

Rethinking

AIDS

VOLUME 8, NUMBER 1

JANUARY 2000

ABC news producer Nicholas Regush

doubts the HIV explanation of AIDS
and considers alternative explanations
in his abcnews.com health column

Second Opinion

Those who insist on accuracy and rationality in HIV/AIDS journalism have gained a potent ally in ABCNEWS medical science producer Nicholas Regush, whose stories appear on Peter Jennings' *World News Tonight*, Ted Koppel's *Nightline*, and Barbara Walters's *20/20*, often reported by medical correspondent Timothy Johnson, MD. Though Regush has not yet gotten the AIDS reappraisal perspective into his AIDS broadcast features, he advanced it explicitly and enthusiastically several times last year in his weekly internet column, "Second Opinion" (www.abcnews.com, then click on "Health & Living," then "Second Opinion").

Because his commentaries document important information (some of it original) and offer much promise, rather than describe his columns at length, this issue of *RA* reprints several of them, either in whole or in part (to ensure their easily accessed inclusion in the permanent record of this topic).

Regush's "Second Opinions" describe his frustrations in getting funded researchers and government officials to answer scientific criticisms and probing questions about the lucrative HIV/AIDS model and other heavily funded scientific claims, such as the safety, necessity, and efficacy of certain pharmaceuticals and vaccina-

tions.

His conclusions validate two essential counts made by others in the pages of *RA* in our continuing series documenting "The Myth of Academic Freedom."

First, many popular scientific concepts enjoy protection from scrutiny. Profes-

But will he ever get accurate data and sensible analysis onto the stories he produces for World News Tonight, Nightline, & 20/20?

sional and academic censorship, rather than being exceptional, is common: it protects not just the HIV/AIDS model, but many other politically correct ideas as well. Regush describes how reporters enforce this censorship (by ignoring or misrepresenting dissenting scientists), and how such censorship applies to them: If they publicize dissenting scientists or scrutinize the prevailing view, they risk losing access to their prominent sources, who tend to be vested in these views.

Second, the censorship of HIV/AIDS critics is the most brazen example of contemporary intellectual suppression.

The articles reprinted here compose a series in which Regush accurately describes and fairly evaluates the rethinking AIDS perspective. In the course of his research, he opened productive communica-

tions with prominent critics who doubt that HIV can explain AIDS. His internet articles promote the questions raised by these critics, and seriously consider the alternative explanations for AIDS that they propose, including non-infectious factors such as narcotics consumption, the very drugs used to treat HIV, and poverty.

This level of scrutiny from a respected journalist of course represents a significant victory for truth and accuracy. But Regush has yet

to get an AIDS reappraisal perspective into any of his broadcast reports. He has declined to discuss anything having to do with HIV/AIDS on the record outside of his carefully worded internet columns.

Regush writes passionately about this topic. Anybody reading his columns will conclude that he not only recognizes that HIV/AIDS media coverage lacks facts, skepticism, and balance but that he intends to do something about it. His abstention from further comment seems like a safeguard against undermining an unstated intention to succeed where other honest reporters have failed: to treat HIV/AIDS as a news item rather than a public service announcement.

— Paul Philpott
The following articles appear in order of publication, though ABC news doesn't date its internet articles.

I Beg to Differ

Medical Profession Doesn't Always Welcome Diversity of Opinion

By Nicholas Regush ABCNEWS.com (1999)

OPEN YOUR MOUTH against the prevailing medical wisdom and expect to get shot in the knees and even worse. Certainly forget about being honored with free trips to "educational events" in Hawaii. (And if you're a journalist, expect to have your work questioned and your credentials challenged.)

If you want a chance at big-time success in medicine, then toe the line and protect the profession against all infidels. That's the simple recipe that will buy you the dream house.

Democracy in medicine is fast dying. Don't say you weren't warned.

Granted, there are always exceptions to the rule. And some with a lot of smarts play both sides of the fence, not to mention their mouths. These political creatures hang on by a thread. Careful: The north wind can be surprising.

Big-Bucks Conformity

How do I know all this? I watch it very closely, that's how. I've been watching free speech in medicine get cut off at the mouth recently, never mind the throat. Bring in the big industry bucks, wheel in the institutional power and bus in the apologists. Hit squads form quickly. There is valuable intellectual property to protect at all costs. Many dreams to purchase.

Let's say you are a medical scientist who has wondered, from time to time, whether HIV is really the cause of AIDS, or whether AIDS is as simple as one virus. It's a reasonable question, given that we're 20 years into the epidemic without much in the way of enduring therapy. But do you really want to express this opinion? Or merely raise the question? If you do, then the new Gestapo will likely pay you a visit. Forget about that government grant. Forget about the raise. You will find yourself marginalized, your reputation smeared, and you'll probably be out on the street.

The same will likely happen if you challenge the idea that all vaccines are good for you. So what if emerging data raise serious questions about the potential of vaccines to alter the immune system, particularly of the very young, and in some cases, even trigger body processes that could contribute to a variety of chronic diseases, including diabetes.

Speak and You Shall Pay

When you have been covering medicine for as long as I have, you become aware of a long line of destroyed careers and lives of

those who have dared to speak out against the common view. I speak to some of these people every week as I do research for my stories at ABCNEWS.

Medicine has always had its controversies, and change has always been slow. But what occurs now far more frequently than, say, a decade ago, I've detected, is the attempt to silence those who buck the establishment.

One nasty tactic commonly used by the Orthodox Docs is to accuse the maverick of injuring patients by spreading confusion. For example, those questioning HIV are often said to be enabling unsafe sex or stopping people from taking their numerous medications. Those suggesting that some vaccines are unnecessary and potentially dangerous are said to be leading children to harm or even death.

Media Mea Culpa

As a journalist, I take all this in and I think I see the system for what it is: driven not by the exchange of ideas but by money and the pursuit of power. This mercenary approach is so locked in now, thanks to huge industry control of medical-science financing, that the captured rats in the cage, the spokespeople for this enterprise, appear to have lost sight of the maze's entry point. Talk about a blind spot.

Media often give sustenance to the Grand Monopoly by ignoring people with fresh ideas. Credibility is not measured by what a person actually has to say or the experiments performed. Credibility is what school you went to, where you happen to teach, or the friends you've won or perhaps purchased.

From the Mailbag

Which brings me to this column. Each week I receive numerous e-mails. Sometimes they come from doctors or scientists. More often than not, someone in academe wants to trash me. And that's OK. Keep the ideas flowing, no matter what.

But when I receive a letter that resembles the hit squad mentality often found in medicine these days, I begin to boil. I don't like to be dismissed offhand as someone who is hurting patients with my points of view just because my ideas don't necessarily mesh with the mainstream on a particular issue. While many of the medical mavericks don't have the opportunity to hit back, I do, and when I can, I will.

The HIV Party Line

Is It Time for AIDS Scientists to Open Some New Research Doors?

Dogmatism will get HIV researchers nowhere. Some HIV/AIDS researchers seem to have forgotten what scientific inquiry is all about.

By Nicholas Regush ABCNEWS.com (1999)

BEWARE THE scientist who believes that mainstream research thinking on any public health issue is equivalent to truth. Or the scientist who bullies or ridicules other scientists because they oppose the prevailing view.

In fact, a scientist who is unwilling to entertain the possibility that mainstream views are either flawed in some way or even dead wrong is, in my view, simply not a scientist. This is a person who has become what I would call a propagandist and should not

be trusted. This is a person who probably does not sufficiently understand the history of science and how views are constantly changing to correct errors and fill information gaps. Science is a work in progress, not a grandstand for entrenched views and overstuffed egos.

I have worked as a medical science reporter for 30 years. I began this career at age 22. I've interviewed thousands of scientists for newspaper and magazine stories, radio and television produc-

tions, and books. I've met many scientists who at least try to keep an open and fair mind on scientific issues. I have also met many propagandists who think they're scientists.

In all the time I've worked as a journalist, I've never come across a nastier group of people to interview than those propagandists who work in HIV research.

Dilemma for Moms-to-Be

Last week, I focused on how some HIV-positive pregnant women didn't want to take the anti-HIV drug AZT and were opposed to giving it to their newborns because they felt it was too toxic and potentially lethal. I wrote about the strong-arm tactics used against them to get them to comply with what many health authorities believe should be standard medical practice. And I gave an example of how HIV researchers can be shrill and condemning when their mainstream views on AZT are scrutinized.

I also wrote that women who find themselves in these circumstances should be properly informed of all of AZT's potential risks, not just the drug's potential benefits. Well, here's the latest documented risk: A small, preliminary study in this week's *Lancet* demonstrates rather vividly that when AZT alone or the combination of AZT and a similar drug (lamivudine) was given to HIV-positive pregnant women, eight children developed dysfunction in their mitochondria — particles within cells that provide energy to those cells. Five of these children, two of whom died, developed neurological symptoms, and the three others had severe biological or neurological abnormalities.

While this study is far from definitive, and its authors maintain the need to continue treating HIV-positive pregnant women (none of the children were HIV-positive), the data show that this issue requires ongoing scientific debate in a public forum, not to mention the careful consideration of the human rights and ethics involved. I, for one, don't want to entrust the health of HIV-positive pregnant women and their newborns to propagandists, which includes those with alternative theories about HIV and AZT, who also think they've nailed down the truth about AIDS.

Does HIV Cause AIDS?

I've been tracking a debate recently on the Web amongst those who take issue with HIV being the cause of AIDS for a variety of

reasons, and while some of the exchanges have been intriguing, others have been very unpleasant and closed-minded.

The issue of whether HIV is the cause of AIDS, is, of course, crucial to the AZT issue. Some HIV-positive mothers have come to believe HIV either is not, or may not be, the culprit. So why would they want to take a toxic anti-HIV drug like AZT?

The HIV and AZT propagandists would answer that the issue of what causes AIDS is closed. Absolutely closed. Proven beyond a shadow of a doubt. And, unfortunately, this is the attitude that has overwhelmed careful scientific consideration of the mainstream thesis. I've lost count of how often scientists (not propagandists) working in HIV research have told me that they have serious doubts about whether HIV was the actual cause of AIDS. But because they were receiving money for HIV research and that money was supporting their graduate students, they preferred to remain mute on their concerns about the HIV theory.

Bullet From Hell?

Since the early days of AIDS, scientists who question HIV as the cause of AIDS have proposed numerous theories about how the human immune system can be destroyed. Some suggest that street drugs and drugs used to treat AIDS combine to cause immune breakdown. Others contend that drugs are only one of many sustained toxic insults that eventually cause the immune system to collapse. Some scientists even argue that HIV is not some bullet from hell but may consist of ancient genetic (and probably harmless) substances spewed out of human cells when those cells have already been seriously damaged. Others point at other microbes that may play a significant role in AIDS.

For years, I've monitored this literature as well as the voluminous number of scientific reports on HIV, and I have from the start been extremely uneasy about the HIV theory, as I continue to be today. I believe the science is badly flawed and huge leaps have been taken to fill in gaps. This is also why I'm very uneasy about AZT treatments for pregnant women and their newborns.

Next week, I'll spell out what I consider to be the key points in HIV science that deserve careful open debate, a debate that should be initiated without delay by Congress. Lives are at stake, and AIDS science should not be abdicated to the likes of HIV propagandists.

Regush has lost count of the scientists who have serious doubts about whether HIV causes AIDS. But because they receive money for HIV research, they remain mute.

Never-Never Land

Question AZT for Babies and People Get Hot Under the Collar

Considering the many side effects of the AIDS drug AZT, the question of giving it to pregnant women should be weighed carefully instead of being blindly accepted.

By Nicholas Regush, ABCNEWS.com (1999)

PASSIONS CAN run high in scientific circles when questions their newborns should take AZT. are raised about conventional thinking in AIDS research. The use of the anti-HIV drug AZT in children of HIV-positive mothers is just such an issue.

Consider the telephone call I made this week to Dr. Mark Wainberg (mdwa@musica.mcgill.ca), head of the International AIDS Society; I had called Wainberg, who conducts AIDS research at Montreal's Jewish General Hospital, to interview him on the science underlying the view that HIV-positive women and

(Last week, I wrote about HIV-positive women taking action in court to prevent government authorities from seizing their children if they don't agree to AZT treatments. Closely related is the question of whether HIV is the cause of AIDS.)

Holocaust Equation

I called Wainberg because the *Ottawa Citizen*, a major Canadian daily, quoted him saying that the dissidents were "fringe people," and that "There are people out there who deny that the Holocaust

happened. Do we want to give them equal credibility?" This article quoting Wainberg had been circulated on the Web. That's how I learned about it.

Did Wainberg really make the Holocaust comment? If so, did he really believe a comparison between mothers fighting for their rights in the courts and those denying the Holocaust was valid? If he indeed felt so strongly, then maybe he could document the AZT science underlying his views.

Not only did Wainberg verify what he had said in regard to the Holocaust in the *Ottawa Citizen*, but he began shouting at me, saying that if I wrote anything at all on this issue, I would be a "child murderer." He threatened that if I wrote anything, he would do everything possible to get me fired from my column and my "bosses" fired. He taunted me, saying that I wouldn't have the guts to print these comments.

I asked him if he therefore believed that this AZT issue should never be reported by the media. "Never," he continued to shout. "Absolutely never." He then went on to condemn me again and again as a "murderer." He also told me that he considered any other journalist raising questions about the use of AZT in children of HIV-positive mothers to be a child killer.

Just Don't Ask

Wainberg, a well-recognized AIDS researcher who is one of the developers of the anti-HIV drug 3TC, never once asked me what science questions I wanted to explore with him, and I could barely get a word in edgewise. He had remembered me from more than a decade ago as a Canadian medical reporter who had included nonconventional features and commentaries on AIDS among my more mainstream AIDS stories. Though Wainberg had taken issue with some of my reporting in those days, I had been totally unprepared for this week's savage assault on anyone (including myself) who had questions about AZT treatment in pregnant HIV-positive women and their newborns.

Considering that there is usually room for argument on scientific studies, that there are reasonable fears about the potentially powerful side effects of AIDS drugs, and that there may be legitimate concerns about human rights involved in such a complex situation, I shook my head in amazement when I put the phone down. Given that other scientists have also shown strong emotion in denouncing challenges to AIDS orthodoxy, it made me wonder what in the world is happening to scientific debate.

No AZT for My Baby, Please

Why Parents With HIV Don't Treat Their Kids

Has the government stepped over the line when it uses armed guards to force mothers to give their babies AZT? Some moms think so and are fighting to keep their kids AZT-free.

By Nicholas Regush ABCNEWS.com (1999)

VARIOUS medical authorities want to force HIV-positive mothers to give their babies AZT to reduce the chance of transmission. Some who don't comply have their children snatched from them or face threats that they will. You would think that HIV-positive women would be free to discuss with their doctors and chose "options" for their children. This appears not to be the case.

Parents' Rights vs. Medical Dogma

Last week I met with Deane Collie, the director of the Virginia-based International Coalition for Medical Justice, a group that

Final Answers?

One key study was published on Nov. 3, 1994, in the *New England Journal of Medicine*. It showed that HIV-infected mothers who received AZT gave birth to 13 HIV-positive infants, while mothers on placebo gave birth to 40 HIV-positive infants. This small study was stopped early because of the significant difference between the two groups, and the results were immediately touted as grounds for making AZT standard therapy for HIV-positive mothers and their newborns.

But no study comes with all the facts. The *NEJM* authors note, for example, that the risks and the benefits of initiating (AZT) treatment during the first trimester of pregnancy, after 34 weeks' gestation, or in labor, or of treating only the newborn were not assessed. In an editorial accompanying the study, the authors state: "The results, however, raise many questions about the mechanism of action of (AZT), the timing of transmission, the effectiveness of the regimen in women with clinical characteristics that differ from those women in the trial, the long-term effects of exposure to (AZT) during pregnancy, and the type of counseling that is appropriate to ensure that HIV-infected women understand the benefits, risks and uncertainties of the therapy."

No Absolutes Except One

The authors also note that in its recommendations for AZT therapy, the public health service emphasizes "the need for a thorough discussion of the benefits and risks.... The final decision on therapy should be made by the woman in consultation with her health care provider." A properly informed health provider, I might add.

No study has since been published that should change the spirit of that recommendation. While some proponents speak of the steady decline of infant and child AIDS cases after a 1992 peak, factors such as declining births to HIV-positive women and better prenatal care may have played a role.

Then there are the voluminous reports of adverse reactions to AZT to consider, including the drug's ability to damage bone marrow, kill growing cells (particularly immune cells) by interrupting their synthesis of DNA (life's blueprint), and to establish itself in DNA with the potential for long-term consequences, which includes the possibility of cancers.

Should there be widespread reporting and discussion about this entire issue? Absolutely!

fighters for the right to make medical decisions without government interference. They're helping women go to court to prevent doctors from giving AZT to their children.

The coalition has already heard from about 60 women who don't believe HIV is the cause of AIDS, and/or that AZT is going to help their youngsters. In fact, some of the women believe AZT will harm their children. Nine legal cases are under way, and Collie believes this is just the tip of the iceberg. She expects an explosion of requests in the near future as state governments act to force families to comply with AIDS treatment dogma.

In Bangor, Maine, Valerie Emerson, an HIV-positive single mother, gave birth to a daughter and son who also turned up positive. Her daughter Tia was given AZT and died around age 4. Emerson believes the drug hastened Tia's death. For this reason, she stopped the medication for her son, Nikolas. Tipped off by Nikolas' doctor, the Maine Department of Human Services accused Emerson of neglect and sought custody of her son.

Emerson went to court and won her case, and so far, Nikolas is doing fine without the medication.

Mothers on the Run

In Eugene, Ore., however, Kathleen and David Tyson didn't fare so well in the judicial system. Kathleen (who is HIV-positive) re-

fused to give AZT to her son, Felix (who is HIV-negative), but was forced to do so for 12 weeks by the state. In this case, armed guards came to the maternity ward threatening to seize Felix if the Tysons didn't agree to allow AZT treatment. Kathleen had also wanted to breast-feed Felix, but the court ruled against her. (Many scientists believe HIV can be transmitted via breast milk.)

Coalition for Medical Justice Director Collie says that the group is in touch with HIV-positive women who are on the run from the "law," staying one step ahead of authorities wanting to seize their children.

So is the coalition a kooky organization? Are the Emersons, Tysons and other families refusing AZT treatment irresponsible? Or are the health authorities the ones wearing the dunce caps?

No Debate About It HIV Causes What?

By Nicholas Regush, ABCNEWS.com (1999)

WHEN DR. Rodrigo Munoz, president of the American Psychiatric Association, strongly defended antidepressant drugs in the aftermath of the Littleton, Colo. high school shootings, I challenged him to a public debate on the subject. His commentary's lack of convincing, long-term data made it seem like a poorly timed ad for the drug industry. Munoz and I exchanged e-mails. After he approved of my credentials, he agreed to a public debate.

And then nothing. He simply stopped communicating with me. It has caused me to think a lot about the way the medical establishment ducks public debates.

For example, back in 1987, Peter Duesberg, a microbiologist at UCalfornia-Berkeley who has an international reputation for being well ahead of the research pack, wrote an article in the journal *Cancer Research* questioning the relatively new idea that a virus — namely HIV — was the cause of AIDS. He slammed the HIV hypothesis as poorly researched and implausible, essentially challenging the emerging AIDS establishment to put up real

data — not wild speculation — or go back to square one.

This got the attention of Jim Warner, a senior policy analyst to then-President Ronald Reagan, who proposed a full-scale White House debate on HIV. He aimed to deal with the doubts in the minds of policy-makers over competing ideas of how AIDS develops. The debate, which was to include Duesberg, was set for Jan. 19, 1988. Well, guess what? The establishment chickened out. Warner was stunned at how the big HIV guns, particularly those with the National Institutes of Health, made a run for the hills. To protect their cowardly flanks, they did what scientists often do: they dismissed Duesberg and their other critics as cranks.

On the vaccine front, I have numerous files crammed with examples of how scientists at the forefront of research, particularly those armed to the teeth with drug company money, respond to serious challenges. Rather than debate publicly — and risk opening a Pandora's box — they lash out at critics, even writing nasty letters to damage reputations.

Is HIV in Our Genes?

Now there's a Question Worth Asking

A small minority of researchers think that HIV may not be a foreign body that causes AIDS after being introduced in a human. Rather, the virus may be produced by our own bodies when our genetic material is broken down by other toxins.

By Nicholas Regush, ABCNEWS.com (1999)

SURPRISE IS a word used too often by scientists and physicians, as in, "The results really surprised me." When I hear this in interviews, I wonder, "Why is this researcher so surprised? Did he not consider the wider possibilities of the available science? Did she not read the two decades' worth of alternative thinking on this subject?" Not all surprises are signs of incomplete scientific homework, but often expressions of surprise in science are a dead giveaway that Joe or Sally have been sucking on their fingers rather than tracking where their fingers may be pointing.

At some time — perhaps in just a few years — the science on AIDS may finally begin to write off the theory that HIV is a virus that attacks people like a bullet from hell. In fact, what we call HIV could be a product of the body's own genetic material.

Imagine the process this way: Each one of us carries genetic remnants of ancient infections in our genome. These remnants are usually referred to as human endogenous retroviruses or HERVs.

It's now recognized that HERVs are likely involved in a number of biological processes, including the way cells in the body differentiate. Preliminary evidence also shows that HERVs may be involved in some disease processes that affect the body's immune system.

HIV Could Be Harmless

There is also evidence that HERVs can be activated by a variety of factors such as chemicals, radiation, and viruses to form particles, some of which might be infectious. In other words, if cells get damaged by toxic insults, HERVs may awaken from their ancient slumber. HIV may well be a byproduct of that type of cellular damage.

If this turns out to be the case, should it be a surprise? No. A careful scrutiny of the substantial HERV literature suggests this is a distinct possibility. It would only be a surprise because AIDS

researchers have become so fixated on one theory of what HIV is.

Let's take this to the next step. If HIV is indeed produced inside our bodies, does this automatically mean it is the cause of AIDS? No, we shouldn't assume anything of the sort. It may well be that a human-produced "HIV" is pretty much harmless.

The HIV antibody test might simply be picking up on human-produced "HIV" material. In this case, a positive test would mean that cells of the body had been sufficiently damaged to generate a reaction. A positive test would be a marker of disease — not necessarily that "HIV" is the cause of AIDS.

Consider — and Debate — All Theories

As I indicated in last week's column, there are a variety of theories about how AIDS might develop, theories foolishly ignored by the scientific mainstream. These are theories that should be widely debated.

Would it surprise me if HIV turns out to be human-produced and relatively harmless genetic material? No, it would not.

And should AIDS scientists be surprised if a breakthrough in this direction occurs? No, they should not — certainly not if they have diligently read the wide variety of scientific opinion that focuses on AIDS.

Tyson's regain custody of son Felix

KATHLEEN AND David Tyson on Dec. 29, 1999 finally regained full custody of their infant son, Felix. Previously they had lost custody of Felix to an Oregon state agency (RA March and June, 1999). Because of Kathleen's HIV-positive status, agency officials and a local doctor (none of whom the Tysons had consulted) wanted to force the Tysons to administer AZT to Felix and withhold breastmilk. The authorities subscribe to the popular beliefs that HIV causes AIDS, and that breastfeeding increases, while AZT reduces, the likelihood of its transmission.

The Tysons asserted their right and in-

tention to breastfeed and to reject AZT therapy. Their attorney presented experts, including RA Group President David Rasnick, PhD, to explain the scientific rationale for considering HIV as a harmless dud, AZT and other "anti-HIV" drugs as ironically constituting some of the factors that actually cause AIDS, and breast milk as possessing no demonstrated ability to transmit HIV anyway.

The judge, though, sided with majority medical opinion. He awarded custody to the agency, placing Felix with his parents on the condition that they agree to follow the agency's recommendations and submit

Kathleen's breast long enough to make breastfeeding impossible.

So in the end state officials and autocratic physicians have had their way in imposing their beliefs on the Tysons, overriding the family's own carefully drawn conclusions and dictating the terms of the most intimate parent-child interactions.

The Tysons figure that if they had kept silent, pretending to accept the standard view, they would have retained the option to feed Felix what they consider to be nourishing food (breastmilk) and to withhold from him what they consider to be a poison (AZT). But they wanted formally to establish such rights for all families. Though they wish they could have provided Felix his mother's milk and avoided AZT, they do not entirely regret their decision to fight the larger battle. They hope that the RA Group's leadership and lawyers have useful new data with which to develop more effective legal strategies for future challenges, and parents have additional data to help them avoid the HIV quagmire.

— Paul Philpott

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

The RA Group's Board of Directors

Roberto A. Giraldo (President) MD; Infectious Disease Specialist; NY City
Paul Philpott (Editor) MS, Mech. Engineering; Detroit
David Rasnick PhD, Chemistry; BS Biology; Visiting Scientist; UC-Berkeley
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 Gesheker 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
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 \$25 (\$35 US cash foreign) individual, \$50 (\$60 US cash foreign) institutional.

Currently we survive on tax-deductible donations.

1354 East Ave., Suite R-120, Chico, CA 95926-7385

toll free 877-256-6406 Los Angeles / fax 508-526-5944 Detroit
 www.rethinkingaids.com (editor@rethinkingaids.com)

to regular compliance monitoring, which they did. Felix meanwhile persistently tested HIV-negative. By December 29, 1999 his negative status had passed beyond the time frame during which the standard view of HIV regards AZT as beneficial. Furthermore, he had been kept from

The RA Group's Mission Statement

- 1) To develop, articulate, and promote rational scientific discourse on the subject of HIV and AIDS.
- 2) To advocate the absolute right of students, professors, physicians, scientists, government officials, and everyone else to think freely and speak openly on the subject of HIV and AIDS without fear of professional, social, political, economic, or criminal penalties.
- 3) To assemble scientists, physicians, and other informed people who support these views, and make those persons available for commentary and consultation to interested social groups, media outlets, government agencies, professional organizations, and individuals.