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The Pandemic

As we end the twentieth century, a new plague stalks our planet. The official projections from the World Health Organization predicted that, by the end of this decade, 30,000,000 people will be infected with this new virus. Other experts put the number over 100,000,000.[1]

The damage will be the worst in the Third World where population and poverty are the highest and where education and sanitation are the lowest. But this plague knows no borders and, in time, will infect every city in the world. In the words of the WHO spokesman, this is "the worst public health disaster ever - beyond anything in our comprehension."[2]

The frantic race for a vaccine has yet to bear fruit. Reports of its sporadic progress are always tempered with caution. The killer virus is *mutating so quickly* it will be difficult to stop.[3] If and when an effective vaccine is developed, there will be the formidable tasks of production, quality control, and distribution to the world's population. With billions of dollars of funding needed to enact such a global plan and billions more of royalties at stake, we face huge operational problems which must be overcome if we are to protect our children's planet from this disease. Before it is over, we will be looking at the crude death and gradual insanity of over 100,000,000 people, perhaps even billions, and we may be talking about the permanent change of both the distribution and behavior of the earth's population. This disease is historical by all definitions of the term. So *what* is this disease and *where* did it come from?

The disease is generally referred to as AIDS, an anagram standing for Acquired Immune Deficiency Syndrome. There the consensus ends, and the debate begins. For every point you can make about the scientific theory associated with AIDS you can find some "expert" who disagrees with it. This split is as philosophical as it is scientific. Some would call it political. There is an intellectual establishment in the world of AIDS which can be called *mainstream*, and there are several anti-establishment cadres which oppose them. Their differences are huge, and anger runs deep. The vast majority of the information about AIDS in this book is from the mainstream scientific community.[4] Their general position is that AIDS is a ***new disease*** caused by a ***new virus*** which is somehow related to a ***monkey virus*** from Africa.[5]

The AIDS name itself is somewhat of a misnomer, dating back to the American debut of the disease in the early 1980s. Before a viral agent was discovered, it was initially theorized that the demands placed on the body's immune system by modern, promiscuous, homosexual lifestyles was pushing the immune system to its breaking point. Hence, the name "syndrome." This theory was soon complicated by a high incidence of the disease in the Haitian population where homosexuality is taboo. Before long, the appearance of the disease

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[1] Christine Gorman, "Invincible," *Time Magazine*, August 3, 1992, p. 30.

[2] Hancock and Canin, *AIDS: The Deadly Epidemic*, p. 33. A good factual introduction to the whole subject of AIDS..

[3] Rex Graham, "Scientist: New Strains of AIDS Virus Complicate Research," *Albuquerque Journal*, May 12, 1993, based on a press conference given by Dr. Gerald Myers of the HIV Genetic Sequencing Database at Los Alamos National Laboratories. This point is widely supported throughout AIDS literature.

[4] The exception is the list of theories about the origin of AIDS presented in this chapter. It is intended to show the spectrum o f opinions concerning this controversial point.

[5] Gallo and Montagnier, *The Science of AIDS* , p. 4., plus Essex and Kanki, "The Origin of the AIDS Virus, *The Science of AIDS*, p. 27.

in heterosexual men, women, and hemophiliac children destroyed the syndrome theory and confirmed the blood-borne nature of the disease. It had to be a virus! An international hunt began. In 1983 a previously unknown virus was found in the blood of "almost all people with AIDS"[6] and was announced to be the cause. At approximately the same time, an American team named the virus HTLV-III (a leukemia) and a French team named it LAV (a lymphoma). After two years of international lawsuits and the intervention by the presidents of both the U.S. and France, the virus was officially renamed HIV (Human Immunodeficiency Virus).[7] But the AIDS name had already been established by the press and survived long after the original syndrome theory collapsed. Ironically, when it was later learned that not all people infected with HIV experienced the complete collapse of their immune system, the AIDS name got a second life. Today the word AIDS is used to describe the final phases of the disease associated with the collapse of the immune system. People infected with the virus are called "HIV positive."

The Origin of AIDS

Despite the fact that scientists have discovered volumes of information about the genetic and molecular life of the culprit AIDS virus and its relatives, no one has been able to pull the information together into a coherent theory which explains the origin issue satisfactorily. Such an explanation would have to satisfy both the scientific questions of *how* and *when* and, if the act of creation was deliberate, it would have to pass our own "common sense" test about *who* and *why*. The mainstream scientists who have published these volumes of information about the AIDS virus have described its appearance to be "mysterious,"[8] "baffling,"[9] "startling,"[10] and "puzzling."[11] "Nothing like it had ever been seen before."[12]

These are strong words for scientists. While they generally stop short of saying "this virus had to be the result of the hand of man," they seem equally reluctant to say that they think the creation of the AIDS virus was an act of nature. Their official position seems to be that it is an *unanswered question*.[13] So the world is left with a bunch of scientific "chin scratching" about the origin of a virus that will kill over 10,000,000 people by the end of the decade and will chronically debilitate another 30,000,000 people within the same time frame.

Numerous theories have been proposed to explain the origin of AIDS. Many contain important and relevant bits of scientific and historical information, even if their central thesis has not proven to be accurate. Here are a few of the origin scenarios which have been presented to date:

- the AIDS virus was accidentally brought from the monkey population into the human population in the first round of polio vaccines in the 1950s,[14]
- the AIDS virus was invented at the U.S. Army Biological Warfare Center at Ft. Detrick, Maryland, by splicing the genes of a cow virus with the genes of a sheep virus,[15]

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[6] *Ibid*., p. 4.
[7] Mirko Grmek, *The History of AIDS: Emergence and Origin of a Modern Pandemic* (Princeton University Press, 1990), p. 76; Alan Cantwell, Jr. *AIDS: The Mystery & the Solution (*Los Angeles: Aries Rising, 1984), and Hancock and Canin, *AIDS: The Deadly Epidemic.*
[8] Gallo and Montagnier, The *Science of AIDS*, p. 9.
[9] Lewis Thomas, "Epilogue," *The Science of AIDS*, p. 123.
[10] Gallo and Montagnier, *The Science of AIDS*, p. 1.
[11] *Ibid*., p. 2.
[12] Grmek, *The History of AIDS*, p. 77.
[13] Jonathan Mann, et al, "The International Epidemiology of AIDS," *The Science of AIDS*, p. 52.
[14] Tom Curtis, "The Origin of AIDS," *Rolling Stone*, March 19, 1992, p. 54.
[15] Dr. Robert Strecker's theory. Discussed in Cantwell's *Doctors of Death*, p. 22.

- the AIDS virus is a mutation of the Swine Flu Virus which was released in Cuba by anti-Castro terrorists during the early 1970s, later spreading to neighboring Haiti and beyond,[16]
- the AIDS virus is a mutation of a monkey virus caused by fallout from French nuclear testing which drifted over the jungles of Africa,[17]
- the AIDS virus is actually an ancient virus, mutated long ago, which has lived for centuries in a small rural African village and which has only recently entered the general population through "urbanization,"[18]
- the AIDS virus is an anti-gay conspiracy by medical researchers from the U.S. government designed to enhance their personal power and their ability to get research grants,[19]
- the AIDS virus is a mutation of a cow virus which accidentally got mixed up in the smallpox vaccine and was distributed wholesale to the Third World by the World Health Organization,[20] and
- the AIDS virus is an ancient African monkey virus which got into the human blood supply centuries ago, but which only mutated recently due to the mathematical matrix created by baby-boomer promiscuity and IV drug use.[21]

As you ponder the above theories, keep in mind that all strains of HIV-1 all over the world descended from the mutation of a single virus. However it occurred, whether it was accidental or deliberate, they all come from one mutation.

To date, the general position of the scientific community is that no one really knows *how* the AIDS virus came into being. They do, however, generally agree that it is *a new virus* and that it is *somehow related* to a *monkey virus* from Africa. Most professional scientists have avoided publicly calling the AIDS virus either "natural" or "unnatural," though they use other words to express their bewilderment over its sudden appearance. Calling it "unnatural" would raise questions which, frankly, few have been willing to try to answer. Questions like:

Who had the *capability* and the *opportunity*
to mutate an African monkey virus?

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[16] Alan Cantwell, Jr., *Doctors of Death* (Los Angeles: Aries Rising, 1987), p. 126. Theory of Jane Teas, Harvard School of Public Health, presented in "Could AIDS agent be a variant on African Swine Fever Virus?," *Lancet*, 8330, April 23, 1983, p. 923.

[17] Mirko Grmek, *The History of AIDS*, p. 147. Fallout of strontium-90 from French nuclear tests over the Sahara. was the theory of Ernest Stirnglass. Grmek discounts it.

[18] Grmek, *The History of AIDS*, his theory.

[19] Cantwell, *Doctors of Death*, his theory.

[20] Andrew Zupko, "The Origin of AIDS," *Health Freedom News*, May 1989, p. 23.

[21] Geoffrey Cowley, "The Future of AIDS," *Newsweek*, March 22, 1993, p.49-50. Theory of Paul Ewald.

Such questions would draw the spotlight of scrutiny right back to *their own community of medical research scientists*. To even suggest who may have had some of those ingredients would wave the finger of blame in an unnerving arc and raise the specter of either *gross professional negligence* or a *criminal act of historic proportions*. The legal and professional repercussions of making such a speculation (not to mention the personal safety considerations) are enough for most people with opinions to stay clear of a microphone or a keyboard. From such a vantage point, the idea of an unknown virus drifting in from some remote African village sounds pretty good. But this should be seen for what it is, a conjecture of convenience. It is simply not backed by scientific fact. As Dr. Robert Biggar of the National Institute for Health has said,

> There is no conclusive evidence that the AIDS virus originated in Africa, since the epidemic seemed to start at approximately the same time as in America and Europe."[22]

The two scientists who are generally considered to be the leading AIDS scientists in the world are Dr. Robert C. Gallo, former head of the Tumor Lab of the U.S. government's National Cancer Institute in Bethesda, Maryland, and Dr. Luc Montagnier, head of the French government's Pasteur Institute in Paris, France. In a jointly signed article published in *Scientific American*, both Gallo and Montagnier concur that the disease which we call AIDS is caused by an extremely small *retrovirus*[23] now named HIV-1 (Human Immunodeficiency Virus) and that both this virus and the disease are *"new"* in the human experience.[24]

A retrovirus is a type of virus which does not have DNA in it, only RNA. In classic cell division DNA makes RNA which makes proteins. Since DNA is needed for reproduction, and since retroviruses don't have any, retroviruses invade other cells to use their DNA to reproduce. Once inside the host cell, the retrovirus tangles itself up in its host's DNA. When the host cell reproduces, it unintentionally makes a copy of the retrovirus's RNA. This process is known as reverse transcriptase. The medical community has known about retroviruses for decades and knew that their mysterious slow-growth behavior was somehow connected to many deadly diseases. Because retroviruses are extremely small, it was easy for scientists to underestimate their complexity.[25] In the early 1960s retroviruses were identified as the cause for several leukemias[26] and the U.S. government launched a massive medical research program to try and develop a retrovirus vaccine.[27] The exact method of retrovirus reproduction eluded scientists until 1969 when Dr. Howard Temin of the University of Wisconsin proposed the process outlined above. It was confirmed in the lab in 1970 by Dr. David Balitmore of M.I.T. in Boston. In 1980, after two decades of intensive retrovirus research on animals and eight years after the U.S. government publically launched a campaign to develop a *retrovirus vaccine*, a human retrovirus was actually finally *isolated* at the Tumor Lab of the National Cancer Institute.[28] Or so the story goes.

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[22] *Ibid.*, p. 49, also Cantwell, *AIDS: the Mystery & the Solution*, p.120.
[23] Gallo and Montagnier, *The Science of AIDS*, p. 1.
[24] *Ibid.*, p. 4.
[25] "Tulane Researchers Discover Second Pathway to AIDS Infection," Press Release: Tulane University Medical Center, June 23, 1990. Quotes Lee A. Henderson: "HIV opened up Pandora's box. Up until the era of AIDS, retroviruses were thought to be very simple. But HIV is much more complex."
[26] If you read the popular press, it is easy to conclude that there was little knowledge of human retroviruses before Gallo isolated a human retrovirus in 1980. Actually they had been studying them in both humans and animals for decades. Howard Temin's work which defined how retroviruses reproduced culminated in 1969 and was a milestone in that on-going effort. The actual *isolation* of the human retrovirus was done by a team of scientists at the NCI 's Tumor Lab under Gallo's direction.
[27] C.G. Baker, et al., "The Special Virus-Leukemia Program of the National Cancer Institute," 1966, *Some Recent Developments in Comparative Medicine* (1966), ed. Fiennes, p. 268.
[28] Essex, Max and Phyllis J. Kanki, "The Origins of the AIDS Virus," *The Science of AIDS*, p. 27.

The Closest Living Relative

Also in *Scientific American,* Harvard AIDS specialist Max Essex explained the genetic and molecular studies which have been performed on the viruses in question.[29] His conclusion is that the *closest living relative* to HIV-1 is a monkey virus called SIV, the Simian Immunodeficiency Virus.[30] In his words, "The organization of structural and regulatory genes is virtually identical in SIV and HIV." [31] SIV is found in about half of the African Green Monkeys living in the wild, but it does not cause disease in these African monkeys.[32] It does, however, cause an AIDS-like disease when injected into Asian monkeys.[33] This Asian monkey disease is now known as Simian AIDS or SAIDS. One of the truly bright spots in AIDS research to date is that in December of 1992 Harvard researchers announced that an experimental vaccine which had been developed to prevent Asian Monkeys from getting SAIDS from SIV has proven successful for a period of three years.[34] The bad news, says Dr. Gerald Myers of the HIV Database at the Los Alamos National Laboratory, is that HIV is changing its genetic structure much faster than SIV, making it much harder to develop a vaccine for HIV than SIV.[35] In fact, HIV is producing genetic errors *faster than anything* they have ever studied![36]

We have just said that SIV is genetically the closest virus on Earth to HIV-1. Just how close are they?[37] On the cellular level HIV-1 is ***missing*** a number of envelope proteins which SIV has. But cellular chemistry is tied to genetic composition and structure. A small change in genetic information can cause a big change in cell composition. Basically, the genetic structure of HIV-1 is very similar to SIV. They have all the same genes with one noticeable exception: SIV has a gene called *vpx* which HIV-1 does not have.[38] Instead HIV-1 has a gene called *vpu* which SIV does not have. These genes, *vpx* and *vpu,* are in slightly different locations along the genome, but in both cases are adjacent to the *tat* gene.

Scientists speculate that the function of the *vpx* gene is to control the rate of reproduction of SIV, making it a type of biological throttle which keeps the virus from multiplying too fast.[39] Scientists, however, do not know what the function of the *vpu* gene in HIV-1 is.[40] The implication is that *vpu* permits a higher rate of reproduction than *vpx.* Is the *vpx* gene the point where the main genetic damage occurred, changing SIV into HIV? Is the *vpu* gene the damaged artifact of that mutation? In any case, the HIV-1 virus reproduces faster and acts more aggressively against its host.

The discovery of a second AIDS-related virus amongst prostitutes in Senegal on the west coast of Africa created confusion and nomenclature problems in the AIDS lexicon. This newly discovered virus was chemically and genetically much closer to SIV (the monkey virus) than it was to HIV (the other human AIDS virus).[41] It was, however, found in the human population, not the monkey population. Therefore, since H is for Human and S is for Simian, it was named HIV also, and since it was discovered *after* HIV-1, it was named HIV-2. Some scientists consider the HIV-2 name misleading because HIV-2 could be *considered a monkey virus in the human blood supply* while HIV-1 is a uniquely human virus.[42] SIV and HIV-2 are chemically so similar that the standard serology test cannot

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[29] *Ibid.*, p. 27. See diagram *Ibid.*, p. 36.
[30] *Ibid.*, p. 32.
[31] *Ibid.*, p. 30.
[32] *Ibid.*, p. 30.
[33] *Ibid.*, p. 30.
[34] Malcolm Gladwell of the *Washington Post*, "Researchers immunize monkeys against AIDS," *Detroit News*, December 18, 1992, p. A1.
[35] Rex Graham, "Scientist: New Strains of AIDS Virus Complicate Research," *Albuquerque Journal* (New Mexico), May 12, 1993.
[36] Gerald Myers, Genetic Sequencing Database, Los Alamos National Laboratories. Correspondence with the author, May 31, 1993. Myers cautioned that this was an *in vitro* determination, not *in vivo*. But virtually all genetic measurements are done *in vitro*.
[37] Subsequent discussion is primarily based upon Essex and Kanki, "The Origin of the AIDS Virus," *The Science of AIDS*, p 27-37.
[38] *Ibid.*, p. 37.
[39] *Ibid.*, p. 37, plus William Haseltine and Flossie Wong-Stall, "The Molecular Biology of the AIDS Virus," *The Science of AIDS*, p. 21.
[40] *Ibid.*, p. 18.
[41] *Ibid.*, p. 33.
[42] Cowley, "The Future of AIDS," p. 48. Quoted Gerald Myers, Los Alamos National Laboratories: "When you see HIV-2, you may not be

distinguish between them, though the same serology test can easily distinguish HIV-1 from either.[43] Some scientists even refer to them as one entity, using the "SIV/HIV-2" nomenclature.[44] Another important characteristic shared by both SIV and HIV-2 is that they *reproduce slower* than HIV-1. This is an important difference. For our purposes here, when we say "the AIDS virus," we are referring to the main culprit HIV-1.

Scientific analysis of the genetic composition of HIV-2 indicates that it is considerably ***older than HIV-1*** and suggests that it probably lived in the human population for hundreds of years, causing only trivial amounts of disease. This triggered speculation that HIV-2 might be "the missing link" between SIV and HIV-1. This speculation was short-lived, however. Further genetic studies revealed that HIV-2 was <u>not</u> *between* SIV and HIV-1 as originally suspected. In fact, SIV is genetically between HIV-1 and HIV-2. Or to state it more clearly, the monkey virus is between the two human viruses![45]

Now note that Max Essex, the same Harvard scientist who described the noticeable similarities between SIV and HIV-1, pointed out that their *genetic sequences* are only 50% similar.[46] This, of course, means that they are 50% different! What is Essex saying? How can there be only one gene that is different, but have a genetic sequence that is 50% dissimilar? According to Essex, this 50% similarity in the genetic sequence is "not close enough to make it (HIV-1) a descendant of SIV."[47] This raises an important question: If one is not a descendant of the other and there is no evidence of any intermediate mutations which would indicate a common ancestor, *then how did it get here?* This is what the scientists mean by "mysterious." If a scientist is not comfortable explaining its presence within the "natural" model, then the only other alternative is an "unnatural" model. Simply said: The sudden appearance of a radical mutation of this monkey virus, combined with the fact that there is no evidence of a trail of intermediate genetic steps, raises the possibility of a *sudden, forced mutation*,[48] be it accidental or deliberate.

A second point reinforces this possibility. The fact that *HIV is creating genetic errors faster than any other form of life* means, by definition, that it is *outside the envelope of Nature* as we know it. If it has no identifiable direct ancestors and if it is behaving differently than all other known forms of life, you have a pretty good argument for saying "it was created."

But *who* would do such a thing? And *when*, *where*, *how*, and *why*? We will begin with *when*.

Dr. Gallo and Dr. Howard Temin ran some scientific studies on HIV-1 to determine its most likely age.[49] These studies measured the amount of genetic variation seen *within the strains* of HIV-1. From this data, they estimated the time required for such variation to have occurred and concluded that HIV-1 *must* have originated *before 1969*.[50]

Admittedly, Gallo and Temin are rather generous about what they call "before," giving themselves an 80 year margin of error. But as historian Mirko D. Grmek pointed out about the technique used in the Gallo-Temin study, "If the calculation of the *minimum threshold* seems reliable enough, the determination of the maximal value is quite uncertain."[51] Add to this the above fact about varying (creating genetic errors) *faster* than any other form of life, it would seem likely that the minimum time would be more likely.

Also attempting to answer the same *when* question, statisticians at the Center for Disease Control analyzed the rate at which AIDS spread in the U.S.. Using reliable data collected

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looking at a human virus but at a mangabey (monkey) virus in a human."

[43] Essex & Kanki, *Science of AIDS*, p. 32.
[44] *Ibid.*, p. 36.
[45] Grmek, *History of AIDS*, p. 145.
[46] Essex & Kanki, *Science of AIDS*, p. 30 & 32.
[47] *Ibid.*, p. 32.
[48] Author's position, not Max Essex's.
[49] Gallo and Montagnier, *The Science of AIDS*, p. 9.
[50] *Ibid.*
[51] Mirko Grmek, *The History of AIDS*, p. 146.

during the late 1980s, they ran the mathematical curve backwards to determine the likely date of case #1. Their projections suggested that the date of case #1 was in the early 1960s.

From another perspective, Gerald Myers, the genetic sequencing expert at Los Alamos National Laboratory's HIV Data Bank, said assuming it arose from a single ancestor, the likely date of origin is 1960.[52]

Medical literature does mention several incidences of suspected AIDS cases from 1959. One is in Britain; the other is in central Africa.

The first case involves a twenty-five-year-old merchant marine in Manchester, England named David Carr. At first the Manchester medical team boldly declared they had discovered the first AIDS case and offered proof that he was infected with a virus related to the SIV/HIV family. Their tests, however, could not establish that it was HIV-1, not SIV/HIV-2. Therefore, their original tests failed to prove whether this seaman had anything to do with today's AIDS epidemic.[53] HIV-2 is a common infection in brothels on the west coast of Africa,[54] and it would not have been the first time that a wandering seaman visited a brothel in Africa or had sex with someone who did.

But this story took a darker turn as top scientists moved in for a closer look using the polymerase chain reaction (PCR) test to precisely determine where its genetic structure fit into the myriad of genetic migrations of the HIV-1 virus. The tissues sent to Dr. Ho in the United States for analysis contained the DNA of *two separate people*.[55] Further, these advanced genetic tests found that the sequence of the Manchester seaman was ***very similar*** to HIV-1 strains mapped from 1990 cases. Their 6% variance was not at all like what Gerald Myers of Los Alamos National Labs or Dr. Eddie Holmes of Oxford University expected to see from a thirty-five-year-old case of history's most rapidity changing virus. In Dr. Ho's view, "there is no longer any proof that Mr. Carr (the Manchester seaman) died of AIDS."[56]

The larger issue is the claim that the AIDS virus was found in Central Africa in 1959. Frankly, this is a baffling article published in *Lancet*, the British equivalent of JAMA. If one reads the headline "Evidence of HTLV-III/LAV Infection in Central Africa in 1959"[57] quickly and at a distance, it sounds like they conclusively found evidence of AIDS in Central Africa in 1959. But a close reading of the article tells a very different story. First of all, the article was written by a group of scientists, many of whom are Americans and whose research is frequently funded by the U.S. government. Even the British scientists had U.S. connections. One was Robin Weiss who worked for Robert Gallo at the NIH Tumor Lab.[58] So the article's presence in *Lancet* cannot be considered as independent British confirmation of anything.

Secondly, their study tested 1,213 blood samples from as early as 1959 and found ***one "maybe,"*** a blood sample that the authors thought might be ***either*** lymphadenopathy ***or*** AIDS. They could not say which for sure. Additionally, their article *did not say* who took the blood samples originally, where the blood samples had been stored for the past twenty-seven years, who gave the blood samples to them, or which of the authors actually did the testing. Further, they admitted that they really did not know where their one "maybe" came from, because the name of the donor had been lost. Thirdly, the article acknowledges that the subject of the origin of AIDS is "controversial" and is loaded with disclaimers about the fact that the serology tests they were using frequently produce false-positive readings when testing old blood.

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[52] Tom Curtis, "The Origin of AIDS," *Rolling Stone*, March 19, 1992, p. 56.
[53] Robert F. Garry, "Early case of AIDS in the USA," *Nature*, October 11, 1990, Vol. 347, p. 509.
[54] Essex and Kanki, *The Science of AIDS*, p. 34.
[55] Lawerence K Altman, "Earliest AIDS Case Is Called Into Doubt by New Tests," *New York Times*, April 4, 1995, Medical Science section.
[56] *Ibid.*
[57] A.J. Hahmias, et al, "Evidence of HTLV-III/LAV Infection in Central Africa in 1959," *Lancet*, May 31, 1986, p. 1279. HTLV-III/LAV is the obsolete name for HIV-1, the AIDS virus.
[58] Robert Gallo, *Virus Hunting: AIDS, Cancer & the Human Retrovirus* (1991).

What they succeeded in proving in the process is that the Western Blot blood test was incapable of distinguishing between lymphadenopathy and HIV-1! Since the same blood test can easily distinguish between HIV-1 and its *nearest known genetic relatives*, SIV and HIV-2, this raises serious questions about the reliability of using serology techniques to identify AIDS ancestry.[59] Considering the French team at the Pasteur Institute which had copious experience with African diseases found these same similarities when they named the AIDS virus LAV (Lymphadenopathy Associated Virus) at least four years earlier, it is amazing that an Anglo-American team would then turn around and use a technique that could not distinguish between lymphadenopathy and HIV-1! I am going to call this article what it is: A bad attempt to prove a theory which is politically palatable to the American grant mill.[60]

Just to clear the air, Dr. Gerald Myers has said the oldest documented AIDS case which has been confirmed by genetic sequencing as caused by HIV-1 is a 1976 case.[61] And as we discussed earlier, based on genetic evidence Myers estimates the likely date of origin of HIV-1 to be 1960.[62]

The Spread of the Virus

Most articles published in the American press about "where AIDS came from" concentrate on the spread of the virus. The theories published in the United States tend to say that AIDS came from either Haiti or Africa. In Haiti, they prefer to say it came from the U.S. or Africa. And in Africa, they'd rather say it came from the U.S. or Haiti. And many people have heard about the homosexual Canadian flight attendant whose promiscuous activities helped spread the virus in the late 1970s and early 1980s.[63] This flight attendant story is an interesting example showing how fast a sexually transmitted disease can travel over great distances and how slow a bureaucracy can be about responding to something that it does not want to see.

When I ask Americans where AIDS came from, most of them say Africa. This is primarily due to publicity about the huge number of HIV-1 cases in Zaire in central Africa, about the relationship between the AIDS virus and an African monkey virus, and about the discovery of HIV-2 in Senegal on the western coast of Africa. But remember, Dr. Robert Biggar of the National Institute for Health said, "There is no conclusive evidence that the AIDS virus originated in Africa, since the epidemic seemed to start at approximately the same time as in America and Europe."[64] It is interesting to note that in 1985, after four years of tracking AIDS globally, there were 9,000 cases in the U.S. but only 2,000 cases in Africa, Europe, Australia, Haiti, and Asia combined.[65]

Most of the efforts to tie the origin of the AIDS epidemic to Africa are based in efforts to tie Kaposi's sarcoma to AIDS. While Kaposi's is one of the cancers which frequently accompanies HIV infections, AIDS and Kaposi's are separate diseases. Kaposi's has been recognized as a distinct disease and studied as such since the 1800s.[66] HIV is new. As

[59] The 1968 case which we reviewed in Chapter 3 also used the same serological techniques to establish AIDS ancestry, even though they cannot distinguish between lymphadenopathy and HIV-1. Therefore, it cannot be assumed with certainty that the 1968 patient had AIDS and not lymphadenopathy.

[60] Their testing also destroyed 1,213 irreplaceable blood samples which more reliable genetic sequence testing might have used as evidence to prove that HIV-1 *was not* in Africa in 1959.

[61] Altman, "Earliest Documented AIDS Case Called Into Doubt by New Tests."

[62] Curtis, "The Origin of AIDS."

[63] Randy Shilts, *And the Band Played On: Politics, People and the AIDS epidemic* (New York, 1987).

[64] Cowley, "The Future of AIDS," p. 49, also Cantwell, *AIDS: the Mystery & the Solution*, p. 120, also R.J. Biggar, "The AIDS problem in Africa," *Lancet*, 1986, p. 79-83.

[65] Hancock and Canin, *AIDS: The Deadly Epidemic*, a good factual overview of the epidemic without a lot of political rhetoric.

[66] Kaposi's sarcoma is a deadly cancer, usually of the skin, first reported in medical literature in 1872 by Moriz Kaposi, a dermatologist in Austria; see Cantwell, *AIDS: The Mystery*, p. 20. In the U.S., pre-AIDS appearances of Kaposi's were most frequently seen in elderly people of Mediterranean or African ancestry. Kaposi's was a popular target for radiation therapy in the 1950s and 1960s; see R. Lee Clark, *Tumors of the Bone and Soft Tissue* (Chicago, 1964), p. 10. In Clark's words: "X-ray therapy in the management of soft tissue tumors is almost

Robert Biggar titled his article: "Kaposi's sarcoma in Zaire is not associated with HTLV-III (AIDS) infection."[67]

It is interesting to note that in 1983, before Zaire exploded with HIV-1, before the relationship with SIV was discovered, and before HIV-2 was found in Senegal, a researcher named Jane Teas from the Harvard School of Public Health published a theory which suggested that AIDS was caused by a mutation of the African Swine Flu virus which had been forcibly infected into the Cuban pig population as an act of political sabotage and which then spread casually from Cuba to the next island, Haiti, where it reached epidemic proportions in the open prostitution environment.[68]

When the monkey virus connection was announced, the pig virus theory evaporated quickly. But because "pig" was wrong does not mean Cuba-to-Haiti was wrong. What epidemiological evidence did this researcher from the Harvard School of Public Health have for saying that AIDS spread from Cuba to Haiti? This is an area that needs to be explored further. It is important to note that we have virtually no public health information from Cuba during the 1960s and 1970s. And if we did have it, we probably would not believe it anyway. After all, the communists have always said that AIDS came from an American lab.

But it was a French epidemiologist who suggested that the spread of AIDS between the Caribbean and Africa may have been the result of a Cuban military airlift during the mid-1970s and from the Caribbean to the U.S. via a Cuban exile boatlift to the US in 1977.[69]

What is known about AIDS in the Caribbean is that HIV-1 cases were reported very early in Haiti. In one particular case, a French engineer received a blood transfusion after he lost an arm in an automobile accident in Haiti in 1977. Back in France, he developed AIDS and died. This is pretty conclusive evidence that HIV-1 existed in the Haitian blood supply around the mid-1970s. (AIDS was not reported in the U.S. until 1981.)

Further, a highly respected American scientist, Matilda Krim of the American Foundation for AIDS Research, has suggested that the sudden and massive outbreak of AIDS amongst American homosexual males might have been due to infected batches of gamma globulin which were made from tainted human blood bought in the Caribbean during the 1970s.[70]

What Would it Take?

In order to be considered a possible creator of HIV-1, one would have had to possess both the *capability* of mutating a monkey virus and the *opportunity* to do so within the established *time frame*.

Let's analyze *capability* first. If you were going to mutate a monkey virus, the first thing you would need is *access* to monkey viruses! Where would you get them? Drug stores do not sell monkey viruses. A zoo may have monkeys, but if you asked the zoo-keeper which one had a given retrovirus, he would not be much help. The obvious answer to "Who would have had access to monkey viruses?" is: The people who were doing medical research on monkey viruses! (Now you can see why the scientists researching monkey viruses would not be eager to speculate on where the mutation came from.) So let's ask the question:

Who was researching monkey viruses
during the late 1950s and early 1960s?

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limited to Kaposi's sarcoma."

[67] R.J. Biggar, "Kaposi's sarcoma in Zaire is not associated with HTLV-III infection," *New England Journal of Medicine*, vol. 311, 1984, p. 1051-52.

[68] Teas, Jane, "Could AIDS agent be a variant on African Swine Fever Virus?," *Lancet*, 8330, April 23, 1983, p. 923.

[69] Jacques Leibowitch, *A Strange Virus of Unknown Origin*, (New York, 1985), p. 113-114. Quoted by Grmek, *The History of AIDS*, p. 154.

[70] Cantwell, *AIDS: The Mystery & the Solution*, p. 188.

Basically, there was a small group of medical schools,[71] private laboratories[72] and government research facilities[73] here in the U.S. and a lesser number in Europe and the U.S.S.R. The prime candidates are those facilities which specialized in either *genetics* or *cancer research*.[74]

Once you had the monkey virus, the next thing you would need is a *means of mutation*. In this case it would need to be capable of producing the particular type of genetic change seen between SIV and HIV-1. One possible means of mutation is *ionizing radiation*. Radiation's ability to produce genetic mutations was established as early as 1928 by experiments on fruit flies and has been confirmed in copious studies since then. In his book on radiation[75] Dr. Martin Ecker described the ability of ionizing radiation to cause chemical changes at the atomic and molecular level, thereby causing biological genetic mutations. Acknowledging the reckless nature of such efforts, Ecker likened ionizing radiation to "shooting a gun into a computer." You will change something, but it is difficult to predict what. Supporting the idea that radiation could trigger such a mutation, we will recall that in 1966 British primatologist Richard Fiennes said:

> "There is, therefore, a serious danger that viruses from such closely related groups as simian primates could show an altered pathogenesis in man, of which malignancy could be a feature. The dangers of such happening are enhanced by man's exposure in crowded cities to oncogenic agents and increased radiation hazards."[76]

Today, there are other more precise techniques for genetic manipulation, techniques (like genetic recombination) which have their roots in the discoveries of the late 1950s and early 1960s. So minimally any potential creator of this monkey virus mutation would have needed access to both the monkey viruses and a means of altering genetic chemistry, such as a powerful radiation machine (or other technique).

Once the virus was mutated, the next step would be to put the mutated virus into living animals to find out how it behaved. One would need a laboratory full of animals to test the various batches of mutated viruses in order to find out which mutations did what. To isolate the most effective mutations, you would need *thousands* of animals, like laboratory mice or hamsters, which are frequently used in blood and cancer research. These animals would need to be kept in cages, so you would need hundreds of cages. Caged animals need food and someone to feed them. The cages need to be cleaned. Records need to be kept. Minimally, it would require a technician and perhaps a maintenance person to handle these tasks.

In order to design the experiments, to handle the viruses safely, to record data accurately, and to recognize significant results, you would need to have a person with a *high level of medical knowledge* on the team, particularly knowledge of techniques used in virus research laboratories, i.e. a medical doctor experienced in virus research.

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[71] Between 1962 and 1964 seven federally funded primate centers were built around the U.S. to provide monkeys for medical research by selected medical schools. See Eyestone.

[72] In 1962 the National Cancer Institute awarded a contract to Bionetics Laboratories, one of the U.S. Army's biological warfare suppliers, who inoculated over 2,000 monkeys with various oncogenic and immunosuppressant viruses. See Hatch, "Cancer Warfare," *Covert Action*, p. 17.

[73] The National Institute of Health had been a major primate lab since the 1940s. The Center for Disease Control also had monkeys, as did the U.S. Army's Biowarfare Center at Ft. Detrick.

[74] Virtually the entire science of genetic recombination was developed studying one monkey virus is extreme detail. The virus was Simian Virus #40 (SV-40) which was naturally found in Asian monkeys. In laboratory tests SV-40 caused cancer in a wide variety of mammals, including primates and humans. While SV-40 is a DNA virus and is not related to SIV or the AIDS virus, cross-infection between African and Asian monkeys was common in American labs. SIV and SV-40 were frequently found together in the blood of laboratory primates.

[75] Martin D. Ecker, *Radiation: All You Need to Know to Stop Worrying, or to Start* (New York, 1981).

[76] Richard Fiennes, *Zoonoses of Primates*, p. 144.

And labs take money. The animals, the cages, and the food all need to be bought. Space needs to be rented; electricity and water bills need to be paid. So someone on the team has to have money.

Actually, just about every medical school and government research facility could muster the above requirements *if directed to do so*. Therefore, the next ingredient is critical, because it is hard to find in combination with the above resources. You must have an environment which is *tolerant* of "wild card" experiments. So the question is not only who would do such a thing, but also who would allow researchers to play genetic roulette by irradiating monkey viruses in their facility? It would not be surprising if *nobody* wanted it done *in their facility*, due to the enormous risks and possible repercussions. So if there was a reason compelling enough to warrant such risky experiments, it would not be surprising to find the whole effort being conducted in secret, yes, in an underground medical laboratory.

Moving on to *opportunity*, any potential creator of HIV would have had to have all of the above capabilities operating within the *time frame* determined by the scientists: before 1969 and most likely in the early 1960s.

Finally *motive*. Someone has to have a *compelling reason* to do a project of this scale, to take the time, to spend the money, to organize the resources, and to do it all in secret. What reason could justify such effort and risks? Would a desperate attempt to find a *cure for cancer* explain it, if they were using radical techniques which would not have been accepted in a traditional research environment?

My point is:

There was such
an underground medical laboratory!

And between the technician and the doctors involved, they had all the capabilities, opportunities and motives discussed above!

The Ferrie-Sherman underground medical laboratory may have started with the noble and patriotic mission of preventing an epidemic of cancer in America; but once the work started, once the power to move cancer from animal to animal was established, once the ability to change viruses genetically was demonstrated, once the more virulent viral strains were isolated, once the means of transmission was established, once Mary Sherman died, and once Guy Banister died, then *the laboratory, the animals, and the viruses were left in the hands of David Ferrie.* He could have easily perverted the lab's resources into a biological weapon if he wished to do so, picking the most virulent strains and delivering them to a target deep in the heart of the Caribbean. From David Ferrie's racist perspective, Haiti was a blister in the Caribbean, breeding "niggers" and shedding them and their primitive paganism into the waters off the coast of America. Its neighbor Cuba was worse, the fortified stronghold of godless communism poised to spring upon weak neighbors with Russian weapons of war and enslave them in inhuman captivity. Worse still, Cuba was the lair of the treacherous Fidel Castro, for whom Ferrie held a personal hatred. If there was ever a case of putting *a destructive instrument* into the hands of *a dangerous man*, this was it.

Given his history of violent political activities and his record of mental instability, the question is:

What did David Ferrie do
once he realized
he held the power to change history
in his hands?