

# Reappraising

# AIDS

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## ***Will Colombia be the first nation to reappraise its AIDS policy?***

Roberto Giraldo is one of the leading infectious disease experts in Colombia, where he just completed a seven-city lecture tour espousing his ~~non-infectious~~ AIDS view to over 5,000 physicians, medical scientists, and other health professionals.

The speaking tour helped inspire a major Colombian medical school to plan a high-profile October, 1997 AIDS reappraisal conference.

How things have changed for

Giraldo since 1987, when the former medical school department chairman returned to Medellin from eight years of clinical work in the impoverished countryside. Infectious AIDS hysteria was in full-swing, and Giraldo's expertise was in high demand... until he started debunking HIV.

The resounding rejection ruined him professionally, and he retreated to a fresh start in the United States. From the US, Giraldo main-

tained contact with his Colombian colleagues by sending them each new academic paper that supported his view.

Gradually he changed many minds, an effort that resulted in the resurrection of his original reputation and the recent speaking tour.

Here is a full accounting of how a single man seems to have led an entire nation to the brink of adopting a rational view of HIV and AIDS.

## **COLOMBIAN PHYSICIAN'S ODYSSEY**

### **DISSIDENT FORMER MED SCHOOL PROFESSOR BACK ON TOP**

"Many Colombians go to elementary school, high school, get their professional training, and then work in the town of their birth," Roberto Giraldo explained in a recent phone interview.

"In the 1960s I attended the University of Antioquia," he continued, "which is very well known and one of the best universities in Colombia. After receiving my MD there, I stayed on to do

my specialization in internal medicine, with an emphasis in infectious diseases. Then I went to London to do my masters degree at the London School of Hygiene and Tropical Medicine, which is a part of the University of London."

After that Giraldo returned to Medellin to work as a professor at the University of Antioquia, where he taught clinical infectious diseases, microbiology, immunology, and parasitology — all the basic courses — to medical, bacteriology, and nursing students.

In 1975 he was named chairman of the Department of Microbiology and Parasitology. He left the university in 1979 to open a clinic in "the remote countryside zone of Magangué, in the middle of nowhere, treating miners, fishermen, peasants, lots of very poor people. My friends at the university were not happy with this. They wanted me to stay at the university forever. But I wanted contact with people who really needed my knowledge."

#### **NON-INFECTIOUS AIDS EPIDEMIC PREDICTED**

Giraldo lived in the jungle for eight years, treating tropical infections and the biological effects of impoverished living. During this time, he stayed current with the scientific literature via the postal service. AIDS had erupted as an urgent medical topic, and Giraldo tracked its developments from its official birth in 1981. "I knew immediately that AIDS was not contagious and that a virus had nothing to do with it," he recalls.

The focus of his graduate study in London during the '70s had been immune deficiency in tropical countries, especially Africa. He concluded then that there was a long-established and widespread endemic of immune deficiency there, and that it resulted

#### **AIDS DEATHS, NEW CASES DOWN FOR 1996**

##### ***Both Trends Predate Protease Inhibitors***

There were fewer new AIDS cases and AIDS deaths in 1996 than in 1995, according to the latest CDC *Morbidity and Mortality Weekly Report* (Feb. 28).

This was the third year in a row for decreased AIDS diagnoses, which peaked in 1993, according to the report. AIDS deaths peaked in 1994, held steady in 1995, then dropped in 1996. AIDS mortality was calculated for January-June, 1996, and was 13% lower than the same period of 1995.

HIV proponents have never acknowledged the decline of AIDS cases, but have recently attributed the decline of AIDS deaths to the new protease inhibitor-based therapy. However, protease inhibitors became FDA-approved in December, 1995, a year after AIDS mortality began its decline, and did not become widely used until mid-1996.

from severe malnutrition compounded by constant exposure to bacterial and parasitic infections. He had also concluded that the overlapping, long-standing endemic Kaposi's sarcoma in Africa results from a combination of immune deficiency and carcinogenic stressors.

"This is one of the few places where Duesberg and I disagree," Giraldo remarked. "He thinks KS has nothing to do with immune deficient. But I think immune deficiency is one of the common denominators in every case of KS."

With his formal training in tropical immune deficiencies, malnutrition, and Kaposi's sarcoma, together with his experience treating impoverished people in rural Colombia, Giraldo cast a skeptical eye on the early claims of infectious immune deficiency among affluent gay westerners. And when those claims started being linked to immune deficiency among Africans, "I knew exactly what was going on, and that there was no viral culprit."

Before the AIDS scare began in 1981, even before he left for the jungle in 1979, "I knew all about the world's drug epidemic, and that some gays in urban areas were heavy into drug use. On a number of occasions — at conferences, during lectures at universities, and in my classroom — I publicly predicted that if this lifestyle continued, we would see an epidemic of immune deficiency in the United States and other places where cocaine and other drugs were heavily consumed."

While in the jungle thinking about the emerging AIDS data in the light of what he already knew to be true, "I developed the idea that street drugs, pharmaceuticals, malnutrition, exposure to foreign proteins (in the form of blood, semen constituents, and any pathogenic microbe, including fungi, bacteria, viruses, and parasites), environmental pollutants, and mental stress all had something in common. They were immunological stressors that could undermine the immune system."

Despite what colleagues considered a peculiar insistence on living among impoverished people in a remote area, Giraldo says he was still a respected and influential authority on the subject of infectious diseases in Colombia. A few times a year he would travel out of the jungle to attend medical conferences, often presenting lectures.

He would discuss his unorthodox views on AIDS, but drew neither fierce opposition nor committed acceptance. No important western scientists had yet rejected the HIV model, and Giraldo no longer had any important official affiliations. So no big deal was

made either way when Giraldo would emerge from the remote countryside to make a few strange comments about AIDS.

### BACK TO MEDELLIN

In 1987, after his eighth year in the jungle, Giraldo says he was forced back to Medellin. The political situation had become unbearably dangerous in the Colombian countryside. "Rival drug armies and bands of Communist guerrillas came to dominate the place, making it a very unsafe place to live. They all needed physicians and wanted me to work for them. Since I wouldn't accept their invitations, I had to flee."

He returned to Medellin with his status intact as a prominent expert on the subject of tropical and infectious diseases, he says.

He assumed he'd reclaim his position as a professor at the University of Antioquia. "I was giving lectures there, and working in the hospitals," he says. "Everybody wanted to hear my stories about life in the jungle, and what I learned there. And as before I left, the hospitals sought my advice."

But things did not work out as he planned. "I made a terrible mistake," he concludes. One of the things everybody wanted to know about was his view on AIDS, the hottest medical topic around, and a topic they placed within Giraldo's sphere of expertise: infectious disease. "Unwisely, I freely expressed my views on this subject," he shrugs.

It's not hard to understand why Giraldo made this miscalculation. He had a great deal of confidence, given his reputation and credentials. Everywhere smiling doctors and admiring scientists were welcoming him to their lecture halls, asking him about this terrifying medical challenge, AIDS.

And besides, he'd repeatedly stated his "heretical" views on the topic at numerous conferences while living in the jungle. But those conferences were distributed over time and place, and when they ended, Giraldo would disappear back into the impoverished countryside, not to some famous facility where he could implement policies based on his non-infectious AIDS model.

Now here he was in a fixed location again and again stating opinions that "violated the views and rules of the hospitals and the university" where he was seeking employment.

Asserting that AIDS was not infectious under those circumstances turns out to have been "a bigger mistake than I could ever have imagined." Rumors about his sanity emerged, and quickly grew: Giraldo had forgotten all his medical training in the jungle, and had gone crazy. "Only a crazy person would say what I was

### MONTAGNIER ON HIV

The discoverer of HIV, Luc Montagnier of France's Pasteur Institute, delivered an HIV/AIDS lecture on the Berkeley campus. Despite sharing in patent royalties for the HIV tests, Montagnier has been somewhat critical of the HIV model, having been quoted as saying such things as "HIV is neither necessary nor sufficient to cause AIDS."

I attended his lecture, held February 24, to check on his current position.

It was very straight-forward party line. When he showed a slide about the indirect killing of CD-4 cells, he commented: "I'm going to try to convince Peter Duesberg that HIV has something to do with AIDS. He's in Germany now." This got a chuckle.

During the question period, I asked: "Is HIV sufficient to cause AIDS?" There was laughter. Montagnier says he gets asked this question a lot; he answered it in rambling fashion, saying that co-factors are necessary, but not always; that the question is open; that some strains of HIV are sufficient (in cats?); and concluded with: "Probably yes. But the pathogenicity [of HIV] is mysterious."

So, publicly at least, Montagnier is not a "dissident." He is a party liner who certainly believes and says (and gives lectures on) the necessity of HIV in AIDS and comes close to asserting its sufficiency.

— Russell Schoch

saying about AIDS," he recalls being told many times.

### ESCAPE TO THE U. S.

"They were going to place me in a mental hospital. I'm not kidding about this. I mean, a small group of old friends and colleagues seriously thought I'd flipped my lid. They even lined up a psychiatrist to have me committed. For my own good, of course, because they loved me, and wanted me to get better. Most of my friends and colleagues didn't know about this, and didn't necessarily think that I was nuts.

"But those who did think I was nuts were important people, and they were acting quickly. They made a mistake by trying to involve some of my family members who tipped me off. I fled the country, knowing that it's easier to get committed to a psychiatric ward than it is to be released from one when politically and professionally important physicians are signing all the admissions forms."

The major argument used against him was this: "If what you are saying about AIDS is true, then why does nobody else on earth agree with you?"

At the time Giraldo didn't know about Peter Duesberg. It was March of 1988. Duesberg had published his first article a year earlier, but Giraldo didn't know about it. Duesberg's article appeared in an important cancer journal, *Cancer Research*, where one would not expect to find articles about AIDS. Since AIDS was considered an infectious disease, Giraldo assumed that

### AZT VERSUS PLACEBO

Oglethorpe University (Atlanta) professor Tim Hand, PhD, who teaches a course in behavioral pharmacology, called in about the article "Why No Placebo Groups?" (*RA*, Jan. 1997). The article examined the standard use of AZT instead of placebo in "anti-HIV" clinical drug trials. A drug company spokesman justified the practice saying that that AZT had proven itself against placebo, and that therefore a true placebo would be unethical.

Hand agreed with our analysis rejecting the study, "ACTG 019," which was used to support this claim.

"I'm surprised that the AZT pushers never use the best argument there is against ordinary 'double-blind' placebo control studies," he said. "It is obvious immediately to both the doctor (because of blood work) and the patient (who feels lousy) that AZT is being administered instead of placebo, so a genuine double-blind placebo-treated controlled study in the classical sense would be impossible to perform. This is one way that antiviral studies shield themselves from criticism. You'd have to give at least some toxic non-antiviral to the control subjects so that everyone would 'feel' the same."

He added, "That 019 is still used as the basis for treatment decisions is deeply unfortunate. I use this to show my students how *not* to do a drug study. Unfortunately, I don't really need to, since classic placebo-controlled studies are also uncommon in the preclinical testing of psychiatric medications (the focus of my class)."

### OH, THE CHILDREN!

Protease inhibitors are not "available in pediatric form," the Associated Press reported Jan. 8, "sparking protests from parents who say they're watching their children die."

Who are these protesting parents? What health factors besides HIV are involved with their dying babies?

Only 1,200 babies were diagnosed with AIDS in 1995, down from just 1,400 the year before (*RA*, July, 1996). That is a tiny constituency from which to draw protesters. We assume that these protesters are not the heroin- and cocaine-using moms who give birth to the typical "AIDS babies" (formally known as "crack babies").

We suggest that these protesting parents ask their physicians for evidence that AIDS occurs in HIV-positive babies free of maternal drug abuse, transfusion-requiring medical conditions, or toxic "anti-HIV" drugs like AZT. They should also ask if their physicians have ever looked for AIDS symptoms in HIV-negative babies exposed to these factors. Such an inquiry might inspire them to reappraise their fear of HIV and their faith in physicians who recommend toxic drugs (like protease inhibitors) even for symptom-free babies who test HIV-positive.

all the AIDS articles would turn up in the microbiology literature, where he naturally stayed current since that was his field.

He fled to Miami to live with friends. "I started working without pay as an assistant AIDS researcher at the Veteran's Administration Medical Center, which is one of the hospitals at the University of Miami School of Medicine. There was no pay, but the job kept my daily activities close to the subject of AIDS, and gave me access to an excellent medical library."

That was small consolation, though. He was used to being in charge, being admired by important people, conducting important meetings, and being paid very well. "Here I was, working for free, no one around me having any idea of my former stature, doing what amounted to — considering my former activities — menial work."

He started doubting his own sanity. "Maybe everyone else was right, and I was wrong," he wondered. "Maybe I was crazy."

### GIRALDO FINDS THAT HE'S NOT ALONE

"It was during this time, doubting my own sanity, that I came across the article that saved my life," he recalls. "A family friend in Miami, David Velasquez, knew about my AIDS ideas, and the circumstances of my flight from Colombia. He called me at the home of my friends, the Butrous, who were putting me up. He told me he just came from the grocery store and came across the June, 1988 issue of a magazine called *Discover*. It contained an article about a scientist in California saying the same things about AIDS I'd been saying.

"And you know what they say in the article?," Velasquez told me. "That people are saying *this* Duesberg is crazy."

Giraldo raced to the grocery store and found the magazine. The article was titled "AIDS Heresy: Have We Nailed The Real Virus?" He read it right there in the grocery store. It was about Duesberg. It mentioned his March, 1987 article in *Cancer Research*, the first major science paper he or anybody else published rejecting the HIV model.

From the grocery store he zoomed off to the University of Miami's medical library. He quickly found the *Cancer Research* issue with Duesberg's article. "I read it ten times that day," he says.

In November, 1988, at the end of his first year in Miami, Giraldo traveled to Israel to attend the Second World Congress on Alcohol and Drug Abuse. There he presented a paper, "The Potential Benefits of Lithium in the Treatment and Prevention of AIDS," which he co-wrote with Dr. Abraham Flemenbaum, a psychiatrist and professor at the University of Miami's Medical School. The paper's abstract appears in the conference's Proceedings, and describes recreational drug abuse as an AIDS cause and lithium as an immune stimulant.

"I have references to over 300 studies showing that lithium is an immune booster," he explains. "Psychiatrists found this out about 15 years ago. They noticed that patients taking lithium carbonate for manic-depression had very few infections. Those with problem genital herpes never seemed to have outbreaks while taking lithium."

How was his view of drug-induced AIDS received? "Very well," he says. "Nobody got angry, nobody called me dangerous or crazy or stupid. Many people even said that my view was very interesting. But when they left the conference, they returned to a world where everyone they knew and every article they read on AIDS begins and ends with HIV."

The Israeli exposure led to a job in New York City as a private lab supervisor, then to his current position as a clinical laboratory technologist at the Immunology Section of the Microbiology Department at the New York Hospital Cornell University Medical Center.

Although he still works in a capacity that is many notches below his former status as department chair at a major Colombian medical school, and his budget does not support his AIDS research, his daily work keeps him close to his field, and affords him access to an excellent research library.

"During my time in New York City, I have spent all my off-work time in the medical libraries studying the emerging literature on AIDS," he explains. "This has been very rewarding. Duesberg continues to produce a steady stream of papers that explicitly advocate a non-infectious AIDS model, including roles for street drugs and AZT, and which characterize HIV as completely harmless."

Other writers have emerged as well. "First there was Robert Root-Bernstein, whose publications fit with Duesberg's, even if his public statements don't. Then along came the Australian team led by Eleni Papadopoulos-Eleopoulos. They go even beyond Duesberg, making the exciting and very plausible proposal that HIV doesn't even exit. They have made the same linkage I did among the various causes of AIDS, using the term 'oxidizing agents' in place of my term 'immunological stressors.'

"There are other authors as well, plus many more papers advancing the HIV model, but which paradoxically present the very data that undermine this view."

## RESURRECTED REPUTATION

Giraldo amassed a stack of articles supporting the "crazy" ideas that had gotten him in trouble back in Medellin. While doing so, he maintained his old relationships back home, and constantly sent back to Colombia copies of the articles as they were published. Many old colleagues and friends who once considered him crazy gradually came to see the merits of his ideas.

"They don't think I'm crazy anymore," he says. "Nobody even talks about me being crazy anymore. It's as if it never happened, as if I left Colombia to study AIDS in the US, not because I was chased out. For this I think that I owe Peter Duesberg my life, or at least my sanity and good name."

For several years Giraldo has been working to make his own contribution to the dissident AIDS literature. In August 1995, he traveled to Prague, Czech Republic to present four unpublished papers as posters at the European Congress of Toxicology.

His papers — which will be published together as a book (each is too long for the science journals) in English by a Colombian publisher later this year — were very well received. Giraldo believes that outside the US scientists are willing to reconsider the HIV model. This was not true initially, in the mid '80s, when everyone was scared of even the possibility of infectious AIDS. But that fear was premised on an impending "heterosexual epidemic" in the West, which never happened. "Only in the US," Giraldo laments, "where the government lavishes its scientists with billions of HIV dollars annually, is there universal refusal to acknowledge the data and the obvious implications."

## GRAND RETURN

In 1996 Giraldo was contacted by Angel Galeano, the president

### SOMEONE YOU KNOW IS BEING MISLED

A Red Cross ad in Detroit's largest black-oriented newspaper, the *Michigan Chronicle*, begins with the following absurd pronouncement: "Face It. Someone You Know Has AIDS."

How so? Because "in our country, 1 of every 3 people with AIDS is African American."

Although the origin of this statistic is unreferenced (and matches none of the official documents in the RA library), it is possibly true: according to the CDC's last year-end HIV/AIDS Surveillance Report, 27% of all new AIDS diagnoses in 1995 were reported among blacks.

While that figure is close to one-in-three, how does it follow that the typical black American knows an AIDS patient? There are approximately 30 million black Americans, compared to just 25,508 black Americans diagnosed with AIDS in 1995. That means for every 100,000 black Americans in 1995, just eight were diagnosed with AIDS.

If all 224,650 black Americans ever diagnosed with AIDS were still alive, that would amount to just seven for every thousand of the 30 million black Americans living today. Even this exaggerated figure doesn't justify the Red Cross' assertion that the typical black American knows an AIDS patient. Especially when you consider that AIDS in the US is almost exclusively confined to street drug consumers (94%) — including those officially listed as "gay" — and recipients of blood transfusions and hemophilia clotting factor (3%).

of a Medellin foundation that publishes a periodical devoted to issues of arts and sciences, *El Pequeño Periodico*. Physician friends of Giraldo back home contacted Galeano as part of their efforts to resurrect Giraldo's reputation. They provided Galeano copies of the articles Giraldo had been sending them, along with Giraldo's unpublished papers.

Galeano was interested in Giraldo's story, and organized with Giraldo's old friends throughout the country a national seven-city, 14-lecture tour affiliated with universities and medical associations.

"It was more successful than I dared hoped," Giraldo says. "I ended up speaking to a total audience of over 5,000 people, most of whom welcomed my ideas which eight years earlier got me chased out of the country."

He warmed up with an October first lecture before 100 people at the Colombian Consulate in New York City. The lecture was sponsored by the US-Colombian SIDA/AIDS Foundation ("SIDA" is the Spanish acronym for "AIDS") and the Association of Colombian Professionals and Students Abroad (PECX).

The tour began on October 18 in Medellin, at his old University of Antioquia, which promoted the event by publishing in its journal *Revista de Investigacion y educacion en Enfermeria* his essay "International Scientific Debate upon AIDS."

Five hundred people showed up. It was co-sponsored by the schools of Medicine, Nursing, Bacteriology, and Public Health. "Most in attendance were professors and students, and they were very responsive to what I had to say," Giraldo reports. "No strong objections, and lots of endorsements. Four days later, on October 22, I spoke to 150 holistic physicians in Medellin."

#### WASTING IN HIV-NEGATIVE JUNKIES

Undesired weight loss exceeding 10% of body mass is declared "AIDS wasting" and blamed on HIV in people who test HIV-positive. Even if the patient is a malnourished African, a drug-popping American, or an AZT consumer.

Recently two press accounts described AIDS-like wasting in presumably HIV-negative celebrity junkies.

First former Three Dog Night ("Joy To The World") lead singer Chuck Negron revealed in the entertainment show *EXTRA* that he dropped to a puny 126 pounds following years of addiction to cocaine and heroin. The singer, who is about six feet tall, has regained his weight and health after giving up drugs in recent years.

Then in an article about cigar smokers, *Newsweek* (Dec 2, p75) had this to say about Civil War General/US President Ulysses S. Grant: "He died of throat cancer in 1885, after losing 70 of his 200 pounds and becoming addicted to cocaine to ease the pain."

What caused these men to waste away like AIDS patients? The drugs? If so, then to what should we attribute wasting in drug addicts who happen to test HIV-positive?

We still await documentation of wasting in HIV-positive people with no history of heavy drug consumption, malnutrition, AZT treatment, or other factors that undermine health.

#### MARTIAN REAPPRAISAL OK

The 1984 press conference announcing HIV as causing AIDS never received any scrutiny from the press or the body scientific. But the claims of cold fusion did, and now the claims of Martian life fossils in an arctic meteorite are being reappraised.

"The biological explanation for the meteorite is becoming less and less plausible," announced John Kerridge, a planetary scientist at UC-San Diego, in a *New York Times* (Dec. 21 or 22) article entitled, "Researchers Shoot Down Life on Mars." UCLA's ancient life expert William Schopf told the *LA Times* (Nov. 22), "If I used the same evidence to argue for life on Earth, I'd be laughed out of the business."

What is it that makes the infectious AIDS model immune to scientific scrutiny, while other wild claims, like cold fusion or Martian life, are not? At least two factors distinguish infectious AIDS from these other concepts.

First, AIDS is an immediate human health issue, and thus falls under the purview of medical doctors and health service personnel, whereas the other two topics directly involve members of the hard sciences. Second, the infectious AIDS model—unlike Martian life and cold fusion—has a large political constituency cheering it on. And third, the concept of infectious AIDS—but neither Martian microbes nor cold fusion—has been made so profoundly frightening that people would rather err in accepting it than even consider rejecting it.

The next day, October 23, another 500 people showed up for a debate on the subject of AIDS causation. On the HIV side there were three MDs: a microbiologist, an epidemiologist, and an infectious disease specialist. Giraldo had a single partner, Dr. Helman-Sabdi Alfonso, MD, a geneticist and director of research at Barranquilla's prestigious Metropolitana University. Alfonso had recently published in Spanish *The Great Fiasco: AIDS Is Not Caused by HIV*, a book advancing Duesberg's view.

"Judging by the audience questions and their responses to our answers, we carried the day," says Giraldo. "The debate and first lecture were broadcast live on the radio, and after both events several TV and radio reporters conducted interviews. Our view that AIDS is a toxic and nutritional syndrome rather than an infectious disease received a great deal of positive press both days."

Then it was on to Magangué — a town in the remote countryside where Giraldo had lived for eight years — for a lecture on the 28th sponsored by the local medical association and a civics group. About 200 people attended, mostly physicians, nurses, other health care providers and officials, and town leaders. "As usual, the reception was mostly favorable," he recalls.

On the 30th he gave two lectures in Cartagena. The morning lecture was sponsored by the University of Cartagena and the local medical association. "No kidding, 1,000 people attended, students and staff from the university's health care facility. Then in the afternoon I spoke before 200 professionals from the Hospital of the National Institute of Social Security."

On November first, 400 people showed up for his

lecture jointly sponsored the Universidad Libre and Atlantic University in Barranquilla.

He then left for Bogota, Colombia's capital, where thousands of health professionals were meeting at various conferences. He spoke twice on the 7th. "At noon I lectured before 1,500 MDs attending the Annual Colombian National Medical Association Congress. That evening I gave my talk to 200 members of the Colombian National Association of Nurses and the Colombian National Association of Health Care Workers."

From there to Yopal, where he spoke to 300 members of the Health Care Workers Local Association on November 8. Then on to Cali. In the morning he spoke before an audience of 150 at the University of Valle Medical Center, and that evening to 50 local civic leaders

Giraldo estimates that he reached in person 5,000 people with his message that HIV is totally harmless and that people with AIDS are sick from "immunological stressors." His audience was select, mostly health care professionals, scientists, and civic leaders. In each city an organizing committee of local physicians and professors promoted his appearances.

"The media — radio, television, and the papers — in each city treated these events seriously," he says. "As a result, our side of this debate received a great deal of favorable press throughout Colombia."

Each of the audiences was generally supportive of Giraldo's view. "My talks and the publicity surrounding them were the first time these people were hearing HIV criticized and AIDS presented as non-infectious. I can tell that a lot of minds are changing in Colombia, though there is still some opposition."

For example, in Medellin, some physicians from the Association of Infectious Diseases wrote a long article in the local newspaper calling Giraldo irresponsible. The article stated that "it has been scientifically proven that HIV is the cause of AIDS," but presented no support for that claim.

#### AIDS REAPPRAISAL CONFERENCE AND OTHER DIVIDENDS

Meanwhile, interest in this debate has grown since Giraldo brought it into the national spotlight. A group of medical scientists led by physician Antonio Mendoza has formed the Colombian Association for the Scientific Reappraising of the Etiology of AIDS (TOXISIDA).

#### HEAL (Health Education AIDS Liaison)

HEAL is an international network of independent groups challenging the validity of the HIV/AIDS hypothesis, the accuracy of HIV antibody tests and the efficacy of HIV-based protocols as treatments or preventions for AIDS.

To obtain an information catalog, a complete list of HEAL chapters in 20 North American cities and three countries around the world, local seminar schedules or other information, call:

HEAL-LA (213) 896-8260	HEAL-New York (212) 873-0780	HEAL-Seattle (206) 391-6910
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On December first — International AIDS Day — Colombia's largest newspaper, *El Tiempo*, published a long article explaining Giraldo's view. Two days later London's BBC interviewed him for broadcast to Spanish-speaking countries world-wide.

And Santander Industrial University's Medical School in Bucaramanga has scheduled an international AIDS reappraisal conference for the first weekend of October, 1997.

Conference chairman Fidas Leon-S is a neurologist who spent the early 1990s in Japan studying the idea that retroviruses might cause certain neurological pathologies. He concluded then that retroviruses were incapable of causing those diseases, and became skeptical about HIV causing AIDS.

Conference speakers will include Giraldo, Kary Mullis, Eleni Eleopoulos-Papadopoulos, David Rasnick, Peter Duesberg. They are scheduled to meet with Colombia's Ministry of Health in Bogota — the nation's capital — the day before the conference.

"The government is now very interested in our ideas," Giraldo says. "There is a very good chance that Colombia will be one of the first countries in the world to reconstruct its national AIDS policies according to our ideas."

His assessment of the US situation is not so hopeful: "Even though my early critique of the HIV model drew a dangerous clamp-down in Colombia, Colombia turns out to be much more tolerant of free scientific thought than the United States, where Peter Duesberg and all his supporters are still denied funding. I think South Americans and Europeans and Africans will turn away from the HIV model before Americans, who will find themselves increasingly isolated on this topic in the coming years."  
—Paul Philpott

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