

Sunday, July 20, 2008

Gallo's Egg

Greetings!

Some of my readers have asked where I've been. I appreciate those who've checked in despite my absence, and I apologize for not writing sooner. Except for a few conferences, diversionary projects, and family stuff, I have become involved in the most important criminal racketeering case of my investigative career.

Last June, I posted [this report](#) about US hospitals and how many rely on fraud, preventable injuries and infections to patients to compensate for losses due to our government's insistence that private hospitals treat and care for uninsured and underinsured citizens, indigents, and illegal aliens.

I learned how hospitals destroy [good physicians](#) and how predatory hospital chains like [Tenet](#), [Kaiser Permanente](#), and [Adventist](#) pressure local physicians already in successful private practice to join their groups. Those who refuse are targeted for [sham peer review](#) by corporate administrators and MDs who accuse non-compliant physicians as dangerous, incompetent, or disruptive. While a few tenacious victims expend their life savings to preserve their clinical privileges, others aren't so lucky. Faced with the malicious and devastating loss of their medical careers, many take their own lives; which is what the health care corporations prefer anyway. To them, it's only business – *nothing personal*.

I was never impressed by concerns about "the evils of [big pharma](#)." I assumed that drugs are expensive because of the R & D that goes into finding cures for disease. Until now, I never imagined that some of those same drug companies would support junk science to fund researchers who would then produce expensive drugs that cause illness and disease around the world; or support junk legislation that would force healthy mothers and their children to take drugs that kill (under the threatened loss of child custody), and then use their subsequent sickness and mortality as evidence that a non-existent disease actually exists.

Such a scheme would have made Machiavelli weep with joy.

A New Investigation

I was not concerned about "big pharma" until my visit to Washington DC last May. I was there to meet with members of [Simmelweis Society International](#) (SSI). This is an impressive group of medical professionals – physicians, nurses, surgeons, medical and law

school professors, and former CEOs of health care corporations. Because of [my own experience with retaliation](#) and my ongoing interest in US healthcare and sham peer review, I was interested to hear their stories directly from them.

I accompanied [Gil Mileikowsky, MD](#), the OB/GYN who first explained sham peer to me in 2006. I spent five days with the members – all dedicated men and women who care deeply about the political corruption of healthcare and who risked their own careers to report fraud or abuse within the healthcare system. I recorded and edited their testimony, and posted [this video](#) after members testified before the US Congress and Senate. I was also honored to testify regarding my experience as an LAPD whistleblower.

Two recipients of the Semmelweis “Clean Hands Award” were reporter Celia Farber and molecular biologist Peter Duesberg, PhD. I had not heard of them before and knew nothing of their relationship to a little known controversy about HIV and AIDS.

After 28 years as an [investigator](#), I consider myself pretty skeptical about things until I see proof. Most of my work today is [pro bono](#), so I can pick and choose who I assist. Witnesses are expected to lie, but if I discover that a client has misrepresented facts or lied to me, I will usually drop the case. I’m fortunate to have the time, energy, and resources to help good people get out of undeservedly bad predicaments. Not all lawyers are like [Mike Nifong](#) or [David Sotelo](#), and not all private investigators work like [Anthony Pellicano](#). Without unbiased credibility, investigators are nothing more than a liability to their clients.

As various members interacted with Farber and Duesberg, I learned that the HIV/AIDS issue had not been entirely resolved. Like Dr. Mileikowsky’s story about sham peer review, this sounded equally unbelievable.

When I returned to Los Angeles, several former members began to question the wisdom of presenting the awards to Farber and Duesberg. In response, SSI President (and neurosurgeon) Roland Chalifoux issued [this press release](#) to explain the rationale of the awards. But when two dissenters persisted, Dr. Chalifoux asked me to conduct an independent investigation of Ms. Farber and Prof. Duesberg, citing my investigative experience, independence, and almost complete lack of knowledge about HIV and AIDS.

I accepted the case.

Although I didn’t expect it at first, I was warned that I should expect attacks from the “other side.” I wasn’t sure what they meant but kept it in the back of my mind. It didn’t take me long to find out for myself.

When word got out that I had begun my investigation, several ex-SSI members told me

that Duesberg and Farber were *dangerous* and "not worth my time" to investigate. Having met both in Washington, I found nothing *dangerous* about the reporter or microbiologist.

Two dissenters, James Murtagh, MD and Kevin Kuritzky, were friendly to me at first and "appealed to my better judgment." Their friendly pressure intrigued me and I began my investigation by checking into their allegations.

Both essentially charged that Duesberg and Farber were liars and that both were responsible for millions of HIV deaths in Africa. I wasn't as troubled by their allegations as I was by their insistence that I stop my investigation. It seemed incongruous that the individuals who alleged genocide would also pressure me to not investigate their own allegations.

As both Murtagh and Kuritzky increased their hostility, the more interesting the case became.

From: Kevin Kuritzky [mailto:kevink4@mac.com]
Sent: Sunday, June 15, 2008 9:50 PM
To: Celia Farber
Cc: SSI Membership
Subject: Re: Official Nominations

Celia - why don't you take your parasitic, attention-whore behavior elsewhere, to a place where people actually care.

You have been exposed to most of Semmelweis, and South Africa doesn't want your uneducated "faux-journalistic" crap opinions either. The entire world have basically discredited you countless times, and all the attachments I have sent verifies this. Go back to doing what you appear to know best, which is to [crude remark].

Your anecdotal stinking pile of bullshit is only trumped by the real science of people who are actually qualified to talk about this, not someone like you who [crude remark].

Your false, damaging, and absurd views on HIV are not welcome in the medical community. Now I suggest you exit before you are exposed even further into the pit that you continue to dig.

It was hard to imagine that Kuritzky had once been accepted to the Emory School of Medicine and even more bizarre that his collaborator, Dr. Murtagh, would permit such an attack. Fifteen minutes later, Murtagh replied to Kuritzky:

From: Jim Murtagh [mailto:jmurtag@mindspring.com]
Sent: Sunday, June 15, 2008 10:05 PM

To: celiafarber; kevink4@mac.com

Subject:Fwd: Official Nominations

Dear Kevin,

I asked you to be kind to Ms. Farber because she is obviously ill. Her has distorted her judgment. We are dealing with very sad pathology in the AIDS denialists. What I really want to know is who wrote the SSI press releases? Who put Gil up to this? Obviously, Gil and Roland did not cook this up themselves.

It is sad that Farber did not respond to a single one of your well-documented points. I believe the entire SSI (and ex-SSI members) should be proud of the factual manner in which Kevin has investigated this affair.

Ms. Farber again resorts to made up facts, and ignores the 5,000 scientists who demonstrated that Koch's postulates have been fulfilled.

Kevin, you documented 12 double blind studies. Your research puts any doubt to rest. HIV causes AIDS. This is as certain as the earth is round, and that the moon is not made of green cheese.

At the time, I did not know that Murtagh and Kuritzky were being supported by pharmaceutically funded operatives from South Africa, Cornell University, and the Los Alamos National Laboratory.

It got worse.

On June 19th, I became a victim of their attacks just as I had been warned. Kuritzky initiated a "spam attack" against my name and professional email account and phones, generating thousands of unwanted spam messages and phone calls that offered everything from gay porn to paid vacations. Because I was prepared, I was able to positively identify the source of the attack by matching Kuritzky's IP address used before and after the attacks as the same address used to generate the attack. I eventually filed a crime report with the LAPD and continue to prepare a criminal and civil case against both.

As of last week, I completed and delivered my report to SSI and will now post it in its entirety below. If you want to understand what I now accept as the most significant criminal conspiracy I have ever imagined, get your coffee and strap on your seatbelt.

The investigation I call *Gallo's Egg* took me from America's "War on Cancer" (1971-1981) to the early history of HIV and AIDS. It reaches from the cities of West Hollywood and San Francisco to the continents of Africa, Asia, and Australia. It led me to the steps of the

National Institutes of Health, the Los Alamos National Laboratory, and some of America's most prestigious universities and research centers. It involves hundreds of billions of dollars of misdirected tax-supported funding and some of the most financially successful pharmaceutical companies in the world.

I have never written about anything more important. This story changed my life, and if you have the time and patience to understand what I have written, it may change yours as well.

If Americans, our courts, and our legislature permit the continued corruption of science and medicine by our pharmaceutical industry, I fear that the 232-year experiment we call "The United States of America" will have failed.

CB

Gallo's Egg

On May 13, 2008, [Simmelweis Society International](#) (SSI) presented the Semmelweis "Clean Hands" Award to [Professor Peter Duesberg and Investigative Journalist Celia Farber](#).

The awards were not presented as an endorsement of [Prof. Duesberg's scientific conclusions](#). Indeed, SSI members disagree about many topics related to science, medicine, and politics. They are not unified by one single ideology, but by their commitment to those who oppose the influence of politics that corrupt science, research, and medicine.

Professor Peter Duesberg, PhD

Prof. Duesberg began his award-winning career in cancer research in 1963. Funded by major grants from [National Institutes of Health](#) (NIH), Dr. Duesberg isolated the [first cancer gene](#) in 1970, and mapped the [genetic structure of retroviruses](#) – a class of viruses that does not kill cells, but were thought to possibly cause cancer. In 1986, Prof. Duesberg was voted into the most respected scientific body in the United States, the [National Academy of Sciences](#)(NAS).

One year later, Prof. Duesberg [described the flaws](#) in the HIV hypothesis of AIDS causation. Although formal screenings are not required by Academy members, the NAS published [Prof. Duesberg's paper](#) after an unprecedented six separate peer reviews. After 20 years, Prof. Duesberg's paper [remains unanswered](#).

Prior to these publications, [Dr. Robert Gallo](#), the cancer virologist who claimed HIV caused AIDS in 1984 described Duesberg as the scientist "[who knew more about retroviruses than](#)

[any man alive.](#)"

At the time of his endorsement of Duesberg, Gallo headed the [National Cancer Institute](#) (NCI). Although Gallo's cancer and leukemia research was [fraught with controversy](#), he still enjoyed significant influence in the distribution of research funding from the [National Institutes of Health](#) (NIH). Once Dr. Duesberg questioned Gallo's hypothesis that [HIV \(alone\) caused AIDS](#), all his proposals for research funding were suddenly rejected. Before raising questions about the role of HIV in AIDS causation, Duesberg's grant applications were never denied.

When reporter Celia Farber [reported on Duesberg and the controversy over HIV \(1988\)](#), the NIH barred her from further contact with their scientists and labeled her a "threat to public health." Despite being under constant attack from the HIV/AIDS industry since then, [Farber continued to probe](#) the subject [in her writings](#) over the years.

Retaliation against publications and journalists who report on scientific challenges to the HIV hypothesis is [not new](#). The gay publications [New York Native](#) and [Christopher Street](#) were shuttered as a result of the [ACT UP](#) boycotts.

Celia Farber

When Farber published her [15-page exposé in Harper's](#) on the unethical practices and patient deaths involved in the experimental AIDS drug trials in 2006, the retaliation was immediate.

Instead of addressing the disturbing content, or the [inconsistencies of Dr. Gallo's AIDS research](#), pharmaceutical industry-sponsored AIDS activists and researchers accusing Farber of having made [56 errors](#), and urged the global media and AIDS communities to discredit her, the [article](#), and [Harper's](#), which they did ([NY Times](#), [The Nation](#), [CJR](#), [Poynter](#), [Gay City News](#), [The Advocate](#), [The Body](#), [Act Up](#)). [The document](#) was posted by the [Treatment Action Campaign \(TAC\)](#) in South Africa, where they are not required to identify their [top 14 international "core donors"](#). The non-profit group, [Rethinking AIDS](#), later published a [rebuttal](#) to their attack on Farber, which proved there were no errors in the Harper's article. Farber's most prominent critics, including Gallo, [refuse to respond](#).

Harper's and Farber stood accused of "AIDS denialism" and drawing negative attention to a "life-saving drug" [Nevirapine](#), which had just been [financed for distribution](#) to [more than a dozen developing nations](#). Their protest was consistent with [their demands](#) for increased distribution of lower-priced [AZT](#) during the 1980s.

In the heat of the attacks, members of Harper's staff also received threats. The authors of the [attack manifesto](#) demanded 1) an apology, 2) a condemnation of Farber, 3) Harper's surrender of pages to an article extolling the benefits of the drug in the next issue, same length, and the editor's resignations. They even demanded to bring their own fact checkers. Harper's yielded to none of the threats, conceded no errors, and continues to stand by the article to this day.

One of the signatories of the attack document against Farber was [Richard Jefferys](#) of New York's [Treatment Action Group](#) (TAG), one of many AIDS "activist" groups that are [funded by the pharmaceutical industry](#).

In May 2008, Jefferys led the campaign to antagonize members of both the [Simmelweis Society \(SSI\)](#) and the [No Fear Coalition over the Farber/Duesberg awards](#). In seeking to get the awards rescinded, Jefferys disseminated falsehoods about Farber's journalistic record (which this investigator examined) and failed to reveal that the [maker of the drug Farber exposed](#) was TAG's [third largest donor](#). As the coordinator of TAG's [central donor program](#), Jefferys' job was to [coordinate "global activist/scientist response"](#) against Farber and her article in Harper's: In short, Harpers paid Farber to investigate, and [Boehringer Ingelheim](#) paid Jefferys to [retaliate](#).

As a result of the false allegations, Farber did not receive another journalism assignment for more than two years. Only one source later reported that an independent panel of non-orthodox scientists found Farber's article, after a four month review process, [to be error free](#).

Although his recent cancer theory has earned him newfound respect in scientific circles and media ([Scientific American 2004](#), [2007](#), [Discover 2008](#)),

Professor Duesberg remains cut off from all NIH funding, and commutes to Germany to conduct [his scientific work](#). While Prof. Duesberg and [other scientists](#) still doubt that HIV kills cells, their questions are even more troubling when we consider the coordinated personal attacks used by Gallo and a core group of collaborators against those who ask legitimate questions about Dr. Gallo's questionable scientific record:

In 1975, Gallo and Weiss stated that they had isolated a human leukemia virus, HL23 virus, but this was shown later to have resulted from laboratory contamination by three primate retroviruses. In 1980 Gallo claimed to have isolated a human T-cell leukemia virus (HTLV), but did not present positive evidence that this was a human virus. During 1983-4, Gallo and his associates published several papers asserting that the human leukemia virus, HTLV-1, was the agent involved in the development of AIDS. This was eventually disproven but meanwhile the attention of many scientists was misdirected, wasting time and resources that could have been put to far better use...

After [years of questions about fraud and questionable research](#), Dr. Gallo [left NCI](#) to open Baltimore's [Institute of Human Virology](#). Professor Duesberg still teaches at the [University of California, Berkeley](#).

A quick summary of the origin of the HIV controversy:

1. Dr. Duesberg identified and mapped [retroviruses](#),
2. Experts determined that retroviruses [do not kill cells](#),
3. Dr. Gallo calls Duesberg the world's [top retrovirus expert](#),
4. Dr. Gallo proclaims that the [HIV \(retrovirus\) causes AIDS](#) (by killing white blood cells),
5. Dr. Duesberg reminds Gallo that [retroviruses don't harm cells](#), and;
6. Dr. Gallo has never proven that HIV exists, attacks cells, or causes AIDS.

History of Scientific Retaliation

Because the [father](#) of the [scientific method](#) was born 1000 years ago in the Middle East, the political pressures of his religion prevented humanity from taking full advantage of the promise of science. [Ibn al Haytham](#) and [Dr. Ignaz Semmelweis](#) were both judged insane not because they were wrong, but because their ideas threatened contemporary political forces.

Prof. Duesberg and Ms. Farber aren't alone. Economist [Ben Stein](#) reported others whose scientific inquiries are now threatened, interrupted, or corrupted by political influence. This influence results in the loss of research grants or, as in the case of Ms. Farber, [industry insiders who blacklisted her in the media](#). In hospitals, these influences kill [thousands of patients annually](#).

When the [NAS](#) published [Prof. Duesberg's 1988 paper](#), Gallo and company scattered like debutants from a stentorian fart. [Anthony Fauci](#) refused comment. [Maxine Singer](#) said she was still reading earlier issues. Saying that he hadn't "heard a single scientist discuss it for a second," [Gallo](#) admitted that a copy was on his desk, but hadn't read it.

[Although he vowed to respond](#), neither Gallo nor any of his defenders ever published a rebuttal of Duesberg's paper (or the [196 peer citations that supported it](#)) in any peer-reviewed publication.

Instead, Gallo's defenders created the specter of [AIDS-Denialists and Denialism](#), epithets designed to marginalize those who questioned Gallo's opinions as somehow denying the existence of AIDS itself. Because Gallo skeptics never questioned the existence of AIDS, this allegation is false. The fact that malnutrition, septic water, disease, environmental conditions, irresponsible drug use and self-destructive behavior can degrade a body's ability to protect itself from infection and cause death is undeniable. What is in question is Gallo's scientifically unsupported assertions that retroviruses cause leukemia, cancer, and AIDS.

When used around casual observers, the *denialist/denialism* epithet dehumanizes Gallo skeptics as [flat-earthers](#), [ufologists](#), [Klansmen](#), [Eugenicists](#), racists, homophobes, and other socially unacceptable groups. Because most people fear the stigma that comes with those associations – and are socially, politically, and professionally unprepared to defend themselves against this slur, they politely scatter and change the subject like Gallo's debutants.

The Storm

Months after Ms. Farber published her [2006 Harper's exposé](#), AIDS industry [activists](#) held [this conference](#) where those who offended the official HIV/AIDS "Party Line" were methodically and unrelentingly attacked as denialists.

Co-moderated by TAG operative [Daniel Kuritzkes, MD](#), the [2006 HIV Science and Responsible Journalism Conference](#) asked invited journalists "if balance was always appropriate when the evidence backs one side." These academic "hit men" openly and unapologetically detailed [how and why these attacks shall be executed](#).

A paid consultant to [more than a dozen pharmaceutical companies](#), Dr. Kuritzkes [warned journalists](#) that denialists like Peter Duesberg still work in universities and urged that they be denied access to students and reported to authorities whenever possible.

Kuritzkes told his audience:

"If this happens in your neighborhood ask the university authorities why they allow this and then write about it."

WSJ reporter [Marilyn Chase](#) warned reporters not to unintentionally "exalt the position of denialists by making them seem like just some sort of independent intellectual contrarian whose views really should be heeded."

Sitting in the audience, research scientist Ella DeCann complained that "science is full of laboratory politics," and asked the panel:

"Do you understand that AIDS research is actually tied to technology, rather than to science?"

Panelist John P. Moore, PhD quickly rejected her assertion. Although he regularly identifies himself as a professor of microbiology and immunology at Cornell University, Moore rarely mentions the [\\$400 million annual funding that Cornell receives for research](#) from taxpayers and HIV drug makers that include [Merck](#), [Bristol-Myers Squibb](#), [Trimeris](#), or [GlaxoSmithKline](#). Bristol Myers Squibb alone acknowledges more than [\\$100 million](#) in research funding. With billions of dollars in research grants at stake, it's understandable why Dr. Moore and America's most prestigious universities are reluctant to offend the pharmaceutical companies that keep their prestigious research laboratories open. Rather than present Gallo's promised proof that HIV exists, kills cells, and causes AIDS, Dr. Moore attacks with rhetoric. A few examples:

- H.I.V. causes AIDS. This is not a controversial claim but an established fact, based on more than 20 years of solid science. It is as certain as the descent of humans from apes and the [falling of dropped objects to the ground](#).
- To deny that HIV causes AIDS is farcical in the [face of the scientific evidence](#).
- Although science is not an ivory tower that should never be questioned, the fundamentals of whether HIV causes AIDS are so certain that challenging them to create trouble [really does harm people](#).
- [AIDS denialism kills](#).
- We will not engage in any public or private debate with AIDS denialists or respond to requests from journalists [who overtly support AIDS denialist causes](#).
- The debate has been settled. It is not our role to enlighten denialists as to their [inability to understand the available information](#).

A few months later, Dr. Moore wrote this email to another Gallo skeptic:

From: John P. Moore, PhD <jpm2003@med.cornell.edu>
To: Michael Geiger
Sent: Saturday, January 27, 2007 10:24 AM
Subject: Re: Shame on you JP!

Thanks Geiger! What you sent contains useful information we can use against you people! And we will!

"Dan" has it exactly right when he says:

If they are able to "justify" their actions, it's most likely because they simply see this as WAR. War against the "denialists". Nothing more.

When you're in a war, there are no rules.

This IS a war, there ARE no rules, and we WILL crush you, one at a time, completely and utterly (at least the more influential ones; foot-soldiers like you aren't worth bothering with). John (emphasis added)

Although Moore boldly threatens to “crush” those who question the role of HIV in AIDS, he avoids all invitations [to engage in public debate](#) on the HIV hypothesis of AIDS.

Because AIDS is mostly confined to its initial risk groups in America (gay men and drug users), most Americans have been too busy to concern themselves with the issue or the storm of politics and retaliation that continues to mute this largely unnoticed international debate. Most Americans feel unaffected, but our general complacency permitted fundamental changes in the direction and progress of higher-priority medical research. The redistribution of hundreds of billions of research dollars based upon Dr. Gallo's still unproven claims continues to the detriment of millions of Americans and people around the world.

After the Semmelweis Society International (SSI) presented awards to Duesberg and Farber last May, the retaliatory forces that curtailed all funding for Prof. Duesberg's [award-winning cancer research](#) and attacked Ms. Farber's reporting were suddenly brought to bear against SSI and its members (including this investigator). If not for the courage of the SSI membership and the support of [hundreds of award-winning scientists and researchers](#), SSI and the awards would have evaporated. For their membership, science and medicine must repudiate all forms of political influence, regardless of the political risks involved.

In the spirit of freedom and science, SSI commissioned this report to respond to questions and arguments regarding Professor Duesberg's unanswered questions of Dr. Gallo's 1984 HIV hypothesis. As an independent investigator who could not be influenced by the threats or attacks made against vulnerable SSI members and others; and as someone who had never heard of Duesberg, Gallo, Farber, or AIDS Denialism before May 2008, SSI believed that this investigator had the unbiased and proven investigative experience necessary to examine both sides of the controversy. For his efforts, this investigator was not compensated.

One of the more printable attack letters to SSI was from former Emory medical student [Kevin D. Kuritzky](#), who wrote:

It is my understanding that Semmelweis presented Dr. Duesberg with an award, seemingly on behalf of the group. It is not disputed that Dr. Duesberg is a controversial figure. However, I have had personal experiences with his material and his theories. I have read his works, studied them, and frankly, I am sickened.

I am sickened because... I was born in a nation, South Africa that is ravaged by HIV/AIDS.

Dr. Duesberg was used as a pawn of the government to impede providing antiretroviral medicines to the needy. Dr. Duesberg has provided no science behind his theories, and he, as a virologist, allowed himself to be complicit to murder by the tens of thousands, in essence to sell his notoriety.

Investigator's Response:

South Africa is not "ravaged by HIV/AIDS." In 2001, the South African Government reported 9,479 deaths due to "HIV Disease" out of a population of [44.8 million](#). This represented only 3.16% of all deaths in the country and only [two-one hundredths of one percent \(0.02 %\)](#) of South Africa's total population.

(More African mortality info [here](#))

Kuritzky's reference to "antiretroviral medicines" also implies an Orwellian use of language. The primary "medicine" is [AZT](#), which was designed as a [highly toxic cancer chemotherapy](#) in the 1960s. It's hard to imagine why anyone in America or South Africa would want to deliver toxic chemotherapies to expectant mothers and villagers who already suffer from poverty, malnutrition, and septic water.

In [this 2008 study](#), 320 Tanzanian patients were placed on "antiretroviral therapy" (ART) between October 2003 and November 2006. Most (223) were women, some as young as 15. The majority were between 25 and 34 years of age. Most were severely malnourished, had thrombocytopenia and varying degrees of anemia.

- Overall, 95 patients died within 11 months, 59 within three months of starting the drug regimens.
- One year mortality was estimated as high as 46.8% in those who were severely malnourished. Other studies confirmed that severe malnutrition is directly related to the mortality of HIV+ African patients "even after the introduction of highly active antiretroviral therapy..."
- One of the authors explained that the study's weakness is that mortality might be underestimated because so many were lost to follow up and [probably died at home](#). Moreover, the main published study on the side effects of "antiretroviral medicines" is alarming.

[Ronald B Reisler M.D., M.P.H.](#) did a [five-year review](#) (1996-2001) of about 3000 HIV/AIDS patients who took the anti-retroviral cocktails. He found that:

- 332 patients suffered an "AIDS" event, meaning some purported manifestation of the underlying disease, however;
- 675 patients suffered a "Grade 4" event, meaning a life-threatening illness was attributed to the drugs, not the virus. The most common of these side-effects were:

1. Liver damage
2. Neutropenia (white blood cell loss)
3. Anemia (red blood cell loss)
4. Cardiovascular, including heart attacks
5. Pancreatitis
6. Psychiatric disorders
7. Kidney problems
8. Thrombocytopenia
9. Hemorrhage

In sum, **twice as many AIDS patients fell ill from the drugs than from AIDS** – which is exactly what Dr. Duesberg predicted would happen in the late 1980s.

[Grade 4 Events Are as Important as AIDS Events in the Era of HAART](#)
[Reisler, JAIDS, 34\(4\):379-386, Dec. 1, 2003](#)

[Kevin Kuritzky](#):

Dr. Duesberg lacks any courage to back up his claims.

Investigator's Response:

Dr. Duesberg has published numerous papers in the peer-reviewed literature to back up his claims, much to the detriment of his career. A [Google-Scholar](#) search reveals over [200 of his peer-reviewed papers](#). On the other hand, Mr. Kuritzky's claims have been posted on dozens of pharmaceutically-funded activist websites, including [AIDS Truth](#), which was created in direct response to the perceived threat of the consequences of Farber's 2006 Harper's article. Although technically a "non-profit," AIDS Truth is operated by "[team members](#)" who are funded directly or indirectly by the pharmaceutical industry.

[Kevin Kuritzky](#):

When I was in college, Dr. Duesberg gave a lecture. He was unprofessional and was offered the opportunity to prove his "theory." He lacked the fortitude to demonstrate his true commitment to the pseudo-science he preaches, and backed away like a coward. If he truly believes what he espouses, he should have the guts to inject himself with HIV to prove his point about "poppers" etc being the real culprits of AIDS.

But unlike Dr. Jaworski who stood up for what he believed in with regards to peptic ulcer disease, Dr. Duesberg was a coward. When I was involved in HIV research as an undergraduate, I told Dr. Duesberg personally that this lack of desire to "prove" his point calls into question his very belief in the pseudos theory, and makes one wonder whether his whole career is based on a notoriety desire.

Investigator's Response:

As the tone of the "former medical student" grew increasingly hostile, this investigator noted consistencies between Kuritzky's attacks, and those routinely repeated by TAG surrogates John P. Moore PhD, Daniel Kuritzkes MD, and Richard Jefferys.

After a brief examination, this investigator discovered that Kuritzky was expelled from [Emory Medical School](#) after [numerous allegations of dishonesty, unprofessional, and unethical conduct](#). Regardless of his past (and consistent with garden-variety TAG attacks), Kuritzky offers no proof; and since Emory Medical School is located three time zones east of UC Berkeley, his anecdote is doubtful.

Regarding the allegation of cowardice: Prof. Duesberg has offered several times ([example](#)) to inject himself with HIV if 1) only the exact terms for success or failure could be offered by his detractors, and 2) the experiment could be scientifically conclusive.

In 1984, the theorized HIV/AIDS "HIV latency period" (from infection to illness) was said to be from six months to a year. Today, it is accepted that there are varying categories of "long term non-progressors" (LTNP) or "elite controllers", who take decades to progress to AIDS, if at all. In some studies the latency period has been stretched as high as [30 years or more \(2007\)](#), although the drug industry and its activists attribute this to new antiviral drugs. This means that if Prof. Duesberg was injected with the "HIV retrovirus" in a controlled study today, he could die sometime after reaching his 104th birthday.

After twenty years, Dr. Gallo and supporters like Dr. Moore continue to refuse to provide Dr. Gallo's [promised rebuttal](#) to [Prof. Duesberg's PNAS paper](#). Instead, they have declared: *We will not (e)ngage in any public or private debate with AIDS denialists or respond to requests from journalists [who overtly support AIDS denialist causes](#).*

In this investigator's experience, no other science is defended with epithets and refusals to disclose. After publishing millions of pages of research based upon Dr. Gallo's hypothesis, why would Dr. Moore refuse to present Dr. Gallo's original proof unless it does not exist?

[Kevin Kuritzky](#):

Dr. Duesberg has indirectly killed many human beings through his complicity in South Africa's limits on antiretroviral medications given to pregnant women. The science is proven that vertical transmission is greatly reduced here. I am not sure if Semmelweis is aware that Dr. Duesberg was essentially finally run out of the country (South Africa) as a murderer, and I personally don't disagree with this claim as I am intimately familiar with Dr. Duesberg's behavior in South Africa.

Investigator's Response:

This is one of the most common and manipulative anti-scientific libels used to prevent Duesberg from pursuing his counter-theory in a scientific manner. Like Dr. Moore, Kuritzky offers no evidence, references, or proof of any of these allegations, nor does an aggressive search reveal any clues to substantiate his claims.

Prof. Duesberg was not “finally run out of the country (South Africa) as a murderer”: He visited South Africa when [President Thabo Mbeki](#) summoned him for round table discussions between AIDS scientists of opposing viewpoints in [2000](#).

Of the antagonistic, hostile, and threatening attacks made by Gallo defenders, former South African President Thabo Mbeki [appealed to then-President Bill Clinton and UN Secretary General Kofi Annan](#) (April 3, 2000), and:

... passionately defended Duesberg and the other dissidents, and suggested that factors other than HIV could be the cause of AIDS in Africa. He called for a uniquely 'African solution' to the problem, as AIDS seemed to affect Africans differently to those who live in the developed world. He also defended his right to consult dissident scientists, and accused unnamed foreign critics of waging a 'campaign of intellectual intimidation and terrorism' akin to 'the racist apartheid tyranny we opposed'.

In an earlier period in human history, Mbeki wrote, Duesberg and his followers 'would be the heretics that would be burnt at the stake. The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.' The letter, copies of which were delivered by hand to Clinton and Annan, concluded: 'It would constitute a criminal betrayal of our responsibility to our own people to mimic foreign approaches to treating HIV/AIDS.' As stated earlier, prescribing toxic cancer chemotherapy to pregnant women is [dangerous](#) for both mother and child:

“In reviewing the frequency of birth defects in this population [of HIV+ women taking [AZT](#) during pregnancy] we noted eight birth defects (10%) out of 80 live births [and 8 spontaneous fetal losses, for a total of 17% abnormal pregnancies]”

[Zidovudine Use in Pregnancy: A Report on 104 Cases and the Occurrence of Birth Defects](#)

[Kumar et al, 1994 Oct 7\(10\):1034-9](#)

More Questions

The HIV/AIDS issue consists of two components:

1. Dr. Gallo's original opinion, and;
2. Millions of pages of research that are based upon, and used to support, Dr. Gallo's original opinion.

While no ordinary investigator can competently argue millions of pages of HIV/AIDS research, it is equally disingenuous for any scientist to argue any research that is based upon Dr. Gallo's theory without proof that HIV a) actually exists, b) kills white blood cells, and c) causes AIDS. Consensus, based upon unproven hearsay, is not proof.

At the same time, there are a number of easily understandable peer-reviewed reports that conflict with Gallo's theory.

For example, chimpanzees share about [99% of the DNA in humans](#). Since it is unethical to test humans with potentially dangerous pathogens, they serve as the "[gold standard](#)" for scientific experiments. In the mid-1980's, AIDS researchers infected numerous chimps with HIV to induce AIDS. No chimpanzee has ever developed AIDS.

"It is true that HIV does not cause AIDS in chimpanzees."

[Blattner, Gallo, Temin, Science, Vol. 241, 514-517, \(1988\)](#)

It is said that HIV is spread through sex. Yet, the largest epidemiological study of heterosexual transmission of HIV was conducted in San Francisco from 1987-1997. The researchers observed 175 sexually-active discordant heterosexual couples (1 partner HIV+, 1 partner HIV-) for over six years. No person in the study contracted HIV.

"We observed no seroconversions after entry into the study."

(Padian, page 354.)

[Heterosexual Transmission of HIV in Northern California: Results from a Ten-year Study](#) *American Journal of Epidemiology*, Vol 146: 350 - 357. (1997)

HIV Testing

The problem with [HIV tests](#) is that there is [no viral gold standard](#). HIV test accuracy is not measured against any isolated (purified) HIV, but against indirect measures or patients with clinical symptoms of AIDS. These tests generally detect, and are hypersensitive to, antibodies of [many different viruses and cellular debris](#). This [\\$50,000 award](#), offered in exchange for scientific validation of any HIV test, remains unclaimed.

Using a "cops and robbers" analogy, Dr. Gallo's HIV test relies on the presence of cops (antibodies) to indicate the presence of robbers (HIV). While it's true that cops appear at bank robberies, they also appear at doughnut shops, police stations, fundraisers, sporting events, and training academies. The presence of cops does not necessarily prove the presence of robbers.

The autoimmunity phenomenon is characterized by an immune response against its own cells and tissues. So while the presence of HIV-antibodies (cops) may indicate that, at some point, someone may have been in contact with an HIV-virus or related particle (robbers),

there is no way to ascertain the significance of such an event.

Antibody production does not mean that the antigen is necessarily noxious.

For example, the [most common form of hypothyroidism](#) is caused by anti-thyroid antibodies. This does not mean that the thyroid tissue is a harmful pathogen. The antibodies against virtually all endocrine organs, including ovaries, have been identified and (so far) no one has demanded the mass performance of thyroidectomies or ovariectomies. This becomes more complicated since many patients with anti-thyroid or anti-ovarian antibodies do not suffer from significant target organ damage. In this “cops and robbers” analogy, the cops (antivirus) are sometimes summoned by those who have mistaken the noise of a stray cat for a home invasion robbery.

Consider the “metal detector” analogy: To prevent terrorists from boarding planes (or HIV in our blood supply), HIV test sensitivities are set so that Jimmy’s orthodontics and Grandma’s titanium hips activate the alarms. Once those alarms sound, the tests brand them as suspected terrorists.

[Kevin Kuritzky](#):

The fact that any westernized physician, particularly an Ob-Gyn (SSI member) can defend Peter Duesberg is beyond my comprehension. I think any Ob-Gyn that fails to administer anti-retrovirals to a pregnant woman should not only be peer-reviewed, but should be put in jail. Yet, Dr. Duesberg has espoused this sickening ideology.

Investigator’s Response:

Remember that SSI chose to answer Kuritzky’s letter because he offered the most common and coherent attack against Prof. Duesberg. In light of the aforementioned evidence of his criminal behavior, it was extremely difficult for this investigator to take any of Kuritzky’s TAG-generated myths seriously.

Kuritzky also illustrates that the hysteria that incarcerated history’s [first scientist](#) and [Dr. Semmelweis](#) still exists today. When science becomes a hysterical political argument and criminal attacks, science and human progress cease to exist. Nevertheless, the record appears to reflect that these are Mr. Kuritzky’s (and TAG’s) strongest arguments. Indeed, these also appear to be the same political arguments used to coerce scientists and physicians into politicizing real science.

Panic & Politics

In the late spring of 1981, the National Cancer Institute (NCI) and the National Institutes of Health (NIH) were coming under increasing Congressional pressure to [clean up the waste](#)

[and corruption](#) that characterized their ten-year [War on Cancer](#).

At the same time, [CDC epidemiologist Dr. Wayne Shandera reported](#) that five homosexual men in their 20s and 30s were stricken by a pneumonia that ordinarily struck cancer and transplant patients. Said Shandera, "The best we can say is that somehow the pneumonia appears to be related to gay life style."

[The report stated](#) that five patients also suffered from infections due to [a virus](#) "that causes mononucleosis-type symptoms" and is "shown to be capable of suppressing the body's immune defense system in a manner similar to anti-cancer drugs."

Investigators speculated that the virus ([CMV](#)) was "suppressing the immune defense system of certain individuals sufficiently to make them vulnerable to the *P. carinii* already present in most persons' lungs."

"They are carrying out an intensive study to learn what the common factor may be in the lifestyle of gay males. One speculation is that the inhalants commonly used in the gay community to heighten sexual feeling may somehow be involved."

When [the story](#) came out, some insensitive clergy and ideologues suggested in the media that AIDS was "[punishment for homosexuals who violated God's Law](#)." Homosexuals and their advocates were understandably hurt by these remarks. Unfortunately for science, this immediately polarized and politicized the debate. While the extreme right sought to stigmatize AIDS as a "gay disease" that was unworthy of attention, the left exaggerated the risk that AIDS posed to the general population and demanded endless funding.

Policymakers were [understandably reluctant to shift billions of dollars](#) in research funding from [deadlier diseases](#) like [heart disease \(#1\)](#) and [cancer \(#2\)](#) to a lesser understood pathology that appeared to only affect a [small population segment](#).

When the [Gay and Lesbian Alliance Against Defamation](#) (GLAAD) protested the skeptical "[homophobic and AIDS-phobic coverage](#)" of the [New York Post](#), the US media killed all stories that suggested the propriety of a careful government response. Without the media's support, politicians, government officials, and drug manufacturers grew unwilling to risk the [homophobe label](#). This appears to coincide with the period when American science was corrupted by the political debate.

The result was devastating to those most vulnerable. Poisonous toxins [suddenly became available as the FDA rushed their approval of new AIDS medications](#) in as little as [six weeks](#). During the [AZT trials](#), [Burroughs-Wellcome](#) used their own researchers to test and distribute [AZT](#) with little more than hat tip from the FDA:

"By the middle of 1985 there were over 10,000 AIDS patients anxiously awaiting a drug. The extreme patient need for a drug sped up the process from test tube to patient

tremendously. After filing six patents on the preparation and use of [AZT](#), and racing through necessary animal tests in partnership with the NCI, Burroughs-Wellcome submitted an application to the FDA for an Investigational New Drug (IND). In a miracle of bureaucracy, the FDA approved of the first [AZT](#) trial in only seven days."

Wastila, L.J., Lasagna, L.

The history of zidovudine (AZT).

Journal of Clinical Research and Pharmaco-Epidemiology, 4: 25-37 (1990)

When word spread that [AZT](#) trials at Burroughs-Wellcome required placebos for half of their 282 HIV/AIDS patients, the media fueled several more controversies:

"Some critics believed that [AZT](#) was too toxic for weak AIDS patients, and others accused Burroughs Wellcome and the FDA with hindering the drug's ability. Many critics felt that the placebo arm of the arm was unethical, and called for all patients to have access to the drug. Burroughs Wellcome's spokespersons vigorously defended the trial, but the company recognized the high stakes of the trial and, in collaboration with the NCI and the National Institute of Allergy and Infectious Diseases (NIAID), they established the Data and Safety Monitoring Board (DSMB) consisting of various AIDS experts that were removed from the trial.

"In September of 1986, only 7 months after the trial started, the board concluded that there was a significantly lower mortality rate in patients randomly assigned to receive [AZT](#) than the placebo. Only one of the 145 patients receiving [AZT](#) had died, compared with 16 patient deaths from the 137-patient group. The trial was halted, and the patients who received placebos were given an opportunity to take [AZT](#)... by March of 1987, 4500 AIDS patients, or one-third of all Americans living with AIDS, had received free Retrovir ([AZT](#)) handouts from the company...

"In less than three years, [AZT](#) had progressed from the obscure shelves of Burroughs Wellcome to pharmacies all across the country, providing patients a measure of hope at a time when there was none..."

[T.E. Haigler](#)

Former president of Burroughs Wellcome

(on the company's research of AZT)

Former NCI director [Dr. Samuel Broder](#) characterized the three-year-process as moving "[at the speed of light.](#)" [AZT](#) retailed for [\\$188 per bottle](#), or approximately \$7,000 to \$10,000 per patient, per year. Compared with [today's FDA standards](#), three years is a *glacial pace*.

Hundreds of billions of dollars were subsequently transferred from cancer and cardiovascular disease research and, as the [uncontrolled waste and abuse spread](#), scientists, physicians, and universities truncated reports, shortcut peer review studies, and

attacked those who challenged their questionable methodologies. Millions of research pages and articles were subsequently generated that cited, complimented, and supported other research papers that all assumed that Dr. Gallo's HIV theory was an "established scientific conclusion."

Gay men and drug addicts who were terrorized by the fear and propaganda campaign about HIV, and stigmatized by unreliable HIV tests, stampeded to AIDS clinics for fast prescriptions of lethal doses of [AZT](#). The greatest period of mortality (1987-1995) attributed to HIV occurred during the exact years of [AZT](#) mono-therapy. Coincidentally, as [AZT](#) was replaced by less toxic drugs, mortality also dropped to current levels. Liver failure remains the leading cause of death among HIV+ patients who use the current generation of black-box anti-HIV medications. Liver failure is caused by drug toxicity and is not considered an AIDS-defining illness.

When 13-year-old [Ryan White](#) was diagnosed as HIV+ in 1984, his illness further fueled the hysteria. In 1987, Oprah Winfrey quoted "scientific predictions" that 20 percent of all heterosexual men [would die from AIDS by 1990](#):

"By 1996, three to five million Americans will be HIV positive and one million will be dead from AIDS."

NIAID Director Dr. Anthony Fauci, [NY Times](#), 14 Jan 1986

"By 1991, HIV will have spread to between 5 and 10 million Americans."

[Newsweek](#), 10 Nov 1986

"By 1991, 1 in 10 babies may be AIDS victims."

[USA Today](#) headline, 20 Jul 1988

"Without massive federal AIDS intervention, there may be no one left."

HHS Secretary Donna Shalala, [1993](#)

[Washington Times](#), 8 Jun 1999

Once the massive government fire hose was turned on to fight the "War on AIDS," competing, fact-based, scientific views, were drowned out or otherwise suppressed.

Because so few middle-class, white heterosexuals ever got AIDS or knew someone who did, many Americans passively disconnected themselves from the campaign.

Motives

Within the scientific community, the HIV/AIDS question may have been one symptom of an even larger disease.

During the 1980s, the general public began to under-value and under-appreciate the work

of independent academic scientists like Prof. Duesberg. NIH grants became scarce, endowments dried up, and tuitions barely covered teaching activities. As a result, the salaries and social status of academic faculty members began to decline and many talented individuals fled the universities.

Due to this negative selection, the majority who stayed in academia became very different from classic scientific giants like [Robert Koch](#). While this did not mean that all academicians became unethical, it was easier to become disillusioned and cynical in such environment. Some faculty members grew desperate in their search for some form of a steady income that would compensate for many years of education and training. The pharmaceutical industry was more than happy to help – *for a price*.

This situation is described in the book, [The Truth About the Drug Companies](#), by former [New England Journal of Medicine \(NEJM\)](#) editor [Marcia Angell](#). When, in an earlier NEJM editorial, Dr. Angell asked, "[Is Academic Medicine for Sale?](#)" a reader replied, "No, the current owner (Pharmaceutical Industry) is very happy with it!"

[Anti-retroviral drugs](#) are all in categories of known or unknown danger to fetal development. In the post-[thalidomide](#) age, the FDA strongly recommends against administering these drugs during gestation. [None are "safe"](#) to mother or fetus. ([one example](#))

Celia Farber also documented the horrific death from organ failure in pregnant mother [Joyce Ann Hafford](#), who was being treated with AIDS drugs ([nevirapine](#) and [combivir](#), made with [AZT](#)) while pregnant with her second child.

In March 1996, the FDA authorized the sale and distribution of [crixivan](#) six weeks after [Merck](#) applied for [FDA approval](#). Compared to the years taken to complete [110 clinical tests](#) before approving [Splenda](#) and [AZT](#)'s "light speed" three-year testing, it's hard to imagine how the FDA could safely approve anything in 42 days.

Noted for being "well tolerated" and causing substantial improvements in "CD4 cell counts and viral load," [the crixivan report noted](#) that "the relevance of changes in viral load had not been established"; nor did it show any effect on the development of infection, survival, or as a cure for AIDS.

In light of the profit margins related to drugs like crixivan and the catastrophic deaths related to toxins like [nevirapine](#), it's hard to ignore the potential profits generated by panicked people who learn they've tested HIV+.

AIDS prescriptions are costly. [About.com](#) reports that pharmacies charge \$570/mo for crixivan capsules:

\$570/mo x 12mo = \$6,840/year

When multiplied by the estimated US population of [one million HIV+ patients](#), potential income for crixivan alone can be considerable:

\$6,840,000,000.00 (BILLION) per YEAR

The drugs [aptivus](#) (\$1117/mo) and [fuzeon](#) (\$2315/mo) [cost much more](#). As of this writing, [Merck](#) shares sold at \$35/share. (more info [here](#))

The export and consumption of these untested known toxins by mostly rural and poor villagers of foreign countries is also disturbing.

HIV/AIDS science appears to target minorities. HIV test drives are [sharply focused on the African American community](#), which was [Joyce Ann Hafford's](#) misfortune.

[Abbott Laboratories](#) recently donated \$60 million in their five-year program to urge black Americans to be tested for HIV. According to Abbott, their ["I Stand with Magic"](#) campaign "intends to halve the rate of new infections among US blacks."

Despite Dr. Gallo's unproven HIV/AIDS hypothesis, basketball legend Earvin "Magic" Johnson uses ["his fame to raise public awareness of the virus that causes AIDS."](#) Moviemaker Spike Lee, who directed the public service ads, said, **"We African Americans can be homophobic. There's a whole lot of re-education that needs to get started."**

According to the [same LA Times article](#):

... the heads of the National Assn. for the Advancement of Colored People... took HIV tests in public and made testing available at their annual convention. That same year, 16 mainstream black organizations, including 100 Black Men of America, the Congressional Black Caucus Foundation and the National Council of Negro Women, pledged to fight the epidemic.

"The black community is where the gay white community probably was in the late 1980s or early 1990s," said Dr. Wilbert C. Jordan, medical director of the OASIS Clinic at the Martin Luther King Jr. Multi-Service Ambulatory Care Center. "But we're not where we need to be still." The numbers provide ample reason for alarm. According to the Centers for Disease Control and Prevention, blacks make up almost half the estimated 1.2 million Americans living with HIV today, though they are just 13% of the U.S. population overall.

The same article cited the [Henry J. Kaiser Family Foundation](#) (KFF) assertion that "women accounted for more than a third of AIDS cases diagnosed among African Americans in 2006." KFF is the same organization that hosted the aforementioned [2006 journalism conference](#) where drug industry-funded panelists told journalists how to marginalize alleged

denialists.

[Professor Henry Bauer](#) has shown that, for all available US demographics, people of African descent are on average 8-10 times more likely to test HIV positive than Caucasians. Since this has been the case for two decades now, this may also be an indication that the tests are racially biased.

The AIDS industry has accused Africa of being responsible for the [original spread of HIV](#), that [Africans enjoy "dry sex"](#), are more promiscuous than people on other continents, and hold [voodoo beliefs about health, medicine, and healing](#). Ironically, Benin is one African country where [voodoo still keeps HIV/AIDS mortality below two percent](#).

Although the [World Health Organization](#) (WHO) recently [reported that the threat of a "heterosexual pandemic" of AIDS was over](#), AIDS activists still insist that millions are infected and dying from the ["AIDS epidemic."](#) Despite the WHO report, the Congress intends to authorize another [\\$50 Billion](#) in new AIDS funding to Africa this year.

Of the aid package, House Foreign Affairs Committee Chairman [Howard Berman](#) declared, *["We have a moral imperative to act and to act decisively."](#)*

While [critics lament](#) the absence of research funding (it was ONLY [\\$12.6 Billion FY 2006](#)), it's hard to know where that funding goes when drug companies [don't conduct tests or trials](#). The reluctance of funded researchers to accept, for example, the [Perth Group's modest request](#) also becomes more understandable; and it could also explain their 21-year hostility toward Prof. Duesberg, Ms. Farber, and hundreds of other scientists, physicians, and journalists who try to report it to US Government officials (NIH, HHS, NIAID) who still refuse to listen.

In time, and if no one asks these critical questions, the drug companies may slowly wean their more sensible customers from toxins to life-saving placebos without losing funding. Eventually, ground celery seed capsules under the label of [thiswontkillyouflex](#) and sold for \$500 a bottle could keep HIV+ patients and drug companies alive for more than a normal lifespan. If and when this occurs, the drug companies, scientists, and politicians could finally congratulate themselves for winning Dr. Gallo's "War on AIDS."

Analysis

In many ways, today's HIV/AIDS industry resembles a mature [termite colony](#).

In the years since HIV produced Dr. Gallo's first egg, workers (administrators and researchers) have built a labyrinthine fortress of [carton walls](#) (research and facilities) to

support the colony. While its soldiers defend the colony and king, Dr. Gallo and HIV are managed, groomed, and fed by the attending workers that surround, care for, and defend them.

At first glance, the fortress appears impenetrable and the dark interconnected passages too confusing to navigate. After more than twenty years and millions of pages of research and studies that are built upon Gallo's original egg, no sane person could attempt to comprehend the infinite trivia without going mad. To argue against the mountains of interdependent self-supported HIV/AIDS minutiae requires terabytes of computational power and the tenacity of the world's most obnoxious sports fans.

The key to the conundrum lies not with the carton walls, workers, soldiers, or the myriad unnavigable passages, but with Dr. Gallo's original HIV declaration itself.

The principle of [Occam's razor](#) states that the best explanation tends to be one that requires the fewest additional assumptions. Such an explanation invokes the fewest intermediate factors (i.e., 25 years of HIV/AIDS research) while maintaining its "predictive power"; that is, its ability to explain current data to predict future data. If we apply Occam's razor and the Scientific Method, it is clear that the relationship of HIV/AIDS was never formally proven, and to assert that it is true until disproven is fallacious.

When asked which argument most strongly convinced him that HIV was not the cause of AIDS, [Nobel laureate Kary Mullis](#) replied, "[The fact that there's no evidence for it.](#)"

One does not need to be a pharmaceutically-funded AIDS researcher to understand these questions. Occam's razor and the Scientific Method are both taught in grade schools around the world. When the scientific world reacquaints itself with these principles and reestablishes the discipline to apply them, the queen will die and Gallo's colony will collapse.

Of scientific consensus, [Michael Crichton said](#):

"(T)he work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What is relevant is reproducible results. The greatest scientists in history are great precisely because they broke with the consensus... There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period."

Conclusions

With millions of diagnosed and undiagnosed HIV+ men and women leading healthy and

productive lives around the world [without AIDS medication](#), this investigator is left with [Prof. Duesberg's lingering questions](#) and [Dr. Gallo's hysterical defenders](#), who, this investigator has personally discovered, appear predisposed to use libelous and criminal tactics to silence those who ask questions. (see Epilogue)

These questions are not insignificant. No other science appears to be defended more aggressively than Dr. Gallo's theory. If an investigator questions the curvature of the Earth, or the internal combustion engine, it's hard to imagine NASA or Honda paying SPACETruth or HONDATruth advocates to defend either discipline. Indeed, both topics are clearly presented on public websites and libraries around the world without fear, intimidation, or the threat of lost grant funding. The idea that advocates would use criminal means to dissuade someone from investigating the internal combustion engine would seem preposterous; and yet, hundreds if not thousands of journalists, teachers, scientists, and ordinary individuals are routinely targeted by Dr. Gallo's well-funded defenders.

Only one of two conclusions is possible:

1. This investigator has deliberately, unintentionally, or recklessly overlooked the answer to these fundamental questions to present an unsupportable conspiracy theory, complete with imaginary threats, emails, and phone calls memorialized in his 66-page police report and pending federal lawsuit, or;
2. The pharmaceutical companies are:
 - Using inaccurate, unverified testing protocols to claim people are infected with a retrovirus that has not been shown to cause harm but, they claim, could kill;
 - Inventing, manufacturing, and distributing toxins designed to disrupt normal cellular and enzymatic functions necessary to sustain life to fight the presence of a harmless passenger retrovirus;
 - Using those toxins to deliberately, unintentionally, or recklessly compromise what may otherwise be healthy immune systems, and;
 - Manipulating drug-caused illness and mortality statistics to maintain HIV/AIDS funding
 - Enlisting and paying uninformed but well-meaning celebrities to promote HIV testing and treatment to specific targets (gay community, low-income minorities, and third world populations) that are most vulnerable to seductive and high-pressure marketing strategies.

If the first conclusion is true, this investigator will continue to enjoy a long healthy life with his family and friends in Southern California.

If the second conclusion is true, America could eventually recover from the scandal: but it's

hard to calculate the impact of the needless suffering, death, lost confidence in American science and good will, class action lawsuits, lost shareholder value, product liability, the wasted energy and resources expended within our academic institutions, its effect in the international community and the US and global economies.

If the survivors of “Dr. Gallo’s Egg” sense that government agencies and drug companies took shortcuts that unnecessarily killed otherwise healthy people, like [13-year-old Ryan White](#), agencies, politicians, and the media will soon start pointing fingers to blame someone for igniting a human disaster that could make Enron and 9/11 look like garden-variety purse snatches and auto accidents. Families of those who suffered and died from the toxicity of drugs like [AZT](#) will want to attack politicians. Politicians will blame agencies for misleading them, and those agencies will blame previous administrations.

A backlash against media, and within, the gay community, could also result. The gay and lesbian media, community centers, and HIV/AIDS advocacy groups that employ thousands and profit from generous pharmaceutical sponsors and CDC grants for advertising, lavish event planning, hosting, and fundraising will end. Threatened by the loss of such funding, these organizations will be reluctant to close their doors to seek other employment.

Scientists will hide behind their research, doctors behind their hospitals, gays behind their physicians and [clinics](#), politicians behind their constituents, and journalists behind their editors. The most obvious targets will be the drug companies that produced, distributed, and profited by selling known toxins throughout what may be nothing more than a 25-year sabbatical from the science.

The medical and academic members of Semmelweis Society International cannot be sure because those who insist that HIV is harmful [still refuse to prove HIV’s connection to AIDS](#). What is not disputed are the poisonous properties listed on the [labels of ALL FDA approved HIV/AIDS medications](#).

No one is competently required to prove the non-existence of Dr. Gallo HIV/AIDS theory. Prof. Duesberg raised questions about Gallo’s theory [twenty years ago](#) that Gallo and his defenders [still refuse to answer](#). When Dr. Gallo and his defenders decide to prove that HIV exists, attacks white blood cells, and causes AIDS, their investment of ten months and \$100,000 will finally put these questions to rest – as they should have been 24 years ago.

Based upon the evidence contained in this report, this investigator must agree with [hundreds of reputable scientists and doctors](#) who remain unconvinced that Dr. Gallo’s retrovirus is real or has anything to do with the disease called AIDS.

It is this history, this evidence, and these questions that Professor Duesberg, Ms. Farber

and countless others have risked their careers to present. The members of Semmelweis Society International may or may not agree with all aspects of this report, but they unwaveringly support the courageous men and women of medicine and science who continue to ask questions about the world around us.

Without honest and intellectually curious scientists like Peter Duesberg, humanity loses the promise of innovation and progress. Without aggressive and impartial journalists like Celia Farber, industry and government cannot be held accountable. Without both, the 232-year experiment we call the United States of America will have failed.

Clark Baker
Los Angeles

* * *

INVESTIGATOR'S NOTE: Under ordinary circumstances, I would list and thank those who assisted me in this investigation and subsequent report. Because of current conditions within the scientific community and pharmaceutical industry, exposing these witnesses as potential targets would serve no legitimate purpose. When the day comes, the world will know the difference between those who served Humanity, and those who served themselves at Humanity's expense.

Epilogue

One of the most difficult aspects of this investigation has been to document and articulate the kind of attacks made by the AIDS industry's core cadre of operatives. As explained by operatives Kuritzkes and Moore, their role is to silence minor inquiries and destroy serious threats. In my years of investigation, I have only been attacked by individuals who hoped to dissuade me from investigating their own criminal enterprises. In this case, email permits me to more easily identify the tactics used by these operatives.

Even before this report was completed, several individuals continued their personal attacks against me. My PI license was threatened, my computer security attacked, and I have been libeled by numerous "professionals" from various private and government agencies. The following emails will describe how insidious these attacks can be. As you read through them, consider how threatening these emails could be to a young physician, scientist, student, or teacher who dares to question these professional operatives.

Dr. James Murtagh used government servers at the Veterans Administration to pressure me to discontinue my investigation. When his efforts failed, he notified Brian Foley, PhD of the [Los Alamos National Laboratory](#) (LANL).

While being paid by US taxpayers, Dr. Foley used his influence from within the government facility to attack me through uninvolved third parties. He is supervised at LANL by

fellow [AIDSTruth](#) operative [Bette Korber, PhD](#).

Here is my email to the LANL Ombudsman:

To: [Camilla S. Lopez, PhD](#) - Los Alamos National Laboratory, Ombudsman

My name is Clark Baker. I am a private investigator, licensed in California. I have been an investigator for 28 years both privately and with the Los Angeles Police Department (1980-2000). I have conducted more than 5000 criminal and civil investigations and have investigated, arrested, processed, and helped convict more than 2,700 career felons. I have also received more than 80 citizen and official commendations for my service as a US marine sergeant and police officer.

I was in Washington DC last May where I testified before Congress on pending whistleblower legislation. While there, I became aware, for the first time, of the HIV/AIDS dispute between those who believe Dr. Peter Duesberg HIV hypothesis, and those who believe Dr. Robert Gallo's HIV hypothesis.

Before they were scheduled to testify, Dr. Duesberg and investigative reporter Celia Farber had been libeled by the Treatment Action Group as AIDS denialists - an epithet that suggests neither believe that AIDS exists. Because these Gallo-skeptics have been vilified as something on par with racists, homophobes, and worse, those who controlled the "No Fear Tribunals" suddenly became too afraid to allow their testimony to be heard. More than anyone else who testified that week, Duesberg and Farber deserved the time to testify about what they endured because of the organizational and individual behavior of TAG, AIDSTruth, and members of esteemed universities throughout the United States.

I testified about my own experiences as a whistleblower and left Washington hopeful that new legislation could protect individuals who asked relevant questions about publicly-funded expenditures.

I am deeply concerned that the Los Alamos National Laboratory would hire such individuals and I intend to proceed in a way that illuminates the conduct of both TAG and AIDSTruth membership. And if LANL refuses to investigate or otherwise whitewashes this complaint, I will make it my fulltime occupation to ensure that US taxpayers learn how their money is spent at LANL.

In law enforcement, when an officer commits perjury or lies during an investigation, he/she is correctly barred from being a police officer anywhere in the country, for such individuals have no credibility as investigators. Had Dr. Foley been caught doing this as a police officer, he would be flipping burgers tomorrow - if McDonalds could trust him.

As a disciplined investigator, Dr. Foley fell far below any standard as a scientist, as an investigator, and as a human being.

This is why I have included Dr. Lopez in my response to Dr. Foley. If and when you require further information from me, please feel free to contact me at any time.

Sincerely,

Clark Baker

<http://www.cwbpi.com/>