Florida AIDS official
Pierpont resigns in protest
Cites "greatest violation of informed consent in history"

by Celia Farber

Let your life be a counter friction to stop the machine. What I have to do is to see, at any rate, that I do not lend myself to the wrong which I condemn.

Henry David Thoreau
"Resistance To Civil Government"

AN ASTONISHING letter has appeared, one that sparkles with Thoreauian ethics, and which represents a major rebuke to the AIDS establishment's smug certainty that only people who don't "work with AIDS patients" would doubt the HIV-causes-AIDS paradigm. I've often wondered if someone paid to "work with AIDS patients" would ever notice the constantly widening chasm between popular AIDS science and common sense, suffer a crisis of the intellect, and react boldly.

Last week, our hero finally appeared: Tampa, Florida's Mark Pierpont, who was, until June 17th, a full-time, professional, government employed "HIV/AIDS Prevention Program Coordinator" -- not just an official "AIDS Educator," but a supervisor of "AIDS Educators."
Until, that is, his resignation letter announced the result of his own education about HIV and AIDS. Following a line of linear questioning, attempting to resolve all that did not make sense to him in the world of HIV/AIDS science, Pierpont embarked on a journey perhaps never before taken by anyone on the HIV payroll, a journey into the labyrinth of medical data produced by funded HIV researchers. He lugged with him academic papers by scientists who advocate the HIV explanation for AIDS, as well as papers by scientists who advocate alternative interpretations of the data. He found that all roads of rational thinking led away from the HIV belief system -- and from the career that had sustained him for six years. When he finally emerged from the maze of data, he found himself not among those who advocate the HIV-causes-AIDS view which he and his group of AIDS educators were duty bound to promote. Rather, he found himself among people who question or even reject that view and who, instead, find other explanations for AIDS.

Pierpont's resignation letter appears at the end of this article.

I REACHED Pierpont at his Manatee County Health Department office in the affluent Bradenton-Sarasota area, about an hour's drive south along the beach from his Tampa home. When he answered the phone, he was literally packing.

"I'm not the only one in here with serious questions about all this," he said. "We all talk about it, and I can tell you there are several more who may follow me."

He said he was abandoning wholesale his career in AIDS education and wasn't sure what he was going to do next.

The Manatee County Health Department hired Pierpont in 1993 as an HIV Prevention Educator, and he soon began conducting AIDS education courses. Like most people who enter the field, he was driven by a desire to make a difference. He shot to the top quickly, and began training staff for HIV counseling and testing.
Then, in 1998, Pierpont began an investigation of his own. He happened upon some articles by and about UC-Berkeley retrovirologist Peter Duesberg that raised some of the now well-known inconsistencies in the HIV explanation for AIDS.

The subject of Duesberg had come up a few times before, and by the conduct of his superiors, Pierpont already knew how he was supposed to "deal with" Duesberg and "his followers." Don't read their papers or consider what they have to say. Don't counter them with any factual information. Don't examine the primary scientific literature yourself. Just brand them as crazy, wrong, dangerous, homophobic. Declare that nobody agrees with them.

Pierpont recognized that these responses lacked scientific answers. He wondered why Duesberg received so little attention: "How could some of the leading scientists in the world, including two Nobel Prize winners [Harvard DNA pioneer Walter Gilbert and PCR inventor Kary Mullis], challenge the very foundation of HIV science and it not be big news?"

He discovered some unsettling facts, such as that when Gallo in 1984 gave birth to the HIV-AIDS model, his attempts to find HIV in 72 patients succeeded in only 26 cases (Science 224, May 4).

It bothered Pierpont that out of tens of thousands of AIDS professionals, he seemed alone in noticing this titanic instance of illogic.

Pierpont sent letters to several colleagues, asking them, with increasing despair, for answers to some of the questions raised by the "lunatics." His letters described how "the majority of my experiences with people with [HIV or] AIDS did not fit the [HIV-causes-AIDS] pattern."

He described people with CD4 counts well above the AIDS-defining level of 200, who nonetheless developed AIDS and died while consuming AZT, and others with CD4 levels below 200 who never developed any AIDS conditions but became extremely sick while consuming anti-HIV drugs. "I
know people who we say have enormous risk for infection, i.e., prostitutes, partners of HIV-positives, etc., who don't practice safer sex," he wrote in some letters. "They come into our clinic regularly to be tested. They don't test positive. Prostitutes get [all the other recognized venereal diseases], but rarely test HIV-positive. Why?"

In other letters he expressed how "we were told in 1995 that Florida is number one in the nation for heterosexual transmission of HIV." So they launched a testing program near a local university, with an advertising campaign urging students to participate. They tested 20 to 30 people every month, but after four years, only one person ever tested positive, and that person wasn't even a student. "This disturbed me because," he wrote, "we are creating a great public concern, and generating a lot of funding, over this phantom threat."

He received no satisfactory answers, except from those who exonerate HIV and explain AIDS as resulting instead from such factors as narcotics, blood treatments, poverty, and even antiviral drugs.

In a June 2, 1999 letter to Tom Liberti, Chief of the Department of Health, Bureau of HIV/AIDS, in Tallahassee, Pierpont commented on a "disturbing video" he saw, featuring three establishment AIDS figures debating two AIDS dissidents, RA editor Paul Philpott and then-Florida State student Jason Nusbaum.

"The team representing the Health Department position appeared unorganized, confused and defensive," Pierpont wrote. "Philpott and Nusbaum were at times overzealous, but were well prepared and provided documentation from scientific journals for all their major points. In addition, referring to files that were present, they claimed to be able to provide documentation for everything they said. After being accused of lying, they pleaded with the opposing panelists to show them specific examples of these lies or inaccurate data. *No one did.*"

He adds that, after a close examination of the dissident material, he found himself "unable to identify any lies, misinformation, or inaccurate
"You are probably aware," Pierpont coolly continues, "of the growing international movement calling for the reappraisal of AIDS science. The specific questions raised by the reappraisers in this debate, and many others throughout the world, are being brought to the forefront in the media, news articles, and scientific journals."

In one perceptive passage, Pierpont writes, "AIDS educators like myself are in urgent need of answers to satisfy our moral duty as messengers to the public, and to enable us to provide accurate information and honest answers to those who question us. The principle of informed consent demands that people know when something we tell them is unresolved in the scientific community. Please assist us in this!"

Proto-dissident Charles Ortleb, former publisher of the defunct *New York Native*, the weekly gay NYC paper that broke the Duesberg story back in 1987, spent days faxing Pierpont's resignation letter to editors and journalists at such periodicals as *The New York Times*, *Science*, *Le Monde*, and *Der Speigel*. An editor at *Science* told him it wasn't a story since it's only one man, one defector.

I think that's exactly why it is a story. Ortleb agrees. He said, "I think this could be the Rosa Parks moment of the AIDS dissident movement."

-- Celia Farber

[RETHINKING AIDS HOMEPAGE](http://www.rethinkingaids.com)
Mark Pierpont's resignation letter

JUNE 3, 1999

Robin Keene, SCHNS, Communicable Disease Supervisor
Manatee County (Florida) Health Department

Dear Ms. Keene,

Please accept my resignation from employment with the Health Department, effective two weeks from today, June 17, 1999.

After months of struggle and extensive research, I regret that I can no longer fulfill the Public Health mandated requirements of this position in good conscience.

As you know, over the past year I have investigated scientific material that calls into question the very foundations of the Public Health response to AIDS. After careful consideration, I find that I can no longer promote HIV/AIDS Education or HIV Testing as mandated by the State of Florida, Department of Health. In addition, I cannot present AIDS education according to Public Health mandates. In doing so, I would be violating my own conscience, as those mandates
acknowledge and promote only one scientific opinion regarding the cause of AIDS. Upon careful investigation, it is woefully apparent that a grand schism has existed in AIDS research since Robert Gallo's politically charged announcement to the world that HIV is the probable cause of AIDS (1984). Unfortunately, only one side of the scientific data has been made readily available to the public. This side is far more powerful, backed by the financial storehouses of federal government agencies like the CDC and the NIH, who fund most public information campaigns and research programs.

This dominant science is promoted and even manipulated by pharmaceutical giants, who have an obvious profit motive. The public health system and the pharmaceutical companies are the main source of information regarding AIDS for health care providers, and limit their information to one side of the scientific debate, ignoring and even suppressing contrary scientific research. Aided by a willing media, the Public Health Service has all but silenced contrary scientific opinions and thus denied the people their fundamental right to informed consent.

I hereby withdraw my participation from what may one day be seen as the greatest violation of the principle of informed consent in the history of public health.

Most sincerely, Mark Pierpont,
HIV/AIDS Prevention Program Coordinator

CC: Dr. Gladys Branic, Director, MCHD
Alice Gross, Nursing Director, MCHD
Wayne Walker, Human Resources, MCHD
Lisle House, HIV/AIDS Program Coordinator, Area 6

RETHINKING AIDS HOMEPAGE
www.rethinkingaids.com
Is AIDS officially a rare disease in US?

THE NATIONAL ORGANIZATION for Rare Disorders (NORD)'s website <www.rarediseases.org> includes information about AIDS and describes the official definition of a rare disease as any that currently affects fewer than 200,000 Americans.

According to the CDC's latest available AIDS data, the HIV/AIDS Surveillance 1998 Year-end Report (10:2, available at www.cdc.gov or 800-458-5231), the number of "persons living with AIDS" -- what it also calls "AIDS prevalence" (page 25) -- was 270,841 in 1997, the latest year for which it offers statistics.

Although that figure barely lies above 200,000, it includes the many AIDS cases (including a majority of initial diagnoses) that involve symptom-free HIV-positive people who simply have low CD4 immune cell counts. And each year through 1994 -- after ten years of loud official hysteria about a raging epidemic -- AIDS prevalence fell below 200,000. It didn't even exceed 100,000 until 1991 (1997 Mid-year Report). Only the 1993 AIDS redefinition, expanded to include illness-free people with low CD4 counts, nudged AIDS prevalence over the 200,000 mark. I couldn't find any data that estimated the fraction of current AIDS patients who lack any clinical illness.

NORD vice-president, Maria Harden (203-746-6518 <orphan @rarediseases.org>) said NORD doesn't keep a list of which diseases qualify as rare because the list changes so often.
Some rare diseases eventually break the 200,000 threshold, she said, and some non-rare diseases may get divided into sub-categories that qualify as rare in order to qualify for the Orphan Drug Act. That law gives drug companies 50 cents for every dollar they spend developing drug treatments for rare diseases.

So who keeps the list of diseases regarded as rare? The National Institutes of Health's Office of Rare Diseases, she said. Its director, Steve Groft (301-402-4336, <sg18b@nih.gov>, www.rarediseases.info.nih.gov), confirmed NORD's definition of a rare disease. "It [AIDS] did at one time qualify," he said. "However, once the [low] T-cell count [was introduced as an AIDS condition] the number of AIDS cases went over the 200,000 threshold figure. Each individual opportunistic infection associated with HIV/AIDS, though, still qualifies."

But what about the 270,084 figure minus anybody who merely has a low CD4 count but no clinical illness? Would symptomatic AIDS today qualify as rare? Neither he nor anybody to whom he referred me knew how many of the 270,084 living American AIDS patients had low CD4 counts as their only AIDS condition. As far as I can tell, nobody has compiled that statistic. All we know is that according to the CDC HIV/AIDS Surveillance Reports, each year since 1993 most new diagnoses involved people with low CD4 counts as their only AIDS condition. Groft agreed that if only symptomatic patients were considered, AIDS might still qualify as a rare disease, and that in any case, the 270,084 figure is pretty close to rare anyway.

I asked if he thought this contradicts the official message so successfully received by Americans that "everyone is at risk" and that AIDS is a major health threat. All he would say is that, "I don't think we can be cautious enough over one source of HIV, that being contaminated blood."

-- Paul Philpott

RETHINKING AIDS HOMEPAGE

www.rethinkingaids.com
The myth of academic freedom

ENGLAND'S *THE SPECTATOR* (Feb. 20) favorably reviewed a new book that described Peter Duesberg's experience at UC-Berkeley as a stark example of academics who are effectively silenced by their peers for articulating conclusions that contradict prevailing paradigms, even as those peers piously advocate academic freedom and the scientific method.

Reading University philosophy lecturer David Oderberg wrote the review, entitled, "Rhetoric and reality," about Gordon Moran's book, *Silencing Scientists and Scholars in Other Fields*. Oderberg writes:

Moran documents the scandal involving AIDS research, where vested interests in what he calls the "scientific-government-pharmaceutical complex" have combined to convince the world that AIDS is caused by a virus. At the same time the complex has deliberately sought to silence Professor Peter Duesberg, once the world's most renowned virologist and now a sidelined and suppressed voice who has to scrabble around for publishers willing to let him prove to the world that AIDS is not virus-induced, as evidenced by the existence both of HIV-free AIDS sufferers and of HIV-positive people who have been in the best of health for years.

Moran describes similar cases, Oderberg writes, most interestingly one involving a Duesberg hector, the NIH's David Baltimore who "tried to suppress the work of NIH scientists who sought to expose errors in Baltimore's own research. The errors were eventually published, but the careers of the whistle blowers suffered. Similar incidents have occurred at Yale, Harvard and many other [universities]. University heads have sometimes even been found giving speeches eulogizing academic freedom
while their own disciplinary committees were in the process of silencing scholars."

Moran's passion for exposing the sham of academic freedom springs from his own experience as a suppressed scholar. In 1977, Moran, an art historian, challenged the accepted attribution of a famous painting. This caused an uproar among art scholars. Art journals stopped publishing his letters, and he suffered other retributions that he assumed did not exist in academia.

Examining the topic of academic freedom -- which he originally assumed typified university life -- revealed that his experience with censors and gatekeepers was common rather than anomalous. Oderberg continues: "Graduate students learn early that if they want a job they should avoid challenging the research of their supervisors or potential examiners, or indeed launching any challenge against the 'paradigm,' the received view, in their field." Moran attributes the impulse to suppress these challenges to what he terms "paradigm dependency."

Oderberg concludes that "vested interests, such as the millions of pounds channeled into AIDS research -- the AIDS gravy train -- [should not be] allowed."

-- Paul Philpott

RETHINKING AIDS HOMEPAGE

www.rethinkingaids.com
Editor's desk

by Paul Philpott

Reappraising cellular biology

Yale pre-med reappraiser Kathy Mitchell provided a description of an interesting new book, *The case for new paradigms in cell biology and in neurobiology*, by Harold Hillman. "Based on observations in living cells and the laws of solid geometry and thermodynamics, the structure of the living cell has been reexamined. The cytoskeleton, the endoplasmic reticulum, the nuclear pores, and the apparent trilaminar appearance of the cell membranes, have been shown to be artifacts of electron microscopy. The synapses and neuroglial cells have been reexamined, and the case has been made out for entirely new paradigms, with consideration of the reactions to this fundamental reappraisal."

A review from an undated issue of the journal *Ultramicroscopy* followed: "The difficulty encountered by the author in getting his 'heretical' views published is recapitulated and the refusal of various eminent colleagues to take them seriously or indeed even to discuss them other than dismissibly is recounted... There really does seem to be a case to answer... The onus seems to fall on the traditionalists to prove that their traditions are well founded."

AIDS debated at Florida State

Celia Farber's article mentioned my travel to Florida to debate the capital's
main AIDS physician and two state AIDS officials. The debate occurred on April 22 on the campus of Florida State University. Graduating student Jason Nusbaum organized the event and participated as my debate partner.

North Florida's leading gay publication, *Community News*, the only medium to cover the event, in its May edition called our presentation "thoughtful and organized" and recognized that we backed our assertions with referenced scientific studies.

Editor Ian Granick wrote that our opponents "exhibited a surprising lack of preparation, seemed generally ill equipped to tackle head-on the issues being raised, and relied on anecdotes, personal beliefs, and ominous warnings to promote their case."

Granick concluded that "too many questions went unanswered by the [HIV-AIDS] proponents and too few challenges were posed to the dissenters to adequately illuminate the reality of the science. It remains clear that further discussion on the topics which Nusbaum and Philpott raised is needed."

A later issue of *RA* will feature more about my Florida trip which also included lectures at the University of Miami medical school and nearby Ft. Lauderdale's Nova University. Contact 510-649-1110 or<FSUAIDSGuy@aol.com> for videos of the FSU debate, and Kai Thorup (954-262-8181 <thurupk@polaris.acast.nova.edu>) of Nova's Students Reappraising AIDS group for videos of my Nova lecture.

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