Widow sues over AZT death

The Legal Aid Board of England, the body that allocates public funds to pay the cost of UK legal action, has this week agreed to grant Legal Aid to Mrs. Susan Threakall of Birmingham, England, to enable her to sue the pharmaceutical giant Wellcome over the death of her hemophiliac husband Bob, whom she claims was caused by their best-selling anti-AIDs drug AZT (Retrovir) and not by his HIV+ condition. Wellcome has claimed since 1989 that AZT, a highly toxic drug that Wellcome itself declares in its drug information leaflets frequently causes serious and abnormal reductions in the number of white blood cells, delays the onset of AIDS for HIV+ patients. However, the largest independent trial of AZT, the Anglo-French Concorde study, has established that this is not the case. Of those patients studied in Concorde, more died who had been given AZT while asymptomatic, compared to those who were not given it until they were ill with AIDS.

This is the first case in the world concerning AZT and AIDS treatment. It must be stressed that the allegations do not concern the prescribing of AZT to patients already suffering from AIDS but merely the prescribing to asymptomatic patients.

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Grant Ross of Liverpool solicitors, J. Keith Park and Co., who led the successful group action against the Government on behalf of 800 hemophiliacs infected with HIV from contaminated Factor VIII, has been instructed in five other cases, agreed to grant Legal Aid to Mrs. Susan on behalf of 800 hemophiliacs infected with HIV from contaminated Factor VIII, has been instructed in five other cases concerning AZT and is planning a large UK group action against Wellcome with coordinated litigation in other countries. He has called for other lawyers worldwide instructed in these cases to contact him urgently.

Threakall died on February 20, 1991, leaving a wife and three children. He had been a civil servant in the Department of Social Services and worked fully until he became ill following AZT treatment.

Sue Threakall says, "Bob was a healthy man when he was first put on AZT. Correspondence at the time shows that he was only put on it by the doctors because of the claims by Wellcome that it would delay the onset of AIDS. On the contrary, his health steadily deteriorated from that point on and he died 16 months later."

Ross says, "This case will involve a significant issue of public importance centering on the marketing decisions of one of the largest pharmaceutical companies in the world. If Bob Threakall's immune system was indeed irrecoverably damaged by AZT, then the health of many thousands of other HIV+ people worldwide is under threat, not by their condition but by their treatment. Questions need to be asked as to why such toxic treatment was recommended for otherwise healthy people when it has now been proven to be of no benefit. It is the classic issue of medical ethics."

For information contact Graham Ross, J. Keith Park & Co., 161 Banks Road, West Kirby, Wirral, Merseyside, Liverpool, L83HU, UK; or call 0151-44-051-227-2552 (after hours, 0151-44-051-625-0042).
Interview: Wellcome lawsuit
(continued from page 1)

I've said, he was very well until he was put on the drug, and within a very short time, I'm certain in a week, he started to lose time from work and he became very, very sick very, very quickly. There had been no signs of illness before he was put on it.

ROSS: I've seen the medical records. There was no diagnosis prior to his death of AIDS or ARC, and on his death certificate, which gives the reason for death, AIDS is not contained on that. That's why we say he did not die of AIDS.

NEWSMAN: As I ask this question, we do have a picture of Bob before AZT treatment and after, and let me say that the death certificate does list three possible causes of death. One is bronchopneumonia, two hemophilia, and third HIV disease.

ROSS: Yes, but that's not AIDS. I have seen a lot of hemophiliacs; I've seen a lot of death certificates. If AIDS has been diagnosed, AIDS is actually the contributing cause of death, not HIV infection. On death certificates those latter two, for instance hemophilia and HIV, are merely a background factor that's put in. It would have said AIDS.

NEWSMAN: Let me just ask you, after your husband began to get sick, did he discuss with you the possibility that the drug was what was making him sick?

THREAKALL: Yeah, he was totally convinced that it wasn't doing him any good and was in fact making him very ill.

NEWSMAN: You have decided to sue not only Wellcome, but also the National Institute of Allergy and Infectious Disease.

THREAKALL: That's right.

NEWSMAN: Why?

THREAKALL: Because it was them that conducted the final trials on AZT, and who put out the release, the press release, to the medical profession, which was also available to patients who would then come in for the drug to be given to them.

ROSS: If I can just add—there was a public statement by Dr. Anthony Fauci on the seventeenth of August, 1989, which directly led seven days later—because we've got the notes in the records to say this—to Bob being put on it. Now in that statement, Dr. Fauci said that the O19 clearly demonstrated—that was his word, clearly—that AZT would delay the onset of AIDS, and also that it would do so without significant side effects. When you come eight months later to read the written-up study in the medical press, a lot of caution is added in. In that paper, the official paper reporting O19, it said that the

...He was very well until he was put on the drug, and within a very short time, I'm certain in a week, he started to lose time from work and he became very, very sick very, very quickly.

—Sue Threakall

data from O19 [do] not give any information as to the long-term safety and effectiveness of AZT.

NEWSMAN: Let me ask you both to stand by for a second, because also joining us this morning in our NBC News Bureau in London is infectious disease specialist Dr. Sanford Kuvin. Doctor, good morning. Do you find any reason to believe that AZT killed Mr. Threakall?

KUVIN: Absolutely not. Mrs. Threakall is justifiably upset that her husband contracted the deadly HIV virus from contaminated blood, as have millions of people through blood, sex, needles, and birth. However, HIV, the virus that causes AIDS, is uniformly fatal. There are no exceptions. It destroys the immune system as it destroyed Mr. Threakall's immune system, so that he died of opportunistic infections, and Mr. Ross is totally, I am afraid, totally wrong about the fact that HIV disease is not AIDS. And secondly—

ROSS: Can I just add—

KUVIN: Mr. Ross, I've listened to you. Please listen to me. Secondly, AZT is a drug which prolongs life. It's been shown to prolong life up to a year and a half. It improves the quality of life, and it reduces the very opportunistic infections that Mr. Threakall had—who developed AIDS, by the way, late in his career. Thirdly, all drugs have toxic effects, whether they be antibiotics, anti-cancer drugs. The only drug that doesn't is chicken soup.

NEWSMAN: All right, doctor...

KUVIN: And all trials have been discontinued compassionately, so that the patient may indeed benefit. What Mr. Ross is doing is a tremendous disservice to number one, those patients who are taking AZT and the other similar drugs like ddl, didc, because they're...

NEWSMAN: Doctor, let me jump in here. Let me jump in please. Let's give Mr. Ross a chance to respond to that.

ROSS: Thank you. Three points there. It's interesting that the first words that doctor said was that was absolutely convinced that Bob Threakall had died of AIDS, not AZT. He's never seen the medical records, so don't have such a conviction, please, whoever you are. You've not spoken to Mrs. Threakall, you've not spoken to his physicians, you've not seen his medical records. As I explained, he did not have AIDS. And thirdly, you say that there's no study that shows that AZT does not work. You're obviously ignorant of the largest independent and longest study, the Anglo-French Concorde study, that had reported after three years' study, three times the period of Protocol O19, that in fact AZT does not delay the onset of AIDS.

NEWSMAN: Doctor, five seconds. Would you not...

KUVIN: Mr. Ross, your arrogance of ignorance is that there was a subsequent study published in the New England Journal of June of 1993 saying that it does work in asymptomatic people. But your message is dangerous because it takes away the confidence of people whose lives can be prolonged. You're attacking the very institutions...

NEWSMAN: I'm going to have to interrupt here and make that the last word, but I do thank you all for being here, Dr. Kuvin, Mr. Ross, and Mrs. Threakall. We appreciate it. We should also say that we asked a representative from Wellcome Foundation Ltd. to participate in this discussion. They did refuse; however, they did say they are prepared to fight these charges in court.
Editor's note: The following articles are reprinted from the Sunday Times of London.

Court battles launched over anti-AIDS drug
by Neville Hodgkinson, Science Correspondent
(Sunday Times, January 30, 1994)

It has long been billed as the great hope for HIV suffers: the wonder drug AZT which, it is claimed, can slow the progression towards AIDS. Now its manufacturer, the Wellcome company, is facing a legal case that could blow apart a multi-billion-pound industry.

For Sue Threakall, however, whose husband died after taking AZT, it was more than an attempt to win damages. She said it represented a chance to end what may be a terrible medical blunder endangering thousands of lives.

Threakall, 40, a former deputy head teacher, has begun her legal action against Wellcome and the National Institute of Allergic and Infectious Diseases (Niaid), the United States government body that tested and promoted the drug.

Supported by legal aid, she is alleging that there was a lack of care in the treatment of the drug which, she says, contributed to the cause of AIDS. His wife believes the drug is withdrawn. "I know I am right about what happened to Bob, and if the drug is toxic, what about all the other people who are taking it?" she said.

Her solicitor, Graham Ross, of J. Keith Park and Co., in Liverpool, has received instructions in seven more cases. Six involve hemophiliacs and one is from a homosexual man suing over the death of his partner.

Ross said that he had become increasingly concerned about the death of Bob Threekall. "I have seen a lot that shows this case is strong. This would mean there has been a horror story in the treatment of HIV-positive individuals; and if there is a horror story, it will continue until the truth comes out." Wellcome said it would defend the case.

New AIDS report to hit Wellcome
by Matthew Lynn
Sunday Times, January 30, 1994

Wellcome, the pharmaceuticals giant, is facing a fresh threat to sales of its controversial AIDS drug, AZT, one of its most profitable products. The Concorde study, an in-depth Anglo-French inquiry into the drug's effectiveness, is set to conclude that AZT is ineffective in HIV-positive individuals.
INTERVIEW: Nobel Prize winner Kary Mullis on AIDS

Editor's Note: Kary Mullis, Ph.D., an early member of our Group and the recipient of the 1993 Nobel Prize (Chemistry) for his invention of the PCR test, is an outspoken opponent of the HIV-causes-AIDS theory and is strongly against the use of AZT as therapy. The PCR test is used in all areas of molecular biology and was invented by Mullis while working in private industry for Cetus.

RETHINKING: We'd like to hear why you don't believe the HIV-causes-AIDS theory.

MULLIS: I think it's simple logic. It doesn't require that anyone have any specialized knowledge of the field. The fact is that if there were evidence that HIV causes AIDS—if anyone who was in fact a specialist in that area could write a review of the literature, in which a number of scientific studies were cited that either singly or as a group could support the hypothesis that HIV is the probable cause of AIDS—somebody would have written it. There's no paper, nor is there a review mentioning a number of papers that all taken together would support that statement. That's a review that's been requested long ago, in print, by Duesberg, of the leading lights in the field. If fact, it was in—I don't remember the exact issue, but it was mentioned in Science that Duesberg brought this up at a meeting, and these guys, I believe it was Howard Temmin and Smoky Blattner and David Baltimore, to name a few, said there will be such a paper. Do you remember?

RETHINKING: I recall that. I'm trying to find it, too.

MULLIS: Everyone in the field knows that there's at least some dissension over whether there's evidence that HIV is the probable cause of AIDS. Is there somewhere in the literature that there is scientific evidence presented that HIV is the probable cause of AIDS, and if there is, where is it? Who should be attributed with the scientific evidence supporting the statement, "HIV is the probable cause of AIDS?"

RETHINKING: What about retroviruses in general? Is there any reason to think that they're harmful?

MULLIS: There's no reason to think either that they're harmful or that they're harmless, until somebody shows some reason. People have general ideas about things that don't have much scientific standing, as far as I can tell. There's a lot of arm waving about things that people really don't have any experimental evidence for.

RETHINKING: How do they get away with their so-called arguments?

MULLIS: Because they're working in a vacuum of, like, real scientists. There's very few of what I regard as real scientists who've paid any interest at all to this field. The people who were recruited by the so-called war on AIDS were scientists who generally had nothing else better to do. There weren't a lot of qualified people who were suddenly attracted to the field. There were simply a lot of people who had nothing else to get grants for, and they could get grants real easily for this one; they were by and large people who didn't know very much about the disease, and didn't care, but they did know how to deal with HIV. Because HIV was a fairly straightforward kind of thing for molecular biology to approach at the time, and microbiology was getting real easy, because you just buy a bunch of kits from suppliers of scientific stuff, you know, get a couple of technicians, and have them start doing assays that are just cookbook kinds of things.

RETHINKING: And they get funded excessively for it.

MULLIS: Well, they got the same kind of funds that anybody else would get, but it was easy to get them because there was plenty of money available. You can see how some young guy could get started. You could order a stripped-down version of HIV that was not contagious, they as- sumed—that was lacking some important part of the virus. And then you couldn't have cell culture people working for you, and some molecular biology people, and you just start looking at that organism for anything it has, and then publish papers on it, and be- come an expert on, say, the TAT gene, or the REV gene, or something like that.

RETHINKING: What about the epidemiological crowd? They're the ones who seem to support the case the best...

MULLIS: They don't support it at all. All epidemiology can do for you, at best, is to show a correlation, and they never did show that very effectively.

RETHINKING: How did AZT get into the formula? It seems really deadly.

MULLIS: Well, as long as somebody thought that HIV caused the disease, then they would assume that something that would kill HIV would probably cure the disease.

RETHINKING: But why such a powerful cancer therapy, or—what do you want to call it—chemotherapy?

MULLIS: It's a cell poison thing. So why?

RETHINKING: Yeah, I don't get it.

MULLIS: I think there was some indication, in some biochemical studies that it would inhibit reverse transcriptase better than it would inhibit normal DNA polymerase.

RETHINKING: Yet the ultimate effect is that AZT damages people—it kills them. Is that correct?

MULLIS: Yeah. The evidence in animals is that it would. There haven't been any studies where you just give AZT to a healthy person to see what happens, unless you're talking about an HIV-positive health person. Then they figure, well, the thing that killed them eventually was AIDS.

RETHINKING: One of our readers wrote in and said he stopped taking his AZT and got better.

MULLIS: Yeah, I think that would generally be the case. For somebody who is just HIV-positive, taking AZT would be the only thing really hurting them.

RETHINKING: What do doctors do? They're caught in the middle. They don't have any literature to defend themselves if they don't prescribe AZT.

MULLIS: Well, they damn well do, if they want to go look at it.

RETHINKING: Have you experienced any censorship or stifling since you started speaking freely against HIV and AZT?

MULLIS: No, I think in fact it's just the opposite. It's mostly media people; I don't care about the academic people. I just finished a week and a half working with ABC. We've been on a Nightline show with Ted Koppel that should air this week or next week.

RETHINKING: Do you think there's a continued on page 5
change in the media willingness to look at the other side of this, because of the Sunday Times Versus Maddox?

MULLIS: I don't know...actually, when Jay LaMonica first approached me, he wasn't approaching me about HIV. He was approaching me about doing a special just about me. And I told him I thought this was a very important issue that he would find fascinating if he learned something about it, and he did. I also suggested that he look at catastrophic action being taken internationally, and that is such a thing as Pneumocystis pneumonia, and there didn't seem to be any need for those people get it. I mean, they were getting it for reasons nobody knew. There were also people getting Kaposi's sarcoma, and those two did not have to be related by a common cause, although they could have been. I think it's probably very unlikely that they are. If somebody would come up with evidence showing that they were connected, I'd be glad to look at it. But in light of the lack of evidence, I don't think there's any reason to think they do, and therefore there's no reason to say that AIDS is some kind of disease.

AIDS was a name given to the observation that a lot of inner-city homosexuals were in fact practicing a fairly promiscuous lifestyle—I think that's a better word than promiscuous, because there was no indication that sexual activity had anything to do with it. The thing I believe they were doing that was different wasn't that they were having any particular kind of sexual activity, but that they were associating nightly with a lot of people who themselves were associating nightly with a lot of people, who themselves were associating with a lot of people. That's why, I believe, the homosexuals ended up gathering pretty much all the viruses that the world had to offer.

See, if you were trying to think of an effective way to expose yourself to every possible virus that could live on a human being, the way they went about it would probably have been the way to do it. You couldn't think of a more effective way than associating—because you don't know how all the viruses spread. We don't even know the route by which HIV spreads from individual to individual. The only place we've seen that in any way, and studied it, is the spread from mother to child. That's a 30 to 50 percent probability, we know. But as for horizontal spread of that virus from like adult human to adult human, we don't really know how that works. We don't know that for HIV; we don't know that for other retroviruses. We assume that there's a countless number of retroviruses out there capable of parasitizing humans. We don't know how they spread from human to human. If you don't know that, and you want to get exposed to all of them, the way you do it is just try to be as close as possible to the largest number of people, and you'd want those people to be doing the same thing, with people who are doing the same thing. And that defines the homosexual community in the middle of the seventies in places like San Francisco and L.A. and New York and Amsterdam and wherever.

RETHINKING: Do you have a strong disagreement with Peter over the drug hypothesis that he advances?

MULLIS: I just don't see any evidence for that, either. See, he's just picking on one more different aspect. Fauci thinks it's anal intercourse. Peter thinks it's use of drugs. I don't think we have any reason to pick one or the other kind of characteristic of that group of people to whom AIDS seems to come. All we can do is say, "What is it that's different about them, in terms of their behaviors?" There's a lot of things that are different. There are a lot of different diseases they're getting, too.

RETHINKING: What about IV drug users? They also seem to be classified as AIDS victims.

MULLIS: Well, IV drug users are also associating themselves in a very intimate way with a whole lot of people who are associating themselves in a very intimate way with a whole lot of people. So that's one characteristic that both of those groups have in common, and the one that I prefer to look at is in terms of what might be causing that constellation of diseases that are called AIDS.

RETHINKING: But as far as you're concerned, an individual living in a relatively typical American behavior pattern would be incapable of getting AIDS, or developing AIDS.

MULLIS: I would think very, very unlikely, yes. But I don't think that because I think I know what causes it. I have my own theory, but I'm just saying the people who have gotten it have not come out of that group. The people who have gotten it have remained those people who were inner-city homosexuals, and now also IV drug users. But if you call AIDS all of the diseases that are AIDS-type diseases, then you can't say those things. You can't even compare the drug users and the homosexuals, because there's no Kaposi's sarcoma coming out of the IV drug use people.

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The Times on AZT
(continued from page 3)

In this interview with Bryan Ellison, we try to cover the broad outlines of the NIH/CDC influences on basic research science and the AIDS debacle. Bryan excited much interest in the previous issue of RA, so this small interview summarizes the entire outline of CDC/NIH.

The company concedes that it too early to assess whether the controversy over the drug may also have an impact on prescriptions for patients who have already developed AIDS. It points out that the Concorde study says nothing about late use of AZT.

Wellcome also pointed out that the American government last week issued guidelines to doctors recommending that they allow patients to choose whether they want to take the drug for early treatment. "There are a number of studies of effectiveness, and Concorde is only one viewpoint," said a spokesman. Analysts believe that the impact of the Concorde study on sales of AZT may be determined by how much credibility the study wins in the medical community. Criticisms have been made of its methodology, and those will be repeated when the full results are published.

But the impact on Wellcome’s profits is likely to be substantial. When it announced its results in October last year, the revelation that sales of AZT had grown by only 3% in that year prompted an 11% drop in the share price, even though profits overall had risen by 46% to Pounds 667m. From their peak in February 1992 of 1,175p, when AZT hopes were at their height, the shares have dropped all the way back to 675p, wiping Pounds 4.2billion off the value of the company. John Robb, chairman and chief executive of Wellcome, conceded at the time that Concorde had already hit the drug’s sales.

If AZT’s sales drop 25% worldwide, it would represent a Pounds 62m loss of turnover, which, analysts believe, would translate into a similar loss of profits. Wellcome, however, contends that the impact is likely to be mitigated by the fact that only about 10% of European sales are for early use, compared with about 30% in America. Independent data for European sales are not available.

When the Wellcome Trust floated off a chunk of its holding in the company in 1992, brokers were forecasting that AZT would have sales of Pounds 350m by this year.

This material is covered in great detail in Bryan’s book (with Dr. Duesberg) called Inventing the AIDS Epidemic. We think this material so important for our readers that we are doing something your moneytight Publisher deems impossible: we are offering free to all subscribers and sig-

natories a full, 60-minute cassette tape in- terview with Bryan and/or a written transcript of same. The sound quality is much better than the earlier cassettes (volunteer publishers eventually learn), and the material is greater than this inter- view. However, if any of you are in a generous mood, please add $10.00 when you request the cassette—but do not let money stop you from hearing this material!

Please use the remittance envelope.
Bryan Ellison

(continued from page 7)

the National Cancer Institute, which was the first subdivision of NIH to focus on any particular subject, and gradually it became the National Institutes of Health—plural; it used to be the National Institute of Health.

Basically where the big break came was after World War II, in the polio epidemic. There was a transition; because of a scandal and a political shakeup, a man named James Shannon became the director of the NIH in 1955.

James Shannon wanted to create the largest scientific research establishment in history, and particularly he wanted to model biomedical research on the Manhattan Project—large sums of money, step on the gas pedal, and maybe science will go faster and better. Every year since 1956 the budget of NIH has grown, out of control. The result was at the time that the floods of new money were directed in a war against polio. It trained polio virologists—David Baltimore is an example—and these people went on after the polio epidemic ended, around 1960, to tackle cancer, and eventually to dominate the war on cancer. But they were all virologists by training. It was during the sixties that we saw the rise of people like Howard Temin as well, and Robert Gallo.

RETHINKING: Are you saying that they were looking for a viral cause of cancer?

ELLISON: They only looked for a viral cause of cancer. Nothing else was even being considered. All the top virologists, who were now in control of science by the sixties—because the new money poured who were now in control of science by being considered. All the top virologists.

Because the new money poured in, and maybe science will go faster and better. Every year since 1956 the budget of NIH has grown, out of control. The result was at the time that the floods of new money were directed in a war against polio. It trained polio virologists—David Baltimore is an example—and these people went on after the polio epidemic ended, around 1960, to tackle cancer, and eventually to dominate the war on cancer. But they were all virologists by training. It was during the sixties that we saw the rise of people like Howard Temin as well, and Robert Gallo.

RETHINKING: Are you saying that they were looking for a viral cause of cancer?

ELLISON: They only looked for a viral cause of cancer. Nothing else was even being considered. All the top virologists, who were now in control of science by the sixties—because the new money pouring into NIH, turning it into a powerhouse of a federal agency rather than a backwater agency, had now put the virologists in the dominant position, because they had received all of the new money, or virtually all of it. So the virologists dominated the war on cancer. They still do to this day.

RETHINKING: What about the toxic aspects of cancer caused by radiation, poisons, or environmental factors: Is NIH also behind that?

ELLISON: The NIH did in fact create a program starting in 1962, as I recall, to search for chemical carcinogens in the environment, and this created a smaller but still oversized program within biomedical medicine, that began to blame even trace chemicals that are miles away from you for your cancer. These are barely detectible in the environment, but because men were now being paid full time just to find such chemicals, even the tiniest quantities of a chemical would be enough to blame for cancer. There were several oversized programs, but the biggest one by far is the virus-cancer program, which officially began in 1964, but actually had its roots a little bit earlier, in the war on polio. What happened was that the transition occurred to these slow diseases of cancer, or multiple sclerosis, or Alzheimer's, or diabetes, but the fast viruses were not compatible with the slow diseases. The virus invades you today; your immune system neutralizes it, and then a slow disease strikes years later.

How could the virologists somehow connect their fast viruses with the slow diseases? Well, along came some few virologists in the early sixties who simply invented the notion of the slow virus, which actually was awarded the Nobel Prize in 1976.

RETHINKING: Who was that?

ELLISON: That was Carlton Guidachek. Of course once the concept—of slow viruses that can act even after they've been cleared from the body by the immune system—had come to be accepted, it was possible to blame conceivably any disease on a virus, no matter how unimportant the disease was. So they proceeded through cancer, and by the time AIDS came along, once they realized that AIDS was a new bandwagon, a new parade if you will, all of the virus hunters from the start controlled all the reins of power in the biomedical research establishment, and so naturally they dominated the research on AIDS—literally from before the first publication on AIDS. The very first person to describe AIDS cases—Michael Gottlieb in Los Angeles describing five homosexual men with Pneumocystis carinii pneumonia—himself was already suggesting that it was caused by a herpes type virus, Cytomegalovirus. After that Epstein-Barr virus was blamed, HTLV-1, and finally you have HIV. That was the result of the virus hunters being in a dominant position in the establishment. That's the reason that AIDS wasn't blamed on a bacterium or on an environmental cause or a toxicological cause. The virus hunters controlled biomedical research and the biomedical research establishment, and had done so since the war on polio, and had done so because the NIH was an overfunded bureaucratic agency that had in fact created by far the largest scientific research establishment in the history of the world—more technicians wearing lab coats, grinding out more data on a daily basis. It only gets worse every year.

RETHINKING: How much money do they spend a year?

ELLISON: Now the NIH is spending about ten billion dollars per year. And what that does is, the more data you grind out, the less time and ability anyone has to think about the data or interpret the data, and so of course you just get deeper and deeper in the HIV hole.

RETHINKING: The second pillar you mentioned is the public health aspect of this, namely the Centers for Disease Control.

ELLISON: Now we have the other question, which is, the first official identification of AIDS cases occurred in June of 1981. From there it was fewer than three years, until April 1984, when Bob Gallo held a press conference and officially declared, and had it set in federal stone, that AIDS was caused by HIV, a retrovirus.

RETHINKING: This was declared without having published any scientific paper.

ELLISON: He'd published no papers on it, and he declared it in a press conference, and it was set in stone. Now, the virus hunters did dominate the establishment, still do, and they will blame any disease they can get their hands on on a virus. However, they're usually rather slow. The disease has to be around for a long time before they notice it and start searching for a virus. Otherwise they don't pay attention. Cancer had been around for thousands of years of recorded history, and other diseases too. AIDS was far too brand new, and it was mostly striking male homosexuals and intravenous drug users, and these were just not groups that anyone was inclined to pay attention to.

The virus hunters had bigger things on their minds. Gallo himself was not interested in finding an AIDS virus. He was more caught up looking for a leukemia virus, and he was looking at retroviruses.

So the question is, how did we get from the discovery of a disease that affected marginalized groups in society, to within three years where the virus hunters were already blaming it on a specific virus? That's a major feat. To put it in summary form, you can trace it to the Public Health Service, but particularly public health activists, and to understand these sorts of people you have to understand that the commissioned officer corps of the Public Health Service were not research scientists ever. I'm not talking now about the modern NIH research scientist type; I'm talking about the original commissioned officers of the Public Health Service continued on page 9.
Our readers write....

To the Editor:
I am writing to thank you for your commitment to reason, science and truth amidst all the compromised interest and hysteria that surround AIDS, and to let you know of my own adventures in the wacky world of HIV.

I was diagnosed as positive in March of 1992 after having been annyoed into an antibody test by a gynecologist who relentlessly recommended testing to all her new patients. I finally consented even though I had been in a mostly monogamous relationship for over seven years, did not fit into any of the groups described as high risk and had even tested negative in 1990 to qualify for life insurance. The news that I was suddenly positive devastated me. I knew nothing about HIV except that everyone that had it was supposed to die and end up on a quilt.

I immediately saw an AIDS specialist who had me retake the test since only two of the seven bands on the Western Blot were reactive. A week later, for reasons he never explored or explained, the test was completely reactive. At that point I was considered positive beyond a doubt and began to live as if I were going to die within the five to eight years officially allotted me. Fortunately I had and have a high T cell count, so none of the many doctors I went through pushed me to start AZT or any of the other alleged antivirals.

Since all the experts I met with told me there was nothing I or anyone could do to halt the inevitable and unattractive demise of my immune system, I started looking for solutions on my own. This led me out of mainstream medicine and away from the typical AIDS-think supported and perpetuated by those depressingly helpful groups and foundations.

Somehow I stumbled upon Dr. Duesberg's telephone number (I had no idea who he was or that the entire world was mad at him) and the conversation we had made a tremendous and irrevocable impact on my life. Mostly because he told me I could expect to have one [a life] if I stayed away from AZT and other such drugs. He generously sent me copies of all his writings and news articles which I reviewed with the same skeptical interest I now applied to everything about this subject. What I understood shocked and amazed me: HIV was a runaway hypothesis that grant money had turned into a belief system and that science had never bothered to substantiate! No wonder all those doctors made no sense to me—there was no sense to be made of any of this!

At Dr. Duesberg's suggestion, I read books by Lauritsen, Rapport and Adams. He also helped me find alternative organizations like Cure Now, HEAL and Project Aids International that were challenging everything about HIV and AIDS. I started to think differently about what Dr. Duesberg referred to as a "boring retrovirus" that seemed to be doing nothing but make finding dates and insurance coverage difficult. I began to wonder what, if anything, was going on in my body one year into "HIV disease"....

I took all my tests all over again and

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Interview: Bryan Ellison

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My role was to put on uniforms and try to control and manage epidemics by going to cities around the United States, quarantining, exerting emergency controls, trying to shut down commercial districts—all creating great resentment on the part of local people, and in no case is there any proof that their measures succeeded. But they are proud of thinking of themselves as activists, trying to contain epidemics for our general health, for our common good.

The modern incarnation of the public health movements, and of these activists, who are not research scientists, but who are proud of being activists, is the Centers for Disease Control, which began as malaria control in war areas in World War II, based out of Atlanta, Georgia, where it still resides today. It became renamed in the 1940s the Communicable Disease Center. You can see in the name that it was biased toward infectious disease, because infectious disease creates fear on the part of the population, and eliminates a lot of the resistance to otherwise draconian measures. Their bias, or course, was always to look for—what they do is they try to define clusters of disease, try to make diseases appear to be infectious, so as to justify their strong-handed measures to contain and control the disease. If it's infectious, people are more afraid of it.

RETHINKING: Where did you get that from?

ELLISON: This is from articles published by CDC officers themselves, who are not outlining their strategy for, quote, "how to stop the epidemic of violence." They believe that because it's an epidemic or disease that it shouldn't be punished. You shouldn't fill up the jails with these people, or death row. Rather you should give them money and take everyone else's guns.

The Centers for Disease Control has had three major programs through which it can make diseases appear infectious and make everyone step in line to agree. One is that in the early 1950s they formed a special unit, an elite, semi-secret unit, that is now almost fully secret, called the Epidemic Intelligence Service, or EIS. New graduates of medical schools, or biological graduate schools, or perhaps dental schools, or a few other things, public health departments, are recruited upon graduation to take a several-week course, and then dispatched on two-year active assignment, paid by the CDC, in various local and state health departments to become the eyes and ears of the CDC—an invisible intelligence network that watches for the tiniest clusters of disease, and, when the CDC deems appropriate, turns them into national emergencies. We saw this kind of cynical manipulation in the 1957 Asian flu epidemic. We saw it in the 1960s with clusters of leukemia, which they tried to
Interview: Bryan Ellison
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make appear infectious. We saw that with the swine flu epidemic that never materialized, in 1976, and with the Legionnaire's epidemic that same year.

And we've seen it more recently with Lyme disease, with Hantavirus pneumonia, and just one thing after another.

Even after those two years, every member of the EIS becomes part of a permanent reserve officer corps for the CDC that could be called up in case of national emergency or time of war, to serve as officers of their respective ranks, with actual emergency powers. Today many of these people, by sitting in foundations, major companies, the new media, Surgeon General's office, and other key positions politically, act as silent advocates for the CDC, echoing the CDC's viewpoint whenever it needs support. So of course that's a very influential network, and I might add that as of about one year ago, because of too many outside requests for the membership directory of the EIS, the CDC has recently suppressed the availability of this directory. They no longer want people knowing what the membership is.

RETHINKING: Some of these members hold high media positions.

ELLISON: That's right. Just as an example, the head medical writer for the New York Times, Larry Altman, is a graduate from the 1960s of the EIS.

The other program that the CDC has is called a partnership program. Basically they give grants to private organizations—even creating private organizations in some cases—supposedly to spread education, meaning the CDC party line. But in effect by spreading around this money the CDC creates and buys influence with organizations that do not appear to be connected to the CDC, at least officially. So for example, the CDC has thrown this money around to medical groups such as the American Red Cross, to hemophilia organizations, to gay rights and AIDS activist groups.

RETHINKING: And this is all carefully documented in your book?

ELLISON: That's right. In fact we list a number of the organizations that are funded, and I looked at some of those in my last RETHINKING AIDS article. There are enormous lists, and I'm only just beginning to uncover many of the organizations that are funded under this partnership program with what they call community-based organizations. See, the idea is—the CDC puts it in slightly different language. They say, well, these organizations can reach their constituencies more effectively than we can. That's code language, of course, for saying that it's more believable when it seems to come from private organizations without a conflict of interest.

RETHINKING: What kind of money is involved—some sort of minimum amounts they might give. Do they give money to ACT-UP, or those kinds of groups?

ELLISON: I haven't yet been able to prove ACT-UP. I don't document the connection with several AIDS activist groups. I don't want to name more until I can prove them.

RETHINKING: What is the most unlikely group CDC funds that you uncovered?

ELLISON: Well, let me name two examples. One is AIDS activist gay rights side of the AIDS debate, as it has been publicly constituted, they have funded the National Association for People with AIDS. It is a militantly pro-gay rights organization, but coordinates a good deal of the AIDS activist movement.

RETHINKING: And they fund the other side of that, too.

ELLISON: They simultaneously fund Americans for a Sound AIDS Policy, which has advised the religious right, and was the primary advising group to William Dannemeyer, Congressman. So the CDC was financing both groups at the same time, and the fact is that while the two sides debated on red-herring issues, so to speak, they agreed on one thing, and that is that we needed stronger public health measures, and that the CDC were good guys. This is an example of the sort of thing they fund. The funds could range anywhere from, I gather, a few thousand or a few tens of thousands of dollars, all the way up to millions of dollars, as in the case of the Red Cross. It depends on what level of money is required to buy off a group. Some of these groups were created entirely by CDC funding.

RETHINKING: For example?

ELLISON: For example, Americans for a Sound AIDS Policy. So the CDC, with its EIS officers, and with its partnership program, has created circles of influence far beyond its own immediate existence, where much of its influence is not recognized as coming from the CDC. Thus we have what appears to be a groundswell of support for any CDC position, which is in reality orchestrated by the Public Health Service and particularly by the CDC.

To illustrate how they use this in AIDS, quite simply the EIS network was heavily involved in identifying the first AIDS cases, which were not even a cluster. The first five AIDS cases did not know each other. They had no connection to each other. They hadn't even been connected sexually through anonymous sexual encounters or anything that we know of. But they found all five and defined it as a cluster arbitrarily. From there they went on to redefine diseases that existed in homosexuals, in intravenous drug users, in Haitians, in Africans, wherever they could go, for the purpose of making the AIDS epidemic appear to be infectious. The dominant view among those few scientists looking at AIDS from the very beginning was that it must be caused by drugs, particularly by poppers, which were wildly popular in the homosexual community. This was the view they were fighting, and they had to make AIDS look infectious. They did it through these kinds of cluster studies, by redefining diseases in other groups. The EIS was instrumental in that, and the partnership program, since 1984, when it began for the AIDS project, has been instrumental in creating what appears to be a spontaneous support for the public health activist viewpoint of AIDS, and for blaming it on a virus, from all sectors.

I must also say that this why the virus hunters paid attention to AIDS—because the CDC brought it to their attention and made it look infectious, and meanwhile the virus hunters, who dominated the NIH and the universities funded by the NIH, jumped on it and picked their own favorite virus, a retrovirus, on which to blame AIDS.

It is this Public Health Service, which spends many billions of our taxpayer dollars, that has in one sense or another created this HIV hypothesis, and which defends it to the last drop of blood. I think the only way we're going to ever deal with this and really to break the hold of the HIV hypothesis, and prevent future calamities like this, which will be inevitable, is to start cutting back the Public Health Service radically, perhaps abolishing some agencies.

The first of a series of one-hour tapes with Ellison is available to all who ask; if you can, send $10, but get this tape! It goes into greater detail, and will be followed by others. Write to RETHINKING AIDS, 2040 Polk Street, #321, San Francisco, CA 94109.
Our readers write...

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found I still had the same T cell count but was now considered "underdetermined" for HIV: certain bands previously positive were now negative. I had a PCR done to determine what undetermined might mean and that came up "detected." Curious as to how an apparently diminishing virus was detectable, I followed the PCR with another antibody test. The result was completely negative. My amazing positive on the next visit to the lab.

I wish I could say I find antibody testing an entertaining pastime or that the varying results mean nothing to me. It is, instead, an obnoxious and confusing nightmare no doctor I know can explain. Depending on the week and according to the accepted wisdom, I am or am not dying and may or may not be considered an object of pity and/or fear. The whole thing sucks.

Does your group have any clue as to how tests can vary to such degrees and is there anyone else out there with a similar experience?

Thank you again for your continued existence and for allowing me to be cranky about this in a public forum.

Christine Maggiore
Los Angeles, CA

To the Editor:

I hope Kathleen Goss is right when she says, "The Diary of an AIDS Dissident will simply not win any converts," if she means arrogant inquisitors like herself who are so sick that they hate even bare feet, park benches, let alone people with personal opinions or clothes.

I'm surprised that you even agree with this review, which is a rather embarrassing coming-out-text of a psychopath trying hard and with a heavy heart to insult people she subconsciously hates for not being zombies fond of white-coated "authorities."

Shenton's Diary wants to show, I believe, that the Anti-AIDS movement has become, meanwhile, a popular movement with a considerable multiplicity of strategies, opinions, theories, scientific, including giants like Duesberg, and community/non-scientific, including honest, intelligent and radical protesters. The heterogeneous parts of the whole need each other to become successful. They don't need either positive or insulting comments of new inquisitors like Goss. The new MEDITTEL film is not "disappointing," but a new breakthrough, as a document of late developments and progress.

I recently interviewed Prof. Hassig, Switzerland, and he neither is nor was shown by Joan Shenton as an element of what Goss refers to as a "morass." If you are really an "open forum," you should publish an article about Hassig's important new theory, rather than ignoring the texts he sent you and publishing ugly morass a la Goss. Under the pretext to defend scientific nobility, she has just produced pseudoscientific vandalism, along with primitive attacks against good people who make "loud demonstrations."

How many children, how many people have yet to be murdered by the AIDS-mass-murder-machinery to justify "emotional overtones" and "loud demonstrations?" If Goss's "review" weren't so disgusting, I would analyze her own vile "emotional overtones," of which her text is full, indeed. I hope people like Ellner, Duesberg and others won't be damaged by being praised by such a bad author in such a bad text: Those who are attacked are lucky, they are on the right side, in such a case...

Gossed—lost! Rethink rethinking! Stop turning inquisitors! Kawi Schneider Berlin

Goss replies: I sympathize with Schneider's anger at my review of Joan Shenton's video, Diary of an AIDS Dissident. It is utterly outrageous that we must be concerned with such superficialities as bare feet and graffiti in presenting our challenge to the HIV/AIDS hypothesis.

Unfortunately, the American public is absurdly ignorant of the arguments against the HIV/AIDS connection. It is telling that American TV viewers have not had the benefit of a single one of Joan Shenton's excellent films on the subject.

Now we are told that PBS is going to air Shenton's Diary. Perhaps Mr. Schneider is not aware that, on those rare occasions when controversial ideas are presented on PBS, they are all too often identified with marginalized elements of society. I am afraid that Shenton's film will do nothing to dispel a similar impression concerning the challengers of the HIV/AIDS hypothesis.

For the past thirty-odd years I have been one of those barefoot, otherly-attired dissenters, out there waving signs and loudly demonstrating. Every time I see my cause represented on television as the exclusive province of a marginalized minority, my heart sinks. If the intent of Diary was to show the diversity of support for our dissenting point of view, then why are we not also shown mainstream people with whom the brainwashed, fear-driven American public can identify?

RETHINKING AIDS is a forum for discussion among those who already recognize the lies that are being shoved down the collective throat of the public. I wrote candidly because I was addressing the "family" of supporters of the Group's Statement. PBS is a middlebrow stop to a public starved for the truth, supported by the same corporate and government interests whose lies we are challenging. I wonder if there is any chance that PBS would air one of Shenton's earlier, very persuasive videos. I also wonder whether her depiction of the "AIDS dissidents" might have been influenced by interests at PBS.

Incidentally, I consider even the choice of the word "dissident" unfortunate. To the American public, a "dissident" is functionally equivalent to a "terrorist." The word "dissenter" might have been a happier choice.

I welcome Mr. Schneider's agitated reaction to my review. If he got that angry at my mere description of how the film looked to me (as someone who was expecting another superb documentary from Shenton), just imagine how Joe Sixpack will receive the film in his living room in the heartland of America.

I want the challenge to the HIV/AIDS hypothesis to be taken seriously. Given the ignorance of the American public on this difficult subject, we need to lead them along gently, using every rhetorical device at our disposal. Like it or not, white lab coats, academic credentials, and true diversity in our spokespersons are the rhetorical tools that we cannot afford to overlook.

To the Editor:

Bryan Ellison's "The Hidden Agenda Behind HIV" (Jan/Feb. 1994) is a masterful discussion of the Centers for Disease Control/Epidemic Intelligence Service's (CDC/EIS) skillful efforts to destroy western society's moral values, particularly the marital sexual ideal created by Judaism and continued by Christianity. But his omitting of the real reasons why the agency was established 45 years ago leads to the erroneous view that the organization was subversive from the start, rather than having been well- and understandably-inten-continued on page 12
Our readers write...

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Ellison replies:

Aside from some minor factual mistakes, Nathaniel Lehman's letter accurately describes the official rationale behind the establishment of the Epidemic Intelligence Service (EIS) of the CDC in 1951 (not 1949). The CDC, and Alexander Langmuir, cited the threat of biological warfare, and even of natural disease epidemics, to justify the creation of this semi-secret agency (however, I am not aware that "air travel" was ever specifically included as such a justification).

The EIS has since trained and fielded nearly 2,000 members (not "more than 2,200," as Lehman claims; the 1992 EIS directory lists 1,638 alumni, plus about 130 active officers, with approximately 80 new people joining the program each year).

But Langmuir himself brazenly admitted the true purpose of the EIS in 1952 (and since)—to act as a reserve corps of officers who would seize police state powers in case of national emergency. The only reliable way for the United States to have ended the threat of biological warfare would have been to stop sending military-use technology, industry, and the money to pay for it to the Soviet Union—not to set up the infrastructure for martial law in our own country. Indeed, once Langmuir himself forgot about his excuse of biological warfare, he kept the EIS in business by creating a constant fear of over-hyped or non-existent epidemics. Langmuir, moreover, had always supported totalitarian notions of population control, and in 1964 began using the EIS to support the population control movement.

The EIS and its membership, from the very beginning, have been an unconstitutional agency of activists who take great pains to avoid the spotlight while manipulating the media and public fear of infectious diseases.

By the way, I would be truly curious to know the information sources for the alleged incidents of biological or chemical warfare in the United States, as cited by Lehman.

To the Editor:

Glad to see RETHINKING AIDS is bigger and better than ever. I talked with Bryan Ellison and he said that following the new format, donations had improved—glad to hear it. I want to express my personal thanks for all your efforts. I know at times you've wondered what in the world you'd gotten yourself into. Please don't give up. I'll happily support your efforts as long as RETHINKING AIDS has a reason for being.

David Reznick, Ph.D.
San Francisco

To the Editor:

Your Group surely knows that Bob Maver is not "Dr." Why then did you refer to him as "Dr. Maver" in your interview (RA, #9, Jan/Feb) with him in your last issue? I am one of the biggest fans of your Group and Bob Maver; it underlines your credibility to digress from the truth or use hyperbole. In the same vein, I believe adjectives such as "hog-like" are not worthy of you.

Reader

Publisher sez: I did in fact in a moment of excitement wrongly address Bob as Dr. Maver, which—given the tenor of science these days—could be construed as a sharp affront. "Hog-like" is merely proof of my incurable addiction to the vernacular; "ravenous" merely describes appetite; "insatiable," too dramatic. But, knowing of the slobbering and wallowing in taxpayer-supported grants, the incomprehensible grants posing as "scientific" papers, the languid, non-productive lounging in overstuffed laboratories—well, I believe I chose my simile with an eye toward accuracy.

It is with regrets that we accept the notice by Dr. Steven Jonas, M.D., of his decision to step down from his Editorial Board and Executive Committee duties, though he hastens to add that he remains a signatory and supporter of the Group. A founder of the Group, Dr. Jonas is a Professor of Preventive Medicine, School of Medicine, State University of New York at Stony Brook. His distinguished record shows him a Fellow of the American College of Preventive Medicine, author of six books, from Ambulatory Care to The New Americanism (Monroe, NY, 1992). RETHINKING AIDS is making available free to anyone his biographical sketch and his original paper (1987), "AIDS: An Alternative Scenario," which was rejected by all, until Congressman B. Gilman published it in the Congressional Record! Many thanks to Dr. Jonas for helping begin the Group and donating time and money to start up RETHINKING AIDS. I suspect we will continue to hear from you when the controversies heat up.

—Publ.