

HIV, AIDS & Gallo's Egg

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Last June, I posted this report about US hospitals and how many rely on fraud, preventable injuries and infections to patients to compensate for losses due to our government's insistence that private hospitals treat and care for uninsured and underinsured citizens, indigents, and illegal aliens.

I learned how hospitals destroy good physicians and how predatory hospital chains like Tenet, Kaiser Permanente, and Adventist pressure local physicians already in successful private practice to join their groups. Those who refuse are targeted for sham peer review by corporate administrators and MDs who accuse non-compliant physicians as dangerous, incompetent, or disruptive. While a few tenacious victims expend their life savings to preserve their clinical privileges, others aren't so lucky. Faced with the malicious and devastating loss of their medical careers, many take their own lives; which is what the health care corporations prefer anyway. To them, it's only business – nothing personal.

I was never impressed by concerns about “the evils of big pharma.” I assumed that drugs are expensive because of the R & D that goes into finding cures for disease. Until now, I never imagined that some of those same drug companies would support junk science to fund researchers who would then produce expensive drugs that cause illness and disease around the world; or support junk legislation that would force healthy mothers and their children to take drugs that kill (under the threatened loss of child custody), and then use their subsequent sickness and mortality as evidence that a non-existent disease actually exists.

Such a scheme would have made Machiavelli weep with joy.

A New Investigation

I was not concerned about “big pharma” until my visit to Washington DC last May. I was there to meet with members of Semmelweis Society International (SSI). This is an impressive group of medical professionals – physicians, nurses, surgeons, medical and law school professors, and former CEOs of health care corporations. Because of my own experience with retaliation and my ongoing interest in US healthcare and sham peer review, I was interested to hear their stories directly from them.

I accompanied Gil Mileikowsky, MD, the OB/GYN who first explained sham peer to me in 2006. I spent five days with the members – all dedicated men and women who care deeply about the political corruption of healthcare and who risked their own careers to report fraud or abuse within the healthcare system. I recorded and edited their testimony, and posted this video after members testified before the US Congress and Senate. I was also honored to testify regarding my experience as an LAPD whistleblower.

Two recipients of the Semmelweis “Clean Hands Award” were reporter Celia Farber and

molecular biologist Peter Duesberg, PhD. I had not heard of them before and knew nothing of their relationship to a little known controversy about HIV and AIDS.

After 28 years as an investigator, I consider myself pretty skeptical about things until I see proof. Most of my work today is pro bono, so I can pick and choose who I assist. Witnesses are expected to lie, but if I discover that a client has misrepresented facts or lied to me, I will usually drop the case. I'm fortunate to have the time, energy, and resources to help good people get out of undeservedly bad predicaments. Not all lawyers are like Mike Nifong or David Sotelo, and not all private investigators work like Anthony Pellicano. Without unbiased credibility, investigators are nothing more than a liability to their clients.

As various members interacted with Farber and Duesberg, I learned that the HIV/AIDS issue had not been entirely resolved. Like Dr. Mileikowsky's story about sham peer review, this sounded equally unbelievable.

When I returned to Los Angeles, several former members began to question the wisdom of presenting the awards to Farber and Duesberg. In response, SSI President (and neurosurgeon) Roland Chalifoux issued this press release to explain the rationale of the awards. But when two dissenters persisted, Dr. Chalifoux asked me to conduct an independent investigation of Ms. Farber and Prof. Duesberg, citing my investigative experience, independence, and almost complete lack of knowledge about HIV and AIDS.

I accepted the case.

Although I didn't expect it at first, I was warned that I should expect attacks from the "other side." I wasn't sure what they meant but kept it in the back of my mind. It didn't take me long to find out for myself.

When word got out that I had begun my investigation, several ex-SSI members told me that Duesberg and Farber were dangerous and "not worth my time" to investigate. Having met both in Washington, I found nothing dangerous about the reporter or microbiologist.

Two dissenters, James Murtagh, MD and Kevin Kuritzky, were friendly to me at first and "appealed to my better judgment." Their friendly pressure intrigued me and I began my investigation by checking into their allegations.

Both essentially charged that Duesberg and Farber were liars and that both were responsible for millions of HIV deaths in Africa. I wasn't as troubled by their allegations as I was by their insistence that I stop my investigation. It seemed incongruous that the individuals who alleged genocide would also pressure me to not investigate their own allegations.

As both Murtagh and Kuritzky increased their hostility, the more interesting the case became.

From: Kevin Kuritzky [mailto:kevink4@mac.com]
Sent: Sunday, June 15, 2008 9:50 PM

To: Celia Farber
Cc: SSI Membership
Subject: Re: Official Nominations

Celia - why don't you take your parasitic, attention-whore behavior elsewhere, to a place where people actually care.

You have been exposed to most of Semmelweis, and South Africa doesn't want your uneducated "faux-journalistic" crap opinions either. The entire world has basically discredited you countless times, and all the attachments I have sent verify this. Go back to doing what you appear to know best, which is to .

Your anecdotal stinking pile of bulls*** is only trumped by the real science of people who are actually qualified to talk about this, not someone like you who .

Your false, damaging, and absurd views on HIV are not welcome in the medical community. Now I suggest you exit before you are exposed even further into the pit that you continue to dig.

It was hard to imagine that Kuritzky had once been accepted to the Emory School of Medicine and even more bizarre that his collaborator, Dr. Murtagh, would permit such an attack. Fifteen minutes later, Murtagh replied to Kuritzky:

From: Jim Murtagh [mailto:jmurtag@mindspring.com]
Sent: Sunday, June 15, 2008 10:05 PM
To: celiafarber; kevink4@mac.com
Subject: Fwd: Official Nominations

Dear Kevin,

I asked you to be kind to Ms. Farber because she is obviously ill. Her has distorted her judgment. We are dealing with very sad pathology in the AIDS denialists. What I really want to know is who wrote the SSI press releases? Who put Gil up to this? Obviously, Gil and Roland did not cook this up themselves.

It is sad that Farber did not respond to a single one of your well-documented points. I believe the entire SSI (and ex-SSI members) should be proud of the factual manner in which Kevin has investigated this affair.

Ms. Farber again resorts to made up facts, and ignores the 5,000 scientists who demonstrated that Koch's postulates have been fulfilled.

Kevin, you documented 12 double blind studies. Your research puts any doubt to rest. HIV causes AIDS. This is as certain as the earth is round, and that the moon is not made of green cheese.

At the time, I did not know that Murtagh and Kuritzky were being supported by pharmaceutically funded operatives from South Africa, Cornell University, and the Los Alamos National Laboratory.

It got worse.

On June 19th, I became a victim of their attacks just as I had been warned. Kuritzky initiated a “spam attack” against my name and professional email account and phones, generating thousands of unwanted spam messages and phone calls that offered everything from gay porn to paid vacations. Because I was prepared, I was able to positively identify the source of the attack by matching Kuritzky’s IP address used before and after the attacks as the same address used to generate the attack. I eventually filed a crime report with the LAPD and continue to prepare a criminal and civil case against both.

As of last week, I completed and delivered my report to SSI and will now post it in its entirety below. If you want to understand what I now accept as the most significant criminal conspiracy I have ever imagined, get your coffee and strap on your seatbelt.

The investigation I call Gallo’s Egg took me from America’s “War on Cancer” (1971-1981) to the early history of HIV and AIDS. It reaches from the cities of West Hollywood and San Francisco to the continents of Africa, Asia, and Australia. It led me to the steps of the National Institutes of Health, the Los Alamos National Laboratory, and some of America’s most prestigious universities and research centers. It involves hundreds of billions of dollars of misdirected tax-supported funding and some of the most financially successful pharmaceutical companies in the world.

I have never written about anything more important. This story changed my life, and if you have the time and patience to understand what I have written, it may change yours as well.

If Americans, our courts, and our legislature permit the continued corruption of science and medicine by our pharmaceutical industry, I fear that the 232-year experiment we call “The United States of America” will have failed.

CB
Gallo’s Egg

On May 13, 2008, Semmelweis Society International (SSI) presented the Semmelweis “Clean Hands” Award to Professor Peter Duesberg and Investigative Journalist Celia Farber.

The awards were not presented as an endorsement of Prof. Duesberg’s scientific conclusions. Indeed, SSI members disagree about many topics related to science, medicine, and politics. They are not unified by one single ideology, but by their commitment to those who oppose the influence of politics that corrupt science, research, and medicine.

Professor Peter Duesberg, PhD

Prof. Duesberg began his award-winning career in cancer research in 1963. Funded by major grants from National Institutes of Health (NIH), Dr. Duesberg isolated the first cancer gene in 1970, and mapped the genetic structure of retroviruses – a class of viruses that does not kill cells, but were thought to possibly cause cancer. In 1986, Prof. Duesberg was voted into the most respected scientific body in the United States, the National Academy of Sciences (NAS).

One year later, Prof. Duesberg described the flaws in the HIV hypothesis of AIDS causation. Although formal screenings are not required by Academy members, the NAS published Prof. Duesberg's paper after an unprecedented six separate peer reviews. After 20 years, Prof. Duesberg's paper remains unanswered.

Prior to these publications, Dr. Robert Gallo, the cancer virologist who claimed HIV caused AIDS in 1984 described Duesberg as the scientist “who knew more about retroviruses than any man alive.”

At the time of his endorsement of Duesberg, Gallo headed the National Cancer Institute (NCI). Although Gallo's cancer and leukemia research was fraught with controversy, he still enjoyed significant influence in the distribution of research funding from the National Institutes of Health (NIH). Once Dr. Duesberg questioned Gallo's hypothesis that HIV (alone) caused AIDS, all his proposals for research funding were suddenly rejected. Before raising questions about the role of HIV in AIDS causation, Duesberg's grant applications were never denied.

When reporter Celia Farber reported on Duesberg and the controversy over HIV (1988), the NIH barred her from further contact with their scientists and labeled her a “threat to public health.” Despite being under constant attack from the HIV/AIDS industry since then, Farber continued to probe the subject in her writings over the years.

Retaliation against publications and journalists who report on scientific challenges to the HIV hypothesis is not new. The gay publications *New York Native* and *Christopher Street* were shuttered as a result of the ACT UP boycotts.

Celia Farber

When Farber published her 15-page exposé in *Harper's* on the unethical practices and patient deaths involved in the experimental AIDS drug trials in 2006, the retaliation was immediate.

Instead of addressing the disturbing content, or the inconsistencies of Dr. Gallo's AIDS research, pharmaceutical industry-sponsored AIDS activists and researchers accusing Farber of having made 56 errors, and urged the global media and AIDS communities to discredit her, the article, and *Harper's*, which they did (*NY Times*, *The Nation*, *CJR*, *Poynter*, *Gay City News*, *The Advocate*, *The Body*, *Act Up*). The document was posted by the Treatment Action Campaign (TAC) in South Africa, where they are not required to identify their top 14 international “core donors”. The non-profit group, *Rethinking AIDS*, later published a rebuttal to their attack on Farber, which proved there were no errors in the *Harper's* article. Farber's most prominent critics, including Gallo, refuse to respond.

Harper's and Farber stood accused of "AIDS denialism" and drawing negative attention to a "life-saving drug" Nevirapine, which had just been financed for distribution to more than a dozen developing nations. Their protest was consistent with their demands for increased distribution of lower-priced AZT during the 1980s.

In the heat of the attacks, members of Harper's staff also received threats. The authors of the attack manifesto demanded 1) an apology, 2) a condemnation of Farber, 3) Harper's surrender of pages to an article extolling the benefits of the drug in the next issue, same length, and the editor's resignations. They even demanded to bring their own fact checkers. Harper's yielded to none of the threats, conceded no errors, and continues to stand by the article to this day.

One of the signatories of the attack document against Farber was Richard Jefferys of New York's Treatment Action Group (TAG), one of many AIDS "activist" groups that are funded by the pharmaceutical industry.

In May 2008, Jefferys led the campaign to antagonize members of both the Semmelweis Society (SSI) and the No Fear Coalition over the Farber/Duesberg awards. In seeking to get the awards rescinded, Jefferys disseminated falsehoods about Farber's journalistic record (which this investigator examined) and failed to reveal that the maker of the drug Farber exposed was TAG's third largest donor. As the coordinator of TAG's central donor program, Jefferys' job was to coordinate "global activist/scientist response" against Farber and her article in Harper's: In short, Harpers paid Farber to investigate, and Boehringer Ingelheim paid Jefferys to retaliate.

As a result of the false allegations, Farber did not receive another journalism assignment for more than two years. Only one source later reported that an independent panel of non-orthodox scientists found Farber's article, after a four month review process, to be error free.

Although his recent cancer theory has earned him newfound respect in scientific circles and media (Scientific American 2004, 2007, Discover 2008), Prof. Duesberg remains cut off from all NIH funding, and commutes to Germany to conduct his scientific work. While Prof. Duesberg and other scientists still doubt that HIV kills cells, their questions are even more troubling when we consider the coordinated personal attacks used by Gallo and a core group of collaborators against those who ask legitimate questions about Dr. Gallo's questionable scientific record:

In 1975, Gallo and Weiss stated that they had isolated a human leukemia virus, HL23 virus, but this was shown later to have resulted from laboratory contamination by three primate retroviruses. In 1980 Gallo claimed to have isolated a human T-cell leukemia virus (HTLV), but did not present positive evidence that this was a human virus. During 1983-4, Gallo and his associates published several papers asserting that the human leukemia virus, HTLV-1, was the agent involved in the development of AIDS. This was eventually disproven but meanwhile the attention of many scientists was misdirected, wasting time and resources that could have been put to far better use...

Human retroviruses in leukaemia and AIDS (p. 18)
Professor Abraham Karpas

Cambridge University

After years of questions about fraud and questionable research, Dr. Gallo left NCI to open Baltimore's Institute of Human Virology. Professor Duesberg still teaches at the University of California, Berkeley.

A quick summary of the origin of the HIV controversy:

1. Dr. Duesberg identified and mapped retroviruses,
2. Experts determined that retroviruses do not kill cells,
3. Dr. Gallo calls Duesberg the world's top retrovirus expert,
4. Dr. Gallo proclaims that the HIV (retrovirus) causes AIDS (by killing white blood cells),
5. Dr. Duesberg reminds Gallo that retroviruses don't harm cells, and;
6. Dr. Gallo has never proven that HIV exists, attacks cells, or causes AIDS.

History of Scientific Retaliation

Because the father of the scientific method was born 1000 years ago in the Middle East, the political pressures of his religion prevented humanity from taking full advantage of the promise of science. Ibn al Haytham and Dr. Ignaz Semmelweis were both judged insane not because they were wrong, but because their ideas threatened contemporary political forces.

Prof. Duesberg and Ms. Farber aren't alone. Economist Ben Stein reported others whose scientific inquiries are now threatened, interrupted, or corrupted by political influence. This influence results in the loss of research grants or, as in the case of Ms. Farber, industry insiders who blacklisted her in the media. In hospitals, these influences kill thousands of patients annually.

When the NAS published Prof. Duesberg's 1988 paper, Gallo and company scattered like debutants from a stentorian fart. Anthony Fauci refused comment. Maxine Singer said she was still reading earlier issues. Saying that he hadn't "heard a single scientist discuss it for a second," Gallo admitted that a copy was on his desk, but hadn't read it.

Although he vowed to respond, neither Gallo nor any of his defenders ever published a rebuttal of Duesberg's paper (or the 196 peer citations that supported it) in any peer-reviewed publication.

Instead, Gallo's defenders created the specter of AIDS-Denialists and Denialism, epithets designed to marginalize those who questioned Gallo's opinions as somehow denying the existence of AIDS itself. Because Gallo skeptics never questioned the existence of AIDS, this allegation is false. The fact that malnutrition, septic water, disease, environmental conditions, irresponsible drug use and self-destructive behavior can degrade a body's ability to protect itself from infection and cause death is undeniable. What is in question is Gallo's scientifically unsupported assertions that retroviruses cause leukemia, cancer, and AIDS.

When used around casual observers, the denialist/denialism epithet dehumanizes Gallo skeptics as flat-earthers, ufologists, Klansmen, Eugenicists, racists, homophobes, and other socially

unacceptable groups. Because most people fear the stigma that comes with those associations – and are socially, politically, and professionally unprepared to defend themselves against this slur, they politely scatter and change the subject like Gallo’s debutants.

The Storm

Months after Ms. Farber published her 2006 Harper’s exposé, AIDS industry activists held this conference where those who offended the official HIV/AIDS “Party Line” were methodically and unrelentingly attacked as denialists.

Co-moderated by TAG operative Daniel Kuritzkes, MD, the 2006 HIV Science and Responsible Journalism Conference asked invited journalists “if balance was always appropriate when the evidence backs one side.” These academic “hit men” openly and unapologetically detailed how and why these attacks shall be executed.

A paid consultant to more than a dozen pharmaceutical companies, Dr. Kuritzkes warned journalists that denialists like Peter Duesberg still work in universities and urged that they be denied access to students and reported to authorities whenever possible.

Kuritzkes told his audience:

“If this happens in your neighborhood ask the university authorities why they allow this and then write about it.”

WSJ reporter Marilyn Chase warned reporters not to unintentionally “exalt the position of denialists by making them seem like just some sort of independent intellectual contrarian whose views really should be heeded.”

Sitting in the audience, research scientist Ella DeCann complained that “science is full of laboratory politics,” and asked the panel:

“Do you understand that AIDS research is actually tied to technology, rather than to science?”

Panelist John P. Moore, PhD quickly rejected her assertion. Although he regularly identifies himself as a professor of microbiology and immunology at Cornell University, Moore rarely mentions the \$400 million annual funding that Cornell receives for research from taxpayers and HIV drug makers that include Merck, Bristol-Myers Squibb, Trimeris, or GlaxoSmithKline. Bristol Myers Squibb alone acknowledges more than \$100 million in research funding. With billions of dollars in research grants at stake, it’s understandable why Dr. Moore and America’s most prestigious universities are reluctant to offend the pharmaceutical companies that keep their prestigious research laboratories open. Rather than present Gallo’s promised proof that HIV exists, kills cells, and causes AIDS, Dr. Moore attacks with rhetoric. A few examples:

* H.I.V. causes AIDS. This is not a controversial claim but an established fact, based on more than 20 years of solid science. It is as certain as the descent of humans from apes and the falling of

dropped objects to the ground.

- * To deny that HIV causes AIDS is farcical in the face of the scientific evidence.

- * Although science is not an ivory tower that should never be questioned, the fundamentals of whether HIV causes AIDS are so certain that challenging them to create trouble really does harm people.

- * AIDS denialism kills.

- * We will not engage in any public or private debate with AIDS denialists or respond to requests from journalists who overtly support AIDS denialist causes.

- * The debate has been settled. It is not our role to enlighten denialists as to their inability to understand the available information.

A few months later, Dr. Moore wrote this email to another Gallo skeptic:

From: John P. Moore, PhD jpm2003@med.cornell.edu>

To: Michael Geiger

Sent: Saturday, January 27, 2007 10:24 AM

Subject: Re: Shame on you JP!

Thanks Geiger! What you sent contains useful information we can use against you people! And we will!

“Dan” has it exactly right when he says:

If they are able to “justify” their actions, it’s most likely because they simply see this as WAR. War against the “denialists”. Nothing more.

When you’re in a war, there are no rules.

This IS a war, there ARE no rules, and we WILL crush you, one at a time, completely and utterly (at least the more influential ones; foot-soldiers like you aren’t worth bothering with). John (emphasis added)

Although Moore boldly threatens to “crush” those who question the role of HIV in AIDS, he avoids all invitations to engage in public debate on the HIV hypothesis of AIDS.

Because AIDS is mostly confined to its initial risk groups in America (gay men and drug users), most Americans have been too busy to concern themselves with the issue or the storm of politics and retaliation that continues to mute this largely unnoticed international debate. Most Americans feel unaffected, but our general complacency permitted fundamental changes in the direction and progress of higher-priority medical research. The redistribution of hundreds of billions of research dollars based upon Dr. Gallo’s still unproven claims continues to the detriment of millions of Americans and people around the world.

After the Semmelweis Society International (SSI) presented awards to Duesberg and Farber last May, the retaliatory forces that curtailed all funding for Prof. Duesberg’s award-winning cancer

research and attacked Ms. Farber's reporting were suddenly brought to bear against SSI and its members (including this investigator). If not for the courage of the SSI membership and the support of hundreds of award-winning scientists and researchers, SSI and the awards would have evaporated. For their membership, science and medicine must repudiate all forms of political influence, regardless of the political risks involved.

In the spirit of freedom and science, SSI commissioned this report to respond to questions and arguments regarding Professor Duesberg's unanswered questions of Dr. Gallo's 1984 HIV hypothesis. As an independent investigator who could not be influenced by the threats or attacks made against vulnerable SSI members and others; and as someone who had never heard of Duesberg, Gallo, Farber, or AIDS Denialism before May 2008, SSI believed that this investigator had the unbiased and proven investigative experience necessary to examine both sides of the controversy. For his efforts, this investigator was not compensated.

One of the more printable attack letters to SSI was from former Emory medical student Kevin D. Kuritzky, who wrote:

It is my understanding that Semmelweis presented Dr. Duesberg with an award, seemingly on behalf of the group. It is not disputed that Dr. Duesberg is a controversial figure. However, I have had personal experiences with his material and his theories. I have read his works, studied them, and frankly, I am sickened.

I am sickened because... I was born in a nation, South Africa that is ravaged by HIV/AIDS. Dr. Duesberg was used as a pawn of the government to impede providing antiretroviral medicines to the needy. Dr. Duesberg has provided no science behind his theories, and he, as a virologist, allowed himself to be complicit to murder by the tens of thousands, in essence to sell his notoriety.

Investigator's Response:

South Africa is not "ravaged by HIV/AIDS." In 2001, the South African Government reported 9,479 deaths due to "HIV Disease" out of a population of 44.8 million. This represented only 3.16% of all deaths in the country and only two-one hundredths of one percent (0.02 %) of South Africa's total population.

(More African mortality info here)

Kuritzky's reference to "antiretroviral medicines" also implies an Orwellian use of language. The primary "medicine" is AZT, which was designed as a highly toxic cancer chemotherapy in the 1960s. It's hard to imagine why anyone in America or South Africa would want to deliver toxic chemotherapies to expectant mothers and villagers who already suffer from poverty, malnutrition, and septic water.

In this 2008 study, 320 Tanzanian patients were placed on "antiretroviral therapy" (ART) between October 2003 and November 2006. Most (223) were women, some as young as 15. The

majority were between 25 and 34 years of age. Most were severely malnourished, had thrombocytopenia and varying degrees of anemia.

#

Overall, 95 patients died within 11 months, 59 within three months of starting the drug regimens.

One year mortality was estimated as high as 46.8% in those who were severely malnourished. Other studies confirmed that severe malnutrition is directly related to the mortality of HIV+ African patients “even after the introduction of highly active antiretroviral therapy...”

One of the authors explained that the study’s weakness is that mortality might be underestimated because so many were lost to follow up and probably died at home.

Moreover, the main published study on the side effects of “antiretroviral medicines” is alarming.

Ronald B Reisler M.D., M.P.H. did a five-year review (1996-2001) of about 3000 HIV/AIDS patients who took the anti-retroviral cocktails. He found that:

* 332 patients suffered an “AIDS” event, meaning some purported manifestation of the underlying disease, however;

* 675 patients suffered a “Grade 4” event, meaning a life-threatening illness was attributed to the drugs, not the virus. The most common of these side-effects were:

1. Liver damage
2. Neutropenia (white blood cell loss)
3. Anemia (red blood cell loss)
4. Cardiovascular, including heart attacks
5. Pancreatitis
6. Psychiatric disorders
7. Kidney problems
8. Thrombocytopenia
9. Hemorrhage

In sum, twice as many AIDS patients fell ill from the drugs than from AIDS – which is exactly what Dr. Duesberg predicted would happen in the late 1980s.

Grade 4 Events Are as Important as AIDS Events in the Era of HAART

Reisler, JAIDS, 34(4):379-386, Dec. 1, 2003

Kevin Kuritzky:

Dr. Duesberg lacks any courage to back up his claims.

Investigator’s Response:

Dr. Duesberg has published numerous papers in the peer-reviewed literature to back up his claims, much to the detriment of his career. A Google-Scholar search reveals over 200 of his

peer-reviewed papers. On the other hand, Mr. Kuritzky's claims have been posted on dozens of pharmaceutically-funded activist websites, including AIDS Truth, which was created in direct response to the perceived threat of the consequences of Farber's 2006 Harper's article. Although technically a "non-profit," AIDS Truth is operated by "team members" who are funded directly or indirectly by the pharmaceutical industry.

Kevin Kuritzky:

When I was in college, Dr. Duesberg gave a lecture. He was unprofessional and was offered the opportunity to prove his "theory." He lacked the fortitude to demonstrate his true commitment to the pseudo-science he preaches, and backed away like a coward. If he truly believes what he espouses, he should have the guts to inject himself with HIV to prove his point about "poppers" etc being the real culprits of AIDS.

But unlike Dr. Jaworski who stood up for what he believed in with regards to peptic ulcer disease, Dr. Duesberg was a coward. When I was involved in HIV research as an undergraduate, I told Dr. Duesberg personally that this lack of desire to "prove" his point calls into question his very belief in the pseudotheory, and makes one wonder whether his whole career is based on a notoriety desire.

Investigator's Response:

As the tone of the "former medical student" grew increasingly hostile, this investigator noted consistencies between Kuritzky's attacks, and those routinely repeated by TAG surrogates John P. Moore PhD, Daniel Kuritzkes MD, and Richard Jefferys.

After a brief examination, this investigator discovered that Kuritzky was expelled from Emory Medical School after numerous allegations of dishonesty, unprofessional, and unethical conduct. Regardless of his past (and consistent with garden-variety TAG attacks), Kuritzky offers no proof; and since Emory Medical School is located three time zones east of UC Berkeley, his anecdote is doubtful.

Regarding the allegation of cowardice: Prof. Duesberg has offered several times (example) to inject himself with HIV if 1) only the exact terms for success or failure could be offered by his detractors, and 2) the experiment could be scientifically conclusive.

In 1984, the theorized HIV/AIDS "HIV latency period" (from infection to illness) was said to be from six months to a year. Today, it is accepted that there are varying categories of "long term non-progressors" (LTNP) or "elite controllers", who take decades to progress to AIDS, if at all. In some studies the latency period has been stretched as high as 30 years or more (2007), although the drug industry and its activists attribute this to new antiviral drugs. This means that if Prof. Duesberg was injected with the "HIV retrovirus" in a controlled study today, he could die sometime after reaching his 104th birthday.

After twenty years, Dr. Gallo and supporters like Dr. Moore continue to refuse to provide Dr.

Gallo's promised rebuttal to Prof. Duesberg's PNAS paper. Instead, they have declared:

We will not (e)ngage in any public or private debate with AIDS denialists or respond to requests from journalists who overtly support AIDS denialist causes.

In this investigator's experience, no other science is defended with epithets and refusals to disclose. After publishing millions of pages of research based upon Dr. Gallo's hypothesis, why would Dr. Moore refuse to present Dr. Gallo's original proof unless it does not exist?

Kevin Kuritzky:

Dr. Duesberg has indirectly killed many human beings through his complicity in South Africa's limits on antiretroviral medications given to pregnant women. The science is proven that vertical transmission is greatly reduced here. I am not sure if Semmelweis is aware that Dr. Duesberg was essentially finally run out of the country (South Africa) as a murderer, and I personally don't disagree with this claim as I am intimately familiar with Dr. Duesberg's behavior in South Africa.

Investigator's Response:

This is one of the most common and manipulative anti-scientific libels used to prevent Duesberg from pursuing his counter-theory in a scientific manner. Like Dr. Moore, Kuritzky offers no evidence, references, or proof of any of these allegations, nor does an aggressive search reveal any clues to substantiate his claims.

Prof. Duesberg was not "finally run out of the country (South Africa) as a murderer": He visited South Africa when President Thabo Mbeki summoned him for round table discussions between AIDS scientists of opposing viewpoints in 2000.

Of the antagonistic, hostile, and threatening attacks made by Gallo defenders, former South African President Thabo Mbeki appealed to then-President Bill Clinton and UN Secretary General Kofi Annan (April 3, 2000), and:

... passionately defended Duesberg and the other dissidents, and suggested that factors other than HIV could be the cause of AIDS in Africa. He called for a uniquely 'African solution' to the problem, as AIDS seemed to affect Africans differently to those who live in the developed world. He also defended his right to consult dissident scientists, and accused unnamed foreign critics of waging a 'campaign of intellectual intimidation and terrorism' akin to 'the racist apartheid tyranny we opposed'.

In an earlier period in human history, Mbeki wrote, Duesberg and his followers 'would be the heretics that would be burnt at the stake. 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.' The letter, copies of which were delivered by hand to Clinton and Annan, concluded: 'It would constitute a criminal betrayal of our responsibility to our own people to mimic foreign approaches to treating HIV/AIDS.'

As stated earlier, prescribing toxic cancer chemotherapy to pregnant women is dangerous for both mother and child:

“In reviewing the frequency of birth defects in this population [of HIV+ women taking AZT during pregnancy] we noted eight birth defects (10%) out of 80 live births [and 8 spontaneous fetal losses, for a total of 17% abnormal pregnancies]”

Zidovudine Use in Pregnancy: A Report on 104 Cases and the Occurrence of Birth Defects
Kumar et al, 1994 Oct 7(10):1034-9

More Questions

The HIV/AIDS issue consists of two components:

1. Dr. Gallo's original opinion, and;
2. Millions of pages of research that are based upon, and used to support, Dr. Gallo's original opinion.

While no ordinary investigator can competently argue millions of pages of HIV/AIDS research, it is equally disingenuous for any scientist to argue any research that is based upon Dr. Gallo's theory without proof that HIV a) actually exists, b) kills white blood cells, and c) causes AIDS. Consensus, based upon unproven hearsay, is not proof.

At the same time, there are a number of easily understandable peer-reviewed reports that conflict with Gallo's theory.

For example, chimpanzees share about 99% of the DNA in humans. Since it is unethical to test humans with potentially dangerous pathogens, they serve as the “gold standard” for scientific experiments. In the mid-1980's, AIDS researchers infected numerous chimps with HIV to induce AIDS. No chimpanzee has ever developed AIDS.

“It is true that HIV does not cause AIDS in chimpanzees.”

Blattner, Gallo, Temin, Science, Vol. 241, 514-517, (1988)

It is said that HIV is spread through sex. Yet, the largest epidemiological study of heterosexual transmission of HIV was conducted in San Francisco from 1987-1997. The researchers observed 175 sexually-active discordant heterosexual couples (1 partner HIV+, 1 partner HIV-) for over six years. No person in the study contracted HIV.

“We observed no seroconversions after entry into the study.”

(Padian, page 354.)

Heterosexual Transmission of HIV in Northern California: Results from a Ten-year Study
American Journal of Epidemiology, Vol 146: 350 - 357. (1997)

HIV Testing

The problem with HIV tests is that there is no viral gold standard. HIV test accuracy is not measured against any isolated (purified) HIV, but against indirect measures or patients with clinical symptoms of AIDS. These tests generally detect, and are hypersensitive to, antibodies of many different viruses and cellular debris. This \$50,000 award, offered in exchange for scientific validation of any HIV test, remains unclaimed.

Using a “cops and robbers” analogy, Dr. Gallo’s HIV test relies on the presence of cops (antibodies) to indicate the presence of robbers (HIV). While it’s true that cops appear at bank robberies, they also appear at doughnut shops, police stations, fundraisers, sporting events, and training academies. The presence of cops does not necessarily prove the presence of robbers.

The autoimmunity phenomenon is characterized by an immune response against its own cells and tissues. So while the presence of HIV-antibodies (cops) may indicate that, at some point, someone may have been in contact with an HIV-virus or related particle (robbers), there is no way to ascertain the significance of such an event.

Antibody production does not mean that the antigen is necessarily noxious.

For example, the most common form of hypothyroidism is caused by anti-thyroid antibodies. This does not mean that the thyroid tissue is a harmful pathogen. The antibodies against virtually all endocrine organs, including ovaries, have been identified and (so far) no one has demanded the mass performance of thyroidectomies or ovariectomies. This becomes more complicated since many patients with anti-thyroid or anti-ovarian antibodies do not suffer from significant target organ damage. In this “cops and robbers” analogy, the cops (antivirus) are sometimes summoned by those who have mistaken the noise of a stray cat for a home invasion robbery.

Consider the “metal detector” analogy: To prevent terrorists from boarding planes (or HIV in our blood supply), HIV test sensitivities are set so that Jimmy’s orthodontics and Grandma’s titanium hips activate the alarms. Once those alarms sound, the tests brand them as suspected terrorists.

Kevin Kuritzky:

The fact that any westernized physician, particularly an Ob-Gyn (SSI member) can defend Peter Duesberg is beyond my comprehension. I think any Ob-Gyn that fails to administer anti-retrovirals to a pregnant woman should not only be peer-reviewed, but should be put in jail. Yet, Dr. Duesberg has espoused this sickening ideology.

Investigator’s Response:

Remember that SSI chose to answer Kuritzky’s letter because he offered the most common and coherent attack against Prof. Duesberg. In light of the aforementioned evidence of his criminal behavior, it was extremely difficult for this investigator to take any of Kuritzky’s TAG-generated myths seriously.

Kuritzky also illustrates that the hysteria that incarcerated history's first scientist and Dr. Semmelweis still exists today. When science becomes a hysterical political argument and criminal attacks, science and human progress cease to exist. Nevertheless, the record appears to reflect that these are Mr. Kuritzky's (and TAG's) strongest arguments. Indeed, these also appear to be the same political arguments used to coerce scientists and physicians into politicizing real science.

Panic & Politics

In the late spring of 1981, the National Cancer Institute (NCI) and the National Institutes of Health (NIH) were coming under increasing Congressional pressure to clean up the waste and corruption that characterized their ten-year War on Cancer.

At the same time, CDC epidemiologist Dr. Wayne Shandera reported that five homosexual men in their 20s and 30s were stricken by a pneumonia that ordinarily struck cancer and transplant patients. Said Shandera, "The best we can say is that somehow the pneumonia appears to be related to gay life style."

The report stated that five patients also suffered from infections due to a virus "that causes mononucleosis-type symptoms" and is "shown to be capable of suppressing the body's immune defense system in a manner similar to anti-cancer drugs."

Investigators speculated that the virus (CMV) was "suppressing the immune defense system of certain individuals sufficiently to make them vulnerable to the *P. carinii* already present in most persons' lungs."

"They are carrying out an intensive study to learn what the common factor may be in the lifestyle of gay males. One speculation is that the inhalants commonly used in the gay community to heighten sexual feeling may somehow be involved."

When the story came out, some insensitive clergy and ideologues suggested in the media that AIDS was "punishment for homosexuals who violated God's Law." Homosexuals and their advocates were understandably hurt by these remarks. Unfortunately for science, this immediately polarized and politicized the debate. While the extreme right sought to stigmatize AIDS as a "gay disease" that was unworthy of attention, the left exaggerated the risk that AIDS posed to the general population and demanded endless funding.

Policymakers were understandably reluctant to shift billions of dollars in research funding from deadlier diseases like heart disease (#1) and cancer (#2) to a lesser understood pathology that appeared to only affect a small population segment.

When the Gay and Lesbian Alliance Against Defamation (GLAAD) protested the skeptical "homophobic and AIDS-phobic coverage" of the New York Post, the US media killed all stories that suggested the propriety of a careful government response. Without the media's support, politicians, government officials, and drug manufacturers grew unwilling to risk the homophobe label. This appears to coincide with the period when American science was corrupted by the

political debate.

The result was devastating to those most vulnerable. Poisonous toxins suddenly became available as the FDA rushed their approval of new AIDS medications in as little as six weeks. During the AZT trials, Burroughs-Wellcome used their own researchers to test and distribute AZT with little more than hat tip from the FDA:

“By the middle of 1985 there were over 10,000 AIDS patients anxiously awaiting a drug. The extreme patient need for a drug sped up the process from test tube to patient tremendously. After filing six patents on the preparation and use of AZT, and racing through necessary animal tests in partnership with the NCI, Burroughs-Wellcome submitted an application to the FDA for an Investigational New Drug (IND). In a miracle of bureaucracy, the FDA approved of the first AZT trial in only seven days.”

Wastila, L.J., Lasagna, L.

The history of zidovudine (AZT).

Journal of Clinical Research and Pharmaco-Epidemiology, 4: 25-37 (1990)

When word spread that AZT trials at Burroughs-Wellcome required placebos for half of their 282 HIV/AIDS patients, the media fueled several more controversies:

“Some critics believed that AZT was too toxic for weak AIDS patients, and others accused Burroughs Wellcome and the FDA with hindering the drug’s ability. Many critics felt that the placebo arm of the arm was unethical, and called for all patients to have access to the drug. Burroughs Wellcome’s spokespersons vigorously defended the trial, but the company recognized the high stakes of the trial and, in collaboration with the NCI and the National Institute of Allergy and Infectious Diseases (NIAID), they established the Data and Safety Monitoring Board (DSMB) consisting of various AIDS experts that were removed from the trial.

“In September of 1986, only 7 months after the trial started, the board concluded that there was a significantly lower mortality rate in patients randomly assigned to receive AZT than the placebo. Only one of the 145 patients receiving AZT had died, compared with 16 patient deaths from the 137-patient group. The trial was halted, and the patients who received placebos were given an opportunity to take AZT... by March of 1987, 4500 AIDS patients, or one-third of all Americans living with AIDS, had received free Retrovir (AZT) handouts from the company...

“In less than three years, AZT had progressed from the obscure shelves of Burroughs Wellcome to pharmacies all across the country, providing patients a measure of hope at a time when there was none...”

T.E. Haigler

Former president of Burroughs Wellcome
(on the company’s research of AZT)

Former NCI director Dr. Samuel Broder characterized the three-year-process as moving “at the

speed of light.” AZT retailed for \$188 per bottle, or approximately \$7,000 to \$10,000 per patient, per year. Compared with today’s FDA standards, three years is a glacial pace.

Hundreds of billions of dollars were subsequently transferred from cancer and cardiovascular disease research and, as the uncontrolled waste and abuse spread, scientists, physicians, and universities truncated reports, shortcut peer review studies, and attacked those who challenged their questionable methodologies. Millions of research pages and articles were subsequently generated that cited, complimented, and supported other research papers that all assumed that Dr. Gallo’s HIV theory was an “established scientific conclusion.”

Gay men and drug addicts who were terrorized by the fear and propaganda campaign about HIV, and stigmatized by unreliable HIV tests, stampeded to AIDS clinics for fast prescriptions of lethal doses of AZT. The greatest period of mortality (1987-1995) attributed to HIV occurred during the exact years of AZT mono-therapy. Coincidentally, as AZT was replaced by less toxic drugs, mortality also dropped to current levels. Liver failure remains the leading cause of death among HIV+ patients who use the current generation of black-box anti-HIV medications. Liver failure is caused by drug toxicity and is not considered an AIDS-defining illness.

When 13-year-old Ryan White was diagnosed as HIV+ in 1984, his illness further fueled the hysteria. In 1987, Oprah Winfrey quoted “scientific predictions” that 20 percent of all heterosexual men would die from AIDS by 1990:

“By 1996, three to five million Americans will be HIV positive and one million will be dead from AIDS.”

NIAID Director Dr. Anthony Fauci, NY Times, 14 Jan 1986

“By 1991, HIV will have spread to between 5 and 10 million Americans.”

Newsweek, 10 Nov 1986

“By 1991, 1 in 10 babies may be AIDS victims.”

USA Today headline, 20 Jul 1988

“Without massive federal AIDS intervention, there may be no one left.”

HHS Secretary Donna Shalala, 1993

Washington Times, 8 Jun 1999

Once the massive government fire hose was turned on to fight the “War on AIDS,” competing, fact-based, scientific views, were drowned out or otherwise suppressed.

Because so few middle-class, white heterosexuals ever got AIDS or knew someone who did, many Americans passively disconnected themselves from the campaign.

Motives

Within the scientific community, the HIV/AIDS question may have been one symptom of an even larger disease.

During the 1980s, the general public began to under-value and under-appreciate the work of independent academic scientists like Prof. Duesberg. NIH grants became scarce, endowments dried up, and tuitions barely covered teaching activities. As a result, the salaries and social status of academic faculty members began to decline and many talented individuals fled the universities.

Due to this negative selection, the majority who stayed in academia became very different from classic scientific giants like Robert Koch. While this did not mean that all academicians became unethical, it was easier to become disillusioned and cynical in such environment. Some faculty members grew desperate in their search for some form of a steady income that would compensate for many years of education and training. The pharmaceutical industry was more than happy to help – for a price.

This situation is described in the book, *The Truth About the Drug Companies*, by former New England Journal of Medicine (NEJM) editor Marcia Angell. When, in an earlier NEJM editorial, Dr. Angell asked, “Is Academic Medicine for Sale?” a reader replied, “No, the current owner (Pharmaceutical Industry) is very happy with it!”

Anti-retroviral drugs are all in categories of known or unknown danger to fetal development. In the post-thalidomide age, the FDA strongly recommends against administering these drugs during gestation. None are “safe” to mother or fetus. (one example)

Celia Farber also documented the horrific death from organ failure in pregnant mother Joyce Ann Hafford, who was being treated with AIDS drugs (nevirapine and combivir, made with AZT) while pregnant with her second child.

In March 1996, the FDA authorized the sale and distribution of crixivan six weeks after Merck applied for FDA approval. Compared to the years taken to complete 110 clinical tests before approving Splenda and AZT’s “light speed” three-year testing, it’s hard to imagine how the FDA could safely approve anything in 42 days.

Noted for being “well tolerated” and causing substantial improvements in “CD4 cell counts and viral load,” the crixivan report noted that “the relevance of changes in viral load had not been established”; nor did it show any effect on the development of infection, survival, or as a cure for AIDS.

In light of the profit margins related to drugs like crixivan and the catastrophic deaths related to toxins like nevirapine, it’s hard to ignore the potential profits generated by panicked people who learn they’ve tested HIV+.

AIDS prescriptions are costly. About.com reports that pharmacies charge \$570/mo for crixivan

capsules:

\$570/mo x 12mo = \$6,840/year

When multiplied by the estimated US population of one million HIV+ patients, potential income for crixivan alone can be considerable:

\$6,840,000,000.00 (BILLION) per YEAR

The drugs aptivus (\$1117/mo) and fuzeon (\$2315/mo) cost much more. As of this writing, Merck shares sold at \$35/share. (more info here)

The export and consumption of these untested known toxins by mostly rural and poor villagers of foreign countries is also disturbing.

HIV/AIDS science appears to target minorities. HIV test drives are sharply focused on the African American community, which was Joyce Ann Hafford's misfortune.

Abbott Laboratories recently donated \$60 million in their five-year program to urge black Americans to be tested for HIV. According to Abbott, their "I Stand with Magic" campaign "intends to halve the rate of new infections among US blacks."

Despite Dr. Gallo's unproven HIV/AIDS hypothesis, basketball legend Earvin "Magic" Johnson uses "his fame to raise public awareness of the virus that causes AIDS." Moviemaker Spike Lee, who directed the public service ads, said, "We African Americans can be homophobic. There's a whole lot of re-education that needs to get started."

According to the same LA Times article:

... the heads of the National Assn. for the Advancement of Colored People... took HIV tests in public and made testing available at their annual convention. That same year, 16 mainstream black organizations, including 100 Black Men of America, the Congressional Black Caucus Foundation and the National Council of Negro Women, pledged to fight the epidemic.

"The black community is where the gay white community probably was in the late 1980s or early 1990s," said Dr. Wilbert C. Jordan, medical director of the OASIS Clinic at the Martin Luther King Jr. Multi-Service Ambulatory Care Center. "But we're not where we need to be still." The numbers provide ample reason for alarm. According to the Centers for Disease Control and Prevention, blacks make up almost half the estimated 1.2 million Americans living with HIV today, though they are just 13% of the U.S. population overall.

The same article cited the Henry J. Kaiser Family Foundation (KFF) assertion that "women accounted for more than a third of AIDS cases diagnosed among African Americans in 2006." KFF is the same organization that hosted the aforementioned 2006 journalism conference where drug industry-funded panelists told journalists how to marginalize alleged denialists.

Professor Henry Bauer has shown that, for all available US demographics, people of African

descent are on average 8-10 times more likely to test HIV positive than Caucasians. Since this has been the case for two decades now, this may also be an indication that the tests are racially biased.

The AIDS industry has accused Africa of being responsible for the original spread of HIV, that Africans enjoy “dry sex”, are more promiscuous than people on other continents, and hold voodoo beliefs about health, medicine, and healing. Ironically, Benin is one African country where voodoo still keeps HIV/AIDS mortality below two percent.

Although the World Health Organization (WHO) recently reported that the threat of a “heterosexual pandemic” of AIDS was over, AIDS activists still insist that millions are infected and dying from the “AIDS epidemic.” Despite the WHO report, the Congress intends to authorize another \$50 Billion in new AIDS funding to Africa this year.

Of the aid package, House Foreign Affairs Committee Chairman Howard Berman declared, “We have a moral imperative to act and to act decisively.”

While critics lament the absence of research funding (it was ONLY \$12.6 Billion FY 2006), it’s hard to know where that funding goes when drug companies don’t conduct tests or trials. The reluctance of funded researchers to accept, for example, the Perth Group’s modest request also becomes more understandable; and it could also explain their 21-year hostility toward Prof. Duesberg, Ms. Farber, and hundreds of other scientists, physicians, and journalists who try to report it to US Government officials (NIH, HHS, NIAID) who still refuse to listen.

In time, and if no one asks these critical questions, the drug companies may slowly wean their more sensible customers from toxins to life-saving placebos without losing funding. Eventually, ground celery seed capsules under the label of thiswontkillyouflex and sold for \$500 a bottle could keep HIV+ patients and drug companies alive for more than a normal lifespan. If and when this occurs, the drug companies, scientists, and politicians could finally congratulate themselves for winning Dr. Gallo’s “War on AIDS.”

Analysis

In many ways, today’s HIV/AIDS industry resembles a mature termite colony.

In the years since HIV produced Dr. Gallo’s first egg, workers (administrators and researchers) have built a labyrinthine fortress of carton walls (research and facilities) to support the colony. While its soldiers defend the colony and king, Dr. Gallo and HIV are managed, groomed, and fed by the attending workers that surround, care for, and defend them.

At first glance, the fortress appears impenetrable and the dark interconnected passages too confusing to navigate. After more than twenty years and millions of pages of research and studies that are built upon Gallo’s original egg, no sane person could attempt to comprehend the infinite trivia without going mad. To argue against the mountains of interdependent self-supported HIV/AIDS minutiae requires terabytes of computational power and the tenacity of the world’s most obnoxious sports fans.

The key to the conundrum lies not with the carton walls, workers, soldiers, or the myriad unnavigable passages, but with Dr. Gallo's original HIV declaration itself.

The principle of Occam's razor states that the best explanation tends to be one that requires the fewest additional assumptions. Such an explanation invokes the fewest intermediate factors (i.e., 25 years of HIV/AIDS research) while maintaining its "predictive power"; that is, its ability to explain current data to predict future data. If we apply Occam's razor and the Scientific Method, it is clear that the relationship of HIV/AIDS was never formally proven, and to assert that it is true until disproven is fallacious.

When asked which argument most strongly convinced him that HIV was not the cause of AIDS, Nobel laureate Kary Mullis replied, "The fact that there's no evidence for it."

One does not need to be a pharmaceutically-funded AIDS researcher to understand these questions. Occam's razor and the Scientific Method are both taught in grade schools around the world. When the scientific world reacquaints itself with these principles and reestablishes the discipline to apply them, the queen will die and Gallo's colony will collapse.

Of scientific consensus, Michael Crichton said:

“

(T)he 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.”

Conclusions

With millions of diagnosed and undiagnosed HIV+ men and women leading healthy and productive lives around the world without AIDS medication, this investigator is left with Prof. Duesberg's lingering questions and Dr. Gallo's hysterical defenders, who, this investigator has personally discovered, appear predisposed to use libelous and criminal tactics to silence those who ask questions. (see Epilogue)

These questions are not insignificant. No other science appears to be defended more aggressively than Dr. Gallo's theory. If an investigator questions the curvature of the Earth, or the internal combustion engine, it's hard to imagine NASA or Honda paying SPACETruth or HONDATruth advocates to defend either discipline. Indeed, both topics are clearly presented on public websites and libraries around the world without fear, intimidation, or the threat of lost grant funding. The idea that advocates would use criminal means to dissuade someone from investigating the internal combustion engine would seem preposterous; and yet, hundreds if not thousands of journalists, teachers, scientists, and ordinary individuals are routinely targeted by Dr. Gallo's well-funded

defenders.

Only one of two conclusions is possible:

1. This investigator has deliberately, unintentionally, or recklessly overlooked the answer to these fundamental questions to present an unsupportable conspiracy theory, complete with imaginary threats, emails, and phone calls memorialized in his 66-page police report and pending federal lawsuit, or;

2. The pharmaceutical companies are:

- * Using inaccurate, unverified testing protocols to claim people are infected with a retrovirus that has not been shown to cause harm but, they claim, could kill;

- * Inventing, manufacturing, and distributing toxins designed to disrupt normal cellular and enzymatic functions necessary to sustain life to fight the presence of a harmless passenger retrovirus;

- * Using those toxins to deliberately, unintentionally, or recklessly compromise what may otherwise be healthy immune systems, and;

- * Manipulating drug-caused illness and mortality statistics to maintain HIV/AIDS funding

- * Enlisting and paying uninformed but well-meaning celebrities to promote HIV testing and treatment to specific targets (gay community, low-income minorities, and third world populations) that are most vulnerable to seductive and high-pressure marketing strategies.

If the first conclusion is true, this investigator will continue to enjoy a long healthy life with his family and friends in Southern California.

If the second conclusion is true, America could eventually recover from the scandal: but it's hard to calculate the impact of the needless suffering, death, lost confidence in American science and good will, class action lawsuits, lost shareholder value, product liability, the wasted energy and resources expended within our academic institutions, its effect in the international community and the US and global economies.

If the survivors of "Dr. Gallo's Egg" sense that government agencies and drug companies took shortcuts that unnecessarily killed otherwise healthy people, like 13-year-old Ryan White, agencies, politicians, and the media will soon start pointing fingers to blame someone for igniting a human disaster that could make Enron and 9/11 look like garden-variety purse snatches and auto accidents. Families of those who suffered and died from the toxicity of drugs like AZT will want to attack politicians. Politicians will blame agencies for misleading them, and those agencies will blame previous administrations.

A backlash against media, and within, the gay community, could also result. The gay and lesbian media, community centers, and HIV/AIDS advocacy groups that employ thousands and profit from generous pharmaceutical sponsors and CDC grants for advertising, lavish event planning, hosting, and fundraising will end. Threatened by the loss of such funding, these organizations will be reluctant to close their doors to seek other employment.

Scientists will hide behind their research, doctors behind their hospitals, gays behind their physicians and clinics, politicians behind their constituents, and journalists behind their editors. The most obvious targets will be the drug companies that produced, distributed, and profited by selling known toxins throughout what may be nothing more than a 25-year sabbatical from the science.

The medical and academic members of Semmelweis Society International cannot be sure because those who insist that HIV is harmful still refuse to prove HIV's connection to AIDS. What is not disputed are the poisonous properties listed on the labels of ALL FDA approved HIV/AIDS medications.

No one is competently required to prove the non-existence of Dr. Gallo HIV/AIDS theory. Prof. Duesberg raised questions about Gallo's theory twenty years ago that Gallo and his defenders still refuse to answer. When Dr. Gallo and his defenders decide to prove that HIV exists, attacks white blood cells, and causes AIDS, their investment of ten months and \$100,000 will finally put these questions to rest – as they should have been 24 years ago.

Based upon the evidence contained in this report, this investigator must agree with hundreds of reputable scientists and doctors who remain unconvinced that Dr. Gallo's retrovirus is real or has anything to do with the disease called AIDS.

It is this history, this evidence, and these questions that Professor Duesberg, Ms. Farber and countless others have risked their careers to present. The members of Semmelweis Society International may or may not agree with all aspects of this report, but they unwaveringly support the courageous men and women of medicine and science who continue to ask questions about the world around us.

Without honest and intellectually curious scientists like Peter Duesberg, humanity loses the promise of innovation and progress. Without aggressive and impartial journalists like Celia Farber, industry and government cannot be held accountable. Without both, the 232-year experiment we call the United States of America will have failed.

Clark Baker
Los Angeles

INVESTIGATOR'S NOTE: Under ordinary circumstances, I would list and thank those who assisted me in this investigation and subsequent report. Because of current conditions within the scientific community and pharmaceutical industry, exposing these witnesses as potential targets would serve no legitimate purpose. When the day comes, the world will know the difference between those who served Humanity, and those who served themselves at Humanity's expense.

More [HERE](#)

Posted @ 5:42 am | [Permalink](#) | | [EMail This Post](#)

Comments

RSS feed for comments on this post.

1.

Hi,
Clark,

Thank you for writing this article. I will be commenting again when I finish reading it :) My wife and I have been dissidents since 04/07. Thanks, Joe

Comment by Joe Stokely — July 21, 2008 @ 4:59 pm

2.

Amazing eye popping piece.....thank you.

And to think the “evil” drug companies have had ,all along, as their main assistants in this fraud that is being perpetuated on the human race, the very liberals that helped to politicize AIDS in the first place and now [think Bill Gates and Oprah] are also funding the killing of people that ,in all reality need to change their behavior and environment....not take overly toxic and ineffective drugs.

But, isn't that why aids was politicized in the first place? The stigma of being gay in the late seventies was still very high, and so when AIDS first “appeared” what better way to avoid more stigma than to put yourself in the “victim” class rather than the “perhaps we need to change some behaviors” class.

And to this day...as more and more bath houses are reopened, and more risky behavior is practiced without any censure from anyone because that would be “wrong”, and more and more drug use is tolerated and treated as mere victim hood instead of what it is, a choice,AIDS and who knows what else will show up and these pretend scientists will yell fire in the theater.

Last time I checked a real scientist of any stripe does not jump to conclusions based on politics or whim.....

These “scientists” that have been promoting this dangerous myth are the same ones that would assume that ,since most murders are committed by people with brown hair and eyes that brown hair and eyes cause you to be a murderer. Not that most of the world's population has brown hair and eyes, mind you.

Global warming come to mind yet?

What this proves ,yet again, is that stupidity and greed kill more people than disease every day.

I am now sitting here mulling over my company's relationship with the above mentioned drug companies.....

Comment by christmasghost — July 21, 2008 @ 5:04 pm

3.

Clark,

WOW!! I cannot believe that you put this together in less than 3 months. I have sent this link out to many other dissidents/and groups. I even sent a link to a couple of ladies that I have tried to get my point across to at Saddleback Church. Clark, if you have any contacts at that church, you need to get them this information. I have been in contact with two ladies that work for Saddleback's AIDS initiative. They have told me that this info has already been heard by Kay Warren but they "Agree to Disagree" with me. They are very sweet but very misguided. Keep it coming.

Joe Stokely

Comment by Joe Stokely — July 21, 2008 @ 7:16 pm

4.

Thanks for the information and feedback Gents. I regret that my time is very limited now. This was only the beginning of my investigation, and I have every intention of doing all I can to resolve this. I've written this football so that others can run with it. If it matters, let them know I'm an independent investigator who was criminally attacked by surrogates of the pharmaceutical industry. Why would they attack me criminally if their science is solid? That's exactly what criminal gangs and enterprises do.

Again, thank you for your comments.

cb

Comment by Clark Baker — July 21, 2008 @ 7:33 pm

5.

Thank you so much, for your candid, intelligent and exposing investigation of serious truths. That I too as a discerning researcher investigated deeply before I ever believed one word. As I take everything with a grain of salt unless seriously backed. Not only did I find a huuuuuuug load of research studies and scientific Data that validated the truths of Duesburg and Celia, I found much of it right at the FDA, The NIH, and Pub Med. Along with finding many logical explanations of what AIDS is and how it works. I have read many articles and must commend you on the informative and truthful nature of all you present here... Both as a researcher, and a mortal. Pharma has been up to no good for some time... and I too investigated TAG and found blatant pharma ties... and find it funny that we have lobbyists, parading, as non-profits... Which the pharma industry skims off more tax dollars... and pays their lobbyists with non-profit deductions. I forever visualize the day the American people will regain their faith and health in the face of these atrocities.

J.

Comment by Jes — July 21, 2008 @ 11:44 pm

6.

Clark – kudos to you for a fantastic and coherent article. You have summed up the whole disgusting, sorry mess with an eye for the truth and a healthy disregard for redundancy. The fact

that you have grasped what is such a complicated and long-winded subject in so short a time is astounding (and I'd also like to thank those 'unnamed' individuals that helped you in this), and you have my utmost respect. On behalf of all of us involved with personal cases of (ongoing) harm caused by this massive medical fraud I thank you from the bottom of my heart.

Comment by Cathy — July 22, 2008 @ 12:03 am

7.

Hello Clark,

You join a handful of investigators who have dared to look behind the HIV/AIDS Curtain and have my deepest respect and appreciation for doing so.

I can only hope that your powerful report will inspire your readers to take responsibility for demanding public hearings and criminal charges against the Gallo's of the world.

Comment by Michael Ellner — July 22, 2008 @ 5:53 am

8.

This is a silly article. Los Angeles cop writing on AIDS. How does this qualify as an medical expert? It takes years to be qualified in the field of medicine. To start trying dealing with a patient that has HIV and see how well you do in treating the disease. Writing words is not the practise of medicine but treating patient is. Even if the theory of HIV was wrong you still have the problem of treating a patient and the question of what to do to help the patient. It is still not clear on what causes an HIV patient to progress to AIDS nor have to create a vaccine. We in research still have along way to go. But a cop writing an article on medicine? Claiming retrovirus does not kill is silly. FeLV which is retrovirus goes back in time before HIV was discovered. Not all retrovirus kill as FIV goes back million years and does not kill in wild felines. Nor does SIV always kills. It is a combination of factors that cause HIV to progress in humans one being the immune system overreacts to the virus. Using low dose Prednisolone 5mg reduces this overreaction and slow the progression to AIDS. There are flaws to the use of HIV drugs. If the had developed drugs against the proteins that are involved in the progression instead of the HIV virus they would not have a resistance problem. Example would be protein ITK. The other method to use is prevent the virus from entering the cell. Which is the method I use. All this is a learning progress which is ongoing.

Comment by Arthur Gittleman — July 22, 2008 @ 6:30 am

9.

Art:

One does not require medical expertise to investigate fraud or the criminal behaviors and funding used to defend it.

Had you read this report, you would know that any research based upon Gallo's unproven 1984 opinion is flawed. That you rely on that flawed and unsupported evidence is telling.

It does not take a brain surgeon to see that no scientist has ever proved that 1) HIV exists, 2) attacks cells, or 3) causes AIDS. To force women and children to take expensive toxins to fight what is likely a harmless “passenger virus” is murder, which may be why Gallo’s defenders are so terrified by this report.

The fact that Gallo and his defenders must rely on blogs to attack what Duesberg published in PNAS and other REAL scientific publications speaks volumes.

I suggest that you read the report before attacking it. I have linked to the evidence. Where’s yours?

cb

Comment by reenforce — July 22, 2008 @ 7:27 am
10.

Whether HIV exists and does not exist is besides the point. When people are dying you do something. You try to treat them.

Telling me to read a report gets me nowhere in treating patients. To say drug companies are bad because they create medicine is silly. Modern Medicine is a business. On the other hand you can go to Chinese medicine (TCM) which takes different way of looking at things which may not see HIV as the cause of AIDS but must treat the disease. Does it really matter if it is HIV or something else. You miss the point of Medicine and that is the patient.

As for Gallo, you give too much credit to him in discovery of HIV. Someone else really discovered it, but that is another story. It was done by female researcher in France. But the head of lab got credit for it. Yes! There is politics.

There are two sides to an argument as there are two sides to a coin. No doubt about it. One must choice which side you are on and you have chosen. I choice the other side.

One could argue the point for each side forever. But I have the responsibility to patients and you don’t. And there are not too sides to that.

Comment by Arthur Gittleman — July 22, 2008 @ 8:30 am
11.

Clark:

BRAVO. The evidence is quite conclusive that “HIV” is not an infection, see <http://failingsofhivaidstheory.homestead.com/>

“Why would they attack me criminally if the science is solid?”

Exactly.

Comment by Henry H. Bauer — July 22, 2008 @ 8:56 am

12.

Bravo!! Stunning article. Thank you.

Comment by Manu — July 22, 2008 @ 9:00 am

13.

“The document was posted by the Treatment Action Campaign (TAC) in South Africa, where they are not required to identify their top 14 international “core donors”.

Not true, the report you link to names them:

“Over 80% of TAC’s income is sourced through a funding base of around 14 international donors. These core donors contributed between R1m and R8m each for the year. Of these, three key partnerships continued to offer unrestricted funding totalling around R12 million for the year. These donors commit to 2 or 3 year contracts which allows TAC a degree of income security.

**Core funding support was received from Swedish International

Development Cooperation Agency (SIDA), the Royal Netherlands Embassy and from a church agency in Germany, Bread for the World (BfdW).**

Our other donor partners that contributed to specific programmes included one South African donor - **Anglo American Chairman’s Fund - along with Atlantic Philanthropies, Belgium Embassy, Britain’s DfID SA, Ford Foundation and a new contract that began with Ford Global, HIVOS and a new partnership facilitated by HIVOS with the European Union; John M Lloyd Foundation; Medicine Sans Frontiers; Open Society Foundation; Public

Welfare Foundation; Stephen Lewis Foundation; Comic Relief via FoTAC UK; and UNAIDS.** Then there is the SA Development Fund (SADF) in the USA that facilitated considerable numbers of smaller donations and put us in touch with potential donor partners whenever they could. Artists for a New South Africa (ANSA) strive to do the same and also ensured that progressive celebrities who have interest in South Africa find their way to supporting TAC in a range of ways. The support received from all of these sources is not simply viewed by TAC as financial but as partnership and solidarity. ”

If you want details on the specific amounts from each donor they’re in the financial statements which are cleverly hidden from public scrutiny on TAC’s website:

<http://www.tac.org.za/documents/auditYearEndingFebruary2007.pdf>

Matthias Rath has tried accusing TAC of being funded by the pharmaceutical industry before, here’s what the South African courts made of that claim:

<http://www.tac.org.za/documents/JudgmentTACvRath-200603.doc>

Comment by IP — July 22, 2008 @ 9:02 am

14.

Re: A. Gittleman

“But I have the responsibility to patients and you don’t. And there are not too sides to that.”

Choosing to support “the other side” whilst refusing to read reports, refusing to investigate, fanatically refusing to see the facts, clinging to science fiction, not questioning, hiding behind the idea of patient care, as if protecting them from a deadly lie such as are those tests, not informing them that those tests test for nothing specific to HIV, were really caring for them...makes you someone who has blood on his hands, if the side you have chosen is the wrong side.

There are not too sides to that either.

Comment by Manu — July 22, 2008 @ 9:17 am

15.

2=two

very very=too

That’s what happens when one copies and pastes an AIDS apologist.

Comment by Manu — July 22, 2008 @ 9:20 am

16.

As one who taught the history of science for years at the university level, I was astounded at learning the details of the “HIV/AIDS” claim (it’s surely not a hypothesis, or perhaps it is several incoherent ones at this point). Equally surprising was how every single “HIV/AIDS” apologist I communicated with refused to provide a specific hypothesis for it, along with the most relevant evidence (according to them). Nor would they participate in a moderated debate that I offered to moderate. These debates were to be very specific and very rigid in structure (for example, one would be about “viral isolation”).

However, don’t think this is just one issue. Claims against “saturated fat” and cholesterol are also tainted in similar ways. Lard is often used in experiments designed to show that “saturated fat” is bad, yet lard is only about 40% saturated fatty acids, and cooking techniques are rarely taken into account. Recent molecular-level evidence does show that oxidized cholesterol is problematic, but there is nothing at all wrong with normal cholesterol in your diet (again, cooking techniques can be crucial here, along with other factors not taken into account).

Comment by HansSelyeWasCorrect — July 22, 2008 @ 10:33 am

17.

Clark Baker has provided a finely written, carefully researched statement on the numerous scientific flaws, erroneous predictions, ghastly conflicts-of-interest and knee-jerk resort to gibberish that are characteristic of the dogmatist views on HIV and AIDS.

As a member of President Mbeki's AIDS Advisory Panel, I wish that the entire videotape of its 2000 proceedings (or its transcript) would eventually be released to the public.

There one would witness the utter bankruptcy of the orthodox position on HIV and AIDS, their hostile refusal and pathetic inability to answer their sharpest critics like Duesberg, and see first-hand that the HIV/AIDS establishment is riddled with second or third rate researchers who dare not confront their critics at a public forum.

I assume that the assorted emails I have seen from the likes of John P. Moore, Kevin Kuritzky, Mark Wainberg, Richard Jeffreys, Zackie Achmat and others of their dogmatist ilk were in fact actually written by them. Such intemperate postings ooze with a frenzied, frothing sort of nervousness and edginess rooted in a palpable fear and rage at being found out.

Their preening boasts and smug arrogance are the unmistakable signs of a set of claims that are witless and laughable. Readers are urged to see the July/August 2008 issue of "Mothering Magazine" which contains a fine expose of the absurd claims made by the AIDS establishment over the past 18 months regarding male circumcision and HIV rates.

In all my years of working in Africa, I have never encountered such mindless, racist and insipid notions about Africans and sexuality as I have routinely heard from the HIV and AIDS dogmatists. I would even go further and state that in my opinion the orthodox HIV and AIDS researchers I have encountered embrace and personify some of the most puritanical and reactionary ideas about sexuality to begin with.

Baker has compiled a masterful list of the inconvenient truths about HIV and AIDS that the trembling HIV and AIDS dogmatists want ignored or censored.

I hope his material receives wide circulation so that it contributes to a rising anger and frenzied vilification among those who attend the "drug-pushers jamboree," "safe-sex missionary revival," and "red ribbons love-in," otherwise known as the International AIDS Conference next month in Mexico City.

Comment by Charles Geshekter — July 22, 2008 @ 1:00 pm
18.

Art.."It was done by female researcher in France. But the head of lab got credit for it."
No sh*t Sherlock. Good grief....did you also know that the French were doing "biological" testing in Africa not long before the AIDS "virus" showed up? This isn't exactly a secret either....not to the CDC for instance.....

Think about it....the French woman you speak of didn't want "credit" you boob.

And last time I checked anyone who is treating patients directly has to know how to spell and what the difference between "two" and "too" is.

"There are two sides to an argument as there are two sides to a coin. No doubt about it. One must choice which side you are on and you have chosen. I choice the other side.

One could argue the point for each side forever. But I have the responsibility to patients and

you don't. And there are not too sides to that.”

Truly...this is not a typo this is blatant ignorance.....

So as an intelligent person I “choice” to not pay any attention to you.

As for your assertion that you would have to be an MD to investigate research methods used and their validity.....surely,you jest Sir.

Comment by christmasghost — July 22, 2008 @ 5:32 pm
19.

Clark, congratulations on your fantastic work, I hope this article receives the attention it deserves.

In response to Arthur Gittleman's comments:

“This is a silly article. Los Angeles cop writing on AIDS. How does this qualify as an medical expert? It takes years to be qualified in the field of medicine.”

Mr. Gittleman, your reaction reminds me of AIDSTruth's pat, terse dismissal of Rethinking AIDS' exhaustive rebuttal of its claims of Celia Farber's supposed errors as “superficial and silly”, end of story. As to the question of medical expertise, I think a quote from Martin Bernal is relevant here: “It is customary for students to be introduced to their fields of study gradually, as slowly unfolding mysteries, so that by the time they can see their subject as a whole, they have been so thoroughly imbued with conventional preconceptions and patterns of thought that they are extremely unlikely to be able to question its basic premises.”

Medical students are instructed in the practice of applying received wisdom, not questioning it: authority rules, not creative thought. So sometimes, yes, it takes someone not thoroughly indoctrinated in the ruling philosophy to point out that the theory of the day could do with a bit more clothing.

I'm not clear on what you mean by “whether HIV exists and does not exist is besides the point. When people are dying you do something. You try to treat them.” If you mean that one should treat the condition that actually represents – pneumonia, TB, whatever – then I agree with you. But in the case of “HIV+” patients, “treatment” normally means supposedly attacking HIV with incredibly toxic and unproven drugs.

You say, “telling me to read a report gets me nowhere in treating patients”, and that disturbs me: does it mean you can't be bothered educating yourself about your treatments? You say, “to say drug companies are bad because they create medicine is silly” ... do you think thalidomide was good medicine? Vioxx? I could go on and on ... do you think AZT is good medicine? Why?

“First, do no harm.”

By the way, “Los Angeles cop writing on AIDS” – I gotta say, as someone whose television viewing consists of Law & Order, The Discovery Channel, and Turner Classic Movies, I've

already got a gritty drama playing out in my head with this premise!

Comment by laura — July 22, 2008 @ 7:01 pm
20.

Mr Arthur Gittleman

I will accept that English may be your second language and assume that doesn't necessarily mean you are an incompetent or thickie doctor.

However, your post makes it abundantly clear that you "treat the tests" according to your propagandized HAART BS, and ignore the evidence of your own myopic eyes. Please relieve yourself of the "Jesus syndrome" in which you fantasize that you are somehow the "saviour" of these unfortunate people because as the mainstream literature demonstrates repeatedly – you are saving no one but harming many.

Take your blinkers off, and get off your indolent behind and check the evidence for yourself as C.B. and others have done instead of whining and hiding behind the useless platitude "I have to treat these dirty, unclean sodomites myself".

I have dealt with patients for most of my career and if someone threw up an argument that I might possibly be doing more harm than good with any particular drug/procedure I would certainly keep an open mind and check it out for myself. The fact that you are unwilling or unable to do so does in fact suggest that yes, you are either a thickie or wilfully ignorant.

Man up, fess up and do your hapless "patients" (if you really do have any) a favour – read the literature.

Why shouldn't an ex LA cop write about HIV-AIDS when he finds the stinkiest stink under his nose? I have said this before – I don't need to have a PhD in scatology to know when sh*t stinks.

Comment by Cathy — July 23, 2008 @ 12:30 am
21.

Arthur Gittleman wrote: "Whether HIV exists and does not exist is besides the point. When people are dying you do something. You try to treat them."

This is reminiscent of an argument that I've heard in defense of the failed War on Drugs (not to mention the War on Terror): "Doing something — even the wrong thing — is better than doing nothing."

In spite of your denial, whether HIV exists and whether it causes AIDS is EXACTLY the point, because in order to be effective, a treatment must first be APPROPRIATE. If you treat influenza with cancer chemotherapy, the patient will die. If you don't know what causes AIDS, how can you appropriately treat it?

Arthur Gittleman wrote: "Telling me to read a report gets me nowhere in treating patients."

No, the last thing a doctor should do is fall into the fatal folly of reading. Like George Bush, if there's anything in a book or article that he doesn't already know, then he doesn't need to know

it. (And yes, that is sarcasm.)

Arthur Gittleman wrote: “Does it really matter if it is HIV or something else. You miss the point of Medicine and that is the patient.”

First of all, the word “medicine” is not a proper noun, and therefore should not be capitalized. Unless, of course, you’re referring to medicine as a religion, in which case, it should be capitalized, just as we capitalize the words “Christianity”, “Islam”, and “Buddhism”. Where AIDS is concerned, you’re probably right — we should capitalize the word “Medicine”, since it is a religion.

Second, yes it DOES matter whether HIV is the cause of the disease. Would you treat cancer with antibiotics? If AIDS is not a viral disease, then antivirals will have no effect, and considering their toxicity, they’ll do more harm than good.

And last but not least, THANK YOU for acknowledging that I, as an AIDS patient, am more important than you, as a practitioner of the very medicine that nearly killed me some years ago. Since what matters is ME, the patient, not YOU, the doctor, I’m going to listen to my own five senses, which tell me a very different story from the one you’ve “choiced”.

Arthur Gittleman wrote: “As for Gallo, you give too much credit to him in discovery of HIV. Someone else really discovered it, but that is another story. It was done by female researcher in France. But the head of lab got credit for it.”

First of all, if you’re going to tell a story, you should at least know the characters’ names, and you should definitely know some of the details. The French researcher who is credited with the discovery of HIV is named Dr. Luc Montagnier. The name of the female researcher you mention is Francoise Barre-Sinoussi, but she merely babysat Montagnier’s culture while he was on vacation.

As for Gallo, he didn’t even discover HTLV-1 and HTLV-2 — the two viruses he is alleged to legitimately claim credit for — much less did he discover HIV (except perhaps in the same sense that a burglar “discovers” your plasma screen TV.)

You really should know the history of the discovery of HIV before you try to tell others about it.

Arthur Gittleman wrote: “I have the responsibility to patients and you don’t.”

If you treat AIDS patients without reading everything you can get your hands on about AIDS (and this includes both orthodox and dissident material), then you’ve abdicated your responsibility to your patients to keep yourself as broadly informed as possible.

I have a responsibility to exactly one AIDS patient: ME. Long before I became a dissident, I read everything I could get my hands on about AIDS, and in retrospect, I wish I’d read the

dissident stuff a whole lot earlier than I did. People like Dr. Duesberg saved my life from people like you who nearly killed me with inappropriate treatment, and I have suffered long-term (possibly permanent) health consequences as a result.

— Gos

Comment by Gos — July 23, 2008 @ 7:51 am
22.

I see the usual denialist comments. I call this the suicide club. Once your CD4 goes below 50 you have about five years to live there are some odd exceptions. A good number of these die using HAART the first year. Death is not pretty. I have a doctor friend that deals with cancer and I don't know how he lives with himself. Cancer is good deal worse than HIV. Not something I want to deal with.

Anyway, spent the last to days looking for licorice root as Jarrow has discontinued Glycyrrhizinate Forte which I use for treating AIDS. Supplement manufacturers can sometimes be frustrating.

Good luck.

Comment by Arthur Gittleman — July 23, 2008 @ 9:07 am
23.

If Celia Farber's Harpers article is "error free" then HIV viral load tests measure DNA. Correct?

Comment by IP — July 23, 2008 @ 9:18 am
24.

Gittleman...go shove some AZT down your ignorant gob followed by your scaremongering bullshit up your smelly droopy ass, you total life-snuffing idiotic ignorant HIV death loving denialist maggot from hell.

Scientific enough for you, you insignificant little Dr. Mengele's lab assistant?

You and murderers like you really deserve no better than to be called murderers.

Keep the good luck for yourself. You will need it more than us, I am quite quite sure...

Comment by Manu — July 23, 2008 @ 9:51 am
25.

I don't like AZT and not suppose to use it in Europe. I made number typos in last entry is sloppy. Information on CD4 is standard. It is what hospitals shows.

The first 17 days most of the Th17 cells are lost. Later some B cells problems occur. It seems T and B lymphocytes use a common transcriptional program during memory development that is disrupted in chronic viral infection.

Your CD4 count does not show the gap in T cells. And this can be misleading.

The thing that annoys me is the normal blood tests that doctors use tell very little about the condition of the immune system. Your CD4 and viral load test maybe good for knowing whether HIV drug is functioning. But what is the real condition of the immune system. This kind of thing shows the power of drug companies but also a lack of motivation on the rest of the medical profession.

I noted that diabetes is occurring more these days. Normally you get diabetes at old age because of stem cells ageing. Diabetes is another long-term disease.

Diabetes and cancer have a five fold increase in people that have HIV.

Comment by Arthur Gittleman — July 23, 2008 @ 11:59 am

26.

This guy is some brainwashed semi-illiterate AIDS activist clown posing as a doctor. Most AIDS apologists do that. Look at the bunch at AidsTruth!

Gittleman, get a life and stop boring us all to death with your disease manias. That obvious touch of near-sexual excitement at reeling off about diseases and conditions is pretty worrying. Sounds like you need to take a hike up Hampstead Heath.

Comment by Manu — July 23, 2008 @ 12:34 pm

27.

Gos and Manu, I think you do not want to understand what said Arthur Gittleman.

He talks about his experience as a physician and about the improvement of living conditions of his patients. And I think we must take account of this empirical experience.

He said that he did not like AZT, and he is right, and he joined you on this point.

He simply wants his patients receive treatments that seemed the best. Simply, he is not concerned with how these treatments act.

But precisely the mode of action of treatment (HAART) used for 10 years does not require the presence of a contagious virus :

Why did HAART improve the prognosis of AIDS

And it is rather on this point it seems to me that we must move forward, because this is the

concept of contagious virus that causes racism, homophobia, incorrect treatment such as AZT.

Comment by umber — July 23, 2008 @ 2:36 pm
28.

Arthur Gittleman wrote: “Once your CD4 goes below 50 you have about five years to live there are some odd exceptions. A good number of these die using HAART the first year. Death is not pretty.”

And here comes the religious fundamentalist threats: If you don’t believe in my god, then you’re gonna burn in Hell, and let me tell you, Hell isn’t pretty.

Tell you what, Arthur. I’ll go on with an “HIV infection”, not taking ARVs, and you take ARVs without any HIV infection, and we’ll just see who lives longer.

— Gos

Comment by Gos — July 23, 2008 @ 6:08 pm
29.

Clark,

Thank you for your profound investigation in lifting the HIV veil of illusion even higher to confirm and further reveal the corruption and culture of death bearing the aneuploid chromosomes of Bob Gallo and his worshipful followers. Their death cult must come to an end.

I can hardly wait to open my microphone this weekend to communicate your findings and further the good works of Professor Duesberg and Celia Farber (and you) in pursuit of the truth.

Thanks for your great service,

Robert S. Bell
robertscottbell.blogspot.com

Comment by Robert S. Bell — July 23, 2008 @ 6:47 pm
30.

Im not an MD, or bio-anything, just one of the daily readers who come here because he has already lost faith in the “news media” to give me anything factual and unbiased. I am aghast at Clarke’s investigation and his findings.

The vitriol of his critics speak volumes.

One wonders just how big this iceberg is, and how much other industry and government sponsored fraudulent science is out there submerged while the rest of us set around feeling warm

and fuzzy thinking who ever is in the pilot house knows what he's doing when we ought not.

Comment by T.A Gray — July 23, 2008 @ 7:44 pm

31.

Sorry, Clark,

I'm not a pharma operative.

I live in France and I teach organic chemistry.

My IP adress come from east of France.

I simply think that, apart from those who have attacked you, most other doctors and researchers are of good faith and have left fooled by Gallo.

And I think that Arthur Glitteman is a physician in good faith.

The good faith, against, is absent in people who run Aidstruth.

A german "Heilpraktiker" , Wilfried Bales, who is a HIV-dissident, however, showed me that the combination was sometimes necessary, and I wondered what was the grantor of this HAART which allowed such an improvement.

I concluded that AZT was responsible for the death of HIV-positive until 1995, and it should have been withdrawn from the time it was used 3TC, which in my opinion, acts as the glutathione or selenium, and not as an NRTI.

In my opinion, what is called HIV is due to excess peroxyinitrites, as shown in this [publication](http://www.retrovirology.com/content/pdf/1742-4690-4-76.pdf)

Jean Umber

Comment by umber — July 24, 2008 @ 1:19 am

32.

The good link of the publication

Comment by umber — July 24, 2008 @ 1:21 am

33.

Although I cannot positively confirm Umber's ID, his explanation and comments tend to corroborate it. Dr. Umber's work is easily found in a Google search, including a very important HAART paper that I would have linked to had I found it earlier. cb

Comment by Clark Baker — July 24, 2008 @ 4:22 am
34.

Can you explain your false claims about TAC, Mr. Baker?

Comment by IP — July 24, 2008 @ 6:10 am
35.

<http://www.guardian.co.uk/world/2003/oct/17/southafrica.sciencenews>

Comment by IP — July 24, 2008 @ 6:40 am
36.

TAC?

Isn't that the "Terrorize Africa Cartel" who are funded by big pharma to kill as many Africans as possible by force feeding them AZT and get paid for it, make political careers out of it whilst also supporting the non-existent careers of washed up pop stars like Annie Lennox?

That TAC?

IP is that your name? Or does it stand for idiotic prick?

Comment by Manu — July 24, 2008 @ 7:04 am
37.

Your question assumes that my claims about TAC are false. I will contact you by email.

Comment by reenforce — July 24, 2008 @ 7:05 am
38.

Well, you say "they are not required to identify their top 14 international "core donors." and then link to a report that names them. Matthias Rath falsely accused TAC of being a pharmaceutical front before.

Comment by IP — July 24, 2008 @ 7:20 am
39.

Do viral load tests measure DNA, by the way?

Comment by IP — July 24, 2008 @ 7:21 am
40.

And since you're publicly making these accusations, Mr. Baker, can you not publicly defend them?

Comment by IP — July 24, 2008 @ 7:26 am
41.

When I saw the french television reporting on this trial, I was very surprised by the final attitude of the representative of the TAC.

Instead of shaking hands with the representative of the South African government, a sign of victory, he warmly shook hands with the representative of big pharma.

I suspect this trial have been staged to show the power of the TAC and designate it as the representative of the good facing the evil big pharma.

This allowed most to have a movement capable of thwarting Thabo Mbeki and his Minister of Health, while remaining clean vis-à-vis the international community.

Comment by umber — July 24, 2008 @ 7:28 am
42.

http://www.globaltreatmentaccess.org/content/press_releases/01/020101_TAC_FS_SA_suit.html

“On **18 February 1998,** the Pharmaceutical Manufacturers Association (PMA) and forty multinational drug companies tried to stop the Medicines Act by going to Court against the South African government. After nearly three years of delays and counter-delays, the case will be heard in the Pretoria High Court from 5th - 12th March 2001.”

Emphasis added.

Comment by IP — July 24, 2008 @ 7:42 am
43.

Tough to get an answer to a straightforward question around here. Anyone considering reposting Mr. Baker’s “report” might wish to consider what the South African courts had to say about these allegations against TAC when they were made by Matthias Rath:

“On the available evidence these statements are, in my view, defamatory and a prima facie right to the court’s protection has been established.”

<http://www.tac.org.za/documents/JudgmentTACvRath-200603.doc>

Comment by IP — July 24, 2008 @ 9:23 am
44.

TAC and AidsTruth are big pharma. Period!
Anyone who believes or claims otherwise is either an idiot, or in the service of big pharma

too, such as I presume are you IP.

The courts can rule what they want, or what they must, or even what they have been forced or paid to rule. It means nothing in this murky and sleazy world of AIDS politics.

Comment by Manu — July 24, 2008 @ 9:55 am
45.

So when it comes to the things you want to believe, you require no evidence whatsoever. A “period!” is enough. You really think TAC and their collaborators, the Nobel prize-winning Medicins Sans Frontieres, took on big pharma and secured the availability of cheap generic drugs so that they could poison people more affordably?

Comment by IP — July 24, 2008 @ 10:17 am
46.

Yes of course, but first they had to make it look like it was good for the people, so the claim you make here can always be thrown like it were some definitive evidence of lack of sleaze. First they covered their smelly asses and then they went for the kill. Now they are total big pharma mafia hoods yes.

Isn't that the entire modus operandi of the AIDS mafia?

Comment by Manu — July 24, 2008 @ 10:58 am
47.

The most I would concede is that TAC could just be a sub mafia muscling in on the big pharma act and getting a chunk of the cake. According to you one should believe that generics are not big pharma too? That's ridiculous. Whatever they are, main pharma mafia or a new branch of the monster tree their actions are still murderous.

Comment by Manu — July 24, 2008 @ 11:29 am
48.

Clark,

It is with my deepest appreciation that you chose to do this piece. Excellent work!

I was on the HIV drugs for 11 yrs before I quit everything April 2007, after finding out the TRUTH about the HIV/AIDS scandal. I am now doing FANTASTIC, and I have a real life again.

By the way, I am white, middle-class, married, with two children, never in a risk group. (My husband is HIV neg. and both kids born HIV neg.) Those facts in and of themselves should have caused me to pause and question my diagnosis long ago, and to question the validity of the whole thing in general.

Thank you for bringing attention to this scam where maybe the rest of us may not be able to “get an ear”.

Sincerely,

Karri Stokely

Comment by Karri — July 24, 2008 @ 1:22 pm
49.

IP - you obviously did not read my report nor did you click on any of my links. It's all there, and when big pharma tells its good squads to take down their links, I'll repost the content elsewhere.

As for viral load, if HIV is as ubiquitous and nonthreatening as yeast and p. carinii, viral load and whatever other fake science you come up with is irrelevant.

Thank you for making my report worthwhile.

I smell pharma blood in the water.

Comment by reenforce — July 24, 2008 @ 1:25 pm
50.

What are the cheap generic drugs? AZT, NVP, ... or 3TC?

I do not hear much talk of 3TC in South Africa, while the TAC's speech focuses on AZT and NVP, which are drugs less effective and more toxic.

For example, two studies show easily their futility and danger:

Effect of perinatal short-course zidovudine on the clinical and virological manifestations of HIV-1 subtype E infection in infants

and

Low efficacy of nevirapine (HIVNET012)

Comment by umber — July 24, 2008 @ 1:45 pm
51.

“you obviously did not read my report nor did you click on any of my links. It's all there, and when big pharma tells its good squads to take down their links, I'll repost the content elsewhere.”

I clicked on the link where you claimed TAC was not required to disclose it's 14 core donors, and the report you linked to names them. And there's more detail on each donor and the amounts in their Financial audit on their website, which also makes it clear that TAC does not accept pharmaceutical company, SA government or USAID funds.

“As for viral load, if HIV is as ubiquitous and nonthreatening as yeast and p. carinii, viral load and whatever other fake science you come up with is irrelevant.”

So, Celia Farber did not err when she said viral load tests measure DNA? How about AZT being a failed cancer drug? Antibodies protecting against all other viral diseases? If you're going to claim the article is "error free" I'd think you should be able to back that up.

Comment by IP — July 24, 2008 @ 3:12 pm
52.

Excellent article! The truth MUST be exposed! This genocide needs to stop. Enough is a enough. If more people knew the truth, perhaps this would stop! We must continue to shake up the dogma.

Why is this not in the main stream media? This is ridiculous!
I applaud your work!

Comment by Justin — July 24, 2008 @ 3:30 pm
53.

IP, I think Umber answered your question (#41).

I can't tell you because, unlike the US, SA doesn't require TAC to report who their "14 core donors" are. I'll leave it up to readers to decide whether big pharma donates to an organization to pushes HIV testing and treatment onto African people, or whether Toys R Us is funding them.

You're at a murder scene and all you can do is complain about the nape of the rug. That speaks volumes.

Who are you and who do YOU work for? After three months of investigation, the ONLY people I've found who defend pharma rely, directly or indirectly, on pharma money - whether it's Elizabeth Glazer's charity and advertising, or John Moore's speaking engagements and research funding.

What makes you different - or are you simply a "concerned citizen?"

Do you have a website or blog? Why can't I find any information about you?

Comment by reenforce — July 24, 2008 @ 3:48 pm
54.

Thank you Justin.

As for IP's tiresome quips I wrote this:

"To argue against the mountains of interdependent self-supported HIV/AIDS minutiae requires terabytes of computational power and the tenacity of the world's most obnoxious sports fans.

“The key to the conundrum lies not with the carton walls, workers, soldiers, or the myriad unnavigable passages, but with Dr. Gallo’s original HIV declaration itself.”

I don’t have any intention of stepping into the weeds with obnoxious sports fans or pharma operatives. Until pharma-defenders like IP prove that HIV attacks cells and causes AIDS, papers built upon that hearsay evidence are entirely irrelevant.

Comment by reenforce — July 24, 2008 @ 4:07 pm
55.

Bravo Clark!!

The weeds are there for a purpose...ignore them.

Onward!

Comment by Terry — July 24, 2008 @ 4:12 pm
56.

The Nobel prize winning Medicins Sand Frontieres “rely on pharma money”? Every person in the world that has read the scientific literature and reached the same conclusion as the doctors at Medicins Sans Frontiers and every other credible medical and scientific institution in the world “rely on phama money”?

TAC DOES disclose their “14 core donors,” they do so in the report you link to (look at the names that follow the reference to 14 core donors) and in great detail in their annual Financial audits, which are on their website. Their finances were further scrutinized by the South African courts when Matthias Rath accused them of being a pharmaceutical front and the courts found those accusations to be unfounded and defamatory.

This isn’t about defending pharma, it’s about addressing lies about the cause of AIDS and the risk/benefit of antiretroviral therapy.

If ART was genocidal, then the people in this study who received no ART would have had the lowest mortality:

<http://content.nejm.org/cgi/content/full/338/13/853>

Instead, people taking three of the drugs you call poisons had the lowest mortality. Peter Duesberg deals with this study very simply: he lies about it.

In Duesberg’s paper (co-authored by Claus Koehnlein and David Rasnick) “The chemical bases of the various AIDS epidemics: recreational drugs, anti-viral chemotherapy and malnutrition” (J Biosci, 2003. 28(4): p. 383-412) Duesberg et al write the following:

“...the Palella-study found that the mortality of initially asymptomatic, HIV-positive people, which are treated with new anti-HIV drug cocktails, is 8.8%...and the Hogg-study found it is 6.7%.”

As you can see if you read the NEJM paper, Palella and colleagues report a progressive decline in death rates from 35.1/100 person-years in early 1994 to 8.8/100 person-years in the second quarter of 1997. The death rates are high because the study only included people who had a CD4 count below 100. The study most certainly was not limited to “initially asymptomatic” individuals. He misrepresents the Hogg paper too, 6.7% wasn’t the annual mortality rate, it was 2.9%, and the people in this study weren’t all “initially asymptomatic” either, it included people who had opportunistic infections.

Then Duesberg et al go further, and actually alter a quote from the Pallela paper in order to completely reverse it’s meaning. They write:

“Patients with a diagnosis of cytomegalovirus retinitis or M. avium complex disease before study entry or during the first 30 days of follow-up and patients with active P. carinii pneumonia at the beginning of follow-up were excluded. ”

But if you follow the NEJM link, you can see for yourself that the sentence doesn’t end there, it carries on:

“...from the analyses of the incidence of that opportunistic infection.”

Duesberg et al alter the sentence in order to try and support their false claim that the people in the study were “initially asymptomatic.” People with these opportunistic infections were not excluded from the mortality analysis, they just were not counted as having developed the opportunistic infection during the study.

Comment by IP — July 24, 2008 @ 4:39 pm
57.

<http://www.guardian.co.uk/katine/2008/jul/24/africaaid.background1>

Comment by IP — July 24, 2008 @ 4:45 pm
58.

IP... the Nobel Peace Prize was awarded to Yassar Arafat and Jimmy Carter. Al Gore got one for telling people cow farts are an existential threat.

Gallo’s surrogates have been nominating themselves for Nobel prizes for years. That’s only one aspect of corrupted science. Duesberg was on track for a Nobel Prize until he refused to corroborate Gallo’s unsupportable theory.

The fact that you prefer to talk about Nobel prizes rather than produce evidence of who you

are or whether harmless passenger retroviruses like HIV attack cells and cause AIDS speaks volumes. You are right out of the AIDSTruth pharma playbook, and I'm thrilled that you're here illustrating my point for me.

Thank you again. cb

Comment by reenforce — July 24, 2008 @ 5:29 pm
59.

Who is this anonymous prick "IP"? Please go away, troll. You have nothing to add, except a feeble defense of TAC and its main cheerleader, Wackie Zachie Heart-Attacky.

Go take some AZT and scram — you are probably Nathan Geffen or one of his stooges (a stooge of a stooge)

Comment by Ben Braddock — July 24, 2008 @ 5:39 pm
60.

The publication of Franck Palella joined what I said earlier : there has been a drastic reduction of mortality to 1996.

But there is still a great hypocrisy to account the improvement of protease inhibitors. In fact, concurrent with the introduction of PI at the time, there has been a significant reduction in the dosis of AZT and the introduction of 3TC, which remains the only "antiretroviral therapy" to be used systematically.

For doctors responsible for this investigation, the chemical nature of each medication does not matter, and it does not surprise me, given the lack of knowledge in chemistry of the members of this profession. This is not quite their fault, given the current fragmentation of scientific knowledge.

In concise, I think that drugs currently used diminish the "viral" markers because they reduce the amount of peroxynitrites. In terms of chemistry, they are reducing agents. The most glaring examples are 3TC and lopinavir.

Against, the drugs that are typical nitrogen oxidants increase these "virological" markers . And it is certainly a cause of the excessive mortality of 80 years - 87, where it was treated in the dark with sulfamethoxazole or even nitrocompounds or oximes.

The case of AZT is unusual because, always applying the knowledge of chemists, it improves markers at the beginning of treatment, as the amount of thiols (glutathione) is important, then when glutathione disappears (because it is slowly destroyed by AZT) AZT becomes a source of peroxynitrites. Fischl did not cheated, as the rethinkers affirmed often, but it gave too quickly the conclusions of his study, which was shortened.

Comment by umber — July 24, 2008 @ 10:42 pm
61.

IP:

You won't reveal your name or your larger point. I am going to address each thread that you bring up as error in my 2006 Harper's article, in the hope you will stop playing gotcha.

1. Does viral load measure DNA?

Talk about weeds.

Let's start with what its inventor said. If the Nobel Prize excites you, let's give the floor first to PCR's Nobel Laureate inventor, Kary Mullis, who said in an interview with me in 1994: "PCR made it easier to see that certain people are infected with HIV, and some of those people came down with symptoms of AIDS, but that doesn't begin, even, to answer the question, 'Does HIV cause it?'"

It's important to be able to differentiate views. On this point there is a vast spread.

Mullis, as per his quote, accepts that HIV is a coherent retrovirus and accepts or presumes that PCR detects (measures) it.

I think it is fair to say that in subsequent years, around the mid 1990s, Talmudic debates sprang up over what exactly viral load was or was not measuring, (among HIV skeptics.)

The question is answered differently depending on where a scientist stands on the question of HIV's isolation.

In a recent article titled "PCR For The So-Called Measurement of HIV Viral Load," (www.RethinkingAIDS.com) Professor Etienne De Harven concludes that PCR measures amplifies "...endogenous retroviral sequences present in all of us."

I think it would be accurate to say that there would be different answers to this question from:

1. Orthodox HIV researchers
2. Classical retrovirologists (Duesberg, et al)
3. Isolation skeptics, Perth Group, et al.

I have had lengthy talks with all sides over many years; I am still learning, and I believe these questions are still evolving, (fascinatingly.)

2. Is AZT a failed cancer drug?

According to most sources, yes. Here is Wikipedia:

Zidovudine was the first drug approved for the treatment of AIDS and HIV infection. Jerome Horwitz of Barbara Ann Karmanos Cancer Institute and Wayne State University School of Medicine first synthesized AZT in 1964, under a US National Institutes of Health (NIH) grant. AZT was originally intended to treat cancer, but was shelved after it proved ineffective in treating cancer in mice.[1]

3. Do antibodies signify defeated infection in all other diseases?

The classical definition of antibodies is: ” ..proteins of high molecular weight that are produced normally by specialized B cells after stimulation by an antigen and act specifically against the antigen in an immune response.”

It was clear in the passage you are referring to in my article that the narrator was explaining a Duesbergian view and not every conceivable take on the matter that exists.

Further, you claim that TAC has never received pharmaceutical funding.

I can imagine why the very same Zackie Achmat who once boasted that he has “a background in Trotskyite activism,” and also admitted that the TAC is “scientifically illiterate,” would aspire to this rep.

But let’s look a little closer:

The multi-Pharmaceutical sponsored Treatment Action Group, according to an affidavit by TAG’s Treasurer Laura Morrison, “...has funded various joint TAG and TAC activities. It is also true that TAG has relied on the South African Development Fund (SADF) to transmit funds to TAC.”

Morrison states that TAG “..raised approximately \$195,000 for the TAC/TAG treatment literacy workshops, which were held in November 2000 in Joahnesburg, Durban, and Cape Town.”

Funders were, in descending order:

Office of AIDS research, NIH
Irene Diamond Fund
Royal S, Marks Foundation Fund
AIDS Action Baltimore
UNAIDS

There was also “input” from Medicins Sans Frontieres and Project Inform, the latter of which, I know to be lavishly pharmaceutically funded. MSF I don’t know but believe them to be as well.

May I ask you: What is “Bread To The World?” and why don’t they traffic in bread, rather than pharmaceutical drugs?

Lastly, you cite the rulings of the “South African Courts” rather breathlessly. These are the very same courts that once passed the following laws under Apartheid:

—An amendment to the Prohibition of Mixed Marriages Act of 1949 prohibited marriage between persons of different races.

—An amendment to the Immorality Act of 1950 made sexual relations with a person of a different race a criminal offence.

—The Population Registration Act of 1950 formalised racial classification and introduced an identity card for all persons over the age of eighteen, specifying their racial group.

—The Suppression of Communism Act of 1950 banned the South African Communist Party and any other political party that the government chose to label as ‘communist’. It made membership in the SACP punishable by up to ten years imprisonment.

—The Riotous Assemblies Act of 1956 prohibited disorderly gatherings.

The Unlawful Organisations Act of 1960 outlawed certain organisations that were deemed threatening to the government.

—The Group Areas Act, passed on 27 April 1950, partitioned the country into different areas, with different areas allocated to different racial groups. This law was the basis upon which political and social separation was constructed.

—The Bantu Authorities Act of 1951 created separate government structures for blacks. It was the first piece of legislation established to support the government’s plan of separate development in the Bantustans.

—The Prevention of Illegal Squatting Act of 1951 allowed the government to demolish black shackland slums.

—The Native Building Workers Act and Native Services Levy of 1951 forced white employers to pay for the construction of housing for black workers recognized as legal residents in ‘white’ cities.

—The Reservation of Separate Amenities Act of 1953 prohibited people of different races from using the same public amenities, such as restaurants, public swimming pools, and restrooms.

—The Bantu Education Act of 1953 crafted a separate system of education for African students under the Department of “Bantu” Education.

—The Bantu Urban Areas Act of 1954 curtailed black migration to cities.

The Mines and Work Act of 1956 formalised racial discrimination in employment.

—The Promotion of Black Self-Government Act of 1958 entrenched the NP’s policy of

separate development and created a system of nominally independent “homelands” for black people.

—Instead of all Native delegate systems founded under the Natives Representative Act of 1936, schemes for “self-governing Bantu units” were proposed. These national units were to have substantial administrative powers which would be decentralised to each “Bantu” unit and which would ultimately have autonomy and the hope of self-government. These national units were identified as North-Sotho, South-Sotho, Tswana, Zulu, Swazi, Xhosa, Tsonga and Venda. In later years, the Xhosa national unit was broken further down into the Transkei and Ciskei. The Ndebele national unit was also added later after its “discovery” by the apartheid government. The government justified its plans on the basis that South Africa was made up of different “nations”, asserting that “(the) government’s policy is, therefore, not a policy of discrimination on the grounds of race or colour, but a policy of differentiation on the ground of nationhood, of different nations, granting to each self-determination within the borders of their homelands - hence this policy of separate development”.

—The Bantu Investment Corporation Act of 1959 set up a mechanism to transfer capital to the homelands in order to create employment there.

—The Extension of University Education Act of 1959 created separate universities for blacks, coloureds and Indians. Under this act, existing universities were not permitted to enroll new black students. Fort Hare University in the Ciskei (now Eastern Cape) was to register only Xhosa-speaking students. Sotho, Tswana, Pedi and Venda speakers were placed at the newly-founded University College of the North at Turfloop, while the University College of Zululand was launched to serve Zulu scholars. Coloureds and Indians were to have their own establishments in the Cape and Natal respectively.

—The Physical Planning and Utilisation of Resources Act of 1967 allowed the government to stop industrial development in ‘white’ cites and redirect such development to homeland border areas.

—The Black Homeland Citizenship Act of 1970 marked a new phase in the Bantustan strategy. It changed the status of the black so that they were no longer citizens of South Africa, but became citizens of one of the ten autonomous territories. The aim was to ensure whites became the demographic majority within South Africa by having all ten Bantustans choose “independence”. Not all the homelands chose to become self-governing. Those who did choose autonomy were the Transkei (1976), Bophuthatswana (1977), Venda (1979) and the Ciskei (1981).

—The Afrikaans Medium Decree of 1974 required the use of Afrikaans and English on an equal basis in high schools outside the homelands.[13]

To oversee the apartheid legislation, the bureaucracy expanded, and, by 1977, there were more than half a million white state employees.

Comment by Celia Farber — July 24, 2008 @ 11:17 pm
62.

IP is no one to elicit such attention. He is a coward, a ghost an annoying ignorant prick who is obviously in the service of pharma or the AID\$\$\$\$ mafia in some way.

He is nothing but an idea, an evil energy that runs through the world as soon as the word AIDS is mentioned. He is not real, he is an IP, he is like the wizard of Oz, he can't afford to show who he is, lest he becomes the laughing stock, in a world tired of his death cult pronouncements and irritating bogymen dictums, which just do not scare any of us anymore.

Boooooo!! Now run to mummy and change nappy. You smell!

Comment by Manu — July 24, 2008 @ 11:36 pm
63.

Folks,

'IP' sounds like Nick Bennett to me; See AIDSTruth. He likes to troll around usually void of anything interesting or worth while, just repeated mantras of team HIV virus. After all, that's all they've got, right? Like; repeat after me, 'the virus that causes AIDS... the virus that causes AIDS... the virus that causes AIDS' Jesus. After 24 years of this pure unadulterated BULL SHIT, people have simply had enough. We all might want to convey a message to the AIDS hierarchy; Start running for those hills boys and girls, get out while you can. Clark is on your trail!

Comment by Carter — July 25, 2008 @ 12:11 am
64.

Someone offered a minor correction:

Dr. Gallo worked at the National Cancer Institute but never headed it.

I apologize for the error.

Comment by reenforce — July 25, 2008 @ 8:08 am
65.

So now does that means HIV tests actually detect HIV?

Does that mean there is a "gold standard"?

Does that mean that Gallo had really found the "probable cause of AIDS"?

Does it make ACTUP, AIDSTruth, Project Inform, TAC not funded by pharma?

Is this what AIDS apologists attack as "errors" that put into question the whole work?

What a joke!

Comment by Manu — July 25, 2008 @ 9:39 am
66.

So, today, two days after Clark's article is released, the media releases a report suggesting that AIDS risks becoming a rampant epidemic in the Southern states. Crap!

They pull out their every bit of arsenal in this war...and it is a war.

and on and on it goes.

Comment by Terry — July 25, 2008 @ 6:06 pm
67.

AIDS is 3 lab tests, but no virus:

1. Antibody test (which cross-react with a buncha different bugs)
2. CD4 count (which fluctuates in a person sick or healthy)
3. PCR Viral Load (which counts 99% defective DNA or RNA fragments)

None of these detect actual virus. Regardless of your CLINICAL SYMPTOMS, if some lab tech says you the magic number on all 3, ya gots AIDS. You could be perfectly healthy and hit all 3 surrogate markers, and voila, you be an AIDS patient.

Truly, a lab-made farce.

Comment by Ben Braddock — July 25, 2008 @ 7:42 pm
68.

“DNA or RNA fragments”? Careful Ben, or you might put the kaibosh on Celia Farber's attempt to obfuscate her way out of the question. It's RNA, of course, and it's not the magnitude of the error that is the point here (although since RNA implies active transcription I doubt that it was a typo). The point is that, mirroring Duesberg himself, Celia Farber refuses to acknowledge any errors whatsoever, even the incredibly obvious ones. It's like Duesberg's refusal to admit that, contrary to the claim he has been repeating for two decades now, infectious diseases do not spread randomly through populations. You could set up a PA system outside his house and spend all day reading him all the literature that makes a mockery of this claim, he'd still get up the next morning and repeat it. And these claims are not just fodder for some run-of-the-mill blog argument, people like Karri and Manu are staking their lives on them.

Comment by IP — July 26, 2008 @ 10:35 am
69.

Manu is staking his life on what he knows and personal experience, and not because of what Duesberg believes or Clark wrote, so don't patronize me you prick, or speak on my behalf or worry about me, because the mere idea of that is revolting to me. You are revolting to me.

I flushed that toxic chemo you sick bastards call "lifesaving" in the toilet nearly three years ago now and I am great for it. I have never been to see a doctor since or had a test since and I have no interests in that crap because it is just that: CRAP. I turned my life around on a health level by myself, and turning my back on the HIV lie, the gay suicide ride called lifestyle, declaring it a fraud and advising people to do the same has been the true lifesaving experience of my life. I did that and not Clarke or Duesberg. And all those who have done the same will tell you the same story.

Your dissertations about DNA and RNA bore me. This silly technobabble you all hide behind is bullshit. AIDS is political FRAUD you moron, who gives a shit about RNA DNA or Tcells?

You are a pharma paid murderous scumbag. You are a pathetic little insignificant maggot who hides behind an IP. You are a cashing bore and a coward and you are scared, that's why you hide. And so you should be.

Comment by Manu — July 26, 2008 @ 11:15 am
70.

IP - please explain why the only person that supports big pharma's viewpoint hasn't the juevos to identify himself. Any ideas? This is probably why AIDSTruth doesn't permit comments, and why Gallo Debutants rely on bloggers to attack Duesberg's PNAS report. If you weren't killing gays, minorities, and African children, you'd only be pathetic.

Comment by reenforce — July 26, 2008 @ 12:21 pm
71.

Aww please Mr. IP!

Do stay with us a bit longer and let us all share in your proofreading skills. I saw you chose not to answer Celia Farber's Comment directly in your last. Is that a policy issue, or has the alleged deletion of your post thrown you off course?

IP, your cunning is admirable, but also a little confusing. First you asked that sneaky "does viral load measure DNA" question. You stated that was an admonition to Mr. Baker not to declare something error-free if it wasn't. But now you say your real purpose was to show that Celia Farber is loathe to admit a mistake. Which is it, Mr. IP? Have we finally penetrated to the real point, or are there further layers of ad hockery?

As impressed as I am with the intelligence behind your approach, sometimes good manners and direct questions work wonders when cunning fails. Have you ever tried, "Excuse me Ms. Farber, when you wrote DNA (insert quote here, so everybody can follow you) didn't you really

mean RNA since, the standard viral load test is designed to detect RNA?”?

You know what I'm saying, IP? Try being nice and quid pro quo about it. Show us you're a gentle(wo)man

IP, you further state that the magnitude of the error (in this case one letter out of the whole article, which must pass not only Duesberg and Farber, but Harper's reviewers as well. How many people are in on it you think?) is not the point. If that is the case, and if it's all the same to you, could we have something a little bigger?

For instance, you say RNA fragments implies viral replication. Why is it we need to “imply” anything, IP?

You also claim that Mr. Baker is wrong in saying that,

“The document was posted by the Treatment Action Campaign (TAC) in South Africa, where they are not required to identify their top 14 international “core donors”.

You say this is not true because the report links to them. But IP, you should know that no amount of links to donors alters the truth value of the statement that in South Africa you don't HAVE to identify them.

Would you be so kind as to show us where it says TAC is required by law to identify their donors, thus allowing Mr. Baker as well to admit and correct his mistake?

Huck

Comment by Huckleberry — July 26, 2008 @ 12:30 pm
72.

Carter was probably right. Now I am closer to thinking that IP is the “paediatric intern doctor/computer geek who gives talks at the mall” Nick Bennett. this supersilious sissy attitude smacks of “Doc” Nick.

Is that you “Doc”? Have you no talks to give at some cheap mall? You coward, you spineless wimp, you sissy.

Manda huevos!!!

Comment by Manu — July 26, 2008 @ 1:41 pm
73.

Well, I do feel stupid; I did not until this moment realize that the article says “DNA,” instead of RNA. I did not focus on the exact question posed by IP. “Does PCR measure DNA?”

I assumed it was the much more hellishly complex matter of what “viral load” is, refers to, means, and measures. I truly do not know. Kary Mullis is so devastated about how his invention has been used to “poison people” (as he phrased it in Harper’s) that he won’t talk about it at all anymore.

I remember changing a ‘DNA’ to an ‘RNA’ in the galleys, but this one apparently slipped past. I stand corrected. Thanks IP.

Comment by Celia Farber — July 26, 2008 @ 2:27 pm

74.

Dr. Nick Bennett is an odd duck.

He’s got his blog and his LinkedIn entry, where he identifies himself as an MD/PhD.

What’s strange is that I found no corporate listing with the New York Dept. of State and no “Nick Bennett” listed as a physician in New York.

With those shaky credentials, I’d probably hide my identity as well.

Comment by reenforce — July 26, 2008 @ 2:32 pm

75.

There IP, You see how far you get with a bit of civility? You get a nice Celia instead of an angry Manu.

And of course when we’re not talking

“viral load” - you know the load that “implies” ro some that there is virus hiding out somewhere, PCR can detect DNA as well, just as Ben Braddock informed you.

That was the quid, can we have some pro quo now, pretty please?

Comment by Huckleberry — July 26, 2008 @ 2:38 pm

76.

I wasn’t being nice, I was just conceding the DNA/RNA mixup.

IP, let me ask you here and now if you would concede a few things:

1. Do you agree that Joyce Ann Hafford is dead, and that her death was caused by liver failure due to NVP and Combivir toxicity, as per the emails between DAIDS leadership?
2. Do you agree that she was healthy when pushed onto the regimens? By “healthy” I mean had no signs of a compromised immune system. Normal lymphocytes etc.
3. Do you agree that her grieving family, sitting around her body in the hospital, were told she

had died of “rapidly progressed AIDS.” Do you agree they should pay for this crime? Do you agree that this demonstrates how easily “AIDS” and death by AIDS drugs can be conflated?

4. Do you agree therefore, that the following holds true:

The HIV paradigm is dangerous and violates the Hippocratic Oath, ‘First Do No Harm.’

5. Do you agree that “HIV science” has been in profligate error on many of its assertions and predictions since its launch in 1984? The errors include:

1. The notion that infection to death could be as short as six months to a year.
2. The notion that HIV “kills like a truck” and that it kills every “infected” individual.
3. The notion that HIV would spread sexually and decimate the planet, killing, for example, up to 70 million Americans by 1990. (Let’s find Fauci’s exact quote.)
4. The notion that AZT ‘saved lives’ and even raised children’s IQs.
5. Ho’s notion that all positives should go on cocktail therapy because of the math model which has subsequently been demolished, and something to do with a sink and a drain.
6. That a number of scientific papers in mainstream literature assert that AIDS drugs kill more people than symptoms formerly associated with AIDS since 2004.

Let’ start there. Unlike the way you characterize me, I am most eager to deal with factuality as well as truth. But we must first agree on a playing field where certain elemental truths are conceded.

Do you think the AIDS industry has ever been in error, about anything?

Do you think they are great?

Comment by Celia Farber — July 26, 2008 @ 3:43 pm
77.

Gay-related immune deficiency (GRID) (sometimes informally called the gay plague or GRIDS) was an alternative name for AIDS, proposed in 1982,[1] after public health scientists noticed clusters of Kaposi’s sarcoma and Pneumocystis pneumonia among gay males in California and New York City.[2] During the early history of AIDS, an ad hoc organization called Gay Men’s Health Crisis was founded to combat the homosexual-only disease produced by high levels of promiscuity, intravenous drug use, and usage of poppers. Soon after, clusters of Kaposi’s sarcoma and Pneumocystis pneumonia were also reported among Haitians recently entering the United States[3] and men with haemophilia, among female sexual partners of AIDS patients, and among blood transfusion recipients with no obvious risk factors.

The term AIDS (for acquired immune deficiency syndrome) was proposed in 1982[4] by Sasu Siegelbaum, among other researchers, concerned with the accuracy of the disease's name. In this new name, scientists were supported by political figures who realized that the term "gay-related" did not accurately describe the demographic that the disease affected.

http://en.wikipedia.org/wiki/Gay-related_immune_deficiency

In other words, ACTUP and other homosexual political activism prevailed.

The world can't have a disease that just casts a light on those with predilection for bathhouse gangbangs and deep anal-to-mouth relationships. So it's important to make it seem that EVERYONE is a victim.

How? Blood donations.

Clark, have you done any investigation into how many homosexuals with AIDS knowingly donated blood before the spotlight was starting to heat up?

Like the time SF Mayor Dianne Feinstein tried shutting the bathhouses but then was forced to reopen them because it was politically correct, not medically. Can you imagine what would've happened if the bubonic plague had played out with today's politics. Quarantine required.

Comment by Sam R. — July 26, 2008 @ 9:30 pm
78.

Without TOP political consent and media collaboration, none of this would or could ever have happened. Gay activists; who are these people anyway? I never voted for anyone to talk for me. These scumbags could never have gotten away with doing this if it were not OK'd by top politics, nor could they have managed to keep this going for so long without the media collaboration it needed to work.

The entire "AIDS" question is political. The whole frame that supports it is mostly visible. There are names there such as Kramer and Delaney, JP Moore, Bennett and Weinberg, who still make livings off this scam and who run pharma funded shops which slaughter any voices of protest or even simple questions, again they do this with political and media consent and collaboration.

Hell breaks loose for anyone who questions, "AIDS" as Clark just found out, but it cannot start to compare with what it means to do so openly, if you belong to the gay community. Don't forget that some of the greatest fighters against this fraud were gay too, people such as John Lauritsen (The AIDS Wars) and David Pasquarelli, who paid for it with his life. The sheer virulence of attack you are subject too proves too much for the majority.

These self-appointed activists have dragged the entire gay community into a tight corner where they have spent 25 years terrorizing and holding everyone prisoner there, always waving

the finger of collective guilt in their faces, to remind everyone that they are guilty too, so that if they (the activists and the lie) go down, everyone goes down with them. At the same time they promised to deliver politically, and they did too. How did they deliver politically? Through becoming “victims” we became acceptable to all political wings, that’s how. That is how they did it. Again the media was used to achieve this. In this case mainly the gay media.

So, what happened on a gay scale is only a microcosm of what has happened on the mass scale, where using the same tactics, AIDS activists have managed roll the whole world into the scam, so the mere idea of having to face up to the truth, proves too hideous for most people to face up to, so on and on it goes.

GRID was only about 40+ gay men in NY and LA, who lived on a diet of drugs of all kinds and never came out of the bathhouses; hardly representative of everyone, became sick. How can this blimp become the 25 years of “AIDS” we have today?

Politics consented it and the media orchestrated and maintains the CONstruct, for that’s all it is, a construct. All illness or conditions associated with “AIDS” have their own particular causes and probable explanations as well as their own possible remedies.

So science has only really been at the service of politics and the media, who needed a bizarre mixture of banality and fantasy specifically designed to be that hard impenetrable shell that protects Gallo’s egg. They have convinced the world that to break through the shell one must pass through the molecular labyrinths of absurd technobabble that is this new brand of science, to reach the soft core.

This was the cleverest idea of all, for all the alternative and correct scientific explanations of the construct, only served to add to the shell formed by the original scientific fantasy, making that shell harder and more impenetrable over 25 years.

Is that really the best way to break an egg?

Comment by Manu — July 27, 2008 @ 12:59 am
79.

Citation of Celia Farber :

6. That a number of scientific papers in mainstream literature assert that AIDs drugs kill more people than symptoms formerly associated with AIDS since 2004.

It seems interesting to know that the combination named “truvada” was approved in 2004.

This combination contains tenofovir. It presents an active site exactly the same (with the exception of heteroatom) to the roundup, one of whose modes of action would be to inhibit the replication of DNA.

It is also certainly an antioxidant, thanks to its carbon-phosphorus bonding.

Are we sure that it does not have the same toxicity that the roundup?

Comment by umber — July 27, 2008 @ 4:41 am
80.

Good report, good conclusion, well done!

I was shocked at the ways they get all excited and start diffamation.
You are so true: why not say: oh, Clark, just a sec: here, there it is, here's the PROOF!!!!:-)

This could be the beginning of the end right where it all started...:-)

Wishful thinking...

Not only in connection with AIDS is modern medicine killing millions of people...

Good for you, Manu, to have turned your back on it and staying healthy all by yourself!!!

Art (who seems to have disappeared...): try treating people with
-kindness (SO underestimated!!!)
-according to the APPARENT illnesses, what is hurting them, how can you help them
-educating them about a healthy diet, reducing stress, changing their lives, taking
responsibility
-knowledge
-an interest in reducing their fears and worries

Remember: Doctors never heal. Pills and poisons only help when they are appropriate.

Good luck. Don't believe the hype!!!

I applaud Celia Farber, it's one thing for the scientists to argue in peer papers, but to try and get truth out to the public seems to be the hardest part....

Here in Germany there's been a book out for 8 years now.

I am so glad I stumbled upon it!!!

I'm spreading the word in my community, and they all listen with interest, even those who believe the myth. They mainly believe cause that's what the media has been saying...and the physicians.

Good luck to everyone, truth will prevail, if not in the media, then in collective wisdom....you can fool some of the people some of the time....;-)

Cheers!

Comment by Claire — July 27, 2008 @ 5:08 am

81.

Thank you Umber for proving my point there. That last post really finally cracked the shell for everyone, I'm pretty sure we all are covered in yolk now.

No wonder the vast majority of people just block this out and don't want to know. Are we really expecting people to follow this gobbledygook all in aid of understanding political fraud?

Just look at what happened here. Clark posts a stunning piece about "AIDS" politics, fraud, intimidation, harassment and sleaze complete with proof and documented emails to back it all up.

In come some ghosts who will not reveal their identities all claiming to be scientific experts and doctors. They adopt the concerned attitude or the high moral ground. They browbeat the lot into having to talk gobbledygook science to justify and explain the allegations of fraud, intimidation and sleaze the article documents.

In the meantime I can only imagine what the ordinary person should make of this when he starts to read. This way of debating "AIDS" is quite simply the best, the cleverest, the most reliable way to ensure that the vast majority of people would rather shoot their brains out rather than have to grapple with all this totally irrelevant and unnecessary tripe.

And the funniest thing is that no one seems to notice this, everyone goes along with it. I still cannot work out if it is idiocy or just plain vanity. Either way, it does wonders for that eggshell.

Comment by Manu — July 27, 2008 @ 5:26 am

82.

Quite right, Manu, but something for everybody, as they say,. Something for everybody. There are things going on on more than one level here.

What people read is the report - not post 23 in the thread. And everybody is free to ask questions from their own perspective.

Umber is an Organic Chemist not a social scientist, What do you expect? Perhaps it's of value to those people who might still be following this, even if they can't follow all the arguments, that a verifiable professional is questioning the drugs from his/her perspective, along with a criminal investigator, a journalist and others I'd be too modest to mention. It should be obvious that our more righteous than learned friends, IP and Glitterman, lost heart rather quickly upon encountering qualified opposition.

Huck

Is that not a simple take-home message.

Comment by Huckleberry — July 27, 2008 @ 9:16 am

83.

Thank you CB for a a truely amazing artical and for the time and effort you have put into the research.

I won't get into the debates taking place in this blog, however, I am pleased to see that these are only strengthening your report.

I was sent to a 'specialist' about 5 years ago as I had sympton of a disease that my GP could not diagnose. I was tested and it turned out that I had one of the illnesses mentioned that can cause a positive result in an HIV test. I was also dabbling in recreational drugs at the time.

Needless to say, I was also diagnosed as positive for HIV. For those of you who haven't experienced this, I pray that you never have to experience what it's like to have to go through this.

About 18 months later I was put on meds for HIV and have 'religiously' been taking them daily since then.

My wife insisted that we would not have preotected sex, standing by me on the principle that she loves me and if she gets it, we will battle through it together.

That was 3 years ago. To this day she is still HIV negative and we do have a very healthy sex life.

I too have never lost weight, always maintained good health, don't get colds or flu and have always been told by the doctors that the 'virus' is non detectable in my system.

Recently, a friend planted a seed of doubt in my head regarding the whole HIV / AIDS fraud. I have since been reading up on as much as I can and researching as much as I can find. All is starting to become so much clearer, especially having read your report.

This week I am planning to go for a number of new tests at different clinics and use a friends address and a different name. I will also be using different answers to the questionnaire that is used prior to the test.

Up to now I have only ever had the one initial test and took it as fact.

I have longed for a day that a 'cure' would be found and I could return to a 'normal' way of life. Never did I think it would be that it has all been a money-making form of genicide.

Look forward to seeing how this unfolds.

Thank you.

Comment by Banshee — July 27, 2008 @ 9:38 am

84.

And by the way, Manu, I'm really interested in how you came to the decision to stop meds and also, how you feel now along with how your life has changed.

I hope we can discuss this sometime. Also, thank you for the useful information you have supplied so far.

Comment by Banshee — July 27, 2008 @ 10:14 am

85.

I appreciate that, still I think, no, I know “AIDS” is simply a political construct and all the conditions relating to it are all old ones with a new name, than the only question as regards to medication should be one: do we need any “AIDS” medication? Because we don’t, then all the medication we are being given is useless. I know I don’t as I don’t take it anymore and I am totally great without it. Did I ever need it? No, neither. I have never been sick nor am I now.

Some may be more toxic than the others but the main point remains, who and why does someone diagnosed “positive” with a non-specific, fraudulent test which detects nothing and everything need it. Ah some are really sick! Yes. But with what? “AIDS?”

What is “AIDS”? 30+ conditions all with their own cause and possible cures, all of which if you took away the HIV/AIDS factor would still stand untouched. Take away these conditions and diseases out of the “AIDS” construct and would “AIDS” stand? No it will not, because without all these ‘AIDS’ is nothing but a name. ‘AIDS’ is a parasitic construct, nothing more.

It really would be great to hear and read some scientists and doctors talk about the failure of this logic, this basic logic, and help people see how even on the most basic fundamental simple logic “AIDS” is a hideous joke.

Surely being a scientist, an academic does not mean you ignore all other factor that do not relate to your specific narrow field of science. Does being a scientist mean that you are free to ignore basic logic in an argument? If that is all a problem need to solve it, why skip the basic part and go on about the mythology created as a consequence of that same initial failure, or in this case deliberate fraud?

Of course the question would be, what interest in this topic does one have. If it is to expose it as a fraud then all we need to do is go back to that basic logic and even declare science too corrupted to even be discussed as far as “AIDS” is concerned. We should refuse to discuss this banality. I am no scientist or doctor and even I can see it. It is garbage and not science. If I were a scientist I would decry that fact as well above all else.

This scientific based “AIDS” debating is the best thing the industry has to hide behind. They throw it at us and we all jump up and add more solid science to the garbage science. That and nothing more is the impenetrable shell of the “AIDS” egg.

Comment by Manu — July 27, 2008 @ 10:32 am

86.

Banshee,

Your circumstances seem to parallel those of my own. Is there any way we could correspond via email in order to find out if either of us has any knowledge or experiences with doctors that may be beneficial?

I’m not seeking long-term correspondence nor a sympathetic shoulder.

Comment by Brad — July 27, 2008 @ 12:54 pm
87.

For Banshee:

Once I understood what “AIDS” was, what tests were, the basic science fiction it is all based on, that took me a week, then I understood the political angle especially the history documented by John Lauritsen of how the political “AIDS” came to be, that took more time and effort. Then I decided to be honest with myself, quit the victim bullshit, threw the medication in the toilet, flushed and never went back to the doctor, to take a Tcell or viral load test or anything for that matter, as I have no health problems whatsoever, which is a miracle considering I took the medication for seven years. I had yellowish skin and a face that looked like I had been done with a baseball bat.

I just stopped believing in it and it all went away. Poooff! Just like that. I have not seen a doctor in three years as i have had not so much as a common cold. I had my face done and changed my life in practical terms. I pulled the plug on the gay lifestyle suicide ride and left the big city to live “normally” elsewhere. That was the hardest part of the whole effort

Then I looked it all in the face hard and good from a safe distance and it was then that I really saw how little, pathetic and twisted the whole thing is.

I don't obsess with health either, I drink occasionally and I smoke. I swim and go for walks. I live a totally normal life. I take some vitamins with my breakfast and that's it. The thing as marketed simply does not exist except in the mind. Once you understand that you can live again.

How do I feel now? I feel great. I feel alive kicking, and I blast anyone who comes, science in hand to tell me that I will get sick eventually. Even if I did I would say it were because of the effects of seven years of toxic drugs and other ex-lifestyle factors such as recreational drug use and not because of ‘HIV’.

The worse ‘AIDS’ voodoo pushers, ‘AIDS’ industry apart, are always the ones closest to you. You realise how many people seem to have an investment in your death, the moment you tell them that you don't believe in “HIV & AIDS” anymore they will at the very least question your mental sanity. Either way, you are alone with it. But then again, when it comes to ‘HIV’ you are much better off dealing with it alone than to have people around you asking you every morning if you feel OK, and see that faint disappointment in their eyes the moment you reply: yes much better than you thank you.

Comment by Manu — July 27, 2008 @ 1:11 pm
88.

Ah, Manu,

I can relate so much to what you say here. I, too, was on the nasty meds for 7 years, read the

literature (Maggiore first) and then knew that it was my choice to either continue a slow suicide by meds, or begin living again.

I chose to live...stopped all medications a year ago the end of this month, and I am in better health than almost all the people that I know my age. No blood work, no meds, just healthy lifestyle, no guilt, no fear of HIV or AIDS at all anymore.

Gotta love you, Manu!

Terry

Comment by Terry — July 27, 2008 @ 1:23 pm
89.

Firstly, thanks Manu for the honesty in what you have been through.
Also, Brad, you can mail me on bansheemail@aol.com

I have believed for a long time that HIV was a form of genocide, but not that it is totally fictitious, I thought that it was real, but created for the reasons repeatedly mentioned throughout my research, as genocide and a means of eradicating certain races and ways of life. What I have learnt is not far from this initial belief, however, I had never actually thought of it being a totally made up disease.... until recently.

There have been many occasions when I have contemplated stopping the meds and letting things take their course and now, through many weeks of reading any literature I can find and also having grown up in South Africa and witnessed first hand the false hype and brainwashing that took place there, all the pennies are dropping.

I live in the UK and have done for the past 12 years and witnessed the same media hype that occurred here in the 90's.

I also watched these clips on this site and all makes sense.

<http://www.myspace.com/rethinkaids>

I have also read up on most of the information mentioned in CB's report, either prior to reading the report, or after.

I know what you mean by how those closest to you question. Family do always ask those questions and continuously remind you of your 'status'.

As mentioned earlier, I am going to be taking new tests under different names. I will report back as to the outcome of these on here.

Comment by Banshee — July 27, 2008 @ 1:37 pm
90.

Love you too Terry LOL!!

Glad it worked that way for you too.

Now wait for the Gittlemans and the IP to come at us with their ‘HIV’ voodoo bullshit, with their direct or subliminal messages screeching: you will die, you will die, you WILL die!!!! Tcells Tcells your Tcells are evaporating and your viral count is shooting up and up and up and up. Take pills Take pills TAKE THEM!!!

What a bunch of shameless, shameful, sad and sorry bastards.

Comment by Manu — July 27, 2008 @ 2:15 pm
91.

Ha Ha~!

I’ve got news for them. They are going to die as well. We all go that way eventually!
As someone said the other day, let them take the AZT and let’s see who dies first.

Terry

Comment by Terry — July 27, 2008 @ 2:38 pm
92.

Sam asked if i knew anything about sick blood donors.

I don’t know about gays specifically, but during the early to mid-1980s I often arrested heroin/cocaine addicts who used their Red Cross blood donor cards as personal ID.

Donor drives were highly competitive back then, and nurses would ignore the tattoos and track marks to draw the blood. They’ve since cleaned up their act, but that was my introduction into sloppy medicine.

Comment by Clark Baker — July 27, 2008 @ 3:55 pm
93.

Banshee,

HIV tests are a grand illusion. Going back to the clutches of the diabolical AIDS guru’s hands in my opinion is worthless. However, if you do, please ask to see the label of the test kit, and please take note that when you ask them they will hide it, or show you something that is irrelevant, never showing you the true disclaimer. God forbid they should get people’s attention and start asking questions. Also take notice that the test giver is a trained seal, offering no wisdom, just there to follow orders and inform you that they are 99.9 percent accurate and how much you must, must, must come back for a confirmatory test. (Because without that they have nothing.) You know, I did this once for Ha-Ha’s sake, something now I will never do again. How

those people can sleep at night is beyond me.

Comment by Carter — July 28, 2008 @ 5:59 am
94.

I agree with Carter here. Who take a test for “HIV” that doesn't measure “HIV”? it makes little sense. these voodoo rituals are quite deadly. You must think about this factor before you do.

Comment by Manu — July 28, 2008 @ 10:08 am
95.

Thanks Carter, I will do.

Another interesting stat I read in the report was that they did a test over 6 years with 175 couples where 1 was ‘positive’ and the other was ‘negative’ and in none of the cases did they transmit the ‘virus.’

This explains how my wife and I have had unprotected sex for 3 years and nothing has been transmitted.

I called the Terrance Higgens Trust and questioned them about all I had read and the way they responded to my questions only confirmed everything.

They even put that stat down to my wife being one of the .01 percent that are immune to it. Amazing how they defend it to the end, even when shown all the evidence.

Well, I'm off to enjoy the lovely evening we're having here in Scotland, catch up soon all.

Comment by Banshee — July 28, 2008 @ 11:15 am
96.

Vot's that, RNA is being confused wit DNA up dere.

In my lab, wen ve use RT-PCR, it means that RNA molecules separated from ze plasma are reverse transcribed to make ze DNA, it is ze DNA zat is amplified vit ze primers and ze taq ploymerase to make all ze DNA that ve zen compare to the gag fragment from ze official HIV-1 genome that ve know is official plasmid because it's from the ze government lab that sends it.

Comment by Dr. Von Frunkenbleu — July 28, 2008 @ 1:28 pm
97.

I'm thrilled that Clark Baker has taken up this investigation and I eagerly look forward to future follow-ups. Perhaps this will be the straw that breaks the camels back.

Comment by David G Collins — July 28, 2008 @ 3:09 pm
98.

Banshee wrote: “Another interesting stat I read in the report was that they did a test over 6

years with 175 couples where 1 was 'positive' and the other was 'negative' and in none of the cases did they transmit the virus.' This explains how my wife and I have had unprotected sex for 3 years and nothing has been transmitted."

You're referring to the infamous 1997 Padian study.

Nancy Padian herself has written an article for AIDSTruth, in which she "rebutts" the "denialist" claims about her study.

In that article, Padian says, "A common practice is to quote out of context a sentence from the Abstract of the 1997 paper: 'Infectivity for HIV through heterosexual transmission is low'."

Hmmm...I've been studying "denialist" claims for 7 years now, and I've never heard a dissident quote that particular sentence. The one I've always heard quoted is "We followed 175 HIV-discordant couples over time, for a total of approximately 282 couple-years of follow-up ... The longest duration of follow-up was 12 visits (6 years). We observed no seroconversions after entry into the study."

Now I have to wonder why Padian would need to misrepresent the dissident argument if she could refute the actual argument that we're making — that in 282 couple-years, she was utterly unable to catch HIV in the act of transmission.

She goes further, though, and misrepresents the entire purpose of her own study: "Anyone who takes the trouble to read and understand the [Padian] paper should appreciate that it reports on a study of behavioural interventions such as those mentioned above: Specifically, discordant couples were strongly counseled to use condoms and practice safe sex. That we witnessed no HIV transmissions after the intervention documents the success of the interventions in preventing the sexual transmission of HIV. The sentence in the Abstract reflects this success – nothing more, nothing less."

Hmmm...so the whole purpose of the Padian study was to ascertain the effectiveness of safe sex counseling?

Quoting from the very first sentence of the Padian paper itself: "To examine rates of and risk factors for heterosexual transmission of human immunodeficiency virus (HIV), the authors conducted a prospective study of infected individuals and their heterosexual partners who have been recruited since 1985."

Sounds an awful lot to me like the purpose of the study was to examine rates of and risk factors for heterosexual transmission — not a study of the effectiveness of condom counseling. The study does mention, in passing, the fact that reported condom use increased after counseling, but it is nowhere implied in the paper that the purpose was to study the effectiveness of safe sex counseling.

Padian is right: Her study is being grossly misrepresented. One has to wonder though, why

it's being so grossly misrepresented by its own author.

Like Banshee, I have some stories to tell of my own. For one thing, after my "diagnosis", I spent another 5 years in a relationship with a woman with whom I had, at her insistence, "unprotected" vaginal and anal intercourse literally thousands of times. During that time, I also had a 1-year affair with a woman who was convinced that she already had HIV, due to having played blood games with a prior boyfriend who'd since been diagnosed with AIDS. After the breakup of that relationship, I had another 18-month relationship with another woman who insisted on condomless vaginal and anal intercourse. My latest LTR has lasted over 2 years and counting, and she's a dissident like me so we have unprotected vaginal intercourse. All of these women have been tested for HIV subsequent to having sex with me, and all of them continue to test consistently negative for HIV.

A friend I knew who died with "AIDS-related" liver failure left behind an HIV-negative widow who'd had unprotected sex with him since their wedding day, in the belief that God had promised her that if she married him, she could have all the unprotected sex she wanted with him and she'd never get AIDS. Apparently, God kept his promise. (I doubt it. There's no God and there's no HIV.)

One particularly bizarre story was the "bug chaser" that I met shortly after my (mis)diagnosis, who wanted me to try to give him HIV. However, the thought of intentionally giving someone HIV rendered me impotent, and so instead of having sex, we ended up talking instead, and I got a chance to ask questions with some pretty interesting answers.

One of these questions was, "How long have you been actively trying to get HIV?"

"Thirteen years," he replied.

I have met those who've "seroconverted" after having sex with HIV-positives, but I've known asthmatics (in fact, I'm one) who developed asthma after having sex with asthmatics. That doesn't mean that asthma is a sexually transmitted disease.

Quoting Padian once more, "In short, the evidence for the sexual transmission of HIV is well documented, conclusive, and based on the standard, uncontroversial methods and practices of medical science."

I've actually studied the "well documented" phenomenon of HIV transmission studies. What I find is mountains and mountains of uncontrolled studies which almost universally generate data well below the statistical noise floor, and selectively interpret this as "proof" that HIV is sexually transmissible.

Padian is right about one thing: In sexual transmission studies, it has become uncontroversial to do studies without control groups. In certain contexts relating to infectious diseases, this is understandable for reasons of ethics and/or practicality.

However, no such excuse for exemption exists for running HIV transmission studies without controls, since it can be done quite practically and without endangering the subjects in any way, simply by inclusion of a control group in which all other factors being equal, the couples are “asthma discordant” or “diabetes discordant” or one partner has some other non-transmissible condition and the other doesn’t.

With things like asthma, diabetes, cancer, and other non-transmissible conditions, we would expect to see at least some of the non-asthmatics (or whatever) to develop their partner’s condition, despite the fact that the condition itself is not sexually transmissible.

If we did such a study of the sexual transmissibility of asthma, and we didn’t use a control group, what we’d observe would make it appear that asthma is sexually transmissible, though it would appear to be not very contagious.

Incidentally, this is exactly what you see when you start reading studies about HIV transmissibility. Uncontrolled studies that take what are typically extremely low incidences of “transmission” and assume that the fact that there are any at all means that HIV is sexually transmissible.

Is this “proof” extensive? You bet. I’ve read dozens and dozens of studies on the subject, and I’ve hardly scratched the surface. There are literally hundreds of thousands of articles published on the subject of HIV, and many thousands of them deal with transmissibility.

In the history of science, however, we have seen “overwhelming and well-documented scientific proof” for the existence of vampires, the concept of “feminine hysteria”, and the myth that masturbation causes blindness. Each of these myths lasted centuries (except FH, which lasted millennia,) and each was considered to be sound and well-documented scientific fact well into the industrial age, and the myths of masturbatory disease and feminine hysteria, in particular, lasted well into the 20th Century.

It may be uncontroversial to practice shoddy science in the form of uncontrolled studies in which data is selectively interpreted so as to support the prevailing paradigm, but it shouldn’t be uncontroversial. It should be the subject of a great deal of controversy any time a scientific study is done without controls even though there’s no reason for it.

Science is only science when we adhere to the scientific method as closely as ethics and practicality will allow, and even when these considerations prevent us from adhering to the scientific method, it should be acknowledged that the results are likely to be faulty due to inability to adhere to common principles of scientific evidence.

And that’s my rambling diatribe for the evening. Thank you all and good night.

— Gos

Comment by Gos — July 28, 2008 @ 11:07 pm

99.

It seems that Jim Murtagh has awarded Celia an M.D., in this article, “posted by James Murtagh”:

Propaganda and the South African AIDS Crisis

...The group is lead by two doctors, Dr. Celia Farber and Dr. Peter Duesberg, and both have written extensively hypothesizing that HIV does NOT cause AIDS. Both were subject of an award by the Semmelweis Society...

Comment by Reader — July 29, 2008 @ 9:26 am
100.

For Gos

Thank you for taking the time to write that.

The more I research and the more people I speak to, the more amazed I am becoming at how much research not only the numerous biologists, doctors, scientists, mathematicians and highly repectable people have done to show the fraud of this disease, but also hearing first from others in the same situation as myself.

Also, seeing how knowledgable people are and the findings of their different situations.

Thanks for sharing your past relationships with us too Gos, this has cleared another aspect of my concerns.

I was wondering, did you have a period of time that you were on medication? Have you stopped taking it? Do you feel better for it?

Thanks.

Comment by Banshee — July 29, 2008 @ 9:54 am
101.

For Brad:

Must apologies, I left a letter off my email. it's bansheesmail@aol.com

Comment by Banshee — July 29, 2008 @ 10:07 am
102.

I think it is time to have an open debate about the inconsistencies in the whole hiv=aids paradigm.

It is terrible that everyone is silent about it, thinking that bringing up the subject will cause

carelessness and death.

If Duesberg et al are right, there is a holocaust going on now right under our noses with poisonous medicines give to stop a harmless virus (to pregnant mothers and babies too!).

One source states that 300,000 people were poisoned to death between 1987 and 1997 with too high doses of AZT. But it went down in the statistics as aids deaths.

Is this still happening today, but on a reduced scale?

Comment by Martin Barnes — July 29, 2008 @ 12:54 pm
103.

Just watched these videos and re-iterating all that has been discussed.

<http://www.helpforhiv.com/videos.htm>

Comment by Banshee — July 29, 2008 @ 4:08 pm
104.

Banshee wrote: “I was wondering, did you have a period of time that you were on medication? Have you stopped taking it? Do you feel better for it?”

I used Viramune, Epivir, and Zerit for one year before my doctor ordered me to quit taking it due to the fact that it was damaging my liver.

I can't speak to the side effects, because I was extremely ill before I started meds, I continued to get worse while on them, and continued to get worse after I quit taking them. In my condition, I might not have noticed the effects of being sprayed in the face with a whole can of Raid.

As to what I was sick with, it was AIDS. I had all the classic symptoms — chronic fever, respiratory disease, fungal infections, recurrent pneumonia, nausea, diarrhea, wasting, flu-like symptoms, the whole 9 yards.

The funny thing, though, was that my doctor kept insisting that I was healthy as a horse. Every time I'd ask about my illness, she'd say, “What illness? Your CD4 count was over 1400 before meds, and since you started taking meds, it's over 1700. At this rate, you'll never get sick and you certainly won't get AIDS.” When I insisted that I was sick, she took to greeting me loudly in the public areas of her clinic by saying, “There's my miracle patient.”

This continued for two years before I stumbled into an emergency room with “AIDS related” pneumonia, and my doctor was finally forced to come off her denial kick and referred me to an appropriate specialist, who in turn referred me to an allergist, who found that my illness was caused by unusually severe allergies, particularly a mold allergy that was being exacerbated by my apartment, which was heavily infested with toxic mold.

Since I quit taking meds and started treating my allergies, I'm in much better health, and my body weight has increased by 50%.

However, I'm still not out of the woods. Because I spent two years unnecessarily being exposed to extraordinarily high levels of mold spores in my living environment, my allergies became much more severe, and now it is virtually impossible for me to make a complete recovery even in the cleanest environment. Even the tiniest traces of allergens cause an exaggerated reaction.

What makes it worse, though, is that I cannot get treatment for my allergies. Every doctor I've seen in recent years has insisted on blaming HIV for my symptoms, (even symptoms that could not possibly be caused by HIV,) and so instead of getting the usual corticosteroids and antihistamines that you'd prescribe for any other allergy sufferer, doctors always try to refer me to an infectious disease specialist instead.

This is how doctors are killing nearly 15,000 people a year in this country alone. Any patient who tests positive on an HIV test is given inappropriate treatment for whatever illness caused him to test false-positive in the first place, and then when a patient dies, his doctor shrugs his shoulders, blames a drug-resistant strain of a nonexistent virus, then he enjoys a \$1000 luncheon delivered to his clinic, paid for by the pharmaceutical rep who sold the drugs that finished the patient off in the first place.

Thank you, Clark, for what you're doing to expose this fraud. I literally owe my life to people like you who have risked it all for the sake of truth, and I intend to repay that debt by helping to spread the word.

— Gos

Comment by Gos — July 29, 2008 @ 10:06 pm
105.

“What makes it worse, though, is that I cannot get treatment for my allergies. Every doctor I've seen in recent years has insisted on blaming HIV for my symptoms, (even symptoms that could not possibly be caused by HIV,) and so instead of getting the usual corticosteroids and antihistamines that you'd prescribe for any other allergy sufferer, doctors always try to refer me to an infectious disease specialist instead.”

This is exactly what happens when one has been branded “HIV+”. No matter what it is that ails them, they are denied the correct treatment for it, as all doctors will insist that ANY form of illness, ANY condition one may be suffering from is due to ‘HIV’.

We lose the right to get sick with anything, if we do, they will insist it is always due to ‘HIV’ and we are forced back onto the meds. This is totally criminal and as Gos says, inescapable for all those branded by that fraudulent test.

Comment by Manu — July 29, 2008 @ 11:37 pm
106.

“We loose the right to get sick with anything, if we do, they will insist it is always due to ‘HIV’ and we are forced back onto the meds. This is totally criminal and as Gos says, inescapable for all those branded by that fraudulent test.”

It appears that the few options that are available to those of us who have been labeled positive are to find an alternative holistic health care practitioner. Why would anyone go to a main stream physician who would prescribe HAART meds anyway? Got me...except that they are usually the only ones who are covered by health insurance. They are, of course, another big player in this scam! Also, I know that alternatives are hard to find.

Those of us in Florida are even at more of a disadvantage as Naturopaths are not allowed to practice here, and there are legal restrictions on the practice of all complementary therapies.

Next time I need to see a doc, my intention is to see a 5 elements acupuncturist or Tibetan Medicine practitioner. My insurance may not cover it, unfortunately, but at least I know that I will get good care and not be encouraged or forced to take toxic drugs.

Alive and Well.org has a list of ‘alternative’ physicians nationwide who will work with HIV+ people and treat their illness, not their HIV status. It is a limited list but hopefully it will grow.

If anyone here knows of a practitioner who should be on the list, think about getting their names and contact info on that list.

Peace, everyone.

Comment by Terry — July 30, 2008 @ 7:35 am
107.

Clark: All over the world millions people life’s may now be in your hands and you are in the right path to save them. Please do not stop untill the truth is known, once and for all.

Please, go ahead!

Best wishes.

Mifriend.

PS. It is no important rights or lefts here it is life or death, and you are with life.

Comment by Mifriend — July 30, 2008 @ 9:47 am
108.

Well, it appears that Gary Null’s opinion is that although Clark Baker is merely good to have as another voice, that he is basically a newbie who has a long way to go...

I sent Mr. Null two messages. One, suggesting he might post Mr. Baker's article on his website and two, suggesting he might have Mr. Baker on his radio show. The response I received is copied below. See my thoughts about his response below that...

=====

Gary Null wrote:

——— Original Message ———

Subject: Re: Gallo's Egg - Clark Baker on Robert Scott Bell Show

Date: Tue, 29 Jul 2008 08:30:09 -0400

From: Gary Null

To:

References:

> I think you have it in reverse. He should take a look at the documentary Aids Inc. , read the book Aids A Second Opinion and read some of the two thousands interviews and quotes from the leading scientists and dissidents on Aids,. He is just beginning a long journey where we have already been. It is always good to add another passionate voice to the movement.

> — Original Message —

From:

> To:

> Sent: Tuesday, July 29, 2008 2:21 AM

> Subject: Gallo's Egg - Clark Baker on Robert Scott Bell Show

>

>

>> Please also consider having Clark Baker on your Radio Show!

>>

>> Podcast Available - Gallo's Egg - Clark Baker on Robert Scott Bell Show

>> <http://robertscottbell.blogspot.com/>

>>

>> You can listen to the podcast of the interview here

>>

>> <http://www.switchpod.com/f80174.html?puser=none>

>>

>> and an off air interview after the show here

>>

>> <http://www.switchpod.com/f80163.html?puser=none>

>>

>> Thank You,

>>

>> David Collins

>> <http://thereikimatrix.blogspot.com/>

>

I got the feeling that Mr. Null was being condescending in his response and coming from his “ego”. It seems that to Gary Null it is more about Gary Null than the message. Because, of course, he recommended that Mr. Baker watch HIS video and read HIS book to be fully informed... He did not suggest the work of anyone else other than the ambiguous “two thousands interviews and quotes from the leading scientists and dissidents”.

I’m not sure what makes Mr. Null so sure that Mr. Clark has not done this research. He just seems to assume. I suppose it’s because of the amount of time Mr. Clark as spent on this. Apparently there is a certain amount of time and a certain amount of specific information you must have before you are “qualified” to speak up on this issue or even begin to ask questions. I haven’t read those guidelines myself... Can someone direct me to the rulebook?

I realize the benefit of having as much solid information as possible before venturing into scientific debate, but one could also spend an entire lifetime researching all there is to know about a subject and never contribute a thing... Everyone has to start somewhere. Frankly, with the reputation and resources that Mr. Baker appears to have, I’m glad that he is not waiting until some distant time in the future to begin speaking out.

I certainly don’t mean to slight the work that Mr. Null has done by asking him to help promote Mr. Baker. But, I think that Mr. Baker’s approach and the position from which he is approaching it is rather unique. I could be wrong because, even though I’ve had to deal with the HIV/AIDS world for 15 years, I’m still a newbie to a lot of the dissident and the technical information.

Basically, I was disappointed in Mr. Null’s uninspiring, unmotivating response. Especially when compared to the response of Robert Scott Bell.

I think, maybe, according to Mr. Gary Null, I am not even qualified to speak up about this.

- David

Comment by David G Collins — July 30, 2008 @ 11:16 am
109.

Where have you been? I’ve been following Duesberg for years. Why can’t the press pick up on this? It seems so blatantly obvious that the entire HIV=AIDS hypothesis is false from the word ‘go.’

Comment by phil christe — July 30, 2008 @ 6:25 pm
110.

Clark,
Congratulations on being picked as an SSI officer.

<http://elmaltes.blogspot.com/2008/07/semmelweis-press-release.html>

Comment by Joe Stokely — July 30, 2008 @ 7:16 pm
111.

I am overwhelmed by your comments and support.

The investigation is only getting started and I have another installment coming up - complete with smoking guns, emails, and blatant corruption.

Unfortunately, the expected email viruses and attacks have begun, and I received a report that my email address was spoofed to harm an SSI member's computer. These guys play very rough.

Martin Barnes asked if the drug-induced deaths are still being recorded as AIDS-related. Sadly, the answer is YES!

The ONLY reason the meds work better since 1997 is because the drugs kill at a slower rate. While reduced mortality hurts the stats, the slower homicide generates more drug revenues.

It appears that the pharmaceutical companies have turned murder into a profitable science.

No one at LANL has yet taken on my complaint. According to the Ombudsman, if she complained she'd lose her credentials. As yet, no one wants to investigate Foley.

The FBI has blocked my email address and they refuse to talk to me. The Veteran's Administration refused as well.

As a former marine and retired LA cop, I'm saddened to report that the US government appears to be asleep at the wheel. No one is in charge among Democrats OR Republicans. If not for blogs, readers, and a handful of courageous scientists and medical professionals, no one would know.

Keep up the pressure. Whether you're liberal or conservative, contact your representatives and tell them to read my report. If they refuse and blow you off, write about who is turning their back on this so we can get him or her out of office.

Once we end this murder we can get back to partisan political bickering. Your tax-funded genocide must stop.

Comment by Clark Baker — July 30, 2008 @ 7:40 pm
112.

James Murtaugh has made a complaint with the Fayetteville Arkansas PD alleging that a dissident has made threats. Although I doubt that the complained-of individual has any actual intention of protesting Murtagh at his home, law enforcement has reasonable concerns if such an

event occurs.

While I share your outrage regarding his misconduct and that of the pharmaceutical industry, I urge you to limit your hostility to commentary on websites and other constitutionally-protected efforts, including protects at political offices, pharmaceutical companies, and media companies.

I urge everyone NOT to behave like the pharmaceutical companies or individuals like James Murtagh, Kevin Kuritzky, Brian Foley, James P. Moore, and other AIDS truthers.

Comment by Clark Baker — July 31, 2008 @ 9:05 am
113.

Thanks for this article! Probably the best, most concise and to the point article I have read on the subject. I have been an HIV=AIDS dissenter since the mid 90's. I spread this to anyone that will listen although its hard to do sometimes. I don't like to preach to the quire. Instead I get enjoyment subtly ramming this down the throats of CONservatives and unsuspecting liberals until their god given mental facilities kick in, they awaken from their slumber and their eyes glow like they have seen a new way.

Once you learn the truth, you cannot unlearn the truth.

Comment by nestor — August 1, 2008 @ 3:35 am
114.

The FBI has blocked my email address and they refuse to talk to me. The Veteran's Administration refused as well.

As a former marine and retired LA cop, I'm saddened to report that the US government appears to be asleep at the wheel. No one is in charge among Democrats OR Republicans. If not for blogs, readers, and a handful of courageous scientists and medical professionals, no one would know.

I don't think you really know how far the rabbit hole gets. The government is not asleep, they (key operatives funded by big pharma) are actively promoting this scam and enforcing the silencing of anyone who dare stand up to them.

There is no arguing with these people. Our only weapon is awareness. There's safety in numbers and the more know, the better the chances of getting this matter the attention it deserves.

The mass media is also compromised. If you'll not, big pharma are major advertisers there so the chances of them covering this in detail are slim. Although, here and there, this issue has been covered but not likely that the magnitude of the scam will be.

The more folks we wake up one by one, the better the chances of eventual change.

The truth can be viral as well!

Comment by nestor — August 1, 2008 @ 3:44 am
115.

I spoke with Fayetteville PD yesterday. The detective just wants to keep the peace. Murtagh's police report is only a nuisance and supports your emails to Murtagh. More coming...

Comment by Clark Baker — August 1, 2008 @ 7:34 am
116.

What makes it worse, though, is that I cannot get treatment for my allergies. Every doctor I've seen in recent years has insisted on blaming HIV for my symptoms, (even symptoms that could not possibly be caused by HIV,) and so instead of getting the usual corticosteroids and antihistamines that you'd prescribe for any other allergy sufferer, doctors always try to refer me to an infectious disease specialist instead."

While it is certainly unfair that HIV "positives" are denied "appropriate" treatment based on HIV-status, I'd argue that the whole concept of appropriate treatment needs clarification- for HIV-negatives, as well. Mainstream medicine for the uneducated patient is downright dangerous. Case in point, as Manu has already noted, the diseases that are designated as indicator diseases for "AIDS" do occur outside of the HIV positive population. I have first hand knowledge of this fact and nearly died after my doctors refused to acknowledge my declining health because I was HIV test "negative". Sound familiar Gos? Wait, there's more...even after being diagnosed with PCP and esophageal candidiasis, I was unable to get proper treatment because most doctors do not know how to treat a patient with failing immunity without the HIV crutch. Thus, I was fortunate enough to find my own answers by learning all I could about "AIDS" and by putting that knowledge into practice, predominately without the help of mainstream medicine. After much research, I made the following two very important discoveries:

HIV is not the cause of AIDS, but drug use frequently is; in my case, it was years of frequent antibiotic use and frequent steroid use that severely weakened my immune system. I never used recreational drugs (other than very infrequent marijuana use).

The most persistent contributing factor in people exhibiting symptoms of "AIDS" is systemic fungal disease. It causes disease far more frequently than modern medicine currently recognizes. Perhaps, that is due to the fact that so many treatment protocols contribute to the problem, i.e. iatrogenic candida.

Gos, I've been well now for 3 years after being on death's door. I too have regained all the weight that I lost (doubled my weight) and rarely get sick with even a cold. That said, I'd like to offer a few comments on my original reason for posting here. Your continuing allergies are more than likely a result of a remaining underlying fungal problem. (Even after my health began to

improve, it took a long time and strict living to achieve complete recovery.) I, too, was always told that I had severe allergies and took lots of antihistamines and corticosteroids, which never really worked. My health decline began to accelerate as I began to develop frequent bouts of bacterial sinusitis and pneumonia, both which were blamed on the allergies. Of course, the sinusitis and pneumonia were treated with lots of antibiotics and also with oral steroids—each which greatly contributed to the underlying fungal disease that I had yet to discover. Anyway, I, too, was told that I had severe allergy to mold. My doctor even recommended moving to a different climate, so I did. I moved from the damp Southeast to the dry Southwest. Though this move did improve my condition a little, it was in my new location that I became sickest.

Bottom line, Gos, is that you may very well have a “mold allergy” but more than likely it is more of a “mold intolerance”, possibly due to an undiagnosed systemic yeast infection (fungal). When the body is burdened with a persistent yeast infection, usually in the gut, it overreacts to any exposure to similar specimens, i.e. mold. I too suffered from severe mold intolerance and was also intolerant of most any strong chemical, as well. Now that I am recovered, I have zero symptoms of allergies. I occasionally have mild sinus problems, but alternative treatments such as nasal irrigation keep me from getting acute infections. As such, my chronic sinus problems were caused by my body’s intolerance to the fungus that naturally lives there because of the persistent fungal infection I had in my gut, due primarily to antibiotic use. Even though acute bacterial flareups did occur, the underlying problem was yeast related. For more on this see the following exchange between myself and the infamous Richard Jefferys that took place in June of last year:

Richard Jefferys is spineless

Bottom line, I hope you can fully recover your health, Gos, as I have, and I hope you don’t find my comments here presumptuous. If you haven’t tried a long-term candida treatment plan, it might be worth a shot. There are many available, but if you’re interested, I can direct to one that works. Getting proper treatment completely “cured” me, albeit requiring much trial and error, on my part. Anyway, my posts at the “aetiology” site (linked above) clearly explain my health history if you want details as to know what worked for me, in lieu of contacting me.

Also of note from the aetiology link...

as Clark and others can see, he is not the first to be attacked by Mr. Jefferys for innocently asking questions. This guy is absolutely detestable. His MO is character assault, which I have since learned is typical of the HIV goon squad.

Regardless, thank you, Clark, for this article. It’s an impressive mastery of this debacle that you’ve displayed. No small feat, given the considerable obstacles to the truth that the “HIV Industry” employ. Kudos.

Kevin

Comment by Kevin — August 1, 2008 @ 9:44 am
117.

Great work. Thank you.

Comment by David Franken — August 3, 2008 @ 4:59 pm
118.

I naively checked what AIDSTruth.org says about all this...well nothing of course. But it's kind of funny that this is the description of their news page:

“In the news

These stories appearing in the mainstream media are considered relevant by the AIDSTruth team...”

I guess they wait for this story to appear in the mainstream media, or maybe they consider it irrelevant...

Comment by sadunkal — August 3, 2008 @ 7:01 pm
119.

Kevin wrote: “...the diseases that are designated as indicator diseases for ‘AIDS’ do occur outside of the HIV positive population. I have first hand knowledge of this fact and nearly died after my doctors refused to acknowledge my declining health because I was HIV test “negative”. Sound familiar Gos?”

ROFLMFAOPIMP!

You have no idea how familiar, dude (or more likely, you do). I actually laughed and cried at the same time when I read your post.

I am fascinated by what you're saying about the underlying fungal infection. You are far from the first person to have suggested this to me, and I want to hear everything you have to say on the subject. Please contact me at the email address below my signature.

My first tip on this was from my mother, who contacted me about a practitioner who claims that Crohn's Disease (which I have) is linked to instance of infantile candidiasis (and I was born with the worst case of thrush that the doctor had ever seen.) And just as you're saying, this gal was saying that such individuals end up with an underlying fungal infection in the gut which causes chronic intestinal inflammation.

Since that time, I've been tipped off on this from a number of sources, concerning a number of health conditions that I've had all my life, including rheumatoid arthritis and allergies.

I think you're onto something, and if you've had a health history like mine and you've recovered your health, then I desperately await your email at:

— Gos
— gos@nerosopeningact.com
“Nobody here but us heretics...”

Comment by Gos — August 4, 2008 @ 9:11 am
120.

here is another interesting report by Liam Scheff.

Journalism Ethics 101 - My Conversations with New York Times Reporter Janny Scott

<http://liamscheff.com/daily/2008/08/03/journalism-ethics-101-my-conversations-with-new-york-times-reporter-janny-scott/>

Comment by Manu — August 5, 2008 @ 12:19 am
121.

Since that time, I've been tipped off on this from a number of sources, concerning a number of health conditions that I've had all my life, including rheumatoid arthritis and allergies.

Gos, even though there are some defining symptoms that are common to all chronic candida infections, a rather large number of symptoms, which can vary a great deal from individual to individual, is also typical. In that respect, it is a true syndrome—unlike the nebulous “HIV disease” and the syndrome it is purportedly responsible for causing. Nonetheless, virtually all of my symptoms disappeared after finally getting the candida problem under control, and trust me, it was a long list of health problems in addition to the serious health problems I've already mentioned. Illness was all I'd ever known. Now that I know what it's like to be well, it's much easier to see through all the bullshit concerning HIV and the myriad other medical myths currently in circulation. That said, getting well requires the proper mental attitude, especially for someone who has always been sickly and living in the specter of HIV makes that nearly impossible. Stress management is so important to restoring immune function. Anyway, I'll definitely drop you an email if you want to know the details of my recovery, Gos; however, I'd like to add a bit more here, too.

It seems that most HIV positives, as well as HIV negatives, who develop AIDS have a long history of illness and in the case of positives it certainly predates any supposed seroconversion. I had suffered severe illnesses from a very early age. I had pneumonia 4 times before age 6. During this period, I was given a large amount of antibiotics, which I now believe was the major cause of my obviously impaired immune system. I would like to say that antibiotics, when used responsibly, can be truly life-saving, but their ubiquitous use is reckless and their deleterious effects continue to be ignored. The focus is primarily on bacterial resistance, which is a problem, but an even greater problem with their use is how they radically alter the intestinal flora of patients. Most doctors suggest that diarrhea is the worst result but that is an extremely incomplete assessment. Frequent antibiotic use can ruin your health. As such, if you take a lot of antibiotics,

Gos, you'll have to break that cycle if you ever hope to get well. I used to take 6-8 courses a year, sometimes more, for various infections but most often for sinusitis and/or pneumonia. Breaking the cycle was not easy. Once the gut flora is severely out of balance, the immune system cannot do its job; thus, acute fungal infections and acute bacterial infections seemed to alternate for me. Treating one caused the other to flourish.

Furthermore, it should be noted that common treatment protocol of giving antibiotics to AIDS patients as prophylaxis is a bad idea. It ensures that their immune systems will never recover, which, unfortunately seems to be the real goal of the HIV/AIDS industry. After all, ARVs, as short-term therapy, may have beneficial effects for some patients since they are most likely potent anti-microbials, killing both bacteria and fungi; however, it is quite clear that long-term therapy with these drugs is deadly, so even short-term use should be a cautious endeavor. The bottom line is that restoring the health of AIDS patients should be our goal and the HIV/AIDS Industry has failed at every level to make honest progress at achieving this goal. As long as fear-mongering and death-peddling are the cornerstone of their philosophy, severely ill patients will never be able to recover. Add in the pharmaceutical-centric current treatment protocols and the result will continue to be tragic. A holistic approach is required; yet, it must be based on an understanding of what is actually happening in the bodies of those suffering from immune dysfunction. Unfortunately, it is here that HIV/AIDS yields, perhaps, its greatest failure by excessively monitoring "surrogate markers" while simultaneously ignoring the clinical health of patients. There is nothing more dispiriting than being told by medical professionals that you are healthy when you clearly are not. Such ridiculous attempts to salvage HIV's causal role are truly horrifying.

Focusing on the criminal politics of the HIV/AIDS, as Mr. Baker has skillfully done, is extremely important to unraveling oneself from this morass, particularly for those who are healthy, yet unfairly labeled as HIV-positive. However, I think the difficulty that many may have to listening to the dissident case are in addressing those of us who have severe health problems. I'd prefer to abandon the construct known as "AIDS" because it is a loaded concept that has really lost all meaning in light of its dubious connection with HIV. Ironically, it is fairly accurate in describing most of those who suffer failing immunity. For example, I am certain that my lifelong impaired immunity and the subsequent syndrome that developed, was indeed acquire but from excessive pharmaceutical use and not from a sexually transmitted virus. It also seems clear that heavy recreational drug-users, particularly methamphetamine users, acquire their numerous health problems as a result of their drug use. Fungal infections are common in both cases. It is my opinion that the immediate cause of "AIDS", in virtually all cases, is chronic and persistent intestinal dysbiosis. The immune system cannot function properly in this altered environment. The longer the condition persists, the harder it is to recover, and the more likely one is to suffer from more dangerous opportunistic infections that may or may not be directly caused by fungi.

Lastly, it should be noted that I've encountered a few dissidents who think that discussing the details of what "AIDS" is, as opposed to the details what HIV isn't, is counter-productive to ending HIV's reign of terror. I can certainly see the merits of that argument. The main focus should most certainly be on exposing HIV's numerous failings, for, after 25 years, it is much more clearly defined as a a political construct than as a biological entity. In addition, healthy

HIV-positives outnumber, by far, those who are ill. Yet, as someone who has been on the other side of the debate in all senses of the phrase, namely having been HIV test-negative and also severely ill, my personal goal is to try and help those who are positive and who are sick to realize that they can get well. It's the logical next step to giving up the HIV ghost.

Kevin

Comment by Kevin — August 5, 2008 @ 11:21 am
122.

Hi Clark,

thanks for your work.

Here are first results (the rats are leaving the sinking ship...)

LaRoche shuts down HIV research:

<http://www.heise.de/tp/blogs/3/110828>

SWR,Germany

Comment by S.Risch — August 6, 2008 @ 10:39 am
123.

This genocide exercise is currently being conducted in South Africa:

“Business embraces HIV testing competition”

<http://www.thetimes.co.za/News/Article.aspx?id=818837>

Comment by Ingrid Blank — August 9, 2008 @ 10:12 pm
124.

I couldn't resist and posted my comments under the Sunday Times article cited in my previous mail:

Comments: (2)View Latest

DDarko said at Aug 10 2008 6:43AM

Knowledge is Power, empower your self with the knowledge of your status.

Accept the present for a better future.

IBlack said at Aug 10 2008 9:37AM

Oh yeah, but make sure that you don't have snuffles, flu, pregnancy, and numerous other ailments that would give a false-positive reading. Knowledge is power indeed and it is easier for a king (the multi-billion dollar AIDS industry and its minions) to have a lie believed than a beggar

to spread the truth.

<http://www.californiaconservative.org/academia/hiv-aids-gallos-egg/>

Read the massive fraud behind HIV testing

<http://www.whale.to/b/rappoport1.html>

And last but not least:

After years of claims by the AIDS establishment that a link between HIV and immune suppression had been established, a High Court found the claim without merit and a unfounded deception. This is the first legal trial of the HIV/AIDS hypothesis and a historic defeat for AID\$ Inc.

From Indy Media: The Office of the High Commissioner for Human Rights, Mary Robinson

The United Nations Centre for Human Rights, United Nations Office at Geneva 8-14 Avenue de la Paix 1211 Geneva 10, Switzerland To all Heads of Government and all Heads of State To all NGOs

Legal proceedings against the “Deutscher Bundestag”, the Parliament of the Federal Republic of Germany: Because of the intentional continuation of acts of killing and manslaughter (–ß 220a StGB Germany) by the German Parliament.

During the last six years proofs have been collected for the following actions that have taken place inside Germany: The State intentionally is using non-valid tests to persuade healthy persons to take a deadly long-term medication. The persons, being healthy before being tested die during the long-term-medication. The German Parliament, since years intentionally is securing that this crime continues.

Course of Events on January 15th 2001 at the District Court (Landgericht) of Dortmund:

Judge Hackmann announced the statement of the “Bundesgesundheitsbeh[^]rde”, the Federal German Health Authorities, which says that in connection with AIDS there has never been isolated a virus (Dr. Marcus, Robert-Koch-Institute (RKI) Berlin). The judge figured out that the German Bundestag had been backing the lie of the Federal Health Authorities (RKI, Dr. Marcus, 9.3.95) about a successful isolation of a virus in connection with AIDS in the course of a petition (Art. 17, Constitution of the Federal Republic of Germany, Pet. 5-13-15-2002-010526).

The trial was based on actions of the defendant which were caused by the misleading statement made by the RKI (Dr. Marcus) on the 9th March 1995, that there were photographs of the isolated HIV-virus inside the publications of Montagnier (1983) and Gallo (1984). The judge proved the untruthfulness of this statement using Dr. Marcus’s statement itself. The court imposed a suspended sentence of 8 months of jail because of attempted coercion of the authorities to adhere and act according to law and order.

The document of the German Bundestag DS 12/8591 holds proof that the Bundestag had

already known in 1994 that neither Montagnier (1983) nor Gallo (1984) had isolated any virus in connection with AIDS. Based on this the Bundestag safeguarded the persistent lie of the AIDS information campaign (RKI) from 9th March 1995 about the successful isolation of a virus in connection with AIDS. As a consequence of non-tolerating this lie and because of non-tolerating the deadly consequences of this lie, the trial took place on 15th January 2001.

It is impossible' as far as laboratory conditions are concerned ' to develop a valid Virus-antibody-test, if the virus has not been isolated before. Every layman understands that an individual proof for an infection with a virus is impossible, if the existence of the virus has never been generally proven. This knowledge of the German health authorities, that the tests are not validated, can be proven via the authorities' or with the documents themselves. The error concerning the test validity is spread and supported by the authorities' against better knowledge.

With two more petitions the Bundestag safeguarded the default of the responsible authorities, not to carry out the law ($\text{--}\beta 63$ AMG, Stufenplan II), to do studies and observations to protect persons taking the AIDS-Medicine, the chemotherapy AZT (Pet. 5-13-15-2002-058744 and Pet. 5-13-15-212-023567a).

The health authorities and the Bundestag know that there will be no test method to prove an HIV-Infection, as long as HIV has not been isolated. And there is no doubt that AZT — as well as the HIV-medications in general — are deadly themselves when used as long-term-medication. In the course of the proceedings of the petitions the Bundestag created an apparent peace of law, by means of deliberately untruthful statements. President of the German Parliament Wolfgang Thierse regards untruthful behaviour of this kind (as shown by the Bundestag) as being justified by the Bundesverfassungsgericht (Federal Constitutional Court). A videotape documenting an interview (28th June 1995) shows that his predecessor in office, Prof. Rita Smuth did know, that there had never been any proofs for a virus in connection with AIDS and that there are no proofs for the claims of infectivity.

Still pending in the Bundestag is the petition Pet. 2-14-15-212-02608. It is lodging a complaint against the legal authorities, which stayed passive after getting the attention of the proofs for these acts of killings. Enclosed with the complaint were so many proofs, which had made it necessary for the Bundestag to take actions right after perusal, to stop the continuation of these acts of killing by the state. Within the last six months every single member of the German Bundestag was informed six times via mail about these acts of killing by the state.

The intention of the German Bundestag to safeguard killings by the state after gaining insight into the facts must be regarded as proven, especially because of the fact that several petitions were rejected by means of untruthful statements. The German Bundestag and every individual member of the Bundestag intentionally safeguards acts of killing by the state by deliberately misleading the public. Healthy people are intentionally lead into a deadly medication via tests with invalid results — and then die.

The criminal law of the BRD and especially $\text{--}\beta 220a$ StGB (Genocide) protects citizens from act of killings organised by a state which is deliberately misleading the public. It also protects the

citizens binding the legal authorities to take actions after perusal. The prosecuting attorneys attended the trial on 15th January 2001 at the Landgericht Dortmund and learned about the facts in front of the public. Their passivity afterwards serves as a further proof for their further intention in this matter.

(LG Dortmund, Ns 70 Js 878/99 14(XVII) K 11/00) Karl Krafeld and Dr. Stefan Lanka, Dortmund and Stuttgart, 14.3.2001 Science, Medicine and Human Rights (Wissenschaft, Medizin und Menschenrechte e.V.), Germany Albrechtstr. 17, D-44137 Dortmund, 0711 2220601, Lanka@free.de

<http://www.virusmyth.net/aids/index/epapadopoulos.htm>

or <http://www.virusmyth.net/aids/index.htm>

Comment by Ingrid Blank — August 10, 2008 @ 12:59 am
125.

Congratulations, Clark, for your Report at behalf of the Semmelweis Society International (SSI), for your open-and-critical attitude and for your full commitment (“I intend to remain engaged in this until the courts and/or legislature has ended this criminal enterprise.”)!

Your “Conclusions” are good news not only for the victims trapped by the AIDS’ machinery, but for the whole Humanity because the so called AIDS is the first world-wide dogma of terror invented by some United States’ power nucleuses.

I consider very-very important what you write in front of the millions of acritical media news (for instance, these last days coming from México’s official paraphernalia) and the hundreds of thousands of pseudoscientific articles on ‘HIV/AIDS’ fiction:

— “To argue against the mountains of interdependent self-supported HIV/AIDS minutiae requires terabytes of computational power and the tenacity of the world’s most obnoxious sports fans.

“The key to the conundrum lies not with the carton walls, workers, soldiers, or the myriad unnavigable passages, but with Dr. Gallo’s original HIV declaration itself.”

I’m totally agree with you: Dr. Gallo is the key point to attack. He is a gangster and he is the weak point where all the ‘HIV/AIDS’ fiction building lays. Next year will be the 25 th. anniversary of the 23 April 1984 Gallo’s and Heckler’s Press Conference where ‘HIV’ and ‘HIV causes AIDS’ was worldwide invented as a pseudoscientific explanation of the previously invented non-illness ‘AIDS’. Probably AIDS establishment will strongly push to reinforce ‘HIV/AIDS’ construct. It may be a good period to show that “the Emperor is naked”.

As you say, “One does not require medical expertise to investigate fraud or the criminal behaviors and funding used to defend it. (...) It does not take a brain surgeon to see that no scientist has ever proved that 1) HIV exists, 2) attacks cells, or 3) causes AIDS.”

I specially appreciate your free contribution with your 28 years experience in lot of fields of crime: “After having investigated thousands of crimes and arrested hundreds of criminal gang members and other assorted predators, I know a criminal enterprise when I see one.

HIV/AIDS makes Enron look like a neighborhood poker game”.

Thanks to you for your investigation and thanks to SSI for have had the courage to offer the “Clean Hands” Award to Professor Peter Duesberg and to Investigative Journalist Celia Farber.

Forward! And keep in touch all together, please!

Comment by Lluís Botinas — August 10, 2008 @ 6:51 pm
126.

Ingrid: Following your initiative in relation to crazy “Business embraces HIV testing” in South Africa, yesterday I posted the below pasted text in <http://www.thetimes.co.za/News/Article.aspx?id=818837>

But I also have a question to you: Which is the link to the legal trial information you put in The Times? The two links at the end of your post are to other subjects.

This is the text:

LluísBotinas said at Aug 10 2008 11:21PM

RobM: The recent studies are based on the old ones. If the old are false, the recent are also false. In 1984 Dr. Gallo didn't isolated a new virus later called 'HIV' neither demonstrated 'HIV causes AIDS'. Dr. Gallo made all kinds of treacheries to get published in Science 4 May 1984 four manipulated articles. These were then and are now the pseudoscientific basis both for 'HIV/AIDS' fiction and for AIDS industry. Executives of “HIV strategy” in enterprises or clinics or organizations who made part of this dangerous industry MUST have “innovative out-of-the-box ideas”, like this “Right to Know HIV testing competition” campaign, to get more clients for their business.

DDarco: Is Knowledge Power? It depends. True Knowledge may be Constructive Power. Wrong Knowledge is Destructive Power. To sell Wrong Knowledge as True Knowledge is criminal but this is the business of people and enterprises living on 'HIV/AIDS' mystification. To buy Wrong Knowledge as True Knowledge is dangerous and... stupid?

If South Africa's businessmen like to play Russian roulette taking the wrongly called 'HIV-test', is their decision. But before I think they have the “Right to Know” what actually is 'HIV testing'.

Thanks IBlank to put some few elements on the table. RobM: If you wish some more recent articles on supposed 'HIV test' below have you four, but there is a huge amount.

2006: “The Massive Fraud Behind HIV Tests”
<http://www.whale.to/b/rappoport1.html>

2007: “The Birth of Antibodies Equal Infection”
http://barnesworld.blogs.com/barnes_world/2007/01/rodney_richards.html

2007: “How Testing HIV Antibody Positive Became Equivalent to Having HIV”
http://barnesworld.blogs.com/barnes_world/2007/02/rodney_richards.html

2008: Janine Roberts’ book: “Fear of the Invisible: How scared should we be of Viruses and Vaccines, HIV and AIDS”. IMPACT Investigative Media Productions

Comment by Lluís Botinas — August 11, 2008 @ 3:14 am
127.

Jean Umber: Please, Jean, I should like to contact you in relation to so called antiretroviral drugs... and actually chemotherapy, isn't so?

My e-mail: lluisbotinas@yahoo.es

Thanks a lot!

Comment by Lluís Botinas — August 11, 2008 @ 3:17 am
128.

I have a degree in Biology (for what it's worth).
I remember watching a “Panorama” (BBC) documentary just after I graduated back in 1981 or 82 about HIV = AIDS.

The science didn't look good then, it hasn't looked good since and it doesn't look good now.
This is a bigger fraud than the “Weapons of Mass Destruction” debacle.
Clark, you have done a great job - I just hope it makes a difference.

-Regards, Paul Pisces

Comment by Paul Pisces — August 28, 2008 @ 9:07 am
129.

Thank you for this report CB, really has been helpful.
Hope some of you can advise further on this. I have been diagnosed + for the past 5 years and been on meds for 3 of these.

Through research I decided to stop taking meds about 2 months ago.
Thing is, I worry all the time as to whether this has been the right move.
I continue to go for my consultations and have not told them of my decision. I want to see what the test results come back as.

Up to now my VL has been non detectable. I was quite high prior and also had a low CD4.

This has also returned to 'normal over the past 2 years.

Also, I was wondering if there is any additional ways of testing things for myself or any way of monitoring things?

Have any of you got extra advice for me?

I also have a friend who was diagnosed about the same time as me. She only went onto meds a year ago as her health had deteriorated and she was advised to start meds immediately.

Please, this confusion is driving me insane, I would like to get to living a 'normal' life, having a relationship again and losing this stigma, but can I?

Thanks,

Comment by Scorpio — September 10, 2008 @ 4:26 am
130.

Wow! I'm going to have to read that piece several more times to digest the enormity of it.

When I was an undergraduate, I attended a presentation by a professor who had demonstrated in research that a person's blood cholesterol level had NOTHING to do with what the person eats. According to his research, 100% of people's cholesterol levels are determined by their genetics.

But that was not the topic of his speech. The topic was the systematic censorship of his papers by academia, the denial of grants by the National Science Foundation, and suppression by the pharmaceutical industry, and companies which made "heart healthy" foods.

His reputation had been dragged through the ringer merely for presenting ideas which departed from "mainstream" science and threatened the profits of enormous corporations.

When we observe instances of the suppression of ideas like you have described and as this researcher suffered, it should lead us to wonder what other bogus theories are being perpetrated for the sake of money and power.

According to Al Gore, Global Warming is a scientific fact which can no longer be questioned. Excuse me, Mr. Gore, but there is NEVER a settled issue in science. That's why it's called science and not religion.

On a side-note, in one of the few well-researched pieces on the otherwise liberal Frontline, they describe how the gay community spread the AIDS virus through our blood supply by an indignant resistance to restrictions on gay men giving blood. These restrictions were emplaced to protect the blood supply from Hepatitis B. At one point, it was estimated that up to 15% of the nation's blood supply was donated by gay men.