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There was a very nice lady, I don't remember her name now, Christine or something, and she set me

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down and you know, she's like, I'm so sorry you've tested positive.

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And she's. I started to cry and she was like, okay, I have to, I'll just leave you alone. I think

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she was going to cry as well. Some people very fortunate.

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In March 2011, we held a London screening of an award winning documentary, Brent Leung's House of

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Numbers. It questions the science behind the theory that HIV is the cause of aids.

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The film sparked an animated debate rekind a controversy that's been rumbling on for years. We're

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going to take you back 28 years and with the help of some remarkable archive material, reveal the

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story behind the challenge to the flawed science surrounding AIDS and the consequences of following

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a misguided hypothesis.

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I'm about to go in for my first HIV test and I'm a little nervous. Tell me about your sex life. I'm

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not gay, I'm not a hemophiliac and I've never used intravenous drugs.

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It's

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Sam.

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I had a psychoanalysis. I've been psychoanalyzed for my decision not to take antiretrovirals. I

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don't know what they call it, but I went to see a lady to determine if I was sane.

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The consequences of an HIV positive diagnosis. The stigma combined with the powerful drug regimes

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reverberate into a person's future. This was the case with Lindsay Nagel. I was adopted from Romania

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in 1990 and my mom and my grandma went to Romania to come and get me. So they had spent two months

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over there to deal with all the adoption and everything. And then I had. In order to come into the

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United States, I had to get tested for HIV in Romania. I tested negative. So then everything was

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fine.

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We went to the United States and then in three months of being in the United States, I had to get

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tested again and I was tested positive. Lindsay was given the AIDS drug azt. At nine months she

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suffered serious side effects. It was unbearable to the point where we wrote to Peter Duesberg After

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40 days and nights of this horrible pain. And he wrote back immediately and said, you must take your

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daughter off to act. That is why she's having the pain and all the problems. The mechanism of

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action, of act is embarrassingly clear and simple. It is a terminator of DNA synthesis. DNA is the

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basis for all life on this planet. It's the central molecule in every living cell. The belief is

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that AIDS is infectious. That it's caused by HIV and that you can catch HIV from somebody else. But

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many scientists and researchers disagree. These views have been skillfully suppressed for decades by

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the prevailing scientific orthodoxy and the mainstream media. We've kept an extensive archive over a

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period of 28 years which will demonstrate how dangerously wrong science can be. HIV cannot be the

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cause of AIDS because it doesn't infect enough cells and isn't active enough. It's only found in one

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out of 8,000 T cells, which are often not always lost in AIDS. And that loss can't be due to HIV if

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only 1 in 8,000 cells are infected. HIV has never been isolated. Its assumption has been postulated

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only by indirect means. Every single prediction of the HIV theory has failed, most notably that HIV

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AIDS has remained confined to the risk groups and has not spread to produce a heterosexual epidemic.

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The test claims to be specific for the presence of a new virus, something that infects people

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through sex, something that once you're infected, there's no cure, you're never going to get rid of

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it. So if you're told that you're HIV positive, it's a most terrible witch doctor's bone being

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pointed at you. And often the curse of being told you're HIV positive has killed in itself because

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people give up and die. We have been told for the last 30 years that an HIV infection is the

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equivalent to a death sentence. So even if now we know that most people who have tested HIV positive

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will continue to survive and and most of them in good health for decades, still the perception is it

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is a death sentence.

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Is it really possible that the world could have been so misled? There's plenty of evidence

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historically to demonstrate how science can get things terribly wrong. It took 350 years for

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Galileo's heresy to be pardoned by the Catholic Church for saying the Earth went round the sun.

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For centuries, those viewing the heavens thought we were part of the only existing galaxy, the Milky

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way. But in 1924, when Edwin Hubble's powerful telescope came into use, it only took a year for 200

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billion galaxies to be identified.

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In Japan, it took 30 years and teams of lawyers to dismiss in court the idea that a virus was the

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cause of smon, a blindness and paralysis that by 1971 had affected 11,000 people and caused

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thousands of deaths. It was more convenient to call it infectious rather than toxic. Then no one

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could be blamed. It was only when Professor Tadao Tsubaki, in true detective style, tracked the

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symptoms down and found that this disastrous nerve damage was a Toxic reaction caused by a common

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antidiarrheal drug, that the infectious theory was dropped and the toxic reaction accepted.

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In the early 1900s, in the southern states of America and in some areas of Europe, where poor

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families shared a survival diet of maize or polenta, hundreds of thousands of people developed

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severe skin rashes and dementia. They were imprisoned, thrown off ships, or locked in mental asylums

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for fear that their symptoms were catching. Many died. The condition was called pellagra, and once

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again it was not infectious. But poor Dr. Joseph Goldberger, who'd noticed that nobody treating

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these unfortunate pellegrins, had become ill and suggested it was not an infectious condition but

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caused by malnutrition, was ridiculed for his views and died before he was vindicated. Five years

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after his death, it was accepted that pellagra was not infectious but caused by a vitamin B or

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niacin deficiency. Plague terror is very attractive. In the battle between what's infectious and

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what's toxic, the infectious hypothesis usually wins. Plague terror keeps people in order and raises

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enormous amounts of money. It is a deadly disease and there is no known cure.

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The virus can be passed during sexual intercourse with an infected person. Anyone can get it, man or

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woman.

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From the beginning, there were dissenting voices among top scientists, but they were silenced. The

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most famous and most vilified heretic is Peter Duesberg. For saying HIV is not the cause of aids, he

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was defrocked and defunded. This leading molecular biologist from Berkeley, University of

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California, elected to the U.S. national Academy of sciences, having lost his grants for

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postgraduate students, was relegated to teaching undergraduate lab courses. Among those who

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challenge the virus AIDS hypothesis, there are differing views. Peter Duesberg's position is that

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HIV is a dormant passenger retrovirus with neither the capacity nor the mechanism with which to

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cause aids. It is dormant all the time. It never becomes active. It is dormant to begin with. It's

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dormant when you die from it. It's dormant when you suffer from it. There's no report in the

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literature describing the virus ever to be active in a pat in a human being, only in cell culture.

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So it's overstament. That is, in fact, one of the paradoxes of the viral hypothesis. There is no

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parasite that I know of among viruses and bacteria and fungus and anything that is dormant while

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it's pathogenic. This one is. That's one of the major reasons why I don't believe that this virus is

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the cause of aids. Another leading heresy is from a group of scientists in Perth, western Australia.

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Their position is that HIV has never been proven to exist because it's neither been purified nor

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isolated. Orthodoxy has given the name HIV to certain stretches of genetic material. But the so

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called retrovirus HIV has never been obtained directly from a person's blood. The only way that it's

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detected at present is through indirect markers, principally through antibodies to a set of proteins

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said to be specific to hiv, but which are in all of us anyway or endogenous. There is no way to test

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for hiv. This is because all the tests are based on indirect markers, none of which has been

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validated by proving that the markers are positive only when the virus is present. If there is such

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a thing as an AIDS causing retrovirus, then its unique body part, that is its proteins, should only

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be found in HIV positive individuals and individuals who have aids. But this is not the case. All

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the principal HIV proteins have been found in all manner of cells from healthy human beings who are

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HIV negative. There were indications of proteins present which were taken to be representative of

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hiv, and then antibodies were raised to those proteins. But it was never demonstrated that those

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antigens, those proteins, really did represent a new virus. There were other reasons that could

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explain the presence of those proteins in increased amounts in the cultures that the scientists had

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at the start. And actually that misinterpretation lies at the root of the whole problem that has

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persisted now for the last 25 years. There was a view that was being expressed by people whose

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scientific credentials you can't question.

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I'm not saying that they're necessarily correct, but it seemed to me that there had been a

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determined effort to exclude their voice, to silence it. One of the key factors that these

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scientists were trying to express was that our antibody profile can become raised for many reasons.

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Autoimmune conditions, malnutrition, pathogenic assault from dirty water.

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Current medical orthodoxy accepts that there are over 70 medical conditions that can raise levels of

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the so called HIV antibodies and cause positive results from the test. Conditions like tb, malaria,

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syphilis, rheumatoid arthritis, lupus, multiple pregnancies, to name but a few. So what is the test

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detecting? Is there anything there? Some experts say that what's being found is not a new virus at

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all. Etienne de Havan maintains that electron microscopy evidence for HIV shows nothing more than

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defective protein particles or cellular debris. Now I'm absolutely dismayed to find out that for

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about 15 years the essential control of electron microscopy was neglected, completely neglected. And

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it's only very recently, about two years ago, that two papers came out in which finally electron

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microscopy was used to verify the presence of Virus particles in samples which were for all these 15

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years regarded as pure virus. And to my greatest dismay, these pictures were showing practically

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nothing else but cell debris. This brings into question the biggest crime of all, the HIV test. The

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test has no gold standard to measure against and results can vary between one commercial test kit

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and another. Later we'll reveal the conflicting results of our own survey findings that have never

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before been broadcast. But how did it all begin?

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It began when a group of young gay men in Orange County, California became very ill. They developed

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a variety of symptoms including purple lesions on the skin called Kaposi's sarcoma, swollen lymph

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glands and a pneumonia like condition called pcp Pneumocystis carinii pneumonia. At first the

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condition was called grid Gay Related Immune Deficiency.

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It was thought to be caused by recreational drug use, in particular the use of the highly toxic amyl

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nitrite or poppers. Amylbutyl nitrites, in the kinds of doses that they are used particularly by gay

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men have been shown in various studies to be immunosuppressive. Poppers combine with antibiotics

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such as penicillin and tetracycline, both in the test tube and in living human beings and animals to

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create carcinogens. These may be the cause of Kaposi's sarcoma. At the same time, at the Centers for

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Disease Control in Atlanta, Georgia, scientists were looking into causes of immune system defects

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and in particular a low count of immune cells called CD4 cells. The young men in Orange county all

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had low CD4 counts and it was by the CDC that they were not a toxic cluster, but an infectious

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cluster.

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The wheels of plague terror began to turn and the US government agency, the Epidemic Intelligence

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Service or eis, were put on alert. From then on, all research was focused on finding an infectious

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cause for what became known as aids, Acquired Immune Deficiency Syndrome. But some members of the

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gay community in New York, like the remarkable Michael Callan, knew this couldn't be right. In a

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brilliant article in New York native called We Know who We Are, he identified gay related risk

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behaviour as the cause of the calamitous immune deficiency called aids. His doctor, pioneering

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dissident Joe Sonnabend, supported a multifactorial cause for aids. I didn't want to look at my

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lifestyle, but when I read Dr. Sonovand's really well written, well thought out, what he did was he

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strung together a theory about what the cumulative consequences of an abusive lifestyle might be.

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And I recognized myself in the portrait that he presented in and it suddenly Occurred to me the fact

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that by the age of 26 I'd had hepatitis A, hepatitis B, hepatitis 9A, non B, herpes simplex 1 and 2,

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shigella, endamoeba histolytica, Giardia, syphilis, gonorrhea, non specific urethritis, venereal

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warts, cmv, EBV and eventually cryptosporidium and aids. I simply no longer want somebody

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articulated, articulated the perspective that the cumulative effect of that might be disastrous for

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my body. It became impossible for me to pretend that that disease history was irrelevant to the fact

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that I was sick. The only thing that's new in America, in fact in the western world in terms of

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health threats, is the dramatically escalating consumption of recreational drugs, which started

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after the Vietnam War and has increased over hundredfold in the last 10 years alone in the United

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States. It is a behavioral disease, it's not a contagious disease. It is a disease that is linked to

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trocopuses, intravenous trocheusis or oral tracusis, and clinical health risk groups like recipients

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of transfusions and haemophiliacs. I know Personally now over 260 who have been diagnosed and died.

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All of these people were addicts, alcoholics. I'm not talking necessarily about simple things like

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just beer or whiskey or marijuana or even heroin. I'm talking about drugs like ecstasy, special K,

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MDA and things of every poppins, these types of drugs, chemicals that stay in the body that are not

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easily detoxified. And if people took a half a dozen of these things in the course of an evening,

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who knows what the interaction effects are? Who knows what the long term effects of any one of them

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is separately, because everybody's hearts went out to that community as they were suffering and so

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many of them died. It's almost like the red ribbon and the belief system that went with it became an

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icon of compassion. So that if you were a decent person, you labelled yourself with that red ribbon.

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I care. And so that was also a factor that when any questions were raised about the science behind

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this, people said, you can't say that you're a denialist because it was as if you were inhuman to

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question a theory that had been adopted and accepted by the gay community and others. Meanwhile,

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virologists were busy virus hunting in their laboratories around the world, trying to find one that

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could cause aids. On one side of the Atlantic, at the National Institutes of Health, Robert Gallo

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was working on his family of HTLV retroviruses. On the other side of the Atlantic. At the Pasteur

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Institute, Luc Montagne was working on a strain he called lav, cultured from one of his patients. He

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thought this might be the cause of a and circulated a sample in the customary way to fellow

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virologists, including Robert Gallo. And here's how the story goes. In 1984, Gallo took out a patent

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for the HIV test based on his HTLV3 virus. Montagne thought Gallo may have used his LAV virus for

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the US patent. Seven years later, Gallo did acknowledge in a letter to the journal Nature that the

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French virus and his own were the same and blamed his error on inadvertent laboratory contamination.

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However, at the time, an acrimonious lawsuit was set in motion surrounding the patent for the AIDS

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test. When the French sued the Americans, was it accident or theft, as the French lawyers suggested

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in court? The whole episode appeared so unseemly at a time when people were dying around them that

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Presidents Chirac and Reagan were drawn in. They shook hands and decided further litigation would be

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inappropriate. They did a deal under which patent income from the test and credit for its discovery

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was to be shared between France and the United States, LAV and htrv, and it was agreed that the

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virus was to be called the human immune deficiency virus. HIV Health Secretary Margaret Heckler made

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the announcement to a packed news conference. The probable cause of AIDS has been found. She then

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introduced the scientist who led the team, Dr. Robert Gallo. On that very day, Robert Gallo took out

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a patent for hiv. What it all boiled down to in the end was two men in a room deciding what history

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was. And as a historian, that is really offensive. It was Gallo and Montagne sitting together,

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saying, okay, we'll agree that you did this if we can also agree that I did that part of the

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process. And then they signed an agreement as to what they said had happened. It was not actually

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what had happened. It was horse trading about what they could agree had happened for political

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reasons. Not long after that, we came on the Scene, a small production company specializing in

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science and medical stories. A friend of mine, a drama producer called Carol Wiseman, was working

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with Michael Verney Elliot, also a TV producer. Michael was gay and was sure that gay men were being

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unjustly blamed for infecting the world with aids. So Carol sent him to me, and we met at

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Bertarelli's in Floral Street, Covent Gardens, just around the corner from our offices in James

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Street. I had seen Michael Verney Elliot in the Meditel offices, and he'd given us something of a

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story. About AIDS and contaminated blood. And we talked for a long time about this, and I thought it

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was good enough to at least do a bit of preliminary research. So I got some cash from Channel four

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and went out to the US to see if we could justify this story. Frankly, that story didn't stand up.

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But while I was there, I came across a copy of the New York Native and they referred to an article

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in Cancer Research written by Duisberg. And I just read through the article. I was bad, bad company

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because it was so intellectually challenging. It was such an exciting read. It was remarkable to see

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a piece of work which so comprehensively and so thoroughly in such a detail fashion attacked the

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prevailing view.

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Millions of pounds are being plowed into the campaign against aids. Aids. The Unheard Voices went on

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to win the Royal Television Society's award for current affairs. We thought we would change the

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world.

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Our second dispatches, commissioned again by David Lloyd at Channel 4, went further. It reflected

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Peter Duesberg's position that not only does HIV not cause aids, but that AIDS is not infectious.

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Duesberg maintains that because HIV is dormant, even if it is transmitted, it cannot be pathogenic

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or cause harm. I believe that age is not or cannot even be an infectious disease.

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See, an infectious disease, believe it or not, has certain criteria to it, how it happens, when it

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happens. For example, if you get infected by a bug or by a virus,

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within weeks or months after a contact or after that infection, you will have symptoms of a disease.

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In HIV and AIDS, however, we are told, you get sick 10 years later, 10 years after infection. That

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is not how viruses or bacteria even work. They work fast or never. They are very simple mechanisms,

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like a little clock that can do only one thing, go around the dial once, and that takes 24 to 48

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hours with the virus. There is no way that virus could possibly slow down or wait a week or wait 10

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years. That is totally absurd. From an astonished silence after aids, the unheard voices this

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program, the AIDS Catch, caused an avalanche of complaints from the scientific establishment. The

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AIDS barons, working with huge HIV research grants from the Medical Research Council, were not best

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pleased and aired their complaints in the newspapers that were happy to print them. Channel 4 and

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our production company were brought before the Broadcasting Complaints Commission and found guilty

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of being unfair in our treatment of the subject of aids. I remember Dispatches editor David Lloyd

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saying, it's like winning a football match 9 nil, and being told you've lost.

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And all this time, young men were dying. They were told that if they tested antibody positive to

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HIV, they would certainly die and they were given murderously high doses of azt. None of those on

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the high doses survived. I think the central fact is that despite five years of AZT in trials and

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four on the open market, people keep dying in large numbers. And hence it is clearly not as

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wonderful a drug or a lifesaver as it is made out. First of all, I think it's self evident that

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our study does not provide the kind of benefit that everyone wished for. It can't be a secret that

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patients wanted something that would help them live longer. Unfortunately, it has not demonstrated

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that, and therefore this has to be unwelcome news. The effect of AZT on body cells as a whole is

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very deleterious because it prevents cells from replicating.
There's a second point in that cells

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that may survive AZT made themselves become cancerous. So
there is a double danger for azt. The way

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I see it,

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John Lauritson had by now written his seminal articles on AZT
in the New York Native and had dug out

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Freedom of Information papers pointing to the dishonest and
fraudulent use of data from the AZT

00:29:01 - 00:29:09

phase 2 trials. But the real horror of this study only became
apparent after going through documents

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which were obtained under the Freedom of Information Act. And
it indicated that there had been not

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only sloppiness of every conceivable sort, but that there had
been actual cheating in a number of

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areas. It indicated that the study had become unblinded very
quickly in the first few weeks.

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Although it was planned as a double blind, placebo controlled study, in fact it was nothing of the

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kind. Both patients and doctors knew who was getting act and who was getting placebo. So shocked

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were people like Michael Elner, Frank Bernarcas and Gene Fedorko at the suffering and death they

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were witnessing around them that they formed a health group called Heal New York to help people make

00:29:55 - 00:30:03

their own decisions about azt. I wouldn't give it to my cats. I would think it was murder. Alan

00:30:03 - 00:30:09

Rowntree was another of the young men who came to Heal New York for help. He died not long after

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this interview. Here he describes what it was like to take AZT at first. Good, oh boy. I gained

00:30:18 - 00:30:19

weight and

00:30:21 - 00:30:27

I said, boy, this stuff must be working. And then about another two weeks later, it did start

00:30:27 - 00:30:29

working. The headaches came,

00:30:31 - 00:30:38

the dizziness, the noxiousness. And the whole time I had fingernails that were so black it looked

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like I had nail polish on, you know, and the upset stomach. Nothing tastes right food or anything.

00:30:51 - 00:30:59

And the main thing of it, it affects you so where you couldn't listen to people because you don't

00:30:59 - 00:31:00

want to hear them because you're hurting so bad.

00:31:02 - 00:31:05

And it left me impudent,

00:31:11 - 00:31:22

destroyed my hopes for living, you know. Mothers and babies will not be sacrificed to azt. Babies

00:31:22 - 00:31:29

born to HIV positive mothers were also being given azt. And a Medical Research Council trial was set

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in motion across Europe called the Penta Trial. They test him, they will tell me the results in one

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month's time, but I'm worried he should be given the AZT treatment and I need more information

00:31:45 - 00:31:53

about it. In June 2000, at President Thabo Mbeki's gathering of an expert panel on AIDS in pretoria,

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South Africa, Dr. Andrew Herxheimer, a world famous pharmacologist, said,

00:32:00 - 00:32:08

I think zidovudine was a drug that was never really evaluated properly and that its efficacy has

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never been proved, but its toxicity certainly is important and I think it has killed a lot of

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people, especially at the higher doses. I personally think that it is not worth using alone or in

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combination at all. One of the key things that people need is they, they want to understand first of

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all what's really going on, usually because they come across something which conflicts with what

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they've been told by their doctors.

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The other thing is they want to know how scared should they be In a way that's actually quite a

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critical thing.

00:32:50 - 00:32:53

Is their diagnosis really dangerous or not? And

00:32:56 - 00:33:02

to know that they're not the only one in the family flesh that is questioning this, because it's one

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thing to look at a load of information on the Internet, but it's a completely different matter from

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actually meeting someone that can coherently argue the same points face to face.

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In 1992, something extraordinary happened. A conference was organized in Amsterdam called AIDS A

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Different View, and many members of the orthodoxy signed up to attend. Joanne Sawicki at Sky News

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agreed to broadcast a news report from there. It was here that the Now Nobel laureate, Dr. Luc

00:33:40 - 00:33:47

Montagne told the world that you don't necessarily die if you have HIV. We are seeing people which

00:33:47 - 00:33:54

have been infected for nine, 10 years or more, 10, 12 years, and they are still in good shape. The

00:33:54 - 00:34:01

immune system is still good and it is unlikely those people will come down. Besides, later, two

00:34:01 - 00:34:08

years before, in 1990, when we'd interviewed Luc Montagne for the AIDS catch, he'd had doubts about

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HIV being able to do the whole job. He said HIV needed co factors to do any damage. At first, yes,

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we thought we had the best candidate

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for this virus to be the cause of aids. But after a while, even from the beginning, actually, we

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thought maybe for the activation of that virus in cells,

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we need some cofactors.

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So I would agree that HIV by itself or some strains of HIV are not sufficient to induce AIDS. In

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1997, in an interview with filmmaker Jamel Taghi published in Continuum magazine, Montagne said that

00:34:52 - 00:34:59

HIV had never been purified. Well, of course we looked for it. We saw some particles, but they

00:34:59 - 00:35:06

didn't have the morphology of retroviruses. He later said. I repeat, we did not purify. It was

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startling that Professor Montagne decided to acknowledge in his interview with Jamel Tahy and

00:35:10 - 00:35:17

Continuum that as far back as 1983, his team were not able to purify anything that you might call

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hiv, despite what he termed a ROMAN effort. So who should be surprised that when the same thing was

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attempted by expert laboratories in Germany and the United States who published their results in the

00:35:28 - 00:35:35

Journal of Virology, what they found was proteins and cellular debris. Then in Pretoria, Hugh

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tackled Luc Montagne on the purification question. Was the first genome taken from purified virus?

00:35:43 - 00:35:48

It identified with impurified virus. It was not made from pur. But it doesn't matter because you

00:35:48 - 00:35:54

clone, you know, you clone DNA. Once it's cloned, it's pure. So you think it's not necessary to

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begin with a purified cell? No, not at all. It's very past techniques. We are now in the world of

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modern molecular biology and everything has changed. I can only offer you one thing, which is then

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it's easy to make these people be quiet, just go back and do the simple purification business that

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wasn't done. And then they will have to agree.

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Well, this has been done by pharmaceutical companies. The first AIDS test, the first HIV test was

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done with purified virus. So what they did is to produce, mass produce the virus and purify it by

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several what you call dasytic radiant centrifugation. And you get a band and you can look at the

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electron microscope. You see a lot of other particles. Of course, it's not 100% pure. No material,

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no biochemical material is 100% pure. Very close to pure. Very close to pure. But no one has ever

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seen, seen those photographs. They've seen it through ral, and they've seen it for the rest. But

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never fresh, are they? Well, we had picture. We had. We have made pictures. We didn't publish them

00:36:52 - 00:36:57

because we published the first picture. We could not, you know, when we send other pictures to

00:36:57 - 00:37:01

journalists, say we haven't. We have Seen that before. We don't see that. You win your argument, you

00:37:01 - 00:37:05

just show them the photo. Sorry? You just show them the photograph and then you will win your

00:37:05 - 00:37:07

argument. I don't have them with beans

00:37:09 - 00:37:16

but this is very old, old problem which has been solved many years. It's not really an argument.

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If we don't need to purify anymore and we don't need to isolate according to the previous

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conventions of virology and we don't have a real picture of the retrovirus hiv, then what do we

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have? Oblivious to these concerns, the great HIV bandwagon rolled on protecting the growing fortunes

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of those involved in the manufacture of the test kits, the production of so called Anti HIV Drugs

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and HIV Research. In the summer of 1992 the Berlin World AIDS Conference provided a huge jamboree.

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Many dissidents attended and we penetrated this citadel with renewed energy. I kept a video diary.

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John Lauritson arrived from New York today and the long hot summer of dissent truly began. He

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brought a caseful of his book the AIDS War hot off the press, using a metaphor of war, saying that

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the AIDS phenomenon is like a war with the terrible loss of life and suffering and also

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profiteering, propaganda, treachery, espionage, sabotage and all of the things that we associate

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with the war. And of course intense censorship in trying to get out the truth about aids. So John

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and I, together with Hector Gildermeister, a German born biochemist who works with us, set off for

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Hanover and Berlin.

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We worked quickly to get our literature into the conference and onto the press racks as soon as

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possible. Robert Lauhoven from the Amsterdam group had prepared with the help of Peter Rath, a

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formidable selection of dossiers. These included the journal Rethinking AIDS from the Group for the

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Scientific Re evaluation of the HIV AIDS Hypothesis. A group comprising 150 scientists and

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researchers, including a Nobel Prize winner. Our efforts were futile. Within hours all the dossiers

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in the press lounge were confiscated by the organizers. Dr. Robert Gallo was there accompanied by

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three bodyguards using strong arm tactics at what was no more than journalistic exuberance.

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It was possible for us to confront Robert Gallo and the panel during the press conferences. We

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decided this was the time to put some important points to Dr. Gallo. Question for Dr. Gallo.

00:40:02 - 00:40:06

Professor Robert Root Bernstein, author of Rethinking AIDS has said that by the end of the century

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we'll know everything there is to know about HIV and nothing about aids. Given that all of Professor

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Peter Duesberg's prediction have come true, namely that there's been no Heterosexual spread of AIDS

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in the Western world and that AZT doesn't work. When will you, Dr. Gallo, agree that we need to fund

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a total reappraisal of the HIV AIDS hypothesis not dictated to by the search for endless new,

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useless and damaging antivirals? Okay, thank you for the statement. Short answer.

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I think Dr. Ruth Bernstein doesn't know what he's talking about. Okay. No discussion, please. Sorry.

00:40:50 - 00:40:59

Next question. Up to there, the answer is I think he's wrong. And I think any rational person who's

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looked at this carefully, slowly, and is trained has come to the same conclusion that he's wrong. I

00:41:06 - 00:41:13

don't influence funding. I am not a director of an institute. I do my work. I'm working on HIV as

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the cause of this disease I have since 1984. If you and Ruth Bernstein don't believe it, so be it.

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Do your own work on what you think the cause is and don't bother me. The battle was on. Ironically,

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our opponents were gay lobby groups like ACT up, who'd been brought over as official dissidents,

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bused in strategically to protest about a lack of drugs. A group from acta, people, they come out of

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the building from the congress and they made a demonstration and they give statements against the

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British government. And suddenly some people out of this group come to us and they took our posters

00:41:56 - 00:42:01

and burned them. People. Peter Schmidt, who'd been filming the goings on, had been ordered to erase

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his tapes by one of the German professors. Professor Seichert not only want his picture delayed, he

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wanted to have the complete cassette. Well, I refused him. I said, no, there's no way. And so we

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only took out his pictures from the cassette. And they said that I had to leave on charges of

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trespassing. They took my card, and two policemen brought me outside the conference hall. And what

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did they say?

00:42:40 - 00:42:47

That if I ever crossed this line, this line, I would be arrested. It became more clear to me that

00:42:47 - 00:42:53

there is a very heavy censorship on dissident information. And I'm not afraid anymore to use words

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as AIDS fascism. Well, this is the first AIDS conference ever where there's a real presence of

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honest AIDS dissidents. Those of us who are opposed to the basic AIDS paradigm, the HIV AIDS

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hypothesis and AZT therapy. At the same time, there have been shocking events at this conference,

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which means that the people in the AIDS establishment are afraid of free speech. The level of

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censorship was staggering. Celia Farber, John Lauritson and Frank Bernarcus were among those who

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stuck it out to the bitter end. I do get extremely despondent. And I've been feeling that when I

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walk around here. I feel like this is so hopeless. What we are up against is a gargantuan, multi

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billion dollar infrastructure. And who do we think we are?
Who do we think we are kidding? You know,

00:43:47 - 00:43:53

I mean, but you have to just be Sisyphus, right, and keep
pushing the rock up the hill and let it

00:43:53 - 00:43:57

roll down again. There's no other choice. The only other
option is to just turn around and walk

00:43:57 - 00:44:03

away, which obviously we know what we know. So it's too late
to do that. I would like to ask

00:44:03 - 00:44:11

Habermel, are you willing to apologize for the horrible acts
of violence that you have condoned and

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for the acts of censorship for which you personally are
responsible? You owe me and many people an

00:44:18 - 00:44:21

apology. Can you do that? Or will you refuse to do so?

00:44:27 - 00:44:33

May I answer shortly simply no, since what you are saying is
not the truth.

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At the opening press briefing, Professor Habermel had
described people who questioned the role of

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HIV as mentally disturbed groups. Celia Farber took up the
cudgels, reminding the panel that many

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distinguished scientists are questioning HIV. Would you refer to Dr. Mullis, who's one of your

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colleagues, as mentally unstable, which is what you actually did. If you were not aware of this, now

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that you have been made aware of it, would you consider an apology? It really was remarkably hard to

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have any impact. Seasoned journalists like Neville Hodgkinson, highly respected as medical and

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science correspondent for the Sunday Times, had in April 1992 written a front page article about the

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AIDS blunder. But Neville explains how difficult it was to challenge such an entrenched orthodoxy.

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I've been astounded by this because I don't think there's ever been a story that I've been given the

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opportunity to put so much work in on and in which we've so challenged the way that conventional

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scientists are thinking and arguing about something. Having worked as a medical journalist myself

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for many years, I think maybe you sort of start to identify with doctors and think that it's somehow

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irresponsible to say something that, that doctors don't say and therefore you go along with it. But

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that's bad science. The consequences of this clampdown on any questioning of the HIV AIDS hypothesis

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have been very serious. It's meant that above all, the prolongation of errors that should have been

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picked up. And many scientists actually over the years have raised questions. Jad Adams, author of

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AIDS the HIV Myth, when he addressed the AZT on Trial conference in London in the summer of 1993

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echoed the frustration at the censorship and hostility surrounding any challenge to the infectious

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hypothesis. I've never done a story in which there was so much resistance to the story being told.

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There's resistance even to the reporting of views by dissidents, even to the reporting of the fact

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that there are dissidents. Germany has an important place in the history of dissidents because one

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of the earliest campaigners in Europe was Kavi Schneider. Our leaflets have headlines like HIV is

00:47:01 - 00:47:08

good for you, Condoms are dangerous or Condoms equal death. And we explain the scientific issues why

00:47:08 - 00:47:15

HIV is an absolutely harmless virus and why the cause of of the diseases they are calling AIDS at

00:47:15 - 00:47:22

the moment are different ones rather than viral or infectious ones. In Switzerland, Felix de Vries,

00:47:22 - 00:47:29

Michael Baumgartner, Heinrich Kramer and the late Professor Alfred Hessig of the Bern Study Group

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made important contributions.

00:47:32 - 00:47:44

AIDS is certainly not a response to an infectious agent, the HIV virus Primarily it's a stress

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response with persistent formation within the body of inflammatory substances which if they don't

00:47:58 - 00:48:02

stop and go on in formation, lead to death.

00:48:04 - 00:48:20

SAM

00:48:33 - 00:48:40

we'd arranged a live link from Perth, Western Australia with views on the non isolation of HIV from

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the Perth group.

00:48:43 - 00:48:51

The most important thing that we feel we have done is to present good signs. Certainly it's been

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cautious, it's been somewhat slow, although that has been in partly generated by the editor,

00:48:56 - 00:49:02

journalists who do not like to publish data which is against the current dogma.

00:49:13 - 00:49:19

During this time the dissident groups were lodged at one of Geneva's best appointed nuclear bunkers.

00:49:19 - 00:49:26

Look at them, look at the hands and the rainbows. And it's outrageous because this, this is the most

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powerful industry on the planet is the pharmaceutical industry. And the idea that they would put out

00:49:33 - 00:49:38

these kinds of images as if they're all touchy feely, as if they're a bunch of sort of hippies or

00:49:38 - 00:49:44

something, as if what they're about is love and compassion. I mean it's disgusting and outrageous.

00:49:45 - 00:49:51

It'd be funny if it weren't so tragic. I mean, AZT is a debacle well known to all of us, but now

00:49:51 - 00:49:56

it's happening with protease inhibitors and cocktails. I mean, if you're lucky you get raging

00:49:56 - 00:50:02

diarrhea. Only people in the States now, I don't know if this is happening in Europe as well, but

00:50:02 - 00:50:09

I'm sure it is. The latest thing is these humpbacks where they're getting these bizarre. The drugs

00:50:09 - 00:50:14

are causing metabolic disorders, so they're getting very bizarre. Fatty deposits and these big humps

00:50:14 - 00:50:20

on their backs that are so big that they can't even move their heads and paunches like this. And the

00:50:20 - 00:50:27

women's breasts are coming out to here and they're going up from like 10 dress sizes. Literally just

00:50:27 - 00:50:33

insane mutations of the body. AIDS itself, the whole way it's being presented is actually

00:50:33 - 00:50:40

pornographic in the broadest sense of the word, meaning there's really no respect for humanity. I

00:50:40 - 00:50:44

mean, you know, sex is completely taken out of the realm of any feeling or any tenderness.

00:50:52 - 00:51:01

I was diagnosed so HIV positive nine years ago. I always went. I never tried any medicine because I

00:51:01 - 00:51:09

was strong from the beginning. I didn't want to take any toxic drugs, the official toxic drugs, and

00:51:09 - 00:51:14

it worked very well. I never developed anything or anything. I've seen many friends who took it

00:51:14 - 00:51:23

dying, and I got the strong belief that this is just a social madness. After the press conference,

00:51:23 - 00:51:31

Hugh Christie tackled Robert Gallo about the HIV test and why a version called Western Blot is being

00:51:31 - 00:51:37

used as a confirmatory test in the United States when it's been dropped in England by the Public

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Health Laboratory Services because of its unreliability. Sometimes we had Western blood positive,

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but we couldn't isolate. So we got worried and felt that we're getting false positives sometimes. So

00:51:48 - 00:51:53

we added the Western blood soil. It was an experimental tool when we added it, and for us it worked

00:51:53 - 00:51:58

well because we could isolate the rest of it. Would you say to us, people then, would you, on the

00:51:59 - 00:52:04

Sunday night, the session here about non isolated hiv, We've got complaints criteria,

00:52:07 - 00:52:09

the right criteria for isolation.

00:52:11 - 00:52:14

We're isolated in culture. You take blood cells and you co. Cultivate with another cell. You

00:52:14 - 00:52:18

transmit it and show that the virus is transmitted. If you want, you can spend a lot of fortune and

00:52:18 - 00:52:22

take electron microscopic pictures, which we did at the beginning and which other labs did at the

00:52:22 - 00:52:28

beginning, which. Oh, yeah, of course, yeah, There's, I would say by now thousands of pictures of

00:52:28 - 00:52:33

hiv. So I know which way you're barking and I know that therefore you're a Duisbury. I know what I

00:52:33 - 00:52:36

heard. All you know is what I heard. Well, you caught it. But what you be interested in his nonsense

00:52:36 - 00:52:41

because. Because we dropped the Western blood. Once you picture. Once you banded material. 1.16.

00:52:41 - 00:52:44

Well, you can look at banded material, obvious retrovirus. Do you know the retrovirus?

00:52:46 - 00:52:49

Now you're talking to me. Like you said you didn't understand before. Now you understand. Quick

00:52:49 - 00:52:53

learner. Keep going. No, I didn't tell you anything. About 116. I was going to start it Sunday

00:52:53 - 00:52:58

night. It doesn't have to be banded in 116 to take a picture, but anybody can see a retrovirus in

00:52:58 - 00:53:03

toe. You band it at the beginning because you're concentrating. And even if it has a density of 1.9,

00:53:03 - 00:53:09

say that ain't a retrovirus. You've got lead in your pants. Failure to isolate virus particles

00:53:09 - 00:53:16

directly from patients with AIDS or at risk of AIDS means the theory that the syndrome is caused by

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what we are told is HIV remains unproven to this day.

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The question on everybody's lips was, so if HIV doesn't cause AIDS, what about Africa? As we've

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shown, in the early 1980s, AIDS was a syndrome that affected young men, mainly in urban areas of the

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west and east coasts of the United States. The risk groups were originally known as the four heroin

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users, hemophiliacs, homosexuals and Haitians, because to be Haitians was in itself an official AIDS

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risk until the Haitian president complained to the US Government. But the official number of AIDS

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defining conditions as decreed by the US Centers for Disease Control increased from the original

00:54:13 - 00:54:22

two, Kaposi's sarcoma, skin lesions and the quasi fungal pneumonia called PCP to a total of 27

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different conditions. They include candidiasis, cervical cancer, tuberculosis, recurrent pneumonia,

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and wasting syndrome.

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So when more and more people presenting with these known conditions tested HIV antibody positive,

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then more and more people joined the ranks of those diagnosed with AIDS or the more convenient,

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newly coined condition, which helped bump up statistics. HIV disease. But poverty, malnutrition and

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dirty water remain the greatest cause of disease and death. Today

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In Africa, almost 50% of the population has no access to clean drinking water. It means the people

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get their water from a dirty water hole. And by definition, the water holes are deeper than the

00:55:17 - 00:55:24

surrounding environment. So by definition, if an animal drinks from water and defecates at the same

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time, the feces will end up in the water, they will run down in the water. TB was originally only an

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AIDS defining condition when it occurred outside the lung, extra pulmonary. But when TB of the lung

00:55:39 - 00:55:47

was included, it hugely increased the number of AIDS cases in Africa. In addition, the WHO's Bungee

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clinical case definition had decreed that you could be called an AIDS case without an HIV test if

00:55:55 - 00:56:01

you had symptoms like a dry cough and fever for a month. This meant that TB patients were sometimes

00:56:01 - 00:56:10

taken out of TB wards and put into AIDS wards and given toxic antivirals instead of TB drugs. This

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relabeling worried TB experts in Africa like Dr. Martin or Cotton Wang. A patient who has TB and is

00:56:19 - 00:56:27

SIV positive would appear exactly the same as a patient who has TB and is SIV negative. Clinically,

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both patients could present with prolonged fever. Both patients present with a loss of weight,

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marked loss of weight. Actually, both patients would present with prolonged cough. And in both cases

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the cough could equally be productive. So this is just another proof that what has taken place in

00:56:50 - 00:56:59

Africa is just a relabeling of pre existing, old and mostly preventable diseases which most of them

00:56:59 - 00:57:07

are poverty related. And so the real scandal in AIDS in Africa is that the west, instead of

00:57:08 - 00:57:16

investing in overcoming poverty, investing to help people to lead better lives and get healthier. So

00:57:16 - 00:57:26

instead of doing this very sensible approach, the west tries to sell toxic drugs and useless HIV

00:57:26 - 00:57:33

tests. The more the flames of plague terror were fanned, the more the money was poured into research

00:57:33 - 00:57:41

focusing on the virus AIDS hypothesis. A frenzy of testing drugs and condom distribution took place

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in Africa, where statistics from a few maternity clinics were extrapolated into grossly inflated

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figures for so called HIV infection estimates that were then spread around the world by the World

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health organization and UNAIDS.

00:58:02 - 00:58:10

In 1993 we went to Africa on a research trip and were later commissioned by Channel 4's dispatchers

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to make the documentary AIDS and Africa.

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We filmed in Uganda, Tanzania, Cameroon and Cote d'Ivoire. Everywhere we went we met with poverty,

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malnutrition and contaminated water supplies. Nowhere was it possible to compare figures for deaths

00:58:29 - 00:58:36

before and after HIV appeared on the scene. Deaths were simply not reported, particularly in the

00:58:36 - 00:58:43

rural areas and records not kept. People are trying to make a way of living out of this. You know,

00:58:44 - 00:58:48

they think that if they publicize it and exaggerate, they might win sympathy of the international

00:58:48 - 00:58:54

community and get aid, or rather get assistance from the. We need assistance, but not through the

00:58:54 - 00:58:58

other way. I mean not through bluffing people that the people are dying at the rate which is not.

00:59:09 - 00:59:15

In Najemba's village, the total breakdown of the health and medical services is only too apparent.

00:59:15 - 00:59:21

We visited the local hospital in this so called epicentre of AIDS and found a sorry scene. Not a

00:59:21 - 00:59:29

single AIDS patient, only an empty ward. No nurses, no doctors, only one tiny baby suffering from

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malaria convulsions, surrounded by her silent family.

00:59:34 - 00:59:40

We then found the only member of staff who got up from her sickbed to speak to us. I work as a

00:59:40 - 00:59:41
midwife.

00:59:45 - 00:59:55
And are you also helping the treatment of other patients? How do you feel now? I'm sick. What do you

00:59:55 - 00:59:57
have? Have malaria.

01:00:00 - 01:00:05
Lack of staff and medicines at these local Hospitals and dispensaries has meant that sick people

01:00:05 - 01:00:15
simply stay in their own homes. From both my literature review and my personal experience over most

01:00:15 - 01:00:24
of the AIDS so called AIDS centers in Africa, I can find absolutely no believable, persuasive

01:00:24 - 01:00:32
evidence that Africa is in the midst of a new epidemic of infectious immunodeficiency.

01:00:36 - 01:01:08
It's

01:01:12 - 01:01:18
the seventh International African AIDS Conference held in Yaounde, Cameroon. Here the emphasis is

01:01:18 - 01:01:23

almost exclusively on controlling AIDS by controlling the sexual spread of hiv.

01:01:29 - 01:01:36

Okay, you see there's a tank. This is a tank where the sperm will remain after ejaculation. You hold

01:01:36 - 01:01:36

like this

01:01:38 - 01:01:44

and gently it goes down. Make sure this one. You press the tank gently

01:01:47 - 01:01:55

and there it is. The focus on the sexual transmission of AIDS and the hasty and misguided use of HIV

01:01:55 - 01:02:03

tests, originally developed to screen blood products and not for diagnosis, led to an epidemic of

01:02:03 - 01:02:10

mistaken diagnoses in Africa with massive accompanying stigma. This has affected the lives of

01:02:10 - 01:02:17

millions, including young Lucy. Diagnosed HIV positive through a screening test, she was shunned by

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her community. Philippe Crenan and his wife, working for the French charity Partage, helped Lucy to

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health and confidence. It's very seldom you see people who have been stigmatized with AIDS who are

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not dying a few months later. So Lucy was one of the first persons who, because we didn't support

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the AIDS tag on her, recovered and was a proof to the community that you can recover from such

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episodes.

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What would you like to see happen?

01:03:00 - 01:03:04

In three successive tests, Lucy has now been found to be HIV negative.

01:03:09 - 01:03:16

It was now time to further investigate the HIV test. After all, to this day, HIV has never been

01:03:16 - 01:03:24

found directly in human blood. It's claimed to be identified through indirect markers. Antibodies to

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a set of proteins believed but never proved to be specific to it and strips of genetic material

01:03:31 - 01:03:38

believed to belong to it. The so called viral load test. Multiple cross reactions with other

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conditions and inconsistencies between one test kit and another were already providing strong

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indications that something was seriously wrong. Given the death sentence attached to an HIV positive

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diagnosis, we decided to conduct our own experiment to investigate the reliability of the HIV test.

01:03:59 - 01:04:05

The reference laboratories for University College London's medical school processed our blood

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samples. David Lloyd at Channel 4 agreed to give us development money. We consulted the Perth group

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about finding our blood samples. They knew that people with inflammatory autoimmune conditions like

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lupus and rheumatoid arthritis could produce high protein levels in their blood called hypergamma

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globulinemia, which could result in a positive HIV test.

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They also knew that antibodies generated by TB, candidiasis, malaria and as many as 70 conditions,

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including even pregnancy and flu vaccinations, could trigger positive results, as could the blood of

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IV drug users and alcoholics with hepatitis. University College London's Medical school helped fly

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our TB and malaria blood samples from Africa and provided our lupus samples. We also included blood

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samples from five volunteers who had tested antibody positive in the past and one gay man, Peter

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Nicholls, who feared he could be positive because of multiple partner risk activity. Peter's

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conflicting test results were to prove the most astonishing of all. In this exercise, we had 26

01:05:23 - 01:05:30

blood samples. At the time, there were 20 competing commercial test kits on the market. We chose

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three well known ones. For absolute objectivity, we asked Dr. Andrew Taylor of the Robins

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Institute's laboratory at Surrey University to coordinate our sample testing. At that stage, we

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didn't know which reference laboratory he would choose to perform the HIV elisa antibody test. Dr.

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Taylor Code numbered the samples on the first run and then to blind the study further, gave a second

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batch of the same blood samples a new number for a second run. After being sent to University

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College London's virus laboratory, we received the results from two of the test kits. These were

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consistent and unsurprising. But what about the third test kit? When these results were finally sent

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to us, we discovered that 19 of the 26 blood samples, including patients with TB and malaria, that

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had tested negative before, had now tested indeterminate. That's in the grey area or no man's land

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between negative and positive. Some of them were on the verge of positive. Laboratory guidelines

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state that these should be retested in a different test sequence. We asked St. George's Hospital,

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Tooting's Protein Research Laboratory, for four anonymous samples of blood from patients with

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generally high blood protein levels, IgG and IgM, but with no AIDS defining diseases. We sent these

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to a central London private testing laboratory. One of the four tested definitely HIV antibody

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positive. Remember, these were patients who had no AIDS defining conditions.

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We then went back to our first test sequence and followed up on our volunteer Peter Nicholl's

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results. He had tested antibody positive on all three test kits through our Robin's UCL experiment.

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We took him to two London teaching hospitals, St Mary's in Paddington and the Royal Free Hospital in

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Hampstead. He tested negative at both. How did he feel? Confused in a way. Obviously glad that now,

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having received two sets of negative results, I'm obviously fairly confident that I'm HIV negative

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now,

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but confused as to why I would receive a positive result in the first place from the experiment that

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we did.

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And how many other false positive results are there floating around that people don't know about?

01:08:04 - 01:08:11

We continued with our quest. It was usual for a positive ELISA test to be confirmed with a western

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blot test. Dr. Philip Mortimer, then head of the Government Public Health Laboratory Services, or

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PHLs, had been concerned about the reliability of the Western blot test. He recommended a double

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ELISA and dropping the Western blot. So the Western blot was dropped in England and Wales, but in

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Scotland it continued to be a requirement. We gathered 16 blood samples and had them tested in

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England with a double ELISA and in Scotland using the Western blot. The results were remarkable.

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Twelve of the 16 samples were declared negative in England, but one of those was definitely positive

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in Scotland and another five were equivocal or borderline.

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So of our total of 42 blood tests, 25, over half produced contradictory or anomalous results.

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How many more of these cases might there be? How much agony and how many suicides have followed

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these mistaken death sentences? We were excited about putting all our research, £17,000 worth of

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development money from Channel 4 into a one hour special for World AIDS Day 1998.

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But to our utter dismay, it was cancelled. There'd been a change of schedule. Maybe we'd like to do

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a short report for Channel 4 News about the Geneva World AIDS Conference. Instead, we did. Hugh

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Christie and I were commissioned and made our report. We covered the fact that a pre conference

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satellite link up had taken place where the Perth group had strongly criticised the validity of the

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HIV test and raised the issue of the lack of evidence for the purification and isolation of HIV. Our

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report for Channel 4 News reached its final stages. An approved fourth draft script, an approved

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press release and transmission date. But four days before transmission, the editor, Jim Gray, called

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us in and said he'd had a tectonic shift and would not be transmitting the program on World AIDS

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Day. We organised a picket line outside Channel 4 News denouncing the censorship.

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Our anger mounted as we learned of the way Western pharmaceutical companies and the media were

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targeting President Thabo Mbeki in South Africa and his stand against the distribution of

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potentially toxic antiretroviral drugs to pregnant women who had tested antibody positive.

01:11:01 - 01:11:07

Journalist Anita Allen helped arrange for Hugh Christie and me to fly out to Johannesburg and

01:11:07 - 01:11:14

interview the President on film at Government House in Pretoria. The night we arrived, we met with

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senior members of the African National Congress. At Anita's home we had Snassen Onyama, anc head of

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the Presidency and Communications, a wonderful man Just wonderful. And he was very, very impressed.

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And he left. When he left, he said,

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I am

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invigorated. I'm taking your energy with me. To the President, it was almost impossible for me to

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believe that we were really going to be favored with. And it is favored with an interview with the

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President. And there came a moment when we were told that we had been selected.

01:12:16 - 01:12:22

Last year you were reported as saying in parliament that you were concerned about the giving of AZT

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to pregnant mothers. Why were you concerned? Well, because lots of questions had been raised around

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the question of the toxicity of the drug.

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It was very serious. We have a responsibility as a government to determine matters of public health

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and therefore we can take decisions. We have to take decisions that impact directly on human beings.

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And it seemed to me that where doubts had been raised,
questions had been raised around these

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toxicity questions

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and the efficacy even of this, of AZT and other drugs, that
it was necessary again to go into these

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matters because

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it wouldn't sit easily on one's conscience to discover that
you had been warned that there could be

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danger. And nevertheless you went ahead and said, despite the
danger, let's dispense these drugs.

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I feel on the cusp of excited.

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I think the TV program is looking great. It's amazingly
beautiful in places and it has some very

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disturbing information and it's going to be seen by many
people who need to see it right in this

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region. The program was transmitted in 42 countries across
Africa by MNET South Africa on their

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weekly current affairs programme Carte Blanche. But no Western channels would touch it. A few months

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later, President Mbeki convened a presidential advisory panel on AIDS in Pretoria involving

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dissident and orthodox scientists from around the world. It was a big event.

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I

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was invited by President Mbeki because he has concerns about the toxicity of act. And I'm an

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oncologic physician and I saw a lot of patients dying in the early 90s and the late 80s, which all

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had the high dose regime of ACT. And ACT is a cancer drug and it's just a question of time when the

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bone marrow will be completely suppressed. The problem is that physicians are not aware of the

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problem because they think that AIDS patients have to die. So they were not very astonished that

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they did as was told.

01:15:02 - 01:15:09

But if you look at the detrimental effect of act, it's very easy to understand because ACT is a cell

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killing substance and we wouldn't use this in oncology because we know about the bone marrow

01:15:15 - 01:15:24

suppression. So we would stop to give the bone marrow time for recovery. But in AIDS patients, the

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situation is different. They get it as a lifelong treatment and nobody can survive this treatment.

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So we reached consensus yesterday here that we killed people with act.

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It's just a question, how many did we kill? I was seized by this irresistible moral and political

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imperative to act, to do something. I just couldn't turn away, like turning away from somebody

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drowning, walking away from the scene of a murder. I think it's a bad thing. I think that people are

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being killed by this terrible drug and people being sort of, you know, shepherding people into

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barbed wire, concentration camps physically is one thing, but also, you know, you can do it mentally

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too, and you can drive people to their deaths by terrifying them to death.

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What I think is going to be very difficult is going through some definitive agreements. The only

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thing that we can agree at the end is that we don't agree

01:16:46 - 01:16:52

at the end of the gathering. Anti apartheid veteran Dr. Sam Mhlongo, who was in charge of family

01:16:52 - 01:16:58

health in South Africa and a strong supporter of the President on issues surrounding aids, summed it

01:16:58 - 01:17:07

up like. I think it is worthwhile to look into questions what is making black Africans so sick in

01:17:07 - 01:17:17

Africa when their counterparts in Europe, heterosexuals I'm talking about, are not even half a sick.

01:17:18 - 01:17:26

So we will have to look at this and see what is making Africans sick. It cannot be. In my view, no

01:17:26 - 01:17:36

one has convinced me that HIV is what is making them sick. I am as confident as I was was when I

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left South Africa in 1963 that

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one day we will defeat apartheid. I feel AIDS, and I'm not talking about HIV, AIDS will be defeated

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in Africa just as much as serious infectious diseases were defeated in Europe. Over the years that

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followed, a successful strategy of silence has been employed by the media, hand in hand with the

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scientific and pharmaceutical establishments. Any debate challenging the virus AIDS hypothesis was

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carried out at various dissident conferences around the world.

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In early 2000, the number of young intravenous drug users in Russia was escalating at an alarming

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rate and many were testing HIV antibody positive. Now we give the word to Nadezhda Khramova for the

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first presentation of our conference.

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Members of the All Russia Parents Forum, including members of the Russian Orthodox Church, became

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concerned that huge amounts of money were pouring into the country, much of it for so called safe

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sex education programmes, often involving drama groups from Western Europe enacting simulated sex

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and condom use in front of children as young as seven. The forum convened a conference in

01:19:10 - 01:19:17

Ekaterinburg, a city in eastern Russia in the Urals, to Extend a hand to the dissident scientists.

01:19:18 - 01:19:21

Antony Brink was one of the key coordinators with Western countries.

01:19:23 - 01:19:29

Hello and thank you for being here for so long. Today, Christine Maggiore offered reassurance and

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support at the conference to young mothers who because of their positive status, were being forced

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into taking toxic antiviral drugs and told not to breastfeed or their children would be taken into

01:19:42 - 01:19:49

care. Christine, who ran a well known dissident pressure group, Alive and well, had had conflicting

01:19:49 - 01:19:56

positive and negative HIV test results over the years in Russia. She was healthy and well and full

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of plans for the future. But a few months later she developed pneumonia and died. Although her

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critics insist this was caused by her opposition to taking antiretroviral drugs. The independent

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report by toxicologist and pathologist Dr. Mohammed Al Bayati said her death was caused by renal

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failure resulting from the effects of the administration of three powerful antibiotics in the nine

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days prior to her death.

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Once plague terror has set in with all its financial implications, it becomes almost impossible for

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the scientific establishment to change course. I think if you started interviewing all of the

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scientists in those laboratories, you'd find out that there's a lot of doubt out there. They're just

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publicly, they're afraid to speak up because they'll be punished. They will lose their grants, they

01:20:49 - 01:20:56

will lose their jobs. Science in America at least AIDS science is really religion and if you dare

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challenge authority, you lose your livelihood. That's the way science works. It indicates that

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science has turned into something like a religion where opinions are perceived to be a threat if

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they don't follow the currently held beliefs and if they don't represent political correctness. This

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voguish commitment to political correctness surrounding a flawed scientific model has had a

01:21:25 - 01:21:33

devastating effect on our own spontaneity and sexual behaviour. It condemned the generation to a

01:21:33 - 01:21:39

kind of contaminated idea of sex. That sex was any kind of sex, unless it was kind of between two

01:21:39 - 01:21:46

virgins, was going to carry a risk of picking up this deadly virus. So they're unlimited the

01:21:46 - 01:21:53

consequences, plus the hundreds of billions that have gone into a faulty hypothesis. A great tragedy

01:22:17 - 01:22:24

because in 1997 I was diagnosed with HIV positive. That's my case and my story. But we're now 2009.

01:22:24 - 01:22:29

I want to know what you guys are going to tell those people to question their doctors, to ask these

01:22:29 - 01:22:34

questions that we're all talking about, which is quite a very luxurious position to be in. But I

01:22:34 - 01:22:40

really don't think sex has to do with it. Clean water has to do with it. I think we were given an

01:22:40 - 01:22:49

example all over the planet of a unit. The difference how, for instance, have different views to

01:22:49 - 01:22:56

Peter and we have different views, but we are united. The HIV AIDS orthodoxy in Africa depends on a

01:22:56 - 01:23:03

behavior model modification paradigm or promiscuity paradigm, wedded to obsessions about poor black

01:23:03 - 01:23:09

people's sexual behavior while downplaying the political economy of poverty, sickness and disease.

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Their statistical sophistry, data manipulation and voodoo math enrage me. It is estimated that there

01:23:18 - 01:23:26

are new HIV infections, six new HIV infections for 100,000 residents per year. But let's look at

01:23:26 - 01:23:33

something that we can measure, AIDS related deaths. Professor Marco Ruggiero stunned his audience by

01:23:33 - 01:23:39

showing that according to Italy's Ministry of Health, AIDS isn't a statistically relevant disease.

01:23:41 - 01:23:47

Let's go to my beautiful region, Tuscany, where Dante used to live. In Tuscany we have a good

01:23:47 - 01:23:54

control of statistics and good epidemiological unit. And so you can read that in Tuscany there have

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been seven 1, 2, 3, 4, 5, 6, 7 deaths in 2005 and 4 deaths in 2006. And Tuscany has a population of

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more than 3 million people. So you can clearly see that it is not a relevant problem at all. Writer

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and journalist Tony Lance told the audience how by the mid-90s, 100 of his friends and acquaintances

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had died. Tony put forward his theory of intestinal dysbiosis. He points to gay sexual practices

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like rectal douching and sexual lubricants that can affect the flora in the colon and create a

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reaction in the gut, making it more permeable and less able to resist invading microbes. The

01:24:37 - 01:24:46

ecosystem in your gut is a rainforest rich in species and interdependent interdependencies. These

01:24:46 - 01:24:52

activities, antibiotics, rectal douching and the use of lubricants are the equivalent of coming in

01:24:52 - 01:24:57

of loggers coming in and cutting down all the trees. That's what's happening. And these are not

01:24:57 - 01:25:04

uncommon practices among gay men. So I want to talk about some of the legal cases that I've learned

01:25:04 - 01:25:12

about. David Crow spoke movingly about the legal cases he'd been helping with which involve HIV

01:25:12 - 01:25:19

positive men and women imprisoned for aggravated sexual assault, assault with a deadly weapon, HIV

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and first degree murder. A death that occurs during aggravated sexual assault in Canada is automatic

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first degree murder with no evidence of intent. Most harsh of all was Johnson Ezeka, the only man to

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mine her to receive a conviction for first degree murder merely for being HIV positive. He had a

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number of girlfriends over the years. Two of them were found to be HIV positive. Took AIDS drugs and

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died of an acknowledged side effect of act known as non Hodgkin's lymphoma. Luckily, Canada does not

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have the death penalty, or he might have been a first person executed for being HIV positive. It's

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very upsetting for me to see people's children being ripped away from them. I've been involved in

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many such cases. It's very difficult for me to see people being sent to jail for 10, 20 years.

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I'm sorry to say that very little has changed in the past 20 years. If anything, the positions on

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both sides that HIV and nothing else causes AIDS on one side and on the other side, HIV has nothing

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at all to do with aids. If anything, those positions have become more entrenched, and that's a very

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great shame, because there's an awful lot of middle ground and areas which would be of tremendous

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benefit to the public generally, to science, and of course, to patients.

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The summer of 2010 saw the dissident conference AIDS Cui Bono in Vienna at the same time as the

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World AIDS Conference. Two Viennese doctors, Christian Fiala and UTA Santos Koenig, spearheaded the

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conference. Peter Duesberg reminded us that censorship in the corridors of medical power is on the

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increase. He highlighted a paper he'd co authored for Medical Hypotheses. The paper was published on

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the journal's website and then abruptly withdrawn and the journal's editor dismissed. Unfortunately,

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this article was censored. Withdrawn. With the argument that the ideas presented in this article

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posed a potential threat to global power,

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the satellite channel Russia Today decided to give the dissident conference a voice. And in between

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their reporting of the Orthodox conference interviewed a dissident a day. This was unprecedented.

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Using bad science to prop up a questionable theory in order to protect financial interests is well

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known. But when the bad science becomes so entrenched that the voice of the independent scientist

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can no longer be heard, and when the perpetrators of this bad science can dominate the distribution

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of research worldwide, then one begins to despair. So what we need to understand is that science is

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not truth. It is one system, one belief system that helps us to understand reality. And like any

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other belief system, it has mistakes. And we need to understand the functioning and try to make the

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best out of it without taking it for the absolute truth. The anger comes when I then think about the

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people who are dying, because this is not a question of simply pushing through the research to

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convince other scientists. This is a question that every month it goes, goes by. We have several

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hundreds or thousands of people who died who might have been able to be helped if only we had gotten

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the research done earlier or convinced more people to move in this direction. It's a very worrying

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thing that anybody can say today in today's world that there is a point of view that is prohibited,

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that's banned, that there are heretics who must be bent at the stake, and it's all set in the name

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of science and health. Can't be right. How had Peter Duesberg felt all those years before when he

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first challenged the AIDS establishment? A bit like Galileo must have felt when he ended up in

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prison, probably somewhat satisfied that nobody could prove him wrong, but also saddened that he

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didn't get a forum. And in the case of AIDS, that 150,000 people have since developed AIDS in this

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country, many of them could have been saved. The unresolved mystery of aids, the numerous

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predictions that have so patently failed to materialize linger on as challenges to the scientific

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community.

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We've gathered the information you've just seen over a period of 25 years, yet nothing has changed.

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People are still led to believe that being HIV positive means you've fallen victim to a deadly

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infection. The textbooks tell us so. It may take a generation for the truth to out

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