

# Rethinking AIDS 2009

*Rethinking AIDS,  
Connecting Questioners,  
Reigniting Debate*

*Friday, November 6 thru  
Sunday, November 8, 2009*

*Waterfront Plaza Hotel  
Oakland, California, USA*

*RA2009.org*

## **Organizer**

Rethinking AIDS (RA)  
www.rethinkingaids.com

## **Organizing Committee**

David Crowe  
President of the Conference and RA  
Calgary, Canada

David Rasnick  
Chairman of the Conference  
Oakland, California, US

## **Conference Site**

Waterfront Plaza Hotel — Spinnaker Room  
Jack London Square  
10 Washington Street  
Oakland, CA 94607  
Telephone: (510) 836-3897, Fax: (510) 836-6228

### **The registration desk at the conference site will be open as follows:**

Friday.....November 6<sup>th</sup>, 3:00 pm – 8:00 pm

Saturday.....November 7<sup>th</sup>, 7:30 am – 6:00 pm

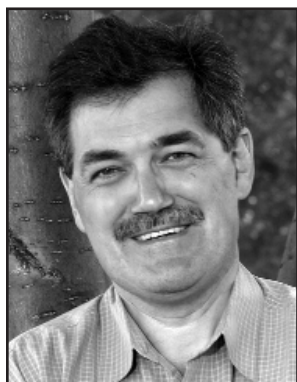
Sunday.....November 8<sup>th</sup>, 8:00 am – 12:00 noon

(The registration desk is located right next to the Spinnaker Room)

### **For further information about the conference, please contact:**

Sigrid Duesberg  
info@ra2009.org

# Welcome Address



On behalf of Rethinking AIDS I welcome you to RA 2009.

This is biggest and most international conference questioning the HIV=AIDS dogma in many years and it would not be happening if it were not for you and our generous sponsors.

At this conference you will have the privilege of listening to some of the top doctors, researchers and other academics who are AIDS skeptics as well as several HIV-positive people who have had to learn how to deal with the tremendously negative impacts of an HIV diagnosis on their life.

These are just our speakers, many similar people are to be found among our audience, and I hope you will talk to many of them while you are here.

Many of us believe that the HIV=AIDS=Death dogma has been the biggest medical disaster in history, the biggest scientific error in history and consequently has caused a massive human toll in lives lost and lives hardly worth living.

I hope that the conference will expand your knowledge in this area and that the contacts you make here will increase your power to make change in the future, whether that is refining your arguments, setting up a website, lobbying your local media and politicians, assisting HIV-positive people gain access to and an understanding of critical information or other actions to bring sorely needed attention and change.

On behalf of the conference organizing team, all of our speakers, and everyone of us who could not be here today, I wish you a wonderfully rewarding conference and hope to meet every one of you individually during the weekend.

A handwritten signature in black ink, appearing to read 'David Crowe'. The signature is fluid and cursive.

**David Crowe**

President of Rethinking AIDS

# Acknowledgments

**We gratefully acknowledge  
our sponsors without whom  
this conference could not have happened.**

Bob Leppo, UNITED STATES

Martin Penny, UNITED KINGDOM

Cellular Networking Perspectives Ltd., CANADA

Michael Geiger, UNITED STATES

Daniel Muriungi, KENYA

Roger Swan, CANADA

# Scientific Program

## Friday — Opening Session

- 6:00** Welcome and introduction of  
Keynote Speaker  
**David Crowe** (Calgary, Canada)
- 6:15** Keynote Lecture: The media, HIV/  
AIDS, and the making of public  
“understandings”  
**Michael Tracey** (Boulder, CO, USA)

**7:15** **Welcome Cocktail**

## Saturday — Morning Session

Chaired by Charles Gesheker

- 8:00** 1. History of the AIDS controversy spanning  
three decades  
**John Lauritsen** (Dorchester, MA, USA)
- 8:40** 2. HIV-AIDS hypothesis out of touch with  
South African AIDS—a new perspective  
**Peter Duesberg** (Berkeley, CA, USA)
- 9:20** 3. Questioning the existence of HIV  
**Etienne de Harven**  
(Saint Cézaire, France)

### 10:00 Coffee Break

Chaired by Helen Lauer

- 10:30** 4. The deception and dishonesty of African  
AIDS statistics  
**Charles Gesheker** (Chico, CA, USA)
- 11:10** 5. Aids in Africa—a call for sense  
not hysteria  
**Christian Fiala** (Vienna, Austria)
- 11:50** 6. The role of the inner pharmacy in the pre-  
vention and treatment of AIDS  
**Roberto Giraldo** (São Paulo, Brasil)

### 12:30 Lunch

## Saturday — Afternoon Session

Chaired by Christian Fiala

- 2:00** 7. HIV drugs causing AIDS  
**David Rasnick** (Oakland, CA, USA)
- 2:40** 8. The treatment dilemma of HIV-positive patients as a result of the HIV-AIDS hypothesis: The illusion of antiviral treatment  
**Claus Koehnlein** (Kiel, Germany)
- 3:20** 9. HIV/AIDS blunder is far from unique in the annals of science and medicine  
**Henry Bauer** (Blacksburg, VA, USA)
- 4:00** **Coffee Break**
- 4:30** Screening of **Brent Leung's** documentary, *House of Numbers*

## 7:00 Conference Banquet

## Sunday — Morning Session

Chaired by Roberto Giraldo

- 8:00** 10. The criminalization of illness  
**Chris Black** (Toronto, Canada)
- 8:30** 11. Rethinking legal aspects of AIDS in Colombia  
**Rodrigo Andres Medina Diaz, Jose Ramon Lopez Gomez (Universidad Libre Pereira Colombia Law Group)** (Pereira, Colombia)
- 9:00** 12. Censorship in the AIDS debate—the success of stifling, muzzling and a strategy of silence  
**Joan Shenton** (London, UK)

## 9:30 Coffee Break

Chaired by Joan Shenton & Dale DeMatteo

- 9:45** 13. Religion, politics, and AIDS in Italy: curious paradoxes from the Ministry of Health  
**Marco Ruggiero** (Florence, Italy)
- 10:15** 14. The Italian epidemiology supports the chemical AIDS theory  
**Daniele Mandrioli** (Bologna, Italy)
- 10:45** 15. How I fell victim to the AIDS machine  
**Karri Stokely** (Lakeland, FL, USA)
- 11:00** 16. Challenges faced by gays who question HIV/AIDS with implications for dissidents  
**Tony Lance** (Nashville, TN, USA)
- 11:15** **Panel discussion**  
Panelists: Celia Farber, Gary Null, Joan Shenton, and Michael Tracey  
Moderator: David Crowe

## 12:00 Closing Remarks



# Abstracts



# Keynote Lecture

---

## Michael Tracey (USA)

michael.tracey@colorado.edu

*Professor Michael Tracey received his doctorate from the Centre for Mass Communications Research at the University of Leicester in 1975. He has been Professor in the School of Journalism and Mass Communication, University of Colorado at Boulder since 1988. From 1981 to 1988 he was head of the London based Broadcasting Research Unit. He has written eight books, including the biography of Sir Hugh Greene, Director General of the BBC, and “The Decline and Fall of Public Service Broadcasting”. Tracey has also written scores of articles dealing with the history, condition and future of public service broadcasting. He has been a Trustee of the International Institute of Communications, and Visiting Professor and Chair of International Communications at the University of Salford. Tracey is currently collaborating on a documentary series about the lives of successful men who never knew their fathers. He is also working on a book of essays, The Inner Moonlight: Literacy, Culture and the Future of Democracy and writing the authorized biography of the life and times of the legendary British broadcaster Donald Baverstock.*

“It ain’t not knowing, it’s knowing so many things wot ain’t so.”

Josh Billings

## **The media, HIV/AIDS and the making of public “understandings”**

The talk reflects on a number of subjects and issues that confront not just the discourse around AIDS, though that will be front and center, but also other areas of discourse. Taking a historical perspective the talk will consider the confluence of forces—political, medical-industrial, cultural—which so effectively closed down ways of thinking that did not accept the HIV-AIDS hypothesis. It will suggest that here was a potent example—but far from being the only one—of the extraordinary capacity of key institutions and actors to shape the public imagination, to establish “understandings” in the public mind, to lead that public to see “this” way rather than “that,” with immense consequences for fashioning public policies that rest on ignorance not knowledge, and that serve particular interests but not the public interest. It will point to the way in which the cultural apparatus employs a political economy of fear because fear, like blood, sells, is something the public understands and seems to need: fear of the “other,”—think Muslim—of “death panels,” of “socialism, Marxism, fascism” often uttered in the same sentence, and fear of “the bug” that is going to decimate human kind. In other words, “fear,” however perversely, has a crude fiscal util-

La ponencia reflexionará sobre un número de cuestiones y temas que no se enfrentan exclusivamente al discurso en torno al SIDA, aunque será central y principal, si no también a otros discursos. Desde una perspectiva histórica, la charla considerará aquella convergencia de fuerzas—políticas, médico-industriales, culturales—que tan eficazmente bloqueó la manera de pensar de aquellos que no aceptaban la hipótesis VIH-SIDA. La charla sugerirá que este es un ejemplo fuerte—aunque lejos de ser el único—de la extraordinaria capacidad de la que disponen las instituciones y los protagonistas claves a la hora de determinar la imaginación pública para establecer “interpretaciones” en la mentalidad pública y para guiar a aquel sector del público a ver “esta” vía en vez de “aquella”. Asimismo, las inmensas consecuencias que esto tiene a la hora de diseñar unas políticas que se apoyan en la ignorancia en lugar del conocimiento, y que sirven a intereses particulares en lugar de intereses públicos. Indicará la manera por la cual el aparato cultural emplea la política económica del miedo, ya que el miedo, al igual que la sangre, vende, siendo esto algo que el público entiende y parece necesitar: miedo al “otro” —piensen en musulmán—a los “death

ity: it sells. The talk will finally argue that in many ways one might see in the way in which the discourse around Aids evolved, or didn't, of how counter-discourses were so successfully closed down a harbinger of what America has become, a closing down of the rational mind, a casting aside of the pursuit of truth and understanding, and their replacement with the almost willful pursuit of ignorance so long as that comports with, and feeds, distressed emotional needs as well as political and economic interests. In other words, the repressing of open discourse about HIV-AIDS was yet one example of a society in deep betrayal of the vision of its founders, that a democratic society needs rational, open, honest debate if it is to thrive. There is, in effect, as the literary critic Lionel Trilling put it, a "moral obligation to be intelligent," not blinkered, biased, closed minded.

panels", al "socialismo, marxismo, fascismo" pronunciados con frecuencia dentro de la misma frase, y miedo al "bicho" que va a diezmar al ser humano. En otras palabras, el "miedo" por perverso que sea, tiene una dura utilidad fiscal: vende. Por último, la charla argumentará que uno puede ver de muchas maneras la forma en la cual el discurso en torno al SIDA evolucionó, o no lo hizo, y como los discursos en contra de la corriente oficial fueron bloqueados con tanto éxito, siendo esto precursor de lo que los EE.UU. ha llegado a convertirse. Es decir, un cerramiento de la mente racional, un dejar de lado la búsqueda de la verdad y el conocimiento, y como esto fue substituido por la casi intencionada búsqueda de la ignorancia con el fin de que ello corresponda y alimente las necesidades emocionales afligidas además de intereses económicos y políticos. En otras palabras, la represión del discurso abierto sobre el VIH-SIDA fue un ejemplo más de una sociedad en profunda traición a la visión de sus fundadores, es decir, que la sociedad democrática necesita un debate racional, abierto y honesto para prosperar. Hay, de hecho, como el crítico literario Lionel Trilling lo expuso, la "obligación moral de ser inteligentes," sin estrecheces de miras y sin ser parciales ni cerrados de mente.

# 1. John Lauritsen (USA)

john.lauritsen@verizon.net

*John Lauritsen graduated from Harvard in 1963. He is a writer, retired survey research analyst, gay liberationist, AIDS dissident, and free-thinker. His first major AIDS article, CDC's Tables Obscure AIDS-Drugs Connection, was published in February 1985. Beginning in 1986 he wrote for the New York Native, which in 11 years would publish over 50 of his articles. His AIDS-dissident books include Death Rush: Poppers & AIDS (1986), AZT: Poison by Prescription (1990), The AIDS War (1993) and (co-edited with Ian Young) The AIDS Cult: Essays on the gay health crisis (1997).*

## **History of the AIDS controversy spanning three decades**

This talk will analyze the underlying premises and assumptions of "AIDS," a protean construct rather than a coherent disease entity. Particular attention will be paid to gay men, the group most targeted by the AIDS Industry, with a discussion of gay media, AIDS organizations, and the premier gay drug, "poppers" (nitrite inhalants).

## **Historia de la controversia SIDA que ya abarca tres décadas**

Esta ponencia analizará las premisas subyacentes y las suposiciones sobre el "SIDA," una invención de extremada variabilidad más que una coherente entidad patológica. Se prestará particular atención a los hombres gays, el grupo que más ha estado en el punto de mira de la industria SIDA, con un debate sobre los medios de comunicación gays, organizaciones del SIDA, y la droga gay por excelencia, los "poppers" (inhaladores de nitritos).

## 2. Peter Duesberg (USA)

duesberg@berkeley.edu

*Peter H. Duesberg, PhD is a professor of Molecular and Cell Biology at the University of California, Berkeley. He isolated the first cancer gene through his work on retroviruses in 1970, and mapped the genetic structure of these viruses. This, and his subsequent work in the same field, resulted in his election to the National Academy of Sciences in 1986. He is also the recipient of a seven-year Outstanding Investigator Grant from the National Institutes of Health. On the basis of his experience with retroviruses, Duesberg has challenged the virus-AIDS hypothesis in the pages of such journals as Cancer Research, Lancet, Proceedings of the National Academy of Sciences, Science, Nature, Journal of AIDS, AIDS Forschung, Biomedicine and Pharmacotherapeutics, New England Journal of Medicine and Research in Immunology. He has instead proposed the hypothesis that the various American/European AIDS diseases are brought on by the long-term consumption of recreational drugs and/or AZT itself, which is prescribed to prevent or treat AIDS. Since 1996, he has published extensively on the chromosomal (aneuploidy) theory of cancer.*

www.duesberg.com

### **HIV-AIDS hypothesis out of touch with South African AIDS—a new perspective**

A recent study by Chigwedere et al., “Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa”, claims that during the period from 2000 to 2005 about 300,000 South African deaths from AIDS per year could have been prevented by available anti-HIV drugs. The study blamed those who question the hypothesis that the Human Immunodeficiency Virus (HIV) is the cause of AIDS, particularly former South African President Thabo Mbeki and Peter Duesberg, for not preventing these deaths by anti-HIV treatments such as the DNA chain-terminator AZT and the HIV DNA inhibitor Nevirapine. Here we ask, (1) What evidence exists for the huge losses of South African lives from HIV claimed by the Chigwedere study? (2) What evidence exists that South Africans would have benefited from anti-HIV drugs? We found that vital statistics from South Africa reported about 12,000 HIV-positive deaths per year between 2000-2005. This figure is 25-times lower than the 300,000 lives per year estimated by Chigwedere et al. Moreover, the US Census Bureau and South Africa reported that the South African population had increased by 3 million during the period from 2000 to 2005 instead of suffering losses, growing from 44.5 to 47.5 million, even though 25-30% were positive for antibodies against HIV. A similar discrepancy was found between claims for a devastating AIDS epidemic in Uganda and a simultaneous explosive growth in its population. We conclude that the claims that HIV has caused huge losses of lives are unconfirmed and that HIV is not sufficient or even necessary to cause the previously known diseases, now called AIDS when antibody against HIV is detected. Further we call into question the claim that HIV antibody-positives would benefit from anti-HIV drugs, because these drugs are inevitably toxic and because there is as yet no proof that HIV causes AIDS.

### **La hipótesis VIH-SIDA anticuada ante el SIDA sudafricano — una nueva perspectiva**

Un estudio reciente por Chigwedere et al., “Calculando los beneficios desaprovechados por el uso de medicamentos anti-retrovirales en Sur África”, afirma que durante el periodo del 2000 al 2005 se podían haber prevenido aproximadamente 300,000 muertes anuales de SIDA en Sur África a través de los medicamentos anti-VIH disponibles. El estudio culpó a aquellos que cuestionan la hipótesis de que el virus de inmunodeficiencia humana (VIH) es la causa del SIDA, particularmente al anterior presidente sudafricano Thabo Mbeki y Peter Duesberg, por no prevenir aquellas muertes a través de tratamientos anti-VIH como son el terminador de cadenas de ADN el AZT y el inhibidor de ADN del VIH el Nevirapine. Nuestra pregunta aquí es, (1) ¿Qué evidencia existe sobre la gran cantidad de muertes en Sur África por el VIH que afirma el estudio Chigwedere? (2) ¿Qué evidencia existe de que los sudafricanos podían haberse beneficiado por medicamentos anti-VIH? Vemos que las estadísticas vitales de Sur África notificaron aproximadamente 12,000 muertes anuales por VIH entre el 2000 y el 2005. Esta cifra es 25 veces menor que las 300,000 muertes anuales calculadas por Chigwedere et al. Además, el US Census Bureau y Sur África documentaron que la población sudafricana en lugar de sufrir pérdidas incrementó en 3 millones de personas durante el periodo de 2000 a 2005, creciendo de 44.5 a 47.5 millones, incluso cuando del 25-30% dieron positivos a anticuerpos contra el VIH. Una discrepancia similar se halló en las afirmaciones sobre una devastadora epidemia de SIDA en Uganda y simultáneamente un crecimiento explosivo de su población. Llegamos a la conclusión de que las afirmaciones que el VIH ha causado gran cantidad de muertes no están confirmadas, y que el VIH no es suficiente o ni siquiera necesario para causar las enfermedades ya conocidas y ahora llamadas SIDA cuando van acompañadas de la detección de anticuerpos contra el VIH. Más aun, hacemos un llamamiento a que se cuestione la afirmación de que las personas seropositivas se beneficiarían de medicamentos anti-VIH, ya que estos medicamentos son inevitablemente tóxicos y porque todavía no hay prueba de que el VIH cause el SIDA.

## 3. Etienne de Harven (France)

pitou.deharven@orange.fr

*Etienne De Harven obtained his MD degree in 1953 from the Université Libre de Bruxelles, (where he later became "Professeur Agrégé" in Pathology). He specialized in electron microscopy at the Institut du Cancer in Paris. In 1956, he joined Charlotte Friend's team at the Sloan Kettering Institute in New York, the largest cancer research center in the United States, where he was in charge of electron microscopy research. It was there that he produced the world's first description of a retrovirus budding on the surface of infected cells. He served as President of the Electron Microscopy Society of America in 1976. In 1981, he was appointed professor of pathology and director of the electron microscopy laboratory at the University of Toronto, Canada, where he researched the marking of antigens on the surface of lymphocytes. He is former President of Rethinking Aids (2005-2008), a group comprising over 2600 scientists and other re-thinkers who refute the viral origin of AIDS. He recently published Ten Lies About AIDS, <http://books.trafford.com/07-2938>.*

### Questioning the Existence of HIV

Most unfortunately, AIDS Rethinkers have recently appeared divided on the issue of the existence or of the non-existence of HIV, one group claiming that HIV exists but is a harmless, passenger virus, while the other group asserts simply that HIV does not exist. Neither of these two stands is compatible with available scientific evidence.

Claiming a harmless passenger is not consistent with the name HIV that implies a causal relationship with immunodeficiency, a most serious pathological condition. Asserting simply that HIV does not exist is a fragile position that can hardly account for 1) the fact that typical retrovirus particles illustrated in the 1983, Barré-Sinoussi et al. Science paper, and 2) the fact that retroviral nucleic acid sequences are routinely amplified by PCR methodologies in attempts to measure an hypothetical viral load in AIDS patients.

Obviously, an alternative analysis is urgently needed that is consistent with all the scientifically published evidence. Human endogenous retroviruses (HERVs) provide such an alternative analysis that can no longer be ignored. As stated by myself in Pretoria in 2000, nobody has ever demonstrated by EM retroviral particles in the blood of patients tagged as presenting with a high viral load. An award, offered to whomever would demonstrate the opposite, has never been claimed. However, harmless viruses, when existing, are just as readily visualized by EM as pathogenic ones. The fact that they have never been observed in high viral load blood samples is therefore significant.

In conclusion, HERVs have interfered with HIV/AIDS research. Facing this fact makes it possible to correct several miss-interpretations that stand at the roots of the current HIV/AIDS dogma. Recognizing the role of HERVs in a coherent analysis of available data shall restore RA's scientific credibility, consolidate a united front for RA, and provide RA with the strength of fundamentally redirecting AIDS research, far away from hypothetical exogenous retroviruses.

### Cuestionando la existencia del VIH

Desafortunadamente, los "disidentes" del SIDA se han mostrado recientemente divididos sobre el tema de la "existencia" o "no existencia" del VIH. Mientras que un grupo alega que el "VIH existe pero es un virus inofensivo y pasajero", el otro grupo simplemente afirma que "el VIH no existe". Ninguna de estas dos posturas es compatible con la evidencia científica disponible.

Alegar que es "un pasajero inofensivo" no es coherente con la denominación "VIH" ya que esta implica una relación causal con la inmunodeficiencia, una condición patológica muy seria. Afirmar simplemente que el VIH no existe es una posición frágil y que apenas puede explicar 1) el hecho de que el artículo de Science de 1983 por Barré-Sinoussi et al. estuviese ilustrado por partículas típicas de retrovirus, y 2) el hecho de que se amplifiquen rutinariamente secuencias de ácido nucleico retroviral usando metodologías basadas en PCR con el fin de medir una hipotética carga viral en pacientes de SIDA.

Obviamente, se necesita con urgencia un análisis alternativo que sea coherente con toda la evidencia científica publicada. Los retrovirus endógenos humanos (HERVs) proporcionan dicho análisis alternativo que no puede seguir ignorado durante más tiempo.

Como indiqué en Pretoria en el 2000, nadie ha demostrado mediante EM la presencia de partículas retrovirales en la sangre de pacientes etiquetados como portadores de una carga viral alta. Nunca se ha reclamado un premio que se ofrecía a cualquiera que demostrase lo contrario. Sin embargo, mediante EM, los virus "inofensivos", cuando existen, se visualizan con la misma facilidad que los que son patógenos. Por lo tanto, es significativo el hecho de que nunca se hayan observado en muestras de sangre con una carga viral alta.

En conclusión, los HERVs han interferido con la investigación sobre VIH/SIDA. Afrontar este hecho hace posible corregir varias interpretaciones erróneas que se levantan sobre las raíces del actual dogma del VIH/SIDA. En un análisis coherente de la información disponible, reconocer el papel que juegan los HERVs restaurará la credibilidad científica de RA, consolidará un frente unido para RA y proporcionará a RA la fuerza, fundamentalmente, para redirigir la investigación del SIDA, lejos de los retrovirus hipotéticos.

## 4. Charles Gesheker (USA)

chollygee@earthlink.net

*Charles Gesheker is Emeritus Professor of African history at California State University, Chico. After earning his Ph.D. in History from UCLA, Gesheker has held three Fulbright Awards and his African field research was supported by grants from the National Endowment for the Humanities, Ford Foundation and Social Science Research Council. His publications examine various aspects of modern Somali history, techniques of documentary film making, and reappraising the AIDS epidemic in Africa. Gesheker helped to establish the Somali Studies International Association, coordinated its first conference in Mogadishu in 1980, and co-edited the Proceedings of the 1st Congress of Somali Studies. During the United Nations intervention in Somalia, Gesheker was news analyst for CBS National Radio Network, KRON-TV/San Francisco, PBS, and numerous radio stations. In 1985, he produced a PBS documentary, The Parching Winds of Somalia for WQED-TV. Portions of the film were included in a McNeil-Lehrer NewsHour special program, Somalia: Anatomy of a Tragedy that was nominated for a 1993 Emmy Award. Gesheker was Program Coordinator for the 1989 Meeting of the American Association for Advancement of Science/Pacific Division. From 1991-95, he served as Chairman for its History of Science Section and was on its Executive Council. In 1996, he was Chief Policy Advisor on Education Finance for the California State Assembly. He has worked for the Department of Justice as a consultant and researcher on African immigration issues. From 2000 to 2003, Gesheker was a member of the South African Presidential AIDS Advisory Panel.*

### **The Deception and Dishonesty of African AIDS Statistics**

For over 25 years, the media has bombarded the public with a barrage of figures purporting to tally AIDS cases and AIDS deaths in Africa. This presentation examines the empirical basis for those numbers and critiques the methodology used by AIDS agencies and its researchers to gather such data, interpret its meaning, and then use dubious statistics as the basis for requesting ever increasing amounts of funding.

As an example of how bogus claims come to form the basis to solicit funds and initiate interventions into African societies, the author will critique the findings of prominent AIDS investigators, published in *The Lancet* (2007-2008), that purported to show how male circumcision in Kenya and Uganda reduced a male's chances of contracting HIV.

### **Fraude y engaño de las estadísticas del SIDA africano**

Durante más de 25 años, los medios de comunicación han bombardeado al público con un aluvión de cifras pretendiendo cuadrar casos de SIDA con muertes por SIDA en África. Esta ponencia examina las bases empíricas de esos números y critica la metodología usada por los organismos oficiales del SIDA y sus investigadores para reunir tales datos, interpretar su significado y luego utilizar dudosas estadísticas como base para solicitar cada vez una mayor financiación.

A modo de ejemplo de como afirmaciones falsas llegan a formar la base para recaudar fondos e iniciar intervenciones en las sociedades africanas, la ponencia critica los hallazgos de destacados investigadores sobre el SIDA, publicados en *The Lancet* (2007-2008), que pretendieron demostrar como la circuncisión masculina en Kenya y Uganda reducía las probabilidades de contraer el VIH en varones.

## 5. Christian Fiala (Austria)

christian.fiala@aon.at

*Dr. Christian Fiala is a gynaecologist and obstetrician and currently working in Vienna, but has extensive experience in Thailand and Africa. April, 2007, he established the Museum of Contraception and Abortion. For almost 20 years he has been following critically the scientific and political discussion on the epidemiological aspects of AIDS and contributed actively. He was a member of the Presidential AIDS Advisory Panel in South Africa. Dr. Fiala has published many papers focused on the problems of AIDS in Africa and the definition of AIDS. He is the author of the book Do We Love Dangerously? - A Doctor in Search of the Facts and Background to AIDS (Lieben wir gefaehrlich? - Ein Arzt auf der Suche nach den Fakten und Hintergruenden von AIDS) (1997); and the article in English, Aids: are we being deceived?*

### ***Aids in Africa — a call for sense not hysteria***

"Can Africa be saved?" asked *Newsweek* on its front page as far back as 1984, reflecting the old Western belief that Africa is doomed to starvation, terror, disaster and death. This was repeated two years later in an article in the same journal in a story about AIDS in Africa. The title set the scene: "Africa in the Plague Years". The World Health Organization (WHO) confirmed "by mid-1991 an estimated 1.5 million Ugandans, or about 9% of the general population and 20% of the sexually active population, had HIV infection." Similar reports were repeatedly published during the last 25 years. The predictions announced the practically inevitable collapse of the country in which the worldwide epidemic supposedly originated.

Today, however, one reads little about AIDS in Uganda because all prophecies have proved false. Summing up, the Uganda Bureau of Statistics reported the results of the (10-year) census in September 2002: "Uganda's population grew at an average annual rate of 3.4% between 1991 and 2002. The high rate of population growth is mainly due to the persistently high fertility levels (about 7 children per woman) that have been observed for the past 4 decades. The decline in mortality reflected by a decline in Infant and Childhood Mortality Rates as revealed by the Uganda Demographic and Health Surveys (UDHS) of 1995 and 2000-2001, have also contributed to the high population growth rate." In other words, the already high population growth in Uganda has further increased over the past 10 years and is now among the highest in the world. Similarly economic development has shown a constant growth over the same period reflecting the energy and determination of Ugandans to improve their living conditions.

It is long overdue that we recognize obvious facts proving that all predictions about an AIDS epidemic in Africa have been wrong because they were based on erroneous assumption. Consequently budgets need to be redirected so that they meet the actual needs of the local population. Furthermore, individuals and organizations who have deliberately taken advantage of the hysteria they helped to create, need to be held accountable.

[altheal.org/statistics/fiala.htm?](http://altheal.org/statistics/fiala.htm?)

[bmj.com/cgi/eletters/327/7408/184-a](http://bmj.com/cgi/eletters/327/7408/184-a)

### ***Sida en África — una llamada a la razón, no a la histeria***

"¿Se puede salvar a África?" preguntaba *Newsweek* en su portada remontándose a 1984, reflejando la creencia de occidente que África está condenada a la hambruna, el terror, el desastre y la muerte. Esto se repitió dos años después en un artículo de la misma publicación incluido en un reportaje sobre SIDA en África. El título preparaba la escena: "África en los años de plaga". La Organización Mundial de la Salud (OMS) confirmaba que "para mediados de 1991 se calcula que 1,5 millones de ugandeses, o aproximadamente el 9% de su población general y el 20% de su población sexualmente activa, tendrían infección por VIH". Se han publicado informes similares de manera repetida durante los últimos 25 años. Las predicciones anunciaban el colapso prácticamente inevitable del país en el que supuestamente originó la epidemia mundial.

Hoy, sin embargo, se lee poco sobre el SIDA en Uganda. Porque todas las predicciones han resultado ser falsas. Resumiendo, el Uganda Bureau of Statistics notificó los resultados de un censo (de 10 años) en setiembre de 2002: "La población de Uganda creció a un ritmo medio anual de 3.4% entre 1991 y 2002. El alto índice de crecimiento de la población es debido principalmente a los continuos altos niveles de fertilidad (aproximadamente siete hijos por mujer) que se han observado en las pasadas cuatro décadas. El descenso en mortalidad reflejado por el descenso en los índices de mortalidad infantil tal y como muestran el Uganda Demographic and Health Surveys (UDHS) de 1995 y 2000-2001, también han contribuido al alto índice de crecimiento de la población." En otras palabras, el ya existente alto índice de crecimiento de la población en Uganda ha incrementado aún más en los últimos 10 años, encontrándose ahora entre los más altos del mundo. Igualmente, el desarrollo económico ha demostrado un crecimiento constante en el mismo periodo reflejando la energía y determinación de los ugandeses para mejorar sus condiciones de vida.

Hace mucho tiempo que se debió reconocer hechos obvios que prueban que todas las predicciones sobre la epidemia SIDA en África han sido erróneas porque estaban basadas en asunciones erróneas. Por consiguiente, los presupuestos deben ser redirigidos para que cumplan con las necesidades actuales de la población local. Más aun, se deben pedir cuentas a individuos y organizaciones que se han aprovechado deliberadamente de la histeria que ayudaron a crear.

## 6. Roberto Giraldo (Brasil)

robgiraldo@aol.com

*Roberto Giraldo MD, Specialist in internal medicine, infectious, immunological and tropical diseases from Universities of Antioquia (Colombia), Kansas and London. Independent AIDS researcher since 1981. Worked with the so-called HIV tests for 13 years at New York Hospital, Cornell Medical Center. Author of several critical articles and books on AIDS. Former President of Rethinking AIDS. Currently is Director of the Department of Psychosomatic Medicine of the International Society of Analytical Trilogy in São Paulo, Brasil.*

robertogiraldo.com ; trilogia.ws

### **The role of the inner pharmacy in the prevention and treatment of AIDS**

A short review of the literature on the Psychoneuro-immunology of AIDS. 1. The role of negative emotions on the genesis of seropositivity and on the development of AIDS. Description of the main personality characteristics, both in rich and poor countries, needed to develop seropositivity and AIDS. 2. Experience dealing with seropositive individuals and patients with AIDS indicates that external therapies, even natural measures, have very little value in the prevention and treatment of AIDS. The real healing comes from our inner doctor also known as our inner pharmacy. Revealing the power of consciousness in dealing with seropositivity and AIDS.

### **El papel de la farmacia interior en la prevención y tratamiento del SIDA**

Breve revisión a la literatura sobre la psiconeuroinmunología del SIDA. 1. El papel negativo de las emociones en la génesis de la seropositividad y en el desarrollo del SIDA. Descripción de las principales características de personalidad, tanto en los países ricos como en los pobres, que son necesarias para desarrollar seropositividad y SIDA. 2. La experiencia en el trato con individuos seropositivos y pacientes con SIDA indica que las terapias externas, incluidas las medidas naturales, tienen muy poco valor a la hora de prevenir y tratar el SIDA. La verdadera curación viene de nuestro médico interior también conocido como farmacia interior. Mostrándose el poder de la conciencia a la hora de tratar con la seropositividad y el SIDA.

## 7. David Rasnick (USA)

drasnick@mac.com

*David Rasnick received a PhD in chemistry (organic and biochemistry) from the Georgia Institute of Technology, a BS in Biology and a BS in chemistry. He has over 20 years experience in the pharmaceutical/biotech industry working on cancer, emphysema, arthritis, and parasitic diseases. He is former President of Rethinking AIDS: the group for the scientific reappraisal of the HIV hypothesis and former President of the International Coalition for Medical Justice. He was a member of the Presidential AIDS Advisory Panel of South Africa. He published Germ of Lies, a scientifically accurate but reader-friendly novel depicting the AIDS blunder. Since 1996 he has been working closely with Peter Duesberg at University of California at Berkeley on the aneuploidy (or chromosomal imbalance) theory of cancer.*

www.davidrasnick.com

### **HIV drugs causing AIDS**

It has never been shown that adults or children or fetuses in the womb taking the anti-HIV drugs live longer or at least better lives than a similar group of people not taking the drugs. On the contrary, there is ample evidence that ARVs cause AIDS-defining and other diseases and death. To hide this fact, the AIDS orthodoxy has come up with yet another syndrome given the oxymoronic name Immune Reconstitution Syndrome or IRS. The diseases of IRS are identical with the list of AIDS-defining diseases. IRS is nothing other than AIDS caused by the antiretroviral drugs.

### **Los medicamentos anti-VIH causan SIDA**

Nunca se ha demostrado que ni adultos, ni niños, ni fetos en el útero tomando los medicamentos anti-VIH vivan más o por lo menos mejores vidas que un grupo similar de personas que no los tomen. Por el contrario, hay abundante evidencia de que los ARV causan enfermedades definitorias de SIDA además de otras enfermedades y la muerte. Para ocultar este hecho, otro síndrome más ha surgido por parte de la ortodoxia del SIDA, dándole el nombre oximorónico de Síndrome de Reconstitución Inmunológica o IRS (siglas en inglés). Las enfermedades del IRS son idénticas a las enumeradas en la lista de enfermedades definitorias de SIDA. El IRS no es más que SIDA causado por los fármacos antiretrovirales.

*Claus Koehnlein received his MD in 1982 from the University of Kiel, Germany. From 1983-92, he trained in internal medicine in the Department of Oncology at the University of Kiel. Since 1993, he has been practicing internal medicine in Kiel and treating HIV-positive patients who are critical of antiviral treatment. Co-author of Virus Mania, published in 2007. You can find Virus Mania here: [www.amazon.com/Virus-Mania-Continually-Epidemics-Billion-Dollar/dp/1425114679](http://www.amazon.com/Virus-Mania-Continually-Epidemics-Billion-Dollar/dp/1425114679).*

## **The treatment dilemma of HIV-positive patients as a result of the HIV-AIDS hypothesis: The illusion of antiviral treatment.**

The study that eventually led to FDA approval of AZT in 1987 was terminated after only 4 months because the treated group seemed to do better than the placebo group. In the following years, however, the mortality in both groups rose significantly. Most physicians thought that this was due to the HIV infection. However, it soon became clear that the recommended dosage of 1.5 g of AZT caused severe bone marrow suppression (AIDS by Prescription) and was killing large numbers of AIDS patients. The dosage of AZT was reduced several times to lower its toxicity and the mortality of patients taking the drug began to decline. Unfortunately, the decline in the mortality was wrongly attributed to the life-saving benefits of AZT (Pallela, 1998). In the mid 1990s, new treatments such as the HIV protease inhibitors were introduced. The HIV protease inhibitors turned out to be very good against fungal infections. The combinations of the cytotoxic antiviral drugs plus protease inhibitors are antibiotic treatments in the true sense of the word—they are anti-life. This may account for their successful short term effects in treating bacterial, viral and protozoal infections. Thus, the symptoms due to infectious diseases that are called AIDS in the presence of a positive HIV-test may improve when the drugs are first used. But soon, the combinations of anti-HIV drugs damage the liver, kidney, central nervous system and bone marrow, which is the very source of the immune system. It would be much better to treat the specific infectious diseases (e.g., TB) with recognized specific treatments instead of using the inevitably toxic anti-life cocktails.

## **El dilema del tratamiento de personas VIH-positivas como consecuencia de la hipótesis VIH-SIDA: La ilusión del tratamiento antiretroviral.**

El estudio que finalmente llevó a la FDA a aprobar el AZT en 1987 se concluyó en sólo 4 meses, dado que el grupo bajo tratamiento parecía reaccionar mejor que el grupo placebo. Sin embargo, en los años siguientes la mortalidad en ambos grupos incrementó considerablemente. La mayoría de médicos pensó que eso era debido a la infección por VIH. Sin embargo, pronto se hizo evidente que la dosis recomendada de 1.5g de AZT causaba supresión severa de la médula ósea (SIDA recetado) y estaba matando a una gran cantidad de pacientes con SIDA. La dosis de AZT se redujo varias veces con el fin de bajar su toxicidad y la mortalidad de pacientes tomando el medicamento empezó a reducirse. Desafortunadamente, el descenso en la mortalidad fue erróneamente atribuido a los beneficios salvavidas del AZT (Pallela, 1998). A mediados de la década de los 90, se introdujeron nuevos tratamientos como los inhibidores de proteasa. Los inhibidores de proteasa resultaron ser muy efectivos contra infecciones fúngicas. La combinación de medicamentos antivirales citotóxicos e inhibidores de proteasa son tratamientos antibióticos en el verdadero sentido de la palabra—son antivida. Esto podría explicar sus exitosos efectos a corto plazo a la hora de tratar infecciones por protozoos e infecciones bacterianas y virales. Por consiguiente, los síntomas debidos a enfermedades infecciosas, llamadas SIDA cuando van acompañadas de un resultado positivo a un test de VIH, podrían mejorar cuando los medicamentos son utilizados por primera vez. Sin embargo, las combinaciones de los medicamentos anti-VIH pronto dañan el hígado, los riñones, el sistema nervioso central, y la médula ósea que es la verdadera fuente del sistema inmune. Sería mucho mejor tratar aquellas determinadas enfermedades infecciosas (por ejemplo, tuberculosis) con tratamientos específicos reconocidos para dichas enfermedades, en vez de usar los inevitables cócteles tóxicos anti-vida.

## 9. Henry Bauer (USA)

hhbauer@vt.edu

*Henry H. Bauer earned his Ph.D. in 1956 from the University of Sydney. He was trained as an electrochemist and reported his research in numerous publications. He is emeritus professor of chemistry and science studies, and emeritus dean of the College of Arts and Sciences at Virginia Polytechnic Institute and State University. After his retirement in 1999, he was editor-in-chief of the Journal of Scientific Exploration from 2000 to 2007. You can find details about his book The Origin, Persistence and Failings of HIV/AIDS Theory at <http://failingsofhivaidstheory.homestead.com>; the book collates and analyzes, for the first time, the results of more than two decades of HIV testing, revealing that common assumptions about HIV and AIDS are incompatible with the published data. Links to his other books are at [hivskeptical.wordpress.com](http://hivskeptical.wordpress.com). His home page is [www.henryhbauer.homestead.com](http://www.henryhbauer.homestead.com).*

### **HIV/AIDS blunder is far from unique in the annals of science and medicine**

I believe an enormous hindrance to Rethinking is that most people find it incredible that "everyone" could be so wrong about this for so long, but the history of science and medical science in particular shows it's far from atypical. This wider historical context also has potential lessons for how the mainstream consensus might eventually be overturned.

### **El gran error VIH/SIDA está lejos de ser el único en los anales de la ciencia y la medicina**

Creo que un enorme obstáculo para Repensar es que a la mayoría de la gente le parece increíble que "todo el mundo" pueda estar tan equivocado acerca de este asunto durante tanto tiempo. Sin embargo, la historia de la ciencia y la ciencia médica en particular, demuestra que está lejos de ser atípico. Este contexto histórico más amplio también ofrece lecciones potenciales sobre cómo puede ser derrocado finalmente el consenso de la opinión pública dominante.

# 10. Christopher Black (Canada)

bar@idirect.com

*Christopher Black is an international criminal lawyer and political activist based in Toronto, Ontario, Canada. He has been involved in high-profile human rights cases investigating alleged war crimes and defending those accused of these crimes in Rwanda and the former Yugoslavia. Black is currently defending Augustin Ndindiliyimana, the former head of Rwanda's Gendarmerie or National Police Force, before the International Criminal Tribunal for Rwanda in Arusha, Tanzania. He and other defense lawyers went on strike in early 2004, claiming that the tribunal was being used by the U.S. for political ends and that a fair hearing was impossible. He has been the subject of several death threats as a result of his work at the Rwanda tribunal and the subject of threats and intimidation from the current RPF Rwandan regime. Christopher Black is listed as a member by the Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis. He was a signatory to a December 2008 letter which urged the journal Science to retract a number of scientific papers from the early 1980s in which Robert Gallo alleged HTLV-III (HIV) caused AIDS.*

## The Criminalization of Illness

The criminalization of people allegedly infected with a virus known as HIV is unique in history. No communicable disease has been criminalized in this manner. It is a phenomenon that has spread to many countries in the world. In some countries specific criminal laws have been passed, as in the UK and some US states for example, in others, such as Canada, the existing criminal law is used. I will briefly outline the various reactions to hiv in the criminal law and its contradictions and inconsistencies, and then discuss what I and others think really lies behind the criminalization of an infection whose existence is not established and whose role in AIDS is refuted.

## La criminalización de la enfermedad

La criminalización de las personas supuestamente infectadas con un virus conocido como VIH, es única en la historia. Ninguna enfermedad contagiosa ha sido criminalizada de esta manera. Es un fenómeno que se ha extendido a muchos países alrededor del mundo. Leyes penales específicas han sido aprobadas en determinados países, por ejemplo el Reino Unido y algunos estados de EE.UU., y otros, como Canadá, utilizan la ley penal existente. Resumiré brevemente las diversas reacciones al VIH por parte de la ley penal y sus contradicciones e inconsecuencias. Posteriormente hablaré sobre lo que yo y otros piensan de lo que en realidad subyace bajo la criminalización de una infección cuya existencia no se ha establecido y cuyo rol en el SIDA ha sido rebatido.

# 11. Rodrigo Andres Medina Diaz (Colombia) Jose Ramon Lopez Gomez (Colombia)

Universidad Libre Pereira Colombia Law Group

gestionesyjuridicasrodri@gmail.com

*The Free University of Pereira (Colombia) Law Group is composed of three people. Jose Ramon Lopez Gomez is a university teacher of philosophy and law and has worked with people affected by HIV and AIDS for the past 5 years. Leon Dario Muñoz is a cancer specialist with more than 20 years experience. Rodrigo Andres Medina Diaz is a law student working on a thesis on AIDS and the law who has worked with people affected by HIV and AIDS for the past 3 years.*

## Rethinking Legal Aspects of AIDS in Colombia

There are two main positions on the origins, diagnosis, treatment and understanding of AIDS and a Colombian law applies to physicians and patients and resulting from that established by UNAIDS in this regard. A group of teachers, students and researchers have known and studied the medical, the legal, the psychological, and nutritional Rethinking postulated by Colombian MD Roberto Giraldo. Today a medical professional has a legal obligation to patients and physicians to follow protocols without taking into account that the Colombian law also allows the possibility of applying Giraldo's cheap and effective treatments for AIDS. In the Faculty of Law at the Free University of Pereira in Colombia we been studying what is nationally and internationally legal for AIDS so that patients and physicians have legal support for alternative treatments if they do not believe that conventional treatments will give good results but, on the contrary, will aggravate the situation of the sick. All our efforts are directed to seek legal strategies through which patients can claim and defend their rights to good health, to be fully informed, to choose between treatment options the one that they believe will give the best results and to foster the best quality of life, even in the midst of illness. We also look for mechanisms whereby physicians can fulfill their Hippocratic duty of disclosure to the patient the whole truth about their illness and various treatment options for patients and, as is their right, choose their treatment approach freely.

## Repensando los aspectos jurídicos del SIDA en Colombia

Existen dos grandes posiciones sobre el origen, diagnóstico, tratamiento y comprensión del SIDA y hay una legislación colombiana aplicable a médicos y pacientes y derivada de lo establecido por la ONUSIDA al respecto. Un grupo de docentes, estudiantes e investigadores hemos conocido y estudiado lo médico, lo legal, lo psicológico, lo nutricional que plantea RA a través del MD colombiano Roberto Giraldo. Hoy en día se obliga legalmente a pacientes y médicos a seguir unos protocolos sin tener en cuenta que la legislación colombiana da la posibilidad de aplicar los baratos y efectivos tratamientos propuestos por RA. En la Facultad de Derecho de la Universidad Libre de Pereira Colombia nos hemos dado a la tarea de estudiar lo que hay nacional e internacionalmente en lo jurídico sobre SIDA para que médicos y pacientes tengan un apoyo legal para proponer y recibir tratamientos distintos a los convencionales que no dan buenos resultados sino que, por el contrario, agravan la situación de los enfermos. Todo nuestros esfuerzos están encaminados a buscar que mediante acciones legales los pacientes reclamen y defiendan su derechos a un buen estado salud, a estar totalmente informados, a escoger entre opciones de tratamientos a aquel que de mejores resultados y le propicie mejor calidad de vida, aun en medio de su enfermedad. Además, también buscaremos mediante los mismos mecanismos que los médicos puedan cumplir su hipocrático deber de darle a conocer al paciente toda la verdad sobre su enfermedad y las diversas opciones de tratamiento para que el enfermo, como es su derecho, escoja según su voluntad.

## 12. Joan Shenton (UK)

joanshenton@clara.co.uk

*Joan Shenton is founder and administrator of Immunity Resource Foundation. She is the author of Positively False: Exposing the myths around HIV and AIDS. She is an award-winning television producer whose company Meditel Productions has specialized in science and medical programmes. She has made over 150 programmes for network television. In 1987 she produced the first documentary challenging the science behind the HIV/ AIDS hypothesis: AIDS—The Unheard Voices (Dispatches Channel 4) which won the Royal Television Society Award for Journalism. There followed three further Dispatches documentaries on the subject, The AIDS Catch, AZT—Cause for Concern, and AIDS and Africa. Sky News has broadcast Diary of an AIDS Dissident, AIDS Dissidents in Europe, and AZT Babies. In 2000, she was granted an interview by the South African president Thabo Mbeki broadcast by M-Net South Africa: Search for Solutions—The Great AIDS Debate. Joan Shenton is currently compiling 15 years of archive material on the AIDS debate for the Immunity Resource Foundation website, [www.immunity.org.uk/index.html](http://www.immunity.org.uk/index.html).*

### ***Censorship in the AIDS debate — the success of stifling, muzzling and a strategy of silence***

My talk will offer examples from my own experience of some of the most sinister examples of censorship that I and my colleagues have endured, and describe how censorship, largely the result of a very successful strategy of silence adopted by the scientific orthodoxy, has prevented the truth from coming out about the cause or causes of what came to be called Acquired Immune Deficiency Syndrome. I have searched the Immunity Resource Foundation archive and found some filmed gems that have never before been broadcast. They include excerpts from interviews with Robert Gallo, Luc Montagnier, Sam Mhlongo, Huw Christie and others that reflect essentially, what we wanted to say but couldn't.

### ***Censura en el debate SIDA — el éxito de sofocar, de amordazar y de una estrategia de silencio***

Mi ponencia ofrecerá ejemplos desde mi experiencia personal sobre algunos de los casos de censura más siniestros que yo y mis colegas hemos sufrido y describe como la censura, en gran medida el resultado de una estrategia de silencio adoptada con mucho éxito por la ortodoxia científica, ha impedido que la verdad salga a la luz sobre la causa o causas de lo que llegó a llamarse Síndrome de Inmunodeficiencia Adquirida. He buscado entre las filmaciones de los archivos de la Immunity Resource Foundation y he encontrado algunas joyas que nunca han sido retransmitidas. Incluyen extractos de entrevistas con Robert Gallo, Luc Montagnier, Sam Mhlongo, Huw Christie y otros, que reflejan en esencia, lo que quisimos pero no pudimos decir.

## 13. Marco Ruggiero (Italy)

marco.ruggiero@unifi.it

*Marco Ruggiero, MD, PhD, is a professor of Molecular Biology at the University of Firenze, Italy. He has a specialization in clinical radiology and served as Lieutenant Medical Officer in the Italian Army. In 1984-86 he worked on signal transduction and protease inhibitors as post-doctoral fellow at Burroughs Wellcome Co. (Research Triangle Park, NC) with Drs. Cuatrecasas and Lapetina. One of his papers on protease inhibitors was presented to the Proceedings of the National Academy of Sciences by Nobel laureate Sir John Vane. Subsequently he worked as visiting scientist at the Laboratory of Cellular and Molecular Biology (Chief: Dr. S. A. Aaronson) of the National Cancer Institute (NIH, Bethesda, Maryland); his research was focussed on oncogenes and signal transduction. In 1992, he moved back to Firenze, Italy, where he now teaches in the Faculties of Mathematical, Physical and Natural Sciences, Medicine and Surgery, and Engineering. He has been the tutor of many students preparing Bachelor or PhD theses, several of which focus on AIDS with particular emphasis on the non-viral origin of the disease. He is the author of more than 100 scientific papers in journals such as Science, PNAS, and Oncogene, and he has recently been appointed Author in Chief of the "Springer Reference Live: Cancer".*

www.marcoruggiero.org

### **Religion, Politics, and AIDS in Italy: Curious paradoxes from the Ministry of Health**

According to the Vatican, AIDS is "a pathology of the spirit", and not condoms, but "chastity and fidelity are the means to defeat the fatal virus". The Vatican is highly respected by politicians and common people alike, which has led to curious paradoxes concerning HIV infection and AIDS. The most notable is that the Italian Ministry of Health appears convinced that AIDS is not (or not solely) caused by HIV. In Italy AIDS can be diagnosed in the absence of signs of HIV infection. As of May 2009, there is no surveillance system of new HIV infections, which allows manipulation of data concerning HIV infection. The Ministry of Health does not classify AIDS either as a relevant and particularly interesting infective disease or as highly frequent, or even susceptible to control interventions. AIDS in Italy is confined to two categories of people not particularly liked by the pervasive moral regime—gay men and drug addicts. In about 25% of paediatric AIDS cases the mother was HIV-negative. If the data and the definitions provided for by the Italian Ministry of Health are accurate and consistent, and assuming that the Ministry always uses the acronym "AIDS" to indicate the same pathologic entity, then we are forced to conclude that the Ministry is convinced that HIV is not the sole cause of AIDS in Italy.

### **Religión, política y SIDA en Italia: Curiosas paradojas del Ministerio de Salud**

Según el Vaticano, el SIDA es una "patología del espíritu", y no son los condones, si no "la castidad y fidelidad los medios para derrotar a este virus mortal". El Vaticano es tenido en mucha consideración tanto por los políticos y como por el pueblo, lo cual ha dado lugar a curiosas paradojas respecto a la infección por VIH y el SIDA. La paradoja más notable es que el Ministerio Italiano de Salud, parece estar convencido que el VIH no es la (o no es la única) causa del SIDA. En Italia, el SIDA se puede diagnosticar en ausencia de indicios que indiquen infección por VIH. A día de hoy, mayo de 2009, un sistema de censo nacional de nuevos diagnósticos de infecciones por VIH no está disponible, lo cual permite la manipulación de datos con respecto a la infección por VIH. El ministerio de salud no clasifica el SIDA ni como una enfermedad infecciosa relevante ni particularmente interesante, ni tampoco como una patología muy frecuente, ni siquiera como una enfermedad susceptible a intervenciones de control. El SIDA en Italia esta confinado a dos categorías de personas que no son de particular agrado del régimen moral dominante—hombres gays y drogadictos. Aproximadamente en el 25% de casos de SIDA pediátricos la madre era VIH-negativa. Si los datos y definiciones proporcionados por el Ministerio Italiano de Salud son precisos y consistentes, y asumiendo que el Ministerio siempre utiliza el acrónimo "SIDA" para indicar la misma entidad patológica, entonces estamos obligados a concluir que el Ministerio está convencido que el VIH no es la única causa del SIDA en Italia.

## 14. Daniele Mandrioli <sup>(Italy)</sup>

mandry83@libero.it

*Daniele Mandrioli, MD, 26 years old. He obtained his MD degree in 2009 from the University of Bologna, Italy, including a thesis on the Chemical-AIDS hypothesis. His thesis work was supervised by Prof. Giovanni Pierini, toxicologist, and realised thanks to his experiences at Dr. Koehnlein's practice in 2008. In 2007/2008 he was a Medical Student at Charité—Universitätsmedizin, Berlin. He is a member of the "Conflict of Interest Formation Program", a group where medical doctors and medical students discuss conflict of interest in medicine, which was created by the Center for International Health, Bologna with the help of NoGraziePagoIo (Italian branch of Nofreelunch). In the summer of 2009 he attended the BSRT International Summer School on Innovative Approaches in Regenerative Medicine in Berlin.*

### **The Italian epidemiology supports the chemical AIDS theory**

Italian epidemiology supports the chemical AIDS theory. AIDS cases went down in the last 10 years only among the drug abusers (4737 to 680). This happened because of the decline in heroin abuse. Moreover, in Italy just one-third of HIV-positive people use anti-HIV drugs, which means that antiretroviral use cannot account for the decline in AIDS cases (from 5052 to 1144) in the last 10 years. Moreover, scanning electron microscope images (SEM) help us see how the immune system could be stressed by the impurities that one can find in a heroin dose.

### **La epidemiología italiana apoya la teoría química del SIDA**

La epidemiología italiana apoya la teoría química del SIDA. En los últimos 10 años, sólo se redujeron los casos de SIDA entre los drogadictos (de 4737 a 680). Esto es debido a la caída en el abuso del consumo de heroína. Además, en Italia sólo 1/3 de los pacientes utilizan los ARV, por lo que esto no podría explicar el descenso en los casos de SIDA de los últimos 10 años (de 5052 a 1144). Asimismo, algunas imágenes al microscopio electrónico de barrido o SEM (siglas en inglés), nos ayudarán a ver como el sistema inmune podría estar estresado por las impurezas que se pueden encontrar en una dosis de heroína.

## 15. Karri Stokely (USA)

kstokely2@yahoo.com

*Karri is a 43 year old mother of two children, ages 17 and 14. She and her husband, Joe, have been married for 19 years. Karri's background is in emergency medicine; she worked as a Paramedic, then in out-patient surgery until she had her children. As a stay-at-home mom, she has successfully home schooled both kids for the past 12 years. "It has been such a wonderful experience, quite a blessing and a privilege to build relationships with them while home-schooling" says Karri. In her spare time, Karri enjoys exercise, reading, and teaching classes on whole/living foods nutrition. Karri makes her own herbal tinctures and believes the key to good health is through natural remedies, sprouting, juicing and organic, living foods. One of Karri's favorite quotes is: "Let food be thy medicine and medicine be thy food."—Hippocrates*

*Diagnosed with AIDS after a positive HIV test in 1996, Karri followed the current orthodox paradigm of treating AIDS for 11 years until she and Joe discovered there was another side to the story—One they had never heard or been told. Karri has fully regained her health and has successfully been off pharmaceutical drugs for 2 ½ years.*

*Karri and her family reside in Florida and you can find out more about them at: [www.myspace.com/rethinkaids](http://www.myspace.com/rethinkaids) .*

### **How I fell victim to the AIDS machine**

My story is one of how I fell victim to the AIDS machine and how my husband and I found out the truth surrounding this controversy after I had been taking the HIV drugs for 11 years. I was given an AIDS diagnosis in 1996, based on nothing but a t-cell count. I experienced many side effects from the drugs over the years, ranging from nausea and vomiting, muscle cramps, anemia, insomnia, wasting, and hair falling out. We were led to believe that these were all symptoms of HIV disease, or having full blown AIDS. My doctor never told us that these symptoms could be medication related. Since stopping all the medications in April 2007, I have fully regained my health and well-being, and all side effects have disappeared. I do have some concerns about any long-term, unseen damage these poisons may have done to me, but I try not to worry about it, as I live my life as healthy as possible.

### **Como caí víctima de la máquina SIDA**

Mi historia trata sobre como caí víctima de la máquina SIDA y como, tras llevar 11 años tomando los medicamentos anti-VIH, mi marido y yo descubrimos la verdad en torno a esta controversia. En 1996 me diagnosticaron SIDA basado únicamente en un recuento de células T. Sufrí muchos efectos secundarios producidos por los fármacos que iban desde náuseas y vómitos, calambres musculares, anemia, insomnio, consunción y caída del cabello. Nos hicieron creer que estos síntomas eran propios de la enfermedad por VIH, o un estadio SIDA completamente desarrollado. Mi doctor nunca nos informó que estos síntomas pudiesen estar relacionados con la medicación. Desde que deje de tomar los medicamentos en abril del 2007, he recuperado íntegramente mi salud y bienestar, y todos los efectos secundarios han desaparecido. Tengo algunas preocupaciones acerca de cualquier daño que me haya podido causar estos venenos a largo plazo y que haya podido pasar inadvertido, pero intento no preocuparme de esto mientras vivo mi vida de la manera más sana posible.

## 16. Tony Lance (USA)

tonylance@mac.com

*Tony Lance is a freelance writer and editor living near Nashville, TN. He's been active in the rethinking community since 1997 when he co-founded the HEAL-Atlanta chapter (now defunct). From 2004-2008 he ran an Alive and Well-affiliated peer support group in NYC. In 2008 he wrote an article exploring the connection between intestinal dysbiosis and immune dysfunction in gay men that was published on Dr. Henry Bauer's blog.*

### **Challenges faced by gays who question HIV/AIDS with implications for dissidents**

For several decades HIV/AIDS has been a rallying point for the gay community, bringing it together against a perceived common threat and, in the process, catalyzing the gay rights movement. Consequently, there is a shared sense of pride in this group about the manner in which they've responded to the issue, inextricably linking HIV/AIDS to the collective esteem of many gay men and women. Where does that leave those in the community who question HIV/AIDS? What challenges does that pose for dissidents at large?

### **Desafíos a los que se enfrentan los gays que cuestionan el VIH/SIDA y sus consecuencias para los disidentes**

Durante varias décadas el VIH/SIDA ha sido un motivo de reivindicación para la comunidad gay, aunándola contra lo que se percibe como una amenaza común y, en ese proceso, catalizando el movimiento por los derechos de los gays. Por consiguiente, existe en este grupo un sentimiento compartido de orgullo sobre la manera en que han reaccionado a la cuestión, vinculando de manera inextricable el VIH/SIDA a la estima colectiva de muchos hombres y mujeres gays. ¿Dónde deja esto a aquellos en la comunidad que cuestionan el VIH/SIDA? ¿Que desafíos plantea esto para los disidentes en general?



