THE OTHER SIDE OF AIDS

TRT – 86:30
Transcript

MARGARET HECKLER: Good afternoon, ladies and gentlemen. First, the probable cause of AIDS has been found, a variant of a known human cancer virus. Second, not only has the agent been identified, but a new process has been developed to mass produce this virus. Thirdly, with discovery of both the virus and this new process, we now have a blood test for AIDS. With the blood test we can identify AIDS victims with essentially 100 percent certainty.

ROBERT GALLO: Thank you, Secretary.

CHRISTINE MAGGIORE: In 1992 when I tested HIV positive, I was told I had between five and seven years to live. Eight years later I'm living in perfect health without any AIDS medicines. I have a beautiful, healthy, 3-year-old son and a wonderful relationship with an even more wonderful man. These are all things that I was told I did not have a right to expect any longer.

UNIDENTIFIED MALE VOICE: Everybody give her a hand!

CHRISTINE MAGGIORE: The reason I have what I have today is because I did not follow doctor's orders. I questioned them. And I encourage all of you to question what you have been told about HIV and AIDS.

FRANK SONTAG: Tonight I have an in-studio guest who has been on the program a number of times before. She is the author, amongst other things, of the book What If Everything You Thought You Knew About AIDS Was Wrong. Her name is Christine Maggiore. And, Christine, it's always great to see you.

CHRISTINE MAGGIORE: Thank you.

FRANK SONTAG: What's this book about and how did you write it?

CHRISTINE MAGGIORE: Well, I wrote it based on my personal exploration of HIV and AIDS information which was inspired by me testing positive in 1992. When I first tested positive, I didn't have any real questions about what I was being told. I was told, of course, that I was infected with a deadly virus, that I could expect to die. At that time the prognosis was five to seven years. That I would need to take drugs that would somehow keep me alive while compromising my health, that I could expect to die of AIDS and not to have anything resembling a normal life. I accepted that and went on to become a public speaker and educator for some local AIDS organizations here. And about a year and a half into my public service, I ran into some information that caused me to question what I was told. And shortly thereafter, I had the personal

experience of testing indeterminate, positive, negative, and positive which really set me wondering what was going on.

And the book is a result of my exploration of information that I guess you could say is outside of the mainstream but is totally founded in scientific, medical, and epidemiological fact. And that's what I put together because I felt it was really important to share that with people, not just people who test positive, because the whole idea of HIV and AIDS affects everyone's lives. It shapes everyone's world views and factors into their decisions about a lot of things. So it's kind of a book for everyone, but most especially for people who've tested positive, to give them a chance to learn what I refer to as the other side of AIDS information and to possibly do what I do which is to live healthy, medication-free, a normal existence with good health and a beautiful family and, you know, good things coming my way.

MICHAEL ELLNER: People who work with cancer patients have known for a long time and it's well documented that many people after getting their prognosis die faster than the cancer actually kills them. And this acceleration is based on their emotions.

And when a person is told they're HIV positive, what I see happening is, I invented a term to describe it, the AIDS zone. And to me the AIDS zone is a collection of very toxic emotional states. And these emotional states are both intense and chronic. So a person is told they are positive; and then they are experiencing intense fear, intense shame, intense guilt, intense feelings of helplessness and hopelessness. And this combination of these intense emotions in and of itself could knock out and undermine their natural defenses.

And then I notice a pattern. Within a period of time in the AIDS zone, you would see people and they stop eating. They stop sleeping regularly. They stop taking care of themselves. And you began to notice that there was this pattern emerging where getting sick and dying was the only thing they could think of.

WINSTON ZULU: Once you are tested, you are programmed to think any disease that you get you are going to die, you know. And if someone just coughed, we used to joke and say it's AIDS, you know.

At one time in January 1993, so many of my friends were getting sick and some dying that I actually left that place and came to South Africa to sort of get away from that environment which is like everybody is expecting that you must die.

REX POINDEXTER: I went and got drunk several times. I cried. I had to force myself to tell a friend. I thought it was over. I was in my mind prepared for death and disease and no love, never being touched or kissed again, just becoming a horrible, walking, dead person.

KRIS DOE: I mean it couldn't be spread. It had to be contained within me and not go on beyond me and there was a lot -- you know, there was a lot of ostracizing of me because of that.

WANDA DOE: Well, we were so careful. We had to maintain the family integrity which meant that both Paul and I, her husband and I, had to survive. We could not get the virus. We had to be extremely careful. So when Chris would cut her leg, we'd have to run and put a bandage on it. Don't spread the blood around. Don't let anybody touch it. We wouldn't double dip into a bowl of salsa afraid that maybe that's the way we can pass it. It was –

KRIS DOE: We bleached everything.

WANDA DOE: Everything got bleached. Everything was always constantly clean.

KRIS DOE: We turned into the neurotics that we hated.

WANDA DOE: It was insane because we -- both Paul and I had to survive this thing for the kids' sake.

LEONARDO RAMIREZ: I keep thinking back to that very first time, that fateful time I go into the free clinic to get tested for HIV; and I walk in fine, and they tell me you have a fatal disease. And I thought it's almost like you go there to get one. It's as if you're fine and you walk in, and then they tell you, "You have a fatal disease and you're gonna die."

DAVID FINK: Starting from 1986 when I tested, I have always felt perfectly fine. I mean there have been psychological factors associated with being diagnosed with a fatal illness, but I have never actually felt sick. So I would go to the doctor feeling perfectly healthy but scared out of my mind because the fact that I would have my blood drawn and they would count my T cells would potentially tell me that I was that much closer to death.

MICHAEL ELLNER: Bone pointing is a phenomenon where in aboriginal groups there's a belief that someone in the group has the power of life and death. And if a member of the group breaks a taboo, this person has the power to hex them and kill them by pointing a bone. Now, this bone killed many, many believers. But later on when the missionaries came and when the Europeans came and these people were conquered, they pointed their bones at the missionaries. They pointed their bones at the soldiers. It had no power. Because the power of the bone was in the belief. And what made it work is it wasn't only the individual's belief, it was the whole community, the whole group shared this belief.

Well, what I noticed when I started going to the different AIDS organizations, like GMHC and the people with AIDS Coalition or Body Positive and other groups like that, was if somebody said, you know, “I think I'm gonna live”, everybody in the group said, "You're in denial. You're gonna die." And so it seemed to me that the reinforcement came from everywhere they turned. The doctors expected them to die. Their loved ones expected them to die. The people in like situations expected them to die.

REX POINDEXTER: When you test HIV positive, when you are touched, when you get the positive diagnosis, you're supported by everything and everyone around you to be ill and die. The government gives you welfare and free medical care, and you easily get disability and other programs to help you pay your rent and all that sort of thing. Everyone around you and everything conspires to you being ill and dying and that this is the path for you. And it's almost a sad, noble path that everyone is very willing to help you walk along as long as you stay on that path and play the role of that victim.

KRIS DOE: It was easier on the other side. It was easier knowing I was going to die.

ROBIN SCOVILL: So are you on the other side?

KRIS DOE: Yeah, I am on the other side. It was easier over there, man, because it was really euphoric. And it was real like touching the face of like God or something like that, coming one with the earth and realizing that everything was going to pass and change. And that's a real euphoric feeling.

REX POINDEXTER: There's something attractive about giving up. And I see people ready to do it and doing it all the time.

FRANK SONTAG: Let’s just talk for a minute about testing. What are your thoughts on someone going out and getting a, quote-unquote, AIDS test?

CHRISTINE MAGGIORE: Really when we say it’s an AIDS test, that’s a misnomer. It’s not a test for AIDS at all; and surprisingly, something that it took me a long time to figure out, it’s not even a test for HIV. The test is for antibodies that are supposed to be antibodies to HIV, but they’re not. It is a test for nonspecific antibodies that may or may not have anything to do with HIV.

NEVILLE HODGKINSON: A very heavily referenced review article on the validity of the HIV tests had more or less concluded that they had never been validated. At the time, I didn't quite realize that one of the implications in this article was that HIV itself had never properly been isolated. It was so difficult to isolate and obtain, that that was the reason why the HIV tests had never been validated. Because to validate a diagnostic test according to the classical, decent standards, you need to show that patients who test positive with your antibody kit

have got the virus in them and patients who don't test positive are free of the virus. Broadly that would be how you would establish its validity. That had never been done because you can't find this virus in AIDS patients or in HIV positive patients.

DAVID RASNICK: HIV, first of all, nobody has ever found it in a human being. Think of it. The so-called HIV tests do not detect HIV in a person. They detect your antibodies that react to some proteins that are produced at Abbott Laboratory. They do not find HIV in the person. They find the person's functioning immune system that could react against HIV if it were there.

RODNEY RICHARDS: Millions of people take tests that are referred to as HIV tests. However, the idea that there is a laboratory test that can determine whether or not a person is infected with the virus is simply an illusion. The FDA has never approved a test kit that claims to be used for the purpose of diagnosing HIV infection.

CHARLES FARTHING: It is always possible to determine whether someone is infected with HIV.

ROBIN SCOVILL: So you are able to just draw blood out of a person that you suspect is HIV positive and find HIV virus in their blood?

CHARLES FARTHING: Yes. Even if their HIV RNA is negative, meaning that they don't have any viruses floating in the blood -- because the genetic material of the virus, when it's in the virus particle, is in the form of RNA. Even if someone doesn't have any viruses circulating in their blood, they still have cells infected with HIV. When the nucleic acid of the virus is actually in the form of DNA and integrated into the host DNA inside the human cells, and by taking human white blood cells and looking for HIV DNA, we can determine whether the person is actually infected with the viral genetic material even if they don't have any viruses floating around in the blood. Does that make sense?

DAVID RASNICK: The ultimate test that the establishment offers is what’s called a co-culture technique where you take a sample of the individual's blood cells, white blood cells. You cannot find HIV now in this sample. All you have are these blood cells. But then you culture these cells with some special cells that Robert Gallo generated some years ago. You have to throw in some powerful chemicals, phytohemagglutinin or IL-2, for example, to force these cells to do anything. The idea is to wake up the patient's cells to start producing RNA; and then this RNA will be coated in a protein, and possibly then there will be viral particles produced in the medium. These viral particles now will go infect the other cells that you added, and then you will amplify by a period of time the replication of these viral particles in the laboratory, what we call in vitro. Now, these particles did not exist in the patient, in the human being, the person that you got this sample from. You created them in the laboratory. And by creating

these virus particles in the laboratory, people say they have isolated HIV from a human being. They have not done any such thing.

KARY MULLIS: Nobody was looking at the blood of an AIDS patient and finding it crawling with some new organism and said, hey, this is this virus that we call HIV now.

ROBIN SCOVILL: Is there a test that can definitively tell you if you are infected with virus?

MERVYN SILVERMAN: With the virus, sure.

ROBIN SCOVILL: What is that test?

MERVYN SILVERMAN: Well, you can -- you can -- the test is to do the ELISA test, which really demonstrates, in essence, it's a -- it's a surrogate also because it represents antibody production to the virus. But they have demonstrated the virus. They have crystal -- they have crystalline models of the virus. HIV exists.

ROBERT DA PRATO: I don't recommend people ever getting tested. The reason is I don't know what the tests mean, and I think no one else knows what the tests mean. I've never seen any evidence that what these tests purport to show they're actually showing; namely, the presence of a virus, the presence of an exogenous virus. I really would like to see the electron microscopic data of this, and apparently there is none. There is none where you've done a rigorous isolation protocol.

CHRISTINE MAGGIORE: The test is for antibodies that are supposed to be antibodies to HIV, but they're not. It's a test for nonspecific antibodies that may or may not have anything to do with HIV. So it's not at all like we're being told. And it's really, when you think about it, if you're told that testing is responsible, it's a pretty irresponsible test to be taking.

DARREN MAIN: In the gay community everybody tests all the time. Everybody around me was taking HIV tests. It's a responsible thing to do. It's sort of a gay right of passage to regularly get tested. You know, and consequently many people around me tested positive.

CHARLES FARTHING: In essence, AIDS is advanced HIV infection as opposed to early HIV infection. AIDS is when you're ill, and HIV infection without AIDS is when you're heading towards being ill but you're not ill.

DARREN MAIN: I always assumed that if you were -- if you had AIDS as opposed to being just HIV positive that you were very sick, you had pneumonia or KS or chronic diarrhea or something. That changed for me when I, myself, was diagnosed with AIDS. And I was diagnosed not because of an illness, not

because I was sick or that my immune system didn't seem to be working, but because my CD4 count had dropped below 200. Which according to the CDC definition is what defines AIDS, an HIV positive test and a CD4 count of less than 200.

CHRISTINE MAGGIORE: In 1993 in this country we adopted a definition that caused the number of AIDS cases to double overnight. And part of that reason was for the first time we began counting people as AIDS victims who were not ill and who did not have any symptoms. They had a low T cell count. And that's only one low T cell count, and T cells are something that can fluctuate 100 percent in a given day. So based on a low T cell count, that year the number of AIDS cases doubled overnight. And with that definition, there have been 182,000 Americans who are not ill diagnosed with AIDS who would not have AIDS if they moved to Canada. Because in Canada they don't recognize that T cell definition as a criteria for having an AIDS diagnosis.

PAUL PHILPOTT: Most people consider it blasphemous when you point out that AIDS is not a disease; it's a syndrome. It's a collection of diseases. And those diseases get called AIDS if they occur in a patient that the doctor somehow concludes is HIV positive.

CHRISTINE MAGGIORE: All of the diseases in the category called AIDS occur to people who are HIV negative. None of them are exclusive to people who test HIV positive; and all of them have causes and treatments that are known, well-known, that are completely unrelated to HIV. So any of these diseases, when they happen to somebody who tests HIV negative, are called by their old name. But when they occur in someone who tests HIV positive, then they're called AIDS.

KARY MULLIS: All kinds of diseases started coming into the AIDS family faster than anyone should have been comfortable with really. To go from two or three to go to thirty in a few years was like somebody should have said, hey, there's something wrong here and it's got to be financial. Things don't happen that fast in science. You don't suddenly notice that one new organism is causing every problem.

I mean it was a bizarre thing that happened. It really was. It didn't really have any precedence in terms of medicine before that. Unless perhaps you could think of the possession by devil stuff, right? You see, once you’re possessed by the devil, anything that happens to you or anything you do is -- has got to do with that, right?

So it makes it easier for you to get tuberculosis, and it makes it easier for you to get uterine cancer. It makes it easier for you to get candida albicans. And so all those things can now be called AIDS.

Now, why would anybody do that? Why would any reasonable doctor start lumping together various symptoms into one pile and say all this is caused by HIV?

CHRISTINE MAGGIORE: We have a test, but it's not a test for AIDS; and it's called an HIV test, but it's not a test for HIV. And we have a series of problems that we are calling AIDS, but that doesn't elevate AIDS into a disease.

I don't know if you read magazines lately. There's a lot of ads for pharmaceutical drugs lately. These pharmaceutical companies are marketing more and more direct to consumers and encouraging you to ask your doctor for the remedy of the day. And I notice that there's a lot of these syndromes popping up, like social anxiety disorder or “SAD”. I mean you can make a syndrome out of anything you want basically and then find medicines to sell to make people better from it.

And AIDS is not that, you know, ludicrously simple, but it is in a sense just as constructed. It’s a construct. It’s a category of other problems, some of which were occurring in greater numbers in a very small subset of people here in the US and other parts of the world that became, due to the social-political climate with regard to sex, death, homosexuality and drug use, it became elevated into this medical phenomenon that has become untouchable and sacred almost.

MARK GABRISH CONLAN: The very first AIDS cases were five gay men diagnosed in Los Angeles in 1981 by a doctor named Michael Gottlieb. And what linked them was that they were all in what was called the fastlane gay lifestyle. They were doing a lot of recreational drugs. They were taking many different drugs at the same time, combining drugs much more than was the pattern for straight drug users.

They also partied a lot. They went to bars. They went to clubs. They went to bathhouses. They met a lot of men. They had a lot of anonymous sexual contacts; and as a result, they were exposed to a lot of the classic sexually transmitted diseases like syphilis and gonorrhea. And because they were getting those diseases, they were also frequently going to doctors and getting antibiotic prescriptions to treat those. All of that created a situation where a handful of gay men were burning the candle at both ends and putting a blowtorch to the middle. And it’s no wonder that after a while their immune systems started to collapse, and they started getting sick in these unusual ways that previously had only been seen in older people whose immune systems had deteriorated from age.

RICHARD MacINTYRE: I would watch my friends stay up all night at the baths doing speed and then take a downer, and then in the middle of the day in the afternoon they'd be under the covers twitching. I consciously tried to deal with drugs in a saner way than most of my friends did.

JEFF KISHMAN: There was a ton of poppers. They were everywhere. You would walk into a gay bar, and on the dance floor it was not unusual to see every probably third person holding a little bottle up to their nose. And you could just smell it everywhere.

MARK GABRISH CONLAN: Poppers is a slang term for amyl and butyl nitrite inhalants. Their legitimate medical function is as an emergency heart disease treatment to give someone to dilate their blood vessels so they don't have a heart attack. What they were used for in the gay community is both the physiological effect of dilating the rectum so that receiving anal sex is easier and less painful, and also there was a tremendous psychological high about them. John Rechy in his book The Sexual Outlaw describes the effect of poppers in a crowded environment as "the room exploded in sex".

It became a mainstay of the gay social scene in the late 1970s, were commonly used by large numbers of people in gay clubs and in the bathhouses. And their risk is that they're actually chemically quite similar to drugs given when doctors want to suppress the immune system, i.e., to transplant patients. The chemistry is rather similar. So it's not at all surprising that people who took these drugs quite often would develop immune suppression.

RICHARD MacINTYRE: So the drugs became something that you did together with a group of friends before going out. It became part of the way that our social lives were starting to be structured.

EDWARD A.: It was a blast. I remember living in Miami and flying to New York for parties at The Saint and going -- you know, this was a club that was, you know, really set up, you know, for gay men. And you would arrive and the music would just be pulsating and, you know, you'd go up in the balcony and just have all sorts of wild, you know, anonymous sex. This was before, you know, rubbers and that sort of thing. And we just -- we formed this little subculture of where sex was -- we took it on as like a recreation.

JEFF KISHMAN: I was treated for gonorrhea, I bet, five times. Chlamydia maybe twice. Syphilis once. Anal warts. Let's see, what else? Crabs like you wouldn't believe. Those bathhouses had crabs, crabs, crabs, crabs, crabs.

RICHARD MacINTYRE: Well, think about it. With gay men the problem is even worse than with heterosexuals because of anal sex. The organisms that are spread through anal sex live outside the body for long periods of time. And if you've got everybody having 200 or so partners per year, what you created is a situation that's very similar to third world countries where the water is contaminated by feces. And so we're having this in San Francisco, in New York. In many gay urban areas, we have third world like conditions. Dysentery was endemic in San Francisco right before AIDS hit. There were epidemics of dysentery both in San Francisco and New York.

JEFF KISHMAN: I remember a number of friends talking a lot about diarrhea, just diarrhea all the time, and fevers, lots and lots of fevers.

RICHARD MacINTYRE: A friend of mine's who cut my hair and who I had had sex with and most of my friends had had sex with got KS and died very suddenly. And that was immediately put into a context of other gay men dying in New York and some articles coming out in the gay press describing that. And it seemed like the ones who died first all had some characteristics in common that I didn't share. And so I felt relatively safe. And I wasn't surprised because I knew that we had been pushing things to the limit with our drug use and our sexuality.

REGINALD BIELAMOWICZ: I would hear about people dying a lot. That people were dying more and more, that it was epidemic, that it was, you know, spreading. That it was -- that no one was immune. That it would get -- it could get everybody and that you could get sick. You could get like -- you could die from having one exposure. And, you know, all this stuff, all these things that made me feel like there really was no way out.

EDWARD A.: Seemed like a period of time when I was going to a memorial once a month, a doctor, a priest, a school teacher, but the one common denominator was that, you know, they did -- they were -- I did know that they were gay.

NICHOLAS REGUSH: There's really no contradiction in holding certain groups in contempt, as gays are often horrifically in this culture, and at the same time wanting to read about the nasty things they do. This became big news. And this also was news that could affect everyone else. In other words, you know, they were starting it, these gay men were starting something that came out of the box; and it could spread throughout the culture. Now, that was pushed on pretty strongly. Heterosexual AIDS became an issue that led to funding for AIDS research.

PAUL PHILPOTT: I remember reading in the Wall Street Journal in 1996 a May 1st front page article. I couldn't believe it. CDC officials were admitting that even as they were saying everyone is at risk for AIDS, they knew that wasn't true; but they also knew that if Americans realized that, they wouldn't support substantial AIDS funding.

MARK GABRISH CONLAN: What the Journal didn't report was that this was a strategy that had actually been developed ten years earlier by volunteers from the public relations industry, people with a lot of PR experience who were also gay, who figured that they could serve their community best by mounting a PR campaign convincing Americans that everyone was or soon would be at risk for AIDS, so that there would be support for a massive program of government funding for this particular condition far out of line in terms of funding per patient

than what's being spent on cancer or heart disease or a lot of other diseases that kill far more people.

CHARLES FARTHING: The people that say that HIV is not the cause of AIDS are practicing supreme denial. It is amazing how human beings can look at black and call it white or look at white and call it black. They can look at all this evidence; but if they don't choose to believe it, they don't choose to believe it.

NEVILLE HODGKINSON: I've been covering AIDS for something like twenty years. And for perhaps half of that time, I reported it from the conventional, orthodox perspective that this was a deadly new virus that was causing this condition and spreading secretly among us, putting at risk everybody who was sexually active.

In the last few years, I've come across some different points of view which to begin with I found very hard to believe or accept; but I found some space in my very busy work schedule at the *London Sunday Times* in the early Nineties where I was working as medical and science correspondent to study the references and the viewpoints being put forward by some doctors and scientists, mainly in the States, who had this questioning viewpoint about HIV's role in AIDS. And gradually to my amazement I found that the evidence seemed to suggest that they were much closer to the truth than what I had been reporting previously.

PAUL PHILPOTT: I was an undergraduate biology student at Florida A & M University when I first heard that some people were saying that HIV doesn't cause AIDS. This sounded really crazy to me, but I looked into it. And I found out that the leading critic of the HIV-causes-AIDS model was a University of California at Berkley biology professor, Peter Duesberg, who was a pioneer in the study of retroviruses; and HIV is a retrovirus. Duesberg was the first scientist to isolate the genetic structure of a retrovirus, and this was a discovery that several of my textbooks had described. I read some of his papers. They were very fascinating, they were very clear, and they made sense to me.

PETER DUESBERG: The basic assumption that AIDS was infectious has never been, in fact, tested, never been discussed, never been contested or never been proved. That is an assumption that is very popular among doctors and scientists who study microbes and viruses, which are the main (inaudible) of doctors these days or scientists in microbiology. But the majority of diseases affecting us in the Western World, that is over 99 percent of them, are not caused by viruses and microbes. But all doctors are all too happy to blame any disease or any new variant of a disease on a microbe because then they know what to do, what to look for, and how to possibly cope with it by making vaccines and antimicrobial and antibiotic drugs.

We are now indicting the most harmless and the most difficult to detect viruses with technology that is designed to find a needle in a haystack and blaming them for fatal diseases under conditions where they are virtually undetectable in the patient, like HIV in AIDS; and that's the trouble with the hypothesis. We are blaming a virus that is practically not there, only antibodies against it are there, that is biochemically not active, that is not affecting more than one in a thousand of T cells in an AIDS patient, for fatal immune deficiency. If that were a cause of death, none of us would be speaking here today. We would all be in cemeteries or in intensive care units.

ROBERT DA PRATO: Dr. Kary Mullis who invented the polymerase chain reaction gives this -- in '83, I believe, and he got the noble prize in 1993 -- gives this little story that he was hired to do PCR for an HIV project for a private company; and he wrote as the first sentence of his paper, "HIV is the probable cause of AIDS." And he said he turned to a virologist and said, "What's the reference for that?" And the virologist said, "You don't need it." Well, Mullis is smart enough to know, of course, something new as this, you always have a series of original papers that established unequivocally that this was the cause of AIDS.

KARY MULLIS: Then and only then I started looking into it. I looked up a bunch of papers in science that Bob Gallo -- I knew about him -- had written. And I figured, well, Gallo must have been the one to figure it out because he is the name I've heard associated with it. I looked at his papers, and I didn't find anything in there that actually showed me that there was a fact now in science called HIV is the cause of AIDS, or even the probable cause of AIDS, which is all I would have expected, the probable cause of AIDS, highly probable, because they were attacking the whole problem by then as though it were certainly the cause. So I would expect it to be highly probable. But I couldn't find anything that said it was remotely probable even. It was possible, but it wasn't probable. And so, therefore, it wasn't even close to what you would call a fact.

DAVID RASNICK: Well, I call these the AIDS axioms: AIDS is contagious, AIDS is sexually transmitted, AIDS is caused by HIV, and that the anti-HIV drugs promote health and well-being. The reason I call these axioms is because they're assumed to be true. These four statements are assumed to be true. You cannot find the evidence in the scientific literature that shows that these AIDS axioms are, indeed, true.

CHARLES FARTHING: Many human beings are not rational. They don't operate on logic. They operate on emotions. And that's exactly what those people are doing. They don't want to believe it, so it's not the case. But unfortunately they are completely, 100 percent wrong. There is no doubt that HIV causes AIDS. The scientific evidence is absolutely overwhelming. But if you choose to ignore it, of course, you can ignore it. Such is the power of the human mind.

KARY MULLIS: There are no really good experiments that would lead anybody who was at least maintaining a healthy skepticism to believe that HIV was responsible for this series of -- this not series but kind of a loose confederation of diseases that people are now willing to call AIDS, right? It's a confederation of maybe 30 different diseases, all of which have existed in one form or other prior to the condition that we call AIDS ever being pointed out, and all of which have had some other explanation at one time or other. You know, to say that all 30 of those are somehow caused, in at least some cases called AIDS cases, by a virus called HIV, I think -- I haven't seen any evidence for that. I haven't even seen anybody trying to bring evidence forth for that.

ROBERT DA PRATO: And he said he's been looking for that since, I guess, the late Eighties; and he hasn't ever been able to find anyone that can give him a paper that showed, number one, isolation of HIV, rigorous formal isolation of HIV; and secondly, using Koch's postulates demonstrating that HIV is a causal microorganism. Where is the original paper that isolated HIV so that nothing else was present and they actually could go and find what the proteins were and nucleic acids were? I think you won't find that paper because it hasn't been published yet.

KARY MULLIS: I mean I understand there are a lot of people if you ask them about HIV causing AIDS as being a fact, they'll say, of course, it's indisputable. And the very fact that they will say it's indisputable might lead to you question their ability to understand scientific method. People that think any scientific fact is indisputable don't understand about scientific facts.

PAUL PHILPOTT: There's two types of antiviral drugs. One is the AZT style drug, also known as nucleoside analogues. What these drugs do essentially is they just kill cells. The other type of antiviral drug, these are the protease inhibitors. And what they do is they interfere with the activities of an enzyme called protease. Viruses, some viruses have proteases, but so do healthy human cells. Either style of drug, you give it to a human, and you either kill or harm healthy cells.

CHARLES FARTHING: The most severe side effect from HIV drugs, of course, like with any would be death. But thankfully we see it very rarely. Most of the antiretroviral drugs are very safe; and the most they cause patients is inconvenience with non-serious side effects such as nausea or diarrhea or bloating or gas, irritating things but not serious and not life-threatening.

ROBIN SCOVILL: Are you taking antiretroviral treatments?

JEFFREY ACUNA: Yes, I am.

ROBIN SCOVILL: How is that?

JEFFREY ACUNA: I don't know. It's still early. It's still to early to really tell.

ROBIN SCOVILL: In terms of the positive effect that it's having?

JEFFREY ACUNA: Yeah.

ROBIN SCOVILL: What are the negative affects that it's having?

JEFFREY ACUNA: Well, I lost a lot of weight, about 50 pounds, a lot of muscle mass, loss of appetite, nausea, lack of concentration, which are all like going away little by little, sleeplessness.

ROBIN SCOVILL: This was all drug induced do you think?

JEFFREY ACUNA: Yeah.

REGINALD BIELAMOWICZ: It's like my stomach always feels full and most of the time looks full. It sticks out and I can't really -- there's no amount of exercise or anything that will like hold it in. And there's a lot of -- a lot bloating and a lot of gas and like diarrhea, episodes of diarrhea.

REX POINDEXTER: I have friends that won't go out because they're on the drugs and because they might have diarrhea at any time or they might start vomiting or they might get nausea. They've got to stay home where their meds are; and they're chained to this idea of the meds keeping them alive, but it's actually they're killing them. They're hurting their liver and kidneys and their hearts. Several of the people I know died of AIDS died of heart attacks. They call it complications from AIDS. It's complications from AIDS medicines. You could walk through West Hollywood, and you can point out -- you can see from the shrunken cheeks and the swollen bellies and the looks on people -- you can see who's on the drugs.

EDWARD A.: I looked at my face a couple years ago, and I had this like gaunt look going on. And it became so pronounced that I would have a fold of skin here. And I noticed it, and it bothered me to the point where I went to consult with plastic surgeons as to -- I didn't ask what was going on. I just --I just -- at the time I thought it was -- I was just aging really rapidly.

REGINALD BIELAMOWICZ: The other thing that I think the drugs caused is some facial atrophy here where the fat pads on the cheek waste away. I'm not sure if it's caused by the drug or if it's just by getting older, but I have a feeling that it's caused by the drug.

EDWARD A.: We injected collagen, but then that was expensive. And then we did another procedure where we put some human tissue which came from

cadavers and it would -- to try to straighten it out. And I have little bumps on my back, little tiny things; but, you know, there's another syndrome where it gets redistributed on the back. And that makes me think -- we don't know what the long-term effects are. I feel like a human guinea pig.

MERVYN SILVERMAN: There is no question that these drugs have side effects. AZT is certainly not a panacea. But it's very clear that people especially taking combination therapies are doing well, and those are people who are taking the medications.

DAVID RASNICK: From scientific meetings, from conferences, from my personal contacts with people in the field, I can tell you that I have found no evidence anywhere that people live longer, better lives who take these anti-HIV drugs, these protease inhibitors, either alone or in cocktails, as compared to a similar group of HIV positive people who do not take these drugs. So I do not know where the evidence is for the claims that you see in the New York Times or on CNN or wherever you see it that people are living longer, better lives as a consequence of taking these drugs.

MERVYN SILVERMAN: I am not saying the drugs couldn't facilitate death or, you know, morbidity. I am sure that can happen. And people have had horrible side effects from some of these drugs. But to assume that it is the drugs that are killing people and not AIDS I think is, again, it's just not – it's not been proven out.

CHARLES FARTHING: Infectious diseases are really very simple. It ain't rocket science. You know, you've got a bug, you've got to poison the bug. It's destroying the body. So I think it's very, very unlikely that we'll successfully treat HIV without antiviral drugs. And it does seem to me a bit of a waste of time to try.

PETER DUESBERG: If you think about it, you give -- you put in a person making hundred thousands of new T cells every minute an inhibitor of DNA synthesis because the virus needs DNA to be replicated, but the virus is 10 kilobases and the human cell is a million kilobases. You're shooting with nuclear weapons at bunnies. Yes, you probably knock out a few bunnies. But the forest doesn't look very good after your hunt is over.

CHRISTINE MAGGIORE: I just want to read four things that you can find on the back of these drug ads where the front has handsome, tan men climbing up mountains in short shorts and, you know, smiling women and all this stuff. On the back it says stuff like: "At this time, there is no evidence that Ziagen will help you live longer or have fewer of the medical problems associated with AIDS." "It is not yet known whether Crixivan will extend your life or reduce your chances of getting illnesses associated with HIV." "At present, there are no results (none) from controlled clinical trials evaluating the effects of Viramune on the incidence

of opportunistic infections or survival." And finally there is one that simply says, "There have been no clinical trials conducted with Combivir."

If these drugs were showing health benefits, which has not appeared in the form of long-term, controlled, scientific studies published in the medical literature, the drug companies would be putting the good news on the front page instead of putting these disclaimers on the back page.

I can pull up scientific studies left and right that have been condemning these popular drugs now for more than a year. But by the time it filters down to the people who believe they need them, for many of them, it's too late.

REGINALD BIELAMOWICZ: You know, you'll put up with this kind of stuff because you think that you've got to do it. You think that you've got to take these drugs, I mean, because otherwise you're gonna die. And so you'll limp around and you'll put up with the pins and needles in your feet and you'll think, you know, that, oh, my belly is all bloated out and it feels all like I'm -- like I've eaten two watermelons, but -- but, you know, it's better than the alternative. And it's like, I don't know, you know, what is the alternative?

ROBIN SCOVILL: Did you ever question what you were being told about your diagnosis?

JEFFREY ACUNA: No.

CHRISTINE MAGGIORE: Hey, I'm Christine Maggiore. I'm convinced it's wrong to encourage HIV testing and to administer death sentences to people who test positive. The HIV test is well documented to cross-react with numerous non-HIV antibodies that can be found in normal, healthy people. They read these as HIV antibodies and give a positive test result. Cold, the flu, flu shots, hepatitis, herpes, rheumatoid arthritis, other immunizations and pregnancy can read as HIV positive on these tests.

Pregnant women who test positive are told they have to take this, AZT, or abort. That's an actual AZT label. AZT is a chemotherapy. It's a known carcinogen and works by destroying DNA chains as they're forming in the body. It causes severe anemia, so severe people need blood transfusions. It causes muscle wasting, neuropathy, diarrhea, dementia, spontaneous abortion, fetal deformities, and lymphoma.

As we meet here today, there are parents across the country who risk losing their children to state custody for their refusal to give their children AZT. Next week in Eugene, Oregon, the parents of an HIV negative baby are being charged with negligence and intent to harm for objecting to orders to give their baby AZT. This baby's father is HIV negative, his sister is HIV negative, and he's HIV negative. But since his mother came up positive on an HIV antibody test, the state says

that they must give this HIV negative baby AZT and she cannot breast feed him. This isn't public health policy; this is madness.

KATHLEEN TYSON: Our pediatrician came to take a look at him, and she gave him a little checkout and said he looked great. He apparently was very healthy, and all his vitals were working right and everything was good. He looked like a good -- good, strong, healthy baby. And but would we consider a visit from this infectious disease pediatrician.

She came by and looked at Felix and also agreed that he was a very healthy looking baby, looked fine, and but urged us -- urged me to stop breast feeding right away, and to start the AZT treatment for him, that that was really the best thing to do in this case.

So we talked with her for a little while about why we had decided not to and that, you know, we really had based our decision on a lot of research and a lot of soul searching and, you know, just kind of basic information that we had about our own health and the health of my daughter and especially my health. She was just rather strident and informed me that she would be going to the ethics board of the hospital and would be consulting with the hospital's attorney.

The petitioner from juvenile court walked in my room with a Eugene police officer in -- you know, a *police officer* with the gun in the holster and the radio and the little book, and I mean the whole uniform and everything. Basically I was told that, you know, I really needed to stop breast feeding right away and I really needed to start giving Felix AZT right away. And at this point I was in a panic. And so, you know, I hit the buzzer, told the nurses to please come in now and bring the formula bottles and -- and the bottles, and I would start it right then.

So that's what we did. But it didn't make any difference because we were already caught in the process. Didn't make any difference. So I realized then when I read the paper that my son was no longer in my custody, in my legal custody, and that he was as of that moment under protective custody of the State of Oregon. And that they would leave him with me, but with those kind of orders and that kind of paper in your hand, you realize that, you know, nothing is certain.

We put it in a syringe without a needle on it, and I put this little teeny-tiny tube on the end of the syringe. And then I would tape the tube, the end of the tube, onto my finger. Then I would squeeze the syringe, and I would watch that medicine go down the tube until it got right to the end. And then I would put that finger in my baby's mouth, and he would start to suck. And then I would have to squeeze that syringe until it was all the way down. Then there was still some left in the tube. So I would have to take the syringe off the tube and then draw up some formula in that syringe and reattach it to the tube and then push the formula through so that he would get all the .65 milliliters of AZT.

KRIS DOE: Three months into the pregnancy they tested me.

PAUL DOE: Positive.

KRIS DOE: I came up positive. We fought them, saying we didn't believe it, put them off, we don't want the drugs for two months. And we agreed to start the AZT five months into the pregnancy. And that's when they took us down. They put us in an office. We had these stack of papers, and we just signed it all.

PAUL DOE: She was doing seizures for a while.

KRIS DOE: Yeah, she did some seizures.

PAUL DOE: She would be sitting there and her face would tighten up –

KRIS DOE: And her eyes would roll back.

PAUL DOE: -- and her eyes would roll up. And then she -- that one time on the couch we came out and she was convulsing.

KRIS DOE: Right.

PAUL DOE: We called the 911. She had a lot of fever related seizures. She's been very, very, very hard to raise. And I know that she was poisoned. She‘s a different child than everybody -- a lot of people know. Rachael is going to lead Rachael's life.

KRIS DOE: Right.

PAUL DOE: And Rachael physically seems to be fine.

ROBIN SCOVILL: Who is that?

RACHAEL DOE: Hi there.

PAUL DOE: She can't say one, two, three. She can't say one -- she can't -- no, she can't count to three and she can't say ABC and she can't say her name and she can't tell you how old she is. Sometimes in their head, I mean, she wakes up in the middle of the night crying sometimes like in pain and just screaming, and it's hard to see what's going on with her. And it really hurts me. And I feel somewhat responsible because I let those doctors give her those drugs.

KRIS DOE: And I don't think that Paul and I can really say that there’s anything specifically wrong with her because I don't think anybody can really tell.

PAUL DOE: Rachael is different.

KRIS DOE: She's just different.

ROBIN SCOVILL: Some of the concerns that, I guess, the dissident side raises is that AZT is contraindicated for everyone except pregnant women, children, and people in third world countries. How does that work? What's your response to that?

MARK WAINBERG: That's an absolutely ridiculous position. It's totally false. We give AZT all the time to patients with HIV disease.

ROBIN SCOVILL: In monotherapy?

MARK WAINBERG: No, we don't use monotherapy ever. We use AZT as part of a combination regimen. But let me ask you something. Do you believe that HIV causes AIDS?

ROBIN SCOVILL: That's the general position. I mean that seems to be the prevailing wisdom on it.

MARK WAINBERG: Do you personally believe that HIV causes AIDS?

ROBIN SCOVILL: I don't have enough information either way personally.

MARK WAINBERG: Are you one of the dissidents?

ROBIN SCOVILL: A dissident, no.

MARK WAINBERG: How can you say you don't have enough information if you're doing a documentary on this topic?

ROBIN SCOVILL: I'm forming an opinion based on the information that I gather.

MARK WAINBERG: Honestly, Robin, if you're at this meeting, you should've had an opinion formed before coming here.

ROBIN SCOVILL: That's not necessarily true. That's not necessarily true. I mean I can see that you're a man who stands powerfully behind that idea.

MARK WAINBERG: I stand powerfully and passionately behind that idea.

ROBIN SCOVILL: I can see that.

MARK WAINBERG: And I'm concerned that if you are someone who is going to waffle on this topic that you will attempt to edit my remarks in a way that will make me look foolish.

ROBIN SCOVILL: I will not do that. I'm not out take away anyone's dignity or anything. I'm trying to put together a series of interviews that bring enlightenment to the subject. That's it.

MARK WAINBERG: As far as I'm concerned, and I hope this view is adequately represented, those who attempt to dispel the notion that HIV is the cause of AIDS are perpetrators of death. And I would very much for one like to see the Constitution of the United States and similar countries have some means in place that we can charge people who are responsible for endangering public health with charges of endangerment and bring them up on trial. I think that people like Peter Duesberg belong in jail.

PETER DUESBERG: We don't say Toyotas and Mercedes shouldn't be sold here because we want to sell General Motors. But when it comes to science, we act in America like the Pope acts in Rome. There is only one truth and only one direction to march in.

RODNEY RICHARDS: One of the distinguishing features in modern science is skepticism, the spirit to challenge other people's work, the spirit to challenge your own work. And I fear that this spirit is disappearing in particular in the case of HIV and AIDS. Anybody that speaks up against or challenges some of the entrenched paradigms or principles is not only not welcome, but they are strongly criticized to the point of being called names, bigots, homophobes, baby killers, flat earthers, holocaust deniers. Certainly this would indicate to me that the spirit of skepticism, the spirit of challenge, the spirit of scientific debate in this field is virtually completely gone.

MARK WAINBERG: Someone who would perpetrate the notion that HIV is not the cause of AIDS is perhaps motivated by sentiments of pure evil, that such a person may perhaps really want millions of people in Africa and elsewhere to become infected by this virus and go on to die of it. And, who knows, maybe there's a hidden agenda behind the thoughts of a madman. Maybe all psychopaths everywhere have ways of getting their views across that are sometimes camouflaged in subterfuge. But I suggest to you that Peter Duesberg is probably the closest thing we have in this world to a scientific psychopath.

ROBIN SCOVILL: There are a lot of other scientists that raise the challenges that he raises.

MARK WAINBERG: And now the interview is finished. Thanks.

PETER DUESBERG: I had all the students I wanted. I had all lab space I needed. I got all the grants awarded. I was elected to the National Academy. I became California scientist of the year. All my papers were published. I could do no wrong almost, professionally that is, until I started questioning the claim

that HIV or the hypothesis that HIV is the cause of AIDS. Then everything changed.

CHARLES GESHEKTER: The disease that is now known as malaria was thought up until the middle of the 19th Century to be something caused by organisms in the air; hence, the term mal-aria. I mean the French thought that it was a disease of lethargy and of fever caused by being in tropical climates because there was something in the air. It was not until the middle of the 19th Century that they discovered that malaria had nothing to do with the air, but it was caused by the bite of the anopheles mosquito. That's the vector for malaria. So, you know, the causation for disease, the causation for illness, for a number of other natural phenomenon in astronomy, microbiology, is always something that's open for robust and vigorous dispute and debate; and AIDS is no different.

NEVILLE HODGKINSON: It has been something of a marvel to me how colleagues in the business who normally would be the first to challenge blatantly exaggerated claims that come from organizations like UNAIDS and the WHO and some of these other major organizations, they are completely uncritically accepted and uncritically reported. And this is harmful because it's helped -- every time these agencies feel that concern about AIDS is beginning to die away in the countries where it's a diminishing problem, they issue new reports with new projections and new exaggerated claims to try to keep the funds flowing, to keep the concern there. And I can understand this from one perspective because they have the mindset that this is such a terrible epidemic and because they have closed their minds to other ways of thinking, they feel that they're justified in doing this. But it's a dangerous -- a dangerous way of behaving, and it's helped to distort the science and maintain some illusory aspects of this for much longer than need have been the case.

KARY MULLIS: I don't think most people that got involved in it really looked at it and said, “I don't think this is really true but I want to get into it anyhow.” It wasn't like that. It was like they were never questioning it because it was the easy way to go. You follow?

I mean if somebody is paying you $150,000 a year for working on something, you don't have to be questioning whether that's useful every day, because it's useful to you. I mean if you're trying to work your way up in IBM, you don't immediately go to the chairman of the company and say, "Does this company actually do what it says it does?” “I mean are we really for real?" I mean you don't do that, right? So the fact that everybody that works for IBM believes in IBM as a company does not say that IBM really does what it says it does. It just says, well, of course, everybody that works for IBM kinda toes the line. Right?

So everybody in the field of AIDS works for AIDS in a way. I mean you can think of it as a big corporation that's completely funded by the federal government. It's a big company. It's a big organization which has a pecking order, not quite as

distinct as some companies, but not as indistinct as you might think. It is not a -- it's not 30,000 independent scientists working in their own labs with their own ideas, see. So to say that they all go for it just says, well, they all belong to the club, don't they? They're all being paid out of the same coffer, and they're not going to be paid if they don't go for it. So you can't -- the only way to resolve this for yourself is to say I guess I am gonna to have to learn a little about it.

REGINALD BIELAMOWICZ: I feel like I'm waking up from some 5-year sleep in which I agreed to do something that I didn't really believe in or want to do but I did out of fear and really a kind of really pressure.

DARREN MAIN: I think that the basic paradigm that we all function under with HIV and AIDS is one of fear. It's assumed that you're infected and that you have a death sentence. It's assumed that if you don't follow doctor's orders, you're going to get sick and die. There are many, many people who are not following doctor's orders and who are doing quite well. In fact, many of them I see daily; and they seem to be doing better than the people who are following doctor's orders.

WINSTON ZULU: I hope HIV doesn't cause AIDS, you know. And looking at all these questions and all these unanswered questions, I'm getting more and more to believe that HIV doesn't cause AIDS. And if this should turn out to be the case, then I can live a free life, you know, free from fear, free from the terror that has been subjected on me in the last ten years.

DARREN MAIN: For me the other side of AIDS is learning to be a critical thinker, to really make decisions for myself rather than let society or a doctor or a pharmaceutical company tell me what's best for me, to really consider all my options and to live based on what feels right in my heart, to not make decisions based on fear and death but to make decisions based on life.

PETER DUESBERG: The reality seems to confirm me every single year. We have never cured one single AIDS patient. We have never been able to predict the epidemic that was said to be exploding in the general population. It hasn't. Prostitutes were supposed to be getting it. Doctors were supposed to be getting it because they are the front lines of the viral attack. Scientists working with HIV were said to die from AIDS. That hasn't happened. A vaccine was supposed to be found. We have no vaccine. Well, what more can you ask for from a flawed hypothesis? Fails every year. Another one is not -- cannot be considered in this country.

CHARLES GESHEKTER: The evidence that I've seen shows me nothing of the sort to resemble anything approaching a scientific basis of evidence that what's called AIDS is caused by a viral entity or by a retrovirus, whatever the initials are, HIV, IHV, VIH, you can scramble them any way you like. The cause and cure for AIDS is as near at hand as an alternative hypothesis.

CHRISTINE MAGGIORE: Questioning is healthy. Questioning is what leads to answers. Science, research, investigation of any kind begins with questions. And when we restrict where those questions can go, who can ask them and under what circumstances, we're restricting progress and knowledge. And when we're looking for answers to a problem that is unresolved, that has caused tremendous human suffering on many levels, lives being lost, lives being forever changed, you know, people commit suicide, have abortions, break up relationships, give up careers and all kinds of things based on the idea that HIV causes AIDS, we have the right to question this. Questioning is a good thing. And we should be joining hands. There shouldn't be this my side/your side. We should be joining hands, the, you know, so-called mainstream AIDS organizations with the so-called alternative AIDS organizations like ours, in an effort to explain the anomalies, to fill in the gaping holes in our knowledge, and to embrace what we don't understand in order to come to some answers and solutions that can truly be of help to people.