A CALL FOR THE TRUTH

A White Paper On The Viral-AIDS Hypothesis

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1994

The history of medicine contains a plethora of instances in which physicians have acted tragically under "consensus of opinion" rather than relying on substantial scientific evidence. This practice has its origins in the long-held concept that medicine is an "art" rather than a science. In recent decades, the major advances in technology have allowed us to emerge from the "dark ages" of diagnostic and therapeutic doctrines that were often based on personal prejudice and "medical politics". Unfortunately, we have also fallen victim to fraudulent scientific papers because of the inherent trust we place in our colleagues engaged in arcane areas of medical research. In the early 1980's, physicians became aware of what appeared to be an emerging epidemic which is now known throughout the world as AIDS. Along with all of my colleagues, I eagerly followed the releases from the "authorities" about the progress of the disease and the involved explanations related to behavior of the new retrovirus which was given the designation HIV. In spite of my relative ignorance about retroviruses, I became suspicious that something was awry when retrovirologists, who had spent twenty years and in excess of twenty billion dollars in research on viruses, became involved in extensive apologetics with reference to HIV. They began to use terms such as "mysterious" and "intelligent" in the ever growing number of additional hypothetical explanations needed in the attempt to clear up the contradictions arising with reference to the original virus -- AIDS HYPOTHESIS. I underscore the work hypothesis to remind my colleagues that the so-called AIDS virus has never been proven scientifically to cause any disease, let along AIDS. Every scientific pronouncement is without laboratory proof and is mere supposition.

Allow me to be presumptive enough to speak on behalf of some of our most respected colleagues in the area of research on AIDS; Dr. Peter Duesberg, Professor Molecular Biology, University of California at Berkeley, the world's foremost retrovirologist; Dr. Charles A. Thomas, Professor of Microbiology, Harvard; Dr. Kary Mullis, six-time Nobel Candidate, Nobel Laureate, 1993 and discoverer of the Polymer Chain Reaction. These are just a few of the hundreds of prominent scientists who have banded together to form "The Group For The Reevaluation Of The AIDS Hypothesis". I have spent five years in researching as many scientific papers and lay periodicals as possible in order to try to fully understand the enigma of the phenomena called AIDS. Everything I have read and verified has confirmed the suspicions which grew out of the obvious contradictions of the "hypothesis" and the practical experience from treating AIDS victims. AIDS is not an enigma, our medical texts have clearly defined the causes of acquired immune deficiencies for over fifty years. What appeared to be an emerging epidemic amongst homosexuals, occurred as a result of three coincidental phenomena; the advent of the "drug culture" of the sixties, the use of amyl nitrite ("poppers") and the visibility of the "gays" as a group when they "came out of the closet". If we add two other obvious factors, starvation in Africa (long recognized as the major cause of immune deficiency) and the use of AZT, the enigma of AIDS becomes crystal clear. The "mysterious" and the "intelligent" virus suddenly becomes the uneventful, ordinary, inanimate piece of dead tissue that it is.

I present to you just a fraction of the facts that cry out for an immediate investigation and re-evaluation of what I now know to be the "Deadly Deception" – The Viral-AIDS Hypothesis.

Why HIV Cannot Cause AIDS

None of the proposed explanations, of which there are more than forty, as to the modus operandi of HIV, nor the virus-AIDS hypothesis itself, are based on scientifically acceptable evidence or proof. The available laboratory evidence speaks against the hypothesis. The remainder of the evidence is epidemiological, and even that, when scrutinized and truthfully presented without first being selectively screened, proves that HIV is innocent of any involvement in AIDS.

Epidemiology

We are asked to believe that a single virus is the cause of both cell-destructive diseases, i.e. Pneumocystis pneumonia, and cellproliferative diseases, i.e. Kaposi's sarcoma!

Worse, we are asked to believe that a single virus can cause two distinctly different complexes, and do so on the basis of geographical distribution, sexual preferences and gender.

In Africa, AIDS is virtually 100% fever, diarrhea and wasting. In the United States and Europe, AIDS is 25 to 35 distinct diseases, depending on how they are classified.

There are no uniform or significant genetic differences between the isolated HIV or any of its mutants found in the U.S.A., Europe or Africa to account for the wide discrepancies in disease occurrences.

The incidence of HIV in Africa differs from one country to another and correlates only with malnutrition and starvation. Elsewhere it correlates with drugs, the male gender, sexual preference and crosses all national boundaries.

In Europe and the United States, 86% to 90% of AIDS cases are males. In Africa, AIDS occurs evenly between the sexes.

The predicted epidemic has not occurred. In the past 10 years (since 1984), 204,000 individuals in the U.S.A. have developed AIDS. 602,000 were predicted. In Africa, 129,000 have developed AIDS. 3,063,000 were predicted. If these figures were corrected for the normal incidence of all of the acquired immune deficiency diseases, as well as starvation and drugs (AZT included), none would be left to blame on HIV.

The predicted AIDS epidemic in Thailand produced only 123 ADIS cases in 8 years.

Laboratory rats treated with antibiotics and cortisone, both immunosuppressive, developed Pneumocystis pneumonia which is the most common disease of AIDS.

In Europe and America approximately 1/3 of the AIDS cases are diseases which are not truly immune deficient, i.e. Kaposi's sarcoma, lymphoma, wasting disease and dementia.

83% of American AIDS babies are "crack babies" (born to drug addicted mothers) or hemophiliac (congenital).

In Africa, the virus has little or no affinity for sexual or behavioral risk groups.

In spite of the ubiquitous presence of Pneumocystis and Candida, these diseases do not occur in AIDS in Africa.

50% of American AIDS patients are presumptively diagnosed-without a positive test.

AIDS occurs mostly in the 20 to 45 year-olds, our healthiest and armed forces-recruitable years.

The virus prefers males (90%), but the diseases it supposedly causes are not male specific.

The Virus Called HIV

HIV has never been present in AIDS cases in amounts large enough to cause disease, and yet it supposedly kills the victim. Only 1 virus per 100,000 lymphocytes can be found in only 20% of AIDS cases, even when death is imminent.

The presence of the virus is often 40 times greater in healthy HIV-positive individuals than in fatal AIDS cases, where many times it can't be found at all.

The virus cannot be found in the lesions of Kaposi's sarcoma.

The virus cannot be found in the brain in dementia.

In order to isolate the virus from the blood of an AIDS victim, you have to culture at lease 5 million leucocytes and it may take 15 separate attempts to do so.

The incidence of AIDS is 1/3 lower in health care workers, caring for AIDS patients, than in the general population.

AIDS hypothesis supporters claim incredulously, without any proof, that the failure of the unproven HIV to meet Koch's Postulates, invalidates that 100 year-old standard for etiological proof!

The HIV test for the presence of antibodies, not the virus, AIDS is the first disease in the history of medicine in which immunity indicates the patient will die of the disease! Of course, there are at latent viruses which, under opportune situations of debilitation, replicate in sufficient numbers to cause clinical infection and even death.

This has never occurred with HIV, and has only been postulated and proclaimed a fact without any proof whatsoever.

The Centers For Disease Control in the U.S.A. never report the incidence of HIV in its HIV/AIDS Surveillance Report. To do so would expose the fraud.

HIV correlates only 50% with AIDS. Cytomegalovirus correlates 100% with AIDS, as do drugs and the Epstein-Barr virus. There are also significantly higher correlations with Hepatitis A, Hepatitis B, HSV, the number of blood transfusions, malnutrition and starvation.

Discrepancies Abound

Since HIV came onto the scene the median age of hemophiliacs has increased by 5 years!

The risk of AIDS in HIV-positive non-hemophiliacs is twice that of HIV-positive hemophiliacs.

The incidence of AIDS in the wives of HIV-positive hemophiliacs is 1/5 of the number predicted by the AIDS hypothesis.

The incidence of AIDS hemophiliac children tripled two years after the virus was filtered out of blood transfusions.

According to official statistics AIDS had not spread for 7 years – until they added 5 more diseases (1985-1992).

We are constantly being warned of the coming catastrophic epidemic. Yet, there is undeniable evidence that HIV has existed for a least 50 years and probably millions of years.

HIV in non-drug using prostitutes is virtually non-existent.

Venereal disease and unwanted pregnancies have increased in the past 8-10 years, but not HIV.

Only 1 provirus (not the virus) was found out of 1 million cells in only 1 out of 25 HIV-positive males.

Statistics indicate that if you want to "get AIDS" from an HIV-positive male you have to be on drugs for a long time.

In the U.S.A. and Africa the evidence is conclusive that there is no difference in the incidence of AIDS diseases between HIV-positive and HIV-negative babies.

If AIDS was sexually transmitted, the perinatal transmission would make it a pediatric disease – the incubation period is supposedly two years. It is not a pediatric disease.

A report released by the U.S. Job Corps and the U.S. Army, which was based on millions of tests, indicated that HIV was evenly distributed between males and females in the age group from 17 to 24. However, the Center for Disease Control in the U.S. reports that 85% of the AIDS cases in the same age group are males.

A proportionality exists between HIV and AIDS only if starvation, transfusions and drugs, including AZT are involved. Otherwise, being HIV-positive is meaningless.

10% of male and female heterosexuals prefer anal intercourse. The incidence of HIV and AIDS in those women is the same as compared to women who prefer vaginal intercourse. Yet, the incidence of AIDS is 90% male.

The AIDS virus has been demonstrated in blood samples from 50 years ago, at the same time that Masters and Johnson confirmed a high incidence of anal intercourse amongst heterosexuals.

Statistics show that in Africa it has to take an average of 10,000 acts of intercourse to transmit AIDS as compared to the U.S.A. and Europe's 1,000. That's 20 times a week!

HIV in vivo, when present, is rare and neutralized by antibodies (HIV-positive) and therefore non-infectious. In vitro (in the laboratory) they are infectious because there are no antibodies present.

AIDS amongst laboratory workers is the same as the general population even though their exposure is many millions of times greater.

More than a dozen co-factors have been proposed as necessary to cause AIDS along with HIV. HIV is usually not even present (80% of the time) and it is always dormant.

AIDS diseases are claimed to be the result of the immune deficiency or autoimmunity caused by HIV. However, four of the major diseases, Kaposi's sarcoma, lymphoma, dementia and wasting disease are not caused by immune deficiency.

Hoffman in 1990, in defense of his theory involving autoimmunity, wrote that all of "Duesberg's paradoxes" could be understood in the light of his (Hoffman's) "model" (Now there's a brilliant scientist; let's make Duesberg responsible rather that the Virus-AIDS hypothesis).

The autoimmune theory of Hoffman fails to explain: Kaposi's sarcoma, lymphoma, dementia and wasting disease; the specific diseases related to specific behavior (i.e. "poppers" and Kaposi's sarcoma); the incredible differences in the types of diseases between the HIV-infected groups; the bias for males; and the 80% (U.S.A) to 98% (Africa) HIV-positives who haven't developed AIDS since 1984.

One really bright group of scientists, Shaw et al., argued for the concept (never demonstrated) of the formation of antibodies against the HIV antibodies. If we accept their theory, then all viruses should cause AIDS.

Gallo, whose memory lapse about having stolen Montaigner's virus, for which he was declared guilty of "scientific misconduct" by his peers, claims to have observed HIV killing primarily T-cells. Montaigner, his "co-discoverer", published a paper declaring the exact opposite the same year, 1984.

Gallo without any scientific evidence and in direct contradiction to the 20 years of knowledge gained from the intensive and conclusive 20 billion dollar study of retroviruses during Nixon's "war on cancer", claims that HIV retrovirus kills its host cell which it absolutely needs in order to reproduce. The conversion of RNA to DNA requires the mitosis of the host cell, not its death!

The very reason that retroviruses were investigated as a probable cause of cancer, was their noncytocidal replication.

Gallo patented a technique of indefinitely reproducing T-cells in culture and hypothesizes that the T-cell line has developed a resistance to being killed by HIV. However, this has always been basically true of every T-cell line.

It is claimed that 50% of HIV infected individuals are supposed to die over a ten-year period. In Africa only 0.3% die each year which means we will have to wait 150 years for 50% to die! In the first 10 years of AIDS, the prediction for the United States and Europe was overestimated 300%.

After four years of on-site intensive study, investigators in Tanzania (Krynen, Phillipe and Evelyne, Directors of the Partage mission and reported by Neville Hodgekinson for the Sunday Times in the United Kingdom on 3

October 1993), state that there is no AIDS epidemic.

The Annual Conversion Rate from HIV-positive to AIDS is published each year by the World Health Organization. The figures indicate that if you are HIV-positive, your chances for survival are up to 300 times better if you live in Zaire rather than in Europe or the United States of America!

All claims for pathogenicity of HIV by virtue of mutation have never been observed or demonstrated and are contrary to all established facts.

HIV is claimed to have unique genes and toxins that destroy nerve tissue. Again, none of these claims are substantiated or demonstrated. The RNA information, structure and function of HIV do not distinguish it from other retroviruses.

The Simian Immunodeficiency Virus (SIV) which is claimed to cause "AIDS-like" diseases in macaques is being cited to argue support for the Virus-AIDS Hypothesis. However, SIV is only 40% similar to HIV; causes disease 15 times more effectively in 1/10 the time; does not stimulate antiviral antibodies; does not deplete T-cells; produces an entirely different spectrum of diseases; and only does so in laboratory macaques, and not naturally in the wild species. So much for a supposed analogy.

The Real Causes of AIDS

The first edition (1952) of the Merck Manual listed the causes of acquired immune deficiencies in the order of occurrence: malnutrition, drugs, radiation…

The incidence of AIDS in Africa, which is completely different from the 25-odd diseases Europe and the United States of America and is characterized as diarrhea, fever and wasting, correlates virtually 100% with malnutrition, starvation and parasitic disease.

The incidence of drug use, i.e. street drugs (used orally or intravenously) all types, amyl nitrite (poppers) and other immune suppressive medical drugs, particularly AZT, correlate virtually 100% with the development of AIDS in Europe and the United States! These factors have been proven sufficient to cause the diseases of AIDS. HIV is a sometimes present, innocent bystander that has yet to be proven necessary for anything that is occurring.

Research by a respected group of Australian scientists have declared the test for HIV as scientifically invalid. They found that malnutrition, multiple infections, malaria, multiple sclerosis, tuberculosis, the "flu" and measles can result in a positive test. In Russia, screening with the Elisa test resulted in 30,000 positive tests. Yet, only 66 could be confirmed with the Western Blot.

Imagine the medical carnage being caused when individuals, because they once had measles or the "flu", are falsely diagnosed as having a virus which has never been proven to cause any disease, are given a drug which will kill them!

The incidence of AIDS in hemophiliacs drops dramatically when the protein contaminants in the added Factor VIII is refined three times.

Rare anecdotal cases of AIDS that were supposedly outside the risk groups, had been sensationalized in the press throughout the world. The cause of death was cited as AIDS due to HIV infection, but a closer look tells a different story:

An 18-year-old hemophiliac, Ryan White died of internal bleeding and have been treated extensively with AZT which causes AIDS (see package insert).

Paul Gann, a 77-year-old blood transfusion recipient died in 1989. Although the transfusion which was given in 1982 was not demonstrated to have HIV, it was blamed for his death. Gann had a 5-vessel bypass surgery in 1982, bypass surgery again in 1983 and in 1989 was hospitalized for a fractured hip, developed pneumonia and dies. How many times has this happened in virtually every doctor’s practice before AIDS? Yet, his death was blamed on AIDS.

Kimberly Bergalis, who supposedly contracted AIDS from her dentist during a tooth extraction (the mode of transmission was never established) was tested for HIV after the dentist disclosed he was homosexual. Kimberly was given AZT. The incidence of HIV-positives amongst the dentist's patients was 0.4%, the same as it is for all Americans!

The increase in the annual death rate of American males between the ages of 25 to 44 rose by 10,000 during the 1980's. They were assumed to be due to AIDS. During the same period, however, the deaths from intravenous drug use rose 400%.

Male homosexuals comprise 60% of American AIDS patients. One study involving 170 of them produced the following breakdown of drug use, usually in multiple combinations:

nitrite inhalants – 96%
ethyl chloride inhalants – 42%
lysergic acid – 50%
cocaine – 55%
amphetamines – 60%
phenylcyclidine – 40%
methaqualone – 50%
marijuana – 90%
barbiturates – 25%
heroin – 10%
prescription drugs – 50%

Many other studies involving thousands confirm these figures.

AIDS victims had twice the lifetime drug dose that HIV carriers!

When amyl nitrite ("poppers") was outlawed in the State of Massachusetts, the incidence of Kaposi's sarcoma dropped 7-fold (700% difference). Wherever its use has been charted, the incidence of the disease parallels the use of the drug. This is also true of all other AIDS diseases. The incidence of multiple diseases, which usually results in the frequent use of antibiotics was as follows:

Gonorrhea – 80%
Hepatitis B – 50%
Syphilis – 55%
Mononucleosis – 15%
Parasitic diarrhea – 30%

AZT, A Cause of AIDS

AZT is toxic to all cells; it is a DNA chain terminator. An independent laboratory found AZT to be 1,000 times more toxic than shown in the studies performed by the National Institutes of Health and the manufacturer (Burroughs-Wellcome).

180,000 HIV carriers worldwide are currently taking AZT. The drug insert clearly states that AZT causes acquired immune deficiency. Studies indicate that AZT does not effect the downward progression of CD-4+ cells.

Human and animal tests indicate that AZT causes severe depression (potentially fatal) in the production of red and white blood cells, muscle atrophy, plymyositis, lymphomas, hepatitis, dementia, mania, ataxia, encephalopathy, seizures and impotence. It is carcinogenic in mice.

Although it is well known that disease from drug use is dose related, this fact has been largely ignored in epidemiological research.

The only controlled study on AZT (FISCHL, et al., 1987) was discontinued after four months, supposedly because the beneficial effects were obvious. This study is a prime example of medical corruption:

The AZT group received transfusions 6 to 1 over the control group.

The two groups were not matched or staged.

Other "concomitant medications" were used.

Drug sharing occurred between the AZT and placebo groups.

The AZT group had 56 side effects and the placebo group had 31 side effects. This could only occur if the code had been broken, thus making the study useless.

The code was broken the first week.

The ultimate outcome of the study and others performed since, indicated that AZT actually triples disease risk. The administration of AZT adds new serious and fatal disease risks. These include serious anemias requiring life-saving transfusions, leukopenia and death (20% in 9 months on AZT).

Studies clearly indicate that AZT accelerates progression to death, increases the incidence of lymphoma 3,000% and does not prolong life.

Several studies have revealed recovery of cellular immunity and general improvement when AZT was discontinued.

IN SPITE OF THESE FACTS, THE FDA HAS NOT RECALLED AZT

The AIDS virus has been called mysterious, intelligent, strange, not ordinary, unpredictable and inconsistent. Compared to the unpredictability of the Virus-AIDS hypothesis, the Drug-AIDS hypothesis accurately predicts drug-specific diseases distinctly to the type of drug. AIDS diseases occur in HIV-free individuals, but are simply reported under their old names instead of being called AIDS.

Physicians have been victimized by less-than-scientific, self-serving researchers and politicians who mouth hypotheses as though they were truth and present half-truths which convey misleading conclusions. As a result, other scientists continue their expensive and fruitless search for "sharks in the desert". Meanwhile, hundreds of thousands, and eventually millions, will continue to die from lack of knowledge as to the true causes of AIDS and iatrogenic death from AZT.

It is time for physicians to remove the "art of medicine" mask of protection from criticism and boldly show their faces as true scientists. We must demand an immediate re-evaluation of the Virus-AIDS hypothesis in the interest of our patients and our sacred obligation to "above all do no harm".

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VIRUSMYTH HOMEPAGE