The Nobel Prize for medicine was awarded in the Fall of 2008 to French virologist Dr. Luc Montagnier, for discovering the “human immunodeficiency virus,” or HIV, a retrovirus most of the world believes causes the amorphous health condition known as AIDS. It was an interesting choice for the Swedish Nobel committee, perhaps even more politically motivated than was the Norwegian Nobel panel’s award of the Peace Prize to President Barack Obama in 2009.

For two decades now, Montagnier has been backing away from the American scientific orthodoxy that HIV, by itself, can impair or destroy cell-mediated immunity to disease. This discoverer of “the virus that causes AIDS” has clearly stated that he believes a healthy body can rid itself of the purportedly always pathogenic retrovirus, with no drugs or vaccines, in just weeks with natural anti-body immune response—an assertion antithetical to what is claimed by American AIDS researchers, who faithfully believe once you are infected with HIV, nothing can rid the body of it.

Challenging American scientific orthodoxy, Dr. Montagnier, 77, has for years questioned whether what he called lymphadenopathy associated virus (LAV, later named HIV) is sufficient to cause the immune deficiency that sickened and killed large numbers of gay men in the U.S. and other western countries for about a decade, beginning in the early 1980’s. HIV doesn’t by itself disable immune systems, he has argued, absent “co-factors.” As far back as the Sixth International Conference on AIDS in San Francisco, he suggested co-factors should be given serious consideration, as The New York Times reported, June 22, 1990: “Dr. Luc Montagnier….says increasing evidence is leading him to conclude that AIDS is caused not by a virus alone, but by a microbe and a virus working together.”

Montagnier repeated his co-factors theory almost 16 years later, in a lengthy interview conducted in December 2006 for a documentary film, “House of Numbers,” which premiered earlier this year to coincide with the 25th anniversary of the American political and scientific claim that the probable cause of AIDS had been found and it was a retrovirus.

“Probable cause of AIDS” was the exact phrase used by Health & Human Services Secretary Margaret Heckler on April 23, 1984, in a press conference in which she gave credit for the “discovery” to “our eminent Dr. Robert Gallo,” a cancer researcher in the National Institutes of Health, who was given no part of the 2008 Nobel Prize. Like American AIDS researchers, who faithfully believe once you are infected with HIV, nothing can rid the body of it.
In Leung’s interview, the French scientist reiterated his co-factor beliefs: “Most of the AIDS cases now are occurring in the poor countries, poor people. Probably because there are co-factors of transmission and progression of the disease caused by other types of infections, lack of hygiene, bad nutrition.”

But Montagnier went way beyond the co-factor theory in his interview with Leung. In a remarkable statement that challenges the very foundation of HIV=AIDS theory, Montagnier told Leung: “We can be exposed to HIV many times without being chronically infected. Our immune system will get rid of the virus within a few weeks, if you have a good immune system.”

Leung pressed the French scientist to make sure of what he was saying, in this exchange, quoted in full and available as a YouTube video:

Leung: If you have a good immune system, then your body can naturally get rid of HIV?

Montagnier: Yes.

Leung: If you take a poor African who’s been infected and you build up their immune system, is it possible for them to also naturally get rid of it?

Montagnier: I would think so.

Leung: That’s an important...

Montagnier: It’s an important knowledge, which is completely neglected. People always think of drugs and vaccine.

Leung: There’s no money in... in nutrition, right?

Montagnier: There’s no profit, yes.

In the world of HIV=AIDS orthodoxy, Montagnier’s co-factor theory and definitely his natural immunity heresy is cause enough to get him labeled an AIDS “denialist”—the Holocaust imagery invoked by defenders of the HIV=AIDS faith as an epithet to silence and discredit dissent from their widely accepted theory.

Dissent from that orthodoxy has been almost invisible over the past quarter-century in mainstream media, since HIV was announced by the United States government as the “probable” cause of AIDS in the Spring of 1984, a time when Ronald Reagan was seeking reelection and his political operatives were trying to blunt a charge of being insensitive to urban gay men succumbing to a mystery illness.

In the 25 years since, the world has seen the evolution of a multi-billion dollar HIV=AIDS enterprise, which has vigorously worked to discredit and suppress dissent from its contention that the immune deficiency first noticed among gay men in the early 1980’s can be attributed to a single retroviral pathogen.

The HIV=AIDS orthodox belief community encompasses hundreds of thousands of institutions and individuals: professionals and bureaucrats, at the Centers for Disease Control and Prevention and National Institutes of Health; academic researchers seeking tens of billions of dollars in government and private grants over the past 25 years; international charities, fronted by wealthy gay and gay-friendly celebrities like Elton John, Elizabeth Taylor and Kenneth Cole; physicians, hospitals and health clinics, which promote and provide HIV tests, prescribe drugs, and treat patients; and at least five thousand, and probably more than ten thousand well-funded, self-perpetuating local non-profits operating in almost every city and urban county, as well as many rural and suburban jurisdictions in America, like “Food and Friends” in Washington, DC, which in 2008 compensated its executive director $382,000. (In a front page story Sunday, October 18, 2009, The Washington Post reported widespread fraud in local District of Columbia government grants totaling $80 million to ninety non-profit AIDS “service” organizations from 2004 to 2008.)

Also in the well-intentioned orthodox belief community are companies mass-marketing, doctors ordering, and labs using profitable HIV antibody, CD4 T-cell, and “viral load” blood test kits; public relations firms, with contracts to promote “AIDS awareness” and HIV antibody testing, which expands the customer base for chemotherapies known by a benign-sounding acronym “HAART” (Highly Active Anti-Retroviral Therapies) and often referred to with the cant phrase, “life saving treatments;” and elaborate web sites offering medical advice on HIV-AIDS, like TheBody.com, a well-funded marketing effort to promote the drugs sold by pharmaceutical companies that fund the site (they’re listed at the bottom of the home page.) [Well, they were listed at the bottom of the page a few weeks ago when I posted the first version of this piece. As of today, December 8, 2009, the logos of the drug companies have mysteriously disappeared. But you can still see them as banner ads across the top of the page.]

[UPDATE: A spokesman for TheBody.com, Aryeh Lebeau, told me by telephone on Jan. 7, 2010, in answer to an emailed inquiry, that the logos were removed “about a month ago.” He refused my request to explain why, citing TheBody.com as a private business, owned by “Health Central,” which “produces web sites,” to which Lebeau said it was sold by another company, “Body Health Resources,” started by a James Mark. The timing of the deletion of the drug company logos, if it did occur about a month ago, would have followed by several weeks a story in New York Magazine investigating the devastating impact of anti-retrovirals on gay men over the past decade, “Another Kind of AIDS Crisis.” There is a listing—hard to find—on TheBody.com web site of sponsors and advertisers, naming 15 companies—ALL pharmaceutical firms. A pdf version of that page with the list, captured for this report at 1:16 p.m. EST, Jan. 7, 2010, can be seen here. And TheTheBody.com home page, as of 1:13 pm EST Jan. 7, 2010, can be seen here as PDF, with no logos at the bottom of the page; it will be interesting to see if the logos re-appear. For about 2 minutes between about 12:30 and 1 p.m., after I had the conversation with Lebeau, I saw a few of the logos begin to reappear at the bottom of the home page, but then they quickly disappeared.]

Plus, the industry gets a big boost from George W. Bush and the two “Bills,” Clinton and Gates, who put their celebrity, Gates’ wealth and American tax dollars behind “treating” and “curing” HIV=AIDS, believing they are saving millions of lives in the Third World. Their good intentions might be seen as a 21st Century version of Rudyard Kipling’s “hearing the white man’s burden” in black Africa—to which American HIV=AIDS missionaries seem to have off-shored a heterosexual AIDS epidemic that never occurred in the U.S. or Western Europe.

Finally, comprising the 800-pound-gorilla of the HIV=AIDS enterprise are the pharmaceutical companies, with annual HIV drug revenues of at least $8 billion, according to CNNMoney.com.
Yearly sales could reach $15 billion or more, as cash now flows to Africa from the $50 billion dollars (to be spent over five years) in "PEPFAR" funds authorized by Congress and signed into law by George W. Bush on July 30, 2008.

To place that HIV-AIDS drug company pot-of-gold in perspective, fifteen billion dollars would exceed the annual gross domestic products of all but about twenty of the 50 African nations. Because the PEPFAR program includes money for other initiatives, like fighting malaria and tuberculosis—actual epidemics in Africa— impoverished nations on the continent have a great incentive to cooperate with AIDS advocates bearing gifts.

Africa, we are told, is being ravaged by a "pandemic" of immune deficiency syndrome attributed to HIV, spread heterosexually among black Africans—an outbreak which never occurred among white heterosexuals in the United States, Canada, Europe and other parts of the western world, where HIV seems to be able to determine if you are gay rather than straight, black-or-white, and which can search out intravenous drug users,30 rather than the "real confluence of diseases" as the "pandemic" claims for HIV=AIDS in Africa are made, even though only a tiny number of Africans have ever had the tests claimed for identifying HIV antibodies. These tests, which few Africans can afford, are supposed to ascertain that casualties of old immune suppressive diseases like malaria and tuberculosis, and immune compromising conditions like malnutrition and polluted drinking water, are, instead, victims of a human immunodeficiency virus.

UNAIDS, a United Nations division set up to respond to AIDS and which shares some facilities with the World Health Organization (WHO) in Geneva, estimated in November 2007 that 22.5 million people are "living with HIV" in sub-Saharan Africa, which UNAIDS claimed has 88% of the world’s total HIV infections and AIDS "cases." That number was released when UNAIDS downsized its always mysteriously derived calculations of HIV=AIDS worldwide, from about 40 million to 33 million—figures based on elaborate mathematical models, not on actual counts of blood tests, or data from physician-determined presenting illness in the presence of HIV, or from government certified death certificates. The revision came after India, objecting to the UNAIDS numbers for its population, dramatically reduced its estimates of HIV-confounded-with-AIDS "cases" by almost three-fifths in June, 2007, from 5.7 million to 2.5 million, as reported then in The New York Times.

India’s new number was also based on data-modeled extrapolations, from tests on blood taken from 100,000 Indians. The resulting crude estimate of two-and-one-half million HIV-AIDS "cases" computes to two-tenths-of-one-percent of India’s 1.1 billion population. And that projection conflates theoretical HIV infections with theoretical AIDS patients.

The UNAIDS model for projecting HIV and AIDS "cases" in Africa has for years rested tenuously on a tiny blood test sampling of Africans, using the most unreliable of the purported HIV antibody tests, the "Rapid" and "ELISA" assays, usually conducted at clinics for pregnant women (common places for limited Third World population intersection with medical services.) HIV=AIDS dissenters cite pregnancy as one of many conditions that can cause a "false positive" reaction to the tests, which look for antibodies to one of any number of blood-borne proteins believed to be associated with what was claimed by Gallo and Montagnier, 25 years ago, as a discrete HIV genetic code.

Asked by this writer at a World Bank briefing in Washington, DC on March 6, 2008, to disaggregate HIV "infections" from AIDS "cases" among those purported 33 million world-wide, Ms. Karen Stanecki, UNAIDS senior adviser on demographic and related data, acknowledged that UNAIDS doesn’t have separate numbers for the virus and the disease syndrome. Asked how UNAIDS defines “AIDS,” she replied that UNAIDS has no definition of AIDS.

The briefing was billed as “UNAIDS Global Epidemiology - Demystifying [italics added] the New Global AIDS Statistics.”

Even more mystifying are claims by UNAIDS of purportedly accurate counts in South Africa, where the agency has been cited for most of this decade as the source for an annually recycled assertion that 900-1,000 South Africans die each day from AIDS. That purported daily figure is derived from a UNAIDS claim that about 320,000 die from AIDS annually in South Africa—even though, as Stanecki acknowledged, UNAIDS can’t disaggregate “HIV infection” from “AIDS cases.”

Simply put, there are no real data to support the 320,000 claim. It is an extrapolated, gross exaggeration from unsustainable assumptions.

The most damning evidence against the UNAIDS claim comes from “Statistics South Africa” (SSA), the official government collector of mortality and other demographic data in the country. In its "Mortality and causes of death in South Africa, 2006: Findings from death notification" released October 23, 2008, SSA listed 14,783 death registrations for AIDS or "HIV disease" as it is sometimes called. Just published in early November 2009 were SSA’s death certificates for 2007, showing a decrease in the number of HIV-attributed deaths, to 13,521 (see Page 25 of the report.) That means for both of the last two years for which figures are available, the official government statistics of South Africa revealed less than five percent of the deaths from AIDS claimed by UNAIDS.

The huge overstatement of what is claimed as AIDS in South Africa is central to assertions by HIV=AIDS propagandists, who attempt to silence dissent by portraying it as a kind of “Holocaust denialism” by those who question the value of the "life saving treatments." The most recent example is a "study" fabricated around that claim of 320,000 annual deaths, published by the Harvard School of Public Health AIDS Initiative, which asserted that, “More than 330,000 lives or approximately 2.2 million person years were lost [between 2000 and 2005] because a feasible and timely ARV [anti-retroviral] treatment program was not implemented in South Africa.” The "study" was heralded—with the impressive "Harvard" brand—on the front page of The New York Times on November 25, 2008, which asserted, "The Harvard study concluded that the policies grew out of President Thabo Mbeki’s denial of the well-established scientific consensus about the viral cause of AIDS and the essential role of antiretroviral drugs in treating it." The piece was yet another broadside by The New York Times and its editorial page against Mbeki, who in 2000 had the temerity to challenge the western "consensus" on HIV=AIDS, as scientifically and epidemiologically unsound, and racist in its implications about black African sexual practices. The Harvard "study" is refuted in this piece from the journal "Medical Hypotheses," June 2009 edition.

The re-purposing of old diseases as AIDS in Africa is explained in the writings of Dr. Charles L. Geshekter, a three-time Fulbright scholar who has traveled the back-roads of Africa for decades, and who recently retired from teaching African history at California State University at Chico. Geshekter describes what he found to be a myth that a
Chief among the drug companies that will profit from a huge leap in sales of AIDS “treatments” to Africa and which provide the profit motive force that helps sustain what critics pejoratively describe as an “HIV-AIDS Industrial Complex” is Gilead Sciences, Inc., a pharmaceutical company in Foster City, California, near San Francisco. Gilead, whose increasing HIV-AIDS drug market share was described by CNNMoney.com on November 19, 2007, could be the most politically connected big pharmaCo in the world. It was chaired by Donald Rumsfeld beginning in 1997, until he was named Defense Secretary by George W. Bush in 2001. The Gilead board of directors includes former Reagan Secretary of State George Shultz and U.S. Trade Representative under President George H. W. Bush, Carla A. Hills.

Gilead promotes its “Truvada” chemotherapy with ubiquitous advertising in gay readership publications. In two recent past years (2007 and 2008), this writer counted over sixty full pages of ads for Truvada and another Gilead drug in just one gay weekly newspaper, The Washington (DC) Blade. Several other makers of drugs began aggressive advertising in the Blade in the last half of 2008. Merck began running three-page ads for “Isentress;” Bristol-Myers Squibb bought two-page spreads for HIV medications with a low risk of diarrhea;” and Tibotec Therapeutics weighed in with four-and-one-half-page spreads for Prezista. (The Blade folded in bankruptcy in November 2009, but came back under the name “dcagenda” a few weeks later. It’s first tabloid-size edition, December 4, 2009 contained 40 pages—31 of which were advertising, and 13 (42 percent ) of those ad pages were from The HIV-AIDS Industry, including Gilead, GlaxoSmithKline, Bristol-Myers Squibb, the DC Dept of Health’s “Ask for the [HIV] test campaign,” and the [HIV-AIDS] Whitman Walker Clinic. The Industry virtually owns and operates much of the gay press.) Gilead also has tremendous power with the mainstream business press. A piece I wrote for TheStreet.com on December 7, 2009, which included a reference to Gilead and the toxicity of HIV drugs, lasted less than four hours on the site before it was erased—after the founder of the site, CNBC’s Mad Money Jim Kramer, intervened to have it withdrawn. (See my full explanation of what happened here.)

Why do “life saving” treatments need to be so heavily promoted? There are two reasons.

First, with healthy-looking models, the advertising is an attempt to offset concerns about the toxic adverse effects of the drugs, known by that benign-sounding acronym HAART, and euphemistically termed “side” effects by the drug companies. These common health-and-appearance and life-threatening effects--acknowledged, as required by law, in the advertising and packaging inserts for the drugs--include facial fat-wasting (lipoatrophy); redistribution of body fat (lipodystrophy), causing distended stomachs and “hump backs;” chronic diarrhea; and liver and kidney dysfunction and heart ailments, now becoming leading causes of morbidity and mortality among users of “HAART,” 14 years since the drugs were introduced in 1996. Not at all rare in those taking the drugs, the “side effects” are the new face of AIDS in gay neighborhoods and health clubs throughout urban America. These iatrogenic (medically induced) ailments and conditions are not among the 30-or-so AIDS-defining “opportunistic” illnesses, a list of old diseases compiled, from the early 1980s to the early 1990s, by the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) to describe and expand the definition of acquired immune deficiency syndrome. When they ran out of diseases to call AIDS, in 1993 the Centers for Disease Control made the United States the only country in the world to add CD4 T-cell counts below 200 as a clinical definition of AIDS, with no presenting illness necessary.

Second, advertising to gay communities complements heavy promotion of HIV testing by HIV-AIDS local government agencies and non-profit advocacy groups, and by the drug companies themselves, all with vested interests in identifying more “HIV positive” clients for their “services” and chemicals. A frenzy of HIV testing in the District of Columbia in 2007 and 2008 scored this front-page headline for the HIV-AIDS Industry in The Washington Post on March 15, 2009: “HIV/AIDS Rate in D.C. Hits 3%.” The lead paragraph: “At least 3 percent of District residents have HIV or [bold italics added] AIDS, a total that far surpasses the 1 percent threshold that constitutes a ‘generalized and severe’ epidemic, according to a report to be released by health officials tomorrow.” From the scary headline and breathless lead, and the conflation of HIV with AIDS, a reader might have concluded the nation’s capital was experiencing a surging epidemic of immune deficiency-caused illness and death. No. The story actually reported the results of an epidemic of testing, by a city government agency, the DC HIV-AIDS Administration (HAA), which employs 125 people and spends almost $100 million in federal and local tax revenues annually.

The mission of that bureaucracy is to address a “disease” which, even by the District government’s own dubious counting, crude estimates, and broad definition of “AIDS,” currently claims about as many lives as are lost annually from murder in the city—among the rarest of mortality causation in a civilized society. The last full-year claim by the HAA of deaths due to AIDS among District of Columbia residents was 224, for the year 2006, though a Centers for Disease Control report states the number was 217. In this first decade of the 21st century, DC homicides have numbered a little under 200 annually, contrasted with 300 to 400 per year in the 1980s and 1990s.

The CDC’s re-definition of AIDS beginning in late December, 1992 to include tens of thousands of AIDS victims-by-CD4 T-cell-counts dramatically increased the number of “AIDS” cases in the U.S. That is illustrated with the fact that only 11% of the 8,368 living-in-DC-with-AIDS cases claimed by the HIV-AIDS Administration in its 2007 annual report had been diagnosed with any AIDS-defining illness. The other 89%, with no presenting AIDS illnesses, were said to have AIDS only on the basis of T-cell counts [11% figure provided to this writer in an email Nov. 28, 2007, by D.C. HAA public relations officer Michael Kharfen.] The vast majority of the 8,368 included, as has always been the case since the 1980’s, mostly gay men and intravenous drug users, plus a small number of heterosexuals—mostly African-American women—who were unlucky enough to have a below-200 CD4 T-cell count assay reported by a physician, a test comparable to taking your temperature, as it goes up and down with changes in a variety of body conditions.

Any of those counts could have been caused by one or more of a long list of T-cell reducing factors, such as stress, poor nutrition and even over-exercising (trained athletes have been found to have low CD4 T-cell counts.) Many of
the District's AIDS-by-T-cell-count "cases" are users of intravenous drugs, recognized since the 19th Century as a cause of immune deficiency. Despite the immune system suppressive nature of injected drugs, the DC government appropriated $500,000 in 2008 for "clean needle exchanges," which, along with condoms, are promoted by liberal HIV=AIDS activists and the politicians who try to please them, on the theory that HIV is what is actually making ill those who shoot heroin and amphetamines into their veins. The favorite HIV prevention measure of conservative activists, and the politicians who cater to them, is abstinence from sex outside marriage.

Those roughly 7,500 “cases” of T-cell-defined AIDS in the District of Columbia, on the days they were "diagnosed," could have boarded planes to Toronto at Noon, and, when they landed a little over an hour later, suddenly would be cured of AIDS. Without presenting illness, with immune systems protecting them from disease, many and perhaps most of these individuals in Washington and throughout America have been placed on the chemotherapies and subjected to the toxic "side" effects, on the theory they are protecting themselves from future "opportunistic" illnesses.

Canada has the old-fashioned idea that you must actually be sick before your immune system can be judged deficient.

Corrected for population, Canada’s Centre for Infectious Disease Prevention and Control (CIDPC) reported about nine hundred percent fewer new cases of AIDS in 2007 than did the U.S. Centers for Disease Control (CDC) for 2006 (last year for which comparable statistics were available.) CIDPC reported just 238 new cases in all of Canada in 2007, with a population of 34,000,000 (Table 16A in Section 3 of the report.) The CDC claimed 37,852 new cases in the U.S. in 2006, out of a population of 300,000,000. Put into context, 238 new cases of acquired immune deficiency syndrome in Canada in 2007 is a level of incidence that comes close to the number of people struck by lightning and hit by trucks each year in a country of 34 million.

Absent from the Nobel white tie ceremonies last December (2008) in Stockholm, where Dr. Montagnier was formally given his award, was Dr. Robert Gallo, 71, the former director of the U.S. National Cancer Institute (a division of NIH), who also claims to have discovered the same retrovirus as Montagnier, which Gallo called the Human T-Lymphotropic Virus, type III--an acronym sleight-of-hand move, which Gallo made to bolster his claim to ownership of the purported virus by associating it with his similarly named “Human T-cell Lymphoma Viruses”, types I and II. Gallo’s “HTLV-III” was one of a class of viruses both he and his French counterpart had been trying to link to cancer, with little and arguably no success, for over a decade. Gallo’s work was funded by the “War on Cancer” Richard Nixon declared in 1971. Montagnier’s concurrent efforts were based at the non-profit Institut Pasteur in Paris.

At that hastily-called press conference on April 23, 1984, Gallo was touted by Reagan’s Health and Human Services Secretary Margaret Heckler as the discoverer of the “probable cause of AIDS.” “ Hastily,” because Gallo had published no peer-reviewed papers before the media event was held, which would have allowed other scientists who could have assessed the claimed relationship between AIDS and a retrovirus to vet and publicly challenge Gallo’s work before his claims were trumpeted to a science-illiterate popular press. Journalists are almost uniformly liberal arts majors who wouldn’t know the inside of a biology lab from a Labrador Retriever. While they have no problem questioning how the best and brightest could give us Vietnam or Iraq or a Wall Street meltdown, they are easily cowed into accepting claims by scientists sporting advanced degree acronyms after their names, despite the conflicts of interest and other factors that compromise the “findings” of modern medical science, as observed in a New York Review of Books piece in January 2009 by the former editor of The New England Journal of Medicine, Marcia Angell.

The compromising of medical and other scientific research in the past half-century, since the availability of generous government grants and drug company payola to researchers and physicians, is a subject covered by a great many experts in the study of the history and practices of science. Among them is Dr. Henry Bauer, former professor of chemistry and retired dean of the college of arts and sciences at Virginia Tech Univ. Bauer wrote Scientific Literacy and the Myth of the Scientific Method (Univ. of Illinois Press) in 1992. He became intrigued by what he regarded as the junk science associated with the HIV=AIDS hypothesis and began a personal investigation that led to his writing The Origin, Persistence and Failings of HIV/AIDS Theory, published in 2007, the most important book of dissent from the hypothesis since the 1996 publication of Inventing the AIDS Virus, by Univ. of California-Berkeley’s Dr. Peter Duesberg, a retrovirologist who first refuted Gallo’s findings over 20 years ago. Duesberg was a fellow cancer researcher with Gallo in the 1970’s and early 1980’s.

Despite all the anomalies from HIV=AIDS orthodoxy and the compromised science and epidemiology that challenge the single pathogen theory of AIDS, the former cancer institute apparatchik, Dr. Gallo, has expressed no doubt that his version of the HIV virus is enough, by itself, to cause AIDS--no stinking co-factors needed. Gallo blasted Montagnier for his apostasy at the 1990 AIDS conference in San Francisco, bellowing: “Since 1984, we’ve established enough evidence that there is a single cause for this disease. There is no evidence that anything else is needed.”

HIV is the name the French and U.S. governments agreed to agree upon in 1987, to settle the messy claim that Gallo had purloined Montagnier’s virus and used it to patent a profitable assay for a set of proteins these two discoverers alleged were associated with antibodies they claimed were formed in reaction to their retroviruses. Versions of Gallo’s and Montagnier’s test are almost universally, but incorrectly, referred to in popular media as tests for the purported human immunodeficiency virus, though there is actually no commercially available test to detect whether a protein-encased, nucleic acid-based genetic code--the definition of a virus--is present in a blood sample. Makers of the “ELISA” and “Western Blot” kits, claimed as tests for HIV antibodies, do not claim they can be used to determine the presence of active HIV virus in the blood. The AIDS industry simply asserts that if you have anti-bodies, which is all the tests purport to determine, you always have the active virus, which Dr. Montagnier disputes, in the interview cited above. Some HIV=AIDS dissenters refer to the so-called “viral load” reading purported to be ascertained from
the polymerase chain reaction (PCR) assay as a “viral load of crap.” Even the orthodox HIV/AIDS believers acknowledge that 99.99%-plus of a “viral load” reading by PCR is comprised of non-infectious virus particles, theoretically calculated from searching for only several hundred of the 10,000-or-so chromosomal “base pairs” believed to be associated with the HIV genome.

Yet, the alleged assay for “viral load” (of 99.99%-plus, un-infectious, theoretical viral particles) is still being used to determine if “treatment” with toxic chemotherapies is succeeding, even though mainstream researchers question the relationship between reducing “viral load” and increasing CD4 T-cell counts, including studies reported in the Journal of the American Medical Assn., JAMA, in September 2006 and in the British medical journal, Lancet, in August of that year.

To understand by analogy what actually may be occurring when “viral load” is being reduced or made “undetectable” with a daily dose of the “life saving treatments,” consider what would happen if a physician prescribed a daily regimen for the rest of your life of broad spectrum antibiotics, to reduce your “bacterial load.” An assay could be created to demonstrate that a specific bacterial line was being eliminated by the chemical--while you would be getting very ill, as the antibiotic also killed the good bacteria in your gut which allow you to absorb nutrients and which fend off harmful, disease-producing pathogens.

Given as often as every several months to willing “HIV positives” and CD4 T-cell defined “AIDS patients,” taking and not yet taking the chemotherapies, the “viral load” tests do yield something tangible: tens of millions of dollars to laboratories and physicians who order the tests.

The Nobel committee that determined Montagnier’s 2008 prize for physiology-and-medicine (six professors at the Karolinska Institutet in Sweden) bent over backwards to avoid including Gallo in last year’s award. Up to three individuals can share the honor. Montagnier split half of the 2008 loot, totaling over $1.2 million, with Françoise Barré-Sinoussi, his research associate. The other fifty percent went to Harald zur Hausen, a German scientist credited with linking papilloma viruses to cancer of the cervix.

Dr. Gallo now works at the Institute of Human Virology at the Univ. of Maryland School of Medicine in Baltimore, which he co-founded after he left the National Institutes of Health in the mid-1990s under clouds of suspicion about his scientific practices and ethical behavior raised in internal government (NIH) inquiries, a lengthy congressional investigation, and a noted investigative reporting effort by John Crewdson of the Chicago Tribune.

Following his work with the Pasteur Institute, Dr. Montagnier co-founded the World Foundation for AIDS Research and is president of the related Houston-based World Foundation for Medical Research and Prevention, with funding from Mrs. Oscar S. Wyatt, Jr., wife of a Texas oil man who in October 2007 pleaded guilty to, and served jail time for violating the rules of the United Nations oil-for-food program. Socialite Lynn Wyatt is from the family that founded the Sakowitz Department Store, and according to a biography posted at a web site called "www.professorlucmontagnier.com" she is a “Special Advisor, U.S.” to Montagnier and an “international humanitarian [who] personifying grace, sophistication, classic elegance, style and good taste, has enhanced the pages of Vogue, Harper's Bazaar, Town & Country and W through the years.” Wyatt is a Texas-sized example of social climbers who have enhanced thin resumes by becoming AIDS charity benefactors. Membership in the HIV/AIDS Industrial Complex offers many rewards. (Non-membership gets you excluded from www.professorlucmontagnier.com, entrance to which was recently password protected, apparently to protect Dr. Montagnier’s reputation from that of his benefactor.)

So, the virus co-discoverer Dr. Montagnier, who questions whether his discovery can, by itself, cause AIDS, and who believes the body can rid itself of LAV (aka HIV) on its own, got the Nobel prize.

And the American scientist Dr. Gallo, with the clouded reputation, who is certain his virus, HTLV-III (aka HIV), can make you sick all by itself, was snubbed for the honor.

The Nobel committee’s award to Montagnier may have been an attempt to shore up the HIV=AIDS house of cards, built on flawed science and politicized epidemiology, on CDC and UNAIDS numbers that confl ate HIV and AIDS, derived from data models that are extrapolations of gross exaggerations of questionably tiny blood samples, and which count as “AIDS” a long list of old illnesses that can occur all by themselves, with no help from the mysterious HIV. Or, the secretive awards committee might have been trying to encourage Montagnier to keep telling the truth about what he didn’t discover 25 years ago. (You can never tell the political motivations of those taciturn, Nobel Prize-bestowing Swedes and Norwegians.)

But the HIV=AIDS orthodoxy is indeed built on a fragile “House of Numbers,” as Brent Leung has titled his documentary. The case against a single pathogen theory for what was killing gay men in the 1980’s and into the 1990’s has been made for two decades by scientists, epidemiologists, physicians, investigative journalists, and other credentialed professionals who dissent from some or most of the orthodoxy. These “denialists,” as they are disparaged, have been allowed little or no access to mass mediated public discourse, stifled by an HIV=AIDS industry that increasingly looks like a religious cult, a quarter-century into the claim that Dr. Gallo’s retrovirus was the “probable” cause of AIDS.

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My reporting and analysis of the mysteries of HIV-AIDS presented here are informed by an autodidactic effort of intensive reading, into which I intellectually stumbled two years ago, on February 22, 2007, to be exact. On my daily visit to Reason magazine’s “Hit & Run” blog, I scrolled down to a brief posting by senior editor Brian Doherty: HIV Skepticism Gets a Day in Court Down Under.

Doherty’s short take included a link to AliveandWell.org, the web site of Christine Maggiore, a heterosexual Los Angeles business woman who came up “HIV positive” on a routine blood test in 1992, an experience that launched her own self-education in the mysteries of HIV-AIDS, and led her to write, “What If Everything You Thought You Knew About AIDS Was Wrong?”
A few-months-away-from-60 gay man living in urban America in February 2007, I had never felt a need to ask that question for 23 years. Because we knew, didn’t we, that HIV causes AIDS?

The arguments written by Maggiore—which I eventually discussed with her when she came to Washington in April 2007 to speak to the college journalists I teach—led me down a road few who claim to be journalists in America have traveled, because we are cowed by the priests of science. Since the “discovery” of HIV as the “probable” cause of AIDS, American journalism has held the gate tightly shut against quotes from those, like Peter Duesberg, who had the temerity to dissent. Whenever an intelligent reporter attempted to shed light on the anomalies, he or she would also get the denialist treatment. The prime example is Celia Farber, who has done outstanding work writing about HIV and AIDS for two decades. She was finally able to get a piece into the really mainstream media, an article in the 156-year-old Harper’s Magazine, in March 2006, on the tragic death of an “HIV positive” pregnant woman who died from the “side effects” of one of the “life-saving treatments,” nevirapine. Farber was blasted by the media establishment for her “Out of control: AIDS and the corruption of medical science,” and Harper’s was chided for publishing it. A New York Times editorial described the article as promoting “deadly quackery”, and the Columbia Journalism Review wrote, “Next time, Harper’s should be more careful about giving so much legitimacy—15 pages of it—to such an illegitimate and discredited idea.”

Mainstream “journalists” became defenders of the faith, unable to accept even a well-documented, meticulously fact-checked story about the collusion of medical practitioners and the pharmaceutical industry. Actual journalism—if you define journalism as a search for truth by many independent investigators—has been practiced on the HIV=AIDS hypothesis by other skeptical mainstream journalists like Neville Hodgkinson, former science correspondent of the Sunday Times of London; by Liam Scheff, an independent journalist who has chronicled the death of children in HIV chemotherapy trials; John Lauritsen, an early skeptic of HIV theory, writing in the New York Native; and by independent researchers like David Crowe, a Calgary, Alberta-based consultant, who is president of both the Alberta Reappraising AIDS Society (which aggregates content from HIV=AIDS dissidents) and the international organization, Re-Thinking AIDS.

But back to the question posed above by the newly-minted “denialist” whose words you are now reading: “What was killing all those gay men?”

The honest answer is: “I don’t know.” But the truth is, “We don’t know.” Because the world and its interpreters—mainstream media—stopped asking questions once the very nervous Margaret Hecker (you can see her trembling in the videotape shown about 30 seconds into the House of Numbers trailer) gave the satisfying, single pathogen, triumph-of-American-science answer on April 23, 1984. It was a conclusion that pleased gay men, because a simple little bug, pulled down from the small collection on Bob Gallo’s shelf, for which Hecker said we’d have a vaccine in a few years, made it everybody’s disease. And the dollars began to flow.

Hard as it may be to believe that the seemingly universal “consensus” that HIV=AIDS could be wrong, it is not at all unusual for “experts” in science to succumb to a herd mentality. Columnist George Will made that point in an essay earlier this year, “Dark Green Doomsayers,” in which he notes that some of the best and the brightest lights of science in the 1970’s were in consensus that the planet was headed for a period of “global cooling.”

A more likely truth is that the “gay cancer” resulted not from a single pathogen, but from multi-factorial causation.

Manifested in a way an insurance company actuaty calculating potential for disease and death could understand, intersecting factors, coinciding with the aftermath of the sexual revolution of the 1960’s and 1970’s, could include: (1) high levels—among a relatively small cohort of incestuously intimate urban gay males—of exposure to a number of old pathogens that challenged immune systems, attacking a subset of weaker hosts in a brief time span (and often repeatedly), such as syphilis, gonorrhea, hepatitis, parasitic bowel disorders, fungal infections, and an assortment of other ailments; (2) concurrent and historically unprecedented use of recreational drugs, particularly cocaine, amphetamines, nitrites (“poppers”) and lots of tobacco and alcohol—toxins which, like pathogens, overly taxed some, but not all, host immune systems; and (3) a high degree of anxiety, fear and depression in the emerging gay community, partly from social isolation as gay men ghetto-ized themselves in big cities and became targets of hate from a cultural conservative backlash.

The last of those three factors—capable of promoting psychogenic illness—is significant, because we know that our physical health can be severely impacted by our mental or emotional condition, no mystery retroviral co-factors needed. Each of the three factors would, as with all disease, weight differently in individual “hosts.” And there probably were virulent pathogens and toxins which contributed to AIDS but which were never discovered, because we stopped looking—after HIV was claimed as the single cause of the disease syndrome that was active in gay men from the early 1980’s until the very early 1990’s, when it began to subside, three or four years before the introduction of “HAART” in 1996.

If there is compelling evidence that the U.S. government-defined single pathogen theory is flawed, why has the dissent from it not gained traction? The financial interests of the HIV-AIDS Industrial Complex and the science illiteracy of mainstream media offer important insights in answering that question, as I have tried to explain here.

But perhaps more telling are two other factors. First, there is the intense fear generated by a medical mystery that equates sex with death—two realities that consume much of human self-awareness. And second, there’s the politicizing of a health enigma, strangely making it both a point of contention and an opportunity for ecumenical agreement among both social-cultural liberals and conservatives. The left has pivoted off HIV=AIDS to blast the right for its prudishness about casual sex and use of recreational drugs—advocating condoms and needle exchanges. And the right has posited the mystery virus and the amorphous syndrome as everything from god’s vengeance against promiscuity to a Christian responsibility to help black Africans—advocating abstinence and aims for the poor. But, oddly, the HIV-AIDS monster allows both the left and the right to come together and express communal empathy for HIV-AIDS “victims.” Those are powerful emotional forces that get in the way of rational, dispassionate investigation.
I write this piece hoping it will stimulate mainstream journalists to use the 2009 twenty-fifth anniversary of the U.S. government's HIV=AIDS hypothesis to re-open the investigation into what really was killing so many of us for about a decade. The answer quite possibly could end the reign of the psychological terrorist known as HIV, and halt the physical health damage we are doing with the "life saving treatments" to the world's gay communities and to black Africans, who once again may have to bear the white man's burden.

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Epilogue

Christine Maggiore

Christine Maggiore died December 27, 2008. I had dinner with her on November 13, 2008 on a trip to Los Angeles, by chance just six weeks before her death. She appeared physically healthy but in great emotional stress from the airing two weeks earlier of a "Law & Order: Special Victims Unit" episode (Season 10, Episode 5, "Retro", October 28, 2008.) The cheesy, sordid TV drama fictionalized Maggiore's life, alluding to the death of her 3-year-old daughter, who died in May 2005, of what a Los Angeles coroner's report--produced four months after the death--ruled was AIDS-related pneumonia, without any evidence of an "HIV positive" blood test. Maggiore and her husband, Robin Scovill, engaged a toxicologist to review the autopsy, producing a report that asserted the death was due to an adverse reaction to an anti-biotic the child was given for an ear infection. After the daughter's death, Scovill and his 13-year-old son Charlie, who he fathered with Maggiore, agreed to take the "HIV blood test" and both were found to be "negative" for the proteins Gallo and Montagnier claimed were associated with anti-bodies to the allegedly blood-and-semen-borne pathogen.

Those of us who knew Christine and admired her courage, tenacity and intellectually rigorous research into the HIV=AIDS enigma believe the illness she suffered for several weeks, that resulted in her death, was at least partly--and probably mostly--psychogenically induced, from the emotional burden of that scurrilous TV show and the cumulative effect of hate directed at her for 15 years by The HIV-AIDS Industrial Complex.

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Terry Michael founded (in 1988) and continues to direct the Washington Center for Politics & Journalism, which teaches college journalists about politics. A newspaper reporter from 1969-72, he was a Democratic Party political press aide from 1973-88, working as press secretary for the Democratic National Committee from 1985-87. He notes his research and writing on "HIV"-AIDS are completely independent from his work at the Center. His other opinion writing can be found at his "libertarian Democrat" blog, www.terrymichael.net.