seemed credible and sparked my curiosity, so I ordered the book, "Inventing the Aids Virus" by Peter Duesberg, as well as books by Farber, Bialy and Lauritson, and emailed Dr. Duesberg for more information. He quickly replied with a collection of more recent articles along with a sample of his appealing sense of humor. After weighing the arguments and style of the proponents of the two sides, I came away impressed with what seemed the higher moral and ethical standards of the AIDS rethinkers; their obviously much higher, scientific standards, and their inescapable, common sense credibility."

"I have previously discussed Figure 3 of Rodriguez et al. (JAMA, Sept. 27, 2006), which shows an extremely poor, bordering on zero, correlation between CD4 cell numbers and HIV viral load. Today, I take a closer look at Figure 2 of the same article, which is reproduced below.

“There are 5 bar graphs showing median CD4 cell loss per year for each of 5 HIV viral load subgroups. Each chart shows a Gaussian distribution of the data. I have rearranged the parts of the figure to make it obvious that the location of the center bar for each of the five Gaussian distribution charts fall on a very straight line that screams: HIV is not the cause AIDS.

“The caption below the figure reads: ‘...to emphasize the slight increase in CD4 cell decline with increasing plasma HIV RNA levels’.

“The caption is misleading. There is no slight increase in CD4 decline. There is only a very negligible or no increase with increasing HIV load.

“If one wanted to present results showing that increasing HIV viral load numbers do not lead to the loss of CD4 cells (sometimes called AIDS), I cannot think of a better visual demonstration.

“W. Keith Henry MD in a JAMA editorial on p.1523 of the same issue writes: ‘These findings provide support to those who favor non-virological mechanisms as predominant causes of CD4 cell loss.’

“He also writes: ‘The seemingly useful practice of combining CD4 cell count and plasma HIV RNA levels to assess individual prognosis or response to HAART needs to be re-examined’...‘[the] sustainability of the current paradigm (anti-retroviral combo drugs) is at best questionable.’

“After 20+ years of HIV/AIDS research, JAMA finally agrees with Peter Duesberg.”
Barnesworld Blog <http://barnesworld.blogs.com/>

— **Dr. Jeffrey Dach, MD, Medical Director of TrueMedMD. Board certified in interventional radiology and a member of the Board of the American Academy of Anti-Aging Medicine. He retired from radiology in 2004, and is currently in private practice focusing on bio-identical hormone treatment.**

“The case for a link between HIV and AIDS is not proven. I would like the ‘orthodox’ scientists to acknowledge that in Africa there are 29 or 30 diseases which may mimic AIDS, which are related to poverty. But they will not accept that because poverty does not make them big money but HIV makes them money. I would like them to acknowledge that most Africans who are said to be positive, if they were to move from Africa to Europe, to America or Australia, most of them, probably 80% would be negative...If we dissidents had only one hundredth of the funds that the orthodox view has, the orthodox view would probably be dead in less than a year.”

New African May, July-Aug. 2000

“I find it astonishing that with HIV/Aids you’re not allowed to ask questions, and the so-called dissident group is not allowed any publicity at all. I’m really concerned about the lack of democratic tendencies in the science establishments in South Africa.”

ANC Daily News Briefing, 22 March 2000

“Nutritional AIDS dominates the scene in South Africa today as indeed it did during Apartheid. In the middle [19]50’s and 60’s, 50 percent of black children were dead before the age of five. The causes of death were recorded as: Pneumonia, High Fever, Dehydration and intractable Diarrhea due to protein deficiency. Today, these clinical features are called AIDS. Today in South Africa, TB is the leading cause of death and morbidity amongst Africans, but this is called AIDS.”

December 8, 2003, address to European Parliament Conference on AIDS in Africa, Brussels

— **Dr. Sam Mhlongo, MD, Head of the Department of Family Medicine and Primary Health Care at the Medical University of South Africa, Johannesburg.**

“I was in Malawi and met with a group of women living with HIV. As I always do when I meet people with HIV/AIDS and other community groups, I asked them what their highest priority was. Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food.”

“The first line of defence” in “World Food Program: Why food and nutrition matter in the fight against HIV/AIDS”. United Nations.

— **Peter Piot, UNAIDS Executive Director**

“The causal role of HIV in AIDS is certainly not proven.”

“Debating AZT,” 2000

“In 1988 the American Foundation for AIDS Research (AmFAR) convened a meeting in Washington, DC, which had the obvious purpose of silencing Peter Duesberg. A lot of questions occurred that I thought needed discussion. When I raised those questions at the meeting, I got the response you might expect from a bunch of fundamentalists confronted with someone who questioned the virgin birth. For example, Anthony Fauci [Director of the US National Institute of Allergy and Infectious Diseases] interrupted me at one point, in a rage, saying how could anyone doubt the compelling role of HIV, when there was this HIV-infected baby, who had never been exposed to other viruses, bacteria or drugs, and developed AIDS. Well, I had no answer. If I did, I couldn’t get up, he was so mad. Well, I later learned that the mother of that baby was an intravenous drug user who had all sorts of health and nutritional problems.”

“One of the things I want to point out is the tricky business of naming a virus. Naming something HIV, Human Immunodeficiency Virus, Avian Leukosis Virus, Avian Myelocytosis Virus — all of those names fix in the minds of those who use them, or work with them, that this is the proof.”

“...So I realized then I was dealing with a self-fulfilling prophecy. If there are HIV antibodies when you have Kaposi’s, then it’s AIDS, and if no antibodies...then it’s not AIDS, just Kaposi’s. No wonder there’s such a strong association between the virus and AIDS, if the diagnosis is based on the presence of the virus...”

Yale Scientific Vol. 68, 1994

“Who were these people who are so much wiser, so much smarter than Luc Montagnier? He became an outlaw as soon as he started saying that HIV might not be the only cause of AIDS.”

“The minute someone suggests that the orthodoxy might be wrong, the establishment starts to call him crazy or a quack. One week you’re a great scientist; the next week, you’re a jerk. Science has become the new church of America and is closing off all room for creative, productive dissent.”

Miami Herald, Dec 23, 1990

— **Dr. Harry Rubin, DVM, Professor of Molecular Biology, University of California, Berkeley**

“AIDS is a government-defined disease. The CDC and government-funded investigators accept as fact the supposition that ‘HIV causes AIDS and is sexually transmitted.’ This is not to be questioned. But this HIV-AIDS model does not jibe with the true facts of the matter. Only 1 in 1000 unprotected sexual contacts transmits HIV, and only 1 in 275 US citizens has antibodies to this virus. Consequently, the average uninfected person would need to have 275,000 random unprotected sexual contacts to acquire sexually transmitted HIV.”

“Another fact: According to this model, HIV triggers immunodeficiency...by getting into and killing T cells. T cells in the laboratory that are infected with HIV, however, don’t die. Laboratories grow HIV-infected T cells in test tubes, where they thrive, to produce the large quantities of the virus, which is used to detect antibodies to HIV in a person’s blood. This virus infects only 1 in every 500 T cells and is extremely hard to find in a person’s body. What one sees are the antibodies to the virus in the blood.”

“The HIV-AIDS model is untenable. The twenty-plus diseases the government defines as ‘AIDS’ (when antibodies to HIV are also present) are caused, instead, by immunosuppressive heavy-duty recreational drug use, antiretroviral drugs, and receptive anal intercourse. The elusive HIV, when present, simply goes along for the ride, lodged in a small minority of the body’s T cells. It is a passenger on the AIDS airplane, not its pilot.”

Letter to Virusmyth.net

“in 1987 Duesberg ran afoul of the establishment. He published a paper in Cancer Research titled “Retroviruses as Carcinogens and Pathogens: Expectations and Reality,” followed a year later by one in Science, “HIV is Not the Cause of AIDS.” Thereafter, Duesberg was subjected to the punishment now accorded modern-day heretics. The NIH ceased giving him grants (the NIH and other federal and state funding sources have rejected his last 21 consecutive research grant applications), colleagues labeled him “irresponsible and pernicious” (David Baltimore) and his work “absolute and total nonsense” (Robert Gallo), and graduate students at Berkeley were advised not to study with Duesberg if they wanted to go on and have a successful career in biology. He was branded a “rebel,” a “maverick,” an “iconoclast,” and by one writer, in an article

in Science in 1988 titled "A Rebel Without a Cause of AIDS," a "gadfly." Blocked from receiving grants, he obtained private funds to maintain his laboratory at UC Berkeley, and he now spends part of each year doing research in Germany. His principle work on HIV/AIDS is "Inventing the AIDS Virus", published in 1996. In this book, and in other papers he has written on the subject, Duesberg systematically dismantles, piece by piece, the germ theory of AIDS. This theory/hypothesis has two parts: 1) HIV causes AIDS, and 2) HIV is sexually transmitted.

"When Duesberg's work on HIV/AIDS and cancer is finally recognized and accepted, it will cause a revolution in science. Over the last 50 years government-sponsored and industry-sponsored research programs have come to dominate scientific research. A totalitarian system now exists where only scientists that adhere to the prevailing orthodoxy can receive funds to conduct research. Not only will the government not fund studies on alternative hypotheses for AIDS and cancer, but this stricture applies to other areas of inquiry."

A Modern-Day Copernicus: Peter H. Duesberg

<http://www.lewrockwell.com/miller/miller18.html>

— **Dr. Donald W. Miller Jr.**, MD (Harvard, 1965), BMS (Dartmouth, 1963), Professor of Surgery, University of Washington School of Medicine. Author of *The Practice of Coronary Artery Bypass Surgery* (1977), co-author of *Atlas of Cardiac Surgery* (1983, Japanese version 1985), author of *Heart in Hand* (1999).

"HIV does not cause AIDS. There is no scientific evidence that HIV can kill infected T4 cells. The true problem is that the leaders of the HIV hypothesis have been ignoring important medical facts and are blindly attributing AIDS to the HIV virus. It is very sad and frustrating to know that the AIDS establishment are giving highly toxic drugs such as AZT to pregnant women even with studies that show the depression in the immune system can be reversed by nutrition. Prescribing anti-viral drugs to AIDS patients is like putting gasoline on a fire."

Virusmyth.net, 2 May 2001

"...the results of the studies described above clearly show that the reductions in CD4+ T cell counts in homosexual patients have resulted from their treatment with glucocorticoid and not as the result of their HIV-infection. These studies provided clinical proof that HIV is a harmless virus and the HIV tests are worthless."

BMJ RR, 5 February 2004

— **Dr. Mohammad Ali Al-Bayati**, PhD, Toxicologist and Pathologist, California. Author, *Get all the facts: HIV does not cause AIDS*.

"Dr. Al-Bayati convincingly demonstrates that the convergence of several factors other than HIV represent the true causes of AIDS."

Virusmyth.net, 2 May 2001

"The HIV hypothesis, a staunchly defended thesis among its proponents, assumes that AIDS is caused by an infectious retrovirus. The declaration that the chosen virus was

indeed the cause of AIDS was accompanied by the naming of this virus as the Human Immunodeficiency Virus (HIV). Given this name, the HIV hypothesis suddenly became a self-fulfilling proposition and a classical example of the logical fallacy of affirming the consequent.”

Foreword, “Get all the facts: HIV does not cause AIDS,” June 1999

— **Dr. Otto Raabe**, PhD, Professor and Director, Institute of Toxicology and Environmental Health, University of California, Davis

“Dr. Al-Bayati provides solid scientific support for the position that HIV does not cause AIDS. Exposure to steroids and the chemicals in our environment, the drugs used to treat AIDS, stress and poor nutrition are the real causes.”

Mercola.com newsletter, July 11, 2001 Issue 236

“The truth is that AZT, ddI, ddC, protease inhibitors and other drugs termed ‘antiretrovirals’ have not been found in any controlled studies to show proven clinical benefits for HIV/AIDS patients. The only studies published that claim positive outcome were short-term and did not have statistically significant results.”

“Even more alarming, there is plenty of evidence that these drugs have been found to cause the very symptoms they are meant to cure. Over 500 MDs and/or PhDs have signed a statement calling for a reappraisal of the causes of AIDS, and questioning whether the symptoms are being caused by HIV.”

“What is not mentioned in any textbook is that AZT has been found in five studies performed after its rushed FDA approval to be equally toxic to T-cells, the very cells whose absence is blamed on HIV. This is not surprising since T-cells are produced in the bone marrow, and all the other cells produced there are depleted by AZT. These studies are but a sample of the evidence that suggest that AZT and other ‘antiretrovirals’...are causing a variety of AIDS-like symptoms which are being blamed on HIV.”

“Another fact that raises serious questions about the possibility of HIV causing disease is that even after some \$45 billion dollars of research funds, scientists cannot figure out how it supposedly destroys T-cells. This is because it does not destroy T-cells in test tubes and has never been shown to destroy them in humans, either.”

“An immunologist from Harvard Medical School summed up the problem as follows: ‘We are still very confused about the mechanisms that lead to T-cell depletion, but at least now we are confused at a higher level of understanding.’ A simpler explanation of these problems, especially after \$45 billion, is that HIV does not affect T-cells, at all.”

Mercola.com, 1999

— **Dr. Joseph Mercola**, former Chairman of the Family Medicine department at St. Alexius Medical Center, Hoffman Estates, Illinois; served as editor of HIV Monograph by Abbott Laboratories published in 1989 and distributed to physicians nationally. Editor of www.mercola.com, one of the top 10 health websites on the internet

“Large numbers of people are being inappropriately treated with [AIDS] drugs they don’t need. And their lives are probably being shortened.”

“It [Dr. David Ho’s ‘Hit Hard, Hit Early’ theory of HIV treatment—which earned him Time Magazine’s ‘Man of the Year’ award] was just unadulterated hype. It was preposterous. It was almost like an instantaneous religion, or a cult, right after Vancouver [AIDS conference]. You were either a part of that hit-hard-hit-early religion or you were not. It split the HIV community.”

“People don’t realize all the myriad ways that doctors benefit from the drug companies. For example, let’s say that drug company A likes the message that Dr. C is talking about, they can give a research grant to Dr. C and because it’s listed as a ‘research grant,’ people will say, ‘Oh well, this is above board,’ when in fact it’s nothing more than a glorified under-the-table payment. Now, let’s say that you are Dr. C, and you have a \$250,000 research grant from company A. What is the likelihood that you are going to say anything bad about their drugs? Zero. At best you are going to say nothing.”

“Just go to the U.S. Public Health Service web site. Under federal law they have to disclose who they have taken money from. It’s right there. Some of these doctors have taken money from 15 to 20 different companies. If 20 companies that are in the business of making money for drug treatment are giving you money, can you honestly stand up and say, ‘Don’t treat?’”

Gear Magazine March 2000

— **Dr. Stephen Miles**, AIDS specialist, University of California Medical Center, Los Angeles

“The marketing of HIV as a killer virus causing AIDS without the need for any other factors has so distorted research and treatment that it may have caused thousands of people to suffer and die.”

Sunday Times (London) 17 May 1992

“Gallo was certainly committing open and blatant scientific fraud. But the point is not to focus on Gallo. It’s us — all of us in the scientific community, we let him get away with it...nobody would say a word against Gallo. It had a lot to do with patriotism — the idea that this great discovery was made by an American.”

“The AIDS Medical Foundation was sending out this press release saying that nobody is safe, everybody is going to get it — and all that. When I heard this, I totally freaked out. It was all just nonsense. I called them up and said, ‘Do you know what’s going to happen as a result of what you are doing? You’re going to freak out heterosexual men, you’re going to destroy relationships, marriages...you’re going to promote violence against gay men...All of which has come true.’”

“I couldn’t fight Terry [AmFAR’s then public relations director] He was very determined...He knew that this heterosexual AIDS thing was a hoax, but he said have to do it to raise money. And certainly, you could argue that unless those heterosexual male politicians in Washington thought that sex could kill, they weren’t going to release any money...The money was raised to protect heterosexual men from a disease they’re not going to get anyway. So what have these hundreds of millions of research dollars given us? Nothing. AIDS education? All I see is terror and confusion. And AZT, which is

a disaster.”
Spin June 1992

“Of course it’s wrong [Dr. David Ho’s math for his proposed ‘eradication’ of HIV]. Everybody knows that. It’s such way-out bullshit. The notion of ‘eradication’ is just total science fiction. Every retrovirologist knows this. The RNA of retroviruses turns into DNA and becomes part of us. It’s part of our being. You can’t ever get rid of it.”

“Yes, [Dr. David Ho] is a fraud, if a fraud means mediocre interpretations of the dynamics of T-cell changes in response to therapy. But, then, who is the fraud? Anybody is capable of having stupid ideas, but what’s unusual is getting them onto the front page of the New York Times and Time. The real villains are the journalists, in my opinion. We have traditionally depended on the press to protect us from nonsense like this — not anymore.”
Gear, March 2000

“I’m totally ashamed of the profession. We have all these potent drugs but we don’t know how to use them. If we were a sane society, we would find out. This is not evidence-based medicine. This is just a disgusting manipulation of people’s fears and desperation, all for the sake of selling drugs.”
Spin, April, 1997

“We live in a media age that loves sound bites and simple quotes. HIV is simple, whereas the multifactorial model [of AIDS] is very complex. People don’t want to take the time to understand.”
Spin, April 1991

— **Dr. Joseph Sonnabend, MD, New York Physician, founder of the American Foundation for AIDS Research (AmFAR)**

“I received my PhD in 2002 for my work constructing mathematical models of HIV infection, a field of study I entered in 1996.”

“My work as a mathematical biologist has been built in large part on the paradigm that HIV causes AIDS, and I have since come to realize that there is good evidence that the entire basis for this theory is wrong. AIDS, it seems, is not a disease so much as a sociopolitical construct that few people understand and even fewer question...”

“Why have we as a society been so quick to accept a theory for which so little solid evidence exists? Why do we take proclamations by government institutions like the NIH and the CDC, via newscasters and talk show hosts, entirely on faith? The average citizen has no idea how weak the connection really is between HIV and AIDS, and this is the manner in which scientifically insupportable phrases like ‘the AIDS virus’ or ‘an AIDS test’ have become part of the common vernacular despite no evidence for their accuracy.”

“Over the past ten years, my attitude toward HIV and AIDS has undergone a dramatic shift. This shift was catalyzed by the work I did as a graduate student, analyzing mathematical models of HIV and the immune system. As a mathematician, I found virtually every model I studied to be unrealistic. The biological assumptions on which the models were based varied from author to author, and this made no sense to me...”

“Enough is enough, and I can no longer in any capacity continue to support the paradigm on which my entire career has been built.”

“...But few people know that the criteria for a positive WB [Western Blot HIV test] vary from country to country and even from lab to lab. Put bluntly, a person’s HIV status could well change depending on the testing venue. It is also possible to test ‘WB indeterminate,’ which translates to any one of ‘uninfected,’ ‘possibly infected,’ or even, absurdly, ‘partly infected’ under the current interpretation. This conundrum is confounded by the fact that the proteins comprising the different reactive ‘bands’ on the WB test are all claimed to be specific to HIV, raising the question of how a truly uninfected individual could possess antibodies to even one ‘HIV-specific’ protein.”

“I have come to sincerely believe that these HIV tests do immeasurably more harm than good, due to their astounding lack of specificity and standardization...I cannot buy the idea that any individual needs to have a diagnostic HIV test. A negative test may not be accurate (whatever that means), but a positive one can create utter havoc and destruction in a person’s life – all for a virus that most likely does absolutely nothing. I do not feel it is going too far to say that these tests ought to be banned for diagnostic purposes.”

“The real victims in this mess are those whose lives are turned upside-down by the stigma of an HIV diagnosis...People have lost their jobs, been denied entry into the Armed Forces, been refused residency in and even entry into some countries, even been charged with assault or murder for having consensual sex; babies have been taken from their mothers and had toxic medications forced down their throats. There is no precedent for this type of behavior, as it is all in the name of a completely unproven, fundamentally flawed hypothesis, on the basis of highly suspect, indirect tests for supposed infection with an allegedly deadly virus – a virus that has never been observed to do much of anything.”

“Suffice it to say that the HIV hypothesis of AIDS has offered nothing but predictions – of its spread, of the availability of a vaccine, of a forthcoming animal model, and so on – that have not materialized, and it has not saved a single life.”

“After ten years involved in the academic side of HIV research, as well as in the academic world at large, I truly believe that the blame for the universal, unconditional, faith-based acceptance of such a flawed theory falls squarely on the shoulders of those among us who have actively endorsed a completely unproven hypothesis in the interests of furthering our careers...”

“For over twenty years, the general public has been greatly misled and ill-informed. As someone who has been raised by parents who taught me from a young age never to believe anything just because ‘everyone else accepts it to be true,’ I can no longer just sit by and do nothing, thereby contributing to this craziness. And the craziness has gone on long enough. As humans – as honest academics and scientists – the only thing we can do is allow the truth to come to light.”

Why I Quit HIV <http://www.lewrockwell.com/orig7/culshaw1.html>

— **Rebecca Veronica Culshaw**, PhD. Assistant Professor of Mathematics, University of Texas at Tyler. Advisor, Journal of Biological Systems. Studied and published mathematical models of HIV infection for 10 years.

“Every mathematician knows that by changing the definition of something, you can change the entire truth about that thing. Rebecca Culshaw describes how the HIV = AIDS ‘orthodoxists’ have abused this idea. As in a shell game, they keep moving the definitions around, so that anything can be true and everyone will be confused. The abuse of science that has been documented here is itself very frightening. But when we learn that the standard treatment for HIV-positives – antiviral therapy – will substantially increase their risk of dying, it’s even scarier.”

Editorial review at Amazon.com http://www.amazon.com/Science-Sold-Out-Really-Cause/dp/1556436424/sr=11-1/qid=1167496016/ref=sr_11_1/002-5936051-6572869

— **Dan Fendel**, B.A. (summa cum laude) Harvard University, PhD, Yale; Professor of Mathematics, San Francisco State University; Primary author, *Foundations of Higher Mathematics: Exploration and Proof*.

“No evidence of female prostitutes transmitting HIV or AIDS into the heterosexual community exists for any Western nation. Acquisition of HIV by men from female prostitutes is almost always drug related. In fact, sexual acquisition of HIV and AIDS among female prostitutes themselves is almost unknown in the absence of concomitant intravenous drug use.”

“The almost complete absence of HIV among non-drug using prostitutes is not due to safer sex practices. The same studies that found an absence of HIV documented low rates of condom use and very high rates of infection with classical sexually transmitted diseases.”

“...Thus, healthy individuals do not contract HIV or AIDS, and even HIV seropositive, drug-abusing female prostitutes have not been and cannot be vectors for transmitting HIV or AIDS to a healthy, drug-free heterosexual population.”

Rethinking AIDS March 1993

“Consider, for example, the immunologic risks of blood transfusion patients. It is often said that their only risk of AIDS is HIV. But they would not need a blood transfusion unless they were already at death’s door. The blood that they receive itself suppresses their immune systems; the greater the amount of blood transfused, the greater the immunosuppression.”

“Drug addicts have many more immunologic risks than simply HIV acquired from shared needles. The drugs they use often suppress the immune system. Most addicts are concurrently infected with a variety of viruses, including hepatitis viruses; bacteria; and recurrent sexually transmitted diseases. The majority chronically abuse antibiotics and are therefore much more likely...to acquire drug resistant strains of infections, such as tuberculosis. Most have autoimmune conditions in which their antibodies target their white blood cells. Most are malnourished, some severely so, and do not have the nutrients required to mount an effective immune response... AIDS, in short, is more than just HIV.”

Wall Street Journal 17 March 1993

“Every AIDS patient has multiple causes of immune suppression other than HIV, many of which precede HIV infection and some of which occur in the total absence of HIV. The existence of these largely unrecognized immunosuppressive agents in AIDS not only requires a rethinking of the definition of the syndrome as occurring mainly in people without previously identified causes of immune suppression but also necessitates a critical look at the role of HIV as a causative agent in AIDS.”

The Evolving Definition Of Aids, Rethinking AIDS

“What, then, is the role of HIV? The only way to explain these [HIV-free AIDS] cases is that the people have other high-risk factors associated with AIDS, such as malnutrition, multiple infections, exposure to symptoms, and drug use...[These factors can] cause the same immune suppression...that everyone says HIV causes.”

“Those people who have had the HIV infection for ten or 15 years now or who have survived full-blown AIDS for five or ten years have not used AZT for more than a week or two because they found the side effects to be so bad. Most of them never used any of these drugs at all. This suggests that survivors don’t use anything that can cause immune suppression. They eliminate drugs, including antibiotics and AZT, and simply try to lead a healthy lifestyle. So they may have the HIV infection, but it doesn’t do anything to them.”

Penthouse April 1994

“...We thought we knew that HIV always precedes immune suppression in people who develop AIDS. But many studies show that lymphocyte counts are as low in some HIV-negative gay men, intravenous drug users, and hemophiliacs as they are in non-symptomatic HIV-positive people—and sometimes lower.”

The Scientist 4 April 1994

— **Dr. Robert Root-Bernstein, PhD, Immunologist, Professor of Physiology, Michigan State University**

“We do not know the pathogenesis of this disease. And we were very early forced into a very dogmatic view: namely, that somehow HIV kills the T-cells.”

Spin April 1991

“I was very upset...The cause of AIDS was discovered by government fiat...I had been working with the Pasteur Institute for six months, but then that [Gallo] announcement was made at the press conference. As far as I’m concerned, from that point on AIDS research turned into seedy, criminal politics, and it remained that way.”

Spin, June, 1992

“I was far from convinced by the data they had then and I’m still not convinced. We were all forced into a very dogmatic and simplistic view of what caused AIDS. Today, I think even the greatest proponents of HIV no longer believe that it does all that damage to the immune system by itself. There have to be other factors involved. And because of the HIV hypothesis, there’s been little or no research done on what those other factors may be.”

Spin June 1992

“I personally do not prescribe AZT unless a patient insists. I have continued to find that patients survive longer without it.”

Spin, April 1991

— **Dr. Michael Lange, MD, Head of AIDS Programme, St. Lukes Hospital, New York**

“... I was going through an old copy of ‘Nature’ and found a challenge to the Fauci ‘massive infection’ of lymph nodes paper, the one usually cited by the more sophisticated scientists as ‘proving’ HIV causes AIDS. Three Berkeley scientists (Sheppard, Ascher, Krowka; Nature 364:291 22 July 93) politely demolish the claims of the article.

“My favorite sentence in Fauci’s response was:

‘[T]he persistence of a replicating virus could trigger a complex series of immunopathogenic events even involving uninfected cells, which could account for the progressive deterioration of the immune system.’

“One might add that this theory is now so flexible that it can explain anything.”

“I think, at bottom, the HIV hypothesis is *A BORING FAILURE* and we need something better.”

Rethinking Aids, 28 Feb 1994

— **Scott R. King, MA, Chemistry, Harvard University. Phi Beta Kappa, University of Chicago, 1977. Awarded National Science Foundation Fellowship, 1977. President and Director, Hanuman Medical LLC, PlasmaSeal LLC, and Cerco Medical LLC. San Francisco, California**

“I have a large population of [HIV + patients] who have chosen not to take any anti-retroviral [drugs]. They’ve watched all of their friends go on the anti-viral bandwagon and die.”

“Lecture to Medical Students,” Synapse, 1996

“I have been one of the people who’s questioned, from the beginning, whether or not we’re really making an impact with HIV drugs and, if we are making an impact, if it’s going in the right direction.”

Continuum, Nov/Dec 1996

— **Dr. Donald Abrams, MD, Professor of Medicine, University of California, San Francisco; Director of AIDS Program, San Francisco General Hospital**

“HIV does not kill cells in culture, it transmits sexually and parenterally only with great difficulty, it is present only in trace concentrations in the average AIDS patient. Furthermore, AIDS occurs even in HIV-negative individuals. The eradication of HIV by antiviral medication fails to alter the ultimate progression of the syndrome. For these and other reasons, many scientists now doubt the HIV theory and propose instead a non-contagious, multifactorial causation similar to that seen in cancer and heart disease.”

“Although the majority of hemophiliacs have been exposed to HIV through the use of blood products, only 67 out of about 17,000 hemophiliacs have ever developed AIDS. This is not a statistic that compels one to conclude that HIV is a major etiological factor

in this syndrome. Also, among treated hemophiliacs, the degree of immune system abnormalities remains the same regardless of whether they are seropositive or seronegative for HIV.”

Medical Hypotheses, 1998, 50, 67-80

“When a whole classroom is exposed to streptococcus, why is it that only some children develop strep throat? If a hundred people are infected with hepatitis C virus, why is it that only a fraction of them actually develop a disease from it? The answer clearly lies in the function of the host’s response. Would it not be more rational to suggest that strep throat and hepatitis C are not caused by their associated microbes, but rather by a deficient host response?”

“AIDS is a similar phenomenon. While it seems highly likely that HIV is a significant factor in the disease, the acquisition and course of the disease is much more a function of the host’s immune function than it is of HIV. Thus a cure is impossible when therapy simply focuses on killing HIV, because such an approach fails to address the real reason for the disease, which is a constellation of factors resulting in immune system dysfunction. Indeed, many anti-HIV therapies used today are actually known to further impair immune system function, and theoretically destroy all chances of a cure. HIV is not the cause of AIDS, although it does appear to be a factor.”

Letter to Virusmyth.net, January, 2003

— **Dr. Frank Shallenberger**, MD, former professor, University of California School of Medicine at Davis and John F. Kennedy University in Orinda, California; Secretary, Orthomolecular Medical Society; Medical Board of Directors, Huxley Institute for Biosocial Research; Founding Director of the International Bio-Oxidative Medicine Foundation

“A campaign has been conducted to program us into believing that HIV 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 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. The fact is, there have always been people questioning or disagreeing with the official theory and treatment approach, but they have been silenced.”

Penthouse, Nov, Dec, 1995

“No one, I repeat, no one under ANY circumstances should have the HIV test. It is a fraud. A complete and total fraud. And I defy any doctor, any scientist in this audience, to prove me wrong. Cross-reactions with non-HIV antibodies [false positives] have been documented in the presence of flu virus, common cold virus, herpes simplex 2, Hepatitis B, tuberculosis, leprosy, flu and hepatitis vaccines, pregnancy, blood transfusions, blood-clotting factor, [rectally deposited] sperm, [recreational] drug use, auto-immune diseases like lupus, arthritis, rheumatoid arthritis.”

“What do you think goes on in a person’s mind when they’re suddenly told that they have HIV, when in fact, you’re never tested for a virus. That’s not humanly possible, because no one to date has ever isolated the HIV virus. Well, think of what you would do when you went home. Your immune system would go right through the floor. You’d be depressed, you’d be anxious. You’d be terrified. You’d be paranoid.”

“Think of what would happen when you had to start telling everyone in your life that you had HIV. Your doctor would immediately...put you on the most toxic chemotherapies known. Chemotherapies that in a healthy individual will KILL you, will create the very symptoms that we’re calling AIDS. Five, six times a day you keep giving it chemotherapy. But you don’t give it chemotherapy for a month as some people with cancer have, or even two months. You have to take it every day for the rest of your life. And then, what had been a completely healthy, normal person now is dying. And they’re suffering from an iatrogenic, drug-induced, doctor-induced death.”

“There was no virus there. There was not even an antibody to the virus. [The test] was cross-reacting. Yep. And yet we still allow the fraud of AIDS research to continue on, where 100,000 scientists are bilking the American public for more money each year than is spent on cancer or heart disease.”

Natural Living, WBAI Radio, 3/21/96

— **Dr. Gary Null**, PhD, syndicated host of *Natural Living with Gary Null*, author (*AIDS, A Second Opinion*), and a producer of PBS special programs. His *Deconstructing the Myth of AIDS* won the Audience Award for Best Documentary at both the New York and Los Angeles International Independent Film and Video Festivals.

“It is time to reexamine our commitment and the traditional approach taken thus far in dealing with [AIDS]. Gary Null asks tough questions and comes up with truly thought provoking answers. Have we all been taken in once again by Corporate America? Who has been profiting and who has been losing so far in the handling of the AIDS crisis?”

“Aids, A Second Opinion”

— **Susan Sarandon**, Actress, Activist

“[Gary] Null and co-author James Feast do us a service in giving voice to the point of view of AIDS dissidents such as Nobel laureates Drs. Mullis and Gilbert, as well as Professors Strohmman and Rasnick, and the many others cited in the book [AIDS: A Second Opinion]. One has to wonder, why hasn’t their collective challenge to the ‘HIV equals AIDS equals death’ paradigm been given more publicity? These are credentialed people, and there certainly is, as this book shows, reasonableness to their claims.”

“I myself have had three patients with advanced AIDS and substantially debilitated health who then undertook various natural protocols and improved their overall immune function significantly. So why wouldn’t I want to explore alternative approaches to this condition? Why wouldn’t I want to review as many scientific references as possible that support these approaches? I am happy to have a book on hand that goes beyond the party line of those who run the war on AIDS, looks at alternative perspectives, and provides extensive documentation to support them.

“Furthermore, I plan to make this book required reading for all of the persons I counsel with AIDS-defining illnesses. And I would recommend it to every concerned and conscientious physician, nurse, and public health advocate in the country.”

Review of “Aids, A Second Opinion,” Amazon.com, June 18, 2002

— **Dr. Martin Feldman, MD**, Assistant Clinical Professor of Neurology at Mount Sinai School of Medicine, New York, graduate of Columbia University’s College of Physicians and Surgeons, author of more than 50 articles published in peer-reviewed medical journals

“An intrinsic cytopathic [cell-harming] effect of the virus is no longer credible.”
Nature, 12 Jan 1995

“...HIV is behaving more and more like a virus, without frills or special effects.”

— **Dr. Simon Wain-Hobson**, Pasteur Institute, Paris

“HIV=AIDS=DEATH is a gross error. The medical community is providing deadly drugs to positive HIV patients, that will cause certain death to them. Then, the myth will be played on, with the doctor reporting that they died from AIDS, not from the complications of these deadly drugs. The madness must stop.”

“I personally have lost too many friends who did not become ill and die until they began their regimen of anti-HIV medicines.”

“You start out with a testing system that is riddled with false positives, then you treat them with lethal medications which impair the immune system, and then say ha ha you have an immune damaging disease called AIDS...”

Virusmyth webboard

— **Dr. Craig Michael Uhl, MD**, former U.S. Navy physician, California

“I’m not saying that it is impossible for unprotected vaginal intercourse to transmit HIV from a positive to a healthy adult negative partner. Anything’s possible. It’s possible to be struck by lightning. But the two risks share an analogous probability, effectively zero. If healthy, HIV-negative Americans want to worry about unprotected vaginal intercourse, they should worry about the drive over to their encounters. If their partners have never injected drugs or received rectal intercourse or blood therapy, they are more likely to be killed in an automobile accident on the ride over than they are to become HIV-positive.”

“The data show that frequency of receptive anal intercourse with an HIV-positive man and frequency of drug-injecting correlates with seroconversion. But frequency of unprotected vaginal intercourse with an HIV-positive person does not correlate with seroconversion, so that activity does not qualify as a risk factor. Everybody thinks that unprotected vaginal intercourse with an HIV-positive person will put you at risk for becoming HIV positive yourself. But this just isn’t the case.”

“It is not so easy to get all people who inject drugs or who participate in rectal intercourse to admit to these activities. Research and experience have shown us that people lie often and for many reasons, and that the content of these lies includes the IV [drug] and anal intercourse risk factors for HIV transmission. Such lying is one of the factors contributing to an inflated estimate of vaginal HIV transmission. A total liar rate

of 5% is more than adequate to account for all the cases of HIV transmission and AIDS which are classified as heterosexual.”

“HIV researchers who publish these papers do not seem to be serious about accurately accounting for anal intercourse and drug injecting. The very studies that claim to document vaginal transmission show that coitus frequency does not correlate with seroconversion, but that frequency of receptive anal intercourse does.”

“In some special cases, and this may be true for HIV [tests], most of the positive results you get are false. So you run the risk of creating more heart attacks from false positives than identifying people who really are positive.”

“The gross exaggeration of AIDS risk to healthy, non-IVDU heterosexuals is not only psychologically damaging, but also constitutes unethical behavior on the part of many public health officials, journalists, and others.”

Reappraising AIDS; Sex at Risk: Lifetime Number of Partners, Frequency of Intercourse, and the Low AIDS Risk of Vaginal Intercourse (1997); Archives of Sexual Behavior 1995

— **Dr. Stuart Brody**, PhD, Adjunct Research Associate Professor of Medical Psychology, University of Tübingen, Germany. Author, *Sex at Risk*

“It is possible to suggest not only that the AIDS ‘epidemic’ is vastly overstated and overrated, but also that resources spent fighting it might better be employed on more basic, and more general, infrastructure and health needs...When medical realities collide with scaremongering and false realities, the latter too often triumph.”

“Even today, the cause for Acquired Immune Deficiency Syndrome (AIDS or HIV/AIDS) remains controversial...The virus does not seem to directly damage many cells but is thought to impede immune system function.”

“Some scientists find that other physiological insults, such as overwhelming and repeated infections from contaminated IV needles used by drug abusers and from homosexual sexual activity, overwhelm and weaken the immune system, and cause most AIDS cases.”

“On top of these controversies, the criteria for diagnosing AIDS have changed three or four times. And each time the criteria change, the number of people qualifying for the diagnosis increases.”

“In the past, a person might have HIV antibodies and tuberculosis; nowadays, this counts as HIV/AIDS, as do dozens of other combinations of signs and symptoms. These changing criteria result in higher numbers of people being diagnosed with AIDS with each change in the criteria, creating an epidemic of diagnostic ‘grade inflation.’”

“In Africa, poverty, distance and isolation make accurate, continent-wide diagnosis and statistics impossible. As a result, most health and population statistics are estimates or guesses, often driven by political and cultural agendas and always driven by the need to generate more outside funding from wealthier regions of the world. Thus, the severity of just about everything gets ‘oversold.’ This is especially true for AIDS...”

“AIDS information is also difficult to assess because the definition of AIDS is different in Africa. Indeed, blood test results don’t even figure in the official diagnostic criteria. ”It’s all done on ‘points’ defined at the ‘AIDS in Africa’ meeting in Bangui in October 1985...the meeting participants concluded that AIDS in Africa could be diagnosed without a blood test by scoring 12 points out of a possible total of 50, based on symptoms and signs alone. ”People having the first three (10 percent weight lost, protracted asthenia [weakness] and repeated attacks of fever for more than a month) have already racked up a score of 11. A cough scores two more points, and ‘the diagnosis of AIDS is established.’”

“Many other non-specific signs are worth points, such as diarrhea, lung disease, signs consistent with herpes virus infections, generalized lymph node enlargement and ‘neurological signs.’ In other words, many Africans diagnosed with AIDS would not carry the diagnosis in the developed world. And many people have these qualifying symptoms from the many other diseases prevalent in poor regions.”

“But if it is impossible to determine the extent of the epidemic, it should be easy to tell whether AIDS has, as predicted, ‘decimated’ sub-Saharan Africa. Clearly, this has not happened. Sub-Saharan Africa’s population is estimated to have increased by 73 percent over the last two decades, to 752 million (according to the Population Reference Bureau’s 2005 World Population Data Sheet at http://www.prb.org/pdf05/05WorldDataSheet_Eng.pdf)...”

“In another analysis, South Africa’s population continues to grow at a rate most consistent with ‘no AIDS’ projections. In other words, predictions based on the hypothesis that AIDS kills have not come true.”

“But even if these population estimates are way off, one implication is clear. Committing resources to fight a non-existent epidemic makes no sense, except to those making a living off the funds generated by the scares. Resources fighting phantom epidemics can’t be used to improve basic sanitation and nutrition, the foundations of health.”

“In sum, it is quite possible that fighting AIDS as the scaremongers desire would kill and sicken more people than AIDS treatment would save.”

Jewish World Review, Nov. 18, 2005

— **Michael Arnold Glueck**, MD, Harvard University, Medical Writer.

— **Robert J. Cihak**, MD, Harvard University, Past President, Association of American Physicians and Surgeons and a Discovery Institute Senior Fellow

Morally, the constructive course to follow in sub-Saharan Africa on AIDS would be for the developed nations of the world to provide or lend money to African countries: leave these countries to move forward with desperately needed improvements in sanitation, to rebuild infrastructures that bring adequate medical care to citizens afflicted by poverty-related diseases, to relieve conditions that breed malnutrition (which perpetuates susceptibility to the many illnesses that have ravaged Africa for centuries).

Above all, first wait and see if such improvements lower the death rates among Africans. Then, if the alarming rise in deaths reported in recent years doesn’t abate, consider HIV as a possible reason, and lend money on the stipulation that it must be

used to block the spread of AIDS. Then, but only then, get on with the condomizing of sub-Saharan Africa, of every "underdeveloped" nation on the globe where AIDS has manifested.

Books have been published on why the more likely course is the one that Western governments and non-governmental organizations have already shamelessly, evangelically taken,[11] the one that promises profits for the US and a sprinkle of other high-tech countries through what is essentially a medical form of neocolonialism, the one that portends an immense disaster for black Africans, especially women and children. Note well in this connection: in university studies where Africans clinically diagnosed with AIDS (according to the Bangui definition and its variants) are tested serologically for HIV, the majority of the test results prove antibody-negative!

Townsend Letter for Doctors & Patients, January 2006

<http://townsendletter.com/Jan2006/newyork0106.htm>

— **Marcus A. Cohen**, Medical Columnist, *Townsend Letter for Doctors and Patients*, Author: *Lyme Disease Update: Science, Policy & Law*, New York

“Dr. R. Mathias, a virologist and epidemiologist at the University of British Columbia, has stated categorically, ‘There is no heterosexual spread of AIDS.’”

“In [sub-Saharan Africa], national figures on HIV/AIDS are based on inappropriate extrapolations from hospitalized patients and clients of STD clinics. The second circumstance is that most of the testing in Africa is unsupervised, not validated and conducted in dysfunctional laboratories using out-of-date reagents. The third is that the World Health Organization’s clinical case definition for AIDS in Africa permits the diagnosis to be made based on the presence of weight loss, chronic diarrhea, prolonged fever and persistent cough. These conditions are neither new nor uncommon in Africa, Asia or India. Thus, the numbers quoted by the authors should be considered from a critical and sceptical perspective.”

“It is necessary to emphasize that the HIV test does not confirm the presence of HIV. Rather, it confirms the existence of markers that may (or may not) be surrogate identifiers for the virus... Until HIV is isolated and purified from infected cases, it is impossible to determine if the antibody reactions to it are truly specific or examples of cross-reactivity. According to Dr. de Harven, ‘Back in 1993 it became clear that the so-called HIV antibody tests badly lacked specificity, cross-reactivity being observed with patients suffering from a long list of pathological conditions.’ Therefore, the value of HIV tests must be questioned no matter how often they are performed on a single sample.”

“Dr. Nutt and her fellow writers believe that a test that is 99.9% accurate limits ‘the opportunity for either false negative or false positive results.’ A simple calculation demonstrates the inaccuracy of this statement: The specificity of a test is its ability to recognize individuals who do not have the condition. An accuracy of 99.9% means that the test will fail to identify that 0.1% of the subjects do not have the disease. These people will be recorded as positive responders, when in reality they are false positives.

“For the purposes of this calculation, it will be assumed that Canada has a population of 30,003,000 and that there are 3,000 new cases of HIV infection per year. If the entire population was tested, the results should identify the 3,000 truly positive individuals.

However, since the test is not 100% accurate, it would fail in 0.1% of tests on the remaining 30,000,000 to recognize that they do not have the infection. Unfortunately, 0.1% of 30 million is 30,000. Therefore, for the 3,000 true positives that the test would reveal, it would falsely identify 30,000 Canadians as being infected. A ratio of 10 to one in favour of false positives is unacceptable considering the emotional, financial and medical burdens that accompany the diagnosis of HIV infection and, by extension, AIDS.”

“The calculation demonstrates the inherent liabilities of tests that rely upon possible markers for a micro-organism rather than the verifiable presence of the causative agent.”

“Since the late 1980s and with increasing influence, an international group of prominent scientists (including Nobel laureates), medical researchers, lawyers, politicians and informed laypersons has had the courage, wisdom and tenacity to challenge the official dogma on HIV and AIDS. In the process it has amassed a considerable volume of pertinent literature.”

Journal of the Canadian Dental Association. 1999; 65:337-40

— **John Hardie**, BDS, MSc, PhD, FRCDC. Clinical Director, Dental Services, DownLisburn Trust, County Antrim. Northern Ireland.

“Almost all reactions (on the HIV tests) especially in low-risk populations, represent false positive results.”

1992. “*Identification of crossreactive epitopes recognized by HIV- false-positive sera.*” *AIDS. 6: 1547-1548*

— **Langedijk, Vos, W., Doornum, G, et al, Aids researchers**

“90 percent of positive tests in low-risk populations are in fact false. Falsely labeling individuals applying for marriage licenses, pregnant women, health care workers and patients admitted to the hospital as carrying the virus is certainly irresponsible and can have an enormous psychological and social impact on the individuals.”

American Journal of Epidemiology, 1992

— **Dr. Xin M. Tu**, PhD, Harvard University School of Public Health, Associate Professor, Department of Biostatistics and Epidemiology, University of Pennsylvania

“These tests are not accurate; they are a treacherous deception and making any life-and-death decisions based on a positive antibody test is a very foolish thing to do. It can only lead to tragedy.”

Playing Russian Roulette In The Laboratory, Virusmyth.net

— **Christine Johnson**, science journalist, Los Angeles, member of MENSA, is on the Board of Advisors of Continuum magazine and is a former copy-editor of Reappraising AIDS.

“There are several risks associated with HIV/AIDS, but the most important immediate risk, soon after an individual becomes aware of his/her HIV status, is committing suicide. This is as a result of sudden unexpected, unprepared disclosure of HIV test result, leading to mental breakdown, i.e., severe acute depression.”

“A study carried out in New York City (1997) found that 9% of suicide victims were HIV positive. The HIV seroconversion among the victims of suicide was found to be twice that of the general population.”

“Currently, HIV/AIDS is the commonest cause of acute depression...Critical psychosocial stressors of HIV/AIDS including social stigma, discrimination, isolation, lack of support from family and friends, and social devaluation, enhance suicide risk.”

“...This is a nine-fold increase in female fatal poisoning, and twenty-two times increase in the spread of HIV/AIDS. This could be possible as in recent years, several right-to-die groups have advocated that individuals with AIDS use poisoning as a means of self-inflicted death. However, more than two-thirds of HIV-positive suicide victims continue to use more violent means such as hanging, firearms, and other violent methods.”

Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology, 2003

— **Dr. B.L. Meel, MD, Head, Department of Forensic Medicine, University of Transkei, South Africa**

“The recent suicide attempt in Mumbai by an AIDS patient who also poisoned his wife and killed his two minor children, has raised concern regarding the counselling given to HIV positive patients in public hospitals...”

“AIDS patients get little counseling.” The Times of India, August 28, 2000

— **Roli Srivastava, Journalist**

“Despite the fact we're told HIV is forever here are drug addicts who gave up drugs, started to live a more healthy lifestyle and their antibody tests reverted to negative. And their T4s returned to normal. And most telling of all, they were alive twenty years later to tell the tale. The tragedy is that these HIV tests were introduced in the total absence of proof of their specificity. This is the trouble with this so-called AIDS science. Another mystery—what is considered HIV positive depends on where and by whom the test is done. So if you're positive in New York City [or Thailand or Africa] just get on a plane and come to Australia. You might no longer be positive.”

“I'd say don't have a test. Don't spread HIV testing.”

Continuum, Winter 1997

— **Dr. Valendar Turner, MD, Royal Perth Hospital, University of Western Australia**

“I do not regard the causal relationship between HIV and any disease as settled. I have seen considerable evidence that highly improper statistics concerning HIV and AIDS have been passed off as science, and that top members of the scientific establishment have...joined the media in spreading misinformation about the nature of AIDS.”

Yale Scientific, Fall 1994

“There is currently ongoing a phenomenon of collective misinformation, promoted by... the [NIH and CDC] directly concerned with HIV and AIDS. Both the general press (e.g. the New York Times) and the scientific journals such as Nature and Science, propagate misinformation uncritically, and suppress information which goes against the orthodox position that ‘HIV is the virus that causes AIDS.’”

“So-called scientific articles about HIV and AIDS are written under the automatic assumption that HIV is the cause of certain diseases by killing CD4 T-cells.”

“To question the HIV pathogenesis hypothesis...entails social, scientific and financial ostracism when coming from someone inside the biomedical establishment.”

“...HIV is neither the cause of T-cell destruction, nor of harm to the immune system. The lack of control groups and the lack of ‘robust appraisal’ [in Ho & Shaw’s experiments] has caused a systematic bias for the interpretation of the data in favor of HIV pathogenesis.”

“...Recently in the State of Maine...a woman Valerie Emerson with four children was HIV positive, as well as her 3 year old daughter and 4 year old son...The two who were positive...were prescribed AZT. The little girl died, suffering terribly. Her death was attributed to AIDS by the newspapers. The son Nikolas...was given AZT. He then became seriously ill. The mother discontinued the AZT...and the son became well... However, officials of the State of Maine then started legal action against the mother to take the child away from her. In September 1998, a judge ruled against the officials. The boy is now running around like any healthy four year old...”

“...I regard as dangerous to censor or suppress information, and to allow a situation to develop when people appear unable to distinguish between facts and an orthodox view. The [Aids] orthodox view is accepted uncritically by people at large as a result of mass conditioning by the media’s uncritical acceptance of the scientific orthodoxy, and the refusal to publish information which goes counter to the orthodoxy.”

Yale Scientific, Spring 1999

“The entire Gallo affair provides evidence of the way the scientific community is unable to police itself...Scientists should be subject to the same laws as other citizens so far as criminal behaviour is concerned.”

“Challenges”, Springer Verlag 1998

“The hypotheses that HIV is a harmless virus and that drugs cause AIDS defining diseases are compatible with all the evidence I know.”

Letter to National Academy of sciences, 1997

“...Thus the [National Institute of Allergy and Infectious Diseases’ Aids] ‘Fact Sheet’ does not contain facts. It contains propaganda. It continues to provide evidence that you guys at NIH, CDC, NIAID can’t tell the difference between a fact and a hole in the ground.”

Letter to CDC Director David Satcher – Yale Scientific, Spring 1999

“I regard as scandalous the continued ostracism of people and points of view which go against the orthodoxy on HIV. Shame on Einstein College of Medicine faculty for participating in this ostracism or tolerating it.”

Response to Einstein faculty’s vetoing of a speaking invitation to Dr. Peter Duesberg

“To continue past criticisms of CDC publications, I enclose some offhand comments concerning the December 1996 CDC HIV/AIDS Surveillance Report. I find internal and external inconsistencies, meaningless figures, and overall propaganda rather than science or medicine.”

“...The categories used for the CDC statistics at present in connection with AIDS constitute obstructions to dealing with this more precise question. These statistics are systematically biased in favor of HIV pathogeny.”

“The variation of figures, depending on the pre-1987 definition, the 1987 definition, the December 1992 definition, and the latest December 1996 definition on the front page of the Surveillance Report create such a chaos that just on this count, the whole production is questionable. I call it statistical garbage. Furthermore, the statistics are anyhow manipulated in other ways.

“The figure of ‘581,429 persons with AIDS’ reported to CDC p. 5, first paragraph, is a garbage figure. First, it is not clear what AIDS means in this figure, i.e. which definition was used. Second, the figure is cumulative, so presumably it depends on different definitions over 15 years.”

“Although there are occasional categories about injective drug users, there are no categories for the poppers or cocaine users. The absence of such categories biases the drug statistics in favor of the HIV pathogeny hypothesis and against the drug pathogeny hypothesis.”

“The use of ‘statistical methods,’ p.5, column 1, line -2, in plain english means that statistics were manipulated in some undetermined way, so again, what does the figure 581,429 mean? Down to the last unit digit?”

“The CDC Report is written under the unstated axiom that there is such a thing as ‘HIV disease’, whatever that means. Then officials try to fit experimental facts into this axiom, and are thereby led to what are euphemistically called ‘paradoxes’, actually inconsistencies and contradictions.”

Letter to CDC director David Satcher, 12 August 1997

— **Dr. Serge Lang**, PhD, Professor of Mathematics, Yale University; awarded the Dylan Hixon '88 Prize for Teaching Excellence in the Natural Sciences; also the Steel and Cole prizes of the American Mathematical Society; Author of 37 books; former Fulbright Scholar; Member, US National Academy of Sciences.

“The principles of causation cannot sustain the HIV-causes-AIDS hypothesis. For all we know, it is not HIV that causes AIDS, but the so-called co-factors such as indiscriminate antibiotic use, recreational drugs, poverty, malnutrition, polluted water and pesticised food. AZT and the like (so-called triple therapy) are rank cytotoxic poisons. To give AZT to pregnant women is a crime against the mother and the baby she is making.”

“The voodoo effect of an HIV/AIDS diagnosis must be avoided. The iatrogenic voodoo effect is a potent depressor of a person’s immunity.”

Speech to the South African government’s AIDS Panel, 2000

“We are groping in the dark about a virus which has not been isolated, and are taking the general public for a ride. An intellectual analysis is necessary. The HIV test relies on detecting certain antibodies. This test for HIV is highly doubtful and the number of false positives needs to be investigated before firm conclusions are drawn.”

<http://www.humanscapeindia.net/humanscape/hs1200/hs12002t.htm>

“Mr Brink’s book will have an Illichean impact likely to cure the increasingly sick HIV-AIDS establishment in particular and the medical and governmental establishments in general. His expose is both a diagnosis and a cure... [It] will remain a classic eye-opener to the misdeeds of modern medicine for decades to come.”

Review, “Debating AZT”

— **Dr. Manu Kothari**, MD, Professor of Anatomy, former Head of Department of Anatomy, Seth Gordhandas Sunderdas Medical College, King Edward Memorial Hospital, Mumbai, India.

“Let’s stop poisoning of babies and innocent people with antiretroviral therapy!!!”

Kim Bannon Petition, 21 Jan 2005

— **Renzo Pareja Valencia**, DDS, Dental Surgeon, Lima, Peru

“HIV is an ordinary retrovirus. There is nothing about this virus that is unique. Everything that is discovered about HIV has an analogue in other retroviruses that don’t cause AIDS. HIV only contains a very small piece of genetic information. There’s no way it can do all these elaborate things they say it does.”

“A powerful hypothesis has to explain and predict. I ask you, what kind of scientist continues to support a hypothesis [HIV=AIDS] that fails to explain and fails to predict? We’ve been willing to turn immunology upside-down and inside out.”

Spin June 1992

“HIV/AIDS [is] the biggest medical mistake and fraud of the past 500 years.”

“There are thousands of documented cases, from Africa in particular, of clinically reportable AIDS in which HIV testing has been done and found to be negative. I think it’s amongst the strongest arguments that HIV is irrelevant to the development of AIDS in at least some cases if not all cases.”

“Some of these tests are so non-specific that 80 - 90% of the positives that are picked up are false positives. And when one realises that these tests are being pushed in a context in which we have to test as many people as possible, the inevitable outcome is that the figures for HIV infections in Africa will become wildly exaggerated and feed into a very, very deadly self-fulfilling prophesy.”

“These girls are consuming hard drugs in a smokeable form — namely, heroin and cocaine, in vilely adulterated versions for the first time in the history of Africa. And these drugs began to make their way into Abidjan in 1985-’86. They are epidemic amongst certain classes of prostitutes right now, and these are the only girls that are getting sick. It looks like AIDS because these girls are wasted both because of the direct effect of the drugs and because they use what little money they have on drugs, rather than on food.”
Aids and Africa, Meditel, London 1993

— **Harvey Bialy**, PhD. Founding and scientific editor, *Nature Biotechnology* (1983-1996). Resident Scholar, Institute of Biotechnology/Autonomous National University of Mexico (1996-2006), Member, South Africa Presidential Aids Advisory Panel (2000-present). Author of *Oncogenes, Aneuploidy and AIDS: A Scientific Life & Times of Peter H. Duesberg*.

“We’re all unique. If you give agent X to ten people, will they all get the same disease? No. HIV is a reductionist model that has failed.”

Osler’s web; inside the labyrinth of the Chronic Fatigue Syndrome epidemic, 1996

— **Dr. Paul Cheney**, MD, PhD, internist, North Carolina

“I remember vividly the early years, and seeing those AZT patients, and they just had no bone marrow left and that was it. They think AZT wasn’t so good and the new drugs are better, but they have no idea that we killed a whole generation of AIDS patients with AZT. Especially in the early high doses of 1200 and 1500 milligrams. That was just murder.”

New York Press 25 May 2000

“In my experience, I have seen that those who do not take any of these AIDS drugs are the ones who remain healthy and survive. I treat the individual symptoms — the whole person, not just the virus. I treat them for whatever they are suffering from, and that’s that. I have not lost a single patient in seven years and I’ve never used cocktail therapy.”

Gear, March 2000

“You are pointing to a very important problem, concerning the validity of HIV tests. It’s even more complicated — there is crossreactivity between HIV-1 and antibodies found in leprosy and tuberculosis bacterias. So you will not know whether a patient is HIV-positive because he has tuberculosis or he has tuberculosis because he is HIV-positive. Treat tuberculosis and don’t care about HIV. I have done this for many years and nobody died.”

BMJ RR, 27 Jan 2002

— **Dr. Claus Koehnlein**, MD, AIDS and Internal Medicine specialist, Kiel, Germany. Co-author of *Virus Mania*.

“I was convinced by the data presented by Peter Duesberg, David Rasnick and Sam Mhlongo during a conference in Senago, Italy, that governments and the pharmaceutical industry have colluded in disseminating disinformation about HIV-AIDS

in order to reap huge profits from the sale of drugs. They are doing the same with drugs for treatment of mental illness. In fact, the pharms now own and dictate to the American Psychiatric Association and the academic departments of psychiatry. This is not to deny that drugs are sometimes necessary in the control of acute and violent emotional crises.”

“When the [Aids] epidemic first appeared I was struck by the following fact: whereas in the case of tuberculosis (and other infectious diseases), the agent was only the necessary, but not the sufficient cause of the disease, why was not the same principle applied to HIV-AIDS? It is well known that clinical depression, a disease of the soul, depresses the immune system and thus becomes part of the cause of the disease of the body. And yet, there has been an enormous neglect of the psychological co-factors in HIV-AIDS.”

Letter to Alberta Reappraising AIDS Society

— **Zvi Lothane**, MD, Clinical Associate Professor of Psychiatry, Mount Sinai School of Medicine, City University of New York. Author, *In Defense of Schreber: Soul Murder and Psychiatry*

“Already a few years ago I formed the opinion that Dr. Duesberg’s work contained the most accurate [AIDS] findings and I have read and researched almost everything that exists about AIDS. When I fell upon Duesberg’s work I realized that, step by step something was becoming quite clear—namely that the AIDS problem is very much ‘wide spread’ and that it has little or even nothing at all to do with the HIV virus.”

Nina Hagen interview, aliveandwell.org

— **Dr. Bob L. Owen**, PhD, author, *Roger’s Recovery from AIDS*

“I am suspect about everything involved in this AIDS epidemic, because if HIV causes anything, it certainly causes fund-raisers. It sells stocks. It supports dances. It sells condoms. And it keeps the AIDS establishment going.”

Penthouse Dec. 1995

— **Dr. Frank Buianouckas**, PhD, Professor of Mathematics, City University of New York

“The cause of AIDS is multifactorial. HIV is neither necessary nor sufficient.”

Sunday Times (London) 3 April 1994

— **Dr. Lawrence Bradford**, PhD, Associate Professor of Biology, Benedictine College, Kansas

“A kind of collective insanity over HIV and AIDS has gripped leaders of the scientific and medical profession. They have stopped behaving as scientists, and instead are working as propagandists, trying desperately to keep alive a failed theory.”

Sunday Times (London), May 1, 1994

“Recently there’s been more and more work published by the mainstream acknowledging this fact that the whole idea of the virus killing of the T cells hasn’t been acknowledged by experimental work.”

“There are a good number of scientists who argue that these treatments are the cause of AIDS because there is no known mechanism by which this purported virus could be doing the damage that’s attributed to it. A steady diet of chemotherapy is a perfectly rational description of why some AIDS patients suffer from terrible muscle wasting and debilitating diseases.”

Aids, a Second Opinion

“An authoritative new study has uncovered powerful evidence that the ‘Aids test’ is scientifically invalid, misleading millions into believing they are HIV positive when they are not infected with the virus...They have heightened concerns that the spread of Aids in Africa has been wildly exaggerated.”

Sunday Times (London) 22 May 1994

“The side effects of some of the antiviral drugs that were prescribed in hopes of defeating this illness have actually been a central part of the AIDS syndrome during the second half of the ‘80’s and onwards. I’m afraid that they have become responsible for widening the scope of this immune system failure, perhaps to people who wouldn’t have become ill but who, because of testing positive for some reason were put on these drugs.”

Aids, a Second Opinion

“I started studying Duesberg’s papers and I studied the responses that had come and I concluded that they weren’t scientific responses, they were just abuse. I was astonished. We set out the fact that there was...a group for the reappraisal of the HIV=AIDS hypothesis...We ran a front page story about that...and once again the response [from the medical establishment] was hysterical...Just, ‘Everybody knows HIV is the cause of AIDS. These are old arguments.’ Things like that. ‘Why trouble your readers with unproven theories when there’s a big public health emergency underway?’ But nothing that actually answered the really detailed points that Duesberg and others were putting forward.”

“...We reported...that [Luc Montagnier] was saying there were AIDS cases without HIV and also that he was now quite sure that you could have HIV and not get AIDS...that HIV was NOT capable of killing the cells of the immune system on its own...So right at that point there was a very strong case for reappraisal, but instead of thanking us for putting this before the newspaper-reading public, we just got this very very abusive response...[They obviously weren’t able to argue scientifically.] That was exactly the feeling. There was no rebuttal on any of the points in that article. No argument against it. Simply an expostulation that you shouldn’t worry the public in this way.”

Continuum Nov/Jan 1994-95

“It’s too awful for the AIDS mainstream to contemplate that they could have gotten it wrong at that base level after all those years of work... After all, millions of people have

been told they're infected with a deadly new virus on the basis of the HIV test. Supposing that's wrong. It's a huge burden of responsibility."

"It's almost as though the world of science and medicine itself, which is a very proud and well-meaning world, wants to do good. It wants to make money, but it wants to do good too. People working within it have professional standards and it's almost as if to contemplate the possibility of such a damaging error [that HIV doesn't cause AIDS] is too much to face. For that reason, the good scientists who are raising these questions are being marginalized."
Aids, a Second Opinion

"...So, how did they define the proteins as being from HIV? Amazingly, on the basis of selecting proteins most reactive with antibodies in blood samples from AIDS patients and those at risk of AIDS. This means that HIV antigens are being defined as such on the basis that they react with antibodies in AIDS patients, and AIDS patients are then diagnosed as being infected with HIV on the basis that they have antibodies reactive with those same antigens. The reasoning is entirely circular—which is probably why [Dr. Thomas Zuck of the US Food and Drug Administration] was so emphatic that none of the 'HIV tests' was suitable for confirming HIV infection."

"To tell even one person that they are HIV-infected on the grounds that they have antibodies that react with the proteins in these unvalidated tests is an unwarranted assault... The tests have caused countless individuals to be falsely diagnosed and nations to be deceived into believing that HIV/AIDS is set to decimate their population."
The Business (UK), May 16/17, 2004

— **Neville Hodgkinson**, former Science Editor, *The Times of London*; author, *AIDS: The Failure of Contemporary Scienc*

"HIV, in spite of its name, does not cause immune deficiency nor the 30 various AIDS diseases. No scientific study has ever proven that it does. Recent surveys show that 97-100% of American AIDS occurs in chronic street drug and narcotic users, the newborns of drug abusing mothers and patients on anti-HIV therapy. Many patients have learned, some the hard way, that the antiviral drugs are highly toxic and often fatal while others have found that no treatment whatsoever is necessary for healthy survival with HIV."

"We have many experiments on HIV positive humans under the guise of treatments that solidly prove that antiviral drugs are what are causing patient sickness and deaths. Videx (ddI) and Epivir (3TC) are noted for their ability to produce acute pancreatitis and acute hemorrhagic pancreatitis has an approximate 50% human fatality rate."

"All the nucleoside analogs act the same way by blocking not only viral reproduction but also the reproduction of normal dividing cells. Protease inhibitors block a wide variety of normal enzymes and produce bizarre fat deposits, heart attacks, organ failures, extreme wasting of extremities, strokes and very high blood cholesterol levels."

"It is sincerely hoped that our judges and attorneys will realize that these drugs are poisons, not cures, and that HIV requires no treatment for a patient's healthy survival."
Journal of the Missouri Bar, vol. 55 (4) 1999

“If one were to peruse the 32 drugs listed in the PDR (Physicians Desk Reference) for the treatment of HIV they would find ‘Side Effects, Precautions and Contraindications’ listed with each of the drugs. Review of these categories reveals much overlapping of side effects so, to avoid duplication of statistics, all three were lumped into one group for the purpose of this study. Fifty side effects were found and tabulated according to the percentage of drugs in which they can occur. The results were as follows:

Nausea–56%; Vomiting and diarrhea–50%; Rash–46%; Liver failure, gastroenteritis and diabetes mellitus–34%; The US Food and Drug Administration says all nine of the protease inhibitors in this group can produce diabetes mellitus. Lactic acidosis, myalgia [muscle pain], myositis [muscle inflammation] (potentially fatal)–31%; Chills and fever–28%; Headache and elevated blood lipid levels–25%; Peripheral neuropathy [nerve damage resulting in burning or numbing sensations]–21%; Lipodystrophy [fat redistribution], pancreatitis [pancreas failure] and hepatomegaly–18%; Pneumonia–15%; Fatigue and arthritis–12%; Myopathy and granulocytopenia–9%; Dyspnea, rectal hemorrhage, abdominal pain, dizziness, anemia and depression–6%.

The following side effects were mentioned in only one drug category: Ataxia, elevated amylase level, asthenia, infections, stomach ulcers, leg cramps, Grand Mal seizures, brain hemorrhage, paralysis, renal failure, hyperbilirubinemia, amblyopia [impaired vision], anxiety, suicidal tendency, bronchitis, neutropenia, hypertension, cardiac arrhythmia, pancytopenia and the Steven-Johnson syndrome.

If one were to include all of the various combinations of these antiviral drugs which have been prescribed for patients, the list of side effects would grow exponentially. In view of the side effects of these antiviral drugs and because HIV has yet to be isolated and identified, plus the fact that none of the HIV tests actually detect an AIDS virus, one wonders why anyone would take these medications for any reason.”

Personal correspondence to David Crowe, May 2006.

— **Robert G. Murray, MD, Missouri.**

I join [the Group for the Scientific Reappraisal of the Hiv-Aids Hypothesis] for three reasons:

(1) My interest in philosophy of science and scientific method compels me to recognize the inadequacy of the single agent explanation for AIDS;

(2) I am a public sector attorney who strongly believes that current public policy favoring single agent HIV research to the exclusion of multiple agent research is in all likelihood driven by greed and must be abated; and

(3) As a concerned human being it is my duty to help those who suffer from AIDS. My sincere thanks to those who have designed the virusmyth web site and republished scholarly research that is astoundingly well written and intelligible, even to a lawyer like me.

The web site has opened my eyes and commanded my attention like nothing else. This problem is a multidisciplinary phenomenon and requires a multidisciplinary approach. I hope people ask and allow me to contribute my skills as an attorney to achieve the aims of this Group.

Comments on signing the 'Virus Myth' petition.

— **John Szczubelek, JD, Assistant Attorney General, State of Michigan**

“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.”

Penthouse Dec. 1995

— **Dr. Ralph Moss, author, *The Cancer Industry***

“There is no way that AIDS can be an infectious disease. Something else must be going on. The more likely interpretation is that HIV and immune dysfunction — rather than HIV being a cause and immune dysfunction being a consequence — are both consequences of something else.”

Penthouse April 1994

— **Dr. Casper Schmidt, MD, New York**

“Dominated by the media, by pressure groups and by the interests of pharmaceutical companies, the AIDS establishment lost contact with open-minded, peer-reviewed science since the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored. How many wasted efforts, how many billions of research dollars gone up in smoke... Horrible.”

Reappraising AIDS Nov./Dec. 1998

“Obviously, the HIV/AIDS hypothesis has to be scientifically reappraised. And, most urgently, the funding for Aids research should no longer be restricted to laboratories working on a hypothesis which has never been proven.”

Continuum Spring 1998

“Current policies for helping Africa in what has been described as the AIDS crisis, are entirely based on the validity of the HIV=AIDS hypothesis. However, this hypothesis must be completely reappraised because HIV has never been isolated nor purified, directly from AIDS patients, in a way that would satisfy the classic requirements of virology. More specifically:

“1) HIV particles have never been demonstrated by electron microscopy in the blood stream of AIDS patients allegedly presenting with high ‘viral load.’

“2) Alleged HIV isolations have been reported, based on the identification of molecular ‘markers.’ These markers are of physical, biological or genetic nature. Their HIV

specificity could never be rigorously demonstrated because such demonstration would have necessitated HIV purification that has never been achieved.

“3) Serological tests for so-called ‘HIV seropositivity,’ being based on the same non specific markers, also lack specificity and do not demonstrate any HIV infectious process.

“4) Public credulity is abused by the constant publication of HIV images that all derive from electron microscopy of laboratory cell cultures, and never derive directly from AIDS patients.”

“In view of these major uncertainties concerning HIV isolation directly from AIDS patients, priorities should be drastically revised. Suspending all HIV sero-testing, and suspending administration of anti-retroviral toxic medications should make budgets available to combat malnutrition, extend drinking water distribution, and improve hygiene and sanitation for the African people.”

December 8, 2003, address to European Parliament Conference on AIDS in Africa, Brussels

“The role played by international pharma companies is more than dubious. In fact, it’s close to pharmaceutical genocide. Improving the control of tropical infectious diseases is a complex endeavour. Instead, AIDS is a single culprit with great profitability.”

May 2002, Times of India

— **Dr. Etienne de Harven, MD**, Emeritus Professor of Pathology, University of Toronto (1981-1993). Professor of Cell Biology, Cornell Graduate School of Medical Science (1968-1981). Associate Professor (1964-1968). Assistant Professor, Pathology, Université Libre de Bruxelles (1956-1962). Belgian Air Force Medical Corps (1953-1956). Author of over 100 peer-reviewed medical papers on virology, cancer, immunology and electron microscopy.

“We are led to believe there is uncontestable, cast-iron proof that AIDS is caused by HIV. We naturally assume that the cell preparations used in experiments have been demonstrated to be free of contaminants by the usual rigorous tests for microbiological purity - and especially by electron microscopy. We take it for granted that the possibility that infective particles other than HIV are the causal agents has been ruled out by exhaustive, rigorously conducted experiments.

It is therefore an eye-opener to read from this book that such evidence that AIDS is solely caused by HIV does not exist, and that research into autoimmune diseases in general leaves much to be desired. The absolute purity of cell preparations used in many experiments is to be seriously questioned. Koch’s postulates have not been proven.”

“It is not uncommon for those whose views, however justified, which go against the grain of current scientific beliefs to be ignored or even derided. Unfortunately, Lynn Margulis’ experience in the early 1970s is but one of many examples of this. Sadly, there have also been recent examples of ostracism of those who dare to question whether HIV is the causal agent of AIDS.”

Foreword to “AIDS, Cancer and Arthritis - A New Perspective”

— **Sir David Smith**, MA, DPhil, FRS, FRSE. Biologist. Fellow of the Royal Society. Founder Member of the International Society of Endocytobiology. Principle of Edinburgh University 1989 – 1994. Head of the largest graduate college (Wolfson) Oxford University 1994 – 2000. Currently government adviser on environmental concerns.

“A wrong turning was taken in 1970, which has not only impeded progress in cancer research but has led to the retrovirus/HIV equals AIDS concept, which according to a number of investigators is a total misconception. Their doubts are basically concerned with the haste with which certain valid important observations were adopted by the retroviral cause without due cognisance being taken of alternative explanations and that this state of affairs has been very considerably compounded by the use of uncontrolled techniques.”

“The latter seem to have occurred because biochemists, who in my experience usually have a poor understanding of microorganisms as living creatures and have a tendency to regard bacteria as laboratory tools - for example, as bags of enzymes or as culture media for the propagation of designer plasmids - and believe that biochemical techniques are all that is necessary for the identification and isolation of viruses. Frequently medically trained individuals regard micro-organisms as basically potential pathogens and all too often, where AIDS research is concerned, they have adopted the same techniques employed by the biochemists.”

“The result of this simplistic approach is that it has been accompanied by the virtual abandonment of that sine qua non for a properly trained microbiologist, the microscope, and in the case of filterable forms of bacteria and viruses this means the electron-microscope. Without these aids and the controls that they offer, it has become apparent that what have passed as preparations of pure virions have in fact been contaminated not only with filterable forms of bacteria but also with cellular materials derived from the tissue-cultures in which the viruses have been cultured.”

Preface to “AIDS, Cancer and Arthritis – A New Perspective”

— **Phyllis Pease**, DSc, PhD, Former Senior Lecturer in Medical Microbiology, University of Birmingham, UK. Visiting researcher at University of Toulouse, France. Author *AIDS, Cancer and Arthritis: A New Perspective* (2005), *L-Forms, Episomes and Autoimmune Disease* (1965) and 70 papers on possible bacterial roles in immunopathology and related topics.

“We find the paucity of evidence published in standard peer-reviewed primary scientific journals that leads to the conclusion that “HIV causes AIDS” appalling. No amount of moralizing censorship, rhetorical tricks, consensus of opinion, pulling rank, obfuscation, ad hominem attacks or blustering newspaper editorials changes this fact. The conflation “HIV-AIDS” may be good marketing but is it science? No. Yet certainly the political and

economic implications of the term “HIV-AIDS” are staggering.”

Review of Harvey Bialy’s “Oncogenes, Aneuploidy and AIDS” on Amazon.com

“What is an HIV/AIDS denier? Or HIV/AIDS denialist? Peter Duesberg is a fine scientist, I have read his book and examined some of the scientific papers upon which it is based. From the CDC (Center for Disease Control) in Atlanta I have requested the scientific papers that prove the causal relationship between the HIV retrovirus and the IMMUNODEFICIENCY SYNDROME commonly known as AIDS. They have never sent even references to the peer-reviewed primary scientific literature that establishes the causal relationship because they can’t. Such papers do not exist.

I have seen all four of the films made by Colman Jones and colleagues in Toronto. Film #3 in the series is most telling. Although no strong evidence exists for any simple causal relationship what is clear is that the HIV claim is erroneous by the standards of microbiology and virology.

When I saw the glowing review of George Miklos, a colleague and a fiercely honest scientist, of Harvey Bialy’s book on the scientific life of Peter Duesberg I bought and read Harvey’s book. I have also read Celia Farber’s superb article in the Lewis Lapham “swansong” issue of Harper’s magazine, last March, I believe. Rebecca Culshaw’s paper on why she quit AIDS statistical research and Dr. Charles Gesheker’s unpublished manuscript about African AIDS, accepted by the editor and then rejected both substantiated my reluctance to accept the glib “HIV/AIDS” term. I found all of these readings far more convincing than any literature purported to show a HIV-AIDS causal connection.

I heard a talk by a “medical scientist” from the Harvard Medical School at a meeting at Roger Williams University in Rhode Island from a supposed expert who attempts to design an HIV vaccine. He claimed the HIV virus mutates a billion times in 48 hours. It became clear that the HIV virus has no clear identity. The HIV tests, often positive for pregnant women, that [have standards that] vary significantly in the US, Europe and Australia are particularly disturbing. My son-in-law, James di Properzio spent several months researching this story for the Common Review (the Great Books Foundation in Chicago). His findings were consistent with Celia Farber’s and after encouragement from the editor the board reviewed and rejected his draft.

“Science is the search for truth” said David Bohm, “whether we like it [the truth] or not. From my readings, discussions with knowledgeable scientists close to the story, I simply conclude, as does Kary Mullis, the Nobel Laureate who wrote a foreword to Duesberg’s classic work, that there is no evidence that ‘HIV causes AIDS’.”

New AIDS Review <http://newaidsreview.com/>

— **Lynn Margulis**, PhD, Biologist, Distinguished Professor of Geosciences, University of Massachusetts at Amherst. Originated the Endosymbiotic Theory for the origin of eukaryotic cells in 1966, which was ridiculed for years by the scientific establishment until proven in the 1980s. Recipient of the National Medal of Science (1999). Member of the American Academy of Arts and Sciences. Elected to the National Academy of Sciences in 1983. Author of over 130 scientific works and the books, *Origin of Eukaryotic Cells*, *Early Life*, *Symbiosis as a Source of Evolutionary Innovation*:

Speciation and Morphogenesis, Symbiotic Planet: A New Look at Evolution, The Ice Chronicles: The Quest to Understand Global Climate Change and many others. The Library of Congress started to permanently archive all of her papers in 1998.

“Like most people, I assumed that AIDS was caused by a virus called HIV and dismissed Duesberg out of hand without even reading his book. Eventually, I read Bialy, then Duesberg, then everything I could find. I will be the first to admit, there’s a lot of technical stuff I do not understand in the literature. I do not know if HIV causes AIDS or not. But what I do know (subjectively as a writer who had to translate complex medical topics into plain English) is that the folks who question the HIV-AIDS hypothesis do a much better job of presenting clear, logical arguments with citations to the primary science literature than do the folks who do not question the HIV-AIDS hypothesis.

I note that to be science, the research on HIV-AIDS would be as interested in falsifying the hypothesis as proving it. I could be wrong, but that does not seem to be the case. Duesberg on the other hand, suggests ways of testing his ideas.

I also note that things that might cast doubt on the veracity of individuals, such as Robert Gallo’s “co-discovery” of Montagnier’s virus or his lucrative patent from the AIDS test are strangely absent when the folks who believe that HIV is the cause of AIDS are telling their truths.

The absence of citations to primary scientific literature in the NIAID Fact Sheet “The Evidence That HIV Causes AIDS”, not to mention the misrepresentations and omissions it contains just smells funny.

I also think that designation of the HIV virus as the cause of AIDS and the patenting of the AIDS test preceding the evidence being published, peer reviewed, and reproduced is not a practice that gives me great confidence. What are the odds of this being a lucky guess?

I’m not convinced that the various AIDS tests are proof of infection by HIV because I cannot find any study that documents HIV being purified. Given the manufacturers’ disclaimers on these products, their use as diagnostic tools is clearly “off label”. I wonder if this fact is shared with people being given their status as HIV+?

So you see, I have doubts, intuition, questions, appraisals and curiosity. Like you, I await convincing evidence.”

Posting on ‘Barnesville’ blog http://barnesworld.blogs.com/barnes_world

— **James MacAllister**, Medical Documentary Film Maker. Winner of many awards including First Prize in the Health Science Communications Association Awards, 1989, Continuing Education for Physicians category for *Surgical Implantation Dermaport Peritoneal Dialysis Catheter*; New England Chapter American Medical Writers

Association, 1991, Audiovisual Award of Excellence for *Recent Advances in Cranial Perforation*; 1992 Video Publishing Award of Excellence for *Minimizing Post Dural Puncture Headaches*; 1993 Video Publishing Award of Excellence for *Institute for the Study of Cardiovascular and Muscle Diseases*; 1996 William Solimene Award for Audiovisual Media for *Living Well with Diabetes Type I* and many others.

“Contrary to popular belief, Peter Duesberg is not a quack. In fact, he is a widely acknowledged expert on retroviruses such as HIV. His credentials are impeccable: he is a professor of molecular and cell biology at the University of California, Berkeley, and a member of the prestigious National Academy of Sciences. Nevertheless, Duesberg is regarded by the uninformed as a quack because he has dared to scientifically investigate whether the retrovirus HIV actually causes the complex of diseases known as AIDS (Acquired Immune Deficiency Syndrome) – which has widely been asserted without proof – and has had the courage to report that research shows the answer is that HIV is not the cause of AIDS.”

“In this excellent book Prof. Duesberg discusses in detail, but in a highly readable manner, both the retrovirus HIV and the syndrome AIDS and shows that they are not the same things. In fact, AIDS is not itself a single disease but, rather, is a complex of more than 20 separate diseases. The one commonality of the diseases in the AIDS syndrome is not HIV infection but the fact that they rarely infect people with healthy immune systems. In general, people who acquire any of the AIDS diseases have deficient immune systems. In poor countries, especially in Africa where the incidence of AIDS is high, immune deficiency is mainly due to severe malnutrition. In the developed world, including the U.S., immune deficiency is often caused by deleterious lifestyle behavior, including drug use. A person whose immune system is severely weakened is then vulnerable to the diseases in the AIDS complex. Immune-deficient people often also catch HIV which is why HIV and AIDS often – but definitely not always – are found together. However, HIV can also occur in people who do not suffer from AIDS and never will. A positive test for HIV antibodies merely means that at some time a person has been infected with HIV, not that they are infected with HIV now or that they have or ever will have AIDS.”

“Another point which Prof. Duesberg covers in this book is that modern science has become highly politicized, and that disagreement with current scientific dogma is strongly discouraged and often punished by inability to publish in recognized scientific journals. This is one reason why Duesberg has difficulty presenting his case to the public. As a scientist with 44 years experience at a major research institution, I regret to confirm that science has indeed become politicized and dogmatic. Please read this book if you want to know the truth about AIDS and modern medical politics.”

Amazon review of Dr. Peter Duesberg's "Inventing the AIDS Virus".

[http://www.amazon.com/gp/product/customer-reviews/0895264706/sr=1-1/qid=1190563608/ref=cm_cr_dp_all_top/103-8968320-1007811?](http://www.amazon.com/gp/product/customer-reviews/0895264706/sr=1-1/qid=1190563608/ref=cm_cr_dp_all_top/103-8968320-1007811?ie=UTF8&n=283155&s=books&qid=1190563608&sr=1-1#customerReviews)

[ie=UTF8&n=283155&s=books&qid=1190563608&sr=1-1#customerReviews](http://www.amazon.com/gp/product/customer-reviews/0895264706/sr=1-1/qid=1190563608/ref=cm_cr_dp_all_top/103-8968320-1007811?ie=UTF8&n=283155&s=books&qid=1190563608&sr=1-1#customerReviews) — **David R. Schryer**, PhD. Research chemist. Former researcher at NASA's Langley Research

Center. Co-developer of a catalyst for use in a space-based laser that uses carbon dioxide to help generate its beam. Author of *Heterogeneous Atmospheric Chemistry and Crystallite orientation in molded graphites*. Co-author of *Man's impact on the troposphere: lectures in tropospheric chemistry*. Hampton, Virginia.

“In the old days it was required that a scientist address the possibilities of proving his hypothesis wrong as well as right. Now there’s none of that in the standard HIV-AIDS program with all its billions of dollars.”
Penthouse April 1994

“...But this is a misdefinition...we all need to recognize that there is no AIDS virus; there is only HIV. To date the scientific community is agreed that there is still no proven mechanism of causality linking HIV and AIDS. The New York Times’ responsibility is to report accurately; it has not, and until it does its readers remain unprepared to support alternative approaches to AIDS causality, prevention and cure...”

“...There are some scientists, myself included, calling for approaches to AIDS other than the near-monolithic HIV theory...goodness knows, there certainly is convincing evidence for co-factors, and for Peter Duesberg’s theory that AIDS is caused by drugs alone...In addition, AZT...is known to be cytotoxic to human cells, and in itself could be the culprit.”
Yale Scientific Vol. 68, 1994

“My colleagues in molecular biology by and large do not read the AIDS literature. They’re just like everybody else who has to believe what they read in the newspapers. We all have to put our faith somewhere, otherwise we don’t have time. And that’s what scientists do. They get reassured everyday, by the newspapers, or by Science or Nature. And they look at Peter Duesberg and they say, well, Peter is a real good retrovirologist but on this one he has got to be wrong.”
Continuum May/June 1996

“We need research into possible [AIDS] causes such as drug use and behaviour, not a bankrupt hypothesis.”
London Sunday Times 3 April 1994

“If ever there was a rush to judgment with its predictable disastrous results, it has been the HIV-AIDS hypothesis and its aftermath.”
Preface to “Infectious AIDS: Have We Been Misled”

“Twenty years ago, Charlie Thomas said that the only way the HIV/AIDS machine would be stopped, and the only way to eradicate AIDS, was to turn off ALL the money spigots.

It is not too late. “AIDS” would quickly dissolve into its geographically, and demographically distinct disease manifestations; the real crooks would retire with their ill-gotten gains; the mediocre to incompetent will, as Dizzy Gillespie put it, “like old Cadillacs, ‘jus be faded away by the repo company”, and the bright, basically honest guys and gals, who are trying their best in the present fascist atmosphere, can have a chance to do what they really want, namely help to alleviate suffering instead of being, unwilling but not unwitting, accomplices to its worldwide infliction.”

Barnesworld blog. 2007 Apr 23.

http://barnesworld.blogs.com/barnes_world/2007/04/science_sold_ou.html#comments

— **Dr. Richard Strohm**, PhD, Professor Emeritus of Molecular and Cell Biology, University of California, Berkeley; former Director of the Health and Medical Sciences Program at UC Berkeley

“The HIV hypothesis ranks with the ‘bad air’ theory for malaria and the ‘bacterial infection’ theory of beriberi and pellagra [caused by nutritional deficiencies]. It is a hoax that became a scam.”
London Sunday Times 3 April 1994

— **Dr. Bernard Forscher**, PhD, former editor of the US Proceedings of the National Academy of Sciences

“I have seen the constant terror, and programming to get sick and die, that people at risk for developing AIDS face. I am certain that the hypothesis that long-term drug use is the primary cause of what is now called AIDS is far more likely to prove true than the failed notion that AIDS is caused by a germ.”

Sunday Times (London) 3 April 1994

“As someone who has questioned, challenged and debunked the junk science surrounding HIV/AIDS since 1984, I must challenge the merit of debating the causes of something that has no proof for its basic assumption, namely that a CD4 cell deficiency is a valid scientific explanation for clinical disease. The Concorde study (1993) demonstrated that CD4 cells neither correlate to nor predict, either disease progression or death, in people said to have AIDS.”

Red Flags Weekly, April 15, 2002

“The murderous HIV/AIDS fraud isolates, terrorizes and ‘treats’ people for a virtual virus that is blamed for an imaginary syndrome. And let’s not forget the tens of thousands of people...who have been killed by the deadly chemical treatments they took to save themselves from this imaginary viral construct!”

“The Acquired Immune-Deficiency Syndrome is a deadly hoax — pass it on...”

Red Flags Weekly, May 20, 2002

“Since the CDC changed the AIDS definition in 1993...two thirds of all the AIDS cases are people who, with no clinical illness and no AIDS indicator diseases, ‘have AIDS’! ... these are people who have tested positive for antibodies (something that has always been known as a sign of immunity) to non-specific stress proteins (which, although treated like ‘whole HIV,’ comprise a hodgepodge of unrelated, non-specific cellular protein fragments), are said to have CD4 cell deficiencies, and who, aside from any symptoms due to HIV/AIDS psychological terrorism, are healthy people with AIDS! I’d say that’s pretty strong clinical evidence against the basic beliefs that govern the AIDS paradigm.”

Red Flags Weekly, April 15, 2002

“It was great to see your magazine shed some light on the junk science behind hiv/aids projections in India...it is, in my opinion...a case of intentional fraud...the US Centers for Disease Control has already admitted to intentionally misleading its citizens about aids in order to modify behaviour and fund the aids industries in the US...the hiv tests on which the fake statistics in India are based have been profoundly discredited and are not even proof of infection. And that many credible scientists and doctors are questioning the dogma that hiv is the cause of aids—something being ignored by major news outlets—and you have...the most important story of scientific fraud of the century.”

Letter to Outlook Magazine, India, Feb. 25, 2002

“Most people really don’t care if 30 million of the poorest people on earth starve to death...The Big Lie ‘HIV’ simplifies things. These horrific crimes are more easily ignored when these people are sentimentally written off as victims of a mythical ‘AIDS pandemic.’”

“...With AIDS however there is enough to arouse in everyone a hysteria. This mass hypnosis allows people to unconsciously act out their preconditioned roles, roles which are essential to perpetuating the Big Lie. If you’re tranced ‘HIV+’ your part is to get sick and die; if you are a doctor your role is to test for an antibody, make healthy people sick and sick people die, and then blame an alleged ‘virus’; if you’re a gay AIDS activist your role is to insure that unproven treatments get into everyone’s body and that everyone wear a condom as if everyone’s at risk; if you’re an AIDS organization your role is to deliver ‘HIV+’s to the pharmaceutical ovens and silence anyone who questions the insanity; and if you’re not in any of these groups your role is to wear a red ribbon, a latex condom and act like you care. ‘AIDS’ works because everyone has something to do. It all serves to keep us all from looking at what’s truly going on in the world.”

“The [AIDS] hysteria, cultural hypnosis and group fantasies serve to keep us from realizing the huge social injustices we live with everyday. How can we defend ourselves from everyday crimes against our humanity if we are constantly distracted by imaginary monsters? We must fight the real monsters that poison our air, water, food and finally our hearts, minds and souls. In order to save and live with the planet (and ourselves) we must work together to expose the life-threatening health risks that epidemics of hysteria mask.”

Continuum, Winter 1997/8

— **Dr. Michael Ellner**, Medical hypnotherapist and hypnosis educator. President, HEAL, New York. Member of The National Institutes of Health (NIH) Complementary Therapies Working Group (1989-1992). Named *Educator of the Year* by the National Guild of Hypnotists (1995) and the National Federation of NeuroLinguistic Psychologists (1997). Diplomat – International Medical and Dental Hypnotherapy Association (2006). Lifetime Member – International Association of Counselors and Therapists (2007).

“The first rule is that an agent that’s going to be blamed for a disease should be able to be isolated from each and every case of the disease. That is not true with HIV and AIDS. It’s very, very difficult, in many cases of AIDS, to isolate the virus at all...The second step is that you should be able to transmit the agent...to another animal and have the disease develop in that animal. To the best of my knowledge, that has never been done with the agent we call HIV. The final step...is to remove the agent from the animal which has been infected, put it into another animal, and transmit the disease in this fashion. This, too, has not occurred with HIV.” *Penthouse, 4/95*

“Unfortunately, an ‘AIDS establishment’ seems to have formed that intends to discourage challenges to the dogma on one side and often insists on following discredited ideas on the other.” *Sunday Times (London) 3 April 1994*

— **Dr. Roger Cunningham**, PhD, microbiologist, director, Centre for Immunology, School of Medicine, State University of New York at Buffalo

“The causes of AIDS are not viral. I have witnessed the fatal effects that the anti-viral drugs have on the immune system. I treated patients diagnosed with HIV who were very poor. Their inability to afford the drugs precluded me from giving them AZT which is very expensive. As time went by, I began to see that the rich HIV positive patients died, while the poor ones lived and continue to do so.”

Aliveandwell.org

— **Dr. Juan Jose Flores**, MD, PhD, Professor of Medicine, La Universidad Veracruzana, Mexico

“Protecting and promoting the unproven HIV hypothesis as fact is inducing unnecessary stress, probable emotional harm, and maybe even psychological murder.” *London Sunday Times 3 April 1994*

“As no proper review of the AIDS literature exists by a researcher succinctly making and backing claims of HIV as the cause of AIDS, and as long as the multitude of paradigm inconsistencies are ignored with repression of genuine debate by the AIDS establishment, there will be no cure. Instead of promoting propaganda through AIDS advertisements it would be more ethical...to investigate the shame of ‘AIDS Science.’” *digitalfilmmaker.net/Commentary2/letters/00000018.htm*

— **Paul Lineback**, MS (Counselling Psychology), former Counselor and Instructor at Southwestern Oregon Community College, Rogue Community College and Eastern Oregon University

“The damage to the immune system can be reversed. This happens when [HIV positive] people change their habits of substance abuse, eat nutritious food, involve themselves in community service, practice discipline and hygiene, receive regular counseling, family and social support. Such persons emerge stronger and healthy.”

Times of India, 29 May 2001

— **Arun Meitram**, counsellor, Salvation Army Clinic, Mumbai, India.

“Our experience in treating HIV positive persons over the past decade shows that all the components of comprehensive psychological, emotional, physical and conventional medical treatment are very important. If a person is treated wholly, he is fine. Our patients have remained asymptomatic for up to ten years, and enjoy perfect health without anti-retroviral drugs.”

Times of India, 29 May 2001

— **Dr. Nagesh Shirgoppikar**, AIDS specialist, Salvation Army Clinic, Mumbai, India

“When HIV was isolated from people who had the disease we call AIDS, the immediate presumption was that this was the causative agent. It became a very popular idea that this ‘new virus’ must be causing the disease by itself because it was isolated from patients with the disease and caused damage to cells in the test tube. This ignores the likelihood that there are many other factors involved in determining how this virus causes disease.”

“The viewpoint has been so firm that HIV is the only cause and will result in disease in every patient, that anyone who challenges that is regarded as ‘politically incorrect.’ I don’t think — as a matter of public policy — we gain by that, because it limits debate and discussion and focuses drug development on attacking the virus rather than attempting to correct the disorder of the immune system, which is central to the disease.”

Penthouse April 1994

“If you firmly believe that HIV is the sole causative agent, you’re going to try your best to show that it’s true. I think, at the moment, we’re all best off if we keep our minds open. Nothing has been ruled out at this point.”

Penthouse April 1994

— **Dr. Arthur Gottlieb**, MD, Chairperson of the Department of Microbiology and Immunology, Tulane University School of Medicine

“One does not need to be a scientific specialist to recognise a botched research job and a scientific establishment that is distorting the facts to maximise its funding. That establishment continues to doctor statistics and misrepresent the situation to keep the

public convinced that a major viral pandemic is underway when the facts are otherwise.”
Sunday Times (London) 3 April 1994

“If you were to go back and audit the evidence without a prejudice in favor of the reigning theory, the conclusion would be that [HIV is] 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.”

Aids, a Second Opinion

— **Phillip Johnson**, Senior Professor of Law, University of California at Berkeley

“It is the duty of every doctor to preserve life at any cost — and not death-curse people based on any test so they are so frightened they kill themselves. I am sad to say that these voodoo methods were practiced despite there never being any proof that the detected [HIV] antibodies are an indication of mortality in all diagnosed people. I consider it medical malpractice to push patients into dying by prophesying an early death. We are medical scientists, not prophets!”

Continuum Vol. 4 No. 6

“Virologists have nothing new to offer. They keep coming up with excuses, they find constant growth and change in the virus structure, it evades, attacks, strange things, but none of them has the courage to explain properly how these things could possibly be so.”

Continuum Jan/Feb 1996

— **Dr. Alfred Hassig**, MD, Professor in Immunology, University of Bern, former Director Swiss Red Cross blood banks. Advisor to WHO. President, International Society for Blood Transfusion. Chairman, Study Group for Nutrition and Immunity. Pioneer in hematology, immunology and stress-medicine.

“While first learning about the AIDS controversy, I read whatever I could on both sides. I have not found an instance, when both sides have been able to state their complete case, where the mainstream AIDS view has held up. On the contrary, much of the mainstream view seems to be based on bad research and fallacious reasoning.”

Virusmyth.net

“The medical profession and scientific establishment have terrorized too many people with these worthless [Hiv] tests.”

January 19, 2005 <http://www.kimbannon.com/home/petition.php>

— **Dr. Randall R. ‘Rush’ Wayne**, MA, Molecular Biology, Harvard University, PhD, Biochemistry, University of California

“HIV cannot be responsible for AIDS. After three years of intensive critical studies of the relevant scientific literature, as an experienced virologist and molecular biologist I came to the following surprising conclusion — there is actually no single scientifically really convincing evidence for the existence of HIV. Not even once has such a retrovirus

been isolated and purified by the methods of classical virology.”

Letter to Süddeutsche Zeitung 2000

— **Dr. Heinz Ludwig Sängner**, PhD, Emeritus Professor of Molecular Biology and Virology and a former director of the Department of Viroid Research, Max Planck Institute for Biochemistry, Germany; Recipient of the international Robert Koch award for medical research, 1978*

“Can somebody tell me how a new drug can cure AIDS by killing HIV, when there is no proof of such a virus, as other Red Flags’ contributors (<http://redflagsdaily.com>) have pointed out?”

Letter to the editor of Red Flags <http://www.redflagsdaily.com/letters/letters18.html#tap>

— **Gabor Király**, MD, Detk, Heves, Hungary

“No AIDS test could ever work, because HIV has never been isolated nor even shown to exist. This is the crux of the problem facing all HIV tests. The inability to isolate a viral entity, and to characterise its constituent proteins unambiguously means that the evidence for the existence of HIV using antibodies is just arguing in a circle. Antibodies that are detected, are due to other causes. It is consequently quite illogical to claim that a positive test results from prior contact with the virus.”

“The most important and delicate task is to convince HIV positives that their test result is not a death sentence, to assuage their anxiety, and to help them understand that with appropriate treatment of any specific disease, they have a good chance to retain or regain their health. The large number of long-term positives, whose condition cannot be explained by conventional AIDS theory, as well as the phenomenon of sero-reversion (return to negative test status), provide eloquent testimony to this. HIV/AIDS researchers and health officials are herewith called upon to debate the whole subject of HIV/AIDS openly and humanely, and to recognise the mistake that immune deficiency was acquired by an infectious agent.”

Continuum April/May 1995

“Duesberg, for nearly 10 years now, has steadfastly and at great personal cost, been the anchor of sanity and decency in a world driven mad by the simple-minded HIV theory. His claim to our unqualified gratitude has been his long standing and unwavering opposition to AZT (and its analogues), whose use always ends in death.”

Continuum Vol. 4 No. 3

“The clarification of the question whether ‘HIV’ exists, with the most secure method of identification available (and this would be only the isolation of complete ‘HI-viruses’) is a sine qua non for dismantling the mass-delusional trance called AIDS.”

“Those who too late or never receive essential knowledge may die in the throes of an ‘AIDS’ diagnosis or commit suicide. That ‘HIV’ has never been identified as secure biological matter is of the greatest importance and must immediately be told to every stigmatised person. No HIV — no false diagnosis AIDS — no death sentence — no false treatment — no unnecessary suffering — no needless dying, but new chances for

people who for complex reasons got seriously ill, amongst them being labeled as 'AIDS' cases and 'HIV' positives at all, and then falling victim to medical shortsightedness based on laboratory-technical constructs.”

Continuum Feb./March 1997

— **Dr. Stefan Lanka**, Virologist, PhD, University of Koblenz, Vice President, Science, Medicine and Human Rights, Germany

“To date, no researcher has demonstrated how HIV kills T-cells. It’s just a theory that keeps money flowing into the pharmaceutical approach to treating AIDS.”

Scheff, Boston Dig

“There are at least 30 tests marketed to test for HIV. None of them are approved by the FDA to diagnose the presence or absence of HIV. Not the Elisa, not viral load, not Western Blot, not the P24 antigen test. The FDA and manufacturers clearly state that the significance of testing positive on the Elisa and Western Blot test is unknown. The manufacturers clearly state that the products that they develop are not intended to be used for diagnosing HIV. The two major problems with this are that physicians use these tests to tell people they’re infected with a deadly virus, and decisions to initiate therapy are based on these tests as well.”

Scheff, Boston Dig

“In fact there is no test for HIV. It’s just an illusion...early on when we were working in collaboration with Abbott Laboratories, it was clear that there was no gold standard for HIV—no direct isolation of the virus. Nobody has ever demonstrated that HIV is present when any combination, or any one, of these tests comes up positive. None of these tests can be validated, ever. Period. Because we don’t have a way to isolate and culture HIV to prove its existence.”

“AIDS researchers admit that the tests contain at least 80 percent non-specific cellular material — they’re, at best, 20 percent effective. But in my scientific opinion, they contain no HIV at all. The medical literature lists at least 60 different conditions that can register positive on the HIV-test. These conditions include candidas, arthritis, parasites, malaria, liver conditions, alcoholism, drug abuse, flu, herpes, syphilis, other STDs and pregnancy.”

Scheff, Boston Dig

“Now, it may be that there is a virus called HIV and that people who are testing positive on these tests have antibodies to that virus. It may even be that this virus is lethal. There’s no scientific evidence as such.”

“...Do these more than a half-million individuals, or their families and loved ones, deserve to know that all the promised benefits of these [AIDS] drugs, which were aggressively promoted by the pharmaceutical industry, our public health institutions, and uncritical journalists, were nothing more than illusions? That the only thing real that resulted from their dedicated compliance to consuming these chemicals was the compromised quality of life and debilitating side-effects they suffered?”

“...Perhaps it is possible that the [unmedicated] Ugandans in these studies are not surviving surprisingly long, but rather, the subjects in developed countries on antiretrovirals are actually dying surprisingly fast. Perhaps these antiretrovirals are not worthless, but are actually harmful to the same degree as poverty and malnutrition. To check this hypothesis, I would propose giving some of the Ugandans in the above studies access to food and water. I would predict we would see their median survival significantly surpass that of their medicated counterparts in the developed world. It's not unethical to give Africans food is it?”

Aliveandwell.org, 6/21/02

“The [African] numbers have been greatly inflated. For example, the WHO/UNAIDS says that there have been 2.2 million AIDS deaths in Uganda so far, but the Ugandan Ministry of Health records a cumulative total of only 56,000 AIDS deaths since the beginning of the epidemic.”

“As of the end of 2001, official government bodies in the developing world have managed to account for only 7 percent of the cumulative AIDS deaths that the WHO/UNAIDS claim have occurred. The Russian Federation can only account for 3 percent of the UNAIDS estimate of AIDS deaths. India has 2 percent of the UNAIDS estimate. China has only 1 percent.”

Scheff, Boston Dig

— **Dr. Rodney Richards**, PhD, Biochemist, Founding scientist for the biotech company Amgen. Collaborated with Abbott Laboratories in developing some of the first HIV tests

“Where is the Gold Standard in testing? Why are there soooooo many infections that cause false positives and yet with these positive results we recommend putting healthy people on deadly drugs which cause the very symptoms of AIDS they didn't have before.”

Kim Bannon petition, 22 Feb 2005

— **Kevin Hronek**, RN, BSN.

“The federal medical research establishment has laid it down that the HIV virus is the cause of AIDS. It seems virtually impossible, on Duesberg's evidence, for HIV to do any such thing. Nevertheless, the definition of AIDS is manipulated so that HIV antibodies are always found in people diagnosed to have it.”

“Even people ignorant of virology will have no trouble following Duesberg's exposure of the circularity of the Centers for Disease Control's argument. He shows that the number and nature of AIDS diseases have been changed to save the doctrine...Probably the most vicious consequence of this vicious circle is the feeding of AZT and other highly toxic chemicals to persons who are HIV positive but who do not have symptoms of any AIDS disease.”

“The establishment considers that HIV, though necessary, may not be sufficient to cause AIDS. A 'co-factor' may be involved. Duesberg has discovered this co-factor: it is the establishment itself. HIV, he says, causes AIDS only under the influence of the National Institutes of Health, the CDC, their corresponding agencies abroad, and interested drug companies.”

“The major lesson of Duesberg’s book is that big science cannot be trusted to police itself. Instead, the establishment has sought to suppress Duesberg by the methods of the priests of old: censorship, ostracism, excommunication, and refusal of sacraments—in this case, invitations to meetings, outlets for publication, and money for research. A more effective method would be to try to discredit him: support the research he proposes and, if it proves him wrong, expose him.”

Review of “Inventing the AIDS Virus”

— **Dr. John Heilbron**, PhD, Professor of History and History of Science and former Vice Chancellor of the University of California, Berkeley

“There is ample evidence that the ‘HIV’ proteins are cellular [not viral] proteins. Evidence also exists that AIDS patients and those at risk have...antibodies to a plethora of infectious agents which cross-react with the ‘HIV’ proteins. In other words, whatever a positive antibody test means it cannot be considered proof for HIV infection. The fact that a positive antibody test does not mean HIV infection is accepted by the test kits manufacturers: ‘At present there is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood.’” (Abbott Laboratories)

“The number and identity of antibody/protein (Western blot) bands required [for a positive HIV diagnosis] vary from continent to continent, from country to country and even between and within laboratories in the same country...This gives rise to the incongruity where, for example, an individual [HIV] positive in New York City on the CDC criteria would not be positive in Sydney, Australia. Or an Australian positive with p41, p32, p24 and p18 bands would not be positive in Africa. Or an African positive with a p41 and p120 band would not be positive in Australia, parts of the US or Europe... This means that ‘different international regulatory bodies’ or ‘local policies,’ and not the presumed pathogen determine patterns of antibody reactivity said to prove a retroviral infection.”

“...It’s the same virus and the same test. Who would have ever thought travel or emigration could cure HIV infection? The HIV antibody test is the only test in the history of medicine whose results have one meaning in one country or laboratory and another in another country or laboratory. What is even more extraordinary is that this fact does not seem to worry the HIV experts.”

BMJ RR, 26 June 2003

“There is evidence that the decrease of T4 cells in blood is not due to their destruction by HIV, and that decrease in T4 cells is not correlated with disease progression. In fact, evidence exists which shows that ‘low numbers of T4 cells was the highest risk factor for HIV infection,’ that is, decrease in T4 cells is the cause and not the effect of ‘HIV seroconversion.’”

“As early as 1985, Montagnier knew that the immune deficiency...was not caused by HIV: ‘This [AID] syndrome occurs in a minority of infected persons, who generally have

in common a past of antigenic stimulation and of immune depression before [HIV] infection.”

“...In conclusion, a decrease in T4 cells is neither necessary nor sufficient for disease to develop. This finding totally contradicts the HIV theory of AIDS...and by itself is sufficient for one to question the HIV theory.”

“The main prediction of the HIV theory was that AIDS would rapidly spread throughout the heterosexual population. One of the first scientists to publish data that this could not be the case was Robert Gallo. In 1984, he wrote: ‘Of eight different sex acts, seropositivity correlated only with receptive anal intercourse.’ In 1986 Gallo wrote: ‘Data from this and previous studies have shown that receptive rectal intercourse, for example, is an important risk factor for [HIV] infection...We found no evidence that other forms of sexual activity contributed to the risk.’ This was confirmed in many other studies.”

“If a hypothesis cannot account for the phenomena for which it was put forward, and if its predictions are not fulfilled, then scientists have no choice but to reappraise it.”

Commentary on The Durban Declaration, 2000; British Medical Journal RR, 19 June 2003

- **Eleni Papadopulos-Eleopulos**, Nuclear Physicist, Department of Medical Engineering and Physics, Royal Perth Hospital, University of Western Australia
- **Valendar F. Turner**, MD, Department of Emergency Medicine: Royal Perth Hospital.
- **John M. Papadimitriou**, MD, PhD, Professor of Pathology: Royal Perth Hospital.
- **David Causer**, PhD, Department of Medical Physics: Royal Perth Hospital.
- **Barry Page**, MSc, Department of Medical Physics: Royal Perth Hospital
- **Dr. Helman Alfonso**, MD, Director of Research, Universidad Metropolitana Barranquilla, Colombia; author, in Spanish, *The Great Fiasco: AIDS Is Not Caused by HIV*.

“All HIV tests I know, screening, searching-tests and confirming-tests, cannot eliminate the influence of other causal agents. It is not possible to use these tests alone.”

“When teaching biology and oral medicine I had to teach my students to make plausible deductions. In my own laboratory during the time as head of a Department of Periodontology my students could learn how unspecific these tests could be. So why should I trust those tests to be acceptable for the detection or screening of HIV? This is the reason why I have never been able to believe HIV to be the only cause of the AIDS-syndromes.”

“History shows us that most diseases are multi-causal in origin. Mono-causality is an over-simplification.”

Interview, Virusmyth, Oct. 2001

- **Dr. Heinz Spranger**, PhD, DDM. German Nosologist and Semiotist, and Practitioner in Periodontology and Oral Medicine. Former founder and Dean of the Faculty of Oral Medicine at the University Witten/Herdecke, former head of the Department of Periodontology and Oral Medicine, Johann Wolfgang Goethe University, Frankfurt/Main.

Recipient of the German Ribbon of the Order of the Distinguished Service Cross for his humanitarian scientific efforts

“There are not any reasons to consider HIV-seropositivity as a reliable marker of a deadly disease. The main danger of HIV-seropositivity is of iatrogenic [caused by medicine or doctors] nature: such individuals are at high risk of being administered abnormally severe and prolonged ‘prophylactic’ treatment (antibiotics, antiretrovirals).”

“This iatrogenic effect is a direct consequence of the uncritical acceptance of the HIV-causes-AIDS theory. Critical reevaluation of the studies carried out in Africa demonstrates that the results support ‘HIV-is-only-a-marker’ hypotheses, and contradict the HIV-causes-AIDS one, irrespective to the actual causes of HIV-seropositivity. Even if to prove rigorously that HIV exists as an exogenous transmissible agent (this has never been done) and that HIV-seropositivity is caused by HIV-infection, it still cannot prove that HIV is the cause of AIDS.”

“Correlation between HIV-infection and AIDS-defining diseases is equally explainable by the ‘HIV-is-a-marker’ hypotheses, which hold that HIV is a benign passenger virus and can easily infect only individuals with some deviations from normal health status, thus, being only a marker of such deviations. The main problem with the official HIV-causes-AIDS theory is that it has never been shown that ‘HIV-proteins’ are related to a virus.”

“AIDS diagnosis itself causes drastic increase in mortality. At least two factors are likely to be responsible for this excessive mortality. First, severe side effects of the medication AIDS patients are usually put on. Second, detrimental psycho-physiological effect of severe and permanent stress resulted from the very information about diagnosis of AIDS.”
Virusmyth, Oct. 1996, April, 1998

“Unfortunately, the general acceptance of the HIV/AIDS hypothesis and intensive propaganda of this view as the ultimate truth by ‘the AIDS establishment’ diverts the attention of the scientific community—and research funds—from the real path to reveal the causes of AIDS and reduce the number of its victims.”

Rethinking AIDS Jan/Feb 1994

— **Dr. Vladimir Koliadin**, PhD, Senior Research Scientist, State Aerospace University, Kharkov, Ukraine

“At the start of my heresy is the fact I don’t believe the HIV hypothesis very likely to be true. Once you go about reading the actual biochemistry and immunology about HIV and AIDS, it is only by taking a quite gigantic leap-of-faith that you can get to the notion that AIDS is caused by HIV. That so many very intelligent scientists are willing so thoroughly to suspend disbelief on this, basically to assume a conclusion in the absence of any very good evidence, is a very interesting case study in a politicized philosophy of science.”

“There is a bias of reductionism and mono-causalism in science which makes the one-virus/one-disease model very appealing, even where the evidence doesn’t support it.

Beyond that, the ‘war on cancer’ of the 1970’s promoted a more limited bias towards explaining disease with viruses, and with retroviruses in particular.”

“Whenever I have mentioned writing this, or related papers, to friends and colleagues on the Left, the very first reaction is inevitably a sort of gasp, followed by an exasperated warning that I better be careful to emphasize the importance of ‘safe-sex.’ For speaking before this group of leftist academics, their implicit premise remains that, lest I admonish you all explicitly on the virtues of condoms—and perhaps of monogamy—you will all rush from this room during my lecture, and fuck around so furiously as forthwith to contract AIDS (or perhaps lack even the discretion of leaving the room prior to such activity). The magical powers attributed to a simple lack of obedience to the idol of safe-sex is quite remarkable.”

“I had a well-known leftist academic angrily insist he could not serve on my dissertation committee because I might fail to warn my students staunchly enough against unsafe-sex. A friend of mine has been fired from a post-doc position at Princeton, by a nominal leftist with a lot of federal money, for essentially the same reason.”

“What we are doing in giving this ‘safe’ advice is granting the legitimacy of our students’ irrational fears because of their sexual contents. Thereby we fail to critique the systematic regulation of sexuality in the maintenance of a repressive social order. AIDS has succeeded in shifting the left-wing discourse of sexuality away from one of liberation, freedom and resistance, to one of responsibility, danger and obligation — concepts much more at home with a right-wing scheme of social control, xenophobia and authoritarianism than with anything on the Left... In our guts we feel we need give no heed to the corrupt and reactionary pronouncements of the politicians and priests; but still, an inner voice rejoins, we must believe the scientists! Somehow science has served in dismantling the language of liberation in the Left more than any other institutions possibly could have.”

Sex Wars: The New Left’s Aids-Related Scientism, Rethinking Marxism Spring 1996/1997

— **Dr. David Mertz, PhD, Philosopher of Science, University of Massachusetts, Amherst**

“Recently, I was asked to testify as an expert witness in a case involving two foster children. These two sisters had the unfortunate luck to have been born to an HIV positive mother, and were themselves testing HIV positive.

“For most of the two years that they were with their foster parents, they were given AZT. For most of these two years, they were ill. The parents began to question the efficacy of the drug, did lots of research, and ultimately came to believe that it was the drug, not the HIV status, that was making the children sick. They took them off the drug; the children starting thriving, looking and feeling great.

“The charity that had placed the children found out the children were not being given the drug, and the children were immediately, without forewarning or preparation, removed from the house. The case that I was testifying at had to do with visitation rights. My

position was unequivocal. The children should be allowed to see the only parents they had even known.

“I was on the stand for two hours and I was grilled as though I were a hostile witness defending criminals. The judge decided that it was not in the best interest of the children to have supervised visits with their parents. There are lots of other similar cases.

“In spite of the research that documents that most HIV positive infants born to HIV positive mothers (thank goodness they are born HIV positive: it means their natural immunity has recognized the virus and is mounting a defense) lose their HIV positive status within 18 months of birth; in spite of the research that documents that children given AZT are 3 times more likely to develop AIDS or die by 18 months than those who don't take AZT (because AZT destroys the body's ability to fight on its own); in spite of research that documents many other findings calling into question the actual safety (forget about the efficacy) of AZT, in spite of all this, mothers who are refusing to give their children AZT are losing their children.

“We need to pay attention to these children because without help, without a more enlightened position on AIDS, the nature of what it means to be HIV positive (not much at all actually, not much different than you or I if they take care of themselves), and without the ending of the policy of grabbing these children away from their mothers and the policy of force-feeding AZT to these children, they will have no destiny to change. They will have no destiny at all.”

Acceptance Speech for the Changing Destiny Award from the Help a Mother, Save a Child Foundation, 2002

— **Jane Goldberg**, PhD. Instructor in Psychology, City University of New York, New School for Social Research Graduate Faculty, Research Associate, Department of Medical Oncology, Kingsbrook Jewish Medical Center, Brooklyn, NY, Consultant to Help a Mother, Save a Child, Managing Editor: *Modern Psychoanalysis*

“In one of my recent lectures entitled ‘HIV/AIDS Orthodoxy — A Bufoonery of False Science or Unholy Conspiracy,’ delivered as a guest lecturer at The Staff Club of Obafemi Awolowo University, Ile-Ife, Nigeria, the following remark was made by a supporter of the orthodoxy (a Professor of Pharmaceutical Microbiology!): ‘Koch's Postulate is obsolete! Infectious agents need no longer pass the test of objective scrutiny of the Koch's postulate!! I have never in my life heard of any such thing.’”

Letter to Philip Johnson, Professor of Law at UC Berkeley

“It is also hoped that your network will afford itself the benefit of educating the people about other views (with sound scientific backing) regarding this hoax called the HIV/AIDS connection, and also how these ‘dissident’ views are beginning to expose the HIV/AIDS orthodoxy. It is hoped that at the end of the current studies going on, the dissidents would have been vindicated and many condemned to death would realise that they aren't going to die after all. By then science would have experienced a Velvet

revolution.”

Letter to Dr. Adejuyigbe

“It is indeed most unscientific and unacademic to fold our hands and pretend to be blind to the need to scrutinize the unscientific dogmas churned out by the AIDS orthodoxy.”

— **Dr. Anthony I. Okoh**, PhD, Lecturer, Department Of Microbiology, Obafemi Awolowo University, Ile-Ife, Nigeria

“I believe that HIV does not exist, I believe that there are several factors that break down the immune system. For over twenty years of fighting the AIDS establishment in Nigeria I have come to realise that greed and corruption at the highest level even in government propels all of them. That the media unwittingly have connived with them to terrorize the people. I give out fifty thousand dollars to any wonderful virologist who will prove the existence of HIV according to the original papers by Dr. Gallo and Professor Luc Montagnier.”

Virusmyth comment

— **Paul Olisa Adaka Ojeih**, PhD, MD. Medical Director, Iris Medical Foundation, Lagos, Nigeria, author, *Man and Diseases, AIDS: The Untold Truth and Cure*, and *AIDS: The Plague That Never Existed*.

“The HIV-AIDS hypothesis remains just that — a hypothesis. Many experts’ predictions turned out to be false. For example, contrary to the prediction that AIDS would rapidly spread into the heterosexual population, the disease in the United States is still restricted to 85 percent males. Yet HIV positives are found with equal frequency in healthy male and female Army recruits. This discrepancy doesn’t support the hypothesis that AIDS is caused by HIV.”

“AIDS drugs have been credited for the reduction in AIDS deaths. But there is no scientific evidence that these toxic drugs prolong life. A study in Uganda shows that the time between becoming HIV-positive and the time of death is identical to that in the United States. The Uganda group received no AIDS drugs, while the U.S. group did. Since most people in the Uganda study were malnourished and multiply infected, doesn’t that suggest that antiretroviral drugs reduce life expectancy? Malnutrition is the most common cause of immune deficiency.”

“I thought the day would never arrive when a reputed medical journal finally allows a debate of this hot topic. After 100 billion dollars spent over a 20-year period on a poorly supported hypothesis and nothing to show for it, it is about time. Perhaps it will make some physicians think before they prescribe deadly drugs to treat a phantom virus.”

“Unfortunately, the government suppresses alternative explanations of AIDS. This dogmatic approach certainly will lead to a medical disaster.”

“The diagnosis of being HIV-positive has cost too many lives. Let’s continue this debate and finally apply sound scientific method which is so sorely needed.”

Miami Herald, July 30, 2002

— **Dr. Rudolf Werner**, PhD, Professor of Biochemistry, University of Miami School of Medicine

“It does seem to be the time to deal with a rally against the CDC for all of its false information and propaganda. Even more so it seems that it is time to really get after the FDA for approving life threatening drugs and food substance to satisfy the greed of the pharmaceutical industry.”

Posting, 17 May 1996 www.aidsinfobbs.org/articles/quilty/q07/3372

“On December 1, ‘World Aids Day,’ the news media tried to outdo each other with reports which, as usual, tended to increase our fear, but not our knowledge, of the dreaded disease. We heard that there are more cases than we should have expected, that the people are sicker than before, that there may be some minor help from the ‘cocktail’ multi-drug medication and that the incubation period for the disease is again lengthened, now to ten to eleven years.

“But there are serious problems with this scenario. As we mentioned in February, 1994, a minority of doctors at that time were unconvinced that HIV...caused AIDS, because there was no acceptable scientific proof. There still isn’t. Robert Koch, a famous German bacteriologist, formulated a system of four postulates for establishing causation of disease. These postulates have not been met in the case of AIDS. There remains only a theory that HIV, along with other risk factors, is the cause of AIDS. But there is no proof that HIV causes AIDS, nor in fact, that it causes any disease.

“The compelling logic presented by these skeptics is that if HIV caused AIDS, or even if HIV were just a necessary part of the cause, every case of AIDS would have to test positive for HIV. But this is not the case. The so-called AIDS epidemic in Africa has over 70% of the patients with HIV negative blood (see Lancet, October, 1992, for a related study). The cause of their epidemics can be more plausibly pinpointed as starvation and other compromises to their immune systems.

“When the press says millions in a country are dying of AIDS, this is only an estimate of the number of people that are HIV positive. There is ample evidence that people with HIV positive blood can lead long and productive lives as long as they eat well, exercise regularly, do not take drugs, excess alcohol or tobacco products.

“Skeptics about the HIV-AIDS connections implicate the role of AZT, an extremely toxic drug originally given indiscriminately to all ‘AIDS’ patients. Its documented side effects are exactly the same as the symptoms of full-blown AIDS. The simple reason behind the success of newer therapies may be the reduction or elimination of this toxic drug in the treatment.”

<http://www.hinduismtoday.com/archives/1998/3/1998-3-17.shtml>

— **Devananda Tandavan**, MD, Nuclear Physician and Hospital Staff President, Chicago, Illinois

“Various degrees of immune impairment have been found among HIV-negative individuals at high risk for AIDS; namely, HIV-negative hemophiliacs, HIV-negative homosexual and bisexual males, HIV-negative intravenous drug users and their infants, and HIV-negative heterosexuals of developing countries. These findings strongly suggest that the subjects’ immune impairment is a result of factors other than HIV infection.”

Journal of the InterAmerican Medical and Health Assn., Jan-April 1992

— **Dr. Maurizio Luca-Moretti**, MD, PhD, president, Inter American Medical and Health Association

“As a physician, I am appalled and embarrassed that the free flow of scientific inquiry and dissent has been routinely suppressed and dismissed on the HIV/AIDS issue. I am appalled that a whole generation of young people has been scared to death that ‘sex kills.’ I am appalled that people are getting drugs (AZT, etc) that are not only not helping them but harming or even killing them. I am appalled that completely healthy people have committed suicide on learning that they are ‘HIV positive,’ when the test is, of course non-specific and meaningless. I am saddened and angered that some people are making a lot of money from the suffering of others (pharmaceutical companies especially).”

“I am proud to be a part of this group. I have personally read much of the scientific literature on this subject so I am convinced that this is clearly one of the greatest, if not the greatest medical cover-up of the 20th century—hopefully not the 21st as well...”

“Although I’ve tried to get newspapers and journals to publish my letters on this subject, the only ones that did were an obscure alternative lifestyle magazine and the Townsend Letter for Doctors (April, 1995) which has a larger circulation.”

“My local (New York State at the time) NPR station did do a program on the issue about 5 years ago but it was so watered down it was worthless. The reporter was willing to interview Dr. Duesberg at my suggestion but was quashed by the powers that be at the station (and possibly in the community as well).”

Comment to Virusmyth.net

“I have been all over Africa for almost 30 years and when I first heard there was a new sexually transmitted disease epidemic I was alarmed and began looking for what the television said was everywhere. All I ever saw was more and more of the same diseases we saw in 1975, and it was obvious the increase was because of the worsening living conditions, and the pennies instead of dollars governments were spending on health care. Sure, I have seen TB wards at hospitals and lots of misery, but nobody except the media and the people living off AIDS money ever called that AIDS. And isn’t it true that except for South Africa no country uses an “HIV test” before it names some old disease AIDS? And what’s all this about an epidemic? Even before you showed me the real numbers, I knew nothing had happened in the United States

after 20 years of “sexually-transmitted” HIV. And as far as I remember, AIDS was discovered here in the “most sex and number one-loving country in the world”. And then they decided it must have come from Africa.

President Mbeki is the only African leader who has said this kind of stuff. Look what the media did to him. But Mbeki was reelected by a 70% majority, and South Africa has the fastest growing economy on the continent. Never mind. The CDC, and Bill Gates and the WHO know the president is a “fool”, and the “real” truth is the country is being destroyed by AIDS!”

“Sometimes a very mixed bag of interests can become united for different reasons. I think that is what happened with the push to sell AIDS as a new, sexually transmitted disease that started in Africa and was the biggest health threat to the continent. All the people with the “good intentions” of “keeping poor, uncivilized, sex-crazed Africans from killing themselves (again)” could be comfortably in bed with sensationalist, racist media, ITT’s medical division, corrupt politicians and a WHO you told me was so broke it had no money for a malaria vaccine”

Bialy H. Running in Circles: Lee Evans Interview. 2006

Feb. <http://www.rethinkaids.info/body.cfm?id=85>

— **Dr. George Milowe, MD, Melrose-Wakefield Hospital, Malden, Massachusetts**

“[Hiv/Aids] would not be the first time that a diagnosis was conveniently built around a set of symptoms for the sake of extracting huge sums of money from otherwise healthy patients.”

January 19, 2005 <http://www.kimbannon.com/home/petition.php>

— **David Epstein, D.O., Osteopathic Physician, Atlanta, Georgia**

“My medical studies led me to believe that AIDS was devastating [Africa] and the people who showed me the situation here reinforced this belief. I jumped into this, and made others believe it. And now I know it was not true. But I know many more things that were not true. Nothing was true.”

“When you are here, and you have to witness the reality of what happens in the field, you cannot agree with any of the statements they are making in Europe about AIDS in Africa. We discovered we were in a full-blown lie about AIDS.”

“When you listen to the people, you find they had been shocked by some deaths where the effects on the body were very visual, with fungus infections and skin rashes. But these can be secondary effects of antibiotics, and the people who died with these conditions had all been treated before for conditions such as bronchitis. Nothing is sure; everything is just wind.”

“The parents expatriate themselves a lot. They move away from the region, sending a little money, returning little or never, but still have many children in the village. They are outwardly orphans, but raised by the grandmother or grandfather...it has nothing to do

with AIDS...You come as a European and ask: 'Who has no mother or father?' They produce all these children, even though they have a mother or father in another place."

"We have been shown false orphans since the beginning—children who have parents who never died, but who will not show up any more...Families just bring them as orphans, and if you ask how the parents died they will say AIDS. It is fashionable nowadays to say that, because it brings money and support."

"If you say your father has died in a car accident it is bad luck, but if he has died from AIDS there is an agency to help you. The local people have seen so many agencies coming...that they want to join this group of victims. Everybody claims to be a victim of AIDS nowadays. And local people working for AIDS agencies have become rich. They have built homes in Dar es Salaam, they have their motorbikes; they have benefited a lot."

"Not one such [African village abandoned because of AIDS] can be witnessed...The houses that were empty were closed because they were the second or third homes of someone in Dar es Salaam. I learned this later."

"This is the first time in Africa that a village has volunteered as a whole to be tested for a deathful disease. That everybody has got his results and that the truth has been five times lower than the figures given by the World Health Organisation of the AIDS control programmes."

"...You have no right to call any of these deaths AIDS. I can't tell you of a single child I have followed who has died of a so-called AIDS-related illness."

"A 65-year-old who tested HIV-positive had been getting sick, suffering stomach troubles and losing weight. I explained to him that HIV and AIDS were very different things, that we could not really make a link between them. The other day I heard that the fellow is not sick any more. He doesn't believe he is going to get AIDS. He has regained four kilos and is doing very well. This type of resuscitation is very common in our programme...Give us food, water and education and you can forget about AZT."

"It is very easy to 'do good' in Africa. It is so disorganised that the one who is doing the good is also the one reporting the good he is doing. So it is a perfect field for charity—the fake charity which is 99% of the charity in Africa—charity which benefits the benefactors."

"The world has been brainwashed about AIDS. It has become a disease in itself, without the necessity of having sick people any more. You don't need AIDS patients to have an AIDS epidemic nowadays, because what is wrong doesn't need to be proved. Nobody checks; AIDS exists by itself. We came here to help orphans of AIDS. Now we are facing a situation where there are no orphans and no AIDS...It is good to know that this epidemic which was going to wipe out Africa is just a big bubble of soap."

"We are in the heart of AIDS country. You are talking to people who 'discovered' AIDS here, and who now say it is a lie. We expect to have to pay for what we say. It will be the price of truth."

Sunday Times, London, 3 October 1993

— **Philippe Krynen**, Former director, Partage Tanzania, French Aids charity

“Two months of travels in Africa confirmed what I had learned from the whistleblowers. Saw lots of luxury European cars being driven by local functionaries who ‘worked with AIDS organizations’ which was a scandalous waste of resources for such a needy continent.”

Comment while signing the VirusMyth.net petition.

— **Elizabeth Noble**, Founder, Maternal and Child Health Center and Cambridge Physical Therapy, Cambridge, Massachusetts. Author of 8 books including *Essential Exercises for the Childbearing Year* and *Having Your Baby by Donor Insemination*. Member, editorial board, International Journal of Pre- and Perinatal Psychology and Medicine. Founder, Women’s Health Section of American Physical Therapy Association.

“In the clutch of ‘AIDS,’ fear is so predominant that an HIV-test alone, regardless of its result, can lead to a drop of the T4-lymphocytes. The narrow-minded monocausal virus-hypothesis of ‘AIDS’ must be overcome in favor of a broader view which takes into consideration the complex individual personality of the patient in his/her relation to the world and environment.”

Amsterdam Conference, “AIDS: A Different View,” 14-16 May, 1992

— **Dr. Hansueli Albonico**, MD, Langnau, Switzerland

“The scientific data do not support the view that what is being called AIDS in Africa has a viral cause. The World Health Organization defines an AIDS case in Africa as a combination of fever, persistent cough, diarrhea and a 10-percent loss of body weight in two months. No HIV test is needed. It is impossible to distinguish these common symptoms — all of which I’ve had while working in Somalia — from those of malaria, tuberculosis or the indigenous diseases of impoverished lands.”

“By contrast, in North America and Europe, AIDS is defined as 30-odd diseases in the presence of HIV (as shown by a positive HIV test). The lack of any requirement for such a test in Africa means that, in practice, many traditional African diseases can be and are reclassified as AIDS. Since 1994, tuberculosis itself has been considered an AIDS-indicator disease in Africa. Dressed up as HIV/AIDS, a variety of old sicknesses have been reclassified.”

“The scandal is that long-standing ailments that are largely the product of poverty are being blamed on a sexually transmitted virus. With missionary-like zeal, but without evidence, condom manufacturers and AIDS fund-raisers attribute those symptoms to an ‘African sexual culture.’ Rev. Eugene Rivers of Boston has launched a crusade to change African sexual practices — a crusade reminiscent of Victorian voyeurs whose racist constructs equated black people with sexual promiscuity.”

“The problem is that dysentery and malaria do not yield headlines or fatten public-health budgets. ‘Plagues’ and infectious diseases do. This means that those who question AIDS in Africa put their own funding at risk. I saw this at first-hand when I visited Swaziland in mid-December at the invitation of their HIV/AIDS Crisis Management Committee. I was driven from the airport to the hotel in a late model 4-wheel drive vehicle. It had been donated by UNICEF and was covered with AIDS posters urging Swazis to ‘use a condom, save a life.’”

“After my presentation, an attorney named Teresa Mlangeni acknowledged that she could easily see how malnutrition, tuberculosis, malaria and other parasitic infections — not sexual behaviour — were making her fellow Swazis ill. But other committee members confided that if they voiced public doubts, they risked losing their international funding. And I realized that the vested interests of the international AIDS orthodoxy would discourage further inquiries.”

“Traditional public-health approaches, clean water and improved sanitation above all can tackle the underlying health problems in Africa. They may not be sexy, but they will save lives. And they will surely stop terrorizing an entire continent.”

Canada Globe and Mail, March 14, 2000

“If you don’t believe [HIV=AIDS], you’re a heretic. So the best way to deal with the dissidents is to ignore them, silence them and wreck their careers.”

Gadfly Magazine June 11, 2001

“You’re looking at what I think is going to turn out to be one of the great frauds of the late 20th century.”

Fudged Facts On Aids, Now Magazine, Toronto, 9-15 March 2000

— **Dr. Charles L. Geshekter**, PhD, three-time Fulbright scholar. Professor of African History, California State University, Chico. Former chair of the History of Science, Pacific Division, of the American Association for the Advancement of Sciences. He has served as an adviser to the U.S. State Department and several African governments.

“I am one of those that never believed in this [HIV=AIDS] hypothesis. I could not express myself as I was the only one with that opinion in my environment. I would like to know the truth!”

<http://www.virusmyth.net>

— **Prof. B. M. Hegde**, MD, FRCP(London), FRCP(Edinburgh), FRCP(Glasgow), FRCPI(Dublin), FACC, FAMS. Editor-in-Chief, *The Journal of the Science of Healing Outcomes*, Chairman, State Health Society’s Expert Committee, Govt. of Bihar, Patna. Visiting Prof. of Cardiology, The Middlesex Hospital Medical School, University of London, Affiliate Prof. of Human Health, Northern Colorado University. Visiting Prof., Indian Institute of Advanced Studies, Shimla. Retiredd Vice Chancellor, Manipal University. Mangalore, India.

“Virus isolation is necessary to prove virus infection. Retrovirologists have laid down a set of criteria to distinguish spurious from genuine retroviruses. HIV does not fulfil these

criteria, but AIDS researchers accept PCR (polymerase chain reaction — a technique for making a large number of copies of a small fragment of genetic material) tests as sufficient proof. If traditional retrovirology is right and AIDS research is wrong, all current AIDS researches are fundamentally flawed.”

“...This inevitably begs the question as to how HIV is being so easily transmitted in Africa when it is so difficult in northern California. Facilitation by other sexually transmitted diseases (STDs) has been proposed, a nonsense as the incidence of STDs in Africa is lower than HIV positivity — the facilitated cannot be more prevalent than the facilitator — and a study from Uganda has found that reducing the incidence of STD did not reduce the rate of conversion from HIV negative to positive.”

“Welcome to the mad world of AIDS research,” New African, 1999

“If many thousands of European men failed to get AIDS after receiving chimpanzee transplants, how have Africans succeeded? Do they even hunt chimpanzees? No evidence has even been presented that they do. Do they carry syringes and needles with them and, after killing the chimpanzee extract some chimpanzee blood (difficult, but even more difficult from the living) and inject themselves with it? Have sex with the poor dead creature (7,000 times assuming a male hunter and female chimp)? Eat the raw flesh? At every step the hypothesis that monkey viruses infected Africans and caused the AIDS epidemic is so improbable as to be realistically impossible. Unfortunately in the mad world of AIDS research, this passes as science.”

Continuum, Summer, 1999

— **Dr. Rosalind Harrison**, Fellow of the Royal College of Surgeons, consultant ophthalmic surgeon for the National Health Service, UK

“Over a period of three years, in the late 1980’s, I was an eyewitness to gross irregularities and scientific misconduct by researchers involved in the early clinical trials of AZT. Tragically, AZT was first approved for widespread use based on the outcome of these scientifically inconclusive studies. And unfortunately, all other ‘anti-HIV’ drugs since that time have been approved based on the same, flawed model.”

Virusmyth.net, 2000

“AZT is a poison. AZT commonly causes miscarriages and severe birth defects. AZT is a highly toxic chemotherapy which interrupts DNA synthesis and destroys the immune system. In fact, AZT is a tragedy which I believe has led to tens of thousands of unnecessary deaths, primarily in wealthier countries.”

“AZT is part of the problem, not the solution. I do not want to see this tragedy and anguish imported into Africa and other developing areas of the world.”

— **Lynn Fall (née Gannett)**, Former data manager, phase III clinical trials of AZT (1987-1990)

“Even accepting [HIV’s] etiology in the disease, only 36% of the AIDS patients were seropositive for the virus in the initial [Gallo, et al] studies. Later, numerous scientific publications have called attention to the existence of a great number of patients with signs and symptoms of AIDS, but totally seronegative...The possibility of some cofactors being the real causes behind a large number of entities considered to be AIDS...among others, regardless of their retroviral serological state, is becoming more and more likely and scientifically plausible.”

“...In some countries HIV has been associated with diarrhea, in others with wasting syndrome, in others with dementia and in others with Kaposi’s Sarcoma, among many other diseases that appear differently and according to the studied country, making HIV a geographically selective virus.”

“These facts and incongruities, added to...the existence of more than 70 clinical and laboratory situations in which the HIV tests produce false positives, including the Trypanosoma cruzi infection recently detected by our group, or, worse still, the nonisolation to date of the same HIV, after almost 20 years of investigation...makes it an urgent necessity to analyze other concepts and to explore other etiologies different from the viral one, with the purpose of helping to clarify, a little more, these intricate problems of public health...and all those enigmatic and amazing germs that today already belong to the new family of HiV, the Human Imagination Viruses.” [Translated from Spanish]

Retrovirus, micotoxinas, inmunosupresión y neurodegeneración. 2002, Revista De Neurología

— **Dr. Fidias E. León-Sarmiento**, MD, PhD, Professor, Department of Internal Medicine and Basic Sciences, Universidad Industrial de Santander, Bucaramanga, Colombia, Senior Research Fellow, National Institutes of Health, Washington DC.

— **Marta Carpintero de Jimeno**, MSc, Laboratorio Químico de Monitoreo Ambiental (LAQMA). Bogotá, Colombia

“Time and again those of us who are ‘AIDS dissidents’ have been dismayed and disgusted by the falsehoods, distortions, and omissions in AIDS coverage...I maintain further that the salient characteristics of war coverage are also those of AIDS coverage, namely: censorship (self-imposed, official, and in-between), hysteria, the use of black propaganda, the fabrication of ‘atrocities stories,’ and garden variety incompetence.”
New York Native 12 August 1991

“Ryan White died on 8 April 1990. The causes of his death and the nature of his illness were the targets of censorship...Ryan did not die of ‘AIDS’ but rather of hemophilia aggravated by Factor VIII concentrate and AZT poisoning. Craig Schoonmaker, founder of Homosexuals Intransigent, told me he had heard over the radio and on television that Ryan White had been admitted to the hospital with uncontrolled internal bleeding. We followed the print media closely for several days, but could not find a single mention of bleeding. Then Ryan died, and not a single reference to bleeding could be found in the Associated Press, New York Times, or Washington Post obituaries. However, the Times

story contained this curious passage: 'Ryan, a hemophiliac who contracted the virus through a blood transfusion, died of complications of AIDS in Riley Hospital for Children, said Dr. Martin Kleiman, the youth's physician. He would not elaborate.'

"What this indicates is that censors intervened to prevent the print media and Ryan's doctor from mentioning bleeding. Bryan Ellison...contacted the Hemophilia Foundation of Indiana. The people there knew Ryan White very well, and confirmed that hemophilia itself was his major health problem and the cause of his death."

"I have talked to a number of people, and have heard of many more, who looked healthy, felt healthy, and were leading active and productive lives—and were told by their doctors that they ought to be sick on the basis of their T-cell counts or their HIV status. It is appalling that those who ought to be healers are instead programming healthy people to get sick. A malign form of voodoo is being practiced in this country by the priests of Modern Medicine."

"The HIV-antibody tests are not only highly inaccurate, but biased as well. A man in California went to a clinic, identified himself as gay, and took the HIV-antibody test; results: positive. Then he went to another clinic, identified himself as a heterosexual, and took the same test; results: negative."

"The AIDS epidemic is an epidemic of lies, through which hundreds of thousands of people have died and are dying unnecessarily, billions of dollars have gone down the drain, the Public Health Service has disgraced itself, and Science has plunged into whoredom."

"The AIDS War," 1993

— **John Lauritsen**, Journalist, Harvard-educated survey research analyst. Author of the books *The AIDS War; Propaganda, Profiteering and Genocide From the Medical-Industrial Complex and Poison by Prescription; The AZT Story*

"I just tested positive 4 months ago. Being gay and having been around from the start of the AIDS hysteria, I thought I knew something about the syndrome and treatment. Boy, was I wrong! I have learned so much about the myths associated with HIV and AIDS over the last month. I was about to (reluctantly) start the drugs they said I needed due to my initial low CD4 count and high viral load. I am so glad I was fortunate enough to educate myself on this subject. I now feel totally comfortable in choosing not to use the toxic drugs that are supposed to control HIV. I am completely ignoring the HIV side of things and concentrating on building my immune system back up, naturally. I actually have not had a cold or the flu in 2 years and run 4 miles, 3-4 times a week. I have been doing triathlons every year since 1984 and don't intend to stop now! I am getting involved with local organizations that support this educated view and I'll do everything in my power to educate as many of my friends, peers, and people in my community as I can. Education is Power!"

<http://www.virusmyth.net>

— **Roger Ditrack**, Biologist, San Diego, CA

“Before Ryan White there was me. Same doctors, same hospital... [They told me to] take AZT... I said no to the doctors and I am alive. I have been black-balled by the press which made a hero out of White.”

“Some people have said that the virus does exist but it’s a harmless one. You’ll test positive for it, but it won’t cause any harm. I’m inclined to believe that. Because I’m not sick. It hasn’t hurt me, and it hasn’t hurt my [HIV+] brothers, and it hasn’t hurt my [HIV+] uncles. And it hasn’t hurt their kids, and it hasn’t hurt their wives.”

“And by the way, I smoke and drink... It’s not like I’m a health nut, or I take any extraordinary measures to protect my health.”

Valley Advocate, August 6, 1998

— **Robert Bryant, Hemophiliac (from a family of hemophiliacs), Indiana. HIV+ for 20 years**

“I do not believe that there is a virus killing CD4 cells. I think that possibility was always a long-shot, but now with further research showing that nearly any psychological or physical stress causes lowered CD4 counts, combined with the difficulty finding a mechanism for HIV to do it, I think the idea is fairly ridiculous.”

“It is very common for people who are diagnosed ‘HIV-positive’ to test negative years later, especially if they turn their lives around and stop whatever practice is leading to a hyperstimulated immune system.”

Letter to Virusmyth, 2002

“The message emanated from that [1984 Gallo] press conference and quickly swept the country. It went something like this:

‘You might look healthy now, but if you test positive on the HIV antibody test, your immune system is already beginning to crumble...as the virus in you eats away at your life force. You will be ‘infected,’ and there is no way to...become uninfected’...You must take great care not to infect others...You are...an ‘untouchable.’ You cannot under any circumstances engage in sexual intercourse unless people are protected from you...you cannot even breastfeed your own children since you might also infect them. A slow, painful, inexorable decline, and an agonizing loss of dignity awaits you, and only with death will the curse be lifted.’

“When such a curse is laid, what is the risk of a self-fulfilling prophecy? ...the risk is significant...Virtually every claim ever made about HIV has been repeatedly contradicted. Usually, these contradictions have not been countered by other studies... Instead, the authors...either minimize their findings, or ask pointed questions that gather dust in medical libraries around the world.”

“...Many of the symptoms of AIDS are either directly caused, or made much worse, by the severe, chronic psychological stress, social isolation, and negative beliefs created by the diagnosis.”

“The [HIV] diagnosis itself can bring about a self-fulfilling prophecy because of the powerful negative beliefs it creates. Stress, social isolation, and negative beliefs can create the same type of immunodeficiency that is commonly blamed on HIV.”

“Being diagnosed HIV-positive is perhaps one of the greatest stressors one can imagine. Not only does it raise the constant and extreme fear of a relentless deterioration and death, but it also creates a social isolation that pervades all aspects of people’s lives. Social isolation, alone, has been associated with a 100% to 200% increase in mortality in several studies. The amount of psychological stress in people diagnosed HIV positive is likely to be much greater than the stress in the people in these studies.”

“Studies...have shown that severe, chronic stress results in a syndrome remarkably similar to AIDS...characterized by a reduction of the number of T-lymphocytes, with special targeting of CD4, helper T cells. Severe stress has also been linked to...AIDS defining conditions, including pneumonia, tuberculosis, dementia, wasting, and death. Stress has been demonstrated...to cause brain damage and neuronal atrophy, resulting in a dementia that mirrors ‘HIV dementia’...”

“Recent studies revealed that 20% to 40% [of ELISA negative risk-free blood donors] might have an indeterminate Western Blot ... This means that any one of us, if given a Western Blot HIV antibody test, will have a 20% to 40% chance of having our serum react with proteins that are supposedly specific to HIV! Such a high rate of indeterminates on a test that supposedly determines life or death issues is outrageously high. The incredible reliance of patients, doctors, and scientists on tests with such obvious inconsistencies is a cause for alarm, and yet it appears that the only people sounding the alarm are not being listened to.”

“Finding viral loads and false positive PCR’s in HIV-negative people should be a major wake-up call to people diagnosed ‘HIV-positive,’ their doctors, scientists working in the field, and the public at large, because these tests are repeatedly used to make clinical decisions about treatment.”

“What makes results like these even more surprising is that they were never reported in the media, nor were they discussed in the research community, nor were they presented to physicians at AIDS conferences, and finally, they were definitely never told to people diagnosed ‘HIV-positive.’”

“People with the exact same illnesses and symptoms are given different diagnoses based solely on the result of an HIV antibody test, which creates a completely artificial correlation between HIV and AIDS. Tuberculosis with a positive HIV antibody test is AIDS, but tuberculosis with a negative test is just tuberculosis, even if it is occurring in an IV drug user with multiple opportunistic infections.”

“Of even greater concern than the existence of these problems [with HIV science] is the fact that no one in the conventional medical and scientific establishment seems to be asking questions about them.”

“A compelling argument can be made that much of what we call AIDS is a self-fulfilling prophecy which might happen as follows:

“a) The severe, acute psychological stress of being diagnosed ‘HIV Positive’ is quickly transformed into a severe, chronic psychological stress of living with a prediction of a horrifying decline that could start at any time. This causes a suppression of the immune system, with selective depletion of CD4 T-cells...

“b) After testing positive, people are often put on...the most potent broad-spectrum antibiotics, as well as ‘antiretroviral’ agents like AZT, ddI, ddC, and protease inhibitors. Although the toxicities of the ‘antiretrovirals’ have been outlined elsewhere, antibiotics also often have debilitating side effects which are easily blamed on HIV, including immune suppression...they lead to a complete disruption of the normal microbial flora present in the gastrointestinal system...[which is] one of the most important protectors against infection...These antibiotics also often lead to the development of multidrug-resistant strains of bacteria, fungi, and viruses, which can later ravage a person’s system...

“c) Once the immune system starts to crack under the strain of the emotional stress, previous health problems (if there were any), and disrupted natural defenses, the diagnosis of AIDS is made. If not already on ‘antiretrovirals,’ then the person will now definitely be started on them, with all of the toxic effects.

“d) The new ‘cocktails’ are to be given until the patient dies, with no exceptions, if possible...This is because of the theory that mutant, drug resistant, HIV will flourish if they go off of their treatment...It is heavily stressed that the patient must not miss a single dose...When the patient’s health begins to fail, the failure is blamed on the effects of this ‘mutated HIV,’ possibly due to the patient’s poor compliance. Rarely are the drug toxicities and complications caused by the treatment held responsible.”

Problems with HIV Science, “AIDS and the Voodoo Hex”

— **Dr. Matthew Irwin, MD, Washington, DC**

“I hold the idea that the AIDS is not a viral disease, but is a metabolic disorder precipitated by an exaggerated way of life. It can equally be caused by severe malnutrition in poorer and famine stricken societies. I know this view is completely against the current beliefs forced by media presentation of a social problem, but it is the responsibility of dedicated scientists to take into consideration and explore all aspects to this problem. We are only now beginning to understand what AIDS may be. We know one thing it is not, a virus produced disease!”

“...We should not close our eyes to new information just because we are sold the idea that this condition is caused by a class of viruses conveniently called HIV.”

“For some time now it has been scientifically shown and recognized that those suffering from AIDS demonstrate a marked variation in the amino acid pool of their body. They are consistently and drastically short of methionine, cystine and cysteine--very important amino acids. They also have a manyfold rise in the levels of arginine and glutamate...

“...In a series of other experiments, when IL-6 and another similar substance (TNF -tumor necrosis factor) are added to a cell culture medium that contains cells with the ability to produce the virus, particles labeled HIV are extruded... Thus, there is a direct correlation between HIV production in AIDS and amino acid content of the virus growing cell. It seems on the face of it that AIDS patients are a victim of an imbalance in their bodies' amino acid composition...”

“It is unfortunate that we are looking at the virus and not seeing the physiological imbalance in AIDS patients. It is also unfortunate that we do not understand the subordinate metabolic roles of IL-6 to cortisone-releasing mechanism and IL-1 production...”

It is most unfortunate that virologists are presenting the ‘site clearance action’ of [IL-6 and TNF] in the body as steps in the production of HIV in cell culture media. On this fragment of unconnected information is placed the whole argument that AIDS is a virus-caused disease. Why? Because a test has been designed that marks and shows the particular fragments produced by IL-6 or TNF. It seems that some of these DNA or RNA particles are labeled as HIV -- and that is why there are several types.

“Unfortunate to the extreme is the ‘commercialization of the idea’ that everyone that shows positive HIV test will soon die from AIDS, whereas the anxiety of having an incurable disease could become a killer by itself.”

“...With repeated secretion of semen into a male or a female rectum, immune system suppression is unavoidable--not because of a ‘virus,’ but because of the chemical properties of the semen itself. Women, who participate in anal sex to avoid becoming pregnant, should be aware of this immune suppressive property of semen.”

“If the cells that are sufficiently abnormal to produce HIV are given cysteine, their abnormality is corrected and they do not produce the HIV. All we needed to know now is how did these AIDS patients become cysteine-deficient? We should commence the research of this phenomenon and not sidetrack AIDS research into a dead end by making a jump of faith and assuming it to be virus produced.”

“In my opinion, it seems the ‘HIV test’ highlights the presence of a fragment of DNA or RNA of a damaged cell--it indicates a process of cell nucleus breakdown. It could be produced by many other factors, one of them cysteine and zinc deficiency, particularly in underdeveloped and poorer countries. It is also possible that it is caused as a result of persistent and increasingly severe local damage in the rectum, producing a long-term run on the body's protein reserves. This test by itself is not an accurate indicator of the presence of an agent that causes the disease. The HIV itself produced by a more severe imbalance in the make up of the amino acid pool of the body. It is this devastating amino acid pool imbalance that kills the patients, and not the HIV particle.”

“...When morphine or heroin is used, the sensations of hunger and thirst are also suppressed and the body begins to feed off itself. In countries where people used to smoke opium, a great number of these people eventually died of lung infections--exactly what is now blamed on the virus and contaminated needles.”

“It is also important to know that there is a time gap of many years between the recognition of HIV in the body and the production of clinical symptoms of immune suppression. I can assure you, the amino acid imbalance during this time gap becomes a far more potent killer than the ‘virus of AIDS.’...”

“The children in Romania that were the subject of many television programs most probably did not get AIDS from blood contamination, they more than likely developed AIDS as a result of malnutrition.”

“Another point that needs to be discussed is the value of the AIDS test as an indicator of a disease in the process of development. This is what everyone is led to believe. This in my opinion is an erroneous representation of a different truth. All this test shows is that the body has come across this antigenic particle and has registered its structure. It also means that the body has kept the existence of this particle/virus in its memory-bank to manufacture a defense mechanism against the ‘foreign particle,’ not necessarily a particle from outside, but a particle that the body itself should not make--a form of quality control at the ‘DNA assembly line.’ This test is ultimately an indicator of a body’s amino acid metabolism disturbance, and not an indicator of a loose killer virus in the body.”

“Let us remember, if the camel had a back breaking-point to the weight of the last straw, surely the human body must also have a breaking-point to being life-stylishly overloaded. The question is, do we continue to measure the straw or the inherent structural and physiological limitations? Do we pay attention to the limitations of the body, or do we in carefree abandon blame an ineffective slow virus for the ills that befall some members of our society?”

Your Body’s Many Cries for Water

— **Fereydoon Batmanghelidj**, MD, St. Mary’s Hospital Medical School of London University. Author, *Your Body’s Many Cries for Water*, *ABC of Asthma, Allergies and Lupus*, *Water Cures: Drugs Kill* and other books.

“Let’s say you are a medical scientist who has wondered, from time to time, whether HIV is really the cause of AIDS or whether AIDS is as simple as one virus. It’s a reasonable question, given that we’re 20 years into the epidemic without much in the way of enduring therapy. But do you really want to express this opinion? Or merely raise the question? If you do, then the new Gestapo will likely pay you a visit. Forget about that government grant. Forget about the raise. You will find yourself marginalized, your reputation smeared and you’ll probably be out on the street.”

“I have worked as a medical science reporter for 30 years. I’ve interviewed thousands of scientists for newspaper and magazine stories, radio and television productions, and books. I’ve met scientists who at least try to keep an open and fair mind on scientific issues. I have also met many propagandists who think they’re scientists. In all the time I’ve worked as a journalist, I’ve never come across a nastier group of people to interview than those propagandists who work in HIV research.”

Second Opinion, ABCNews.com 1999

“From very early on with AIDS, I began to see that the science was not being followed very carefully. There was a rush to judgment on many fronts, a lot of speculation...I smelled a rat from the very beginning, and kept up with it ever since.”

New York Press, March 10, 2000

— **Nicholas Regush**, Medical Science Reporter, Former Science Producer, ABC News with Peter Jennings, Editor, Red Flags Daily

“This is most outrageous. HIV being the cause of AIDS is a hypothesis. A hypothesis is an assumption made by scientists for discussion about their scientific problems. The public in some peculiar way have accepted the hypothesis as a proven theory.”

“The war on AIDS is being fought like ‘Vietnam’ with the media as cheerleaders. Many people are making a good living out of it, writing positive reports, no matter how negative the results are. Heads of activists groups are drawing good salaries, up to \$200,000 per annum. Like ‘Vietnam,’ when casualties, side effects in this case, are mounting and the media stop cheering, the mood will change.”

“The high death rates due to AIDS in the early 1990s were due to aggressive treatments with AZT which may have activated AIDS, but the HIV industry claims the relatively lower death rates in the late 1990s were due to the efficacy of the cocktails (mainly consisting of protease inhibitors) on HIV. This is false. The relatively low death rates would not have appeared if the high death rates due to aggressive treatments with AZT had not occurred in the early 1990s. Many HIV-positive people, not treated with the cocktails, have remained healthy for more than fifteen years.”

“Of course, iatrogenic [caused by medicine] effects will be more obvious when healthy HIV-positive people are treated and become sick...The benefits may only exist in the imagination of doctors. They would feel better when they think something can be done. It is more likely that the harm is real and the benefit is zero, because HIV does not cause AIDS.”

“The HIV industry is going to recover its investment by marketing those drugs to the third world. South Africa refused to pay for those drugs with borrowed money. The HIV industry has turned its attention to China’s bulging foreign currency reserve. There are very few AIDS dissidents in China. Rumour-mongering is China’s national pastime. This makes China an easy target.”

“When they finally admit HIV does not cause AIDS, there will be violent reaction from the market, because the HIV industry has spent billions of dollars in HIV research and most of the money may not be recoverable.

”An Alternative Approach to AIDS and Related Problems: Book 2

— **Dr. Ching-Chee Chan**, PhD in physical chemistry, University of Manchester, UK, 1967; AIDS researcher and writer, Canada

“These are truly dark times for science. The take home message from the recent Barcelona AIDS conference is that incompetent AIDS scientists and even more incompetent medical reporters are wasting lives and money while creating sanctions against medical breakthroughs by refusing to listen to anyone who questions their conclusion that HIV is the sole cause of AIDS.”

“[Anthony] Fauci is one of the US Government’s major architects of the myth that HIV has been proven to be the cause of AIDS and that stopping HIV will save lives...a myth that has become so entrenched in medicine’s conventional wisdom that to question it is tantamount [to] treason.”

“There are not sufficient enough data to understand the properties of HIV because the scientific literature is nothing more than opinions, poorly conducted studies and reviews of poorly conducted studies.”

“In a letter to the [U.S.] Department of Health and Human Services last year, I suggested that their position that HIV is the sole cause of AIDS is substantially based on scientists studying complex mixtures of biological fluids with unknown numbers of regulatory genes and concluding that one big structural gene, HIV, is causing the syndrome. This is medical incompetence at its worst.”

Red Flags Weekly debate, July 22, 2002

“U.S. government funded AIDS research has become a jobs program for scientists who lack the courage and resources to challenge conventional scientific wisdom.”

“For a Federal employee to sign such a document [The Durban Declaration]...is an abuse of power. It is using your government position — in Fauci’s case, a high government position — to, in effect, bully anyone who disagrees with you. I consider this to be a violation of scientific ethics. The scientific method is based, at least partially, on debate. To call for the end to a debate is unscientific; to do so with the power of the US government behind you is unethical.”

“By throwing the weight of the US government behind the Durban Declaration, those who signed have established an international policy that salaries, funding, prestige, scholarly communication, promotion, awards and prizes will not be granted to individuals who challenge the official position that HIV alone causes AIDS. This creates government sanctions against anyone who wants to freely investigate the actual relationship (if any) between HIV and AIDS. This is unethical.”

“I seriously doubt that Fauci or any Health and Human Services employee or government grant recipient would like to debate me on HIV/AIDS online, but I would welcome such a debate.”

Red Flags Weekly debate, April 1, 2002

— **Dr. Howard Urnovitz**, PhD, Microbiologist and Immunologist, Science Director, Chronic Illness Research Foundation, co-founder and CEO, Chronix Biomedical. Dr. Urnovitz’s team developed the only FDA-licensed urine-based diagnostic test for antibodies to HIV.

“When, some seven years ago, I first heard of Peter Duesberg’s claims, I found them indulgent and dangerous. Here was a Berkeley professor playing with people’s lives—and their heads—in the middle of an epidemic in which their practices made a vital difference. Eventually, as Duesberg’s voice remained alive and as the epidemic continued, I decided to go talk to him.

“Duesberg outlined a controlled experiment on hemophiliacs and stated that he would formally print a retraction of his views if someone could assemble the facts to prove him wrong. As detailed in his new book, Duesberg’s main claim was that it was the foreign proteins in the blood-clotting factor, factor VIII, that were causing immunosuppression, not HIV. Patients taking purified, recombinant factor VIII would have a stronger immune system and would consequently be healthier.

“I contacted an acquaintance, a professor of biostatistics at Berkeley, and we went looking for the data. We were neutral, simply eager to contribute to settling this unsettling affair. We are still waiting. More accurately, we have given up. We never were allowed access to taxpayer-funded data. We waited in lunchrooms of prestigious hospitals before realizing that our host was not going to appear with the data and was too embarrassed to join us for lunch. Our phone calls were never answered.

“After the passage of more than 15 years and the expenditure of more than \$30 billion, surely we must establish whether the HIV hypothesis is true or false. Duesberg has ‘put up.’ It’s time for others to either make him ‘shut up,’ through scientific evidence, or for them to engage in the highest of scientific virtues: rethinking their positions in the face of new evidence.”

California Monthly June 1996

— **Dr. Paul Rabinow**, PhD, Professor of Anthropology, University of California, Berkeley, author most recently of *Making PCR: A Story of Biotechnology*

“The central figure of Bialy’s book is Peter Duesberg, a classical, no-nonsense University of California, Berkeley, professor who has for more than 20 years presented data and interpretations to cancer and AIDS scientists that call into question...that specific genes when mutated cause cancer, and [that] HIV causes AIDS. The sadly predictable result of questioning these two sacred cows of modern biomedicine was the almost complete destruction of a once lofty professional standing.”

“...To this reader, Duesberg’s situation suggests parallels with...the Nobel Prize winner Barbara McClintock. For decades her work was ignored...yet how right she turned out to be. The inescapable conclusion: clean data and perceptive, unbiased analyses win every time.”

“As far as this reviewer is concerned, Duesberg gets the Big Picture correct on both cancer and AIDS because he demands the highest standards of data interpretation, something that is a common casualty in the cancer and AIDS fields where fame, stock options, potential blockbuster drugs, appearances on Larry King Live and the front

cover of Time or Newsweek, often appear to take precedence...Duesberg represents a golden era of molecular biology when there was no room for the shoddy overinterpretations and unimpressive correlations that pass for some of today's cancer and AIDS 'breakthroughs'."

"How can you perform academic or commercially relevant biology if you don't think deeply? If you don't have a coherent theory and if you are dependent upon sophisticated technologies and bioinformatic protocols... then your data interpretations are in the realm of voodoo science. It is painfully obvious by now that this is where many cancer and AIDS researchers have located themselves—a conclusion attested to by the...mountain of contradictions in the scientific literature concerning presumed HIV pathogenesis, AIDS morbidity, mortality, epidemiology and demography. Having got it so wrong, they can't buy their way out of their self generated cul-de-sacs."
Review of "Oncogenes, Aneuploidy and AIDS: A Scientific Life & Times of Peter H. Duesberg" by Harvey Bialy, July 7, 2004, Nature Biotechnology

"Bottom line; Duesberg is correct on both counts...on the basis of DATA...not hysteria. Your readers can be as angry as they like, but they should save their anger until after they have evaluated clinical DATA...and then they should direct their anger at their own medical profession."

"The scientific data do not support the hypothesis that the HIV virus causes AIDS. If you have Kaposi sarcoma and you have antibodies to the HIV virus, the CDC says you have AIDS...by definition! If you are diagnosed with Kaposi sarcoma and you don't have antibodies to HIV, then you don't have AIDS...you have Kaposi sarcoma!...go figure!"

"I have the luxuries of both being retired, and not being 'in the system'...I don't depend on government grants and hence can evaluate data without fear or favor... The entire AIDS and cancer areas are a mess. All current hypotheses are plainly incorrect, inadequate or in many cases absolutely falsifiable on the basis of existing data...this is all that Duesberg is pointing out."
Dean's World web blog, December 30, 2004

"...The CDC classifies individuals with any of these diseases as Aids if antibody to Hiv is present. However, there is no detectable infectious Hiv in most patients, only antibodies. Thus, the 100% correlation between Hiv and Aids is not one of natural coincidence but of semantic contrivance. Furthermore, the mortality of Hiv antibody-positive individuals treated with anti-Hiv drugs is greater than that of mostly untreated Hiv-antibody positive individuals, a disturbing finding in regard to current therapies."

"Therapeutic progress in human disease requires solid clinical data, not scare mongering."
Nature Biotechnology, September, 2004

— **Dr. George L. Gabor Miklos**, PhD, Chief Scientific Officer, Human Genetic Signatures, Sydney, Australia; Director, Secure Genetics, Sydney; Consultant in Functional Genomics to Novartis Pharmaceuticals and to the CELERA Human, Mouse

and Drosophila Genome Projects. Formerly with University of California, University of Washington, University of Edinburgh, the Neurosciences Institute, The SCRIPPS Research Institute and the Australian National University.

“If not Hiv, what can cause Aids? ... The following factors are widely recognized causes of immune suppression, compromised health, and opportunistic infections, as documented in the medical literature for more than 70 years... malnutrition and chronic lack of sleep...Poverty, crowded living conditions and unclean water... Immune-compromising chemicals include drugs such as AZT and other cancer chemotherapy compounds, protease inhibitors, antibiotics and steroids, and recreational drugs such as cocaine, crack, heroin, nitrites (poppers), and methamphetamines (crystal, speed)...”

“Chemotherapy targets and destroys the bone marrow cells from which all immune cells derive. They also kill fully formed immune cells...B cells and red blood cells. Chemotherapy destroys the digestive system by killing the cells that compose the inner lining of the digestive tract which interferes with the body’s ability to...digest nutrients, causing malnutrition... chemotherapy suppresses normal immune function, increases susceptibility to...infections, and can cause life-threatening anemia and diarrhea. AZT, ddI, ddC, D4T and 3TC are all chemotherapy compounds used as antiviral AIDS treatments.”

“Protease inhibitors cause impaired liver function and liver failure...kidney failure, dangerously high cholesterol levels, diarrhea...Steroids are a known cause of immune deficiency often prescribed to AIDS patients to counteract the muscle wasting caused by AZT. Antibiotics, especially when used habitually, can cause yeast infection and diarrhea...Septra and Bactrim are sulfonamide antibiotics commonly prescribed for... HIV positives. These drugs are...notorious for their side effects...nausea, diarrhea, vomiting, anorexia, bone marrow destruction, rashes, fever, hepatitis, and anemia...”

“The immunosuppressive effects of recreational drug abuse ...include pneumonias, mouth sores, fevers, endocarditis, bacterial infections and night sweats—all conditions now associated with AIDS. Amphetamine[s] suppress the appetite, causing chronic users to suffer from malnutrition... insecticides and herbicides can also impair immune function.”

“Factor VIII (the blood clotting agent used by hemophiliacs) and blood transfusions are immune suppressive and leave patients vulnerable to infection... half of all HIV negative transfusion recipients die within a year of receiving a transfusion.”

“...Chronic anxiety, panic, stress and depression [such as is caused by a positive HIV test] have been shown to...damage immune function, and result in symptoms identical to AIDS. Mental stress provokes production of the hormone cortisol; excessive cortisol

causes rapid and dramatic reductions in T cells, a condition known as lymphocytopenia.”

“Beliefs and expectations are well-known to manifest in the physical body. [This] was detailed dramatically in 1942 by Dr. Walter B. Cannon in his accounts of...‘voodoo death,’ a form of capital punishment practiced among certain Aboriginal tribes. Cannon reported that shamans, tribal medical authorities thought to possess special powers, were able to kill errant tribe members by simply pointing at them with a bone. Convinced of the shaman’s ability to invoke a lethal curse, the people pointed at died within a matter of hours or days.”

“The high correlation that appears to exist between HIV and AIDS is not proof of causation, but rather an artifact of the AIDS definition: AIDS is defined as any one of 30 old diseases (such as pneumonia, yeast infection, TB, cancer, diarrhea, salmonella, etc.) that occurs in people who have also registered positive on an HIV antibody test. AIDS can only occur, by definition, in people who test HIV antibody positive.

Pneumonia + HIV Antibodies = AIDS

Pneumonia - HIV Antibodies = Pneumonia

Diarrhea + HIV Antibodies = AIDS

Diarrhea - HIV Antibodies = Diarrhea”

“Antibodies produced in response to simple infections like a cold or the flu can cause a [false] positive reaction on an HIV antibody test. A flu shot and other immunizations... having or having had herpes or hepatitis...vaccination for hepatitis B...microbes such as those that cause tuberculosis and malaria...tapeworms and other parasites...alcoholism or liver disease and blood that is altered through [recreational] drug use...pregnancy and prior pregnancy... antibodies [to] mycobacterium and yeast, infections which are found in 90% of AIDS patients...[all can] cause false positive HIV test results.”

“In one study [Rodriguez, et al, 1985] 13% of Amazonian Indians who do not have AIDS and who have no contact with people outside their own tribe tested HIV positive. In another report, 50% of blood samples from healthy dogs reacted positively on HIV antibody tests.” [Strandstrom, et al, 1990]

What if Everything You Thought You Knew About Aids Was Wrong?

— **Christine Maggiore**, Former Director, *Alive and Well* (aliveandwell.org), author, *What if Everything You Thought You Knew About Aids Was Wrong?*

“This book [What if Everything You Thought You Knew About Aids Was Wrong?] exposes the many incongruencies in conventional wisdom and establishes why we must question how AIDS research and treatment are currently conducted. The paradox of the search for an AIDS cure is that the thing most needed—open debate and scientific exchange—is the thing most feared by the AIDS establishment.”

Amazon.com

— **Bob Guccione Jr.**, Editor and publisher, *Gear Magazine*

“As a prison medical officer in South Africa, I partly agree with President Mbeki’s sceptical view of current statistical research into HIV infection and AIDS. The research data tend to be formulated from actuarial models and short trials in pregnant women attending antenatal clinics. Pregnancy is known to cause a raised rate of false positive results on testing for HIV infection with ELISA. The results of such research lead to frightening statistics, giving the impression that the whole of southern Africa will be depopulated within the next 24 months.”

“In South Africa’s prisons there is a vast overcrowded (often 30 people per cell) population in which homosexuality is widespread and condom use practically non-existent. This is the perfect breeding ground for the rapid spread of HIV. This prison, which holds 550 inmates and is always full or overfull, has an HIV infection rate of 2 to 4% and has had only two deaths from AIDS in the seven years I have been working there.

“The HIV infection rate for all South Africa’s prisons is currently 2.3%. The rate in the prison population should be higher than that in the general population, or at least the same. But the figures for prisons in South Africa are way below those generated by actuarial models and antenatal data, which purportedly reflect the incidence of infection in the general population.” [WHO estimates that 20% of adult South Africans have HIV]

“A widespread mystical attitude towards HIV/AIDS gives this disease recognition out of all proportion to its incidence.”

British Medical Journal, 26 Jan 2002

— **Dr. Stuart W. Dwyer, MD**, part time district surgeon (forensic medical officer), Grahamstown, South Africa

“How can the estimated incidence of HIV/AIDS in South Africa be as high as 20% among adults in the general population, yet as low as 2.3% among incarcerated adults, while the estimated incidence of AIDS in the U.S. among incarcerated individuals is as much as 150 times higher than the incidence in the general population?”

“How can a disease, and a disease agent, be acting so completely differently in these populations? Or is South African President Thabo Mbeki correct in doubting the causal relationship between HIV and AIDS?”

“When will AIDS estimates be replaced by facts?” www.chronicill.net

— **Neenyah Ostrom**, science journalist, author, free-lance science researcher for ABC News. News and Public Information Director, Chronic Illness Research Foundation

“I have never encountered AIDS, but have encountered one or two HIV positive patients, in my broad clinical experience in the US and had never stopped to think why until President Thabo Mbeki questioned establishment dogma. After reviewing the dissident evidence I have concluded that HIV is not an established cause of AIDS for

Koch's postulates had not been fulfilled. Upon reflection of my own experiences and data I have also concluded that AIDS might be no more than a politically inspired 'Wag the dog' media event."

HIV/AIDS: the biggest error? BMJ. 2000 Apr 4.

— **Richard Fiddian-Green**, BM, BCh, MA. Clinician at U. Mich., Chairman of General Surgery at U. Mass, Chief of surgical services in an inner city VA in New York. Now at Constantia, Western Cape, South Africa

"The severity of the immediate [latex allergic] reaction depends upon the person's degree of sensitivity and the amount of latex allergen to which the person is exposed. The greatest danger of severe reactions occurs when latex comes into contact with moist areas of the body or internal surfaces during surgery, because more of the allergen can rapidly be absorbed into the body."

"Tips to Remember", brochure, Public Education Committee, 2003

— **American Academy of Allergy, Asthma and Immunology**

"A German scientific research institute has warned that most condoms on the market contain a cancer-causing chemical and has urged that their manufacture be subjected to stringent quality control. The Chemical and Veterinary Investigation Institute in Stuttgart said on Friday it had found the carcinogen N-Nitrosamine in 29 of 32 types of condoms it tested in simulated conditions. The condoms, which were kept in a solution with artificial sweat, exuded huge amounts of cancer-causing N-Nitrosamine from its rubber coating. Researchers measured amounts of N-Nitrosamine, that were way above the prescribed limits for other rubber products such as baby pacifiers. 'N-Nitrosamine is one of the most carcinogenic substances,' the study's authors said. 'There is a pressing need for manufacturers to tackle this problem.'"

"German Study says Condoms Contain Cancer-causing Chemical", May 29, 2004

— **Deutsche Welle German News Service**

"[HIV] is totally unrelated to disease or loss of immunity. AIDS is NOT an infectious disease."

"Robert Gallo and his AIDS/HIV club are unscientific quacks and frauds, as I've been alleging since early 1988."

"Naturally, now that we have a full-fledged science named Immunology, we have become curious why under certain circumstances this effective defense mechanism breaks down. The true scientist wants to know how it all works. But that's no reason to jump the gun and blame the whole problem on some poor virus that has nothing to do with it!"

"Is AIDS an epidemic? Again a strong and unconditional no! Of course it is relatively easy to fake one: As opportunistic infectious diseases are always the real cause of

death in people with weakened immunity, the statistics can be manipulated by lumping an ever-increasing number of these cases together under the heading 'AIDS.'"

"Call succumbing to an infection AIDS if you must, but don't give me any nonsense about a sexually-transmitted virus that causes it!"

"And so we got ourselves a brand-new bogeyman to be scared of. The situation has become so ridiculous that someone who has had an unprotected sexual contact with a total stranger runs to the doctor immediately to have an aids-test. Why, in the name of Theophrastus Bombastus von Hohenheim, would anybody do that?? To make sure the whole world starts treating you as a leper? To get your health insurance cancelled, never to be renewed again? To run into trouble every time you try to cross a border? Or to end your sex life once and for all?"

"No, an aids-test (i.e., a test for HIV antibodies) makes no sense at all."

"HIV exists, so does AIDS, but the two are in no way connected."

"Now if you were a scientist, would you give up all this money enabling you to buy expensive lab equipment, and get plenty of good graduate students plus the respect of the chairmen and the deans? Just because deep inside you knew your research was a fraud?... Yes, there are scientists who would not prostitute themselves, but they have labs in broom closets in the basement..."

"I'm breathing a sigh of relief. I'm not so alone anymore! At last, there's a group of serious whistle-blowing scientists challenging the (totally ridiculous) choice of HIV as the cause of AIDS. Maybe they can get through your thick skull."

"Our definitive conclusion at this time is: AIDS is the hoax of the century."

"If you want my honest opinion on condoms: They're the pits. Plastic sex! If you use those suckers, you might as well go all the way and get yourself one of those inflatable plastic dolls. But they don't hand those out in schools yet; you still have to go to Pete's Porno Palace to get one. And don't tell Pete I sent you."

"Imagine, the glee of all those condom tycoons. Their product had already flopped (and rightfully so) when somebody came up with the master stroke of AIDS. Late at night, when there's a full moon, just around the time when the banks in Switzerland open up for the day, you can hear them guffaw..."

"The AIDS epidemic is a hoax, and HIV...is totally unrelated to a loss of immunity."

"And now that we're going after unlicensed medicine anyway, how about prosecuting all those other quacks...all those idiots who keep on proclaiming that AIDS is the worst disease on earth, and <gasp! ouch!!> it's a virus that causes it."

"As long as our knowledge about immunology is still burdened with that ridiculous AIDS-superstition, progress on that front will remain limited too."

“...The CDC report that surveys of...public-school students in eight large U.S. cities with high rates of AIDS showed that these students were less sexually active and more likely to use condoms in 1997 than in 1991. Congratulations, colleagues at the CDC!...You did it! You really succeeded in convincing those simple-minded youths they should forfeit their turn at having the same fun their parents had! They voluntarily put on those miserable joy-killing jizz-bags, or they decide to forego one of life’s main pleasures altogether! With your help, Nixon could even have been successful at selling used cars...”

“Youngsters: Are you still not aware that you’re being cheated out of an important part of your youth by people who cannot stand it that their youth (which they thought would last forever) is definitely over? Sure, the old fogeys have always tried that. In my own adolescent years they told us that every sex act was automatically followed by an unwanted pregnancy. And if that wasn’t enough of a deterrent, they came with gruesome stories about ‘incurable’ diseases such as gonorrhea and syphilis. Those bogeyman tales were not as sophisticated as the AIDS myth, I admit, but at least they really did bear a relationship to sex. AIDS, I repeat, does not.”

“All that yakety-yak about a virus is nothing but pseudo-science (and I challenge the CDC to come up with even the slightest shred of evidence that there is anything to this voodoo approach to disease control!) Immunodeficiency has more to do with things such as recreational drugs, or malnutrition. But it’s no skin off my nose, of course, if you find out one day that sex is safer than you thought after all, but meanwhile you’re too old to enjoy it anymore.”

“...The unsubstantiated cock and bull stories [scientists] have spread about AIDS are a good example. But, funny enough, those dogmas are exactly the type of hogwash that the religious conservatives happily accept, because the AIDS-swindle takes aim at sex. And religious people hate sex that is practised by others; they’re very worried anyone, anywhere is having fun.”

“Of course, we rich folks want to help... So we don’t send [Africa] food and antibiotics to battle the contagious diseases, but AZT and other poisonous shit, so that even more people die...of drug poisoning. And all that to satisfy the egos of some scientists who goofed, and the doom prophets who insist that there ought to be a divine punishment for promiscuity. And how nice for the big pharmaceutical companies!”

“Saving millions of lives? Ha! Those antiviral drugs they are putting in the bargain basement now are, by their very nature, so poisonous that they will probably destroy millions of lives instead.”

“...So what the U.S. government (or rather, the special interests steering it) will be doing is selling the African countries ineffective, but very poisonous drugs on a payment plan! Now I ask you: Isn’t this the lowest, meanest example of exploitation you’ve ever heard of?”

“Let me repeat it again: The African people have little resistance to infectious diseases because they’re poor, and they don’t get enough to eat. Rich people live longer than

poor people; everyone knows that. Africa's own fat cats who rule their nations by milking their citizens dry, don't get AIDS. And the reason is not that they use condoms, or restrict themselves to one sexual partner. No, they simply eat well, and they have access to proper medical care."

"What the U.S. government should be doing is send real help, in the form of food and medical supplies (not poisonous AIDS-drugs!). But they won't. Those Africans should be 'good darkies;' just buy the pharmaceutical companies' products, and shut up. Or die...preferably of AIDS. That would be good advertising too..."

"...President Mbeki of South Africa does not believe a word of that story about some mean virus that is supposed to be causing AIDS, and which is killing off his (poor) people. Well, more power to you, sir! I don't believe that bullshit either. AIDS (the loss of immune response to infectious diseases) can have various causes, but a sexually transmitted virus is not one of them. You are dead right pointing the finger at the real causes of this scourge: Poverty, malnutrition, and lack of medical care."

"[Mbeki] has been called irresponsible, just plain nuts, and everything in between...Just because he doesn't believe the unbelievable, the South-African president is called every name in the book. He is not behaving like what the old slave owners used to call (but which is now politically incorrect) 'a good nigger.'"

"What is Mbeki's major offense? He refuses to let greedy pharmaceutical companies sell him overpriced antiviral drugs on a payment plan that would make his people become even poorer and more undernourished."

"Isn't it time everybody started to realize that we are victims of a cruel hoax? Must we keep on letting government 'scientists' and Big Pharma, with the abject servitude of the media, force us into fear and depression over a virus they have invented themselves, and a disease they have assembled from old familiar ailments? How much longer are you going to tolerate this nonsense?"

["Let's throw off this burden of an epidemic that doesn't exist, and go after the perpetrators of this scam. Don't let them get away with it! Make sure the corrupt scientists never get a research grant again. Bleed the poison manufacturers into bankruptcy, and laugh the media that didn't do their job out of circulation, by not subscribing to their products."](#)

"Immunodeficiency can be caused by many things, and I'm very sure 'HIV' is not one of them."

The Moronic Majority by Wilhelm Godschalk

"...But the AIDS-priests don't perform such cleancut experiments. They don't have any pure HIV samples, so they have nothing they can show to be infectious. They cannot isolate anything that can be identified either, because they work with cellular slop that

could contain antibodies to whatever and godknowswhat showing enzymatic activity that has also been reported to be associated with known retroviruses. That's why the apologists' Aids-research is a load of crap."

Aids Myth Exposed Forum, 12 Oct 2004

— **Dr. Wilhelm Godschalk**, PhD, Biochemist, The Hague, Netherlands. Formerly Asst. Prof., University of Virginia Medical School, Assoc. Prof., University of Puerto Rico Medical School, Senior Scientist at the Center for Energy and Environmental Research. Did research with Dr. Jesse Beams, one of the lead scientists on The Manhattan Project.

"It's time we all examine the facts behind the doom reports coming out of the CDC, UNAIDS etc. Nobody should be given a death sentence based on the results of nonspecific and inaccurate tests. The 'gay media' need to take a 'drug holiday' from advertising antiretroviral meds, and start dealing with the real issues. And the 15 billion (of our tax money) pledged by the administration to fight 'AIDS in Africa' via AZT and abstinence programs, should rather be used to provide people there with clean water, and to rein in malaria and other endemic diseases."

Letter to editor, Boston Dig <http://www.weeklydig.com/index.cfm/issueID/0decc5c3-79f1-46e3-a8fa-1ee44b21dcfd/fuseaction/Article.view/issueID/53b34d62-192b-4fc3-b38d-01d0e81fc58e/articleID/e23575ea-8f28-4627-b1d9-f1393f6a194c/nodeID/1f8d80f1-1d63-4759-b277-66449307b413>

— **Alexei Trofimov**, PhD, Dept. of Radiation Oncology, Massachusetts General Hospital, Harvard Medical School

"There was a time when I imagined medical research as an idealized endeavor, carried out by scientists interested only in truth. Up close, it turns out to be much like any other human enterprise, riven with envy, ambition and the standard jockeying for position."

"[South Africa's] coffin makers had to be laboring hard to keep pace with growing [AIDS] demand. One newspaper account...told of a company called Affordable Coffins, purveyor of cheap cardboard caskets, which had more orders than it could fill. But the firm was barely two months old when the story ran, and two rival entrepreneurs who launched similar products a few years back had gone under.

"...So I called the real-wood [coffin] firms...'It's quiet,' said Kurt Lammerding of GNG Pine Products. His competitors concurred—business was dead, so to speak.

"'It's a fact,' said Mr. A. B. Schwegman of B & A Coffins. 'If you go on what you read in the papers, we should be overwhelmed, but there's nothing. So what's going on? You tell me.'

"So I called a black-owned firm, Mmabatho Coffins, but it had gone out of business, along with some others I tried calling. This was getting seriously weird. The death rate had almost doubled in the past decade, according to a recent story in South Africa's largest newspaper. 'These aren't projections,' said the Sunday Times. 'These are the

facts.' And if the facts were correct, I thought, someone somewhere had to be prospering in the coffin trade.

"...I wandered around [the carpentry workshop building] searching for coffin makers, but there were only two. Eric Borman said business was good, but he was a master craftsman who made one or two deluxe caskets a week and seemed to resent the suggestion his customers were the sort of people who died of AIDS. For that, I'd have to talk to Penny. Borman pointed, and off I went, deeper and deeper into the maze. Penny's place was locked up and deserted. Inside, I saw unsold coffins stacked ceiling-high, and a forlorn CLOSED sign hung on a wire.

"At that moment, a forbidden thought entered my brain...For years, experts tell you that the plague is marching down the continent, coming ever closer...This has to be true, because it's coming from experts, so you start looking for evidence. Laston, the gardener at Number 10, is suspiciously thin, and has a hacking cough that won't go away. On the far side of the golf course, Mrs. Smith has just buried her beloved servant. Mr. Beresford's maid has just died, too. Your cousin Lenny knows someone who owns a factory where all the workers are dying. Your newspapers are regularly predicting that the economy will surely be crippled, and schooling may soon collapse because so many teachers have died.

"But then you find yourself staring into Penny's failed coffin workshop and you think, Jesus, maybe something is wrong here..."

"In my suburb, I can assure you, people's brains are so addled by death propaganda that we automatically assume almost everyone who falls seriously ill or dies has AIDS, especially if they're poor and black. But we don't really know for sure, and nor do the sufferers themselves, because hardly anyone has been tested. 'What's the point?' asks Laston, the ailing gardener. He knows there's no cure for AIDS...Last winter, he came down with a bad cough, and everyone said it was AIDS, but it wasn't — come summer, Laston got better. Then Stanley the bricklayer became our street's most likely case. Stan maintained he had a heart condition, but behind his back, everyone was whispering, 'Oh, my God, it's AIDS.' But was it? We had no idea. We were playing a game, driven by hysteria."

"...If the numbers could be gotten so wrong in America, what are we to make of the infinitely more dire death spells cast upon the developing world? In 1993, Laurie Garrett wrote in her book 'The Coming Plague' that Thailand's AIDS epidemic was 'moving at super-sonic speed.' It has stalled at just below two percent, according to UNAIDS. In 1991 All India Institute of Medical Sciences official Vulmiri Ramalingaswami said AIDS in India 'was sitting on top of a volcano,' but infection levels there have yet to crest one percent. The only place where the AIDS apocalypse has materialized in its full and ghastly glory is in Geneva's [WHO's] computer models of the African pandemic, which show millions dead and far worse coming."

["In Tanzania, AIDS doctors can increase their income just by saving the hard-currency per diems they earn while attending international conferences. Here in South Africa, entrepreneurs are piling into the AIDS business at an astonishing rate, setting up](#)

consultancies, selling herbal immune boosters and vitamin supplements, devising new insurance products, distributing condoms, staging benefits, forming theater troupes that take the AIDS prevention message into schools. A friend of mine is co-producing a slew of TV documentaries about AIDS, all for foreign markets. Another friend has got his fingers crossed, since his agency is on the shortlist to land a \$6 million safe-sex ad campaign.”

“*AIDS in Africa—In Search of the Truth*,” *Rolling Stone Magazine*, Nov. 22, 2001
— **Rian Malan**, South African author of *My Traitor’s Heart: A South African Exile Returns to Face His Country, His Tribe and His Conscience*.

“I believe many of my colleagues neither question individuals at the governmental level, nor those from large centers of research, nor those from the pharmaceutical companies. We write exactly in the way that we are told, even knowing that this or that is not true. There is a lack of common sense in understanding subjects and problems. For example, in Luc Montagnier’s book, he explains that there are people who develop AIDS who are HIV-negative, who die from AIDS. However, journalists do not care about this contradiction. A similar thing happens with discrepancies between Gallo and Montagnier regarding the origin of AIDS, discrepancies which are published, but nobody says a word. Similarly with information from the CDC; they replied to me that viral load is improper for diagnosing HIV infection, yet nobody calls them on this, most journalists do not question it, they just report that viral load diagnoses HIV infection.”

“In the future, we journalists should not compromise ourselves in seeking truth and should not let those who feel that they are the keepers of truth manipulate us in the way that they are doing now. We must no longer believe in an AIDS virus that supposedly has magic powers, that mutates, that every time they use a new antiretroviral the virus uses its magic powers to resist.”

Alternative AIDS Conference, Barcelona, 2000

— **Hector Lozada**, Reporter for the newspaper *El Bravo*, Matamoros, Mexico

“Higher Learning is ignorant as to the truth behind the HIV-AIDS Scam. The causation aspect is a mythical perpetuation which has been advanced to an untouchable status.”
Comment to Virusmyth.net

— **Dr. Matthew McIntosh**, PhD, Director of HCC Wellness and Cardiac Rehabilitation Center, Hagerstown, Maryland.

“Both scientific and popular literature have exaggerated the significance of the number of women with AIDS, and of the epidemiological danger of sex for women. Variations on the theme ‘women are the fastest growing risk-group for AIDS’ appear virtually everywhere, in the scientific no less than the popular press. Sometimes these statements are literal untruths; at other times they merely insinuate untruths in their equivocation between rates of disease and rates-of-change in population-specific disease rates. For example, the medical journal *The Lancet* asserted in a 1993 article that ‘Women are the fastest growing group with HIV infection in the USA.’ But the basis for this claim is obscure. Estimates of the prevalence of HIV infection are well-known to be unreliable, and have been continually revised downwards.”

“For all the same reasons that other people lie to doctors about stigmatized activities, such as male-male sex, women with AIDS lie about use of injected drugs. It therefore seems highly likely to us that a substantial number of the reported cases of heterosexual transmission in the partners of injecting drug users, in particular, are themselves injecting drug users.”

“The policy of supporting the spread of AIDS hysteria among those not at significant risk causes more suffering to those who are at significant risk. The vast majority of women are simply not at risk for HIV/AIDS. Women are dying of AIDS, but it is not because of heterosexual or lesbian sex. Rather, AIDS disproportionately affects those women who inject drugs, and thereby largely suffer other diseases, poverty, and malnutrition. It is to these women that a just expenditure of public health care funding would go for both education and treatment—education primarily of the risks of IV drug use, not of sex, and treatment of the health problems characteristic of IDUs, male or female.”

“Second, women who are not at great risk for AIDS are also harmed by the current AIDS response. Many women who aren’t at risk of AIDS inevitably, each time they have sexual encounters, think of AIDS. Anxiety, depression, hundreds of thousands—probably millions—of unnecessary HIV-tests, and broken relationships are the results of such campaigns.”

Women And Aids: The Ethics Of Exaggerated Harm

— **Dr. Udo Schüklenk**, Head of the Division of Bioethics at the University of the Witwatersrand, Johannesburg, South Africa;

— **Dr. David Mertz**, University of Massachusetts;

— **Mary Ann Sushinsky**, University of Massachusetts, Dept. of Philosophy

“AIDS by its very definition is incurable. People who develop the disease are robbed of hope of recovery. Yet HIV has nothing to do with AIDS. AIDS is a syndrome of 25 diseases and a deficient immune system caused by malnutrition, medication—both legal and illegal—stressful conditions and no spiritual meaning in life.”

From Shocked Sheep to Winged Horses—A Physician’s Guide to Planetary Transformation by Roxanne Davies

— **Dr. Guylaine Lanctot, MD**, author, *The Medical Mafia*

“What the HIV orthodoxy do not seem to comprehend is that Koch’s Postulates cannot be fulfilled by stitching together a series of unrelated cases and asserting that case 1 fulfilled postulate 1, case 2 fulfilled postulate 2 and case 3 fulfilled postulate 3. The Koch postulates must be satisfied as a unity. This means that one must isolate and purify the supposed cause from every case of the disease. HIV fails this for AIDS. The purified agent must be injected into a suitable animal host and shown to induce the disease. This has never been done, and in the only animal model, that of the Chimpanzee, HIV causes no disease at all. From the new diseased host, the cause must then be isolated once more and the procedure repeated. Again, this has not been done.”

“It’s not even really a mathematical model. In my opinion, it’s mathematical junk. [Dr. David Ho’s explanation of how HIV “furiously replicates”] Ho’s equations predict that over the course of 10 years, an HIV-positive person will produce more particles of HIV

than there are atoms in the universe. There is no way you could make that much virus.”
Gear, March 2000

“[AIDS scientists] seem blissfully unaware of the prediction that their own results give. They probably have not bothered to look at tedious questions like ‘do our results correspond with what we observe in patients?’ But these groups actually manage to do a lot worse. Neither group compared the rate of T4 cells generated in the HIV positive patients with HIV negative controls!”

“We have to ask fundamental questions here. Does what Ho and Shaw say actually make any sense? Are their experimental techniques sound? Do their conclusions follow from their results? Is their mathematical analysis sound? My conclusion will be that this new work is about as convincing as a giraffe trying to sneak into a polar bears only picnic by wearing sunglasses.”

“...Yet HIV ‘science’ has declined so far that these elementary questions are addressed neither by the research groups themselves, nor the referees at Nature whose job it is to critique the papers before publication. Is nobody at Nature bothered by the fact that neither paper contains any hard data which can be independently analysed? And Wei, et al. use a technique for measuring viral load known as branched DNA (bDNA), yet their data for bDNA does not appear in the paper. The reader is given absolutely no explanation of how this assay of viral load is supposed to be carried out and no indication of how reliable it is.”

“...But nobody in the HIV research community is at all bothered by this. They seem to have learned like the mad hatter to believe six impossible things before breakfast and so one more makes no difference. One gets a remarkable sense of being disassociated from the real world when entering the realm of AIDS research. Am I mad or are they?”
AIDS: Virus- or Drug Induced? Kluwer, 1996, pp. 127-130

— **Mark Craddock**, PhD, Senior Research Associate, School of Mathematical Sciences, University of Technology, Sydney, Australia

“...Koch's postulates are failed at every turn. The only way to believe that HIV causes AIDS is to either have insufficient knowledge to think for oneself or to have a vested, financial and/or ego interest in the theory being true...”

“So what about the presence of the HIV virus in many people with AIDS? It seems far more likely to me that this virus is a so-called ‘passenger virus,’ in other words just going along for the ride.”

“...It is well- acknowledged that the HIV virus is cleared quickly out of the body. The mechanism by which it is cleared is through the production of an antibody, which is specific for the virus. What can be found in an ‘HIV positive’ individual is this antibody, not the virus itself. The virus itself is undetectable, and this is explained away by the

AIDS establishment as a 'latency' period. How does a virus which is not present do progressive damage to an immune system?"

"While it may be true that the retroviruses have the ability to cause the cell to produce more viruses, if those viruses are causing no problem, it is just not relevant. It may even be that, at the end-stage of AIDS, there is a sudden increase in HIV virus particles. However, this does not mean that HIV is causing the final collapse of the immune system, but vice-versa: the final collapse of the immune system allows large numbers of HIV particles to exist."

"No one yet has proposed a reasonable mechanism by which the HIV virus might actually damage cells, and in all likelihood it is as harmless as the other retroviruses. Nevertheless, if the immune system eventually decompensates from multiple toxic exposures, it is easy to blame a virus which is going along for the ride. It also fits the allopathic paradigm of one disease, one cause."

"Multiple contributory factors causing one disease is too complex and unpredictable for the allopathic paradigm to accommodate. Likewise, multiple contributory treatments for a disease process are thought not to be 'scientific,' even if they work."

"It is probable that the HIV causation hypothesis of AIDS and all the scare tactics which go with it are a hoax — of which some sharp scientists are well aware but who are not yet talking."

"The Psychosocial Impact of the HIV Hypothesis. This has changed lives. It has caused depression and lethargy. Many productive citizens have given up and are waiting to die. Some have committed suicide in despair and anticipation of a future of suffering and certain death from AIDS. Many relationships have been smashed asunder by the knowledge that someone is 'HIV positive.' The toll in psychological suffering is impossible to calculate, but it must be staggering."

"All this would be excusable, if the CDC knew, as a fact, that HIV always leads to AIDS and death. This is just not the case. The idea of the inevitability of an AIDS-related death for people with an HIV-positive blood test is a wild guess for which there is no proof. It is a thundering herd of paradigm-dominated, research grant-motivated opinion."

"If one takes the time to read the label of possible side effects of AZT, one realizes a paradox. Here is a drug for treating autoimmune deficiency which causes autoimmune deficiency. When one sees the result of treatment with AZT, the list of possible side effects becomes the list of probable, almost certain, side effects. When AZT hits the scene, T cells are killed by the millions. Loss of appetite, nausea and vomiting (of blood), muscle wasting, severe fatigue, bloody diarrhea and slowed growth in children are the results which the doctor can count on seeing in the person taking AZT."

"And yet, paradoxically, these all are signs of AIDS. It only becomes a question of what really causes AIDS: HIV or AZT."

“...In comes a patient, probably with an infection, to see the doctor. Doc says ‘OK and let’s get an HIV test just to be on the safe side.’ The test comes back positive, doctor explains the death sentence and says, ‘Well, we don’t have a cure, but if you take AZT perhaps we can prolong your life until a cure is found.’ Doctor wants to help, patient wants to live, Burroughs-Wellcome and the local pharmacy want the business, FDA approves and — voila! — another AZT prescription.”

“Patient, who was perfectly healthy, by the way, begins to take AZT. On the next visit to the doctor, weight loss is noted and patient is not feeling so well. T-cells are down. Doctor says, ‘Well, too bad to say, but it appears that you are in the early stages of AIDS. We had better increase the dose of AZT.’ You can see what happens next. It happened, for example, to Arthur Ashe, who was informed, but not convinced, of this information, so he continued taking AZT. ‘Besides,’ he said, ‘what will I tell my doctors?’”

“Now, there are a few other drugs — ddA, ddC and ddl...they have the same mechanism of action as AZT and also the same result. AIDS, like cancer and vascular disease, is a disease which selects out those people able to think for themselves and willing to inform themselves. Those who blindly follow the blind will, well, both fall into a ditch. Darwin lives!”

“I predict that, over the next few years, even virologists will back down to the position that HIV is at most a ‘risk factor,’ or perhaps only a ‘marker,’ and not the cause of AIDS. Probably, they will all pat themselves on the back for ‘discovering’ this through their multi-billion-dollar research programs. Already the process has begun through media events with titles like ‘Why Some People Have a Natural Immunity to AIDS.’”

“One should always keep an open mind. I keep an open mind for the HIV hypothesis and yet, as it appears now, it would be the strangest thing in science if it should turn out to be true.”

http://www.medical-library.net/sites/framer.html?/sites/_aids.html

— **Ron Kennedy, MD, Santa Rosa, California**

“In some instances, people who couldn’t hack it in other fields moved to AIDS, where they could get funding, and forced out the good scientists.”

Los Angeles Times, June 20, 1993

— **Dr. Gunther Stend, PhD, former Chairman of the Molecular and Cell Biology department at University of California, Berkeley**

“I’ve seen no evidence of an AIDS plague anywhere in Africa. No overloaded hospitals, no sick people lying about the streets, no horror stories from locals and the epicenter of the epidemic is supposed to be in the very places in central and southern Africa where I’ve spent the most time. In fact, when I was in the Congo’s Katanga province last year, I went out of my way to visit a hospital in Lumumbashi run by a Belgian doctor to talk with someone who actually dealt with these things first hand. His opinion was that people were dying of lots of things, but not noticeably more than was ever the case.

“He thought that to whatever degree AIDS was a problem, malaria was a vastly bigger problem. He thought AIDS was 90% hysteria and 10% reality.

“Other than Mr. Mbeki, nobody I talked to in South Africa even cared about AIDS, simply because so few people even knew somebody who knew somebody who supposedly had it. People are far more concerned about crime.”

International Living Magazine, Aug, 2000

— **Doug Casey**, Editor, *The International Speculator*, Author of the #1 NY Times bestseller, *Crisis Investing*.

“I cannot understand how any doctor can say that HIV testing in Africa is acceptably reliable. In the developed world HIV testing consists of ELISA test followed by the Western blot test. This is because studies have shown that the ELISA test alone produces at least an 83% false positive test result rate. However, in Africa, due to lack of resources, testing usually consists of the ELISA test only. Often, HIV testing is not even performed and people are diagnosed on the basis of unspecific symptoms such as weight loss and diarrhea.”

“Antiretroviral drugs are another huge concern. Long term use is known to cause immunosuppression and side effects that are actually indistinguishable from AIDS. The pharmaceutical companies do not even attempt to deny this. Millions of people have been encouraged to put all their hope and trust in these drugs. I doubt that they are told that within 10 years time when they develop symptoms of ‘AIDS,’ no one will really know whether it is due to the HIV or due to the identical fatal side effects of the drugs.”

“One case I encountered in Zimbabwe, Lynde, has been living with HIV for 17 years now and has had no symptoms of AIDS or opportunistic infections at all. She has never used antiretroviral drugs and she says that she maintains her health by maintaining a strictly healthy diet and lifestyle. Also, of the clients who have attended The Centre, the only ones who have died are those who came in the very late stages of ‘AIDS’ or those who had taken antiretroviral drugs.”

“I have seen dissidents represented as simply crazy scientists who for no apparent reason have decided not to believe that AIDS exists or that HIV causes AIDS. There is often no further explanation. This of course makes no sense to people who do not already know the arguments. Hence, people do not understand the real arguments and as a result even those without a vested interest develop strong anti-dissident views without any real knowledge of what it is really about. Sometimes elaborate stories are developed regarding the dissidents being ‘in denial’ or prejudiced against those with HIV or AIDS.”

“Whether or not the dissident view is entirely correct, it raises issues that would be irresponsible to ignore. If an unreliable test (and sometimes no testing) is being used to diagnose HIV in Africa, how can we be confident that giving toxic anti-retroviral drugs to people under these circumstances is acceptable?”

— **Mukai Chimutengwende-Gordon**, fifth-year medical student at Bristol University, England

“I drew my own blood and put it into two ampules. One of them I sent under my own name to get tested for HIV antibodies, the other I sent under the name of one of my HIV

positive patients for viral load testing to the same lab.[The results:] My blood was negative under my own name, but the blood that was sent in under my patient's name had a viral load of 1800."

from a censored series of newspaper articles that journalists Michael Leitner and Jan-Philipp Hein wrote for a prominent German newspaper in 2000

— **Dr. Juliane Sacher, MD, Frankfurt, Germany**

"...The doctors pressured Kaushalya, who was in her sixth month of pregnancy, to get an abortion because of her HIV-infection. 'By telling me a lie they made me lose my only son,' the young widow mourns. But late last year, a second test...showed that neither Kaushalya nor her daughter had the AIDS virus...Like most Indian hospitals, the Rohtak hospital carried out only a single HIV test [ELISA] on her husband. In most other nations, at least three tests with similar results [two ELISA and one Western Blot] are required before a patient is confirmed HIV-positive."

— **Terraviva Europe Daily Journal, Jan 15, 2001**

"HIV cannot be the single cause (if any cause) of AIDS. Most HIV-infected people have not advanced to overt disease. There are increasing numbers of cases of AIDS without HIV. The diagnosis of AIDS or pre-AIDS is NOT a guaranteed death threat. Immune (host defense) systems can be helped or even rebuilt through natural methods and therapies. The longest surviving AIDS patients are those who have rejected synthetic drugs and are on natural therapies."

— **Dr. Michael Culbert, D.Sc., Vice President, American Biologics/Robert W. Bradford Research Institute, Author, *AIDS: Hope, Hoax and Hoopla***

"The only truth about Aids is that there is no truth. There remain profound questions and an increasingly loud whisper from the margins of the scientific literature that either we did not get it completely right in the early stages of the disease or, even, that we got it completely wrong."

"From the very beginning the argument had been made that perhaps the virus did not stand alone, if it stood at all, as the source of Aids. In the early 1980's there were published studies of gay men with Aids...indicating that they had something in common other than sexual orientation: they were extensive drug users. Between Sept 1981 and Oct 1982 Harry Haverkos of the CDC studied drug use of a sample of gay men with AIDS. His report concluded that drugs were a factor. The CDC refused to release the report."

"The news about Aids was flagrantly wrong in fact and interpretation, but hugely successful in constructing a prevailing understanding, locking into modern consciousness the belief that here was one more bug to threaten us all."

"What we see within the orthodoxy of Aids is something more akin to an act of faith, a theology in an age when intolerant fundamentalism is rampant, where to question is to

be heretical, and where to be heretical is be banished. The great sin that Duesberg committed was to challenge the priesthood of that secular religion.”

“The mediated articulation of the health risks of HIV infection came to depend not upon relative perceived risks of certain behavioral pathologies but upon the political necessity to argue that all sexual activity is destructive so that no one particular activity might be ‘accused’ of being particularly dangerous or at risk lest such arguments sound moralising. It was vitally important to the emergent gay leadership, in the early 1980’s, that the ‘epidemic’ not be overly associated with the gay community. The fact that a virus was being blamed suited them fine since viruses are nothing if not democratic.”
Aids and the Making of the Public Mind, Inaugural Lecture of the Chair of International Communication, University of Salford, England 1995

— **Dr. Michael Tracey**, PhD, Director, Centre for Mass Media Research, University of Colorado at Boulder

“The WHO multiplies the registered AIDS cases in order to reach an estimate of the ‘actual’ figure. The multiplication factor, however, increases every year. In 1996, the WHO multiplied registered AIDS cases in Africa by 12. In 1997 this had jumped to 17. In the last one and a half years, the WHO has multiplied the reported cases by 47. The oft-repeated horror scenarios... exist exclusively in the heads of the statisticians who...use untenable and escalating multiplications to arrive at their alarming conclusions.”

“The statisticians have added together — that is, presented cumulatively — all AIDS cases since the beginning of the 1980s. This form of presentation is extremely unusual in medicine as it produces useless results. The figures automatically rise, even if only a few new cases are still coming in each year. The only sense in such a form of presentation is that ‘huge figures bring in large amounts of public money’ into AIDS research and, by extension, into the pockets of the researchers.”

“Using high estimates is a common feature in all hiv/aids campaigns in the past. None of the projections have come true but they have been the basis for enormous budgets for the agencies involved. The impact on other health issues is enormous, especially in poorer countries. Hiv/Aids is a good example of how the developed world can still successfully make money from poor countries.”

Letter to Outlook Magazine, India, Feb. 2002

“A patient [in Africa] is given an AIDS diagnosis when they have two major symptoms and one minor symptom. The major symptoms are weight loss, chronic diarrhea and chronic fever. The minor symptoms include coughing and generalized itching. It’s absurd when you understand how common these symptoms are in sub-Saharan Africa. To begin with, less than 50 percent of Africans have access to safe drinking water. Over 60 percent have no sanitation. Most African villages don’t have sewage systems. Human and animal excrements mix with the water supply. People drink this water and ingest infectious parasites and bacteria. As a result, dysentery is endemic.”

“When your intestines are full of infectious microbes, you’ll likely develop a fever. Your body will try to purge itself by expelling the bacteria... This is infectious diarrhea, and it’s incredibly common in Africa. Diarrhea drains ...nutrients from the body. It weakens the immune system. When you have no safe water, you’ll have diarrhea chronically. When you have chronic diarrhea, you can’t help but to lose weight. At this point, you’ve fulfilled the major symptom criteria in the African [Bangui] definition for AIDS. The Bangui Definition simply re-labels symptoms of poverty as AIDS.”

“TB is very widespread in Africa. The typical symptoms are fever, weight loss and coughing. This is exactly what is required for an AIDS diagnosis. Malaria is the most widespread disease in Africa and tropical countries. The symptoms include fever, weight loss and fatigue. If you have a cough or itching, and you have malaria in Africa, you can be diagnosed with AIDS.”

“In some African countries, such as Tanzania, health authorities have decided that a patient exhibiting just one of the major symptoms — diarrhea, fever or weight loss — can be given an AIDS diagnosis.”

“This is hardly scientific. The idea that there should be a different kind of AIDS for Africans or Europeans or Americans defies the scientific definition of viral infection. A single virus doesn’t cause different diseases in different people or in different countries. A viral infection doesn’t vary so wildly so as to create pelvic cancer in women, Kaposi’s sarcoma in gay men, and tuberculosis in Africans. But this is what we’re asked to believe about HIV.”

“...In the meantime, Aids experts drive around the country in four-wheel-drive air-conditioned vehicles, if they are not saving the world from Aids in their comfortable offices or presenting their latest medical experiments on Africans at an overseas conference. The government has not only bought condoms for millions of dollars on credit, but borrows even more money from the industrialised countries in order to buy imprecise HIV tests and toxic Aids medications... a reader of the daily New Vision in Kampala wrote recently: ‘Most people die from malaria. So give us free mosquito nets instead of condoms and Aids medicaments.’”

“The Aids hysteria of the last 20 years was indeed politically correct, but led to a neglect of other far more important aspects in health care...it was also to the disadvantage of people in Africa. Innumerable western companies, NGOs, international organisations and Aids experts profited from it. HIV/Aids is indeed a new disease in this world of virtual reality and Infotainment: The celebrated discoverer of HIV later admits that he could in fact never purify the virus and the supposedly deadly disease leads to a real explosion in population growth in the so-called ‘epicentre,’ the country most heavily affected [Uganda].”

“TASO — The AIDS Support Organisation [in Uganda] claims to be independent, but they’re heavily funded by the pharmaceutical industry. They’re currently constructing buildings to prepare the ground for massive HIV testing, with this non-specific, cross-reacting test, and to distribute toxic AIDS drugs. These drugs are similar or identical to chemotherapy drugs used in cancer treatment. They work by stopping cell growth. They kill your body from the inside out. These are the most toxic drugs known to medicine, and they’re being applied to the most vulnerable part of the population — pregnant mothers, unborn children and newborns — all based on a faulty test, or no test at all, while their actual food, shelter and water needs continue to be ignored.”

“The most effective way to reduce all of these infectious diseases is to improve the standard of living and hygiene for local residents — to provide safe, clean, non-stagnant water, proper sanitation, plentiful, healthy food, treated mosquito nets, proper housing and basic medical care. This is exactly how the incidence of TB and other infectious diseases was dramatically reduced in the US and Europe. What’s astounding is that the UN is recommending just the opposite.”

“The UN’s exact recommendations: to redirect billions of dollars from health, infrastructure and rural development into AIDS — condoms, safe sex lectures and deadly pharmaceuticals. This is not what these already suffering people need to be healthy and successful. This is exactly how to propagate death, disease and poverty.”

Scheff, *Aids Debate, Boston Dig*

— Dr. Christian Fiala, MD, PhD, specialist in OB/Gyn, Vienna, Austria; Member of President Mbeki’s AIDS Advisory Board

“Egged on by a prurient media relishing plague fantasies, the medical establishment transformed a set of new and old symptoms into an apparently uniform disease process using the codes ‘AIDS-related processes’ and ‘HIV-associated diseases.’”

“The so-called HIV (the virus that nobody has actually isolated so far according to the standard rules of retrovirology and that was deduced to exist only due to unspecified molecular markers to postulate it hypothetically as cause of disease) is neither sufficient nor necessary. This postulate veils the real cause of AIDS.”

“If the premise of an inexplicable immune deficiency affecting hitherto completely healthy individuals had turned out to be true, then the virus-AIDS theory could have been a reasonable working hypothesis. But because AIDS is supposed to be a serious disease of acquired immune deficiency without pre-existing immune deficiency, it has to be stated quite unequivocally that such AIDS cases have never been found up till now, except in the form of a medical mantra of plague propaganda, because in all verifiable cases, demonstrable immune-suppressive disease and/or treatment have always preceded them.”

“According to Dr. Jager (in a live interview), one of the leading German AIDS authorities, in the period from 1981 to 1996, there has not been a single case of male or

female HIV infection in the age group 14-20 (not even in homosexuals!), although every school kid has had the exact opposite drummed into him, which is proof that the advocates of HIV/AIDS are by now unwilling to separate fact from fiction, even for the sake of the patients entrusted to their care.”

“It is high time to discuss the ethical consequences of the ‘virtual medicine’ currently practiced, which under the pretence of an imagined global epidemic, force-feeds highly toxic drug cocktails to terrorised patients, on the basis of a laboratory artifact.”

“During the 1990s a complete battery of AZT-related substances plus other preparations toxic to mitochondria were prescribed as ‘cocktail’ or ‘combined therapy.’ Sooner or later these substances logically produced AIDS and cancer among the patients. Several clinical course studies in the USA in the meantime have confirmed that precisely those patients die whose alleged viral load — measured by the extremely dubious PCR method in this case — was lowered by combined therapy.”

“The collective virus obsession enables ‘HIV’/AIDS medicine to operate in a lawless sphere without responsibility for the often fatal consequences. Yet ignorance and unwillingness to know can no longer be an alibi for the humiliating helplessness and indifference among officials, professional medical associations, and almost all fellow human beings who face this almost unprecedented lack of scientific and medical ethics.”

“...What Der Spiegel does not report is this: In all studies on ‘HIV positives’ who remain free of symptoms longer than 10 years, it has been determined that these affected are being termed ‘long-term survivors’ or, more to the point, as long-term objectors who never — or among a low number only for a very short term — were treated with drugs such as AZT, cotrimoxazol, or protease inhibitors.”

Continuum Nov./Dec. 1996

— **Dr. Heinrich Kremer**, MD, former Medical Director of the Federal Clinics for Juvenile and Young Adult Drug Offenders for five German counties, including Berlin, Bremen, and Hamburg. Since 1988 he has worked in basic research on cancer and AIDS

“I am of the belief, shared increasingly by others, that the so-called AIDS virus, HIV, HTLV-III, pick your own name, is not the cause of the disease...Even if I’m half right, think of the incredible industry that I’m threatening—the pharmaceutical industry, doctors and researchers.”

Syphilis as AIDS by Robert Ben Mitchell, 1990, p 102

“Can a person get sick and die with what you and I call AIDS without the HIV virus? Yes. It happens all the time. About 30 per cent of people who are dying with AIDS you can’t find any evidence of the HIV virus.”

Aidsinfobbs.org

— **Dr. Stephen Caiazza, MD**, New York internist. In 1977-78 he held a research fellowship in immunology from the National Institutes of Health. Early in his career he was instrumental in getting the drug AZT released, an act he looked back on with regret

“A Vancouver woman is suing St. Paul’s Hospital and several doctors because she was diagnosed as carrying the AIDS virus, when in fact she wasn’t. In a BC Supreme Court writ, Lisa Lebed claims when she was admitted to the hospital in late 1995 to give birth to a daughter, a blood sample was taken without her consent. It revealed she was HIV positive, so she gave up the baby girl for adoption and decided to have a tubal ligation. A year and a half later, while undergoing AIDS treatment, she found out she was not HIV positive. The explanation she was given was a lab error. She says because of the negligence of the hospital, she’s now sterile and has lost a daughter.”

— **CKNW Radio 98**, June 10, 1999

“AIDS is the greatest myth of our times. In spite of voluminous evidence which shows that HIV is not the cause of AIDS, the myth is deliberately kept going so that industries keep prospering.”

“Anti-retroviral drugs offer no cure for AIDS. The toxic effects of ARVs include nerve damage, weakened bones, unusual accumulation of fat in the neck and abdomen and drug-induced diabetes. Many people have developed dangerously high levels of cholesterol and other lipids in the blood, raising concern that HIV positive persons might face another epidemic of heart disease.”

“AIDS is the consequence of a suppressed immune system which has been subjected to repeated onslaughts by four factors that build up toxins and deficiencies in the body. These are: antibiotic abuse, recreational drug abuse, anal sex (which causes toxic shock to the receiving partner) and nutritional stress. Realization is also slowly but surely dawning that the damage caused by the stressed immune system could be reversed by good diet, yogic and other exercises, herbs available readily, acupuncture, homeopathy, proper rest, avoidance of alcohol, drugs, tobacco, proper hygiene, etc. In other words, a person is to be treated as a whole: body, mind and spirit.”

“The HIV tests, Elisa and Western Blot, can show false results when there is cross-reactivity with a host of viral and bacterial species. At least 70 different conditions like influenza, herpes simplex, hepatitis, all mycobacterium bacterial species (including leprosy and tuberculosis), malaria, malnutrition and even in pregnancy, a person may be tested positive and falsely labelled as such, ruining his/her life and that of his/her family.”

“Every disease under the sun can be treated by Holistic Healing modalities. The principles of healing are very simple: (a) the body heals itself (b) there is an inner environment (c) treatment should not be worse than the disease.”

“*Aids No More*” by *Dr. Leo Rebello*

— **Dr. Leo Rebello, ND, PhD (UK), DSc, FFHom, MBA (M’Asia)**. Has 30 years of clinical, teaching and research experience. Delivered over 10,000 lectures in 63

countries, written 33 books, thousands of articles, reports, editorial letters, short stories and other works. Director of the Natural Health Centre, Bombay; President of AIDS Alternativa and Indian Council of Natural Medicine and Research; Fellow of European Medical Association, Permanent Fellow and Adviser to British Guild of Drugless Practitioners and Fellow of Indian Nature Cure Practitioners Association.

“Two or three years ago there was a rash of positive HIV and hepatitis patients in Baltimore among people who would otherwise not be expected to have a positive test. When studied all of these people had received the influenza vaccine four to six weeks prior and this was rapidly covered up by the press.”

Interview with Gary Null

— **Dr. Eva Snead, MD and author, San Antonio, Texas**

“Many years ago a dear friend of mine provided me with a video tape of Dr. Peter Duesberg on the TV show ‘Tony Brown’s Journal’ on which Dr. Duesberg simply, forcefully and thoroughly trashed the HIV=AIDS theory. I had been a pharmacist for over 20 years at that time and had many of the same misgivings Dr. Duesberg expressed regarding the many gross misrepresentations propounded by the ‘AIDS experts’ and unquestioningly disseminated by the gullible media which was constantly necessary to keep the HIV=AIDS theory afloat.

“What a breath of fresh air to hear Dr. Duesberg! He was intelligent, concise, impeccably informed and vastly experienced in his field. After years of feeling so totally alone in my doubts about AIDS I can’t tell you how relieved I was to know I was not alone...in fact a REAL expert on retroviruses was saying just what I had been thinking and saying for years...”

Aids Myth Exposed Forum 6/7/2004

“The daily mental agony of someone who has bought into the HIV=AIDS paradigm and then is told they HAVE IT is an appalling stress, even MORE real than the use of drugs, promiscuity, etc. CMV may be there and it may be causing some infection and need to be dealt with, but the real problem is the patient’s morbid mental state. Fear and worry DO kill but usually gradually through loss of appetite and sleep at which point the ‘immune system’ tanks and whatever is hanging around, such as CMV, EBV etc. can take over.”

“The medical establishment doesn’t want to acknowledge its own part in this...Being human, many feel it is better to frighten the patient into submission to ‘save them’ than face one’s own fears of having been ‘wrong’ and the dreadful responsibilities that would accompany that.”

“Chinese medicine recognizes the reality of emotions in creating ‘illness’ within the body...One day the western medical establishment will also realize this but in the meantime their only answer is bugs, bugs and more bugs. The world is FILLED with

bugs. We swim in a daily SEA of bugs. We have enough toxic and dangerous bugs within us to kill an army if they put us in a blender and fed us raw to them.”

“One might as well substitute the word ‘demon’ for ‘virus’ in the public forum and you would see that we haven’t really progressed much since the dark ages.”

Aids Myth Exposed Forum:4/5/2004

“If you continue to buy into the AIDS myth and get tested over and over and ever manage to test positive, you’ll be faced with the onslaught of anxiety, fear and subsequent coercion by your medical team to take ‘the drugs.’ Then, if they make you sick, you’ll be told that it’s the HIV doing it. If the drugs kill you, your doctors, family and friends will believe that AIDS killed you.”

“There is so much haywire about the ‘facts’ surrounding the ‘epidemic’ that anyone with an open and half way intelligent mind should be able to smell something wrong. The fact that so many are emotionally attached to this is the major problem... it’s like a religion to them.”

“Fear is the greatest enemy and those who use it to manipulate others are the enemy of truth and freedom.”

Aids Myth Exposed Forum 7/6/2004

“Well, I see Big Pharma is making its storm trooper tactics felt in Africa as it demands complete obeisance to its toxic chemical agenda. As a pharmacist for over 35 years I watched as the AZT epidemic decimated the gay population of Los Angeles, New York and other unsuspecting megalopolises back in the 80’s.”

“HIV (if it even exists and there are many who don’t believe it does other than in Dr. Gallo’s fevered ego and his cooked up ‘tests’) has been with the human race for generations as proven by ‘positive’ HIV tests on human blood stored at the WHO since the 50’s. If it ‘killed’ anyone prior to its ‘discovery’ it went unnoticed until Gallo, Gottlieb and crew fingered it as the culprit causing severe immune insufficiency and subsequent opportunistic infection leading to death back in the 80’s.”

“From there the notion took hold to ‘wipe it out’ with dubious experimental ‘antiretroviral drugs’, the first one being azidothymidine or AZT, a deadly poison invented decades earlier as a cancer chemotherapeutic agent. Unfortunately, AZT had proven to be even more deadly than the cancer it was meant to ‘cure’ and it was shelved. Decades later it was resurrected by some friends of Robert Gallo at the NIH because it had managed not surprisingly to kill ‘HIV’ in a test tube (or so they said) and with no previous testing on humans and a lot of bogus claims as to safety and efficacy, it was approved by the same old boys network which had given the nod to the HIV=AIDS dogma.”

“Unfortunately, deaths skyrocketed after this ‘cure’ was released but were reported by a gullible medical profession as ‘normal’ and ‘AIDS-related’ deaths. It was no coincidence that these ‘discoveries’ would make Gallo and his friends millionaires many times over while spreading terror, misery and suffering to millions of unsuspecting victims worldwide.”

“So now we find ourselves at long last in Africa...and, surprise, surprise, what do we find?! A leader with a brain! Thabo Mbeki. A man of principle, intelligence and conviction who doesn’t just run with the money or the mob! How unusual...how utterly frustrating! How terribly inconvenient for those who were all set to reap big profits from the well-meaning deep pockets of the simple minded Western taxpayers, for that is who is funding the ‘War on Aids’ in Africa....you and me.”

“And guess what our money was to be spent on!! If you said AZT and DDI and DDC and other rat poisons....why you’ve guessed right! By the billions....billions and BILLIONS as Carl Sagan might have so aptly said. But now we have a fly in the ointment; a chink in the armor; a party-pooper who happens to be President of the largest and most prosperous country in Africa and he won’t ‘go along’ with mouthing the party line because...how unthinkable!.. he has read and listened to both sides of the AIDS controversy....in case you haven’t heard there IS one... and whattya know? He doesn’t BELIEVE the drug companies are philanthropic charitable organizations who only have humanity’s best interest at heart or that the only way to ‘save Africa from AIDS’ is to feed poison to its people. Can YOU IMAGINE?!”

“Well, all I can say after spending 35 years in medicine and watching and reading and listening to all that both sides have to offer in this sorry, miserable, scandalous affair is...RIGHT ON THABO MBEKI!! God bless you for your courage and honesty and humanity and wouldn’t it be wonderful if America and some other Western country had a leader like you instead of the sell-outs we’re stuck with.”

HEAL Forum 4/1/2005

— **Dr. Dennis Kinnane**, DOM (Doctor of Oriental Medicine), B.Ph., MSc, Licensed Acupuncturist, Herbologist and Pharmacist, Torrance, California

“The Times ... reports AZT sales are down 20% at Wellcome, P.L.C. (aka Burroughs-Wellcome). It may well be that things are worse for B-W given the propensity of all flaks to play down bad times. Regardless, this news is promising and indicates that AZT and similiar toxics may soon be synonymous with snake oil.”

Rethinking Aids Newsgroup, 13 Dec 1994

— **Malcolm D. Zaretsky**, PhD, Research Biologist, University of California at Berkeley.

“Challenging entrenched wisdom is always hard. When the medical establishment is heavily invested in a set of assumptions, it can seem nearly impossible. Yet it is now undeniable that a positive HIV test does not mean you have a fatal disease.”

Review of “What if Everything You Thought You Knew About Aids was Wrong?”

— **John Robbins**, Author, *Diet for a New America and Reclaiming Our Health*. Founder of *EarthSave Foundation*. Soquel, California.

“Greetings Dr Duesberg. My wife and I have just finished reading your book on the above subject and concur with your findings from both the practical and ‘on the ground’ observations.

“We are in a state of shock as a result of the revelations that you present. We had already come to similar conclusions on the basis that my wife (A doctor of social work and poverty alleviation), who is actively involved in writing policies and guidelines for the South Africa government recently was asked to write an AIDS policy document for the United Nations, and during researching the subject, came across your ‘controversial’ book.

“I had done independent studies on population reduction as a result of AIDS; where in 1992, we predicted projected numbers of AIDS deaths equal to 50 % of our economically active population by 1997. Subsequent studies proved that, in fact, no more people were dying in total, than measured before 1980! The numbers today show that the 2.7% to 3% total population growth factor has been steadily maintained and that South Africa is hopelessly overpopulated, with some 7 million people unemployed.

“Statistically, SA should by now have lost some 20 million people over the past decade. (Maybe there are those who would wish that that were true?)

“The biggest killers are still by far the ‘old’ African diseases: malaria, TB, cholera, dysentery, malnutrition (starvation), and death from modern (African) causes such as smoking and cancer. As you correctly state; the only way any credence can be given to the AIDS protagonists, is to lump every death into the ‘AIDS related disease’ category. Simply put; no one dies any more of malaria and TB?”

Letter to Dr. Peter Duesberg

— **Edwin Dreyer**, CEO, Biometric Technologies, South Africa;

— **Dr. Brenda Dreyer**, advisor to the government of South Africa

“Most HIV trials are useless rubbish. Research scientists [outside AIDS research] laugh at us. To them a good sample size is 30,000 people. We do studies with 1,500 people and think that’s wonderful when the actual number of relevant patients is sometimes so small, you cannot rule out chance as the reason for the results you get. You cannot draw conclusions from statistically flawed studies and no study with a tiny sample can be trusted...Sadly, this sort of ‘research’ is everywhere at AIDS conferences and is made more dangerous because few people — including doctors — know how to read a research abstract skeptically. It is also unethical to run trials of drugs in places like Malaysia with only 30 people involved and then try to justify these flawed trials because

some people got access to drugs who otherwise would have had nothing.”

Positive Nation, September 1998

— **Kevin Frost**, Manager of Research Programs for the American Foundation for AIDS Research (AmFAR)

“For almost fifteen years now [the CDC] have performed the incredible feat of exaggerating the AIDS epidemic in every possible way, to make it more politically correct and bring more money into federal health agency coffers. No matter how overblown their previous predictions and assertions prove, no matter how good the news to the contrary, they always find a way to make the end of the world seem just around the corner.”

“What about this talk of resurgence? In August, the outgoing director of the CDC’s National Center for HIV, STD and TB Prevention, Helene Gayle, told reporters that infections in heterosexual women are increasing more rapidly than any other group. But the CDC’s numbers show reported female HIV infections attributed to heterosexual contact declined slightly last year, from 2,506 to 2,448. Female AIDS cases attributed to heterosexual contact declined from 4,281 to 3,981, down in turn from 6,253 in 1993. When a decline is the ‘most rapid’ area of growth, how bad can things be?”

American Spectator, September-October, 2001

“AIDS is not another disease, it is the most metaphorical disease in history. It is the ultimate triumph of politics over science.”

— **Michael Fumento**, Author, *The Myth of Heterosexual AIDS*

“There are many who argue that AIDS is not well defined, question whether HIV causes AIDS, and question whether HIV really exists. All tests for identifying HIV status have been seriously challenged. Questions have been raised about whether the virus really can be transmitted via breastfeeding. However, even if we accept that the virus exists and that it can be transmitted through breastfeeding, there are still many reasons to question whether breastfeeding by HIV-positive mothers is in fact lethally dangerous... Since breastfeeding transmits immunological properties from the mother to the infant, it can be especially beneficial to breastfeed infants believed to be at risk of immune deficiency.”

“Coercive medical treatment may sometimes be warranted in extraordinary cases, but the burden of proof is on the state to show that there are compelling reasons for it. There is as yet no adequate scientific or policy basis to justify governments’ forcing the use of antiretroviral drug treatments or preventing breastfeeding by HIV-positive women.”

“Should government intervene whenever an individual makes a judgment that is less than optimal in the government’s view? Is it the government’s job to protect us from all risk? Then why does it allow smoking? Why does it allow people to eat junk food? Clearly, the risk of children dying in cars is far greater than the risk resulting from HIV infection or from AIDS. Why does the government allow us to put children into cars?”

Virusmyth, March 1999

“In my view, these principles regarding the human rights of infants in relation to nutrition apply with equal effect in the context of HIV/AIDS; they are not to be suspended. This means, for example, that even HIV-positive mothers have a right to breastfeed. If any government were to prohibit HIV-positive mothers from breastfeeding, that would violate their human rights, and also violate their infants’ human rights.”

Presentation to Sub-Commission on the Promotion and Protection of Human Rights of the Commission on Human Rights of the UN, August 16th 2000

“CDC’s summary definition...says ‘An HIV-infected person receives a diagnosis of AIDS after developing one of the CDC-defined AIDS indicator illnesses.’ This implies that one must be diagnosed as having HIV before one can be diagnosed as having AIDS. Yet a recent CDC surveillance report says ‘AIDS incidence increasingly represents persons who were not diagnosed with HIV infection until they developed AIDS . . . (CDC 1998, p. 3).’ This seems to say either (a) people who have AIDS can for that reason be assumed to have HIV, or (b) people who have AIDS may or may not have HIV; it is not a prerequisite, or (c) people who are diagnosed as having one of the 25 defining diseases may be described as having AIDS if they are then also shown to be HIV-infected. All three of these interpretations raise difficulties regarding the claim that HIV causes AIDS.”

“...The tests explicitly named here have all been challenged. The specification ‘or other detection test’ is so open-ended as to be meaningless. Under this definition it appears that HIV can be anything a physician says it is. There is no explanation in these technical notes of the definitional or clinical relationship between HIV and AIDS.”

“The argument leading to the conclusion that HIV is the fourth most important cause of death is based on the assumption that HIV causes AIDS. AIDS is, in essence, a collection of 26 previously known diseases. AIDS is not a disease, it is a collection of diseases. It may appear to be highly deadly because it counts together what previously had been counted separately. Is this an epidemic, or is this simply innovative accounting?”

“Several other accounting practices tend to make the numbers look more frightening. For example, the surveillance reports emphasize cumulative figures. The 1998 report (CDC 1998, p. 3) begins by saying that ‘Through June 1998, 665,357 persons with AIDS have been reported to the CDC,’ without making it clear that this is a cumulative count beginning at some time (unspecified) in the 1980s, or maybe even earlier. Also, once a person is diagnosed as having AIDS, it is retained forever, even if the original basis for the diagnosis disappears. Since AIDS is claimed to have a very long latency period, deaths may be attributed to AIDS with no sound clinical justification.”

“CDC’s surveillance reports provide tables on ‘deaths of persons with AIDS.’ Understandably, some readers might think this means ‘deaths of persons resulting from AIDS,’ but that is not what it says...People who have been diagnosed as having AIDS do eventually die, like everyone else. This does not necessarily mean they died as a result of AIDS. In the mid-year and year-end surveillance reports for 1997, the tables on ‘AIDS Cases, Case-Fatality Rates, and Deaths’ acknowledged in a footnote that ‘Reported deaths are not necessarily caused by HIV-related diseases.’ There is no table

with this title in the mid-1998 report. The other deaths tables that are provided in the mid-1998 report have no such acknowledgment.”

“Some deaths associated with AIDS are ‘iatrogenic,’ resulting not from the disease itself but from the medical treatment for it. The data do not provide any means for distinguishing these deaths.”

“The technical definition of AIDS is impossibly difficult... What can be done to escape from the convoluted and ambiguous set of concepts surrounding HIV/AIDS? ...The conceptual mess is so great, it requires far more radical treatment...The need to revise the language is already foreshadowed by the efforts in some quarters to speak of HIV disease, rather than AIDS.”

“It makes sense to say that AIDS is a group of diseases related to severe immunosuppression. But why does the CDC continue on by saying it must be related to HIV? While many different kinds of diseases can result from severe immunosuppression, there is no apparent reason for making distinctions among those diseases depending on what caused the immunosuppression.”

“This insistence on a direct HIV-AIDS linkage has confused matters. It would be clearer if the CDC said... ‘AIDS refers to those illnesses that result from severe immunosuppression. There may be many different factors causing...severe immunosuppression. Among these are x, y, and z’...Immune systems may be weakened through their normal work of helping us to recover from disease [or by] various forms of stress or pathogens. The key thing we need to know...is what sort of insults to the immune system can bring it to the point of collapse...”

Continuum Summer 1999

“The key issue of concern here is that there is no clear and systematic information about how effective these [HIV] tests are for predicting the future health of the infant. The discussions on the issue tend to imply that a positive result on any of these tests is a sure sign of impending death, but there is no solid published evidence to support that assumption.”

“HIV testing of mothers and infants is frequently done not through detection of the virus itself but through the detection of antibodies that are presumed to be associated with HIV. While some take the view that the presence of these antibodies is a cause for alarm, it should perhaps be viewed as just the opposite, a highly desirable finding.”

Virusmyth.net, Sept, 2000

“ACTG 076 [Thai AZT study] has been praised repeatedly in the literature for reducing mother-to-child transmission of the virus by two-thirds. In fact, the Thai study claimed a reduction in transmission from a rate of 25.5% to 8.3%. This is a reduction of 17.2%, not 67%. It is misleading to refer to the ratio of the two percentage figures, rather than the difference between them. If comparison of percentages (or ratios) were used, then a reduction from, say 0.002% to 0.001% could be described as a 50% reduction, which is absurd and misleading. The health benefits for the infant were simply inferred on the basis of blood tests. No assessments were made of the actual health outcomes for the

infants.”

Virusmyth.net, March 1999

— **Dr. George Kent**, PhD, Chairman, Political Science Department, University of Hawaii, Honolulu. Coordinator of the Task Force on Children’s Nutrition Rights for the World Alliance on Nutrition and Human Rights and the World Alliance for Breastfeeding Action

“A study organised by the John Hopkins University, School of Hygiene and Public Health...in collaboration with the Malawi College of Medicine was intended to save children by preventing mother to child transmission of HIV (MTCT). But it was stopped prematurely after details became public, which reveal the organisers had ignored the most basic principles of research in medicine.”

“Most striking was the fact that the women were approached for the first time 4 hours prior to delivery, while in labour. Only few of them had ever been counselled or given any information on HIV and MTCT. During the 4 hours prior to delivery they were counselled and subsequently asked for consent to HIV testing. This counselling took place in an overcrowded delivery room with a complete lack of privacy. In case of a positive result, the women were then counselled for the result and got an introduction to the MTCT study, all this while in labour pain. A four-page patient information leaflet was handed out and consent for participation in the study was requested. No provision was made for longer counselling to explain this patient information to illiterate women. An important detail in a region where 55% of the women are illiterate.”

“Not less important is the fact that an unknown number of women and new-borns were treated unnecessarily without being HIV infected. The following information is given in the product information of the HIV test... ‘Positive specimens should be retested using another method and the results should be evaluated in light of the overall clinical evaluation before a diagnosis is made.’ But this advice of the manufacturer was ignored and no retest was done in order to confirm the result. Also no doctor was involved whatsoever in making any diagnosis of possible symptoms. Giving a diagnosis of an HIV infection and administering drugs without respecting the necessary procedure is a clear violation of medical conduct and would lead to immediate legal consequences in developed countries.”

“Also the patient information was quite insufficient when it came to the side effects, although it was 4 pages long. It explained the obvious but did not contain the important list of potentially severe side effects. Only two side-effects were mentioned. At first women were told they and their children could experience some pain from the needles when the blood sample are taken.”

“Then it is briefly mentioned that AZT, one of the drugs that is used can reduce the amount of blood in the child. One wonders why the women did not get the complete list of side-effects which even the companies hand out to all patients in the product information? Were the authors of the study too afraid to expose the following details: ‘Severe, life-threatening, and in some cases fatal hepatotoxicity ... Severe, life-threatening skin reactions, including fatal cases have occurred in patients treated with VIRAMUNE... Some events occurred after short-term exposure to VIRAMUNE.’”

“Furthermore reference is made in the patient information to the results of a similar study performed in Uganda. Unfortunately the following findings on side-effects is not mentioned: The occurrence of clinical or laboratory abnormalities in mothers was 80% and in babies, the rate of serious adverse events was 20%.”

“No result of any diagnostic intervention done during the study, was given to the medical staff... Even HIV positive results were withheld as well as the names of the patients who got anti-retroviral therapy. Consequently doctors could not take into account any of the information of the laboratory results nor whether or not the women or the child had been given anti-retroviral drugs. Therefore any symptoms from the mother or the newborn could not be interpreted as potential side-effects of the drugs. Even in the case of one maternal death no information from the study personal could be obtained as to whether the women had been given anti-retroviral drugs or not.”

“...Unborn and new-born children belong to the weakest group of humans. Consequently they are subject to a strong reluctance concerning any medical treatment because of fears of side-effects. It is incomprehensible that most of the media is following the bandwagon led by pharmaceutical companies to give the most toxic drugs to the most vulnerable part of the population. And this is called a ‘treatment’ which will ‘save lives’. Such a discrepancy between claimed and real intervention is unseen since bloodletting was finally abandoned more than 100 years ago.”

“The other drug used in this study has recently been refused registration for this indication by the Federal Drug Administration (FDA) in the US because the high incidence of side-effects but is nevertheless claimed to be safe in African mothers.”

“The study has been stopped after the concerns about the details have been voiced. Or as the matron/chief nurse of the hospital put it: ‘studies which could not be conducted in the Western World should also not have a place in Malawi, misusing the poverty and the low educational status of a part of the patients.’ The matron commented that she wondered how a credible ethical committee could approve such a study.”

“The saddest aspect in this story is the intention to save lives and to prevent harm has turned to the opposite. Women and new-borns have been declared as being HIV infected on the basis of one single unreliable test. Furthermore they have been exposed to the risk of side-effects of dangerous drugs.”

Letter to South African Medical Journal (refused publication), 2002

— **Peter Safar**, MD, Head of Department of Obstetrics and Gynecology, Zomba Central Hospital, Malawi

— **Christian Fiala**, MD, Department of Obstetrics and Gynecology, Zomba Central Hospital, Malawi

“For 100 neonates [newborns] with positive PCR [‘viral load’] test results...44 will prove to be uninfected. For older infants, the probability of true HIV infection after a positive PCR test result is 83% [although earlier the authors admit that there is no ‘gold standard’ for evaluating the tests]”

JAMA. 1996 May 1;275(17):1342-1348

— **Owens DK**, et al, *Aids Researchers*

“The story of AIDS is deeply connected with the vicissitudes of the theory that viruses cause cancer and the failure of the cancer research program. Michael Verney-Elliot put it most acidly when he said: ‘From the people who didn’t bring you the virus that causes cancer, it’s the virus that doesn’t cause AIDS.’”

— **Jad Adams**, MA, Author, *The HIV Myth*.

“Considering there is little scientific proof of the exact linkage of HIV and AIDS, is it ethical to prescribe AZT, a toxic chain terminator of DNA developed 30 years ago as cancer chemotherapy, to 150,000 Americans, among them pregnant women and newborn babies, as an anti-HIV drug?”

Letter to NIAID Director Dr. Anthony Fauci, March 14, 1995

— **Rep. Gil Gutknecht (Minnesota)**, US House of Representatives

“I was found to be [HIV] positive, and immediately wondered what the hell to do about it. My decision [not to take AZT] was aided by several factors, one of which was my age. Being in my late sixties, I viewed my eventual demise as less pressing. I had a very close, happy family. And I was educated to be skeptical during my 25 years of general practice about newly heralded grand cures. Reflecting back on the numbers of diseases I treated in the fifties and sixties which now would be grounds for malpractice, I became skeptical about AZT, knowing it to be a cytotoxic agent.”

“I had the temerity to give [Duesberg] a call. I’ll never forget his initial remark. I told him my plight, and he said, ‘If you take AZT, you’ll be dead.’ I read his work and got introduced to other people who were skeptical about AZT.”

“I decided early on to add some vitamin therapies to my already healthy lifestyle, particularly the anti-oxidants beta carotene, ascorbic acid, and vitamin E. Despite my continuing excellent health for a 69 year old — I do a lot of hiking and mountaineering in the wilderness — I have still been pressured by well-meaning clinicians to start AZT ‘before it’s too late!’ I think it’s very difficult for these people to admit that they’re either

partially or completely wrong.”

Null, The Big Lie About AIDS, Penthouse, 1995

— **Dr. David Berner, MD, physician and hemophiliac, Condon, Montana**

“[Nature editor John] Maddox had expressed regret at the enormous blunder committed in 1984, when that scientific joker, Robert C. Gallo, announced he had discovered HIV to be the cause of AIDS. It was always surprising that a polymath like Maddox...should have fallen for the American fanfare lauding the wonders of their medico-scientific establishment, given the absence of any evidence worthy of the word to support it in the first place; and by Gallo of all people, mention of whose name should have provoked only smirks of derision, given his impressive record of self-glorifying mistakes.”

“...Stott’s group of researchers used two groups of four monkeys, and inoculated one lot with SIV [supposedly the monkey equivalent of HIV] -infected white blood cells and the other with the same cells but without SIV, as controls. Guess what happened: three out of the four SIV-infected monkeys developed antibodies to SIV, but so did two out of the four that were never infected with the stuff! How could that be? Answer: they had no idea what they were doing; what antibodies they were measuring or even whether they were antibodies at all — probably they were just stress proteins.”

“Hoffman and his henchwoman found something equally zany. They treated one type of mouse with T-cells from another type, and found parts of HIV (sic) proteins in the treated mice. How can mice that have never been near HIV show antibodies to it, as if they had successfully overcome attack by it!”

“As if [Maddox] had taken leave of his senses, he published two long papers...which claimed that HIV caused ‘virological mayhem,’ by replicating several billion times per day. Didn’t he stop to think how could this be, since it contradicted everything previously known about HIV? The manifest nonsense Wei & Ho had churned out must be obvious to anyone...How can HIV have been latent for the first 15 years of its existence, yet all along have been replicating furiously without ever having been noticed?”

“Without people having been inadvertently killed in the hundreds of thousands by AZT, AIDS would by now have largely disappeared, the whole theory dismissed for its failure to produce anything useful. Without lashings of [Glaxo] Wellcome money driving the blunder along, the AIDS bandwagon would have ground to a halt long ago.”

“Come on Maddox: collect your thoughts for a few hours and rattle off that article which will re-establish your integrity and credibility, and blow HIV right out of the water. Lots of people, especially in America, will say ‘the old sot has lost his marbles,’ but the elegant way in which you will say it will make them squirm. All the current pointless research on ‘how, why, perhaps, latently/billion-fold, directly/indirectly, overtly/covertly, this strain/that mutant, with/without this/that co-factor,’ this futile activity called ‘AIDS research’ will cease. Countless people will be saved, by not having to bother with a virus that cannot do anything anyway, and which does not even exist.”

Continuum Vol.4 No.2

— **Dr. Volker Gildemeister, PhD, Biochemist, England**

“Those who have the three main symptoms of AIDS stated in [the WHO’s African] international guidelines—a persistent fever, diarrhea, and a dry cough for a month or more—are classified as AIDS cases. The problem is, these symptoms are indistinguishable from those of malaria and tuberculosis. Therefore, many cases of malaria and TB are being incorrectly classified as AIDS. The danger in calling all TB cases AIDS means that money badly needed for the treatment and cure of TB is being diverted into preventing the spread of HIV.”

“What keeps a man energetic and keeps them doing what they do is their hope for the future. But once you tell me that I am HIV positive then you have given me this message that you are going to die, and therefore I have no energy for the future.”

Meditel, 1993

— **Dr. Martin Okot-Wang, MD, Head of TB wards, Old Mulego Hospital, Kampala, Uganda**

“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 immunosuppression 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 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.” *Null, “AIDS: A Second Opinion” Townsend Letter for Doctors and Patients, June 2000*

— **Dr. Mark Chanley, Department of Biological Sciences, University of North Texas**

“HIV infection per se seems to entail little danger unless it is addressed with anti-viral therapy.”

“I’m surprised that the AZT pushers never use the best argument there is against ordinary ‘double-blind’ placebo control studies. It is obvious immediately to both the doctor (because of blood work) and the patient (who feels lousy) that AZT is being administered instead of placebo, so a genuine double-blind placebo-treated controlled study in the classical sense would be impossible to perform. This is one way that antiviral studies shield themselves from criticism. You’d have to give at least some toxic non-antiviral to the control subjects so that everyone would ‘feel’ the same.”

“That 019 [AZT Clinical Trial] is still used as the basis for treatment decisions is deeply unfortunate. I use this to show my students how not to do a drug study.”

Reappraising AIDS, Jan. 1997

— **Dr. Timothy H. Hand, PhD, Professor of Behavioral Pharmacology, Oglethorpe University**

“Before January 1998, my knowledge of AIDS was typical for that of a physician. I knew that HIV caused AIDS, because that was what the textbooks said. I had no reason to think otherwise. I never knew or cared that anybody thought differently. The name Peter Duesberg meant nothing to me. About half way through Duesberg’s ‘Inventing the AIDS Virus,’ I knew my life had changed. I like my current job, and enjoy the specialty of anesthesiology, but these days I’ve really become more interested in AIDS education.”

“As a physician, I feel betrayed and used by the scientific community, the government, pharmaceutical companies, and the FDA. I used to think that medical research wasn’t politically directed and financially motivated, and that pharmaceutical companies wouldn’t compromise patient well-being for a profit. I even used to think that the FDA was there to protect the American public. Now I know better. Now I tell the story of AIDS to anyone who will listen.”

Amazon.com

“Since rejecting the notion of infectious AIDS, I’ve taken special notice of one of its apparent consequences: the increase of latex allergies among health care workers. Symptoms of latex allergy can vary from mild to deadly. Despite the legitimate reasons for wearing latex gloves, they were not very popular prior to the infectious AIDS hysteria that began in the early 1980s.”

“In the past, I did my part to contribute to the AIDS fiasco. I unquestioningly believed what I heard, and treated HIV-positive patients differently. Now I want to do my part to correct the problem.”

Virusmyth.net

— **Dr. Rob Hodson, MD, Assistant Professor of Anesthesiology, University of Alabama at Birmingham School of Medicine**

“In addition to his large number of scientific publications, Dr. Duesberg has written a book for the layman laying out the evidence as he sees it as to the cause of AIDS. His book, *Inventing the AIDS Virus*, is masterfully argued and has the best description of the peer review process that I’ve ever read. I recommend it highly.”

Defending AIDS denialists <http://www.proteinpower.com/drmike/?p=257>

— **Michael Eades, MD, Henderson, Nevada**

“Why have we unquestionably believed everything the government has told us about AIDS? Why have we not asked these questions before? A must-read for everyone if we are ever to uncover the truth about AIDS.

Review of “What if everything you thought you knew about AIDS was wrong?”

— **Dr. Lois Lee**, Founder, Children of the Night, Recipient of the 1984 President’s Volunteer Action Award

“Over the past four years, since 2000, just after the Durban Declaration, I have engaged in an extensive literature study myself and have become convinced that the current official HIV/AIDS dogma is wrong and responsible for the unnecessary suffering and deaths of many unfortunate human beings worldwide. I also want to emphasize the enormous psychological impact that the HIV+ stigmatization causes.”

“Ever since my medical school years in the early 1980s in my native Germany I was in doubt about the HIV theory. So when I first learned of your work I was very excited and still am! And I have highest regard for your courage and determination to go on without being silenced by the powerful censorship mechanisms.

“I work with a very diverse patient population and have seen the problems related to the use of so-called recreational and other (prescribed) drugs as well as malnutrition. Friends and colleagues from India and South Africa confirm what I noticed.

“I also try to start a dialogue with colleagues but I am somewhat of an outsider in my university environment. It is hard to break the shell of indoctrinated minds. But of course I do not give up!”

Letter to Dr. Peter Duesberg

— **Dr. Inez Pandit**, MD, Assistant Professor, Drexel University College of Medicine, Philadelphia, Pennsylvania

“The problem with AIDS causation is that it is not only one thing all of the time: many factors can contribute to immunosuppression. Finding out which ones are in play for a particular individual depends on the individual and recovery for that individual depends on the individual’s condition.”

“The majority of the medical and scientific community, of course, denies all of this in favor of a single cause: the HIV retrovirus. This tunnelvision with regards to AIDS causation and ‘treatment’ has left the world with a lot of dead people. Announced to be the ‘probable cause of AIDS’ by Robert Gallo at a government press conference in 1984, HIV has been the one and only thing put forward by the bulk of scientists and, despite its propagation by them and the media, falls woefully short as a satisfactory explanation.”

“Of course, immediately stop the ingestion of illicit drugs, if any, and immediately halt the consumption of AZT, sulfa compounds, or any other toxic ‘antiviral’ HIV drug. These drugs, which do nothing but kill living cells, have been rightly termed ‘AIDS by prescription’ by Peter Duesberg and other ‘AIDS dissidents.’

“Of equal importance is the treatment of the mind of the person who either has ‘AIDS’ or who has been diagnosed ‘HIV antibody positive,’ and the psychological death sentence such a diagnosis engenders. It must be made clear to these individuals that (a) they can recover, and (b) HIV is irrelevant to AIDS and, in all probability, does not even exist. If a person believes in their heart that there is no hope, then there is none.”

Benzene, Lubricants And Aids, Explore! January 1997

— **Dr. Stephen C. Byrnes**, PhD, Natural Therapist and Nutritionist, Honolulu, author of *Overcoming AIDS with Natural Medicine*

“In the past, we have received comments about the ‘overwhelming evidence’ (a favorite expression of establishment scientists) for HIV causing AIDS, but precious little direct comments on the specific challenges [to] the theory, challenges which are now widening the chinks in the armor of the HIV hypothesis into gaping holes.

sci.med.aids newsgroup, December 29, 1996

“I wonder if there is a virus that causes people to be closed-minded, refusing to consider facts that challenge what they thought they knew? Now there is an epidemic that could seriously threaten humanity (and already has, as witnessed by the poisoning of thousands under the guise of [Aids] ‘therapy’).”

Rethinking AIDS Digest, Oct 3, 1997

“You ought to be just as skeptical of scientists as you are with other people.”

Valley Advocate, July 7, 1998

— **Todd Miller**, PhD, Assistant Professor, Department of Molecular and Cellular Pharmacology, University of Miami School of Medicine, Florida

“A scientific hypothesis riddled with holes is being kept alive by vested interests reaping huge profits from drugs and vaccines that are worse than useless, while safe and effective approaches based on nutritional, herbal, and other low-cost, easily available interventions are being suppressed and ignored.”

Unraveling AIDS: The Independent Science and Promising Alternative

Therapies <http://www.i-sis.org.uk/unravelingAIDS.php>

— **Mae-Wan Ho**, PhD, Geneticist and Biophysicist, Open University, London, UK. Director, Institute of Science in Society; Author and activist. Awarded the Chan Kai Ming Prize for Biological Sciences (HK) 1964; Fellow of the National Genetics Foundation (USA) 1971-1974; Vida Sana Award (Spain) 1998

“One result of commerce-driven science is the growing number of scandals, especially in biomedical research, where nasty side-effects or lack of efficacy of new drugs seem increasingly to be hidden from public view until significant damage has been done. Nowadays there’s the tragedy of AIDS, where the mainstream dogma that HIV is the cause may be subjecting tens or hundreds of thousands to inappropriate, indeed deadly so-called ‘treatment’ that has brought several drug companies unprecedented profits.”

Journal of Scientific Exploration, Winter 2001

<http://www.scientificexploration.org/jse/abstracts/v15n4a2.php>

“...Thus HIV and AIDS are not inevitably correlated, let alone proven to be causally connected...”

“...The drugs that supposedly kill HIV and protect against AIDS actually produce AIDS-like effects... A diagnosis of HIV infection followed by the conventional treatment will produce AIDS if the ‘therapy’ is continued long enough. That is one reason why conventional treatment now increasingly incorporates ‘holidays’ from drugs — whereas initially it had been claimed that any failure to take the drugs faithfully every day would cause the virus to rebound catastrophically.”

“...To repeat...there are no scientific publications proving that HIV causes AIDS. As I’ve now illustrated, many facts seem inexplicable if HIV is thought to cause AIDS.”

http://www.arlingtoninstitute.org/futuredition/henry_bauer_aids.htm

“So ingrained is the notion that HIV=AIDS that one needs to ponder not only the science underlying that hypothesis (or rather the lack of science!), one also needs to understand how this shibboleth became so firmly established as to be impervious to all evidence and even common sense.”

Weekly Dig, Boston <http://www.weeklydig.com/index.cfm/issueID/0decc5c3-79f1-46e3-a8fa-1ee44b21dcfd/fuseaction/Article.view/issueID/53b34d62-192b-4fc3-b38d-01d0e81fc58e/articleID/e23575ea-8f28-4627-b1d9-f1393f6a194c/nodeID/1f8d80f1-1d63-4759-b277-66449307b413>

“As I said at the outset, these books are an important part of the HIV/AIDS story since their authors are the celebrated co-discoverers of HIV. I would not recommend buying a used car from either of them, still less would I take their advice on matters of health or medicine.”

Review of “Virus Hunting: AIDS, Cancer, and the Human Retrovirus: A Story of Scientific Discovery”, by Robert Gallo and “Virus: The Co-Discoverer of HIV Tracks Its Rampage and Charts the Future”, by Luc Montagnier. Journal of Scientific Exploration. 2005. 19(3) 413-9.

“One current unorthodoxy almost certain to be vindicated is that HIV is not the cause of AIDS.” <http://www.henrybauer.homestead.com/Unorthodoxies.html>

“HIV tests in the United States have demonstrated that HIV is not a sexually transmitted infection.”

“HIV did not cause the AIDS outbreaks of the early 1980s.”

“The dissidents from the standard view have argued chiefly on grounds of retrovirology, immunology, and molecular biology. They have drawn attention to a variety of puzzling aspects of HIV/AIDS. These intricate technicalities can be side-stepped by looking strictly at the demography of HIV, at how positive HIV tests vary in a regular way among social groups, geographically, over time, with age, with sex, with race.”

“This points to HIV being something endemic, not a contagious infection.”

“It also indicates that positive HIV tests measure something quite general about health, not specifically about AIDS. And the data even show that HIV and AIDS are not connected; for example, Black Americans in every tested group are HIV-positive about 5 times more often than White Americans, and that has not changed for twenty years; but the relative proportions of Black and White victims of AIDS has changed by a factor of 3 over that time.” <http://hivnotaids.homestead.com/index.html>

“Those who dissent from the mainstream view are in limbo--excluded from funding, excluded from mainstream journals, treated as cranks by the mass media. There has been an almost complete lack of investigative science reporting about HIV/AIDS.”

“A central point is that ‘science’ is hardly at all nowadays a search for truth by curious and dedicated individuals. Primarily it is a highly organized and thereby bureaucratic activity. Those who speak for science are typically bureaucrats, not people actually doing science.”

“Those who do the actual science are mostly ‘cogs in the machine’ who do not spend time thinking about the broad picture. Those who accumulate and organize and publish periodic official reports do not ask themselves whether the data fit the prevailing theory, that is not their job. So it has happened that the accumulated data clearly shows that the standard [HIV/AIDS] theory is wrong, without that having been noticed--apparently--by the people who prepared the reports.”

“As a matter of fact, one can find in various individual reports, statements that the data are puzzling; but the conclusion is never drawn that this is because the [HIV/AIDS] theory is wrong.”

<http://hivnotaids.homestead.com/HOWcouldEVERYOINEbeWRONG.html>

— **Dr. Henry Bauer**, PhD, Professor Emeritus of Chemistry & Science Studies and Dean Emeritus of Arts & Sciences at Virginia Polytechnic Institute & State University; Former Editor-in-Chief of the Journal of Scientific Exploration; Author, *The Origin, Persistence and Failings of HIV/AIDS Theory*, *Fatal Attractions: The Troubles with Science*, *Scientific Literacy and the Myth of the Scientific Method*, *Science or Pseudoscience: Magnetic Healing, Psychic Phenomena, and other heterodoxies and other books*.

“One of the most difficult things to write is a refutation of a massive fraud, especially a health fraud, in the face of media control and knowledge monopolies by financial powerhouses. Making it still more difficult is the possible threat of libel lawsuits from the

powerful parties essentially accused of scientific misconduct at best and criminal negligence at worst.”

“In my opinion, if you test positive for HIV, relax, and refuse any treatment if you have no symptoms. If you have had "unprotected sex" at any time, relax, because transmission of whatever the test responds to is under 1/1000. Many people, babies especially, spontaneously become HIV negative. Of course, refuse to have the test if at all possible, and where you are forced to have the test, be ready to sign on to any class-action lawsuit for invasion of privacy, since transmission rates are so low, negating the excuse for invading privacy in the first place.”

“Henry Bauer has produced a very readable explanation of why HIV does not cause AIDS, and whatever AIDS is, it has not caused an epidemic. His civility of tone is remarkable. Dr. Bauer’s conclusions are backed up by about 450 references, about 100 to primary medical journals. The book has a good index, 27 figures and 35 tables”

“Part I shows that HIV does not cause AIDS. Dr. Bauer makes it clear that “HIV positive” means a response to a test that shows little more than stress and immune system potentiation. Because of this, Dr. Bauer labels the prevalence or frequency of positive HIV tests “F(HIV)”. An actual virus has not been isolated. This is the main reason that no vaccine has appeared. People who test positive are usually not sick, will not develop AIDS, may spontaneously change so they are no longer HIV positive, and are not likely to infect anyone else by blood transfer or sex. The failure of F(HIV) to spread, and its steady incidence, with some decline, over 20 years contradict the scary warnings that permeate publications and TV programs. The percentage of people who show HIV-positive is dependent on race, sex and location, not their behavior. Some people who develop AIDS were not HIV positive. Further obfuscating the issue was a medical cabal confusing an outbreak of Kaposi’s sarcoma in the 1980s with AIDS. More confusion was sown by changing the definition of AIDS to merely being HIV positive, rather than a wasting illness from infections normally controlled by a healthy body. Many perfectly healthy people who were given AZT or mixtures of anti-retroviral drugs (triple cocktail) developed symptoms said to be AIDS that were actually drug side effects. In a sneaky way this “confirmed” the false premise that a positive HIV test indicated AIDS. Even now, healthy people who have a positive test are said to be “living with AIDS”, a false and destructive description, according to Dr. Bauer.”

Review of Dr. Henry Bauer’s Book “The Origin, Persistence and Failings of HIV/AIDS Theory” http://www.amazon.com/Origin-Persistence-Failings-AIDS-Theory/dp/0786430486/ref=sr_1_1/103-5038900_1654229?ie=UTF8&s=books&qid=1189804114&sr=8-1

— **Joel Kauffman**, PhD in Organic Chemistry, MIT. Emeritus Professor of Chemistry, University of the Sciences in Philadelphia. A specialist in exploratory drug development,

he obtained grants and contracts from the US National Institutes of Health, the Department of Energy, the Office of Naval Research, Army Research Office and various companies. Author of 80 papers on chemical and medical topics, and holder of 11 patents, including 2 on anti-tuberculosis drugs, Dr. Kauffman now works to expose fraud in medicine. Author, *Malignant Medical Myths: Why Medical Treatment Causes 200,000 Deaths in the USA Each Year*.

“The Big Lie of the ‘heterosexual AIDS epidemic’ satisfies the most deep emotional fears and hatreds of gratified genitality in the average individual. The emotional component is the only factor which explains how and why this disastrous lie has become a new Official Truth, why to question it publicly is to risk social isolation or attack from ‘believers’ — and why the mythology has worked to reinforce the most pleasure-fearing and censorious aspects of human personal relationships and social contact. ‘AIDS’ was the emotional plague’s deceitful response to an un-focused and chaotic, but potentially healthy sexual revolution, and it has been a most effective deceit, of sweeping, global proportions.”

“There is a tight collusion of moneyed special interests controlling academe, medicine, politics, and the press. Dissenters to the ‘Official Truth’ that ‘HIV causes AIDS’ have been effectively silenced.”

“There is no valid scientific proof or even suggestive evidence to support the huge public investment in the hypothesis that HIV causes AIDS. It is a failed hypothesis which has cost thousands of lives, and billions of wasted dollars. It is not supported by science, but is rather maintained by big money pharmacy investments, by political hardball tactics from groups with clear political agendas, and by a lot of bad science, often undertaken by those who profited handsomely from the carnage.”

“The campaign to inform the public that ‘HIV causes AIDS’ and ‘everyone is at risk for AIDS’ is, bluntly, a Big Lie, and should be openly exposed and corrected at every possible level.”

On Wilhelm Reich and Orgonomy, Pulse of the Planet #4, 1993

— **Dr. James DeMeo**, PhD, Director, Orgone Biophysical Research Lab, Ashland, Oregon

“You are justified in sounding a warning against the long-term therapeutic use of AZT, or its use in pregnant women, because of its demonstrated toxicity and side effects. Unfortunately, the devastating effects of AZT emerged only after the final level of experiments were well underway, that is, the experiments which consisted of giving AZT to large numbers of human patients over a long period of time. Your effort is a worthy

one... I hope you succeed in convincing your government [South Africa] not to make AZT available.”

Letter to attorney Anthony Brink, “Debating AZT,” 1998

— **Dr. Richard Beltz**, PhD, inventor of AZT, Professor of Biochemistry, Loma Linda University, California

“There are a number of scientists in the country who have signed a national petition to reassess the direction of AIDS research. They’re not sure that HIV, in fact, causes AIDS...That’s an interesting story. And it’s a story that the mainstream media has ignored. Rather, they have accepted the model that this virus is catchable through sexual intercourse and that it will ultimately cause AIDS.”

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

“The idea that HIV causes AIDS becomes a sacred symbol that you don’t question or discuss.”

Townsend Letter for Doctors and Patients, June 2000

— **Dr. Peter Phillips**, PhD, Professor of Sociology at Soma University in California, Director of Project Censored, author of *Censored 1998*

“If the American public knew how flimsy and scientifically bankrupt the entire argument is that supports the HIV=AIDS hypothesis, then they wouldn’t support it. But I still find that ten years after Peter Duesberg has released his first articles...that most people have no idea that this is going on. If there’s one point we need to get across to everybody it’s that we need to challenge all this stuff.”

Townsend Letter for Doctors and Patients, June 2000

— **Steve Allen**, Journalist for ABC and CBS; filmmaker who has made two documentaries on AIDS: ‘The Surrogate Marker’ and ‘HIV Equals AIDS: Fact or Fraud?’

“The fact is that NO proof whatsoever exists, for either the assertion that testing positive to HIV must lead to AIDS or the assertion that AZT will delay the onset of AIDS. Both these claims are patently untrue. However, since AZT — and not HIV — inevitably produces AIDS in those who take it long enough, the 100% correlation — and thus the ‘proof’ that HIV causes AIDS — is vindicated, if the HIV-positive person takes AZT.”

“...And just think of the juicy profits from this stratagem to both the inventor of the patented [HIV] test method, and the manufacturer of the [Aids] drug! And the correspondingly fat ‘kick-backs’ to those in medical authority who have imposed this tale

of horror on a trusting public and awarded a treatment monopoly to handpicked drug manufacturers by refusing to authorize any other forms of treatments.”

“Incidentally, the test methods used to check for antibodies against the hypothetical HIV are very unreliable and not specific to just one type of virus. One of several admitted causes for false positive test results is pregnancy, and yet fanciful statistical projections based principally on a few HIV-antibody tests on precisely pregnant women is the basis for the entire African AIDS hysteria.”

“...As if this were not enough to shake the very foundations of the reigning AIDS dogma, highly qualified and experienced researchers in Germany and Australia are pointing out that the whole retrovirus theory is nothing but a laboratory construct, and that no proof exists that the so called HIV is capable of causing any illness whatsoever, let alone all the damage imaginatively attributed to it.”

“The official AIDS diagnosis (distinct from just being HIV-positive) is a construct that has been changed several times since the documentation of the first AIDS cases. It requires 1) a positive HIV-test; [and] 2) the presence of one of the 29 (to date) different illnesses that have been listed as companions to, or a result of, AIDS; [or] 3) a low T-cell count.

“This amounts to a circular definition, which admits only AIDS-cases where certain antibodies can be detected. All other AIDS-cases, with the same symptoms and prognosis, are not called AIDS. Through this cunning — but totally unscientific, even anti-scientific — dodge, it is claimed that in all AIDS-cases HIV is present. Then this artificially conceived 100 percent correlation is adduced as ‘proof’ that HIV causes AIDS, and that AIDS is caused by HIV.

“If that is proof of causation, then there is equally valid proof that it is the cock that causes the Sun to rise! Every morning the Sun rises after the cock has crowed. 100 percent correlation and always the same time sequence. Consequently proof that it is the cock that brings the sun over the horizon every morning!

“The claim that HIV causes AIDS is actually LESS convincing than would be the claim that the cock causes the Sun to rise, because the sunrise is at least not subject to a selective definition, which considers it to have risen only if the cock has actually crowed, which is exactly the construction made with regards to AIDS.”

“It should be noted, that one of the many fraudulent claims made by the AIDS industry is that they have isolated the HIV virus. So far, nobody has been able to isolate a single virus from an AIDS patient that could be conclusively proven to be HIV. Not what you think they told you, is it? Furthermore, the frequent reference to ‘viral load’ is another smoke screen of little or no value, that proves nothing about the existence in the blood of a particular virus misnamed HIV.”

“The whole [HIV] hypothesis is based on a few indirect indices propped up by fantastic speculation and imaginative conjecture, much of which goes against the very grain of solidly established medical science.”

“Gallo held a press conference in April 1984, declaring that a new retrovirus, which he claimed to have discovered in a (small) number of AIDS patients, was the ‘probable’ cause of AIDS. The new retrovirus was peremptorily named ‘the Human Immunodeficiency Virus’ (HIV). The word ‘probable’ was soon forgotten, never to be admitted again. Margaret Heckler [U.S. Secretary of Health and Human Services] proclaimed, ‘Today we add another miracle to the long honor roll of American medicine and science.’ The cause of AIDS had been established by government decree, and not by independent scientific research and consensus.”

“Incredible as it will sound to most, it is a fact that there is still NO PROOF whatsoever of HIV causing AIDS, in spite of the ever-present dogmatic pounding for over 15 years by media of the phrase ‘HIV, the virus that causes AIDS.’”

“Directly after the press conference, Gallo patented his method for testing against HIV antibodies, which has since made him a multi-millionaire. As will be explained in the following, this test is not only grossly inadequate and totally unnecessary (since HIV causes no illness), but turns into an insidious death trap for those who happen to test positive.”

“As can be readily appreciated, the mere pronouncement of the HIV-AIDS diagnosis, supposedly leading to a secure and inescapable death, while putting near and dear at risk too, can have a devastating effect on the immune system, and may then become a self-fulfilling prophesy and a death sentence, even without administration of the lethal AZT drug.”

“In a sample of the average American population, the estimate for HIV prevalence is in the order of 0.04%, or 4 per 10,000 people. Assuming we test 100,000 persons, we would then expect to find 40 true HIV positive persons. This means that the remaining 99,960 persons are HIV negative. However, since the test is only 98% accurate, it may falsely identify 2% of these 99,960 people as HIV positive. That is 1,999 persons! So out of 2,039 people who may test positive, only 40 are actually positive.

“That means 98% of those identified by the test as ‘HIV positive’ are not positive at all. In other words, the test, that is said to be 98% accurate and thus approved for commercial use, is in fact 98% inaccurate, looked at from the point of view of those who tested positive.

“Imagine the fate of those 1,999 healthy people, who will be told they will get AIDS sooner or later and bullied and intimidated by the medical establishment into taking AZT to ‘delay the onset of AIDS.’ Quite apart from the horrendous expenses this will imply (and profits to the pharmaceutical business), how many of them do you think will survive such an ordeal? Such is the devilishly cruel scenario Gallo and the US medical authorities have set in motion.”

“It should be noted that those who question the official HIV-AIDS hypothesis have nothing to gain by doing so. On the contrary, they are risking their careers, their livelihoods, even their lives. In stark contrast, those who fanatically and without scientific proof try to perpetrate the official AIDS dogma, are making big money from it, are

vested with power and prestige because of it, and thus have everything to lose if it should become discredited, as it should.”

The Facts And The Cure, Jerndal, 2000

“AIDS statistics is a showcase of illusionists at work. It is clearly manufactured to order, using several illusionist tricks to inflate the numbers to where they will inspire sufficient terror or panic in the population at large, to enable those in power to introduce exceptional measures of control over the population by means of force, such as mandatory ‘medical’ interventions, and constraints in the freedom of movement and behaviour.”

“To a fast growing number of keen professional observers, it is increasingly obvious that AIDS is not caused by any virus, that it is not sexually transmitted and not even contagious at all. Instead, AIDS is a multifactorial syndrome, with its most important cause being poisonous chemicals and drugs, among them insecticides, pesticides, benzene-linked anal lubricants used by some homosexuals, recreational drugs, multiple parasitical, viral and bacterial infections, and not least prescription drugs of many kinds and most particularly so the extremely toxic chemotherapy routinely prescribed for AIDS and ‘HIV infection’.”

“There is no lack of effective non-toxic treatments for AIDS, and it is perfectly possible to cure it. We just have to acknowledge the true causes, and stop poisoning people to death.”

“How do we address the situation? By raising our awareness level and questioning all information we get from media and government agencies. By not letting ourselves be used, bullied or sacrificed on the altars of corrupt science and ruthless drug business profiteering. And above all: By using our common sense to think for ourselves.”

Virusmyth, July 2001

— **Dr. Jens Jerndal, MD, DSc, Doctor of Holistic Medicine, Spain, former Professor of the Philosophy and Principles of Holistic Medicine at the Open International University for Complementary Medicines in Sri Lanka.**

“As identification of viruses as the cause of illness is extremely difficult and almost haphazard it allows for media manipulation as we see in the AIDS saga, where first there was the HIV-virus, then there were three, and now we know that none of them is directly responsible for the AIDS-syndrome.”

“Maybe if we understood a little more about viruses there would be less need to panic; unless of course the Authorities like us to panic because it sells more products and provide a significant number of jobs.”

<http://freespace.virgin.net/ahcare.qua/literature/medical/viralinfections.html>

— **Patrick Quanten, MD, Alderney, United Kingdom**

“[Dr. Jariwalla] carried out experiments on [HIV] growing in cells in the laboratory and showing that there were as much as a 99 per cent suppression of the development of the virus in the cells when you had high, large amounts of Vitamin C in the medium—

amounts that you could achieve in the bloodstream by giving a large oral intake. This result was published in Proceedings of the National Academy of Sciences.”

“...It is much cheaper, of course, to take fifty grams a day [of Vitamin C], that’s only a dollar a day, two cents a gram, \$365 dollars a year. AZT used to cost about \$10,000 dollars per person. Vitamin C costs very little in comparison with AZT.”

“Long before Dr. Jariwalla did this work, I had written to the president of Wellcome, the manufacturer of AZT, saying that we had some evidence that high dose vitamin C helped to control the disease and perhaps if it were given along with AZT it would be more effective than AZT alone. For one thing, we know with other chemotherapeutic agents, that high dose vitamin C helps control the side effects.

“I got no answer.”

Nutrition Science News, April 1996

— **Dr. Linus Pauling, PhD, Chemist, two-time winner of the Nobel Prize**

“I am amazed at the increase in the number of people diagnosed as HIV-positive who are questioning mainstream thinking from the start but if I want to keep my job, I cannot be seen to be rocking the boat. I feel I am walking on eggshells all the time because there are so many things it is politically not acceptable for me to be telling clients.”

— **Anonymous UK AIDS industry worker, Letter to Neville Hodgkinson, author, AIDS: The Failure of Contemporary Science**

“Epidemiological data does not support the predictions made in 1984 that the conditions labelled aids were caused by a new specific retrovirus, transmissible by sexual intercourse, inevitably fatal and spreading uncontrollably in the general population, culminating in a global pandemic. Independent epidemiological research together with the passage of time has since shown that this hypothesis and the ensuing predictions are wrong.”

“If the international establishment, which propagates the belief that ‘hiv’ is the cause of the conditions called aids as if it were a scientific fact and as if ‘hiv’ had been isolated, were to continue to ignore all the data telling otherwise, it would abuse vulnerable human beings as experimental subjects, in violation of guideline 1 of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, which says: ‘...the investigator must obtain the informed consent of the prospective subject...’, describing ‘informed consent’ as ‘given by a competent individual who has received the necessary information and has adequately understood the information’; and would therefore expose itself to legal action on the grounds of these and other human rights violations.”

“IFAS suggests when referring to ‘hiv’, to do so as ‘the alleged retro-virus suggested to cause aids.’ Do not encourage any more damage due to insufficient scientific conclusions and always point out the conclusions drawn by a panel of independent

scientists as outlined above, referring to 'hiv' no longer as an entity — and where possible in lower case letters not to emphasize the dogma — and in quotation marks since its existence and therefore its causative role in the illnesses associated as Aids is not proven, even after 15 years of hypothesised science and billions of dollars spent.”
Open letter from the secretary general of IFAS, 1998

— **Michael Baumgartner**, Secretary General, International Forum for Accessible Science (IFAS)

“I know the toxicity of the drugs used like AZT. I don't understand why these drugs producing immunodeficiency are used to combat a virus that produces the same pathology. In the UK, the Western Blot test is forbidden since 1992, why is it the diagnostic test in my country? I don't know that HIV causes AIDS, but I know that this disease is the best economic business together with the cancer therapies.”

Letter to Dr. Peter Duesberg

— **Dr. Alicia Damiano**, PhD, Molecular Biology, Department of Physiology, School of Medicine, University of Buenos Aires, Argentina

[On the many people committing suicide after an HIV+ test result]: “The effect of the HIV antibody positive test—the psycho-neuroimmunological effect—is literally shortening the lives of every single HIV positive person that believes this virus produces AIDS and death.”

— **Dr. Ricardo Leschot**, MD, Buenos Aires, Argentina

“Singular emphasis on the virus itself has obscured the fact that AIDS occurs only in already immunosuppressed individuals. Healthy people do not get AIDS.”

— **Dr. Raymond K. Brown**, MD, author, *AIDS, Cancer & the Medical Establishment*

“I agree AIDS is a problem, but I am not sure that HIV is its cause.”

Aug 29 2000, Sapa-AFP

— **Ndukhire Owa-Mataze**, Senior Lecturer, Political Economist, Uganda Martyrs University, Uganda

“[President Mbeki] has a laudable, analytical approach to many important issues regarding AIDS. As a physician, it has amazed me how ‘scientists’ are doing very unscientific ‘studies’ supporting the use of drugs in which they have a vested interest. I would recommend doing some investigation into how physicians learn about treatments. The majority of their information comes from drug reps.”

The Independent (SA) 22 Dec. 2001

“Statistics in Zimbabwe indicate that 700 people die of AIDS each week. The truth is that people with serious but treatable illnesses are turned away from clinics and hospitals if they are unable to pay for care, and then when they die, they are added to AIDS statistics. The numbers vary for different countries in Africa, but the pattern is the same. People are clearly dying, but the cause of their deaths is blamed on a virus rather than on the true problem: poverty.”

“Poverty directly causes disease through malnutrition, a lack of sanitation, and a lack of clean water. Corrupt leaders use the misery they directly cause to call for more

international aid in the form of loans or donations. The money comes in, the leaders become richer, and the people and health clinics receive very little.”

“Most of the people in Zimbabwe and other parts of Africa are poor, and can barely afford to eat enough calories to survive; they rarely eat vegetables, which are necessary to provide essential nutrients. Malnutrition weakens the immune system, and may contribute to illnesses otherwise conveniently ascribed to AIDS. There are numerous other contributing factors to AIDS in Africa. To decrease disease, the underlying problem of poverty must be eliminated, instead of promoting ill-conceived programs to send condoms and anti-viral drugs to Africa so that wealthy companies profit.”

“AIDS is being used today as hunger was used in the past—to stimulate public support for sending tax money to Africa. It’s an emotionally powerful tool to convince caring people to send money to help when, in fact, most of our tax money gets diverted to subsidize companies who extract foreign wealth. Few aid programs actually help the poor in Africa.”

“African healthcare workers who speak out and say that poverty rather than a virus is the main cause of ‘AIDS deaths’ lose their positions in clinics. Corrupt leaders want to assure the influx of aid money, so they demand that everyone play along with the aid agencies and call for more international funds to treat AIDS. Money to treat malnutrition is less available than money to treat the current issue emblazoned in minds worldwide by the media.”

AIDS, Loans, and Africa, 1999

— **Dr. John Ruhland, N.D, Seattle**

“Mr. [Bill] Gates’ interest in HIV/AIDS projects in India is not meant for charity, as it appears. The Bill and Melinda Gates Foundation contributing funds to fight AIDS is to protect his billions of dollars of investments in pharmaceutical companies interested in conducting field trials in India.”

United News of India, Nov 10, 2002

“...This is more an effort to bully other nations while misleading your own people — the hard working, well-meaning American taxpayers whose money will be whisked away to fight imaginary [Aids] epidemics in ‘unfortunate’ nations like ours.”

Letter to US President Bush, Oct 10, 2002

“Preventing and curing AIDS is this century’s most lucrative profession. Western pharmaceutical companies fared badly over the last few years, as the world health situation improved...Then, AIDS conveniently came along, incurable, and fatal. What more could pharmaceutical companies ask for?”

“AIDS is now the safest bet for producers of expensive medicines which never promise a cure...not one study conclusively proves anti-viral drugs even extend life.”

“There is no sure test for an AIDS virus because no virus has been identified yet. Millions of lives are ruined by these tests, though it is medically undisputed that pregnancy, common cold, prolonged fever, malaria, tuberculosis and 70 other conditions give false positives on the ELISA and confirmatory tests. In 1998, the National Aids Control Organisation (NACO) itself wrote on the unreliability of these under many conditions.”

“The CIA says India will have 25 million infected people by 2010, the maximum in any country. But India has recorded only 287 AIDS deaths in 1997, 217 in 1998, and 114 in 1999. In whose interest is it to push up these figures? ...It is in the US's interest to promote AIDS.”

“Only doctors can tell if AIDS and the HIV virus exist or not. If it does, then it is everyone's birthright to have details of its prevalence. The moment I am allowed to see scientific proof of such a virus, I will stop campaigning for my right to know what treatment is being meted out, where and to whom.”

Daily Pioneer, Nov 17, 2002

— **Purushottam Mulloli**, Convenor, JACK India (Joint Action Council Kannur)

“...There were many many examples but one example is that Africans gave their children dead monkeys to play with as toys and there was all this nonsense about how much more promiscuous Africans were than any other humans...and that Africans believe that the only cure for AIDS was to sleep with virgins and this is why AIDS was so widespread in Africa. Most of them were all based on racism or racist preconceptions of Africans. The allegations really that Africans were more promiscuous than the rest of the human race were unfounded. They didn't make any sense scientifically. In fact when they sent teams of researchers, sociologists, anthropologists to Africa, they were amazed that Africans were actually much more conservative in their sexual practices.”

Aids And Africa, Meditel, London 1993

— **Richard Chimuuta**, Co-author *AIDS, Africa and Racism*, Free Association Books, London, 1989

“Despite extensive media coverage of infected men seeking virgin girls as a 'cure' for their HIV infection, few cases have been documented.”

Lancet 2002;359:711

— **Jewkes R, Martin L, Penn-Kekana L**, Aids Researchers

“Generally speaking the two women we have just seen this morning are asymptomatic. They have no signs of AIDS, but the problem is, we don’t know when they were infected. But what puzzles us is the fact that many of the women who are classed as [HIV] negative fulfill the definitions for AIDS.”

Aids And Africa, Meditel, London 1993

— **Dr. Severin Sibailly, MD, physician, Abidjan, Cote d’Ivoire**

“I think that there is a lot of attention that has been paid to HIV and to the detriment of many other diseases. And as less and less money becomes available, these diseases themselves could become a public health hazard. Malaria, we are seeing a resurgence of malaria.”

Aids And Africa, Meditel, London 1993

— **Dr. David Serwadda, MD, Kampala, Uganda**

“AIDS is not caused by HIV...We have all been lied to and sold a bill of goods by a handful of unscrupulous, immoral scientists that care more for money and power than for the truth and human life itself.”

Deadly Deception, 1994

“None of the proposed explanations as to the modus operandi of HIV, nor the virus-AIDS hypothesis itself, are based on scientifically acceptable evidence or proof. The available laboratory evidence speaks against the hypothesis. The remainder of the evidence is epidemiological, and even that, when scrutinized and truthfully presented without first being selectively screened, proves that HIV is innocent of any involvement in AIDS.”

“The presence of the virus is often 40 times greater in healthy HIV-positive individuals than in fatal AIDS cases, where many times it can’t be found at all.”

“Most of the medically supervised AIDS deaths were either caused or contributed to by the deadly drug AZT. In many cases it was given to perfectly normal and healthy individuals who were terrorized...into taking the phony HIV test.”

“The incidence of drug use, i.e. street drugs (used orally or intravenously) all types, amyl nitrite (poppers) and other immune suppressive medical drugs, particularly AZT, correlate virtually 100% with the development of AIDS in Europe and the United States. These factors have been proven sufficient to cause the diseases of AIDS. HIV is a sometimes present, innocent bystander that has yet to be proven necessary for anything that is occurring.”

“In Russia, screening with the Elisa test resulted in 30,000 positive tests. Yet, only 66 could be confirmed with the Western Blot.” [Voevodin, 1992]

“Studies clearly indicate that AZT accelerates progression to death, increases the incidence of lymphoma 3,000% and does not prolong life. Imagine the medical carnage being caused when individuals, because they once had measles or the flu, are falsely

diagnosed as having a virus which has never been proven to cause any disease, [and] are given a drug which will kill them!”

“Physicians have been victimized by less-than-scientific, self-serving researchers and politicians who mouth hypotheses as though they were truth and present half-truths which convey misleading conclusions. It is time for physicians to remove the ‘art of medicine’ mask of protection from criticism and boldly show their faces as true scientists. We must demand an immediate re-evaluation of the Virus-AIDS hypothesis in the interest of our patients and our sacred obligation to ‘above all do no harm.’”

Virusmyth, 1994

— **Dr. Robert E. Willner, MD, PhD, author of *Deadly Deception: the Proof That Sex and Hiv Absolutely Do Not Cause AIDS***

“After eleven years of studying and discussion, I can assert without any doubt whatsoever, that most cases of so-called AIDS are caused by drugs.”

“Officials at CDC chose to serve their own bureaucratic interest, research interests and, most of all, their pharmaceutical masters in staking out new markets for them. They devised the acronym AIDS knowing that the disease was neither contagious nor transmitted.”

“From the beginning [the CDC’s] Dr. Jaffe and Dr. Curran knew that no virus was involved in AIDS. They knew it was not contagious, being peculiar to those who committed acts of self-depredation with drugs. They knew that 100% of the homosexuals suffering from AIDS were on the drugs amyl and/or butyl nitrite. They knew these were immunosuppressant drugs. They knew that AIDS existed among people with kidney transplants who received immunosuppressive drugs, among those who suffered sexual diseases who had received massive doses of antibiotics, and among those who, having tumors, had received X-rays and chemotherapy (all immunosuppressive). They angled their propaganda from the beginning to hint that a virus or some single infectious agency caused the disease when they knew it was caused by immunosuppressive drugs and products.”

“In the manufactured AIDS panic, all the cartel members coalesced to fool and scare our populace until it was in a frenzy of fear. All this was done so that a few more billion dollars would accrue to the medical/drug/hospital/research/ bureaucratic interests. The scam has been successfully pulled off, and, indeed, billions of dollars have flowed into the coffers of those interests. In addition, much power and ‘prestige’ has been conferred upon those instrumental in perpetrating such a monstrous hoax.”

“The technique employed has been the Hitlerian Big Lie Technique: ‘If you tell a lie big enough, often enough and long enough, people will accept it as gospel truth.’ We see

this as being precisely the case with the deliberate concoction of AIDS from a complex of symptoms called by more than 20 other disease designations.”

“That is what the AIDS panic is all about—a drive to stampede the American people into the medical-hospital-pharmaceutical corral for big bucks. That is what it’s all about, not about saving people from diseases renamed and promoted under the fearsome banner AIDS.”

The Great Aids Hoax

— **Dr. T.C. Fry, D.Sc.**, author of *The Great AIDS Hoax* and *The Nature and Purpose of Disease*

“If I tell you that two plus two equals five, you will be able to disagree because you know some math. If I tell you that HIV is sexually transmitted and causes AIDS, you should know this to be untrue if you are in the medical profession. In medical school, one of the first things everybody is taught is that if you have an infectious disease, you have to show the infectious agent 100 percent of the time in people with the disease. With AIDS this is definitely not the case. Yet the medical profession doesn’t see anything wrong with [believing] that [HIV causes AIDS].”

“...And while no infectious disease ever discriminates against sex, this one is found mainly in males. I would definitely not take the AIDS drug because it is immune-suppressive. This was shown in a recent publication of *Pharmacological Therapeutics*. I would stimulate the immune function. I would certainly emphasize a good and healthy lifestyle.”

Penthouse, April, 1995

— **Dr. Hans J. Kugler, PhD**, Editor, *Preventive Medicine Update*. BS, University of Munich School of Medicine, Physiology (1964), under Nobel Laureate A. Butenandt. PhD. Former Assistant Professor of Chemistry, SUNY, Stony Brook. Former Associate Professor of Chemistry teaching Pre-Med students and graduate courses in quantum chemistry, Roosevelt University, Chicago. Taught chemistry for the health sciences and nursing at El Camino College; Taught CME for nursing programs at L.A. Harbor College. President and founder, International Academy of Anti-Aging Medicine. Board Member, Academy of Preventive Medicine. Former Senior Science Advisor: *Gero-Vita* and *Journal of Longevity*. Director, IAAM Stem Cell Laboratory at Health Integration Center, Torrance, CA. Emphasis: Making person-specific stem cells (DNA the same as recipient) via Nuclear Transfer and Parthenogenesis. Author, *Slowing Down the Aging Process* (1971), *Seven Keys to a Longer Life*, (Stein & Day, 1978), and *Tripping the Clock, a practical guide to anti-aging and rejuvenation*, (Health Quest, 1983). Co-author of books for health professionals: *Tomorrow’s Medicine Today. Anti-Aging Medical Therapeutics*, Vol. 1, 1997. Co-author: *Anti-Aging Medical Therapeutics*, Vol. II, 1998

“The virus is only a co-factor. One can perhaps say that progression to AIDS is not inevitable — that many people may encounter HIV, some will get AIDS, and others will not. One must therefore consider that there are several factors which we have to identify to improve our understanding of the disease and also to improve the way in which we wish to fight against it.”

“AZT does not cure AIDS, is very expensive, and causes too many complications.”

Spin Magazine

— **Dr. Kassi Manlan**, Director General for Health and Social Services, Cote d’Ivoire

“...I say this as one who already thinks that there is a real question about the HIV=AIDS hypothesis, and is trying desperately to get a colleague (a microbiologist) who teaches our Immunology class, to just READ some of the articles presenting the case for considering something other than HIV-only.”

“...If mortality among transfusion recipients is so high that additional AIDS deaths are statistically non-significant, how can death of transfusion recipients be used as evidence that HIV (passed in transfusions) causes AIDS?”

“...It is inexcusable to write in this careless (?) way. AZT was not ‘designed’ to treat AIDS, but who knows that outside of a bunch of compulsive information freaks? Most who read it will understand it to say that AZT is a new drug developed as part of the anti-AIDS war, specifically to kill off HIV. This puts Peter Duesberg in the worst light possible — when the truth is otherwise. Not a hint that this drug was discarded for human use against cancer, which kills scores of times more people every year than AIDS, precisely because of the sort of effects that Duesberg points out in his critique...”

“...In absolute numbers, Duesberg said that the increased deaths were 25%. Science [Magazine] minimizes the increase by taking the difference in the percentage of deaths and reporting 2.2% or 1.3%. But the proper use of these numbers is to compare the 2.2% INCREASED DEATH RATE to the control group’s death rate (8.7%). The difference is NOT a 2.2% increase, it is a 25% increase between the two groups, just as Duesberg said...”

“Now, perhaps a 25% increase in the death rate is still insignificant statistically, but I lose any trust I had for the objectivity and commitment to fair and honest reporting when the figures are reported in a such a fallacious manner — that they just happen to make Duesberg look foolish cannot possibly be purely coincidence. Science, the premier research journal in the U.S. (the world?) is presenting us with an example of this elementary fallacy.”

Aids Info BBS, 1994

“Thanks so much for having the courage and tenacity to publish stories from perspectives other than that of the ‘AIDS establishment.’

“Liam Scheff is to be commended for actually digging into this story, rather than parroting what we are being told by those who control the labs that do most of the work on HIV.

“I’m a college Biology professor, and the official story has never stood up to careful scrutiny, or even to the test of common sense. People are dying, money is being wasted, and the only way to arrive at the truth is to examine every facet of this story without preconceptions.”

Letter to Boston Dig <http://www.weeklydig.com/index.cfm/issueID/0decc5c3-79f1-46e3-a8fa-1ee44b21dcfd/fuseaction/Article.view/issueID/53b34d62-192b-4fc3-b38d-01d0e81fc58e/articleID/e23575ea-8f28-4627-b1d9-f1393f6a194c/nodeID/1f8d80f1-1d63-4759-b277-66449307b413>

— **Dr. Earl Aagaard**, PhD, Professor of Biology, Pacific Union College, Angwin, California

“The result of the invention of ‘HIV-AIDS’ by press release in 1984 instead of by proper peer review by the scientific community has been a costly, prolonged defense of the indefensible.”

January 19, 2005 <http://www.kimbannon.com/home/petition.php>

“The [Illinois] legislature and AIDS journalists should know about the non-specificity of all the HIV tests. Their non-specificity was first demonstrated in the US Army’s study of 1,300,000 18 year-old recruits in which 13,000 so-called HIV positives were identified, but with Western blot follow-up, only 2,000 of these 13,000 were convicted of being real positives. However, the manufacturers of the test kits acknowledge there are no real positives as their test kits cannot detect HIV in any person.”

“In Colorado, New York and Connecticut where the mandatory HIV testing and treatments have been implemented, many reports now document that infants of women who test positive exhibit severe birth defects including enlarged craniums and mental retardation, and a host of blood and immunological disorders known to be caused by HAART [Highly Active Anti-Retroviral Therapy] or AZT. These children and their families also suffer from many other pharmaceutically-induced AIDS-defining diseases caused by the ‘life saving medications.’”

Alive and Well update, July, 2003

“Dennis Byrne’s scathing attack on the Illinois legislature for its refusal to force all pregnant women in the state to undergo HIV testing and drug treatment left out at least four crucial facts: Pregnancy itself is one of the 70 known causes of false positives on the ‘HIV’ tests. The journal AIDS (vol. 13, pp 927-933, 1999), confirms that infants born to ‘HIV positive’ mothers treated with AZT, one of the genotoxic and immuno-compromising compounds used to fight ‘the virus,’ were more likely to get severely sick and die by the age of three than infants whose mothers were not treated. Nevirapine, touted as a new way to prevent mother to child transmission in Africa, was withdrawn for consideration of such use in this country [USA] because of numerous deaths during its trials in Uganda and South Africa. In the June 2, 2002 Journal of Virology, researchers reported that protease inhibitor drugs Crixivan (indinavir) and Invarase (saquinavir) caused T cell death in healthy HIV negative donor blood in three separate experiments.

“Perhaps the Illinois legislature is wise to keep decisions regarding testing and treatment outside the law.”

Letter to Chicago Tribune, 2003

“It is my humanitarian responsibility to help stop the iatrogenic death camps in our medical establishments that are associated with cancer, HIV, and AIDS treatments currently in place; [to help] increase awareness in government and academia regarding the issues surrounding the HIV=AIDS=Death commercial enterprise driven by certain scientists, doctors, and the pharmaceuticals; and to help restore, if possible, credibility to biomedicine and science after we succeed in our efforts.”

Comment to Virusmyth.

— **Andrew Maniotis**, PhD, Associate Professor of Bioengineering. Former Program Director, Cell and Developmental Biology of Cancer, Departments of Pathology, Anatomy and Cell Biology, and Bioengineering, University of Illinois at Chicago

“There is no good explanation for why and how the virus breaks out of the antibody protection. I’m not saying that HIV plays no role in AIDS — the data shows a clear correlation with disease. But AIDS is much more complicated than HIV.”

Miami Herald 23 Dec 1990

— **Dr. Shyh-Ching Lo**, MD, PhD, Chief, Division of Molecular Pathobiology, U.S. Armed Forces Institute of Pathology

“I am living proof that HIV does not cause Aids. I agree the so called ‘HIV’ plays no role in the disease process. I believe the only thing the ELISA Test can determine is that your body is producing antibodies. I believe that an HIV Positive test may indicate that an unhealthy nutritional deficiency is developing, ie. an accumulation of internal toxins is present that the body has not been able to break down due to these deficiencies. The presence of these toxins causes the body to produce antibodies.”

“There is no pathogenic organism that invades the body and replicates itself to suddenly appear as a mass of chemical compounds that can be seen with the electron microscope...You do not get Aids from having sex, sharing needles or from blood transfusions. You develop these conditions over a period of several years through a process Peter Duesberg refers to as a Risk-Aids Hypothesis.”

“I am in complete agreement with Professor Duesberg, Paul Philpott, and others who contend that the primary cause of the ‘Aids Condition’ is drug use and malnutrition.”

<http://www.aidsinfobbs.org/articles/quilty/q02/629>

— **William A. Lamb**, PhD. Author, *How I cured myself of AIDS: A self-treatment handbook of procedures for treating HIV positive and AIDS conditions*

“Europeans and Americans came to Africa with prejudiced minds, so they are seeing what they wanted to see. I’ve known for a long time that AIDS is not a crisis in Africa as the world is being made to understand. But in Africa it is very difficult to stick your neck out and say certain things.”

“The West came out with those frightening statistics on AIDS in Africa because it was unaware of certain social and clinical conditions. In most of Africa, infectious diseases, particularly parasitic infections, are common. And there are other conditions that can easily compromise or affect one’s immune system.”

“The diagnosis itself, merely being told you have AIDS, is enough to kill, and is killing people.”

The Sunday Times (London) 22 May 1994

— **Dr. PAK Addy**, PhD, head of clinical microbiology at the University of Science and Technology in Kumasi, Ghana

“For scientists, the idea at this late date that HIV is not a lone assassin is the worst possible news. In the bars outside medical conferences and in off-the-record conversations, dozens of AIDS researchers admit they are disturbed by the persistent failure of the most monumental medical research effort in the nation’s history to yield clear proof that HIV is a lone assassin.

“Yet in public, and on-the-record, few will express those doubts. ‘I’d bet my professional reputation that something more than HIV is involved in this disease,’ said one federally funded AIDS researcher. ‘But I wouldn’t bet my grants, my ability to work.’”

Miami Herald, December 23, 1990

— **Elinor Burkett**, Journalist, Miami Herald

“The most promising vaccine candidate, now in Phase III clinical trials, is not only inefficient but is actually harming the health of those who take it. The HIV vaccine is unsafe.”

chronicillnet, 9-9-2000

— **Dr. Veljko Veljkovic**, PhD, Institute of Nuclear Sciences, Belgrade, Yugoslavia

“Doctors are blatantly recommending HIV tests. Positive result from only one test is used to declare the person HIV-positive. This has caused immense social and psychological trauma in the patients. Negating the fact that an HIV positive person can remain normal for any length of time, and that only one test is not enough for that labeling, doctors declare even the common diseases of such persons as untreatable and abandon them to die. At this stage the psychological trauma can actually make the person go into a decline without any real biological disease. The agony is not restricted to the person alone but engulfs the whole family.”

“In fact, such persons have been taken to recovery and a healthy life for substantial periods of time through provision of nutritional improvement, ordinary medical treatment and building up of a positive outlook and self-confidence. Social activists such as Dr. Shantilal Kothari of Nagpur who has provided such exemplary service, have conclusively demonstrated that severe suffering is being inflicted on the common people by the demon image of the disease [Aids] in the doctors’ mind.”

Kathmandu Post, Jan 14, 2001

— **Dr. Ritu Priya**, MD, epidemiologist and professor at the Centre for Social Medicine and Community Health of the Jawaharlal Nehru University in New Delhi, India

“The basis of present [AIDS] action and education is that everybody who tests positive for the virus must be regarded as a transmitter and there is no evidence for that.”

“Debating AZT,” 2000

— **Dr. Albert Sabin**, Inventor of live-virus polio vaccine.

“AIDS, the Waterloo of the medical industrial complex, is said to be caused by a virus, despite overwhelming evidence to the contrary, detected by antibody tests which are proven to be grossly inaccurate, and treated by incredibly toxic pharmaceuticals that are definitely proven to cause the syndrome.”

— **Elliot Fox**, journalist, founder of Association to Re-evaluate AIDS

“Duesberg and Ellison’s case against HIV is bolstered by the many cases that defy the HIV-only theory. In Rwanda, for example, I learned of the case of an international prostitute who gave birth to twins. The seronegative baby died from AIDS, while the seropositive one lived. There is still a lot of rethinking to be done regarding HIV and its relationship with AIDS, and Professor Duesberg has been right to insist over the past four years that the debate should not be closed.”

“Prior to the days of Aids in Ghana, dozens of fatal diseases ranging from TB to various cancers caused a death per day, on my ward alone of 34 beds. Today, because of Aids, it seems that Africans are not allowed to die from these conditions any longer.”

“...Why do the world’s media appear to have conspired with some scientists to become so gratuitously extravagant with the untruth?”

Duesberg, “Inventing the Aids Virus”

“Where there was ‘AIDS’ there was money. A brand-new clinic, a new Mercedes parked outside, high-paying jobs...A leading African physician warned us, ‘You will never get these doctors to tell you the truth. When they get sent to these AIDS conferences around the world, the per diem they receive is equal to what they can earn in a whole year at home.’”

“If tens of thousands [of Africans] are dying from AIDS, (and Africans do not cremate their dead), where are the graves?”

Lancet, July 25, 1987

— **Dr. Felix Konotey-Ahulu**, MD, a Ghanaian physician at London’s Cromwell Hospital

“This (‘Inventing The AIDS Virus’) is an important book. Peter Duesberg reaffirms his belief, fully documented and referenced, that HIV cannot be the cause of AIDS. He also delivers a withering indictment of the modus operandi of the modern biomedical investigator.”

“In the decade following the announcement that AIDS is an infectious disease caused by the retrovirus HIV, billions of dollars have been spent and hundreds of thousands of papers have been published in an effort to prove that what Duesberg thinks is fundamentally flawed. Meanwhile, confusion reigns about the precise definition of AIDS, and the malady has not moved out of the high-risk groups.”

“What is to be done? Citizens and taxpayers should demand an investigation of the federal AIDS program. At the state level, a probe is needed of the extent to which private, profit-oriented industry has penetrated and perverted our central mission—which should be the generation of knowledge for its own sake. In this examination, ‘Inventing the AIDS Virus’ might be exhibit A.”

Review of “Inventing the AIDS Virus”

— **Dr. J.B. Neilands**, PhD, Professor Emeritus of Biochemistry, University of California, Berkeley

“After going through various articles, short notes, and experiences of people leading healthy and happy lives after an HIV positive diagnosis...I have decided to give a cash prize of Rupees One Lakh to any individual or institution who-so-ever proves that AIDS is a disease and caused by a virus HIV, and not a stage of intoxication resulting from a combination of various factors, i.e. excessive consumption over a prolonged period of narcotics and/or recreational drugs.”

“I feel this is a good opportunity for all of us to prove that HIV=AIDS=Death is a myth and save thousands of people who otherwise will be killed by drugs or fear psychosis.”

“We will also be obliged if you can make available addresses of individuals or institutions (NGOs) who are sincerely working to prove that HIV=AIDS=Death is a myth and also could help us in removing the misconception and fear about AIDS created by the WHO for money by money.”

“Due to General Elections, the Government of India is not able to arrange yet a Scientific Meeting on ‘AIDS’ despite our persistent demand. In the meanwhile, we have asked Director General, I.C.M.R., New Delhi to provide data confirming the relationship between HIV=AIDS=DEATH and we have asked them to stop ‘AIDS’ awareness programme launched in the country.”

Letters to Continuum, Spring, Late Summer, 1998

— **Dr. Shantilal Kothari**, Nutritionist and President of Academy of Nutrition Improvement (ANI) in Nagpur, India

“It is a scientific fact that essentially all viruses can be partially or completely blocked by natural therapies. Ascorbate (vitamin C) decreases the replication of viruses. A study published in the influential Proceedings of the National Academy of Science USA in 1990 showed that Vitamin C in amounts that can be taken by people on a daily basis could block the replication of the HIV-Virus by more than 99.9%.”

“Thus, for over an entire decade the pharmaceutical industry, the World Health Organization and the medical establishment knew that there are natural, non-patentable alternatives to [AIDS] drugs. Moreover, these natural treatments are more effective than any current pharmaceutical approach in controlling the disease.”

“A second substance critical to block the spreading of viruses is the amino acid lysine... Moreover, vitamin A and other essential nutrients have been documented to enhance the immune system and thereby contribute to the effective prevention and treatment of AIDS.”

“Most of the UN programs are dominated by pharmaceutical interest groups. This also relates to the UN-AIDS program. We have to understand that for the pharmaceutical industry, a battle of credibility has begun in the...developing world as well as in the industrialized countries. More and more of these countries realize that there are natural alternatives to pharmaceutical drugs that are not only more effective but also available

at a fraction of the costs and without paying prohibitive patent royalties. Thus, many governments of the world have realized the unscrupulous nature and fraudulent business scheme of the pharmaceutical ‘business with disease.’”

“...There is a much worthier consequence: every country that turns its back on the pharmaceutical business with disease is a contribution to the world to open its eyes to the century old fraud business with disease maintained and promoted by the pharmaceutical investment groups.”

“The consequences as more and more countries liberate themselves from the yoke of the pharmaceutical cartel are devastating for that industry. Imagine what will happen when more and more countries in the world realize that the AIDS epidemic can be contained by providing sufficient vitamin C and other non-patentable natural therapies in optimum amounts to their people. Imagine the reaction of people who realize that the drug industry has deliberately withheld the life-saving information of these natural ingredients from them.”

“SARS is simply a viral disease that, just like any other viral disease, can be largely contained and prevented by optimum amounts of ascorbate (vitamin C) and certain other natural molecules. But these molecules are not patentable and therefore are not promoted.”

“The significance of this Cellular Medicine breakthrough is all the greater since the toxic cocktails so far available from the pharmaceutical industry usually have severe and often fatal side effects. These so-called “antiretroviral” medicines (ARVs) are reject products from chemotherapy research, which have proven too toxic for treating cancer. It is hardly surprising therefore that in industrialised countries, more AIDS patients are dying from the side effects of these “AIDS-chemo” drugs than from AIDS itself.”

“While this news is a message of hope for millions of people in developing countries, it is a catastrophe for the pharmaceutical “AIDS industry”. Alongside the risk to its billion-dollar profits, the international reputation of an industry now exposed as unscrupulous is under threat, and with it also the reputation of all those scientists and organisations that have built their personal wealth on the supposed blessing of toxic cocktails.”

Cellular Medicine/Alternative Therapies http://www.newmediaexplorer.org/cgi-bin/mt-comments.r26.cgi?entry_id=1857

— **Dr. Matthias Rath, MD, Director, Dr. Rath Health Foundation, The Hague, Netherlands**

“For the last several years I have been reviewing the evidence that HIV causes AIDS. I have read countless papers and books. After all of this I still say — where is the evidence?”

“This affliction [AIDS], more than any other, highlights the power of the corporate world to hijack science and replace it with nonsense for monetary gain.

“It is a sad state of affairs and frightening to say the least. Makes you wonder what other corporate goblins have been created and where they are hiding.”

Comment to Virusmyth.net

— **Mark Bartlett**, Microbiology Technologist, Communicable Disease Investigator, Toronto, Canada.

“To illustrate the absurd fluidity of the HIV-AIDS construct, if the AIDS epidemic predicted by the US Surgeon General fails to explode into the general population and instead smoulders dismayingly within its original risk groups, thereby threatening the US Centers for Disease Control’s glorious funding, just change the definition of AIDS to double its case incidence by the stroke of a pen. Chuck in invasive cervical cancer in the presence of HIV antibodies to keep feminist lobbyists happy by including their occasional malady as an AIDS indicator disease to enable them to pull Federal health benefits. No matter that it’s hard to imagine what cancer has to do with immune suppression...Luc Montagnier himself notes that ‘AIDS has no typical symptoms.’ Odd that. A disease as elastic as medical vogues and funding contingencies require.”

“Around the town in which I live, Pietermaritzburg, some black children born HIV-positive are sent to die in specially established hospices. Some born sick in abject poverty fail to thrive and die, however good the care. But most don’t. Years later they languish there without hope, having missed their appointments with death...Medicine has branded these bright-eyed children carriers of a vile, filthy, deadly contagion, and they are raised to expect death. The mark they bear is like the hidden mole in the armpit detected by the inquisition — meaningless in a sane world, but during an hysterical storm, super-charged with evil. Perfectly healthy, they are raised as though leprous. Imagine growing up like that. It’s beyond pitiful.”

“...[Judge Edwin] Cameron’s breakfast introduced his new AIDS organization...[whose handout preaches ‘buying drugs is buying life’] ...Cameron’s fellow drug activists claimed that ‘when people are given AZT they see the face of God!’ How right they are. On a calculus of AZT’s life-ending pharmacokinetics, on AZT you’re undoubtedly on your way to the cemetery. For the big reunion.”

“The repackaging of lethal cell-poisons like AZT as ‘antiretrovirals’ is a vast and callous pharmaceutical fraud...As for the positive immune signals a ‘short course of AZT’ can generate, poison ingestion provokes an immune reaction as the body rises to the insult. This is old hat.”

“Thrown to the wind have been all the safeguards set up to ensure that the Diethylstilbestrol and Thalidomide tragedies would never happen again. Before the hysteria of the AIDS age, women were enjoined even to avoid drinking beer during pregnancy...Has anyone here paused to question whether a growing foetus comprising rapidly dividing cells should be exposed to a random terminator of DNA chain synthesis? Apparently not. Certainly not the recipients of GlaxoWellcome’s largesse from its slush fund of millions for those who make AIDS their business in this country. Nor our doctors carrying out bold medical experiments on the foetuses of pregnant black women — whose unlucky dice gives them a positive registration to the irredeemably and hopelessly non-specific ‘HIV-antibody’ test. Of course anyone in the game crying foul, and drawing attention to the reams of literature in the medical journals

about the harm caused by AZT, especially to the young, is going to find himself sent off and defunded, for keeps.”

“In...his response to my article AZT: A Medicine from Hell, top HIV honcho Des Martin floats some scary statistics about HIV infection rates — all terrific fund-raising stuff. It will come as an awkward disappointment, no doubt, to those whose careers thrive on such numbers, to be confronted with The World Health Report 1998. It records that ‘using the latest data gathered and validated by WHO,’ in 1996 South Africa had a magnificent 729 AIDS cases — of a population of 40 odd million. A few years ago our experts predicted 200,000 AIDS orphans by 1997 in KwaZulu-Natal, my province. Guess how many children were reported orphaned here in total over the period 1996/7 (car-crashes, whatever) according to our national Department of Welfare’s current Annual Statistical Report: — a whopping 971. Some epidemic!”

“...Suffice it to say that nowhere on the planet has a single prediction of AIDS exploding into and decimating the general population ever come to pass. No demographic data anywhere speak to an ‘AIDS epidemic.’ Scrutinised, AIDS statistics always turn to mush, and it’s when you home in on the ‘African AIDS’ figures that the show really turns to farce. It’s all computer modeling, premised on the creed that an HIV-positive test result predicts sickness and death after 8 years or so. Could it be that there is something wrong with the theory?”

“The public rightly yawns in reaction to Martin’s silly doomsday histrionics. We’ve noticed that the ‘experts’ are always postponing their plague with which they menace us for money and attention. And since the overwhelming majority of HIV-positive people are healthy, what is this Alice in Wonderland talk of his — this ‘HIV disease’ in the absence of any AIDS defining illness?”

“Dr. Martin states, ‘[HIV] disease is a major global health problem and is associated with a significant morbidity and mortality.’ The Harvard School of Public Health doesn’t think so. In its encyclopaedic Global Burden of Disease Study (1996)...it reports that ‘HIV currently [rates] 28th in the rankings...[in the] global pattern of disease burden.’ That’s not even close to accidental falls (14th) or suicide (17th) as causes of disability, illness and death ‘for all regions of the world.’”

“Debating AZT,” 2000

“The study [to test Aids drugs Coviracil in combination with nevirapine and lamivudine (3TC, an AZT lookalike) and stavudine (d4T, another one)] was called FTC 302. It was an abattoir...De Lille [told] the Natal Witness that she had uncovered ‘a nest of abuse and exploitation...One patient developed a rash all over his body and still has marks on the face. He told Dr. Botes that this had happened since using the drugs, but the doctor said it was not the drugs causing the rash, but the HI virus.’ Severe skin damage being a brand-new AIDS indicator disease, according to Dr Botes. She’d never heard of Toxic Epidermal Necrolysis apparently. For which nevirapine is famous.”

“Our Minister of Health, Dr Manto Tshabalala-Msimang also heard the news, was damned unhappy about it, and told the Medicines Control Council so. The president of the MCC at the time, Helen Rees, responded nonchalantly that ‘many AIDS medications could cause liver and other problems. But the combination therapy can make a huge difference to people’s lives.’ The kind of thinking we expect from a doctor. For whom

drug company propaganda passes as medical knowledge – she even speaks as the advertisements do.”

“An official investigation found that two of the dead died of liver failure, one of pancreas failure (both conditions caused by acid lacidosis, a standard side effect of antiretrovirals), and two of neurological damage (likewise). Other trial subjects suffered deafness, impaired speech, anal bleeding, sores that wouldn’t heal, abdominal pains, weight loss, fevers, pneumonia, insomnia, vomiting, and depression. The investigation concluded that nevirapine had probably caused the liver damage that had killed two of the women. Not surprisingly, since of all so-called antiretroviral drugs on the market, nevirapine is top of the pops when it comes to wrecking livers.”

“It stands to reason that a drug [Nevirapine] with this kind of appalling toxicity profile — even worse than AZT — must have some clinical benefit...But au contraire, as the ad spelt out: ‘...At present, there are no results from controlled clinical trials evaluating the effect of Viramune [nevirapine] in combination with other antiretroviral agents on the clinical progression of HIV-1 infection, such as the incidence of opportunistic infections or survival.’ Can you credit this? That a drug so toxic without any proven health benefits should even be on the market? But this is the land of the free. And after AZT, anything.”

“...In the Shaffer study of the effect of short-course AZT administration on mother to child transmission, placebo administration reduced ‘transmission’ at one hospital 14.3% and at another 23.7%...Amazing: when it comes to saving babies, placebos are as good as AZT. But of course that’s not what the ‘AIDS experts’ tell you. Being ‘AIDS experts.’”

“But not only does placebo...have mysterious benefits; so does taking nothing at all. A study by Ladner and Leroy... [1998]... reported that the transmission rate among 561 African women given neither antiretroviral drugs nor placebos was 12%. That’s lower than the 13.1% rate triumphantly claimed by Guay as the benefit of administering Nevirapine. In short, the Ladner study provides evidence...that pregnant African women left to have their babies unmolested by white missionary ‘AIDS experts’ like Guay actually do best of all.”

“...Would it come as a surprise then to learn that in HIVNET 006, the toe-in-the-water trial that preceded the Guay study, a chilling four babies out of the twenty-two treated with nevirapine died? Twelve ‘serious adverse events’ were reported, but the researchers (including Guay) didn’t connect them with the drug. But then we’ve read enough already to know that this bird wouldn’t recognize a toxic reaction if it hit her between the eyes.”

“The Trouble With Nevirapine,” 2002

— **Anthony Brink**, Advocate of the High Court, Cape Town, South Africa.
Author, *Debating AZT and The Trouble with Nevirapine*. Chairman of the Treatment Information group (www.tig.co.za).

“Until recently, I was the Director of the Office of Policy in Clinical Research Operations at the National Institute of Allergy and Infectious Disease Division of AIDS. In that capacity, I was responsible for ensuring the integrity of government-funded AIDS drug

trials by insisting upon good clinical practice and the rigorous oversight of all AIDS-related field work.

“It was an impossible task. At every turn I found my efforts frustrated by a management system guided more by politics than by sound science. Nepotism and bureaucratic intrigue permeate DAIDS. Scientists are pressured to produce results at the expense of regulations whose purpose is to protect the safety, rights and welfare of study subjects, not to mention the preservation of scientific integrity.

“For seven months, I learned of numerous instances of scientific and professional misconduct at DAIDS. I brought some of these to the attention of my supervisor as I am required to do by law. My vigilance was rewarded with a notice of termination and slander against my good name and reputation. Frustrated, I decided to step forward as a whistleblower in the hope that public exposure would bring about the needed change. That has yet to happen. Instead, NIH has worked fervently to suppress my allegations and delegitimize my credibility. They will not succeed...

“Among the most serious charges I have leveled against NIH is that the agency knowingly and cunningly covered up evidence of shoddy conduct in a trial examining the safety and efficacy of [Aids drug] nevirapine ...

“Far from being a wonder drug, nevirapine can be very dangerous. It has been subjected to numerous changes in its labeling by the FDA, owing to reports of liver toxicity and a potential for fatal rashes when administered in multiple doses. But with the administration of just one dose, viral resistance can result in half the patients to whom the drug is prescribed...

“This was not the conclusion reached by NIH-backed researchers from The Johns Hopkins School of Medicine when they undertook a landmark study of nevirapine in Uganda in the late 1990s. The study, known as HIVNET 012, purported to show that the drug was safe and effective in preventing HIV transmission to newborns.

“What was not immediately apparent was that some of the most basic procedures of Good Clinical Practice were absent from their work.

“The original HIVNET results were...hailed by many in the AIDS community as an unqualified victory in the fight against AIDS. As most of the international AIDS research community, as well as the World Health Organization, embraced these findings, the NIH and the investigators are unwilling to admit to any flaws.

“However, when third party auditors from nevirapine's manufacturer, Boehringer Ingelheim, looked into how the Uganda trial was run, they found critical compliance issues that compromised the integrity of the study...A second audit sponsored by DAIDS essentially confirmed what the manufacturer discovered. With the validity of the data very much in question, Boehringer Ingelheim withdrew its license application to the U.S. FDA.

“The NIAID swung into action. Deputy Director LaMontagne assured the public ‘there is no question about the validity of the data,’ citing only that ‘the problems are in the rather arcane requirements in record keeping.’ This was quite an understatement and a willful deception of the public. From there, DAIDS maintained the deceit by concocting an expensive and elaborate ‘remonitoring’ of HIVNET 012 in which the conclusions were never in doubt.

“And as if that weren’t enough, DAIDS used threats and intimidation to silence those employees who knew the truth and might potentially speak out...

“It now appears that this endorsement of nevirapine may have been premature. No policy, no matter how well intentioned, should be based on poor science. Yet that is what HIVNET 012 was.

“Of even greater importance is what the experience with HIVNET 012 has taught us about one government agency. NIH is broken and needs to be overhauled. Those responsible for suppressing the truth about poor scientific conduct and deceiving the public should themselves be reprimanded and removed from positions of authority. Acts of retaliation by senior managers against employees simply doing their job should be fully and fairly investigated.”

Fox News Channel, February 3, 2005

— **Jonathan M. Fishbein, MD.** Former Director, Office for Clinical Research Policy at the Division of AIDS (DAIDS) at the National Institute of Allergy and Infectious Disease (NIAID), the US National Institutes of Health (NIH)

“[The drug industry has a] worse record of international bribery and corruption than any other industry, a history of fraud in the safety testing of drugs, and a disturbing record of criminal negligence in the usage of drugs.”

“Data fabrication is so widespread that it is called ‘making’ in the Japanese pharmaceutical industry, ‘graphiting’ or ‘dry labelling’ in the United States.”

“Every scholar who has surveyed the comparative evidence on bribery in international trade has concluded that pharmaceuticals is one of the most corrupt, if not the most corrupt, of industries. My own research found evidence of substantial bribery by 19 of the 20 largest American pharmaceutical companies. There is evidence of bribes being paid to every type of government official who could conceivably affect the interests of pharmaceutical companies: bribes to cabinet ministers to get drugs approved for marketing, bribes to social security bureaucrats who fix prices for subsidised drugs; to health inspectors who check pharmaceutical manufacturing plants; to customs officials, hospital administrators, tax assessors, political parties, and others.”

“But a much greater threat to world health than corruption is fraud in the safety testing of drugs. Rats die in trials of new drugs and are replaced with live animals; rats which develop tumors are replaced with healthy rats; doctors who are being paid \$1,000 a patient to test a new product pour the pills down the toilet, making up the results in a way which tells the company what it wants to hear.”

“But it is the less blatant forms of fraud against health authorities which have caused the greatest loss of life—companies telling half-truths to governments about the severity of side effects or covering up adverse reaction reports from concerned doctors. Last year Eli Lilly was fined \$25,000 in the United States after it was charged with covering up deaths and illnesses caused by its anti-arthritis drug, benoxaprofen...In 1984, Smith Kline was fined \$100,000 on charges of covering up adverse reactions to their product Selacryn, which was associated with 36 deaths in the US. Similar allegations of covering up adverse reactions are being made against A. H. Robins in the litigation over the Dalkon Shield intrauterine device. A former company lawyer has testified that he was ordered by his superiors to shred sensitive evidence.”

“Some American pharmaceutical companies take this to extraordinary lengths: they have ‘vice-presidents responsible for going to jail’ whose job it is to act as a scapegoat for corporate crime, to have the buck stop with them rather than taint the chief executive with knowledge of illegality.”

“But mostly the ways of protecting pharmaceutical executives from their own consciences are more straightforward. The quality control manager is an honest person who takes pride in producing a product which is always sterile, pure and made exactly to specifications. She or he is very busy at this important task and doesn’t take time to find out that these pills are being promoted in Brazil for totally inappropriate conditions or that the specifications she so meticulously follows are partially based on fraudulent testing. Moreover, the corporate culture has taught her that the activities of the Brazilian subsidiary are none of her business.”

“My research found that when bribes are paid to Latin American health ministers to secure government approval of a new product, the proposition is put as one of speeding up the inevitable approval of a product which will prevent much suffering or death. That is, the Minister’s conscience is protected because he accepts the company’s view that he is acting in the public interest by taking the bribe.”

“Corporate Crime in the Pharmaceutical Industry”; New Internationalist, Nov 1986

— **Dr. John Braithwaite**, PhD, Professor, Law Program and Chair, Regulatory Institutions Network, Research School of Social Sciences, Australian National University. Former Fulbright Scholar; Author, *Corporate Crime in the Pharmaceutical Industry*

“Research is biased in favor of the drugs and drug makers. The pharmaceutical industry spends a great deal to influence people in academic medicine and professional societies. It does a super job of making sure [that] nearly every important person they can find in academic medicine [who] is involved in any way with drugs is hired as a consultant, as a speaker, is placed on an advisory board — and is paid generous amounts of money.

“Conflicts of interest are rampant. When the New England Journal of Medicine published a study of antidepressants, we didn’t have room to print all the authors’ conflict-of-interest disclosures. We had to refer people to the website. I wrote an

editorial for the journal, titled 'Is Academic Medicine for Sale?' Someone wrote a letter to the editor that answered the question, 'No. The current owner is very happy with it.' That sums up the situation nicely."

Los Angeles Times, 9 August 2004

— **Dr. Marcia Angell**, MD, Senior Lecturer, Harvard Medical School; Former Editor in Chief, *The New England Journal of Medicine*

"There is increasing concern that in modern research, false findings may be the majority or even the vast majority of published research claims...Conflicts of interest are very common in biomedical research, and typically they are inadequately and sparsely reported...Prestigious investigators may suppress via the peer review process the appearance and dissemination of findings that refute their findings, thus condemning their field to perpetuate false dogma. Empirical evidence on expert opinion shows that it is extremely unreliable...Highly prejudiced stakeholders may even create a barrier that aborts efforts at obtaining and disseminating opposing results..."

Ioannidis JP. Why most published research findings are false. PLoS Med. 2005 Aug; 2(8): e124. http://medicine.plosjournals.org/perlserv/?request=get-pdf&file=10.1371_journal.pmed.0020124-L.pdf

— **John P.A. Ioannidis**, MD, Dept. of Hygiene and Epidemiology, University of Ioannina School of Medicine, Greece; Institute for Clinical Research and Health Policy Studies, Dept. of Medicine, Tufts-New England Medical Center, Boston

"I have suspected for some time that the HIV/AIDS complex has been dishonestly 'politicized' for public consumption and to avoid speaking the truth about this unfortunate illness syndrome. At least in its North American manifestations AIDS, whatever its root causes, appears to be in origin a sexual-lifestyle disease. That lifestyle (in Canada at least, a lifestyle overwhelmingly sourced in male homosexuality, recreational drug use, anal sex practices, etc.) is vigorously defended by those who enjoy it and is psychologically linked to powerful modern — rather, post-modern — public attitudes about historically novel rights to individual privacy and sexual liberation. It appears that every effort has been made by powerful media and political entities to avoid facing this truth. This group [Group for the Reappraisal of the Hiv-Aids Hypothesis] should continue its efforts and demands for honesty in science and science reporting."

Comment to Virusmyth

— **Dr. William D. Gairdner**, PhD (Stanford), Author, *The Trouble with Democracy* and other books. Canada.

"I signed up in 1989 or so as a skeptic about HIV/AIDS theory. I got my first opinion about the AIDS fraud through history of medicine and epidemiology. Then, the books of

L. De Marchi and F. Franchi in Italy, and by P. Duesberg in the U.S. provided the logical explanation of the matter. Those books represent the best lesson of human biology I ever had in my career. As an anthropologist, to get another example of a similar big trick, I must go back to the Piltdown fraud in 1908, when an ape's mandible was deliberately joined to a human skull and buried together to make a missing-link — the so-called 'Piltdown Man.'"

Comment to Virusmyth

— **Andrea G. Drusini**, MD, PhD. Medical Anthropologist, Professor of Anthropology, Department of Medico-Diagnostic Sciences and Special Therapies, University of Padova, Italy.

"I am a professor of communication at Binghamton University and started examining the AIDS controversy for my course on communication, ethics, and social action. I must admit that I went into the material with a very skeptical mind, thinking the AIDS revisionist people were the same as the people who argued that the Holocaust did not occur."

"When I read the literature, especially Christine Maggiore's book 'What If Everything You Ever Thought You Knew about AIDS Was Wrong,' I realized that these people make sense. I have read several articles about the matter now and seen several videotapes, and I am completely convinced...AIDS is not an epidemic – the medicines used to treat AIDS actually cause AIDS."

"I am most impressed by the impeccable scientific basis for the AIDS revisionists' ideas."

Letter to Mother Jones Magazine, July 23, 2001

— **Lois J. Einhorn**, PhD, Professor of English, Binghamton University, New York. Author, *Abraham Lincoln the Orator: Penetrating the Lincoln Legend*, *Helen Keller, the Speaker*, *The Native American Oral Tradition* and other books. Received the Distinguished Research Fellow and Distinguished Teaching Fellow awards of the Eastern Communications Association, the Outstanding Professor Award from the National Speaker's Association, the Everett Lee Hunt Book Award and many other honors

"This [the Hiv-Aids fraud] is a clear case of injustice to all. It must be thoroughly investigated, both scientifically and criminally."

Comment to Virusmyth

— **Folarin Abimbola**, Medical student, Obafemi Awolowo University, Ile Ife, Nigeria.

"I have long questioned the 'ACT-UP' version of AIDS. There are enough facts available to cast reasonable doubt on the so-called 'AIDS epidemic.'"

Comment to Virusmyth

— **Gene Troser**, Quality Assurance specialist for a major medical device manufacturing company. Also chairman of the Riverside County (California) Libertarian Party. Wildomar, California.

“I began looking into the AIDS question about 12 years ago. I began to read articles, and started to ask questions of my own to anyone who would answer. Invariably, those defending the conventional wisdom soon dropped out of the conversation when confronted with the simplest of facts. More than that, I couldn’t get my questions answered. Having a doctorate in psychology, the responses sounded a lot like ‘psycho-babble.’

“Within a short period of time — less than a few months — it was clear to me AIDS was not what it was supposed to be. The virus was harmless. I concluded a cure could never be found for a disease that did not exist. I was on a mission of sorts, though my newly found truth was mostly met with scorn by other professionals, and for that matter, from friends and family too.”

“By 1993 I figured the truth was an inevitable consequence for even the casual skeptic who looked at the evidence and history of the so-called AIDS epidemic. It was just a matter of time — and a short time it would be. After all, just a few questions into a discussion about AIDS with any expert in the field and you’ll usually hear ‘...that’s just one of the oddities about this strange virus’ and/or ‘the virus continually mutates,’ often followed with the idea the experts are just on the tail of this little bugger when it morphs into something else — over and over and over.”

Comment to Virusmyth

— **Dr. Randy Cima, PhD, Psychologist, Riverside, California**

“I have done extensive personal research into the HIV/AIDS debate on both theoretical fronts. I am NOT convinced that HIV causes AIDS!

Comment to Virusmyth

— **Dr. John R. Forsyth, MD, Janesville, Wisconsin**

“Twenty years after defining a syndrome of around 30 diseases with known treatment as being attributable to a virus for which a vaccine would be discovered in two years — it still has not materialized. After spending billions of dollars unsuccessfully, the [Aids] establishment has neither the humility nor the true spirit of objective science to support an investigation of an alternative, very plausible theory — recreational drugs and slim disease — explaining these manifestations.”

“Establishment [Aids] science, that has tried for 20 years to silence, censor and slander a correct analysis of a laundry list of diseases, will be compelled to face its conscience when its obstinate error causing the needless sacrifice of tens of thousands of lives eventually crashes down upon it.”

“They [the Aids Establishment] lack an understanding of the difference between the Western and African syndromes, but they are committed to the DNA poison AZT. Upon whom will history place the responsibility for these deaths?”

“The monopoly and censorship by establishment science is disgusting. An independent investigation of the HIV/AIDS hypothesis is long overdue. There are better theories based on unbiased analyses of the data that deserve support.”

Comment to Virusmyth

— **Dr. Herbert Bernstein, DDS, Clinical Associate Professor, Oral Surgery, University of Miami, Florida.**

“During my research I noticed a lot of resistance from many different people to believe our data [about AZT’s extreme toxicity]. In general there is resistance to the ‘bad news.’”

Letter to Anthony Brink

— **Ofelia Olivero, PhD, Staff Scientist, U.S. National Cancer Institute**

“I think that HIV is not the cause of AIDS. I began to think so after I read Peter Duesberg’s book ‘Inventing the AIDS virus.’”

Comment to Virusmyth

— **Dr. Pasquale Mamone, MD, Heart Surgeon, San Camillo Hospital, Rome, Italy.**

“‘HIV causes AIDS’ is a slogan, not a fact. Its almost universal acceptance among the TV-indoctrinated public results from its having been said ‘over and over for a number of years’ and occasionally enhanced by a dab of ‘educational’ sleight of hand. For example, the TV pictures of little video game viruses attacking the immune system are inventions, outright cartoons, although most people believe them to be photos or at least dot-by-dot computer simulations of activities that have actually been observed within our bodies. In truth, there is no proof at all that the ‘AIDS virus’ does anything of the sort to our cells.”

“AZT’s side effects...were identical to the symptoms of the newly created disease it was touted to defend against. These include severe suppression of bone marrow and white blood cells with resulting anemia severe enough to require transfusions...this means on the one hand that the drug’s destructive effects are conveniently masked as results of the disease; on the other hand, it means that symptom-free people who take the drug will soon manifest symptoms and thereby justify the need for treatment. AZT thus neatly solved Dr. Modell’s dilemma by providing its own disease to treat.”

“AIDS is a concept invented by people to whose advantage it is for us to believe that immune-system failure is a viral disease. Like Santa Claus, it exists only to the extent that you choose to believe in it.”

“The next time you hear news of the AIDS epidemic that is ravaging Africa, keep in mind the following simple fact about immune-system failure contained in this quote from Drs. Maxime Seligmann, et al in the Nov. 15, 1984 New England Journal of Medicine: ‘The commonest cause of T-cell immunodeficiency worldwide is protein-calorie malnutrition. Malnourished children have defects in macrophage and T-cell function accompanied by...an increased susceptibility to infections...Bacterial superinfection in these children is a major cause of serious disease and death.’”

“No one has proven, not even remotely, that HIV ever harmed anyone. We are expected to accept HIV’s virulence on faith, though no one has been able to verify it.

Since antibody to HIV is found in many (but not nearly all) immuno-suppressed people, it is assumed that HIV is immuno-suppressive. This is no more logical than concluding that maggots kill dogs because maggots are sometimes found on dead dogs.”

“Similarly, CDC refuses to recognize a connection between drug abuse and AIDS, although one survey showed that 79% of the AIDS patients studied were heavy drug users. The first 50 certified AIDS cases were, without exception, isobutyl nitrite (poppers) sniffers, but CDC denies there is a connection. The original five AIDS patients were variously hospitalized before diagnosis for AIDS with liver ailments, prolonged fevers, CMV infection, leukopenia, Hodgkins, and other ailments; they had received radiation, corticosteroids TMP, SMX, and a wide range of antibiotics—all immune system destroyers. However, by CDC’s description, all were ‘previously healthy individuals.’ AIDS researcher Jon Rappoport (author of ‘AIDS, Inc.’) says that ‘previously healthy’ is a CDC ‘technical term’ which means ‘not previously dead.’”

“Subsequent redefinitions of AIDS have expanded the scope of the ‘disease’ to such absurd lengths as the inclusion of cervical cancer as an AIDS marker with the obvious purpose of ‘feminizing’ and heterosexualizing what has been basically a male homosexual phenomenon.”

“AIDS is a very successful promotion that has managed to lump together in the public mind many pre-existing conditions and thus to create the impression that an ‘epidemic’ is taking place.”

“Since the creation of AIDS, I have been a nonbeliever. Although we are witnessing an increase in deaths and disabilities related to immune-system failure, this is occurring as a natural and predictable consequence of our abuse of chemicals, malnourishment, over population, the ever-increasing use of vaccines, and other lifestyle problems that are identifiable and correctable. The belief that we are experiencing an attack from a mysterious viral invader, a veritable Saddam Hussein of the micro world, and that our only hope is to get out our checkbooks and our red ribbons in support of the technologically adept medical-pharmaceutical-research army is, for want of a nicer way to say it, unmitigated horse shit.”

Pure Water Gazette

— **Dr. Gene Franks**, PhD, Denton, Texas, Editor, *Pure Water Gazette*

“Back in the mid 1980s I had serious reservations about the existence of a relationship between HIV (or, indeed, any causative organism) and AIDS.

“In the late 1980s I accepted the link between HIV and AIDS but rejected the theory, popular among the medical and nursing professions, politicians, journalists, insurance companies keen to find an excuse to increase their premiums, drug companies desperate to sell their latest AIDS related product, and just about every other scaremongering half wit eager to jump on the ‘AIDS is the biggest plague to hit mankind’

bandwagon that AIDS was a sexual transmitted disease which was likely to wipe out a large proportion of the western world.

“I argued that AIDS should be regarded as a blood related disorder, rather than a sexually transmitted disease, and that because of this it was primarily a disease that threatened homosexuals and drug addicts rather than heterosexuals. I didn't say that these were the only groups who would develop AIDS but that they would probably be the main sufferers.

“The evidence shows I was right about that but I now strongly suspect that I was wrong even to accept that there was (or is) a link between HIV and AIDS.

“The huge AIDS industry, now employing thousands of scientists, hundreds of thousands of administrators and paramedics and vast armies of sanctimonious fund raisers - as well as burning up billions of dollars of taxpayers money which could have been much better spent on something useful - is now too committed to the notion that HIV causes AIDS even to admit that it might be false. But false it very probably is.

“There have been around 400,000 AIDS patients in the last ten years. (The ground rules for defining an AIDS patients have constantly been changing in order to keep the number of AIDS victims as high as possible and, therefore, try to justify the expenditure involved.)

“Those 400,000 patients have been treated by around 5,000,000 AIDS researchers and specialist AIDS medical workers. If the amount of effort and money spent on AIDS had been spent on teaching people how to avoid heart disease millions of lives could have been saved and heart disease would now be something of a rarity among men and women under the age of 70. Since the early 1990s most of the under employed AIDS experts have kept themselves busy doing their best to maintain the AIDS myth - the myth which has paid their unjustified and unjustifiable salaries. The AIDS industry - like the global cancer industry - is now predominantly composed of individuals whose primary concern is their own financial survival. The needs of patients - and the community at large - take a poor second place.

“Despite the money that has been spent, and the countless number of animals who have been sacrificed (in the US 1,500 chimpanzees which were bred for AIDS research and which, it is now recognised, have no useful function in the AIDS research industry, are kept alive in cages at an annual cost of something like \$7,300,000), the AIDS industry has yet to make just one of the many promised breakthroughs or save any human lives. And that failure is probably due to the fact that scientists have based their research work on a premise with about as much supporting evidence behind it as the theory that the earth is flat.

“AIDS was first noted in 1981 in the US. At the time it was described as GRID (Gay Related Immune Deficiency) because it only seemed to affect gay men. And it seemed most prevalent among promiscuous gay men. One early survey showed that the first

100 men with the disease had had, on average, no less than 1,120 sexual partners each. (Though how they each remembered the precise figure I can't imagine.)

“None of the diseases associated with GRID were new. Some had previously occurred in drug addicts. And some observers wondered if the new syndrome had developed among these gay men because of their promiscuous, drug taking lifestyle.

“But at the same time as doctors had identified the existence of what they thought was a new syndrome scientists had developed a technique to classify and count different types of lymphocytes - white blood cells - and researchers noticed that some GRID patients had low numbers of particular types of white blood cell. It was, therefore, assumed that GRID was infectious and caused by some sort of organism. And thus the AIDS syndrome was born. AIDS was never a new disease but merely an artificial syndrome consisting of several already existing diseases.

“Surprisingly, it was upon this fragile theory that the whole AIDS industry has been built.

“Naturally, everyone wanted to find the organism responsible for causing AIDS. When HIV was allegedly identified it was given this dubious honour, despite the fact that it was originally isolated in no more than around a third of AIDS patients. (Even today most AIDS patients do not have an HIV infection.)

“The strange fact is that despite the billions that have been spent on research the world is still waiting for someone to prove that AIDS really does exist. There is not and never has been any solid research linking HIV to AIDS - let alone proving that HIV causes AIDS.

“So, the big question now may appear to be 'What causes AIDS?'

“But, in fact, I suspect that in truth that isn't the big question at all.

“In reality, I suspect that the big question is: 'Does AIDS actually exist?'

“And I suspect that the answer is that it doesn't.

“As I have already pointed out AIDS is a syndrome which does not consist of any new symptoms or diseases.

“And in order to justify the huge expenditure of time and money on research into finding a cure many of those involved in helping to maintain the AIDS industry have for years been busily changing the rules about the way that AIDS is defined. These days if you die of influenza or tuberculosis there is a good chance that you will be included in the AIDS statistics. (Including TB victims in the AIDS statistics is one of the ways in which the alleged AIDS plague in Africa has been created. This type of 'bending' of the statistics is nothing new. When the authorities wanted to give the impression that smallpox had been conquered by the vaccination programme they attributed many deaths caused by smallpox to chickenpox - even though chickenpox is very rarely a fatal disease.)

“I suspect that the immune system breakdown which, in 'developed' countries usually leads to a diagnosis of AIDS, is probably a result of any one of a number of factors.

“The use of illicit and recreational drugs has been offered as one explanation but I suspect that the over use of prescription drugs (including, I fear, some of those which may be recommended for the 'treatment' of AIDS) is probably just as significant.

“Nutritional deficiencies, constant stress and a steady exposure to carcinogenic chemicals all probably help to explain why AIDS (and other immune system problems) are now so commonplace.

“The AIDS syndrome is still commonest among gay men, drug users and haemophiliacs - many of whom are probably exposed to drug use of one sort or another. The available evidence - such as it is - supports my hypothesis as well as any other.

“It is my view that the best treatment for AIDS is a powerful immune system reinforcement programme - similar to the one I recommend for avoiding and treating cancer and for avoiding and treating infectious diseases.

“There is no doubt that the original predictions for AIDS have all been proved utterly wrong.

“In the 1980s a spokesman for the British Medical Association warned that by 1991 every family in Britain would be touched by AIDS and attacked me viciously when I quoted evidence supporting a less scary point of view. Other medical establishment groups jumped on the 'AIDS is going to kill us all so give us lots of money to try and find a cure' bandwagon and the official line was defended with unprecedented ferocity and an astonishing amount of self righteous, sanctimonious venom.

“The World Health Organization forecast that 100 million people might be infected by the year 1990 and the Royal College of Nursing in the UK forecast that one in fifty people in Britain would have the disease by the early 1990s. As far as I know none of these groups have apologised for their absurd scaremongering and none have provided an explanation for the size of their error.

“In addition numerous organisations and individuals have, when applying for grants, made dramatic promises of 'miracle breakthroughs' and 'wonder vaccines' perhaps because they know that the bigger the promise the larger the grant will probably be.

“I have explained how and why AIDS became so fashionable in my book *Betrayal of Trust*. I believe that gay pressure groups (working to make sure that AIDS did not become established as a 'gay' disease') were responsible for the initial development of the 'plague' myth. And that AIDS was then turned into a major scare through the efforts of insurance companies (eager to find an excuse to put up premiums), drug companies (keen to sell new products), doctors (keen to help drug companies), researchers (eager

to get their hands on the vast amounts of money being raised by volunteers), religious groups (desperate to exploit an opportunity to suppress sexual activity outside marriage) and politicians (eager, as always, to leap on an opportunity to frighten the voters - since when voters are frightened it is much easier to introduce new, repressive legislation).

“I stand by that account.

“But it is now my considered view that the disease we know as AIDS probably doesn’t exist and has never existed.

“AIDS is a unique invention of the late 20th century: a plague disease that never was and a warning to us all to ignore politicians and the drug company dominated medical establishment.

“AIDS is a new and, in my view, misleading name for an increasing number of separate identifiable diseases. It is as though a group of doctors had decided that all children suffering from measles, mumps or diphtheria should in future be described as suffering from Child's Disease. And then, when the incidence of measles, mumps and diphtheria fell, the doctors, in order to make Child's Disease fulfil the prophecies made for it and to justify the vast amounts of money spent on it, added new diseases to the list. So, as Child's Disease might grow to include whooping cough and chickenpox, so AIDS has grown and now, for example, patients with tuberculosis can be included in the AIDS statistics. Where is the medical or scientific logic in any of this? Just what is the point? And who benefits? (As Lenin once pointed out, if you understand who benefits then you will know why.)

“Perhaps the most worrying thing about AIDS is my suspicion that the hypothesis I have expressed here will never even be acknowledged or discussed by AIDS experts, by people working in the AIDS industry or by the mainstream media.

“AIDS has become a sacred disease. To question the motives of those involved in the search for a vaccine or a cure, or the treatment of alleged AIDS patients, is politically incorrect and utterly unacceptable.

“My hypothesis fits all the known facts and can explain everything that has happened over the last two decades. But if this hypothesis goes unnoticed nothing much will have changed and the AIDS industry will be following a long established pattern based on a mixture of hypocrisy, expediency and commercial need.

“Back in the late 1980s and early 1990s I was vilified for daring to point out that all the available scientific evidence showed that AIDS was not going to be the plague that killed us all.

“However, the AIDS industry quickly learned that the best way to silence opposition is to ignore it. That they have done consistently throughout the 90s. And that is what I expect them to continue to do. The silence will hide the truth.”

Dr. Vernon Coleman’s Health Letter <http://www.vernoncoleman.com/aids.htm>

— **Vernon Coleman, MD, D.Sc., Hon. Professor of Holistic Medical Sciences at the**

Open International University, Sri Lanka. Author of the bestsellers *Bodypower*, *Mrs. Caldicot's Cabbage War*, *How To Stop Your Doctor Killing You* and over 90 other books that have been translated into 23 languages. Author of over 5,000 articles in leading British publications. Former editor, *British Clinical Journal*. Awarded the Yellow Emperor's Certificate of Excellence as Physician of the Millenium by the Medical Alternativa Institute (2000)

“The point is that the dissenters potentially value the lives of AIDS patients more than the Establishment. Some of the arguments here are about the private agendas of Establishment persons and institutions, who gain from spreading lies, from suppressing research, and causing people with AIDS to die due to inappropriate treatment.”

<http://www.aidsinfobbs.org/articles/quilty/digestdirv01/19970912.160>

— **Omer Zak, MSc Physics, Weizmann Institute of Science, Israel**

“Dear Professor Duesberg, I just finished your book ‘Inventing the AIDS virus,’ and the present mail is to let you know my agreement on your point of view. I don’t work on viruses, I am a molecular biologist involved in Wilms tumor studies, but my opinion is that your ideas are the most believable and the only documented and documentable ones...I wish you good luck in your ‘battle,’ and thanks for doing it.”

Letter to Peter Duesberg

— **Dr. Daniela Perotti, PhD, Researcher, Division of Pediatric Oncology, Istituto Nazionale Tumori, Milan, Italy**

“Emerging evidence, both internationally and within India, suggests that repeated assaults on the body’s immune system by the build-up of toxins and nutritional deficiencies leads to AIDS. And, for many, the damage could be reversible even without drugs. This new dimension puts to doubt the accepted belief that a virus, HIV, is responsible for causing AIDS. In consequence, a question mark looms over the credibility of the HIV test. Questions over the validity of the HIV test are coming from Mumbai, the ‘AIDS capital of India.’ Evidence shows that the rampant use of HIV tests on asymptomatic persons is resulting in a large number of false ‘HIV positive’ results.”

“Several newspaper reports have documented the havoc false ‘HIV positive’ tests have caused in the lives of patients...Yet another reported case is that of two pregnant women who initially tested HIV positive, and their babies were subjected to a course of AZT, a toxic and controversial anti-AIDS drug. Thereafter, a second HIV test showed negative results.”

“The AIDS establishment now officially concede that reliance on a single HIV test is not acceptable in labelling a person as ‘HIV positive.’ At least three confirmatory tests are required to eliminate the possibility of picking up other infection markers. However, for most poor patients a single test remains the norm.”

“The unreliability of the HIV test confirms what ‘alternate thinkers’ on AIDS have maintained — the HIV tests, Elisa and Western Blot, can show false results when there is cross-reactivity with a host of viral and bacterial species.

“Their evidence holds there are at least 70 different conditions in a person being tested for HIV that can show false positive results. These conditions include influenza, herpes simplex, hepatitis, all mycobacterium bacterial species (including leprosy and tuberculosis), malaria, and even pregnancy and malnutrition.”

Times of India, 4 Jun 2001

— **Rupa Chinai, Journalist, The Times of India**

“...The report is an eye-opener. It says over 60 per cent of NGO’s in hiv/aids in the state [Maharashtra] are frauds. This is significant since the biggest share of funds from all sources is diverted to Maharashtra. Most of the big-budget NGO’s in the state are run by political parties...There is a need to check the status of NGO’s which are frequently organising fashion shows, five-star dinners and star nights. It could well be a plain money-laundering exercise.”

JACK India [Joint Action Council Kannur], 22 Jan 2001

— **Dr. Bitra George, MD, dermatologist associated with the Delhi-based NGO’s, Salam Balak Trust and Sharan**

“Maharashtra’s case adequately sums up the larger picture of fake and non-performing NGO’s that have permeated the remotest corners of the country riding on the hiv/aids bandwagon. With grants worth thousands of crores coming from foreign donor agencies and to some extent the Indian government, starting an ngo for hiv/aids prevention is fast becoming an instant-returns industry. Fears are being expressed that foreign donors are fudging the actual number of infected patients to suit their interests.”

“If the oft-repeated prophecy at every international health seminar and countless entries in official directories of global funding and credit agencies in the last few years were anything to go by, India should have long become the aids capital of the world. Thankfully, the predicted hiv holocaust hasn’t come true and now experts in the health sector are questioning the arbitrary manner in which figures were arrived at by reputed international agencies. Union health minister C.P. Thakur has even gone on record about the statistical discrepancies: ‘I am at a loss as to how there can be so many different estimates by different UN agencies.’”

The AIDS Lie In India—Outlook India 02/25/02

“...It’s mandatory for all associations permitted to accept foreign contributions to file annual returns, giving details of the receipts and purpose-wise utilisation of foreign funds. But in reality things are much different. In the absence of a watchdog, many NGO’s make hay with the foreign booty. Not surprisingly, over 6,000 associations did not even bother to file their returns for 1998-99.”

JACK India, 22 Jan 2001

“[NACO—India’s National Aids Control Organisation] has often got embroiled in controversies, with the latest being accusations that it fudged the figure of hiv-infected people in India to attract foreign funding.

“Says Anju [Singh], an activist with Joint Action Council Kannur (jack), an ngo which is vehemently protesting against the functioning of naco: ‘After we protested against the fraudulently inflated statistics projected by naco, they brought it down to 3.5 million from the earlier figure of 8.5 million. But even this is not correct.’”

“With unscrupulous NGO’s making up the dominant hiv/aids lobby, fears are being expressed that the hiv scare in the country may be getting stage-managed by foreign agencies and interested market forces. Says JACK convener Purushothaman Mulloli: ‘The modus operandi of foreign donors has evolved into a fairly standard procedure. Often these are not voluntary agencies, but arms of large corporate houses or management consultancy firms or just friends and relatives of bureaucrats and politicians.’

“‘It is all about new concepts of colonisation in the form of control over markets. The foreign [Aids] agencies are serving their agendas with the complicity and cooperation of politicians, bureaucrats and the NGO sector.’ Mulloli adds: ‘Even if we believe that there are 3.5 million hiv-infected persons in India, the country requires Rs 56,000-crore worth facilities and infrastructure to upkeep them. This is a vast potential market.’

“Clearly, exploiting 20th century’s most fashionable cause is the most happening racket in the country. The loser is the still stigmatised patient, usually abandoned and languishing in a grubby shelter.”

Outlookindia.com 22 Jan 2001

— **Davinder Kumar, JACK India**

“The entire [AIDS] campaign is being driven by multinational forces which are eyeing the huge market potential in the country.”

The Aids Lie in India, Kumar

— **Ramesh Sharma, Gandhi Peace Foundation, India**

“While AIDS can kill individuals, the HIV/AIDS industry destroys society and nationhood — not by any obvious manner of biological death but by insidious and persistent cultural, social, economic and political annihilation. Thus the HIV/AIDS industry has emerged as the most effective ever instrument of colonisation, compromising the survival of nations for the sustenance of vested, market interests.”

“Africa is already showing the consequences of allowing the HIV/AIDS industry to prevail. And we are hurtling with inevitability on the same path to economic disaster, civil unrest and national disintegration.”

“Thousands of pregnant women in India have already been administered deadly AZT cocktail drugs. Several hundreds of them have already suffered devastating side effects of AZT and several hundreds of children have already been born with birth defects as a result of AZT.”

“Unofficial drug trials on pregnant women in India have been going on at the insistence of foreign research institutes in collaboration with some of the most respected private and public sector health institutions in the country, with NRI researchers and experts serving as the conduit. From the early '90s onwards a number of 'experts' on HIV have been created and projected through the media to a medically gullible public that believes anything that the 'Doctor says!' Faith in the doctor, combined with the fear surrounding HIV, led people to believe that 'expert doctors' recommending AZT were not just saviors as far as HIV was concerned but noble men making a noble effort to bring fruits of western scientific achievements to India even as the inertia-ridden government was doing nothing.”

“Particularly alarming side effects of AZT treatment of pregnant women are spontaneous and induced abortions. A study carried out in Asia reports these effects in 16% of the pregnant women administered AZT. Equally alarming is the high incidence of birth defects among surviving children. The Asian study revealed horrifying birth defects in babies born to women who took AZT while pregnant, including babies born with holes in their chests, malformed hearts, abnormally small brain, progressive blindness, misplaced ears, extra digits, etc. AZT has been pronounced to be downright harmful when taken by children. In fact, HIV positive children who take AZT die faster than children who don't.”

“The convergence between UNICEF's intentions and the pharmaceutical companies' interests is no coincidence. It is well known that the UN is facing a severe resource crunch following the failure of member countries to contribute funds and has solicited contributions from the private sector. UNICEF and UNAIDS are both heavily funded by pharmaceutical companies. The survival and sustainability of UN organizations has thus become inextricably linked with the interests of their 'holding companies.' By taking on the task of administering AZT drugs to pregnant women, knowing fully well their damaging effects on both mother and child, UNICEF has made it clear that it is no longer dedicated to the service of the needy, but rather to the service of those that can fund its own survival.”

“And what is the role of all the 'gender-sensitive' womens' organizations who will be implementators (and beneficiaries) of this UNICEF endeavor?”

“Why are they not protesting against — instead of participating in — such a program? Is it because no foreign funding is available for such a protest? Is it because they see their role of serving people as a poor second to their own need for staying in business?”

“The most obvious 'achievement' of HIV/AIDS prevention and control measures has been to create an 'AIDS scare,' as borne out by media reports such as the following:

“In a village in Kerala when a whole family committed suicide out of fear of ostracism when the head of the family found he was infected with HIV.

“In a village in Bengal the village priest's family was thrown out of the village when it was found out that their son, a casual laborer in Bombay, was HIV positive.

“In Tamil Nadu, within a week of UNAIDS declaring it as a ‘successful state’ a suspected case of HIV was burnt alive in the street.

“In Haryana, an entire village was ostracized when medical community, without benefit of recommended tests, declared a villager to be suffering from AIDS.

“In AIIMS — India’s premier medical institute — recently an ‘HIV suspect’ was denied treatment. He died. And his HIV tests turned out to be negative.

“For about a decade now we have been evolving into one of the largest research laboratories and a guinea pig farm for experimenting with dubious [Aids] drugs. Obviously, this is not happening without the knowledge — even connivance — of concerned authorities.”

HIV/AIDS Industry: Agenda Behind the Epidemic, JACK India

— Gita Dewan Verma;

— Anju Singh;

— Dr. Ute Schumann

“No figure on any disease is reliable and often officials in the health ministry take advantage of this to support policies they wish to promote.”

“The irresponsible game with the lives and identities of the mostly disadvantaged people (prostitutes, migrant labourers, truck drivers and others) is evident from Miller’s statements who, as an expert in his position, is not convincing enough about his ignorance of hiv/aids estimates. The WHO, Geneva, too stands exposed in its servitude to pharmaceutical companies.”

Letter to the editor, Outlook Magazine, India, Feb., 2002

— Dr. Ute Schumann, Health consultant to the European Union with several years experience in Indian health services

“The Indian AIDS control body, better known by its acronym NACO, has again protested at what it claims are highly exaggerated AIDS statistics on India. ‘There is no basis for these projections and the UNAIDS headquarters in Geneva could not explain how they reached these estimates,’ said NACO Director Prasada Rao.

“‘There does seem to be an attempt to hype up the figures and cause an AIDS scare (in the country),’ a senior bureaucrat in the prime minister’s office observed.”

Inter Press Service, July 3, 2000

— Ranjit Devraj, Journalist

“Did the rise of (HIV) cases in Manipur have anything to do with the fact that huge funds are coming in from international funding organisations and bilaterals who have rushed in, in good faith perhaps, to help tackle an ‘epidemic?’”

“There are scores of NGOs which exist on paper and have made a fortune out of this AIDS scare. Go to anyone who knows the situation in Manipur and the Northeast.”

Inter Press Service, November 8, 2000

— Sanjoy Hazarika, Indian journalist with the Centre for Policy Research in New Delhi

“I have been following this controversy for many years. I believe AIDS to have many ‘causes,’ most of which are lifestyle related (e.g. drugs, poor nutrition, stress). It now seems that we are dealing with a convoluted belief system of the masses fed by those who hawk sensationalism (the media) as well as those who directly profit from this distorted belief. It’s like the belief that the Earth was flat...no one had to prove it; it was just accepted. It’s the same with ‘everyone KNOWS that HIV causes AIDS.’ I feel that this belief and the death sentences handed down by ill-informed MD’s can actually help to depress the immune system of those who are unwilling to find the truth for themselves.”

Comment to Virusmyth

— **Thomas Whittier**, Acupuncturist, Former Analytical and Research Chemist for Smith Kline & French, Former VP and Quality Control Director for Sterling Drug.

“It is of great concern to me that the high mortality rates from HIV/AIDS in Africa and the developing countries is not reflected much in the Western and developed countries. This suggests to me a big question mark somewhere and somehow. All the controversies surrounding AIDS point to foul play from dignified and highly placed countries. It would bring great relief to me if the controversies can be cleared and all scientists hold the same view on the issue of HIV and AIDS after empirically and scientifically proven evidences.”

Comment to Virusmyth

— **Marie Ukpong**, Medical Microbiologist, affiliated with The Nigerian Association of Microbiologists. Port Harcourt, Nigeria.

“We do not believe, based on the evidence we have seen and which we will outline, that HIV is a sufficient single cause of AIDS. Nor do we believe that being HIV-positive leads inevitably to AIDS, or that AIDS is necessarily irreversible. We do believe that enhancement and modulation of immune function presents an opportunity for recovery of health. We sincerely believe that this approach will be increasingly adopted as the HIV myth is discredited, and that we will look back and wonder why billions of dollars have been wasted in HIV-oriented research.”

You Don't Have to Die: Unraveling the AIDS Myth

— **Dr. Leon Chaitow**, DO, ND, MRO, Osteopathic Physician, Naturopath, Acupuncturist, UK. Senior Lecturer, University of Westminster, London. Director of Research and Senior Therapeutic Advisor for the THERA (Therapy, Health Education and Research Association) Trust. Author of over 50 books including *The Acupuncture Treatment of Pain, Amino Acids in Therapy and Probiotics*

— **Burton Goldberg**, Publisher, Alternative Medicine Magazine

“[Duesberg’s] attack on the dominant [HIV] theory is logical and testable. If he has indeed been prevented from testing his theory, this is truly a tragic misuse of science and one which we must diligently try to remedy.”

— **Dr. Sheldon Margen**, MD, Professor Emeritus of Public Health, University of California, Berkeley, chairman of the editorial board of advisors of the UC Berkeley Wellness Letter.

“I am a scientist. All scientific theories (medical or otherwise) must be proven before being accepted. The HIV=AIDS theory is so far from being proven...I had to put my name on the [Rethinkers] list.”

Comment to Virusmyth

— **Justin Loew**, Meteorologist, Wausau, Wisconsin.

“I admit that I was in a medical thinking coma regarding HIV and AIDS. I fully recovered after reading ‘Inventing the AIDS Virus’ by Peter Duesberg.”

Comment to Virusmyth

— **Dr. Hani Ismail**, MD, obstetrician and gynecologist, Elmhurst, New York.

“Association is not proof of cause, and agents such as HIV may turn out to be passengers on an already sinking ship. It would be reasonable to postulate some other transmissible agent, even a noninfectious one, which contributes to immune dysfunction and possibly predisposes to opportunistic infections. As an alternative to the hypothesis that AIDS is solely an infectious disease I suggest that the opportunistic infections and tumors such as Kaposi’s Sarcoma seen in AIDS patients result from a combination of lifestyle hazard and immunodeficiency, whereas in patients with hemophilia the infections are a consequence of immunosuppression resulting from infusion of anti-hemophilic factor.”

Lancet, April 1985

— **Dr. Richard Ablin**, PhD (State University of New York). University of Arizona Department of Immunology. Visiting Professor, Cardiff University School of Medicine. Author of over 300 scientific papers.

“I recognized in 1981 the potential for politics, morality and money to sabotage research on the new AIDS ‘epidemic.’ Now even the ‘victims’ and most everyone in the AIDS Community itself has been indoctrinated into the HIV=AIDS ‘religion.’ They have been either bought or brainwashed and don’t even know it. I’d like to help correct the wayward course we’ve taken on AIDS research before more victims are poisoned so as to elevate the careers, bank accounts or moral high ground of others.”

Comment to Virusmyth

— **Dr. Jeffrey Hilton**, OD. Optometrist and provider of eyecare to a large HIV+ population. Miami Shores, Florida.

“I believe we need to pressure government to allow funds to be directed to perform the basic studies put forth by Duesberg to investigate the strong correlation between drugs and AIDS — I would like to study those HIV positive patients who wish to stop their medication in a controlled experiment, looking for added benefits with nutritional therapies.”

Comment to Virusmyth

— **Dr. Kenneth Power**, MD, Board Certified Family Practice. Member AMA, ISMA, CCFP, A4M. Frankfort, Indiana.

“Any of the dissidents’ views is more likely than the orthodox virus hypothesis.”

Comment to Virusmyth

— **Eugen Bartuska**, Specialist Anaesthetist, DEAA, Berlin, Germany

“I agree completely with the [Group for the Reappraisal of the Hiv-Aids Hypothesis’s] contention that the [AIDS] issue needs to be probed further.”

Comment to Virusmyth

— **Dr. Neeraj Kaul**, MD, Gwalior, India

“Thanks for your endeavour. Truth will emerge.”

Comment to Virusmyth

— **Dr. Gernot Vielkind**, MD, Government Medical Officer, Lichtenau, Austria.
Previously Assistant to Prof. KH Spitzzy, Dept. of Chemotherapy, University Hospital, Vienna, Austria

“I am outraged that the HIV-AIDS hypothesis has gone on this long. Those persons in high places who are controlling research funds and aiding mostly those virologists who are ‘in the club’ so to speak are most definitely criminals in terms of the damage done to untold numbers of innocent persons who think that all those scientists ‘out there’ are working for the best interests of the people rather than for their own personal gain.”

Comment to Virusmyth

— **Dr. Richard De Lisle**, DC, Chiropractor, Leominster, Massachusetts

“There is no compelling reason for preferring the viral hypothesis of AIDS to one based on the activity of oxidising agents. In fact, the latter is to be preferred, since unlike the viral hypothesis it leads to possible methods of prevention and treatment using currently available therapeutic substances.”

Letter to Virusmyth

— **Bruce Hedland-Thomas**, MSc, Biophysicist, Royal Perth Hospital, University of Western Australia, Perth

“Any theory which flunks Koch’s Postulates regarding HIV or AIDS should be subject to reappraisal. The financial aspect of the story is as important and should be taken into consideration when dealing with drugs and treating AIDS. Nutrition is the base for existence of any creature. Nutritional deficiencies, emotional imbalances, spiritual stresses and usage of unnatural man-made chemicals such as drugs cause all kind of ailments and the immune system collapses.”

Comment to Virusmyth

— **Dr. Mohammad Mehdi Sharifi**, ND, MSc, Vancouver, British Columbia, Canada,
Doctor of Naturopathy, Master of Holistic Applied Nutrition

“Two weeks ago, a 3-year-old child in Winston-Salem, North Carolina, was struck by a car and rushed to a nearby hospital. Because the child’s skull had been broken and there was a blood spill, the hospital performed an HIV test. As the traumatized mother was sitting at her child’s bedside, a doctor came in and told her the child was HIV-positive. Both parents are negative. The doctor told the mother that she needed to launch an investigation into her entire family and circle of friends because this child had been sexually abused. There was no other way, the doctor said, that the child could be positive. A few days later, the mother demanded a second test. It came back negative. The hospital held a press conference where a remarkable admission was made. In her effort to clear the hospital of any wrongdoing, a hospital spokesperson announced that ‘these HIV tests are not reliable; a lot of factors can skew the tests, like fever or pregnancy. Everybody knows that.’”

Impression Magazine, June 21, 1999

“The AIDS magazine POZ and others like it are filled with protease inhibitor ads that drastically contrast with the cruel reality. The ads feature muscular, tanned, and beautiful people at the peak of their powers: climbing mountains, sprinting over hurdles, sailing, and generally beaming with life.

“In reality, three years into the protease inhibitor craze, most people on cocktail therapy can barely function. I talked to one of the most well-known protease models, Michael Weathers, whose handsome face adorns several billboards across America, and he said that he had not only never taken protease inhibitors, but had never taken any AIDS drugs. He is perfectly healthy 13 years after learning he was positive. ‘They have this rule that they have to use HIV-positive models for their AIDS drug ads,’ Weathers comments, ‘but they certainly do not use models who are using their drugs. That would hardly make for effective advertising.’”

“Another man, who for years has worked on the inside of AIDS research, implores me not to print his name, swearing he will be out of a job immediately if I do. ‘Look at the media, that’s where it happens,’ he said. ‘Look at those earliest pieces about [David] Ho and the cocktails that ran in the Wall Street Journal. They are just pure propaganda, pure drug company puff pieces. And those reporters won the Pulitzer that year for their AIDS reporting. The pharmaceutical industry exerts a huge influence on scientists and journalists.’

“‘You have to understand that these AIDS journalists have very close relationships with the drug companies, with their PR people. That affects how things get reported. I mean, they fund everything. They fund all the research, first of all. There is almost no such thing as independent research. All clinical trials are paid for by the drug companies.’

“He laughs when I express alarm at this. ‘My God are you naive! Everybody — not just David Ho — the reporters, the doctors, everybody is part of this system. They’re all part of the same club, and they all play the same game. They all have the same, big egos.’

“‘And nobody — certainly not the reporters — is going to stand up and wave their finger and say, ‘This is all a big horrible machine!’ You know why? Because they’re all profiting

from it.”

Gear Magazine, March, 2000

— **Celia Farber, Journalist, New York**

“Is a government program of scaring people especially when there is little basis for them to be scared something that public health should see as a relatively benign means to a more important end? Or is the intrusion of this concern into every sexual encounter some form of state-sanctioned mass neurosis? Is it not worth asking seriously about the social and emotional costs involved in public health efforts attempting to have all sexually active people become sufficiently anxious about acquiring HIV to insist on condoms in every sexual encounter?”

The Bioethics Tabloids: How Professional Ethicists have Fallen for the Myth Of Heterosexual Aids

— **Dr. Simon Chapman, PhD, Professor of Public Health, University of Sydney, Australia**

“...That technique of inflating the number of the already announced cases of a disease had been introduced into the World Health Organization (WHO) of Geneva by the Belgian physician Peter Piot, one of the main masterminds of the ‘HIV/AIDS phenomenon,’ which is to date the deadliest scientific swindle in the complete history of Medicine.”

“...In the ‘HIV/AIDS phenomenon,’ thousands and thousands of people are ‘treated’ with poisonous ‘medicines’ (especially AZT and the so-called ‘antiretroviral medicines’) against a virus named ‘HIV/AIDS’ that had never been discovered and then does not exist. When Dr. Peter Piot arrived at WHO in 1985, there were 318 cases of ‘AIDS’ in Africa ... The day after he took office, Dr. Piot (and Dr. Jonathan Mann) pushed that number to...50,000 cases.”

“...So, American and French patients with all the symptoms of ‘SARS’ (Severe Acute Respiratory Syndrome)...do not have ‘SARS’ if they have not traveled to the Far East. Something similar happened in the field of ‘HIV/AIDS.’ With symptoms common to many different diseases and conditions, a person was considered as having ‘AIDS’ if that person ‘had traveled to Haiti during the last 5 years.’ Now, the same reasoning is being applied to China and the Far East, only a few months after drug companies and WHO pressured the Chinese government to state, contrarily to what they had really noticed, that the so-called ‘HIV/AIDS epidemic’ was taking apocalyptic dimensions in China.”

“Consequently, it seems that a large-scale scientific swindle like the one of the ‘HIV/AIDS virus’ is under construction, in what is related to the ‘SARS’ epidemic. So, our physicians should be very cautious before issuing a diagnosis of ‘SARS’ and we encourage the patients to use their common sense and look for a second opinion when confronted [with] a diagnosis of ‘SARS.’”

“News of false epidemics and fake medical discoveries constitute an efficient means for pharmaceutical firms to ‘make’ millions of dollars, with the complicity of certain WHO officials who easily walk over the usual rules of Ethics in this domain. As confirmed by Dr. Kary Mullis, Nobel Prize of Chemistry and inventor of the technique of Polymerase

Chain Reaction (PCR), during one of our conferences in Florida, it is relatively easy for medical scientists without scruples to transform former well-known pathologies into so-called 'new diseases' with the aim of winning more money. They get such results mostly by spreading panic, provoking crowd reactions and other social disturbances. In brief, we are in a time when the life and the health of the patients matter little for a lot of those very people who are selected for taking care of them."

"I know lots of people who stopped taking their AIDS medication and are living well."
AP, 1 October 1996

— **Henri-Claude Saint-Fleur**, Clinical Psychologist, D.E.S.S. (University of Lille, France), North Miami Beach, Florida, USA.

"First and foremost in the game of deception were Robert Gallo and Luc Montagnier, the co-discoverers of the HIV virus that is currently claimed to cause AIDS. They even staged a dispute as to who had the rightful claim to the discovery of the virus. It was later realised that both collaborated in their research that started the deception. They claimed to have isolated it in the laboratory...Other researchers found out that the mysterious virus could not satisfy the scientific criteria like isolation by ultracentrifuge gradient or to be seen by electron microscopy...HIV has never been isolated as an entity. [Gallo and Montagnier] also devised tests that they marketed to earn them millions of dollars."

"The promotion of western drugs like AZT to cure us of our diseases like AIDS is another deception that is being promoted by our Third World governments. The toxicity of these drugs is so high that it is amazing why people are still continue to take them as curative for anything like HIV. We have to realise that AIDS is big business and as the Third World is a big market for the western pharmaceutical industries, they will not tolerate a Third World innovation that threatens that market monopoly they have held for generations. We are being systematically poisoned by those that wave dollar bills in front of our leaders enticing them to accept whatever they say."

Ssali, The Great Aids Deception In The Third World, 1999

— **Dr. Charles Ssali**, MD, Ugandan physician and researcher in both western and traditional herbal medicines; Fellow of the Royal College of Surgeons in London

"In the summer of 1987, [U.S.] federal health officials made the fateful decision to bombard the public with a terrifying message: Anyone could get AIDS. While the message was technically true, it was also highly misleading. Everyone certainly faced some danger, but for most heterosexuals, the risk from a single act of sex was smaller than the risk of ever getting hit by lightning."

"In the U.S., the disease was, and remains, largely the scourge of gay men, intravenous drug users, their sex partners and their newborn children. Nonetheless, a bold public-relations campaign promised to sound a general alarm about AIDS, lifting it from a

homosexual concern to a national obsession...”

May 1, 1996 Wall Street Journal

— **Amanda Bennet**

— **Anita Sharpe**

— Staff Reporters, *The Wall Street Journal*

— Staff Reporters, *The Wall Street Journal*

“I am quite confident in my own mind that many cases identified as AIDS (according to their symptoms) are not AIDS...The numbers given must, of necessity, include people who possibly have other conditions.”

Now Magazine, 9-15 March 2000

— **Professor Daniel J. Ncayiyana, MD, Editor, The South African Medical Journal, Vice Chancellor, Durban Institute of Technology, former Dean of the Medical School, University of Transkei, South Africa**

“Well, of course [the AIDS definition in Africa] will be less reliable (than that used in non-Third-World countries). One typical example is what we call ‘slim disease.’ It’s a wasting syndrome seen in Africa. Now that wouldn’t fall under any categorization of AIDS by the standard empiric definition, but nevertheless, [slim disease] is being considered AIDS in Africa.”

AIDS Alert, January 1987

— **Dr. Anthony Fauci, Director, US National Institute of Allergy and Infectious Diseases**

“It should be emphasised that surveillance definitions for AIDS were not intended to be reliable indicators for HIV infection. Thus, in areas where the prevalence of HIV infection is very low, the WHO clinical definition primarily identifies patients with tuberculosis, severe malnutrition or diarrhea.”

Bulletin of the WHO, 1990; 68(5): 529-36

— **J. Chin, World Health Organization**

“After reading Peter H. Duesberg’s book I am convinced that the HIV-AIDS hypothesis is false and that the diseases claimed as AIDS are the product of lifestyle causes. People die by taking DNA chain stopper drugs such as AZT, ddI and ddC.”

Comment to Virusmyth

— **Dr. M. Javier Cruz Gomez, PhD, Professor of Chemistry, National Autonomous University of Mexico.**

“Quantitative analysis does not sustain the belief that HIV causes AIDS. HIV is believed to be the cause of AIDS, yet non-HIV cases of AIDS can be diagnosed. Further, HIV is said to cause AIDS by depleting CD4 cells, but persons who are HIV-positive and have normal cell counts can be diagnosed as AIDS patients. The non-sequiturs and paradoxes in AIDS ‘science’ are so vast that it simply boggles the mind to observe that the charlatans responsible for this fraud have been able to conduct their endeavor this long with impunity.”

“‘Scientific research’ has had little to do with the construction of the fraudulent belief system which our government has promoted in regard to AIDS. AIDS pseudo-science is rooted in politics and the special interests of the medico-pharmaceutical complex.”

“...Researchers demonstrated that the odds were 5 million to one against a new HIV infection taking place in a single act of unprotected vaginal sex between two people who are members of that massive population which the CDC recognized and labeled as ‘heterosexuals without specific identified risk.’ (Source: JAMA, April 22/29, 1988)”

“Numerous other scientific articles demonstrate the extremely low risk of HIV transmission by means of vaginal sex. If CDC officials were unable to draw appropriate conclusions from the available evidence, they should be held to account for their incompetence. If they knew of this evidence (the more likely hypothesis), then they should be held to account for the extraordinarily dishonest, deceitful, and expensive scare campaign they have orchestrated.”

“The official (CDC) brochures were later changed to leave the false impression that anal and vaginal sex were equally risky and that condoms should be used for both types of encounters. This highly misleading message — reversing the earlier appropriate advice against anal sex — was implemented in order to avoid offending the gay activist community and to create inflated fear of vaginal sex among heterosexuals.”

“With the exception of those providing social services, non-toxic treatments, and hospice care to the medically indigent, federal AIDS programs should be defunded, and public officials who are responsible for developing the deception associated with them should be held accountable.”

“A likely consequence of the campaign of fear and indiscriminate HIV-testing of persons not at risk has been to inflict thousands of Americans with false positive HIV test results.”

“The debauchery of American health research by the corrupt AIDS Establishment has been one of the more tragic social catastrophes of our time.”

Manufacturing the AIDS Scare

— Michael Wright, MA, Recipient of four federal grants from the US Public Health Service. Two of these grants supported the development and testing of software providing personal anonymous risk assessment for current HIV infection. In this capacity part of his tasks included study of diagnostic error.

“Gradually, I began to realise that the wall of opposition was unbreachable. We were up against massive collusion between a dogmatic scientific establishment and sheepish governments being bullied into handing over thousands of millions of dollars to further research into a bogus and unproven hypothesis.”

“The scientific community is no longer free. Today science can be bought, and the individual dissenting voice is able to be silenced and dismissed because of the enormous sums of money involved in protecting a prevailing hypothesis, however flawed it may be. Politics, power and money dominate the scientific research field to such an extent that it is now no longer possible to put a hypothesis that has become dogma to the test.”

“Scientific trials sponsored by pharmaceutical companies often involve many different university faculties at one time and consequently tie up most of the expert voices. The dogma is written up in tablets of stone in medical textbooks and young science students swallow it without question. Those that are already in well paid jobs find it easier not to rock the boat. What would be the point? They would simply lose their jobs.”

“The sale of HIV test kits has become a source of immense revenue. Each time a drop of blood [is] tested, it [means] 43 pence for the company producing the kit. Many scientists researching into the AIDS virus themselves [have] companies selling test kits and [own] millions of dollars in company shares. AIDS for these individuals [is] a very profitable business.”

“With \$40 billion [ed. Now \$120 billion] spent in 14 years in the US alone [AIDS research] is the biggest industry next to the defense department. The money was fuelled by the plague terror tactics used by well-established organisations like the US Centers for Disease Control and its offshoot, the Epidemic Intelligence Service [also known as the medical CIA] whose members are strategically placed in positions of power and influence in the media.”

“In the early 1990s, the WHO’s Global Programme on AIDS [later to be taken over by UNAIDS] was employing between 2,000-3,000 people. They continually fed highly inflated figures to the press, and officials at public meetings began to quote their estimated cases for AIDS in order to drum up funding, quietly dropping the actual reported figures. We challenged these figures at a meeting at the London School of Hygiene and Tropical Medicine in 1993, and there was a red-faced acknowledgement that the figures they were using as fact, were no more than guess work.”

“...But there are those who prefer to cling to the ‘single simple cause.’ They have something to cling to in their grief...It is this ignorant, if innocent collusion, both by ordinary mortals and celebrities, with the orthodox virus-AIDS hypothesis (that has failed to save a single life) which continues to fill the pharmaceutical industry’s pockets, continues to perpetuate the myth that HIV causes AIDS — that HIV exists at all — and continues to prevent dissident scientists from exploring new avenues of research.”

Continuum June/July 1997

— Joan Shenton, MA, Meditel Productions, England. Medical journalist and producer of over 100 TV documentaries which won her company seven international awards as well as the British Royal Television Society Award and the British Medical Association Award

“The real virus is in the medical industry’s secrecy and deception; too bad that disease has no cure.”

Kim Bannon Petition, 27 Jan 2005

— **Beatriz Flores**, MFA, Asst. Professor, University of North Texas and Documentary Film Maker

“There is overwhelming scientific consensus that HIV causes AIDS.”

Letter to Congressman J.C. Watts, 2000

— **Dr. Jeffrey P. Koplan**, Director, US Centers for Disease Control (CDC)

“Why is there overwhelming scientific consensus that HIV causes AIDS?”

“Focus on the HIV-AIDS Connection,”

— **National Institute of Allergy and Infectious Diseases, US National Institutes of Health**

“I regard consensus science as an extremely pernicious development that ought to be stopped cold in its tracks. Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled. Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had.”

“Let's be clear: the work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What is relevant is reproducible results. The greatest scientists in history are great precisely because they broke with the consensus.”

“There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period.”

Caltech Michelin Lecture, January 17, 2003

— **Michael Crichton**, MD, Film Director, Author, Academy, Emmy, Peabody and Writer's Guild award winner. Creator of the television series ER and a Harvard Medical School Graduate

“From the sentence of Galileo by the inquisitor Pope Urban VIII, in year 1632, through [famous medical misdiagnoses] scurvy, pellagra, beriberi, the SMON syndrome, the Legionnaire's Disease, and finally to HIV/AIDS, it has been verified universally that the scientists are mistaken and use dogmatism to justify and to hide their errors. And when the scientific dogmas are associated with scientific corruption, who pays, it is the health of the towns.”

“In the United States, officially, every year twelve million venereal diseases occur. Of these, three million in adolescents under 20 years old. Between those same adolescents, in addition...there are a million undesired pregnancies and 300,000 abortions annually. But...only forty thousand annual cases of AIDS, of which only 417 [in] the adolescents, these described as high risk. It is possible to ask oneself, is HIV a

contagious disease, transmissible sexually and, therefore, venereal? In the United States the mathematics say no.”

“It is very difficult that a person...can accept what is explained in the book HIV/AIDS, a Great Lie. Moreover, for the professionals in these sciences it is even very difficult to accept that there is another version, with forceful arguments, to explain ‘HIV/AIDS.’ The reason is very simple: the brainwashing that every day the mass media are doing to us along with the visible street propaganda in any bus-stop, which the international AIDS industries finance.”

“To the Germans of the time of Hitler and to the falangistas, Franco supporters and Nazis worldwide, it was impossible for them to think that their leaders were not right, since the brainwashing had annihilated in them any possibility of reasoning. The [AIDS] scientific concepts more absurd than could have been imagined in the history of biological sciences and of the scientific method, have been imposed academically at international level triggering a universal disinformation...induced by monotonous hypocritical [repetition] of the prayers and the litanies that as fundamental belief have the following equation: ‘HIV = AIDS = Death.’”

“The medical unions, the great propagandistic partnerships, the scientific organizations with their media organs and the scientific magazines of more international prestige, are too magnificent and powerful to accept that they committed an error... it will take time for them to invent an excuse that conceals their feet of clay, without it goes their immaculate prestige.”

“The medical unions worldwide, along with the health authorities of EE, UU., represented by the CDC of Atlanta ...orchestrated [the fraud]. Later, more powerful allies, the transnational pharmaceutical industries entered. Their guard dog and advertising weapon was and is, the docile World Health Organization (WHO), that used scientific terrorism, at international level...to impose the lie of AIDS on all the defenseless citizens of the planet Earth... [causing] death and pain unnecessarily to innocent citizens worldwide.”

“One of the greatest lies of the history of the humanity, the one of ‘HIV/AIDS,’ dreamed up around a ghost virus...against all...medical ethics, [doctors] have sentenced to death their own patients, exercising...most irresponsible of iatrogenos, or bad medical practices.”

“The militarized and automated doctors are working on science like robots, taking orders...through the WHO...The sub-groups of medical specialists...receive orders [from] the scientific magazines that, as well, really survive thanks to the [advertising] which they receive from the pharmaceutical companies...[they] issue the orders and manipulate the scientific discoveries according to their shameful interests...”

“The scientific dogmas accepted with blind faith by the medical unions worldwide, allow the pharmaceutical industry, from the top of the pyramid where it is enthroned, to order

that they are prescribed toxic, since 'it is better to prescribe a toxic—most expensive—than to prescribe nothing' to somebody who has been sentenced to death because a phantasmal virus like HIV has been falsely diagnosed in him. In the medical dogmas and the monks neither the reasoning, nor the discussion is accepted. Who is not in agreement with them, is crazy, or is ignorant..."

"Indigenous of all this it is the scientific terrorism that has dominated innocent people such as those needing transfusions, pregnant mothers and their babies, and the common citizens who have been limited in the free satisfaction of their sexual instincts, so necessary to an alive being like the feeding instinct. With impunity, the inquisitors of year 2003 have been allowed to enter to organize the most intimate corners of all free beings—the bedroom."

"Ever since Edward Jenner and Luis Pasteur...opened the door to the era of the germs, the cause of any problem of explicable health for the moment, has been attributed a virus, or a bacterium. Venezuelan doctor Enrique Tejera, the investigating doctor who in the Amazon discovered the Earth from which the Terramicina was obtained said, 'the virus is an invention of the doctors to justify their ignorance.'"

"Science, throughout its history, always has committed similar errors, but none of the magnitude that is being committed with HIV/AIDS."

"There is not a single scientific publication that demonstrates that HIV is the cause of the AIDS. The verified facts confirm that, among other causes, the abuse of recreational and pharmaceutical drugs, like AZT and their similars, causes the AIDS...the investigators do not know which is the cause of the AIDS, since they have not even isolated the virus..."

"The test of the HIV, to know if a person is positive or negative is a total fraud and a lie."

"The AIDS never has been an apocalyptic disease, neither venereal, nor contagious. You reduce them, protect against the venereal diseases, but not against the main cause of the AIDS: the drugs...The AZT...kills the growing, multiplying cells. A fetus and a baby are a conglomerate of cells that grow and they are multiplying permanently. To give AZT to a future mother and to her baby is a crime." (translated from Spanish)
Foreword to "VIH/SIDA, Una Gran Mentira" (HIV/AIDS, a Big Lie)

— **Dr. Angel Gracia**, PhD, Nutritionist, Author, Miami, Florida; Vice-president, USAS, Union por Soluciones Alternativas para el SIDA (Organization for Alternative Solutions for AIDS)

"'1-IN-5 SOUTH AFRICANS ARE HIV-POSITIVE!' '20% OF ALL SOUTH AFRICANS WILL DIE OF AIDS!'"

“Figures for...HIV and AIDS in South Africa and Africa are grasped at and freely quoted ad nauseum by those who would have us believe that sub-Saharan Africa is being ravaged...by the biggest threat to ever face the continent. Presented as ‘facts,’ these figures seldom, if ever, come under serious scrutiny in the media and in the medical profession. Yet, even a slight scratch at the surface exposes a massive deception...The purpose of this article is to expose the reader to some of the critical questions that have to be asked of these misleading, if not deceitful, figures...”

“Have you ever wondered how it is that this HI-virus is able to be as discerning and selective as it is? In North America and Europe, it is able to discern and infect homosexuals...intravenous drug users, organ recipients, and recipients of blood products. In Africa, it selects people involved in heterosexual relationships for transmission, and the warning goes out that sexual promiscuity is the way in which the virus is spread. Even with my own limited understanding of viruses, this makes absolutely no sense...”

“The continent of Africa has been ravaged for many decades by all the problems that have been classically regarded as causing severe immune deficiencies...severe malnutrition, repeated infections, incompleting courses of...antibiotics, poor nutrition and sanitation, unhygienic medical conditions, abuse of various substances...Each one of these in itself has been clearly researched and documented as the cause of the destruction of the human immune system. Yet, it is these identical illnesses that are now being blamed on the HI-virus. Are we to believe that the elimination of the virus will lead to a massive decline in these historically common immune deficiency problems in Africa?”

“...The problem is that most people diagnosed as HIV+ in Africa have never been subject to a blood test, and most doctors in sub-Saharan Africa have come to list almost all forms of severe illness as AIDS. In Zambia the word that used to be used for ‘wasting sickness’ has simply been transferred for use as ‘HIV/AIDS’; therefore, where people used to have ‘wasting sickness,’ they now have ‘HIV/AIDS’! This means that any figures for HIV & AIDS in Africa are generally little more than the proverbial thumbsuck!”

“Aggravating the entire picture, is the use of seemingly wonderful statistical projections which are no more than projections based on estimates based on nothing! To date, no proper statistical analysis of the prevalence of HIV & AIDS has been done in any African country...a proper random representative sampling of the population...which are then subject to a blood test (the credibility of which is highly dubious, producing over 50% false positives in many cases) to determine the actual prevalence of HIV & AIDS...”

“Can a virus be as discerning and selective as the HI-virus is said to be, when there is no other such virus? How can we simply throw out the African history of immune deficiencies, and reclassify most of them as AIDS at the stroke of a pen? Of what real value can the Bangui definition for AIDS in Africa really be, except to cause mass hysteria and unnecessary harm? Who’s fooling who with all these statistics based on nothing, and figures based on thumbsucks at best?”

First Aids, Figures For Africa, The Edge

— **Rev. Dr. Charles de Jongh**, D.Litt et Phil, D. Ed candidate (Higher Education),

Lecturer in Biblical and Pastoral Studies at Baptist Theological College, Johannesburg, South Africa.

“A careful review of the epidemiology and pathogenesis of AIDS worldwide fails to provide sufficient medical facts to demonstrate that HIV is the cause of AIDS-defining illnesses.”

“Treatment protocols based on the HIV hypothesis fail to successfully resolve AIDS illnesses or to restore normal immune function. Moreover...the antiviral drugs and corticosteroids currently used in the treatment of HIV positive and AIDS diagnosed patients may compromise immunity; exacerbate or provoke AIDS-defining illness; inflict serious, irreparable harm; and even cause death.”

“The work of researchers at the US National Institutes of Health (NIH)...provides extensive medical evidence to indicate that AIDS in the industrialized world is caused by: 1) illicit drug use and alcohol abuse and 2) by the extensive use of medications (especially glucocorticoids) to treat the illnesses resulting from the abuse of these drugs. It also gives evidence that AIDS in Africa is caused by malnutrition and starvation. In contrast, their extensive summary of AIDS does not provide any evidence that HIV can kill immune cells. Neither are they able to explain the causes of the symptoms found in patients diagnosed with AIDS.”

“In 1995, Fauci, the director of AIDS programs at the NIH, and his colleagues removed HIV as a requirement of causing necrosis in lymphoid tissue in patients infected with HIV. By this action they contradicted their own hypothesis that the HIV is the only cause of AIDS.”

“...at least 77% of 2,349 patients who participated in these [AZT] studies were HIV-negative prior to their treatment with AZT. The findings of these studies falsify the HIV-hypothesis; in 77% of patients, AIDS was caused by agent/s or process other than HIV.”

“A large study conducted by Fawzi, et al in Tanzania demonstrates that the immune system damage observed in 1,075 HIV-infected women was reversed by providing these women with a balanced diet. Providing a balanced diet to malnourished children reversed immune system damage. According to Chevalier, et al., the size of the thymus increased from 20% of normal in malnourished children to 107% of normal following nine weeks of proper feeding.”

Resolution of AIDS in HIV Positive Patients: A Clinical Study of Non-HIV Causes and Treatments for AIDS Illnesses

— **Dr. Lisa M. Hosbein, MD;**

— **Dr. M.A. Al-Bayati, PhD**

“It is time medicine moved on from the ‘one cause for one disease’ simplistic belief and grappled with the multi-factorial nature of illness.”

Comment to Virusmyth

— **Dr. Helen McDade**, Veterinary Surgeon, UK; Executive Officer of an M.E (myalgic encephalopathy) Chronic Fatigue Syndrome Research charity

“After 12 years of research...today one is obligated to question even the fundamental assumption of a viral cause of AIDS.”

“The vision that HIV would represent the decisive cause of this very broad spectrum of diseases, each viral contamination involving ‘an incurable deadly disease,’ is completely called into question thanks to the contribution of new research.”

“Meanwhile, this point of view had prevailed so that AIDS becomes ‘the disease of anguish par excellence.’ Indeed even Hiv positive people in good health are invaded of a flood of anguish, depression and feelings of social exclusion. New research in psychoneuro-immunology shows scientifically that such a massive influence, exerted by psychosocial overload, could bring about an extremely detrimental effect on the human immune system.”

“The history of the HIV dogma shows us the oppressive dimension of current scientific research.”

“One can point out certain characteristics in [Gallo’s and Montagnier’s] scientific work: the isolates were from the start confusedly mixed; moreover one worked with in-vitro methods...particularly prone to the danger of artefacts.”

“Margaret Heckler, the Secretary of Health, announced to the world that the virus discovered by Gallo was the cause of AIDS. And this was officially announced before any of his scientific work had been published.”

“At the same time, it was announced that each infection with HIV inevitably led to AIDS, a fatal disease, and that the other factors weakening immunity did not have determining significance in the case of AIDS. Thus the dogma was well sealed.”

“The relation of causality between the infection by virus HIV and the symptoms of AIDS, however, despite all the research, remains of hypothetical nature.”

“On the contrary there is research which goes against a decisive causality of HIV with regard to AIDS; for example: the concentrations of virus are often remarkably low in all the vital liquids analyzed...the incapacity of HIV to destroy by itself the immune cells, the observations made that frequently an immunodeficiency can already be proven even before HIV infection, and especially the growing reports of patients who present the typical symptoms of AIDS without any attack by HIV.”

“...These [Hiv] tests were certainly very sensitive, but nonspecific...some of the seropositive cases would in fact be erroneous, with all the consequences that that involves.”

“For years, one could bring back cases of AIDS with negative HIV tests. This fact was particularly true of Kaposi’s Sarcoma.”

“Since 1987, many epidemiologic investigations show that most of the time, the presence of HIV does not represent a sufficient cause for the blossoming of AIDS.”

“It is necessary to note not only the presence of other micro-organisms, but also the immunodépressive action of the usual consumption of drugs which have a detrimental effect on immunity...and it is necessary today to lay a particular stress on the psychic and social cofactors.”

“This vision of a multifactorial causality of AIDS corresponds completely to the current way by which one should consider the disease in general.”

“The psychic effects of a positive test HIV are—independently of the possibility of AIDS-disease—of a fatal gravity. Professor L. Moeller (J.W. Goethe University of Frankfurt) described that as follows: ‘The result of the test means from the psychological point of view to face the fatal dilemma of being kind of ‘dead-alive,’ or to commit suicide, or, by defensive reaction to this distress, to perpetrate a crime.’ Moeller shows us that AIDS... impregnates with anguish all the relations of the man and continues: ‘And we are now driven to ask the question of the degree of anguish which a man can tolerate without damage.’ The HIV positive test also exerts a devastating effect on the entourage of the carrier.”

“Professor Perrez, University of Freiburg (Swiss) writes: ‘drama HIV is...not a tragedy of virus and immunosuppresses, but a tragedy of factors of a psychological nature such as the anguish, job loss, loss of being liked, a tragedy of the aggression and insulation...’”

“HIV positive people become excluded from the company, legally and economically penalized, and rejected in the field of work. The quality of support of the social network would be one of the essential factors for the psychological well-being of the seropositive patients. Such pathogenic social and psychological causes weaken immunity.”

“The brain and the immune system are in interconnection by multiple ‘feedbacks circuits,’ at the molecular level; the neurosensory processes and the processes of conscience affect the immune system.”

“From the depression, loneliness, the anguish, one frequently leads to a fall of the T4 lymphocytes which are of capital importance for the efficiency of the immunizing apparatus.”

“The practice of the HIV test, independently of its result, can start a disorder of the immune system. And if the test is positive, the majority of the subjects react with a psychic shock, a depression and anguish. This ‘test crisis,’ often overpowering, starts at once to cause symptoms similar to those of AIDS such as a loss of weight and night sweats in people who were healthy before.”

“The psychic overload due to a positive HIV test is so extraordinarily heavy that seropositive people undergo depressive states even more painful and anguish even more intense than the patients with AIDS-disease...The despair leads further so that a great percentage of hiv-positive individuals are not able then to change their way of

life...so that the very practices which are detrimental to immunity, such as drug consumption and insufficient, poor quality food...are continued and even intensified.”

“Just like isolation, the depression and the anguish carry damage to biological defenses, the interest carried in the world, the joy and the love that reinvigorates the immune system.”

“AIDS thus appears as the culmination of a medicine which is more and more under the domination of anguish. It is an immense challenge to seek to develop a new medicine of confidence.” (translated from French)

The dogma of HIV in AIDS, Das Goetheanum, Nov. 22, 1992

— **Dr. Danielle Lemann, MD; Langnau, Switzerland**

— **Dr. H. Albonico, MD; Langnau, Switzerland**

“I think zidovudine [AZT] was never really evaluated properly and that its efficacy has never been proved, but its toxicity certainly is important. And I think it has killed a lot of people. Especially at the high doses. I personally think it not worth using alone or in combination at all.”

Continuum Oct. 2000

— **Dr. Andrew Herxheimer, MD, Emeritus Professor of Pharmacology, UK Cochrane Centre, Oxford; edited Drug & Therapeutics Bulletin in the UK for 30 years and also helped to found the International Society of Drug Bulletins**

“There is simply no proof that HIV causes AIDS — at most, it seems to play only an opportunistic role. The only thing scientists have to call HIV are protein and gene strands — they haven’t even isolated a virus at all. It’s like the squatters who are blamed for a building’s decay after thieves have already ransacked it. The erosion of the competency of our immune systems has much more to do with it, through multifactorial causes like toxins, stress and poor nutrition.”

12 Jan 1997 Sunday Times

“To rattle off that HIV is the cause is, in the light of current research and debate, to simply admit to the powerful conditioning that we all have been subjected to...We are so fixated with HIV as the enemy that we have lost sight of the processes at work which might offer a genuine solution to the AIDS problem. Scientific mythology has taken the place of fact, and because we are so ingrained with the idea of enemies, HIV makes a lot of sense...I’ll leave it to those more qualified than I to show just how HIV has developed in mythological stature in the last ten years. As did the Devil or the Russian menace not too long back.”

“We have, what I sense to be, this century’s major scientific debacle.”

Noumenon, Winter 1995

— **Dr. Kriben Pillay, PhD, University of Durban-Westville, South Africa**

“This [the HIV/AIDS fraud] may well be the most horrible, inexcusable, heartless injustice ever perpetrated on the public by the drug cartel, organized medicine and the government. How the supposed guardians of our health can so wantonly cause so much misery, suffering and death...and get away with it...is beyond my understanding. I don't know what I can do to help correct this situation (if anything), but I'd certainly like to be a part of that 'correction.'”

Comment to Virusmyth

— **Dr. Roy Skidmore**, Chiropractor, San Jose, California

[Criticizing U.S. Health and Human Services Secretary Donna Shalala for misleading Congress about the extent of the AIDS epidemic]:

“Why are you telling this committee about spread and increase when actually AIDS cases are decreasing?”

[He cited a Feb. 3 report from the CDC that found that AIDS cases decreased by about 20 percent from 1993 to 1994.]

“Fall in AIDS Cases Endangers Federal Funding,” Washington Times, 03/09/95

— **Rep. Ernest Istook, Jr.**, Oklahoma, U.S. Congress

“The whole HIV causes AIDS hypothesis could be completely wrong hence the need for a rethinking.”

— **Winstone Zulu**, Lusaka, Zambia, AIDS activist, consultant to WHO and UNAIDS. Member, President Mbeki's AIDS panel. Founder of Alive & Well, Zambia

“There is something wrong the way the scientists approached the issue of HIV/AIDS and I strongly believe there is a need to rethink, because there are many questions that have no answer and nobody knows the answer.”

“Yes, there is no treatment for HIV/AIDS, but today they call ARV drugs ‘HIV treatment.’ It is obvious that AIDS is becoming a political and economical disease. Political because it is controlled by the media. Economical because of pharmaceutical companies and research institutes.”

“Now [UNAIDS] are promoting Bactrim prophylaxis for developing countries. This can lead to high antibiotic resistance.”

Comment to Virusmyth

— **Dr. Saleban Saleban**, MD, MSc, Infectious diseases and tropical medicine. Medical coordinator of HIV/AIDS prevention and care in Rakai District, Uganda

“The entire issue of HIV and AIDS needs to be resolved in a more scientific and humane manner than the current ‘economics driven, tailored science’ approach.”

Comment to Virusmyth

— **Dr. Ramesh S. Chouhan**, PhD, MBBS, FICMCH, Himabindu Foundation, Bangalore, India

“I concur with the concept that Aids is not just a viral but a multi-causal behavioral disease. I am currently working on full blown Aids cases and would like to present my data when I have sufficient material.”

Comment to Virusmyth

— **Dr. Sharadendu Bali**, MD, MBBS, Assistant Professor, Department of Surgery, Santosh Medical College Ghaziabad, Uttar Pradesh, India

“...We are just at the very beginning of understanding what AIDS is, much less what causes it or how to cure it or anything of that sort. Now without committing myself to any of the hypotheses that have been put forward, I as a scholar have been completely sceptical right from the start about everything. It's not that I'm saying HIV does or does not exist. It's just that whenever I would see reports in the news media, even in the New York Times, in the news magazines and so on, I would say, 'There's something madly wrong with the way this material's being gathered.' I have been always sceptical about it. I have never accepted anything, anything about this, at any point from the beginning. And the way in which you almost immediately got a kind of received opinion and a received attitude about this disease seemed to me just a form of superstition.”

“I've seen again and again, in my own experience and among people I know, the way a doctor can be madly wrong. Totally wrong about something. Whereas it might be a lay person might be able to guess better.”

“I think there has been a rush to judgment in terms of the working hypothesis they had. The working hypothesis about this disease was accepted as confirmed fact, and the people who were doing that in the media and among AIDS activists are just incompetent in terms of science or how science works.”

“I do feel what we see here in point of fact is repeated insults to the immune system. The original theory about poppers, amyl nitrate, was excluded! First people suspected it, then they excluded it. And I thought, 'Why are they so quickly excluding this?'”

“I do think that drugs play their role in weakening the immune system in some way that also is related to what appeared to be such a sudden emergence of AIDS in the early 1980s.”

“Poppers were coming into the [gay] scene at that very moment when the bars suddenly went wild. Men were staying up all night, and drinking...I've always felt that gay men were pushing the limits of the human body throughout that period, also keeping thin and trim...eating very little and drinking a lot. I would see this manic lifestyle. And now we hear more and more — people used to whisper this — how they would get gonorrhoea or whatever they might get, and they would go get penicillin month after month after month. These infections were signs that something was going wrong in their bodies.

Now women seem to have this instinct for preservation. You have an infection? Wow, pull back, conserve the body, save the body...Go slow... And I notice men don't seem to have that. There was this wild, wild scene. It was like the Masque of the Red Death, and the wild party scene in that play, it was very much like that."

"I have felt very directly the irrationality of AIDS activists, at one of my first appearances. The most insane and vicious and intolerant people I have ever met in my life are AIDS activists. I came into direct confrontations with them. If I would be speaking, sometimes lecturing, these people would pop up and be screaming, I mean screaming at me, OK? The way they controlled the discourse, their arrogance — they were like little Hitlers, stormtroopers, who believed that they had the truth, and anyone who tried to have a different view of AIDS, or the origins of AIDS, or anything like that, that we should not be permitted to speak."

"...The scientific discussion on AIDS has been very much crippled by this kind of intimidation, so that truly neutral and rational scientists have stayed away from this entire area. You want to talk about counterproductive? People have fled this field of research, because there's no way to conduct yourself in a dispassionate scientific manner in it because of its overpoliticisation. The attitude is: it's due to homophobia. The reason why there was not enough money? Homophobia! Excuse me? This was a brand new disease. What are they talking about?"

"It was like, 'Me, me, me! We demand, we demand! We want an entire rearrangement of the apportionment of money for other diseases! Now! This minute! Us! We, we! ... If you don't listen to us immediately then you are homophobic, you are this, you are that.' All that did was, yes there was more money, but the investigation of this disease was very much held back by the flight from it of truly, it seems to me, talented scientists, the most talented scientists, the ones, especially later, the ones who would have been most likely to come up with working theories, working hypotheses, they have fled. Any rational people would flee from the craziness."

Continuum, July/Aug 1996

"The American major media have effectively suppressed long-standing questions about whether the AIDS test is reliable or whether an HIV virus in fact exists at all."

Salon Magazine, October 28, 1997

— Dr. Camille Paglia, PhD, Professor of Humanities at University of the Arts in Philadelphia. Author, *Sexual Personae, Sex, Art and American Culture and Vamps and Tramps*

"I was prescribed four days of 'triple therapy' with the latest protease inhibitors and other antiviral medicines... But those four days left me with a realistic view of what infected patients often face. Between nausea and aching pains in my bones, I felt febrile and weak. I was unable to exercise. After one day, I was no longer well enough to work, to go out with my friends or to eat a full meal without vomiting. While it is true that over time some people are able to tolerate the drugs better than others, for many patients these symptoms never go away. Many doctors and the pharmaceutical industry have failed to convey the human toll that 'triple therapy' takes..."

"Limits of the AIDS Miracle," New York Times

— Dr. Scott Gottlieb, Mount Sinai Hospital, New York, describing his own experience of the AIDS drugs after a needlestick injury

“Not only is AIDS not a contagious disease, there’s no such thing as a contagious disease period! Practically any pathology, regardless of its ‘official’ medical label, if caught before too much damage has occurred, is reversible through the body’s own internal self-repairing and self-healing biological powers. All it takes is the right education and the willingness to take responsibility for one’s own well-being.”

Comment to Virusmyth

— Dr. Jack Ebner, PhD Biophysiology, Kailua-Kona, Hawaii

“I know about this controversy since 1995. At that period I was already convinced that HIV was not a cause of AIDS at all. But observing the ferocity of the reactions of people and especially of the medical profession when I tried to explain a different view from their own, I stopped talking about it.”

“HIV is not responsible for AIDS, which is essentially drug induced, caused by different ‘insults’ to the immune system and dramatically by the stupid anti-HIV treatment. Thousands of HIV+ persons are progressively dying now, with the heroic encouragement of the scientific, political and medical professions. It’s unacceptable.”

Comment to Virusmyth

— Dr. Eric Gaumont, PhD in Optics, Louis Pasteur University of Strasbourg, France

“There is NO SUCH THING as the HIV virus. If there was, don’t you think that the multi-billion dollar AIDS industry would have produced a sample of it by now? Something that actually replicates in human tissue? But hey, prove me wrong: Cite the scientific papers showing isolation and replication of the virus.”

BBC News World Edition (online), 11 Nov 2003

“Let’s put money into normal healthcare, clean water and grassroots development. HIV is an illusion.”

— Toby Gettins, Theoretical Physicist, Birmingham, UK. Former researcher, High Temperature Superconductivity, University of Exeter.

“You can’t force a camel to drink water in the desert, the same with the already confused, that they are positive, its hard to convince them that there is no Virus which causes Aids but other factors which might be responsible. I support [The Group for the Reappraisal of the Hiv-Aids Hypothesis] wholeheartedly in this noble cause.”

Comment to Virusmyth

— Dr. Emmy Wasirwa, MD, Kampala, Uganda

“African Aids statistics in most cases are based on a single Elisa test. The tests are administered even on pregnant women despite the warning on the Elisa test kit that pregnancy registers a false antibody positive.”

East African Standard, Online Edition, Sep 12, 2000

“...This [Barcelona] conference showed how the European AIDS dissident groups may foster the growth of a broad social movement to counter the biomedical construction of ‘AIDS/HIV,’ building upon individuals’ experiences of the scientific fallacies in ‘AIDS/HIV’ testing and antiretroviral and antibiotic treatments.

“...Its organizing participants have successfully, over the last ten years and more, contested the commercial vested interests and the so-called scientific basis behind the proposed retroviral causation of AIDS. This placed the Barcelona conference both morally and ethically above the usual ‘junket’ style of AIDS conference, which are typically awash with funding from the AIDS pharmaceutical industry.”

“...In many ways, this was the ‘doppelganger’ of the AIDS orthodoxy: a course to deconstruct the ‘AIDS/HIV orthodoxy,’ and so critically different from the introductory ‘starter AIDS/HIV courses’ which those ‘HIV antibody’ diagnosed are offered by the gamut of drug company sponsored ‘self help’ groups in Britain. The course aimed to deconstruct the existence of ‘HIV’ and the validity of antibody testing. It also aimed to describe how the official or ‘orthodox’ medical treatments for AIDS are toxic and to further describe the range of efficient and non aggressive therapies available for helping people experiencing a variety of illnesses.

“...These individuals had intuitively understood at the time of their [HIV] diagnosis that... the ‘HIV/AIDS hypothesis’ was erroneous, rejecting the notion of infection with a ‘retrovirus’... In retrospect, given the prospective good health of every one of these individuals and their partners and children, all had experienced the ‘AIDS/HIV’ industry as a reality of ‘entrapment’ and coercion, led by AIDS health and social care ‘professionals’...”

“These empowering testimonies acted as a counterpoint to the narrative of deconstruction of the so called ‘basic science’ of ‘AIDS/HIV’... Such individual testimonies of empowerment aptly demonstrated how personal strength can overcome the almost overwhelmingly powerful and all pervasive imperative to test/screen, medicate and thus label ‘HIV antibody positive.’

“...All the [Hiv positive] women decided against such ‘advice’ [to medicate] and went to full term with uneventful deliveries and now thirteen years later have healthy adolescent

children. The advice had been given solely on the basis of a positive ELISA or Western blot 'HIV antibody test,' even though the women reported being in extremely good health during the mid late 1980s when 'HIV antibody tested.' Several of these women reflected upon such 'testing ordeals,' often experienced at the hands of overly zealous male and female obstetricians, who seemed from their testimonies as less motivated by ethical and moral practice than by their desire to boost the local hospital's 'HIV antibody cohorts,' receive extra monies from the Spanish government for 'AIDS' cases and more likelihood of being published by the medical press.

"One woman recalled how [her] male obstetrician gleefully conceded herself as his 'first HIV positive pregnancy,' whom he wanted to publish as a 'case study,' before strongly advising her to have an abortion due to 'HIV infection.' This woman did not take his 'advice' and now her son is a fit and healthy 13 year old attending school.

"There was an open demonstration in Barcelona's St. Jaume Square on the 5th day of the conference, where participants handed in poisonous antiretroviral and antibiotic 'medicines' publicly to Barcelona's Generalitat and Ajuntament (Regional and Town Councils)."

"Joan [Shenton] has just published a new book which shatters the myths of 'AIDS/HIV' and Dharmel [Tahi] showed his video 'AIDS' (Djamel recently interviewed Luc Montagnier, the discoverer of 'HIV,'... where Montagnier revealed he did not truly isolate a 'retrovirus' called 'HIV').

Continuum, 1998, Vol. 5 No. 3

— **Dr. Kevin Corbett, PhD (on sociological impact of antibody, T cell and viral load/PCR tests), Independent Research Consultant, London, UK.**

"What we've seen as a result—not only of Concorde, but of recent trials in the United States—is that it's dawning on people that the [AIDS] drugs we have are not that useful."

Sunday Times Aug 1, 1993

— **Professor Ian Weller, Middlesex Hospital, London. Chairman of the Anglo-French Concorde Study of AZT**

"[AIDS] drugs that are not working in the West are being dumped in Africa."

East African Standard, Online Edition, Sep 12, 2000

— **Dr. Rheeta Moran, Senior Researcher, Salford University, UK**

"I join this Group because it's my feeling that this [HIV-AIDS] hypothesis, having failed to produce significant results, may be fundamentally flawed. It is my hope that by adding my name to this list I might contribute to the voices of dissent and that one day we will be heard. I believe that the healing power of the body is immense and that no one should have to live in fear of AIDS or toxic 'medications.'"

Comment to Virusmyth

— **Dr. Marie Adams, ND, Bastyr University, Seattle, Washington.**

"I am outraged by the concerted disinformation that is being perpetuated by the pharmaceutical companies with members of the medical profession as their spokespersons relating to the AIDS virus and Hep C virus and other medical myths. The formula is that people are first led to disbelieve their own experiences and common

sense and then that only self ordained authorities are the only ones legally entitled to practice and have an opinion. It is a travesty that today it is no longer religion that is perpetuating this enslavement of the human spirit but science.”

“Most immediately we see literally millions who are suffering from the wrongful death sentence of bogus scientific testing and bogus diseases. No one can imagine the psychologically devastating effects of a pronouncement that one has tested positive for HIV or Hep C. The system condemns us and ultimately for most of us we feel that it is up to the system to grant us a reprieve. The reprieve for AIDS is AZT, for cancer chemotherapy, for Hep C it is interferon — the sentence in each of the instances is death for over 90% of the victims who fall innocently into the snare.”

Comment to Virusmyth

— **Michael Tierra, Acupuncturist, herbalist, author, teacher, Santa Cruz, California**

“Why do current AIDS researchers not investigate, and not even consider the role of chemicals in AIDS or study other non-HIV-AIDS theories to solve the AIDS dilemma?”

“I am entirely persuaded that recreational and toxic anti-HIV drugs as well as malnutrition can all undermine the immune system to produce immune deficiency syndromes.”

Does HIV cause AIDS? Is AIDS a single disease? Do anti-viral drugs really help? Dr. Mae-Wan Ho investigates

— **Dr. Mae-Wan Ho, PhD, Geneticist and Biophysicist, Open University, London, UK. Director, Institute of Science in Society; Author and activist. Awarded the Chan Kai Ming Prize for Biological Sciences (HK) 1964; Fellow of the National Genetics Foundation (USA) 1971-1974; Vida Sana Award (Spain) 1998**

“I’m a doctor that has questioned HIV/AIDS since the late 1980’s. No doctor (MD) has ever been able to answer the probing questions I have presented, other than giving me the same generic answers that the western media has choked down the throat of America and the World. Everyone has the quick answer with nothing to back anything up. I became fed-up with the murder of innocent human beings years ago and finally within the last few years, I have taken steps to expose this LIE!”

Comment to Virusmyth

— **Dr. Erik C. Manos, DDS, Denver, Colorado**

“...All these horrors, in fact, had their source in the irresponsible exaggeration of the AIDS danger promoted by the public health authorities and state radio and television. Which exaggeration, in its turn, rested on two basic distortions of the facts:

“First it consisted in proclamations that AIDS threatened the general population, while it was obvious the disease remained nearly exclusively limited to one small fraction of some very defined risk groups (intravenous, homosexual drug addicts, transfusion recipients). And still today, in Europe and the United States, this situation has not changed substantially, despite the diagnostic acrobatics and statistics with which they have tried to counterfeit it, while in Africa and other countries of the Third World the spread of the disease is, as we shall see, an obvious statistical artifact, attributable to

the classification of pathologies that have always been endemic in those populations under the new name 'AIDS.'”

“...The real motivation of this psychological terrorism was openly recognized...an employee of the Centers for Disease Control of Atlanta declared to the Los Angeles Times, with an honesty inconceivable for our 'experts': 'If AIDS had not been seen as a threatening syndrome for the general population, the money [for research] would never have arrived.’”

“...The second distortion of the facts consisted in introducing the seropositive ones as people 'condemned to die.' Between the drug addicts and the former drug addicts, this terroristic assertion pushed many to continue and to resume the practice of drug addiction.”

“In 1986 the public health authorities announced that there were 200,000 HIV positive people in Italy, that their numbers would double in 10 months and their median survival would be 18 months.

“If those figures that terrorized the public had been true, today in Italy 26,000,000 men would be dead from AIDS and all Italians would be seropositive and condemned to death. Vice versa, in spite of our 'super experts,' the seropositive ones today have diminished to 100,000 and the men dead from AIDS are very few, in spite of the always generous inclusion of new pathologies in the AIDS diagnosis and the lack of valid therapies. This does not even amount to 0.3% of the projections.”

“Naturally, our meritorious public health officials claim that the tragedy was avoided thanks to their warnings that have made the population extremely cautious in their sexual relationships. But that thesis is pathetic in its inconsistency...because no study has been able to find a general return to chastity or an increase in protected sex among the young people...and indeed the spread of venereal diseases, in these same years, has not diminished at all.”

“The terrorism still practiced today to the seropositive ones constitutes the scandalous monument to the irresponsibility and incompetence of our 'official science.’” [Translated from Italian]

— **Professor Luigi De Marchi**, clinical and social psychologist, president of the Italian Society of Political Psychology. Co-author of *Aids, la grande truffa* (AIDS, the great swindle)

“We have no data in relation to the documentation that shows that HIV has been isolated as causative of AIDS.”

Continuum, Winter 1997/8

— **Antonio Entiste**, Secretary of the Medical Research Council of Spain, 18 December 1997

“Do the health authorities of Spain consider Spanish journalists are idiots? Or as the Spanish Secretary of the MRC implicitly acknowledged, have they no proofs of any kind

with respect to what they have been officially affirming for years [that Hiv causes Aids] and were simply regurgitating like parrots?”

Continuum, Winter 1997/8

— **Jose A. Campoy**, Spanish Journalist

“...The way the origin and prevalence of HIV/AIDS are explained and presented on the continent, is often marked by pseudo-scientific explanations and deliberate racist distortions. Two possible explanations present themselves. Firstly, some members of the AIDS ‘establishment’ still believe that the African is not capable of controlling him/herself in sexual matters, and therefore, it is normal that s/he be more infected. Secondly, there is clear evidence that some AIDS scientists insist on diverting the public on some issues for the sake of receiving funding for theories which they know are false.”

“Despite the fact that AIDS was first declared and found in homosexual milieus in the USA, some ‘scientific studies’ have tried to locate the origin of AIDS in Africa. This is largely based on the false imaging of the African who is seen as somebody who cannot control him/herself sexually.”

“...This method of determining AIDS cases...leads to many abuses. Much money is spent on studying the origin of AIDS in the wrong places, but the researchers of course, are given a lot of money to make this type of research. Once more, Africans are used as objects of study and speculation. This is even more outrageous because many human and material resources are invested wrongly, instead of, for example, targeting the other immunosuppressing agents like TB, chronic malaria, malnutrition, and many other agents which have been shown to give similar symptoms to those of HIV.”

Presentation to Ecumenical Symposium Of Eastern Africa, 17-21 March 1999

— **Peter Kanyandago**, PhD, Professor, Anthropologist, Deputy Vice-Chancellor, Academic Affairs, Uganda Martyrs University, Nkozi, Uganda.

“Does HIV play a role in AIDS? It might, but after spending \$22 billion on AIDS research, there is still not scientific proof that it does. A number of scientists, including myself, think that HIV may possibly play a role in AIDS as an opportunistic infection. But, does HIV cause AIDS? Absolutely no!”

“Conventional wisdom says that a virus causes AIDS. This is not possible. Viruses don’t cause disease. There are ‘disease causing’ viruses living in our bodies every day of our lives. If viruses were the cause of disease, we would all be dead. This is not saying that viruses don’t participate in a disease process, but infections are an effect of disease not the cause.”

“In AIDS, prescription and recreational drugs, including antibiotics, AZT, cocaine, heroin, and nitrite inhalants, are critical contributors to toxic overload. Combine antigenic overload with toxic overload, poor nutrition, lack of exercise, erratic sleep patterns, and chronic stress, and you have a recipe for serious immune suppression.”

“AIDS is a many factored disease caused by a combination of inappropriate lifestyle, toxic overload, antigenic overload, poor diets, chronic stress, and common medical treatments with health-damaging drugs like antibiotics. All the above conspire in a cascade of events to cause what we call AIDS. The same factors that contribute to AIDS contribute to other immune dysfunction diseases as well.”

“Most physicians still believe in the outmoded concept that germs cause disease, so they try to kill the germs. The need to rebuild immune competence never occurs to them... Often, the final blow to immune competence is delivered by our physicians. Modern Medicine subjects us to a variety of procedures and medications, such as vaccinations and antibiotics, which damage our immune defense and repair systems.”

The Slant [Marin County], May 1995

— **Raymond Francis**, MSc, MIT, Chairman and CEO, Beyond Health Corp., author of the book, ‘Never Be Sick Again’

“Based on all of the scientific information that I have reviewed there appears to be no sufficient evidence that supports the notion that HIV is the root cause of the symptoms observed in people with AIDS. In fact the data clearly indicate that HIV alone if present in humans does nothing.”

Comment to Virusmyth

— **Muslim Shahid**, Inorganic chemist, research and development scientist, inventor, Houston, Texas

“I used to believe in the HIV/AIDS theory—no more. Not looking into the real cause of AIDS is a crime. But who knows, maybe this AIDS controversy will help to open the eyes of millions of people, especially doctors and scientists, to new ways of understanding life, health and disease.”

Comment to Virusmyth

— **Dr. Carlos Haubi Segura**, PhD, DVM, Veterinarian, Animal Nutritionist, Mexico City

“Why in your Editorial on AIDS do you dismiss out of hand all the counter evidence that HIV causes AIDS? The minority of dissenters are not stupid, but bona fide scientists, some of whom are retrovirus experts. You should listen to their viewpoint instead of arrogantly assuming that they are wrong. History may yet make fools of you!”

Letter to *The Scientist* magazine, March 15, 2004

**— Dr. M. Wainwright, Department of Molecular Biology and Biotechnology,
University of Sheffield, UK**

“I think that ‘official AIDS policy,’ both in the U.S. and globally, is being driven by profit and power motives, not by accurate science or genuine humanitarian concerns. It concerns me greatly to see the UN and World Bank get behind ‘policy’ and attempt to impose the U.S. AIDS public-health model on the rest of the world. I have been writing a series of columns in A & U Magazine to try and focus attention on the political motives behind ‘AIDS policy.’”

Comment to Virusmyth

— Patricia Nell Warren, Author, Publisher, Los Angeles, California

“Scientific theories resemble architectural wonders. They are interesting to visit and prestigious to be associated with. All too often, however, while they appear sound to casual observation, termites are feasting deep within their foundations. Anomalies, facts that the ruling theory and its supporters cannot explain, are the termites of science. As they multiply, the infected theory weakens until eventually it collapses. While the ‘HIV alone causes AIDS’ theory still dominates the scientific skyline, termites are hard at work within it. Here are seven anomalies that suggest it is incorrect and will eventually fall...”

“...HIV-1 alone, therefore, does not cause AIDS. It involves a multiplicity of co-factors, specifically anything that either depletes serum selenium levels or depresses the immune system enough to permit viral replication. Manipulating the ‘selenium-CD4 T cell tailspin’ by adding this trace element to fertilizers and food stuffs opens new avenues for both prevention and treatment.”

“So where does all this disagreement leave us? It demonstrates just how illogical the conventional wisdom is. How is it possible to freely admit that it is still not clear, after some 20 years of research, how HIV causes AIDS, yet to simultaneously argue, as the Durban Declaration does, that ‘HIV is the sole cause of AIDS.’ Simply put, if the 5,018 people who signed the Durban Declaration do not know how HIV causes AIDS they cannot possibly be certain that no co-factor(s) is involved. What competent detective would argue that while they had no idea how the victim died, they were certain that their prime suspect had no accomplice(s)?”

“A new approach is obviously essential; one which recognizes the holistic nature of the problem...if, for example, we ask the question ‘Why did John Doe die of AIDS?’ one could reasonably answer that ‘He became infected with HIV-1.’ A more realistic list of the causes of his fate, however, would have to include the hedonistic lifestyle he led with its relentless promiscuity and associated constant infection by selenium-depressing, sexually transmitted pathogens. In addition, John Doe lowered his resistance to disease by drinking alcohol and taking drugs. His diet was poor, eating foods too low in selenium and other nutrients...But didn’t John Doe die because of a

medical profession that failed to accept the obvious: that HIV alone does not cause AIDS?”

“Testing positive for HIV is not a death sentence, one without hope of clemency or appeal. Rather, it is an opportunity to change and even to increase one’s life expectancy.”

What Really Causes Aids, 2002

— **Dr. Harold D. Foster, PhD, University of Victoria, British Columbia, Canada.**
Author, *What Really Causes Aids*.

“AIDS is caused by suppression or weakening of the body’s autoimmune system. This can be caused by heavy metal toxicity, including lead toxicity and other free radical generating chemicals such as benzene, talc and silicone lubricants, free radical generating sexual lubricants, drug and alcohol abuse and prolonged use of toxic or free radical generating medication such as AZT, medication for haemophiliacs, Cox-2 drugs, TCDD, DDT, PCBs, Remicade, Enbrel, drugs used in chemotherapy etc in which case if the body’s production of antioxidant enzymes is low and suffers from low levels of other antioxidants in the blood, its free radical scavenging activity drops and the immune system is open for suppression through oxidative stress and free radical damage and becomes open to opportunistic infections. When free radicals damage cell walls, in particular the walls of T4 cells, viruses including the ‘HIV-virus’ enters these cells and destroys them. Otherwise, the so called ‘HIV-virus’ is practically harmless or non-pathogenic and is not proven to directly cause any immunosuppressive effect.”

“What should amaze most is the total departure from scientific protocol and international standards required, including those established by the Pasteur Institute to prove that a virus causes a specific disease.”

January 19, 2005

— **Beldeu Singh, MSc Physical Anthropology, Malaysia. Columnist for the website www.independent-media.tv.**

“With public health officials and politicians thrashing out who should be tested for HIV, the accuracy of the test itself has been nearly ignored. A study last month by Congress’ Office of Technology Assessment found that HIV tests can be very inaccurate indeed. For groups at very low risk — people who don’t use IV drugs or have sex with gay or bisexual men — 9 in 10 positive findings are called false positives, indicating infection where none exists.”

— **US News & World Report, Nov 23, 1987**

“AIDS is not a disease. It is a drug induced immunity loss situation in a person’s body. It is caused due to internal insanitation, wrong food habits, improper eating habits, indigestion, accumulation of filth and toxic matters in the body, improper excretion of waste matter from the body, use of toxic and chemical drugs and antibiotics resulting in loss of immunity power of the body. We don’t agree with the virus theory.”

Comment to Virusmyth

— **K. Viswambharan, Founder of Natural Health Foundation, Chennai, Tamilnadu, India**

“A happily married couple wants to live in Singapore for three years. Before they get their permission to stay they have to do an AIDS test. The husband tests positive with

an AIDS test which has a 97% sensitivity and a 98% specificity (it will not be discussed here to what 'gold standard' these two refer). How big is the chance that this man is truly positive? Should he start treatment immediately?

"Before this man had the test it may be assumed that the probability that he is HIV infected is only 1 in 10,000, or 0.01% (he was married to his wife for more than 15 years and never has slept with other men or women, nor does he take drugs).

"Imagine 1,000,000 men like him. In this population 100 will be HIV positive (1 in 10,000 or 100 in 1,000,000). From the 100 HIV positive men the test will detect 97 (sensitivity). From the remaining 999,900 HIV negative men, however, the test will detect 98% as truly negative (specificity) and 2% as positive, which is 19,998 persons. If all the 1,000,000 would have been tested in total there would be 20,095 positive test results of which only 97 are truly positive. This means that the probability that the man in question is really positive is 0.48% (97 of 20,095). In other words, the PPV (positive predictive value) is only 0.48%.

"It has to be kept in mind, though, that prevalence for HIV infection are determined by tests that in themselves are questionable, making the guesswork even more obvious.

"In summary this means that a positive (or negative) test result does not at all mean that a person is truly positive (or negative). It only indicates a higher probability of being positive. How much higher this probability is depends on the pre-test probability of a person and the sensitivity and specificity of the test used. The lower the chance that somebody is HIV infected, the higher the chance that a positive test result is a false positive test result...One hopes this will make the reader more alert and critical when being tested."

Continuum, Summer/Autumn, 2001

— **Dr. Klazien Matter-Walstra, PhD, former manager, laboratory for immunocytochemical cancer diagnosis for exfoliative cytology, Institute of Pathology in Bern, Switzerland. Presently teaches evidence based medicine at Mediscope.**

"Most patients (68 to 89%) from low risk groups...who show reactivity on screening tests will have false-positive results...The predictive value of a positive ELISA varies from 2 to 99%...the Western blot method lacks standardization, is cumbersome, and is subjective in interpretation of banding patterns."

"Patients have been described who are culture positive but seronegative for HIV."

Mayo Clin Proc. 1988;63:373-9.

— **Steckelberg JM, Cockerill F., Aids Researchers**

“The virological status of the 20% seropositive individuals who had negative cultures and no viral RNA detected remains unexplained.”

J Infect Dis. 1987 Nov;156(5):823-7

— **Richman D, et al, Aids Researchers**

“The CDC states that the two tests used to identify HIV—the ELISA and the Western blot (WB) —used in combination, have a better than 99% accuracy rate, but only if they are performed repeatedly. (The exact rate is unknown and the CDC states that it has no data on just how many false positives versus false negatives occur!)...Using the CDC estimate that 0.6% of Americans are HIV-positive, in a population of 10,000, 60 Americans would test positive! This 60 must include all the false positives, 30, leaving only 30 people actually infected. This leads to the following conclusion: using a 99% accuracy, one finds as many false positives as true positives. Even if the results of both AIDS tests, the ELISA and WB, are positive, the chances are only 50-50 that the individual is infected.”

AIDS Update 1999. 1999;357-371

— **Stine G.J., Aids Researcher**

“39 [ELISA-positive] specimens [26%] had a positive Western blot... 38 (84.4%) of the 45 specimens highly reactive on ELISA were Western blot positive...one (1.2%) of the 86 low reactive specimens [but still classified as ELISA antibody test positive]...had a positive Western blot result...23 (63.9%) of the 36 Western blot-positive specimens...were [culture] positive...Of the 150 ELISA-positive specimens from...the CDC, 40 (26.7%) had a Western blot or culture positive for [HIV].”

JAMA. 1986 Jul 18;256(3):357-61

— **Ward JW, et al, Aids Researchers**

“As the number of women being screened has increased, the proportion of false-positive and ambiguous (indeterminate) test results has increased and the positive predictive value (PPV) of the standard HIV test has decreased.”

Arch Fam Med. 2000 Sep/Oct;9:924-9

— **Doran TI, Parra E, Aids Researchers**

“The emotional impact of a false positive screening RNA [HIV] test in a recently exposed person is significant. With the high false positive rate, we do not advocate the routine use of HIV RNA tests to screen asymptomatic people. The high rate of repeat false positive tests in a given sample (50%) suggests a possible biologic mechanism.”

Conf Retroviruses Opportunistic Infect. 1999 Jan 31-Feb 4;6(101):Abstract no. 179

— **Roland ME, et al., Aids Researchers**

“A small number (15% to 20%) [!] of [ELISA and WB antibody] tests from low-risk patients will be indeterminate and remain so even if repeated over many months.
Semin Perinatol. 1998 Aug;22(4):293-308.

— **Minkoff HL, Aids Researcher**

“HIV-1 p24 is the HIV-1 protein most prone to ‘false-positive’ reactions...false-positive reactions have been observed with every single HIV-1 protein.”

Clin Chem. 1991;37(10):1667-8.

— **Ng V.L., Aids Researcher**

“68% to 89% of all repeatedly reactive ELISA tests are likely to represent false positive results...each year we might expected to find 175 to 209 truly antibody-positive donors [in Minnesota] and between 371 and 1701 falsely positive donors among those who have repeatedly positive screening tests.”

New England Journal of Med, 1985;312:1185-8.

— **Osterholm MT, et al, Aids Researchers**

“In 1990, of 20.2 million HIV tests done in Russia only 112 were confirmed and about 20,000 were false positives, 1991 saw some 30,000 false positives out of 29.4 million tests, with only 66 confirmations...in 1991 alone some 8000 false-positive results were reported in pregnant women, with only 6 confirmations [presumably with the Western Blot test]”

Lancet. 1992;339:1548

— **Voevodin A., Aids Researcher**

“One difficulty in assessing the specificity and sensitivity of retrovirus assays is the absence of a final ‘gold standard.’ In the absence of gold standards for both HTLV-I and HIV-1, the true sensitivity and specificity for the detection of viral antibodies remain imprecise.”

Retroviruses. in Viral infections of humans, Plenum 1989, pp. 545-592

“Depending on the population tested, 20 to 70% of...two successive positive ELISAs (enzyme-linked immunosorbent assay) are confirmed by Western Blot...” [i.e. 30 to 80% are false positives, and in many countries, such as Thailand, people are called positive based only on two Elisas, without a Western Blot]

Journal of the American Medical Assoc., 266, 2861-2866, 1991

— **Sloand, EM, et al, Aids Researchers**

“...We studied the frequency of false positive diagnoses retrospectively among applicants seropositive for HIV in a subpopulation with a very low prevalence of infection... Approximately 1 percent of all initial screening ELISAs were reactive, 50 percent of repeat ELISAs were reactive, and 30 to 40 percent of first Western blot assays were reactive and diagnostic.” [i.e., 60 to 70% of the twice positive ELISAS were

false—ed.]

New England Journal of Med. 319, 961-964, 1988

— **Burke DS**, Brundage JF, Redfield RR, Damato JJ, Schable CA, Putman P, Visintine R, Kim HI, Aids Researchers

“[The RAPID Hiv tests] pose to us many problems. We find the false positives are much, much higher than they are on the ELISA.”

26 March 2000, *Carte Blanche*, M-Net TV, South Africa

— **Dr. Henry Booker**, Microbiologist, *Lancet Laboratories*, Johannesburg, South Africa

“A couple committed suicide by drowning themselves in a canal in Hat Yai district along with their five-month-old daughter after learning that they had contracted Aids.

“The bodies of Mia (last name not known), about 40, his wife Nit Srisaduak, 32, of Si Sa Ket, and their daughter Sudaporn were found at 12:30 am yesterday floating in Bo Sai canal in tambon Khuan Lang. They were believed to have died seven hours earlier.

“Police said the two tied themselves up with a rope and the mother grasped the baby girl firmly in her arms before they threw themselves into the canal.

“Mia and his wife were workers at a sand-dredging firm. Police found in their cottage a letter written by Mia to his boss saying the pair had contracted Aids and, with their lives shorn of hope, decided to die together with their daughter.”

— **Bangkok Post**, Sep. 9, 2001

“We and other investigators have noted a number of unexplained facts that cast many doubts over the simplistic hypothesis of a unique retroviral etiology of AIDS. It is likely that many other factors act synergistically to induce immunosuppression in these patients, i.e.: a) repeated and chronic infections; b) use of drugs; c) alloantigenic stimulation by blood and/or semen; d) anesthetics; e) antibiotics and f) malnourishment.”

Gaceta Medica de Mexico 1991 Jan-Feb

— **Dr. Luis Benítez-Bribiesca**, MD, Unidad de Investigaciones Oncológicas, Hospital de Oncología, Mexico City

“In the spirit of ‘the openness’ of science we salute Peter Duesberg for his challenging and courageous voice speaking out against the present scientific establishment. His extensive experience and knowledge about retroviruses lends merit to his critical evaluation of the possible causative role of HIV in the AIDS disease.”

Policy Review Dec. 1990

— **Dr. Shyh-Ching Lo**, Director of AIDS Pathology;

— **Col. Douglas J. Wear**, MC USA, Chairman, Department of Infectious and Parasitic Disease Pathology. Department of Defense Armed Forces Institute of Pathology, Washington, DC

“You cannot condemn anyone while there are scientific doubts [about whether HIV causes AIDS]. AIDS does not touch anyone brimming with health unless the person destroys his/her own immunological system through drugs, prescribed or otherwise.”
Continuum, Sep/Oct 1996

— **Dr. Piombo Horacio**, Judge, Court of Appeals in La Plata, Argentina, overturning a verdict against five doctors for allegedly infecting patients with HIV

“The CDC is a disgrace. It is a corrupt organization. The drug companies have them on their payroll.”

UPI Investigates: The vaccine conflict, 7/21/2003

— **Stephen A. Sheller**, Philadelphia attorney who has sued vaccine makers for what he says were bad vaccines

“[The HIV/AIDS/AZT controversy] needs much more serious debate than big Pharma and the usual club of fringe beneficiaries are permitting. There is simply too big a case to answer, and it’s not being answered. Having said that, I suppose I look a bit of a fool because I’m one of the numberless well-intentioned people who has been championing cheapo antiretrovirals for the Third World’s afflicted etc. But the book [Debating AZT by Anthony Brink] worries me deeply, and, until the debate has been properly joined and fought, will continue to do so...”

Review of “Debating AZT”

— **John le Carré**, novelist, *The Constant Gardener*

“I thought I was beyond shockability but the book’s [Debating AZT by Anthony Brink] revelations were stupefying. I think the marketing of AZT to pregnant women is an obscenity.”

“Proponents of the HIV dogma assert repeatedly that ‘the evidence for HIV is overwhelming.’ When they are asked to produce it or cite some reference, the usual response is ridicule or some ad hominem attack imputing motives. But never a simple statement of facts. Nobody, to my knowledge, has ever provided a definitive answer to the simple question, ‘Where is the study that proves HIV causes AIDS?’ It’s just something that ‘everybody knows’ is true.”

“[Gallo’s studies] show a presence of HIV in less than half of the patients with opportunistic infections, and less than a third with Kaposi’s sarcoma — the two most characteristic AIDS diseases. This is ‘overwhelming’ evidence? It falls short of the standards that would normally be expected of a term-end dissertation, never mind mobilizing the federal resources of the United States and shutting down all investigation of alternatives.”

“While many were meeting harrowing ends, others had never had it so good. Researchers who would otherwise have spent their lives peering through microscopes and cleaning Petri dishes became millionaires setting up companies to produce HIV kits and drawing royalties for the tests performed...who would want to mess with this golden goose?”

“When a scientific theory fails in its predictions, it is either modified or abandoned. Science welcomes informed criticism and is always ready to reexamine its conclusions in the light of new evidence...But it seemed that what was going on here wasn't science. Duesberg was met by a chorus of outrage and ridicule, delivered with a level of vehemence that is seldom seen in professional circles. Instead of a willingness to reconsider, he was met by stratagems designed to conceal or deny that the predictions were failing. This is the kind of reaction typical of politics, not science, usually referred to euphemistically as ‘damage control.’”

“Over 90% of the inhabitants of Southeast Asia carry the hepatitis B antibody [known to cause false HIV positives]. And we all ‘know,’ because the newspapers say so, that an AIDS epidemic is ravaging Thailand. The figure for actual disease cases in this region populated by tens of millions was around 700 in 1991, and by 1993 had grown to 1500 or so. Perhaps what the papers meant was an epidemic of AIDS testing. Just like the inquisitors of old, the more assiduously the witch hunters apply their techniques and their instruments, sure enough they find more witches.”

“In the cuckoo land of HIV ‘science’ anything becomes possible. To combat the effects of an agent declared soon after its discovery as being inevitably lethal after a dormancy of 10-15 years (?), HIV positives, sick and symptom-free alike, were put on the drug AZT, which was billed as ‘antiviral.’ Well, it is, I suppose, in the same sense that napalm or Liquid Plumber is antiviral — it kills everything.”

“Chemotherapies are notoriously immunosuppressive. The ‘side effects’ look just like AIDS. Yet this is the treatment of choice...In any case, it is known that a body subjected to this kind of toxic assault can mobilize last-ditch emergency defenses for a while, even when terminal. A sick chicken might run around the yard for a few seconds when you cut its head off, but that isn't a sign that the treatment has done it any good.”

“Although the mainstream media don't report it, a growing number of scientific and medical professionals are coming around to Duesberg's position or somewhere close to it. Many, especially in times of uncertainty over careers and funding, keep a low profile and refrain from public comment. When you see what happened to Duesberg, you can see why. One of the pioneers in retroviral research — the first to map a retroviral genome, seven-time recipient of the NIH Outstanding Investigator award, and tipped for a Nobel Prize — he was subjected to vilification, abused at conferences, and his funding cut off to the point that he can no longer afford a secretary. In two years, he had 17 applications for funding for research on alternative AIDS hypotheses turned down.

Publication in the scientific literature has been denied — even the right of reply to personal attacks carried in the journal *Nature*, violating the most fundamental of scientific traditions. His scheduled appearances on talk shows have been repeatedly canceled at the last moment upon intervention by officials from the NIH and CDC.”

“No believable mechanism has been put forward as to how HIV kills T-cells. And billions of dollars continue to be spent every year on trying to unravel the mysteries of how HIV can make you sick without being present, and how an antibody can neutralize the virus but not suppress the disease. Scientific principles that have stood well for a hundred years are arbitrarily discarded to enable what’s offered as logic to hang together at all, and the best that can be done at the end of it all is to prescribe a treatment that’s lethal even if the disease is not. Yet no looking into alternatives is permitted; all dissenting views are repressed. This is not the way of science, but of a fanatical religion putting down heresy.”

Aids Heresy And The New Bishops, Monadnock Review 1997, 2001

— **James P. Hogan**, Author of 26 science fiction novels and the science books *Kicking the Sacred Cow: Questioning the Unquestionable*, *Thinking the Impermissible* and *Mind Matters: Exploring the World of Artificial Intelligence*.

“[AZT: A Medicine from Hell] is a well written, lucid article for anybody to read...your arguments about prescribing this drug are excellent...Perhaps when more people like yourself who are not scientists come out publicly to clarify the issue on this drug, pregnant women will be spared! Your article will now be additional prescribed reading for the students in my class.”

Letter to Anthony Brink

— **Dr. Shadrack Moephuli**, PhD, Toxicology, Senior Lecturer, Department of Biochemistry, University of the Witwatersrand, South Africa

“Irrationality and hysteria do clearly exist in the social perception of AIDS but belief in a vacuous ‘theory of hysteria’ is itself as hysterical as the unquestioned acceptance of ‘HIV’ as the cause of ‘AIDS.’”

“It is also clearly the case that the medical model of HIV = AIDS = DEATH is a monster conjured up by the nightmares of virologists who have considerable vested interest in a chemotherapeutic solution to ‘AIDS.’”

“We have all to be aware of how science, medicine and psychiatry and their links to industry and government, control discourses and disempower sufferers. AIDS activists especially, need to leave their ‘one illness’ isolation, and engage with activists involved in other environmentally caused, immune compromising, iatrogenic [caused by medicine] and contentiously diagnosed illnesses.”

Continuum Autumn 97

- **Dr. Lesley Cooper**, Ph.D., Medical Sociology, University of Essex, UK;
- **Martin Walker**, Journalist and author of *Dirty Medicine*

“...What is the role of HIV in oxidative stress? ... If we were to suppose that HIV were an infectious agent, it would behave as any other opportunistic agent, whose aggression is facilitated by cellular imbalance induced by both oxidative stress and essential membrane constituents... In any case...antioxidants and appropriate diets may have a beneficial therapeutic value to control and inhibit...immune deficiency, certainly much better than the poisonous cocktails of DNA-chain terminators incompatible with life such as AZT and similar nucleoside analogues, anti proteases, antibiotics, antifungal agents... prescribed by the members of the orthodox AIDS establishment and capable of producing physical decline even in healthy individuals. In this connection, according to our results, it is no wonder that oxidative stress increases significantly in those patients who were taking these deadly cocktails...”

“The immunological disorders associated with malnutrition were named ‘Nutritionally Acquired Immune Deficiency Syndrome’ (NAIDS), much before the trumpeting appearance of HIV. Nutrition must be considered a fundamental intervention in the early and ongoing treatment of immunodeficiency; in particular, micronutrients represent important cofactors for the optimal functioning of the immune system and are able to enhance disease resistance in humans and animals.”

“...Probably the increased flux of ROS (reactive oxygen species) may depend on an impaired mitochondrial function...further worsened by the administration of toxic drugs to seropositive patients. For example, it has been shown that AZT widely damages mitochondria by causing ROS overproduction with consequent loss of antioxidants ... oxidation of DNA bases, and myopathy [gross atrophy of muscle tissue].”

“Factors capable of inducing oxidative stress ‘in vivo’ and leading causes of immunosuppression: Recreational drugs including amphetamines, nitrites, heroin, cocaine, alcohol, cigarette smoke etc; medication drugs including antiviral, antimicrobial, antibiotic, chemotherapeutic, etc.”

“Malnutrition/denutrition, poor sanitation, and parasitic infections represent the main causes of African AIDS.”

“...The same treatment [antioxidants and a nutritious diet] may also produce beneficial effects in symptomatic and AIDS patients, except for those who have reached a critical threshold of no return, condemned by the continuous combined use of antiretroviral and recreational drugs.”

“...When...oxidative stress combined with medication and recreational drug abuses, and emotional distress, have irreversibly undermined the body, leading to a downward spiral of malabsorption, weight loss, wasting, diarrhea, anorexia, body image disturbance etc., it is clear that our oral combined treatment becomes insufficient: the AIDS establishment, mercenary scientific journals and mass media can, with impunity, toast death.”

Continuum vol 5, no. 5, 1999

— Dr. Siro Passi, biochemist, head of the Cell Aging Center of the IDI Research Institute, Rome, former Scientific Director and Head of the Physiopathology Laboratory, St. Gallicano Research Institute, Rome. He asserts that *HIV* phenomena are the outcome of oxidative stress, not vice versa. Author, with Prof. Ferdinando Ippolito, *AIDS — New Frontier*, which argues that HIV doesn't cause AIDS;
— Dr. Chiara De Luca, Cell Aging Center

“While working in the lab today one of my fellow graduate students came into the lab to ask for info on AZT. He told me that his roommate was just given a prescription for AZT. I asked when she was ‘diagnosed’ as HIV +. He said she had not been tested yet. Evidently she works at an AIDS research clinic and had a needle stick injury.

“She filled out the paper work and went to the designated primary care physician. The physician prescribed AZT prophylactically, which she purchased on the way home. She already took her first dose. My fellow graduate student is also a PhD candidate in Virology as I am and was very concerned. His roommate told him that she is leery of the AZT but trusts the physician and was told she had to follow the instructions of the physician or void any future workmans comp claim.

“This was maddening to the both of us as we proceeded to go through texts and medline searches to give her proof that AZT is poison. ‘The Textbook of Human Virology’ spent a few pages on AZT and after reading the text we were both amazed at the ambiguity! How can a DNA chain terminator be helpful??

“Anyway I provided him with as much info as I could and he is going back to try to convince her to stop taking the AZT. Again...she has not even been tested for HIV yet...as if that would mean anything...”

Posting on ‘rethink-chat’ <http://www.aidsinfobbs.org/articles/quilty/q05/2011>

— **Derek Hodgkins**, PhD candidate, Virology & Waterborne Disease Group, Dept. of Microbiology, University of New Hampshire

“Dear Dr. Duesberg, I am certain that you have been labeled an enemy combatant for conveying the heresy that HIV is a passenger virus in this illness caused by multi-drug toxicity complicated perhaps by anti-sperm antibody and nutritional deficiency.

“I am a great fan of your work. Recently, I attended a lecture here at the University of Miami concerning the use of multi-drug therapy for ‘HIV’ patients who happened to be drug abusing male homosexuals or drug abusing non-homosexuals. The presenter of the talk was describing the alarming rate of cardiovascular disease in those taking the ironically named HAART cocktails. I questioned him on the validity of his data because essentially all in his study were cocaine abusers, a feature which, by itself, increases one’s risk for heart disease.

“Through his inability to really answer my question, he in effect informed me that unfortunately here in the ‘AIDS Epidemic’ in Miami, there were no ‘AIDS’ patients available who were not cocaine abusers.

“It would seem that the HAART drugs are killing ‘HIV’ patients via their toxicity, an adverse effect which may be made worse based on the presence of recreational drugs such as cocaine on board at the same time.”

Letters to Peter Duesberg

— **Dr. Kenneth Gross, MD, Miami, Florida**

“...Instead, ‘HIV’ test accuracies are established using circular logic; ‘accuracy’ for HIV ELISAs is taken as the fraction of positive people who subsequently test HIV Western blot positive. And ‘accuracy’ for HIV Western blot tests is nothing more than reproducibility (the fraction of positive people who test positive when retested).

“...These pseudo accuracies — each over 99% — are assumed for all people, even those free of the risks and symptoms associated with the syndrome that the purported virus supposedly causes. Yet among risk group members with blood that reacts with these tests — those who test positive — pseudo isolations (‘HIV’ phenomena in stimulated cultures) are achieved for only some of those with AIDS conditions, and for only a few who are symptom-free.

“...So among people with AIDS risks, using pseudo isolations from stimulated cultures as an independent standard, HIV antibody tests are between 41% and 76% accurate for people with AIDS conditions, and between 0% and 16% accurate for those with no symptoms, a far cry from the 99% accuracies established using reproducibility and cross-checking.”

“And what about the real accuracy of HIV tests? That is, accuracy established using the only valid gold standard: isolation from fresh plasma. The Australians [Perth Group] reason that since isolation from fresh plasma has not been achieved under any circumstance, then the true accuracy for all ‘HIV tests’ should be considered zero, and all positive results should be regarded as false. There is no basis for thinking that a

virus observed only in stimulated cultures exists in the plasma of any humans, even those who test positive for it as determined by antibody, antigen, 'viral load' or any other assay."

Reappraising AIDS, June, July, Aug, 1997

— **Paul Philpott, MSc, Former Editor, Reappraising Aids.**

"Dissenters to the HIV-Aids theory say that the entire \$120 billion that the US government has spent to date on HIV research has been wasted. They are wrong. That money has bought impeccably built summer homes, pastel-colored swimming pools, BMWs and country club memberships for the many public health officials, scientists and drug company executives who have been its recipients. It's bought dirty weekends at five-star hotels with their mistresses and lavish trust funds for their children. How can the dissidents say that all that taxpayer money has been wasted?"

"While Tony Fauci and Bob Gallo and Mark Wainberg and Robin Weiss and the rest of the HIV/AIDS establishment luxuriate in the riches that the HIV-AIDS industry has bestowed upon them, some poor 20 year old prostitute in Thailand who is working in some brothel trying to support her children is hanging herself from a light fixture because she was forcibly tested for 'HIV' and found positive. Nobody told her that the HIV tests are non-specific, that over 70 conditions can cause false positives, including the common cold, flu, prior pregnancy, and the yaba she takes to help her get through the night.

"Nobody told her that HIV positive test criteria are politically, not medically defined and differ from country to country; that Thailand's criteria for a positive diagnosis are deliberately set low which results in more positives; that she might be positive in Thailand but negative if tested in Australia or France or the U.S.

"Nobody told her that even the test manufacturers admit, in their package inserts, that the HIV tests cannot detect HIV and should not be used to diagnose HIV. Or that hundreds of accomplished scientists maintain that HIV does not cause AIDS and probably doesn't even exist.

"All she knew was that her greatest nightmare had suddenly become reality. She was 'infected,' the brothel was firing her, the people in her village back home in Burma or China would ostracize her, her parents would throw her out on the street, nobody would ever want to hire her or marry her or even touch her or her children, and she would end up dying in the gutter alone like a small animal hit by a car. This is the reality visited upon the world by the AIDS Public Health and NGO establishment and their accomplices in the media, for all their humanitarian pretensions."

— **Marcel Girodian, Writer; editor (with help from David Crowe and Herve Francois) of these Aids quotations and the list of Rethinkers**

"The multi-billion dollar/pound AIDS/HIV fraud is based on two fabrications: that AIDS is a single disease and that it is caused by...the 'HIV virus'...HIV-positive response means nothing of any relevance to health — it can be triggered by vaccination, malnutrition, M.S., measles, influenza, papilloma virus wart, Epstein Barr virus, leprosy, glandular fever, hepatitis, syphillis...over sixty different conditions."

“By grouping together 25-plus different diseases and other allied factors — pneumonia, herpes, candidiasis, salmonella, various cancers, infections, vaccine and antibiotic damage, amyl nitrate damage, malnutrition, etc. and, particularly in Africa, TB, malaria, dysentery, leprosy and ‘slim disease’ — and calling the whole thing an ‘AIDS epidemic,’ a multi-billion dollar/pound ‘AIDS research and treatment’ racket has been created.”

“The mythical ‘HIV-induced AIDS plague’ in the Third World generates huge sums of cash from Western relief organisations whilst smokescreening the vaccine/drug boys, responsible for the carnage.”

“Periodically, the BBC/ITV/Press visit Africa/Yugoslavia/ Russia etc. to report on the ‘HIV/AIDS victims’ and how they cannot afford the ‘life-saving AZT.’

“Glaxo Wellcome’s lethal drug, AZT, in combination with the diagnosis of HIV-positive and the prediction, stated or implied, that ‘You will die of AIDS’ is one of the great pieces of Medical Black Magic — Voodoo Medicine at its most impressive: people have committed suicide on the basis of the ludicrous diagnosis.”

“Pregnant women who are HIV-positive have been told to stop breast-feeding, dosed with AZT, have had abortions or have been sterilised. HIV-positive babies who become ill — from vaccination or whatever — are automatically diagnosed as ‘suffering from AIDS.’”

“New Labour ‘Health’ have now announced that all pregnant women in the UK will be ‘offered’ a HIV test. Those who fall for the scam and who are diagnosed as ‘HIV positive’ will be given the chance to have themselves and their unborn child permanently damaged by AZT, etc.”

“AZT began as a ‘cancer drug’ but was withdrawn for being too toxic — like being thrown out of the Gestapo for cruelty. Its effects include cancer, hepatitis, dementia, seizures, anxiety, impotence, leukopaenia, severe nausea, ataxia, etc. and the termination of DNA synthesis., i.e., AIDS/death by prescription...None of which stops the medical trade from pushing it on every trusting sap who is not ill to start with but is labelled with the ‘HIV-positive’ nonsense and then destroyed by AZT, with ‘AIDS’ getting the blame.”

“A particularly good scam is to haul into court someone ‘guilty of deliberately infecting the victim with the HIV virus which causes AIDS’ which then develops into ‘full-blown AIDS’ — no mention of vaccine, antibiotic damage etc., or full-blown AZT.”

The Great “HIV” Hoax

— **Dr. Patrick Rattigan, ND, Chesterfield, England**

“Why this impressive predominance...of men among the diseased while...women may also be contaminated? Why all this...modification in the delay between contamination and the disease? Why such a sudden change in the classical approach of the antibody phenomenon? Up to now, they were considered a proof of a healthy reaction to a microbial attack...Why the black-out by the media on all disputes on the reigning theory?”

“...The micro-organism...that can kill us years after it has stimulated our immunity is an unprecedented fact in medical history and it at least justifies a re-evaluation of either the HIV-AIDS link or the very conception of the immune system.”

“We have particularly evoked the iatrogenous impact (from the Greek iatros, i.e. caused by medicine) with regard to severe pathologies...This iatrogenous impact [is] the heart of the AIDS phenomenon...”

“What is the impact on the psychism of a patient when he learns that he is seropositive? ...[who] suddenly thinks he is condemned to death...? And who can drag other people into the same end? Who has to give up the natural and spontaneous expression of his intimate relations? Who is continuously under medical care and isolated by society?”

“...Some will decide to fight the disease...others will ask their partner to leave them and to try to start another life and they will sink in a more and more desperate isolation. A lot, finally, will know panic...each time the least ‘manifestation,’ having become suspect, comes up; which will multiply the examinations, the treatments and will often keep them in a state of anxiety.

“...Some will immediately sink into despair and neglect, withdraw into themselves and wait for their end. The others will reel from it and react relatively well but with that feeling of having the sword of Damocles hanging over their heads: what we would call a conflict in balance ready to reactivate at the slightest occasion...”

“Let us summarise...the psychic experience characteristic to the diagnosis...experience of feeling lessened, limited, handicapped, unstructured, disoriented (devalorisation conflict); experience of feeling contaminated, stained, dirtied (conflict of attack on the integrity); experience of fear, insecurity, threat (fear conflict); experience of rejection, isolation (separation conflict)...and the terrible conflict of feeling like a plague-stricken victim doomed to die sooner or later in a ghetto situation...”

“...The real stake of these so-called opportunistic infections lies at the level of the iatrogenous impact; each time that, within the psychism of the patient, a link is created between an infection and the diagnosis of seropositivity or AIDS, there will be a re-stimulation or an extension of the basic conflicts...And it is this series of re-activations that will progressively lead him to the fatal degradation.”

“In its current meaning, the [Aids] myth is ‘a construction of the mind not resting on a bottom of reality.’ And that is really what we tried to do...question what is only a construction of the mind — in this case, a theory — and attract the attention on this reality, as neglected as universal, being the subjective experience of the human being. This, to replace the myth of AIDS by a coherent and verifiable explanation of the pathologies attributed to it.”

“When the myth fades to make the path for the simple observation of each AIDS case, there are no big interrogations anymore on this new disease; a disease, so strange, that it still further escapes the ‘intelligence’ of science. One may so understand that a

seropositive continues to be well...while another one is dying...by reconstituting the history of their experience and the cerebral and organic consequences.”

“...Our response is the message we have been putting forward all along...not treat a disease anymore but a diseased human being, the health problems of whom cannot be understood without apprehending him in his globality and thus by taking his psychism into consideration.

“Help the patient to solve all his non-solved conflicts and here information is an essential therapeutic tool. The approach may seem harsh and complicated. In fact, it is even so complex and even so simple as Life itself.”

Infor Vie Saine, Nov-Dec 1992, written under the pseudonym Ch. Randier

— **Dr. Michel Henrard, Belgian physician**

“From my experience the symptomatic feline AIDS, called Feline Immunodeficiency Virus (FIV) is always associated with the symptomatic CFIDS condition, as described in my article. Thus, in my experience, the agent/s of CFIDS is/are necessary factors in inducing the ‘open’ illness in asymptomatic seropositive cats... In conclusion, I think and I have substantial evidence to prove that CFIDS agent/s + HIV = AIDS... the hypothesis that HIV is the unique cause of AIDS is not true.”

Comment to Virusmyth

— **Dr. Walter Tarello, Veterinary Surgeon, Perugia, Italy**

“The fact is, I am now convinced, AIDS is not a disease at all — it is a government program.”

— **Tom Bethell, Author, researcher, Hoover Institution, Palo Alto, California**

“As a health care professional I have witnessed people with AIDS not only improving their lives after applying the principles outlined in this book [AIDS: A Second Opinion], but more importantly, empowering themselves for the first time to stand up for their privacy and to challenge the destructive rituals of an industry designed to perpetuate itself at the cost of human dignity and lives...I can say without any hesitation that it’s about time we considered what truly helps people with AIDS, even if the answers lie outside of our circle of the proverbial scientific ‘known’ that we try so fiercely to protect with a righteous defensiveness.”

Amazon.com, June 11, 2002

— **Luanne Pennesi, RN, MS, President of Metropolitan Wellness Center, New York, NY**

“You have just learned that you are seropositive. The doctor explained you that you had caught virus HIV and that you were likely, in a few months or a few years, to develop AIDS...”

“You returned home, terrorized, passing from despair to rage, revolted against life and God. You had the impression of having fallen into a black hole. You called me for help...

“...We are in the Middle Ages of the medical art. If chemical, surgical and radiotherapy technologies have made extraordinary great strides, the great principles of traditional medicine were forgotten by modern orthodox medicine.

“The human being is not composed of a physical body only but also of an emotional body, a mental body and a spiritual body...Modern technological medicine deals only with the physical body, it believes that the diseases come from outside, that ‘they are caught.’

“That is false! As Hippocrates said more than two thousand years ago, ‘all the diseases are only the consequence of our practices of life.’... AIDS is only the result of an immuno-destructive way of life.”

“...The proof that this is indeed the virus which destroys the immune system was never produced...It is a toxic way of life (drugs being one of the more striking examples) which leads to AIDS and not the presence of virus HIV.”

“It is necessary that you read some writings of Duesberg and the Group for the Reappraisal of the Hiv-Aids Hypothesis. You will be amazed by the scientific rigour, the clarity and the good direction of these scientists... whereas the remarks of the doctor who frightened you are only the dogmas of a medical church which shows an obscurantism comparable to that of the priests of the Middle Ages.”

“[Do not allow] medical tests to poison your life by distilling the venom of fear. There is nothing more immuno-destructive than fear.” (translated from French)

“Letter to a seropositive friend”

— Dr. Christian Tal Schaller, MD, Director, Institut de Santé Globale (Institute of Total Health), Taulignan, France; Author, *SIDA Espoir (AIDS Hope)*

“Thirteen years ago, the UN agencies were saying much the same about Uganda being ‘the hardest hit’ in Africa and how Uganda’s ‘heavily infected’ population would be wiped out in a matter of years. That dire prediction never came to pass. Now in AIDS circles, the talk is about the ‘Ugandan miracle.’ So what happened to Uganda’s ‘heavily infected’ population?”

“In their haste to do Africa’s image the most harm, the UN agencies do not apparently cross-check with one another, or even co-ordinate their figures before rushing to announce. In Tokyo, while UNAIDS bamboozled the 51 African countries present at the TICAD II conference with the ‘fact’ that: ‘Of the 31 million adults and children living with HIV/AIDS worldwide, 21 million of them live in Africa’, the UN population survey barely two weeks later was telling the world: ‘Of the 30 million persons in the world currently infected with HIV, 26 million or 86% reside in 34 [African] countries. In addition, 91% of all AIDS deaths in the world have occurred in these 34 countries.’ So who do we believe? UNAIDS or the UN Population Division?”

“It’s a lie, the figures are all lies, the biggest lie of the century,’ said an African doctor attending the TICAD II conference in Tokyo. He did not want to be named out of fear that his career prospects could be harmed by the AIDS Establishment. The attempt by the Establishment to destroy the reputations and careers of dissenters challenging the HIV=AIDS=Death hypothesis, is a very troubling one.”

“Africans can safely go to sleep with the knowledge that the alleged 26 million of their countrymen, women and children living with HIV/AIDS are mere ‘calculations’ made by a ‘microcomputer programme’ using a ‘spreadsheet model’ prepared by the discredited and now defunct WHO Global Programme on AIDS. The figures, therefore, do not reflect the true situation on the ground.

“In the past, these extremely alarming figures are known to have been used to cajole governments and institutions into giving more money to the UN agencies and others dealing with AIDS.

“To Africans, the most troubling aspect is that people around the world do take these figures at face value, and thus believe that almost every African is riddled with the HIV virus from head to toe and only waiting to die of AIDS in 10 years time or so, if not dying now.”

New African Dec. 1998

— **Baffour Ankomah**, Journalist, *New African Magazine*

“I chose to summarize a clinical history. The one of a person who, in spite of undergoing symptoms associated to AIDS, did not present/display antibodies to HIV...I added the importance of the feeling of ‘resignation’ in immunodepressed patients.”

“...Already an endless series of contradictions between different publications...was demonstrated... I led myself...step by step to differentiate all the probable intervening processes in the acquired immunodeficiency. And...to indicate the disagreement of so many investigators. Concluding...with the obvious question if it really was clear what was the ‘cause’ of AIDS.”

“[Aids scientists] usually say that there are many variants of HIV. If HIV has never been isolated, perhaps the day will arrive when it is admitted that, due to the many mutations, the so many variants of same family HIV, like there are not two identical snowflakes, indeed, all have been particles, instead of an ‘entity’ (retrovirus) isolated... confirming that, rather than due to ‘mistakes of HIV,’ the mistakes or mutations were those of a few ‘scientists.’” [Translated from Spanish]

AIDS. Psychologic and immunologic perspectives

— **Laura Elena Billiet**, Psychologist, Buenos Aires, Argentina; author, *HIV-Sida. La época de Inmunodeficiencia (HIV-AIDS. The era of immunodeficiency)*

“Thanks for your attention and, more important, thanks for your efforts on the AIDS issue (in this sense it is irrelevant if you are right or not; it is important that alternatives are presented and explored).”

Letter to Dr. Peter Duesberg

— **Valter Sergo**, Professor, Materials Engineering and Applied Chemistry Dept., University of Trieste, Italy

“...Some other scientists have been swept along by the hype and simply failed to maintain scientific standards in their work. This is once again reminiscent of the HIV=AIDS scandal where job security and funding come first and foremost — above real science.”

Global Warming or Urban Heating? Borderland web site

— **Michael Theroux**, Director, Borderland Scientific Research Foundation

“I wrote a book with Peter Duesberg — ‘AIDS: The Good News is that HIV Doesn’t Cause It; The Bad News is that Recreational Drugs and Medical Treatments Like AZT Do.’ The way they determine that a person is HIV-positive is — they don’t look for HIV virus, they look for HIV antibodies. If they find HIV antibodies, they say, ‘This person is going to get AIDS or has AIDS.’ Just based on the antibodies. Now they want to develop a vaccine for AIDS, so they can give it to the entire population, so everybody will be antibody positive, so everybody will ‘have’ AIDS. It is so absolutely absurd.

“What’s fueling this whole thing is the profits that the drug companies — they can sell their horrible drugs, like AZT which is a deadly, deadly substance that basically will kill any cell that’s growing.”

Natural Healthline Sep 15, 1999

— **Dr. John Yiamouyiannis**, PhD, Biochemist. Biochemical editor for Chemical Abstracts Service, Science Director of the National Health Federation. Co-editor of the scientific journal, *Fluoride*. Co-author of *AIDS: The Good News is that HIV Doesn’t Cause It; The Bad News is that Recreational Drugs and Medical Treatments Like AZT Do*

“I want to assure you that Continuum Magazine has become part of KAIP’s archives on AIDS education, prevention and training. Through this publication we have managed to read much of Prof. Peter Duesberg’s research work. We need much information on truth about AIDS...”

Letter to Continuum, Winter, 1997/8

— **Dr. Hillary S. Maloba**, Kenya AIDS Intervention Project, Mumias, Kenya

“...There is one dim corner of science in particular, where there is every sign that the public interest is being mugged daily by the arrogance and bias of scientists, and even

science editors. I refer to the science of AIDS. What has happened over the past decade in AIDS is a tutorial in how supposedly ideal science as practiced under modern conditions may be massively subverted by careerist politics and possibly unconscious self-interest.”

“Year after year, the position that HIV is the cause of AIDS is maintained by the scientific establishment in the teeth of a gale of findings that cast doubt on the idea.”

“...This sole exhibit of the prosecution is vitiated by a circularity; according to the CDC, if HIV is present, the disease symptom (for example tuberculosis) must be AIDS, and if it isn't, then it's not. To add to the illogic, critics count more than 4000 references in the scientific literature to patients whose symptoms were classified AIDS although HIV was absent, and the CDC acknowledges that a positive test for HIV has not been documented in over 43,000 of the 253,000 cases registered in the US by 1992.”

“...The chief exponent of review was a senior, prizewinning retrovirologist [Duesberg], who first urged reassessment in *Cancer Research*, a leading journal, and then [in] the most reputable scientific journal in the world, *The Proceedings of the National Academy of Science*, eight years ago. (Both articles are so far without reply in the same journals, though at the time of the *Proceedings* article Robert Gallo, the NIH scientist who invented the HIV-AIDS theory, promised the editors a refutation).”

Limits of Science, Cultural Studies Times, Fall 1995

“...The difficulty in AIDS, however, is that an unproven scientific claim...has been universally adopted as valid, even though conventional scientific review has called it into very serious doubt...”

“...Determined to get to the bottom of this conflict, I conveyed point and counter point between the two camps until the issues involved seemed exhausted. In doing so I noticed that Duesberg would act responsibly. He would take every point raised against him into account, and answer it fully from the evidence. His opponents would typically answer his points with disparagement and dismissal. Politics, rather than science, was being brought to bear to repress rather than answer his arguments.”

“This politics of incuriosity soon extended into my own profession. There was an initial honeymoon period, in which my report that Duesberg had a most convincing case provoked surprised interest from editors. But eventually it became difficult to sell them on covering the dispute, despite the enormous stakes involved in terms of dollars and lives. An editor at *Science* asked me if I could find something else to write about. An editor at *Omni*, a popular science magazine, ordered me not to mention Duesberg's name ever again...”

“There is no point in going through all the many stark problems in the AIDS-HIV paradigm that Duesberg and others have pointed to. They begin with the fact that tests for HIV were positive in only 88% of the [AIDS] patients sampled by Robert Gallo in the papers on which the unconventional hypothesis was founded, and HIV was claimed isolated in only 41% (26 of 63). They end with the fact that no better proof has been produced in the years since.”

“Instead, there have been years of accumulating outrages to common sense. Among them: the blood of AIDS patients contains too little HIV, it infects too few T4 cells, it replicates in vitro harmlessly in the same cells...The chief difficulty for dissenters now is that virtually all of the data of the field rests on the assumption that HIV is the cause. The presence of the virus defines AIDS. Even its name is self-serving: Human Immunodeficiency Virus. This circularity is one of the paradoxical complications that wall off the ruling paradigm from examination and protect it from public review.”

“A short list of the inconsistencies inherent in the paradigm: the different symptoms in different global regions, and the strange inability of the phenomenon to behave like an infectious disease in North America...with the number of Americans who are positive for HIV remaining steady at one million or less throughout the...epidemic. Instead, the sensationally heralded US heterosexual outbreak has never occurred, while African and Asian AIDS is reported as entirely heterosexual, actively infectious and spreading alarmingly, though confirming testing is severely limited, and the totals of all deaths in the countries concerned do not rise significantly.”

“Those versed in traditional biology can, however, judge a priori how far fetched the HIV hypothesis’s rationale is, and how unlikely its logical pillars, set against conventional understanding of retroviruses and disease. After seventeen years, incredibly, there is still no paper in science which anyone can reference which rises to the level of proof that Duesberg is wrong, and that HIV causes AIDS or indeed any illness of any kind... the hypothesis that HIV causes AIDS...remains mere speculation.”

“Unfortunately, the assumption that it has been proven is so universal, and so universally used as the premise of any research, that there is virtually no data free of it. Thus, what was a supposition to be tested has become accepted as a fact, proven by a circularity. Data gathered using the assumption that HIV causes AIDS are offered as ‘overwhelming’ evidence of the assumption.”

“But the most significant tip off to outsiders is the endless list of challenges to common sense inherent in the seventeen year old hypothesis...to believe in AIDS, we have to believe in a viral disease where the virus’s rate of infection (1 in 1000 sexual contacts) is outdone by human reproduction (1 in 10); a cell killing retrovirus, when retroviruses never kill cells; a virus provided to labs in immortal cultures of the same T cells it is said to kill off; a fatal virus that cannot be found in most patients, even dying ones, only antibodies to it; a disease where patients with merely antibodies can nevertheless die of the disease; a disease whose nature varies from place to place, almost exclusively a homosexual and drug user ailment in North America and Europe, but heterosexual elsewhere; a disease that correlates with drug use in North America and Europe, yet is alleviated or prevented by a bowl full of other damaging and lethal drugs, never proved to be helpful; a disease whose mechanism, including an up-to-twenty-year delay in onset, is as yet quite unexplained; a cell killing disease that causes cell multiplying cancer, with no trace of the virus in the cancer; and a disease said to be a killer

epidemic in Haiti and South Africa, with no very significant change in overall mortality, and long endemic in sub-Saharan Africa, where a population explosion has nonetheless added 250 million people in two decades.”

“Let’s pause for a breath, before we complete the list. For that’s hardly all.

“We also have to believe in an epidemic mapped in Africa by the WHO without the benefit of AIDS tests; a viral epidemic uniquely without initial exponential growth and bell-shaped rise and fall; a viral epidemic which has not found immunity anywhere; a killer disease where no doctor, nurse or researcher working with it has caught the disease; a disease with risk group, lifestyle and malnutrition specific symptoms; a disease whose every symptom is shared with other diseases—in fact, a disease which would in every case be counted as those other diseases except for the supposed presence of antibodies to the ‘virus that causes AIDS;’ a viral epidemic without a sign of a promising vaccine despite the best funded army of researchers in history; a viral disease which soon achieves the antibodies of vaccination of its own accord; and a virus transmitted 25-50% by birth which has produced no epidemic among children.”

“That list is long enough, I think you will agree, that a New Yorker such as myself might be forgiven for saying ‘If you can believe all that, I have a bridge I would like to sell you.’”

“...Even more political and irrational was the one page advertisement in the New York Times published to counter dissent in AIDS, signed by a list of mainstream scientists and health officials. This declaration of faith in the ruling hypothesis was graced with the headline: ‘HIV Causes AIDS: To Argue Otherwise Costs Lives.’ The claim was another blatant paralogism, of course. If the dissenters are right, ‘arguing otherwise’ will save lives.”

“In the AIDS debate, the leaders of the field, the major media and other supporters of the status quo have generally preferred not to answer the arguments raised, but to ignore them or detract from and vilify the dissenter. Duesberg is routinely painted as a tiresome maverick in media reports that prejudice the public against him and demean his status as a respected, qualified reviewer.”

“The now almost automatic support of overseas governments is possibly related to the prospect of expanded aid from the US and the UN if they adopt the HIV-AIDS model. In July 2000, for example, the US announced a plan to offer \$1 billion annually to sub-Saharan nations to buy American AIDS drugs and medical services.”

“The outcome is a situation where the unproven claim of one individual scientist, Robert Gallo, certified by the federal government before publication, confirmation or review, has been adopted by colleagues in the field without final proof and despite contradicting

review, and certified by national and international institutions around the world...Thus the conformity reinforces itself. Set against this universal institutional endorsement, any challenge to orthodoxy appears ridiculous to the general public.”

“There is no need to accuse the members of the establishment of conscious corruption. But most people in the field and their laboratories, not to mention their houses, wives, children, dogs and vacations, are funded by the reigning paradigm, and it would be an economic earthquake for them if there was a sudden turnaround in the world’s belief in HIV as the cause of AIDS.”

“At present, conventional AIDS scientists are highly respected and well endowed. To expect them to welcome review and demolition of their reigning hypothesis is unrealistic. They have no practical alternative to resistance if they are to keep their perks.”

“Large scientific meetings are a big factor in inducing conformity, I am sure. A richly funded paradigm will engender many conferences and seminars that bond participants in mutual ideology in the same way as political rallies. The assemblies in huge auditoria that have characterized AIDS conferences over the last decade have boasted trappings that remind one of the hysterical rabble rousing of Nazi Germany—vast stages, spotlit speakers, loud microphones, giant screens with graphs and slides projected too rapidly for critical inspection. In smaller AIDS seminars, the hypnotic effect may be weaker, but there is the same paralyzing effect on independent thought, since the paradigm is ever present as an unexamined premise.”

“Whistleblowing is generally punished by group rejection in America...Even whistleblowers who are completely vindicated as their allegations are confirmed tend to be fired and ostracized. In science, dissent from a profitable paradigm evokes the same tyranny.”

Conference for Science and Democracy, Institute for Philosophical Studies, Naples, Italy, April 20, 2001

— **Anthony F. Liversidge, Science Writer and contributing editor at Omni Magazine**

“That AIDS is caused by a sexually transmitted virus named HIV is anchored in the minds of most people, including scientists, as firmly as the fact that the sun rises in the east and sets in the west. No wonder, given that the phrase ‘HIV, the virus that causes AIDS’ is repeated like a mantra by the media and the medical establishment. And yet, there are many reasonable, even compelling scientific arguments against this theory and the treatments and policies derived from it. These arguments have been published in lay publications as well as in peer-reviewed scientific journals since 1987, but the AIDS mainstream remains in complete denial.

“Mainstream AIDS researchers, bureaucrats and so-called educators generally act like this challenge does not exist, and when they are forced to comment on it, they usually dismiss it using ridicule, ad-hominem attacks, appeals to scientific majoritarianism and empty claims that these kinds of ideas have been disproved long ago. They often justify

their actions with the political argument that debate would confuse the public and the political decision makers.

“Gallo’s original Science papers, a relevant section of which is reproduced here, claimed ‘isolation’ of HIV only in 30.2% of adult AIDS cases with Kaposi’s sarcoma, and 47.6% of adult AIDS cases with opportunistic infection. This is the evidence based on which Gallo, with the blessings of Reagan’s Secretary of Health and Human Services, Margaret Heckler, told the world press on April 23th, 1984 (two weeks before publication of the Science papers), that he had found the ‘probable cause of AIDS’!

“The word ‘probable’ was forgotten within days, ‘HIV positivity’, as measured by Gallo’s own test, was incorporated into the AIDS definition and research into all other possible causes of AIDS ceased. Everyone was happy -- gay activists had their politically correct equal opportunity killer that would surely strike heterosexuals any time now, scientists like Gallo had billions of research funding coming their way and people with AIDS or at risk for AIDS had new hope that this new nightmare would soon be over. No one cared that Gallo had made an end run around the scientific method. Results were already accepted as true when they had not been discussed, critiqued or independently replicated. No such process was possible anymore in the ‘foregone conclusion’ atmosphere created by Gallo’s successful PR stunt and the official imprimatur given to his alleged discovery by the US government.

“20 years after Gallo’s claim to have discovered a new virus that causes AIDS, and despite \$100 billion in research thrown in that direction, conventional AIDS thinking still cannot explain how HIV supposedly kills CD4 helper cells, meaning that the foundational assumption of the HIV theory of AIDS is still unproven. An article titled ‘HIV-1 Pathogenesis’ by Mario Stevenson, a professor of molecular medicine at the University of Massachusetts Medical School (Nature Medicine, July 2003, ‘20 Years of HIV Science’) makes the following admissions:

“‘There is a general misconception that more is known about HIV-1 than about any other virus and that all of the important issues regarding HIV-1 biology and pathogenesis have been resolved’.

‘..it is debatable whether lymphocyte damage is due to the direct killing of infected cells...’

‘Despite considerable advances in HIV science in the past 20 years, the reason why HIV-1 infection is pathogenic is still debated.’

‘Since the recognition of this syndrome in 1981, considerable efforts have gone into identifying the mechanism by which HIV-1 causes disease and two major hypotheses have been forwarded.’

“A translation of these statements into plain English would read like the following. ‘The media did a really good job creating the impression that we know what we’re doing. We still can’t prove that HIV destroys the immune system. We have some guesses, but

despite a herculean, 20-year research effort, we haven't been able to substantiate them. We still have no proof that HIV infection causes any pathology whatsoever.”

“There is evidence that so-called HIV tests are unspecific and therefore have some value in predicting disease and for screening blood supplies; however, they do not prove infection with a deadly sexually transmitted virus.

“‘HIV’ tests are said to be extremely accurate not because they have been calibrated against a ‘gold standard’ test (which does not exist), but simply because they have been designed by purely empirical means to react positive to the blood of most people who have been diagnosed with AIDS (who are all presumed to have HIV), and negative to the blood of most people who do not have AIDS (and are therefore presumed not to have HIV). The result [was] unspecific tests that react to a wide variety of medical conditions which were present in the early AIDS victims (but still manage to contradict each other). Put differently, so-called HIV tests are more likely to be empirical ‘at-risk for AIDS’ tests, making the epidemiological correlation between testing ‘HIV positive’ and subsequent risk of developing AIDS a tautology. To say that this correlation proves that HIV causes AIDS is circular reasoning. Tests that were designed based on the assumption that people with AIDS have ‘HIV’ cannot then be said to prove this assumption. Test makers admit in their own literature that ‘there is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood’.

“Nowadays, the practice of treating healthy people who tested ‘HIV positive’ with chemotherapy that causes AIDS-defining diseases has made the relationship between a positive test and development of AIDS a self-fulfilling prophecy for those who elect to undergo drug treatment.

“The AIDS industry dismisses these criticisms by claiming that various HIV tests ‘confirm’ each other. But this is just more circular reasoning. ELISA is said to be confirmed by Western Blot, but Western Blot is just a different way of testing for antibodies to the same proteins that ELISA tests for but have never been shown to represent a sexually transmitted virus that causes the diseases categorized as ‘AIDS’. There are different standards in different countries for interpreting WB; a positive WB in the United States may be a negative WB in Australia.”

“After twenty years, it is fair to ask how much predictive power the HIV theory has shown. The ultimate justification of a scientific theory lies in its predictive value. The HIV theory of AIDS theory has been a complete failure in this department.

“The epidemiology of AIDS is not, and has never been the epidemiology of an infectious disease. Despite the constantly expanding definition of AIDS, the heterosexual AIDS epidemic in the developed world, universally predicted by experts in the 1980s based on the HIV theory, has never happened, even though the heterosexual population does not use condoms consistently. In the developed world, AIDS remains confined to the

original risk groups -- gay or bisexual men who engage in receptive anal sex with many different partners and drug users. Of the vanishingly small number of cases of allegedly heterosexual transmission of 'HIV' in the developed world, most do not hold up to closer investigation and are subsequently reclassified into one of the established high-risk categories -- if such investigation takes place, that is. Female to male sexual 'transmission' of 'HIV' has not been shown to exist at all, and male to female 'transmission' is tied to anal sex."

"The sharp decline in absolute numbers of AIDS deaths in the mid-1990s that is usually attributed to protease inhibitors was already in full swing when protease inhibitors were introduced in 1996/1997 and was therefore not caused by protease inhibitors. A study published in JAMA in 1994 showed that median survival time of people with AIDS'93 [Aids according to the 1993 definition] in the 1987-1991 period was 60 months, while the median survival time in the age of combination therapy is only 48 months, according to mainstream researchers. This suggests that protease inhibitors decrease, rather than increase, the life expectancy of people with AIDS'93. The AIDS industry and its media mouthpieces routinely claim the exact opposite, by contrasting median survival times of people with AIDS'93 in the 1990s to median survival times of people with AIDS'87 [Aids according to the 1987 definition] in the late 1980s. For example, this Reuters story simply states,

'A study of the 394,705 Americans found to have AIDS from 1984 to 1997, and reported to the surveillance system of the Centers for Disease Control and Prevention in Atlanta, showed that median survival times rose to 46 months from 11 months during the period.'

"The educated CDC scientists who came to this conclusion could not possibly have been unaware that they were comparing apples and oranges. It is reasonable to surmise that their priority was the political correctness rather than the scientific integrity of their results.

"The unwavering belief of mainstream AIDS doctors in the life-prolonging effects of drugs that destroy the bone marrow, the liver and the digestive tract is all the more astounding given that protease inhibitors were approved by FDA solely based on David Ho's now completely discredited 'hit hard, hit early' theory. It was universally acknowledged even by mainstream researchers in the mid-1990s that these drugs are way too toxic for long-term use. People were meant to undergo high-intensity chemotherapy for a limited time period to eradicate HIV infection completely, then go off the drugs. This rationale collapsed years ago, but instead of discontinuing use of this failed therapy, the AIDS industry is putting HIV positive people on HAART indefinitely.

"When these people predictably develop severe disease, they are said to suffer from 'HIV-related' health problems. Anemia caused by drugs is called 'HIV-related anemia'. Lipodystrophy, an abnormal, disfiguring redistribution of body fat caused by protease inhibitors is called 'HIV-related Lipodystrophy'. Serostim, a synthetic growth hormone that is prescribed to counter weight loss can cause 'HIV-related' diabetes.

“A recent news story reports on a study that shows that ‘people infected with HIV’ (but actually people treated with combination therapy) face a significantly higher risk of developing heart disease. It ends with a mind boggling quote from the lead researcher that the research ‘did not prove that the cocktail itself was to blame’ and that ‘the AIDS virus itself could be a cause’, even though every last subject in that study had been treated with combination therapy including protease inhibitors, and ‘HIV’ had never been known to cause heart disease in the decade before protease inhibitors were introduced. Is there anything this miracle virus can't do?”

“There is considerable anecdotal evidence that HIV positive people, especially those who have come in contact with alternative views of HIV and AIDS and do not believe that their HIV+ diagnosis is a death sentence, can live healthy, normal lives without taking pharmaceutical drugs. Unfortunately, the AIDS establishment has no interest whatsoever in studying this group of people. It is correct that so-called long-term non-progressors are being studied, but only as statistical oddities, or as beneficiaries of genetic mutation that renders ‘HIV’ harmless, or the non-progressor impervious to its effects. No attempts are ever made to explore the connection between survival and refusal to listen to conventional AIDS doctors and their treatment advice.

“There is considerable evidence that therapy with high doses of nutrients such as Glutathione, Selenium and Vitamin C improves the prognosis of people with ‘AIDS’ tremendously. There is also evidence that due to the hostility of mainstream medicine towards alternatives, many patients do not share with their mainstream doctors that they are using alternative therapies concurrently. A 1998 study published in the The Journal of the American Medical Association suggests that more than 60% of patients who use conventional and alternative medicine concurrently do not tell their conventional doctors about it. There is no reason to assume that figure would be lower among HIV+ people. In addition, there is an unknown amount of people who hold prescriptions for antivirals, but instead of taking them, flush them down the toilet, rely solely on alternative care and then lie to their conventional doctor. Either way, false clinical data points are created that ‘treatment compliance’ causes improvement.”

“But the AIDS industry and its allies are not interested in entertaining alternative theories of AIDS, or exploring alternative treatment strategies.

“The pharmaceutical industry generates billions of dollars of profit every year from the sale of AIDS test kits, grotesquely overpriced AIDS drugs and secondary drugs to reduce the side effects of the primary drugs. Those billions of profits would turn into trillions of legal liability if it were proved that those AIDS drugs were worthless, or worse, that these drugs, not HIV, killed most people who died from AIDS in the developed world after 1987.

“Government bureaucracies, full-time AIDS ‘educators’ and lobbying groups survive on the continued flow of public funds that depends on the continued hysterical, unsubstantiated belief that we are living in the middle of a growing epidemic of a lethal, sexually transmitted virus. Those funds would dry up if it became general knowledge that in absolute numbers, AIDS is a completely insignificant health problem, and that AIDS in the developed world remains confined to the original risk groups.

“Medical journals and non-scientific publications alike (especially gay magazines) receive enormous amounts of money for AIDS drug advertisements, and have therefore no interest in publishing information that is critical of the AIDS-HIV hypothesis.

“Mainstream doctors who prescribe expensive AIDS drugs (and get kickbacks from the pharma industry for it) derive their ethical justification from the belief that these drugs extend lives, not destroy them. They are not interested in theories that imply that they have been killing their patients. This entire industry, including AIDS charities and AIDS activists who are clamoring for cheaper drugs have committed themselves firmly and irreversibly to the HIV-AIDS hypothesis. Their credibility, their source of income and the very morality of their actions are tied to it. There could not be a more perfect example of a fundamental conflict of interest.”

“No one in the AIDS industry is therefore interested in a critical reappraisal of the HIV-AIDS hypothesis. Scientists who dare to publicly question the HIV-AIDS hypothesis will find their career in shambles, themselves publicly branded as ‘AIDS denialists’, compared to holocaust deniers and banned from communicating their research. One of these scientists is Peter Duesberg, a Professor of Molecular and Cell Biology, University of California, Berkeley and one of the world’s leading experts on retroviruses. Duesberg published a seminal paper in 1987 showing that HIV could not possibly be the cause of AIDS, and that recreational drugs are the most likely cause of AIDS. But instead of testing Duesberg’s theory, the AIDS industry simply destroyed his career, cut off his funding and tried to move on as if nothing had happened.

“Seventeen years later, the dissident challenge to the HIV theory of AIDS still stands, and is stronger than ever. Cornerstones of the HIV-AIDS hypothesis, such as the validity of HIV testing, have been torn to shreds years ago. When confronted with the dissident body of thought and its proponents, mainstream AIDS researchers, doctors and activists usually react with anger, name-calling (‘denialists’) and empty claims that the dissident challenge has been ‘debunked’ when in fact it has never been investigated in good faith.

“By refusing open debate on the grounds that doing so would cost lives, the AIDS mainstream is of course begging the question. If the dissident position is correct, then it is the mainstream belief system about AIDS that is costing lives. But this kind of thinking is typical for mainstream responses to dissident arguments. The dissident challenge is never discussed in good faith, and its complete invalidity is assumed as a premise, not derived as a result of an open-ended scientific process. It would thus be appropriate to speak of ‘AIDS theology’ rather than of ‘AIDS science’ when referring to mainstream opinion on AIDS, since thinking is only acceptable and welcome within the boundaries of a fixed doctrine.”

<http://www.suppressedscience.net/aids.html>

— **Rochus Börner**, PhD, Mathematics, Arizona State University. Science writer

“No scientific literature exists that proves HIV is the cause of AIDS or any other illness. Its validity is based on officious pronouncements by a one-time authority at the National Institutes of Health (NIH) and based on a narrow range of behavior in lab-controlled environments.

It is the same supposed authority, Dr. Robert Gallo, head of key NIH cancer labs, beginning in 1974, who would become the driving force behind the expenditure of more than \$1 billion in cancer research. This is the same research that has produced much faulty research while accompanied by the growth of an AIDS epidemic out of control...”

‘Articles of Health’ blog posting. 2007 May 6.

<http://articlesofhealth.blogspot.com/2007/05/second-thoughts-about-hivaid.html>

— **Robert O. Young**, DSc, PhD. Researcher into the impact of foods and liquids on the delicate pH balance of blood plasma and cells. Author of *The pH Miracle: Balance Your Diet, Reclaim Your Health, and Sick and Tired? Reclaim Your Inner Terrain*.

“An NCI grantee scientist, Dr. Peter Duesberg of California / Berkeley, has published a paper in a scientific journal which concludes that the HTLV-III / HIV virus identified by Dr. Gallo and Dr. Montagnier is not the cause of AIDS and that the disease is caused by ‘a still unidentified agent’ which may not even be a virus...The article apparently went through the normal pre-publication process and should have been flagged at NIH...This obviously has the potential to raise a lot of controversy (if this isn’t the virus, how do we know the blood supply is safe? How do we know anything about transmission? How could you all be so stupid and why should we ever believe you again?) and we need to be prepared to respond. I have already asked NIH public affairs to start digging into this.”

— **Chuck Kline**, *MEDIA ALERT*, April 28, 1987, US Dept of Health and Human Services, addressed to officials from the Health Department, the Surgeon General, the White House and a government PR operative.

“Having devoted a great deal of time to researching the subjects of HIV and AIDS, I am absolutely convinced that HIV does not cause AIDS, and that virtually everything that the public has been told about HIV and AIDS is a deliberate lie.”

“These two conclusions would become obvious to anyone with a little common sense who takes the time to read up on the counter arguments to the HIV myth. Everyone should come to the forum on April 22, and find out what the medical establishment and the pharmaceutical companies don’t want them to know about HIV/AIDS.”

“First of all we can not trust the HIV tests. They have been proven suspect in many cases and there are many ways to get false positives, including pregnancy or even if you just had a flu shot. We have to question the whole process.”

The Black World Today, 04-21-2000

— **Curtis Cost**, Black activist and author of *What Is Safe Sex In The Age of AIDS?*

“The greatest threat to life in the United States and the rest of the world is not the thirty diseases called “AIDS,” it is the \$25 billion ‘AIDS’ industry composed of government, academic, medical, and industrial interests in the United States.”

“The odds of a healthy non-drug using heterosexual getting ‘AIDS’ are the same as for getting hit by lightning.”

“I have concluded that ‘AIDS’ is a scientifically dishonest construct, and, as exemplified in the death of my friend Arthur Ashe, the lies that we have been told make it all the more deadly.”

Black Lies, White Lies

— **Tony Brown**, MSW, Journalist, Founding Dean of the School of Communications at Howard University; Coordinator of the historic ‘Walk To Freedom’ March with Martin Luther King, Jr.; Producer and host of *Tony Brown’s Journal* on PBS; Advisor to the Harvard Foundation for Intercultural and Race Relations; Author, *Black Lies, White Lies*

“Medical Science has historically stumbled over itself to hide its mistakes and misjudgments...not to mention its malfeasance. The construct, ‘AIDS’, and its purported (yet undemonstrated) cause, ‘HIV’, are merely two of the many blunders.”

January 19, 2005 <http://www.kimbannon.com/home/petition.php>

— **M. Dennis Paul**, PhD, Thought Addiction Specialist, Counselor/Therapist, Windsor, New Hampshire

“[Gordon] Moran documents the scandal involving AIDS research, where vested interests in what he calls the ‘scientific-government-pharmaceutical complex’ have combined to convince the world that AIDS is caused by a virus. At the same time the complex has deliberately sought to silence Professor Peter Duesberg, once the world’s most renowned virologist and now a sidelined and suppressed voice who has to scabble around for publishers willing to let him prove to the world that AIDS is not virus-induced, as evidenced by the existence both of HIV-free AIDS sufferers and of HIV-positive people who have been in the best of health for years.

“Vested interests, such as the millions of pounds channeled into AIDS research—the AIDS gravy train— [should not be] allowed.”

Review of “Silencing Scientists,” The Spectator (UK) Feb 20, 1999

— **Dr. David S. Oderberg**, D.Phil. (Oxford), Professor of Philosophy, University of Reading, UK

“Today I am totally convinced that HIV does not exist and that AIDS is an invention of things already well known.”

“Multitudes of top rank scientists, among them two Nobel prize winners, question the official version, demanding to know who has demonstrated evidence for the Hiv affirmations?”

“The viral load tests claims to find millions of HIV per milliliter, but they have no photograph of these viruses in the blood. AIDS is an inadmissible artificial diagnosis.”

“All the scientific information about Aids except the official version has been silenced.”

“AIDS maintains an industry that moves astronomical amounts of money in patents, tests, drugs, whose multinational corporations finance the Aids research... even the Aids charities, which then become collaborators.”

“Based on data offered by the WHO and the drug companies, there are in the world 34 million patients and carriers of HIV and each person that receives drugs contributes to these industries an average annual gain of \$24,000 which supposes a possible global average annual gain of \$816,000,000,000.”

“Whose economic interests really hide the truth about Aids? To date the drugs designed to combat the supposed HIV have not cured a single person. Those who have used them have died or are dying.”

“I have seen some people approach death until embracing it, because they were already very intoxicated by the medicines, but I have friends, given an irreversible prognosis of Aids, that stopped the medicines, started using medicinal plants, practiced healthy living with vitamins and minerals, increasing their natural defenses, who are living a normal life, happy, having overcome the worst of Aids.”

“If a person is notified he has AIDS and has left X months of life, the impact is so strong that all the metabolism reacts with fear, distress and terror. And this is one of the factors that contribute to destruction of the defenses of the individual and to the consequent proliferation of the diseases.”

“The antiviral treatments (AZT, ddI, ddC, d4t, 3tc, Abacavir, Adofovir, Nevirapine, Delavirdine, Efavirenz, Saquinavir, Ritonavir, Indinavir, Nelfinavir, Ampreanavir, etc.) can produce indirect effects like headaches, nausea, fever, suppression of immune cells, wasting of muscular mass, hepatitis, acidosis, disorientation, confusion, liver failure, heart attacks, pancreatitis, neuropathy, arthritis, insomnia, anxiety, dry mouth, nervousness, diminution of red blood cells, diarrhea, anemia, pains, fatigue, allergies, anorexia, gases, depression, lipodystrophy, increase of cholesterol, changes in the appearance of the face...They are annihilating medicines of the alive being.”

“Recently I finished an investigative work that I have titled HIV/AIDS, a Great Lie...to make a call to the conscience of society in general, mainly to those called HIV positive or ill with Aids, to doctors and scientists, all those people of good faith and altruistic sense, in this invented problem that has cost so many lives, to try to offer an incentive, and clarity in the reality of this event...to get rid of the sentence ‘HIV positive.’”
(translated from Spanish)

— **Dr. Gerardo Sanchez**, PhD, Nutritionist, Miami, Florida; Author, *VIH/SIDA, Una*

Gran Mentira (HIV/AIDS, a Great Lie); President, USAS, Union por Soluciones Alternativas para el SIDA (Organization for Alternative Solutions for AIDS) and Director of www.sidainformatica.org

“From 1990 to 1992, the proportion of heterosexuals (aged 18-49) in high risk American cities who reported multiple sexual partners increased from 15% to 19%, while condom sales decreased by 1%, and 65% of respondents admitted they used condoms either sporadically or not all. Americans are not practicing safe sex and for this reason teen pregnancies and venereal diseases are on the rise. Yet ‘AIDS’ cases continue to decrease sharply and even the fraction of Americans that is assumed to be HIV-antibody positive has declined from an estimated 1 million in 1985 to 700,000 in 1996.”
American Journal of Public Health, Vol. 85, #11 (Nov 1995), pp. 1492-99

— **Catania Joseph A., et. al, Aids Researchers**

“It’s been a year where 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. That’s what’s so momentous about 1994. One, we are reversing the entire clinical trials program. Two, we are reversing the point of view that we know the cause of immunodeficiency. Three, we’re reversing the entire vaccine strategy. Four, we are reversing the notion that you need to focus on HIV. Now people are arguing strongly that you need to focus on the immune system, not the virus.”

Spin, Dec 1994

— **Dr. Richard Horton, MD, North American editor of the medical journal, The Lancet**

“With AIDS, an attempt is being made to reduce varieties of suffering and political conflict and starvation and chemical abuse to a single entity. Since that viral entity HIV is sensational and frightening, it satisfies the desire not to think, not to learn, not to find out what is happening in a world of troubles.”

“People just don’t realize how crazy the HIV theory of AIDS really is. I’ve spent 15 years documenting the craziness from many points of view, and I sometimes think I’ve exhausted the craziness, but I’m always wrong. There is more. There is always more...”

“Since the publication of my book, AIDS Inc, in 1988, I have spoken in front of many groups about the AIDS fraud(s). Gay men have never objected to what I have to say, because I get to the point: do gay men want to pin AIDS on a ‘neutral virus’ that causes nothing, in order to avoid social and political blame, or do they want to find out what AIDS really is and live instead of dying?”

“To accept the false HIV model of AIDS is to condone widespread death, because whatever is actually making people sick is not addressed, and because the drugs used to treat HIV are so toxic they cause illness and death.”

“A couple of weeks ago, I published another piece from the NY Post about horrendous and lethal conditions at an AIDS treatment facility in New York, where children have

been made into drug guinea pigs. Perhaps the Post is catching on to the fact that the whole AIDS story is a lie from top to bottom.”

— **Jon Rappoport**, Investigative reporter. Author, *AIDS, Inc., The Scandal of the Century*. USA.

“In 1998-1999, 11 (50%) of 22 deaths were due to end-stage liver disease [a common side effect of Aids drugs]... End-stage liver disease is now the leading cause of death in our hospitalized HIV-seropositive population.”

Clin Infect Dis. 2001 Feb 1;32:492-497

— **McGovern, B**, et al, Aids Researchers

“Of recent HIV-related deaths occurring in the...University Hospitals of Cleveland... although OIs [Opportunistic Infections] constituted less than 25% of deaths in 1999, end-organ failures [which could well be caused by medication] constituted nearly half. Importantly, the median CD4 cell count among the patients who died in our clinic has risen...and about 20% of recent deaths have occurred among patients with plasma HIV RNA levels below the limit of detection.” [i.e., the drugs were a success but the patient died]

JAMA.

2000 Jul 12;284(2):223-8

— **Lederman MM**, Valdez H., Aids Researchers

“71% of the protease inhibitor-treated patients had hyperlipidemia compared with only 24% of the protease inhibitor-naive patients [those who didn't take protease inhibitors]. Among the protease inhibitor-treated patients, 44% had isolated hypertriglyceridemia, 7% had type V hyperlipidemia, 37% had type IV hyperlipidemia, 36% had type IIb hyperlipidemia, and 18% had isolated hypercholesterolemia.”

AIDS. 1999;13:F63-70

— **Behrens, G**, et al, Aids Researchers

“The drugs are imperfect.... Some people live longer, others shorter, on the drugs. About 10 percent of AIDS deaths now are due to protease inhibitor-induced heart disease...”

— **R. Eisner**, ABC News, June 4, 2001

“...There were 13 heart attacks among those taking protease inhibitors, compared with only two among the patients not taking the drugs—a more than fivefold increase in risk.”

— **Thomas Maugh**, Los Angeles Times, March 11, 2002

“Our study reports an independent association between PI [protease inhibitor] use and...hyperglycemia...Although these metabolic changes were occasionally observed in patients not exposed to PIs, they were much more frequent after initiation of PI therapy.”

Arch Intern Med. 2000 Jul 10;160(13):2050-6

— **Tsiodras S**, et al, Aids Researchers

“FDA and Bristol Myers Squibb are warning...that pregnant women may be at increased risk of fatal lactic acidosis when prescribed the combination of the HIV drugs stavudine (Zerit) and didanosine (Videx or Videx EC) with other antiretroviral agents. Lactic acidosis occurs when cells of the body are unable to convert food into usable energy. As a result, excess acid accumulates in the body and vital organs such as the liver...may be damaged...This new warning follows three reported cases of fatal lactic acidosis, with or without pancreatitis, that occurred in pregnant women taking Zerit and Videx in combination with other drugs used to treat HIV.”

— **FDA Talk Paper, Jan 5, 2001**

“Indinavir is a protease inhibitor used for treating HIV-1. The drug is lithogenic and was thought to cause a 3% incidence of kidney stones. We evaluated a cohort of patients...At 78 weeks 43.2% of patients had stones...The clinical prevalence of [kidney stones] is much greater than initially reported.”

J Urol 2000 Dec;164(6):1895-7

— **Saltel E, Angel JB, Futter NG, Walsh WG, O'Rourke K, Mahoney JE, Aids Researchers**

“Our results support those of others who have suggested that [metabolic and fat distribution abnormalities] is a [Aids] drug effect that reverses with drug withdrawal.”

AIDS. 2000;14:1935-42.

— **Hatano H, et al, Aids Researchers**

“In approximately 60% of patients who were treated with [AIDS drugs], complications such as lipodystrophy, insulin resistance, and high cholesterol and triglyceride levels developed.”

NEJM. 1998;339(16):1153-5.

— **Lipshultz SE, Aids Researcher**

“HIV-1 infection, or its treatment with protease inhibitors, may be associated with abnormal fat deposition...including the dorsal-cervical fat pad ('buffalo hump'), abdominal region ('protease paunch', 'crixbelly'), breasts or as a generalized lipomatosis...The present study describes an HIV-1-infected man who developed a very large buffalo hump after treatment with indinavir who was successfully treated using tumescent suction-assisted lipectomy.”

Can J Plast Surg. 1999;7(3):129-31.

— **Peters W, Phillips A., Aids Researchers**

“Dr. Egger estimates that the more severe forms of lipodystrophy that develop as a result of highly active antiretroviral therapy (HAART) can increase the risk of coronary

artery disease by three to four times.”

— **D. Mitchell**, Reuters Health, Sep 21, 2000

“Hepatotoxicity [liver damage] is frequently seen in patients under HAART, and can force the withdrawal of antiviral treatment in a significant proportion of patients, occasionally resulting in fatal outcome.” *AIDS*. 1998 Jul 9;12(10):1256.

— **Rodriguez-Rosado R**, et al, Aids Researchers

“Severe hepatotoxicity was observed in 31 (10.4%) of 298 patients...Risk of severe hepatotoxicity was 5-fold higher for patients taking [the protease inhibitor] ritonavir, which accounted for half of all cases...”

JAMA. 2000 Jan 5;283(1):74-80.

— **Sulkowski MS**, et al, Aids Researchers

“...Federal health officials advised doctors yesterday not to prescribe a standard HIV prevention drug to healthy health care workers stuck by needles...The agency said it and the [FDA] had identified 22 cases of severe liver, skin and muscle damage related to nevirapine...”

— **Lawrence K. Altman**, The New York Times, Jan. 5, 2001

“Liver disease has become the leading cause of death among HIV patients at a Massachusetts hospital, [says] a report issued...[by] Dr. Barbara McGovern, a professor at Tufts University School of Medicine...McGovern said HIV patients who take...AIDS drugs called highly active antiretroviral therapy (HAART) were at particular risk because of the drug’s potential toxicity to the liver. One-third of HIV patients...have had to stop taking HAART.”

— **Reuters**, Nov 19, 1999

“The most common cause of death among HIV positive people (being treated with AIDS meds) is liver failure.”

— **Amy Justice**, Aids Researcher, 14th International AIDS Conference in Barcelona, 2002

“According to the [Amy] Justice and European EuroSIDA cohort, liver function tests are more accurate predictors of illness and death in HIV positives than viral load tests or T cell counts. Liver toxicity is a well known side effects of AIDS drug treatment. Liver damage is not blamed on HIV.”

— **Medscape**, Coverage of 14th International AIDS Conference, 2002

“Acute hepatitis with lactic acidosis is a life-threatening... toxic effect...of HIV-1 nucleoside-analogue treatment [later this letter notes that 80% of patients with lactate greater than 10 mmol/L die]. We report fatal portal hypertension, liver failure, and persistent mitochondrial dysfunction in a man aged 65 years with HIV-1 infection who

had recovered from nucleoside-analogue [class of AIDS drug]-induced acute hepatitis and lactic acidemia more than 18 months previously...symptom-free patients who receive nucleoside-analogue therapy should have [liver] function constantly monitored..."

Lancet. 2001 May 5;357:1412.

— **Carr A, et al, Aids Researchers**

"A comprehensive retrospective review of more than 10,000 adult AIDS patients participating in 21 different AIDS Clinical Trials Group (ACTG) studies [confirms]... that antiretroviral therapy is associated with a high rate of severe hepatotoxicity [liver damage], regardless of drug class or combination... NNRTI [non-nucleoside reverse-transcriptase inhibitors]-containing regimens, especially those including nevirapine and efavirenz, were particularly hard on the liver, with high rates of discontinuation."

— **Reuters Health, May 23, 2001**

"Transfusion was required in 14 [of 21 AZT-treated children] ...because of low levels of hemoglobin. Dose-limiting neutropenia occurred in most patients who received doses of 1.4 mg per kilogram per hour or more...The major limitation of the therapy was hematologic toxicity—a decrease in both the hemoglobin concentration and the white-cell count...nearly all patients had a transient drop in their neutrophil [white blood cell] counts within 10 days of the initiation of AZT therapy...In three of the five children who died, evidence of a response to AZT, particularly neurodevelopmental improvement, was present at the time of death [i.e., the children were getting better, but they died first]"

N Engl J Med. 1988 Oct 6;319(14):889-96

— **Pizzo PA, et al, Aids Researchers**

"There was...a striking increase in [oral] warts: three-fold for patients on antiretroviral therapy and six-fold for those on HAART..."

Lancet. 2001 May 5;357:1411-2.

— **Greenspan D, et al, Aids Researchers**

"...The subjects receiving protease inhibitors had a relative risk of 2.19 for osteopenia and osteoporosis...compared with the other 2 groups. Osteopenia and osteoporosis are unique metabolic complications associated with protease inhibitor[s]..."

AIDS. 2000 Mar 10;14(4):F63-7.

— **Tebas P, et al, Aids Researchers**

"Prior to the introduction of long-term highly active antiretroviral therapy, healthy HIV-infected adults generally had normal bone mineral density that was stable over time...The present study has confirmed previous studies that found osteopenia [loss of bone mass] to be common in HIV-infected adult males receiving antiretroviral therapy even after adjustment for age. This osteopenia may result from mitochondrial toxicity of

nucleoside analogues.”

AIDS. 2001 Apr 13;15(6):703-709.

— **Carr A, et al, Aids Researchers**

“We describe 5 patients whose symptoms of osteonecrosis [bone disintegration] developed with viral suppression and improvement in CD4 lymphocyte counts as a result of antiretroviral therapy...We conclude that osteonecrosis... may be...a complication caused by the drugs themselves.”

Clin Inf Dis. 2000 Dec;31:1488-92.

— **Monier P, McKown K, Bronze MS, Aids Researchers**

“...HAART-treated children showed lower spine BMD [Bone mineral density] values than untreated ...and healthy...children and lower total body BMD values than untreated... and healthy...children.”

AIDS. 2001 Sep 28;15(14):1823-9

— **Mora S, Sala N, Bricalli D, Aids Researcher**

“I just had a dental checkup yesterday. Damn depressing.... The dentist told me all my teeth’s enamel had been eaten up by the drugs; that I had so many cavities he was wondering how I could manage to eat and sleep; and that it was beyond his capacity to do anything. When I got out I was crying like a baby. We looked at the x-rays. I got cavities directly in the bones. He’s flabbergasted by the unexpected side effects. Has anyone heard of this shit with crix [Crixivan, a protease inhibitor], 3TC [a nucleoside analog] and d4T [a second nucleoside analog] combo?”

— **C.M., hivthrivers support group, Apr 7, 2000**

“Bristol-Myers Squibb Co., the No. 1 maker of cancer drugs, has strengthened the warning on its HIV drug Videx after four patients, who were taking Videx and another top-selling AIDS drug, died of pancreatitis.”

— **Bloomberg News, Nov 19, 1999**

“Pancreatitis occurs with a frequency of 1 to 7% with the currently recommended doses of didanosine... Our analysis demonstrated that the use of hydroxyurea was associated with an adjusted four-fold increase in the risk of pancreatitis compared with patients on didanosine alone... There was one fatal case in a patient on didanosine + stavudine + hydroxyurea.”

AIDS. 2001 Mar 30;15(5):617-20.

— **Moore RD, et al, Aids Researchers**

“In January 1998, a 26 year old man who was HIV positive started taking stavudine...didanosine...and nevirapine...In June 1999 the viral load increased...so treatment was intensified with hydroxyurea...The viral load decreased to 237 copies/ml. The patient began to experience malaise and pain in the upper abdomen. This was

attributed to the hydroxyurea, which was stopped after 42 days. The symptoms worsened, and three weeks later he was admitted to hospital with severe pain, vomiting, fever, tenderness of the upper abdomen, and guarding...Computed tomography showed changes consistent with pancreatitis. All drugs were stopped. The patient made an uneventful recovery with conservative treatment. He is no longer taking antiretroviral drugs.”

BMJ. 2001 Jan 13;322:81

— **Longhurst HJ, Pinching AJ, Aids Researchers**

“Pancreatitis is also a well-described complication of Videx and Zerit.”

— **FDA Talk Paper, Jan 5, 2001**

“The most serious adverse effects of didanosine, as well as lamivudine (3TC or Epivir), stavudine (d4T or Zerit), and zalcitabine (ddC or Hivid), which are all in the same class of drugs as AZT...are dose dependent peripheral neuropathy and pancreatitis. In Phase 1 trials of didanosine pancreatitis occurred in 9% of people given doses in the range currently used, and it occurred in 27% of people given higher doses.”

— **Physician’s Desk Reference, 1999**

“Two popular HIV drugs may cause birth defects and should be avoided by pregnant women until more is known about their effects, German researchers said...The two drugs, both...protease inhibitors, caused abnormal eye development in baby rats. Kai Riecke and colleagues at Freie Universitat Berlin gave the two drugs, Merck’s indinavir, known as Crixivan, and Abbott Laboratories’ Norvir, or ritonavir, to pregnant rats. They had to stop the ritonavir after a week because it made the rats sick...Seven of the 236 baby rats exposed to indinavir in the womb were born missing one eye, and two of the 113 baby rats exposed to ritonavir had a missing eye...Fur and teeth also developed later than normal in some of them...”

— **Reuters, Sep 28, 1999**

“The study cohort included 92 HIV-1-infected and 439 uninfected children...FTT [Failure To Thrive among children of HIV-positive women] was associated with a history of pneumonia, maternal use of cocaine, crack or heroin during pregnancy, infant CD4+ T-cell count and any antiretroviral therapy by 3 months of age...Antiretroviral therapy (nonprotease inhibitor) was independently associated with FTT in our cohort...ZDV [AZT], in particular, alters mitochondrial metabolism and may have direct nutritional effects.”

Pediatrics. 2001 Dec;108(6):1287-96

— **Miller TL, et al, Aids Researchers**

“Next month, the U.S. Department of Health and Human Services will release a revised set of HIV treatment guidelines that represents the culmination of a four-year-long retreat from Dr. Ho’s initial ideas about AIDS [hit-it-early, hit-it-hard doctrine]...In essence, the guidelines acknowledge that the precipitous use of protease-inhibitor-laced anti-viral cocktails may actually do more harm than good...Some AIDS treatment experts are now acknowledging that a part of the focus on early treatment may have been driven more by hype than solid science...”

— **Matt Smith**, *SF Weekly* Jan 3, 2001

“47% (545 of 1160) of patients presented with clinical and 27% (194 of 712) with laboratory adverse events probably or definitely attributed to antiretroviral treatment. Among these, 9% (47 of 545) and 16% (30 of 194), respectively, were graded as serious or severe...”

Lancet. 2001 Oct 20;358:1322-7

— **Fellay J, et al**, *Aids Researchers*

“...We’ve got to learn from what has happened here in the last 18 years and try not to repeat it, as we move into...Africa and Asia and India. I can’t overstate...how severe the problems are with the current therapies...People are dying from the effects of the therapies themselves in some cases...People are suffering from severe life-threatening complications of drugs. And a lot of them get to the point where they simply can’t use them anymore. So as we talk about bringing therapy to Africa, even if we can solve the problem and cost and infrastructure and delivery...are we doing the right thing with these drugs? Or are we unleashing another kind of epidemic over there of drug side effects as well?”

ABC Nightline with Ted Koppel. 2001 Jun 8

— **Martin Delaney**, *Director of Project Inform, a mainstream California-based AIDS organization*

“[In this study on 55 healthy, uninfected, volunteers taking various combinations of the Protease Inhibitors Amprenavir (AVP) and Ritonavir (RTV) for 2 weeks]...the most common drug-related adverse events...were diarrhea, nausea, and oral paresthesia [prickling or tingling sensations in the mouth] in [treatment group 1]; nausea/vomiting, headache and dizziness in [treatment group 2] and diarrhea, nausea/vomiting, headache, and oral paresthesia in [treatment group 3, with double the dose of AVP]. In [treatment group 1] 1 individual withdrew from the study with rash...in [treatment group 2] 2 participants withdrew from the study, 1 due to rash...and 1 due to rash and pruritis...”

AIDS. 2001 May 25;15(8):1009-18

— **Sadler BM, et al**, *Aids Researchers*

“Thirty-five of 37 [children] experienced serious clinical adverse events [from AIDS drug Stavudine (d4T)]... Clinical adverse events of lesser severity that were reported by more

than 20% of subjects included rhinitis (76%), cough (70%), diarrhea (68%), rash (62%), nausea and vomiting (51%), abdominal pain (43%), anorexia (41%), respiratory disorder (38%), headache (35%), pharyngitis (32%), pruritis (30%), pain (22%), peripheral neurologic symptoms (22%), and nervousness (22%).”

Pediatrics. 1995;96:247-52

— **Kline MW, et al, Aids Researchers**

“A total of 397 adverse events, 180 biological...and 217 clinical in nature, were reported among 238 of the 452 children in the lamivudine[3TC]- zidovudine [AZT] cohort. Altogether, 151 hematologic adverse events, defined as moderate to severe...occurred during exposure to study drugs... mostly...neutropenia (81 cases) or anemia (68 cases), leading to blood transfusion because of clinical symptoms in 9 infants (5 had mild symptoms (pallor or tachycardia) and 4 had severe symptoms (cardiac insufficiency or dyspnea) and to premature treatment discontinuation for 19 children. Of the children with hematologic [events]...Liver abnormalities...were recorded in 6 children...16 children (4%) had major birth defects, including 4 cardiac malformation cases, 4 cases of polydactyly, 3 talipes cases, and 1 case each of congenital diaphragmatic hernia, hydronephrosis, imperforate anus, genu recurvatum with a suburethral cyst, and hypospadias. 1 child each had Down syndrome, Ito nevus, and sickle cell anemia...Neurologic signs/symptoms were reported in 12 children who did not have HIV infection and had no other known infectious or genetic disease.”

JAMA. 2001 Apr 25;285(16):2083-93

— **Madelbrot L, et al, Aids Researchers**

“We describe four instances of reversible hepatocellular [liver] damage associated with the use of nevirapine in patients with HIV infection...Evidence of malaise, skin rash, and icteric hepatitis [jaundice] with pruritis [skin rash] occurred 4-6 weeks after the beginning of nevirapine therapy...In all cases, liver test results declined to normal or near normal levels, and pruritis disappeared 4-6 weeks after discontinuation of the medication. No patient was rechallenged with the drug.”

Am J Gastroenterol. 2001;96(5):1571-4

— **Bonacini, et al, Aids Researchers**

“We report a case of a health care worker who experienced serious morbidity from PEP [post-exposure prophylaxis]... She received PEP with zidovudine [AZT], lamivudine, and nevirapine...The patient required an orthotopic liver transplant 35 days following initiation of PEP. Pathology of the native liver showed confluent hepatic necrosis...We think that this patient had a severe hypersensitivity reaction to nevirapine that resulted in hepatic failure...”

JAMA. 2000 Dec 6

— **Sha BE, Proia LA, Kessler HA, Aids Researchers**

“In contrast with anecdotal clinical observations and other studies indicating that zidovudine [AZT] favorably influences weight-growth rates, our analysis suggests the opposite...the result indicating no effect or a negative effect of zidovudine on growth should be interpreted with caution...However, our findings suggest that the widely held view that antiretroviral treatment improves growth in children with HIV disease needs further study.”

Journal of Pediatrics 1996; 128: 58-67

— **Moye J, Rich KC, Kalish LA, Sheon AR, Diaz C, Cooper ER, Pitt J, Handelsman E, Aids Researchers**

“...HIV dementia among those reporting any antiretroviral use (AZT, ddI, ddC, or d4T) was 97% higher than among those not using this antiretroviral therapy...the findings... seem to confirm...a neurotoxic effect of antiretroviral agents. Numerous studies have linked the use of ddI, ddC, and d4T to the development of toxic sensory neuropathies, usually in a dose-response fashion.”

Neurology 1994; 44: 1892-1900

— **Bacellar H, Munoz A, Miller EN, Cohen BA, Besley D, Selnes OA, Becker JT, McArthur JC, Aids Researchers**

“The use of efavirenz, a non-nucleoside reverse transcriptase inhibitor [NNRTI], may be limited by psychiatric symptoms that require treatment discontinuation...We report here three informative cases of patients who presented with sudden and severe neuropsychiatric symptoms during therapy with efavirenz.”

AIDS, 2001 Jun 15;15(9):1323-4

— **Peyriere H, et al, Aids Researchers**

“The most serious adverse effects of didanosine, as well as lamivudine (3TC or Epivir), stavudine (d4T or Zerit), and zalcitabine (ddC or Hivid), which are all in the same class of drugs as AZT, however, are dose dependent peripheral neuropathy and pancreatitis. Peripheral neuropathy was even more common, occurring in 51% of people on the higher dose and 34% of people in the dose range commonly used today.”

— **Physician's Desk Reference, 1999**

“The risk to develop diarrhea was increased among... patients taking antiretroviral therapy...Diarrhea was an independent negative predictor of survival.”

Arch Intern Med. 1999 Jul 12;159:1473-80

— **Weber R, et al, Aids Researchers**

“It is often difficult to distinguish adverse events possibly associated with Zidovudine [AZT] administration from underlying signs of HIV disease or intercurrent illness.”

— **Physician's Desk Reference, 1992**

“...Up to one-third of patients taking the drug [AZT] for more than a year, at a dose of around 1g daily, develop myopathy. It is manifest clinically as symmetrical proximal weakness, usually preceded by and associated with myalgia, together with muscle

wasting. This leads to difficulty in walking and patients may become wheelchair or bed bound.”

Neuropath. App. Neurobiol. 19:406-413. 1993

— **Lane, RJM., McLean, KA, Moss, J & Woodrow, DF, Aids Researchers**

“We report on the occurrence of autoimmune hyperthyroidism in three patients with AIDS after 16-22 months of taking highly active antiretroviral therapy (HAART). A woman...presented with progressive weight loss, asthenia, tachycardia, tremor and swollen eyelids. She had been taking indinavir, stavudine and lamivudine for 19 months...A male aged 42 years with AIDS presented with progressive weight loss, tremor, and tachycardia...The patient had been on indinavir, stavudine, and lamivudine for 16 months...A man aged 36 years with AIDS was started on ritonavir, stavudine and lamivudine in April, 1996. In February, 1998, he presented with progressive weight loss, tremor, and hypertension...”

Lancet. 1998 Dec 12;352:1907-8.

— **Gilquin J, et al, Aids Researchers**

“Half the people who try the [AIDS] medications do not respond to them...”

— **R. Eisner, ABC News, Jun 4, 2001**

“We have three reasons to question the administration of combination therapy [HAART]. The drugs do not eliminate virus-infected cells and thus cannot ‘cure.’ Long-term use of antiviral therapy, which can be toxic, may also lead to the emergence of resistant viruses. There is no evidence that early treatment has made a difference in overall disease progression.”

San Francisco Chronicle

— **Levy JA, et al, Aids Researchers**

“We report here seven cases of HIV patients with renal colic [kidney stones causing extreme colic-like pain], cholangitis [infection of the bile ducts, often caused by kidney stones] or parotitis [inflammation of the parotid glands] while receiving LR [Kaletra=Lopinavir+Ritonavir] in association with other antiretroviral therapies...”

AIDS. 2004 Mar 5;18(4):705-6

— **Doco-Lecompte T, et al, Aids Researchers**

“The nucleoside analogue abacavir can cause a hypersensitivity reaction (HSR) in approximately 5% of patients...A more severe reaction has also been reported within minutes to hours of rechallenge, in patients with or without a definite history of previous HSR. We report here a case of an HIV-infected man who developed an immediate, life-threatening reaction compatible with abacavir HSR upon his first documented exposure to abacavir.”

AIDS. 2004 Feb 20;18(3):578-9

— **De la Rosa R, et al, Aids Researchers**

“Use of protease inhibitors was strongly associated with the likelihood of having a myocardial infarction [heart attack] and correlated with diabetes mellitus and hyperlipidaemia.”

Lancet. 2002 Nov 30;360(9347)

— **Holmberg SD, et al, Aids Researchers**

“...The A/S/D [Abacavir/Stavudine/Didanosine] arm had a particularly poor outcome in patients with higher viral load and AIDS at baseline: 63% had to discontinue A/S/D (any drug). Side effects were more frequent in the A/S/D arm and included neuropathy 27%, suspicion of hypersensitivity 12%, and increase in lactate accompanied by systemic symptoms...The A/S/D regimen had a low efficacy and a high frequency of adverse events and cannot be recommended.”

AIDS. 2003 Sep 26;17(14):2045-2052

— **Gerstoft J, Kirk O, Obel N, et al, Aids Researchers**

“A total of 1064 [enfuvirtide] treatment-emergent events were reported...Just under 50% of patients experienced diarrhea and 44% reported experiencing nausea. Hyperlipidemia and neuropathy were reported in 25% and 10% of patients, respectively. Approximately 19% of patients developed rash and approximately 7% reported a general allergic reaction...The most common treatment-related adverse events were associated with the injection of enfuvirtide, with 52 patients (74.3%) experiencing at least one injection site-related adverse event...”

AIDS. 2003 Mar 28;17(5):691-698

— **Lalezari JP, et al, Aids Researchers**

“Our study shows that significant mitochondrial damage [mitochondria are the energy regulating units in every living cell] is present in HIV-infected patients with severe adverse effects after long-term antiretroviral treatment...”

J Acquir Immune Defic Syndr. 2002 Nov 1;31(3):299-308

— **Vittecoq D, et al, Aids Researchers**

“The HIV protease inhibitor ritonavir at concentrations near clinical plasma levels is able to directly cause endothelial [blood vessel lining] mitochondrial DNA damage and cell death...This study suggests that HIV protease inhibitor-mediated endothelial injury may contribute to its cardiovascular complications.”

Arterioscler Thromb Vasc Biol. 2002 Oct 1;22(10):1560-1566

— **Zhong DS, et al, Aids Researchers**

“In a short period of time we have observed three patients taking indinavir/ritonavir combined therapy who developed striking alopecia [hair loss]...In two of these patients the alopecia was severe, affecting the scalp, eyelids, eyebrows, beard, axilar [armpit] and pubic areas, and body hair. In all the patients alopecia was rapidly reversible after withdrawing drugs.”

AIDS. 2002 Aug 16;16(12):1695-6

— **Ginarte M, et al, Aids Researchers**

“Bacillary splenitis occurred...induced by highly active antiretroviral therapy (HAART)... We report a case of *B. henselae* infection contracted in a young HIV-positive woman... The excised spleen weighed 339 g and bore multiple nodules and abscesses.”

AIDS. 2002 Jul 5;16(10):1429-30

— **Abino JF, et al, Aids Researchers**

“...Patients should be warned of stavudine (Zerit, d4T) -associated LAS and the possibility of potentially lethal neuromuscular failure. If severe hyperlactatemia or motor weakness develops, the drug should be stopped immediately and appropriate supportive care (e.g., ventilation) introduced as needed. Physicians should consider monitoring the lactate levels of patients taking stavudine... particularly if symptoms such as fatigue, weight loss, abdominal pain, nausea, vomiting or dyspnea develop.”

CMAJ. 2002;166(8):1067

— **Wooltorton E, Aids Researcher**

“[Chapters in this guide to HIV drugs are entitled Introduction, Appetite loss, Body distortions (lipodystrophy), Bone death and destruction, Cardiac concerns, Diarrhea, Fatigue, Gas and bloating, Hair loss, Headaches, Insulin resistance and diabetes, Kidney stones, Liver toxicity, Muscle aches and pains, Nausea and vomiting, Nightmares, daymares and sleeping difficulties, Pancreatitis, Peripheral neuropathy, Skin problems, Sexual difficulties, The end]”

— **CATIE (Canadian AIDS Treatment Information Exchange), A Practical Guide to HIV Drug Side Effects, 2002**

“HIV...is unlikely to be eradicated even with decades of therapy. HIV therapy itself has produced an entirely new set of serious complications for HIV-infected patients including body deformities, insulin resistance, lactic acidosis, osteoporosis, neuropathy, osteonecrosis, lipid abnormalities, and cardiovascular disease. Most disconcerting is the fact that both the mechanisms of these toxicities as well as the long term consequences are unknown...Interventions may harm the host more than the virus before progression to AIDS...Are we outsmarting the virus, or once again, will the follies of our thinking be exposed?”

Proc Natl Acad Sci U S A. 2002 Jan 8;99(1):4-6

— **Havliir DV, Aids Researcher**

“...HAART was associated with [greater than two times] increased risk of developing bacterial pneumonia and [a 15-fold increase in the likelihood of developing] NHL [Non-Hodgkins Lymphoma]...Perhaps the development of lymphoma is somehow triggered by the therapy itself.”

Chest. 2001 Dec;120(6):1888-93

— **Wolff AJ, O'Donnell AE, Aids Researchers**

“...We identified an increasing number of cases of the symptomatic lactic acidosis syndrome [elevated lactic acid levels, first presenting as nausea, vomiting or abdominal pain, and sometimes leading to liver or pancreas failure] in patients infected with HIV who had been treated with antiretrovirals...We found concurrent chemical pancreatitis [pancreas inflammation] in 6 patients and identified a clinical syndrome similar to lipoatrophy [fat wasting] that occurred as an early component of symptomatic hyperlactatemia...Early recognition and discontinuation of antiretroviral therapies are probably essential to recovery.”

Clin Infect Dis. 2001 Dec 1;33(11):1914-21

— **Coghlan ME, et al, Aids Researchers**

“Because of the increasingly reported serious adverse effects of...HAART, studies were conducted to attempt to determine the time at which initiation of ART [anti-retroviral therapy] was most efficacious...rather than immediately beginning therapy with drugs that have potential significant adverse effects... (e.g. lipodystrophy [fat redistribution], mitochondrial toxicity [damage to the energy regulating mechanisms within every living cell], lipid abnormalities [potentially fatal metabolic abnormalities], osteopenia [loss of bone mass] and lactic acidosis [buildup of lactic acid]). ”

JAMA. 2001 Nov 28;286(20):2597-9

— **Pomerantz RJ, Aids Researcher**

“Around 40% of the patients in our analysis experienced some change in their antiretroviral therapy during the first 40 weeks... It previously has been shown that most early changes are due to toxicity.”

JAMA. 2001 Nov 28;286(20):2560-7

— **Phillips AN, et al, Aids Researchers**

“Side effects [of Kaletra, a combination of the protease inhibitors Lopinavir and Ritonavir] include diarrhea, abnormal stools, abdominal pain, nausea, vomiting, and asthenia [loss of strength]. A number of patients experienced grade 3-4 laboratory abnormalities in liver function tests, cholesterol, and triglycerides while receiving this drug combination.”

Pharmacotherapy. 2001 Nov;21(11):1352-63

— **Mangum EM, Graham KK, Aids Researchers**

“47% (545 of 1160) of patients presented with clinical and 27% (194 of 712) with laboratory adverse events probably or definitely attributed to antiretroviral treatment... Compared with single-PI treatment [drug combination including one type of protease inhibitor] use of dual-PI-antiretroviral treatment and three-class-antiretroviral treatment was associated with higher prevalence of adverse events...associations were identified for zidovudine [AZT], lamivudine, stavudine, didanosine, abacavir, ritonavir, saquinavir, indinavir, nelfinavir, efavirenz, and nevirapine.”

Lancet. 2001 Oct 20;358:1322-7

— **Fellay J, et al, Aids Researchers**

“7 HIV patients presenting LD [Lipodystrophy, all taking antiretroviral therapy] and 5 HIV non-LD controls participated in the study...Structural muscle abnormalities, mitochondrial respiratory chain dysfunction or mtDNA deletions were detected in all HIV lipodystrophic patients. The mitochondrial abnormalities found suggest that mitochondrial dysfunction could play a role in the development of antiretroviral therapy-related lipodystrophy.”

AIDS. 2001 Sep 7;15(13):1643-51

— **Zaera MG, et al, Aids Researchers**

“Combination drug therapy, or the triple-drug ‘cocktail’...often provokes severe side effects... ‘These drugs are as dangerous as chemotherapy,’ warned Dr. James Kahn, UCSF associate professor of medicine...”

— **Science Daily, Sep 4, 2001**

“One of the major barriers to effectively treating HIV is that most people do not feel sick at the time they are offered anti-HIV medications. In fact, it is only after starting the medications that they begin to feel sick.”

Toronto Star, September 24, 1999

— **Dr. Lori Swick, Pharm.D., Clinical Assistant Professor, State University of New York at Buffalo**

“[Treatment] failures are occurring right and left...They aren’t dying of traditionally defined AIDS illnesses. I don’t know what they’re dying of...but they’re just wasting and dying. While we are making good guesses, they are just guesses. We don’t know what we are doing.”

Esquire magazine, April 1999

— **Dr. Michael Saag, AIDS researcher, University of Alabama at Birmingham**

“The antiretroviral drugs currently licensed in the United Kingdom [June 1996] are zidovudine (azidothymidine [AZT]), zalcitabine (ddC) and didanosine (ddI). All three are nucleoside analogues...All are very toxic. Suppression of bone marrow elements can occur with any of the three, as can peripheral neuropathy [nerve damage].”

Adverse Drug Reaction Bulletin. 1996 Jun;178:675-8.

— **Ellis CJ, Leung D., Aids researchers**

“A decrease in mtDNA [DNA of the mitochondria; the energy regulating entities within every cell] content was found in HAART-treated HIV-infected patients with peripheral fat wasting in comparison with subjects in the control cohorts...Lipodystrophy with peripheral fat wasting following treatment with NRTI [Nucleoside Reverse Transcriptase Inhibitor]-containing HAART is associated with a decrease in subcutaneous adipose [under the skin fat] tissue.”

AIDS. 2001;15:1801-9

— **Shikuma CM, Hu N, Milne C, et al, Aids Researchers**

“Between May 1997 and November 1999, a diagnosis of SJS [Stevens-Johnson syndrome] or TEN [toxic epidermal necrolysis] was established in 246 patients [both are severe skin disorders characterized by acute skin blisters and mucous membrane erosions]...The reaction began 10-240 days after the introduction of nevirapine (median, 12 days)...In 10 patients the reaction occurred with the initial dosage. All but one patient received simultaneously a variety of other antiretroviral agents but... nevirapine was the only drug significantly associated with...SJS or TEN in HIV-infected persons... Because of the severity of these reactions and the long elimination half-life of nevirapine, we suggest discontinuation of the drug as soon as any skin eruption occurs.”

AIDS. 2001;15:1849-56

— **Fagot P, et al, Aids Researchers**

“The cases of 2 patients with nevirapine-associated hepatotoxicity [liver damage] in conjunction with rash and eosinophilia [increase in eosinophil blood cells, common in allergic reactions] are reported here. Both patients’ conditions improved following withdrawal of nevirapine.”

The AIDS Reader. 2001;11(11):577-80

— **Bundow D, et al, Aids Researchers**

“We report two patients with a history of remote sarcoidosis who later in life contracted HIV infection and developed recurrent, progressive pulmonary sarcoidosis while receiving highly active antiretroviral therapy (HAART).”

Chest. 2001 Mar;119(3):978-981

— **Lenner R, et al, Aids Researchers**

“...In the abacavir-lamivudine-zidovudine [AZT] group, one death was attributed to hypersensitivity reaction that occurred following rechallenge with abacavir approximately three weeks after initiating study treatment, and two were attributed to cardiac arrhythmia and myocardial infarction [heart attack] occurring 30 to 35 weeks after initial study treatment.”

JAMA. 2001 Mar 7;285(9):1155-63

— **Staszewski S, et al, Aids Researchers**

“...More recently, concern has grown over nerve damage, weakened bones, unusual accumulations of fat in the neck and abdomen, diabetes and a number of other serious side effects of [AIDS drug] therapy. Many people have developed dangerously high levels of cholesterol and other lipids in the blood, raising concern that HIV-infected people might face another epidemic—of heart disease...”

— **L. Altman, New York Times, Feb 4, 2001**

“In two of 15 patients coinfecting with HIV and hepatitis C virus who received interferon-plus ribavirin in addition to HAART, we observed multiorgan dysfunction and lactic acidemia...”

Lancet. 2001 Jan 27;357(9252):280-1

— **Lafeuillade A, et al, Aids Researchers**

“...Of the 70 patients studied, 84% were still alive after the 3-month study period...17 surviving patients (24%) had HAART regimens discontinued due to drug intolerance and 11 (16%) expired [died] during the study period...”

J Pain Symptom Manage. 2001 Jan;21(1):41-51

— **Brechtel, et al, Aids Researchers**

“FDA received reports of 22 cases of serious adverse events related to NVP [Nevirapine/Viramune] taken for PEP [post-exposure prophylaxis] from March 1997 through September 2000. These 22 events included hepatotoxicity (12), skin reaction (14), and rhabdomyolysis (one); four cases involved both hepatotoxicity and skin reaction, and one case involved both rhabdomyolysis and skin reaction.”

MMWR. 2001 Jan 5;49(51):1153-6

— **CDC, Serious adverse events attributed to Nevirapine regimens for postexposure prophylaxis after HIV exposures worldwide 1997-2000**

“1 patient [out of 10 in this 72 week clinical trial of combination therapy with nucleoside analogs (zidovudine-AZT, lamivudine-3TC and didanosine-ddI), Protease Inhibitors (saquinavir and ritonavir) as well as interleukin-2] suffered from severe anemia resulting from ZDV [AZT] therapy and was switched to d4T [another nucleoside analog] at week 20...8 patients had minor gastrointestinal side effects on initiation of HAART.”

J Acquir Immune Defic Syndr. 2001 Jan 1;26(1):44-55

— **Lafeuillade A, et al, Aids Researchers**

“Indinavir is a protease inhibitor used for treating HIV-1. The drug is lithogenic [creates kidney stones]...At 78 weeks 43.2% of patients had stones...The clinical prevalence of indinavir nephrolithiasis [kidney stone formation] is much greater than initially reported.”

J Urol. 2000 Dec;164:1895-7

— **Nyberg L, et al, Aids Researchers**

“A severe hypersensitivity reaction is a known complication of nevirapine and can present as a fulminant hepatitis or as a systemic syndrome with predominant cutaneous manifestations referred to as hypersensitivity syndrome (HSS) or drug rash with eosinophilia and systemic symptoms...In light of the increased reports of severe... reactions...we suggest that this agent not be used...until the incidence and full spectrum of nevirapine toxicity is clear...”

JAMA. 2000 Dec 6

— **Johnson S, Baraboutis JG, Aids Researchers**

“...Choosing between many of these [HAART] combinations is, therefore, increasingly dependent upon knowledge of antiretroviral toxicities...[which include] myopathy [gross muscle atrophy] (zidovudine [AZT]), neuropathy (stavudine, didanosine, zalcitabine; hepatic steatosis and lactic acidemia (didanosine, stavudine, zidovudine); and possible also peripheral lipoatrophy and pancreatitis (didanosine)...drug hypersensitivity... lipodystrophy... [including] peripheral fat loss (Presumed lipoatrophy in the face, limbs and buttocks) and central fat accumulation (within the abdomen, breasts and over the dorsocervical spine [so-called buffalo hump]... [and prevalent in] about 50% [of patients] after 12-18 months of therapy... Metabolic features significantly associated with lipodystrophy and protease-inhibitor therapy include hypertriglyceridaemia, hypercholesterolaemia, insulin resistance...and type 2 ...diabetes mellitus. Dyslipidaemia at concentrations associated with increased cardiovascular disease occurs in about 70% of patients. These metabolic abnormalities are more profound in those receiving protease inhibitors... Most cases of diabetes have been identified in recipients of protease inhibitors... Anemia and granulocytopenia affect about 5-10% of patients who receive zidovudine...Virtually all antiretroviral medications can cause nausea, vomiting, or diarrhoea early in therapy... Diarrhea is probably most common with protease inhibitors... Most antiretroviral agents have been associated with hepatic [liver] toxicity... Most protease inhibitors seem to result in increased rates of spontaneous bleeding (bruising, haemarthrosis, and rarely intracranial haemorrhage) in haemophiliacs... 25-35% of patients cannot tolerate [AZT monotherapy] or triple combination therapy for 4 weeks...”

Lancet. 2000 Oct 21;356:1423-0.

— **Carr A, Cooper DA, Aids Researchers**

“Inflammatory reactions involving opportunistic infections, AIDS-associated malignant conditions, and other noninfectious diseases have recently been described in patients infected with HIV-1. These conditions often appeared shortly after the introduction of HAART...”

Ann Intern Med. 2000 Sep 19;133(6):447-54

— **DeSimone JA, et al, Aids Research**

“The incidence of MI [Myocardial Infarction (heart attack)] in HIV infected patients increased in our cohort after the introduction of HAART.”

Eur J Med Res. 2000 Aug 18;5(8):329-33

— **Rickerts V, et al, Aids Researchers**

“We report 2 cases of neutrophil-rich ALCL [Anaplastic Large Cell Lymphoma] of T-cell lineage involving the scalp of HIV-positive men. Despite chemotherapy, both patients died within 6 months of infectious complications... Both patients were being treated with antiretroviral therapy (stavudine and lamivudine) [prior to admittance for cancer]”

Am J Clin Path. 2000;114(3):478-82

— **Jhala NJ, et al, Aids Researchers**

“NRTIs [Nucleoside Reverse Transcriptase Inhibitors] do inhibit mitochondrial DNA synthesis but many also interfere with mitochondrial RNA formation. [Note that mitochondria are the energy producers present in all living human cells]”

Lancet. 2000 Mar 25;355(9209):1096

— **Walker UA, et al, Aids Researchers**

“Adverse effects attributable to antiretroviral therapy were commonly documented.”

Clin Infect Dis. 1999 Oct;29(4):824-30

— **Singh N, et al, Aids Researchers**

“Recently, we observed an unusual cluster of cases of rapidly progressing multicentric Castleman’s disease. Fever, weakness, generalized enlargement of lymph nodes, and marked polyclonal gammopathy developed in three patients with AIDS...Two of these patients died within one week after the diagnosis, with generalized involvement of the lymphatic system, liver, and bone marrow at autopsy. A fourth patient with AIDS who died equally rapidly after the diagnosis of multicentric Castleman’s disease had been seen in our hospital 14 months earlier... symptoms...started after the initiation of highly active antiretroviral therapy in these three patients.”

N Engl J Med. 1999 Jun 17;340(24):1923-4

— **Zietz C, et al, Aids Researchers**

“This study was conducted to determine the likelihood of the development of [immune recovery vitritis, IRV], which causes vision loss in AIDS patients with cytomegalovirus (CMV) retinitis, who respond to HAART. We followed 30 HAART-responders... Symptomatic IRV developed in 19 (63%) of 30 patients.”

Infect Dis. 1999 Mar;179(3):697-700

— **Karavellas MP, et al, Aids Researchers**

“The overall rate of adverse events was 37%, 32%, and 60%, respectively, for the nucleoside, 1-mIU interferon, and 6-mIU interferon combination groups. 26 patients (43%) had a serious treatment-related toxicity.”

J Acquir Immune Defic Syndr. 1997 Dec 1;16(4):247-53

— **Fischi MA, et al, Aids Researchers**

“...5 patients had 7 reported episodes of severe adverse events during the study period, including 1 episode each of grade 3 nausea, fever, abnormal liver function tests, and 4 episodes of neutropenia...in 2 patients... 2 additional patients showed signs of severe hematologic toxicity, and one patient had severe myopathy [gross atrophy of muscle tissue]. These toxicities were attributed to ZDV [AZT]. Other adverse events reported frequently...included fatigue (39.0%), fever (22.0%), headache (46.3%), anorexia (24.4%), stomatitis [mouth inflammation] (22.0%), diarrhea (26.8%), oral leukoplakia [thickened white patches in mouth], nausea (31.7%), oral candidiasis (22.0%), anemia

(12.2%), myalgias [muscle pain] (12.2%), parasthesias [hallucinations] (14.6%), decreased reflexes (12.2%), cough (34.1%), pharyngitis (24.4%), sinusitis (24.4%), acne (12.2%), rash (26.8%), pruritus [itching] (19.5%), and dysgeusia (12.2%)...”
J Acquir Immune Defic Syndr. 1995 Feb 1;8(2):152-60

— **Meng TC, et al, Aids Researchers**

“An undesirable effect associated with the chronic use of [nucleoside analog] drugs is toxicity to normal tissues or cells limiting the dosage or length of time with which the therapeutic [drug] can be used.”

Int J Immunopharmacol. 1991;13 Suppl 1(Suppl 1):99-107

— **Luster MI, et al, Aids Researchers**

“...This rare but often life-threatening syndrome, now named ‘severe nucleoside-associated lactic acidosis’ (NALA) has been reported increasingly often. Hepatic steatosis [loss of fat in liver] and lactic acidosis are thought to be caused by nucleoside reverse-transcriptase inhibitor (NRTI)-associated mitochondrial toxicity...The mortality rate among patients with lactic acidosis is very high: 33% for our series of patients and 57% for the patients described in the literature.”

Clin Infect Dis. 2002 Mar 15;34(6):838-46

— **Falco V, et al, Aids Researchers**

“Fourteen HIV-infected adults treated with antiretroviral drugs were identified with symptomatic hyperlactataemia [elevated lactic acid levels that can result in fatal lactic acidosis]... incidence...reached 1.2% if only patients treated with a regimen including stavudine were considered. Clinical symptoms included abnormal fatigue, tachycardia [abnormally rapid heart beat], abdominal pain, weight loss, peripheral neuropathy [surface nerve damage] ...exercise-induced dyspnoea [shortness of breath]... The improvements observed...after drug withdrawal or modification suggest that antiretroviral drugs are responsible for...symptomatic hyperlactataemia. Furthermore, symptomatic hyperlactataemia has never been diagnosed in naive untreated HIV-infected subjects followed up in our unit... Stavudine [d4T/Zerit] was strikingly involved in treating all these hyperlactataemic patients.”

AIDS. 2000 Dec 1;14(17):2723-30

— **Gerard Y, et al, Aids Researchers**

“Glaxo Wellcome on Sunday played down renewed fears about its Ziagen [Abacavir, a nucleoside analog] HIV treatment and said it planned to proceed with this year’s European launch of Trizivir, its new Aids drug, which contains Ziagen...Glaxo...yesterday confirmed patients had died as a result of ‘hypersensitive’ reactions since Ziagen was launched in the US and Europe last year...”

— **J. Kibazo, Financial Times, Aug 21, 2000**

“...By early 1994, at least 40 such cases [of life-threatening severe hepatic steatosis and lactic acidosis] had been reported to regulatory authorities, and an association with use of zidovudine [AZT] and didanosine was established... We report on four patients who developed this syndrome while receiving an antiretroviral regimen containing stavudine.”

Ann Intern Med. 2000 Aug 1;133(3):192-6

— **Miller KD**, et al, *Aids Researchers*

“1 in 5 AIDS patients receiving free antiretroviral drugs from the Chinese government abandoned the combination of pills in the first 7 months of the program...Zhang Fujie, director of treatment for China’s national AIDS control center...attributed the high dropout rate to the severe side effects caused by the drugs...”

— **Pan PP**, *Washington Post.* Nov 11, 2003

“The protease inhibitor class of antiretroviral agents is associated with the unwanted side effect of hypertriglyceridemia, which is usually treated with either...statins...or fibrates. However...statin therapy is intrinsically immunomodulatory...”

HIV Clin Trials. 2003 May-Jun;4(3):164-9

— **Narayan S**, et al, *Aids Researchers*

“Myelosuppression [deficiency of white blood cell production] and neutropenia [deficiency of one type of white blood cells responsible for clearing bacteria and cellular debris] may result from any one of several medications commonly used in HIV-infected patients [including nucleoside analogs AZT, 3TC, ddI, ddC and d4T as well as anti-PCP therapies Trimethoprim, Pyrimethamine and Pentamidine]”

Medscape. 2001 May 23

— **Levine AM**, *Aids Researcher*

“We report a case of sarcoidosis beginning after 2 months of interleukin-2 (IL-2) therapy in a patient with HIV who had undetectable plasmatic viral load under HAART and we discuss possible mechanisms...IL-2 [Interleukin-2] plays a pivotal role in the pathology of sarcoidosis [formation of nodules in the lungs, liver, lymph nodes and salivary glands].”

Clin Infect Dis. 2000 Dec;31:1493-4

— **Blanche P**, et al, *Aids Researchers*

“...[Out of 39 HIV-positive subjects receiving RhIL-10 (Recombinant Inter-Leukin 10)] two...required discontinuation due to thrombocytopenia [deficiency of platelets]. One patient...who had chronic hepatitis B and C infections discontinued drug because of elevated liver function tests... Fatigue, headache, nausea and dizziness occurred more frequently in subjects receiving rhIL-10 than...placebo...”

AIDS. 2000 Nov 10;14(16):2503-8

— **Angel JB**, et al, *Aids Researchers*

“IL-2 [Interleukin-2] recipients experienced more adverse events than recipients of ART [standard antiretroviral therapy, not including IL-2] alone. The most common toxic effects...were...fever, fatigue, and myalgias of varying severity... More serious or sustained symptoms were managed by omitting a scheduled dose, dosage reduction, or both, as required. Despite these measures, serious (at least grade 3) adverse events occurred in 20 (54%) of 37 evaluable IL-2 recipients and 7 (16%) of 43 ART recipients.”
JAMA. 2000 Jul 12;284(2):183-189

— **Davey RT Jr., et al, Aids Researchers**

“Physicians describe in [*Clin Infect Dis* 1999;29:692-693] two cases of myelosuppression that occurred in HIV-infected patients while on hydroxyurea. Both cases required prolonged platelet or red blood cell transfusions after hydroxyurea was discontinued... Although data on hydroxyurea for HIV therapy are incomplete, the use of this drug is on the rise...”

— **Reuters Health, Oct 18, 1999**

“Among severely ill patients, mortality was 3-fold higher when corticosteroids were given according to CDC guidelines. Our findings suggest that the utility of adjunctive corticosteroids in severe PCP needs to be revisited.”

6th Conf on Retroviruses and Opportunistic Infections. 1999

— **McIlraith T, et al, Aids Researchers**

“The present study reveals a relationship between...adverse reactions to TMP-SMZ [strong antibiotics often given to HIV-positive people to prevent pneumocystis carinii pneumonia] and the course of HIV infection. Adverse reactions to TMP-SMZ were associated with a more rapid progression to AIDS and death...and...the use of antiretroviral agents before the start of prophylaxis were also statistically associated with a more rapid progression to AIDS and death.”

Clin Infect Dis. 1997 May;24(5):936-41

— **Veenstra J, et al, Aids Researchers**

“...Patient 3...did not demonstrate any contraindications to corticosteroid therapy. Unfortunately, it appears his disease was exacerbated [resulting in retinal detachment and complete blindness in both eyes] by the corticosteroid use.”

Arch Ophthalmol. 1996 Dec;114:1481-5

— **Friedlander S, et al, Aids Researchers**

“Drug reactions are common in patients infected with HIV. Administration of trimethoprim-sulfamethoxazole (TMP-SMZ) is associated with adverse reactions in 40% to 80% of HIV-infected patients. However, pulmonary reactions have been rare...We report a patient who developed two episodes of acute pulmonary edema [fluid on the lungs] after administration of ibuprofen [although perhaps TMP-SMZ was involved].”

Chest. 1993; 104: 967-96

— **Chetty KG, et al, Aids Researchers**

“A 23-year-old homosexual man with [HIV]... developed progressive exertional dyspnea [difficulty in breathing]...[after diagnosing pneumocystis carinii pneumonia] the patient was started on oral TMP/SMX [sulfa antibiotics]...after 7 days he developed patchy erythema and hives over his trunk and arms. These resolved after one day off medication. He did well until dyspnea recurred...and in response took another dose of his prescribed TMP/SMX. He quickly became flushed, diaphoretic, more dyspneic, nauseated and experienced vomiting and diarrhea. A bifrontal headache developed [which resolved after TMP/SMX was withdrawn again]”

Chest. 1989; 95: 937-93

— **Ulstad DR, et al, Aids Researchers**

“...A young woman...received post-exposure prophylaxis (PEP) with two protease inhibitors...and developed a generalized allergic skin rash to both... These rashes, as well as producing patient discomfort, caused significant anxiety in the patient and the managing clinicians. They were severe enough to require several days on leave. There was concern that the rashes may represent acute HIV seroconversion illness [?], and an HIV proviral DNA test was ordered and was negative.”

AIDS. 2003 Jul 25;17(11):1709

— **Woolley I, Tapley N, Korman TM, Aids Researchers**

“For reasons largely unknown, a small number of HIV-infected individuals remain symptom-free long after AIDS normally would have appeared... This ‘elite’ group of nonprogressors in many cases had virus levels below the level of detection even though they had been HIV-positive for 15 years and had not received antiretroviral therapy.”

— **Proceedings of the US National Academy of Sciences, 97:2709-714 (2000)**

“Seven of 112 hemophiliacs infected with human immunodeficiency virus type-1 (HIV-1) before 1986 through contaminated plasma products are currently healthy, with CD4 T-cell counts above 500 cells/microL, and have never received antiretroviral therapy.”

Blood 1997 Jan 1;89(1):191-200

— **Vicenzi E, Bagnarelli P, et al, Aids Researchers**

“...Non-progressors were asked ‘what do you feel are the reasons for your good outcome with HIV-infection?’ Mental attitude, and in particular a positive outlook was the reason most frequently given...Medical treatments such as anti-retroviral drugs were rarely suggested...”

AIDS Care 1997 Apr;9(2):133-42

— **Troop M, Easterbrook P, Thornton S, Flynn R, Gazzard B, Catalan J, Aids Researchers**

“The study is based on 10 HIV+ people in New York City, all of whom had been living with HIV infection for 12-15 years... Two important points emerge: (1) they did not use antiviral drugs; (2) they stopped all high-risk activity after they tested HIV- positive.”
New England Journal of Medicine. January 26, 1995, 332: 201-208

— **Cao, Yunzhen, et al, Aids Researchers**

“Ten HIV+ people; 11-15 years infected; non-progressors [i.e., healthy]; maintained stable T-cell counts above 500. “These long-term nonprogressors...all showed the same risk factor (sexual exposure), and all had...virus...and none had been treated with antiretroviral agents.”

AIDS Research and Human Retroviruses, 12: 585 (1996)

— **Harrer, Thomas, et al, Aids Researchers**

“...588 men; 42 were 10-15 year non-progressors. Only 38% of the HLP [Healthy long-term positives] had ever used zidovudine [AZT] or other nucleoside analogues, compared with 94% of the progressors [those who developed AIDS].”

AIDS, 8:1123 (1994)

— **Buchbinder, Susan, et al, Aids Researchers**

“Subjects: homosexual men in Amsterdam. “None of the LTAs [long-term asymptomatics—people who remained healthy]...received any antiviral drugs during the study [7 years].”

Journal of Infectious Diseases, 171:811 (1995)

— **Hogervorst E, et al, Aids Researchers**

“These long-term nonprogressors [Hiv+ people who remained healthy] are a heterogeneous group with respect to viral load and HIV-1 responses...none had been treated with antiretroviral agents.”

AIDS Research and Human Retroviruses, 12: 585 (1996)

— **Harrer Thomas, et al, Aids Researchers**

“...The previously antiretroviral-naive patient had been started on a treatment regimen one month earlier that consisted of lopinavir/ritonavir and efavirenz...Efavirenz, a potent antiretroviral agent used to manage HIV-1 infection, is well known for its neuropsychiatric adverse effects...[in this case] it appears likely that the manic symptoms were caused by efavirenz...”

AIDS. 2003 Jul 25;17(11):1713-4

— **Shah MD, Balderson K, Aids Researchers**

“A study at San Francisco General Hospital...suggests a greater incidence rate of severe psychiatric illness resulting from HIV treatment with efavirenz than had previously been reported. ‘The serious side effects are suicidal depression including agitation, aggression and hallucinations,’ said Talia Puzantian, PharmD... Previous reports had stated that serious efavirenz side effects had less than a 2% incidence rate.

Puzantian and co-authors questioned the rate after seeing a number of HIV patients on the drug admitted to the psychiatry unit...”

— **Prevention News Update, Jan 24, 2003**

“This is the first report of a patient developing CNS [Central Nervous System] vasculitis [blood vessel inflammation] after the initiation of HAART. The symptoms appeared and disappeared with the introduction and discontinuation of HAART.”

AIDS. 2002 Nov 22;16(17):2362-4

— **Van Der Ven AJ, et al, Aids Researchers**

“...An increasingly common group is that which occurs as a result of treatment toxicity (e.g., toxic neuropathy from antiretroviral drugs and lactic acidosis syndrome).”

AIDS. 2002 Nov 8;16(16):2105-2117

— **Keswani SC, et al, Aids Researchers**

“57% of our cases in this group had been prescribed HAART. In our study population, accessibility to the latest antiretroviral therapy was widespread... The incidence of HIV encephalopathy increased over time.”

J Acquir Immune Defic Syndr. 2002 Oct 1;31(2):171-7

— **Neuenburg JK, et al, Aids Researchers**

“...Zidovudine [AZT] and efavirenz...are themselves associated with potentially significant neuropsychiatric complications. In contrast, treatment with interferon, which has poor CNS [central nervous system] penetration, is also associated with a high rate of CNS complications. Peripheral neurologic complications including neuropathic [surface nerve] pain [‘the pain...can be severe, irreversible, and debilitating’], neuropathic weakness, and denervation syndromes have been attributed to... antiretroviral treatment.”

AIDS. 2002 Jun 14;16(9):1201-15

— **Treisman GJ, Kaplin AI, Aids Researchers**

“We report the case of an HIV-infected individual who presented with VZV [Varicella Zoster Viral] meningitis and retrobulbar optic neuritis preceding the onset of progressive outer retinal necrosis, in which this latter complication was precipitated by the use of intravenous steroids... He had received multiple antiretroviral regimens, the last combination consisting of zidovudine [AZT], lamivudine, and efavirenz [was] discontinued 12 months prior to admission due to elevation of liver enzyme levels... The patient’s headaches improved by day 5, but vision in his left eye became progressively worse to only light perception... Two days after the administration of steroids, his visual loss became more severe and at this point his retinal exam showed signs of progressive outer retinal necrosis [decay of the retina]. Intravenous foscarnet was started together with intraocular ganciclovir. One day after antiviral therapy was initiated the patient developed a vesicular rash compatible with either varicella or disseminated zoster. Despite antiviral treatment he had minimal recovery of his vision loss 3 months after treatment.”

AIDS. 2002 May 3;16(7):1045-9

— **Franco-Paredes C, et al, Aids Researchers**

“...The leukoencephalopathy we describe is more severe than that described prior to the use of HAART...[In our patients] Leukoencephalopathy more probably resulted from HIV, the immune system, or antiretroviral drugs...The emergence of this condition in the post-HAART era strongly argues that potent ART [anti-retroviral therapy] plays an important role in pathogenesis.”

AIDS. 2002 May 3;16(7):1019-29

— **Langford TD, et al, Aids Researchers**

“...Within two weeks of starting nevirapine a 35 year old man developed low mood and had to stop working because of cognitive impairment and clouding of consciousness... Five days later, fearing that nursing staff would kill him, he leapt through a third floor window. As the temporal connection to his deterioration was unclear, nevirapine treatment was restarted. After a two week period of lucidity, he experienced a fluctuating course of impaired consciousness...and visual hallucinations. Nevirapine was withdrawn and within three weeks he was asymptomatic. In another case, a 36 year old woman experienced delusions of persecution and infestation within two weeks of starting nevirapine treatment. Command hallucinations led to an impulsive suicide attempt. In a third case, a 42 year old woman developed persecutory delusions and depressive thoughts 10 days after starting nevirapine... [Were these really delusions or were the patients in fact being persecuted by being given this drug?] The time the patients started nevirapine treatment was clearly related to the evidence of symptoms, and all cases resolved on withdrawal of nevirapine.”

BMJ. 2002 Apr 13;324:879

— **Jan Wise ME, Mistry K, Reid S, Aids Researchers**

“Patients treated with nucleoside analogue reverse transcriptase inhibitors (NRTIs) develop a varying degree of myopathy or neuropathy after long-term therapy. Zidovudine (AZT) causes myopathy; zalcitabine (ddC), didanosine (ddl) and lamivudine (3TC) cause neuropathy; stavudine (d4T) and fialuridine (FIAU) cause neuropathy or myopathy and lactic acidosis...The myopathy is characterized by muscle wasting, myalgia, fatigue, weakness and elevation of CK. The neuropathy is painful, sensory and axonal.”

J Peripher Nerv Syst. 2001 Mar;6(1):14-20

— **Dalakas MC, Aids Researcher**

“All patients treated with high-dose ddC...developed a painful...peripheral neuropathy [burning or shooting pain followed by weakness and numbness], with a mean onset of 7.7 weeks, which reached severe intensity over several days...”

Neurology. 1993;43:358-62

— **Berger AR, et al, Aids Researchers**

“A reversible, toxic neuropathy was observed in 10 or 44 (23%) of patients enrolled in a phase I trial of ddl... [Extended follow-up]...indicated that most of the neuropathic symptoms were reversible with discontinuation or dose reduction of ddl...”

J Acquir Immune Defic Syndr. 1992;5(1):60-4

— **Kiebertz KD**, et al, *Aids Researchers*

“Nevirapine plus efavirenz [another non-nucleoside reverse transcriptase inhibitor] was associated with the highest frequency of clinical adverse events, and nevirapine once daily with significantly more hepatobiliary laboratory toxicities than efavirenz. Of 25 observed deaths, two were attributed to nevirapine.”

Lancet. 2004 Apr 17;363(9417)

— **Van Leth F**, et al, *Aids Researchers*

“HAART regimens including nevirapine are associated with faster liver fibrosis [scar tissue] progression in HIV-infected patients with chronic hepatitis C.”

AIDS. 2004 Apr 12;18(5):767-774

— **Macias J**, et al, *Aids Researchers*

“Women with CD4+ counts >250 cells/mm³, including pregnant women receiving chronic treatment for HIV infection, are at considerably higher risk (12 fold) of hepatotoxicity. Some of these events have been fatal...The greatest risk of severe and potentially fatal hepatic events...occurs in the first 6 weeks of Viramune [nevirapine] treatment. However, the risk continues after this time and patients should be monitored closely for the first 18 weeks of treatment with Viramune... In some cases hepatic injury progresses despite discontinuation of treatment.”

— **Shepard KV**, Boehringer Ingelheim, Feb 2004

“Twelve non-HIV-infected individuals developed severe cutaneous toxicity, including 3 with Stevens-Johnson syndrome, after 7 to 12 days of nevirapine-containing PEP regimens. Thirty non-HIV-infected individuals developed hepatotoxicity after 8 to 35 days of single-agent nevirapine ...or a nevirapine-containing PEP regimen... Findings included ECOG grade 3 or 4 hepatotoxicity... fevers...skin rashes...eosinophilia...and fulminant hepatic necrosis requiring an orthotopic liver transplant...Rates of severe hepatotoxicity (grade 3 or 4) in non-HIV-infected individuals ranged from 10% (4/41) to 62% (5/8). Liver biopsy material from 2 individuals was consistent with a hypersensitivity syndrome.”

J Acquir Immune Defic Syndr. 2004 Feb 1;35(2):120-125

— **Patel SM**, et al, *Aids Researchers*

“Severe, life-threatening, and in some cases fatal, hepatotoxicity, including fulminant and cholestatic hepatitis, hepatic necrosis, and hepatic failure, has been reported in patients treated with Viramune. In some cases, patients presented with nonspecific prodromal signs or symptoms of hepatitis and progressed to hepatic failure. Patients with signs and symptoms of hepatitis must seek medical evaluation immediately and

should be advised to discontinue Viramune.”

— **Boehringer Ingelheim, Maker of Nevirapine [Viramune] April, 2003**

“Severe, life-threatening skin reactions, including fatal cases, have occurred in patients treated with Viramune. These have included severe cases of SJS [Stevens-Johnson syndrome], TEN [Toxic Epidermal (skin) Necrosis (death)], and hypersensitivity reactions characterized by rash, constitutional findings, and organ dysfunction. Patients developing signs and symptoms of severe skin reactions or hypersensitivity reactions must discontinue Viramune as soon as possible.”

— **Boehringer Ingelheim, Maker of Nevirapine [Viramune] April, 2003**

“There is a significant risk of NVP [nevirapine]-associated hepatotoxicity in pregnant women, especially those with high CD4 +cell counts...the progression to severe hepatotoxicity may be explosive in nature and not predicted by the patient’s liver enzyme level...obtained before and during NVP therapy.”

AIDS Read. 2003 Oct;13(10):459, 463-4, 468-9, 479

— **Boyle BA, Aids Researcher**

“13 patients that have maintained plasma virus below 50 copies/ml of plasma in the absence of antiretroviral therapy were recruited for study... [they were compared to] 19 progressors [people who developed Aids] [all of whom] were receiving antiretroviral therapy.”

Proc Natl Acad Sci U S A. 2000 Mar 14;97(6):2709-14

— **Migueles SA, et al, Aids Researchers**

“LTNPs [Long-term non-progressors] were defined as having documented HIV-1 infection for >7 years, CD4 cell counts of >600 cells/cubic mm, and no symptoms related to HIV-1 infection. With the exception of [two of nineteen LTNP] patients, no patients had ever received antiretroviral therapy.”

J Infect Dis. 1996;173:60-67

— **Montefiori DC, et al, Aids Researchers**

“...We identified a group of 6 subjects who had been infected through a single common [blood] donor... Throughout follow-up (range 6.8-10.1 years after infection), 5 of the recipients and the donor (last follow-up 10.2 years after infection of the first recipient) remained clinically free of symptoms, with normal CD4 cell counts...1 infected recipient (who had received extensive immunosuppressive treatment [medicine] for systemic lupus erthematosus) developed Pneumocystis carinii pneumonia and died... The donor...has never received antiretroviral therapy, nor any prophylactic treatment for Pneumocystis carinii pneumonia... Recipients A-E had no signs or symptoms of HIV-1 disease during follow-up of 6.8 to 10.1 years... No recipient has been given antiretroviral therapy or prophylaxis against P carinii pneumonia.”

Lancet. 1992 Oct 10;340(8824):863-7

— **Learmont J, et al, Aids Researchers**

“A rash occurred in 20% of [Nevirapine-treated] patients (15/74), and was severe... requiring the cessation of treatment in four children (5%). In the other 11 children, the rash was managed with antihistamines...5 children experienced... neutropenia... adverse events related or possibly related to nevirapine...included: vomiting ... diarrhea...unexplained fever... headache... dizziness... paraesthesia [hallucination]... alopecia [hair loss]...nail dystrophia...hepatomegaly [swollen liver]...muscle pain... gall bladder sludge...elevated cholesterol and triglyceride levels associated with pancreatitis... neutropenia... anaemia...leucopenia ...abnormal liver functions...”

AIDS. 2003 Jul 25;17(11):1639-47

— **Verweel G, et al, Aids Researchers**

“30 PI[Protease Inhibitor]-treated and 20 PI-naive [untreated] children were evaluated (76% prepubertal). PI-treated children had significantly higher total cholesterol, LDL-cholesterol and triglycerides...viral load, CD4 cell count...were not significantly associated with serum lipids, insulin resistance or abdominal adipose tissue distribution [indicating that it is the therapy, not HIV, that is the cause of this metabolic abnormality]”

AIDS. 2003 Jun 13;17(9):1319-27

— **Bitnun A, et al, Aids Researchers**

“The risk [for persistent metabolic acidosis] was 4.75 times higher among those [children] taking ART (anti-retroviral therapy.)”

AIDS. 2003 Mar 28;17(5):673-677

— **Chakraborty R, et al, Aids Researchers**

“There were no serious adverse effects in the [zidovudine (AZT) plus lamivudine treated] mothers [but double the rate of anemia at delivery...and also more mothers with elevated levels of aspartate aminotransferase, blood urea nitrogen and creatinine]. Adverse events noted in neonates were anemia (in 6 neonates), elevated transaminase levels (in 1), and thrombocytopenia (in 3)...” [but the authors forgot to mention, in the abstract, that 15 were later hospitalized for a variety of conditions, some quite likely therapy related]

Clin Infect Dis. 2002 Dec 1;35(11):1405-13

— **Chaisilwattana P, et al, Aids Researchers**

“Drugs typically administered to prevent the transmission of HIV accounted for 25% of all the reported adverse events through maternal exposure [in the United States]...A wide spectrum of adverse events were associated with the HIV-related drugs, including 110 cases (35%) with an outcome of congenital defect or permanent disability, 103

(34%) cases involving initial or prolonged hospitalization or a life-threatening event, and 23 (7%) with death as the reported outcome. [Note that it is estimated that only 1% to 10% of adverse drug reactions are reported]”

Pediatrics. 2002 Nov;110(5):e53

— **Moore TJ, et al, Aids Researchers**

“...[HIV-positive] children of the PI [Protease Inhibitor taking] group had higher total cholesterol, triglycerides, and LDL [Low Density Lipoprotein] cholesterol levels compared with the non-PI group...After fasting, 8 (47%) of 17 patients in the PI group presented with hypercholesterolemia [high blood cholesterol] as a result of an increase of LDL cholesterol and 11 (65%) had hypertriglyceridemia... The long-term complications of dyslipidemia [disruption of fat metabolism] are of major concern in the growing HIV-infected child.”

Pediatrics. 2002 Nov;110(5):e56

— **Lainka E, et al, Aids Researchers**

“...Seven of the nine patients [HIV+ women on HAART with pre-eclampsia] had unusually severe preeclampsia. [eclampsia is a serious pregnancy disorder characterized by convulsions, coma, high blood pressure, protein in the urine, accumulation of fluids and about a 25% rate of fetal mortality], 4 of the 9 had HELLP syndrome (haemolysis, elevated liver enzymes, and low platelets) and 3 had intrauterine deaths...”

Lancet. 2002 Oct 12;360(9340):1152-4

— **Wimalasundera RC, et al, Aids Researchers**

“Our study shows that cardiac dysfunction [heart problems] occurs frequently in children with HIV infection...The relative risk of death during the 5-year follow-up period in children who had cardiac impairment or CHF [congestive heart failure] was 8.5 to 14.6 times higher than in the children without these complications...The majority of patients in this study were treated with a wide variety of antiretroviral agents available between 1990 and 1996 or intravenous immunoglobulin...”

J Pediatr. 2002 Sep;141(3):327-34

— **Starc TJ, et al, Aids Researchers**

“We report...two HIV-1 positive women in the third trimester of pregnancy who presented with acute lactic acidosis and acute pancreatitis, respectively. One case was fatal for mother and baby. Both women had been stable on regimens containing stavudine and didanosine for at least 2 years before their acute presentations...”

Sex Transm Infect. 2002;78:58-9

— **Sarner L, Fakoya A, Aids Researchers**

“Potential fetal toxicity of antiretroviral prophylaxis include adverse pregnancy outcome, such as low birth weight, preterm delivery, or fetal/neonatal death, and congenital abnormalities. Possible short-term adverse effects on the woman and infant include hematologic abnormalities, liver or other organ dysfunction, rash, or serious toxicity causing death...Theoretical long-term risks of prophylaxis for the child include organ toxicity secondary to mitochondrial dysfunction, development of malignancy, or other unknown effects. For the child who becomes infected despite prophylaxis, concerns include development of antiretroviral drug resistance or an adverse effect on HIV disease course [i.e. exposure to AIDS drugs in the womb can make AIDS more likely to happen in the child].”

J Acquir Immune Defic Syndr. 2002 Jun 1;30(2):200-15

— **Mofenson LM, Munderi P, Aids Researchers**

“...Values for 3TC-DNA in fetal organs [from babies of pregnant monkeys given Aids drugs] were greater than or equal to values for ZDV [AZT]-DNA, indicating that the total DNA damage sustained by fetuses exposed to both drugs was at least double that observed in fetuses exposed to ZDV alone...Overall, these studies demonstrate that monkey fetuses exposed in utero to the combination ZDV plus 3TC sustain a higher level of drug-DNA incorporation and show evidence of more telomere damage than monkey fetuses exposed to ZDV [AZT] alone.”

J Acquir Immune Defic Syndr. 2002 Apr 1;29(4):323-9

— **Olivero OA, et al, Aids Researchers**

“149 (78%) of 192 children experienced moderate or worse toxicity while receiving initial therapy [in this trial of various combinations of 3 or 4 AIDS drugs], and 44 (23%) of 192 experienced severe or worse toxicity...The most commonly observed adverse events were skin rash...28%... nausea/vomiting ...(23%)... and temperature $\geq 38.5C$...(21%) ...Administration of...treatments was permanently discontinued for children with (1) an HIV RNA copy number $> 10,000$ copies/ml...(17%)...(2) toxicity of medication intolerance...(7%)...or (3) other reasons, including poor adherence to the study regimen and parental request for withdrawal of the patient from the study ...(15%)...”

Clin Infect Dis. 2002 Apr 1;34(7):991-1001

— **Krogstad P, et al, Aids Researchers**

“...17 (53%) of 32 patients [Dutch children who had not previously used protease inhibitors] experienced adverse events...The most common indinavir-related side effects were as follows: diarrhea (in 6 children), vomiting (in 6), loss of appetite (in 5), headache (in 3), abdominal pain (in 4), and hematuria (in 5) [note that diarrhea and weight loss (associated with vomiting and loss of appetite) are two of 4 symptoms needed for an AIDS diagnosis in third world countries]”

Clin Infect Dis. 2002 Apr 1;34(7):1008-16.

— **Van Rossum AM, et al, Aids Researchers**

“130 children were randomised [to placebo or 3 combinations of zidovudine [AZT], lamivudine and abacavir]...24 serious adverse events occurred in 18 children...1 death, one hypersensitivity reaction to abacavir, one stroke, and one vomiting [none on placebo]. Of the...grade 3 or 4 events, most frequent were neutropenia (12) and thrombocytopenia (3). 3 children in each of the NRTI groups had one or more episodes of neutropenia...6 children permanently stopped drugs after minor adverse events: vomiting, cutaneous reaction, fever...and anemia. 2 other children stopped abacavir permanently because of hypersensitivity reactions...”

Lancet. 2002 Mar 2;359:733-9

— **Paediatric European Network for Treatment of AIDS (Penta)**

“...Exposure to antiretrovirals was significantly associated with the risk of febrile [fever-associated] seizure: 24 of the 30 children who experienced such seizures had been exposed to antiretroviral drugs...”

Lancet. 2002 Feb 16;359:583-4

— **French Perinatal Cohort Study Group**

“...a 34-year-old woman with...asymptomatic HIV infection...[received] zidovudine [AZT], stavudine and efavirenz therapy before pregnancy...[once she was determined to be pregnant] antiretroviral therapy was switched to...lamivudine, stavudine and nelfinavir at 24 weeks of pregnancy...The baby was born at the 38th week... presenting with a lumbo-sacral mass compatible with a myelomeningocele [sac containing part of the spinal cord and cerebrospinal fluid caused by failure of the neural tube to close]...In animal studies, efavirenz crosses the placenta...Teratogenic [causing birth defects] effects have been observed in 3 out of 20 fetuses from efavirenz-treated cynomolgus monkeys [but teratogenic effects have also been observed with AZT].”

AIDS. 2002 Jan 25;16(2):299-300

— **Fundaro C, et al, Aids Researchers**

“Risk of progressing to severe immunodeficiency [abnormal CD4 cell counts] was 64% higher [in this group of HIV-positive European children, mostly with mothers involved with intravenous drugs] when receiving ART [Anti-Retroviral Therapy].”

Pediatrics. 2001 Jul;108(1):116-22

— **The European Collaborative Study**

“Adverse Events in the Lamivudine-Zidovudine [AZT] Group: 124 adverse events were reported in 99 [pregnant] women... 2 women discontinued study drugs because of elevation of transaminase levels... Hemoglobin levels of less than 8 g/dL occurred in 29 women... 38 adverse events were reported related to fetal well-being in 37 pregnancies.”

JAMA. 2001 Apr 25;285(16):2083-93

— **Madelbrot L, et al, Aids Researchers**

“[A news article on this oral abstract] reported three cases of unexplained neonatal lactic acidosis and hypoglycemia...in non-HIV-infected infants exposed perinatally to Retrovir (zidovudine, AZT), Epivir (lamivudine, 3TC) and Viramune (nevirapine). At birth, two of the three infants had severe acidosis, with a pH less than 7.1, and the third infant, as well as one of the 2 infants with lactic acidosis, had severe and persistent hypoglycemia.”

7th Annual Conference of the British HIV Association. April 2001. Oral Abstract 020. 2001 Apr; Abstract 20.

— **Foster CJ, et al, Aids Researchers**

“A total of 195 children were randomised to zidovudine [AZT]... Four children (three IMM, one DEF) died during the blinded phase...Grade 3 or 4 neutropenia [abnormally low neutrophil white blood cell counts] was the most frequent serious adverse event... Two children in each group had grade 4 elevations of transaminases [liver enzymes]. Significantly more children in the IMM... compared with the DEF...group stopped therapy because of an adverse event...most commonly because of neutropenia... or nausea or vomiting...Our data show that after 3 months of age, many vertically infected children have slow progression of disease, in the absence of therapy. With uncertainties about long term efficacy and toxicity, a case can be made for delaying [Anti-Retroviral Therapy] in the well asymptomatic child.”

Arch Dis Child. 2001 Mar;84(3):230-6

— **Paediatric European Network for Treatment of AIDS, the PENTA 1 trial**

“In considering early intervention with zidovudine [AZT], it is of particular concern that the drug may be carcinogenic or mutagenic.”

New England Journal of Medicine, 1989

— **Dr. Samuel Broder, Director, U.S. National Cancer Institute**

“...All patients in this cohort were prescribed [Anti-Retroviral Therapy]...70% on protease inhibitors...20% on nonnucleoside reverse transcription inhibitor-based regimens...675 patients experienced a grade 4 event [serious or life threatening]; 332 developed an AIDS event; and 272 died...The most common grade 4 events were: liver related...neutropenia... anemia... cardiovascular... pancreatitis... psychiatric... kidney-related... thrombocytopenia...and hemorrhage...the risk of death associated with these grade 4 events was very high for many events.”

J Acquir Immune Defic Syndr. 2003 Dec 1;34(4):379-86

— **Reisler RB**, et al, *Aids Researchers*

“In a major surprise about the treatment of the AIDS virus in children, the drug AZT, which is now the standard treatment, proved so ineffective...that Federal health officials have halted part of a large study involving it ahead of schedule...AZT, or zidovudine, also had unexpectedly high rates of adverse side effects in children, like bleeding and biochemical abnormalities, Federal health officials said... The children receiving AZT alone had more rapid rates of disease progression as measured by failure to grow, the appearance of any of the myriad infections that can be complications of AIDS, deterioration of neurological development and death...The findings clearly caught health officials and experts by surprise...AZT is widely considered the drug of choice in treating both H.I.V.-infected children and adults.”

“Children’s AIDS Study Finds AZT Ineffective,” New York Times, February 14, 1995

— **Lawrence K. Altman**, *Medical Reporter, New York Times*

“This agreement will allow the delivery of life-saving [AIDS] medicines to people who desperately need them.”

BBC, 24 Oct, 2003

“I did not have sex with that woman!”

CNN, 27 Jan, 1998

— **Bill Clinton**, head of the Clinton Foundation. Found in contempt of court by a US federal judge for lying under oath, barred by the US Supreme Court from arguing cases there, forced to plea-bargain a 5 year suspension of his Arkansas law license to avoid disbarment. Issued pardons to friends and contributors who had fallen afoul of the law, including two drug traffickers, a wealthy fugitive who was on the FBI’s ‘10 Most Wanted’ list, and a convicted felon whose refusal to testify in the ‘Whitewater’ case kept Clinton out of jail. Took truckloads of valuable, publicly-owned White House furnishings with him when he moved out. Now leads the international Humanitarian effort to get Aids drugs like AZT into the bodies of Africans. Will make a speech about the Aids crisis to your organization for a \$500,000 speaking fee. Contact his agent

“A total of 172 participants died, 169 while taking AZT, 3 while on placebo...The results of Concorde do not encourage the early use of AZT in symptom-free HIV-infected adults.”

Lancet 1994; 343: 871-881

— **Seligmann M**, **Warrell DA**, et al, *Aids Researchers*

“All patients had an insidious onset of myalgias, muscle tenderness, weakness, and severe muscle atrophy favoring the proximal muscle groups. Physical examinations revealed varying degrees of muscle weakness and grossly apparent atrophy. Weight loss due to muscle loss was uniformly noted; in one patient, the loss was a striking 18 kg. [40 pounds]...We did not observe this illness before zidovudine [AZT] was available,

the disorder was seen in patients taking the drug for extended periods, and the syndrome was ameliorated after the drug was stopped.”

New England Journal of Medicine, 17 March 1988

— **Bessen Laura J, et al, Aids Researchers**

“These drugs can be toxic and can be directly detrimental to a natural immune response to HIV.... This effective antiviral immune response is characteristic of long-term survivors who...have not been on any therapy. ...[T]he current antiviral therapies...do not bring about the results achieved by a natural host anti-HIV response. This immune response, observed in long-term survivors, maintains control of HIV replication without the need for antiviral treatment.”

Lancet. 1998 Sep 19;352:982-3.

— **Levy J.A., Aids Researcher**

“...We have found positive correlations between the dose of AZT administered to female CD-1 mice, the incorporation of AZT into vaginal DNA...and the aberrant expression of alpha-6 integrin toward the epithelial suprabasal strata of the vagina, a target organ for carcinogenesis in mice. These results suggest that there is an ordered progression of abnormal events leading to tumorigenesis [cancer] in vaginal epithelial tissues.”

Cancer Research, 1994

“AZT is a Genotoxic Transplacental Carcinogen in Animal Models. In newborn monkeys and mice, AZT was incorporated into DNA of many fetal tissues... AZT appears to be a moderately-strong transplacental carcinogen... [and in] adult mice, lifetime AZT administration induces vaginal tumors at a 10-20% incidence.”

Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology, 1997

[Mice exposed to AZT in utero] “exhibited statistically significant, dose-dependent increases in tumor incidence and tumor multiplicity in the lungs, liver, and female reproductive organs... AZT is genotoxic in fetal mice and monkeys and is a moderately strong transplacental carcinogen in mice examined at 1 year of age... The current practice of treating HIV-positive women and their infants with high doses of AZT could increase cancer risk in the drug-exposed children when they reach young adulthood or middle age.”

Journal of the National Cancer Institute, 1997

— **Olivero O, et al, Aids Researchers**

“...This behavior is characteristic of tumor cells and suggests that AZT may be a potential carcinogen. It appears to be at least as active as the positive control material, methylcholanthrene” [a known and extremely potent carcinogen].

“The sentence [from AZT manufacturer’s proposed labeling] ‘The significance of these in vitro results is not known.’ is not accurate. A test chemical [AZT] which induces a positive response in the cell transformation assay is presumed to be a potential carcinogen.”

“Review & Evaluation of Pharmacology & Toxicology Data” for the drug Retrovir [AZT, aka Zidovudine, Retrovir], 29 December 1986. The US FDA had to be sued under the Freedom of Information Act before they would release this document.

— **Dr. Harvey I. Chernov**, PhD, Toxicology Analyst, US Food and Drug Administration (FDA)

“Burroughs Wellcome resolved this problem [of the FDA toxicologist objecting to their proposed labeling of AZT] by simply dropping the offending sentence, with the end result being every bit as obscurantist. In the [AZT] entry in Physician’s Desk Reference, written by Burroughs Wellcome, carcinogenicity is dealt with in the following way:

“Long-term carcinogenicity studies of zidovudine [AZT] in animals have not been completed. However, in an in vitro mammalian cell transformation assay, zidovudine was positive at concentrations of 0.5 mcg/ml and higher.”

“Well now, how many physicians would know what these findings meant? Damned few, if any. Chernov said what the findings meant: AZT is presumed to be a carcinogen! But most physicians would assume that AZT was not carcinogenic, for the simple reason that the Physician’s Desk Reference entry hadn’t said it was.”

New York Native, Oct 19, 1987

— **John Lauritsen**, Journalist, Harvard-educated survey research analyst. Author of the books *The AIDS War; Propaganda, Profiteering and Genocide From the Medical-Industrial Complex and Poison by Prescription; The AZT Story*

“We don’t know what the long-term effects of AZT use during pregnancy might be, but so far we have seen virtually no adverse effects in the short term... Not one single tumor. Not one... I mean [the children] have cancers, lymphomas, and other problems like that... but there’s no reason to link those cancers to AZT.”

Mothering magazine, Sept/Oct, 1998

— **Dr. Ellen Cooper**, Principal researcher of the Women and Infants Transmission Study

“I know we’ve seen some webbed fingers...but these birth defects are cosmetic and don’t interfere with life.”

Zenger’s Magazine, September 1999

— **Mary Caffrey**, Nurse-practitioner, Pediatric Division of the University of San Diego Medical Center, on AZT-generated birth defects

“The Children’s Wilderness Fund is dedicated to protecting healthy child development. If the retrovirus Hiv causes Aids, let’s see the proof. We owe this to ourselves, our world and our children.”

Comment to Virusmyth

— **Robert Scholl**, CEO and President, Children’s Wilderness Fund, Tarpon Springs, Florida

“There are five well-documented causes of immune suppression: 1) malnutrition, 2) toxicity (environmental pollutants and drugs), 3) exhaustion (adrenal fatigue), 4) immune overload (repeated infections/defective sanitation), and 5) self-hatred (psychological causes of immune shutdown). In severe acquired immune collapse, most, if not all five, are operative—though the relative importance of each and the specific form they take varies from population to population (e.g., simple starvation is common in Africa or Haiti, whereas junk food and alcohol are more common in North American homosexual men).

“The importance of each of these five causes is supported by extensive research that is not seriously disputed. The same is not true of the viral etiology (which remains a hypothesis).”

“Common sense (and good medical judgement) would dictate that treatment first address nutrition, detox, rest, hygiene, and psychological factors before resorting to toxic medications. To do otherwise is a violation of the logic of scientific medicine.”

“The widespread abandoning of science, such as that we see relative to the issue of AIDS, usually indicates that some group psychology is at work in the scientific community (as well as the general population) — most often the playing out of mass delusions, fears, or projections of guilt.”

Letter to Virusmyth

— **Dr. Rudolph Ballentine**, MD, former Professor of Psychiatry at Louisiana State University; President of the Himalayan Institute for 12 years and Director of its Combined Therapy Department for 18 years. Author of the book, *Radical Healing*

“Over 70 conditions can lead to a [false] positive result in the Elisa test kit. Testing positive in this test could mean flu, malaria, tuberculosis, pregnancy, herpes, after-effects of hepatitis B and even tetanus vaccines. HIV is just one of possible results. It is globally known that the Elisa test is not a conclusive one to find out the HIV status. Yet government agencies use only Elisa to establish HIV positive results.”

Times of India, May 30, 2001

— **Radhika D. Srivastava**, Journalist, Times of India

“We come here before you today to argue against the widespread use of serologic tests for evidence of HIV infection in so-called low-risk populations. We firmly believe that widespread screening for such infection, as has been proposed for immigrants, marriage license applicants, and, at least in one state, members of the general population, is unwise; it may in fact lead to a social catastrophe.”

“If we take...the data from participant laboratories in 1987 and go to Peoria, we would see 404 [false positive] test results for every truly infected person...identified from a low-risk group. One in 400, that really scares me, and the data we have here, 400 false positives for every true, that is going to be a lot of people labeled socially as outcasts.”
Testimony to US Congress. 1987 Oct.

— **Dr. Stephen Pauker, MD, New England Medical Center, Boston**

“Hiv+ diagnosis as a powerful stressor might immediately trigger some essential psychological mechanisms, which sooner or later...damage first the nervous system. In turn, damages to the nervous system could affect the state of immunity, not the other way around. At present...it is taken for granted and described even in student textbooks, that in a very complex way the nervous system controls all other systems of the body in general, and the immune system in particular. Obviously the morphological and biochemical mutilations in nervous system can cause the dysfunction of the immune system up to its total collapse.”

“...Yet, who apart from a few practitioners and explorers focused on ‘HIV-related encephalopathy’ or ‘AIDS Dementia Complex’...knows how dubious are the data and theories in this messy trend of mainstream AIDS science? It is just amazing to see how easily ‘hiv’ infection-ists detect fine psychiatric conditions and psychological disorders and speak about the efficacy of anti-retroviral administration in fighting them. And how reluctant they are to admit at least a possibility of entirely psycho-physiological and psychiatric accounts for the observed neurological impairments in ‘hiv’ labelled individuals.”

“The grounded doubts about HIV existence coupled with hope and determination for survival with hiv+ diagnosis might empower the weakest with the ability to combat effectively undue health crises. Everybody can escape from the ‘AIDS Zone,’ if (s)he wants to and knows how.”

Continuum, Summer, 1999

— **Dr. Dmitri Gousov, MS in Biochemistry; PhD Sociology;**

— **Veronica Kirichenko, Assistant Professor in Biology, Dnepropetrovsk State University, Kiev, Ukraine**

“...Existing data can no longer be reconciled with the received wisdom about the exceptional role of sex in the African AIDS epidemic.

“During the 1990s HIV propagated rapidly in Zimbabwe, increasing at an estimated rate of 12% annually. At the same time, the overall sexually transmitted infections (STI) burden declined an estimated 25% and while there was a parallel increase in reported condom use by high-risk persons... why would a relatively low efficiency sexually transmitted virus like HIV outrun more efficiently transmitted STI?

“In the notable four-cities study, many common sexual risk factors linked to HIV transmission (eg, high rate of partner change, sex with prostitutes, and low condom use) were not correlated with HIV prevalence... In addition, concurrency of sexual partnerships was not correlated with HIV prevalence, yet was associated with bacterial STI...

“Levels of sexual activity reported in a dozen general population surveys in Africa are comparable to those reported elsewhere, especially in North America and Europe. Perhaps more importantly, there appears to be little correlation with the level of risky sexual behaviour shown in these surveys and the epidemic trajectories observed in these countries.

“There are persistent reports of HIV in infants with seronegative mothers...

“...these observations raise the question of an alternative route of transmission, for which medical care and the use of injections are prime candidates. Prostitutes, for example, are often recruited for studies from STI clinics, where treatment is frequently given by injection, where non-sterile equipment is used with high frequency, and wherein the underlying prevalence of HIV is high. Many studies... failed to consider the potential confounding effects of medical care in the propagation of HIV.

“In North America, Europe, and many parts of Asia, the ignition of regional epidemics and rapid HIV transmission has been associated principally with the sharing of contaminated injecting equipment and with anal intercourse. Though heterosexual intercourse has been virtually the sole explanation offered for the AIDS epidemic in sub-Saharan Africa, to our knowledge in no other part of the world has penile–vaginal exposure...been demonstrated to initiate or sustain rapid HIV propagation.

“HIV is not transmitted by ‘sex’, but only by specific risky practices. Dispassionate assessment of our conclusions admittedly depends on a willing suspension of disbelief, since the current paradigm is deeply embedded.”

International Journal of STD & AIDS 2003; 14: 144-147

- **Dr. Devon D Brewer**, PhD, University of Washington, Seattle, Washington
- **Dr. Stuart Brody**, PhD, University of Tübingen, Germany,
- **Dr. Ernest Drucker**, PhD, Montefiore Medical Center/Albert Einstein College of Medicine, New York, NY
- **Dr. David Gisselquist**, PhD, Hershey, Pennsylvania
- **Stephen F. Minkin**, Network for Infection Prevention, Brattleboro, Vermont
- **John J. Potterat**, Consultant, Colorado Springs, Colorado
- **Dr. Richard B Rothenberg**, MD, MPH, Emory University School of Medicine, Atlanta, Georgia
- **Dr. Francois Vachon**, MD, University of Paris 7, France

“...To top it all [western scientists] did too good a job with scaring the world half shitless — many of the board members here too about AIDS. So anyone who thinks they are in their right mind has to use a bloody wellington over their dicks. Why aren't the hospitals here in Bangkok overflowing with AIDS victims? Why aren't the streets crammed with sick and dying people? Open your eyes folks — this is the real world — the real world where people in power tell porkie pies cause they been brainwashed.”

“I give you one example — I had to go to hospital in Sakhon Nakhon twice a day for three months. Every Monday morning this guy goes out and alters the AIDS victim numbers on the noticeboard outside — UPWARDS. I gets curious after a while and goes to look at the ward allocated for AIDS — it is almost empty whilst the rest of the place is crammed. So I talks with the head honcho. He shrugs his shoulders and says hey if we don't alter the numbers no one will believe us and people might not use condoms and we will lose our funding and...get a life people. Wakey wakey...”

“I hope some of you guys out there will remember just a little of what I wrote and look around and say hey what was that thing AIDS? ...why was I lied to? ...I want to reiterate please take things with a pinch of salt...”

“...It was one such generalization that started of a project I was involved in in the northeast of Thailand. There was the hypothesis that areas that had a high output of girls into the flesh trade would have a higher incidence of HIV. This hypothesis was blown out when it was found that far from it. There was in fact an inverse relationship with respect to areas supplying girls to Pattaya and Bangkok.”

“The report was buried as it went totally against Government and W.H.O policies.”

— **Poster to Thailand Sex Tourism Web Board, September, 200**

“I hope this group will generate enough critical mass to explode this dirty mountain of myth. What disturbs me most is the thought of millions of people having to suffer due to antiviral drugs (and the irony is these people are being charged also for that). Who will be held responsible for deaths of millions of people? Will the governments be held for trial along with the scientists and companies propagating this myth about AIDS being a killer disease? Will the world media own up their responsibility [for hiding] this truth and poor journalism?”

Comment to Virusmyth

— **Dr. Vishal Chhabra, Psychiatrist, Bangalore, India.**

“I have great reservations about some of the assumptions about viruses and genes anyway. There is a big question mark. It may all turn out to be very different from what is currently supposed.”

“I quite see [Neville Hodgkinson’s] argument that a killer virus strikes a chord in everybody and everyone wants to believe. I can easily go along with that. It’s the sort of drama that journalists and medics and all of us frankly like. It’s a concept that’s easy to latch onto. We go on a great hunt for this thing. I can quite see how that touches the collective imagination.”

“People can find it hard to leave an orthodoxy unless they know what they’re going to. I’m a great believer in looking at people’s track record. The track record of the drug approach to AIDS is absolutely abysmal. The drug approach to cancer is not a great deal better, though they’ve convinced themselves it is. You look at the people who’ve done hard epidemiological work on this and they say that the battle against cancer is a, quote, qualified failure. I don’t know how many billions we’ve given them to do the job. What other group is so unaccountable in public? There is something wrong with a society that abdicates so much power to scientists who are going round in circles. If you look at the track record of these things it is very very bad. Common sense says it’s time to look in other directions.”

Continuum July/Aug 1996

— **Lord Baldwin**, Joint Chairman of Britain’s Parliamentary Group for Alternative and Complementary Medicine

“There are many factors involved in the AIDS epidemic, the greatest of which is extreme poverty... Throughout the third world, just getting clean drinking water is a huge problem... You cannot blame everything on a simple virus.”

The Digital Collegian - Penn State University, Jan 28, 2003

— **Albert G. Mosley**, PhD, Professor of Philosophy, Smith College, Northampton, Massachusetts

“The case that I am going to describe is not directly related to AIDS, but I believe it is the beginning of a pattern, an example of how they manipulate a disease, as they have with AIDS. The issue concerns the Oil Toxic Syndrome... a boy gets sick and is taken to hospital, then three more members of the family become ill and... it is recorded that they all have pneumonia. A physician starts to investigate. Then come more and more similar cases... The physician explains... that there is a food poisoning... it is found that the common food was salad. Dr. Muro displayed proofs... that the agent responsible for this poisoning was a pesticide from Bayer, but the health authorities in Spain called and gave the case to the CDC. Dr. Muro was fired as Director of Hospital del Rey and officials from the CDC checked his documents and proofs.

“The official view is that the agent responsible for this poisoning was spoiled olive oil. Up to this date, any alternative view has suffered tremendous censorship from the big media and the scientific journals. When I see and hear all these discussions about AIDS, I very much remember the case of this oil.”

— **Gudrun Greunke**, Journalist (Reuters, Spiegel, Stern, ITV); Author, *El montaje del Síndrome Tóxico* and other books on scientific and medical controversies

“I went to Seattle to curate the first HEAL Seattle jazz festival in 1997 [HEAL is a group that disputes the Hiv-Aids hypothesis] with 50 known artists participating. It was a great success...The Seattle Times critic Paul Debarros approached the Northwest AIDS Foundation inquiring about the HEAL info he'd received and they would not take his calls without relentless daily attempts, when finally approached they had nothing to say or offer, nor refute. It was also publicised on KCMU and KBCS radios, and local businesses participated in sponsorship...

“The Stranger [alternative weekly newspaper] censored us. The radio DJ Daniel Brecker on KCMU whom had promoted the event heavily was fired 2 weeks later. I have been banned from performing at the Earshot Jazz Festival in Seattle subsequently.”

Comment to Virusmyth.net

— **Jim Nolet**, Jazz Musician, Composer and Recording Artist

“AIDS heretics who doubt that the HIV virus causes the disorder find themselves shut out and shouted down by establishment medical scientists. Why? Because the medical establishment is wedded to the HIV theory, drawing heavy government subsidies they would lose if that theory were ever abandoned.”

Sobran's, April 20, 2000

— **Joseph Sobran**, Syndicated columnist, author

“The hypothesis of the transmissibility of cancer that endured several decades is of historical interest as it exemplifies how an entire generation of scientists and scholars, misguided by flawed hypotheses, often commit their talents and energy, as well as human and financial resources in the unproductive pursuit of a false lead”

The War on Cancer, An Anatomy of Failure, A Blueprint for the Future

— **Guy Faguet**, NIH Funded Cancer Researcher for 28 years. Author of 140 peer-reviewed articles, 7 book chapters and 3 books on cancer, including *The War on Cancer: An Anatomy of Failure*

“AIDS is a myth generated by criminals in the CDC. Hundreds of thousands of innocent people have been killed based upon the myth. There has never been an AIDS epidemic and there is no AIDS epidemic presently. AIDS is not a transmissible disease and cannot be transmitted even by a blood transfusion. The original cases in NY and LA were homosexuals who were destroying their immune systems with recreational drugs.”

http://la.indymedia.org/news/2003/06/66369_comment.php

“AIDS and SARS are ways for epidemiologists (e.g., the CDC, WHO, etc.) to secure their jobs and continued funding for their agencies. No new emerging epidemics, maybe no CDC, no WHO, so we’ve got an infrastructure that REQUIRES the ‘discovery’ of new, threatening epidemics. And the media pick a new one every year. This year, it’s SARS. For the past couple of years, it’s been West Nile Virus. Next year it’ll be something else.”

“The NIH and the CDC present the greatest threat to health in the world today.”

— **Dr. Daniel H. Duffy, Sr., D.C., Geneva, Ohio. Former chiropractic doctor to the Cleveland Indians baseball team**

“I believe that HIV is a harmless virus and that AIDS is an advanced depressed state of the immune system, a result of malnutrition (such as seen in Africa) and/or drug consumption, be it prescription or non prescription.”

Comment to Virusmyth (website)

— **Anca Pop, PhD, Biochemistry, University of Bucharest, Romania. Biochemist, British Columbia, Canada.**

“We challenge the accuracy of media portrayal of AIDS because we believe that racism, medical mystification, and a lack of journalistic skepticism have resulted in a misleading account of the epidemic and of the economic, social and public health problems underlying it.

“The exaggeration is due in part to the way AIDS is reported: AIDS is the only disease reported cumulatively rather than annually, with a single total for cases and deaths rather than separate figures for new cases and deaths each year. Compare cumulative totals (1982-1997) of AIDS cases and deaths for South Africa (12,825) and Uganda (53,306) with new AIDS cases for 1996: South Africa — 729, Uganda — 3,021.

“A second issue is the way estimates of people who test positive for antibodies to HIV cannot be reconciled with numbers of cases. For example, in 1987, WHO estimated that 1 million Ugandans were HIV-positive; ten years later, the cumulative case/death total was 55,000. A third issue is the way the cumulative AIDS figure is then used to dwarf other health problems when annual data reveal a different situation. Compare new cases of AIDS with tuberculosis and measles in 1996: South Africa reported 91,578 new cases of TB, 6,501 cases of measles, and 729 new cases of AIDS; Uganda reported 27,356 new cases of TB, 26,198 cases of measles, and 3,021 new cases of AIDS.”

“There are fundamental flaws in the HIV tests (Western Blot and ELISA): they detect antiviral immunity and identify only antibodies to HIV, not the virus itself, and they are notoriously unreliable in Africa where other conventional microbes produce very high false-positive results. Most predictions of the AIDS epidemic are based on mathematical models that extrapolate from sampled HIV tests of pregnant women, yet pregnancy is one of 64 conditions that can cause a woman to falsely test positive for HIV.”

“Malnutrition, malaria, tuberculosis, and dysentery are rife in Africa; they result in damaged immune systems and are likely to cause increasing numbers of premature deaths.”

“Claims that AIDS threatens millions of Africans make it politically acceptable to subsidize the enormously profitable multi-national pharmaceutical industry, to use the continent as a laboratory for vaccine trials...and to distribute toxic drugs such as protease inhibitors that produce grotesque side effects, severe metabolic disturbances, kidney and liver failure, diabetes, and life-threatening changes in blood chemistry. AIDS activists are insisting that pharmaceutical companies provide these drugs at discount prices even though the manufacturers admit that they do not yet know whether taking the drugs will extend life or reduce chances of getting other illnesses associated with HIV.”

“Pharmaceutical companies urge African physicians to give AZT, a deadly DNA terminator, to pregnant women or their babies — a questionable recommendation since the rate of maternal-fetal HIV transmission is about 15%. After childbirth, mothers who test positive for HIV are advised or forced to refrain from breastfeeding, even though the transmission of HIV through breast milk is possibly only 10%.”

Health, Drugs, and AIDS, Background Paper: Deconstructing the Health/AIDS/Drugs Debates

— **Dr. Meredith Turshen**, PhD, Professor of Urban Studies and Community Health, Rutgers University, New Jersey;

“Regarding Mr Bennet’s recent submission concerning HIV seroconversion and oxidative stress:

“Well, this entirely depends on whether HIV seroconversion actually exists.

“Given that the cutoff for HIV seropositivity is entirely arbitrary, and depends on which type of test is used, and even using the same test, then depends on where the test is carried out, surely Mr Bennett’s argument is spurious.

“How can someone test positive in one country and not another (see disparity between the Western Blot and Elisa usage, differing results obtained by testees in different countries etc)?

“Either someone is infected by the 'virus' or they are not, and if different test give different results, and the results of these tests, as we know, have to take into account supposed risk factors, then that allows for an abject lack of objectivity that renders these tests unscientific.

“The whole point about HIV testing is that it is designed to assign a 'status' to certain individuals as a result of their supposed 'risk factors', and is therefore entirely unobjective and based on prejudice and not science.

“Now even if Mr Bennett were correct in his rationality, once you take away the whole notion of HIV seropositivity from his argument, it collapses.

“How can a test which is supposedly specific to a virus, but which will reveal a positive result for people, say for example, suffering from MS be held to be entirely specific to the unseen virus known as HIV ?

“This is virological claptrap, and it is unsurprising that

“(a) people aren't particularly interested in 'AIDS' any more in the West

“and

“(b) South Africa, and many other regimes in the former colonised world, view the ARV scam with suspicion

Interestingly all of the conditions which are unrelated to 'HIV', whatever that is, which were listed in the Lancet, all feature oxidative stress as a significant part of their pathology.”

British Medical Journal Rapid Response

— **Rod McGregor, MD, Clinician, London, UK**

“It is suggested...that there are some scientists who are ‘dangerous and discredited’ with whom nobody, including ourselves, should communicate or interact. In an earlier period in human history, these would be heretics that would be burnt at the stake!

“Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited.

“We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.

“The scientists we are supposed to put into scientific quarantine include Nobel Prize Winners, Members of Academies of Science and Emeritus Professors of various disciplines of medicine!

“Scientists, in the name of science, are demanding that we should cooperate with them to freeze scientific discourse on HIV-AIDS at the specific point this discourse had reached in the West in 1984.

“People who otherwise would fight very hard to defend the critically important rights of freedom of thought and speech occupy, with regard to the HIV-AIDS issue, the frontline in the campaign of intellectual intimidation and terrorism which argues that the only freedom we have is to agree with what they decree to be established scientific truths.

“Some agitate for these extraordinary propositions with a religious fervour born by a degree of fanaticism, which is truly frightening.

“The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.”

Letter to World Leaders, April 3, 2000

— **Thabo Mbeki**, President of South Africa. MEcon (University of Sussex, 1966), Honorary Doctorate, Rand Afrikaans University (1999), Honorary Doctorate of Laws, Glasgow Caledonian University (2000).

“If AIDS is not caused by a deadly virus, (and who has seen any evidence that it is?) then your body will be grateful for all the natural health-promoting measures you can take: detoxification, investigating allergies and nutritional deficiencies, antifungals, helping your liver and digestion work better, and so on.”

Continuum Magazine, Spring, 1998

— **Leanne Reid**, Registered Nurse, Nutritionist, London, UK

“...In the area of sex, one mustn't even dream about it without 'protection.' It's obligatory. All must conform. Any other opinion is promptly deemed 'irresponsible' and dismissed without so much as a second thought. Never mind the fact that hundreds of doctors, world class scientists, and Nobel Prize winners, say that AIDS is not even caused by HIV. Never mind that tens of millions of men hate condoms because they prefer making love with a person instead of a piece of plastic. Even during the most intimate contact possible between human beings our protectors (and their highly profitable products) are ever present.”

“We are now witnessing a peculiar phenomenon within the field of medical science. Proof as the standard in medicine has in many instances given way to theory. Theory in actuality is nothing more than someone's opinion. It may be expert opinion, but until something is conclusively proven it remains just a belief.”

“Medical science as practised today is more accurately defined as a religion than a science because much of its foundations are built upon belief and faith...The selling of beliefs as proof amounts to nothing more than a religion masquerading itself as science.”

“In the brave new worlds of genetic engineering, cloning... and increasing demands upon us all to submit to the ever growing list of 'tests,' the need to defend ourselves from the imposition of medical beliefs is becoming more and more pressing. The high priests of the medical establishment are for some reason hell-bent on forcing us all to accept their theories as absolute truths.”

“During the middle ages doctors of the day deeply believed that midwives were witches. The result; thousands of midwives were executed. In the 1700 to 1800's doctors then believed that as much as four-fifths of a person's 'bad' blood should be drained out of the body for a simple sore throat. The result; thousands of people (among them President George Washington) bled to death during medical bloodletting sessions. For centuries the medical profession stubbornly believed that scurvy had absolutely nothing to do with diet. The result; literally millions of preventable deaths due to scurvy...The seemingly endless litany of medical crimes and arrogance is written in blood across the

pages of history and yet they still expect us all to keep on believing...Do you still have faith in the church of modern medicine?"

hippocrates.com.au

— **Dr. James P. Hilton**, PhD, author, *Burden of Proof: Surviving Cancer, AIDS and Most Other Illnesses*

"I have medical training but work as a journalist... I have seen many people die as soon as they start intense AZT cocktail treatment... our president [Mbeki] has been ridiculed for what I believe might be correct thinking. There is something that always puzzles me and that is that if AIDS...had really taken hold would we not see huge exponential growth, bodies in the streets, villages decimated? I also believe that while working in the sudan, I got so many illnesses that had I had an AIDS test I would have tested positive. Doctors have been wrong on so many things, why not this?"

Comment to Virusmyth.net

— **Lin Sampson**, Journalist, Sunday Times, Cape Town, South Africa

"I strongly believe that if indeed there is AIDS, the scourge is not as serious as people are proclaiming it. I personally think that since 1980 or thereabout when this scare crowd started there should have been drastic reduction in the population of undergraduates in our universities because sexual intercourse is going on in an unprotected manner every minute in our society. If anybody emaciates and dies in Africa, I will say hunger and malnutrition are responsible and not AIDS. I can defend this position anytime."

— **Dr. 'Ayo Adeboye**, Physician, Nigeria.

"People think a positive test means no hope, so the children are relegated to the back wards of hospitals which have no resources and they die. They are very sick when they come to us. Usually they are depressed, withdrawn, and silent...But as a result of their care here, they put on weight, recover from their infections, and thrive. Hygiene is excellent [and] nutrition is very good; they get vitamin supplements, cod liver oil, greens every day, plenty of protein. They are really flourishing."

Hodgkinson Neville, P. Duesberg (ed.), AIDS: Virus- or Drug-Induced? Kluwer, 1996

— **Father Angelo D'Agostino**, Former surgeon who founded Nyumbani, a hospice for abandoned and orphaned HIV-positive children in Kenya

"...Disobedience of tribal custom [in W. Africa] is punished by... curse death, which means certain death to the victim...For the curse to be successful, the victim has to be made aware that he or she has been cursed...When the curse becomes known, the victim's family and friends as well as the entire community withdraw their support. The victim becomes an outsider... Feeling hopeless and helpless, the victim withdraws, thus furthering his or her isolation... Although the threat to life is not acute, the emotional strain of feeling hopeless is evident over an extended period of time...The victim remains in a state of chronic fatigue and melancholia, and...he or she simply dies... psycho-physiological forms of giving up are often seen in (Western) hospitals.

Patients...told of their imminent death have been known to react by withdrawing, eating and drinking poorly, and socially isolating themselves; at times these reactions result in premature death.”

Am J Psychiatry; 1977, Dec; 134(12): 1425-1427

— **KM Golden**, *Voodoo in Africa and the United States*.

[Experts have] “...made clear and persuasive statements about the fallacies of the HIV/AIDS hypothesis and the dangers of AZT.”

— **Kathleen Goss**, Writer, 14 book credits and dozens of articles in the medical field; co-author of *Maximum Immunity*

“I look for the day when HIV/AIDS will be eradicated, not via toxic drugs but by informed science committed to authentic healing and not merely waging war on a mythical/overrated virus.”

Comment to Virusmyth

— **Victor Pond**, Project Director, MOCHA Coalition (Men Of Color Committed to Healthier Alternatives), Chicago Department of Public Health, Chicago, Illinois.

“The virus is benign in comparison to the enormous destructive activity of the immune system, itself.”

New York Newsday, Sep 6, 1993

— **Dr. Jacques Leibowitch**, Raymond Poincare Hospital, Garches, France

“...The HIV supporters...seem to regard the HIV hypothesis as an ‘eternal and immutable’ truth...By contrast, those who cast doubt on the HIV hypothesis are shown to conform to the more openly evolving and critical view of true science. Likewise, when Bronowski says, ‘the essence of science: ask an impertinent question, and you are on the way to a pertinent answer,’ then again we can see which group comes closest to any trace of impertinence as opposed to those who slavishly adhere to the established theory.”

BMJ Rapid Response, 26 November 2003

— **Peter Morrell**, MPhil, Lecturer, Hon. Research Associate, History of Medicine, Staffordshire University, UK, co-author, *Environmental Science* textbook

“The HIV/AIDS myth is the most devastating scientific fraud in the history of mankind. The toll in ruined lives is incalculable. When will the scientific and political communities muster the courage to squarely face the truth?”

Comment to Virusmyth

— **Eugene Watson**, Manufacturer of Scientific Instruments. Economic Development Consultant, University of Wyoming. USA.

“Diagnosis of HIV infection is based almost entirely on detection of antibodies to HIV, but there can be misleading cross-reactions between HIV-1 antigens and antibodies

formed against other antigens, and these may lead to false-positive reactions. Thus, it may be impossible to relate an antibody response specifically to HIV-1 infection.”

“In blood donor studies in the developed world, about 20% of sera referred to confirmatory laboratories give indeterminate western blot results, almost all of which are on presumed negative specimens.”

The fallibility of HIV Western blot. Lancet. 1991 Feb 2;337:286-7

“Inhabitants of certain regions may have cross-reactive antibodies to locally prevalent non-HIV retroviruses.”

Med Int. 1988;56:2334-9

“Interpretation of Western blots is subjective... these tests have never been submitted to... rigorous evaluations and performance assessments under routine laboratory conditions...”

Med Int. 1988;56:2334-9

“Manufacturers claim impressive levels of accuracy [for HIV tests] — usually well in excess of 99% — but much depends on the context in which the assays are being used, and any overall figure is likely to be misleading.”

Med Int. 1988;56:2334-9

— **Dr. Philip Mortimer**, Director of the Virus Reference Laboratory of the Public Health Laboratory Service, London, UK

“Compared with the Abbott [antibody] assay, the Vironostika [antibody] assay had a sensitivity of 98% and a specificity of 94.7% [showing how one test that has never been properly validated is used to ‘validate’ another similar test, by showing that most of the time they produce the same result]”

J Acquir Immune Defic Syndr. 2002 Apr 15;29(5):531-535

— **Gouws E**, et al, Aids Researchers

“False-positive ELISA [antibody] test results can be caused by alloantibodies resulting from transfusions, transplantation, or pregnancy, autoimmune disorders, malignancies, alcoholic liver disease, or for reasons that are unclear... The WB [Western Blot antibody test]...yields an unacceptably high percentage of indeterminate results.”

As the number of women being screened has increased, the proportion of false-positive and ambiguous (indeterminate) test results has increased and the positive predictive value (PPV) of the standard HIV test has decreased

Arch Fam Med. 2000 Sep/Oct;9:924-9

— **Doran TI**, Parra E, Aids Researchers

“One infant dying of histologically confirmed HIV encephalopathy was repeatedly seronegative.”

Eur J Pediatr. 1992;151:442-8

— **Kind C**, et al, Aids Researchers

“There are many African studies reporting HIV-positive children with HIV-negative mothers.”

Int J STD AIDS 2002;13:657–666

— **Gisselquist D, Rothenberg R, Potterat J, Drucker EM, Aids Researchers**

“For HIV infection, there is no independent, unequivocal way of identifying a group of individuals who are all assuredly infected or uninfected.”

JAMA. 1987;258:1757-62.

— **Cleary PD, et al, Aids Researchers**

“The strength of ELISA reactivity...was predictive of positivity on immunoblot [Western Blot] testing. The immunoblot was positive in all 21 specimens with ratios higher than 4.0, in 5 of 7 specimens with ratios of 2.0 to 3.9, and in only 1 of 16 specimens with ratios between 1.0 and 1.9 [this illustrates that the HIV test only became a Black and White test through an arbitrary cutoff value]”

N Engl J Med. 1988 Mar 3;318(9):525-30

— **Hoff R, et al, Aids Researchers**

“Alloimmune mice...were shown to make antibodies against gp120 and p24 of HIV, and mice of [two] autoimmune strains...made antibodies against gp120. This is surprising because the mice were not exposed to HIV. [i.e. HIV proteins are found in uninfected mice!!]”

Science. 1991 Sep 6;253:1138-40

— **Kion TA, Hoffmann GW, Aids Researchers**

“The understanding of the pathogenesis of AIDS has probably suffered seriously from two major shortcomings. First, HIV has been wrongly...assumed to be cytopathic [cell-harming] in vivo [in humans]...there is no convincing evidence that HIV is cytopathic in vivo.”

Curr Opin Immunol. 1995;7:462-70

— **Zinkernagel R, Aids Researcher**

“The “hiv/aids” labeling system is being used by more than 70 countries to DENY people basic human rights. The USA is at the forefront of many of these violations. People are being denied the right to political asylum, the right to freely move from country to country, people are being tested against their will. People are being denied a choice of treatments; only toxic antiretroviral therapies are free. No government, no doctors in (England), no charity, no organisations, no National Health Service is helping people have any natural alternatives to combination therapy. Patients (and me) are being denied a FREE and FAIR CHOICE.”

“‘hiv’ test kits are not used fairly or objectively; high risk group information is standardly used and this DOES affect interpretations of results; without high risk group information they would not be able to use any ‘hiv’ test kit because the results would be all over the place, unreproducible, discordant and impossible to ‘interpret,’ that’s the real reasons

they NEED all this information when using these test kits...we have to stop this madness.”

Comment to Virusmyth

— **James Whitehead**, *hiv positive 13 to 16 years, since 1987*; writer and researcher for *Continuum Magazine* and *Meditel Productions*.

“The medical-scientific propaganda on AIDS which declares that HIV equals AIDS, equals Death, has been a strategic campaign on the part of international and national medical authorities, justified on the basis of the need to generate funds for research and medical treatment, and the age-old rationale of the need to frighten people into a course of action deemed to be ‘for their own good.’ Countervailing facts, however, are known and accepted within scientific circles. The real controversy — also age-old — is about whether this information and its implications should be shared openly and critically — that is, democratically — with ordinary citizens at the receiving end of the AIDS scare.”

“In spite of all the misinformation and faulty data, however, the fact that medical science has got it wrong does not mean that there is no problem. To the contrary. The situation [in Africa] is more grave than medical science and AIDS activists present. But this situation is not new, nor is it the result of HIV and AIDS. Rather, it is the terrible ongoing historic reality of life-threatening immunodeficiency as the chronic condition of the poorest and least defensible. The villain is not a virus; it is poverty itself. And the cure is not medicine; it is justice. And the hysteria around AIDS clouds the issue.”

“We define the effects of immunodeficiency in terms of ‘disease’ rather than ‘deprivation,’ because we have policies to deal with the first, while we do not have the political will to deal with the latter.”

“The media are predisposed to present exotic and deadly diseases which attack humans, with science and medicine as the stalwart army trying to build an adequate defence. The public are all the more susceptible when the exotic disease not only responds to prurient sensationalism (AIDS as a sexual disease, AIDS as punishment for evil and perversion) but also bears the hallmark characteristics of mainstream prejudice regarding sexual orientation and homophobia, race, poverty, and images of the Third World.”

“It is the premise that the cause of AIDS is primarily viral, together with the social-sexual theories about the spread of the so-called ‘AIDS virus,’ which lead to a prediction of an epidemic, not the observable facts. If the theory was correct, both about the virus, and sexual transmission, the present modest numbers would be impossible. Indeed there would be no controversy, because the numbers in Canada and the United States, where diagnosis and reporting is aggressive and rigorous, would already be astronomical. In fact, they are not astronomical, they are not increasing but decreasing, and they remain insignificant in absolute and epidemiological terms. The numbers reveal none of the mathematical characteristics of an epidemic.”

The Politics of Aids, July 1994, Interpares

— **Brian K. Murphy**, Formerly Senior Policy Analyst with Inter Pares, the Canadian

international social justice organization; Author, *Transforming the World, An Open Conspiracy for Social Change*, ZED Books (London and New York), 1999.

“The most likely value of the probability of infection within 25.8 months for this group of 36 sexual partners is zero...The absence of seropositivity in any of the 36 sexual partners included in this study indicates that heterosexual transmission in this group with no additional risk factor is uncommon.”

Archives of Internal Medicine, 1988

— **Brettler DB**, Forsberg AD, Levine PH, Andrews CA, Baker S, Sullivan JL, Aids researcher

“I’m tired of the same useless and rehearsed information given to me when asking my peers about HIV. I’m writing with hopes that you’ll strengthen your resolve to continue to educate others regarding the truth about HIV and AIDS.”

1999 letter to Dr. Peter Duesberg, inviting him to speak at a medical school. The invitation was cancelled by faculty members.

— **Charles Weaver**, Graduate student, Neuroscience, Albert Einstein College of Medicine, New York

“Because of the complexity of this disease state, it is often difficult to differentiate between the manifestations of HIV infection [sic] and the manifestations of zidovudine (AZT). In addition, very little placebo controlled data is available to assess this difference.”

— **United States Pharmacopeia’s USP DI**, 1996, pages 3032-3034

“Our results show that immune responses are potent in antiretroviral-naive [those who don’t take the Aids medicines] but significantly reduced in HAART-treated patients with undetectable viraemia... T-cell proliferation to HIV-specific and HIV-unrelated antigens is potent in antiretroviral-naive but suppressed in HAART-treated individuals. HAART [‘Highly Active Anti-Retroviral Therapy’] is associated with weaker HIV-specific and -non-specific immune responses.”

AIDS. 2000 Jan 28;14:109-116.

— **Clerici M**, et al, Aids Researchers

“The use of antiretrovirals and PCP prophylaxis before AIDS were associated with a significantly poorer survival after AIDS [median of 16 months before death with antiretrovirals, 25 months without].”

AIDS. 1998 Jun 18;12(9):1039-1045

— **Van Benthem BHB**, et al, Aids Researchers

“I think there has been of late a lot of exaggeration about the extent to which AIDS is affecting Africa and Uganda in particular...We were the first African country to come out very openly with a programme and this has somehow been misunderstood by some people from the European countries, especially uninformed press that this is the epicentre of AIDS...I don't think that this is the epicentre of AIDS.”

Meditel, 1993

— **Dr. Sam Okware, MD, Deputy Director, Medical Services, AIDS and Communicable Diseases, Uganda**

“There are serious problems with AIDS and HIV statistics as created by WHO and UNAIDS that make them completely unreliable.”

“TB can trigger a false positive with the HIV test...does this not affect international AIDS statistics as they are dependent on HIV test results?”

“Pregnancy can trigger false positives...does this not affect international AIDS statistics that are almost completely dependent on HIV tests of blood of pregnant women?”

“In Africa, many poor countries have little medicine...and if AIDS is diagnosed they do not ‘waste’ their precious stocks of medicines on the ‘AIDS’ patient suspected to be ‘concurrently suffering from’ TB or dysentery or malaria or SLIM. How then does one resist the potentially resistible mortality for those Africans who are wrongly diagnosed with AIDS?”

“Figures from WHO/UNAIDS stated there were 2.2 million cumulative AIDS deaths in Uganda, yet the Ugandan Ministry of Health had a total record of only 56,000 deaths.”

“...Official government bodies...could only account for about 7% of the total 28 million deaths WHO and UNAIDS declared had occurred through AIDS...Russia could account for only 5%...India only 2%, and China only 1%. What is going on at WHO and UNAIDS, who or what is responsible for such gross inaccuracies?”

“If WHO and UNAIDS figures are so inaccurate, and create unnecessary fear amongst poor communities that should have other priorities for spending the little assets they hold, would that not play into the hands of unscrupulous drug companies that wish to extend HIV testing into these poor countries and acquire those assets through the purchase of very toxic drugs that would be given to poverty stricken people, especially pregnant women and their children, who would know no better — drugs such as Nevirapine, banned in the USA but already being delivered to Africa by drug companies and that could be foisted on unsuspecting mothers who have false positive HIV tests or ‘flawed’ Bangui diagnoses?”

“AIDS modelling has declared South African universities rampant with infection with 1 in 4 undergraduates expected to die of AIDS within 10 years. Real samples suggest an on-campus prevalence about 1.1%. South African banks tested 29,000 staff for HIV as models suggested 12% rates. Real tests showed about 3%. Prisons test infections for HIV and the rate in Grahamstown jail was only 2-4%, with only 2 deaths from AIDS in 7

years. Recorded prison rates are about 2.3% yet the media has reported estimates of as much as 60%.”

“The World Bank claimed African teachers to be dying of AIDS faster than being replaced and the BBC reported that 1 in 7 (14%) of Malawian teachers would die in 2002. Bennell, a Health Policy Analyst, found the all causes death rate amongst teachers in Malawi to be under 3%. In Botswana figures appear to be 3 times lower than estimates and in Zimbabwe 4 times lower.”

“If UNAIDS and WHO are so incredibly wrong, why do they persist in the apparent deception—and could it have anything to do with their allegiance to international pharmaceutical giants and ‘AIDS industry’ bodies?”

“350 million Africans get malaria each year but do not appear to have the right to anti-malarial treatment. 2 million get TB annually yet AIDS spending is 90 times higher than TB spending and there is little left over for treating pneumonias, cancers, parasitics, bacterials or diabetes. What scientific or political justification could there be for this?”
BMJ Rapid Response, 21 December 2003

— **Dr. John P. Heptonstall**, MD, D.Ac., Director, Morley Acupuncture Clinic and Complementary Therapy Centre, Leeds, UK

“Dear Professor Duesberg...I have been following your ideas about AIDS from about the ‘80s. I saw you for the first time in a talk show conducted on the Italian TV (Maurizio Costanzo show) debating with the Italian immunologist Aiuti and I got persuaded that you were right... I will read your latest on AIDS as soon as possible. Your opinions must prevail!”

Letter to Peter Duesberg

— **Dr. Nicola Schiavone**, PhD, Researcher, Department of Experimental Pathology and Oncology, University of Florence, Italy

“The AIDS virus is probably little more than another ‘opportunistic’ infection of an already destroyed immune system — at the most a ‘co-factor’ which may possibly give rise to AIDS when combined with other factors. This is already known to be true for PCP. The pneumocystis carinii is found in more than 95 percent of healthy persons and is life-threatening only in the individual with a defective immune system.”

[The idea of HIV being lethal is] “. . . so absurd that deliberate deception of the public may be suspected.”

“This virus (HIV) does not attack otherwise healthy persons and destroy their immune systems. HIV is an opportunistic infection, and no one with a normal immune system is going to have much trouble with it.”

“[HIV] will never affect otherwise healthy persons, heterosexual or homosexual. All suggestions to the contrary are motivated by the desire to frighten the public.”

“Doctors who do not accept the official line on AIDS can find themselves in a lot of trouble.”

The Aids Mirage, 1995

— **Dr. Harris L. Coulter**, PhD, author, homeopathic physician

“...We observed [falsely reactive Hiv tests in] a large proportion of individuals who had either lived or worked on dairy farms...and frequently drank unpasteurized cows’ milk [ed. note—this makes one wonder whether lactobacteria from yogurt or other fermented dairy products might cause a false positive]...Undefined autoimmune phenomena [such as multiple pregnancies], bovine exposure, or cross-reactivity with other human retroviruses could be possible causes for consistently [false] reactive HIV immunologic assays.”

Transfusion. 1988;28:412

— **Dock NL, et al**, Aids Researchers

“AIDS stands as the epitome of pseudo-science devoid of morality, research without conscience, and a public policy driven by ego, dollar signs and genocidal neglect.”

Comment to Virusmyth

— **Dr. Ted Hill**, PhD, Clinical Psychologist, Sandpoint, Idaho

“Anyone who isn’t skeptical of the pharmaceutical industry’s motives regarding the treatment of AIDS needs to take a long look at the harrowing stories and suppressed science poignantly pieced together in [the documentary] ‘The Other Side of AIDS.’”

— **Susan Gerhard**, Editor, San Francisco Bay Guardian

“I can tell you no one is ever going to stick an ‘AIDS vaccine’ into my body. I’d rather take my chances with the AIDS virus. At least then I know what I’m dealing with, rather than whatever virus is in the so-called vaccine.”

Health Counselor Vol. 5, No. 4, Oct/Nov, 1993

— **Dr. Joan Priestley**, MD

“I have studied this controversy and worked with many HIV/AIDS patients. I have also experienced loss of a close family member. I am of the opinion that there is not adequate scientific based evidence that HIV causes AIDS. I believe that AIDS is multifaceted, HIV may be one of the contributors to this state.”

Comment to Virusmyth

— **Jamila Ali**, RNC, NP, Registered Nurse, Nurse Practitioner, New York, USA.

“[The Other Side of Aids is] a highly professional film which challenges the relationship between HIV and AIDS, and combats the increasingly monolithic, institutionalized, and often profit-driven modern medical practice.”

— **Dr. Samuel S. Epstein**, Author *The Politics of Cancer*, Professor Emeritus, University of Illinois at Chicago, School of Public Health

“[The Other Side of Aids is] an extraordinary film that lays bare the many unquestioned assumptions about HIV and AIDS. It will help people make informed decisions about their own lives and the lives of those they love.”

<http://AliveAndWell.org>

— **Derrick Jensen**, BSc, Mineral Engineering Physics, MFA, California; Author, *The Culture of Make Believe*, *A Language Older than Words* and *Listening to the Land*; Assoc. Editor, *Transitions*; Writes for *The New York Times Magazine*, *Audubon*, and other magazines

“Doctors are pretending that there's only one way of looking at AIDS. Honest members of the medical profession readily admit that there are no easy answers. This wonderful video [The Other Side of Aids] empowers people who test HIV positive and clearly shows the medical data still are conflicting.”

<http://AliveAndWell.org>

— **Jay Gordon**, MD, Medical correspondent, ABC News

“[The Other Side of Aids is] a fascinating look at accepted views about HIV and AIDS that will make any open-minded person want to know more.”

<http://AliveAndWell.org>

— **David Bernknopf**, Former director of news planning, CNN

“[‘The Other Side of AIDS’] effectively and eloquently raises reasonable doubts about the medical establishment’s view of HIV and AIDS. The debate this film opens is long overdue.”

— **Dr. Richard De Andrea**, MD, ND, Medical Advisor, Physicians Committee for Responsible Medicine

“I cried when I watched this film [‘The Other Side of AIDS’]. Families are disrupted and people are terrified all in the name of false science. Show it to everyone you know. Throw it from the rooftops. Stop the madness.”

— **Peggy O’Mara**, Editor and Publisher, *Mothering Magazine*

[More Scientists, Medical Professionals And Academics Who Disagree With The Hiv-Aids Dogmas](#)

[Rethinking AIDS](#)

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