AIDSGATE If not HIV, what is causing the AIDS epidemic? by Janine Roberts

As I recounted in the last article, HIVGATE, I had travelled a long distance from thinking there was no reason to question what I had been told, that HIV causes AIDS, to discover with mounting disquiet that there is no solid scientific evidence for this, not even for HIV being sexually transmitted, but I could not stop there.

I had to know what then was making so many millions so ill? Just what is the illness we call AIDS? When I set out to investigate this I soon found myself in a world, not just of slipshod science, but of statistical exaggeration on a criminal scale and politically convenient redefinitions. AIDS is thus one of the most ill-defined killers in medical history.

Would the history of the AIDS epidemic contain clues to what was making people so ill if not HIV? But when I looked into this, I found a very different story from what I had expected, one tangled in drug and gay politics, in funding campaigns by government research institutions –and an answer to what started this epidemic that has always been obvious, but which strangely has dropped out of sight.

How the AIDS epidemic started.

In the Beginning – pre-March 1984

The earliest medical case reports I could discover on this fearsome epidemic told of young gay men in London and New York dying of fungal diseases in the late 1970s. The victims all came out of a gay partying subculture in which for over a decade frequent sex had been fuelled by an incredible amount of drug taking. These reports were from St. Mary's Hospital near Paddington Station in London, from Dr Joseph Sonnebend's clinic in downtown Manhattan, supplemented by accounts from people within this gay scene.[1]

From them I learnt these patients had a new deadly 'cocktail' of diseases with awful fungal growths in their mouths, throats and lungs and a skin cancer. Their lungs were infected with a pneumonia fungi (PCP) that killed within a year of diagnosis, their throats and mouths were obstructed with a gross Thrush and their skins disfigured with a caner called Kaposi Sarcoma. None of these illnesses were new. PCP had ravaged severely malnourished European children at the end of the Second World War - and now attacked children undergoing cancer chemotherapy. Thrush was widespread – but very rarely this horrific. Kaposi Sarcoma had been found in the elderly in the West. But never before had these diseases afflicted so many young men.

The health authorities at the time named this as GRID , meaning Gay Related Immune Deficiency, and regarded it as self-inflicted. The first official report was not issued until 1981 and focussed on 5 young Los Angeles men, hospitalised with fungal PCP and Thrush. The Center for Disease Control (CDC) in Washington DC, the author of this report, claims these men had AIDS, so I was most surprised to find the report said the cause was unlikely to be a virus or bacteria, as the patients 'did not know each other and had no known common contacts or knowledge of sexual partners who had had similar illnesses,' and moreover did not have 'comparable histories of sexually transmitted diseases'.

But the report had noted a common factor. 'All five reported using inhalant drugs' – particularly the amyl nitrite inhalant called 'poppers'.[2] In London, Paddington hospital reported the same. When the CDC in 1982 examined a further 170 cases, it found 96% took poppers, with 40 to 60% also on cocaine, Crystal Metaqualone and LSD. Only10%, took heroin. [3] That same year the toxicologist Dr Thomas Lowry 'conservatively estimated' that 250 million doses of poppers were taken annually in the United

States. The Atlanta study of 1983 confirmed much of this. It reported 96% of AIDS victims were on the 'poppers' while only 10% took heroin.[4] [5] Poppers were found to be frequently taken with other sniffed or swallowed drugs, such as crack cocaine, LSD or Crystal. Later studies, as we will see, showed poppers would retain their high usage among gay party goers – right up till today.

I was astonished when I first learnt that injected drugs were the least associated with AIDS, for the UK and US governments' annual AIDS Surveillance Reports had given me quite the opposite impression. They explicitly say injected drugs are the only drug-related serious risk factor for AIDS. This is apparently on the grounds that a virus cannot be spread by inhaling acidic popper fumes, but can be on a contaminated needle.

I was left wondering why the inhaled drugs were being omitted. Surely not because they did not fit in with the HIV theory? Statistically, they were nine times more associated with AIDS than injected drugs. Toxicology reports said inhaled toxins can accumulate in our bodies over time until they reach very dangerous levels. In the case of poppers, there was ample time for this. They came into common use in the gay clubs and bath houses of major Western cities in the mid-1960s. The first cases of AIDS were found in gays using these facilities a decade later.

But why were partying gay men so much in love with poppers, when less than 1% of heterosexuals or lesbians took them? I went back to the history.

What I discovered was that poppers relax both inhibitions and the sphincter muscles, making anal sex easier and happier . In 1968 a medical prescription requirement had been imposed on Popper sales in the US to try to restrict this use The drug had been developed for angina, not for recreational purposes. But this restriction failed. Underground manufacturers marketed poppers as 'liquid incense' or 'room odorizers.' It came at first in capsules 'popped' open to release the acidic fumes, hence the name, but was now supplied also in multi-dose small brown bottles .

Ian Young reported in *Steam*: 'In the gay ghettos of the Seventies and early Eighties, poppers were always at the center of the action … On any given night … a large percentage of the men on the dance floor would have poppers in hand ... Some disco clubs would even add to the general euphoria by … spraying the dance floor with poppers fumes. Many gay men ... find they're no longer able to enjoy sex without' them.' In the bathhouses, 'the musky chemical smell was constantly in your nostrils.' [6] It was the same in London, where John Lauritsen reported ; 'Every Saturday night an estimated 2,000 gay men attend a dance club where drug consumption is the main activity….Poppers are sold legally in London.'

(Today these poppers drug cocktail parties are still happening – and AIDS in the US and UK still principally strikes down their participants, as I would later discover to my dismay.)

.Many scientists wrote at the time about the health hazards of nitrite inhalants – the chemical constituent of poppers. In 1981 Dr. Thomas Haley, a leading US toxicologist, surveyed 115 recent studies and found; 'Accidental prolonged inhalation of amyl nitrite has resulted in death from respiratory failure.... 1 to 2 days after cessation of exposure. [It] interferes with oxyhemoglobin, causing anoxia [oxygen starvation] of vital organs' and diminishes the number of T-cells in the blood. The last point interested me. Cutting T-Cell numbers is the very thing that HIV is usually given the sole credit for doing – and to thus cause AIDS.

But 'anoxia of vital organs' made me sit up and think. This meant that poppers over time would starve our vital organs of vital energy, make them severely malnourished. The World War 2 children who got fungal pneumonia were also severely malnourished. Was drug-induced severe malnourishment the reason why AIDS victims came down with the same disease? Could this also be why body wasting as in starvation is a symptom of advanced AIDS? Chronic diarrhoea also causes severe malnourishment – and is a common AIDS symptom..[7] AIDS also inflicted many of the highly malnourished in Africa. Were these the clues I was looking for? Was chronic severe malnourishment, drug-induced or otherwise, possibly a major cause of AIDS? (I say 'a cause" rather than 'the cause', as many factors can work together to make us ill.)

When I looked up PCP I found that it was a yeast-like fungal infection of the lungs that limits the absorption of oxygen from the air. One of its major diagnostic symptoms is thus not finding enough oxygen in the arterial blood. Thus this too can help cause cellular malnutrition. I did not know if there was any association between this deadly fungal lung infection and damage to the

lungs caused long term by inhaled poppers, but it seemed a reasonable possibility.

Malnutrition makes it easier for dangerous fungal infections to develop; severe fungal infections could cause malnutrition. It is a vicious circle.

Likewise for the yeast fungi that causes Thrush. In AIDS this is found to grow dangerously on the tissues most highly exposed to poppers in the mouth and throat. There was also a poppers link to Kaposi Sarcoma. This cancer in AIDS cases affects mostly the skin around the mouth and nose, and even sometimes in the respiratory tract, thus again in those parts most exposed to popper fumes.

If the acidic nitrites in poppers fumes were doing this damage, it could well be because popper fumes are changed by our bodies into Nitric Oxide – a common element in car pollution but also, in tiny amounts, a vital chemical in us. This does more than just relax the smooth muscles and help men get erections, it is an unstable 'free radical' and the very chemical used in minute quantities by our immune system to kill invading bacteria. Did popper fumes eventually produce so much nitric oxide in us that it killed many of our cells – including immune cells? Recent research shows that it is excessive amounts of this chemical that kills neuron cells in our brains in stroke and Parkinson cases.[8]

I wondered also if crack cocaine, Crystal and LSD might have some similar long-term effects? They are taken alongside poppers by most of those now falling so ill. Poppers were said to enhance the effects of the other drugs. Could these taken in combination over a long time, do the damage to the immune system associated with AIDS? I could find little research on this. I also had to ask, were the drugs prescribed in the late 1970s and early 1980s to fight the growing epidemic, steroids and large quantities of antibiotics, also partially to blame for the damaged immune systems? Again there was little research on this.

In February 1982 scientists at the US National Institutes of Health (NIH) reported in the UK medical journal *Lancet* that poppers might suppress the victims' immune systems . But it seemed to me that the cause could not be simply a damaged immune system – for the victims were not getting a wide range of diseases, but particularly fungal illnesses. Did this severe malnourishment, or anoxia of vital organs, leave the victims particularly vulnerable to fungi?

There seemed to be no lack of evidence linking these drugs to what we now know of as AIDS. The link to poppers was strengthened by a study by Michael Marmor et. al. that was published in the Lancet in 1982. They found poppers were taken by all the victims of Kaposi Sarcoma they studied.

Thus, for many scientists the cause of the AIDS epidemic was resolved by 1982. The remedy was obvious to them. These inhaled drugs would have to be removed from the scene. A powerful drug education campaign against poppers and other drugs was essential, and possibly legislation banning them. Anti -toxin and anti-fungal medical treatment was clearly necessary for those already affected as well as good nourishment to counter the effects of severe malnutrition.

Many in the clubbing gay community were likewise convinced. They started a very active campaign against poppers. This was particularly effective in San Francisco. By 1983 the use of poppers had sharply declined in this city – and with it, equally sharply, the incidence of Kaposi Sarcoma. A 1987 Public Health Department study of gay men in San Francisco found by 1983 the incidence of AIDS among gays had tumbled down from the 1982 peak height of 21% to just 2% - and had continued downwards since. [9]

Since then further evidence against poppers and other drugs has accumulated. Dr Sidney Mirvish significantly reported that isobutyl nitrite (the 'mildest' of the popper drugs) causes mutations (as demonstrated with the industry standard Ames Test) and thus might lead to cancer. (Mirvish et al., 1993). A

Why did the AIDS epidemic not end then, back in 1982?

It seems it was because of lobbying and rivalry by virus specialists who wanted the sole credit for defeating this new epidemic. In the laboratories of the CDC and NIH the cancer specialists had come up in 1982 with the theory that one of their cancer 'retroviruses' might have a cousin that caused this plague. They were currently investigating leukaemia, a cancer of the white blood cells vital to our immune systems. By all accounts, their failure during President Nixon's 1970s 'War on Cancer' to find a major cancer virus had left their virology laboratories desperate to justify their funding.

The virologists pointed out that severe immune suppression was sometimes found among haemophiliacs and heterosexuals who did not take poppers. No matter that this immune suppression might well be caused by other causes, and had not yet been fully investigated, they said this exonerated poppers as the cause of the illness of the gay men – thus ignoring all the massive amount of evidence gathered by toxicologists that showed drugs could be very immune-suppressant.

This led in the summer of 1982 to the director of the CDC making perhaps the most important scientific decision of his career. He put the prestige of his institution wholly behind the viral theory of AIDS. According to a memoir by a senior colleague, Dr William Blattner, the very day this decision was to be announced, several of their researchers were planning to blame poppers and drug taking for this new epidemic at a workshop on AIDS organised for that day, but, when they heard of the decision of the Director, they immediately revised their papers to reduce the role of drugs to that of encouraging sex, and thus helping a still unknown virus to spread. [10] Soon after this the name of the illness lost its gay lifestyle tag –and became officially AIDS.

Blattner confessed that they had initially blamed poppers because 'people who had the most severe immune deficiency had the strongest history of amyl nitrite [poppers] use,' but he then realised; 'What this really reflected was the fact that people who had the heaviest nitrite use were the people who had the largest amount of anal receptive sex. As a result they probably got the virus earliest.'

Thus the CDC, and its parallel institution, the NIH, ended their investigation of poppers, rejecting even the cures the toxicologists had suggested for AIDS, on the basis that these were anti-toxins, and therefore not against a virus .

It got even worse. In 1983 the CDC published a pamphlet entitled, '*What gay and bisexual men should know about AIDS.*' It claimed poppers had been exonerated by a single experiment that showed mice were not seriously harmed by short-term exposure to low doses of poppers,– although the experiment actually revealed that such low doses could cut the T-Cell blood count of mice to a third of normal levels - as was pointed out to no avail by the Clinical Director, Dr Harry Haverkos, of the NIH's National Institute of Drug Abuse,[11] The pamphlet concluded 'Current research favors the theory that AIDS is caused by an infective agent, possibly a member of the retrovirus group'.[12]

The leaflet had an immediate unintended consequence. It featured in a major advertising campaign organised by the major manufacturer of poppers, Great Lake Products,. This claimed the CDC had confirmed that poppers were totally safe. A correction was swiftly issued by Jim Curran of the CDC. He cautiously wrote that poppers might be an AIDS cofactor, but this received little attention. Sales of poppers again soared, much to the bitter frustration of those who had campaigned so effectively against them. They now came in many varieties, amyl, butyl and isopropyl nitrites.

The CDC decision to focus exclusively on a virus as the cause of AIDS was greeted with great scepticism by many scientists. Dr Albert Sabin, the inventor of one of the first polio vaccines, said at a 1983 meeting of scientists, 'the CDC and the NCI [part of the NIH headed by Dr Robert Gallo] were the only people who believed that AIDS was caused by a retrovirus.'[13] Some FDA scientists were so incensed by the CDC's endorsement of the virus theory, prior even to such a virus being discovered, that they accused it of inventing an epidemic for its virologists, by assembling a collection of disparate diseases.

While they debated, full page adverts for poppers appeared in the leading gay magazines, stressing the vital role poppers could safely play in the 'gay lifestyle'. Those activists who found the scientific evidence against poppers convincing, now found themselves increasingly marginalized within the gay community. They instead began to form alliances with toxicologists and other 'dissenting' scientists. The continuing bitter debate caused further hardening of the lines as the CDC was forced onto the defensive.

Note to harry – possible graphics - Poppers adverts. They are colourful and very dramatic. I have many.

James Curran, who headed the CDC team investigating AIDS, has since owned; 'If it [the cause of AIDS] had been something like isobutyl nitrite, it would not have taken us very long to get rid of that as a risk.'[14] But instead they had launched out on a search for a remedy against a virus that has now absorbed and wasted over $170 billion dollars over 23 years of research.

Behind this terrible fiasco with the most horrific of consequences, lay a fundamental difference in understanding the nature of illnesses. The major centres of virology like the CDC have long operated on the presumption that the greatest epidemic dangers came from bacteria and viruses, with every disease having its one and only microbial cause, a consequence of the dominant 'germ theory of illness'. This theory tends to greatly underplay the influence of toxins, chemical pollutants, grave poverty and living conditions – all of which are emphasised by the theory of 'Natural Hygiene', to put it very simplistically. The later theory credits the ending of epidemics mostly to the provision of clean living conditions and pure water, rather than to vaccines. It stresses that, if living conditions are decent, our immune systems are normally capable of dealing with all common microbes.

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So – the CDC and NIH ignored the discovery of the original cause of AIDS in 1982, ditched cures for AIDS, and landed us with the HIV theory. But how did AIDS spread outside the partying gay scene and became a threat to us all?

The decision that AIDS must be caused by a virus, was greeted with enormous relief by many in the gay community. They hated having the illness described as gay – and being told they had caused their own illness. The virus theory lifted the blame from their drugs and lifestyle – and allowed them to keep taking poppers. They began to enthusiastically campaign for funds to aid in the hunt for the AIDS virus.

AIDS now had to be found outside the gay community, it was a political and scientific necessity. If the disease only affected men, then HIV theory fell over. No virus can chose to only infect a single gender.

It became politically correct to grimly warn 'AIDS will affect all' – no matter that it was still practically confined to the gay community. To most heterosexual people this warning came as a total shock. They had not dreamt the well-known 'gay' epidemic could affect them. The result was an absolute panic, that only grew worse when in 1985 the CDC estimated over one and a half million heterosexual people were already infected, extrapolating this figure solely from the proportion of gays with AIDS at the height of the San Francisco epidemic in 1982. In 1987 Oprah Winfrey on medical advice warned the public; 'By 1990, one in five heterosexuals will be dead from AIDS'. [15] But relatively few died – the number claimed infected in the US went down – and the greatest increase in the US after this scare was in the funding of virology research and its institutions.

But some activists would not shift. They still thought the evidence pointed to poppers. They published books documenting the dangers. They succeeded in 1988, with the help of toxicologists, to persuade the US Congress to ban them, but their campaign and this law were totally undermined by the health establishment's insistence that HIV was the one and only cause of AIDS and by manufacturers now selling poppers as 'room deodorants'. Very little was done to try to enforce the ban – and virtually nothing was done to educate the public about the dangers.

But this was not from want of effort by some distinguished academics. Professor Peter Duesberg of Berkeley, a virologist and member of the prestigious US National Academy of Science, the first to describe the genome of a retrovirus, gave his public support to the gay activists campaigning against poppers, saying HIV was harmless – and certain drugs, both recreational and prescribed, together with severe long-term malnutrition, were the likely causes of AIDS. As a result he lost over a score of research grants and became the target of a whispering campaign to try to diminish his influence. He pointed out that poppers were 'directly toxic' as in humans they rapidly produce dangerous 'nitrite ions.' The ten years that is supposed to separate HIV infection and the onset of AIDS, was for him sometimes the period needed for poppers and other toxins to do their terrible damage. He said this would be easy to prove his thesis with appropriate long-term animal trials – if funding could be raised. But

so certain were the establishment of their HIV thesis, that, as far as I could discover, such trials have never been funded.

Other scientists bravely argued HIV was not even proven to exist, such as Professor Eleni Papadopulos-Eleopulos of Western Australia. She also produced evidence for poppers and other toxins to be implicated in causing AIDS. Her 'Perth Group" of scientists campaigned for experiments that could resolve once and for all the role played by toxins and long-term malnutrition in AIDS. Since then the gay community has continued to be very bitterly divided – and the scientific community likewise, between the hundreds who risk research funds by dissenting from the HIV theory and the many more within the vastly better funded HIV/ AIDS orthodoxy.

Another way in which AIDS has spread is by statistical manipulation and by changing its definition.

Did you presume that AIDS is the same disease now as it was back in 1984, that it has the same symptoms now as it had then and that it is the same disease in Africa and the West? Read on.

THE FIRST DEFINITION OF AIDS – 1982.
By clinical Symptoms

At first AIDS was defined and diagnosed clinically like most other diseases– by the evident symptoms from which its victims suffered. It was decided that it was a syndrome made up by three diseases, fungal pneumonia (PCP), Thrush and Kaposi Sarcoma. These illnesses became known as 'AIDS Indicating'. Most patients had more than of these . The principal cause of death was PCP, caused by a fungus that lives harmlessly in nearly all of us, that had suddenly gone out of control and become a killer. Once diagnosed, death was usually less than 11 months away. A few hundred at most were diagnosed.

The SECOND DEFINITION OF AIDS - 1984 .
HIV antibodies become the key symptom.

AIDS was redefined in 1984, after HIV was declared its cause. To the above short list of 'AIDS-defining illnesses' the presence of the virus was added as an even more important AIDS defining condition – as detected by finding an 'HIV' antibody with the HIV test. It was said that if HIV were thus proved present, then one of the AIDS-defining illnesses would follow. As many were found positive while still apparently healthy, a panic began to spread. It was predicted that 1.5 million Americans were already well on the way to dying of AIDS.

THE THIRD REDEFINITION OF AIDS – 1987
HIV is not necessary for an AIDS diagnosis.

Political lobbying and the influence of the White House , all played a major role in the next redefinition. In 1987 the San Francisco AIDS study found 82% of victims were on poppers and only 3% on heroin, [16] Behind the scenes, an argument again waged over the role of drugs. Over 80% of those then dying of AIDS in the West were still the heavily drug-taking gays in 'rave' scenes. A 1987 CDC study found heterosexuals made up less than 5% of all new AIDS cases – and that these too were nearly all on drugs. New York City Mayor Edward Koch told a 1987 AIDS commission. 'The future of AIDS lies, to a great extent, in combating drug abuse.'

But some very vocal Gay organisations protested that their party drugs should not be blamed, since HIVHIV had been defined as the cause. They instead demanded medical treatment against HIV. They broke up medical meetings, organised sit-ins in government offices. No vaccine could be made, so the first antiretroviral, AZT was released in late 1986 despite having been

shelved for failing safety trials when considered for cancer chemotherapy. At the same time the CDC lobbied for vastly increased funding on the basis that AIDS was about to strike all. An estimate appeared saying up to 1.76 million Americans were already infected and would soon die.

But when White House demanded the evidence – the CDC case began to unravel. 'I was at the meeting' where this number was arrived at', explained a CDC 'source'. "It was really just off the tops of our heads.' This caused a heated exchange in the White House Domestic Policy Council. The Education Secretary, Bill Bennett, asked James Mason, the director of the CDC, 'You mean this thing is not exploding into the heterosexual community?' Mason replied, 'No, it's not.' Bennett then angrily asked, 'Well, why have you been telling everybody that it is?' Lamely the CDC was forced to slash its estimate of the number of Americans infected to 600,000 (a cut some have since mistakenly attributed to the use of the just-introduced antiretrovirals).

Then the CDC struck back. It redefined AIDS in a way guaranteed to put its numbers back up. The numbers 'infected by HIV' extraordinarily now became irrelevant. It removed the necessity for a positive HIV test for an AIDS diagnosis! It added 20 illnesses to the original list of 3 'AIDS defining diseases', and then stated 'with laboratory evidence against HIV infection' (that is, with a negative HIV test) 'any of the provided list of diseases could be diagnosed as AIDS' if the patient had fewer CD4 (Helper T-Cells) in their blood than '400' per μL[thousandth of a millilitre]'. The UK health authorities demurely followed suit, despite other medical conditions being associated with low numbers of CD4 cells.

The CDC then said not even a low CD4 Count was a requirement! The new guidance to doctors stated, 'if laboratory tests for HIV were not performed or gave inconclusive results, and if the patient had no other cause of immunodeficiency [defined as immunosuppressive treatment or cancer], then 'any' of the following list of diseases 'indicates AIDS without a CD4 Count'! This is despite HIV being said to cause AIDS by producing these low numbers.)

Every one of these 'AIDS indicating illnesses', now 23 in number, had been around for centuries before AIDS arrived; every one had its own bacteria, viruses or a fungi that has to be present for the illness to be diagnosed. But HIV was now said to cause them even if apparently absent!

This list is still current and includes the following as 'AIDS-Indicating Illnesses' that could be diagnosed as AIDS in the absence of HIV; blindness caused by CMV (another virus), the presence of mycobacteria (the cause of TB), bronchitis, pneumonia, a herpes ulcer and many other illnesses. If AIDS could be any one of these, then by definition it was an illness that could have the most incredible range of symptoms. The number of AIDS cases consequently jumped.

With a positive HIV test, the CDC provided a different longer list of 'AIDS defining' illnesses. If an HIV positive person had septicaemia, pneumonia, meningitis, TB, bone or joint infection, or an abscess in an internal organ caused by streptococcus or other bacteria – then they had AIDS. For children, 'multiple bacterial infections' was sufficient to diagnose AIDS!

Finally the CDC ruled that people who 'have either a negative HIV antibody test' or 'an opportunistic disease not listed in the definition as an indicator of AIDS', can be diagnosed with AIDS 'on consideration of … a history of exposure to HIV.'[17] This totally astonished me. Under this anyone say with flu could be diagnosed as having AIDS despite a negative HIV test, if a friend has tested HIV positive.

No wonder there was an enormous panic after this redefinition![18] In Italy the new definition put up the AIDS figures by 188%. In the US it went up by 280% ! AIDS had become by definition a name for a legion of old diseases, without need for HIV to be present.

But, with this redefinition also came a great watering down of the risk factor. With so many now diagnosed with AIDS in the total absence of the original deadly AIDS Indicating diseases, the average life expectancy after diagnosis went up sharply without any need for antiretroviral drugs.

THE 1993 REDEFINITION OF AIDS
Illness no longer necessary for an AIDS diagnosis

In 1993 the last major formal redefinition of AIDS took place. In future AIDS could be diagnosed in people who had none of the AIDS Indicating illnesses, and in fact no outward symptoms of illness at all!

All that would be needed for an AIDS diagnosis was finding less than 200 CD4 white blood cells in a micro-litre (μL) of their blood. The CDC frankly explained this redefinition would by itself more than double the number of official AIDS cases.

The CDC stated that it had estimated that there were the 120,000 to 190,000' Americans who did not know they had AIDS since they were not ill, had no AIDS symptoms but did have a CD4 Count of below 200. The CDC explained, ' the population of HIV-infected persons with CD4+ T-lymphocyte counts of less than 200/uL is substantially larger than the population of persons with AIDS-defining clinical conditions' i.e. than those who were actually suffering from AIDS as first defined!

On top of this, the CDC made a further change, allowing a much wider prescription of AIDS drugs. In future a CD4 count below 500 would be sufficient justification for prescribing these drugs, even if the patient was not feeling ill and had no AIDS symptoms. If these people were not ill beforehand, they were likely soon to be– as they faced a life on powerful chemotherapy.

This time the UK only partly followed suit. It said without any symptoms of illness, a person should only be diagnosed with AIDS if they had a CD4 Count below 300 and were also HIV positive. But in the UK as in the US, it was irrelevant to ask first if they felt unwell.

The new definition also added 3 diseases to the list of 23 'AIDS-indicating illnesses; TB, bacterial pneumonia and invasive cervical cancer. The addition of TB would greatly swell the numbers of the poor diagnosed with AIDS. Cervical cancer was added as a result of political lobbying by lesbian women acting in solidarity with their gay brothers. Until then very few women had been diagnosed with AIDS, but this could not last, or so thought Maxime Wolfe in 1993. She explained that as a virus caused AIDS, it must be an illusion that no women were getting AIDS. 'We don't know if women were really asymptomatic. They simply did not have male-defined symptoms.' Cervical cancer was thus added. The result was; 'In the half-year following [the redefinition], over 9,000 cases in women were reported. The number of women said to have AIDS in the US went up by 300%.'

The Redefinition Disaster.

This was the final triumph of formal AIDS redefinition. By 1997, according to the CDC, 61% of all new AIDS patients in the US were not suffering at the time of diagnosis from any AIDS defining illness at all – and yet all were put on chemotherapy-type antiretrovirals for the rest of their lives – in the expectation that they were sure to soon get one or more of these illnesses and die!

As many had no symptoms of illness in the first place, these new patients could stand up to the effects of the antiretrovirals better, and thus had a longer survival time. By 2001 most on these drugs were surviving over 5 years –which again was attributed to the beneficial effects these drugs had. If a person died on these drugs, their death was never attributed to the drugs but to the virus 'acquiring resistance'.

Thus emerged a major new killer in AIDS cases – kidney failure, a known side effect of these drugs. By 2003 it had become the main killer in AIDS cases in the West. Another killer was body wasting, just as in the original cases of AIDS, for as the antiretroviral manufacturer Glaxo warned, this also was a known side effect of antiretrovirals. They killed the stomach and gut bacterial flora that enable us to digest food, thus causing severe malnutrition. In effect, we were now creating AIDS with the drugs meant to delay it.

AIDS Statistics Manipulated

Despite all the redefinitions, it is still mostly multi-drug-using partying gays who die of AIDS in the West. You would not know this however from the statements of the public health authorities. They emphasise the percentage rise in heterosexual cases among

Westerners – without saying how many fewer these are in total than cases among gay men.

When the Wall Street Journal in 1996 investigated the CDC claim that AIDS posed an equal danger to heterosexuals, it found 90% of all AIDS cases were still among drug abusing gay males. The CDC then confessed to the newspaper that it's fund raising drive deliberately exaggerated the risk to heterosexuals, excusing this by saying that admitting it still mostly affected gays would increase homophobia – and make it near impossible to raise AIDS research funds from Congress.[19]

There has been no change in this deceptive tactic in recent years. In 2004 the UK government reported, 'Recent increases in new HIV diagnoses have been largely driven by infections acquired through heterosexual intercourse'. And yet, the small print of the same Report stated; 'Men-having-sex-with-men (MSM) remain the group at greatest risk of acquiring HIV infection within the UK, accounting for an estimated 84% of infections diagnosed in 2003 that were likely to have been acquired in the UK' – and, out of 6,606 new cases of 'HIV infection' in 2003, only 43 cases were among heterosexual or lesbian women born in the UK, and only 57 cases among UK born heterosexual men!

The number of deaths listed in AIDS statistics are also not what they seem. They are not 'deaths from AIDS', as one might be forgiven for presuming. The small print reveals these are 'deaths among the HIV-infected,' leaving open the actual cause of death. This makes these figures not only highly misleading, but meaningless. Likewise in the US, in 1997 the CDC acknowledged 'Reported deaths [on CDC AIDS statistics tables] are not necessarily caused by HIV-related diseases.' [20]

So how do the UK health authorities justify saying that heterosexual and female cases are greatly increasing? Solely by adding African immigrants 'presumed infected in Africa.' It is among them that are found nearly all the heterosexual and female cases of 'AIDS'. But why? How can a virus prefer Africans to Whites?

AIDS in AFRICA.

Although AIDS was first reported to inflict gay people in the West, it was suspected right from the first by American virus experts that they would also find it in Africa.

Dr Robert Gallo wrote in August 1983 to his boss, the Director of the National Cancer Institute, a note entitled 'Some Thoughts on the Possible Cause of AIDS by HTLV'; 'I am speculating that HTLV arose in Africa [and] came to the Americas and Japan later, with the slave trade in the former and via perhaps the Portuguese in the latter.' [21] (A year later a version of HTLV was declared to be HIV.)

He guessed the slaves had caught it from the African Green Monkey – no matter that this species does not suffer from AIDS. Certainly the opportunity for a possible viral transmission was there. From the mid-1950s this species had been imported by the tens of thousands into the US and Europe to be slaughtered so its kidneys and testicles could make the culture in which was grown the polio vaccine.

In 1985 Gallo tested blood sera from children in Uganda – and found 67% had 'HIV' antibodies. [22] [23]. As it was then thought few HIV infected children survive, a disastrous end to Uganda was predicted.

Although this was a horrific prediction, the discovery that males and females were equally affected in Africa must also have been something of a relief for Gallo. It was essential to his theory that both genders had the same risk of getting AIDS - for otherwise a virus could not be causing the illness as they cannot discriminate between genders. The fact that up until then nearly all victims diagnosed with AIDS were male and gay, was totally incompatible with a viral cause for AIDS.

But this relief did not last long. It was then discovered that most of the Africans testing positive were not falling ill with the AIDS indicating diseases of the West, with PCP, Thrush and Kaposi Sarcoma. Under the then existing AIDS definition of the West, this meant they were not getting AIDS!

This presented again a very major problem. If this virus caused these illnesses in the West, why wasn't it doing so in Africa? This presented a major challenge to the validity of the AIDS theory. (It also ignored the 1985 discovery by Harvard University scientists that Africans could easily test falsely positive if they had a relative with TB –as its cause, a mycobacteria, tests as if it were HIV.[24])

There was also a practical problem. The patented HIV test was priced too high to be widely used in Africa.

THE AFRICAN DEFINITION OF AIDS.

This was resolved at a meeting of international experts in the West African city of Bangui between October 22nd- 25th 1985. They were summoned by the World Health Organisation. Also present were representatives of Central African governments.

At this meeting it was agreed to give black Africa its own unique definition of AIDS, one reconcilable with the facts on the ground. It would not mention the major 'AIDS Indicating Illnesses' of the West, as they were mostly absent, but instead would list the symptoms of illness then common in Africa, adding to this a short list of mostly skin diseases, calling these the diagnostic 'African AIDS indicating Diseases'! It also resolved the issue of the HIV test being too expensive, by not requiring it for Central Africa.

I should say I was stunned when I first learnt this. I had for years utterly presumed that AIDS in Africa was the same disease, with the same definition and symptoms, as AIDS in the UK. All our media also presume this – and why should it not? All other diseases are defined and diagnosed the same wherever found. It is only logical to presume this is also true of AIDS.

The concluding report of the Bangui meeting, after stating that 'The definition must be simple, universally applicable and usable by all health service personnel,' concludes with the new official AIDS definition for Africa, giving clear instructions on how to use it to diagnose AIDS. It lists symptoms and illnesses – and gives each a score, saying AIDS is to be diagnosed when the score adds up to 12. The following is the complete Bangui definition.

CLINICAL DIAGNOSIS OF AIDS

Exclusion criteria (If these are present then it is not AIDS)
1. Pronounced malnutrition
2. Cancer (excluding Kaposi Sarcoma)
3. Immunosuppressive treatment

Inclusion criteria with the corresponding scores	**Score**
Important signs	
Weight loss exceeding 10% of body weight	4
Protracted asthenia (defined simply as 'weakness or debility"[25])	4
Very frequent signs	
Continuous or repeated attacks of fever for more than a month	3
Diarrhoea lasting for more than a month	3
Other signs	
Cough	2
Pneumopathy (Any disease of the lungs)	4
Oropharyngeal candidiasis (Thrush in mouth or throat)	4
Chronic or relapsing cutaneous herpes (severe rash,)	4

Generalized pruritic dermatosis	(severe itching)	4
Herpes zoster (relapsing)	(a painful infectious skin rash)	4
Generalized adenopathy	(enlargement of lymph modes.)	2
Neurological signs	(signs pertaining to nervous system)	2
Generalized Kaposi's sarcoma	(a skin cancer)	12

Total ('THE DIAGNOSIS OF AIDS IS ESTABLISHED WHEN THE SCORE IS 12 OR MORE")

In 1994 this definition was modified slightly. The WHO 'Expanded Case Definition' of that year recommended that the HIV test be also done – but said that if this were not available, then the original Bangui Definition should be adhered to unchanged.

Thus most astonishingly, all an African needs to have to be diagnosed with AIDS are symptoms known to be caused by impure water supplies and lack of sanitation – and by TB and Malaria. Severe itching, diarrhoea and a fever would suffice. Africans suffer from more of their proper share of the diseases of poverty, with severe malnutrition as well as from rampant TB and Malaria, but in future their symptoms could be diagnosed as incurable sexually transmitted AIDS, thus terrifying and shaming millions of Africans.

To make matters worse, individual African countries have exasperated these errors. Tanzania said just finding one of the above symptoms is all that is required. Uganda for a period allowed just TB to be defined as AIDS. As a result, their AIDS cases leapt up in number.

Currently, TB is the greatest killer in South Africa, particularly among younger adults, according to the 2005 published official South African statistics. TB is reported as killing 4 times the number killed by AIDS. The latter only claims 2.7% of deaths. Flu, pneumonia, heart diseases and even diabetes all kill more than does reportedly AIDS.

The same is true of TB and Malaria throughout Africa. There are more cases of these diseases every year in Africa than the total number of African AIDS cases reported since 1982 (WHO, 1998) As pointed out in the last issue of The Ecologist, much confusion has been caused by the TB mycobacteria testing as if HIV in the HIV test. This must have led to many TB cases being falsely diagnosed as AIDS.

What then of all the reported 'AIDS' orphans in Africa? A World Health Organisation report, marked as for 'restricted' distribution, explains 'there is confusion as to what is meant by the term 'orphan.'' It went on to say it could mean the absence of one parent. A WHO report on AIDS in Uganda noted, 'no distinction made as to the cause of orphanhood, which in some areas included the effects of war.'[26] This is an extraordinary admission. Uganda between 1966 and 1986 suffered dreadfully from internal conflict, with an estimated million people killed and many children orphaned. Since then many other murderous wars have affected Central Africa.

In any case, with most medical funds only provided to fight AIDS, doctors must be greatly tempted to use the lax standards of the Bangui Definition to declare most of their patients have AIDS, as only this way do they have much hope of getting anything like the funds they need. Likewise for patients, they too easily qualify under this definition, so can quite properly ask for help as an AIDS victim no matter what disease they really have.

AIDS is still diagnosed in Africa by this 'Bangui Standard'. The implications are vast. It seems that WHO, the CDC and other international 'experts', created by fiat the pandemic that has so terrified Africa and fooled journalists who reasonably have not thought it necessary to check if AIDS is diagnosed the same in Africa before they ring the AIDS alarm bell.

On top of this the WHO computer team in Geneva has vastly increased its allowance for 'error factors'. While their field reports list a steady number of Africans as testing HIV positive, around 70,000 a year; their annual estimate for AIDS in Africa is calculated by multiplying the reported cases by an ever increasing error factor to account for under-reporting. In 1996, WHO multiplied registered AIDS cases in Africa by 12 times. In 1997 this had jumped to 17 times. Recently in an 18 month period

116,000 new African HIV cases were registered with WHO, but, after multiplying this figure by its new error factor, its estimated total jumped sharply up to 5.5 million.[27]

But, it should also be mentioned, despite all the predictions of doom, the African population is far from shrinking. The US Bureau of the Census, in its International Database 2001, stated that between 1980 and 2000 the population of Africa south of the Sahara had practically doubled, from 378 million to 652 million.

The practical consequence of blaming so many common illnesses on HIV, despite each disease having its particular cause, is that African governments are today under enormous pressure to re-allot funds assigned to fight malnutrition and the other diseases of poverty to pay for expensive antiretroviral medicines. If severe malnutrition could lead to AIDS, taking funds from alleviating it is utterly the wrong approach. According to the latest official South African statistics, issued in 2005, diseases of poverty seem to be increasing in South Africa, with malnutrition growing as a major cause of death for children aged under four. As severe malnutrition produces AIDS like symptoms, [28] it can be predicted that this will also be misdiagnosed as AIDS in future.[29]

If any African government is unwilling to focus on fighting AIDS with antiretrovirals, they are accused by Western interests of malgovernance. If any local doctor needs funds, he also knows what he must say. In many parts of Africa most medical funds are now tied to AIDS. It has become a vicious circle.

Recent Developments.

The Missing Key Risk Group

Throughout the 18 months these articles have taken to research and write, since the Ecologist commissioned them, I have become more and more convinced that the explanation for many cases of AIDS in the West lies in the missing 'Risk Group for AIDS', the one no longer given in government reports, seemingly because it does not fit with the HIV theory of AIDS.

In addition to this, there is another risk factor never mentioned – the known well reported effects of the powerful chemotherapy drugs used as antiretrovirals.

The effect of the UK health authorities issue not listing inhaled drugs as a major risk factor for AIDS is that many young people belief these drugs are harmless. In March 2002 the UK music magazine 'Ministry' advocated the use of poppers in an article entitled 'It'll be Alright on the Nitrite.

The effect of this is that poppers have continued to dominate the gay drug scene. I quoted statistics earlier that showed they were big in the US in the 1980s. Well, in the intervening years, little has changed, except that the drugs are used more worldwide.

What for the UK? In 1993 the Lancet study of UK AIDS patients reported 88% of them took poppers. The 1996 London-Manchester study of 1996 studied 685 people at risk of AIDS, and found 80% were on poppers – with 25% taking heroin.[30] It is not illegal to possess poppers in the UK, although selling them is prohibited. They are often thus sold disguised, under the labels of Video Head or Leather Cleaner.

In Canada, the Vancouver AIDS study of 1993 found 98% of victims or potential victims were on poppers. [31] In the US there was apparently a small drop in poppers' use in the late 1990s, but in October 2001 the San Francisco Department of Health warned that popper taking was being revived in gay bathhouses and sex clubs.

At these gay clubs and parties vast numbers of cocktails of drugs are still consumed every night, with poppers the most popular constituent, Crack Cocaine the next, followed closely by Crystal (revved up Speed). An AIDS foundation has warned that Crystal on its own 'eats T-cells for breakfast, lunch and dinner'.[32] A 2002 survey in San Francisco found one third of clubbing gay men took poppers with Viagra, as the latter drug counters the male impotence caused by poppers.

The UK Aids journal in 2002 carried a warning. It was that poppers taken with Viagra can quickly kill, as together they can cause a disastrous drop in blood pressure. [33] Both drugs produce nitric oxide so they reinforce each other's effects. But nevertheless, things are now getting worse. In 2005 it was reported that combinations of Crystal, poppers and Viagra had caused several fatalities in California, and that to the poppers and Viagra package sold at circuit and bathhouse parties in New York has been added a powerful antiretroviral– as an alternative to a condom.

As far as I can judge, by ignoring these risks, by not educating people on these risks, we have perpetuated the original AIDS epidemic – leaving dreadfully vulnerable thousands of gay young men..

Why are the ill effects of Poppers not reported?

Recent research indicates that poppers, when taken long-term, make a person falsely test positive for HIV and give them a low CD4 T-Cell Count. Thus the effects of poppers have been misdiagnosed as caused by HIV.

In a ground-breaking research paper, laboratory mice were found, when dosed with poppers in the equivalent amount used by humans, to both become HIV positive, [34] and to have a sharply decreased T-cell Count – the very damage blamed on HIV. [35] This to my mind was an enormously important discovery, for it explains how the terrible damage done by poppers could have been misdiagnosed .

But – there was something else in this experiment of great importance, something offering hope to AIDS victims. When the sick mice were treated with antitoxins, they mostly recovered.[36] They even stopped being positive for HIV. [37]

I am not suggesting that inhaled drugs cause all AIDS cases, for there is evidence of other toxins that could cause much the same damage, including corticosteroids.

It should be noted that it would be remarkably easy to test the 'Drugs cause many AIDS cases' hypothesis – but it seems such scientific work has never been done. Dr Rasnick reported 'There is not a single controlled study in the vast AIDS literature proving that HIV-positive people who are not drug users have a higher morbidity or mortality than HIV-free controls.'

Prediction The Epidemic will be said to get worse.

In 2003 the CDC redefined AIDS treatment by stealth, with a document called 'Advancing HIV Prevention'. This made diagnostic changes guaranteed once again to give the impression of a vastly expanded epidemic. The very title of the paper gives the clue. It is no longer AIDS prevention but HIV prevention.

By increasing the focus on the HIV positive, using ever more sensitive tests for antibodies that are readily found in the healthy, and giving them antiretrovirals - even if they are not feeling ill, I believe the epidemic will also be made worse

Since 1987 there has been no increase in the total number reported 'HIV positive" in the US. It has stayed around a million. But the CDC now estimates that it should be four million – that 3 million Americans are HIV positive and don't know it, for they have never been tested or got AIDS. This surely points to HIV positivity being a mostly harmless condition, but this is not how the

CDC interprets it. Likewise in the UK. Here the number already found HIV positive is ten times the number who have AIDS .

The CDC firmly believes the unknown 3 million will get AIDS, so it must get antiretroviral drugs to them before AIDS strikes. It believes it can achieve this by widespread testing. It has now also ordered the involuntary notification of sexual partners, and what is called 'prevention and care' for the person found positive. This can only but lead to the greatly expanded use of dangerous antiretrovirals.

What then of the AIDS epidemic sweeping the globe? My study of Government AIDS definitions, epidemic reports and statistics, has forced me to conclude that the vast 'AIDS epidemics' only exist because AIDS has been redefined to include many healthy people, many different illnesses and many symptoms of other illnesses.

If AIDS were still diagnosed like other illnesses, by its clinical symptoms, it seems likely it would be shown to be still as it was first defined - as a complex of fungal illnesses affecting mostly the long-term members of the drug using gay partying scene, to which we would have to add, those now ill from the effects of antiretrovirals.

So – does AIDS really exist?

After what I have discovered, I can only conclude that AIDS as first diagnosed in the West, remains an undefeated disease syndrome– mostly because its victims have been hidden by fraudulent statistics.

What have we done to fight this? We have prescribed chemotherapy drugs for all who fear infection, that have never been tested properly, with no long-term safety trials, with few if any placebo-controlled tests. We have tried to fight a virus when all the evidence points to toxins, chronic malnutrition and to drugs. When people who refuse to take these drugs dom't fall ill, this is explained away by saying these people must have highly unusual genetic codes that protect them.

In Africa, AIDS as defined by the Bangui Definition I can only conclude has never existed as a properly defined epidemic. The symptoms listed in this definition simply are described too broadly. They apply to vastly too many illnesses. They are a ragbag collection, not a syndrome, However the illnesses caused by severe malnutrition and bad sanitation, are similar to those caused by poppers and similar drugs.

Remedies for AIDS.

If we treat AIDS in accordance with its first clinical definition, then remedies are not so hard to find. We should remember what AIDS actually means – an Acquired Immune Deficiency Syndrome.

If we look at AIDS without any preconceptions, without any obligation to work with any particular theory, we will soon realise that there are a thousand ways to damage our immune system.

Behind the scenes, practically unnoticed by the world's press, a massive amount of work has been done by scientists not so committed to the HIV theory that they cannot look widely for remedies that might work. One of these was a famous double Nobel Prize Laureate, Linus Pauling who reported to the CDC his success in using a powerful common antitoxin, vitamin C. His experimental results were never considered and instead his claims were ridiculed.

Professor Peter Duesberg of Berkeley summed up 20 years of research into AIDS by saying he found it was caused by recreational drugs, antiretrovirals and severe malnutrition. He wrote in 1996 that AIDS could be understood and ended by investigating the long term damage caused by poppers and other drugs, by the immediate withdrawal of the antiretroviral AZT, by drug education programs and by treating AIDS patients for their actual illnesses, not for HIV.[38]

The way to treat AIDS has been evaluated in great detail by Professor Eleni Papadopulos-Eleopulos of the Royal Perth Hospital who developed her AIDS theory in the early 1980s. She found that AIDS victims were suffering from 'oxidative stress', meaning

that their cells were starved of essential energy/oxygen though such factors such as the constant use of certain recreational and medical drugs or through living conditions so unsanitary that they cause constant diarrhoea.

What all these factors produce is essentially is the same - severe malnutrition. Papadopulos-Eleopulos' predictions have been confirmed by a host of scientific papers all showing AIDS victims to typically have severe internal oxidative stress and thus malnutrition. The latest developments in this theory were presented by her to the European Parliament Conference on AIDS in Africa held in Brussels on 8th December, 2003. [39]

At the same EU meeting, Professor Sam Mhlongo, of the Medical University of South Africa, pointed out that half of their black children died before their 5th birthday under apartheid and that little had changed. 'In those days the cause of death was recorded as pneumonia, high fever, dehydration and intractable diarrhoea due to protein deficiency. Today these clinical features are called AIDS.' He thus advocated treating AIDS by addressing nutritional concerns. He cited a host of studies showing the benefits of such treatment for AIDS patients.

Dr Roberto Giraldo, a specialist in infectious tropical diseases, told the same EU meeting; "The core of this presentation is to explain the scientific bases for the use of food supplements, antioxidants, and immune stimulants as a non toxic, effective, and inexpensive alternative for the treatment and prevention of AIDS everywhere.' The patients need to be detoxified, and their immune systems improved by appropriate foods and the supply of clean water. He concluded; 'If we really want to solve the issue of AIDS in Africa, it is mandatory that we first solve poverty and its consequences."

Doctor Claus Koehnlein also addressed the conference, explaining the paper he recently co-authored with Professor Peter Duesberg and Dr David Rasnick. It's title is self-explanatory: "The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition". Dr Rasnick is currently out in South Africa, researching the effects of a nutritional program designed to strengthen weakened immune systems.

Similar treatments for AIDS victims are being researched in India. A Mumbai Salvation Army clinic has reported excellent results, with people found HIV positive over a decade ago, not going on to develop AIDS. They achieved this without the use of anti-retrovirals, by persuading people to 'change their habits of substance abuse, eating nutritious food, practicing hygiene' and giving them strong community support.[40]

Similar results have been reported in the US – if anti-retrovirals are not used and the people involved keep off the drugs. In 1995 the New England Journal of Medicine reported on ten people in New York who had been 'HIV positive" for 12-15 years. None had taken any antiretrovirals for a long period, and none had AIDS symptoms.

The professor of Medicine at San Francisco General Hospital, Dr Donald Abrams, reported 'I have a large population of people who have chosen not to take any antiretrovirals since I've followed them – since the very beginning. … They have watched all their friends go the antiretroviral bandwagon and die.'

Finally, Christine Maggiore, a woman found HIV positive in 1992, who was warned by her doctor that AIDS was inevitable no matter how much she improved her lifestyle, tells how she emerged from the shock and horror of the diagnosis to refuse anti-retrovirals, to improve her diet – and to remain healthy - in her short book 'What if everything you knew about AIDS was wrong?'

[C] SO WHERE DOES THAT LEAVE US.

A vast amount of research on how to stop AIDS in its track and to cure it is being criminally ignored, on a pig-headed assumption that scientists who do not blame HIV for causing it can be simply ignored..

It has taken me over 7 years to travel from accepting without question that HIV causes AIDS to painfully learn that I, like millions, have been dreadfully misled. How could such errors have persisted so long? The only explanation I can find is that science today is so specialised into ever smaller and smaller fields, that every generation of scientists has to trust that those who came before got the basics right. In the case of HIV, it seems this trust was ill founded, based on fraudulent science, as demonstrated in the last issue..

Putting this right is incredibly urgent. If a virus does not cause AIDS, then antiretrovirals must be entirely the wrong treatment. We need to investigate other possible causes, and with them other remedies. If anti-toxins do work, this would provide Africa with an enormous morale booster, a vast lifting of the spirits of its people, far greater than anything so far achieved by Live-AID.

If AIDS is caused by toxins, and by misdiagnosis, if a positive HIV test does not automatically bring doom, this news will give hope to the hundreds of thousands around the world who have already been terrified, and scared almost to death, by being told they are doomed to death from incurable AIDS – because of unwise sex.

This is a vast disaster, the greatest medical error of our times. Don't sit back after reading this. Do everything you can to educate people on AIDS. It is time to bring this horrific disaster to an end – and all the tools to do this are readily to hand.

END of main article

Separate box. The only international politician so far to take note of the theories of the scientists who have put forward other theories for AIDS and its treatment has been President Mbeki of South Africa. For this, Mbeki has been internationally maligned, forcing him a letter from which this is drawn.

President Mbeki of South Africa on AIDS.

'Our search for these specific and targeted responses is being stridently condemned by some in our country and the rest of the world as constituting a criminal abandonment of the fight against HIV-AIDS. Some elements of this orchestrated campaign of condemnation worry me very deeply.

It is suggested, for instance, that there are some scientists who are "dangerous and discredited" with whom nobody, including us, 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.

Signed
THABO MBEKI

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[1]. Also http://www.aidsinfobbs.org/articles/quilty/q04/1528 referred to by J Whitehead, BMJ Rapid Responses re AIDS, 2004

[2] M.S. Gottlieb, H.M. Shanker, P.T. Fan, A. Saxon, J. D. Weisman and J. Pozalski. Pneumocystis Pneumonia –Los Angeles, *Morbidity and Mortality Weekly Report*, 30 (1981): 250-252.

[3] Jaffe et al 1983 **Table. CDC 1983: Drug use by American male homosexuals with AIDS and at risk for AIDS. (Percentage users among 50 AIDS cases and 120 at risk for AIDS.)**

[4] Jaffe tet al. 1983

[5] Kaslow et al 1989, , Ostrow et al 1990, Ostrow et al 1993.

[6] From Michael Rumaker's book , *A day and a Night at the Baths*,

[7] Merck Manual, entries on malnutrition and on diarrhoea

[8] See Society for Neuroscience website article 'Brain damage and Nitric Oxide" at http://apu.sfn.org/content/Publications/BrainBriefings/nitric.oxide.html

[9] Dr George Rutherford of the San Francisco Public Health Department, contribution at the US 1987 Federal AIDS conference

[10] This is recounted by Dr William Blattner, in his page in a section of the current (2004) NIH website dedicated to the pioneers of AIDS research. He was at the NIH's National Cancer Institute at the time. He recalls attending a meeting called to discuss AIDS research when the Director announced he favoured a virus as the cause of AIDS. Papers prepared for this meeting on other possible causes such as drugs where then hastily changed..

[11] This was pointed out by a senior NIH figure who remained highly sceptical of the HIV theory of AIDS, Dr. William Havekos – see http://www.posh-uk.org.uk/gmh/poppers_tbethell.html

[12] US Public Health Service, 1983.

[13] NIH website 2004 – Interview with James Curran.

[14] Fron the interview with Curran on the NIH website giving the memories of those of its staff engaged in the fight against AIDS.

[15] *The Myth of Heterosexual AIDS*, 1990.

[16] Darrow et al 1987

[17] MMWR Supplement, CDC, August 14 1987

[18] Quoted in *What if everything you thought you knew about AIDS was wrong?* by Christine Maggiore. page 14.

[19] Amanda Bennett and Anita Sharpe, *AIDS fight is skewed by Federal bodies exaggerating risks*, Wall St. Journal, 1st May 1996

[20] Professor Robert S. Root-Bernstein.' The Evolving Definition of AIDS.' On the Virusmyth website.

[21] Gallo to Director of NCI, 4th August 1983.[21]

[22] **Saxinger WC, Levine PH, Dean AG, et al. Evidence for exposure to HTLV-III in Uganda before 1973. Science 1985;227:1036-1038.**

[23] Mortimer et al.

[24] See the previous article on HIV in the Ecologist by the present author.

[25] http://www.nbc-med.org/SiteContent/MedRef/OnlineRef/FieldManuals/medman/Appxa.htm

[26] .From Dr Christian Fiala, an Africa based AIDS specialist.

[27] Peter Duesberg, Evidence to South African Presidential Commission on AIDS, 2000.

[28] Papadopulos-Eleopulus et al. *AIDS in Africa: distinguishing fact and fiction* World Journal of Microbiology and Biotechnology 1995, 11. 135-143

[29] 'While an increasing number of deaths are associated with lifestyle diseases (such as *heart disease* and *diabetes*) as the underlying cause, the dominant contributors to the growth in mortality are deaths associated with *tuberculosis*, and *influenza* and *pneumonia*. *Malnutrition* was among the ten leading causes of death among children aged under 4. Although there was fluctuation during the three years in the percentages of deaths linked to malnutrition, the numbers of deaths increased steadily.' South African Health Statistics. Published March 2005.

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