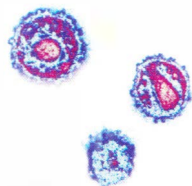
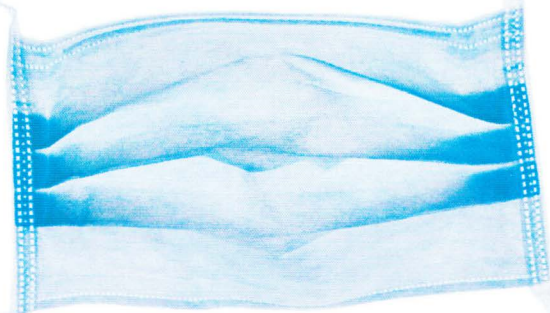


Torsten Engelbrecht
Claus Köhnlein



Virus Mania



**Avian Flu (H5N1), Cervical Cancer (HPV),
SARS, BSE, Hepatitis C, AIDS, Polio**

How the Medical Industry Continually Invents Epidemics,
Making **Billion-Dollar Profits**
At Our Expense

Forewords by

Etienne de Harven, MD, Pioneer in Virology

Joachim Mutter, MD, Expert on Environmental Medicine

With **Robert F. Kennedy Jr**
On the Vaccine Scandal Linking
Mercury and Autism

Torsten Engelbrecht
Claus Köhnlein
Virus Mania

About the Book

A daily scan through the newspapers and TV news gives the impression that the entire world is constantly invaded by new and horrible virus epidemics. The latest headlines feature the human papillomavirus (HPV) alleged to cause cervical cancer and the avian flu virus, H5N1. The public is also continually terrorized by reports about SARS, BSE, Hepatitis C, AIDS, Ebola, and Polio. However, this virus mayhem ignores very basic scientific facts: the existence, the pathogenicity and the deadly effects of these agents have never been proven. The medical establishment and its loyal media acolytes claim that this evidence has been produced. But these claims are highly suspect because modern medicine has pushed direct virus proof methods aside and uses dubious indirect tools to “prove” the existence of viruses such as antibody tests and the polymerase chain reaction (PCR).

The authors of *Virus Mania*, journalist Torsten Engelbrecht and doctor of internal medicine Claus Köhnlein, show that these alleged contagious viruses are, in fact, particles produced by the cells themselves as a consequence of certain stress factors such as drugs. These particles are then identified by antibody and PCR tests and interpreted as epidemic-causing viruses by doctors who have been inoculated for over 100 years by the theory that microbes are deadly and only modern medications and vaccines will protect us from virus pandemics.

The central aim of this book is to steer the discussion back to a real scientific debate and put medicine back on the path of an impartial analysis of the facts. It will put medical experiments, clinical trials, statistics and government policies under the microscope, revealing that the people charged with protecting our health and safety have deviated from this path. Along the way, Engelbrecht and Köhnlein will analyze all possible causes of illness such as pharmaceuticals, lifestyle drugs, pesticides, heavy metals, pollution, stress and processed (and sometimes genetically modified) foods. All of these can heavily damage the body of humans and animals and even kill them. And precisely these factors typically prevail where the victims of alleged viruses live and work. To substantiate these claims, the authors cite dozens of highly renowned scientists, among them the Nobel laureates Kary Mullis, Barbara McClintock, Walter Gilbert, Sir Frank Macfarlane Burnet and microbiologist and Pulitzer Prize winner René Dubos. The book presents approximately 1,100 pertinent scientific references, the majority of which have been published recently.

The topic of this book is of pivotal significance. The pharmaceutical companies and top scientists rake in enormous sums of money by attacking germs and the media boosts its audience ratings and circulations with sensationalized reporting (the coverage of the *New York Times* and *Der Spiegel* are specifically analyzed). Individuals pay the highest price of all, without getting what they deserve and need most to maintain health: enlightenment about the real causes and true necessities for prevention and cure of their illnesses. “The first step is to give up the illusion that the primary purpose of modern medical research is to improve people’s health most effectively and efficiently,” advises John Abramson of Harvard Medical School. “The primary purpose of commercially-funded clinical research is to maximize financial return on investment, not health.”

Virus Mania will inform you on how such an environment took root—and how to empower yourself for a healthy life.

About the Authors

Torsten Engelbrecht works as a freelance journalist in Hamburg. He has written articles for publications such as *Medical Hypotheses*, *British Medical Journal* (online), *Süddeutsche Zeitung*, *Neue Zürcher Zeitung*, and *The Ecologist*. From 2000 to 2004, he worked as business editor of the *Financial Times Deutschland*.

Claus Köhnlein is a medical specialist of internal diseases. He completed his residency in the Oncology Department at the University of Kiel. Since 1993, he has worked in his own medical practice, treating Hepatitis C and AIDS patients who are skeptical of antiviral medications.

Torsten Engelbrecht
Claus Köhnlein

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For Christiane, Theresa, Johanna, Catharina and Julius

For Maria, Karen and Eckart

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Foreword I

The Content of This Book Has To Be Read, Quickly and Worldwide

The book *Virus Mania* by Torsten Engelbrecht and Claus Köhnlein presents a tragic message that will, hopefully, contribute to the re-insertion of ethical values in the conduct of virus research, public health policies, media communications, and activities of the pharmaceutical companies. Obviously, elementary ethical rules have been, to a very dangerous extent, neglected in many of these fields for an alarming number of years.

When American journalist Celia Farber courageously published, in *Harper's Magazine* (March 2006) the article "Out of control—AIDS and the corruption of medical science," some readers probably attempted to reassure themselves that this "corruption" was an isolated case. This is very far from the truth as documented so well in this book by Engelbrecht and Köhnlein. It is only the tip of the iceberg. Corruption of research is a widespread phenomenon currently found in many major, supposedly contagious health problems, ranging from AIDS to Hepatitis C, Bovine spongiform encephalopathy (BSE or "mad cow disease"), SARS, Avian flu and current vaccination practices (human papillomavirus or HPV vaccination).

In research on all of these six distinct public health concerns scientific research on viruses (or prions in the case of BSE) slipped onto the wrong track following basically the same systematic pathway. This pathway always includes several key steps: inventing the risk of a disastrous epidemic, incriminating an elusive pathogen, ignoring alternative toxic causes, manipulating epidemiology with non-verifiable numbers to maximize the false perception of an imminent catastrophe, and promising salvation with vaccines. This guarantees large financial returns. But how is it possible to achieve all of this? Simply by relying on the most powerful activator of human decision making process, i.e. FEAR!

We are not witnessing viral epidemics; we are witnessing epidemics of fear. And both the media and the pharmaceutical industry carry most of the responsibility for amplifying fears, fears that happen, incidentally, to always ignite fantastically profitable business. Research hypotheses covering these areas of virus research are practically never scientifically verified with appropriate controls. Instead, they are established by "consensus." This is then rapidly reshaped into a dogma, efficiently

perpetuated in a quasi-religious manner by the media, including ensuring that research funding is restricted to projects supporting the dogma, excluding research into alternative hypotheses. An important tool to keep dissenting voices out of the debate is censorship at various levels ranging from the popular media to scientific publications.

We haven't learnt well from past experiences. There are still many unanswered questions on the causes of the 1918 Spanish flu epidemic, and on the role of viruses in post-WWII polio (DDT neurotoxicity?). These modern epidemics should have opened our minds to more critical analyses. Pasteur and Koch had constructed an understanding of infection applicable to several bacterial diseases. But this was before the first viruses were actually discovered. Transposing the principles of bacterial infections to viruses was, of course, very tempting but should not have been done without giving parallel attention to the innumerable risk factors in our toxic environment; to the toxicity of many drugs, and to some nutritional deficiencies.

Cancer research had similar problems. The hypothesis that cancer might be caused by viruses was formulated in 1903, more than one century ago. Even today it has never been convincingly demonstrated. Most of the experimental laboratory studies by virus-hunters have been based on the use of inbred mice, inbred implying a totally unnatural genetic background. Were these mice appropriate models for the study of human cancer? (we are far from being inbred!) True, these mice made possible the isolation and purification of "RNA tumor viruses," later renamed "retroviruses" and well characterized by electron microscopy. But are these viral particles simply associated with the murine tumors, or are they truly the culprit of malignant transformation? Are these particles real exogenous infective particles, or endogenous defective viruses hidden in our chromosomes? The question is still debatable. What is certain is that viral particles similar to those readily recognized in cancerous and leukemic mice have never been seen nor isolated in human cancers. Of mice and men...

However, by the time this became clear, in the late 1960s, viral oncology had achieved a dogmatic, quasi-religious status. If viral particles cannot be seen by electron microscopy in human cancers, the problem was with electron microscopy, not with the dogma of viral oncology! This was the time molecular biology was taking a totally dominant posture in viral research. "Molecular markers" for retroviruses were therefore invented (reverse transcriptase for example) and substituted most conveniently for the absent viral particles, hopefully salvaging the central dogma of viral oncology. This permitted the viral hypothesis to survive for another ten years, until the late 1970s, with the help of increasingly generous support from funding agencies and from pharmaceutical companies. However by

1980 the failure of this line of research was becoming embarrassingly evident, and the closing of some viral oncology laboratories would have been inevitable, except that ...

Except what? Virus cancer research would have crashed to a halt except that, in 1981, five cases of severe immune deficiencies were described by a Los Angeles physician, all among homosexual men who were also all sniffing amyl nitrite, were all abusing other drugs, abusing antibiotics, and probably suffering from malnutrition and STDs (sexually transmitted diseases). It would have been logical to hypothesize that these severe cases of immune deficiency had multiple toxic origins. This would have amounted to incrimination of these patients' life-style.

Unfortunately, such discrimination was, politically, totally unacceptable. Therefore, another hypothesis had to be found—these patients were suffering from a contagious disease caused by a new ... retrovirus! Scientific data in support of this hypothesis was and, amazingly enough, still is totally missing. That did not matter, and instantaneous and passionate interest of cancer virus researchers and institutions erupted immediately. This was salvation for the viral laboratories where AIDS now became, almost overnight, the main focus of research. It generated huge financial support from Big Pharma, more budget for the CDC and NIH, and nobody had to worry about the life style of the patients who became at once the innocent victims of this horrible virus, soon labeled as HIV.

Twenty-five years later, the HIV/AIDS hypothesis has totally failed to achieve three major goals in spite of the huge research funding exclusively directed to projects based on it. No AIDS cure has ever been found; no verifiable epidemiological predictions have ever been made; and no HIV vaccine has ever been successfully prepared. Instead, highly toxic (but not curative) drugs have been most irresponsibly used, with frequent, lethal side effects. Yet not a single HIV particle has ever been observed by electron microscopy in the blood of patients supposedly having a high viral load! So what? All the most important newspapers and magazine have displayed attractive computerized, colorful images of HIV that all originate from laboratory cell cultures, but never from even a single AIDS patient. Despite this stunning omission the HIV/AIDS dogma is still solidly entrenched. Tens of thousands of researchers, and hundreds of major pharmaceutical companies continue to make huge profits based on the HIV hypothesis. And not one single AIDS patient has ever been cured ...

Yes, HIV/AIDS is emblematic of the corruption of virus research that is remarkably and tragically documented in this book.

Research programs on Hepatitis C, BSE, SARS, Avian flu and current vaccination policies all developed along the same logic, that of maximizing financial profits. Whenever we try to understand how some highly questionable therapeutic policies

have been recommended at the highest levels of public health authorities (WHO, CDC, RKI etc.), we frequently discover either embarrassing conflicts of interests, or the lack of essential control experiments, and always the strict rejection of any open debate with authoritative scientists presenting dissident views of the pathological processes. Manipulations of statistics, falsifications of clinical trials, dodging of drug toxicity tests have all been repeatedly documented. All have been swiftly covered up, and none have been able to, so far, disturb the cynical logic of today's virus research business. The cover-up of the neurotoxicity of the mercury containing preservative thimerosal as a highly probable cause of autism among vaccinated children apparently reached the highest levels of the US government... (see article "Deadly Immunity" from Robert F. Kennedy Jr. in chapter 8)

Virus Mania is a social disease of our highly developed society. To cure it will require conquering fear, fear being the most deadly contagious virus, most efficiently transmitted by the media.

Errare humanum est sed diabolicum preservare... (to err is human, but to preserve an error is diabolic).

Etienne de Harven, MD

Professor Emeritus of Pathology at the University of Toronto and

Member of the Sloan Kettering Institute for Cancer Research, New York

(1956 - 1981)

Member of Thabo Mbeki's AIDS Advisory Panel of South Africa

President of Rethinking AIDS (www.rethinkingaids.com)

Foreword II

This Book Will Instigate an Upheaval of Dogmas

The book *Virus Mania* shows in a simple comprehensible way the diversity of scientific data that proves most of the epidemics presented in the media as horror stories (flu, avian flu, AIDS, BSE, Hepatitis C, etc.) do not actually exist or are harmless. In contrast: Through this scaremongering and through the toxic materials contained in vaccines a vast number of diseases can emerge; diseases that have recently been increasing on a massive scale: allergies, cancer, autism, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autoimmune diseases and disorders of the nervous system. The authors, the journalist Torsten Engelbrecht and doctor of internal medicine Claus Köhnlein, succeed in tracking down the real culprits, including the profiteers in this game. They also identify solutions that everybody can easily implement in their daily lives. This work is one of the most important and enlightening books of our times which will instigate an upheaval of the dogmas and delusions that have held for more than 150 years.

Joachim Mutter, MD
Institute of Environmental Medicine
And Hospital Epidemiology
University Medical Center Freiburg
Germany
Freiburg, 19 December 2006

Introduction

Society Under the Spell of a One-Dimensional Microbe Theory

“[Since the second half of the 19th century,] unquestionably the doctrine of specific etiology has been the most constructive force in the medical research. In reality, however, search for the cause may be a hopeless pursuit because most disease states are the indirect outcome of a constellation of circumstances.”¹

René Dubos

Microbiologist and Pulitzer Prize winner

“All the data showed that mortality rates from infectious disease had been in steady decline since the middle of the 19th century, that is, before medicine had become scientific and interventionist. It was not medical research that had stamped out tuberculosis, diphtheria, pneumonia and puerperal sepsis. The main credit went to public health programs, sanitation and general improvements in the standard of living brought about by industrialization.”²

Michael Tracey

American media scientist

“Sapere aude!”³

(Have courage to use your own understanding)

Kant's motto for the Enlightenment

The founding of The Royal Society in 1660 caused a tectonic shift in Western medicine. A group of British scientists decided that what counts is “the experimental proof” not speculative fantasy, superstition and blind faith.^{4 5} The Royal Society called this basic research principle “nullius in verba,”⁶ which essentially means “Don’t just trust what someone says.” In that era, it was still common to accuse women of witchcraft “in the name of God” and burn them at the stake, or to subjugate entire peoples such as the Aztecs or Mayans to Western ideologies. Setting a standard of scientific proof marked the end of the dark ages and had enormous long-term consequences.

Today, considering ourselves enlightened and in the safe hands of our high-tech scientific culture, we look back with misgivings and great discomfort at the abuses of power that occurred in such draconian times. Indeed, the dream that science promises with its principle of proof—namely to free people from ignorance, superstition, tyranny, and not least from physical and psychological suffering—has, in many cases, particularly in wealthy countries, become a reality.⁷ Airplanes, tractors, computers, bionic limbs—all these achievements are the product of scientific research. Like our modern legal system, bound by the principle of evidence, science recognizes only one guiding principle: provable fact.

Our enthusiasm for scientific achievements has risen immeasurably. We have granted a godlike status to researchers and doctors, who still had the status of slaves in ancient Rome and even until the early 20th century were mostly poor and powerless.⁸ Because of this status, we continue to perceive them as selfless truth-seekers.⁹ The English biologist Thomas Huxley, a powerful supporter of Charles Darwin and grandfather of the author Aldous Huxley (*Brave New World*, 1932), described this phenomenon as early as the late 19th century, when he compared science's growing authority to the Church's position of power. For this, he coined the term "Church Scientific."^{10 11}

Today's enlightened civilized individual believes so firmly in the omnipotence of scientists that they no longer question the evidence for certain hypotheses or even whether they make sense. Instead, citizens rely on the latest sensationalized media coverage churned out in daily newspapers and TV newscasts about world-threatening viral epidemics (Avian Flu, SARS, AIDS, etc.). For many decades, the media (and scientific reporters above all) have intently cultivated friendly relationships with researchers in the drive to scoop their competitors for provocative headlines. "We scientific reporters all too often serve as living applause for our subject," *New York Times* reporter Natalie Angier says critically about her profession. "Sometimes we write manuscripts that sound like unedited press releases."¹²

Journalists usually assume that scientists engage in rigorous studies and disseminate only provable facts—and that rare instances of fraud will quickly be driven out of the hallowed halls of research. It's an ideal picture, but one that has nothing to do with reality.^{13 14 15 16 17 18} Uncountable billions of dollars are transformed into "scientific" hypotheses, which are ultimately packaged and hawked by pharmaceutical companies, researchers, health advocates and journalists alike as the ultimate conclusions of truth. In actuality, these theories are often mere speculation, proven false and years later, finally discarded.

"The more willing the people are, the more promises must be made," warned Erwin Chargaff as early as 1978. "A quick route to long life, freedom from all diseases, a cure for cancer—soon, perhaps the elimination of death—and what then?"

asked the co-founder of biochemical research and gene-technology, and a repeatedly decorated professor at Columbia University’s Biochemical Institute in New York. “But no singer would ever have to promise to make me a better person if I would just listen to her trills.”¹⁹

Since the end of the 1970s, this situation has dramatically worsened.²⁰ Just as in politics and economics, we in research are also “bombarded, saturated, harried by fraud,” writes renowned science historian Horace Judson,²¹ whose analyses are corroborated by a number of relevant studies.^{22 23 24 25 26 27 28 29 30 31 32} “From a global viewpoint, there is corruption at all levels of the public health service, from health ministries to patients—and there are almost no limits to criminal imagination,” maintains Transparency International, an institution for protection against corruption, in its annual “Global Corruption Report 2006” (focus on health services).³³

Table 1 Examples for Methods for Pharmaceutical Companies to Get the Results from Clinical Trials They Want

Conduct a trial of your drug against a treatment known to be inferior
Trial your drugs against too low a dose of a competitor drug
Conduct a trial of your drug against too high a dose of a competitor drug (making your drug seem less toxic)
Use multiple endpoints (survival time, reduction of blood pressure, etc.) in the trial and select for publication those that give favorable results
Conduct trials that are too small to show differences from competitor drugs
Do multicenter trials and select for publication results from centers that are favorable

Source: Smith, Richard, Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies, *Plos Medicine*, May 2005, p. e138

A close look at this data reveals that our scientific culture is ruled by secretiveness, privilege-granting, lack of accountability, and suffers from a blatant lack of monitoring, as well as from the prospects that these companies and researchers will make exorbitant profits. All of these questionable factors contribute to the potential for researcher bias and fraud, jeopardizing the scientific proof principle introduced in the 17th century.³⁴ “Judson paints a dark picture of [biomedical] science today, but we may see far darker days ahead as proof and profit become inextricably mixed,” warns the medical publication *Lancet*.³⁵

Even when one theoretically assumes ideal researchers and ideal studies, it must be emphasized that medicine remains (is still) a “science of uncertainties,”³⁶

expressed William Osler (1849 - 1919), regarded as the father of modern medicine.³⁷ Nothing has changed. Donald Miller, Professor of Surgery at the University of Washington, warns that with today's medical research, "scientific standards of proof are not uniform and well defined, in contrast to legal standards. Standards of measurement, ways of reporting and evaluating results, and particular types of experimental practices vary. Science prizes objective certainty. But science does not uniformly adhere to this standard. Subjective opinions and consensus among scientists often supersede the stricture of irrefutability."³⁸

To effectively combat this systemic problem, much would be gained if it were compulsory to have certain studies replicated, thus reviewing them for their soundness.³⁹ But, according to Judson, "replication, once an important element in science, is no longer an effective deterrent to fraud because the modern biomedical research system is structured to prevent replication—not to ensure it." Such verification is unattractive, because it doesn't promise gigantic profits, but might only produce similar results to the original research, which is unlikely to be published by a medical journal.⁴⁰ From time to time, these reviews are carried out, with stunning results.

At the beginning of 2005, an investigation disclosed a severely flawed study leading to the approval of Viramune, a globally-touted AIDS medicine ranked among the top sellers of pharmaceutical giant Boehringer Ingelheim (the drug Viramune brings in approximately \$300 million annually).⁴¹ The follow-up investigation found that records of severe side effects including deaths were simply swept under the carpet.

At the same time, chief investigator Jonathan Fishbein was greatly hindered, from the highest levels of the National Institutes of Health, in his bid for clarification. The medical system, according to Fishbein, is shaped more by politics of interest, partisanship and intrigue than by sound science. Fishbein called the government's AIDS research agency "a troubled organization," referring to an internal review that found its managers have engaged in unnecessary feuding, sexually explicit language and other inappropriate conduct.^{42 43}

How far this can go becomes apparent when research produced by individual scientists is placed under the microscope. The South Korean veterinarian Hwang Woo Suk, for example, published a paper in *Science* in May 2005 in which he described how he had extracted human stem cells from cloned embryos for the first time. The work was celebrated as a "global sensation" and Hwang as a "cloning pioneer." But at the end of 2005, it was discovered that Hwang had completely forged his experiments.^{44 45}

The medical field is ultimately about illness, dying and death. Naturally, these experiences involve a complex and nuanced range of emotions for individuals, their loved ones and doctors. The process makes us extremely receptive to a belief in

salvation through miracle treatments. In this, researchers and physicians take over the roles of priests; the white smock has merely replaced the black robes and black wigs physicians used to wear.⁴⁶ These white knights proclaim their healing messages, and of course require “victims” to carry out their research with billions of dollars of government and taxpayer funded dollars. “Indeed, so profound is our belief in the cures of science” that it has become “the new secular theology of the 20th century,”⁴⁷ according to American media scientist Michael Tracey. “This belief is so inherent within us that we construct any problem, grievance, pain, or fear in conceptual terms that not only allow us to seek the cure, but demand that we do so.”⁴⁸

At the heart of this web of feelings and wishes are the fantasies of almightiness that further prop up the medical-industrial complex, that ever more powerful part of the global economy consisting of pharmaceutical companies worth billions, their lobbyists and spin doctors, and an immense army of highly-paid researchers and doctors. In the process, we’ve turned our bodies into vehicles of consumerism, internalizing a highly-questionable promise inherent to this industry: Science can conquer terrible and puzzling diseases—just like we conquered the moon—if it is just given enough money.⁴⁹

To avoid any misunderstandings: medicine has made tremendous achievements. This applies first and foremost to reparative medicine such as accident surgery, organ transplants or laser eye surgery. But, the various perils of modern medicine are all-too evident in the ever-expanding field of so-called preventive and curative treatments, particularly the growing arsenal of pharmaceutical drugs—in other words, medicine that purports to be able to heal.⁵⁰

Take cancer, for example. In 1971, US President Richard Nixon at the behest of public health officials (and above all, virologists), declared a “War on Cancer.” The medical establishment vowed there would be a cure at hand by 1975.⁵¹ But we are still waiting. And there is “no evidence of the way cancer comes into being,” according to German Cancer Research Center (Deutsches Krebsforschungszentrum).⁵² Mainstream cancer theories also show blatant contradictions.⁵³ Despite this, hundreds of billions of dollars have already flowed into a completely one-sided cancer research focused on wonder-drug production. Above all, this set-up grants pharmaceutical companies, researchers and doctors gigantic profits.

In contrast, even plausible alternative theories (which may be less profitable, because they focus on lifestyle and environmental factors and not only on fatefully appearing genes and viruses as causes) remain almost completely disregarded.⁵⁴ ⁵⁵ For instance, although official cancer theories assume that a third of cancer cases could be prevented through a change of diet (above all more fruit and vegetables and less meat),⁵⁶ cancer expert Samuel Epstein points out that the American National Cancer Institute spent “just \$ 1 million—that is 0.02 percent of its \$4.7 billion budget

in 2005—on education, press work and public relations to encourage eating fruit and vegetables to prevent cancer.”⁵⁷

At the same time, the number of people who die from “non-smoking” cancers has noticeably increased since Nixon’s call to battle (even, it is worth noting, when one takes into consideration that people on average have become older).⁵⁸ Today in Germany alone, 220,000 people die from this terrible disease annually; in the USA there are almost 600,000 cancer deaths each year.^{59 60}

The situation doesn’t look any better for other widespread illnesses such as diabetes, heart disease, high blood pressure, or rheumatism. In spite of exorbitant research budgets, the development of a cure is unforeseeable. Cortisone, for instance, does help to alleviate acute rheumatic or allergic discomfort—but only during cortisone therapy. If treatment is discontinued, suffering returns. At the same time, cortisone, which also finds plenty of use in the treatment of viruses, is, like most reputed miracle cures (magic bullets), connected with severe side effects.⁶¹ Vera Sharav of the New York City-based Alliance for Human Research Protection (AHRP), an organization that fights for independent and ethically responsible medical science, warns that “often enough, the medications are so toxic that they produce precisely the diseases against which, as the pharmaceutical manufacturers’ advertising messages aim to convince us, they are supposed to be so active. And then, new preparation after new preparation is given.”⁶²

As relevant studies reveal, drug toxicities are so severe that the American “health” industry’s pill craze is responsible for about 800,000 deaths each year, more than any illness (including cancer and heart attack). And in Germany, tens of thousands of people are estimated to die each year due to improper treatment and prescription of incorrect medications (there are no exact figures because certain interest groups have successfully resisted the collection of the relevant information).⁶³

The fact that a society calling itself enlightened is nevertheless dominated by the belief that there is a healing pill for every little ache and pain or serious complaint is substantially due to the persuasive craftiness of Big Pharma. Pharmaceutical companies operating in the US spend approximately a third of their expenses on marketing, which means that \$50 billion per year is merely invested in advertising their preparations as miracle cures to doctors, journalists, consumers and politicians.⁶⁴ With this, they have extended their sphere of influence in a most alarming way to include institutions like the World Health Organization (WHO), the Food and Drug Administration (FDA), as well as the US National Institutes of Health (NIH), the independence and integrity of which is particularly important.^{65 66 67 68}

A study published in the *Journal of the American Medical Association (JAMA)* in April 2006, showed that “conflicts of interest at the FDA are widespread.” It was shown that in 73% of meetings, at least one member of the consulting team in

question yielded conflicts of interest: being remunerated by Big Pharma, for instance, through consultation fees, research contracts or grants, or stock ownership or options. In nearly a quarter of contracts and grants, for example, sums of more than \$100,000 changed hands. The study found that these conflicts of interest influenced voting behavior. When panel members with conflicts of interest were excluded from voting, the judgment of the product in question was much less favorable. And even though these conflicts of interest were so extensive, panel members with relevant conflicts of interest were disqualified in only 1% of cases.^{69 70}

“Big Pharma money and advertising not only influence the perception of illness, the demand for drugs, and the practice of medicine, but government budgets, including health service and oversight agencies have become dependent on Big Pharma money,” says Vera Sharav of the AHRP. “An out of the box analysis opened our eyes to a fundamental conflict of interest that has never been discussed. Public health policies are not merely influenced by Big Pharma; they are formulated so as to increase industry’s profits because government budgets are tied to this industry’s profits.” In this context, a decisive event occurred in 1992 when the US Congress waved through the “Prescription Users Fees Act” (PDUFA), which established the “fast track drug approval service.” According to Sharav, “the FDA has received \$825 million in industry ‘user fees,’” and “other government agencies have similarly become financially dependent on Big Pharma.”⁷¹

The issue stirred up so much controversy that the British Parliament also opened an extensive investigation. Their conclusions: The pharmaceutical industry’s corrupt practices and its massive influence upon parliaments, authorities, universities, health professionals and the media were sharply criticized.⁷²

In fact, “if prescription medicines are so good, why do they need to be pushed so hard?” asks Marcia Angell, former Editor in Chief of the well-known *New England Journal of Medicine* (NEJM). “Good drugs don’t have to be promoted.”⁷³ Her opinions are as simple as they are revealing, but unfortunately they don’t register in the consciousness of the modern believer in science. Our society that considers itself particularly enlightened has become senselessly “overmedicated.”⁷⁴

This pill-mania exists because we have a distorted comprehension of what causes diseases—a comprehension that has been able to lodge itself firmly in our thought processes over a period of more than 100 years.⁷⁵ To understand this, one must look back to the middle of the 19th century, when a true paradigm shift in the way we see disease occurred. There was an about-turn, away from a complex, holistic view concerning how diseases originate, to a monocausal and “one-dimensional” mindset, to use a term from philosopher Herbert Marcuse. Through this, a false awareness arose “which is immune to its falseness” because the dimensions of self-criticism and the ability to look in various alternative directions is missing.⁷⁶

This paradigm shift is largely due to the fact that from approximately the 16th century, in the course of the Enlightenment, the natural sciences began to develop rapidly, and put the population under their spell with descriptions of very specific phenomena. One need only remember the tremendous achievements of the English physicist Isaac Newton, who described gravitation; or the invention of the steam locomotive or even the printing press. But in the euphoric exuberance of progress, particularly from the middle of the 19th century, this thought pattern of specificity—that very particular chemical or physical phenomena have very specific causes—was simply transferred to the medical sciences. Many researchers and interest groups didn't even consider if this actually made sense.⁷⁷

The dogma of a single cause for diseases was decisively shaped by microbiology, which became predominant at the end of the 19th century, declaring specific microorganisms (viruses, bacteria, fungi) to be the causes of very definite diseases; including mass epidemics such as cholera and tuberculosis.⁷⁸ The founders of microbe theory, researchers Louis Pasteur and Robert Koch, ascended in their lifetimes to the heights of medicine's Mount Olympus.

And so with the microbe theory, the “cornerstone was laid for modern biomedicine's basic formula with its monocausal-microbial starting-point and its search for magic bullets: one disease, one cause, one cure,” writes American sociology professor, Steven Epstein.⁷⁹ From the end of the 19th century, the hunt for microbes increasingly provided the thrill, and the same admiration that physicists and chemists had earlier garnered (as in Paris in 1783, when the brothers Montgolfier performed the “miracle” of launching a hot air balloon into the sky).⁸⁰

But as fascinating as this conception of a single cause is, it has very little to do with the complex workings of the human body. A significant majority of diseases have far more than just one cause, so the search for the *single* cause of disease, and by extension for the one miracle-pill, will remain for them a hopeless undertaking.⁸¹ This is particularly true in microbiology, a “scientific No Man's Land,”⁸² as the American magazine *The New Yorker* fittingly described it. The field is becoming ever more complex and incomprehensible, as further research penetrates the seemingly infinite microcosmic mini-worlds of cellular components, molecules and microbes.

Bacteria, fungi and viruses are omnipresent—in the air, in our food, in our mucous membranes—but we aren't permanently sick.⁸³ When a disease generally held to be contagious “breaks out,” only some individuals become sick. This is clear evidence that microbes, whatever potential they may have to make you sick, cannot be the lone cause of disease.

Pasteur himself admitted on his deathbed: “The microbe is nothing, the terrain is everything.”⁸⁴ And indeed, even for mainstream medicine, it is becoming increasingly

clear that the biological terrain of our intestines—the intestinal flora, teeming with bacteria—is accorded a decisive role, because it is by far the body’s biggest and most important immune system.⁸⁵ A whole range of factors (in particular nutrition, stress, lack of activity, drug use, etc.) influence intestinal flora, so it has a decisive influence on all sorts of severe or less serious illnesses.^{86 87 88 89}

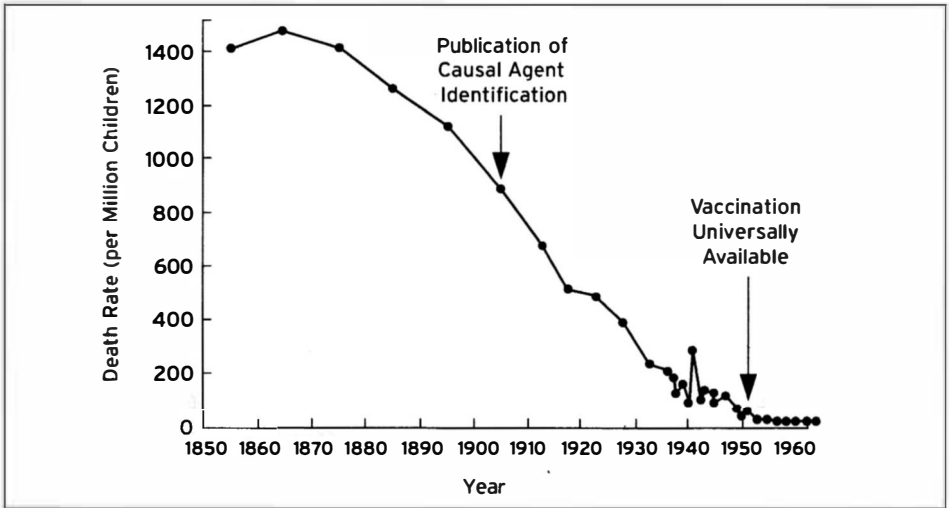
But it is not just this large oversimplification that calls for opposition to the microbe theory.⁹⁰ Under closer examination, fundamental assumptions of microbe theory also emerge as pure myth. Edward Kass, professor of medicine at Harvard University, made this the subject of his opening address at a conference of the American Society for Infectious Diseases in 1970. US citizens were becoming increasingly critical of the Vietnam War and many people in the USA began to rebel against the establishment. Maybe this *zeitgeist* spurred Kass to address these issues openly, although they may have stood in glaring opposition to the views of most of his listeners.

Kass argued that medical scientists and microbe hunters were not the ones to be praised for stemming the flow of mass diseases like tuberculosis, diphtheria, measles, whooping cough or pulmonary infections. The data unquestionably shows that death rates for these so-called infectious diseases had noticeably decreased from the middle of the 19th century; long before microbe hunters and the medical establishment became active (see diagram 1). The monumental accomplishment of pushing back diseases and raising life expectancy is primarily due to an improvement in general standards of living (improved nutrition, construction of water purification plants, etc.), which gained momentum in industrialized countries precisely in the mid-19th century.⁹¹

This also explains why deaths from so-called infectious diseases have become a rarity in affluent societies (in wealthy countries, they make up less than 1% of all mortalities).⁹² Yet, in poor third-world regions like Africa, where every third person is malnourished,⁹³ these same diseases (tuberculosis, leprosy, etc.) that wealthy countries fought during times of recession run rampant.⁹⁴ The excessive panic-like fear, which so easily consumes members of affluent societies when the media stokes the flames of the viral-epidemic panic, can in this context, only be described as irrational.

Recently, headlines on avian flu and the SARS virus have dominated global reports, but the world is also exposed to horror scenarios about hepatitis C, AIDS, Ebola and BSE. These shocking media reports totally overlook the fact that the existence and pathogenic effects of all these allegedly contagious and even fatal viruses—avian flu, H5N1, HIV etc.)—have never been proven. A glaring paradox is that very few people actually die from these purported large new epidemics. Strictly speaking, these epidemics are not epidemics whatsoever.

Diagram 1 Pertussis: Death Rates of Children Younger than 15 (England and Wales)



Source: McKeown, Thomas, *Die Bedeutung der Medizin*, Suhrkamp, 1979, p. 149

No scientists have even seen the avian flu virus H5N1 in full (with its complete genetic material and virus shell); we don't even know if it could be dangerous to humans, or if it could trigger the already widely reported global pandemic; something that mainstream researchers also admit.⁹⁵ And despite this lack of proof, Reinhard Kurth, director of Germany's Robert Koch Institute, which is responsible for microbe epidemics, does not shy from warning that H5N1 "potentially threatens all of humanity."⁹⁶ There is also discrepancy between speculation and existing facts in the BSE "epidemic," which has yet to present us in Germany with a single clinical case of the disease, only animals that have tested positive for the virus.⁹⁷

With regard to hepatitis C, we are still waiting for the predicted epidemic of liver cirrhosis (serious liver damage).⁹⁸ Since the 1980s, no more than a few hundred people die in Germany each year from so-called AIDS, according to official statistics. And what about the horrifying figures of x-million "infected with HIV" in Africa and other developing countries? This is primarily due to the redefinition of patients who suffer from conventional diseases like tuberculosis or leprosy as AIDS patients.⁹⁹ The threat of SARS is similarly over hyped: In the first nine months (November 2002 - July 2003) after the alleged discovery of the SARS virus at the end of 2002, the World Health Organization found only 800 "probable SARS deaths."¹⁰⁰

"Years from now, people looking back at us will find our acceptance of the HIV theory of AIDS as silly as we find the leaders who excommunicated Galileo, just because he insisted that the earth was not the center of the universe," predicts Kary

Mullis, one of the most significant Nobel laureates of the 20th century. "It has been disappointing that so many scientists have absolutely refused to examine the available evidence in a neutral, dispassionate way, regarding whether HIV causes AIDS."¹⁰¹ This breaking of the fundamental principles in scientific research also applies to other new alleged epidemics like hepatitis C, SARS, avian flu, cervical cancer, Ebola, and BSE.

Mullis' words come from his article titled, "The Medical Establishment vs. the Truth." In it, he discusses how the entire virus-busting industry plies its dogmas, declaring them to be eternal truths, without the support of factual evidence. Of course, this helps to secure the gigantic research budgets and profits of pharmaceutical groups and top scientists.

Between 1981 and 2006, US taxpayers alone shelled out \$190 billion for AIDS research focused almost exclusively on the deadly virus hypothesis and the development of treatment drugs.¹⁰² Yet the growing list of medications haven't demonstrably extended the life of a single patient, and a "cure" is nowhere in sight.¹⁰³ The same strategy has been employed with Tamiflu flu medication, which has serious side effects, yet, thanks to skillful public relations work, support of the WHO and the media's avian flu fear mongering, this drug mutated in a short time from shelf warmer to cash cow.¹⁰⁴

While pharmaceutical groups and top researchers cash in and the media drive their circulation ratings sky high with sensationalized headlines, citizens must foot a gigantic bill without getting what is necessary: enlightenment over the true causes and true solutions. "So what are dedicated clinicians to do?" asks John Abramson of Harvard Medical School. "The first step is to give up the illusion that the primary purpose of modern medical research is to improve Americans' health most effectively and efficiently. In our opinion, the primary purpose of commercially-funded clinical research is to maximize financial return on investment, not health."¹⁰⁵

This book's central focus is to steer this discussion back to where, as a scientific debate, it belongs: on the path to prejudice-free analysis of facts. To clarify one more time, the point is not to show that diseases like cervical cancer, SARS, AIDS or hepatitis C do not exist. No serious critic of reigning virus theories has any doubt that people or animals (as with avian flu) are or could become sick (although many are not really sick at all, but are only defined as sick, and then are made sick or killed). Instead, the central question is: What really causes these diseases known as cervical cancer, avian flu, SARS, AIDS and hepatitis C? Is it a virus? Is it a virus in combination with other causes? Or is it not a virus at all, but rather something very different?

We will embark on a detailed examination of the hypotheses of science, politics and the media elite, looking at all of the available evidence. At the same time,

alternative explanations or causes will be described: substances like drugs, medicines, pesticides, heavy metals or insufficient nutrition. All these factors can severely damage or even completely destroy the immune system—and their devastating effects can be encountered in the victims hastily branded with a diagnosis of cervical cancer, avian flu, SARS, AIDS or hepatitis C. Ultimately they are victims of complex, broad socio-economic and political forces and further marginalized and degraded by a profession that pledges to “do no harm.”

Chapter 1 explains what microbes (bacteria, fungi, viruses) actually are, and what role they play in the complete cycle of life and the ways in which the medical establishment and the media have turned these microbes into our worst enemies. In Chapter 2, we'll travel from the middle of the 19th century until modern times, in order to separate myth from reality in microbe theory. Louis Pasteur and Robert Koch rose to become medicine's shining lights, but we cannot leave them out of this analysis since they were certainly not immune from lying and deception. Nor will we shy away from the question of whether polio is a viral disease or if poisons like pesticides have not made at least their contribution to the destruction of the spinal nerves that is so typical of this disease.

With this background knowledge, we dive into the past three decades: into the time of modern virus research. Chapter 3 thus begins with the history of HIV/AIDS, which arrived in the early 1980s, triggering an almost unprecedented mass panic that continues to this day. And now the whole world also seems to accept that Hepatitis C, BSE, SARS, avian flu and cervical cancer are also triggered by a causative agent (pathogen). In Chapters 4 through 8, we will see that these statements do not hold up and that other explanations make more sense.

Chapter 1

Medicine Presents a Distorted Picture of Microbes

“The gods are innocent of man’s suffering. Our diseases and physical pains are the products of excess!”
Pythagoras (570 - 510 B.C.)

“The microbe is nothing, the terrain is everything!”
Louis Pasteur

*“Where there is life, there are germs.”*²
Robinson Verner

*“Diet clearly has a major influence on many diseases and modulates the complex internal community of microorganisms. These microorganisms, weighing up to 1 kg in a normal adult human, may total 100 trillion cells.”*³
Jeremy Nicholson
Professor of Biochemistry

Microbes: Branded as Scapegoats

People are very susceptible to the idea that certain microbes act like predators, stalking our communities for victims and causing the most serious illnesses like SARS (pulmonary infection) or hepatitis C (liver damage). Such an idea is thoroughly simple, perhaps too simple. As psychology and social science have discovered, humans have a propensity for simplistic solutions, particularly in a world that seems to be growing increasingly complicated.⁴ It also allows for a concept of the “enemy at the gates” allowing individuals to shift responsibility for their illnesses to a fungus, a bacteria or a virus. “Man prefers to perish rather than change his habits!” the author Leo Tolstoy once said.

But this scapegoat thinking has often led humanity astray, be it in personal life, in science or in politics. Fishermen and politicians both earnestly assert that seals and dolphins contribute to the depletion of ocean fish stocks. So, each year in Canada,

one hundred thousand seals—often just a few days old—are battered to death,⁵ while every autumn in Japan, thousands of dolphins are hacked apart while still alive.⁶

But in their blind hate for the animals, the slaughterers completely overlook the fact that it is their own species—*Homo sapiens*—is responsible for the state of our oceans and that through massive overexploitation and high-technology catch-methods, we have plundered the world's fish stocks. A German-Canadian study that appeared in *Nature* in 2003, found that industrialized fishing has dramatically reduced the stocks of predators like tuna and swordfishes, marlins, cod, halibut, ray and flounder in the world's oceans since the beginning of commercial fishing in the 1950s—by no less than 90%.⁷

Our modern concept of the lethal microbes similarly avoids the big picture issues. Some can be harmful; nevertheless, it is negligent to ignore the role individual behaviors (nutrition, drug consumption, etc.) play instead of simply pointing a finger at these microorganisms. “Whether the method of treatment affects the animal predators in the wilderness or the bacteria in the gut, it is always risky to tamper with the natural balance of forces in nature,” writes microbiologist and Pulitzer Prize winner René Dubos.⁸

Medical and biological realities, like social ones, are just not that simple. Renowned immunology and biology professor Edward Golub's rule of thumb is that, “if you can fit the solution to a complex problem on a bumper sticker, it is wrong! I tried to condense my book *The Limits of Medicine: How Science Shapes Our Hope for the Cure* to fit onto a bumper sticker and couldn't.”⁹

The complexities of the world—and above all, the living world—might seem too difficult for any one individual to grasp with even approximate comprehension. Informing ourselves on economics, culture, politics and medical science seems incredibly daunting. Man “is not an Aristotelian god that encompasses all existence; he is a creature with a development who can only comprehend a fraction of reality,” writes social psychologist Elisabeth Noelle-Neumann.¹⁰ Supposed experts are no exception. Most doctors themselves, for instance, have hardly more than a lay understanding of the concepts that loom on the horizons of molecular biology, including research into microbes and their role in the onset of diseases.

Correspondingly, if you asked most doctors to define the unmistakable characteristics of retroviruses (HIV, for example, is claimed to be one), they'd most likely shrug their shoulders or throw out a bewildering cryptic response. Another challenge for many doctors would be a description of how the polymerase chain reaction (PCR) functions, even though it developed into a key technology in molecular biology in the 1990s, and is brought up again and again in connection with the alleged discovery of the so-called avian flu virus H5N1 (on PCR, see chapter 3, about the “miracle weapons” of the epidemic inventors).

Ignorance and the desire for oversimplification are root problems in medical science. As early as 1916, the philosopher Ludwig Wittgenstein remarked in his diary: “Humanity has always searched for a science in which *simplex sigillum veri* is,” essentially meaning, “simplicity is a mark of truth.”¹¹ And microbe theory fits exactly into this scheme: one disease, one agent as cause—and ultimately, one miracle pill or vaccine as a solution.¹²

But this oversimplification belies the goings-on in the “invisible” micro-world of cells and molecules. The living world—on both a small and large scale—is just much more complicated than medical science and the media lets on. For this reason, as biochemist Erwin Chargaff points out, “The attempt to find symmetry and simplicity in the world’s living tissue has often led to false conclusions.”¹³ There are even a few people who believe that what is now called ‘molecular biology’ encompasses all life sciences. But that is not the case, except on a superficial level: everything we can see in our world is somehow made up of molecules. But is that all? Can we describe music by saying that all instruments are made of wood, brass, and so on, and that because of that they produce their sounds?”¹⁴

Biology—the science of life—isn’t even capable of defining its own object of research: life. “We do not have a scientific definition of life,” as Erwin Chargaff states. And “indeed, the most precise tests are carried out on dead cells and tissues.”¹⁵ This phenomenon is particularly virulent in bacterial and viral research (and in the whole pharmaceutical development of medicines altogether) where laboratory experiments on tissue samples which are tormented with a variety of often highly reactive chemicals allow few conclusions about reality. And yet, conclusions are constantly drawn—and then passed straight on to the production of medications and vaccines.

Fungi: As in the Forest, So in the Human Body

It’s ultimately impossible to find out exactly everything that microbes get up to on a cellular and molecular level in living people or animals. To do this, you would have to chase every single microbe around with mini-cameras. And even if it were possible, you’d merely have little pieces of a puzzle, not an intricate blueprint of the body in its entirety. By focusing on microbes and accusing them of being the primary and lone triggers of disease, we overlook how various factors are linked together, causing illness, such as environmental toxins, the side effects of medications, psychological issues like depression and anxiety and poor nutrition.

If over a longer period of time, for instance, you eat far too little fresh fruits and vegetables, and instead consume far too much fast food, sweets, coffee, soft drinks,

or alcohol (and along with them, all sorts of toxins such as pesticides or preservatives), and maybe smoke a lot or even take drugs like cocaine or heroin, your health will eventually be ruined. Drug-addicted and malnourished junkies aren't the only members of society who make this point clear to us. It was also tangibly presented in the 2004 film *Super Size Me*, in which American Morgan Spurlock—the film's director and guinea pig rolled into one—consumed only fast food from McDonald's for 30 days. The result: Spurlock gained 12 kg, his liver fat values were equivalent to those of an alcoholic, his cholesterol increased, he became depressed, suffered from severe headaches and erectile dysfunction.

Despite its drastic effects, people still become addicted to this protein and fat-containing and simultaneously nutrient-deficient foodstuff. Certainly that has something to do with the fact that fast-food corporations with an annual advertising budget of over \$1.4 billion, purposefully and successfully target the smallest consumers (while the US government provides an advertising budget of merely \$2 million for their campaign "Fruit and Vegetables—five times a day").¹⁶ As laboratory studies on rats and mice show, the contents of hamburgers and French fries can cause reactions in the body that are similar to that of heroin addiction,¹⁷ which has been proven to have a destructive effect upon the immune system.¹⁸ Significant components in the onset of addiction, according to researchers, are processed ingredients. "A diet containing salt, sugar and fats caused the animals to become addicted to these foodstuffs," says Ann Kelley, a neurologist at the Wisconsin Medical School who observed alterations in brain chemistry in long-term test series that were similar to long-term use of morphine or heroin.

Sugar "is in a position to be a 'gateway' to other drugs, legal or illegal," according to Thomas Kroiss, president of the Austrian Society for holistic medicine. Sugar robs vitamins from the body, which influences mood as well. Although it is popular in Western cultures it doesn't exist at all in nature, and causes an imbalance when regularly consumed.¹⁹

This prompted the journal *New Scientist* to write that fast foods, like cigarettes, should carry a health advisory warning.²⁰ But instead of providing more information and carrying out more research (not least into the influence of animal proteins on health not just those found in burgers)^{21 22 23} on the many dangers of fast foods, McDonald's continues luring children with "Happy Meals" and even promotes the brand by sponsoring large sporting events.

One such event was the Football World Cup 2006 in Germany, which was supposed to be all about sport—and by extension health. To to push its image as a promoter of health, the fast food giant has founded a children's aid program, "McDonald's Kinderhilfe"—for sick children who, according to the fast food giant, "need one thing above all: love and security." Super-celebrities such as athletes Michael Ballack,

Henry Maske, Miroslav Klose and Katarina Witt, as well as supermodel Heidi Klum and the world-famous vocal trio Destiny's Child functioned as brand-pushers.^{24 25}

Corporate groups also receive political support. In late 2005, the EU commission announced that they wanted to loosen TV advertising regulations, making even more and more specifically targeted advertising possible, such as direct product placement during programs.²⁶ If these measures had been carried out, European cultures would undoubtedly have found themselves closer to US standards—and the consumer would be even more heavily bombarded with advertising messages from the food, pharmaceutical and other multi-national industries. Such partisan politics certainly have nothing to do with targeted health precautions, although that kind of public service is so urgently needed.

Preventive health care is generally neglected by the very government-sponsored groups charged with protecting the health of citizens. A good and symbolically appropriate example of this is that these bloated bureaucracies pay little attention to intestinal function and health. Even organizations like the generally esteemed Stiftung Warentest, a German consumer protection organization still earnestly holds to the message that “poor nutrition or a lifestyle that leads to constipation generally has nothing to do with intestinal bacteria; candida fungi, for instance, can be found in every healthy intestine.” And in general, “shifts in the composition of the intestine’s microbes are merely symptoms [that is, consequences] of infections, inflammations or antibiotic treatments, but not their causes. Under normal patterns of life, the intestinal flora regulates itself on its own as soon as the cause of the disturbance has been eliminated,” the researchers say.^{27 28}

Stiftung Warentest cannot, however, furnish concrete studies that prove this. And there is also no reason to assume that their statements are well founded. Beyond the allegedly sole causes (infections, inflammations) of a shift in the intestinal flora, of course there are many factors to consider. A large proportion of the population suffers from intestinal problems like constipation or abnormally high candida fungus, so, it’s absurd to assume that toxins and antibiotics should pass by the intestinal flora’s composition without leaving a trace.

We don’t even know precisely what a “normal intestinal flora” is. We’ve yet to become acquainted with all the microbes in the intestinal ecosystem, and it has also been observed that different people have very different intestinal flora.²⁹ How, then, could we possibly know what “normal” intestinal flora looks like? Or how it constantly regulates itself toward a “normal” level? The individual microbe composition might be very stable, as studies suggest,³⁰ but “stable” but doesn’t automatically mean “normal” or even “healthy.”

It is certain that “artificial sugar, for example, constitutes a terrain for the wrong fungi and bacteria,” says physician Thomas Kroiss.³¹ Additionally, studies document

that a diet with little to no fresh (raw) food is unsuitable for maintaining a properly functioning intestinal flora.³² Individual behavior (nutrition, activity, stress, etc.) also influences intestinal flora, and can also lead to pathogenic candida fungi.

In this context, it would also be interesting to discover what kind of effect an overly acidic diet has on the intestinal flora and on the health of an individual. After all, studies on animals in factory farms show that the acids ingested with food, which are said to speed up growth in pigs or poultry, affect intestinal flora negatively.³³ But, how does it affect the human body?

The human body is like a forest with a buffer system of lungs, kidneys and sweat glands, by way of which superfluous acids can be released. The German Nutrition Society (DGE, Deutsche Gesellschaft für Ernährung) claims that an “excessively basic diet brings no provable advantages to your health. Too much acid in the body is nothing to fear in a healthy individual, since buffer systems keep the acid-base level in blood and tissue constant.”³⁴ Still, the DGE cannot deliver any evidence for its claim, and it is difficult to imagine that a “normal” diet, that only consists of acid-generating foods like meat, fish, eggs, cheese, bread, butter, refined sugar and pills and few to no base-producing foods like fruit and vegetables can leave no trace in the body.

Even if the buffer systems in a so-called healthy person (whatever that means!) keeps the acid-base level in the blood constant, it cannot be ruled out that tissue may be stressed or even damaged. Many experts, such as the American nutritionist Gary Tunskey are of the opinion that “the fight for health is decided by the pH values.”³⁵ It is worth noting that cancer tissue, for instance, is extremely acidic,³⁶ and it would be easy to investigate how various basic or acidic diets affect the course of the cancer—but unfortunately this doesn’t happen.³⁷ The influence that nutrition has on the skeletal system, on the other hand, has been well investigated;^{38 39} even osteoporosis tablet manufacturers expressly indicate that one should try to avoid “phosphate and foods containing oxalic acids, in other words [calcium robbers like] meat, sausages, soft drinks, cocoa or chocolate.”⁴⁰

“The intestinal flora is among the numerous factors that could take part in the onset and triggering of an illness,” states Wolfgang Kruis, intestinal expert and professor of medicine in Cologne.⁴¹ And his colleague, researcher Francisco Guarner, adds that “the intestinal flora is very significant to an individual’s health, something that has been well documented.”⁴² Among other things, it is essential in providing nutrients for the development of epithelial cells.⁴³ And if the intestine is disturbed, this can affect the absorption and processing of important nutrients and vital substances, which in turn can trigger a chain reaction of problems, such as the contamination of body tissue, which then helps certain fungi and bacteria to move in.

An article in the German *Ärzte Zeitung* (*Doctor's Newspaper*) described how a healthy intestinal flora improves overall health by reporting “four out of five patients had normal and pain free bowel movements again.” According to the article, this resounding success could be traced back to a preparation containing *Escherichia coli* or *E. coli* bacteria. In contrast to classic laxatives, bothersome flatulence and intestinal rumbling, abdominal cramps and nausea seldom appeared after the 8-week-long bacterial cure.⁴⁴ Admittedly, there are still very few solid studies to indicate that probiotics (tablets containing live bacterial cultures) and prebiotics (nutrients which are supposed to stimulate certain “good” bacteria already found in the intestines) are of some use to health.⁴⁵

The primary objective should be to study exactly how certain foodstuffs, specific diets, drug consumption, toxins (pesticides, automobile exhaust, etc.), and stress effect the composition of the intestinal flora—and how this in turn influences human health (researchers are practically unanimous in that the intestinal flora influences health, but they continue to puzzle over *how* this happens).⁴⁶ But, evidently, this research work is neglected. Neither the EU⁴⁷ (which financially facilitates studies of intestinal flora),⁴⁸ nor the German Institute of Human Nutrition⁴⁹ (Institut für Ernährungsforschung) in Potsdam were willing to indicate to what extent they are active in this area. Instead the impression is given that here as well, the development of marketable products like “functional food ingredients,” “specifically designed bacterial strains,” or “probiotics and prebiotics” are the primary research targets.⁵⁰

This shows, once again, that the medical industry has little interest in real preventive research.⁵¹ The sale and application of antifungal preparations (just like antibiotics, antiviral medicines, vaccines, probiotics, etc.) makes a lot of money; the advice to eliminate, avoid, or reduce coffee, refined sugar or drugs, on the other hand, does not make any at all.⁵² And who really wants (or is able) to give up beloved habits? Many people would rather hope for a magic potion that makes all the aches and pains go away fast. Regretfully, this has led to the formation of a medical structure which ultimately only supports concepts that pass through the market's needle eye, and lets company profits and experts' salaries swell.⁵³ The various hazards of this paradigm are shut out of the public conversation, and, so, we drift further and further from the possibilities of truly effective preventive health.

We must not ignore the fact that people are experiencing higher rates of fungal infections. It's certainly not because fungi have become more aggressive, since they have hardly changed in the past millions of years. But what has changed is our behavior and with it our physical environment as well. We only have to glance at other areas of nature, where fungi can't tell the difference between a human body and, for example, a forest. Everywhere, balance is at play: Excess substances are continuously generated, and must somehow be diminished again. If this were not

the case, the earth would suffocate in the chaos of these excessively produced substances.⁵⁴ This is where over 100,000 species of fungi come in and form their own kingdom next to animals and plants,⁵⁵ acting like garbage collectors, eating up leaves, dead twigs, branches, tree stumps or pinecones in the forest, and bringing the nutrients back into the life cycle of the plants as re-utilizable humus.

Everything in nature—cells, our bodies, the land—occurs in a balance,⁵⁶ which is why “fungal illnesses in compact, healthy plants do not have a chance,” as stated in a botany textbook. Yet if “a plant is infested by a fungus, then something must be wrong with the plant’s living conditions.”⁵⁷ This would be the case, for instance, if the plant’s soil were overly acidic, something which causes fungi to thrive.

Bacteria: At the Beginning of All Life

For billions of years, nature has functioned as a whole with unsurpassed precision. Microbes, just like humans, are a part of this cosmological and ecological system. If humanity wants to live in harmony with technology and nature, we are bound to understand the supporting evolutionary principles ever better and to apply them properly to our own lives. Whenever we don’t do this, we create many ostensibly insolvable environmental and health problems of our time. These are thoughts which Rudolf Virchow (1821 - 1902), a well-known doctor from Berlin, had when he required in 1875 that “the doctor should never forget to interpret the patient as a whole being.”⁵⁸ The doctor will hardly understand the patient, then, if he or she does not see that person in the context of a larger environment.

Without the appearance of bacteria, human life would be inconceivable, as bacteria were right at the beginning of the development towards human life:⁵⁹

Progenotes (precursors to bacteria; ca. 3.5 billion years ago) →
Prokaryotes →
Anaerobic bacteria (anaerobe) →
Anaerobic photosynthetic bacteria →
Photosynthetic cyano-bacteria →
Oxygen-rich atmosphere →
Aerobic breathing →
Aerobic prokaryotes →
Eukaryotes (1.6 - 2.1 billion years ago) →
Many-celled plants and animals →
Mammals →
Humans

With the term progenotes, bacteriologists denote a “pre-preliminary stage,” a life form from which prokaryotes (cells without nuclei) arise. Bacteria are known not to have cell nuclei, but they do have deoxyribonucleic acid (DNA) and ribonucleic acid (RNA), the carriers of genetic material. Anaerobic bacteria, as the word “anaerobic” indicates, can get by without oxygen. Only after the earth was supplied with oxygen could aerobic bacteria live; bacteria that formed the foundation for the lives of plants, animals, and humans.⁶⁰

Through this it becomes obvious that bacteria could very well exist without humans; humans, however, could not live without bacteria! It also becomes unimaginable that these mini-creatures, whose life-purpose and task for almost infinite time has been to build up life, are supposed to be the great primary or singular causes of disease and death. Yet, the prevailing allopathic medical philosophy has convinced us of this since the late 19th century, when Louis Pasteur and Robert Koch became heroes. Just a few hours after birth, all of a newborn baby’s mucous membrane has already been colonized by bacteria, which perform important protective functions.⁶¹ Without these colonies of billions of germs, the infant, just like the adult, could not survive. And, only an estimated one percent of our bacteria have even been discovered.⁶²

“The majority of cells in the human body are anything but human: foreign bacteria have long had the upper hand,” reported a research team from Imperial College in London under the leadership of Jeremy Nicholson in the journal *Nature Biotechnology* in 2004. In the human digestive tract alone, researchers came upon around 100 trillion microorganisms, which together have a weight of up to one kilogram. “This means that the 1,000-plus known species of symbionts probably contain more than 100 times as many genes as exist in the host,” as Nicholson states. It makes you wonder how much of the human body is “human” and how much is “foreign”?

Nicholson calls us “human super-organisms”—as our own ecosystems are reigned by microorganisms. “It is widely accepted,” writes the Professor of Biochemistry, “that most major disease classes have significant environmental and genetic components and that the incidence of disease in a population or individual is a complex product of the conditional probabilities of certain gene components interacting with a diverse range of environmental triggers.” Above all, nutrition has a significant influence on many diseases, in that it modulates complex communication between the 100 trillion microorganisms in the intestines!⁶³ “The microbes are part of our extended symbiotic genome and as such are in many ways just as important as our genes,” says Nicholson.⁶⁴

How easily this bacterial balance can be decisively influenced can be seen with babies: if they are nursed with mother’s milk, their intestinal flora almost exclusively contains a certain bacterium (*Lactobacillus bifidus*), which is very different from the

bacterium most prevalent when they are fed a diet including cow's milk. "The bacterium *lactobacillus bifidus* lends the breast-fed child a much stronger resistance to intestinal infections, for instance," writes microbiologist Dubos.⁶⁵

This is just one of countless examples of the positive interaction between bacteria and humans. "But unfortunately, the knowledge that microorganisms can also do a lot of good for humans never enjoyed much popularity," Dubos points out. "Humanity has made it a rule to take better care of the dangers that threaten life than to take interest in the biological powers upon which human existence is so decisively dependent. The history of war has always fascinated people more than descriptions of peaceful coexistence. And so it comes that no one has ever created a successful story out of the useful role that bacteria play in stomach and intestines. Alone the production of a large part of the food that lands on our plates is dependent on bacterial activity."⁶⁶

However, haven't antibiotics helped or even saved the lives of many people? Without a doubt. But, we must note that as recently as 12 February 1941, the first patient was treated with an antibiotic, specifically penicillin. So, antibiotics have nothing to do with the increase in life expectancy, which really took hold in the middle of the 19th century (in industrialized countries), almost a century before the development of antibiotics.⁶⁷ And, plenty of substances, including innumerable bacteria essential to life are destroyed through the administration of antibiotics, which directly translated from the Greek, means, "against life."⁶⁸ In the USA alone, millions of antibiotics are now unnecessarily administered.⁶⁹ ⁷⁰ This has profound consequences, as antibiotics are held responsible for nearly a fifth of the more than 100,000 annual deaths that are traced back to side effects of medicines in the United States alone.⁷¹ ⁷²

The over-use of antibiotics is also causing more bacteria to become resistant. Today, 70% of microbes held responsible for lung illnesses no longer respond to medications.⁷³ The increase in resistance prompts the pharmaceutical sector to conduct more intensive research for new antibiotics. But the discovery of such molecules is a long, difficult and costly process (about \$600 million per molecule).⁷⁴ For many years, no important new antibiotic has come onto the market. At the same time, increasingly stronger preparations are being introduced, which only leads to the bacteria becoming even more resistant and excreting even more toxins.

A key question, such as the causes of pulmonary or middle-ear infection, cannot be answered by simply branding the microbes as lethal enemies and wiping them out. And yet people stick to vilifying the microbes because they are caught in their concept of the enemy and their tunnel vision is directed only at germs.

This is a perception that actually began with Louis Pasteur, who as an acclaimed researcher spread the opinion that bacteria lingered everywhere in the air. And so

the idea was born that bacteria (like fungi and viruses) would fatefully descend upon human and animal like swarms of locusts. For about ten years, doctors have speculated that even heart attacks are an infectious disease, triggered by the *Chlamydia pneumoniae* bacterium. Because of this some patients were treated with antibiotics—but recently a study published in the *New England Journal of Medicine* stated quite plainly that there is no benefit from this.⁷⁵

Another issue when considering reports that *E. coli* bacteria have been detected in drinking water, is the false notion that somehow on their forays these germs discovered a stream and then contaminated it. In fact, *E. coli* gets into drinking water through human or animal excrement, which serves as food for the bacteria.

Bacteria do not live isolated in an open atmosphere. Rather, they always exist together with cells and tissue parts.⁷⁶ Just like a fungal culture, a bacterial culture does not simply consist of bacteria or fungi; rather, a terrain always exists as well. And depending on the (toxicity of a) terrain, there are different (toxic) germs. Let's recall a well-known phrase from Claude Bernard (1813 - 1878), one of the best-known representatives of a holistic approach to health: "The microbe is nothing, the terrain is everything."

If we ask bacteriologists which comes first: the terrain or the bacteria, the answer is always that it is the environment (the terrain) that allows the microbes to thrive. The germs, then, do not directly produce the disease. So, it is evident that the crisis produced by the body causes the bacteria to multiply by creating the proper conditions for actually harmless bacteria to mutate into poisonous pus-producing microorganisms.

"Under close observation of disease progression, particularly in infective processes, damage to the organism occurs at the beginning of the disease—and only afterwards the bacterial activity begins," says general practitioner Johann Loibner. "Everyone can observe this in himself. If we put dirt into a fresh wound, other bacteria appear as well. After the penetration of a foreign body, very specific germs appear which, after removal or release, go away on their own and do not continue to populate us. If we damage our respiratory mucous membrane through hypothermia, then those bacteria accordingly appear which, depending on the hypothermia's acuteness and length, and the affected individual's condition, can break down the affected cells and lead to expulsion, catarrh."

This would also explain what the dominant medical thought pattern can't comprehend: why so many different microorganisms are in our bodies (among them such "highly dangerous" ones as the tuberculosis bacillus, the *Streptococcus* or the *Staphylococcus* bacterium) without bringing about any recognizable damage.⁷⁷ They only become harmful when they have enough of the right kind of food. Depending

on the type of bacterium this food could be toxins, metabolic end products, improperly digested food and much more.

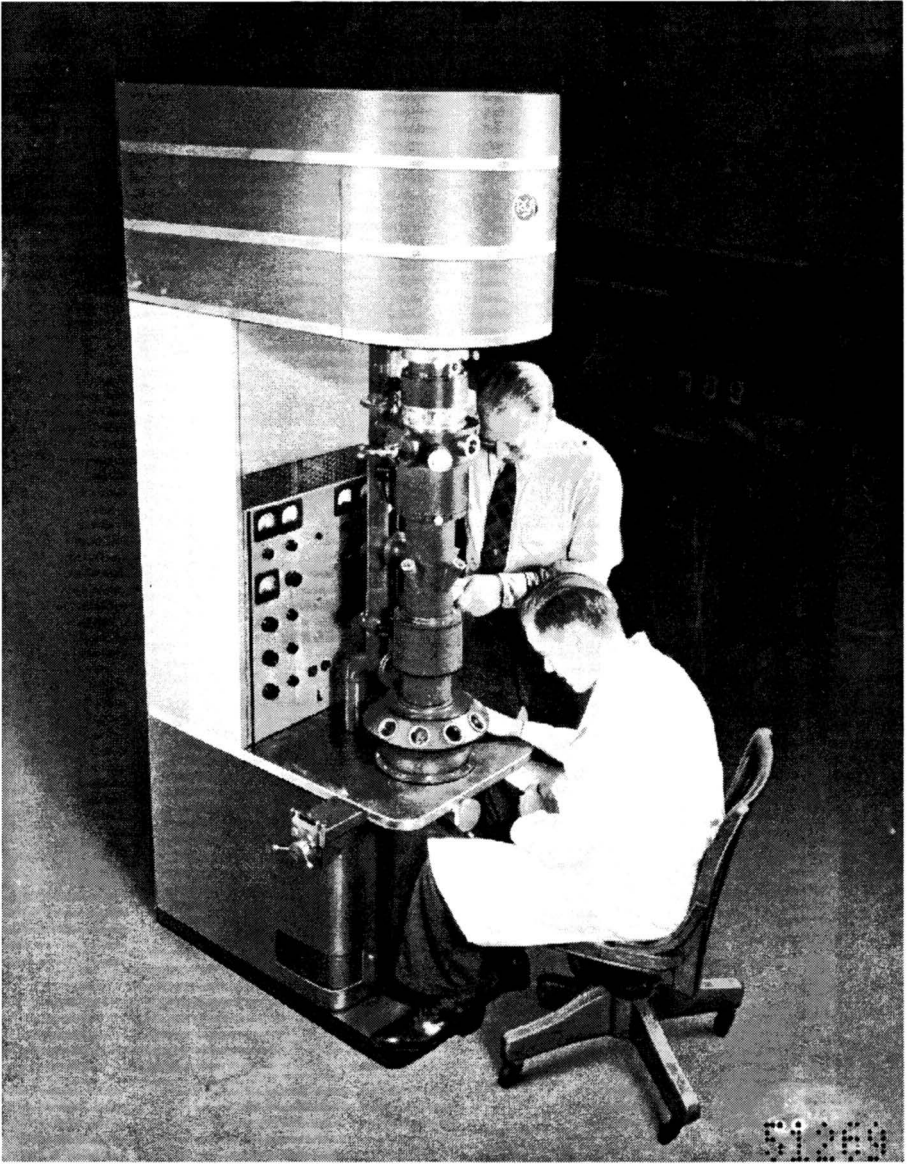
Even surgery makes use of this principle, using little sacks of maggots to clean wounds that are particularly difficult to sanitize. The maggots eat only the dead or “broken” material. They do not touch healthy, living flesh. No surgeon in the world can cleanse such a wound so precisely and safely as these maggots. And when everything is clean, the feast is over; the maggots don’t eat you up, because then they wouldn’t have anything more to eat.⁷⁸

Pasteur finally became aware of all of this, quoting Bernard’s dictum—“the microbe is nothing, the terrain is everything”—on his deathbed.⁷⁹ But Paul Ehrlich (1854 - 1915), known as the father of chemotherapy, adhered to the interpretation that Robert Koch (just like Pasteur in his “best days”) preached: that microbes were the actual causes of disease. For this reason, Ehrlich, whom his competitors called “Dr. Fantasy,”⁸⁰ dreamed of “chemically aiming” at bacteria, and decisively contributed to helping the “magic bullets” doctrine become accepted, by treating very specific illnesses successfully with very specific chemical-pharmaceutical preparations.⁸¹ This doctrine was a gold rush for the rising pharmaceutical industry with their wonder-pill production.⁸² “But the promise of the magic bullet has never been fulfilled,” writes Allan Brandt, a medical historian at Harvard Medical School.⁸³

Viruses: Lethal Mini-Monsters?

This distorted understanding of bacteria and fungi and their functions in abnormal processes shaped attitudes toward viruses. At the end of the 19th century, as microbe theory rose to become the definitive medical teaching, no one could actually detect viruses. Viruses measure only 20 - 450 nanometers (billionths of a meter) across and are thus very much smaller than bacteria or fungi—so tiny, that one can only see them under an electron microscope. And the first electron microscope was not built until 1931. Bacteria and fungi, in contrast, can be observed through a simple light microscope. The first of these was constructed as early as the 17th century by Dutch researcher Antoni van Leeuwenhoek (1632 - 1723).

“Pasteurians” were already using the expression “virus” in the 19th century, but this is ascribed to the Latin term “virus” (which just means poison) to describe organic structures that could not be classified as bacteria.⁸⁴ It was a perfect fit with the concept of the enemy: if no bacteria can be found, then some other single cause must be responsible for the disease. In this case, a quote by Goethe’s Mephistopheles comes to mind: “For just where no ideas are, the proper word is never far.”⁸⁵



The photograph shows Dr. James Hiller (seated) and Vladimir Zworykin (standing) at the first commercially operated electron microscope (EM), owned by the Radio Corporation of America (RCA), in 1940. RCA sold this model to American Cyanamid for \$10,000. The EM, invented in 1931, first made it theoretically possible to see viruses, which are not recognizable with a normal light microscope, as the EM uses fast electrons, which have a much smaller wavelength than visible light, to depict a sample's surface. And since a microscope's resolution is limited by the wavelength, a much higher resolution can be achieved with an EM (currently approximately 0.1 Nanometer = billionth of a meter) than with a light microscope (approximately 0.2 micrometers = millionth of a meter).

The number of inconsistencies that arise from the theory of death-bringing viruses is illustrated by the smallpox epidemic, which even today people like to draw upon to stir up epidemic panic.⁸⁶ But was smallpox really a viral epidemic that was successfully overpowered by vaccines? “Medical historians doubt this,” writes journalist Neil Miller in his book *Vaccines: Are They Really Safe & Effective?* “Not only were there no vaccines for scarlet fever or the Black Plague, and these diseases disappeared all the same.”⁸⁷

For example, in England, prior to the introduction of mandatory vaccinations in 1953, there were two smallpox deaths per 10,000 inhabitants per year. But at the beginning of the 1870s, nearly 20 years after the introduction of mandatory vaccinations, which had led to a 98% vaccination rate,⁸⁸ England suffered 10 smallpox deaths per 10,000 inhabitants annually; five times as many as before. “The smallpox epidemic reached its peak after vaccinations had been introduced,” summarizes William Farr, who was responsible for compiling statistics in London.⁸⁹

From an orthodox view, the picture on the Philippines was no less contradictory: the islands experienced their worst smallpox epidemic at the beginning of the 20th century, even though the vaccination rate was at almost 100%.⁹⁰ And in 1928, a paper was finally published in the *British Medical Journal* that disclosed that the risk of dying from smallpox was five times higher for those who had been vaccinated than for those who had not.⁹¹

In Germany statistics of smallpox mortalities have been collected since 1816. There were around 6,000 smallpox deaths per year until the end of the 1860s. In the years 1870 - 71, the number of victims suddenly jumped 14-fold to nearly 85,000 deaths. What had happened? The Franco-Prussian War was raging, and French prisoners of war were held in German camp under the most miserable conditions with extremely bad nutrition. As a result, the number of smallpox cases in the camps increased exponentially, even though all French and German soldiers had been vaccinated against smallpox. Germans (themselves suffering from the war) were likewise affected by the smallpox, although some of them had also been vaccinated.

When the camps were dissolved directly after the war, the number of smallpox deaths also markedly declined. Three years later, in 1874, there were only 3,345 smallpox deaths in Germany per year. Prevailing medicine says that this reduction was due to the *Reichsimpfgesetz*, a law that among other things stipulated that a child had to be vaccinated “before the end of the calendar year following his year of birth.” But in fact, this law first came into effect in 1875, when the smallpox scare was long past. “Improvements in hygiene, technology, and civilization much had occurred at that time, which led to the reduction in illnesses and deaths,” says physician Gerhard Buchwald.⁹²

Irrespective of this, mainstream viral research and medicine exclusively assumes that viruses are “infectious” pathogenic germs, which actively spread out in the cells in a parasitic way (with the assistance of enzymes and other cellular components) and multiply—ultimately attacking and sometimes killing cells. Or as a well-known German daily newspaper puts it, in the typical sensationalized manner: “Viruses are the earth’s wildest infectious agents: they attack animals and humans to enslave their cells.”⁹³

As thrilling as this may sound, no scientific backing is provided for this statement. To accept this, the existence of these so-called “killer viruses” must first be proven. And this is where the trouble begins. Consequential, scientifically-sound evidence has never been provided, even though it’s as easy as taking a sample of patient blood and isolating one of these viruses, in a purified form with its complete genetic material (genome) and virus shell, directly from it, and then imaging it with an electron microscope. But these critical initial steps have never been done with H5N1 (avian flu),⁹⁴ the so-called hepatitis C virus,⁹⁵ HIV,^{96 97} and numerous other particles that are officially called viruses and depicted as attack-crazy beasts.

At this point, we encourage our readers to verify dominant virus theories independently—as many people have done, among them Nobel laureates, top microbiologists and researchers from other fields, serious journalists and lay people alike. We’ve asked for evidence from important institutions like World Health Organization (WHO), the American Centers for Disease Control (CDC), or its German counterpart, the Robert Koch Institute (RKI) in Berlin. In the summer of 2005, for example, we contacted the RKI and requested the following information:⁹⁸

1. Please name the studies that indisputably show that the SARS, hepatitis C, Ebola, smallpox and polio viruses and the BSE causative agent have been proven to exist (complete purification, isolation and definition of biochemical properties plus electron micrographs).
2. Please name studies that indisputably show that the viruses named above cause disease (and also that other factors like malnutrition, toxins, etc. do not at least co-determine the course of disease).
3. Please name at least two studies that indisputably show that vaccinations are effective and active.

Unfortunately, to date we have not (despite repeated questioning) yet had a single study named to us.

Readers may wonder how it can be continually claimed that this or that virus exists and has potential to trigger diseases through contagion. An important aspect in this context is that some time ago, mainstream virus-science left the road of direct

observation of nature, and decided instead to go with so-called indirect “proof” with procedures such as antibody and PCR tests.

In this book, we will often stray from the well-traveled road, but at this point we must point out that these methods lead to results which have little to no meaning. Antibody tests just prove the existence of antibodies—and not the virus or particle itself to which the antibody tests react. That means: as long as the virus or cell particle (antigen) has not been precisely defined, no one can say what these antibody tests are reacting to; they are thus “unspecific” in medical lingo.⁹⁹

It is no different with PCR (polymerase chain reaction), which is used to track down genetic sequences, little genetic snippets, and then replicate them a million-fold. As with antibody tests, PCR probably has significance because it displays a sort of immune reaction (as it is called in technical terms) in the body; or, to put it more neutrally, some sort of disturbance or activity on a cellular level. But a virus with indeterminate characteristics cannot be proven by PCR any more than it can be determined by a little antibody test.¹⁰⁰ Again, this is because the exact virus determination has not been carried out.

In terms of genetics, these short pieces that are found using the PCR are not complete and do not even satisfy the definition of a gene (of which humans are said to have 20,000 to 25,000).¹⁰¹ In spite of this, it is suggested that “pasted together” they would depict the whole genetic material of a given virus. But nobody has presented a paper that shows an electron micrograph of this so-called reproduced virus.

Even if scientists assume that the particles discovered in the laboratory (antigens and gene snippets) are the viruses mentioned, this is a long way from proving that the viruses are the causes of the diseases in question, particularly when the patients or animals who have been tested are not even sick, which, often enough is the case. Another important question must be raised: even when a supposed virus does kill cells in the test-tube (*in vitro*), or lets embryos in a chicken egg culture die, can we safely conclude that these findings can be carried over to a living organism (*in vivo*)? Many issues contradict this theory, such as that the particles termed viruses stem from cell cultures (*in vitro*) whose particles could be genetically degenerate because they have been bombarded with chemical additives like growth factors or strongly oxidizing substances.¹⁰²

In 1995, the German news magazine *Der Spiegel* delved into this problem (something that is worth noting, when one considers that this news magazine usually runs only orthodox virus coverage), quoting researcher Martin Markowitz from the Aaron Diamond AIDS Research Center in New York: “The scientist [Markovitz] mauls his virus-infected cell cultures with these poisons in all conceivable combinations to test which of them kill the virus off most effectively. ‘Of course, we don’t know how far these cross-checks in a test-tube will bring us,’ says Markowitz.

‘What ultimately counts is the patient.’ His clinical experience has taught him the difference between test-tube and sick bed. He is more aware than most AIDS researchers of how little the behavior of cultured virus stems in incubator cells has to do with those that grow naturally in a network of hormones, antibodies, scavenger and T cells of the immune system of a living person.”¹⁰³ Andreas Meyerhans, from the Institut Pasteur in Paris uses the phrase: “To culture is to disturb,” which basically means that the results obtained *in vitro* only confuse.^{104 105}

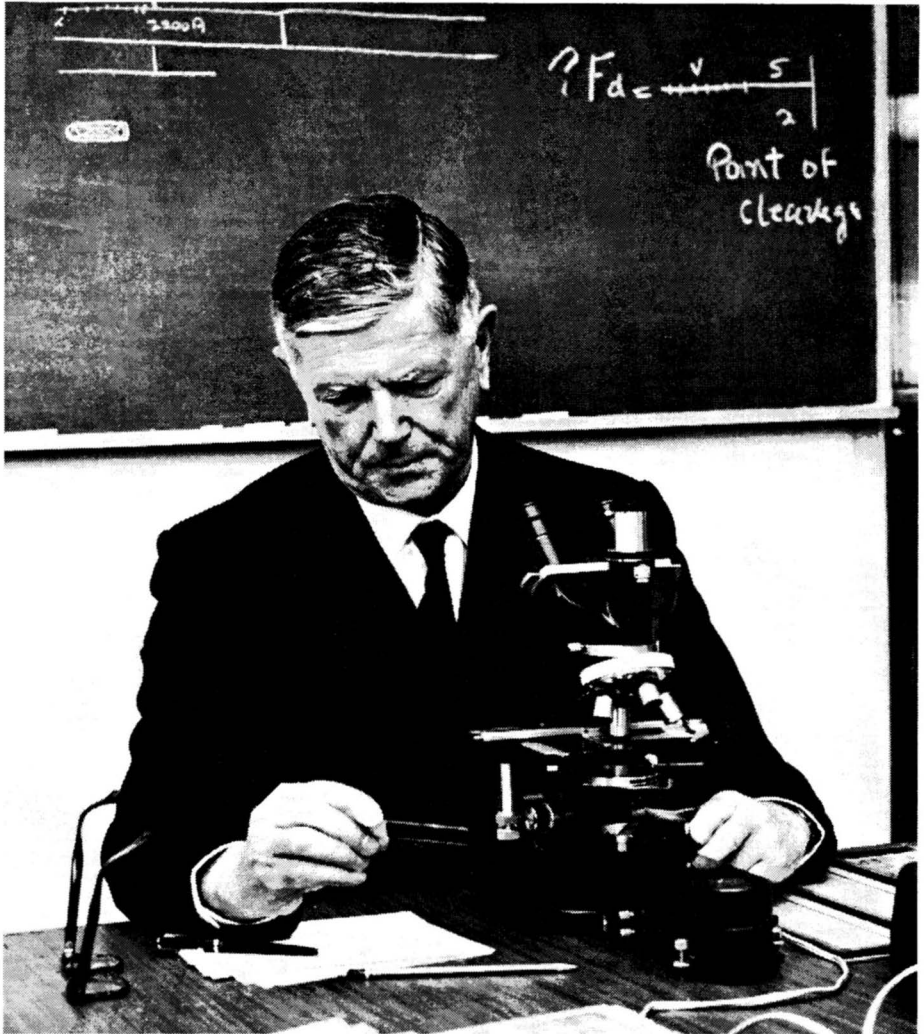
“Unfortunately, the decade is characterized by climbing death rates, caused by lung cancer, heart disease, traffic accidents and the indirect consequences of alcoholism and drug addiction,” wrote Sir Frank Macfarlane Burnet, recipient of the Nobel Prize for Medicine, in his 1971 book *Genes Dreams, and Realities*: “The real challenge of the present day is to find remedies for these diseases of civilization. But nothing that comes out of the labs seems to be significant in this context; laboratory research’s contribution has practically come to an end. For someone who is well on the way to a career as a lab researcher in infectious disease and immunology, these are not comforting words.”

To biomedical scientists and the readers of their papers, Burnet continued, it may be exciting to hold forth on “the detail of a chemical structure from a phage’s [viruses from simple organisms; see below] RNA, or the production of antibody tests, which are typical of today’s biological research. But modern fundamental research in medicine hardly has a direct significance to the prevention of disease or the improvement of medical precautions.”¹⁰⁶

But mainstream medicine avoids this theory like the devil does holy water. Instead, one tries to demonstrate the pathogenicity (ability to cause disease) of these particles through experiments that could hardly be more arcane. For instance, test substrates were injected directly into the brains of lab animals. This was the procedure with BSE and polio, for example; and even the famous Louis Pasteur had applied this method in his rabies experiments, in which he injected diseased brain tissue into the heads of dogs (Pasteur became famous through these experiments, and only years after his death were these studies found to be pure put-on).^{107 108} The industry now says that “direct injections into the brain” are unrealistic, and thus ultimately provide no evidence of pathogenic effects.¹⁰⁹

Why not suppose that a virus, or what we term a virus, is a symptom—i.e. a result—of a disease? Medical teaching is entrenched in Pasteur and Koch’s picture of the enemy, and has neglected to pursue the thought that the body’s cells could produce a virus on its own accord, for instance as a reaction to stress factors. The experts discovered this a long time ago, and speak of “endogenous viruses”—particles that form inside the body by the cells themselves.

In this context, the research work of geneticist Barbara McClintock is a milestone.



Sir Frank Macfarlane Burnet received the Nobel Prize for medicine in 1960; the photograph shows him in his laboratory in the microbiology department of the University of Melbourne (1965).

In her Nobel Prize paper from 1983, she reports that the genetic material of living beings can constantly alter, by being hit by “shocks.” These shocks can be toxins, but also other materials that produced stress in the test-tube.¹¹⁰ This in turn can lead to the formation of new genetic sequences, which were unverifiable (*in vivo* and *in vitro*) before.

Long ago, scientists observed that toxins in the body could produce physiological reactions, yet current medicine sees this only from the perspective of exogenous

viruses. In 1954, the scientist Ralph Scobey reported in the journal *Archives of Pediatrics*, that herpes simplex had developed after the injection of vaccines, the drinking of milk or the ingestion of certain foodstuffs; while herpes zoster (shingles) arose after ingestion or injection of heavy metals like arsenic and bismuth or alcohol.¹¹¹

It is also conceivable that toxic drugs like poppers, recreational drugs commonly used by homosexuals, or immunosuppressive medications like antibiotics and antivirals could trigger what is called oxidative stress. This means that the blood's ability to transport oxygen, so important for the life and survival of cells, is compromised. Simultaneously, nitric oxides are produced, which can severely damage cells. As a result, antibody production is "stirred up," which in turn causes the antibody tests to come out positive. Also, new genetic sequences are generated through this, which are then picked up by the PCR tests^{112 113}—all this, mind you, without a pathogenic virus that attacks from outside.

But prevailing medicine condemns such thoughts as heresy. Just as the orthodoxy fought against McClintock's concept of "jumping genes" for decades, because they did not want to let go of their own model of a completely stable genetic framework. Here, they had not merely ignored McClintock, but even became downright "hostile," according to McClintock.¹¹⁴ "Looking back, it is painful to see how extremely fixated many scientists are on the dominant assumptions, on which they have tacitly agreed," McClintock wrote in 1973, shortly after the medical establishment admitted, finally, that she had been right. "One simply has to wait for the right time for a change in conception."¹¹⁵ However, McClintock had no time to brace herself against the prevailing HIV = AIDS dogma. She did voice criticism that it has never been proven AIDS is triggered by a contagious virus.¹¹⁶ But the Nobel Prize winner died in 1992, shortly after increased numbers of critics of the HIV = AIDS dogma had come into the game.

Whether Nobel laureate or layperson, ask yourself this simple question: how is it actually imaginable that killer viruses stalk the world bumping off one human cell after another? Viruses—as opposed to bacteria and fungi—do not even have their own metabolisms. By definition, viruses have completely given their metabolisms to the cells. They are composed of only one nucleic acid strand (DNA or RNA genes) and one protein capsule, so are missing the decisive attributes of living beings. Strictly speaking, they do not count among "microbes," which comes from the Greek: "micro" = small, "bios" = life. How can viruses, like bacteria, be in a position to become active and aggressive of their own accord? Remember, it is said that viruses may have existed for three billion years.¹¹⁷ And exactly like bacteria and fungi, viruses are also said to be ubiquitous from the deep sea to the polar ice caps. A 2006 study published in the *Proceedings of the National Academy of Sciences*¹¹⁸ found that

there are more than 20,000 species of bacteria in a liter of seawater—the researchers had expected to find only 1,000 to 3,000 species.

“Just as scientists have discovered through ever more powerful telescopes that stars number in the billions, we are learning that the number of marine organisms invisible to the eye exceeds all expectations and their diversity is much greater than we could have imagined,” says lead author Mitchell Sogin, director of the Massachusetts-based Marine Biological Laboratory (MBL) Center for Comparative and Molecular Biology and Evolution. “This study shows we have barely scratched the surface. The number of different kinds of bacteria in the oceans could eclipse five to 10 million.”¹¹⁹ Furthermore, one liter of sea water is said to contain no less than 10 billion viruses of very simple organisms, like single-celled algae, called (bacterio)phages;¹²⁰ umpteen times as many viruses (phages) as bacteria. Both of these discoveries—the long development time and their universal existence—argue clearly that nature, which constantly strives for balance, lives in symbiosis with these viruses.

Luckily, the phages’ omnipresence has flown below the radar of prevailing medical viral research—otherwise there would probably be regulations against bathing in the sea without full-body condoms or epidemic-protection suits, and only under the condition that we first take prophylactic antiviral medications. Or, why not try to disinfect large surfaces of seawater. We are already well on the way to this kind of thinking, since phages are already being presented as super villains that “work using wily tricks.”¹²¹ But there is no real proof here either.

We’d be wise to remember times in which the ruling dogma of viral killers was (freely and openly) sharply attacked and dismissed as pure “belief.”¹²² Indeed, there were many prominent microbiologists who insisted that bacteriophages just aren’t viruses, but rather products “endogenously” produced, i.e. by bacteria.¹²³ Robert Doerr, editor of the *Handbook of Virology*, published by Springer in 1938, even held the idea that not only phages, but also other “viruses” were the product of cells.¹²⁴

Let’s look at one of their arguments: bacteriophages cannot be living entities that become active independently, since phages themselves cannot be destroyed by temperatures as high as 120 degrees.¹²⁵ “And it would probably be of use to recall the history of this decade-long dispute,” says Dutch microbiologist Ton van Helvoort, “for controversies and finding consensus are at the heart of scientific research.”¹²⁶

Chapter 2

The Microbe Hunters Seize Power

*"The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."*¹

Thomas Edison (1847 - 1931)

One of the greatest inventors of history

*"The conclusion is unavoidable: Pasteur deliberately deceived the public, including especially those scientists most familiar with his published work."*²

Gerald Geison

Medical historian

*"[Modern virus detection methods like PCR] tell little or nothing about how a virus multiplies, which animals carry it, [or] how it makes people sick. [It is] like trying to say whether somebody has bad breath by looking at his fingerprint."*³

An appeal from 14 top virologists of the "old guard" to the new biomedical research generation

Science, 6 July 2001

Pasteur and Koch: Two of Many Scientific Cheats

The elevated status Louis Pasteur enjoyed during his lifetime is made clear by a quotation from physician Auguste Lutaud in 1887 (eight years before Pasteur's death): "In France, one can be an anarchist, a communist or a nihilist, but not an anti-Pasteurian."⁴ In truth, however, Pasteur was no paragon with a divinely pure clean slate, but rather a researcher addicted to fame acting on false assumptions and "he misled the world and his fellow scientists about the research behind two of his most famous experiments," as the journal *The Lancet* stated in 2004.⁵

In his downright fanatical hate of microbes, Pasteur actually came from the ludicrous equation that healthy (tissue) equals a sterile (germ-free) environment.⁶ He believed in all earnestness that bacteria could not be found in a healthy body,⁷ and that microbes flying through the air on dust particles were responsible for all

possible diseases.⁸ At 45 years of age, he “was basking in his fame,” as bacteriologist Paul de Kruif writes in his book *Microbe Hunters*, “and trumpeted his hopes out into the world: ‘it must lie within human power to eliminate all diseases caused by parasites [microbes] from the face of the earth.’”⁹

Flaws in Pasteur’s theories were shown long ago in the first half of the 20th century by experiments in which animals were kept completely germ-free. Their birth even took place by Cesarean section; after that, they were locked in microbe-free cages and given sterile food and water—after a few days, all the animals were dead. This made it apparent that “contamination” by exogenous bacteria is absolutely essential to their lives.¹⁰

In the early 1960s, scientists succeeded for the first time in keeping germ-free mice alive for more than a few days, namely for several weeks. Seminal research on these germ-free rodents was performed by Morris Pollard in Notre-Dame, Indiana.¹¹

However, this does not undermine the fact that germs are essential for life. Not only do mice under natural conditions have a life span of three years, which is much longer than the average life span of these germ-free lab animals.¹² The ability to keep germ-free animals such as mice or rats alive for a longer time requires highly artificial lab conditions in which the animals are synthetically fed with vitamin supplements and extra calories, conditions that have nothing to do with nature. These specially designed liquid diets are needed because under normal rearing conditions, animals harbor populations of microorganisms in the digestive tract.¹³

These microorganisms generate various organic constituents as products or by-products of metabolism, including various water-soluble vitamins and amino acids. In the rat and mouse, most of the microbial activity is in the colon, and many of the microbially produced nutrients are not available in germ-free animals. This alters microbial nutrient synthesis and, thereby, influence dietary requirements. Adjustments in nutrient concentrations, the kinds of ingredients, and methods of preparation must be considered when formulating diets for laboratory animals reared in germ-free environments or environments free of specific microbes.^{14 15}

One important target by administering these artificial diets is to avoid the accumulation of metabolic products in the large intestine. However, it has been observed that already after a short time the appendix or cecum of these germ-free reared rodents increased in weight and eventually became abnormally enlarged, filled with mucus which would normally have been broken down by microbes.¹⁶ Furthermore, in germ-free conditions rodents typically die of kidney failure¹⁷—a sign that the kidneys are overworked in their function as an excretion organ if the large intestine has been artificially crippled. In any case, it shows that germ-free mice would not be able to survive and reproduce while staying healthy in realistic conditions, which can never be duplicated by researchers, not even approximately.

Apart from this, it is not clear that these germ-free animals have been truly 100% germ-free. Obviously not all tissues and certainly not every single cell could have been checked for germs. Nobody can know that these animals are absolutely germ-free, especially if one keeps in mind that germs such as the *Chlamydia trachomatis* may “hide” so deeply in the cells that they persist there even after treatment with penicillin.¹⁸

Furthermore, even if the specimens of so-called germ-free animals are maintained under optimum conditions—assumed to be perfectly sterile—their tissues do, nevertheless, decay after a time, forming “spontaneous” bacteria. But how do we explain these “spontaneous” bacteria? They cannot come from nothing, so logic allows only one conclusion: the bacteria must have already been present in the so-called “germ-free” mice (in any case, mice said to be bacteria-free are apparently not virus-free; this was demonstrated in 1964 in the *Journal of Experimental Medicine* by Etienne de Harven who observed, by electron microscopy, typical so-called retroviral particles in the thymus of germ-free Swiss and C3H mice;¹⁹ of course, these viruses may be endogenous retroviruses which sometimes are expressed as particles—but of endogenous origin).

If nature wanted us bacteria-free, nature would have created us bacteria-free. Germ-free animals, which apparently aren’t really germ-free, can only exist under artificial lab conditions, not in nature. The ecosystems of animals living under natural conditions—be it rodents or be it human beings—depend heavily upon the activities of bacteria, and this arrangement must have a purpose.

But back to “Tricky Louis”²⁰ who deliberately lied, even in his vaccination experiments, which provided him a seat on the Mount Olympus of research gods. In 1881, Pasteur asserted that he had successfully vaccinated sheep against anthrax. But not only does nobody know how Pasteur’s open land tests outside the Paris gates really proceeded, but the national hero of *la grande Nation*, as he would later be called, had in fact clandestinely lifted the vaccine mixture from fellow researcher Jean-Joseph Toussaint,²¹ whose career he had earlier ruined through public verbal attacks.²² And what about Pasteur’s purportedly highly successful experiments with a rabies vaccine in 1885? Only much later did the research community learn that they did not satisfy scientific standards at all, and were thus unfit to back up the chorus of praise for his vaccine-mixture. Pasteur’s super-vaccine “might have caused rather than prevented rabies,” writes scientific historian Horace Judson.²³

These experiments weren’t debated for decades largely due to the fastidious secretiveness of the famous Frenchman. During his lifetime, Pasteur permitted absolutely no one—not even his closest co-workers—to inspect his notes. And “Tricky Louis” arranged with his family that the books should also remain closed to all even after his death.²⁴ In the late 20th century, Gerald Geison, medical historian at

Princeton University, was first given the opportunity to go through Pasteur's records meticulously, and he made the fraud public in 1995.²⁵ That it became so controversial shouldn't be particularly surprising, for sound science thrives in a transparent environment so that other researchers can verify the conclusions made.²⁶

Secretiveness has an oppositional goal: shutting out independent monitoring and verification. When external inspection and verification by independent experts are shut out of the process, the floodgates are open to fraud.²⁷ Of course, we observe this lack of transparency everywhere, be it in politics, in organizations like the international Football association FIFA, and also in "scientific communities [that] believe that public funding is their right, but so is freedom from public control," according to Judson.²⁸ With this, mainstream research has actually managed to seal off their scientific buildings from public scrutiny.

This set-up lacks critical checks and balances, so no one is ultimately in the position to scrutinize the work of researchers and make sure research is conducted in an honest way. We are left to simply trust that they go about it truthfully.²⁹ But, a survey taken by scientists and published in a 2005 issue of *Nature* showed that a third of researchers admitted they would not avoid deceptive activities, and would simply brush to the side, any data that did not suit their purposes.³⁰ A crucial aspect of science has been lost; few researchers now trouble themselves to verify data and conclusions presented by fellow researchers.

Such quality checkups are equated with a waste of time and money and for that reason are also not financed. Instead medical researchers are completely occupied obsessed with chasing after the next big high-profit discovery. And many of today's experiments are constructed in such a complicated manner that they cannot be reconstructed and precisely verified at all.³¹ This makes it very easy for researchers to ask themselves, without having to fear any consequences: why shouldn't I cheat?

One would hope that the so-called peer review system largely eliminates fraud. It is still commonly considered a holy pillar of the temple of science, promising adherence to quality standards.³² But the decades-long practice of peer review is rotten to the core.^{33 34} It functions like this: experts ("peers") who remain anonymous examine (review) research proposals and journal articles submitted by their scientific competitors. These so-called experts then decide if the proposals should be approved or the articles printed in scientific publications. There are said to be around 50,000 such peer reviewed publications,³⁵ and all the best known journals such as *Nature*, *Science*, *New England Journal of Medicine*, *British Medical Journal* and *The Lancet*, are peer reviewed.

There is, however, a fundamental problem: peer reviewing, in its current form, is dangerously flawed. If researchers in other fields conducted studies and published

results using this process, what would happen? If their current methods were common in the car industry, for example, BMW's competitors could decide, through an anonymous process, whether or not BMW would be permitted to develop a new car model and bring it to the market. Clearly this would stifle innovation and invite conflicts of interest and fraud.

"Peer review is slow, expensive, a profligate of academic time, highly selective, prone to bias, easily abused, poor at detecting gross defects, and almost useless for detecting fraud," says Richard Smith, former Editor in Chief of the *British Medical Journal*.³⁶ No wonder, then, that all the cases of fraud which scientific historian Judson outlines in his 2004 book *The Great Betrayal: Fraud in Science* were not uncovered by the peer review system, but rather by pure coincidence.³⁷ And next to Pasteur in the pantheon of scientific fraudsters appear such illustrious names as Sigmund Freud and David Baltimore, one of the best-known recipients of the Nobel Prize for medicine³⁸ (we'll discuss Baltimore in more detail later in this chapter).

The other shining light of modern medicine, German doctor Robert Koch (1843 - 1910) was also an enterprising swindler. At the "10th International Medical Congress" in Berlin in 1890, the microbe hunter "with the oversized ego"³⁹ pronounced that he had developed a miracle substance against tuberculosis.⁴⁰ And in the *German Weekly Medical Journal (Deutsche Medizinische Wochenschrift)*, Koch even claimed his tests on guinea pigs had proved that it was possible "to bring the disease completely to a halt without damaging the body in other ways."⁴¹

The reaction of the world-at-large to this alleged miracle drug "Tuberkulin" was at first so overwhelming that in Berlin, Koch's domain, sanatoria shot out of the ground like mushrooms.⁴² Sick people from all over the world turned the German capital into a sort of pilgrimage site.⁴³ But soon enough, Tuberkulin was found to be a catastrophic failure. Long-term cures did not emerge, and instead one hearse after another drove up to the sanatoria. And newspapers such as the New Year's edition of the satirical *Der wahre Jakob (The Real McCoy)* jeered: "Herr Professor Koch! Would you like to reveal a remedy for dizziness bacteria!"⁴⁴

In the style of Pasteur, Koch had also kept the contents of his alleged miracle substance strictly confidential at first. But as death rates soared, a closer inspection of the drug's properties revealed that Tuberkulin was nothing more than a bacillus culture killed off by heat; even with the best of intentions, no one could have assumed that it would have helped tuberculosis patients suffering from severe illness. On the contrary, all individuals—be it the test patients or the ones who were given it later as an alleged cure—experienced dramatic adverse reactions: chills, high fever, or death.⁴⁵

Finally, Koch's critics, including another medical authority of that time, Rudolf Virchow, succeeded in proving that Tuberkulin could not stop tuberculosis. Rather,

it was feared, according to the later scathing criticisms, that it made the disease's progress even worse. Authorities demanded that Koch brings forth evidence for his famous guinea pig tests—but he could not.⁴⁶

Experts such as historian Christoph Gradmann of Heidelberg say that Koch “cleverly staged” Tuberkulin’s launch. Everything seemed to have been planned well in advance. In late October 1890, during the first wave of Tuberkulin euphoria, Koch had taken leave of his hygiene professorship. In confidential letters, he requested his own institute—modeled on the Institut Pasteur in Paris—from the Prussian state in order to be able to research his Tuberkulin extensively.

Professor Koch calculated the expected profit on the basis of a “daily production of 500 portions of Tuberkulin at 4.5 million marks annually.” On the reliability of his prognosis, he dryly observed: “Out of a million people, one can reckon, on average, with 6,000 to 8,000 who suffer from pulmonary tuberculosis. In a country with a population of 30 million, then, there are at least 180,000 phthisics (tubercular people).” Koch’s announcement in the *German Weekly Medical Journal* (*Deutsche Medizinische Wochenschrift*) appeared simultaneously with excessively positive field reports by his confidantes, according to Gradmann, served “for the verification of Tuberkulin just as much as for its propaganda.”⁴⁷

Scurvy, Beriberi and Pellagra: The Microbe Hunters’ Many Defeats

At the end of the 19th century, when Pasteur and Koch became celebrities, the general public had hardly a chance to brace itself against microbe propaganda. Medical authorities, who adhered to the microbes = lethal enemies theory, and the rising pharmaceutical industry already had the reins of power and public opinion firmly in their hands. With this, the course was set for the establishment of clinical studies using laboratory animals, with the goal of developing (alleged) miracle pills against very specific diseases.

The scheme was so effective that even a substance like Tuberkulin, which caused such a fatal disaster, was highly profitable. Koch never even admitted that his Tuberkulin had been a failure. And Hoechst, a dye factory looking for a cheap entry into pharmaceutical research, got into Tuberkulin manufacturing. Koch’s student Arnold Libbertz was to supervise production, with close cooperation from Koch’s institute, and the rising pharmaceutical industry were decisively spurred on.⁴⁸

From this point on, scientists tried to squeeze virtually everything into the model “one disease—one cause (pathogen)—one miracle cure,” something that prompted one failure after another. For example, for a long time, the prevailing medicine

spiritedly asserted that diseases like scurvy (seamen's disease), pellagra (rough skin), or beriberi (miners' and prisoners' disease) were caused by germs. Until the orthodoxy ultimately, with gritted teeth, admitted that vitamin deficiency is the true cause.

With beriberi, for instance, it was decades before the dispute over what caused the degenerative neural disease took its decisive turn when vitamin B1 (thiamine) was isolated in 1911—a vitamin that was absent in refined foods like white rice. Robert R. Williams, one of the discoverers of thiamine, noted that, through the work of Koch and Pasteur, “all young physicians were so imbued with the idea of infection as the cause of disease that it presently came to be accepted as almost axiomatic that disease could have no other cause [than microbes]. The preoccupation of physicians with infection as a cause of disease was doubtless responsible for many digressions from attention to food as the causal factor of beriberi.”⁴⁹

Hippocrates, von Pettenkofer, Bircher-Benner: The Wisdom of the Body

The idea that certain microbes—above all fungi, bacteria and viruses—are our great opponents in battle, causing certain diseases that must be fought with special chemical bombs, has buried itself deep into the collective conscience. But a dig through history reveals that the Western world has only been dominated by the medical dogma of “one disease, one cause, one miracle pill” since the end of the 19th century, with the emergence of the pharmaceutical industry. Prior to that, we had a very different mindset, and even today, there are still traces everywhere of this different consciousness.⁵⁰

“Since the time of the ancient Greeks, people did not ‘catch’ a disease, they slipped into it. To catch something meant that there was something to catch, and until the germ theory of disease became accepted, there was nothing to catch,” writes previously mentioned biology professor Edward Golub in his work, *The Limits of Medicine: How Science Shapes Our Hope for the Cure*.⁵¹ Hippocrates, who is said to have lived around 400 B.C., and Galen (one of the most significant physicians of his day; born in 130 A.D.), represented the view that an individual was, for the most part, in the driver's seat in terms of maintaining health with appropriate behavior and lifestyle choices.

“Most disease [according to ancient philosophy] was due to deviation from a good life,” says Golub. “[And when diseases occur] they could most often be set aright by changes in diet—[which] shows dramatically how 1,500 years after Hippocrates and 950 years after Galen, the concepts of health and disease, and the medicines of Europe, had not changed” far into the 19th century.⁵²

Even into the 1850s, the idea that diseases are contagious found hardly any support in medical and scientific circles. One of the most significant medical authorities of the time was the German Max von Pettenkofer (1818 - 1901), who tried to comprehend things as wholes, and so incorporated various factors into his considerations about the onset of diseases, including individual behavior and social conditions. To von Pettenkofer, the microbe-theoreticians' oversimplified, monocausal hypothesis seemed naive, something that turned him into a proper "anticontagionist."⁵³ In view of the then-emerging division of medicine into many separate specialized disciplines, the scientist, later appointed rector of the University of Munich, jeered: "Bacteriologists are people who don't look further than their steam boilers, incubators and microscopes."⁵⁴

And so it was also von Pettenkofer who at this time directed the discussion on the treatment of cholera, a disease so typical to rising industrial nations in the 19th century. He held the same position that the famous doctor François Magendie (1783 - 1855) had adopted back in 1831, when he reported to the French Academy of Sciences that cholera was not imported, nor contagious, but rather it was caused by excessive dirt as a result of catastrophic living conditions.⁵⁵ Correspondingly, the poorest quarters in centers like London were, as a rule, also the ones most afflicted by cholera.⁵⁶

Von Pettenkofer identified drinking water as the main cause. There were no treatment plants in those days, so water was often so visibly and severely contaminated with industrial chemicals and human excrement that people regularly complained about its stink and discoloration. Studies also showed that households with access to clean water had few to no cholera cases at all.⁵⁷ Although von Pettenkofer certainly didn't deny the presence of microbes in this cesspool, he argued that these organisms could contribute to the disease's course, but only when the biological terrain was primed so they could thrive.⁵⁸

Unfortunately, von Pettenkofer's authority ultimately could not prevent adherents of the microbe theory from taking the matter into their own hands at the end of the 19th century, and they squeezed cholera into their narrow explanatory concept as well. So a microbe (in this case the bacterium *Vibrio cholerae* or its excretions) was branded as the sole culprit—and Pasteurian microbe theory was falsely decorated for having repelled cholera. Golub was left shouting into the void: "Why does Pasteur get the credit for that which the sanitation movement and public health were primarily responsible?"⁵⁹

The 1500-year history of a holistic view of health and disease was much too connected with life and its monstrous complexities to disappear altogether at the spur of the moment. Yet, it virtually disappeared from the collective conscience.

Geneticist Barbara McClintock was of the opinion that the concepts that have

since posed as sound science cannot sufficiently describe the enormous multi-layered complexities of all forms of natural life, and with that, their secrets. Organisms, according to the Nobel Prize winner for medicine, lead their own lives and comply with an order that can only be partially fathomed by science. No model that we conceive of can even rudimentarily do justice to these organisms' incredible capability to find ways and means of securing their own survival.⁶⁰

By the beginning of the 1970s, Nobel laureate for medicine, Sir Frank Macfarlane Burnet had also become very skeptical about "the 'usefulness' of molecular biology, [especially because of] the impossible complexity of living structure and particularly of the informational machinery of the cell. [Certainly, molecular biologists are] rightly proud of their achievements and equally rightly feel that they have won the right to go on with their research. But their money comes from politicians, bankers, foundations, who are not capable of recognizing the nature of a scientist's attitude to science and who still feel, as I felt myself 30 years ago, that medical research is concerned only in preventing or curing human disease. So our scientists say what is expected of them, their grants are renewed and both sides are uneasily aware that it has all been a dishonest piece of play-acting—but then most public functions are."⁶¹

Certainly not all doctors have clamored for roles on the medical industrial stage and some were key players in keeping the holistic health viewpoint alive. Swiss doctor Maximilian Bircher-Benner (1867 - 1939) directed his attention to the advantages of nutrition after treating his own jaundice with a raw foods diet, as well as a patient suffering from severe gastric problems. In 1891, long before the significance of vitamins and dietary fiber to the human body had been recognized, Bircher-Benner took over a small city practice in Zürich, where he developed his nutritional therapy based on a raw foods diet.

By 1897, only a few years later, the practice had grown into a small private clinic, where he also treated in patients. There was strong interest in his vegetarian raw food diet from all over the world, so, Bircher-Benner erected a four-story private sanatorium in 1904 called "Lebendige Kraft" (living force). And so besides a raw foods diet, Bircher-Benner (whose name has been immortalized in Bircher-Muesli) promoted natural healing factors like sun-baths, pure water, exercise and psychological health.⁶² With this, he supported treatments that had become increasingly neglected with the appearance of machines and, particularly, pharmaceuticals: attention to the natural healing powers of the body and the body's cells, which possess their own sort of sensitivity and intelligence.⁶³

Walter Cannon, professor of physiology at Harvard, also made holistic health his central theme, in his 1932 work *The Wisdom of the Body*. Here, he describes the concept of homeostasis, and underlines that occurrences in the body are connected with each other and self-regulating in an extremely complex way.⁶⁴ "Wisdom of the

Body' is an attribute of living organisms," wrote Israeli medical researcher Gershom Zajicek in a 1999 issue of the journal *Medical Hypotheses*. "It directs growing plants toward sunshine, guides amoebas away from noxious agents, and determines the behavior of higher animals. The main task of the wisdom of the body is to maintain health, and improve its quality. The wisdom of the body has its own language and should be considered when examining patients."⁶⁵

The words of biologist Gregory Bateson from 1970 are certainly still valid today: "[Walter] Cannon wrote a book on the Wisdom of the Body; but nobody has written a book on the wisdom of medical science, because that is precisely the thing it lacks."⁶⁶

Clustering: How to Make an Epidemic Out of One Infected Patient

After World War II, diseases such as tuberculosis, measles, diphtheria or pneumonia no longer triggered mass fatalities in industrialized nations such as affluent America. This became a huge problem for institutions like the Centers for Disease Control (CDC), the American epidemic authorities, as redundancy threatened.⁶⁷ In 1949, a majority voted to eliminate the CDC completely.⁶⁸ Instead of bowing out of a potentially very lucrative industry, the CDC went on an arduous search for viruses.⁶⁹ But, how to find an epidemic where there isn't any? You do "clustering."

This involves a quick scan of your environment—hospitals, daycares, local bars, etc.—to locate one, two, or a few individuals with the same or similar symptoms. This is apparently completely sufficient for virus hunters to declare an impending epidemic. It doesn't matter if these individuals have never had contact with each other, or even that they've been ill at intervals of weeks or even months. So, clusters can deliver no key clues or provide actual proof of an existing or imminent microbial epidemic.

Even the fact that a few individuals present the same clinical picture does not necessarily mean that a virus is at work. It can mean all sorts of things including that afflicted individuals had the same unhealthy diet or that they had to fight against the same unhealthy environmental conditions (chemical toxins etc.). Even an assumption that an infectious germ is at work could indicate that certain groups of people are susceptible to a certain ailment, while many other people who are likewise exposed to the microbe remain healthy.⁷⁰

For this reason, epidemics rarely occur in affluent societies, because these societies offer conditions (sufficient nutrition, clean drinking water, etc.) which

allow many people to keep their immune systems so fit that microbes simply do not have a chance to multiply abnormally (although antibiotics are also massively deployed against bacteria; and people who overuse antibiotics and other drugs that affect the immune system are even at greater risk).

Just how ineffective clustering is in finding epidemics becomes evident, moreover, if we look more closely at cases where clustering has been used as a tool to sniff out (allegedly impending) epidemics. This happened with the search for the causes of scurvy, beriberi and pellagra at the beginning of the 20th century. But, as illustrated, it proved groundless to assume that these are infectious diseases with epidemic potential.

The best-known example in recent times is HIV/AIDS. At the beginning of the 1980s, a few doctors tried to construct a purely viral epidemic out of a few patients who had cultivated a drug-taking lifestyle that destroyed the immune system. We'll discuss how virus authorities manufactured this epidemic in Chapter 3. For now, we'll quote CDC officer Bruce Evatt, who admitted that, the CDC went to the public with statements for which there was "almost no evidence. We did not have proof it was a contagious agent."⁷¹

Unfortunately, the world ignored all kinds of statements like this. So talk of the "AIDS virus" has since kept the world in epidemic fear and virus hunters are now the masters of the medical arena. Every cold, every seasonal influenza, hepatitis disease, or whatever other syndrome has become an inexhaustible source for epidemic hunters armed with their clustering methods to declare ever new epidemics that pose threats to the world.

In 1995, allegedly, "the microbe from hell came to England," according to media scientist Michael Tracey, who was then active in Great Britain and collected media headlines like, "Killer Bug Ate My Face," "Flesh Bug Ate My Brother in 18 Hours," and "Flesh Eating Bug Killed My Mother in 20 Minutes." Tracey writes, "*The Star* was particularly subtle in its subsidiary headline, 'it starts with a sore throat but you can die within 24 hours.'" Yet the bacterium, known to the medical world as *Streptococcus A*, was anything but new. "Usually only a few people die from it each year," says Tracey. "In that year in England and Wales just 11 people. The chances of getting infected were infinitesimally small but that didn't bother the media at all. A classic example of bad journalism triggering a panic."⁷²

In the same year, the US CDC sounded the alarm, warning insistently of an imminent Ebola virus pandemic. With the assistance of cluster methods, several fever cases in Kikwit, in the Democratic Republic of Congo, were separated out and declared as an outbreak of the Ebola epidemic. In their addiction to sensation the media reported worldwide that a deadly killer virus was about to leave its jungle lair and descend on Europe and the USA.⁷³

Time magazine showed spectacular pictures of CDC “detectives” in spacesuits impermeable to germs and colorful photographs in which the dangerous pathogen could ostensibly be seen.⁷⁴ The director of the UN AIDS program made the horror tangible by imagining: “It is theoretically possible that an infected person from Kikwit makes it to the capital, Kinshasa, climbs into a plane to New York, gets sick and then poses a risk to the USA.” Within a month, however, Ebola was no longer a problem in Africa, and not one single case was ever reported in Europe or North America.⁷⁵ And a publication in which the ebola virus is characterized (with its genetic material and virus shell) and shown in an electron micrograph is still nowhere to be found.

Polio: Pesticides Such as DDT and Heavy Metals Under Suspicion

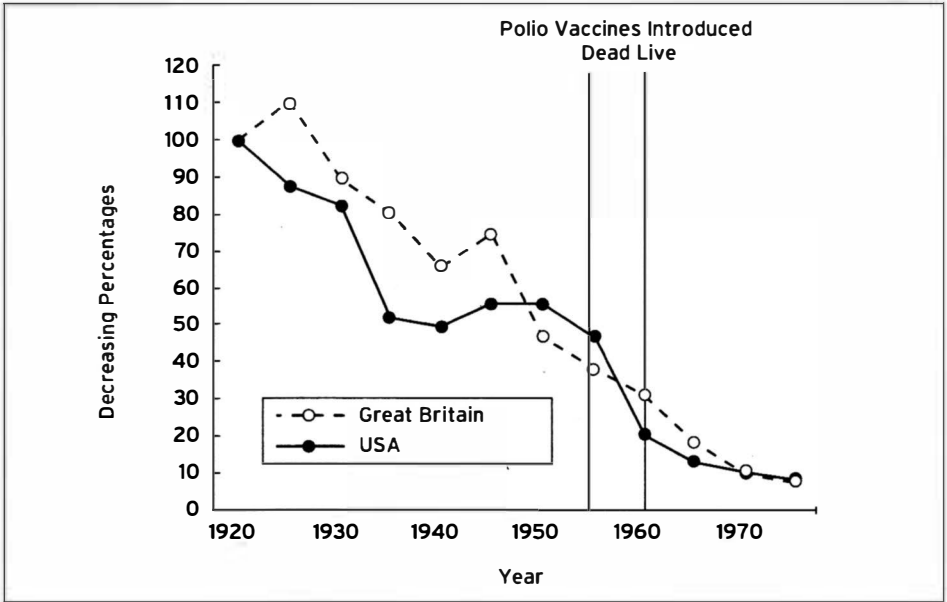
Practically all of the infectious illnesses that infected people in industrialized countries in the decades before World War II (tuberculosis etc.) ceased to cause problems after 1945. For a few years, the major exception was polio (infantile paralysis), which continues to be called an infectious disease. In the 1950s, the number of polio cases in developed countries fell drastically—and epidemic authorities attributed this success to their vaccination campaigns. But a look at the statistics reveals that the number of polio victims had already fallen drastically when vaccination activities started (see diagram 2).

Many pieces of evidence justify the suspicion that the cause of infantile paralysis (polio) is not a virus. Many experts, like American physician Benjamin Sandler, believe a decisive factor is a high consumption of refined foods such as granulated sugar.⁷⁶ Others cite mass vaccinations. Indeed, since the beginning of the 20th century, it has been known that the paralysis so typical of polio have often appeared at the site where an injection has been given.⁷⁷ Additionally, the number of polio cases increased drastically after mass vaccinations against diphtheria and whooping cough in the 1940s, as documented in the *Lancet* and other publications.^{78 79 80}

Polio, like most diseases, may be conditional on various factors. It makes particular sense, however, to take poisoning by industrial and agricultural pollution into consideration, to explain why this nervous disease first appeared in the 19th century, in the course of industrialization. It spread like wildfire in the industrialized West in the first half of the 20th century, while in developing countries, in contrast, there was no outbreak.

In the 19th century, the disease was named *poliomyelitis*, referring to degeneration of spinal column nerves (myelitis is a disease of the spinal cord) typical of polio.⁸¹

Diagram 2 Polio death rates began to decline long before major inoculation campaigns were started



From 1923 to 1953, long before large-scale polio vaccinations began to be carried out in the mid-1950s, mortalities attributed to polio had already decreased substantially: in the USA by 47%; in Great Britain by 55%; in other European countries, the statistics are comparable.

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Orthodox medical literature can offer no evidence that the poliovirus was anything other than benign until the first polio epidemic, which occurred in Sweden in 1887. This was 13 years after the invention of DDT in Germany (in 1874) and 14 years after the invention of the first mechanical crop sprayer, which was used to spray formulations of water, kerosene, soap and arsenic.

“The epidemic also occurred immediately following an unprecedented flurry of pesticide innovations,” says Jim West of New York, who has extensively investigated the subject of polio and pesticides. “This is not to say that DDT was the actual cause of the first polio epidemic, as arsenic was then in widespread use and DDT is said to have been merely an academic exercise. However, DDT or any of several neurotoxic organochlorines already discovered could have caused the first polio epidemic if they had been used experimentally as a pesticide. DDT’s absence from early literature is little assurance that it was not used.”⁸²

Nearly ten years before, in 1878, Alfred Vulpian, a neurologist, had provided experimental evidence for the poisoning thesis when he discovered that dogs

poisoned by lead suffered from the same symptoms as human polio victims. In 1883, the Russian Miezeyeski Popow showed that the same paralysis could be produced with arsenic. These studies should have aroused the scientific community, considering that the arsenic-based pesticide Paris green had been widely used in agriculture to fight “pests” like caterpillars since 1870.⁸³

“But instead of prohibiting the insecticide Paris green, it was replaced by the even more toxic pesticide: lead arsenate, which likewise contained heavy metals, in the state of Massachusetts in 1892,” according to a 2004 article in the British magazine *The Ecologist*.⁸⁴ Indeed, a polio epidemic broke out in Massachusetts two years later. Dr. Charles Caverly, who was responsible for the tests, maintained that a toxin was more likely the culprit than a virus, stating emphatically that, “we are very certainly not dealing with a contagious disease.”

Within a short time, however, lead arsenate became the most important pesticide in the industrialized world’s fruit cultivation. It was not the only toxic substance used in agricultural industries.⁸⁵ In 1907, for example, calcium arsenate was introduced in Massachusetts⁸⁶ and was used in cotton fields and factories. Months later, 69 children who lived downstream from three cotton factories suddenly became sick and suffered from paralysis. Meanwhile, lead arsenate was also being sprayed on the fruit trees in their gardens.⁸⁷ But microbe hunters ignored these legitimate “cluster” factors, and instead continued searching for a “responsible” virus.⁸⁸

A cornerstone for the polio-as-virus theory was laid down in 1908 by scientists Karl Landsteiner and Erwin Popper, both working in Austria.^{89 90} The World Health Organization calls their experiments one of the “milestones in the obliteration of polio.”⁹¹ That year, another polio epidemic occurred and once again there was clear evidence that toxic pesticides were at play. But, astoundingly, instead of following up this evidence, medical authorities viewed the pesticides as weapons in the battle against the arch enemy microbes. They even neglected to give the children suffering from lameness treatments to alleviate the pesticide poisoning and, thus establish whether their health could be improved this way.⁹² (In 1951, Irwin Eskwith did exactly that and succeeded in curing a child suffering cranial nerve damage—bulbar paralysis, a particularly severe form of polio⁹³—with dimercaprol, a detoxification substance that binds heavy metals like arsenic and lead).^{94 95 96}

Landsteiner and Popper instead chose to take a diseased piece of spinal marrow from a lame nine-year-old boy, chopped it up, dissolved it in water and injected one or two whole cups of it intraperitoneally (into the abdominal cavities) of two test monkeys: one died and the other became permanently paralyzed.^{97 98} Their studies were plagued by a mind-boggling range of basic problems. First, the “glop” they poured into the animals was not even infectious, since the paralysis didn’t appear in

the monkeys and guinea pigs given the alleged “virus soup” to drink, or in those that had it injected into their extremities.⁹⁹ Shortly after, researchers Simon Flexner and Paul Lewis experimented with a comparable mixture, injecting this into monkeys’ brains.¹⁰⁰ Next, they brewed a new soup from the brains of these monkeys and put the mix into another monkey’s head. This monkey did indeed become ill. In 1911, Flexner even boasted in a press release, that they had already found out how polio could be prevented, adding, of course, that they were close to developing a cure.¹⁰¹

But this experiment shows no proof of a viral infection. The glop used cannot be termed an isolated virus, even with all the will in the world. Nobody could have seen any virus, as the electron microscope wasn’t invented until 1931. Also, Flexner and Lewis did not disclose the ingredients of their “injection soup.” By 1948, it was still unknown “how the polio virus invades humans,” as expert John Paul of Yale University stated at an international poliomyelitis congress in New York City.¹⁰²

Apart from that, it is very probable that the injection of foreign tissues in the monkeys’ craniums triggered their polio-like symptoms (see Chapter 5: BSE). And when one considers the amount of injected material, it can hardly be surprising that the animals became ill. Controlled trials weren’t even carried out—that is, they neglected to inject a control group of monkeys with healthy spinal cord tissue. Neither were the effects of chemical toxins like heavy metals injected directly into the brain.^{103 104} All of these factors make the experiments virtually worthless.

Although many scientific factors spoke against the possibility that polio was an infectious viral disease,¹⁰⁵ these studies would become the starting point of a decade-long fight, which concentrated exclusively on an imaginary polio virus.¹⁰⁶ Anything and everything, like brain parts, feces, and even flies were chased into the monkeys’ brains in an attempt to establish a viral connection. Later these monkeys were even captured *en masse* in the Indian wilderness and transported overseas to the experimental laboratories—with the single aim of producing paralysis. And where virus hunters were working, vaccine manufacturers were not far away.

By the end of the 1930s, vaccine researchers had allegedly discovered a whole range of virus isolates. But these could not have been real isolates. And another problem cropped up along the way: the monkeys didn’t get sick when they were orally administered the “glop.” These researchers could only produce paralysis by injecting into the brain large amounts of substrates of unknown contents.¹⁰⁷ In 1941, the polio virus hunters had to accept a bitter setback, when experts reported in the scientific journal *Archives of Pediatrics* that, “Human poliomyelitis has not been shown conclusively to be a contagious disease.” Neither has the experimental animal disease, produced by the so-called poliomyelitis virus, been shown to be communicable. In 1921, Rosenau stated that “monkeys have so far never been known to contract the disease ‘spontaneously’ even though they are kept in intimate



© Burnet, F. M. collection, University of Melbourne Archives 89/34

The Australian polio researcher Frank Macfarlane Burnet (ca. 1930) with a test ape. The injection wound is visible on its head.

association with infected monkeys.”¹⁰⁸ This means that if this was not an infectious disease, no virus could be responsible for it, so the search for a vaccine was a redundant venture.

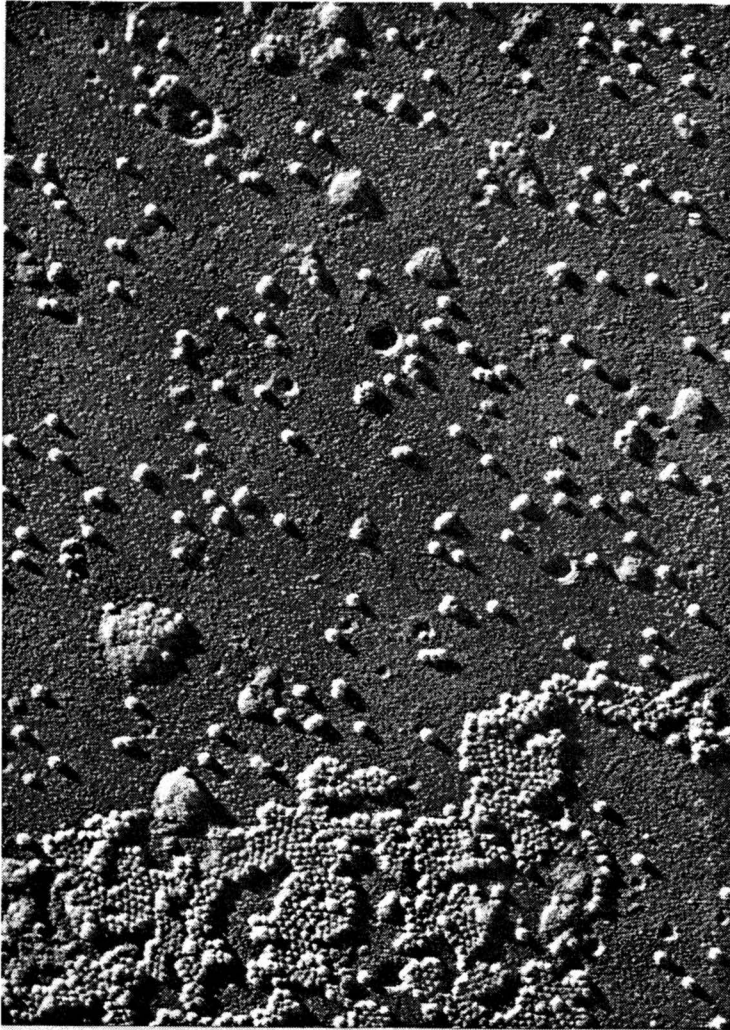
But virus hunters didn’t even consider factors that lay outside of their virus obsession. So it happened that, in the middle of the 20th century, researcher Jonas Salk believed he had conclusively found the polio virus.¹⁰⁹ Even though he could not prove that what he called the polio virus actually triggered polio in humans, he still somehow believed he could produce a vaccine from it.¹¹⁰

Salk alone is said to have sacrificed 17,000 test monkeys (termed “the heroes” by one of Salk’s co-workers) on the altar of vaccine research during the most heated phase of his research;¹¹¹ in total, the number of slaughtered monkeys reached into the hundreds-of-thousands.¹¹² But critics objected that what Salk termed the polio virus was simply an “artificial product of the laboratory.”¹¹³ Consequently, to this day, it is a huge challenge to find what is termed the polio virus where the patient’s nerve cells are damaged, that is to say, in spinal cord tissue.¹¹⁴

In 1954, Bernice Eddy, who was then responsible from the US government’s vaccine safety tests, also reported that the Salk vaccine had caused severe paralysis in test monkeys. Eddy was not sure what had triggered the paralysis symptoms: a virus, some other cellular debris, a chemical toxin? But it contained something that could kill. She photographed the monkeys and submitted them to her boss—but he turned her down and criticized her for creating panic. Instead, of course, he should have taken her misgivings into account and started extensive inquiries. But Eddy was stopped by the microbe establishment and even had to give up her polio research shortly before her warnings had proven themselves justified.¹¹⁵

On 12 April 1955, Salk’s vaccine was celebrated nationwide as a substance that completely protected against polio outbreaks. US President Dwight Eisenhower awarded Salk a Congressional Gold Medal. American and Canadian television joined in the celebration. And on 16 April, the *Manchester Guardian* joined the party, stating that “nothing short of the overthrow of the Communist regime in the Soviet Union could bring such rejoicing to the hearths and homes in America as the historic announcement last Tuesday that the 166-year war against paralytic poliomyelitis is almost certainly at an end.”¹¹⁷

But the triumph was short-lived. Medical historian Beddow Bayly wrote that “Only thirteen days after the vaccine had been acclaimed by the whole of the American Press and Radio as one of the greatest medical discoveries of the century, and two days after the English Minister of Health had announced he would go right ahead with the manufacture of the vaccine, came the first news of disaster. Children inoculated with one brand of vaccine had developed poliomyelitis. In the following days more and more cases were reported, some of them after inoculation with other



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This photograph from 1953 is said to be the first electron microscopic depiction of a polio virus. But the photograph shows nothing but white dots. In order to call these dots polio viruses with any certainty, the particles would have had to be purified, isolated, imaged with an electron microscope and precisely biochemically characterized. But no scientist has ever undertaken this, not even the so-called pioneers of polio research at the beginning of the 20th century, such as Karl Landsteiner, Erwin Popper, Simon Flexner and Paul Lewis; nor, decades later, Renato Dulbecco, Gilbert Dalldorf and Grace Sickles; nor Nobel laureates John Enders, Thomas Weller and Frederick Robbins. The researchers did spiritedly claim that they had “isolated” a virus; but in truth, they had done nothing more than take a sample of spinal tissue or even feces from a person or animal affected by polio, and inject this mix (which could have been laced with all sorts of things) into the brains of test animals. If the animals ultimately became ill, the researchers just assumed that a virus was responsible. But whatever ultimately made the animals ill; there was no proof that it was due to a virus, because the basic requirement of virus isolation (as described above) simply has not been fulfilled.¹¹⁶

brands of the vaccine.” According to Bayly, “Then came another, and wholly unlooked-for complication. The Denver Medical Officer, Dr. Florio announced the development of what he called ‘satellite’ polio, that is, cases of the disease in the parents or other close contacts of children who had been inoculated and after a few days illness in hospital, had returned home [and] communicated the disease to others, although not suffering from it themselves.”¹¹⁸

Within only two weeks, the number of polio cases among vaccinated children had climbed to nearly 200.¹¹⁹ On 6 May 1955, the *News Chronicle* quoted the US government’s highest authority on viruses, Carl Eklund, who said that in the country, only vaccinated children had been afflicted by polio. And only, in fact, in areas where no polio cases had been reported for a good three-quarters of a year. At the same time, in nine out of ten cases, the paralysis appeared in the injected arm.¹²⁰

This triggered panic in the White House. On 8 May, the American government completely halted production of the vaccine.¹²¹ A short time later, a further 2,000 polio cases were reported in Boston, where thousands had been vaccinated. In “inoculated” New York, the number of cases doubled, in Rhode Island and Wisconsin, they jumped by 500%. And here as well, the lameness appeared in the inoculated arm in many children.¹²²

Apart from that, an objective look at statistics would have shown that there was no reason to celebrate Salk’s vaccine as the great conqueror of an alleged polio virus. “According to international mortality statistics, from 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47% and 55% respectively,” writes scientific journalist Neil Miller (see diagram 2).¹²³

In the Philippines, only a few years before the US catastrophe, the first polio epidemic in the tropics occurred spontaneously, in fact, with the introduction of the insecticide DDT there.¹²⁴ Around the end of World War II, US troops in the Philippines had sprayed masses of DDT daily to wipe out flies. Just two years later, the well-known *Journal of the American Medical Association* reported that lameness among soldiers stationed in the Philippines could not be differentiated from polio, and it had advanced to become the second most common cause of death. Only combat exercises were said to have claimed more victims. Meantime, populations in neighboring areas, where the poison had not been sprayed, experienced no problems with paralysis.^{125 126} This is further evidence that DDT poisoning can cause the same clinical symptoms as polio (which is claimed to be conditional upon a virus).

Young people in industrialized countries are hardly acquainted with DDT anymore. It stands for dichlorodiphenyltrichloroethane, and is a highly toxic substance first synthesized at the end of the 19th century, in 1874, by Austrian chemist Othmar Zeidler. Paul Hermann Müller of Switzerland discovered its insect

PUBLIC HEALTH ASPECTS OF THE NEW INSECTICIDES

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IN 1945, against the advice of investigators who had studied the pharmacology of the compound (70) and found it dangerous for all forms of life, DDT (chlorophenothane, dichlorodiphenyl-trichloroethane) was released in the United States and other countries for general use by the public as an insecticide. Contrary to popular opinion, DDT was not the first of the chlorinated cyclic hydrocarbons to be studied for its pesticidal properties, nor indeed is it the most potent compound of the group. In 1934, four years before DDT was introduced for this purpose in Switzerland, an American entomologist (17-19) reported on the insecticidal properties of the chlorinated naphthalenes, compounds shown shortly thereafter to be extremely toxic for man (53, 45).

Soon after the introduction of DDT for widespread use as a household, public health and agricultural insecticide, it became evident that virtually all forms of insects were propagating strains completely resistant to this compound. This led to a frantic search for more and more potent insecticides (which also turned out to be more and more toxic for animals and man). One after another new compounds were introduced, the total list being very long indeed. In addition to numerous variants of DDT itself, in widespread use appeared chlordane, toxaphene (chlorinated camphene), benzene hexachloride (hexachlorocyclohexane) and its gamma isomer, lindane (gammexane), heptachlor, and finally, going full circle, the incredibly deadly aldrin and dieldrin, both chlorinated naphthalenes (31, 33-37, 46, 52). In addition, the organic phosphorus compounds, closely related to the "nerve gases" of chemical warfare and lethal for man in minute doses, have also been widely used in agriculture—parathion, tetraethylpyrophosphate (TEPP), hexaethyltetraphosphate (HETP), malathion and others (22, 32).

In 1950, a year in which more than 200 million pounds of insecticides were used in agriculture alone in this country, investigators of the Federal Food and Drug Administration announced:

"The finding of hepatic cell alteration at dietary levels as low as 5 p. p. m. of DDT, and the considerable storage of the chemical at levels that might well occur in some human diets, makes it extremely likely that the potential hazard of DDT has been underestimated." (68)

In 1951, the United States Public Health Service (49) pointed out:

"DDT is a delayed-action poison. Due to the fact that it accumulates in the body tissues, especially in females, the repeated inhalation or ingestion of DDT constitutes a distinct health hazard. The deleterious effects are manifested principally in the liver, spleen, kidneys and spinal cord.

"DDT is excreted in the milk of cows and of nursing mothers after exposure to DDT sprays and after consuming food contaminated with this

poison. Children and infants especially are much more susceptible to poisoning than adults."

And the next year the U.S. Department of Agriculture (108) indicated that the chlorinated naphthalenes had been implicated as a cause of "X disease" (hyperkeratosis) in cattle, a usually fatal malady that has destroyed many thousands of animals in the United States in recent years (10,000 were reported from Texas alone in March 1953) (119). This represents not only a multimillion dollar loss to cattle-raisers but as will soon be evident, a serious hazard to the public that consumes meat, milk and animal fats. Just when chlorinated naphthalenes were first used in agriculture is not indicated in published reports (48), but it appears that they have been thus employed for some years and that they have been added to or have occurred as contaminants of other products used as insecticides. In addition they have been used for some time in lubricants (greases, cutting oils and crankcase oils)*—for what purpose is not made clear, and they have appeared in certain wood preservatives.

A number of remarkable features of the observations thus far reported on "X disease" deserve comment. The active agent has been found in wheat (59, 77, 87) (but the investigators say nothing about bread), and it is excreted in the milk. Calves fed on this milk develop the disease (nothing is said about babies** who drink such milk nor about those who eat the meat from these animals.) Cattle placed in a field in Indiana that had harbored others that previously had died of hyperkeratosis (1946 to 1949), developed the disease while cattle in an adjacent field were quite unaffected (114). All the investigators are extremely reticent about obvious and highly pertinent questions: Where did the wheat come from that contained the noxious agent? Was it sprayed or dusted in the field or exposed in storage to an insecticide, and if so, what? Were the cattle who originally developed hyperkeratosis on the farm in Indiana sprayed with insecticide, and if so, with what? Was the pasture likewise treated? The glaring omission of these data is not reassuring.

It is obvious from published material that the chlorinated naphthalenes are not the only chemical agents that can cause the disease. One such compound has tentatively been identified as trichlorobenzene (48). In view of the fact that in early studies on DDT in animals hyperkeratosis was observed (85), it seems very likely that this agent too is involved (9). And among the solvents used for DDT and related sub-

*The use of chlorinated naphthalenes in crankcase oils and other lubricants poses other public health problems: inhalation of these substances from motor exhaust on streets and highways and dermal absorption on the part of garage, service station and industrial workers.

**We have been accustomed for some time to a steadily declining infant mortality. But the over-all infant death rate increased in Metropolitan New York City in 1952 by 3 per cent. For economically less-favored groups the rise was 5 per cent. (Editorial: The City's Health in 1952, N.Y. Times, Jan. 14, 1953.)

The first two pages of American Morton Biskind's 10-page study, "Public Health Aspects Of The New Insecticides," printed in November 1953 in the *American Journal of Digestive Diseases*. The study's message is unambiguous: highly toxic substances like DDT produce the paralysis symptoms so typical of polio.

stances are mixtures containing methylated naphthalenes. Since methyl groups may often be substituted for chlorine atoms in this variety of compounds, without loss of toxicity (16), these mixtures are at least suspect.

One insecticide solvent was indicated by W. C. Hueper (61) of the National Cancer Institute to have been found by other workers to be carcinogenic. One can only wonder why details of these findings have not been made available to the medical profession.

Since the last war there have been a number of curious changes in the incidence of certain ailments and the development of new syndromes never before observed. *A most significant feature of this situation is that both man and all his domestic animals have simultaneously been affected.*

In man, the incidence of poliomyelitis has risen sharply; there has been a striking increase in cardiovascular diseases, in cancer, in atypical pneumonias and especially interstitial pneumonitis in babies and children (58), in retrolental fibroplasia among premature infants, in conditions involving excessive fatigability and muscular weakness, in hepatitis and in obscure gastrointestinal and neuropsychiatric disorders often attributed to a new "virus" (or "virus X").

In animals, cattle have developed hyperkeratosis (or "X disease"), and the incidence of hoof and mouth disease has risen; hogs have vesicular exanthemata; sheep have "blue tongue," "scrapie" and "overeating disease"; chickens have Newcastle disease and other ailments; dogs have developed the so-called "hard pad" disease and the highly fatal "hepatitis X," and so on (43). With the obvious exception of hoof and mouth disease, not one of these conditions is mentioned in the comprehensive U. S. Department of Agriculture Handbook, "Keeping Livestock Healthy," published in 1942. This coincidence alone should have been sufficient to rouse a suspicion that something new that is common both to man and his domestic animals, has been operating in their environment during the period these changes have occurred. This new factor is not far to seek.

When in 1945 DDT was released for use by the general public in the United States and other countries, an impressive background of toxicologic investigations had already **shown beyond doubt that this compound was dangerous for all animal life from insects to mammals.** In rats, mice, rabbits, guinea pigs, cats, dogs, chicks, goats, sheep, cattle, horses and monkeys, DDT produces functional disturbances and degenerative changes in the skin, liver, gall bladder, lungs, kidney, spleen, thyroid, adrenals, ovaries, testicles, heart muscle, blood vessels, voluntary muscles, the brain and spinal cord and peripheral nerves, gastrointestinal tract and blood. The compound is equally dangerous to birds, fish, crustaceans, lizards, frogs, toads and snakes.***

***H. R. Mills (Death in the Florida Marshes, Audubon Magazine, Sept-Oct., 1952) has reported incredible devastation to wildlife in the sanctuary of the National Audubon Society in Tampa Bay, Florida, following aerial spraying with DDT for the control of mosquitoes. With each successive spraying the destruction of wildlife increased severalfold until the herons were literally covered with dead fish and crabs. The concentration of DDT in the tissues of crabs analyzed after spraying in 1950 averaged 2.18 p. p. m. The

Many of the beneficial predator insects like dragonflies, ladybugs and praying mantids may be even more susceptible to DDT than crop eating and other nuisance insects it is desired to kill. It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk (106, 118). With this foreknowledge the series of catastrophic events that followed the most intensive **campaign of mass poisoning in known human history**, should not have surprised the experts. Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign (21).—And a firm principle of toxicology has, it seems, become firmly entrenched in the literature: no matter how lethal a poison may be for all other forms of animal life, if it doesn't kill human beings *instantly* it is safe. When nevertheless it unmistakably does kill a human, this was the victim's own fault—either he was "allergic" to it (the uncompensable sin!) or he didn't use it properly.

It is possible to consider in this article only a very small fraction of the total evidence as it has already filled many volumes and will undoubtedly fill many more.

It is not generally realized how vast are the quantities of the new poisons spread over the countryside in agriculture, used as sprays and aerosol fogs in mosquito control operations and applied in homes and gardens, in hospitals and other institutions, in food processing plants and retail establishments. In agriculture alone 232 million pounds were used in the United States in 1951 and 252 million pounds in 1952 (109); additional millions of pounds were of course used for the other applications. Herbicides of the chlorinated cyclic hydrocarbon group (e.g. 2, 4-D, 2, 4, 5-T) provide a further source of exposure. (In 1952, sale of pesticides in the United States amounted to 400 million dollars.)

Early in 1949, as a result of studies during the previous year, the author (9-11) published reports implicating DDT preparations in the syndrome widely attributed to a "virus - X" in man, in "X-disease" in cattle and in often fatal syndromes in dogs and cats. The relationship was promptly denied by government officials (12), who provided no evidence to contest the author's observations but relied solely on the prestige of government authority and sheer numbers of experts to bolster their position.

We had shown that exposure to DDT whether by inhalation, ingestion or absorption from the skin, leads to a bizarre syndrome which resembles other ailments in individual details but which had never been known to occur in its entirety prior to the introduction of the chlorinated cyclic hydrocarbon insecticides. This syndrome occurred repeatedly in hundreds of instances

next year after more sprayings the concentration of DDT in the crabs was 40 p. p. m. and the destruction of wildlife was proportionately faster and more extensive. Yet all this devastation was for naught, for, reports Mills, "None of the sprayings had any effect in mitigating the mosquito situation. Instead the mosquitoes increased until now they are more numerous than they were before the advent of DDT."

AMER. JOUR. DIG. DIS.

THE POISON CAUSE OF POLIOMYELITIS AND OBSTRUCTIONS TO ITS INVESTIGATION*

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The disease that we now know as poliomyelitis was not designated as such until about the middle of the 19th Century. Prior to that, it was designated by many different names at various times and in different localities.^{1, 2} The simple designations, paralysis, palsy and apoplexy, were some of the earliest names applied to what is now called poliomyelitis.

Paralysis, resulting from poisoning, has probably been known since the time of Hippocrates (460-437 B.C.). Boerhaave,³ Germany, (1765) stated: "We frequently find persons rendered paralytic by exposing themselves imprudently to quicksilver, dispersed into vapors by the fire, as gilders, chemists, miners, etc., and perhaps there are other poisons, which may produce the same disease, even externally applied." In 1824, Cooke,⁴ England, stated: "Among the exciting causes of the partial palsies we may reckon the poison of certain mineral substances, particularly of quick silver, arsenic, and lead. The fumes of these metals or the receptance of them in solution into the stomach, have often caused paralysis."

Colton⁵ (1850) mentions the case of a patient who swallowed some arsenic accidentally and was admitted to the hospital. The primary effects of the poison had been successfully combatted with proper remedies, but seven days afterward he became paralyzed. It is significant to note that there was a latent period of several days before the paralysis appeared since this delayed reaction is comparable to the incubation period in infectious diseases.

Vulpian⁶ (1879) experimentally produced paralysis of the extensor muscles of a dog by lead poisoning. The lesions, consisting in colloid degeneration and cell atrophy of the anterior horn cells of the spinal cord were pronounced by Vulpian as poliomyelitis. Adamkiewitz⁷ (1879) reported two parallel cases, one of poliomyelitis and one of lead poisoning.

In 1881, Popow⁸ of St. Petersburg, published an essay upon the pathological anatomy of arsenical paralysis as produced artificially in animals. The work of Popow was carried out under the guid-

*Statement prepared for the Select Committee to Investigate the Use of Chemicals in Food Products, United States House of Representatives, Washington, D. C.

The first two pages of Ralph Scobee's 21-page study, "The Poison Cause of Poliomyelitis and Obstructions to its Investigation," published in April 1952 in the journal *Archives of Pediatrics*. This study's message is clear: research is much too biased towards the virus hunters; at the same time, it is shown that toxins like pesticides such as DDT produce the paralysis symptoms so typical of polio.

ance of the distinguished neurologist and microscopist, Professor Mierzeyski. Popow concluded that arsenic, even in a few hours after its ingestion, may cause acute central myelitis or acute poliomyelitis.

During an epidemic of poliomyelitis in Australia in 1897, Altman⁹ pointed out that phosphorus had been widely used by farmers for fertilizing that year. This observation may be of significance since in recent years organic phosphorus insecticides, such as parathion, have been suspected as possible causes of poliomyelitis.

Onuff¹⁰ (1900) reported a case of a painter with flaccid paralysis of both legs, in whom the autopsy showed lesions characteristic of poliomyelitis.

Obrastoff¹¹ (1902) reported a case of acute poliomyelitis resulting from arsenic poisoning. Phillippe and Gauthard¹² (1903) reported a case of anterior poliomyelitis from lead poisoning.

Gossage¹³ (1902), writing on infantile paralysis, says: "The nerve cells or fiber may be acutely disabled by the action of some poison circulating in the blood, and it is possible that such poison would only temporarily impair their functions or so seriously affect them that recovery would be impossible."

Dr. David E. Edsall¹⁴ (1907), writing on the pathology of carbon monoxide poisoning in Osler's System of Medicine, states: "Peripheral neuritis had repeatedly been described and poliomyelitis and disseminated encephalitis have been seen."

Collins and Martland¹⁵ (1908) reported a case of poliomyelitis in a man, 38 years of age, which resulted from the use of potassium cyanide as a silver polish. The illness began with diarrhea, followed by headache and pain and stiffness in the back of the neck. About eight days after the onset of the illness, he became paralyzed. In discussing Collins and Martland's paper, Larkin stated that he had seen one instance of this disease following potassium cyanide poisoning.

Collins and Martland poisoned several rabbits with potassium cyanide and found pathological lesions in the spinal cord similar to those found in cases of poliomyelitis.

In the spring of 1930, there occurred in Ohio, Kentucky, Alabama, Mississippi and other states an epidemic of paralysis.^{16, 17} The patients gave a history of drinking commercial extract of ginger. It is estimated that at the height of the epidemic there

killing property in 1939, for which he received the Nobel Prize for Medicine in 1948.¹²⁷ This resulted in its widespread use for pest control, even though there was already strong evidence that it was a severe neurotoxin, dangerous for all forms of life and associated with the development of herpes zoster (shingles), produces paralysis, has carcinogenic potential and can be fatal.^{128 129 130}

DDT is also problematic because it biodegrades very slowly in nature with a half-life of 10 - 20 years. Additionally, through the food chain, it can become concentrated in the fatty tissue of humans and animals. But this toxic substance wasn't outlawed until 1972 in the USA and even later in most other countries in the prosperous northern hemisphere. Today, its use is prohibited in a large part of the world and it is one of the "dirty dozen" organic toxins banned worldwide at the Stockholm Convention on 22 May 2001.¹³¹

Industrial production of DDT started at the beginning of the 1940s. It was first used to fight malaria, and later became a sort of "all-purpose remedy" against all sorts of insects.¹³² There was also military use of DDT. US army recruits were powdered with it to protect them from lice, and they additionally received DDT-sprayed shirts.¹³³ When the Second World War was over, DDT was sold on stock markets round the globe, even though strong warnings about its toxicity had been issued. "In the mid-40s, for example, the National Institutes of Health demonstrated that DDT evidently damaged the same part of the spinal cord as polio," writes research scientist Jim West of New York.^{134 135 136}

The classic *Harrison's Principle of Internal Medicine* states, "Lameness resulting from heavy metal poisoning is clinically sometimes difficult to differentiate from polio."¹³⁷ Endocrinologist Morton Biskind came to the same conclusion in his research papers describing the physiological evidence of DDT poisoning that resembles polio physiology: "Particularly relevant to recent aspects of this problem are neglected studies by Lillie and his collaborators of the National Institutes of Health, published in 1944 and 1947 respectively, which showed that DDT may produce degeneration of the anterior horn cells of the spinal cord in animals. These changes do not occur regularly in exposed animals any more than they do in human beings, but they do appear often enough to be significant."¹³⁸

Biskind concludes: "When in 1945 DDT was released for use by the general public in the United States and other countries, an impressive background of toxicological investigations had already shown beyond doubt that this compound was dangerous for all animal life from insects to mammals."¹³⁹

Despite the fact that DDT is highly toxic for all types of animals, the myth has spread that it is harmless, even in very high doses. It was used in many households with a carefree lack of restraint, contaminating peoples' skin, their beds, kitchens and gardens.¹⁴⁰ In Biskind's opinion, the spread of polio after the Second World War

was caused “by the most intensive campaign of mass poisoning in known human history.”¹⁴¹

Along with DDT, the much more poisonous DDE was also used in the USA. Both toxins are known to break through the hematoencephalic barrier, which protects the brain from poisons or harmful substances. Nonetheless, housewives were urged to spray both DDT and DDE to prevent the appearance of polio. Even the wallpaper in children’s rooms was soaked in DDT before it was glued on the wall.¹⁴²

What from today’s perspective seems like total blindness was at that time an everyday practice, not only in the United States. After 1945, DDT powder was used in Germany to fight a type of louse said to carry typhus.¹⁴³ And in agriculture, including fruit and vegetable cultivation, DDT was likewise lavishly dispersed for so-called plant protection. Through this, DDT gradually replaced its predecessor, lead arsenate, a pesticide containing heavy metals.¹⁴⁴

A look at statistics shows that the polio epidemic in the USA reached its peak in 1952, and from then on rapidly declined. We have seen that this cannot be explained by the Salk-inoculation, since this was first introduced in 1955. There is a most striking parallel between polio development and the utilization of the severe neurotoxin DDT and other highly toxic pesticides like BHC (lindane), which was also hard to degrade and actually much more poisonous than DDT. While use of DDT was eventually drastically reduced because of its extreme harmfulness, the use of BHC was curbed because it produced a bad taste in foods.¹⁴⁵

“It is worth noting that DDT production rose dramatically in the United States after 1954,” Jim West remarks, “which is primarily connected to the fact that DDT was increasingly exported to the Third World, to be used primarily in programs to fight malaria or in agriculture.” As West points out, the following factors contributed to its changed use patterns in the US:

1. An altered legislation led to the use of warning labels, which in turn raised public awareness of DDT’s poisonous nature.
2. Eventually, the use of DDT on dairy farms was prohibited. Earlier, Oswald Zimmerman and his fellow research scientists had even advised the daily spraying of a 5% DDT solution directly on cattle and pigs, their feed, drinking water, and resting places.¹⁴⁶ In 1950, it was officially recommended to US farmers that they no longer wash cattle with DDT, but at first this advice was largely ignored. In the same year, cows’ milk contained up to twice as much DDT as is necessary to trigger serious illnesses (diseases) in humans.¹⁴⁷
3. In advertisements and press releases, DDT was no longer celebrated as being “good for you,” “harmless,” and a “miracle substance.”¹⁴⁸



© Getty Images

De-lousing of a child using DDT spray, 1945.

4. From 1954, concentrated DDT was only used on crops that did not serve food production (for example, cotton).
5. DDT was used with more caution, something that caused decreased human intake of the poison through foodstuffs.
6. The use of DDT was extended to nationally sponsored forestry programs, so, for instance, entire forests were sprayed with it by airplane.
7. DDT was gradually replaced by allegedly “safe” pesticides in the form of organophosphates like malathion, but their uncertain toxicological effects and

Diagram 3 Polio cases and DDT production in the USA, 1940 - 1970

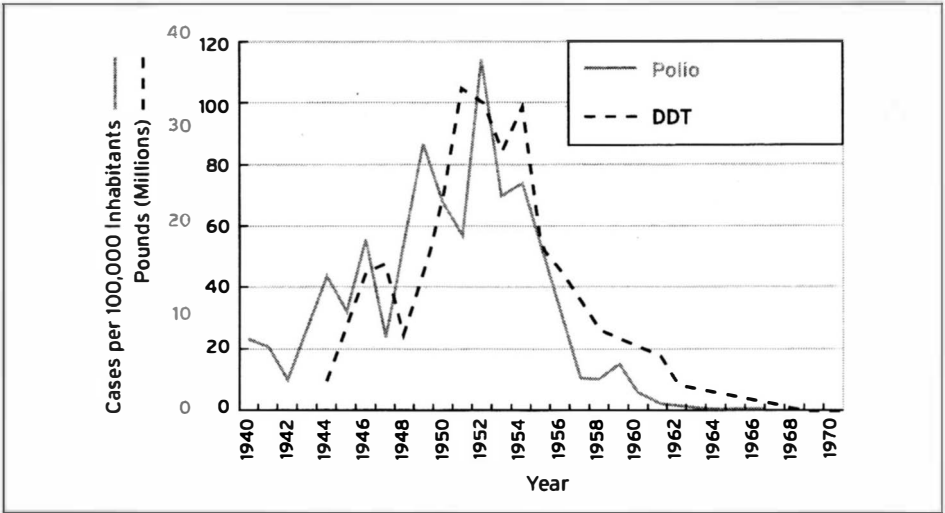
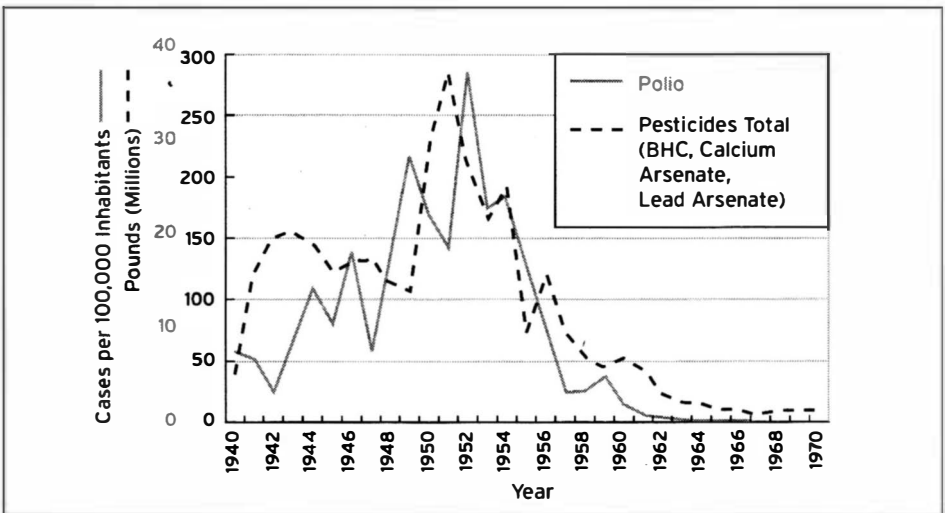


Diagram 4 Polio cases and pesticide production in the USA, 1940 - 1970



Sources: West, Jim, Pesticides and Polio, *Townsend Letter for Doctors and Patients*, June 2000, p. 68 - 75; West, Jim, Images of Poliomyelitis, see www.geocities.com/harpub; *Handbook of Pesticide Toxicology*, Eds.: Hayes, Wayland; Laws, Edward, Academic Press Inc., Harcourt Brace Jovanovich, Publishers, San Diego, 1991, p. 769; Historical Statistics of the US (1975), US Government Printing Office; Scobey, Ralph, Is Human Poliomyelitis Caused By An Exogenous Virus?, *Archives of Pediatrics*, 1954.

the new pesticide laws merely changed the type of neurological damage from acute paralysis to less-paralytic forms, such as chronic, slow-developing diseases which were difficult to define. This made it particularly difficult to prove in legal disputes or studies, that these pesticides contributed to or directly caused the illnesses in question (see also Chapter 5, section: “BSE as an Effect of Chemical Poisoning” for more on the organophosphate phosmet).

Finally in 1962, US biologist Rachel Carson published her book, *Silent Spring*, in which she gives a vivid account of the fatal repercussions of extensive spraying of plant toxins on insects and particularly on birds, and predicts the consequence of a “silent spring” (without any songbirds). Through this, the public was made aware of the dangers of DDT. But public reaction was slow, because 800 chemical companies reacted hysterically to Carson’s book, prophesizing hunger and destruction if farmers were no longer permitted to use any pesticides. “The goal was very obviously to create panic and drive farmers into the arms of the chemical industry,” as Pete Daniel, expert on the history of pesticides, writes in his 2005 book, *Toxic Drift*.¹⁴⁹

In 1964, a North Carolina turkey breeder named Kenneth Lynch wrote to the Ministry of Health, stating that, since 1957, his home town of Summerville had been enveloped in a mist of DDT or malathion (an insecticide which can have wide-ranging neurotoxic and fatal effects)¹⁵⁰ every summer, in order to kill mosquitoes. And over the past years, his turkeys had “more or less abruptly developed advanced paralyses and, even though they had originally been in good health, died within two or three days.”

At the same time, the fertility of the eggs had declined from 75% to 10%. “The evidence clearly indicated that the fog of insecticide is to blame,” writes Lynch. With the help of a chemistry professor, he turned to the Public Health Service (PHS) and suggested carrying out corresponding studies. The national authorities, however, showed no interest whatsoever. “It seems to me [that the ministry’s behavior] can hardly be interpreted as anything other than a case of bureaucracy being blinded by its own past mistakes,” opined Clarence Cottam, a biologist honored by the National Wildlife Federation as a protector of nature.^{151 152}

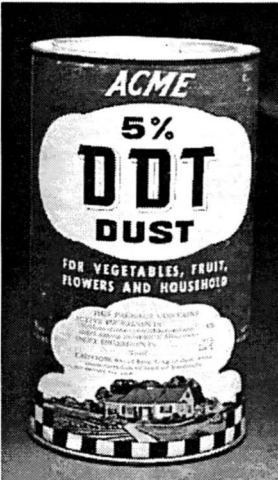
In their refusal, political decision-makers and the chemical industry’s lobbyists¹⁵³ referred primarily to the “prisoner studies” of PHS scientist Wayland Hayes.¹⁵⁴ In these experiments on prisoners, Hayes had aimed to show that it was completely harmless to ingest 35 milligrams of DDT per day.¹⁵⁵ But critics like Cottam objected that every test subject could release him/herself from the experiments at any time. And indeed, “there were a fair number who withdrew when they became a bit ill.”

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Woman with a spray can containing DDT, taking action against flies (photo taken between 1945 and 1948).

© From the collection of the Wisconsin Historical Museum, catalogue #1999.143.20



DDT dust “for vegetables, fruit, flowers, and household.”

© From the collection of the Wisconsin Historical Museum, catalogue #1999.143.22



“Blitz Fog” pesticide package (one percent DDT, plus the suspected carcinogens chlordane and lindane) from Northern Industries, Milwaukee, Wisconsin, USA; in gardens, the insecticide was dispersed with an atomizer (“Blitz Fog” thermalized insecticide dispenser) fastened to a motor-operated lawnmower’s exhaust opening; in the early 1950s, the American chemical industry produced around 100 million pounds of DDT a year.



© Associated Press

An airplane releases a 10% concentrated fog of DDT powder over approximately 1,200 sheep to combat ticks at Hoover Ranch in Medford, Oregon, 1948.



© Smithsonian Institution/Leonard Nadel

Bracero workers being fumigated with DDT in 1956 as part of the entry process into the US.



© March of Dimes Canada

This photograph was taken on 13 April 1955 and published on the following day in the *Toronto Telegram* newspaper (no longer exists). A beaming nurse shows a newspaper headline to a polio patient hooked up to a respirator. The caption reads: "Vaccine 'Triumph' Ends Polio Threat." The scene well illustrates that the medical field wore rose-tinted glasses in terms of polio vaccinations. In her gleefulness, the nurse entirely overlooks the psychological effect that the headline must have upon the seriously ill patient laying before her. It was too late for him to take this (purported) medical triumph, so he would have had to continue eking out his life as a paraplegic. Of course, there was, as shown, no vaccine triumph whatsoever, for the polio fuss had largely passed before mass inoculations were finally carried out.

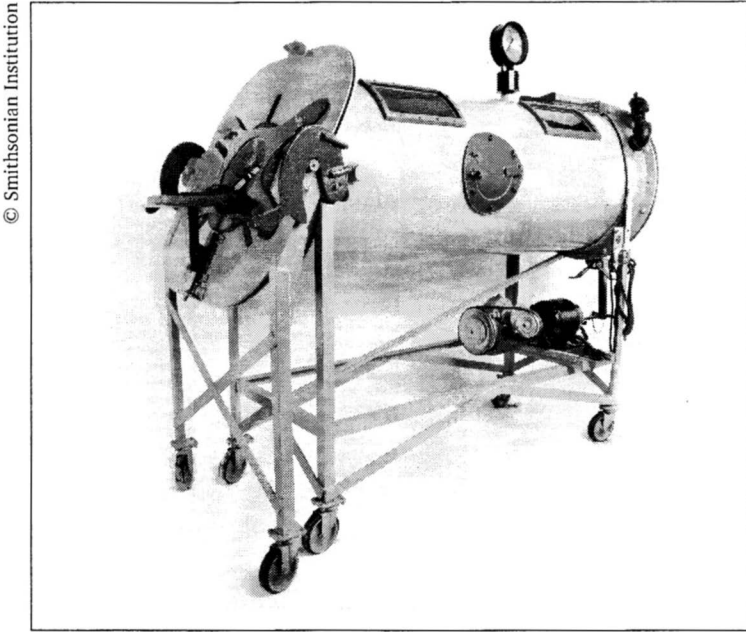
Since a number of prisoner test patients dropped out of the study, data on adverse effects were largely eliminated, so the study's results were worthless. Cottam points out that Hayes had most likely engaged in researcher bias to substantiate his initial views on pesticides: "Perhaps he is like many human beings who when subjected to criticism become more and more dogmatic in maintaining their initial stand."

Pesticide historian Pete Daniel goes a step further in saying that “[the officials in charge] knew better, but the bureaucratic imperative to protect pesticides led the division into territory alien to honesty.”¹⁵⁶

It would be years before the US government held a hearing on DDT and even longer until they finally prohibited it in 1972. Unfortunately, the government discussions were not widely reported, so the general public remained unaware of the connection between polio (in humans!) and pesticides, and other non-viral factors. To achieve this at the beginning of the 1950s ten years before Carson’s *Silent Spring*, someone would have had to have written a bestseller which described the repercussions of DDT (and other toxins) in humans. Unfortunately, this was not the case; and it was not until this book, *Virus Mania*, was published.

“Carson’s book was good, but it was restricted to the damage to animals, whereas one looks in vain for descriptions of statistical trends or analyses in the work,” says Jim West. “Even the research scientists Biskind and Scobey, who had clearly described the damage that DDT causes in humans, were practically unmentioned by Carson. Now who knows what kind of editorial censoring process her book had to go through before its publication.”

West points out that this type of censorship became the norm in future virus research: “One needs only consider that her work had been financed by the Rockefeller Foundation. This makes one sit up and take notice, for the Rockefeller Foundation has supported the significant orthodox epidemic programs, including the HIV = AIDS research and numerous vaccination programs. And the great Grandfather Rockefeller had made his money by selling snake venom and pure mineral oil as a universal cure. Carson’s book prompted public outcry, which contributed to DDT’s ultimate prohibition. But this was a deceptive victory, which only helped to secure the public belief that democratic regulative mechanisms still functioned effectively. In actual fact, the chemical industry—because the public thought the poisonous demon had then been defeated—was able to establish its likewise highly toxic organophosphate on the market without a problem. And, fatally, nobody discussed its important central topic: that poisons like DDT could cause severe damage like polio.”



This blue iron lung—a respiratory machine for patients afflicted with polio—was the first from the company John Emersonis. The company owner tested the machine himself by spending the night in it. The machines were first used in Providence, Rhode Island, in 1931 in order to save the life of a priest suffering from polio.



A support-brace from the 1950s, composed of metal supports connected by leather straps. With it, polio patients were able to replace their missing muscle functions, at least to some extent.

Gajdusek's "Slow Virus": Infinite Leeway for Explanations

The virus hunters still had many weapons to pull from their box of tricks. Such as the concept of the "slow virus": a virus capable of "sleeping" in a cell for years before striking with its pathogenic or fatal effects. The claim that a disease takes a very long time (decades) to "break out" gained popularity in the 1960s, when virus hunters convinced the medical establishment that the virus concept could even be imposed on cancer^{157 158}—that is, a disease that generally appears after years or decades.¹⁵⁹

But despite a most arduous search, researchers were simply unable to find any active viruses in tumors. The disappointment and frustration was correspondingly great.¹⁶⁰ But a new theory was soon developed: that a virus could provoke an infection, then lie dormant in a cell for as long as it wanted—and finally, at some point, even trigger cancer, and even when the virus is no longer present. Just as with polio earlier, the nucleic acids of a so-called slow virus have never been isolated and the particles have never been imaged with an electron microscope,¹⁶¹ but the virus hunters embraced this suspect theory and adapted it to a number of modern ailments.¹⁶²

Scientist Carleton Gajdusek prodded the slow virus concept along to serve not only an explanatory model for HIV/AIDS.¹⁶³ In the 1970s in Papua New Guinea, Gajdusek researched a sponge-like alteration in brain tissue associated with dementia, which was predominantly spread among the female population there.¹⁶⁴ The disease, called kuru, was only observed in two clans; they often intermarried, and, according to Gajdusek, maintained a cult of the dead ritual that involved eating the brains of their deceased (something which was later revealed as a myth).

These transmissible spongiform encephalopathies (softening of the brain), as they are called, appear sporadically and end, mostly fatally, within five years. They are generally extremely rare (approximately one case per million people), but are represented within some families with a frequency of 1 in 50, which could point to a genetic cause.¹⁶⁵ Despite this Gajdusek received the Nobel Prize in 1976 for his slow virus concept. With this endorsement his idea that this spongiform alteration in brain tissue was produced and transmitted by a pathogen achieved widespread acceptance as fact.

A close look at Gajdusek's trials on apes, with which he aimed to show transmissibility, should have shocked the scientific community into disbelief. But instead, they recognized these papers as proof of transmissibility and ignored the fact that neither feeding the apes brain mush, nor injecting them with it had any affect on the chimpanzees. So, Gajdusek conducted a bizarre experiment, in order to finally induce neural symptoms in the test animals.

He ground up the brain of a kuru patient into a mush full of proteins, along with a number of other substances, and poured this into the living apes by drilling holes into their skulls. This so-called disease's alleged transmissibility was founded only upon these experiments!¹⁶⁶ How could it possibly derive proof of Gajdusek's cannibalistic hypothesis? Particularly since the hypothesis indicates that the disease could appear in humans through ingestion of infected brains, and not through direct surgical insertion into the brain.

To compound matters, Gajdusek was the only living witness of cannibalism on Papua New Guinea. He reported on these cannibalistic rites in his 1976 Nobel Prize-winning lecture, even documenting them with photographs. But in the mid-1980s, it was discovered that Gajdusek's photos, with which he aimed to document the cannibalism, actually showed pig flesh, not human flesh. An anthropological team looked into this claim and they did find stories of cannibalism, but no authentic cases.¹⁶⁷

Gajdusek later had to admit that neither he himself, nor others he met had seen the cannibalistic rites.¹⁶⁸ Roland Scholz, Munich-based professor of biochemistry and cellular biology in Munich, responded to this revelation by saying that, "the scientific world seems to have been taken in by a myth."¹⁶⁹

After World War II: Visible Proof of Viruses? We Don't Need That!

Modern viral research is like Bigfoot hunting. Trackers of this legendary ape-like beast (also called Sasquatch and the Abominable Snowman) trot out the occasional questionable blurry photograph and footprint marks to claim proof of Bigfoot's existence. Based on this suspect data, they say the beast is up to ten feet tall and 440 pounds with 17-inch footprints that have even been made into plaster casts to prove its existence.¹⁷⁰ Virus hunters also collect dubious data, claiming to have images of the virus, even though electron micrographs of viruses accompanied by an analysis of their complete genetic material and virus shell are the only method of proving a virus's existence.

Bigfoot hunt, like viruses, are splendid moneymakers. Along a strip of California's Highway 101, numerous shops hawk Bigfoot-souvenirs¹⁷¹ and they are popular with tourists even though it is generally accepted that Bigfoot is an invention.¹⁷² Of course, Bigfoot is nowhere near as lucrative as the international virus industry's multi-billion dollar business.

We must stress here that electron microscopy is fundamental to virus identification. For a long time, establishing unequivocal proof of a virus meant seeing is believing,

as is the case with bacteria and fungi. The one difference is that bacteria and fungi can be seen with a light microscope, whereas viruses are so tiny that only an electron microscope (first patented in 1931) enables detailed imaging to make them visible.

But, first you have to identify exactly what you're looking at, so these particles (possible viruses) must exist in a pure or purified form, in order to be able to differentiate virus particles from virus-like ones. At the beginning of the 1950s, virologists agreed that this was necessary, since, under certain conditions, even healthy cells produce a whole range of particles that could look like so-called tumor viruses (oncoviruses).^{173 174}

The importance of this process was confirmed at an international meeting of the Pasteur Institute in 1972,^{175 176} and "endured in the early 1980s," according to Val Turner, a physician and member of the Perth Group, an Australian research team.¹⁷⁷ "Viruses are not naked bits of RNA (or DNA). They are particles with particular sizes and shapes and other identifying features, which are obliged to replicate at the behest of living cells. They won't multiply in dead meat like bacteria. So there you have it. This predicates experiments to prove particles are a virus and that hasn't changed in a thousand years and certainly not since the 90s."

Turner uses easy-to-grasp language to describe the science: "Think of it like a paternity suit in which DNA evidence will be used and the accused is HIV and the child is a human. The crux of the case is proof that the DNA you found in the human is the same DNA you found in the accused. For the latter, you have to have rock solid proof the DNA came from the accused. Given that in cell cultures all sorts of particles appear, only some of which are viruses, you have to prove that (a) a particular particle is a virus; and (b) your DNA comes from that particle. How can you prove (a) without using electron microscopy (for many reasons) and without purification? You tell me.

Frankly we from the Perth Group do not understand this obsession with 'old data' or 'science moves on.' Has Archimedes' principle* 'moved on'? Do solid objects no longer displace their own volume of liquids? If everything has to be 'up to date' then in ten years nothing that is up to date now will be up to date then. Which means as long as time keeps going nothing will be right."¹⁷⁸ This goes for orthodox theories as well!

By soundly characterizing virus structure (virus purification), it is theoretically possible to irrefutably differentiate viruses themselves from virus-like particles. If this has taken place, the next step would be to get an electron micrograph of the

* Archimedes' principle states that a body immersed in a fluid is buoyed up by a force equal to the weight of the displaced fluid. The principle applies to both floating and submerged bodies and to all fluids, i.e., liquids and gases.

purified virus (of course, proof that a virus exists does not automatically mean that this virus is also infectious, as had already been established in 1960, at a conference sponsored by the New York Academy of Sciences).¹⁷⁹ But this procedure is rarely carried out in modern viral research. Viruses that purportedly threaten to wipe out humanity (H5N1, SARS virus, etc.) have evidently never been seen by anyone.¹⁸⁰

“Around 1960, before contemporary molecular biology arose, electron microscopy was held to be the best way of identifying viruses in cell cultures,” writes pathology professor Etienne de Harven, a pioneer in electron microscopy and virology. De Harven’s research career includes 25 years at the Sloan-Kettering Institute in New York, a private cancer research center founded in 1945, which quickly advanced to become the largest of its kind in the USA.¹⁸¹ “For this reason, laboratories all over the world directed their efforts at this time towards observing particles in cancer cells with ever-improved methods of electron microscopy.” In 1962, the central role of electron microscopy was also recognized at the well-known Cold Spring Harbor Conference. André Lwoff, who would receive the Nobel Prize for medicine three years later, was among those who designated electron microscopy as likely the most efficient method of proving viruses’ existence; he suggested investigating viruses with this procedure and dividing them into classes.¹⁸²

A focus of medical science then (as now) was cancer. And because cancer researchers had the fixed idea that viruses were definitely cancer triggers,¹⁸³ they spent a lot of time proving the presence of viruses in human cancer cells, with the help of electron microscopy. But, these efforts were unsuccessful. “One only found virus-like particles from time to time—while viruses of a certain types could never convincingly be seen,” reports de Harven.¹⁸⁴

Virus hunters were, once again, crushed by this scientific news. But the scientific world tends not to publicize negative results whenever possible—in scientific language, this is called, “publication bias.”¹⁸⁵ Yet, whether the research claims promoted as evidence involve new patented drugs said to be superior to existing (cheaper) ones, or genetic markers of disease (interpreted as “risk” factors), or statistical relationships, discerning whether the claims are spurious or confirmed by clinical trials can only be ascertained by making the full body of controlled studies publicly available.

In medicine, failure to do so casts doubt on the safety and efficacy of treatments as well as undermining the integrity of the scientific literature. Scientific journals are supposed to protect the integrity of science—but they don’t. As is the case with most deficient practices in medical research and practice, there is an unacknowledged financial motive. And why are scientists coy about publishing negative data? “In some cases,” says Scott Kern of Johns Hopkins University and editor of the recently founded online *Journal of Negative Observations in Genetic Oncology*, “withholding

them keeps rivals doing studies that rest on an erroneous premise, thus clearing the field for the team that knows that, say, gene A doesn't really cause disease B. Which goes to show that in scientific journals, no less than in supermarket tabloids, you can't believe everything you read—or shouldn't."^{186 187}

As long ago as the 1960s the established science community was coy about publishing negative data, but the cancer virus hunters' failures were so universal that it was simply inevitable that one article or another should leak out into medical publications. In 1959, the researcher Hagenaus reported in the journal *Etude du Cancer* about the difficulties identifying any typical virus particles in a wide range of breast cancer samples.¹⁸⁸ And in 1964, the scientists Bernhard and Leplus were unsuccessful, even with electron microscopy's assistance, in finding virus particles presumed to play a role in the development of Hodgkin's lymphoma (lymphatic cancer), lymphoid leukemia or metastases (tumors in various parts of the body).¹⁸⁹

But these scientific studies didn't stop the virus hunters for a second. Instead of disengaging themselves from their virus tunnel vision, they grumbled about the methodology of virus determination: for example, over what are known as thin slices or thin-sections (tissue samples which are extremely precisely dissected and trimmed to size so they can be observed under the electron microscope). Thin-sections had proved effective countless times, and had also worked perfectly with mice.¹⁹⁰ But, the virus hunters needed a scapegoat and, instead of questioning the cancer-producing virus model, they started griping about the thin-sections. The production of the thin-sections was also thought to be too laborious and time-consuming. And who had the time for that once pharmaceutical companies began offering fast cash for quick fixes?

So, scientists turned to the much simpler and faster dye method, in which certain particles of the sample (for instance, DNA and RNA) were marked in color and then electron micrographed. But from a purely scientific perspective, the results of dye method are a disaster. Through the air-drying process that was necessary for the staining, the particles became totally deformed, so that they appeared as particles with long tails. They were full-blown artificial products of the laboratory, and they still looked exactly like so many other non-viral cellular components. This, logically, made it impossible to determine if a virus or a non-viral particle had been found.^{191 192}

A few scientists did in fact acknowledge that the dye method was dubious. But, instead of admitting defeat and returning to the thin-sections method, they began bashing electron microscopy technology! Other researchers were in turn so anxiously preoccupied with finally finding cancer viruses that they casually overlooked the worthlessness of dye method results, and theorized that the "tailed" particles were a certain type of virus. As absurd as this may sound to logical thinkers, virus hunters were even remunerated with plenty of research money for this action.

As a result, even cow's milk and mother's milk were tested for the presence of "tailed" particles in the mad rush to prove that viruses could produce cancer.¹⁹³ One well-known molecular biologist Sol Spiegelman even warned against breastfeeding in October 1971, and his message made for numerous lurid media headlines.¹⁹⁴ These so-called scientists brushed aside the fact that, to date, not a single retrovirus has been able to be isolated from breast cancer tissue (and probably not from human tumor tissue or blood plasma in general).¹⁹⁵ Shortly thereafter, Spiegelman was quoted in *Science* saying, "one can't kick off fear mongering on this scale if one doesn't exactly know if a virus particle is the cause."¹⁹⁶

But mainstream viral research drifted purposefully further away from the well-established viral proof model. They latched on to Howard Temin's¹⁹⁷ and David Baltimore's¹⁹⁸ description of activity of the enzyme reverse transcriptase in connection with cancer viruses in 1970. Their research seemed so significant to the medical establishment that the two were awarded the Nobel Prize in 1975.¹⁹⁹

What was so significant about this enzyme, a substance that, as a sort of catalyst, makes it possible for biochemical reactions to occur? To understand this, we must remember that, in the 1960s, scientists thought they had established that a few viruses did not possess any DNA (complete genetic information), but rather only RNA genes. This baffled the researchers since they believed viruses without any DNA (only with RNA) were not able to multiply. Until Temin and Baltimore delivered an explanation with the enzyme called reverse transcriptase. It, they said, can transform the RNA in RNA viruses (later called retroviruses because of this) into DNA, by which viruses are then able to multiply (if RNA exists alone, the conditions for replication are not met).²⁰⁰

But there was so much enthusiasm about the discovery of reverse transcriptase that virus hunters rashly assumed that reverse transcriptase was something very typical of retroviruses. They proclaimed something like this: if we observe reverse transcriptase activities in our test tubes (*in vitro*), then we can be sure that a retrovirus is present as well (even if the virus' existence has never been proven or reverse transcriptase's role hasn't been established, for instance, in the context of HIV).²⁰¹ Yet, it was presumed that the (indirectly detected) presence of reverse transcriptase was sufficient enough to prove the existence of a retrovirus, and even a viral infection of the tested cells *in vitro*.

This dogma would now become fixed in the minds of mainstream researchers and it opened the floodgates to allow indirect virus detection methods (known as surrogate markers) to take the place of direct detection procedures (virus purification and characterization as well as electron micrograph).²⁰²

So, in 1983, in a paper printed in *Science*, researcher Luc Montagnier of the Institute Pasteur in Paris, later celebrated as the discoverer of HIV, asserted that his

research team had found a new retrovirus (which would later be named HIV).²⁰³ This was claimed only after reverse transcriptase activity had been observed in the cell culture. But, once again, there was no scientific proof for this conclusion.

Eleven years before, in 1972, Temin and Baltimore had stated, “reverse transcriptase is a property that is innate to all cells and is not restricted to retroviruses.”²⁰⁴ And even Françoise Barré-Sinoussi and Jean Claude Chermann, the most important co-authors of Montagnier’s 1983 *Science* paper, concluded in 1973 that reverse transcriptase is not specific to retroviruses, but rather exists in all cells.²⁰⁵ In other words, if the enzyme (the surrogate marker) reverse transcriptase is found in the laboratory cultures, one cannot conclude, as Luc Montagnier did, that a retroviruses, let alone a particular retrovirus has been found.

Reverse transcriptase is no longer the most significant surrogate marker, by a long shot. Now the virus hunters are fixated on antibody tests, PCR viral load tests, and helper cell counts. But these tests raise new questions, given their striking weaknesses (see Chapter 3, “HIV Antibody Tests, PCR Viral Load Tests, CD4 Counts: As Informative as a Toss of a Coin”). This prompted 14 renowned virologists of the “old guard” to direct an appeal to the young high-technology-focused generation of researchers, which was published in *Science* in 2001:

“Modern methods like PCR, with which small genetic sequences are multiplied and detected, are marvelous [but they] tell little or nothing about how a virus multiplies, which animals carry it, how it makes people sick. It is like trying to say whether somebody has bad breath by looking at his fingerprint.”²⁰⁶

No less remarkable, in this context, is an early 2006 article in the *German Medical Journal* (*Deutsches Ärzteblatt*) about a study by researchers who thought that, with the assistance of PCR, they had discovered new “exotic” bacteria. The article points out that, “only genetic traces of the pathogen are detected [with the PCR]. From this, it cannot automatically be concluded that complete bacteria exist as well.”^{207 208}

The Virus Disaster of the 1970s– and HIV as Salvation in the 1980s

Among the overall virus mania, such critical thoughts founder quickly. In the 70s, elite researchers were simply too busy channeling generous government aid into researching the possible connection between viruses and cancer. On 23 December 1971, US President Richard Nixon declared the “War on Cancer” at the behest of the medical establishment, and, with this metaphor, carried the militant tradition of the monocausal medical doctrine to the extreme, attached to the

conception of viruses as the enemy. We had now become accustomed to talking about the “weapons,” the “strategies,” and the “arsenals” of cell-killing preparations—and weren’t even taken aback when powerful people like Nixon called the new cancer war “a Christmas present for the people.”²⁰⁹

To date, many hundred millions of dollars of research funds have been poured into this war (a good part of it paid by taxes)—and the results are staggering.²¹⁰ Back in 1971, a cure for cancer and a preventive vaccine were promised by 1976—but both of these are still nowhere in sight.²¹¹ Incidentally, in the tradition of celebratory medicine, along with a trust that the public conscience and the media have short-term memory, the medical establishment rarely feels a need to keep its promises. “I am convinced that in the next decade or maybe later, we will have a medication that is just as effective against cancer . . . as penicillin against bacterial infections,” boasted Cornelius “Dusty” Rhoads as early as 1953. He had been leader of the US Army’s Department for Chemical Warfare (medical division of the US Chemical Warfare branch) during the Second World War, and was director of the Sloan-Kettering Institute for Cancer Research, founded in 1945.²¹²

Death rates have meantime increased exponentially alongside skyrocketing research expenditures.²¹³ Today in Germany, 220,000 people die annually from cancer; in the USA, it is almost 600,000. Even taking the aging of these populations into consideration, these numbers are staggering. For this reason, experts like George Miklos, one of the most renowned geneticists worldwide, criticized mainstream cancer research in *Nature Biotechnology* as “fundamentally flawed” and equated it with “voodoo science.”²¹⁴

By the late 1970s, medical experts lobbed damning critiques against mainstream cancer research. Medical scientists “had credited the retroviruses with every nasty thing—above all the triggering of cancer—and have to accept constant mockery and countless defeats,” *Der Spiegel* pointed out in 1986.²¹⁵

And the concept that viruses are the great trigger factors failed with other diseases, besides cancer. One notorious example is the swine flu disaster of 1976. During a march, David Lewis, a young American recruit, collapsed. Epidemic experts swooped in with their “magic wand” of clustering in their hands and claimed that they had isolated a swine flu virus from his lung. At the behest of the medical establishment, and particularly the US Centers for Disease Control (CDC), US President Gerald Ford appeared on TV and urged all Americans to get vaccinated against an imminent deadly swine flu epidemic.²¹⁶ Just like today’s avian flu fear mongers, Ford used the great Spanish flu pandemic of 1918 to scare the public into action.

Approximately 50 million US citizens rushed to local health centers for injections of a substance hastily thrown on the market. It produced strong side effects in 20%

to 40% of recipients, including paralysis and even death. Consequent damage claims climbed to \$2.7 billion. In the end, CDC director David Spencer, who had even set up a swine flu “war room” to bolster public and media support, lost his job. The ultimate bitter irony was that there were no, or only very isolated reports of swine flu.²¹⁷

Consequently, at the end of the 1970s the US National Institutes of Health (NIH) came into unsettled political waters—just like the CDC, which was extensively restructured at the beginning of the 1980s. As a result, at the CDC and NIH, the most powerful organizations related to health politics and biomedical science, the great contemplation began. To redeem themselves, a new “war” would, of course, be the best thing.

Despite perpetual setbacks, an “infectious disease” remained the most effective way to catch public attention and open government pockets. In fact, Red Cross officer Paul Cumming told the *San Francisco Chronicle* in 1994 that “the CDC increasingly needed a major epidemic” at the beginning of the 80s “to justify its existence.”²¹⁸ And the HIV/AIDS theory was a salvation for American epidemic authorities.

“All the old virus hunters from the National Cancer Institute put new signs on their doors and became AIDS researchers. [US President Ronald] Reagan sent up about a billion dollars just for starters,” according to Kary Mullis, Nobel laureate for Chemistry. “And suddenly everybody who could claim to be any kind of medical scientist and who hadn’t had anything much to do lately was fully employed. They still are.”²¹⁹

Among those who jumped over from cancer research to AIDS research, the best known is Robert Gallo. Along with Montagnier, Gallo is considered to be the discoverer of the “AIDS virus,” enjoys worldwide fame, and has become a millionaire. In his previous life as a cancer researcher, on the other hand, he had almost lost his reputation, after his viral hypotheses on diseases like leukemia imploded.²²⁰ “HIV didn’t suddenly pop out of the rain forest or Haiti,” writes Mullis. “It just popped into Bob Gallo’s hands at a time when he needed a new career.”²²¹

Chapter 3

AIDS: From Spare Tire to Multibillion-Dollar Business

*"If there is proof that HIV is the cause of AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability. There is no such document."*¹

Kary Mullis
Nobel Prize for Chemistry, 1993

*"Even with the greats of the AIDS establishment, Gallo does not hold back on psychiatric diagnoses. [According to Gallo,] one is a 'control freak', the next is 'uncreative' and has a 'complex' because of it, a third is—'can I be honest?'—just plain 'crazy.' [Gallo's] impetuous anger is real when he speaks of the fight for power in the AIDS business, the fight for the money pot, the spiteful jealousy of prestige. With AIDS a lot of money is at stake—and above all fame."*²
Der Spiegel, 29/1995

*"[Freedom fighter John] Milton and Galileo would back the British Medical Journal on free speech [on HIV/AIDS]. We should never forget Galileo being put before the inquisition. It would be even worse if we allowed scientific orthodoxy to become the inquisition."*³

Richard Smith, Editor in Chief of the *British Medical Journal*
from 1991–2004, in a published letter to *Nature*

Whoever experienced the 1980s will still clearly remember: The AIDS panic picked up so quickly that there was no time for a survey of the facts. The media-stimulated fear of viruses had left behind such "traces in society," as the German weekly newspaper *Die Zeit* wrote in 1990, that "social psychologists even trace the imminent comeback of men's white underwear [as a symbol of HIV—and with that sterility right into the most intimate zones] back to the AIDS effect."⁴

In 1984, *Der Spiegel*⁵ announced that, by the middle of the 1990s, the last German would become ill from AIDS, dying from it two years later (in other words: by the

mid-1990s, AIDS would wipe out the entire German population). The magazine *Bild der Wissenschaft*⁶ made the same deadly predictions the following year (1985). In comparison, a 1986 forecast in US magazine *Newsweek* sounded moderate: by 1991, five to 10 million Americans would be infected by HIV.⁷

In reality, yearly, no more than a few hundred Germans die from AIDS.⁸ Moreover, these people actually die from traditional diseases (like lymphatic cancer or tuberculosis), which are then redefined as AIDS (see below: “What is AIDS?”). And as for *Newsweek*’s visions of horror: its prognosis was around ten times the 750,000 HIV cases identified by US authorities.⁹

750,000 is actually a cumulative number, since AIDS cases aren’t tracked yearly, meaning that number represents the total numbers since official AIDS records were started in the early 1980s. Obviously, with such a method of measurement, the figures appear many times scarier than they actually are. Additionally, logic dictates that such numbers can only increase, even if the number of new cases had gone down in a given year. Incidentally, only AIDS cases are counted cumulatively. Have you ever heard the evening news give the number of traffic accident deaths since the beginning of statistical records (and not ‘just’ the deaths for a given year)? Certainly not.

Strangely, the Robert Koch Institute even admits that they proceeded this way: “To catch the public’s attention and encourage a political readiness to act, large numbers were naturally more suitable. A trick in the presentation of AIDS cases, applied internationally at the time, served to do this: in the first years, in contrast to other diseases where the number of new cases each year is given (incidence), AIDS cases were accumulated from year to year (cumulative incidence).”¹⁰

Anyone who impartially dives into the topic of HIV/AIDS, perpetually trips over such oddities, inconsistencies and contradictions—and searches in vain for scientific proof of the theory’s basic hypotheses: that a virus called HIV, causes AIDS. At the same time, we are dealing with a very complex topic, so to make the controversies around the study of the cause of AIDS understandable, we will begin with a section which compactly explains why doubts that HIV exists and causes AIDS are justified—and why it makes sense to name factors like drug consumption or malnutrition as causes of AIDS, or better: of the many diseases grouped together under the term AIDS.

AIDS: What Exactly Is It?

Even the definition of AIDS (Acquired Immune Deficiency Syndrome) is anything but coherent. In contrast to other diseases, there is no universal definition of AIDS that could be used as a basis for sound statistics.¹¹ For developing nations, for

instance, the World Health Organization (WHO) introduced the “Bangui Definition” in 1986, with which many patients have been diagnosed with AIDS. According to this definition, anyone suffering from a few common and non-specific symptoms, like weight loss plus diarrhea and itching, is declared an AIDS patient (without blood tests, and thereby without HIV antibody tests).^{12 13} In poor countries like in Africa, where today a third of the population is undernourished, these symptoms are a well known mass phenomena.

In comparison, in wealthy countries like the USA and Germany, people are declared to be AIDS patients if they have tested positive in an antibody test, and simultaneously suffer from at least one of 26—likewise well known—diseases, including the vascular tumor called Kaposi’s sarcoma (KS), Hodgkin’s disease, herpes zoster (shingles) or tuberculosis. If a patient has a negative antibody test and KS, they have KS. If, on the other hand, a patient tests positive and has KS, they are an AIDS patient. But this type of definition is misleading—it is circular, since it is based on dubious, doubtful, unproven assumptions that HIV exists; that HIV can cause AIDS (or a disease like KS or herpes zoster); that a positive antibody test proves the existence of HIV, and so on.¹⁴

Where Is the Proof of HIV?

This HIV is said to belong to a certain class of viruses called retroviruses. In order to prove, then, that HIV is a specific retrovirus, it would first be necessary to have HIV as a pure virus available, so that it can be imaged in a purified form with an electron microscope.¹⁵ But all electron micrographs of so-called HIV taken from the mid-80s on, come, not from a patient’s blood, but from “souped-up” cell cultures. In some cases the cells have been cooked up for a week in a lab Petri dish. So-called AIDS experts didn’t even try to make scientific sense of their co-culturing techniques until 1997, when Hans Gelderblom, of the Robert Koch Institute in Berlin, took a stab at it.

But Gelderblom’s article, published in the magazine *Virology*, leaves out the purification and characterization of a virus (merely the protein p24 was found), which does not prove that the particles are HIV. The second image of patient’s blood came from the American National Cancer Institute. But the particles made visible (proteins, RNA particles) did not have morphology typical of retroviruses (let alone of a specific retrovirus). Additionally, proteins like p24 and p18, which, according to the opinions of mainstream AIDS researchers, are supposed to be specific to HIV, and are also used as HIV markers (surrogate markers), were found in a number of so-called “uninfected” human tissue samples.¹⁶

Even Luc Montagnier, called the discoverer of HIV, admitted in an interview with the journal *Continuum* in 1997 that even after “Roman effort,” with electron micrographs of the cell culture, with which HIV was said to have been detected, no particles were visible with “morphology typical of retroviruses.”¹⁷

If even retrovirus-like particles cannot be recognized in these electron micrographs (let alone particles that match a retrovirus or a very particular retrovirus), this must logically mean that HIV—allegedly, a very specific retrovirus—cannot be detected. “Indeed, HIV has never been detected in a purified form,” according to many renowned experts, including Etienne de Harven, the previously mentioned pioneer in electron microscopy and virology,¹⁸ and AIDS researchers Eleni Papadopoulos and Val Turner of the Australian Perth Group.¹⁹

Nonetheless, in 2006, it was proudly reported once again that “the structure of the world’s most deadly virus had been decoded”²⁰ and that HIV had been photographed in a “3-D quality never achieved before.”²¹ But a close inspection of the British-German research team’s paper (published in the journal *Structure*),²² shows that it doesn’t live up to its promises:

- Firstly, it must be noted that the study was supported by the Wellcome Trust,²³ and that the lead author, as well as one additional author, work for the Wellcome Trust,²⁴ a pharmaceutical giant that makes multibillion dollar revenues from AIDS medications like Combivir, Trizivir and Retrovir (AZT, Azidothymidine).²⁵ These researchers—involved in conflicts of interest—will hardly be able to say that HIV has not been proven to exist.²⁶
- Of 75 particles, the paper said that five had no well-defined core, 63 had a single core, three had a complete core plus part of a further core, while four particles had two cores; the particles with two cores were larger than those with only one.²⁷ “For one thing, one notices that no double-cores can be seen in the printed pictures,” writes Canadian biologist and AIDS expert David Crowe, “and for another, the question arises: how can a virus have two cores at all? That would be something absolutely new!”
- In the majority of “single-cored” particles, the core was cone-shaped (morphology); in the remaining 23 particles, on the other hand, the cores were “tube-shaped” (cylindrical), triangular or simply shapeless.²⁸ Here as well, it is difficult to comprehend that all these particles with such different appearances could all belong to a very particular type of retrovirus (for that is what HIV is supposed to be).
- Particles were of a great variety of sizes: the diameters measured by Briggs et al ranged from 106 - 183 nanometer (one billionth of a meter). Is it advisable to classify all the particles as being one and the same particular type? People, for

example, vary in size. Let's say we were comparing men and assumed that the average man is 1.78 meters or 5.84 feet tall. If the margin measured by Briggs et al (106 - 183 nanometers) were carried over, we would get heights ranging between 1.30 and 2.25 meters (4.27 and 7.38 feet). This would hardly permit us to believe that we were dealing exclusively with full-grown males. It also speaks against the assumption that the particles of such various sizes, which originate from one cell culture, are all of the same virus type.

- AIDS researcher Val Turner of the Australian Perth Group re-measured the diameters of the particles that were visible in diagram 1A of Briggs et al's paper.²⁹ This revealed that two of the particles (also called virions, which gives the impression that they belong to a virus that had invaded from outside) had diameters of even less than 100 nanometers.³⁰
- The *Structure* article's authors themselves conceded that both printed images (which originated from one image) are "not representative" of the entire sample,³¹ but that begs the question: what shapes and sizes are the particles in the pictures that were not shown? This information was not provided even when requested.
- In this context, according to relevant sources, the diameter of retrovirus particles (HIV is supposed to be a retrovirus, after all) are quoted as 100 - 120 nanometers,³²
^{33 34} something that clearly deviates from the 106 - 183 nanometers measured by Briggs et al.
- "It would have cleared up a lot in this context if scientists had undertaken a complete purification and characterization of the particles," as David Crowe remarks, "but this apparently did not happen." The researchers themselves say that only particles with "minimal contamination" were available.
- Not once is a virus purification method described in the *Structure* paper; in this regard, let's refer to an article by Welker et al, published in the *Journal of Virology* in 2000.^{35 36} They first say, remarkably, that, "it is important to have pure HIV particles" available, which confirms how important virus purification is for virus detection. However, they did not demonstrate that pure HIV had been extracted; it was also said "the electron microscopic analysis showed that the core preparations were not completely pure."
- And even if the particles were pure, the problem still arises that even after the purification process, cell components (known as microvesicles, microbubbles, and material of cellular origin) could be present, which even from an orthodox perspective are non-viral, although they may have the same size and density as so-called HIV. Thus we read in a paper published in the journal *Virology*: "Identification and quantization of cellular proteins associated with HIV-1 particles are complicated by the presence of nonvirion-associated cellular proteins that co-purify with virions."^{37 38}

HIV = AIDS?

Is HIV the cause of AIDS? Let's allow the medical establishment speak for itself. Reinhard Kurth, director of the Robert Koch Institute (one of the pillars of mainstream AIDS research), conceded in *Der Spiegel* (9 September, 2004): "We don't exactly know how HIV causes disease."³⁹ In the 1996 documentary *AIDS—The Doubt*, by French journalist Djamel Tahi (broadcasted on German Arte Television), Montagnier admitted to the same, saying, "there is no scientific proof that HIV causes AIDS."⁴⁰ And 12 years before, in 1984, Montagnier emphasized that, "The only way to prove that HIV causes AIDS is to show this on an animal model." But there is still no such model.^{41 42}

The *California Monthly*, the UC Berkeley alumni magazine, confronted Nobel laureate Kary Mullis in an interview using a statement from another Nobelist, David Baltimore. "[Dear Mr. Mullis,] you mentioned Baltimore a moment ago. In a recent issue of *Nature*,⁴³ he said: 'There is no question at all that HIV is the cause of AIDS. Anyone who gets up publicly and says the opposite is encouraging people to risk their lives.'"

Whereupon Mullis replied: "I'm not a lifeguard, I'm a scientist. And I get up and say exactly what I think. I'm not going to change the facts around because I believe in something and feel like manipulating somebody's behavior by stretching what I really know. I think it's always the right thing and the safe thing for a scientist to speak one's mind from the facts. If you can't figure out why you believe something, then you'd better make it clear that you're speaking as a religious person.

People keep asking me, 'You mean you don't believe that HIV causes AIDS?' And I say, 'Whether I believe it or not is irrelevant! I have no scientific evidence for it!' I might believe in God, and He could have told me in a dream that HIV causes AIDS. But I wouldn't stand up in front of scientists and say, 'I believe HIV causes AIDS because God told me.' I'd say, 'I have papers here in hand and experiments that have been done that can be demonstrated to others.' It's not what somebody believes, it's experimental proof that counts. And those guys [from AIDS orthodoxy] don't have that."⁴⁴

HIV Antibody Tests, PCR Viral Load Tests, CD4 Counts: As Uninformative as a Toss of a Coin

The most significant diagnostic tools of viral and AIDS medicine are:

1. Antibody tests (HIV tests)
2. PCR viral load tests
3. Helper cell counts (T-cells, or rather the T-cell subgroup CD4)

These are what is known as surrogate markers: alternative methods which doctors determine, on the basis of laboratory data, if someone is infected with HIV or not, and whether they have AIDS. Instead of using traditional methods for investigating whether real disease symptoms (so-called clinical endpoints) have occurred, AIDS doctors look at whether the number of CD4 cells has decreased within a certain time period; if so, the risk of contracting AIDS is said to be low. But as previously mentioned (see Chapter 2), the results given by these methods are highly dubious ways to detect viruses like HIV, the SARS coronavirus, or the avian flu virus H5N1 and their pathogenic effects. Often enough, surrogate markers have led to misdiagnosis.⁴⁵

Let's look first at the HIV antibody tests. They're based on an antigen-antibody theory, which assumes the immune system fights against these antigens (proteins from HIV), as they are called, which are seen by the body as foreign. Their detection triggers an immune reaction, or response, which in turn induces the formation of specifically targeted antibodies.

Now, since these so-called HIV antibody tests only prove the existence of antibodies (and not, it is worth noting, the antigen directly, which in this case would be parts of HIV), we have to assume that HIV must have been detected during the validation of the tests. Only then could one use the antigen to calibrate the antibody tests for this particular (HIV) antigen. That is, only in this way can one test whether HIV antibodies are present or not, and, if HIV has not been proven to exist, the tests cannot possibly be known definitively to react to it.

When you know this information, the antibody test manufacturer's insert isn't quite so surprising. It clearly states "there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood."⁴⁶ Reacting to this interesting fact, and in reference to a paper by the Australian Perth Group (published in the scientific journal *Nature Biotechnology*)⁴⁷ the German weekly newspaper *Die Woche* ran a headline calling it, "The AIDS Test Lottery." The article went on to say that "the antibody tests do not measure what they should: HIV infection. They also react to people who have overcome a tuberculosis infection. [Yet] the world's leading AIDS researchers at the Institute Pasteur in Paris reviewed the study before publication."⁴⁸

But what do the tests react to, then, if not to HIV? As we've already noted with AIDS, a circular definition has also been used with the antibody tests: in the mid-1980s, the proteins which caused the tests to react most strongly were selected from blood samples from seriously ill AIDS patients, and used to calibrate the tests.

That these proteins have something to do with HIV, or at least are similar to a retrovirus of whatever type, has, however, never been proven.⁴⁹ And, in fact, antibody

tests were not actually designed specially to detect HIV at all, as Thomas Zuck, of the American drug approval authority FDA, warned in 1986. Rather, blood tests should be screened for their resistance to false-positive reactions due to other germs or contaminants (something which also fits with what *Die Woche* wrote: that HIV tests “also reacted in people who had survived tuberculosis”;⁵⁰ and also dozens of other symptoms, including pregnancy or simple flu, could cause a positive reaction).⁵¹ But to stop using these HIV tests was “simply not practical,” as Zuck admitted at a World Health Organization meeting. Now that the medical community had identified HIV as an infectious sexually transmitted virus, public pressure for an HIV test was just too strong.⁵³

With HIV antibody tests, orthodox AIDS research turned traditional immunology upside-down, by informing people who had positive antibody tests that they were suffering from a deadly disease. Normally, a high antibody level indicates that a person had already successfully battled against an infectious agent and is now protected from this disease. And since no HIV can be found in AIDS patients, the hunt for a vaccine is also an irrational undertaking.⁵⁴ Even Reinhard Kurth, director of the Robert Koch Institute made a sobering comment in the *Spiegel* in 2004: “To tell the truth, we really don’t know exactly what has to happen in a vaccine so that it protects from AIDS.”⁵⁵

Viral load measurements with the help of the polymerase chain reaction (PCR) are just as dubious and ultimately meaningless. As long as HIV has not been proven to exist, these tests cannot be calibrated for HIV—and they cannot be used to measure “HIV viral load.” Very fine traces of genes (DNA, RNA) may be detected, but whether they come from a (certain) virus, or from some other contamination, remains unclear.⁵⁶

Heinz Ludwig Sängler, professor of molecular biology and 1978 winner of the renowned Robert Koch Prize stated that “HIV has never been isolated, for which reason its nucleic acids cannot be used in PCR virus load tests as the standard for giving evidence of HIV.” Not coincidentally, relevant studies also confirm that PCR tests are worthless in AIDS diagnosis: for example, “Misdiagnosis of HIV infections by HIV-1 viral load testing: a case series,” a 1994 paper published in the *Annals of Internal Medicine*.⁵⁷

In 2006, a study published in the *Journal of the American Medical Association* (JAMA) shook again the foundation of the past decade of AIDS science right to the core, inciting skepticism and anger among many HIV = AIDS advocates. A US nationwide team of orthodox AIDS researchers led by doctors Benigno Rodriguez and Michael Lederman of Case Western Reserve University in Cleveland disputed the value of viral load tests—the standard used since 1996 to assess the patient’s health, predict progression to disease, and grant approval to new AIDS drugs—after

their study of 2,800 positively tested people concluded viral load measures failed, in more than 90% of cases, to predict or explain immune status.

While orthodox AIDS scientists and others protest or downplay the significance of the *JAMA* article, Rodriguez's group stands by its conclusion that viral load is only able to predict progression to disease in 4% to 6% of (so-called) HIV positives studied, challenging much of the basis for current AIDS science and treatment policy.⁵⁸

The same controversy plagues tests that count CD4 helper cells. Not a single study confirms the most important principle of the HIV = AIDS theory: that HIV destroys CD4 cells by means of an infection.⁵⁹ ⁶⁰ Furthermore, even the most significant of all AIDS studies, the 1994 Concorde study, questions using helper cell counts as a diagnostic method for AIDS⁶¹—and many studies corroborate this. One of these is the 1996 paper “Surrogate Endpoints in Clinical Studies: Are We Being Misled?” Printed in the *Annals of Internal Medicine*, the paper casually concludes that CD4 count in the HIV setting is as uninformative as “a toss of a coin”—in other words, not at all.⁶²

Following the news that viral load is not an accurate method of assessing or predicting immune status comes word from the *Journal of Infectious Diseases* that helper cell counts may be “less reliable” measures of immune competence than the AIDS orthodoxy previously believed. The study conducted in Africa by the World Health Organization (WHO) revealed that so-called HIV negative populations can have T-cell counts below 350, a number that would, according to WHO guidelines, qualify for an AIDS diagnosis in HIV positive populations. Another “surprising” conclusion (from the point of view of the HIV = AIDS believers) from the same WHO study: HIV positives that started AIDS drug treatment with low helper cell counts had the same survival outcomes as HIV positives that began treatment with high T-cell counts!⁶³

“One of the most spiteful and most unhealing properties of scientific models is their capability to strike down truth and take its place,” warns Erwin Chargaff, long-time professor at Columbia University's Biochemical Institute in New York. “And often, these models serve as blinkers, by limiting attention to an excessively narrow area. The exaggerated trust in models has contributed much to the affected and ingenuine character of large parts of current natural research.”⁶⁴

The biotechnology company Serono illustrates the ways in which such surrogate marker tests can be misused. The Swiss firm was suffering revenue losses with their preparation Serostim, which is supposed to counteract the weight-loss so typical of AIDS patients. So, at the end of the 1990s, Serono redefined this “AIDS wasting” and developed a computerized medical test, which would professedly determine “body cell mass.” These tests were actually adopted by doctors.

And so it came about that doctors ordered Serostim when the tests showed patients had lost body cell mass, a treatment that could easily cost more than \$20,000. The strange thing was that patients who, with the help of the tests, had been diagnosed with a reduced body cell mass, had in reality not lost any weight at all. On the contrary, some had even gained weight. The Serostim scheme was finally busted and, as a legal investigation showed, more than 80% of Serostim prescriptions had been unnecessarily ordered through the test's application. Michael Sullivan, the attorney in charge of the investigation, termed the tests "voodoo" magic, and they ultimately cost Serono more than \$700 million in criminal fines. At that point, this was the third highest sum ever to be paid in such a judicial process.⁶⁵

Drugs, Medicines and Malnutrition Lead to AIDS

There is much evidence that AIDS—that conglomerate of dozens of well known diseases—can substantially be explained by the intake of poisonous drugs and medications (antivirals, antibiotics, etc.) and by malnutrition.⁶⁶ Around 80% of all children declared to be AIDS patients are born to mothers who have taken intravenous drugs that destroy the immune system.⁶⁷ And the first people to be diagnosed as AIDS patients in the USA were all consumers of drugs like poppers, cocaine, LSD, heroin, ecstasy, or amphetamines, all of which have devastating effects on the immune system.^{68 69 70 71 72} The American National Institute on Drug Abuse was not alone in confirming the extreme toxicity and immunosuppressive effects of substances like heroin or poppers (nitrite inhalants) used among gay men.⁷³

With poppers, the following chemical event takes place: poppers are nitrites, and when inhaled are immediately converted into nitric oxide. Through this, the blood's capability to transport oxygen is compromised; it oxidizes. The first areas to sustain damages through this oxygen deficiency are the linings of the smallest vessels (epithelia). When this damage develops malignantly it is called Kaposi's sarcoma—a vascular tumor that is diagnosed in many AIDS patients. And, as a matter of fact, tumor tissue is oxidized.⁷⁴

This self-destructive process is particularly noticeable in the lungs, since poppers are inhaled and dead organic material is produced, which cannot be completely disposed of by the cells' weakened detoxification systems. At this point, fungi enter the game. Nature intended precisely this role for them because they eat away all kinds of "waste." This explains why so many patients, termed AIDS cases, suffer from pneumocystis carinii pneumonia (PCP*), a lung disease typically associated with strong fungal infestation (decay).

* Now called pneumocystis jiroveci

These patients' immune systems are weakened, which "is the common denominator for the development of PCP," according to Tinstey Harrison's textbook for internal medicine. And the "disease [the immune deficiency upon which PCP develops] can be produced in laboratory rats by starvation or by treatment with either corticosteroids [cortisone] or cyclophosphamides."⁷⁵ In other words, with cell-inhibiting substances that are destructive to the immune system, just like AIDS therapeutics. This makes it obvious that there is no need for HIV to explain AIDS (which is nothing but a synonym for well-known diseases like Kaposi's sarcoma or PCP).

Correspondingly, the typical sufferer who is tagged as an "AIDS patient" suffers from malnutrition; particularly those affected in poor countries, but also many drug users who constitute the bulk of AIDS patients in wealthy countries. At the same time, studies show that a stress factor like drugs can trigger a new arrangement of genetic sequences (DNA) in the cells, whereby cell particles are formed—particles produced (endogenously) by the cells themselves (and interpreted by the medical industry as viruses invading from the outside, without any proof).^{76 77}

The Early 1980s: Poppers and AIDS Drugs

Five severely ill homosexual young men became the first characters in the AIDS story, in 1981. American scientist Michael Gottlieb, from the Medical Center of the University of California in Los Angeles, had brought these five patients together after a search of several months, using the highly dubious clustering method (see chapter 2).⁷⁸ Gottlieb dreamed about going down in the history books as the discoverer of a new disease.⁷⁹ The afflicted patients suffered from the pulmonary disease pneumocystis carinii pneumonia (PCP). This was remarkable, because young men in their prime years do not usually suffer from this, but rather babies who come into the world with an immune defect, older adults, or those on immunosuppressive medication (which burdens or damages the immune system).⁸⁰

The medical researchers apparently took no other factors into account concerning the causes, as the patients' drug use. Instead, the medical establishment and above all the Center for Disease Control (CDC) gave the impression that the cause of PCP was completely mystifying, so the basis was set to launch a new disease. The CDC eagerly seized up Gottlieb's theses: "Hot stuff, hot stuff," cheered the CDC's James Curran.⁸¹ It was so "hot," that, on 5 June 1981, the CDC heralded it as a red-hot piece of news in their weekly bulletin, the *Morbidity and Mortality Weekly Report* (*MMWR*), which is also a preferred information source for the media.⁸²

In this *MMWR*, it was immediately conjectured that the puzzling new disease could have been caused by sexual contact, and was thus infectious. In fact, there

was no evidence at all for such speculation, for the patients neither knew each other, nor had common sexual contacts or acquaintances, nor had they comparable histories of sexually transmitted diseases.

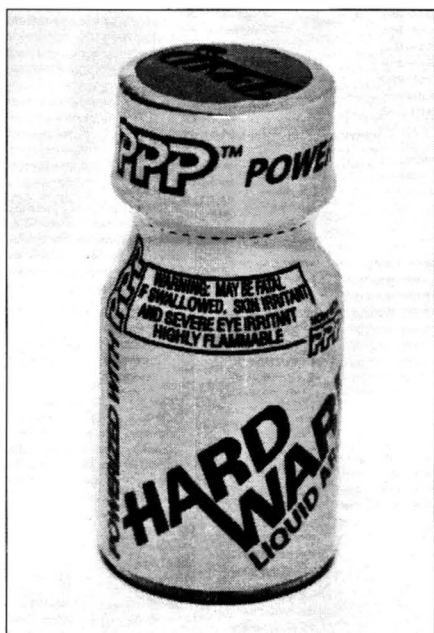
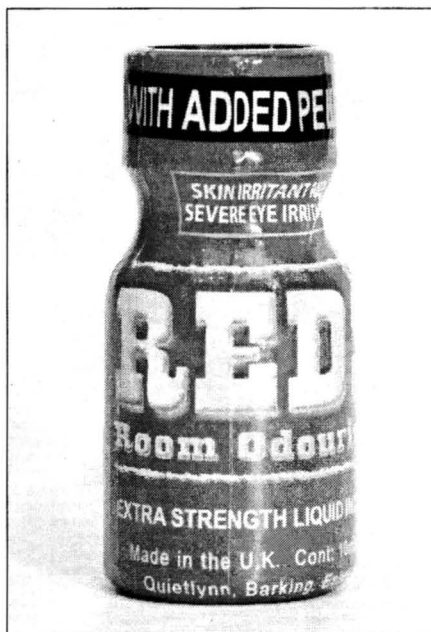
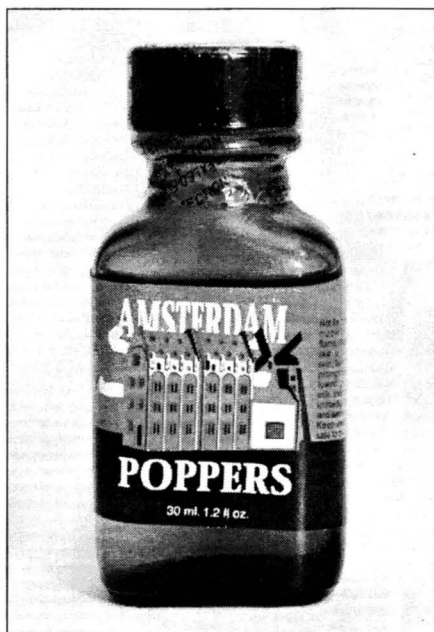
“Sex, being three billion years old, is not specific to any one group—and thus naturally does not come into question as a possible explanation for a new sort of disease,” points out microbiologist Peter Duesberg of the University of California, Berkeley. “But buried in Gottlieb’s paper was another common risk factor [criminally neglected by the CDC] that linked the five patients much more than specifically than sex.” These risk factors included a highly toxic lifestyle and use of recreational drugs that were massively consumed in the gay scene, primarily poppers, or in medical jargon “nitrite inhalants.”⁸³

“Inhalants” is used because these drugs are normally sniffed from a small bottle, and like the customary “poppers” expression the term can be traced back to the mid 19th century. In 1859, the vasodilatory effect that follows inhalation of amyl nitrite was described. This led to its first therapeutic use in 1867 as muscle relaxants for (cardiac disease) patients suffering from angina pectoris (chest pain). The original form of the drug was glass ampules enclosed in mesh: they were called pearls. When crushed between the fingers, they made a popping sound; hence, the colloquialism “poppers” evolved.⁸⁴

The US National Institute on Drug Abuse (NIDA) dates their use as recreational drugs from 1963.⁸⁵ From then on, the drug experienced a proper boom, assisted by the fact that in industrialized countries like the USA, drug consumption in general sharply increased in and since the 1960s and 1970s, the years of sexual and political revolution (between 1981 and 1993, alone the number of cocaine overdose victims delivered to hospitals jumped from 3,000 to 120,000, a 4,000% increase).⁸⁶

The gay scene made use of poppers’ well-known muscle relaxant property. Taking poppers enables “the passive partner in anal intercourse to relax the anal musculature and thereby facilitate the introduction of the penis,” according to a 1975 report in the journal *Medical Aspects of Human Sexuality*.⁸⁷ Poppers also helped prolong erection and orgasm.⁸⁸ The substance was (and is) easy to make at home, and it is very cheap to buy (a few dollars per vial).⁸⁹ At the same time, poppers were massively advertised in popular gay media.^{90 91} And for promotional purposes, the drugs even had their own comic strip spokesperson—a handsome blond hunk who promoted the (in truth, irrational) idea that poppers make you strong and that every homosexual simply had to take them.⁹²

NIDA reported that sales of in just one US state added up to \$50 million in 1976 (at \$3 per vial, that equals more than 16 million bottles).⁹³ “By 1977, poppers had permeated every angle of gay life,” writes Harry Haverkos, who joined the CDC in 1981 and the American drug authorities NIDA in 1984 and was the leading AIDS



© Alejandro Rodriguez

Poppers can be bought in approximately 5 cm (2 inches) high bottles. They're sold as "room odorizer," as "liquid aroma" or "RUSH-liquid incense"; warnings like "highly flammable" or "may be fatal if swallowed" are emblazoned on the brightly-colored vials.

official for both institutions. “And in 1979, more than five million people consumed poppers more than once a week.”⁹⁴

Poppers can severely damage the immune system, genes, lungs, liver, heart, or the brain; they can produce neural damage similar to that of multiple sclerosis, can have carcinogenic effects, and can lead to “sudden sniffing death.”^{95 96} Even the drug’s label warns it is “highly flammable; may be fatal if swallowed.”⁹⁷ And the medical establishment knew about its various dangers. In the 1970s, the first popper warnings appeared in scientific literature. In 1978, for instance, L.T. Sigell wrote in the *American Journal of Psychiatry* that the inhaled nitrites produced nitrosamine, known for its carcinogenic effects⁹⁸—a warning which Thomas Haley of the Food and Drug Administration (FDA) likewise articulated.⁹⁹

In 1981, the *New England Journal of Medicine (NEJM)*, one of the world’s most significant medical journals, published several articles at the same time singling out the so-called fast-lane lifestyle as a possible cause of AIDS.^{100 101 102} This lifestyle is characterized by an extremely poor diet and long-term intake of antibiotics and antifungal substances, which damage the mitochondria, the cells’ powerhouses (plus numerous other medicines, later primarily chemotherapy-like antiviral AIDS preparations including AZT, ddC, d4T, aciclovir and ganciclovir).

Besides poppers, many other, likewise highly toxic, drugs were on the menu, including crystal meth (methamphetamine), cocaine, crack, barbiturates, ecstasy (XTC), heroin, Librium, LSD, mandrex, MDA, MDM, mescaline, mushrooms, purple haze, Seconal, special K, tuinol, THC, PCP, STP, DMT, LDK, WDW, window pane, blotter, orange, sunshine, sweet pea, sky blue, Christmas tree, dust, Benzedrine, Dexedrine, Dexamyl, Desoxyn, clogidal, nesperan, tytch, nestex, black beauty, certyn, preludin with B12, zayl, quaalude, tuinal, Nembutal, amytal, phenobarbital, elavil, valium, darvon, mandrax, opium, stidyl, halidax, caldfyn, optimil, and drayl.¹⁰³

David Durack asked the (still relevant) question in his lead article in the December 1981 *NEJM*: how can AIDS be so evidently new, when viruses and homosexuality are as old as history? Lifestyle drugs, according to Durack, should be considered as causes. “So-called ‘recreational’ drugs are one possibility. They are widely used in the large cities where most of these cases have occurred. Perhaps one or more of these recreational drugs is an immunosuppressive agent. The leading candidates are the nitrites [nitrite inhalants, poppers], which are now commonly inhaled to intensify orgasm.”

American author and AIDS chronicler Randy Shilts addresses this issue in his famous 1987 work *The Band Played On*: “[The poppers-AIDS starting point] would explain why the disease appeared limited to just three cities—to New York, Los Angeles and San Francisco, the three centers of the gay community,”¹⁰⁴ a conspicuous feature also described in the CDC’s *MMWR* from 24 September, 1982.¹⁰⁵

VIRUSMYTH HOMEPAGE

QUEER ADVERTISING

From Poppers to Protease Inhibitors

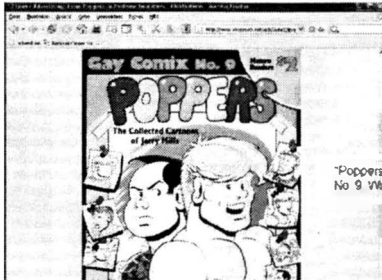
By John Lauritsen

When I use the word "queer", as in "queer advertising", it is intended to be negative. My leading thesis is that it is *queer* -- odd and deplorable -- that in the past 30 years much of the advertising in ostensibly gay publications has been for poppers, AZT or the protease inhibitor "cocktails". I shall argue that these drugs are harmful, they have been and continue to be the cause of suffering and death for tens or hundreds of thousands of gay men.

Drun Magazine cartoon (#26, September 1997) Part 2 ("Geez...!!") and 3 ("It's Poppersman!" "Coming...like Soon! so don't move...we'll get the towel!")



From a biochemical standpoint, the volatile or alkyl nitrites (amyl, butyl, isobutyl, propyl, and other nitrites) are powerful oxidizing agents. If spilled on the skin, they cause severe burns. The liquid is highly flammable, one of the worst fires in San Francisco history occurred when a poppers factory exploded.



"Poppers: The Collected Cartoons of Jerry Mills", Gay Comix No. 9. Winter 1986-87 (Mills died of "AIDS") Front cover

For gay men who came out in the '70s, poppers appeared to be as much a part of the gay clone lifestyle as mustaches or flannel shirts. Accessories were marketed: for leather queens, there were little metal inhalers on leather thongs. One magazine had a comic strip entitled "Poppers", its hero, Billy, was a child-like but sexy blond, whose two main loves in life were sex and poppers.

By 1974 the poppers craze was in full swing, and by 1977 poppers were in every corner of gay life. At gay discotheques men could be seen shuffling around in a daze, holding little bottles under the nose. At gay gathering places -- bars, baths, leather clubs -- the poppers miasma was taken for granted.

Some gay men became so addicted to poppers that they snorted nitrite fumes around the clock. For some, poppers became a sexual crutch, without which they were incapable of having sex, even solitary masturbation.

"Queer Advertising—from Poppers to Protease Inhibitors," an article by American journalist John Lauritsen, who has drawn attention to the dangers of the highly toxic substances since the mid 1980s—dangers that are notoriously played down by the drug manufacturers.

Source: John Lauritsen/www.virusmyth.net/aids/data/jlpoppers2k.htm

Durack additionally notes that, other than drug-using homosexuals, the only patients with AIDS symptoms were “junkies.” In fact, in affluent nations like the USA or Germany, intravenous drug users have always made up a third of all AIDS patients, a fact that hasn’t been acknowledged to the general public.

Immune system destruction is even more common among intravenous drug users than poppers-inhaling homosexuals. Junkies’ lives are wrecked not by a virus, but (primarily) by excessive drug use over years. If the general public had known that a consistently high percentage of AIDS patients were intravenous drug addicts, perhaps the medical establishment would have been forced to study drugs as a possible cause of AIDS.

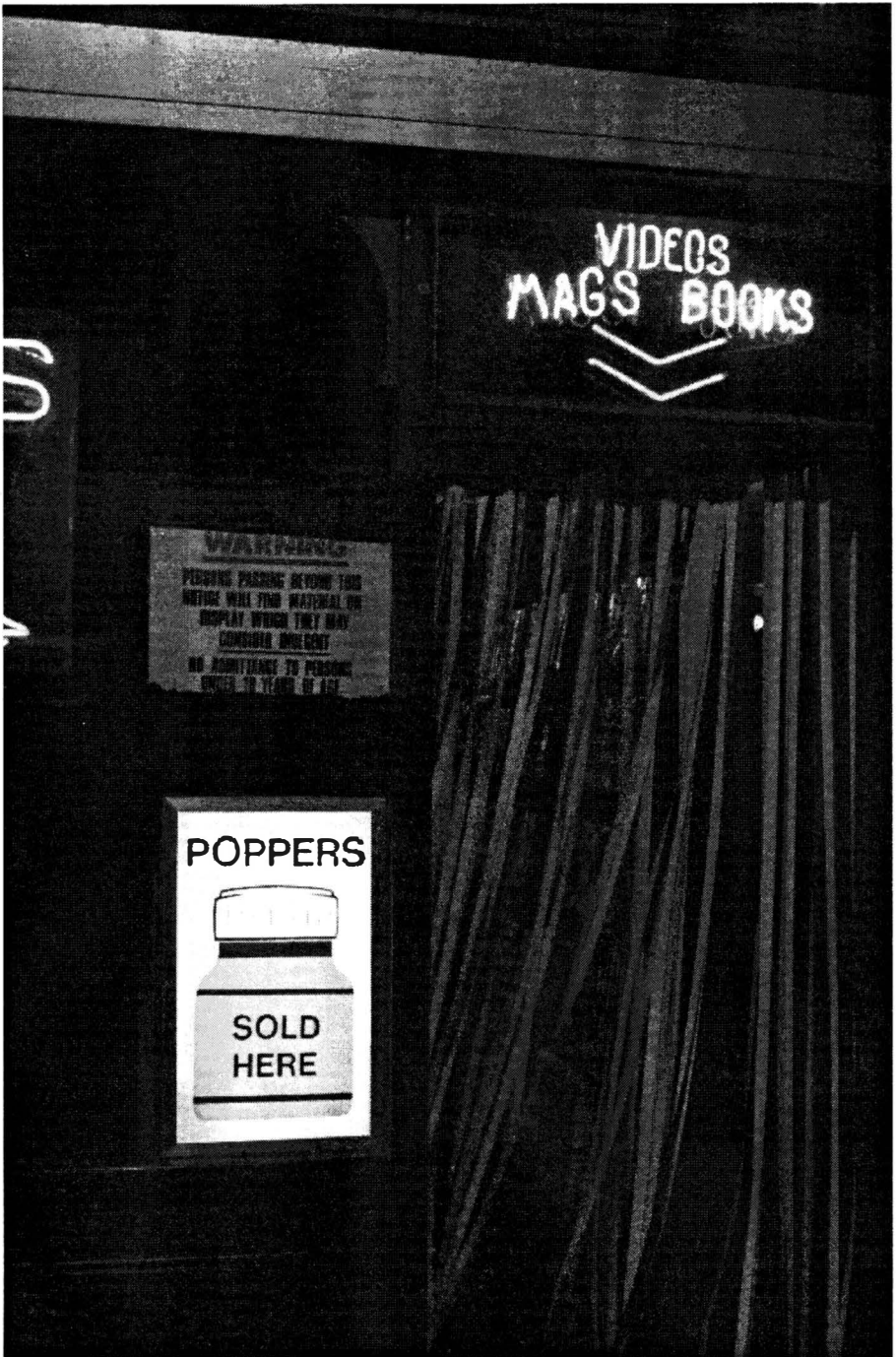
How the “Fast-Lane Lifestyle” Topic Got Out of Sight

A number of high-power organizations sought to prevent this message from getting through. First, the CDC purposely skewed their statistics. Their weekly bulletins divided AIDS patients into groups (homosexuals, intravenous drug users, racial minorities, hemophiliacs), yet they attributed a lower percentage to junkies than homosexuals. At one point, 17% were identified as drug users, and 73% were homosexuals, according to the CDC. This gave the impression that drug users were a less significant group among AIDS patients.

The CDC only admitted they played with the numbers to those who meticulously probed for more information. Journalist and Harvard-educated analyst John Lauritsen discovered that 25% of AIDS patients statistically labeled homosexual were also drug users. But the CDC simply lumped all of these gay drug addicts into the homosexual category. For this reason, the portion of drug users was 17% whereas in reality it should have been 35% (that is, more than one in three AIDS patients fits into the intravenous drug user category).¹⁰⁶

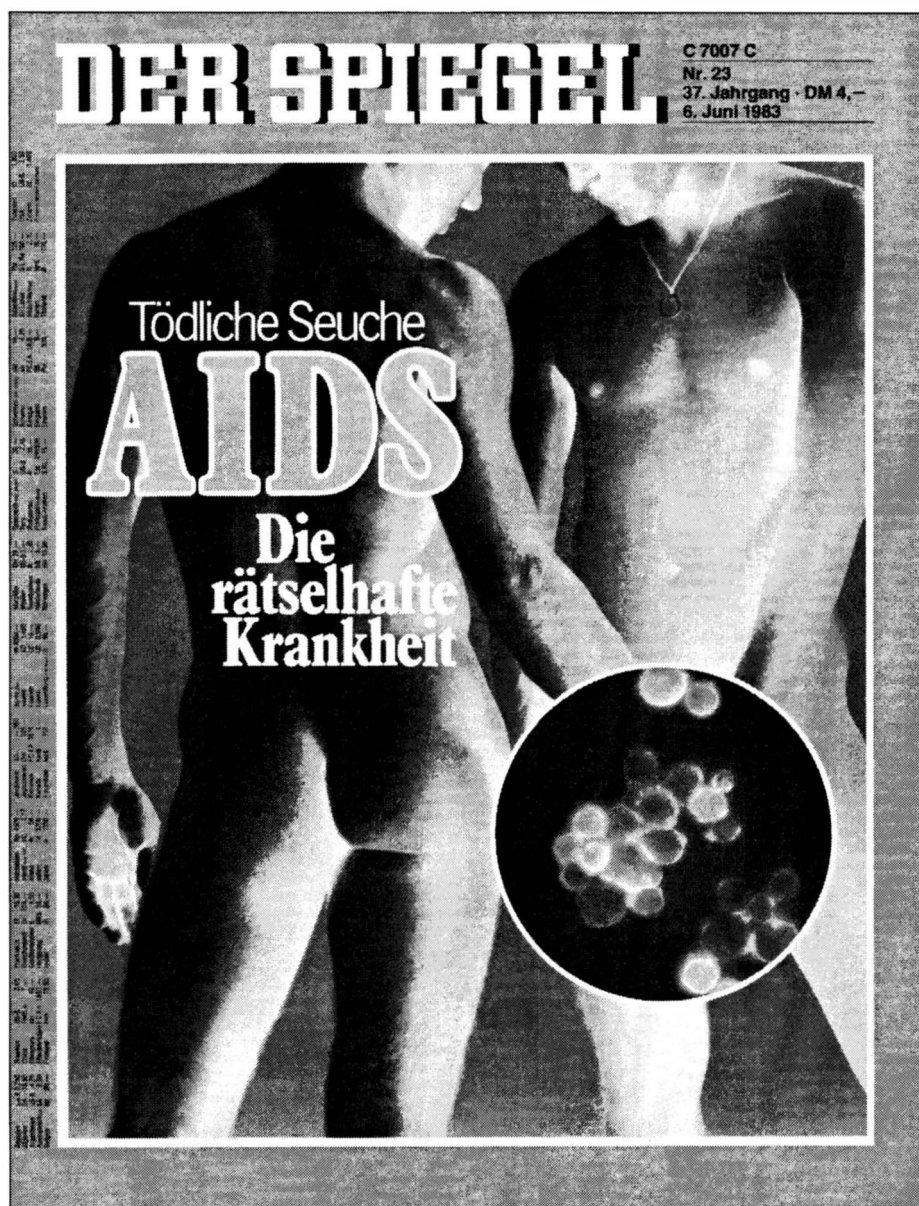
Based at least in part on these skewed stats, the gay community certainly became active in the AIDS war and some became powerful gatekeepers of the AIDS establishment. “Gay men, some of them affluent and relatively privileged, found their way into private doctors’ offices and prominent teaching hospitals—and from there into the pages of medical journals [and from there into the mass media]—while drug users often sickened and dies with little fanfare,” describes sociologist Steven Epstein. And many reports in medical journals were penned by doctors who were very close to the gay scene and for that reason had treated many AIDS patients.¹⁰⁷

The focus on homosexuals was so strong that, at the beginning AIDS was even called Gay-Related Immune Deficiency Syndrome (GRID).¹⁰⁸ Or simply, “gay-disease,” primarily because clinicians, epidemiologists, and reporters perceived [the



© John Lauritsen

Poppers on sale in a sex shop. Source: Lauritsen, John, *The AIDS War*, 1993.



Der Spiegel, 23/1983

syndrome] through that filter of the ‘gay men’s health crisis,’” as Epstein outlines.¹⁰⁹

It was also far from random that the first *Spiegel* cover on AIDS depicted two well-endowed young men, looking at each other’s genitals (see picture). But with gays, focus remained on the topic of sexual transmission, and drug use was not tied in. And so it was also said right at the beginning of the first *Spiegel* cover story in 1983: “An Epidemic That Is Just Beginning”: “the gay epidemic, ‘AIDS’, a deadly immune deficiency, has reached Europe.”¹¹⁰

These media messages quickly caused widespread belief and panic that a deadly contagious sexually transmitted epidemic was occurring, at least among gay men. Even though there was no scientific data to back these perceptions up and Gallo and Montagnier had yet to publish their 1984 papers, claiming to have discovered HIV as the cause of AIDS.

Why was the gay scene such a focus of interest? And the much more obvious connection between drugs and immune disorders ignored? Particularly since in developed countries, almost all patients said to have the one of the immune deficiency diseases called AIDS have always been homosexuals and drug users. In other words, almost all AIDS patients take immunosuppressive and potentially deadly drugs and/or medications.¹¹¹

Firstly, mainstream culture knew next to nothing about poppers and they are still used almost exclusively in the gay community. In the 1980s, gay organizations strongly objected to the idea that their much-loved drugs could play a role, particularly a decisive role, in the development of AIDS symptoms. The AIDS establishment, attached to its virus-fixation, also lured the community into their fold by creating opulently paid consulting contracts for important members of gay organizations. Pharmaceutical companies also invested money in the gay community with innumerable advertisements for AIDS medications, like a Hoffmann-La Roche ad reading, “Success creates courage,” and a Wellcome ad for poppers calling amyl nitrite [i.e. poppers] “the real thing.”¹¹²

The gay community even ignored urgent medical warnings from scientists about the dangers of poppers. Editors of *The Advocate*, a popular US magazine for homosexuals, ignored their letters, but accepted a whole series of poppers advertisements called “Blueprint for Health” from Great Lakes Products, at the time probably the largest manufacturer of sex drugs. “In this, it wrongly said that government studies had exonerated poppers from any connection to AIDS, and that poppers were harmless,” writes John Lauritsen, who has studied the topic of poppers and AIDS in depth.¹¹³ These ads also suggested that poppers—just like vitamins, fresh air, exercise and sunshine—belonged to a healthy lifestyle,¹¹⁴ and that they were an integral part of the gay community’s “Fantasyland” and “wonderful land of drugs, parties and sex.”¹¹⁵

The scene is no different today. Although certain versions of the drugs were prohibited because of high toxicity in 1988 and 1990, promotional websites for the lifestyle drug, such as bearcityweb.com or allaboutpoppers.com claimed that “poppers are the closest thing to a true aphrodisiac that exists today, and in addition they have been shown to be among the safest and most pleasurable compounds the world has ever seen.”^{116 117}

Many important gay publications and organizations continue to promote poppers and censor data on adverse effects. This has had devastating consequences in society, since the gay media play an important role in informing and educating writers and journalists, who themselves deliver important messages about AIDS to the general public. “Indeed, some media organs of the AIDS movement, such as *AIDS Treatment News*, are widely recognized as agenda-setting vehicles for the circulation of scientific knowledge, and are read by activists, doctors, and researchers alike,” writes Steven Epstein.¹¹⁸

A further decisive building block on the way to the construction of the dogma that AIDS is a contagious viral disease was the behavior of the Centers for Disease Control (CDC). From the beginning, they were unwilling to explore the drug connection.^{119 120} The CDC set on the search for a deadly virus, without hesitating to suppress disagreeable data. In 1982, their own AIDS expert Haverkos analyzed three surveys of AIDS patients conducted by the CDC. He came to the conclusion that drugs like poppers did play a weighty role in disease onset.

But the CDC refused to publish their own high-ranking employee’s study, and Haverkos transferred to the FDA in 1984 to become AIDS coordinator there.¹²¹ The paper finally appeared in the journal *Sexually Transmitted Diseases* in 1985.¹²² This prompted the *Wall Street Journal* to pen an article unambiguously stating that drug abuse was so universal among AIDS patients that this, and not the virus, must be considered the primary cause of AIDS.¹²³

But such reports fell on deaf ears, for the world had already been sent down the virus road years before. Talk of drug factors ended with the CDC’s second AIDS-related *MMWR* (3 July, 1981), in which further “highly unusual cases of Kaposi’s sarcoma” were reported.¹²⁴ This had a viral effect upon media coverage. “When the first reports of the peculiar deadly illness from California began to wash up here, the CDC releases were our only proper source of information,” remembers Hans Halter, who penned the *Spiegel’s* first cover story on AIDS. Its headline: “An epidemic that is just beginning.”

Halter, himself a specialist in sexually transmitted diseases, had, as he relates, looked through the CDC data with a virologist friend. “It was clear to us,” Halter claims, “that a retrovirus transmitted through sperm and blood was to blame!”¹²⁵ Halter admitted in that story that the “immune system [in homosexuals], as scientific

examinations show, is also compromised through antibiotic treatment, drug consumption, and intensive use of poppers.”

Yet, incomprehensibly, in the very same article, only a few paragraphs previously, Halter wrote: “First, the ‘poppers’ hypothesis collapsed: a control group of non-AIDS-infected homosexuals also took the stimulant, which expands blood vessels and is said to improve orgasm.”¹²⁶ Not only does this contradict Halter’s own understanding that a drug lifestyle damages the immune system. Also, even if the experiment Halter mentioned had actually existed, this is still a far cry from demolishing the hypothesis that poppers play a (significant) role in the onset of the disease symptoms termed AIDS.

You would think this writer must have first reviewed this study to come to such a conclusion. What exactly was being investigated? Was the paper compiled without bias or conflicts of interest? Is the argument conclusive? We don’t know because no such study has ever been conducted. It’s no wonder that Halter couldn’t name the study upon request. Instead, he recommended looking in Shilts’ book, *And the Band Played On*, adding, “maybe there are answers in it.”¹²⁷ Indeed there are. According to Shilts, the poppers starting-point does offer an explanation for AIDS. “Everybody who got diseases seemed to snort poppers,” writes Shilts.¹²⁸

Of course, there will always be people who take drugs like poppers and do not get one of the AIDS diseases like lymphatic cancer. But dosage and the length of time a person uses a drug, as well as other individual behavior patterns, living conditions, and genetic make-up always play a role. Just as a casual smoker is less likely to get lung cancer than a chronic smoker.

New York, February 2005: From Super-Drug Consumers to “Super-AIDS-Virus” Patients

On 11 February 2005, Dr. Thomas Frieden, a New York City health official, stepped up to the microphone and announced the discovery of a supposedly deadly new strain of HIV that was resistant to around 20 different AIDS medications. The world press went ballistic. German newspaper *Die Welt* headlined: “Super-AIDS in New York,” and the *Süddeutsche Zeitung* speculated that the one gay male whose illness had led to Dr. Frieden’s big announcement had become infected with the virus at a “bareback party,” a gay sex party (bareback refers to anal sex without a condom). It was only incidentally mentioned in the article that the man had taken drugs including cocaine and crystal meth (methamphetamines) to keep him going all night long.¹²⁹

By the end of the month, an article in the gay/lesbian magazine *San Francisco Bay Times*, points out that, “what the [mainstream] media has failed to report is that

the 46-year-old patient had been on a three-month run of crystal [meth], 90 days in a row, [and] when he [finally] went to the doctor, he was just a shell of a person.”¹³⁰ The man had also been a chronic drug-taker since the age of 13: first marijuana and alcohol, then later heavier drugs like cocaine or crystal meth—substances that have similarly stimulating and short-term performance-enhancing effects, and are just as toxic as poppers (which were probably also among the drug-repertoire for the man in his mid-40s).¹³¹

We are looking at an example of a classic AIDS patient. Let’s remember here that the first AIDS patients were described as young homosexuals heavily addicted to drugs, ranging in age from 30 to mid-40.¹³² How then, could these patients possibly be helped by further chemical poisoning in the form of highly toxic medications? That the above-mentioned patient did not respond positively to any of the twenty AIDS medications had nothing to do with a drug-resistant virus (as is continually asserted), but rather to the fact that the already unhealthy, immune-compromised man could not handle the highly toxic preparations.

Shortly after the news of a mutant HIV strain, a striking article appeared in *Science*, acknowledging that there was still no proof that what had been termed the “nightmare virus strain” can cause disease.¹³³ Jacques Normand, director of AIDS research at the US National Institute on Drug Abuse (NIDA), confirmed in an interview we got published in the weekly newspaper *Freitag*, that “the question of whether we are dealing with a super AIDS virus remains unanswered.” And drugs, continued Normand, cannot be ruled out as the main cause of the 46-year old’s health problems.¹³⁴

These sentences carry even more weight when you consider that both the drug administration and specialist journals like *Science* normally stay right in line with orthodox AIDS medicine, and that real criticism or doubts on the HIV = AIDS dogma are rarely ever heard.

Gallo, 1994: Not HIV, But Sex Drugs Like Poppers Cause AIDS

At a high-level meeting of US health authorities in 1994—titled “Do Nitrites Act as a Co-Factor in Kaposi’s Sarcoma?”—The best-known speaker was the National Cancer Institute’s Robert Gallo, so-called co-discoverer of HIV. His statements were noteworthy. According to Gallo, HIV was surely a “catalytic factor” in Kaposi’s, but even he acknowledged, “there must be something else involved.” Then he added: “I don’t know if I made this point clear, but I think that everybody here knows—we never found HIV DNA in tumor cells of KS. So this is not directly transforming. And in fact



© WPN/Agentur Focus

Both pictures, taken two and a half years apart, show the very same woman, who became addicted to crystal meth. The narcotic is highly toxic and can severely damage health, with effects ranging from loss of memory and premature graying of hair to kidney damage, stroke, and cardiac arrest. Bret King, deputy sheriff in a county prison in the state of Oregon took the pictures to document the drug's rapid and devastating effects.



we've never found HIV DNA in T cells although we've only looked at a few. So, in other words we've never seen the role of HIV as a transforming virus in any way."

And in response to a question from Harry Haverkos, then director of the AIDS department at NIDA, who said that not a single case of KS had been reported among blood recipients where the donor had KS, Gallo allowed: "The nitrites [poppers] *could* be the primary factor."¹³⁵

To fully appreciate Gallo's statement, we must recall that, in wealthy nations like the USA and Germany, Kaposi's sarcoma was—next to PCP—the most significant disease among patients labeled with "AIDS."¹³⁶ In 1987, for example, *Der Spiegel* described Kaposi's sarcoma patients defined as AIDS patients as the "sarcoma-covered skeletons" from the "same-sex scene."¹³⁷

Indeed, "At present, it is accepted [even by CDC scientists] that HIV plays no role, either directly or indirectly, in the causation of Kaposi's sarcoma," writes Australian medical professor and AIDS expert Eleni Papadopoulos.^{138 139 140} Given this background, it seems paradoxical that Kaposi's sarcoma is still part of the official AIDS definition in industrialized countries (anyone with KS and a positive test result counts as an AIDS patient)—and that, contrary to the facts, even respected magazines like *The New Yorker* still assert that "Kaposi's sarcoma is a sign of AIDS"¹⁴¹ (i.e. HIV causes KS).

***Der Spiegel*: On the Path of Sensationalistic Journalism**

The media tend to have difficulties with the facts anyway.¹⁴² They prefer to occupy themselves with their favorite theme: sex. By the end of 1982, dozens of articles on the "mysterious new disease" had appeared in the US print media alone. Soon enough, the number jumped to hundreds per month.¹⁴³ And they constantly tossed around the idea that this virally-caused and sexually transmitted disease posed a threat to the general public. In Germany, the news magazine *Der Spiegel* took a leading role in this virus propaganda, publishing approximately 20 cover stories on HIV/AIDS since 1983, and, according to a *Spiegel's* internal release, the magazine has reported far more on AIDS than on any other medical topic, including cancer.¹⁴⁴

By late 1984, the Hamburg-based news magazine was so confident with its AIDS dossier, that they headlined, "The Bomb Is Planted" and that, in developed nations like Germany "the epidemic is breaking out of the gay-ghetto. Women are also in danger."¹⁴⁵ The following year, *Der Spiegel* explicitly expressed certainty that everyone was at risk with the cover story headline: "Promiscuity Is the Epidemic's Motor." The story goes on to state "it has become clear that the disease has started

to reach out from its previous high-risk groups [homosexuals and intravenous drug users].”

The article went on to offer up the doctors’ orders for curbing the spread of HIV: “Still without a cure in the fight against AIDS, doctors advise monogamy to heterosexuals and celibacy to gays.” To support these theses, the magazine, which in Germany still epitomizes investigative journalism, looked to headlines from the rainbow press, including “Danger For Us All: A New People’s Epidemic” from The Munich glossy *Quick* and “AIDS—Now the Women Are Dying” from the “master” of media warhorses, the *Bild am Sonntag*.¹⁴⁶

The *Spiegel* practiced a juicy double strategy by incorporating the tabloid media’s sensationalized statements into its text in such a way that they substantiated The *Spiegel*’s own theses. Yet it tried to distinguish itself from the cheap tabloids by writing that “hardly a day goes by without the boulevard press seizing up the subject [of AIDS] with headlines that go down easy.” But *Der Spiegel* was fully invested in the game of muckraking AIDS coverage.

Particularly in the 1980s, *Spiegel* had sex on the brain, so articles were teeming with questions like, “Should only’ homosexuals believe in it, maybe because the Lord has always had a whip waiting for them?”¹⁴⁷ So-called journalists gushed about “doing it upright” and “cock-centered routines”¹⁴⁸ and lamented the end of the “quickie” or the “good old one-night stand.”¹⁴⁹ And where would tabloid journalism be without reporting on “Hollywood stars’ fears of AIDS”? According to *Der Spiegel*, “Linda Evans, who was thoughtlessly kissed by AIDS-infected Rock Hudson from the ‘Denver Clan,’ awoke night after night in terror. She cries on the telephone for help, for her nightmares show her all the stages of the disease. Burt Reynolds has to reaffirm again and again that he is neither gay, nor has AIDS.”¹⁵⁰ Or what about this hook? “Rock-Vamp Madonna and other pop stars back off singing: ‘Take your hands off me.’”¹⁵¹

Bo Derek, the sex icon of the 1970s and 1980s, “was even forbidden [by her husband] to kiss on-the-job, except with AIDS-tested film stars,”¹⁵² according to the “Credo: ‘No kiss, no AIDS.’”¹⁵³ All sorts of celebrities weighed in with their own brand of homophobic hysterics, like ‘Denver Clan’ star Catherine Oxenberg, who said, “If I have to work with a gay in the future, I won’t kiss him.” *Der Spiegel* even took a jab at then US President: “30% of all actors are gay. Does Ronald Reagan know that?” Rock Hudson seemed to be the prime target of every AIDS-related riff: “The beasts with AIDS threaten Hollywood society. To counter the hysteria, Ed Asner, the esteemed president of the Screen Actors Guild, suggested ‘striking kissing scenes from screenplays for the time being.’ Now it’s getting serious, by holy [Rock] Hudson!”¹⁵⁴

Kissing phobia became so infectious that the CDC issued an official notice that “Kissing is not a risk factor for the transmission of AIDS.”¹⁵⁵

In his 1987 cover story, *Spiegel* writer Wilhelm Bittorf didn't shy away from giving his own personal views, portraying the homosexual community as a "potential pest hole," and sexual interaction with a single woman as a "necessary evil": "A woman who I had slept with a few times, and who I found rather exciting, later told me that she was particularly proud that she had also converted gays to her charms. Gays! I felt as if someone had rammed a giant icicle into my gut. The fear that I had gotten myself infected was enormous. I have no idea why. Of course, I had earlier read, and written, a lot about AIDS, but the fear first clutched me there. The weeks leading up to the decision to take the blood test were awful. It is as if you submit yourself to an irrevocable judgment of your entire life. Then the blood test, anonymous; a week of waiting, hardly sleeping at night: one can only think of oneself. Test result: negative. But the shock is still bone deep. My sex life according to the motto 'good is what turns you on' has been over since that time. Sex afterwards, unlike beforehand, was sex with a condom, even when the girls grumbled about it. And now, months of living with just one, who I chose based on the criteria of whether she can be faithful. I live monogamously and am concentrated on just one person. I do lust after others, but I deny myself."¹⁵⁶

That the *Spiegel* readers do not "know more," as the magazine is fond of saying about itself in its ads,¹⁵⁷ becomes clear when one looks more closely at coverage since the beginning of the 1990s. Since then, *Der Spiegel* has forced the constant interplay between fanning hopes and dashing them, continually stringing its readers along emotionally. In the 1991 story "Mother Nature Improved," "AIDS pioneer Robert Gallo" was quoted, boasting: "In ten years at most, a vaccine against AIDS will have been developed and will be ready to use";¹⁵⁸ and in 1995, it was optimistically reported that after the "disappointment with AZT, the new pill of hope from Basel is being generated by the kilogram in the cauldrons of the Swiss group Hoffman-La Roche: saquinavir."¹⁵⁹

Then in 1996, sudden pessimism: "Since 1985, virologists, epidemic doctors, geneticists, and pharmaceutical researchers have discussed the pandemic's fatal march of victory at international AIDS congresses. The sobering result was constantly the same: AIDS can apparently not be brought under control, possibility of a cure or an effective vaccine still lies in the distant future."¹⁶⁰

Only one year later, when the pharmaceutical industry brought new active substances onto the market, *Der Spiegel* conveyed to its readers, another uplifting message: "Now, words of hope are everywhere—*Newsweek* and the *New York Times* proclaim a possible 'end of AIDS.'"¹⁶¹

Yet we're still no closer to the "end of AIDS." This did not escape the *Spiegel* either; the magazine quoted Reinhard Kurth, director of the Robert Koch Institute, with these resigned words: "The optimism of the beginning of the 1980s is long

gone,” since “vaccines limiting the transmission of AIDS are the only way that promises long-term success against this most serious medical catastrophe of modern times; [but], the simplest roads to the development of an HIV vaccine are unfortunately blocked.”¹⁶²

To this, media researcher Michael Tracey writes that media coverage of AIDS “satisfied a certain kind of news value that is ignorant but loves to wallow in gore, and that readily has the ear of a public which is fascinated by the bizarre, the gruesome, the violent, the inhuman, the fearful.”¹⁶³ In 1987, *Spiegel* writer Wilhelm Bittorf described, possibly without really realizing it himself, this method of shock journalism:

“AIDS has what the others are missing: nuclear death is anonymous, blind, impersonal, unimaginable even after Chernobyl, and thus dead boring. It may threaten to depopulate the earth, but that has little to do with the most private spheres of human experience. Even the worst environmental damage lies further away than the doom of infection in the erogenous zone. And if the Pershing rockets in [the German federal state] Baden-Wuerttemberg had only compromised the sex lives of the Germans, they would have been gone a long time ago.”¹⁶⁴

Der Spiegel generated its own “grotesque street ballads,” like the story “of the Munich German teacher, infected with AIDS through mere French kissing. ‘I didn’t even have sex with him,’ the 26-year old said, bewildered. She cannot work anymore and is waiting for death.” Or a woman from Düsseldorf, who purportedly destroyed her life during a holiday adventure in Portugal and lamented, “I only slept with him once.”¹⁶⁵

These stories clearly impede the search for truth, because they suggest that the conditions illustrated are true, although nobody has verified the facts in question—and much speaks for the fact that the illustrated conditions do not represent the truth.

AIDS Is Not a Sexually-Transmitted Disease

And so, the simple and yet “politically incorrect truth is rarely spoken out loud: the dreaded heterosexual epidemic never happened,” Kevin Gray, of the US magazine *Details* reported to his readers’ in early 2004.¹⁶⁶ The “degree of epidemic” in the population of developed nations has remained practically unchanged. In the USA, for example, since 1985, the number of those termed HIV-infected has remained stable at one million people (which corresponds to a fraction of one percent of the population). But if HIV were actually a new sexually transmitted virus, there should have been an exponential rise (and fall) in case numbers.¹⁶⁷

Additionally, in wealthy countries like the USA and Germany according to official statistics, poppers-consuming homosexuals have always made up around 50% of all AIDS patients, and intravenous drug users about 30%—a further seven percent are both. With this, almost all AIDS patients are men¹⁶⁸ who lead a self-destructive lifestyle with toxic drugs, medications, etc. In contrast, the official statistics say that in poor countries:

- a much larger proportion of the population has AIDS
- men and women are equally affected and
- primarily, malnourished people suffer from AIDS¹⁶⁹

This clearly shows that AIDS symptoms are triggered by environmental factors like drugs, medications and insufficient nutrition. And it clearly speaks against the presumption that a virus is at work here “that moves like a phenomenon of globalization—just like data streams, financial rivers, migration waves, jetplanes—fast, borderless, and incalculable,” as the German weekly newspaper *Die Zeit* urgently warned on its front page in 2004.¹⁷⁰

Such a pathogen would inevitably have to attack all people in all countries of the world equally: men and women, straight and gay, African and German—and not, as statistics reveal, in a racial and gender-biased way, attacking certain populations at different rates. In this context, *Details* writer Gray mentions a joke which made the rounds in the New York City Department of Health when the accumulation of AIDS statistics began: “What do you call a man who [says he] got AIDS from his girlfriend? A liar!”¹⁷¹

In fact, the largest and best-conceived studies on the subject of sex and AIDS show that AIDS is not a sexually transmitted disease.^{172 173 174} The fact is glaringly obvious in the most comprehensive paper on this topic: Nancy Padian’s 1997 study on seroconversion rates among couples, published in the *American Journal of Epidemiology* with an observation period of ten years (1985 - 1995). In it, not a single case could be uncovered in which an HIV negative partner eventually became “positive” (or “seroconverted”) through sexual contact with his or her HIV positive partner. That is to say, the observed transmission rate was zero.¹⁷⁵



23 April 1984: Gallo's TV Appearance Carves the Virus Dogma in Stone

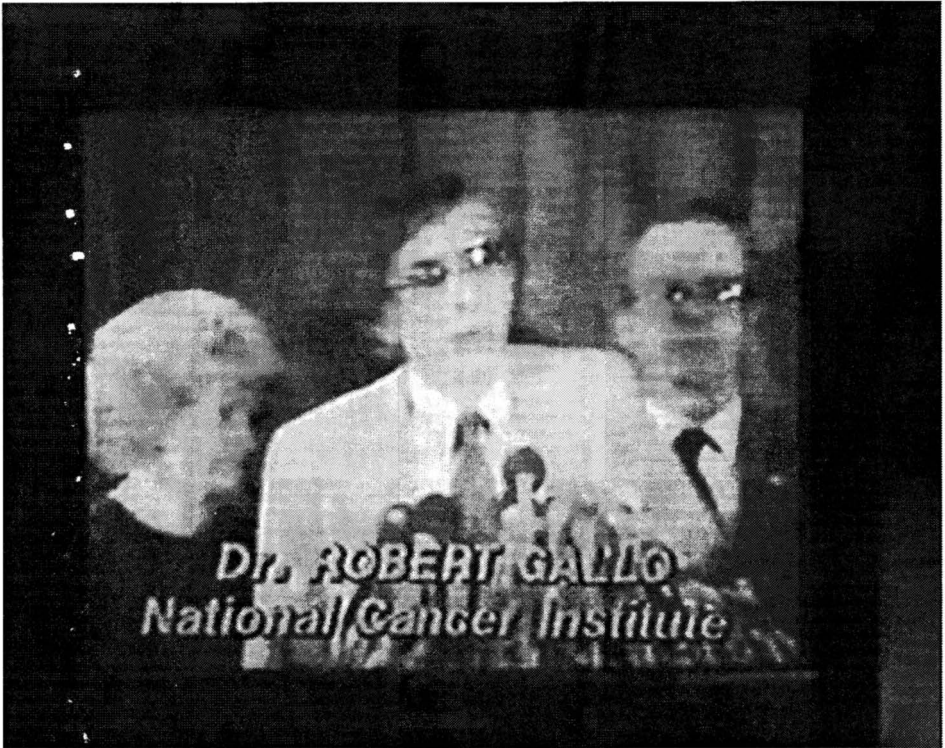
American virologist Robert Gallo and US Health Minister Margaret Heckler stepped in front of the cameras on 23 April 1984, with an important message: "Today we add another miracle to the long honor roll of American medicine and science. Today's discovery represents the triumph of science over a dreaded disease. Those who have disparaged this scientific search—those who have said we weren't doing enough—have not understood how sound, solid, significant medical research proceeds."¹⁷⁶

The media immediately passed the news on to their audiences, without questioning what kind of "medical research" had led these scientists to believe what would soon become the dogma of the AIDS establishment: that AIDS can only occur in the presence of a viral infection, and that the virus dramatically destroys the patient's helper cells (T cells). Gallo and Heckler then promised that an AIDS vaccine would be ready by 1986.¹⁷⁷

The public is still waiting for this promised vaccine. And the rest of us who have questioned the HIV = AIDS theory are still asking for evidence of Gallo's thesis that a virus is involved in the onset of AIDS symptoms like the rare cancer Kaposi's sarcoma, the lung disease PCP, herpes zoster, the deficiency-caused tuberculosis, and a growing number of other diseases and disorders added to the "AIDS-related" list yearly. Neither can the AIDS establishment explain why even AIDS patients in the end-stage have very few helper cells said to be "infected" with what is termed HIV (although the orthodoxy precisely alleges that HIV attacks and kills these T cells). For this reason, the collapse of the immune system cannot be plausibly explained by the HIV = AIDS theory either. In 1985, the specialist publication *Proceedings of the National Academy of Sciences* drew attention to this helper T cell "paradox."¹⁷⁸

Gallo's papers were first printed in the journal *Science* weeks after the press conference. Thus, prior to his spectacular TV appearance, and for some days afterwards, nobody was able to review his work. This presented a severe breach of professional scientific etiquette, especially as review later showed that Gallo's studies did not deliver any proof for the virus thesis.¹⁷⁹

But nobody opposed these very serious breaches of public trust. Instead, Gallo cast himself—surfing on the global wave of virus panic—as an infallible researcher. And the journalists believed him, so this virus-driven AIDS plan quickly embedded itself in the media, and from this time onwards it would drive all public information on AIDS. The words "virus," "cause," and "AIDS" were inseparably linked—and the world believed that AIDS is contagious. Scientific journalists around the globe were



"The probable cause of AIDS has been found," asserted US microbiologist Robert Gallo at a press conference on 23 April 1984 (at his left, then American health minister Margaret Heckler). Source: TV documentary "AIDS—The Doubt" by Djamel Tah, broadcasted on German Arte Television, 14 March 1996.

thrilled to have a great story about a sexually transmitted epidemic, not to mention a brave medical hero and savior in Robert Gallo.

The fact that most of the world fell for Gallo's theory hook, line and sinker was confirmed in an investigation by Steven Epstein. The sociologist analyzed AIDS reports in leading specialist magazines in the opinion-shaping time from 1984 - 1986. It was shown that, among published texts referencing Gallo's *Science* paper, the proportion that described the virus = AIDS hypothesis as a fact jumped from 3% to 62% between 1984 and 1986.

"Expressions of doubt or skepticism [of the virus thesis]—let alone support for other hypotheses—were [in contrast] extraordinarily rare throughout this period from 1984 to 1986," Epstein argues.¹⁸⁰ "Findings such as these certainly support [culture critic Paula] Treichler's claim—that Gallo and his close associates established a network of citations that served to create the impression of greater certainty than Gallo's own data warranted. In circular fashion, each article points to a different one

as having provided the definite proof; the buck stops nowhere.”¹⁸¹ This had a huge influence on the mass media (and with it on public opinion), which typically merely regurgitates information printed in *Nature*, *Science* or other specialist journals.¹⁸²

***New York Times*: Chief Medical Reporter Altman's Cozy Relationship With Epidemic Authorities**

The reports of much of the mass media also influenced the content of scientific journals, according to a study published in 1992 in the *New England Journal of Medicine*. Even top scientists trust mass media sources like the *New York Times*,¹⁸³ a paper that often serves as the measure for other mass media. That is why editors often ask American journalists pitching their story ideas, “Has the *New York Times* broken the story yet?”¹⁸⁴

But, how objective and sound was the *New York Times*' coverage of AIDS? Epstein also investigated this and found that in the specialist publications between 1984 and 1986, both the proportion and the total number of articles in which it was blindly assumed HIV caused AIDS increased drastically.¹⁸⁵

The chief medical reporter for the *New York Times*, Lawrence Altman, distinguished himself as the leading media protagonist for the theory that AIDS is caused by HIV. Altman was so convinced of Gallo's assertions that within weeks of the Heckler-Gallo conference on 23 April 1984, he was using the neologisms “AIDS virus” and “AIDS test” even though Altman's 15 May 1984 article acknowledges that, “As the Red Cross and other studies progress, one of the most difficult questions that needs to be answered is: What does a positive blood test result mean? At this stage of AIDS research, scientists do not know if a positive test result means that the individual has an active infection, could transmit AIDS, had the infection at some unknown point in the past but recovered without becoming ill, or could still develop a fatal case at some future time.”¹⁸⁶

Yet, no mainstream media reports have since answered this “difficult” question, and soon enough, it was simply dropped from public discourse. “AIDS virus” has become a synonym for “HIV,” just as “AIDS test” has replaced the more correct though still puzzling term “antibody test” even though Altman himself acknowledged some months later that “scientists have not yet fulfilled Koch's postulates for AIDS.”¹⁸⁷

Both terms have firmly established themselves.¹⁸⁸ This is highly problematical, however, because it allows scientific theories that have never been proven to pose as facts. In this case:

- That a virus called HIV causes the diseases grouped together under the term “AIDS” (Kaposi’s sarcoma, shingles, tuberculosis, etc.)
- That the existence of HIV antibodies can actually be proven with an HIV test

Critics have questioned Altman’s objectivity and accused him of bias towards the Centers for Disease Control. In 1963, as a doctor, Altman joined the Epidemic Intelligence Service (EIS), which had been formed a few years after the Second World War. Altman was a high-ranking EIS scientist.¹⁸⁹ And like the CDC, which is so fixated on the dangers of infections so that it has practically excluded other possible causes, such as chemical substances or toxins,¹⁹⁰ the EIS has always been biased towards one goal: fight the viruses.

The EIS website information proudly claims that EIS pupils had “discovered how the AIDS virus was transmitted.”¹⁹¹ And so that as few people as possible leave the elite squad, its own alumni association fundamentally “attempts to foster a spirit of loyalty to the EIS program through its activities.”¹⁹²

The virus-fixated CDC, likewise, cannot be classified, in principle, as an objective information source at all. However, politicians and journalists continue to trust that any information the CDC makes public can be relied on without examination.¹⁹³ For instance, in 2005, the German *Süddeutsche Zeitung* wrote: “Worldwide, the ‘Centers for Disease Control’ [CDC] in the USA are considered a model of a fast and consistently acting epidemic authority.”¹⁹⁴

Altman, thanks to his high-level connections at the CDC, received various scoops from the epidemic officials.¹⁹⁵ And in 1992, he even openly admitted in *Science* that he had relied on the views of the CDC. And when “the CDC was not confident to publish” the story Altman “didn’t think it was his paper’s [*The New York Times*] place to announce” it.¹⁹⁶ But strangely, nobody found it necessary to ask why the top medical reporter from the *New York Times*, who has a substantial influence upon the formation of public opinion, feels bound to follow the line of a federal authority.

1987: Top Experts Take the Stage as Critics of the AIDS Orthodoxy

In the mid-1980s, with “fast-lane lifestyle” theme cleared from the table to make room for the virus feast, there were no really weighty voices of opposition to the dominant views on AIDS. As social psychologist Elisabeth Noelle-Neumann fittingly argues, only members of a certain elite had the necessary influence upon people in power to decisively influence the formation of public opinion.

At the same time, “excellence must appear early before the public eye,” says Noelle-Neumann.¹⁹⁷ And so it did, in the form of Peter Duesberg, member of the National Academy of Sciences, the USA’s highest scientific committee, and one of the best-known cancer researchers in the world. A critic of the first class had entered the ring to dispute the cause of AIDS.¹⁹⁸ But Duesberg’s first major critique did not appear until 1987, in the journal *Cancer Research*—in other words, at a time when virus panic had already bombarded the public conscience for many years.

And, as those days and years ticked by, it became less and less likely that advocates of the “AIDS virus” theory would back-pedal, since they had already heavily invested, financially, personally and professionally, in HIV. Be it in the *Spiegel*, *Die Zeit*, *The New York Times*, *Time* or *Newsweek*—the AIDS orthodoxy’s theory had been championed everywhere. Researchers such as Gallo found themselves simply unable to retreat from their original claims because “stakes are too high now,” notes American journalist Celia Farber. “Gallo stands to make a lot of money from patent rights on this virus. His entire reputation depends on the virus. If HIV is not the cause of AIDS, there’s nothing left for Gallo. If it’s not a retrovirus, Gallo would become irrelevant.” And Gallo wouldn’t be the only one to sink into insignificance. Additionally, “it would be very embarrassing to say that now, maybe, the antibody [test] wasn’t worth committing suicide for or burning houses for,” states Farber.¹⁹⁹ And, in fact, numerous people, many of them completely healthy have killed themselves just because they tested HIV positive.²⁰⁰

As with the polio epidemic, with AIDS the clear toxicological connections have been completely removed from the picture in the course of virus mania. Here, we must consider that there is no money to be earned with recreational drug-related hypotheses, which emphasizes poisoning by drugs, medicines and other chemical substances like pesticides. On the contrary, prohibiting certain chemical substances would cause huge profit losses for production and processing industries as well as the pharmaceutical, chemical, automotive and toy industries—and also for the media, whose existence is largely dependent on proceeds from these industry’s advertisements.

In contrast, the virus theory clears the way for profits in the multibillions, with the sales of vaccines, PCR and antibody tests and antiviral medications. “In the world of biomedical research, ties to industry are pervasive but mentioning the fact is not,” writes William Booth in *Science* as early as 1988.²⁰¹ Correspondingly, new viruses are constantly invented—Ebola, SARS, avian flu, human papillomavirus (HPV)—to keep the cash flowing.²⁰²

But doubts on the virus dogma were so clearly and comprehensibly formulated, that from the end of the 1980s, more and more people began to share in the criticism. Among them were several renowned scientists such as former Harvard microbiologist

Charles Thomas,²⁰³ who founded the organization “Rethinking AIDS” at the beginning of the 1990s²⁰⁴ (renamed “Reappraising AIDS” in 1994²⁰⁵—and renamed later again “Rethinking AIDS”). Thomas assembled hundreds of medical professionals, molecular biologists and other identified critics of the HIV = AIDS theory. Among them was Harvey Bialy, co-founder of the *Nature* offshoot *Nature Biotechnology*, and Yale mathematician Serge Lang (who died in 2005); like Duesberg, Lang was a member of the National Academy of Sciences (a list of more than 2000 critics is found on Rethinking-AIDS’ website, which re-formed in early 2006: www.rethinkingaids.com).

“It is good that the HIV hypothesis is being questioned,” Nobel Prize winner for Chemistry, Walter Gilbert told the *Oakland Tribune* in 1989.²⁰⁶ Duesberg, Gilbert acknowledged, “is absolutely correct in saying that no one has proven that AIDS is caused by the AIDS virus. And he is absolutely correct that the virus cultured in the laboratory may not be the cause of AIDS. There is no animal model for AIDS, and where there is no animal model, you cannot establish Koch’s postulates.” These arguments were so convincing, according to Gilbert, that he “would not be surprised if there were another cause of AIDS and even that HIV is not involved.”

Some time later, Gilbert expressed fundamental reservations in an English TV documentary critical of HIV/AIDS: “The community as a whole doesn’t listen patiently to critics who adopt alternative viewpoints, although the great lesson of history is that knowledge develops through the conflict of viewpoints, that if you have simply a consensus view, it generally stultifies, it fails to see the problems of that consensus; and it depends on the existence of critics to break up that iceberg and to permit knowledge to develop.”²⁰⁷

The media prefer to make this consensus argument their own, even though it’s their duty to diligently research every medical claim, sort fact from theory and question even majority rule (however formed) to clarify every issue. But in 1990, for instance, even the venerable *New York Times* countered the provocative argument of alleged “solitary dissenter” Peter Duesberg when it claimed that “virtually all of the leading scientists engaged in AIDS work believe that Duesberg is wrong.” Yet, by 1990, as shown above, many renowned researchers said that mainstream research could not deliver any proof for their HIV = AIDS theory.²⁰⁸

In 2000, *Newsweek* magazine expressed its incredulity that the “consensus doesn’t impress” the critics of the virus hypothesis in the article “The HIV Disbelievers.” Simultaneously, the piece calls the arguments of orthodox scientists “clear-cut, exhaustive, and unambiguous.” But evidence to support this statement could not be provided by *Newsweek* (not even upon request).²⁰⁹

1994: AIDS Researcher David Ho—as Convincing as a Giraffe with Sunglasses

John Maddox, the editor at *Nature* from 1966 - 1996 led a personal campaign against critics of the HIV = AIDS hypothesis. He even publicly censored Duesberg. On 7 November 1994 he justified this to the *Spiegel*, saying he found it “irresponsible” to say “drug consumption is the cause of AIDS.”²¹⁰ Sir Maddox later contradicted this in a personal letter to Kiel internist Claus Köhnlein on 20 September 1995, saying that he had “not censored Duesberg because of his views but because of the manner in which he insists on expressing them.” And Maddox added, “that a hemophiliac relative of my wife died of AIDS.”²¹¹

But Maddox’s behavior—steering a scientific discussion in such a way based on personal views—is most frivolous and unethical. By doing this, he does no justice to his responsibility as Editor in Chief of *Nature*—a publication whose contents are taken at face value by the mass media.

Maddox took advantage of the huge influence of “his” *Nature* magazine again, at the beginning of 1995, when he published a paper by AIDS researcher David Ho, who claimed to have conclusively proven that HIV alone causes AIDS.²¹² But critics ripped Ho’s paper to pieces. The quality of the data and the modeling were incomprehensible and “about as convincing as a giraffe trying to sneak into a polar bears only picnic by wearing sunglasses,” as Australian scientist Mark Craddock jokes in his detailed critique.²¹³

In turn, Nobel laureate Kary Mullis concludes: “If Maddox seriously thinks or thought that these publications really prove that HIV causes AIDS, then he should go outside and shoot himself—because if he had had no justification before, why did he reject all my possible explanations and alternative hypotheses? Why did Maddox have such a fixed opinion? Why did the whole world have such a fixed opinion? If it had taken until 1995 to find out what produces AIDS—how could everyone have known it for ten years? The facts are now on the table, and when one examines them closely, HIV cannot be the cause of AIDS. There is no reason to believe that all these AIDS diseases have the same cause.”²¹⁴

This staggering critique eventually found public validation in November 1996, when a paper was printed in *Science* that “took the ground out from under the feet” of Ho’s theses, according to journalists Kurt Langbein and Bert Ehgartner in their book *The Medicine Cartel*.²¹⁵ The *Science* paper revealed that Ho had actually found no trace at all of the annihilating battle in the body between HIV and the immune system, the connections of which the renowned scientist claimed to have discovered.²¹⁶

The Media Under the Spell of Celebrity Researchers

Unfortunately, few reporters in the mass media did the necessary homework before writing about HIV and AIDS. Instead, the papers were constantly packed with stories approved by the AIDS establishment, for which heroes and kings, traitors and villains are needed.²¹⁷ And scientific journalists are particularly prone to striking up hymns of praise.

"First came God, then came Gallo," decreed Flossie Wong-Staal, Gallo's closest collaborator and consort in the *Los Angeles Times* in 1986.²¹⁸ One year later, the *Washington Post* quoted Sam Broder, director of the American National Cancer Institute, as saying: "Einstein, Freud—I'd put him [Gallo] on a list like that, I really would."²¹⁹

With David Ho, such excess was likewise not held back. On Christmas Day, 1996, just a few weeks after the journal *Science* had criticized the foundation of Ho's work, the German *Tageszeitung*, without any irony intended, called him the "redeemer" and "the long-awaited Messiah of the AIDS scene."²²⁰ The reason for such jubilation? A catchy slogan with which Ho became famous in the mid-1990s, and which at least for a few years became the global chief doctrine for AIDS therapy: "Hit HIV hard and early!" It endorsed prescribing high dosages of antiretroviral medication as early as possible, even on patients testing HIV positive who do not show any disease symptoms.²²¹

A few days after his canonization by the *Tageszeitung*, Ho was celebrated on the cover of *Time* magazine as "Man of the Year 1996." He was portrayed as a "genius," whose "brilliance" had produced "some of the boldest yet most cogent hypotheses in the epidemic campaign against HIV. [His] spirit is startling, manifested in a passionate transcendence [that] is evident in his gestures . . . [Ho] is an extraordinary American success story." The *Spiegel* didn't want to be out-of-step and soon declared Ho, thanks to his "decided optimism" to be "the new shining light in the research world."²²²

This euphoria did not last. In February 2001 even Altman had to admit in his *New York Times* that there had been an official turnaround in AIDS therapy and Ho's concept ("hit HIV hard and early") had to be abandoned. It had turned out that the medications were much too toxic, causing liver and kidney damage, and that their effects were immunosuppressive—in other words, they put patients' lives in danger.²²³ Yet, even this defeat didn't stop the *Süddeutsche Zeitung* from incorrectly writing at the beginning of 2004 that, "Ho's maxim 'hit HIV hard and early,' with which he revolutionized HIV therapy," had led to "patients having better chances of survival."²²⁴

AIDS Medications: The Fable of Life-Prolonging Effects

In 1987, the antiretroviral medication AZT became the first authorized AIDS medication. At the time, and for years afterwards, HIV/AIDS patients were typically given only one drug. This changed in 1995, when the multiple combination therapy (HAART) was introduced, in which, as is evident from the name, multiple substances are administered at the same time. Here, once again, the media broke out the streamers and confetti for another AIDS establishment party. For instance, *Science* declared the “new weapons against AIDS” as the “breakthrough of 1996.”²²⁵ And, it was universally reported that the antiretroviral preparations would “help people with AIDS live longer,” as the *Washington Post* announced in 2004.²²⁶

Hans Halter from the *Spiegel* even gave concrete numbers: “Those who are under the influence of medications, presently live on average 10 to 15 years. In contrast, the others who do not take any preparations only live five to ten years.”²²⁷ These drugs generated billions of dollars in excess revenue for drug-makers: in 2000, global revenue was \$4 billion; by 2004, it jumped to \$6.6 billion, and in 2010, it should crack the \$9 billion mark. For pharmaceutical giants, the preparations are bestsellers. At Roche, for example, Fuzeon, a medication that has been on the market since August 2004, triggered a 25% turnover increase.²²⁸

But claims for the lifespan-increasing effectiveness of HAART medications are untenable. A close look at Halter’s comparison of survival rates, for instance, as gathered from the *Ärzteblatt (Medical Journal) for Schleswig-Holstein*, shows that the average survival time for patients taking medication was four months in 1988 and 24 months in 1997.²²⁹ And according to CDC bulletins, it now amounts to 46 months²³⁰—a long way from the 15 years mentioned by Halter. But however big the increase in lifespan, one glaring omission is that everyone—doctors as well as patients—approaches the issue more carefully, because they have become ever more aware of drug toxicities.

Now, these drugs are often administered or taken with interruptions (so-called drug treatment “holidays”) and also in lower doses. The earliest example of this treatment about-face happened with the first AIDS medication, AZT, which, at the end of the 1980s, was still given in doses of 1,500 mg a day. But at the beginning of the 1990s, the daily dose was reduced to 500 mg, since even mainstream medicine couldn’t overlook the fact that the administration of higher doses led to much higher death rates.²³¹

Apart from that, we must soberly recognize that even a remaining lifetime of 46 months is not all that long, especially when you consider that perhaps millions of these medicated people are living with serious drug side effects that adversely affect quality of life. We must also recognize that there are these so-called long-term

survivors or “non-progressors”. Common to these “positive” people is the fact that they have rejected AIDS medications from the start or only took them for a short time. Many of them tested positive more than two decades ago and are still living.^{232 233}

The AIDS establishment now calls these HIV positive individuals who reject AIDS medications “elite controllers” as if they are somehow super-human.²³⁴ The establishment now claims that 2% of AIDS patients may fit this category, but only a large controlled global study (which is actually missing) would be able to determine the exact number of HIV positive individuals remain healthy without taking AIDS drugs. However, the number of “elite controllers” is probably much higher, yet the “vast majority of [so-called] HIV-positives are long-term survivors!” as Berkeley microbiologist Peter Duesberg states. “Worldwide they number many, many millions.”²³⁵

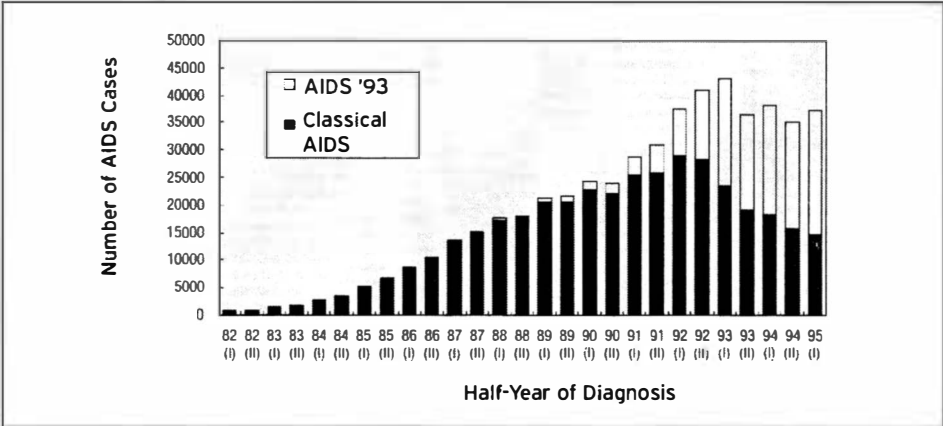
A look at the CDC statistics before 1993²³⁶ (and 2003 statistics from the Robert Koch Institute)²³⁷ shows that the number of AIDS deaths in the USA and also in Germany had already peaked in 1991, and decreased in the years following. And logically, the multiple combination therapy introduced in 1995/1996 cannot be responsible for this decrease. Newer CDC statistic, however, do show that the mortality peak lies approximately in 1995/1996. How can this be?

According to statistician Vladimir Koliadin, who analyzed the mortality data, this is due to the fact that in early 1993, AIDS in the USA was once again significantly redefined. From 1993 on, any individual testing HIV positive with less than 200 CD4 cells per microliter of blood was counted as an AIDS patient. If both criteria were met, a diagnosis of “AIDS defining” diseases like shingles (herpes zoster) or Kaposi’s sarcoma was no longer necessary (although the old definition of, say, a positive HIV test + Kaposi’s = AIDS was still valid).

This broadening of the AIDS definition meant that many people had the “AIDS patient” label superimposed upon them, even though they were actually not sick at all. A laboratory figure showing that an individual had less than 200 CD4 cells per microliter of blood was good enough for the AIDS establishment. But what this value ultimately means is, as discussed, anything but clear.²³⁸ Countries such as Canada have even decided not to introduce the CD4 cell count as criteria for the AIDS definition.²³⁹

In any case, the number of AIDS cases in the USA doubled overnight as a result of the widening of the AIDS definition in 1993. This ensured the peak number of AIDS cases, and with it the mortality peak was pushed back (see diagram) from the early to the mid-1990s. “If public and policy makers would have realized that epidemic of AIDS was declining, this might have resulted in reduction of budget for AIDS research and prevention programs, including the budget of the CDC

Diagram 5 Number of AIDS cases in the USA, 1982 - 1995 according to the old AIDS definition (dark bars; "classical AIDS") and according to the 1993 definition (white bars; includes CD4 cell criterion)



Source: Koliadin, Vladimir, Some Facts behind the Expansion of the Definition of AIDS in 1993, March 1998; see www.virusmyth.net/aids/data/vknewdef.htm

themselves,” according to Koliadin. “Expansion of the definition of AIDS in 1993 helped to disguise the downward trend in epidemic of AIDS. It is reasonable to suppose that an essential motive behind the implementation of the new definition of AIDS just in 1993 was strong unwillingness of the CDC to reveal the declining trend of AIDS epidemic.”²⁴⁰

Even if we pushed all these considerations to the side, the introduction of combination therapy (HAART) and new active substances (particularly protease inhibitors) in 1995/1996 cannot explain the reduction in AIDS mortalities anyway; when the new substances were introduced, they were not available to even a good proportion of patients.

The opposite was probably the case. A meta-analysis with data from Europe, Australia and Canada shows that in 1995, patients used combination therapy during only 0.5% of treatment time. In 1996, the value lay at 4.7%, which is still extremely low.²⁴¹ Former CDC director James Curran told CNN that, at the time, “less than 10% of infected Americans had access to these new therapies, or were taking them.”²⁴²

Ten years later, while the media celebrated HAART’s 10th birthday, *the Lancet* published a study that challenged the propaganda about HAART, showing that decreases in so-called viral load did not “translate into a decrease in mortality” for people taking these highly toxic AIDS drug combinations. The multi-center study—

the largest and longest of its kind—tracked the effects of HAART on some 22,000 previously treatment naive HIV positives between 1995 and 2003 at 12 locations in Europe and the USA. The study's results refute popular claims that the newer HAART meds extend life and improve health.²⁴³

Commenting on the article, Felix de Fries of Study Group AIDS-Therapy in Zurich, Switzerland had this to say: "The *Lancet* study shows that after a short period of time, HAART treatment led to increases in precisely those opportunistic diseases that define AIDS from fungal infections of the lungs, skin and intestines to various mycobacterial infections." De Fries also notes that HAART has led to no sustained increases in CD4 cell counts, no reduction in AIDS-defining illness and no decrease in mortality rates; its use is also associated with a list of serious adverse events such as cardiovascular disease, lipodystrophy, lactic acidosis, liver and kidney failure, osteoporosis, thyroid dysfunction, neuropathy, and cancers among users.²⁴⁴

Yet, why even argue over pros and cons of HAART since statements about the life-prolonging effects of the medications are impossible to verify in the first place? Statements about the life-prolonging effects of the preparations are namely impossible, because the precedent condition has not been met: placebo-controlled studies. Since if one has no comparison with a group taking an ineffective preparation (placebo), it is not possible to know if the changes (improvement or worsening in patient's health) are due to the medication or not. Placebo studies, however, have practically not been carried out anymore since the 1987 Fischl study published in the *NEJM*, because, as it is said, the Fischl study found AZT to be effective.²⁴⁵

For this reason, the AIDS establishment has since argued that it's no longer ethically justifiable to withhold the (allegedly) lifesaving antiretroviral medication from the patients (not even in test series).

People as Guinea Pigs

There are several objections, however, to this "ethical" argument. Not only do even leading orthodox AIDS scientist state that in medical science "no researcher can assess a drug's effectiveness with scientific certainty without testing it against a placebo." Also, as outlined, it was not HAART, but the huge widening of the definition of the disease as well as the drastic reductions in doses of AIDS drugs such as AZT that made the death rate from AIDS come down in the mid-1990s. Moreover, new studies show that most of the medical industry's drug promises are false. Pharmaceuticals hyped in glossy advertisements and TV commercials aren't responsible for improving test patients' health—rather, this can largely be traced back to the placebo effect. This is particularly worth noting when you consider that

no expense is spared in bringing effective medications onto the market: expenditures for pharmaceuticals increased by 2,500% between 1972 and 2004—from \$20 billion to \$500 billion annually.^{246 247}

Moreover, two studies by the American Food and Drug Administration (FDA) make a case for the general introduction of placebo controls. This makes sense, since it is fully possible that proposed new drugs will have no effect at all. Or that, compared to the placebo, they are harmful; something that is also very possible, because medications are, as a rule, often connected with side effects—even fatal ones sometimes.^{248 249}

What right does the medical industry have to preach about ethics when its own human trials sweeps mortalities and physical damage under the carpet in the lust to get authorization to market their medications to the general public? In the USA alone, 3.7 million people—mostly poor hispanic immigrants—have registered to participate in medical trials.

Lack of transparency and conflicts of interest continue to plague these drug trials, which are sponsored by the largest pharmaceutical companies in the world.²⁵⁰

Even our most vulnerable citizens aren't protected from the machinations of the medical industrial complex, as revealed in 2004. Infants as young as a few months old were experimented upon in US clinical trials, partly financed by pharmaceutical firms like GlaxoSmithKline, involving cocktails of up to seven medications. They were mostly black and latino children from the poorest of circumstances gathered together under the auspices of institutions like the Incarnation Children's Center (ICC) in New York; the ICC was even remunerated for supplying children for the tests. "Stephen Nicholas, for example, was not only director of the ICC until 2002; he also simultaneously sat on the Pediatric Medical Advisory Panel, which was supposed to check the tests—which signifies a serious conflict of interest," criticizes Vera Sharav, president of the Alliance for Human Research Protection (AHRP), a medical industry watchdog organization.

These first-line Phase 1 and Phase 2 trials are associated with the highest health risk because they are not meant to establish efficacy, so impact on the trial participants is highly unpredictable. These early trials aren't meant to deliver an effective therapy, but rather, figure out how toxic the substance is (Phase 1) in order to then estimate if the active substance being tested has any effect at all (Phase 2). Biotechnologist Art Caplan explained that the odds are typically stacked up against the drug: if Phase 1 trials prove that a substance is useful for an individual, this would have to be termed a "miracle."²⁵¹

"The children were suffering horribly from the side effects of the drugs tested on them," according to journalist Liam Scheff, who broke the story in early 2004, on an alternative website. "And children who didn't want the substances were even forced

to take them. For this, plastic tubes were sewn through the abdominal wall by surgeons, through which the substances can be directly injected into the stomach.” The result: brain and bone marrow damage, blindness, strokes—and “some children also died,” according to Scheff.²⁵² The *New York Post* seized upon the story and ran the headline: “AIDS Tots Used as ‘Guinea Pigs’”²⁵³—a term which the BBC also used for their television documentary “Guinea Pig Kids.”²⁵⁴

In 2005, an official investigation ultimately came to the conclusion that “government-funded researchers who tested AIDS drugs on foster children over the past two decades violated federal rules designed to protect vulnerable youths.”²⁵⁵

This finally prompted the *New York Times*, which is otherwise always the first on the scene on the subject of HIV/AIDS, to take up the highly explosive topic as well, with a decidedly different spin. In an article, two pediatricians were quoted as saying that, “to have withheld promising drugs from sick children just because they were in foster care would have been inhumane,” and “there is impressive evidence that [the children] were helped [by the medications].”²⁵⁶ Details on this evidence, however, were never offered up. We even requested that authors of the *Times* article name the studies that prove these statements—but there was no response.²⁵⁷

This might seem incredibly shocking, but it is all-too common in AIDS research. “I have scoured the literature for evidence that the anti-HIV drugs actually prolong the lives, or at least improve the quality of the lives, of the children given these drugs—but I could not find any support for either possibility,” says AIDS researcher David Rasnick. “For example, the study ‘Lamivudine in HIV-infected children’ by Lewis et al, not only has no control group but the authors also acknowledge that the [antiretroviral] study compound Lamivudine acts as a DNA chain terminator. And there is no data in the paper showing that the drug does anything good for the children. On the contrary, among the 90 children in the study, ‘11 children had to be withdrawn from the study for disease progression [in other words, it didn’t work for them] and 10 because of possible Lamivudine-related toxicity, and 6 had died.’”²⁵⁸

But the AIDS orthodoxy continued along its own path, calling the clinical trials involving children so “resounding” in their success “that the tests are now being spread out to Asia and Africa,” according to Annie Bayne, spokesperson for the Columbia University Medical Center, which was also involved in the trials. This is not unusual, for AIDS research often goes into poor countries to carry out its medication trials. This is also true for trials of the efficacy of so-called microbicides, which are said to prevent the sexual transmission of HIV, and from which so much is promised.

“Marvelous microbicides: [the] intravaginal vaginal gels could save millions of [human] lives,” announced the *Lancet* in 2004, then qualifying their hopes by adding that, “first someone has to prove that they work.” Nothing has been proven at all, yet

the miracle has already been announced far and wide. Experts, as the *Lancet* continues, were of the firm opinion that “microbicides will only reach everyone who needs them [if] large pharmaceutical companies get involved. In the remotest part of Thailand you can buy a bottle of coke. We want microbes to be available like that.”

This is all the more striking if you consider that the first microbicide tests of the active substance nonoxynol-9 (n-9) ended in catastrophe. At first, n-9 was also glorified by researchers as a microbicide with “ideal potential microbicide because *in vitro* [test tube] studies pointed to its effectiveness.”²⁵⁹ 900 “sex-workers” from Benin, the Ivory Coast, South Africa and Thailand were selected for a clinical trial, which involved smearing gel laced with n-9 into their vaginas. But the gel not only had no medical efficacy, as UNAIDS admitted,²⁶⁰ it also damaged the poor women’s epithelial cells.²⁶¹

AZT Study 1987: A Gigantic Botch-Up

“If there is really doubt about whether a standard treatment is effective, the FDA should require that clinical trials of new treatments have three comparison groups—new drug, old drug, and placebo,” writes Marcia Angell, former Editor in Chief of the *New England Journal of Medicine*.²⁶² For AIDS research, this meant that placebo groups had to be introduced to medication trials, for there were justified doubts that the efficacy of AZT (the standard AIDS treatment) had really be proven with the 1987 Fischl study.

Journalist and Harvard analyst John Lauritsen, who has viewed the FDA documents on the Fischl study, came to the conclusion that the study was “fraud”;²⁶³ the Swiss newspaper *Weltwoche* termed the experiment a “gigantic botch-up”²⁶⁴ and *NBC News* in New York branded the experiments, conducted across the US, as “seriously flawed”²⁶⁵—criticism which is not to be found in the rest of the mainstream media either because the statements of the AIDS establishment are completely trusted, or because, like the *Neue Zürcher Zeitung*’s scientific editorial staff, one simply does not know of even such a significant study as that of Fischl et al.²⁶⁶

The Fischl experiments were, in fact, stopped after only four months, after 19 trial subjects in the placebo group (those who did not receive AZT, but rather an inactive placebo) and only one participant from the so-called verum group (those who were officially taking AZT) had died. Through this, according to the AIDS establishment, the efficacy of AZT appeared to be proven.

But the arguments don’t add up. A clinical trial observation period of only four months is much too short to be informative, considering the usual practice of

administering AIDS medications over years, or even a lifetime²⁶⁷ and since long-term studies are missing in these and other medical research fields.

In the USA, for example, around \$100 billion is spent annually on medical research. This figure has doubled since the mid-1990s, and almost a third of it comes from tax dollars. Yet long-term evaluations of pills and treatments are criminally neglected: just 1.6% of the \$100 billion budget is allocated to long-term studies.²⁶⁸ For patients taking medications, “this is like Russian roulette,” states British doctor Robert Califf.²⁶⁹

The AZT study was financed by AZT manufacturer Wellcome (today GlaxoSmithKline), which is clearly a conflict of interest. But somehow this, like the sloppiness of the Fischl study, didn’t bother anyone, especially not the pharmaceutical groups (nor the media!), for whom AZT would become a cash cow²⁷⁰ (it was actually said that AZT was worth its weight in gold).²⁷¹

Yet, the Fischl study’s double blind requirements (according to which, neither researchers nor patients were permitted to know who was taking AZT and who was taking the placebo) were violated after only a short time. In their desire to be given the alleged wonder-preparation, patients even had their pills analyzed to be sure that they were among the group receiving the medication and not the placebo; public propaganda had made test subjects believe that only AIDS medications like AZT could save them.

FDA documents also reveal that the study results were distorted, because the group that took AZT, and had to battle the adverse side effects, received more supportive medical services than the placebo subjects. For example, in the AZT group, 30 patients were kept alive through multiple blood transfusions until the end of the study—in the placebo group, on the other hand, this was only true in five cases.^{272 273}

“There was widespread tampering with the rules of the [Fischl] trial—the rules have been violated coast to coast,” said lead NBC reporter Perri Peltz in 1988, adding that “if all patients with protocol violations were dropped, there wouldn’t be enough” to be able to continue the study.²⁷⁴

“When preparing this report, we repeatedly tried to interview Dr. Anthony Fauci [probably the most powerful AIDS official in the USA] at the National Institutes of Health,” reports Peltz. “But both Dr. Fauci and Food and Drug Administration Commissioner Frank Young declined our request for interviews.”²⁷⁵ These are the experiences of practically everyone who has criticized the theories of dominant AIDS medicine.^{276 277} The renowned British doctor and epidemiologist Gordon Stewart, for instance said: “I have asked the health authorities, editors-in-chief and other experts concerned with HIV/AIDS repeatedly for proof of their theses—and I’ve been waiting for an answer since 1984.”²⁷⁸

Harvey Bialy, co-founder of *Nature Biotechnology* said: “I am very tired of hearing AIDS establishment scientists tell me they are ‘too busy saving lives’ to sit down and refute Peter Duesberg’s arguments although each one assures me they could ‘do it in a minute if they had to.’”²⁷⁹

We also contacted leading mainstream mass media and specialized journals including the *New York Times*, *Time*, *Der Spiegel*, *Die Zeit*, *Stern*, *Tageszeitung*, *Weltwoche*, *Neue Zürcher Zeitung*, *Nature*, *Science*, *Spektrum der Wissenschaft*, asking them to send us clear evidence:

- That the existence of HIV has been proven
- That so-called HIV antibody tests and PCR viral load tests as well as the CD4 helper cell count specifically diagnose HIV/AIDS
- That HIV is the sole or primary cause of the diseases grouped together as AIDS
- That HIV is contagious and can be transmitted through sexual contact or blood
- That antiretroviral preparations are effective and prolong lifetime
- That the AIDS statistics proclaimed by the WHO and UNAIDS are sound
- That non-viral factors such as drugs, medications and malnutrition can be ruled out as primary causes²⁸⁰

But to date, not a single study has been revealed to us, not even from any of the many orthodox scientists and journalists we queried. This includes *Nature* writer Declan Butler, who wrote in the world-renowned journal in 2003: “Most [mainstream] AIDS researchers strongly dispute these statements” that there is no proof that HIV causes AIDS, that HIV is contagious, and so on. But Butler failed to respond to our request that he provide evidence of this in the form of relevant studies.²⁸¹

We also contacted John Moore of Cornell University in New York, who was quoted in Butler’s *Nature* piece, and who thinks “revisionists are best ignored. [They are leading] an unwinnable debate based on faith not fact.”²⁸² But when we asked Moore if he could name the factual evidence for his HIV = AIDS = death-sentence theory, he responded by calling these critics the “HIV-is-a-pussycat-fraction” and charged them with “pure stupidity and malice.”²⁸³

Scientific historian Horace Judson writes that, “Central to the problem of misconduct is the response of institutions when charges erupt. Again and again the actions of senior scientists and administrators have been the very model of how not to respond. They have tried to smother the fire. Such flawed responses are altogether typical of misconduct cases.”²⁸⁴

These opinions were never known by the Fischl trial subjects. After four years, 80% of them had died; a short while later, all of them were dead. This is shocking but not really surprising, considering that AZT is an extremely poisonous

chemotherapy-like medication, invented by researcher Jerome Horwitz in the 1960s. Horwitz's goal had been to develop a DNA blocker, which inhibits cell replication, to kill cancer cells. But, his test mice perished from the extreme toxicities of AZT.²⁸⁵

"On paper, [Horwitz's] logic was impeccable, [but] in reality, it simply didn't work," summarizes *BusinessWeek* journalist Bruce Nussbaum in his book, *Good Intentions—How Big Business and the Medical Establishment are Corrupting the Fight against AIDS, Alzheimer's, Cancer and More*. "When the experiment ended in failure, so, in a way, had the first half of Horwitz's life. Disgusted, he turned on AZT." Horwitz himself said he was so cloyed with the drug that he "dumped it on the junk pile. I didn't [even] keep the notebooks." AZT was "so worthless" to him that he "even didn't think it was worth patenting."²⁸⁶

The AIDS Therapy Dilemma

AZT was in fact stored away instead of being dumped as toxic waste, and when AIDS mania surfaced in the 1980s, it was pulled out of the cupboard again. And the "AIDS virus" hypothesis, just like the many other virus theories for serious illnesses like leukemia, breast cancer and multiple sclerosis, would probably have disintegrated long ago, if not for AZT. In 1987, it became the AIDS "therapy" even though, in the recommended dosage, it was absolutely fatal.²⁸⁷ The medical community ignored the possibility that AZT-poisoning was the cause of death because they still had stuck in their minds the pictures of the first AIDS patients in the beginning of the 1980s, who certainly looked as if they'd been struck down and carried off by a deadly virus.

So, when doctors looked at these AZT patients in 1987, they refused to make any connection with the highly toxic antiviral AZT. Their belief in the deadliness of HIV was so firm that they weren't even shocked when all patients died within a short time. And so, with the Fischl study published in the *NEJM*, these doctors believed it worked and still allege to have tangible proof of AZT's efficacy.

HIV mania appears to cause its own range of symptoms: primarily a strong bias against the facts, including that chemical substances like drugs or prescription medications (particularly antiviral) are extremely toxic and can trigger precisely the observed symptoms (also mentioned on package labels) which they aim to prevent: destruction of mitochondria, anemia, bone marrow, and consequently immune system, damage, etc.²⁹⁰

In the end, a vicious circle arises. Virologists have no proof of their thesis that a virus triggers the diseases grouped together under the term AIDS. So they consider proof to be collecting subjective information from clinicians who assert that the



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This photo shows a Congolese baby, just 30 minutes “old,” being administered a dose of the highly toxic medication Viramune (nevirapine), for the purpose of so-called HIV prevention (for Viramune’s side effects, see Table 2).

“But given nevirapine’s dangerous toxicity, no drug regulatory authority of any industrialized First World country permits its administration to mothers and their babies—to prevent an alleged ‘transmission of HIV,’” as South African High Court advocate and Viramune-expert Anthony Brink points out. “In the developing world it’s different. On the basis of HIVNET-012, an American study conducted in Uganda in the late 1990s, nevirapine is given to HIV-positive mothers in labour and to their newborn babies in more than 60 developing countries—where the manufacturer Boehringer Ingelheim gives the drug away free to establish its future market.”²⁸⁸ Despite the revelations in December 2004 of a top-ranking US National Institutes of Health whistleblower, Jonathan Fishbein, exposing not only the extremely sloppy manner in which the study was conducted, but also the NIH’s deliberate, fraudulent suppression of serious adverse event data in the trial, including unreported deaths.

Apart from this, even Brooks Jackson, lead investigator of the HIVNET-012 study that led to the approval of Viramune said, “No researcher can assess a drug’s effectiveness with scientific certainty without testing it against a placebo. That’s the only way we can know if a short course of AZT or nevirapine [Viramune] is better than nothing.” But, the HIVNET-012 study was not placebo-controlled. Apart from that, the experiment was pure fraud—for instance, severe side effects and fatalities were suppressed—and thus worthless.²⁸⁹

medications are effective. But, in industrialized countries, doctors very often treat patients not because they are sick (a large proportion have no physical complaints whatsoever), but rather because they have tested positive, they show only a certain number of helper cells or a slight so-called viral load has been measured via PCR.

Virologists tell general practitioners that patients are carrying the deadly HIV. The medications available for this, however, are highly toxic; their use produces an immune deficiency syndrome—and exactly fulfils the predictions of the virus hypothesis (that people will become severely ill and die). Healthy people are “treated” and worsening health is then attributed to the viral illness, which the drug therapy cannot counter.

Ultimately, if the medication doesn’t have any health-stimulating effects, this is also attributed to HIV’s alleged craftiness; the virus itself is said to cause “treatment-resistant viral mutations.” The patient dies with typical AIDS symptoms like dementia, wasting (weight loss), and neural damage. In their virus fixation, nobody imagines that the patient dies, not of AIDS, but of the very medical endeavors meant to heal.

Some HIV patients who are really sick do respond to antiretroviral medications. But this is because most of these patients suffer from what are called opportunistic infections (infections that occur as a result of an immunological/physical weakness, which in turn can have many non-viral causes). This means that they are infested by bacteria or fungi. In this context, antiretroviral treatment works like a shotgun therapy, destroying everything bound to DNA—including fungi, tubercle bacteria (*Mycobacterium tuberculosis*) and other microbes.

So, the therapy sometimes helps in the so-called AIDS end-stage. But it would actually be more sensible to treat opportunistic infections directly, with antibiotics and antifungal substances. The sensibility of such a treatment model was confirmed by a study published in the *American Journal of Respiratory and Critical Care Medicine* in 1998. HIV positive patients suffering from tuberculosis who received antiretroviral medications didn’t do as well as TB patients who received conventional treatment.²⁹¹

From an orthodox viewpoint, this is a paradox, so attempts are made to explain it away with the “immune reconstitution theory.” This explanation involves saying that patients’ helper cell counts rise (because HIV is purportedly repelled by antiviral preparations) but their physical condition worsens. At some point in the future, they postulate that patients’ conditions would then improve.

A look at the tables in the aforementioned studies, however, shows that increases in helper cells weren’t noticeable. Additionally, the health of many patients did not improve at all. On the contrary. And diminished health should be attributed to the damaging effects of the antiviral chemicals upon the immune system.

Table 2 Retrovir (AZT), Viramune (nevirapine)
 Toxicity and therapeutic value of two AIDS medications
 (altogether, there are now around two dozen AIDS drugs)

Medication	Manufacturer	Known Toxicities (manufacturer's label)	Therapeutic Value (manufacturer's label)
Retrovir (AZT)	GlaxoSmithKline	<p>"Retrovir (AZT) has been associated with hematologic toxicity [blood toxicity], including neutropenia [anemia] and severe anemia"</p> <p>"Prolonged use of Retrovir has been associated with symptomatic myopathy [muscle wasting]"</p> <p>"Lactic acidosis and severe hepatomegaly [liver swelling] with steatosis [fat degeneration], including fatal cases, have been reported with the use of nucleoside analogues [Retrovir, Epivir, Zerit] alone or in combination"</p>	<p>"Retrovir is not a cure for HIV infection"</p> <p>"The long-term effects of Retrovir are unknown at this time"</p> <p>"The long-term consequences of in utero and infant exposure to Retrovir are unknown, including the possible risk of cancer"</p>
Viramune (nevirapine)	Boehringer Ingelheim	<p>"Patients should be informed of: the possibility of severe liver disease or skin reactions associated with Viramune that may result in death"</p> <p>"Severe, life-threatening and in some cases fatal hepatotoxicity [liver damage], including hepatic necrosis [liver death] and hepatic failure, has been reported in patients treated with Viramune"</p> <p>"Severe, life-threatening skin reactions, including fatal cases ... have included cases of Stevens-Johnson syndrome, toxic epidermal necrolysis [skin death]"</p>	<p>"Viramune is not a cure for HIV-1 infection"</p>

Source: Scheff, Liam, *The House That AIDS Built*, see www.altheal.org/toxicity/house.htm, package inserts

An effective tuberculostatic therapy (a combination of four antibiotics over six months, followed by a combination of three for three months) would then be preferable to an antiviral one. Instead, these days, patients are even administered both a tuberculostatic four-drug combo plus an anti-HIV treatment: a chemical cocktail with toxic side effects that often enough cause death.

With conventional treatments, the medications are stopped after disease symptoms have subsided. But the belief in HIV prevents this from happening with HIV patients. At this point, the fixation on laboratory parameters comes into play again.

After an interruption in treatment, the viral load measured using the PCR goes up again. As shown, without any proof, mainstream AIDS doctors interpret this as a sign that HIV has multiplied once again and re-attacked the helper cells with more force. So, antiretroviral medication is ordered once again. And when the patient's condition worsens again, HIV is blamed—and so the ultimately deadly preparations continue to be used.

Goethe knew that medicines could kill. Faust says:²⁹²

*Here was the medicine, the patients died
and nobody asked who convalesced.
So we ravaged with hellish electuaries [medicine]
worse than the pestilence in these valleys, these mountains.
I myself administered the poison to thousands;
they withered, I had to witness
that the brazen murderers were praised.*

All on AZT: The Deaths of Freddie Mercury, Rudolph Nureyev and Arthur Ashe

Even celebrities fall for the theory that antiretroviral substances like AZT are the only hope in the battle against AIDS. Take, for example, Freddie Mercury, former front man of British rock band Queen, who was bisexual and had himself tested during the general AIDS panic at the end of the 1980s. The result: positive. Mercury was terrified and took his doctor's advice to begin taking AZT. Mercury belonged to the first generation of patients, who received the full AZT load (1500 mg a day). At the end, he looked like a bone rack, and he died in London on 24 November 1991 at the age of 45.²⁹³

The Russian Rudolph Nureyev, held by many to be the greatest ballet dancer of all time, also began taking AZT at the end of the 1980s. Nureyev was HIV positive,

but otherwise he was completely healthy. His personal physician, Michel Canesi, recognized the deadly effects of AZT and even warned him about the drug. But Nureyev proclaimed, "I want that drug!" Ultimately, he died in Paris in 1993²⁹⁴—the same year that former Wimbledon champion Arthur Ashe met his maker at the age of 36, after he had been declared HIV positive in 1988 and his doctor prescribed for him an extremely high AZT dose.²⁹⁵

At some point, Ashe discussed AZT's toxicity. In October 1992, he wrote a column for the *Washington Post*. "The confusion for AIDS patients like me is that there is a growing school of thought that HIV may not be the sole cause of AIDS, and that standard treatments such as AZT actually make matters worse," Ashe acknowledged, adding, "there may very well be unknown co-factors, but that the medical establishment is too rigid to change the direction of basic research and/or clinical trials."²⁹⁶ Ashe wanted to stop taking AZT, but he didn't dare: "What will I tell my doctors?" he asked the *New York Daily News*.²⁹⁷

Basketball Star "Magic" Johnson: "There Is No Magic in AZT, and No AZT in 'Magic'"

What Ashe didn't have the heart to do—resist the pressure of prevailing AIDS medicine and decide against AZT intake—apparently saved the life of basketball megastar Earvin "Magic" Johnson.

At the end of 1991, Magic shocked the world with the news he had tested HIV positive. "It can happen to anybody, even Magic Johnson," said *Time* magazine on 18 November 1991.²⁹⁸ A few days later, *Time* wrote that the basketball player had "put the risk of heterosexual transmission squarely in center court." But what was the basis of this assumption? Nothing at all, for the American magazine—just like the rest of the media world—simply referred to Johnson's mere conjecture that he had "picked up the AIDS virus heterosexually," that is to say through sex with a woman.²⁹⁹

Evidence to support this statement is not available. Magic Johnson had tested positive, but at the same time, he was the picture of health—until "AIDS ruler" Anthony Fauci and his personal doctor, the New York AIDS researcher David Ho, insistently advised him to take AZT. Johnson followed their advice.

But Magic's health rapidly deteriorated,³⁰⁰ so much, in fact, that he felt "like vomiting almost every day," according to a 1991 *National Enquirer* story "Magic Reeling as Worst Nightmare Comes True—He's Getting Sicker."³⁰¹ But virus mania was by then so dominant that nobody thought that the extremely toxic medications could have caused Magic's serious health problems.



© Stern/Picture Press

"Magic Johnson: My AIDS Confession. The Olympic Superstar About His Life, His Women, His Ailment," *Stern* 44/1992.

There was not a lot of time to think about it anyway, as Johnson's symptoms suddenly disappeared after a short time. In the summer of 1992, after the media announced his retirement from basketball in late 1991³⁰², he even led the US basketball team to the gold medal at the Olympic games in Barcelona.³⁰³ This was a grandiose achievement, and had he still been under the influence of AZT, there was no way he could have accomplished such a thing.

One assumes, then, that Magic only took AZT for a very short time; when he discontinued the medication with the deadly side effects, his complaints likewise disappeared. Indeed, years later, in 1995, he admitted in a personal conversation in Florida that he had only taken AZT for a very short time. The medications were connected with far too severe side effects. And so came the saying, "There is no magic in AZT, and no AZT in 'Magic.'"³⁰⁴

But AIDS drug manufacturers also play a highly competitive game in an increasingly marketing-driven industry. For several years GlaxoSmithKline (GSK) used "Magic" Johnson to spread its miracle cure messages especially among urban blacks. The basketball star's image is splashed on billboards, subway posters and full-page ads in newspapers and magazines. The ads picture a robust-looking Johnson and feature messages such as, "Staying healthy is about a few basic things: A positive attitude, partnering with my doctor, taking my medicine every day."³⁰⁵ Those ads are now gone because Johnson got a better offer from Abbott and is now promoting another combination AIDS drug, Kaletra.

However, this does not necessarily mean that Johnson himself is taking these highly toxic drugs. As outlined, the opposite is obviously true. Magic is the poster boy for HIV positive heterosexuals and he's a spokesman for a drug manufacturer, so he has a financial conflict of interest that may disallow him from revealing if he is really taking GSK's Combivir or Abbott's Kaletra and, if so, how much drug he's really taking. "Johnson has not directly confirmed that he is taking the drugs he pushes," says AIDS drugs researcher David Rasnick.

In October 2004, we approached the Magic Johnson Foundation to ask if the basketball player has taken any AIDS medications since the Olympic triumph in 1992, and, if so, for how long. But, as of today, we have not received a response.

Hemophiliacs and AIDS

The publication of the Darby study in September 1995 in *Nature* also contributed to the cementing of the belief that AIDS is a viral disease. In it, death rates of hemophiliacs in England who had tested HIV positive were compared with those of their HIV negative hemophiliac counterparts over a period from 1985 - 1992. The

printed graph showed that the death rate of positive-tested hemophiliacs began to rise from about 1986; in 1987 it rose even more sharply. In comparison, the graph showing HIV negative hemophiliacs remained practically unchanged (see diagrams 6 and 7). Orthodox medicine claimed that this was proof that these deaths were caused by HIV.^{306 307}

But this study stirred up sharp criticism. Previously mentioned Australian researcher Mark Craddock, for example, penned a decisive paper and submitted it to *Nature*. But it was rejected—along with papers by Peter Duesberg³⁰⁸ and the Australian Perth Group³⁰⁹—even though the logic behind their critiques is impressive.

Hemophiliacs lack coagulation factor VIII and a replacement has been available since the 1960s causing hemophiliacs' life expectancy to continuously rise until 1985, right when HIV antibody tests were introduced. This is a decisive factor, negligently missing from the Darby study.

The HIV antibody tests introduced in 1985 were immediately and massively deployed. At the same time, the whole world memorized the formula: positive test = HIV infection = AIDS = death sentence. Because of this, the rise in hemophiliacs' death rates is easily explainable. Those who received a positive test result were put into a state of shock and many committed suicide. The rest, regardless of their health status, were automatically treated as AIDS patients.

Researchers and doctors tried out all sorts of toxic substances on them, administering them long-term, including antifungal medications or Eusaprim, an antibiotic that hinders cell division. This also affected hemophiliacs who had tested positive but otherwise didn't have any health problems—until they started taking the toxic AIDS medications.

We can't be sure exactly which medications were administered to those declared AIDS patients, since they weren't listed in detail, as *Nature* editor John Maddox confirmed in 1995.³¹⁰ But, the *Spiegel* reported in 1985 that, "more than a dozen different medications are in clinical trials in the United States alone—all of them have shown little success so far, and are burdened with severe side effects. Even 'HPA 23,' the substance favored by French scientists and developed at the Louis Pasteur Institute, and with which Rock Hudson was treated last autumn, has its difficulties. In Paris, a clinical study of 'HPA 23' is being carried out on 33 subjects; but, the medication had to be discontinued with numerous patients because of extreme blood and liver damage."³¹¹

In 1987, AZT busted onto the market and all positive patients, including hemophiliacs, immediately received the medication associated with fatal side effects—something that explains why hemophiliacs' death rates sharply increased from this point onward.

Diagram 6 Death rates of hemophiliacs in Great Britain with a high degree of clotting factor deficiency (1976 - 1992)

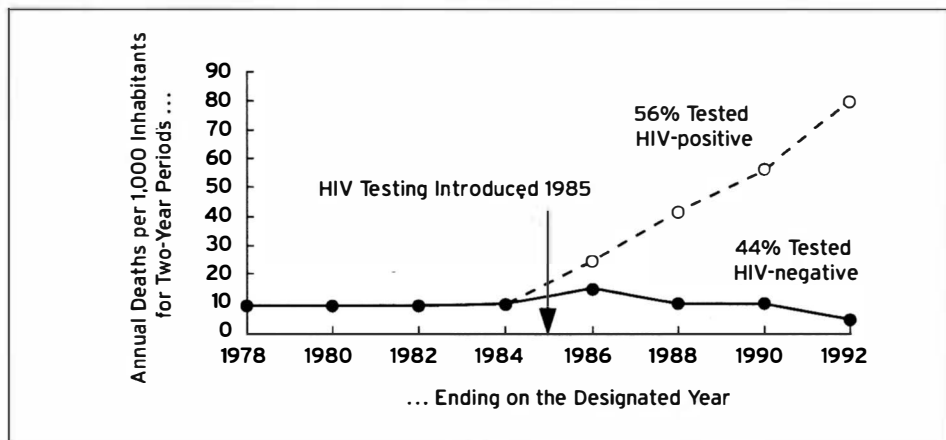
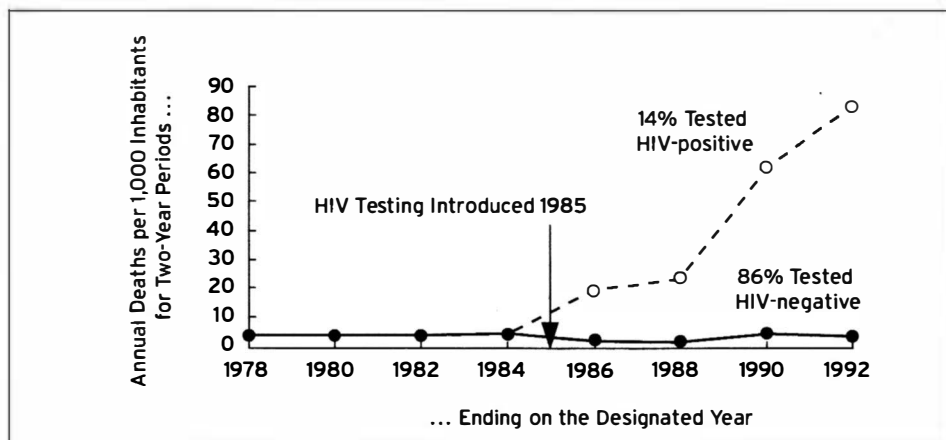


Diagram 7: Death rates of hemophiliacs in Great Britain with light to moderate clotting factor deficiency (1976 - 1992)



Source: Duesberg, Peter; Koehnlein, Claus; Rasnick, David, The Chemical Bases of the Various AIDS Epidemics: Recreational Drugs, Anti-Viral Chemotherapy and Malnutrition, *Journal of Biosciences*, June 2003, pp. 396 - 398

Incidentally, Rock Hudson died in 1985, officially of AIDS. Less well-known is the fact that Hudson's male partner had tested negative and had no AIDS symptoms—something which clearly speaks against AIDS being a viral disease. In the mid-1990s, American congressman Gil Gutknecht became aware of this and all the other inconsistencies and shortcomings of the HIV = AIDS hypothesis. And so he confronted

the AIDS establishment's highest operatives with a whole range of critical questions, including: "Where is the proof that clearly shows that AIDS is a contagious disease?" But Gutknecht never got a real answer either.³¹²

Incidentally, the blood plasma designed for hemophiliacs is freeze-dried before its administration, often for long periods. If you hypothetically assume that this virus does exist, it would not survive such extreme conditions, as mainstream medicine admits. The Centers for Disease Control states that this drying process of "human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people."³¹³

No surprise, then, that in specialist literature, there is not one single clear-cut case of HIV infection among health care workers who typically deal with blood on a daily basis.³¹⁴

Africa: How Well-Known Diseases Are Redefined as AIDS

As statistics on HIV infection remain stable or decrease in developed nations, the AIDS establishment and the media turn their focus to Africa. Headlines and TV news stories are scary: millions of Africans have died and will die from HIV/AIDS. But in reality, these are computer-generated estimates from the World Health Organization (WHO), based on a highly questionable data pool. And they seem grotesquely exaggerated when one compares them with the population statistics of precisely those countries where depopulation has been predicted for many, many years.

"Botswana has just concluded a census that shows population growing at about 2.7 per cent a year, in spite of what is usually described as the worst AIDS problem on the planet," writes South African author Rian Malan in a cover story for the British news magazine *The Spectator*: "Africa Isn't Dying of AIDS." Malan points out that "there is similar bad news for the doomsayers in Tanzania's new census, which shows population growing at 2.9 per cent a year. Professional pessimists will be particularly discomfited by developments in the swamplands west of Lake Victoria, where HIV first emerged, and where the depopulated villages of popular mythology are supposedly located. Here, in the district of Kagera, population grew at 2.7 per cent a year before 1988, only to accelerate to 3.1 per cent even as the AIDS epidemic was supposedly peaking. Uganda's latest census tells a broadly similar story, as does South Africa's."^{317 318}

"AIDS is a huge business, possibly the biggest in Africa," says James Shikwati, founder of Inter Region Economic Network, a society for economic promotion in



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Children in Uganda getting drinking water from a contaminated water hole. In African countries, more than half of the population still has no access to clean drinking water. Often, the water stinks terribly and is contaminated with all sorts of toxins (feces, heavy metals, etc.). According to WHO, nearly 1.2 billion people worldwide have no access to clean drinking water. The lack of clean water counts as one of the largest obstacles for advancement and development in the affected countries, particularly in the African regions south of the Sahara. Referring to the WHO and UNESCO, the aid organization UNAIDS terms the lack of clean drinking water as “the most important health topic of our time.” In Africa alone, 4,500 children are said to die daily from contaminated water.³¹⁵ In this context, investing many billions (of tax dollars) into the investigation of the unproven and contradictory thesis that AIDS is caused by a virus, can only be looked at cynically.

Nairobi (Kenya). In a 2005 interview with *Spiegel* editor Thilo Thielke, Shikwati added that, “nothing else gets people to fork out money like shocking AIDS figures. AIDS is a political disease here: we should be very skeptical.”³¹⁹ But the people in the control centers of politics, science and media aren’t suspicious, so they ignore the extreme discrepancy evident between perpetual predictions of horror (“Africa will be depopulated by AIDS”) and actual population increases.

It is still firmly assumed that the HIV antibody tests, which are an important basis for the WHO’s AIDS projections, are reliable measurement instruments. But



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Lucy tested so-called HIV positive in Bukoba (Tanzania), with a single, unconfirmed blood test (wealthier countries typically test twice). From this time, Lucy was considered an AIDS patient, whereupon a certain Philippe Krynen and his wife Evelyne took her in. They were convinced that, if people like Lucy were properly treated (without toxic medications), they could achieve stable health again. This is exactly what happened with Lucy. The Krynens took the young African women out of her village and helped her get a more stable stone house and a better job. "And so it came that, within the next four or five months, Lucy began to recover, and also gained back weight," says Philippe Krynen.

Her old friends saw her with new eyes, and let go of their fear that Lucy could infect them. At the same time, they began to wonder if Lucy really had AIDS. At any rate, the AIDS stigma had been imposed upon Lucy, something which often leads to isolation. But now Lucy was doing fantastically without medication. And indeed, she never developed symptoms of any of the many well-known diseases that have been redefined under the term AIDS.³¹⁶

let's take a closer look back to 1994. At that time, the *Journal of Infectious Diseases* published a paper on HIV tests with lepers in Zaire, compiled by no less than Max Essex, who is said to be one of the founding fathers of orthodox AIDS science, and of the theory that HIV or AIDS originally comes from Africa.

Essex observed that lepers reacted positively to the HIV test. For this reason, Essex points out that the results of the tests should be taken with a grain of salt—above all for patients suffering from diseases like leprosy or tuberculosis. And in places where these diseases are so widespread, particularly in central African



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This photograph shows a mother and baby in Abidjan (Ivory Coast). Both were in the best of health. But an internationally financed HIV screening program was carried out and the mother tested positive. As a rule, antiviral medications are administered—when available and affordable—which make completely healthy patients severely ill because they are extremely toxic.

cities, antibody tests are probably insufficient to define an HIV infection without any doubt. Essex thought it best to let this observation count for all African countries.³²⁰

Neville Hodgkinson, then medical correspondent for the *Sunday Times* jumped on the topic and spent weeks traveling through Africa. “When I asked people what disease they were dying of, they replied: ‘from AIDS.’ Whereupon I inquired: ‘but from which disease in particular?’ To this they said: ‘This patient has tuberculosis, that one chronic diarrhea, this one malaria and that one leprosy’—all diseases that have been known in Africa for ages. But then everything was rediagnosed as AIDS—out of fear of AIDS.”³²¹

Nobel laureate Kary Mullis adds that, “They got some big numbers for HIV positive people [in Africa] before they realized that antibodies to malaria—which everyone in Africa has—show up as ‘HIV positive’ on tests.”³²² And not only malaria, but also dozens of other typical illnesses like chronic fever, weight loss, diarrhea and tuberculosis cause positive test results.



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Najemba became ill and the people in her village thought she had AIDS even though she had not even tested positive. This is possible because the “Bangui Definition,” introduced by the WHO in 1986 for developing countries, allows AIDS to be diagnosed even without an antibody test. People who are suffering from diarrhea, or lose a bit of weight, are quickly tagged AIDS patients. For Najemba, who often had to suffer famine (like every third African), this had tragic consequences: she was banished from her village, something which is not unusual.³²⁶

The HIV/AIDS epidemic is actually a smorgasbord of well-known diseases, many of which correlate closely with poverty.^{323 324} You can't speak concisely about AIDS in Africa without featuring the subject of poverty. Yet, this is still criminally neglected in a region where a third of the population is malnourished and more than 30% of babies are born underweight.³²⁵ As we know, malnutrition has devastating effects upon health, and is a decisive factor in many diseases such as tuberculosis.

At least *The Lancet* took on this topic in 2004 and printed an article titled: "Preventing HIV/AIDS Through Poverty Reduction." This documents praises South African president Thabo Mbeki (who is generally sharply scolded for his critical position towards the AIDS establishment) by pointing out that "Mbeki has highlighted poverty as a factor contributing to the spread of the epidemic, [and] it is useful to consider the role of poverty as a factor contributing to it, and the implications of this for prevention efforts."³²⁷