

Rethinking AIDS

VOLUME 7, NUMBER 6

JUNE 1999

Tyson family loses in Oregon court

Eugene judge denies HIV-positive mom right to breastfeed, assigns permanent custody of infant to State

A EUGENE, OREGON judge on April 20 made permanent a December 11, 1998 emergency order by assigning custody of infant Felix Tyson to a state agency. The arrangement places Felix with his parents as long as his mother, who tests "HIV-positive," promises not to breastfeed.

Felix's parents, Kathleen and David, made international news when they decided to breastfeed him and not to administer him the drug AZT. The couple rejects the popular beliefs that positive HIV tests indicate active HIV infections, that HIV infections cause AIDS, that breastmilk transmits HIV, and that "anti-HIV" pharmaceuticals like AZT confer any health benefits. As *RA* reported in March, when Kathleen first tested "HIV-positive," the Tysons held the conventional view that HIV explains AIDS. After learning about the AIDS reappraisal movement and carefully studying it, they adopted the view that other factors, not HIV, explain AIDS.

The official view holds that positive HIV tests indicate AIDS-causing HIV infections, that breastfeeding transmits HIV, and that AZT reduces *in utero* HIV transmission and helps prevent HIV infections from taking hold in exposed individuals. For these reasons, most physicians treating HIV-positive, pregnant women prescribe AZT to them and their newborns and recommend against breastfeeding.

Many scientists, however, hold a different view, one shared by the Tysons: that most HIV-positive people lack active HIV infections, that in any case HIV infections cause neither AIDS nor any other

disease, that breastfeeding transmits HIV either rarely or not at all, and that AZT — rather than conferring benefits — is actually one of the factors that causes AIDS.

The day after Felix's birth, hospital physician Lauren Herbert witnessed Kathleen breastfeeding and learned that the Tysons refused to administer AZT to Felix. After failing to convince the Tysons to accept the standard recommendation — no breastmilk and daily doses of AZT — Herbert reported the couple to Oregon's Services to Children and Families (SCF). The SCF obtained a temporary custody ruling from Judge Pierre Van Rysselberghe, who assigned custody to the agency. Van Rysselberghe's order placed Felix with his parents so long as they agreed to withhold breastmilk, feed him AZT, and submit to regular compliance inspections by SCF representatives, which they did.

For the April 20 trial, the Tysons retained Maine attorney Hilary Billings. Previously, Billings won a case against the state of Maine in its attempt to take custody of an HIV-positive child whose HIV-positive mother, Valerie Emerson, refused doctor's orders to administer him AZT after learning of the RA perspective.

In the Tyson case, Billings originally intended to argue for "informed consent," as he did in the Emerson trial. He would have international human rights expert George Kent, PhD, a political science professor from the University of Hawaii and RA member, testify that parents have the right to choose medical treatment from among conflicting reasonable recom-

mendations. Rather than prove the superiority of the Tysons' views over those of the medical consensus, he would call experts to testify that the Tysons' conclusions are reasonable — based on scientific data and shared by many scientists and physicians — and thus protected by international informed consent standards.

"We never intended to put HIV on trial," recalls David Rasnick, a pharmaceutical researcher and RA chairman who testified for the Tysons.

When Juvenile Court Judge Maurice Merten refused to hear the informed consent argument (ruling that the concept did not apply) and forbade Kent's testimony, Rasnick notes, "we had no choice but to put HIV on trial. Judge Merten wouldn't let Billings discuss informed consent. But he would let us say anything we wanted about HIV and AZT."

This made Billings's job much harder: to disprove one of the most popular medical views of all time — a view familiar to and accepted by most judges — rather than to demonstrate reasonableness for an alternative view.

"It was clear to me that the judge had his mind made up before the trial began," Rasnick said. "I just didn't know which way. He kept rushing things along. Whenever he figured out the direction of the testimony, he'd say, 'OK. So that's your point. Move on to the next point.'"

Although Merten's ruling included a stricture against breastfeeding, it did not require AZT administration or continued surveillance. This partial victory is not as

generous as it might appear, though; by the time of the trial, four-month-old Felix had persistently tested "viral load" negative, meeting the new standard for discontinuing infant AZT administration. (Before viral load, the discontinuation standard involved antibody testing at 18 months.)

Because the Tysons have agreed not to breastfeed, Felix will continue to live at home. They have decided not to appeal. "The process would likely take as long as a year, which is longer than we would want to breastfeed," David Tyson told *RA*. "Plus, an appeal could involve an order stipulating resumed surveillance. We are concentrating on regaining custody of Felix by agreeing to abide by the ruling."

The Tysons hope to cover legal expenses with continued donations to the Free Felix fund.

Months before trial, Services to Children and Families representatives offered to drop the case, to return custody to the Tysons, and to stop surveilling them if they simply agreed to comply with Dr. Herbert's recommendations. The Tysons refused. They felt that although the deal would guarantee them custody of Felix, they wanted a ruling that would give them, and all parents, the right to make informed

FREE FELIX LEGAL DEFENSE FUND

2475 Miami Lane
Eugene, OR 97403
<tysn@televar.com>
www.televar.com/~tyson

medical decisions for their children.

Roberto Giraldo, MD, HIV test expert and RA Board member, served as the Tysons' only other technical witness. He and Rasnick praise Billings's performance, and support his strategy of putting HIV on trial. "Informed consent worked in the Emerson case because that case was different," Rasnick says. "The Emerson child already has what the state considers to be an HIV infection, so there was no concern about acquiring this supposedly harmful virus from breastfeeding. And the Emerson child had been sick with AIDS while on AZT and got better when his mother stopped giving him the drugs. But the Tysons have refused the official treatments all along.

"In a sense, I understand the judge's ruling. Some experts testified that HIV is harmful and others that AZT is harmful. So he issued a ruling that he feels exposes the child to neither. We think, of course,

that mother's milk is the best possible food for an infant, even if the mother tests 'HIV-positive.' But most Americans think that infant formula is good enough; millions of healthy children have been raised on it. But most Americans, including judges, have been indoctrinated to fear milk from so-called 'HIV-positive' mothers.

"I think we can always win a ruling against forced administration of drugs; judges are open to the idea that they are harmful. But convincing a judge that HIV is not harmful, and that milk from mothers labeled 'HIV-positive' is safe, that's a much harder task and a totally different scenario. For that, we really must put HIV on trial."

In future cases, Rasnick says putting HIV on trial can work, provided there is enough preparation time and more expert witnesses to testify on other aspects of the scientific controversy.

An April 20 Associated Press article acknowledged that the "case focused on clinical theories about how HIV doesn't really cause AIDS." The May 16 *Boston Globe* included a sympathetic portrait of Billings, entitled, "A lawyer's medical challenge: Contends HIV does not necessarily cause AIDS." — Paul Philpott

African Delegates Reappraise AIDS

US INFORMATION AGENCY PRESENTS MAGGIORE & RASNICK

by Christine Maggiore

WHEN THE International Visitors Council of Los Angeles called inviting Alive & Well, the AIDS reappraisal group that I direct, to meet on May 18 with a visiting delegation of African AIDS leaders, I figured somebody had made a mistake.

Surely no government organization would allow an official African delegation to hear dissenting views on AIDS, let alone ask us to present them. Someone, I thought, must have picked us at random from the hundreds of local AIDS groups and assumed that we, too, promote the standard view that HIV is rampaging across the globe, devastating drug-free heterosexuals, and depopulating the entire African continent.

I imagined myself in a room full of startled and unappreciative African dignitaries escorted by members of orthodox AIDS groups (my former comrades) shouting me down. So I did not accept the invitation immediately. But after the Visitors Council called persistently, I decided to take a chance.

I solicited a presentation partner: David Rasnick, PhD chemist, pharmaceutical industry protease inhibitor expert, independent AIDS researcher, and RA Chairman.

A faxed confirmation from the Visitors Council described our presentation as part of a US Information Agency (USIA) program

to connect African AIDS workers with grassroots American HIV/AIDS organizations. The USIA enlisted US embassies in various African countries to select eleven doctors, journalists, health care workers, government officials, and other professionals involved with AIDS. The International Visitors Councils in LA, Pittsburgh, and Atlanta were to host sequentially the delegation and choose local AIDS groups to make presentations. To my relief, I learned that we would have a private audience with the delegates, meaning no host representatives around to shut the meeting down once our perspective became apparent.

During our communications with Visitors Council representatives, we found no reason to think that any of them knew about Alive & Well's controversial view. We kept mum, assuming they'd revoke our invitation if they realized our conclusions. We wanted to safeguard the rare opportunity to present accurate information and life-saving facts to African officials and journalists. Like American officials and journalists, those in Africa base policies and news dispatches on misleading and inaccurate data which portray HIV as a pathogen and ignore or dismiss the real causes of AIDS — including narcotics, anti-HIV pharmaceuticals, and poverty resulting in malnutrition and poor sanitation.

We arrived to find Alive & Well's entire mission statement — clearly stating our unpopular views — on the delegates' itinerary; the Visitors Council knew about our views after all, so our audience expected to hear what we had to say. I wondered if Visitors Council officials discovered our banned views at the last minute and were either too embarrassed or too ethical to "dis-invite" us. I couldn't imagine that they could have known all along.

We started the meeting by giving each delegate information packets containing articles by Cal-State Chico African history professor Charles Gesheker on AIDS in Africa, Celia Farber's report in the Sep/Oct '98 issue of *Mothering* on HIV-positive mothers, the latest article by Yale math professor Serge Lange, "HIV and AIDS: We Have Been Mised," *People* magazine's October 5, 1998 story on Valerie Emerson, *Maclean's* April 12 "Rethinking AIDS" article, and my book, *What If Everything You Thought You Knew About AIDS Was Wrong?*

After a "crash course" overhead presentation of basic challenges to the HIV-AIDS model, I told my personal story.

I described how seven years ago doctors gave me a positive HIV diagnosis and predicted I'd die in five-to-seven years, after developing horrible AIDS conditions like persistent wasting and pneumonia. I explained how I prepared to die by giving up my successful import/export clothing business and how I became one of LA's most popular public speakers advocating the conventional views: HIV is the cause of AIDS, AIDS is contagious, everybody is at risk for HIV and AIDS, and everybody should be petrified of HIV and support expensive government efforts to defeat it. I recounted how my popularity as a speaker derived from my risk-free status as a straight woman with no history of drug-injecting, blood exposure, or intimacy with gay men or drug injectors; how this inspired sympathy and qualified me as a "poster girl" for the official view that "everyone is at risk"; how eventually I noticed the rarity of my status — hardly any other drug- or transfusion-free heterosexuals ever tested positive; and how I began to wonder why my "HIV infection" had not made me sick, even as I taught audiences that "HIV-positive" people have lethal AIDS-causing HIV infections.

I explained how I inadvertently discovered an alternate view, that other factors, not HIV, explain AIDS. Then I presented some of the facts that contradict the conventional view that holds HIV responsible for AIDS and regards HIV testing and treatment as urgent priorities even for financially strapped nations: HIV tests don't detect HIV, just trace bits of gene sequences or antibodies that neutralize HIV; many factors besides HIV exposure cause positive reactions on the antibody tests; hardly anybody outside of the risk groups tests positive; AIDS patients always have non-HIV factors that explain their illnesses; the drugs used to treat presumed HIV infections — chemicals like AZT — feature AIDS conditions among their "side effects"; and many American and most African AIDS patients test HIV-negative.

I told our audience how I studied this information, read papers by established scientists making these claims, and found plenty of data documenting their conclusions, but found little evidence to verify the official AIDS view I'd been advocating. These discoveries inspired me to resign my volunteer positions and form my own organization, first HEAL-LA, and now Alive & Well. I told them how seven years into my five-to-seven year life expectancy,

I remain alive and well, totally free of any AIDS condition. I told them how I've never taken — nor will I ever take — any HIV drugs, which they have heard their nations need to save their many residents who test positive.

The delegates responded well to my presentation, particularly the part about my son. They were shocked, then encouraged, to learn that I have a healthy two-year-old boy. They explained that African women are told emphatically never to have children if they test positive. And they never question this. It was heart-breaking to hear delegates describe AZT trials for pregnant African women, and how expectant mothers who test positive cannot refuse HIV drugs if they're made available. The trials have no placebo arms, thanks to western researchers who erroneously claim to have proven that AZT provides benefits over placebo.

Dr. George Enow-Orock of Cameroon was at first astonished to learn that I breastfeed and that my husband, Robin, paid no heed to my HIV status. Eventually, Enow-Orock and everybody else in the room became comfortable with my lack of fear.

Rasnick followed by providing everyone with a copy of the new "The AIDS Dilemma" paper he co-authored with UC-Berkeley retrovirologist Peter Duesberg (*Genetica* 104, 1998), a recent article, "AZT: A Medicine from Hell," by South African attorney and AIDS reappraiser Anthony Brink, and a photocopy of the skull and crossbones poison label affixed to commercial-sized containers of AZT. He showed how AZT, but not HIV, has the capacity to cause AIDS and other life-threatening problems.

We intended to provide a well-documented counter to the unsupported exhortations from the west that Africans divert scarce resources from alleviating poverty (which we describe as the real cause of African AIDS) to "stopping the spread of HIV." We criticized the current official recommendations for (1) replacing breastmilk with formula not just for women who have tested positive, but for the millions of untested women (including a majority who testing would identify as negative), (2) massive HIV-screening, and (3) distribution of AZT to those who test positive, and the infants of positive testing mothers.

During the lively and cordial exchange, a freelance journalist from Swaziland, Sandile Ntshakala, asked about AIDS in Zimbabwe. He said that Zimbabwe's former 3% annual growth rate dropped in the 1990s to zero due to increased mortality. Something new was killing people, he said, and that "something" was most likely AIDS. Using information provided by Gesheker, who could not attend, Rasnick pointed out that just prior to the decline in Zimbabwe's population growth, the nation's once-excellent economic situation had collapsed into its current desperate state of affairs, one in which all manner of disease has escalated, including diseases that fall outside of the AIDS definition.

Concurrent with this development and also prior to the decline in Zimbabwe's growth rate, the World Bank and the International Monetary Fund (IMF) placed harsh restrictions on governmental social spending — a restriction officially called "structural adjustment programs" — as a condition for providing loans and other debt relief. The restrictions specifically curtailed public money for health care and food. Rasnick suggested that "the 'structural adjustment' imposed by the World Bank and the IMF makes a better explanation for the declined Zimbabwean growth rate, since malnutrition, not HIV, is capable of killing human cells."

The point seemed to resonate with the delegates.

Later, Dr. Alti Zwandor of Nigeria explained to Rasnick and me that people in her country's AIDS wards are clearly dying of simple malnutrition. She told us that all the mortality among the 300 "AIDS" patients in her care could be explained by simple lack of food. And as all available funds go for safe-sex "AIDS awareness," she often uses her own money to buy meals.

Andrew Mutandwa, the acting deputy director of Zimbabwe's Ministry of Information, Post, & Telecommunications, led a unanimous request for copies of our overheads and additional copies of the *What If...* book, which we accommodated. As the meeting closed, the delegates' LA escort arrived and suggested that everyone read Duesberg's book, *Inventing the AIDS Virus*. Apparently, he already knew about our views and considered them positively. At the end of the event, Rasnick and I received a round of enthusiastic hugs. The delegates asked to see photos of my son, took pictures of Rasnick and me, and had me sign copies of my book. Rasnick and I were encouraged by the warm reception and the delegates' willingness to discuss AIDS critically.

"I hoped that the group would leave the meeting a little less certain about what they thought they knew about AIDS, and with a few more questions than when they arrived," Rasnick said. "Mr. Mutandwa of Zimbabwe told me they they were going to spend two or three days meeting with officials at the Centers for Disease Control (CDC) in Atlanta. I'd love to see those meetings now that these African representatives have heard our story."

We obtained their email addresses so we could interact with them during their CDC visit, while officials there would surely

try to lull them back into orthodox AIDS-think. But we never heard back from any of them.

After the presentation, I learned that Visitors Council officials invited us specifically because they wanted to provide a variety of opinions, so the delegates could reach their own conclusions. The Council's program coordinator for the African AIDS project, Napah Quach, discovered *Alive & Well* on the web. She said our home page <aliveandwell.org> favorably impressed her with what she described as its unique view of AIDS and a cogent, professional presentation. She deliberately chose not to provide a program of unanimous agreement. The Visitors Council's mission statement includes a clause that explicitly regards expressed differences of opinion as effective and desirable learning opportunities. I wonder if Quach knows that this attitude distinguishes her agency from virtually all government bodies, university faculties, and major media outlets. Quach said the Council would include *Alive & Well* in future programs dealing with AIDS.

I'm learning that such dialogue opportunities seem to drop from the sky — provided there's a foundation of consistent effort for them to land on. Another reason for all of us to keep working. *For videos of the event, contact toll-free 877-92-ALIVE or <alivela@best.com>.*

About the Group

Our members include medical scientists, physicians, and other professionals from around the world who encourage a serious reappraisal of the HIV-causes-AIDS model. We have found solid scientific reasons to conclude that:

- HIV may be entirely harmless.
- People diagnosed with "AIDS" may be sick not from HIV infections, but rather from other factors, such as one or more of the following:
 1. Direct or indirect effects of recreational drug consumption.
 2. Immunological exposure to foreign proteins, such as through hemophilia treatments and blood transfusions.
 3. Impoverished living conditions.
 4. Toxic chemotherapy with "anti-HIV" pharmaceuticals such as AZT and protease inhibitors.
 5. Psychosomatic terror inspired by a positive HIV diagnosis.
- Within the AIDS risk groups, AIDS conditions may be common even in people who test HIV negative. This indicates a need to look beyond HIV in order to explain AIDS, and a need to reconsider the official AIDS definition, which limits diagnoses to patients with presumed HIV infections.
- Pharmaceuticals prescribed to treat HIV infections may actually cause some cases of AIDS.
- Most people who test HIV positive may have no active HIV infections, including many AIDS patients.
- Contrary to the public health message that "everyone is at risk for HIV and AIDS," the vast majority of even sexually active Americans have no significant risk of either.
- Public officials, medical scientists, and social activists may have accepted the HIV-causes-AIDS model without properly scrutinizing it.
- Public officials, scientists, and social activists may have dismissed alternative models without properly considering them.

Reappraising AIDS is the monthly publication of The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis

The Group's Board of Directors

David Rasnick (Chairman) PhD, Chemistry; BS Biology; Visiting Scientist: UC-Berkeley
 Paul Philpott (Editor) MS, Mech. Engineering; Detroit
 Charles A. Thomas, Jr. PhD, Biochemistry; Prof. (ret.) Med., Harvard; San Diego
 Hiram Caton PhD, Medical Ethics; Author; Prof., Griffith Univ.; Australia
 Harvey Bialy PhD, Biology; Editor-at-Large, *Nature Bio/Technology*; Mexico
 Celia Farber Journalist; New York City
 Russell Schoch Editor, *California Monthly*; Berkeley
 Tom Bethell Washington (DC) Correspondent of *The American Spectator*
 Charles Geshekter PhD, African History; Prof., Cal. State Univ.; Chico, CA
 Gordon Stewart MD; Public Health, Epidemiology; Prof. (emer., ret.), Glasgow Univ.
 Peter H. Duesberg PhD, Biology; Nat'l Acad. Sciences; Prof., UC-Berkeley
 Mark Craddock PhD, Mathematics; Lecturer, Univ. of Sydney
 John Lauritsen Market Researcher/Analyst (ret.); Author; Journalist; Cape Cod, MA
 Roberto A. Giraldo MD; Infectious Disease Specialist; New York City
 Christine Maggiore Founder and Director, *Alive & Well*
 Copy Editors: Christine Johnson and Rodney Knoll

The Directors welcome concise and appropriately referenced contributions reflecting all facets of this topic.

You can support our efforts in many ways: scrutinize the HIV/AIDS hypothesis in discussions with friends, classmates, and professors; make photocopies of this journal and distribute them to associates or leave them where free publications are displayed in book and health stores.

Annual subscriptions cost \$25 (\$35 US cash foreign) individual, \$100 institutional-professional-gratuitous.

Currently we survive on tax-deductible donations.

7514 Girard Ave., #1-331, La Jolla, CA 92037 (philpott@wwnet.com)
 voice 877-256-6406 toll free / fax (619) 272-1621 San Diego
<http://www.wwnet.com/~philpott/ReappraisingAIDS>