What is AIDS?

AIDS is GRID (Gay Related Immune Deficiency)
Does "Gay" Mean "Drug User"?

The only studies that have ever asked gay AIDS patients about cocaine, poppers, and speed find that 93% to 100% admit using these drugs. Go the library and check for yourself:

Marmor, *Lancet*, May 15, 1982: 100%
Kaslow, *JAMA* 261:23 1989: 96%
Archibald, *Epidemiology* 3:203 1992: 100%
Duesberg, *Genetica*, February, 1995: 93%
<table>
<thead>
<tr>
<th>Year</th>
<th>Availability and Use of Nitrites</th>
<th>Onset of Epidemic Reported 1981</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>Amyl nitrite available 1960-1969</td>
<td>16 years</td>
</tr>
<tr>
<td>1970</td>
<td>Street-variety &quot;poppers&quot; available</td>
<td>11 years</td>
</tr>
<tr>
<td>1974</td>
<td>&quot;Popper&quot; craze widely recognized</td>
<td>7 years</td>
</tr>
<tr>
<td>1977</td>
<td>Nitrites reported &quot;in every corner of gay life&quot;</td>
<td>4 years</td>
</tr>
</tbody>
</table>
Adoption of the Virus-AIDS-Hypothesis per press conference

(without any scientific papers)
The correlation argument:

Tuberculosis + HIV = AIDS

Tuberculosis (TBC) - HIV = TBC

100% correlation HIV with AIDS by definition
The licensing study was terminated too early.

- The treatment group did better than the placebo group.
- But the side effects showed the imminent bone marrow suppression.
Conclusion: Widespread mitochondrial damage leads to lactic acidosis and liver failure, pancreatitis, neuropathy and myopathy
Virus Hypothesis

Antiviral Therapy

Slowly progressing immunosuppression
## CONCORDE RESULTS

<table>
<thead>
<tr>
<th>Event</th>
<th>&quot;Imm&quot; group (n = 877)</th>
<th>&quot;Def&quot; group (n = 872)</th>
<th>Log rank p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total deaths</td>
<td>96</td>
<td>76</td>
<td>0.13</td>
</tr>
<tr>
<td>HIV-related deaths*</td>
<td>81</td>
<td>69</td>
<td>0.34</td>
</tr>
<tr>
<td>AIDS or death**</td>
<td>176</td>
<td>171</td>
<td>0.94</td>
</tr>
<tr>
<td>ARC§, AIDS, or death**</td>
<td>267</td>
<td>284</td>
<td>0.18</td>
</tr>
<tr>
<td>Advanced ARC, AIDS, or death</td>
<td>191</td>
<td>186</td>
<td>0.91</td>
</tr>
</tbody>
</table>

§ARC is AIDS-related complex, a pre-AIDS condition.

* Includes six deaths (4 Imm, 2 Def) possibly HIV-related or drug-related and excludes 22 (15 Imm, 7 Def) unlikely to be HIV-related or drug-related.

** As first event.

*** A measure of statistical significance.

Source: CONCORDE Coordinating Committee/LANCET
Imminent Marketing of AZT Raises Problems

AZT can keep some AIDS patients alive and even reverse their dementias, but it is so toxic that a majority of patients may not be able to take it.

The most serious side effect of AZT is to depress the bone marrow, leaving patients extremely vulnerable to bacterial infections (see). Once this occurs, they either have to stop taking AZT altogether or take a reduced dose. But there is no information on whether a reduced dose is effective, because there is no way of measuring the effects of AZT except to look for increased survival and lessening of opportunistic infections. There is no simple way to see if the drug is working.
Disease

- H I V

TBC
Pneumonia
Histoplasmosis
CMV
Septicemia
Lymphoma
Candida

Life-long antiviral treatment
AIDS in Africa?

An epidemic of HIV testing:
False-positive results in patients with leprosy and TBC
Hemophiliacs

HIV infection: 1975
Lifespan doubles: 1985
Sharp increase in mortality: 1988
The other Hypothesis

Drugs

Foreign Proteins

AZT

AIDS
"Thanks to techniques like PCR and sequencing, diagnostic labs can perform high sensitivity tests for a battery of viruses in a matter of hours..."

"By comparing viral genomes, researchers can even construct complete phylogenetic trees."

"Although this is terrific, a string of DNA letters in a databank tells little or nothing about how a virus multiplies or how it makes people sick."

HIV is only found in 1 out of 800 lymphocytes.

There is no correlation between “high viral load” and amount of viral particles (HCV, HIV) visible on EM.
Hepatitis C virus-specific DNA sequences in human DNA in healthy HCV-neg. individuals

Dennin et al.

Clinical Outcomes after Hepatitis C Infection from Contaminated Anti-D Immune Globulin

62,667 women, 704 (1.1%) HCV-pos.
390 HCV RNA
186 fibrosis, 7 cirrhosis

NEJM, 1999, April 22, 1228-1232
Prevalence and clinical outcome of HCV Infection in children who underwent cardiac surgery before the implementation of blood donor screening:

Vogt et al.  

**Conclusion:**

... After 20 years, the virus had spontaneously cleared in many patients. The clinical course in those still infected seems more benign than would be expected in people infected as adults.
45-Years Follow-up of Hepatitis C Virus Infection in Healthy Young Adults

Seeff et al.,
Ann Intern Med. 2000; 132:105-111

Conclusion:
During 45 years of follow-up, HCV-positive persons had low liver-related morbidity and mortality rates.
The trick with the incubation period

- HIV 15 years
- HCV 30 years
- BSE 55 years
- HPV 55 years

Life is a sexually transmitted disease which ends in death after an incubation period of 77 years.
The father of the slow virus: Carleton Gajdusek, Nobel prize 1976

1. Kuru-Kuru
   (cerebral inoculation experiments)
2. CJD
3. HCV
4. HIV
5. BSE
New variant Creutzfeldt-Jakob disease:

The epidemic that never was.

BMJ Vol 323, Oct 13, 2001

The causal link between BSE and nvCJD is open to question.
Inconsistencies in the epidemiology of BSE and nvCJD

BSE Incidence 1993 Nature

nvCJD Incidence 2000 Lancet
PHOSMET
0,0-dimethyl S-phthalimidomethyl phosphorodithioate

1982 By law, cattle to be treated with Phosmet
1992 Phosmet application law cancelled
2000 Phosmet banned
Why was this medical disaster not visible in time?

Doctors had no clinical experience with HIV patients.
In treating them with AZT, the patients behaved as expected: they wasted away.
The symptoms of progressive AZT intoxication were almost indistinguishable from progressing AIDS.
Why is the medical establishment so sure that they are right?

- Two situations: The patient is healthy.
- His viral load and CD4 are measured.
- The patient is sick.
- He gets antivirals and the CD4 goes up and the viral load goes down.
- And the patient is clinically improving.
- Where is the question?
Viral load and CD4: What do they mean?

- Any viral load goes down if you give a cytotoxic treatment (DNA terminator).
- It is an unspecific effect, but today any microbe which is found with PCR is treated (CMV, herpes, HIV, HCV).
Is a low CD4 count exclusively seen in HIV infection?

• It is only *measured* in HIV infection!
• But you find the same inverse T4/T8 ratio in sarcoidosis or CMV infection free of HIV.
• The T-helpers (CD4) are going into the infected tissues and therefore going down in the blood.
• When you kill the lymphocytes with cytotoxic drugs, the bone marrow produces new ones.
Some case reports looking through orthodox and re thinker glasses

1. Healthy pregnant woman (32) with low CD4 count.
2. Healthy pregnant woman (28) with normal CD4 count.
3. Man (45) with pneumonia.
4. Man (42) with cardiomyopathy.
5. Three young men (28-30), (gay/high risk).
Some diseases which react well to cytotoxic treatment:

- Autoimmune diseases: lupus, Wegener’s
- Colitis, Crohn’s disease
- Polymyalgia, vasculitis
- MAC, sarcoidosis
- Lymphoma
- Protozoan disease (a number of parasites induce strong suppressor mechanisms including T-suppressor cells, which eliminate the host’s effective immune response).
- Malaria, Leishmaniasis, toxoplasmosis, histoplasmosis, etc.
The history of antiviral treatment

- **1987**: 1500mg AZT daily (Fischl, NEJM)
- **1994**: 1000mg AZT (Concorde, Lancet)
- **1995-96**: Triple Therapy (D. Ho, “Hit hard and hit early.”)
- **1998**: Caution (J. Levy: Should we be treating HIV infection early?)
- **2000**: Treatment interruptions
Why no placebo control?

The medical establishment claims there are abundant placebo controls:

- One new drug regime is tested against an older one plus placebo.
- But not compared to nothing because this would be (since Fischl) unethical!
- That means we relied with our placebo control on a drug regime (1500 mg AZT) we all agree now was too much.
- The Fischl Study remains the “gold standard.”
Gallo: “Remove HIV and there is no more AIDS.”

“Remove HIV from the blood supply and there is no more AIDS from blood transfusions.”

“And the incredible increase of survival due to antiviral therapy.”
Stop testing for HIV and there is no more AIDS

The HIV test is highly diagnostically misleading. The average survival time after a blood transfusion is still two years irrespective of HIV because the underlying disease is severe.

It is easy to claim “an incredible increase of survival“ after having killed (over-treated) a whole generation of AIDS patients.