

HISTORY AND CONSEQUENCES OF THE "HIV/AIDS" HYPOTHESIS

(This paper outlines only some of the critical data on "HIV-AIDS" produced in the last 17 years, viewed by the author as crucial. It is therefore not exclusive.)

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- 1981 Increased clinical frequency of the skin neoplasm Kaposi's Sarcoma (KS) and the pneumonia Pneumocystis Carjii (PCP) in so-called "otherwise healthy" male homosexuals in the IJSA reported to the Center for Disease Control (CDC), a U.S. government health authority monitoring the spread of diseases, by Dr. Michael Gottlieb, of the University of Los Angeles (UCLA) (MMWR No. 21/Vol. 30 June 5th, 1981).
- 1982 The CDC announces this new phenomenon as Acquired Immune Deficiency Syndrome ("AIDS") (MMWR No. 37/Vo/. 31, September 24th, 1982) despite the fact that KS is not due to an immune deficiency (low T-cell count).
- 1983 (1) Dr. Luc Montagnier (microbiologist) et al. at the Pasteur Institute, Paris isolate , from the lymphnode of a male homosexual without AIDS, "retrovirus particles" he terms Lymphadenopathy Associated Virus (LAV) which later will be called "Human Immuno-deficiency Virus" ("HIV") (Science May 20th, Vol.220, 1983).
- (2) Dr. Robert Gallo, cancer researcher at the National Cancer Institute (NCI) in Bethesda, Maryland USA, revises a paper written by Dr. Montagnier and adds in the introduction the suggestion that "LAV" is associated with the so-called Human T-cell Leukemia Virus family (HTLVs) (Science, Vol. 220, May 20th, 1983) - a type of virus he claimed credit for in the beginning of the 80s despite its having been first "identified" in Japan in the mid 70s (John Crewdson, Chicago Tribune, November 19, 1989). Gallo proposed "HTLV R' caused T-cell Leukaemia, a rare form of cancer in adults, by infecting the T-cells (a type of immune cell which fights disease in the body), causing them to multiply uncontrollably. In AIDS-patients "HTLVII/" is claimed to do quite the opposite, to destroy these very T-cells. Both hypotheses have since been proven wrong. Morphologically "HTLV I" and "11" are so different from "HTLV III" that they can hardly be considered the same family to begin with. The French therefore make a clear distinction between their virus "LAV" and the "HTLVs" (Steve Connor, New Scientist, February 12th, 1987).
- (3) Dr. Gallo receives "LAV" sample from Dr. Montagnier with patent right claim for future test kits based on "LAV" Dr. Gallo states his lab is unable to grow "LAV". (Steve Connor, New Scientist, 12th February 1987)
- 1984 (1) Dr. Robert Gallo et al. continue to claim "HTLV III" causes AIDS by killing T-cells. At the same time he takes patent on the mass-production of "HTLV III" in immortal T-cell lines. (The same kind of cells that he claims simultaneously, are killed by "HTLV III/HIV".) (Science, VOC 224, May 4th, 1984).
- (2) Dr. Gallo publishes pictures of his HTLV III which tum out to be pictures of the French LAV which later will be called "HIV".(Science, Vol. 224, May 4th, 1984/ Steve Connor, New Scientist, February 12th, 1987).

(3) HTLV III infection is declared the 'probable cause of AIDS' by Dr. Gallo at a press conference called by Dr. Margaret Heckler, Secretary of Health and Human Services under the Reagan administration, despite there not being any scientific paper published to back up such a claim, nor any scientific debate prior to the statement. The fact that he was only able to detect „HTLV III" in 26 out of 72 patients (36% correlation) and antibodies to „HTLV III" in 43 out of 49 patients (88% correlation) - using mainly the most unreliable ELISA test - has not been mentioned. (L.K. Altman, New York Times, 24th April 1984).

(4) The National Institute of Health (NIH) on behalf of the US government takes worldwide patent for the "HTLV III antibody test", known as the "AIDS test", with Dr. Gallo getting shares. (Steve Connor, New Scientist, 12th February 1987)

1985 DNA analysis proves Montagnier's "LAV" and Gallo's "HTLV III" to be identical. One of Dr. Gallo's samples has been contaminated with "LAV" accidentally or deliberately, as also happened in the case of the "Human Leukemia Virus 23" ("HLV23"), which Dr. Gallo also claimed credit for in 1975, but which turned out to be a cocktail of three monkey viruses (Steve Connor, New Scientist 12th February 1987).

1986 (1) The International Committee for the Taxonomy of Viruses names all the disputed virus Human Immunodeficiency Virus ("HIV"). (Coffin et al. Science, vol. 232, May 9th, 1986)

(2) The French Government brings a patent infringement case against the U.S. Government, claiming that Dr. Montagnier is the discoverer of "HIV" and not Dr. Gallo. Dr. Gallo testifies he did not believe the French "LAV" was the cause of "AIDS" before he applied for his own "HTLV III" anti-body-testkit patent.

(3) The American Phase II Study starts, to prove the therapeutic antiviral effect of the toxic early-60s anti-cancer drug AZT in people with "AIDS" and is prematurely terminated because it's claimed to "prolong life" and "improve quality of life" and must thus be available. This study is considered fraudulent by several scientists. (John Lauritsen, The AZT Story: Poison by Prescription; Asklepios New York 1990).

1987 Dr. Peter H. Duesberg, molecular biologist at the University of California in Berkeley, questions the destruction of T-cells by "HIV" in humans (in vivo) and states "no direct killing" of CD4-cells (T-cells). (Cancer Research, Vol. 47, 1987)

1988 (1) Dr. Gallo retracts his hypothesis about direct killing of T4 cells by "HIV" but continues to support his unproven theory that "HIV" causes "AIDS". He now suggests "indirect mechanisms" triggered by "HIV" as being responsible for the decline of CD4 T-cells. (Journal of Acquired Immune Deficiency Syndromes, No. vol. 1, 1988)

(2) The Concorde Trial, a large Anglo-French study, starts in co-operation with the manufacturer of AZT, Wellcome, to test the prophylactic effect of AZT as an "antiviral" on HIV-antibody positive individuals who have no AIDS-symptoms. up till now AZT was given to people at risk from "AIDS" in the Western world.

- 1989 The US-recruit study terminates. From October 15, 1985 to March 31, 1989 1 141 164 US-recruits under the age of 20 were monitored for HIV-antibodies. Only 393 tested positive over a period of 3 1/2 years, that is less than 0.035 % (JAMA No. 15^v01. 263, April 18, 1990).
- 1990 Dr. Montagnier presents his findings that "HIV" itself does not kill T-cells at a press conference in San Francisco.

By 1991, ten years after the new syndrome was identified the "HIV/AIDS" connection is ever more tenuous and questionable. Since there was never an isolation of what is called "HIV" there is no proof of a new retrovirus. All there seems to be are antibodies that, pen, 'ersely and uniquely for medical history, are now an indicator of an early death due to about 29 Old diseases under a new umbrella term, not to mention on toxic treatment with an old drug and an increasing number of new ones.

The hypothesis of direct cell destruction by "HIV" has been disproved, yet other hypotheses are and Will be created With little reasonable foundation. If „HIV" were a retrovirus, it would like, all considered retroviruses, do no harm to its host, the human cell.

Despite the establishment's blindness, the number of "HIV/AIDS" critics is growing fast. Towards the end of the eighties there was an increasing number of agencies and publications in the USA, England, Germany, Switzerland, etc., addressing facts on "AIDS" rather than promoting the false and deadly "HIV=AIDS=death" hypothesis.

- 1992 (1) Dr. Kary Mullis, an American biochemist and inventor of the polymerase chain reaction (PCR), to date the most precise way of testing for viral DNA, states "PCR has made it easier to see HIV But human beings are full of retroviruses, and neither HIV nor any other retrovirus by itself poses any kind of threat, which is not to say that there is no such thing as AIDS - only that HIV does not cause i?" (Newsweek, August 1992).

(2) The Committee of Research Integrity, a scientific body of the National Institute of Health, declares Dr. Gallo guilty of scientific misconduct on different occasions relating to the establishing of the "AIDS-virus" (John Crewdson, Chicago Tribune, November 19, 1989).

(3) Senior scientists and physicians from around the world are forming the publishing group Reappraising AIDS which proposes professional re-evaluation of the "HIV=AIDS=Death" hypothesis.

- 1993 (1) Evidence shows that the majority of people in the Wester world diagnosed as HIV-antibody positive are not getting AIDS fifteen years after. the assumed introduction of this retrovirus. US numbers by mid-1994 reveal more than one million "HIV-positive" individuals with around 350 000 "AIDS cases"; European figures reveal 0.5 million "HIV-positive" with between 50 000 and 100 000 "AIDS cases" including deaths. (WER, WHO report No. 27, 1993)

(2) The first intervention, "An urgent appeal for action: On the effect of the unproven "HIV-AIDS" hypothesis and its effect on human lives", is made by People's International Health Project in conJunction With International Educational

Development at the United Nations in Geneva, Switzerland (Press Release HR 3358, Children's Issues Agenda Item 24 and HR 3360, Science and Technology, Agenda Item 14).

(3) The termination of the Concorde Trial of AZT shows no observation of the hypothesised prophylactic effect, but a higher mortality in the AZT group than the placebo group. Still, the manufacturer Wellcome publicly reaffirms the drug's efficacy, citing a previously discredited Australian study and several Scandinavian studies which were too small to be significant (Lancet, Vol. 341, April 3M, 1993)

(4) Dr. Eleni Papadopulos-Eleopulos, medical physicist from the Royal Perth Hospital, Australia, et al. demonstrate the inaccuracy of all HIV-tests - ELISA, Western Blot antibody tests and PCR viral detection. Their research shows that other conditions unrelated to "HIV", such as TB, malaria, leprosy, vaccination against Hepatitis B, even the common flu, or a flu vaccination can trigger a positive "HIV antibody test result. (Biotechnology Vol. 11, June 1993)

(5) There are 4'621 documented AIDS cases clinically diagnosed meaning from a risk group and With an AIDS-disease - without any indication of "HIV", at least 1 '500 of them in the USA (Biotechnology Vol. 11, August 1992).

(6) The CDC again adds more elements to the "AIDS definition" Now 200 T-cells per micro-litre of blood or less, cervical cancer, recurring bacterial pneumonia, or any of the 25 other previously old disease in the presence of "HIV-antibodies" are called "AIDS" (MMWR No. RR17/V01. 41, 1993).

(7) Dr. Kary Mullis is awarded the Nobel Prize for chemistry for the PCR and continues to refute the "HIV" causation theory of AIDS.

(8) Dr. Gallo is cleared of the accusation of scientific misconduct by a panel of lawyers via alteration of the definition of scientific misconduct.

(9) American Journalist Neenyah Ostrom of the only "AIDS" critical gay newspaper world- Wide, The New York Native, publishes her book, suggesting the link between Chronic Fatigue Syndrome (CFS) and Acquired Immune Deficiency Syndrome (AIDS) (Americas Biggest Cover-up, CFS and AIDS, TNM Inc., New York, 1993).

1994 (1) Mrs Sue Threakell accesses Legal Aid in England to prosecute the pharmaceutical giant Wellcome over the death of her haemophiliac husband, which, she accuses, was caused by Wellcome's best selling "anti-AIDS drug" AZT (Retrovir) and not by his "HIV-condition" The case is pending.

(2) Fuller official data from the Concorde Trial is finally released a year after the study's termination and confirms the initial findings that it's without prophylactic value and increases mortality (Concorde Coordinating Committee, Lancet, vol 343, April 9th, 1994). Wellcome employees who were on the Coordinating Committee are told not to endorse the report.

(3) Dr. Max Essex, of the Harvard University School of Public Health, et al., a leading originator of the "HIV—AIDS" theory publishes evidence that the "HIV" antibody testing is non specific with particular reference to the purported epidemic in Africa, where the numbers have been greatly over-estimated and revised by the World Health Organization (WHO) many times (Journal of infectious Diseases Vol. 169 1994). This supports the published yet widely ignored work by Dr. Papadopoulos-Eleopoulos et al..

(4) Dr. Gallo admits " .we have never found HIV-DNA in T-cells..." at a meeting sponsored by the National Institute on Drug Abuse May 23/24, in Washington DC (Lauritsen, New York Native June 13, 1994).

(5) Finally Dr. Montagnier gets sole credit for the discovery of "HIV" Newsweek July 1994).

(6) A study came out at the Royal Free Hospital London claims that 25 % of "HIV infected" haemophiliacs will remain AIDS free over a period of 20 years and 15 % will remain "AIDS free" over a period of 25 years British Medical Journal/ Vo/.309 , 1994).

(7) The Inspector General's office of the US Department of Health and Human Services reports " ..there was no evidence to support Dr. Gallo's claim of having independently discovered the virus or created the AIDS test..." "The claim that HTLV-3B (Gallo's HIV infected T-cell line) was contaminated by LAV comes into question since there appears to be no evidence there ever was a 3B to be contaminated" (Ostrom, New York Native, Vol. 585 July 94).

(8) Dr. Stefan Lanka, molecular biologist at the University of Konstanz, Germany, states that the existence of what has been called "HIV" has not been proven. There has not been an isolated entity which may be called "HIV" only cellular proteins, among them an enzyme named reverse transcriptase (RT). It had been claimed RT was specific to so-called retroviruses but as early as 1983/4 the enzyme could be detected in all living cells. Lanka claims what has been shown at the genetic level, instead of "HIV" is human endogenous (i.e. from within the cell) genetic material out of the pool of the as yet 90 % un-coded so-called repetitive elements of the chromosomes present in everybody. This stresses the worthlessness of the "AIDS-tests" and indicates these tests may only point out contact by one individual with human proteins from others, most likely from white blood cells, because the "HIV antibody test" is only made out of proteins from white leukaemic blood cells produced in the lab: if someone has immunological contact with foreign human proteins and then produces antibodies, these are read as "HIV- antibodies" (Fehldiagnose AIDS, Wechselwirkung, Dec. 94).

At the tenth International AIDS Conference in Yokohama, Japan scientists now claim AIDS to be an auto-immune disease - the immune system turning against its own organism - yet most commonly known auto-immune disease are due to toxins, not viruses.

Meanwhile the prescription of AZT and other so-called "antiviral therapies" equally dangerous, continues to around 200 000 both asymptomatic "HIV-antibody" positive individuals and people with "AIDS" in the Western world, despite its 1000 times higher

toxicity than initially claimed - a deadly treatment that actually mimics the disease (Project AIDS International, Public Information Dossier, March 15th, 1993). Soon AZT under another brand name will be available in the so-called "third world".

Today it is the trend to give "cocktails" of so-called "anti-HIV-drugs" The treatment gets as indistinct as the diagnosis and deadly. Healthy individuals get treated with highly toxic substances based on a T-cell count of 200 or less despite the fact that these counts are not reliable markers for disease or early death (Aboukler J.P et al. Lancet April 1993/Farber Celia, SPIN-magazine, spring 1994). The so called "side-effects" of those drugs (DNA chain terminators), some 50 in number, include the wasting, nausea, immune suppression, anaemia, disability and death common to medically perceived "AIDS".

After 22 billion US dollars and ten years of "HIV" research and the claimed 'World AIDS epidemic', there are still people dying of an erratic hypothesis summarized as "Acquired Immune deficiency Syndrome. Despite the fact that 40 % of the "AIDS diseases" are not due to Immune deficiency, including KS, one of the two initial AIDS-defined diseases (Lang Serge, HIV/AIDS; have we been misled?, Yale Scientist, Fall 1994).

How much do we really know about "AIDS"? Studies and many experienced AIDS professionals state intoxication through combinations of factors such as intravenous and/or oral and/or nasal recreational drugs like heroin and/or cocaine and/or ecstasy and/or crack and/or poppers and/or MDA etc. often in combination With alcohol, and/or medical drugs like AZT and/or ddl and/or D4T etc. and/or prophylactic and/or excessive use of Septrin and/or antibiotics, etc. and/or extended mal nourishment and/or poor hygiene and/or misdiagnosis along with coercion and statistical zeal cause what we call "AIDS".

- 1995
- (1) Dr. David Ho et al. from the Aaron Diamond AIDS research centre in New York City claim that „HIV" is producing billions of Viral copies every other day and hereby exhausting the immune system by killing billions of CD4 T-cells (Ho. et al., Science 373, p. 102).
 - (2) Dr. Papadopoulos et al. publishes evidence that there is little or no likelihood of HIV being in Factor VI/I (clotting factor prescribe to haemophiliacs) and in the unlikely event of few particles surviving the Factor VIII manufacturing process they could not possibly be viable infectious particles. (Genetica, 1995: 25 - 50)
 - (3) Prof. Duesberg publishes evidence that the immune suppression found in haemophiliacs is directly increased by the contamination proteins found in clotting factors, which constitute 99 % of the product. The immunosuppression is directly age and dosage related (Genetica 1995: 51 - 70).
 - (4) Despite the serious scientific doubts and previous failures the CDC decides to introduce US-produced vaccination trials into the „3rd World" (Jones Coleman, SPIN magazine, Jan. 95, p. 67 - 69).
 - (5) In a revealing article Mark Craddock Ph.D. of the University of Sidney, Australia, lifts the magic of Ho's work and draws attention to the bad science on several accounts - such as mathematical errors, inaccurate measurement, no controls etc. (Reappraising AIDS, Vol 3/no 5; May 1995).

(6) After the US, Holland, Switzerland, England Spain and Italy the next AIDS Dissident conference is held in Argentina.

(7) The latest treatment with the new „anti-viral" drugs - pharmaceutically produced protease inhibitors is launched as the latest hype even for clinically non symptomatic „HIV positive" individuals. No evidence of any clinical benefits, yet very costly, much like the once hailed drug AZT.

1996 (1) Prof. Alfred Hässig demonstrates a model of stress-related immune deficiency, explaining the CD4 decline without the presence of „HIV". This model has been the focus of HIV-scientist Anthony Fauci in the 70s and dropped when „HIV" was established, despite its promising findings (Hassig et al., CONTINUUM Vol. 3/No.5; jan/feb. 96).

(2) In a petition process in Germany the German Minister of Health had to confirm after initial denial - that they never found any trace of „HIV" in the blood serum of persons diagnosed HIV positive (pet. 5-13-15-212-023; 08.03.96).

(3) In an extensive study came out at Royal Perth Hospital in Australia a team of scientists have demonstrated that the „Human Immune Virus, HIV" - the claimed cause for AIDS - has not only never been isolated, but just which of the different actins present in so-called „retroviral isolations' is actually supposed to indicate the „HIV-infection", has never been agreed on by Montagnier and Gallo (Papadopulos-Eleopulos et al., CONTINUUM Magazine VOL 4/no. 3, sept/oct. 96).

(4) Heinrich Kremer MD exposes at a conference held in Barcelona, Spain how a number of medically prescribed drugs including nucleoside analogues (f.e. AZT) and modern antibiotics (Septrim, Bactrim a.o.) cause cell death by damaging the mitochondrial DNA and hereby mimic the symptoms of the Acquired Immune Deficiency Syndrome (Juan Luis Lopez/Hejnrich Kremer, CONTINUUM' Vol. 4/No. 4; nov/dec. 96).

(5) A team of Dutch researchers at the University of Amsterdam disprove the findings of Ho et al. They find no evidence of a rapid turn-over in CD4 T-cells due to „HIV-infection" Wolthers K.C. et al.; Science; Vol. 274; 1543 - 1547; 29. November 1996).

1997 (1) Warnings from the FDA, other health officials and studies are surfacing, showing the dangerous effects and life-threatening complications in people who get treated with the pharmaceutically manufactured protease inhibitors (Brau N. et al.; The Lancet, Vol. 349, 29. march 97; a.o.)

(2) The Urgent Appeal For Action at the UN in Geneva continues, drawing attention to the flaws of the „HIV-AIDS" dogma and demanding an international halt to the established approaches to „HIV" and „AIDS".

1998 Papers published in Immunology Today and Nature Medicine call into question the 'distraction of CD4 cells by „HIV". (Rosenberg et al.; Immunology Today, Vol. 19/No 1; 10-16; 1998; Gorochov et al., Nature Medicine, vol. 4/No. 2; 215-221, 1998) „The last nail has been hammered into the coffin of this simple theory" so the German newspaper Die Zeit quotes. (Schuh Hans, Die Zeit; 35; 26.02.98)

The whole scenario closely mimics the 1970's Japanese SMON health scandal where the anti-diarrhoea drug Clioquinol (brand names Entero-Vioform and Mexaform) manufactured by Ciba Geigy and not the hypothesised "Inoui Virus" caused thousands of human deaths (Channel 4 publication, Drug injury and what to do about it, The story of SMON by Joan Shenton).

The consequences of ignoring these aspects of 16 years of medical history are massive with catastrophic dimensions for individual human life human rights and the reputation of medical science and practice.