CONTINUUM

CHANGING THE WAY WE THINK ABOUT AIDS

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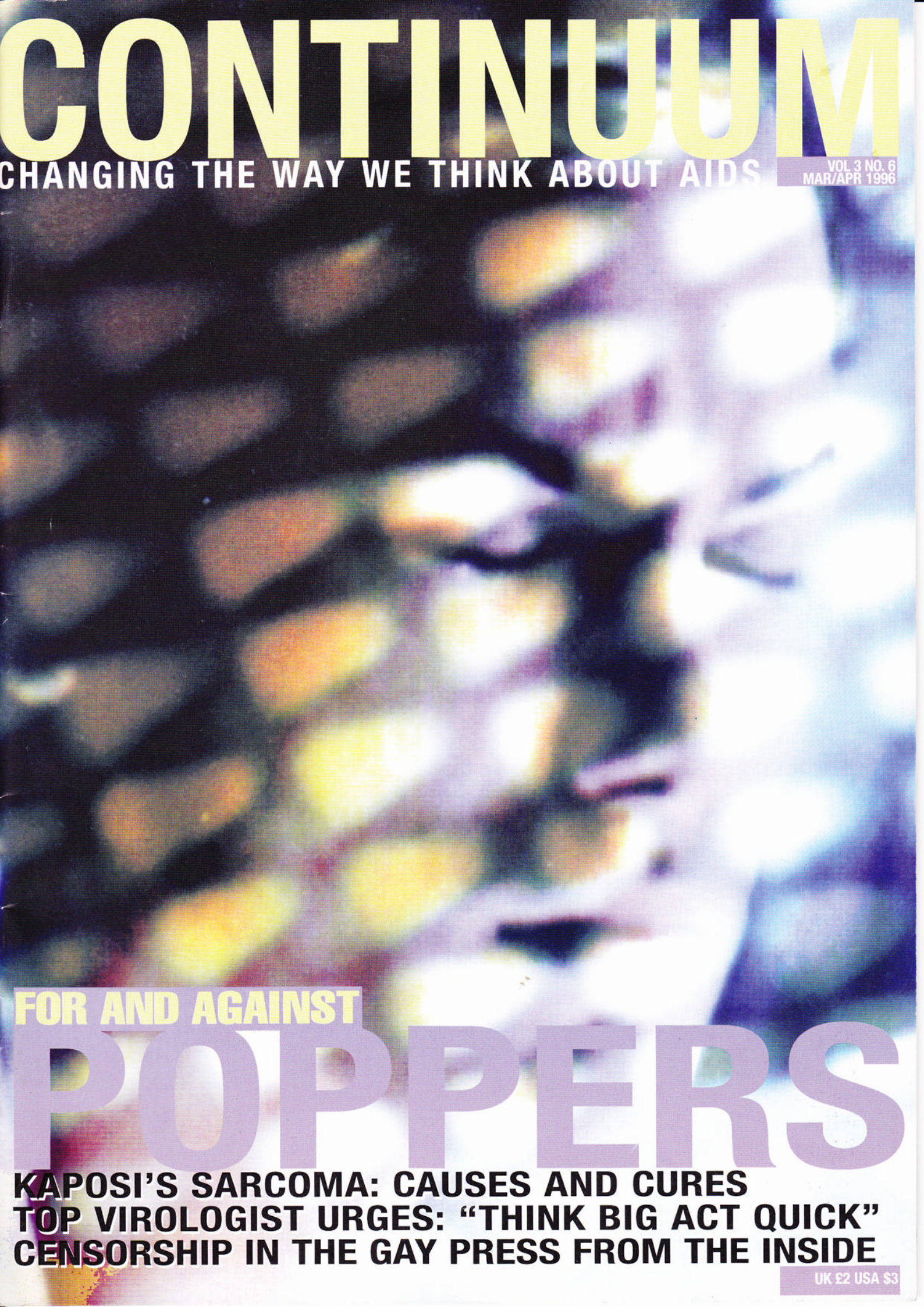

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continuum

Vol 3 No 6 March/April 1996

Why Continuum?

The orthodox view on AIDS holds that it is caused by a virus known as HIV that is transmitted through the exchange of body fluids. Once infected, a person will remain well for a time, though infectious to others, before going on to develop AIDS and dying.

Despite the huge sums of money spent on medical research, there is still no cure, just drug therapies said to slow the progress of the disease, and regular T-cell counts to measure health.

A whole industry has evolved around AIDS, on which many careers and businesses depend, but which offers little hope to those affected. It works on the premise that HIV=AIDS=DEATH.

Continuum began as a newsletter encouraging those effected to empower themselves to make care and treatment choices. As we look further, anomalies in the orthodox view continue to appear.

Are you aware, for example, that the link between HIV and AIDS has never been more than hypothetical? That a growing body of scientists and doctors throughout the world doubt that HIV causes AIDS?

At the onset of the "epidemic", the hysteria that resulted from the linking of sex, death and an infectious virus created a climate where to question the "facts" was considered reprehensible. Many of those who dared to do so were silenced or ridiculed. Since the growth of the orthodoxy, those who question have also had to contend with the weight of vested interests.

Twelve years after HIV was first associated with AIDS many predictions based on the viral hypothesis are failing to materialise. **Continuum** is a unique forum for those in the scientific community challenging the orthodoxy and those whose lives have in some way been touched by the hypothesis.

Focus

Some **Continuum** *colleagues and friends with Dr Stefan Lanka after his London seminar in early March: "where is this virus?" (see news page 5)*

PHOTO: HAYSTACKS PARKIN

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CHANGING THE WAY WE THINK ABOUT AIDS

FEAR POLL

ABC News in the US conducted a poll of 509 adults and discovered that only 17% of those questioned feared that they might become infected with 'HIV'. In a decade of polling these are the lowest figures yet. The poll was conducted in response to the return to basketball of 'HIV+' star Magic Johnson.

TASK FORCE

The US National Task Force on AIDS Drug Development, set up in November 1993 by the Clinton administration, has been disbanded, with members apparently agreeing it fell short of its goals. They cited a lack of financial incentives for pharmaceutical companies. The task force achieved "nothing that would not have happened without it", said one member.

CIA THEORY

Los Angeles Public Access Cable Channel's programme Network 23 recently devoted two episodes to a theory that HIV was bioengineered by the US government as a depopulation tool. Presenter Michael Kassett cited, among other material, a US National Security Memorandum declassified in 1990 that states: "Reduction of the rate of population in [developing nations] is a matter of vital US national security." In Germany a large conference on deconstructing AIDS orthodoxy was almost cancelled after two scientists urging caution presented the organiser with a theory and data similar to Kasset's. The conference has been reinstated and the scientists invited to meet independent virologists to discuss the unisolatability of HIV, a problem which should not arise with a real virus, however created.

ALAMPI DIES

Mark Alampi, an important voice in the fight to uncover the truth about AIDS, died aged 39 on February 20th 1996. Doctors could not diagnose cause of death despite carrying out a battery of tests. He co-founded Project AIDS International in 1990, the Los Angeles based dissident AIDS group. Noteworthy among his many accomplishments were United Nations presentations in Geneva, Switzerland, on the lack of proof for HIV as the cause of AIDS and his work coordinating legal defences for people diagnosed HIV+ or suffering from the effects of AZT. He is sadly missed but colleagues insist the work he began will continue.

Parents to sue Glaxo-Wellcome and medics

CHILD RECOVERS FROM AZT BLOW

Parents of a child put on AZT after being told that she was HIV+ are suing Glaxo-Wellcome following the damage to her health that ensued.

The Nagels adopted Lindsey from Romania in 1990 and took her to America when she was two-months old. They had a series of routine tests done at a local surgery and were informed that Lindsey was HIV+. Because she was so young there was a possibility that the antibodies were those of her natural mother and not her own, so tests for virus (PCR) were performed and she came back as positive again.

Lindsey was taken to an AIDS paediatrician who immediately prescribed Septrin and then AZT, though conceding that all the other blood tests that had been performed came back normal, and apart from the HIV+ test everything seemed okay. Because they didn't like the first doctor, they went to another, Dr Hostetter, who had experience of working with Romanian children.

More tests were performed and they were informed that all had come back positive. In December 1991, because Lindsey was failing to grow the doctor put her on a higher dose of AZT, despite the fact that she only stopped growing after being put on AZT.

Lindsey began to develop other symptoms related to AZT-use, and by late 1992 she was suffering from peripheral neuropathy and was unable to sleep at night because of the pains in her joints.

The Nagels had come across Professor Duesberg's view that AZT is a poison, and though they originally dismissed it, as Lindsey continued to decline they decided to speak to Duesberg. On his advice they took Lindsey off AZT and within a few days she started to improve. When they told Hostetter of their decision she reacted angrily and told them her decline would be hastened unless they continued with the AZT.

But a bigger shock was to come. When the Nagels asked for Lindsey's records back from the hospital in 1995, they discovered that she had been testing negative for 'virus' and for 'HIV antibodies' since 1991.

The Nagels are now represented by a top law firm Kannack, Murgatroyd, Baum & Hedlund, and are filing suits against AZT-manufacturers Glaxo-Wellcome and perhaps also against the individual physicians, the National Institutes of Health and the Centers for Disease control.

Lindsey Nagel continued to improve after being taken off AZT and she is now a healthy five year old.

DEATH TOLL RISES

At the conference on Retroviruses and Opportunistic Infections in Washington recently, Dr Brian Gazzard reported that the Delta trial of combination therapies had now accumulated over 700 deaths.

Gazzard was speaking on behalf of Delta's International Coordinating Committee on the latest results from the trial. The results show that Delta 1 participants on combinations of ddI or ddC plus AZT, that were "antiretroviral-naive" at entry (never having taken antiretrovirals) progress to AIDS or death slower than those in Delta 2 who were all "antiretroviral-experienced" at entry and in whom no significant benefit was found when they switched from AZT monotherapy to a combination. This accords with the preliminary results released last year.

The report suggests that, of the two combinations used in each trial, "the ddI/AZT combination is more successful", however participants on that combination are more likely to discontinue therapy due to adverse effects. These are mainly gastrointestinal problems but also nausea, vomiting and peripheral neuropathy occurred.

The complete data from Delta has still to be released and until then it remains impossible to make concrete judgements about the safety of the drug combinations.

• Another trial has been set up in the US to test the efficacy of combination therapies. Called the CPCRA 07 trial (or NuCombo) it involves 1113 participants with a median CD4-cell count of 119 and follow-up time of a median of 35 months. All patients were receiving PCP prophylaxis.

The trial abstract states: "Despite widespread use of combination nucleoside therapy in patients with AIDS a clinical benefit has yet to be demonstrated in terms of delaying opportunistic diseases or death." The results are currently being analysed and may shed more light on the action of the drugs.

LAB CLAIMS HIV TEST KITS UNRELIABLE

A doctor at Australia's National HIV Reference Laboratory at Fairfield has confirmed that when Western blot antibody test kits were interpreted according to the manufacturer's instructions, over 25% of people were positive for some 'HIV' antibodies, including 20% of normal, non-risk group members.

Test kits by DuPont and Wellcome were examined. "Western blot would not be a suitable first line assay because it's expensive and because it gives a lot of cross reactions," said Dr Than-ha. Researchers at the US Walter Reed Institute found the alternative ELISA test kits are six times less specific.

Emphasising the arbitrary nature of testing, a report cited by Fairfield states, "The choice of interpreting criteria is of paramount importance for the evaluation of HIV Western blot patterns."

Continuum ***lets its hair down:*** *Party people at the 1996 Sydney Gay and Lesbian Mardi Gras on 2nd March.* **Continuum** *administrator Tony Tompsett was there! The country's Federal election was held the same day, pushing the traditional TV coverage off the screens. The victorious Liberal/National parties said they wouldn't have called an election on such an important day*

HETEROSEXUAL SCARE FIGURES DECLARED NULL

An epidemiologist at the UK Public Health Laboratory Service, Dr Diane Bennet, has refuted claims of high HIV-antibody prevalence among heterosexual men and women in London.

Following a letter in the medical journal *The Lancet*, gay weekly *THUD* (Feb 9th) reported: "1 in 30 straight men tested anonymously for HIV at three London hospitals in 1994 were antibody positive [confirming] the continuing inroads that HIV is making into the straight population."

However Bennet, in an official letter to the *Lancet*, warned of misinterpreting the results. "The figures are not right," she says, "there is no data on sexual orientation at all in this study. (The researcher) was looking primarily at ill patients with fever."

Terrence Higgins Trust spokesperson Nick Partridge claimed the figure for men was broadly in line, if perhaps a little higher, than he would have expected. However a spokesperson for the Blood Transfusion Service said in their experience antibody prevalence in the general population was "extremely low", less than 0.1%.

Sources claim a full-time writer at *THUD* has financial interests in a company attempting development of a saliva-based HIV antibody test, indicating partiality to the *Lancet* report which suggests, "consensual anonymous salivary HIV surveillance should now be considered".

Dr Bennet said: "I didn't see this gay press article – it sounds awful. The researchers were aware their sample was too small to say anything about prevalence. And I would say that most of them would be gay men." The same article claimed a seropositivity in London women of 1 in 140, many times higher than other studies have shown, but no data is given about what brought these women to the clinics in the first place.

In neither group is the type of antibody test or its criteria discussed, allowing grave doubts about accuracy and specificity to be raised.

STOP PRESS

In a letter to *Science* researchers whose work led to claims of a new herpes virus linked to Kaposi's Sarcoma put the record straight.

HHV8 was renamed as Kaposi's Sarcoma Herpes Virus (KSHV) and was claimed to be the cause of KS.

In their letter Patrick Moore and Yuan Chang state: "Actually...we have not found long established KS cell lines to be KSHV infected, which is in agreement with the findings of Robert Gallo and others. *In vitro* KS cell lines appear to initially contain KSHV DNA sequences that are rapidly lost...KS cell line studies have been central to hypotheses of Gallo and others about the origins of KS. However it remains to be seen whether *in vitro* KS cell lines are an appropriate model for the *in vivo* tumour pathogenesis."

This statement supports the argument put forward by Michael Verney-Elliott in his article in this issue of *Continuum* (p15) that the linking of HHV8 to Kaposi's Sarcoma is not proven. It represents yet another case of an assumption about a possible virus that does not always occur in people suffering from the disease that it is supposed to be causing.

ACT UP

ACT UP San Francisco demonstrated at a lecture by Dr David Senecheck accused of being "in the AIDS business". They added: "He makes his living pushing toxic, expensive, unproven drugs onto a desperate, frightened community." Senecheck says because HIV mutates "monotherapy is outdated, immoral and no longer defensible". He favours the triple therapy approach combining D4T plus 3TC with a protease inhibitor, or a combination of AZT plus 3TC or ddC or ddI.

SUB-TYPE ANXIETY

The belief that up to nine different sub-types of 'HIV' exist is causing anxiety to vaccine hunters. Now a theory from researcher Max Essex that 'HIV sub-type E' grows better in vaginal skin cells than 'sub-type B' suggests why a perceived heterosexual spread has occured in some countries. But the *Lancet* (March 2nd) reports researcher Beatrice Hahn said many hybrids show multiple cross-overs in their genetic structure. German virologist Dr Stefan Lanka considers this a common problem with retrovirology, arising from the synthetic nature of the virus genes which are a product of laboratory technology.

POSITIVELY NEGATIVE

A man in Utah was diagnosed with 'AIDS' though persistently testing negative for 'HIV antibodies'. A PCR test performed to look for 'virus' came back positive. The official explanation reveals that this is "most likely the result of a rare reaction by the patient". Previous research has found only a 40% match between antibody positivity and 'virus' (i.e. PCR) positivity.

JAPAN

In Japan 100 'HIV antibody' diagnosed haemophiliacs and 1,500 supporters staged an all-night vigil at their health ministry. They demanded apologies and compensation for their 'HIV' infection via therapeutic clotting Factor VIII. Officials delayed introducing heat treatment of blood products to eliminate 'infectious HIV' for two years after the US. Other scientists deny 'HIV' infection via untreated blood products saying the decreased likelihood of producing antibodies to heat-treated products is due to the break down of protein impurities. A 1985 CDC paper states, "It is possible that seropositivity is caused not by infectious virus but by immunisation with non-infectious..proteins."

GALLO MAKES GOLDEN DEAL

Robert Gallo was for a time the official co-discoverer of HIV, until, in a settling of political scores in 1994, he forsook the privilege, apparently in exchange for being cleared of scientific misconduct over virus-stealing, through a legal redefinition of "misconduct".

Now The Governor of Maryland, US, has settled a deal with Gallo, formerly of the National Cancer Institute (NCI) in the days when retroviruses were thought to cause cancer, to open an Institute of Human Virology (IHV) in the biotech-rich state that already accommodates the National Institutes of Health.

The project encountered some opposition last year from the likes of Suzanne Hadley, a former investigator who worked for Democrat Representative John Dingell and had looked into the accusations against Gallo. She denounced the proposal as "politically mandated" and "big science-big business run amok", but Gallo's rejoinder that such comments were "innuendoes and allegations" and a "frightening aspect of political intervention into science" seem to have convinced Maryland legislators that he's A-OK. They're about to commit US$20 million over five years to Gallo and co., along with part of a US$50 million state-owned facility. Key politician Howard Rawlings said, "it's a done deal."

The plans began when Gallo and two colleagues, Robert Redfield, a former US army clinician and AIDS vaccine researcher, and William Blattner, a virological epidemiologist from the NCI, offered themselves to potential sponsors as a "dream team" in AIDS research. Other sources asked, "is there no end to the nightmare?"

Most planning has centred around the economic benefits to the region. The IHV, which will be an adjunct to the University of Maryland, Baltimore, will expand from an initial state-sponsored staff of about 46 to around 70 by 1999, and 200 by 2001.

The state sponsors anticipate big returns on their investment in the institute, which proposes developing new therapeutics for AIDS, viral diseases and cancer. Gallo's patent on an HIV antibody test has generated US$40 million for the NIH, and Gallo "has expressed confidence that the institute will generate research findings not unlike his previous efforts at NIH," said state finance analyst William Ratchford. He added the IHV will help fill local hotels by bringing hundreds of AIDS researchers to international scientific conferences, and by drawing patients from around the world generate "significant revenue" for the University of Maryland Hospital.

Of course without HIV the IHV would be a lame duck. Presumably Gallo does not expect, or even want, an end to HIV/AIDS any time before at least 2001 and if it can be managed, many years beyond that.

Eventually the voters of Maryland will have their say on an administration that spends tax dollars with the gleeful expectation that HIV/AIDS is an appropriate growth industry for long-term profit.

Suzy Searing VENTS HER SPLEEN

Drop-in-drop-out

Not content with killing off the 'HIV' diagnosed with ever more creative cocktails of useless drugs, the new buzz-word among the AIDS drop-in-drop-out centres is euthanasia. Billed as an ideal option for those who have a terminal illness, we are now asked to get excited about doctors 'assisting suicide'. Forgive me for my naivety, but isn't that what doctors do best anyway?

A Dutch study of gay men that had died of 'AIDS' found that assisted suicide was a more common cause of death among those who had lived longest with the diagnosis. The suggested reason was "a good knowledge of the characteristics of AIDS". This could be the cue for a new slogan: Don't die of ignorance – die of knowledge instead.

If the thought of euthanasia is too much, take the softer option of a 'living will' in which you can make it clear that you don't want your life prolonged by medical treatment. Personally I can't see the need for going to the bother, since the likelihood of a doctor prolonging anybody's life with medication is pretty slim. The positive side of a 'living will' is that it gives a sense of control over one's own death, and since current medical practice has succeeded in eradicating any such illusion, it's obvious that they had to invent something.

Who's Right?

It's a tough life being a celebrity these days, what with having to choose the correct cause to be seen with. What makes it all so difficult is that you can't support 'AIDS' without offending animal rights people because the use and abuse of animals is so central to AIDS research. Where would we be, after all, if it wasn't for the SIV 'infected' chimps and baboon bone marrows? Perhaps there would be a lot more people alive and well, but that is hardly the point. You can't leave Hollywood celebrities feeling unwanted without a cause to champion. The two causes fight it out for the hearts and minds of the rich and famous, but no-one stops to ask what they are actually fighting for.

Babooning around

Blurring the line between animal and human experimentation is the story of Jeff Getty. He was given a baboon bone marrow transplant to see if his own would be restored. Although there is no evidence that his immune system has been repaired, researchers are already getting new ideas for future experimentation. Perhaps while the stars are wondering which cause to support they could offer their discarded fur coats for transplant into AIDS patients to see if that makes them grow hairs on their chests.

Catholic Condoms

French Roman Catholic Bishops have recommended the use of condoms to prevent AIDS, which is a departure from the Pope's view that only chastity can end the disease. Both policies present a very elegant way of depopulating the world of Catholics. Is the Pope unaware of this or is he trying to eliminate youthful competition?

Red and Dead

The red ribbon, once a symbol of having that hip 'HIV+ status', or at least knowing someone with it, or at the very least having a diagnosed dog, is now on the decline. Style gurus shun the insignia that once brought them instant acclaim among the "I've got a death-sentence and I'm proud of it" crew. Is meaningful life really possible without one?

BABIES CHANGE STATUS

A European study has found that of a number of babies testing HIV+ at birth, some subsequently revert to a negative diagnosis. The results throw up a number of controversial points about HIV testing that deserve to be examined more closely.

There have been several studies purporting to show infants seroreverting, but each time experts in the field of AIDS claim that inaccuracies in the procedure and contamination of blood samples account for the apparent, but false, loss of positivity. This latest study is no exception, however some concede that it appears to have presented firmer evidence in its own favour.

The European Collaborative Study followed babies born to HIV+ mothers in Italy, Sweden, Belgium and the UK. 219 of the children were antibody-positive at birth but later found to be antibody-negative. This is said to be because the babies have cleared their mother's antibodies out of their system and would therefore not be considered to have been true HIV+s in the first place. Of the 219 now antibody-negatives nine also tested negative for 'virus' using PCR. Researchers from the study are suggesting that these babies have the ability to fight off the virus, while others say that the mother's antibodies have killed it.

Still others remain sceptical, claiming instead that virus from another source contaminated the original PCR tests that were positive for 'virus'. No mention is made of the other 210 'antibody-negative' babies. Were they PCR-tested, and if they were 'virus-positive', might that again be due to contamination? To accept that testing is subject to error on such a scale must raise serious concern in the minds of everyone tested 'HIV+'.

GAY MEDIA SHUNS VIROLOGY SEMINAR

At a weekend seminar in London in early March, German virologist Dr Stefan Lanka presented a detailed case for the non-existence of HIV as a genuine retrovirus.

Before a focused audience at University College, London, he explained the basics of cell biology and the fundamentals of detection techniques for viruses, as well as a fascinating but little-known history of the treatment of haemophiliacs, for whom Factor VIII was not originally recommended as prophylaxis.

Over two days a picture of assumption, confusion and manipulation in the medical and scientific establishments emerged. Seminar participants – who did not include members of the established gay press though several had accepted invitations to attend – gained insights into how individuals and theories alter their predictions over time.

During his short visit to London, Dr Lanka also met with a senior English epidemiologist, a mainstream television producer and a science journalist of a leading Sunday paper.

As a growing number of scientists worldwide question the existence of HIV, virologists like Lanka, who are personally experienced in the techniques of viral isolation, are providing a much needed bridge between the lab and the media.

EURO TV EXPOSES AIDS FLAWS

Popular French-German TV channel ARTE aired a groundbreaking documentary on March 14th, exploring the discrepancies between orthodox AIDS views and reality.

Produced by French filmmaker Djamel Tahi, interviewees included Australian doctors Eleni Papdopulos-Eleopulos, Val Turner and John Papadimitriou, whose research has shown the complete invalidity of HIV testing.

The programme endured opposition from "HIV" co-discoverer Luc Montagnier before being broadcast.

105 DAYS...

The Jody Wells Memorial Prize

MISSING VIRUS!

£1,000 Reward

Blind romantics still believe HIV causes AIDS. But if 'HIV' has never been isolated, what *is* AIDS?

Never isolated? You bet! A cash prize of £1,000 is offered to the first person finding one scientific paper establishing actual isolation of HIV.

If you or a friendly 'AIDS expert' can prove isolation, £1,000 is yours. In cash. In public.

Interested? Pledge the money to your favourite AIDS charity, why not?

We bet you'll be surprised to discover the truth.

continuum

CHANGING THE WAY WE THINK ABOUT AIDS

...we're still waiting!

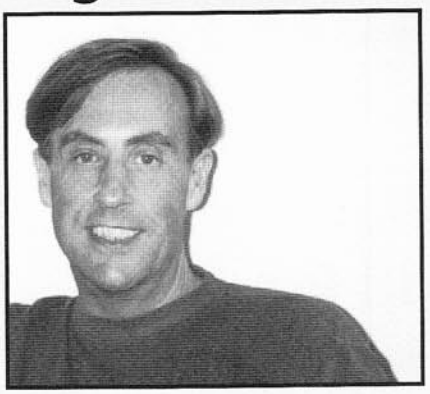
More than 100,000 scientific papers on HIV/AIDS, and not a single one details isolation of an intact HI virus? Some people have been looking. *National AIDS Manual*'s Edward King wrote in a second time, asking for references for what isolation actually means; but that was weeks ago. Two papers from the Pasteur Institute itself seem to have stalled him.

Pioneering AIDS dissident Prof. Peter Duesberg faxed from California wondering what all the fuss was about – is proof required for the existence of a virus?, he asked. Sure thing, Prof! [see Letters page] Nobody's fool, he wondered who would judge a winning entry – a committee, for example? The answer was that officially there are seven steps to retroviral isolation, and if these can be seen by yours truly, recorded in a submitted, peer-reviewed paper, that's the winner. If there's dispute over counting to seven, an independent virologist will be consulted. Turns out one of the official criteria for isolation, banding in sucrose at density 1.16 gm/ml, may be a face-saving trick. Anyone really wanting to find a virus these days would use percoll as the fluid medium for density banding, not sucrose. Sucrose is very crude, old-fashioned, and always allows researchers to say the virus is there but the sucrose eroded it. For careers built on the unproven model of retroviruses, this is handy insurance.

So for the record, substituting percoll for sucrose would be acceptable for claiming the prize. But the better the techniques, the less likely isolation is going to be. Surely these ironies are unfounded, surely it *has* been done? Happy hunting!

HC

Nigel Edwards



Educated at **Brighton College, Sussex**

Graduated in theology from **Keble College, Oxford University**

Trained as a journalist with the **Worcester Evening News** and **Malvern Gazette**

Freelanced as a broadcaster covering music festivals for **BBC World Service**

Appointed news editor of **Radio Worcester** – Hereford and Worcester's first radio station

Won the **Arts Journalist of the Year Award** for an important radio documentary on the composer Edward Elgar

Joined BBC and helped set up **BBC Hereford and Worcester** - the rival station

Producer of **Breakfast Programme** which won a **Sony Award** in its first year – the "Oscars" of the radio industry

Nominated for **Sony Award Best Station** the following year

As senior news producer, produced and presented regular **news bulletins** and **current affairs** programmes; specialised in **politics** and **crime investigations**

Produced and chaired numerous **live round-table discussion programmes**

Took charge of the **BBC's General Election** coverage of the Hereford and Worcester constituencies during the 1992 campaign

Regularly interviewed **cabinet ministers** and **opposition leaders** for various radio programmes

Continued to create significant **arts documentaries**

Came out onto the gay scene in Birmingham 1994 for the first time

Appointed deputy editor of the **Pink Paper**, June 1995

Became **acting editor** 1996

Resigned from **Pink Paper,** February 1996

Now freelancing as **gay journalist** and **broadcaster**

It was over a cup of coffee in London's Old Compton Café that my whole approach as a journalist to the HIV/AIDS story changed. I like to think of myself as a pretty experienced journalist, but like a cub reporter on a local newspaper, I felt totally out of my depth. It was the summer of 1995 and I was new to the gay press, new to gay issues, new to London and the scene.

I could only grasp about ten per cent of what I was hearing, but I left that meeting knowing something was definitely wrong somewhere and significant changes were needed.

I had been "out" for a couple of years when *The Pink Paper* advertised for a deputy editor. I was suddenly seized with the idea that I could at last put my journalistic skills to work for a cause close to my heart. It was clear to me that few people writing for the gay press had the kind of journalistic training and experience I had to offer. And I also had a great deal more to learn about lesbian and gay issues and lifestyles.

My early reports on HIV and AIDS were underscored by what I took to be the accepted (and as I then thought, unchallenged) line: that HIV was a highly infectious virus that almost invariably led to AIDS; that millions of pounds were being spent by hundreds of highly qualified researchers looking for a cure; that while some drugs had been developed that could delay the onset of AIDS there was as yet no cure and no vaccine; and government and the medical establishment knew what they were doing, and were doing the best they could.

Then the eye-opening coffee session in Old Compton Street. I remember being 'phoned up by James Whitehead, who identified himself as an independent researcher on HIV and AIDS. He wanted to meet up and discuss his research.

I was somewhat sceptical, fearing he was hoping I would write an article about some amazing new theory or discovery that he had pioneered. But I needed to know more about HIV and AIDS, felt James might be a useful contact, and agreed to meet him in Old Compton Street. I was totally unprepared for what came next.

Waiting to meet me at the café were Molly Ratcliffe, Michael Verney-Elliott, and James himself. For two hours I was bombarded with information and facts I barely understood, wrapped up in scientific terms I understood even less. I am pretty experienced at getting experts to take me step-by-simple-step through what they want to convey, but this was beyond me. Names I had never heard of, like Peter Duesberg, names I could not even pronounce, like Eleni Papadopulos-Eleopulos, haemophilia studies in Glasgow and important papers from America, Germany and Australia were flashing through the conversation. Despite my university degree, I could not make head nor tail of what they were saying. I remember time and time again pleading: "What's the bottom line?"

I came away from that meeting having made three important decisions. First: these people clearly had something important to communicate but they needed a journalist like me to unpack what they were saying and translate it into simple language so that everyone else, including me, could understand it. That is, after all, the classic trade of the journalist.

Second: to learn as much as possible about HIV and AIDS, its history, language and technical terms, so that never again would I find myself at such a disadvantage.

"these people were being effectively censored by the media, gay and straight alike"

Third, and more sinisterly: that these people were being very effectively censored by the media, gay and straight alike. Their views were never reported, and their challenges to any new statements or discoveries were never taken into account. It was as if they did not exist.

My suspicions were confirmed when I returned to the *Pink* offices. As soon as I came out with the names, I was told I had met with a group of discredited and trouble-making "AIDS dissidents" and anything they said was to be ignored. My journalistic hackles rose.

It seemed totally unfair to me that a group of people, who clearly held views that were sincere and backed by several scientists around the world, should be effectively censored out of the debate. I resolved, as a journalist, to investigate the whole situation and find out whether these people were being discriminated against and, if so, why. I soon became aware of other journalists, in particular Neville Hodgkinson, ex-science correspondent of *The Sunday Times*, who had trodden a similar path.

When he started writing reports that took account of dissident challenges to the establishment, both he and *The Sunday Times* became reviled by that establishment. As Neville himself so clearly puts it when he was interviewed by the late Jody Wells for this magazine, instead of reasoned arguments, all he got was abuse: "Like Maggie taking on the Argies in the Falklands.

Prizewinning journalist **Nigel Edwards** resigned last month as acting editor of Britain's *Pink Paper* causing tremors which could crack the facade of impartiality in gay journalism. In his brief time behind the tinsel curtain he learned who censors reporting of AIDS and how

You're a traitor if you question what is done." (*Continuum* Vol 2, No 5/6).

I began to experience something similar as I wrote a report on last year's Oxford haemophiliac study which claimed decisively to have proved the link between HIV and AIDS. By now I was aware of the basic dissident standpoints: that HIV had not been proven to exist, and that even if it did, it could not cause AIDS; and that drugs, particularly AZT and its combinations, were poisonous and should not be given to otherwise healthy people.

Naturally, my unbiased journalistic integrity required that instead of just summarising the press release put out by the Medical Research Council (MRC), I should at least ask the dissident camp for their response, especially as establishment figures were calling on the dissidents to recant and apologise in the light of the findings.

The first incident involved the MRC press office. The woman there, when she learned of my plans to include the dissident reply, castigated me as "irresponsible". The second came when I was phoning round a few clinics for a neutral response to the finding from doctors who did not belong to either the establishment or dissident camps. Eventually I was told no doctor was prepared to speak to me as they all belonged to the "fuck off Duesberg" camp.

The dissidents had found some challenging flaws in the Oxford research which were never satisfactorily answered by the MRC or anyone else. These went into my report.

I was now managing to swing the *Pink*'s stance away from just accepting what the establishment churned out, to the more journalistically correct position of giving all sides a fair say and treating critically what they tell you. It is not for journalists and newspapers to make decisions about who is right and who is wrong in complex scientific and medical debates. Their task is to grasp the essential case each side is making, to challenge inconsistencies and root out false arguments, and then to lay the evidence before readers in a strictly unbiased and intelligible manner.

I had convinced both Andrew Saxton, my editor, and David Bridle, the managing editor, that we should take a more neutral but active role in reporting on HIV and AIDS. They both backed me to the hilt.

We agreed that HIV and AIDS research was so complicated that journalists on the whole were tending to abdicate their responsibilities. This is certainly true of the generally less journalistically qualified gay press, but also, I believe of the national and regional press. Even specialist medical and scientific correspondents of quality newspapers do not know nearly as much about HIV and AIDS as they need to. They are prone to accept without criticism the releases being put out by the Department of Health and the medical establishment. The uncritical reports carried by most of these papers over the results of the Delta trials are, I believe, proof of this point.

And it was over Delta that I had my first serious run-in with Edward King, the *Pink*'s AIDS editor. I was away when the results were published, so Edward produced the report that appeared in the *Pink*'s news pages. Edward's position with the *Pink* is purely nominal and his title honorary. He is not on the staff - he actually works full-time for the *National AIDS Manual* (NAM) - but he writes features regularly for the *Pink* and was consulted by Andrew Saxton about news stories. While I have the greatest respect for the self-taught way in which Edward has become an expert in the field, I have to say he is not a journalist and writes uncritically from an establishment viewpoint, rarely if ever giving all sides to a story. While this is acceptable in feature articles, it is not acceptable on news pages.

"where is the unbiased, open-minded and critical journalism there is in other fields?"

Returning from holiday, I walked back into a row. The dissidents were up in arms about Edward's report and threatening demonstrations outside the *Pink*'s offices. His report claimed Delta had proved that combination drug therapy was better than taking no drugs at all. This, in fact, was not true. Delta appeared to show that a drug cocktail was better than AZT on its own.

At an editorial meeting, we agreed Edward's piece had totally overstated the case and I was to write a balancing follow-up which would incorporate the complaints and views of the dissidents. When it appeared, Edward went up the wall and issued a NAM press release accusing me of being irresponsible and giving those with HIV unnecessary worry when they already had enough on their plate worrying about where the extra money for combination therapy was to come from. Once again he had failed totally to recognise a valid viewpoint some people hold, that drug therapy is more harmful than not taking anything.

Andrew Saxton arranged for Edward and myself to join him for lunch at a nearby curry house. Both the food and the conversation were heated. But my point was won. Edward would stick to writing features and would not write news reports. I was now officially charged with putting the *Pink* firmly on top of covering the HIV/AIDS story. I told Edward that I would proceed to question and challenge all the establishment views, beginning with the reliability of HIV tests themselves.

Sadly, I was just on the verge of presenting that important piece on HIV testing when I reluctantly felt I had to resign from the *Pink*. For some weeks I had been acting editor, and was due to continue as such for a couple of months. As editor, I had no time to write major news stories, so I had already entrusted this task to my colleague Tim Teeman whose abilities I greatly respect.

The story, as I saw it, raised serious doubts about the testing procedures being used in Britain, and aimed to show that many people had been unnecessarily given a "death sentence" after falsely testing positive. It was a frontpage story and with it the *Pink* would have issued the establishment a major challenge.

But a row between myself and the newly-appointed managing editor, Roger Goode, over who exactly was supposed to be editing the *Pink* put me in an impossible position. I felt my journalistic integrity was being compromised and I had no option but to resign immediately. And the HIV tests never made it to the front page.

The moral of the tale is simply this: journalists are not scientists, but there is an urgent need for some of them to understand what the scientists and researchers are saying. There is a need for this in both mainstream national media and the gay press. Scientists will not then be able to run rings round journalists who, as things stand, seem to have given up and let the establishment have a free run. Where is the fair, unbiased, open-minded, critical journalism employed in other fields, like finance and politics, for example?

Journalists should strive to do everything they can to present to the public at large, and gay men and those affected by HIV and AIDS in particular, a clear and balanced account of what is going on in all avenues of scientific research. No longer should we tolerate the arrogance of scientists, researchers and doctors who disempower us by manipulating the press to make sure that all we get is the propaganda they choose to put out. After all, an establishment that can rationalise its actions in covering up arms deals to Iraq is perfectly capable of concealing blunders and wastages in medical research, in the so-called public interest.

focus

In this issue we focus on Kaposi's Sarcoma. What is it? What causes it? And how can it be cured?
When you dig a little deeper, as so often happens it becomes clear that the situation is not so cut and dried as the neatly packaged and impressively labelled medical definition suggests. KS, it turns out, comes in different varieties and there is much debate within orthodox Western medicine over what exactly causes KS, and therefore great uncertainty over how to treat it. In the KS Commentary (opposite) you will find an overview of this debate and in *Blind Alley* (page 15) a critical look at the recently touted HHV8-KS connection. What emerges is a likely relationship between the recreational use of nitrite inhalants – poppers – and the apperance of KS in gay men who use them, HIV+ or not.
In *Counterculture* (pages 22-25) we reprint two articles from *Steam* in the US, first published in winter 1994 in response to the ban on the sale of poppers in 1991. In *Hellbent* Ian Young examines the role poppers came to play in gay culture and how their use was marketed to gay men. *Heavenly Scent?,* an anonymous contribution rumoured to be from a poppers manufacturer, proposes that poppers are one of the few proven aphrodisiacs and their linking with AIDS and KS is a cynical ploy on the part of a homophobic establishment. Decide for youself.
At *Continuum* we recommend that the use of medicinal and recreational drugs be kept to a minimum. Any product that has been artificially synthesized can be potentially harmful. And that applies to instant soup mix as much as poppers.
The Western medical paradigm deals in a very narrow realm of pathogens and artificial chemical treatments, which render patients passive, helpless objects with no option but to give themselves over to the doctors who like to portray themselves as "knowing best". As you will learn, they are far from having all the answers. Stepping outside of that we uncover a wealth of things that people have done to help themselves. As is often the case, those who confound the doctors have undertaken a major overhaul of the whole of their lives, making empirical changes in the areas of diet and exercise which the medics concede can have a positive effect on health, together with attitudinal changes which work on levels which doctors find harder to comprehend.
The paths people take are as unique as the people taking them, and the process of engagement seems of as much importance as the method itself. In *Highway to Health* (page 10) Marshall Smith recalls his journey and next to that we list alternative strategies that have worked for others dealing with KS, with sources of further information to pursue what you feel drawn to.
In *Nutrition* we have an introduction to antioxidants, an important nutrient group essential to the maintainance of optimum health through enabling the body to repair damage caused by normal wear and tear, and which can aid recovery from damage caused by stress and pollution. Antioxidant supplements are particularly recommended for those with KS.

Spontaneous remis

Are sex and KS linked? Perhaps in a roundabout way, writes Huw Christie, but infectious transmission is improbable. Some researchers have looked behind the fear and prejudice to the business of cells that grow too fast for their own good and found that the condition should be managable and not a cause for despair

KS: Ne

The purple growths of Kaposi's Sarcoma (KS) were identified by distinguished Viennese dermatologist Moritz Kaposi over a century ago in 1872. Things have changed a lot since then. Kaposi found growths internally in some of his patients too and wrote "the disease must, from our present experience, be considered from the onset not only as incurable but also deadly."[1]

He had described five male cases over the age of forty from across the Hapsburg empire plus the case of a Swiss boy around nine years of age, three of whom died within 16 months of meeting him. But by the '50s 500 cases had been reported in Europe and North America, and in the same decade KS was reported to be a "common tumour" in eastern tropical Africans, up to fifteen times more common in men than women. Southern Sicilian and Ashkenazy Jewish men were apparently prone to it. And it was by no means invariably fatal.

Four epidemiological kinds of KS have now been identified: **sporadic** – mostly in Italian and Ashkenazy Jewish males over 60 years of age in whom it is associated with a near normal lifespan; **endemic** – the largest "group" in the world, involving Africans 2-15 and 25-45 years of age, where cases vary from rapid and fatal, to slow and benign; **iatrogenic** (medically induced) – until the AIDS era 15% of all cases reported in Europe and North America were in organ transplant recipients and the like using immunosuppressive drugs – in the US, KS is reported in 0.18-0.3% of all transplant patients, while interestingly in Saudi Arabia it's much more common at 5.3%. Remission of KS is not unusual among these cases when immunosuppressive drugs are stopped, though the studies of Freidman-Kein and the Walter Reed Army Institute of Research among others suggest it is not the immunosuppressive effects themselves that make the difference; and **epidemic** – KS in gay men post-1980 or so.

As early as 1984 it was generally accepted that HIV didn't infect the blood-vessel cells whose abnormal growth produces KS. Thereafter HIV was said to cause KS indirectly by impairing the immune system. Then in 1988 scientists at the Walter Reed disallowed KS from their definition of AIDS stating: "KS is omitted because [it] is not caused by immune-suppression."[2] Two years later in the *Lancet* A. Friedman-Kein and others published data confirming that some homosexual men develop KS in the absence of both perceived immuno-deficiency and HIV.

In the same year Valerie Beral and others proposed: "Kaposi's Sarcoma in persons with AIDS may be caused by an as yet unidentified infectious agent transmitted by sexual contact."[3] Beral proposed two arguments for all this being caused by an "as

sion of Kaposi's Sarcoma is well known

yet unidentified infectious agent" – most recently theorised to be an un-isolated "virus" named HHV8 – and none for the hunch that sexual transmission was involved. First, there was a massive increase in KS in AIDS patients, "at least 20,000 times more common in persons with AIDS than in the general population and 300 times more common than in other immuno-suppressed groups". And second that "few known carcinogens increase the risk by more than 100 fold and, in the best documented example, hepataitis-B and [the liver cancer] hepatoma, the cause of the cancer is an infection".

In a 1992 paper *Kaposi's Sarcoma and HIV* [4] Eleni Papadopulos-Eleopulos, Val Turner and John Papadimitriou examined in detail what is known about KS, proposing a more comprehensive theory of its causes leading to a radical therapy based on the perception that KS is not infectious. Working in Perth, Western Australia, they were familiar with the high incidence of the lung cancer

w perspectives

mesothelioma in the asbestos miners of the region. Asbestos, a non-infectious agent, is now not disputed as the principal cause of mesothelioma, but some had once argued it was an infection in the community. Where was the evidence that KS wasn't also the result of a toxin?

Studies of the miners with mesothelioma quoted risks up to 800 times higher than the hepatitis-B/hepatoma link. Therefore Beral had not proved infections carried the highest cancer risk at all. There was no proof anyway that the infectious hepatitis-B virus did cause the hepatomas – the authors of the scientific paper Beral used as evidence had written: "Case control studies have repeatedly shown that PHC [primary hepatocellular carcinoma] does occur in HBsAg [Hepatitis B surface antigen] negative subjects. This finding can be taken to mean either that HBV is not sufficient to cause PHC or that there are several independent causes".[5]

Eleopulos asked two key questions: was it clear that all KS is caused by the same thing, and what might be causing KS so commonly amongst gay men? As the hepatoma researchers pointed out, it is widely accepted that comparable neoplasms ("new growths") may have "several independent causes".

Eleopulos and her colleagues hypothesise that KS is caused in different groups by different agents having a common effect . The basis of her theory is that: "All cells exhibit a thiol cycle. This cycle and the level at which it oscillates is a principle determinant of many cellular functions including mitotic [cell division] rate and thus growth." The cycle is determined by the cellular redox state: the degree of oxidation or reduction. All neoplasm-causing agents are oxidising agents, that is they steal electrons from the cell, and by this property they modify the thiol cycle and the level at which it oscillates.

Eleopulos provided evidence that a) in gay men as a population one of two principal behaviours that changed in the late '70s was increasing nitrite (poppers) use, and b) nitrites are "potent oxidising agents in biological systems". Also: "Nitrites have major pharmacological effects on blood vessels – the site of the neoplasm [KS] – which is an unusual tissue for neoplastic transformation."

Interestingly the latency period for the appearance of KS in patients using immunosuppressive drugs for organ transplant is similar to that between exposure to particular nitrite dosages and the appearance of KS in some gay men. Aside from their designed immunosuppressive effect, the chemistry of the transplant drugs is oxidising. Are there oxidising influences in the other populations at risk for KS? Evidence has yet to be supplied confirming this, but none has been presented to discount it.

Eleopulos and her colleagues do not shy away from the possibility that unprotected receptive anal intercourse may add to the risk of oxidation. Maturing sperm oxidises as part of its biological function. Citing a Dutch study of sexually passive gay men who claimed approximately 1000 partners per year, they calculate that at 2-3ml per ejaculation, they would absorb unusually large amounts of oxidising biological material in the course of a year. Whether this alone, or synergistically with nitrite use, could contribute to KS remains to be conclusively demonstrated. However the Dutch authors conclude that unlike sexually transmitted diseases where the possibility of infection is directly related to the number of sexual partners, in homosexuals the number of sexual partners is only a risk for "AIDS factors" relative to the number of episodes of receptive anal intercourse. Eleopulos stresses in personal communication that it is important to try to view these data without moral judgement. Knowledge about risks should empower gay men, she says .

Despite claims of HIV-induced AIDS in people with haemophilia, the largest UK study of haemophiliac AIDS was not able to report a single case of KS.[6] Nor in the very few reports before the AIDS-era, of more than one case of KS in the same family, were sexual or mother-child relationships involved. Of the 13 American AIDS children with KS that Beral reported, all but one were offspring of Haitian women almost certainly descended from African populations seen to be at risk today. And all were from Florida, a centre of high recorded nitrite use.

Moreover Beral states the child cases of KS were "atypical" and that "diagnostic biases might exist". In blood recipients a total of 73 cases (out of about 3.8 million recipients per year) had been reported by the CDC by March 1989, which does not appear to transcend the background level of KS in the general population. Evidence for an infectious or sexually transmitted agent for KS has proved unconvincing.

The opposite of oxidising is called reducing. Where oxidising substances take electrons from molecules, reducing substances give electrons, reversing the extremes of cellular cycles. Eleopulos' theory predicts that reducing substances "may prevent or even ameliorate KS in homosexual AIDS patients". The discovery of significantly low levels of cellular-reduced glutathione in AIDS patients supports the idea that a therapy of reducing agents could be effective. A suggested protocol for therapy includes raising body temperature to 40-41°C under supervision – a good sauna may have a similar effect – together with antioxidant supplements under supervision such as glutathione plus a diet rich in antioxidants, with a biological catalyst like magnesium. She points out that while spontaneous remission of cancer is rare, in KS it is well known, indicating the condition should be manageable and not a cause for despair.

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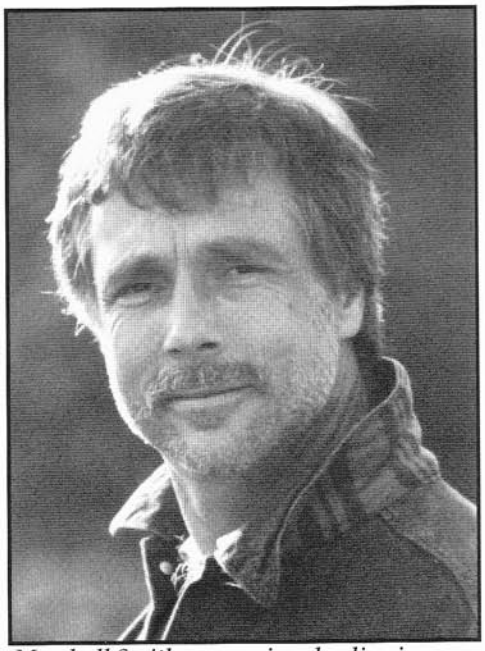
In the face of uncertainty there's alv

Highway to He

In this personal account Marshall Smith describes how he transformed his fear of death into intense pleasure in life. Along the way he tells how he used visualisation to heal KS lesions, overturning the predictions of his doctors and avoiding surgery



Marshall Smith: on a unique healing journey

The HIV/AIDS road is extremely demanding for anyone who chooses it. For the doctors, journalists, scientists, health practitioners and others whose desire to know drives them to navigate its turns, it can be treacherous, deceptive and polarizing. For those consigned to the road by diagnosis, who must drive it when least prepared, it is the ultimate grand prix, one that liberates or terminates.

For me it has been liberating. Many of my friends, less assertive than I, have been less fortunate. This road forced me into self examination and reappraisal that I had, until then, successfully avoided. I learned to embrace the diverse and contradictory elements within myself, and in the process I found my centre – one that has joy at the core. I have become present in my life in a way I had never been before. And perhaps most importantly, fear no longer drives my car down this road. I do.

I credit my friends as being largely responsible for my well-being. They taught me that love and acceptance, even of those parts of me I would rather have hidden, are most potent healing powers. They taught me that I could show my anger, my confusion, my ugliness, and they would still be there to love me. And their acceptance helped launch me on a journey that I now believe I was destined to take.

I will tell you my story – what I have done, what I discovered about myself, and how it has affected my health. It is a story of process, not of destinations, of engagement and choices, not holy grails and magic cures. It is a story of accepting responsibility for my own body, my own health and my own life. Deepak Chopra talks in *The Seven Spiritual Laws of Success*, of finding the uniqueness within ourselves, searching out the unique needs in the world that mirror our special abilities, and then serving humanity with our talents.

> I knew that if I became frantic to find one external cure then I'd surely fail

HIV/AIDS has helped me to find, accept and celebrate my own particular flame. If, with what follows, I can in any small way use my flame to be of service, to provide some of my fire to lighten some of your dark, I will have performed my intended function.

Here are the facts as I know them:

Beginning in 1984 with the first AIDS death of a close friend, I began to suppress my intense fear of contracting the disease and of dying. Then in March 1986, against the advice of my then doctor, I had the HIV antibody test performed. I tested positive. In July 1987, after three years of fear and obsession over the likelihood of contracting AIDS, a lesion on my leg was biopsied, diagnosed as Kaposi's sarcoma. I had a confirmed AIDS diagnosis.

In August of that year, an oncologist in Santa Monica, California, to whom I had been sent for treatment recommendations, observed during my consultation, that AIDS is an "inexorable disease", from which there could be no recovery. I could expect to live six months to two years. For his kindness in offering me such a conclusive prognosis, I refrained from punching him in the nose. In retrospect, and in honour of my Irish ancestry, if I had it to do again, I would not be so kind to the doctor.

I began putting my affairs in order, planned my retirement from my law practice, and sold my house in order to finance living until my death. It did not work out as I had planned.

In those first years, even when my fear was greatest, I made several decisions intuitively that were important, and I believe, correct. One began with an awareness that the "cure" was not out there, somewhere in the world to be sought out and found, but inside myself. I knew instinctively that if I became frantic, desperate to find the one external cure, treatment, or remedy that would restore me to health, I would fail. The second decision I made was not to take AZT. I told my doctor that if that were the only bullet in the gun, that I would wait to use it until the last possible moment. I have not used any orthodox medical intervention through to the present time.

Here is what has happened:

Beginning in 1984, and escalating in 1986, I began a concentrated program of aerobic exercise, in my case aerobic movement classes, for a minimum of 45 minutes a day, minimum of three days a week. I believed then, and continue to believe, that the concentrated and intense forcing of oxygen through the body system that aerobic exercise causes, is cleansing and healing. I believe it to be a major force in maintaining internal balance.

Early on, when I was most frightened and confused, I believed that if I could at least execute the aerobic forms excellently and impeccably for the rest of my life, then the rest of my path would fall into place. It allowed me a good beginning, and was a model for taming fear and moving forward.

Shortly after my HIV positive test, I started Transendental Meditation (TM). Within one month, my CD4 count had increased by 60% and my ratio of CD4s to CD8s had inverted to 1:2. I continue its use twice a day, for twenty minutes at a time. Whether TM or some other form of quieting, I feel it very important to introduce some meditation into one's health protocol. One, it is genuinely quieting of the system, reduces fear and stress, and promotes internal stability. Two, the act of keeping

ays hope

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daily 'personal growth' appointments is healing and self-affirming in and of itself.

In June of 1987, after discovering a suspicious growth on my left leg, I began using visualisation, even though I had no training in it. I designed an exercise, pulling white cold, hard starlight in through my head, slowly filling my circulatory system, and then, when filled, energising it to purify my bloodstream. The first time I used it, while standing, I was jolted so strongly when I energised the light, that I was nearly toppled over.

In August of 1987, at Esalen in California, I took a weekend seminar with Jeanne Achterberg and Frank Lawliss called *Imagery in Healing - the Use of Visualisation*. The concept and methods Jeanne presented, pioneered by Dr Carl Simonton, resonated so strongly with me that I immediately began to incorporate visulisation as a cornerstone of my healing protocols.

Although scheduled for plastic surgery in December 1987 to have the lesion on my leg removed, my visulisation work gradually and almost imperceptibly lessened the lesion, so I was able to cancel the surgery. The lesion had totally disappeared, leaving no mark, by the beginning of January 1988. Subsequent lesions in 1990 and 1994 have disappeared in the same manner, after a regimen of visualisation treatments, and other associated protocols.

In early 1988, at the urging of one of my closest friends, I met and began working with a 'shaman' from Peru. The work, using Ayuwaska (an hallucinogenic South American herb) and mushrooms, was an ongoing ceremonial encounter with fear and dying. The work occured once a month, and though I fought the unknown valiantly for almost a year, I eventually surrended to the learning, and began my understanding of and eventual release from the fear of dying.

Since I believe fear of dying to be the most potent threat to daily interior calm, this process, more than any other, has positioned me for meaningful living. In the most profound way, I made contact with my soul and experienced, beyond capacity for doubt, an ever-present awareness of alternative realities layered, like the skin of an onion, all existing at the same time. Linear time, and its constant companion death, lost its tyrannical hold over me. In traditional shamanic journey work, the journeyer must be willing to experience death, in order to cross over into expanded reality. It is within that expanded interior awareness of ubiquitious multiple realities that the journeyer becomes a healer. Whether it be through this door, or others, self-healing is facilitated by taking death into one's arms, accepting this most intimate of partners, and moving forward from that dance. If you believe in afterlife, and feel comfortable in knowing that all this is far from over, then you are in a good position to begin living without the tyranny of fear. Neutralising the dark and terrible fear of dying is the single most important step in achieving meaningful living.

In 1990, I began the use of Chinese herbs. This approach, consonant with the Eastern concept of interior balance and harmony, is used to achieve health over time and through a gradual process. I have changed my diet and eating frequency. I eat almost no red meat, increased quantities of fruit, vegetables and rice, and eat smaller meals more frequently. I continue with these regimens as described, and strongly believe that this process of balance combined with the disempowering of toxic fear are responsible for my well-being and for my intense pleasure in being. I more and more look at my life as one of service as Dr Chopra has described.

To quote Bernie Siegel from *Love, Medicine and Miracles*: "Science teaches us that we must see in order to believe but we must also believe in order to see. We must be receptive to possibilities that science has not yet grasped, or we will miss them." Finally, as Carl Simonton persuasively observed: "In the face of uncertainty, there is nothing wrong with hope." Do not do this work alone. Incorporate intimates into your process. Work with doctors as partners, take responsibility for your own journey, use this intense challenge as an opportunity for interior work. Most importantly bring hope to this encounter.

Other Options

As Marshall points out everyone must find their own path to health. Wholesome nutrition, a lifestyle that balances work and relaxation, and includes regular exercise, supportive relationships and low intake of toxins from the environment will all assist the body to function efficiently. Below are some holistic and non-toxic therapies that have been used by people with a Kaposi's Sarcoma diagnosis.

Chinese medicine

This approach involves Chinese herbs, acupuncture and Qi gong (a form of self-healing through movement). It regards each person as an individual so no two treatment plans would be the same, even where patients have the same diagnosis in Western terms. In the Chinese system, conditions affecting the skin are related to problems in setting boundaries in one's life, since the skin constitutes our boundary with the world.

Contact : Gateway Clinic, Southwestern Hospital, Landor Rd, London. Tel:0171 346 5451.

Read: *Nine Ounces – A Nine Part Programme for Prevention of AIDS in HIV Positive Persons* by Flaws, Blue Poppy Press, 1989. (To be reviewed soon in *Continuum*.)

AIDS Control Diet

Two specific protocols are outlined to be used in conjunction with a diet low in sodium and high in potassium, along with herbs to improve the functioning of the liver and digestive system, and antioxidants. Food must be well chewed to improve absorption. Protocol 1 involves supplementation with Venus Fly Trap, Acemannan, Shark Cartilage, Amino Acids and DNCB. Protocol 2 uses Shark Cartilage and antioxidants alongside chemotherapy and suggests regular suntanning also.

Read: *AIDS control Diet Manual, 6th ed.*, pub. Keep Hope Alive, PO Box 27041, West Allis, WI 53227, Tel (001) 414 548 4344.

Antioxidants

Several different antioxidants are being used. Pycnogenol (extract of a European pine tree) is said to be the most powerful free-radical scavenger known and is used as a supplement for conditions with abnormal cell growth. Vitamins A and E are also recommended. Vitamin C is used both internally in very high doses and as a paste applied directly onto lesions. It is known to help heal injured cells and strengthen cell walls.

Read: *A World Without AIDS* by Chaitow and Martin, pub. Thorsons/HarperCollins 1988; *Vitamin C in the Treatment of AIDS*, by Dr Cathcart; *AIDS Control Diet Manual* (see above).

Oxidation

Oxidation works by utilising oxygen to promote healing and destroy pathogens. There are several techniques being used including food-grade hydrogen peroxide (internally and externally) and ozone therapy. Both methods should be used along with antioxidant supplementation because of the increase of free radical production that results.

Read: *Oxygen Therapies*, McCabe, pub., Energy Publications NY 1988; *The Use of Ozone in Medicine*, Rilling and Viebahn

Urine Therapy

This therapy is freely available. It involves applying one's own urine topically on lesions and, for a more powerful effect, drinking it also. Urine is a strong antifungal and antibacterial substance that is also detoxifying.

Read: *The Golden Fountain, The complete guide to urine therapy* by Coen van der Kroon, pub. Gateway Books 1995.

Before using any therapies it is important to get advice from a qualified practitioner. *Continuum* can refer people on to practitioners working with these approaches listed above. Please contact the office for details.

MR

The Healing Circle in North London began as an empowerment group for gay men and now considers itself to be an extended family. It offers holistic therapies, in the form of the Well Person HIV programme, to those with an HIV positive diagnosis. Some find their approach mysterious and their methods eccentric. **Molly Ratcliffe** talks to the founder of the Healing Circle, one of their therapists and a client on the programme and discovers the breadth and depth of what they do

HEALING C

Molly spoke first to Greg Branson who is the founder and director of the Healing Circle and coordinator of the Well Person HIV programme.

MR How did the Healing Circle come into being?

GB In 1987 I got together with three other men and we formed a gay men's empowerment group. I had recently returned from America where I had seen similar set-ups. We met at The Fallen Angel pub (now called The Angel) in Islington and as people with experience of HIV/AIDS came in our focus on that aspect grew. In 1992 we set up a study with seven people diagnosed HIV positive to see what the effects of holistic therapies and psychological work would be. After a year we observed improvements in their health and we were able to get more funding and bring more people on to the programme, which became known as the Well Person HIV programme. We keep the numbers down because you can't know a large group of people intimately and for us that is a criterion for success. We give a lot of therapies to a few people.

We find that people who end up on our doorstep are self-selecting; it's those who are ready for the next step on from the drop-in centre approach to complementary therapies. Our growth has been slow but it's at a pace we can handle.

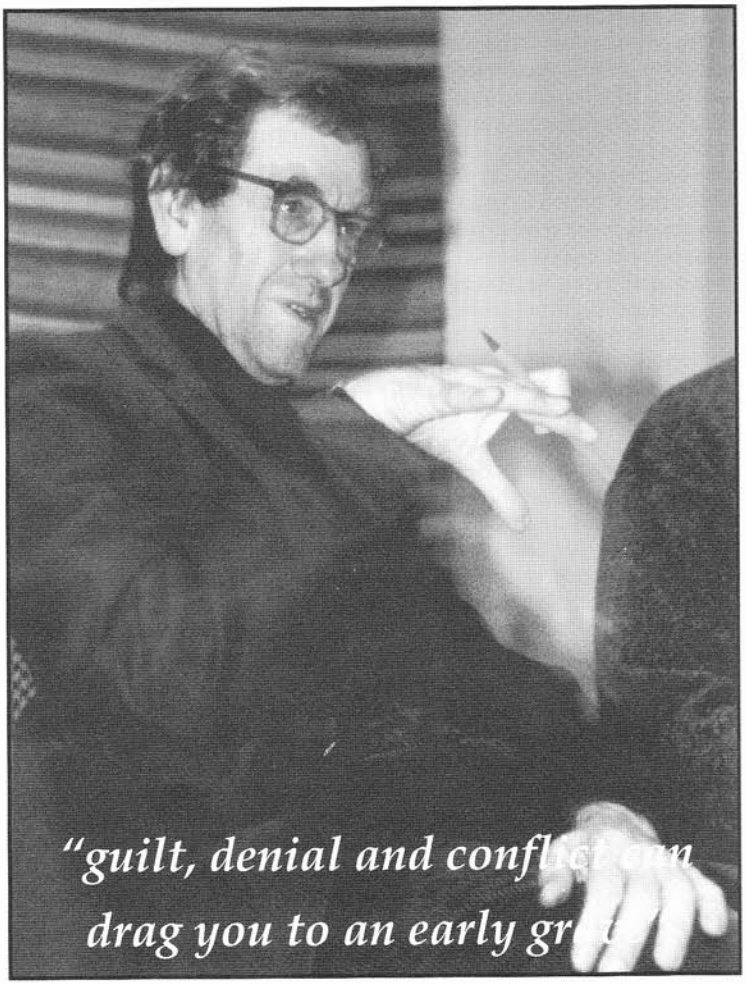
As I say, the Healing Circle is for gay men and that is where the motivation and inspiration for all our other work comes from but the HIV work we do is open to anyone diagnosed.

MR What is the philosophy behind the work you do here?

GB I come from a Zen Buddhist background though I'm open to other approaches. I'm trained as a spiritual healer. From Zen has come the realisation that our mental garbage from childhood or further back, that we mistake for reality, is what must be defeated. The collective perceptions of the government, church, medical profession and so on don't support this view. Even the church is locked into the material world, no longer able to contact the spiritual. The whole system is built on opposites, one side fighting the other, which seems insane when you come from the Middle Way of Buddhism. Our aim is to take the best of both sides and create a dynamic that works.

MR What do you see as the major problems for people with HIV/AIDS?

GB I think there's a lot going on within - guilt, denial and so on which means the individual is at loggerheads with themselves. That conflict can drag you to an early grave. Our aim is to help people to find the parts of themselves not in conflict. It's not a religious thing, it's practical: inner conflict is counterproductive. Believing that the answer exists outside oneself doesn't work either, because nothing exists outside that isn't first inside. Here we encourage a deep acceptance of things as they really are, not a desire to be



"guilt, denial and conflict can drag you to an early gr

different. So much of the gay scene is locked into desire, running away from the inner self which results in all sorts of behaviour that doesn't bring peace.

***MR** In your view, is there something particular about the gay community that has created the AIDS phenomena?*

GB That's an impossible question to answer.....I believe there are reasons why the gay community was ripe for dealing with certain issues, and spiritual reasons why things are as they are. If you look at cancer, for instance, you find that research is done by someone else. It isn't motivated by the collective dynamic of those directly affected. What group other than gay men could have got so much money mobilised to research, to care and create new structures for dealing with the problem? Cancer patients get tetchy about not having enough money, but they've never got their act together in the same way. Because we've been able to come together through a shared identity we are able to find new ways of approaching health care.

***MR** Do you see sexual behaviour as a factor in AIDS?*

GB I do think there's an awful sense of repression and denial of self identity among gay men that has now burst out in this way. I went through a period of denial, and unfortunately there's still a lot of it to be addressed in the community as a whole. Ultimately it seems to me that gay and female sensibilities are needed to bring a new way of living into being. AIDS has focused that need to bring something good to the world, so in that sense I see it as positive. I think that some good things have come out of this that might not have come about otherwise. A baptism by fire you could say.

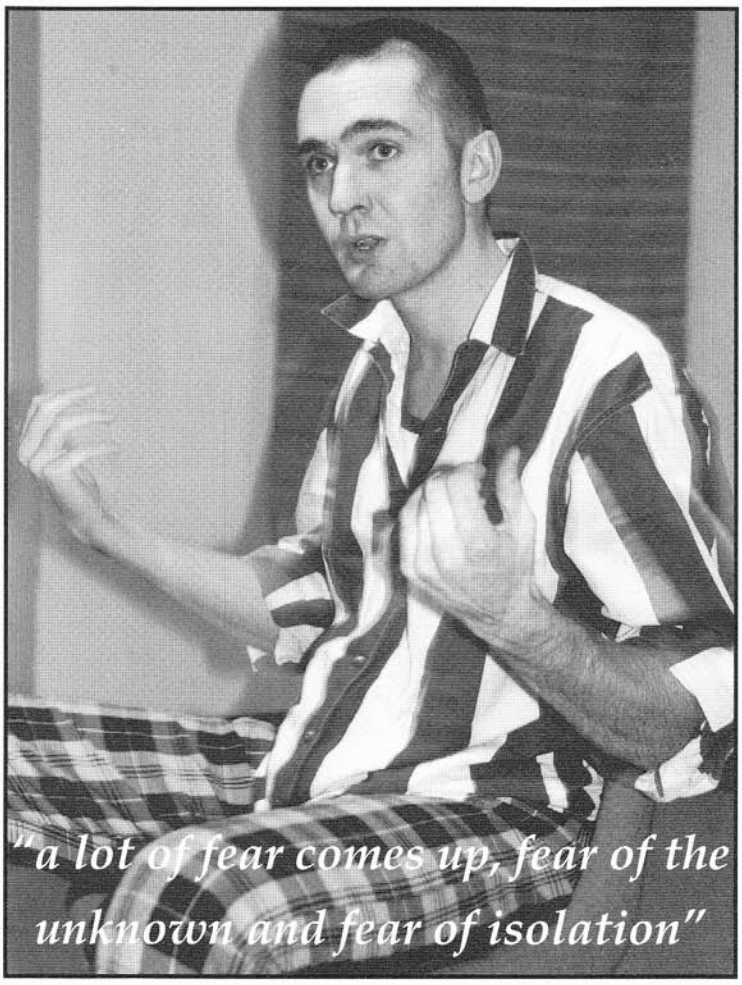
Many people that are diagnosed as HIV positive say it's the best thing that ever happened to them but I think that comes out of bravado, in a way. Personally, I don't believe the AIDS situation is going to go on for much longer – I think there will be a way out when the time is right.

We have women, gay men and a few straight men coming here. There are common threads running between them, because the human condition is similar. Emotional issues like co-dependancy, bad relationships, being children of alcoholics etc, come up again and again. For complementary therapies to succeed you have to have a receptive vessel, so our work necessarily begins in the emotional area.

***MR** How do people get onto your programme?*

GB They usually come to us asking what we therapists have to offer. We discuss with them their needs and then a group of us (me and some of the therapists) will sit down together and intuitively come up with a programme that we think will suit them. We'll always discuss it with them to accommodate any particular requests. No-one is made to have something they don't want, and neither would two people with similar presenting problems get the same set of therapies. There is also a spiritual healer working with us providing inspiration in these matters. She's been involved from the start but is now 88 years old and not able to be so active in our day to day work, but she's what you might call a spiritual mentor.

IRCLE



Each client has access to six therapists, encompassing the areas of nutrition and herbs, psychotherapeutic work and a body therapy. They don't necessarily see all of them at the same time, but if they need to there's the option. Once a client starts with a therapist they'll stay with them unless there's a problem – or we run out of funding! Some clients might already be seeing a therapist outside – say a Chinese herbalist that they have developed a good working relationship with – that's fine, they can do that. Our clients make use of various inner techniques such as co-counselling, re-birthing, hypnotherapy and Neuro-linguistic programming. We also offer complementary therapies including homœopathy, osteopathy, reflexology and aromatherapy. Therapies are provided free to the clients.

***MR** How do you finance it?*

GB I'm a miracle worker.....and I don't pay myself! I always put my needs at the end of the line. I've been a survivor since 1972 when I came to the squatting movement.

Our main source of funding has been local authorities and small amounts from private sources. It can be difficult getting local authorities to see the immense value of working in a truly holistic way which is what we aim for.

We pay the therapists because we think they deserve it and it's important for them to be of top quality, so we don't take volunteers. A team of 48 therapists work with us and they all have special qualities as healers as well as being skilled in their chosen fields. I actually choose the therapists, go out and ask them to join us. They receive support in the form of regular meetings and meditation groups and training as they go on. Understanding of the holistic approach to life is a central quality needed in our therapists. We wouldn't take just anyone. Ongoing care of our clients is encouraged and sometimes that means a therapist will spontaneously visit a client in hospital. Gestures like that are central to our work. Ideally we would offer the therapists more support but funding is a problem. There are a couple of paid staff and somehow it works. On our full programme we have 90 clients, and more people come to the meditation groups and other events.

***MR** Would you ever recommend anyone to use the standard medications prescribed by doctors?*

GB No-one here is qualified to recommend medications. We see our role as encouraging people to make decisions for themselves, so it is never a case of telling people what to do, though we advise them to try to see both sides of the picture and consider the options. Believing that all doctors are murderers can be as dangerous as seeing them all as saints. We try to help them to see what's going on and make decisions from as clear a place as you can. If a client believes that they'll die if they don't take a particular medication then I think it would be silly for them not to do so. We want to give people options. Occasionally that means that a client gets angry with us for what they perceive as our 'wrong' advice. If you get someone who wants to believe their doctor is 100% right and you suggest questioning some of the doctor's decisions

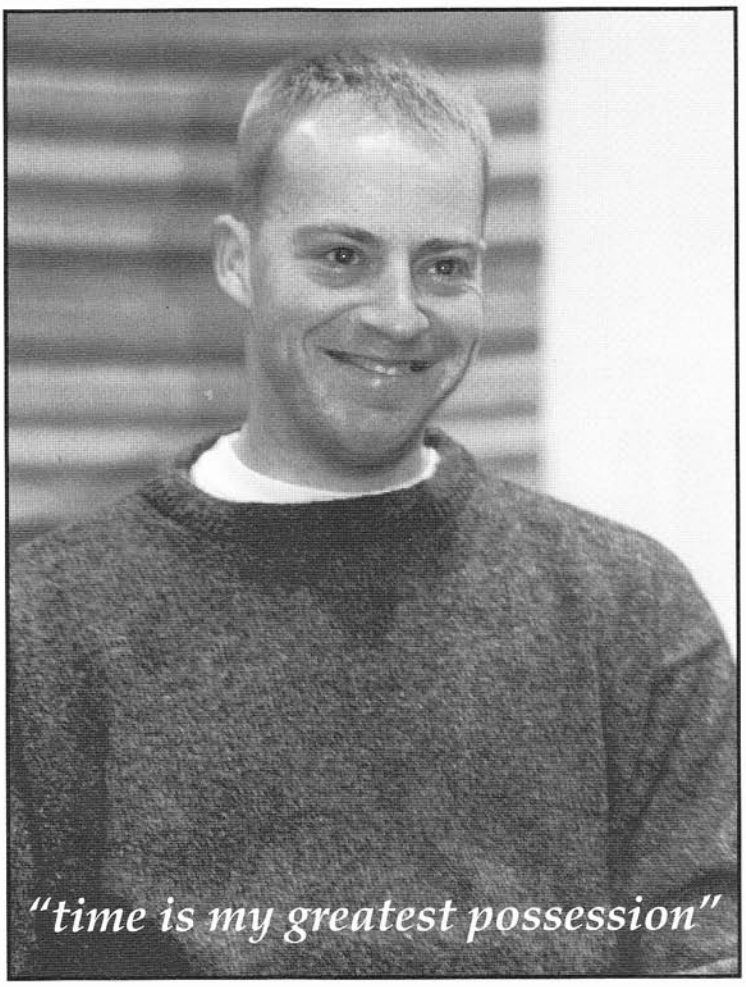
that can be very challenging. It can unleash anger which is really about that client expressing their fear of uncertainty. If you've always put your trust in doctors and the idea begins to surface that they don't have all the answers, you may want to punish those who make you aware of your vulnerability. We have to be aware of that in our work.

MR What does long-term survival mean to you?

GB I think that the spiritual point the individual has reached will determine survival. It's my observation that people who live long have a reason for living, though lifestyle also plays a part. Some on the programme have been diagnosed for 13 years and have no problems while others decline fast. In a survey of our users we found that 60% didn't have a reason for living. Without that will to live it's very hard to muster the power to survive. For some people their reasons to live might be the desire to see a child grow up or the wish to fulfil a particular career goal – these sort of things can make a huge difference.

MR Do you think there's a virus involved as the cause of AIDS?

GB I'm undecided. I've seen Peter Duesberg and Alfred Hässig speak and I think they are nice people but intuitively I am not convinced, but I'm not convinced by the others they oppose either.



Trevor Iszatt is a massage therapist working with the Healing Circle often doing home visits in the South London area or visiting clients in hospital. The idea is that contact with the centre should not have to be discontinued because of immobility. Emphasis is placed on generating a supportive family atmosphere that extends to the therapists. Trevor also runs the Wednesday meditation group and assists with fund-raising.

MR When you work with a client diagnosed HIV positive what are you aiming to achieve?

TI I aim to help them open up to themselves and also to be there for them as a support when they are going through crisis, as can happen when you begin to make changes in your life. We encourage people to heal themselves which is a continuous process of unfoldment. There is no end-point in healing because you can always go further.

MR What are the problems that people come to you with?

TI A lot of fear comes up, fear of the unknown and of isolation. I see my work as a process of encouraging the client to go deeper to find the source at the centre of their being where each of us have everything we need.

MR What do you think causes AIDS? Is it sexually transmitted?

TI I wouldn't say at this time whether it is sexually transmitted or not, and I believe it's dangerous to label people because then they think they have to assume that role. Labelling people with cancer or anything encourages them to conform to a way of being that can be very limiting and unhelpful. AIDS is a disease of our time, you can't escape the fact that people are dying but you have to treat people as individuals. I'm just not interested in how people label themselves – gay, straight, HIV positive or whatever. It is always a question of dealing with the issues that are important to that person. If they have been given an AIDS diagnosis and are experiencing fear, that is what I deal with. What I find is that as a client goes deeper inside themselves the labels become less important.

Paul James is a client who joined the Healing Circle programme about six months ago.

MR What brought you to the Healing Circle?

PJ I felt I wanted to explore holistic therapies more and it seemed like the right place. I was given an HIV positive diagnosis ten years ago and I've never taken any medication. I think medication is a quick way to death. Anyone I've ever known who has taken AZT, ddI, ddC etc is dead.

MR How is your health?

PJ The best it's ever been! At the time I took the test I wasn't talking to my parents since we'd been having arguments about my sexuality. I hadn't actually been thrown out of the house but I had left and was living in the YMCA. I felt very alone, didn't eat well and worked hard as a dancer. I started to feel weak and thought something was wrong when someone suggested it was HIV so I had a test. Getting the result destroyed me. There was no counselling or anything.

The next few years were really dark and I withdrew from my friends as none of them were diagnosed at the time. Supporting them in their times of need brought me out of that, because as they were diagnosed I felt I had to be strong around them. I gave up dance about three years ago because I didn't want to sign a contract and not be able to fulfil it, as I worried my health might not be up to it.

MR How has coming to the Healing Circle changed things?

PJ I was in a terrible state when I came here. I was so angry, so tortured, not dealing with any of these issues and not looking after myself. I was in a big hole but I'm coming out of that now.

I didn't know what to think when I first came here because Greg is quite a character. We talked for about an hour....then a few days later I called and they told me I was on the programme. I have shiatsu, massage and mind clearing which has helped me to find myself. It involves going into my thoughts and feelings about things like coming out at school, and dealing with it so I'm not carrying the pain around with me.

MR How do you see your future?

PJ It's happier than it has been. I feel comfortable here. I find it hard to make new friends because of my status. When I tell people they disappear. I expect to be rejected now, but things are getting easier. I don't dance anymore because my joints are a bit weak, but I do yoga, Qi Gong and T'ai chi which I enjoy because it's movement but not too demanding. My mental and physical health is improving.

I've not yet had to confront an illness, so I'm glad I've got the support around me so if I do get ill I'll be able to cope.

MR Do you think you will get ill?

PJ I don't feel as if I will, I don't worry about it but neither do I plan for 10 years ahead. Each day is another gift. For me, the only positive thing that has come out of being diagnosed is that it taught me to appreciate life much more than I used to. Most people seem to be pushing their way into society, acquiring possessions, a bigger car or house, whereas I don't. I can't take any of that with me. Time is my greatest possession.

The Healing Circle,
The Helios Centre, 61 Collier Street,
Kings Cross, London N1. Tel:0171 713 7120

HHV8: missing KS infectious agent or...

Blind Alley

Since intensive study of the phenomenon of AIDS began, it has been claimed that three 'new' human herpes viruses have been found. The latest, HHV8, has been linked to Kaposi's Sarcoma. Michael Verney-Elliott asks are the virologists right, or are we taking too much on trust?

Prior to the AIDS era, there were five well understood, characterised human herpes viruses. All these viruses are persistent infections, believed to last for life, and well studied decades before AIDS. These are: **Herpes Simplex 1** – causing cold sores around the mouth, usually in the same place when recurring. **Herpes Simplex 2** – referred to as genital herpes, easily transmitted sexually, and causing recurring lesions and painful blisters. The spread of this variety gathered momentum in the '60s and was epidemic in both the gay and straight populations in the US and Europe in the '70s. This was the panic epidemic preceding AIDS, believed to infect some seven million Americans at its peak. **Epstein Barr virus** – which causes mononucleosis. Being easily transmitted via saliva, it is sometimes known as the kissing virus, and infects particularly during puberty. It has also been implicated in causing cancer, but never proven. **Varicella Zoster virus** – causing two distinct diseases: chicken pox in the young, and subsequently shingles, usually in middle age. **Cytomegalovirus** – which can cause brain damage and blindness. This was suspected early as a cause of AIDS by some doctors and virologists, but as it is distributed equally among the sexes, it cannot explain why homosexuals are particularly affected by AIDS.

All these persistent viral infections are known to flair up when the immune system is low, or the person is feeling run down or under stress.

In 1986, Robert Gallo claimed to have found a sixth human herpes virus – HHV6. Having previously stated that HIV is sufficient to cause AIDS without co-factors, he gradually, and in the most face-saving way possible, acknowledged that this 'new' herpes virus might contribute to the syndrome. Currently, this all-singing, all-dancing, all-purpose virus is considered to cause cell death in many types of cells – T4, CD8 etc. HHV6 can infect and damage a wide variety of organ tissues, including brain, spinal cord, lung, lymph node, heart, bone marrow, liver, kidney, spleen, tonsil, skeletal muscle, adrenal glands, pancreas and, perhaps most significantly for PWAs, the thymus[1]. It is also believed that the virus can cause something similar to graft-versus-host disease, a form of autoimmune reaction found in some cases of organ transplant patients, and sufferers from lupus.

Of particular note is that an almost identical simian herpes virus is found in nearly 100% of African Green monkeys, the principle source of kidney cells used in the manufacture of polio and other human vaccines since the late '50s. Could it be that this 'new' herpes virus found its way into the human bloodstream as a contaminant in vaccines? Not many scientists want to talk about this possibility, as this would obviously be a man-made disaster on a huge scale. We do know that simian virus 40 (SV40) contaminated the Salk, Savin and Koprowski polio vaccines, and infected hundreds of thousands of vaccinees world-wide before the virus was discovered and isolated in 1960. This tiny (even by viral standards) double stranded DNA virus can integrate into the human genome, just as HIV is alleged to do, and is known to cause cells to become immortalised – pre-cancerous. Anyone wanting to pursue this scary story of the ease of vaccine contamination should read *Monograph 29*, published by the National Institutes of Health, December 1968. You won't sleep at nights!

Subsequently, a seventh human herpes virus was said to have been found, thought to be a variation of HHV6. Recently, HHV8 was announced by husband and wife team Drs Patrick Moore and Yuan Chang of the Columbian Presbyterian Medical Centre at a press conference on December 15th 1994.[2] They claimed to find an almost 100% correlation between "DNA viral fragments" and cases of Kaposi's Sarcoma (KS). Cautiously Dr Moore stated that even if the DNA fragments do prove to be yet another herpes virus, this is not proof that it is the cause of KS. He, unlike so many other AIDS "researchers", has remembered the golden rule – correlation does not prove causation! He also stated that the virus may merely be colonising the KS lesions after something else had triggered the illness; a typical opportunistic virus. Curiously, the small fragments of DNA identified by these researchers closely resemble the genome of another monkey virus – herpes saimiri. Did that little goody contaminate vaccines? It is worth remembering that virtually all animal species whose tissues are used to manufacture human vaccines are infected by varieties of herpes virus. It was also speculated that HHV8 may work in tandem with HIV. Either HIV infection wakens the dormant HHV8, or vice versa. However, Moore and Chang also caution that both these viruses may merely appear as a result of AIDS, but neither contribute to causation. Their discovery caused a major sensation. Nobody explained why this virus seems to gravitate to gay men who use poppers, although even Robert Gallo admits that the correlation between nitrite use and KS in gay men is "significant enough to be investigated further". HHV8 is considered quite widespread in the general population – as it would be if it were a contaminant in vaccines – but AIDS-related KS is principally a gay problem.

> This would be a man-made disaster on a huge scale

Some nine months later, Jay Levy, the third virologist to "isolate" HIV, wrote a piece in *The Lancet* (Sep. 23, 1995) which I quoted in the last issue of *Continuum*. He states that HHV8 has never been fully characterised, or photographed under electronmicroscopy. In other words, it has not been isolated, so its very existence as a herpes virus is still uncertain. In the twelve years I have been researching AIDS, there have been many hopeful "breakthroughs" which have invariably been shown to be without foundation, merely optimistic trips down scientific cul-de-sacs. Make me to see HHV8 isolated in pure cell culture with clear electronmicrographs of identically shaped viral particles, unimpeded by any other microscopic debris, and I will suspend my disbelief. Meanwhile, I can hardly contain my indifference.

References:

1. Knox, Carrigan. "Disseminated Active HHV6 Infection in Patients with AIDS", *Lancet* 343.577, March 5, 1994.
2. Chang Yuan et al "Identification of Herpes-Like DNA Sequences in AIDS-associated Kaposi's Sarcoma". *Science* 266: 1885, December 16, 1994.

Please cast aside the role of victims a

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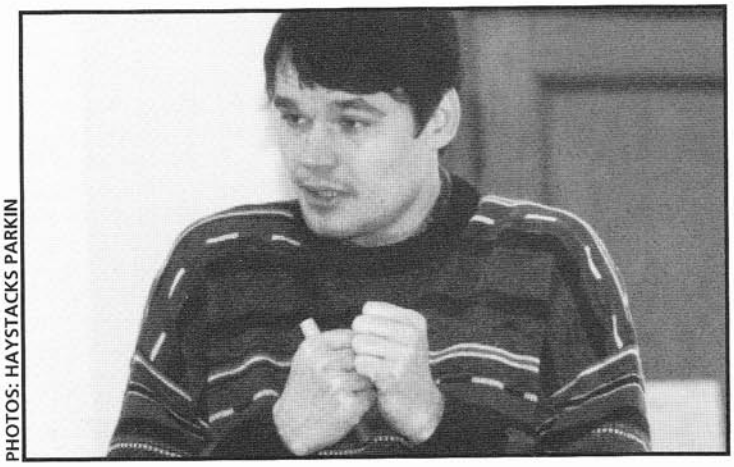

PHOTOS: HAYSTACKS PARKIN

Since the early 1980s it has been apparent to every immunologist, and to no-one more so than Anthony Fauci, head of AIDS research in the US, that prolonged periods of stress are damaging to health and can lead to death. Under such conditions an excess of stress hormones causes white blood cells, especially those detected by the CD4 test, to leave the blood stream and enter the bone marrow. If the stress persists, the body loses its ability to recover and sickness follows. Macrophage cells which routinely digest and recycle the almost inconceivable number of 10 billion spent cells a day (about 1% of all body cells) become unable to perform their work properly, and inflammatory reactions are set in train which create dangerous oxygen free-radicals, such that the macrophages can no longer keep infections under control. This specific stress-to-death phenomenon can be observed in conscious use in Australian aboriginals, where the ultimate social penalty is achieved when an individual is ostracised by his clan, leading to his death.

Pseudo-virology

Likewise anyone who internalises the death sentence of the AIDS test allows his psyche to be undermined. He is then trapped in a stressful, potentially fatal panic that has been induced by the actions of others for their own ends. For this internalisation to work a convincing antibody test was needed. Who created this Pandora's box? Pseudo-virologists using ostensibly established scientific procedures, who had in the past exploited the same state-sponsored fear and panic during the "War on Cancer" begun by Nixon in 1971. Events have moved so rapidly since the '70s that it is all too easy to forget the ins and outs of that scenario. But the same people were at work, and used the same puppets. It is transparent and easily documented. It was clear even then that there were no cancer-causing viruses – the retroviruses allegedly responsible didn't even exist. How come?

Fashion and convenience

Even a cursory look at molecular biology reveals that instead of facts there are mainly models and hypotheses. Opportunists are attracted by fashionable theories that make them rich, famous and powerful, just as surely as moths are by light. It should come as no surprise then that David Baltimore wasted no time in 1970 in jumping onto the reverse-transcription train, in 1975 allowing himself to be fêted as its co-discoverer and rewarded with half a Nobel Prize. Together with Fauci he went on to play a most ignoble and squalid "scientific" role in the "War on AIDS". What Baltimore co-discovered in 1970 was simply the phenomenon of reverse transcription of RNA into DNA. Because it fitted neatly into the then recent concept of (previously artificially concentrated) endogenous "viral" sequences, the model of retroviruses was born. The activity of the newly discovered enzyme reverse transcriptase was soon found in all living matter showing its presence alone was not evidence of a virus. It also exploded the "central dogma" of molecular biology which had insisted on a one-way flow of genetic information: that DNA could make RNA but not the reverse. Retroviruses were postulated to explain the "carcinogenicity" of the cell cultures used in labs. It was an over-hyped hypothesis which by 1977 had become unsustainable because everyone knew that reverse transcription was a common process. Just as there are no retrovirurses, so it is with the "retrovirus" HIV! A device was needed in 1982/3 to explain the stress-induced apparent disappearance of a particular type of white blood cell. On that occasion it happened to be Luc Montagnier, a French opportunist whose boot-licking (after some protracted litigation) paid off. Together with his Lasker Prize-winning

nd become the heroes you already are

Big, Act Quick

Who would welcome the end of HIV? Does anyone believe 'AIDS' will ever be over? Both possibilities are real and present, writes virologist Dr Stefan Lanka. With his papers on the successful isolation of a marine virus published in the prestigious journal *Virology*, his close familiarity with genetic detection methods, and his expertise in the field of HIV and retroviruses, he urges those living with a positive diagnosis to unite and demand proof that HIV exists. When that proof is not forthcoming and those who uphold the orthodoxy start to fudge the issue then that is the cue to enact change

accomplice Robert Gallo, he demonstrated in their so-called antibody test nothing but stress proteins which are created in the body under the conditions described above, and in the test tube when cell cultures are stressed in an outlandishly contrived procedure (see my papers for details).

The AIDS test

The proteins that they used for the AIDS test and then sold to the public as being of viral origin are merely the (bio)logical outcome of stressed white blood cells used in the lab. This, incidentally, explains why it is mainly those in the risk groups who become "positive", having been a) exposed to immunological and toxic stress, or b) in immunological contact with such proteins from another source. "HIV", which has never been isolated and identified, whose proteins have never been directly shown to exist (as has been done with other viruses), is a figment of the imagination, a device to underpin the exploitation of collective panic. The AIDS test has no predictive power whatsoever. It has never been calibrated – other than with its own internalised death sentence that undermines immunity, of course.

Killing with kindness

One has to be aware of all this in order to question, and cure, AIDS-defining diseases and related psychological problems. AIDS dissidents have tried to furnish alternative explanations but in so doing have only helped consolidate the concept of AIDS. They are now being replaced by AIDS analysts, who hope at long last to finally nail the deceit of AIDS. But of course, only with your help – the help of those affected. The big problem isn't the willing scientific handmaidens of the political masters – the Montagniers, Baltimores, Faucis, Weisses and Gallos of this world – but those who, to secure their own political and economic power, misuse the humanitarian desire to help. One can see everywhere where all this perversion has led – lamentations that there is no way out of these global crises without provoking disasters and catastrophes. Were one to believe this (or be impressed), one would immediately end up in a further panic trap. Yet think of the 100,000+ scientific papers about a virus that doesn't exist, and the hordes of scientists who have fabricated it – there is sufficient resourcefulness and brain-power available to solve some very real problems that confront the world: without resorting to brutality or institutional force, or discrimination against minorities and races, or mass-murder, and without AIDS.

Turning Point

AIDS will be shown to have been a turning point in history which, after a period of profound loss of trust will lead to a wide purging of gratuitous evil. Nothing unites our cultures as much as AIDS, HIV and Coca Cola, but people cannot be fooled forever. The path will be stony, incurring great loss of credibility for existing institutions and laws. It must not be forgotten however that there are even now positive and worthy structures, as well as decent and honest people. As a German, I am thinking of our present constitution, which came about in response to the excesses of the Third Reich. It represents an excellent starting point for a working co-existence if only its existing provisions were properly applied. Only a passing reference to English Common Law can be made here, but everyone is aware without having to read Ben Jonson's *Volpone* that we are still miles away from realising its goals. Peaceful and honourable co-existence is prevented by arrogance and corruption.

Think big, act quickly

You, the ones unfortunate enough to be antibody diagnosed are the ones who have shouldered the burden of the present AIDS disaster. Please unite your forces. Don't allow yourselves to be waylaid or corrupted, but use your energies to overcome AIDS (Artificially Induced Deadly Stress). The future is now in your (heads and) hands. Don't waste your time. Ask about the virus – to see micrographs of isolated HIVs, direct proof of its proteins and its RNA or DNA, whether retroviruses exist at all? Ask who is calling the shots behind the scene, in the CDC, the EIS, NIH, on Capitol Hill and elsewhere? It is they who brought you the AIDS trauma, like the witchdoctor throwing a spell on the outcast. Only then will you see for yourselves. Move ahead with it, beat AIDS and finally set free the good in human endeavour. Don't be afraid, you can do it. You have the strength, the necessary self-assurance and the imagination. Cast aside the role of victim and become the hero you already are – because you have tried to live positively and know what it's like. Be truly positive! Start asking questions of those who propogate the official pronouncements on AIDS. Beseige the government. Petition your parliament over the issue of whether HIV exists at all, as has been done in Germany. Demand to see the evidence. Ask for photos of the isolated virus. And don't forget to ask about the toxicity of the medications, especially the sulphonamides like Septrin. Ask, ask, ask and badger for answers those who disseminate claims about AIDS. Think big and (please) act quickly.

Be prepared

To forestall the anticipated backlash, I urge you to read my scientific papers among others, which have been published in Britain in *Continuum*; and read the communication between myself and a Minister of Justice who is trying to hide the truth in the city of Gottingen's AIDS-Blood-Murder Trial. You will find all the necessary details for which there was no room in this short article.

Letters

NEGATIVE VIBES

Your 'Missing Virus' advert has caused a great deal of anxiety and unnecessary stress amongst many of us diagnosed as HIV antibody positive.

Your claim that HIV has not been isolated contradicts all the information we have been receiving in *Gay Times*, *The Pink Paper*, *Positive Times* and *Positive Nation*. Does this mean they have been disseminating (albeit unwittingly) misinformation? Will *Positive Times* and *Positive Nation* have to change their titles to *Negative Times* and *Negative Nation*? What will happen to the HIV-biased service industry? Will the THT, NAM, NAT, Body Positive and the London Lighthouse have to close down? How can we still claim our HIV disability benefits if HIV does not exist?

Yours sincerely
Jamie Merriot, London

We believe it is important to establish what antibodies 'HIV +' people have. Can it be possible to have antibodies to a retrovirus that doesn't exist? As regards the AIDS lifestyle magazines, I wonder if Indeterminate Times *and* Untested Nation *will be titles of the future. MR*

REWARD CLAIM

I am tempted to collect the "Reward" for the missing virus advertised in *Continuum*. Is the reward at £10,000 now? Who decides on a passing "proof of isolation"/existence? A committee? You? Who?

Is the idea that proof is sought for the existence of a virus, now named HIV?

Cordially yours
Peter Duesberg, California

Why Continuum's bloody apartheid?

I've been looking through the *Continuum* back issues I ordered and am quite impressed by what you've been able to do with your apparently quite limited resources.

The Celia Farber piece was especially interesting, though my favourite by far was the Neville Hodgkinson interview. Here's someone who knows the science but also recognises the importance of the mental, emotional and spiritual aspects. His book should be a good one! I'm looking forward to it.

I am the author of *The AIDS Dissidents*, a fully annotated bibliography of alternative approaches to AIDS, published by Scarecrow Press (52 Liberty St., PO Box 656, Metuchen, NJ 08840, USA). Volume I of this study, published in late 1993, included listings for over 700 items. I am now compiling Volume II and would appreciate any assistance or information *Continuum* readers can provide.

I am especially interested in review copies of books and tapes, magazine subscriptions and back issues, photocopies of articles and citations of relevant scientific papers. All dissident, alternative and unorthodox approaches to AIDS are included.

I should add that in view of your criticism of the HIV/AIDS hypothesis, I find it most odd that your subscription rates discriminate against those unwilling to designate themselves as HIV positive. I would have thought that this kind of blood status apartheid would be anathema to you. In any case, as I am HIV?, I've no idea what I would be expected to pay. Perhaps I should run out and get my blood tested before carrying on any more correspondence with you.

Regards in any case.
Ian Young, Canada

Thank you for your criticism. We are reviewing our subscription policy in time for the next issue.
It originally came about to acknowledge that those given a 'HIV+ diagnosis' are put under unnecessary pressure, financially in terms of the purported need to take vitamins and use expensive treatments, etc. We do not wish to propagate the idea that testing HIV+ is in any way useful, financially or otherwise.

DEBUNKING

Can you suggest a book that debunks/seriously undermines the HIV theory, (eg. personal experiences of people with AIDS who have lived well beyond their doctor's prognosis in good health through lifestyle and diet changes)?

Also, is there a paper(s) that provides some evidence of the anti-viral properties of mega doses of vitamin C in respect of HIV?

Thanks
Graham, Cheshire

The book I recommend is A World Without AIDS *by Leon Chaitow and Simon Martin, published by Thorsons in 1988. Though in some ways dated, it does present useful information and the personal approaches of many survivors. It also has an excellent chapter on vitamin C, with references. MR*

AIDS MAFIA

Due to the articles by Celia Farber and your interview with Neville Hodgkinson I was finally able to understand our difficulties with gay men and the organisations supposed to defend them.

I had always thought it was only the threat of losing precious financial aid from Wellcome and the likes which made them so unwilling to spread the other view of HIV/AIDS.

It never dawned on us that we were attacking their status as cross-carriers and their Gay Pride. We were so glad to be able to HELP them. We could never understand their heated objections to our explanations concerning the AIDS mafia. Well, now we know.

I am terribly sorry Jody Wells is no longer with you, after all he did for people. Unfortunately, we are just at this moment facing a similar case in our team.

Cadu, who is a member of The Group for the Reappraisal of

the HIV/AIDS hypothesis and was writing a book about the whole AIDS scam, is now terminally ill as he never quit smoking and was even questioning the risk of using drugs. When he became seriously ill he went back to chemotherapy and the medical establishment and now his family is blaming the whole situation on us!

All of us (except for the secretarial help and the cleaning woman) are volunteers with pretty few resources (all international funding was cut when we insisted on becoming dissidents and also fighting vivisection).

Therefore, we thank you very much for giving us the positive subscribers rate and wish you luck with your excellent work!

H. Bromberg Richter, TAPS, Brazil

LOVERS' PACT

How dare Dr Lanka have the temerity to state that HIV does not exist? I've been diagnosed as HIV antibody positive since March 1987 and since that date I instinctively knew that I was infected with the deadly AIDS virus.

I have learnt to live with HIV and have built up a close friendship with it. My psychotherapist taught me how to meditate and communicate with the virus.

I write letters and poems to the virus, whom I call Desmond. We have been going steady now for nine years though we've had the odd fall out; but then all love affairs have their ups and downs. Although I know that Desmond (HIV) will kill me in the end, I hold nothing against him – I love him.

If HIV does not exist, then who the hell have I been talking to and writing to in the past nine years? I live for and will die from my Desmond, my HIV.

Yours in protest

Andy Flemming, London

Perhaps you have been talking to an artificial construct of the current scientific belief system. Sorry to disappoint you. MR

TIBETAN SECRETS

When I was very weak and ill (after coming off AZT and ddI) and unable to do much at all, a dear friend introduced me to a little book of Tibetan Rites for energising the Chakras: *Ancient Secret of the Fountain of Youth* by Peter Kalder, published by Harbor Press, Gig Harbor, Washington.

This series of simple steps was the first exercises I had ever done. And somehow it feels as though it has been a very important part of my recovery. Requiring no equipment and no music, I can do them anywhere and at any time also. I am amazed at the level of fitness and energy I now have.

Like all alternative things, one doesn't get told the secret, but for anyone who never exercised this may be a particularly useful place to start.

Jan, Australia

FAST LANE FAN

What is the hidden agenda behind Mr Cass Mann's polemic against poppers (*Continuum*, Vol 3, No 3)? While he correctly observes that poppers may cause Heinz body cell anaemia, Methemeglobinaemia (depletion of red blood cells), cardiovascular damage and Kaposi's Sarcoma he fails to realise that many poppers' users are fully aware of this. This is a risk we choose to take.

I suspect Mann's reasons for criticising poppers drug use (not abuse as Mann judgementally states) are moral and political using scientific data as an ideological smoke screen. It is our post-modern drug culture that Mann despises. He fails to realise that many gay men desire the 'fast-lane' risk-taking lifestyle and do not necessarily believe in the deeply conservative (and old fashioned) Pro-Life discourse of *Positively Healthy*.

Why should longevity (*Continuum*) be seen as the hallmark of a 'full life'? Some of us desire to live fast and die young.

Mann ends his article stating: "Well, if gay liberation meant only the freedom to die of drug abuse, it wasn't worth it!" I am 27 years old and into poppers, cocaine, ecstasy as well as alcohol and cigars. As I also take part in the S&M scene, I'm into yellow and brown. So I do not expect to be around after 45 plus. But that is my choice.

Mann's 'war-on-drugs' crusade is deeply reactionary and merely plays into the homophobia of the far political right. I ask *Positively Healthy* and *Continuum* to adopt a less conservative tone when spreading their propaganda against recreational drugs and us criminalised drug-users.

T. Sobel

Turn to p22 for two sides of the poppers story

comment

Break free from the experts

The story of the Nagels and their child Lindsey offers hope to the countless people that have suffered at the hands of dishonest doctors and careless drug companies. As the American court case unfolds Glaxo-Wellcome, the AZT-manufacturers being sued, nervously watch share prices while others contemplate getting in on the action.

In 1990 the Nagels adopted Lindsey, aged two months, from Romania. When blood tests were done after her arrival in the US they were informed of her 'HIV positive' status. Subsequent tests with PCR supposedly found 'virus' present in her blood, which they were informed meant that she was carrying 'HIV' and not only her natural mothers' antibodies. Like many concerned parents in their position, the Nagels sought expert advice. But how do you decide who is an expert when you're not one yourself? This is a question that provokes many more in the light of what happened next.

The first doctor they saw prescribed Septrin and AZT without paying attention to the fact that Lindsey had no symptoms of AIDS and appeared normal, except for the 'HIV' result. This medical insufficiency pales in comparison to the actions of the second doctor, who increased the dose of AZT because Lindsey had ceased growing *since* she had been put on the drug, while secretly knowing that the child was now testing HIV negative for 'virus' and 'antibodies'. What was going on in the mind of that doctor? Was she following some strange intuition of her own that told her Lindsey was 'positive' despite the tests, was she experimenting or did she enjoy playing her role as 'expert' to the disadvantage of a child's health? Whatever the answer may be, it is obvious that such people should not be entrusted with anybody's life, and they certainly shouldn't be being rewarded. It is time for doctors to hang their heads in shame as their profession proves itself incapable of conduct untarnished by pharmaceutical interests.

Luckily for the Nagels, they came across Peter Duesberg in time and took Lindsey off the toxic AZT before irreparable damage had been done. What is remarkable is that she was able to recover her health, despite having been on AZT for 22 months of her early life. Is that because Lindsey was blissfully unaware, in her childhood innocence, of the diagnosis she had been labelled with, escaping the psychological trauma of a doctor-induced death sentence?

It is time that we took health-care out of the hands of egotistical 'experts' and put it back where it belongs – with ourselves. Meanwhile, to aspire to the vital state of a growing child, freed from unhelpful perceptions of how a 'diagnosed' person should fare is an attractive path to take.

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Without the existence of HIV the cause

Sunshine and

Late last year **Matthew Probert** made a trip to Jamaica to research the AIDS phenomenen there. This vivid first-hand account tells how a positive HIV test result coupled with a common health problem such as diarrhoea is sufficient for an AIDS diagnosis; how a positive test can be a death sentence – a rapid result of fear and ignorance rather than a slow lingering one caused by a phantom virus; and how if stress is a major factor in positive antibody testing and "AIDS" illnesses then Jamaicans have plenty to question

The Jamaican Ministry of Health estimates that between 20,000 and 40,000 people in Jamaica are infected with "HIV". Of a population of 2.5 million people, this represents 1.5% of the population. It is not surprising that with these official estimates and unquestioned belief in the hypothesis that HIV=AIDS=DEATH, Jamaican people are terrified of AIDS. Those suspected of having HIV are regularly murdered, driven out of their homes, and abandoned by their families and the health service.

Voluntary AIDS testing commenced in Jamaica in December 1982. Patients may either request an HIV test or may be given one upon admission to hospital if the staff feel that patient's symptoms indicate HIV infection. Up to September 1995, 1314 cases had been reported, 813 male and 501 female, of which 724 have died from "AIDS", two by suicide and two from drug overdoses. A Western blot test is used on a blood sample, and then the ELISA test is done as confirmation. No one I spoke to could give me the Jamaican medical definition of AIDS (which medical conditions were ascribed to AIDS), nor what information accompanied the blood sample to the laboratory.

The Jamaican medical profession considers some groups of people to be at risk from AIDS. These groups are: unemployed/lower social economic types, people aged betweeen 25 and 35 years; commercial sex workers (full-time and occasional); people who have had an STD; and gay and bisexual men. They believe that most do not come forward for treatment. This may be due to the prohibitive cost of medical treatment, all of which is private, or it may due to the stigma attached to AIDS.

All the "AIDS" patients I met had been deserted by their family and friends. One had been dumped in an old car on waste ground by the hospital where she had been admitted.

Cocaine and crack are cheap enough for the poorest

The focus in Jamaica is not on AIDS, but on the virus said to cause AIDS. This is coupled with a belief that STDs are a route of transmission for HIV through cuts, sores and unhealthy sexual practices. The church in Jamaica considers AIDS to be the result of sin, and believes all AIDS sufferers should be both cared for and controlled to reduce the spread of the disease.

At hospitals, there is no special treatment for AIDS. Thankfully, patients are treated for the symptoms they exhibit. At Jamaica AIDS Support (JAS), AZT is rarely used as it is too costly – they weren't even aware of the risks associated with AZT. However, Septrin, Ventilin and anti-viral drugs are widely used, along with garlic to treat thrush. Reflexology, massage and aloe vera are also availible. Vitamins and a programme of general "feeding up" and a loving, caring environment help sufferers to return to a normal life.

Both hospitals in Kingston claimed they did not currently have any HIV+ patients, so I could not see for myself the treatment they received. Significantly, at both hospitals, all previous HIV+ patients were admitted suffering from diarrhoea. This then was the closest I came to a Jamaican "AIDS profile".

There are two very common ailments amongst the Jamaican public: diarrhoea and chest infections. Examinations of the living conditions of affected people may reveal a simple explanation. Food stored at home is often shared with rats and mice. Flies are prolific as are mosquitoes. Road transport belches out thick black smoke and many car drivers add kerosene oil to their petrol to save money. Chest infections are only to be expected in a country of dust, smog and high heat. Rubbish is dumped at the road-side everywhere, and after a while it is burnt emitting more foul smoke. Dead dogs litter the roads staying there until the stench is so bad they are cremated with the help of an old tyre – producing yet more pollution.

Education, nutrition and food hygine is very low. The majority of the population live in abject poverty on a diet comprised primarily of refined white rice and chicken. Rastafarians produce natural fruit juice drinks and shun cocaine and crack, leading less stressful lives than other Jamaicans. Their physical health is generally better than their non-Rastafarian ghetto counterparts.

Drug abuse in Jamaica is rife. Cocaine and crack are widely available where they are cheap enough for even the poorest citizen to be able to afford them. In contrast, tobacco smoking is rare. Neeless to say ganja (cannabis) is smoked by the majority of people and very heavily. Alcohol abuse is also very common.

Jamaicans have a two-faced approach to sex. Publically oral and anal sex are regarded as dirty and disgusting habits. Privately they are widely practiced. Both male and female homosexuality carry the risk of being murdered and are kept secret. Men like to 'ride bareback' and it is very common for men to practice anal sex with their girlfriends in order to prevent pregnancy rather than use a condom for vaginal sex.

Jamaica is a lawless society governed by corrupt politicians and police force. Murder is a daily event and the average Jamaican lives in fear of violent crime and despair of their situation. Child abuse, sexual and physical, are rife. Almost every child you meet carries the scars from beatings and "choppings" inflicted by their parents. These social conditions combine to form a society experiencing high stress levels.

s of AIDS in Jamaica are quite apparent

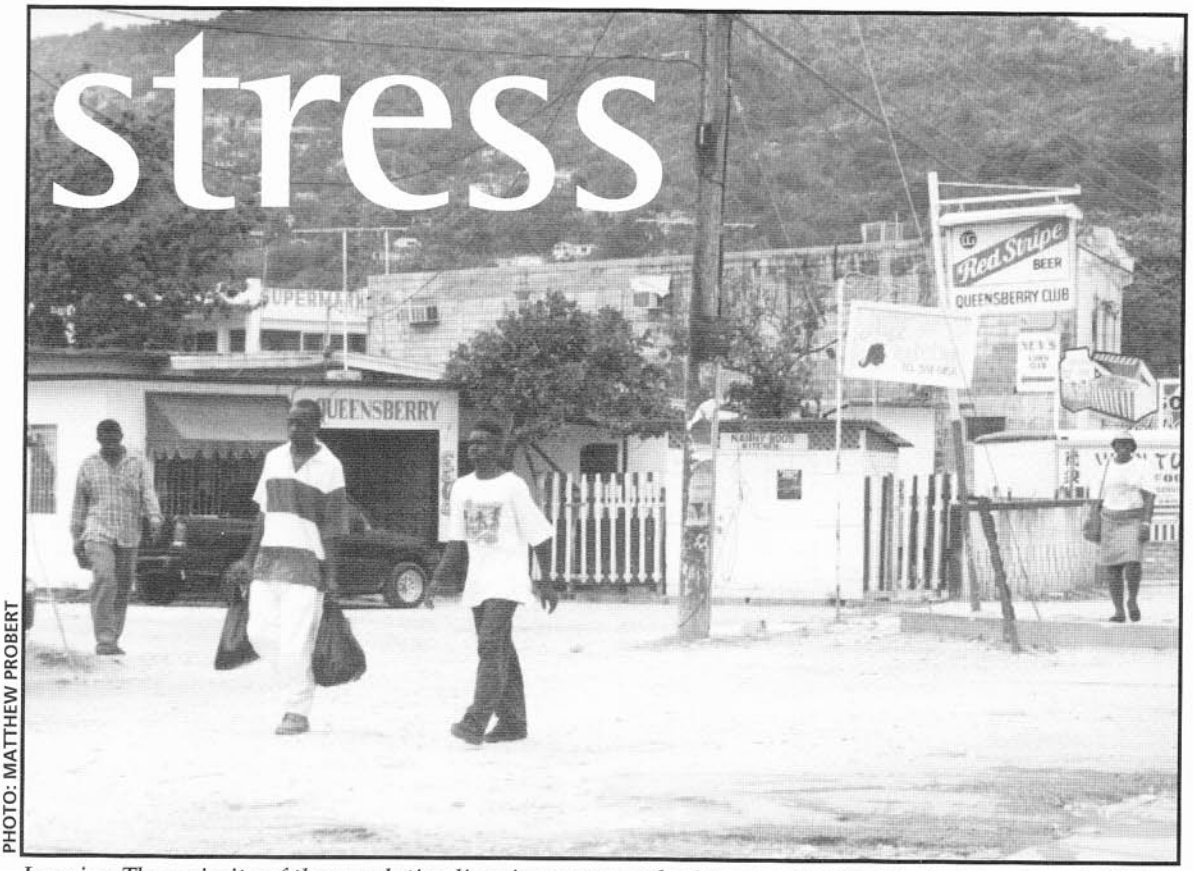


PHOTO: MATTHEW PROBERT

Jamaica: The majority of the population lives in poverty and exists on a diet of refined white rice and chicken

Malnutrition and worms are common problems in Jamaica. Most poor Jamaican women are unable to produce sufficient milk to breast feed their babies, and live on a diet of processed junk food. Fresh fruits and vegetables are too expensive for most people to eat on a regular basis, and a campaign of misleading advertising by the food companies leads people to consume tinned processed sausages, processed cheese and powdered food drinks unaware of the need for good nutrition.

Education, like medical care must be paid for. Many poor families cannot afford to send their children to more than a basic school where they learn to read the Bible and write. Education is essential in Jamaica for obtaining employment. An uneducated female can expect to work as a bar maid, or chambermaid, working a six-day week of 11-hour shifts for $J1000 (£20) per week. This in a country where a loaf of bread costs $J60 (£1.20) and a pint of milk costs $J25 (50p). Alternatively, as happened to "Lisa", a poor girl may be sent for by a wealthy relative living in a town. The child is promised an education but treated as a house-servant, expected to look after the younger children, clean and maybe cook – the promise of education left unfilfilled. On reaching their teens, without the prospect of marriage or a decent wage they turn to prostitution. Dancing the "go-go", a girl can earn $J10,000 (£200) per week, dancing naked and sleeping with male customers. The work requires no qualifications, and provides sufficient income to rent a room and food for the child or children that inevitably follow. Such girls often become alcoholics, drinking heavily to escape the inhumanity of their profession. Others, male and female, may turn to hustling, purchasing goods from a wholesaler in Kingston and selling them for a profit on the streets of other towns around the country, with the constant risk of robbery and harrassment from the police.

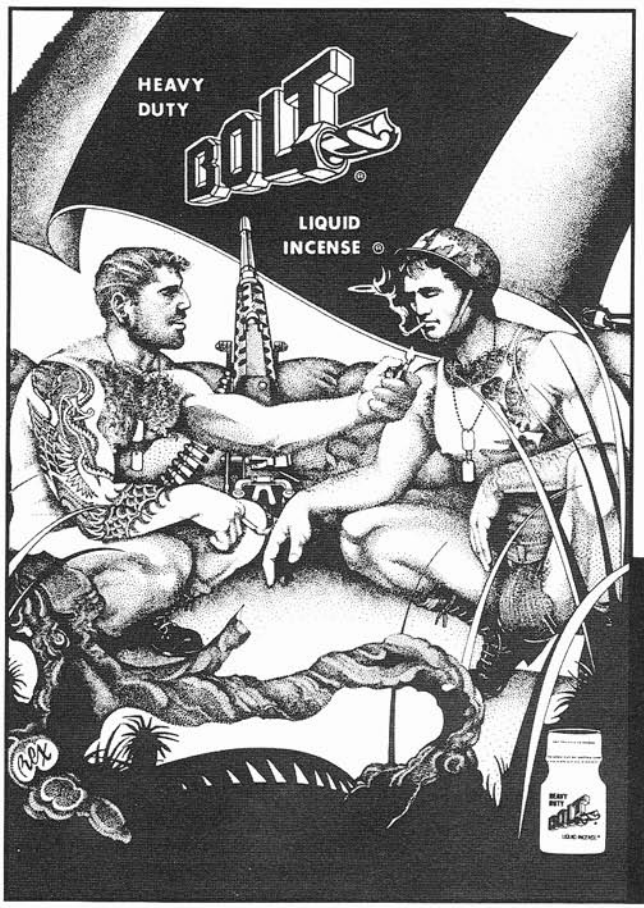
Armed robbery is a daily threat in Jamaica. Every small business knows that one day an armed man or men will walk in and take everything. Puncan is a barber in a small shop with two other young male barbers. One evening a man walked in with a hand gun and took the month's takings from each of the barbers, their equipment and any money the customers had. Puncan lost $J5000 that day. He, like most other male Jamaicans, carries a knife, but it didn't help him that day. Robbery occurs on the streets as well. People are scared to walk the streets at night unless in a crowd. Armed gangs, called "crews" form to defend areas from other crews and robbers from neighbouring areas. Large areas of Kingston are considered no-go areas. St Alban's primary school in Kingston which is only one hundred yards from the Denham Town police station is currently closed because pupils and staff are too frightened of shootings to attend. Armed soldiers walk the streets of Downtown Kingston to try and keep the peace. Hospitals and school are protected by high walls topped with coiled barbed wire and armed security guards which make them look more like prisons. In other towns special armed police cruise the streets in threes in 4x4 Toyota Land cruisers. Dressed in dark blue overalls and wearing a dark blue helmet one drives, one sits next to the driver and a third, armed with an M16 assault rifle sits at the back with the door open scanning the area for gun men. It is a frightening and intimidating sight to behold.

In conclusion, if one doubts the existence of HIV, which I do, then the causes of "AIDS" in Jamaica become quite apparent. Malnutrition, stress and pollution are as rife as the incidence of "AIDS". Most Jamaicans refuse to accept responsibility for their own situation. Rather than attribute the high incidence of chest complaints to air pollution from motor vehicles they would rather ascribe it to "AIDS". The lawlessness of the society is blamed on the government and police, rather than people looking at their own uncaring and abusive lifestyles. Diarrhoea is never associated with poor food hygiene, but rather on infection from some other source; mosquitoes are a favourite scape goat. AIDS is blamed on gay men and whites, rather than an unhealthy life style.

Armed robbery and harrassment are a daily threat in Jamaica

The effect of neglect on gregarious animals such as human beings is well documented. Evidence from the high mortality rates in English 19th Century orphanages, and the high incidence of "AIDS" amongst rejected people in Jamaica today would seem to indicate a link between privation and physical, as well as mental, health.

Data for this report was derived from the following sources:
HIV/STD Control Programme, St Catherine; The Star Newspaper; Ian McKnight, director of JAS; the staff and patients of JAS; Mrs Bailey, Greater Portmore Public Health Inspector; Sister Russel, Kingston Public Hospital; Senior Medical Officer of Spanish Town Hospital; medical staff of Thermal Plastics Ltd, Greendale, St Catherine; people of St Catherine and Kingston parishes. Special thanks to Annette Palmer for allowing me to describe her life so candidly.



In recent years there has been a debate over the safety of poppers. We reprint two articles from *Steam* in the US where the sale of poppers was banned in 1991. Both dismiss the ban but offer very different views on the merits of the drug. Here **Ian Young** charts the adoption of poppers as the "gay drug"

HELL

"AHAH! HEH HEH HEH HEH HEH! So! You won't take warning, eh? All the worse for you..... And now, my beauties - something with poison in it I think. With poison in it! But attractive to the eye!"

The Wicked Witch of the West, in The Wizard of Oz

Poppers are back! You may have noticed. After almost dropping from sight in the mid-to-late eighties, they've risen to the surface again in the Naughty Nineties – this time as an illegal, rather than a legal, drug. I live in Toronto, and a friend who used to work in one of the bathhouses here told me their basement was filled with crates of the stuff until just a little while ago. In the dance clubs, vendors wander around selling brown bottles out of shopping bags, or you can order them from ads in the local gay rag, imported from Quebec, where they're still legal.

Of all the drugs, legal and illegal, that have been funnelled into the gay ghetto over the years, the cheapest and (apart from alcohol and tobacco) most widely available is poppers. What the scientists call 'nitrite inhalants', poppers got their name because when first manufactured, they came in small ampules that were 'popped' to release fumes. That was when they were only available on prescription, for the occasional use of certain heart patients. Once they became a snort'em-anytime-fun-drug, having to keep breaking open the little ampules tended to limit one's intake, and since, as every child of the consumer society knows, more is better, enter the little brown screw-top bottle.

In the gay ghettos of the '70s and early '80s, poppers were always at the centre of action. On any given night at, say, the Anvil in Manhattan, a large percentage of the men on the dance floor would have poppers in hand, and many of the rest would be helping to pass the bottles around. Some discos would even add to the general euphoria by occasionally spraying the dance floor with poppers fumes.

Michael Rumaker, in his classic book *A Day and a Night at the Baths*, describes the tubs as "permeated with that particularly inert, greasy odour of poppers. Wherever you went, the musky chemical smell of it was constantly in your nostrils." He found himself heading to a single, small window, in order to gasp a few breaths of "something other than the cold, kerosene smell of amyl".

My own most vivid memory of poppers in action goes back to Fire Island, sometime in the '70s – that legendary time. Yes, children, I was there, I remember it. I was visiting friends in the Pines, and was spending a couple of hours at a disco one night. Across the room, I noticed an acquaintance of mine, the writer George Whitmore, dancing up a storm and inhaling liberally from a poppers bottle which he kept in the pocket of his jeans. Somehow in the course of the evening, the bottle broke, and the contents spilled all over George's leg, giving him a terrible and very unsightly burn. It made me wonder what kind of damage inhaling the stuff must do.

The original medicinal form of poppers was amyl nitrate, a 'vascular dilator' used by people with angina. They didn't snort it all night of course, just took a whiff of it on odd occasions when the old ticker felt funny. Still, the product was worth quite a bit to Burroughs Wellcome, the giant pharmaceutical company that owned the patent and enjoyed a monopoly on sales.

Then early in the '60s, another angina medicine came along, better, more convenient, and it didn't give you a headache: nitroglycerine tablets. Suddenly, doctors had something else to prescribe instead of those little tins of amyl. So it seemed amyl would go the way of snuff and smelling salts, and the sales graph at Burroughs Wellcome started to head toward the floor.

Whoever thought up the next move was certainly brilliant in their cynical inventiveness. It occurred to someone that there must surely be other lucrative markets for amyl nitrate, with its characteristic throbbing 'rush' and short-lived feeling of euphoria. Somewhere along the line, contacts with the US military were sounded out, and before long, poppers had found a new test market in the jungle battlefields of Vietnam.

BENT...

At the height of the Vietnam War, the average GI made his tour of duty a little more tolerable by getting strung out on a variety of mood-altering substances including grass, opium, heroin, and a smorgasbord of amphetamines. The military in those days had a pretty casual attitude to drug use and quite a few back-line supply sergeants found they could use their Mob contacts from civilian life to transport drugs from Southeast Asia to the US.

From '66 or '67 until the end of American involvement in the war in the mid-'70s, drugs circulated between American cities and the war zone, and when the war was lost, overseas operations were transferred to Latin America, with cocaine and crack replacing heroin as the drugs of choice on the street.

For the boys in 'Nam, nitrate inhalants were a welcome addition to the chemical stew. They were legal, they were easy to carry, and they were being shipped in from the States, literally by the crate full – touted as an antidote to gun fumes!

When the surviving GIs returned home, many of them were eager to keep up their poppers habit, and, under heavy pressure from the manufacturers, the Food and Drug Administration made a ruling sanctioning over-the-counter sales. Poppers became available without prescription to the American public. Then about a year later, the first reports of peacetime casualties began to come in. Terrible skin burns, blackouts, breathing difficulties and blood anomalies caused poppers to be placed under restriction again.

But once you've let the genie out of the bottle, it's pretty difficult to put him back. The ban on amyl quickly became ineffective when an enterprising gay medical student in California, Clifford Hassing, altered its molecular structure just slightly – it isn't hard to do – and applied for a patent on butyl nitrate. The genie was changing form, as genies will.

Soon Hassing was muscled out by larger 'entrepreneurs', nominally-independent operators controlled by organised crime syndicates. They made further chemical changes and came up with butyl and isobutyl nitrite – less pure, more toxic, and even faster acting than the original amyl. And with the post-Stonewall rise of urban drug-based 'gay lifestyle', gays were seen as the ideal market for a new aphrodisiac.

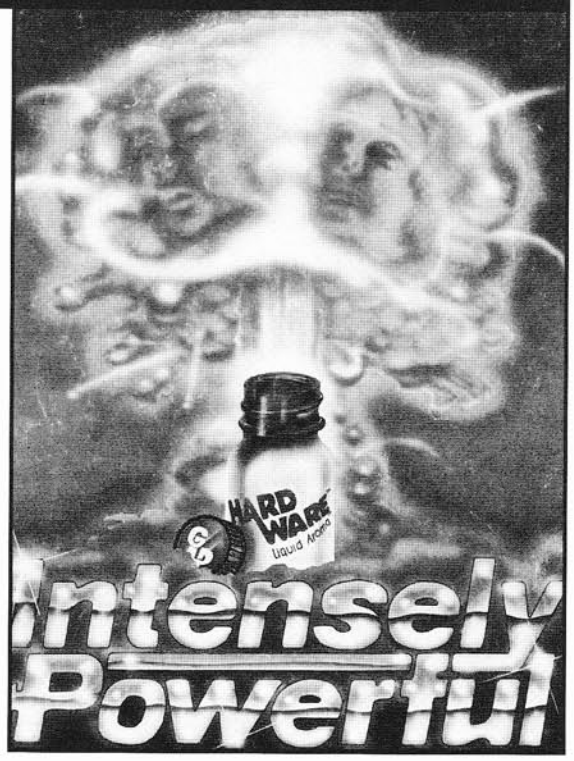
At this point, the FDA apparently wanted nothing more than to be done with the whole business, and a *modus vivendi* was established. The unwritten agreement seems to have been: public distribution of poppers would be permitted – as long as they were labelled 'room odouriser' and marketed only to gay men. With this cynical unwritten agreement, poppers became a multi-million dollar business for the Mob.

During the early '70s and early '80s, much of the gay press, including the most influential glossy publications, came to rely on poppers ads for a huge chunk of its revenue, and poppers became an accepted part of gay sex. There was even a comic strip called *Poppers* by Jerry Mills. The unwritten agreement was almost never breached: poppers ads appeared only in gay publications. The few exceptions were women's magazines with a large gay male readership, like *Playgirl*.

Meanwhile, laboratory research on poppers had been quietly proceeding, and a couple of gay activists had been paying attention. Hank Wilson (on the West Coast) and John Lauritsen (in the East) formed The Committee to Monitor Poppers, collecting scientific data on just what poppers were doing. What they found wasn't good. Apart from causing localised damage to nasal membranes, poppers have been linked to anaemia, strokes, heart, lung and brain damage, arterial constriction, cardiovascular collapse, and, most tellingly, the blood de-oxygenation, thymus atrophy, and chronic depletion of T-cell ratios associated with severe immune dysfunction.

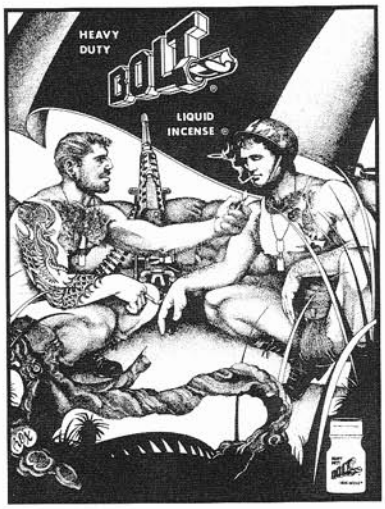
Before the first official reports of AIDS in 1981, relatively few voices had been raised to question what health problems poppers users might be causing themselves. A few attempts were made to curb sales, but the manufacturers always got around it by changing either the chemical formula or the product name. And the gay press, dependent on revenue from ads, did not care to blow the whistle on its own advertiser. One researcher contacted Robert McQueen, the *Advocate*'s editor, to warn him that poppers "strongly suppress" the immune system and could contribute to KS and Pneumocystis pneumonia. But McQueen said he wasn't interested. The *Advocate* even ran a series of ads promoting poppers as a 'Blueprint for Health'.

While researchers and gay advocates warned of danger, the FDA stood aside; as long as poppers were marketed as room perfume for fags, they would do nothing. One poppers manufacturer circulated a letter to all gay papers reminding them just who was "the largest advertiser in the gay press". They certainly were that, and their ads were obviously very effective. By 1978, poppers industry profits topped $50 million a year. So just how were poppers promoted in the gay media? A look through back issues of gay papers and magazines reveals some interesting features.



An ad for "heavy duty" Bolt, a brand of "liquid incense", shows a couple of jock-strapped soldiers, buddies in 'Nam perhaps, sharing a smoke beside a loaded machine gun. Military nostalgia? Another ad shows a bomb falling on a city, with the caustic caption: "It's the Rush Hour!" There are ads for a brand of

George Whitmore, Jerry Mills, Robert McQueen, W J Freezer, and Michael Lynch are no longer with us. They all died of AIDS. Burroughs Wellcome, of course, the original manufacturers of poppers, went on to fame and fortune with its monopoly on another fine product, the highly-toxic 'anti-AIDS' drug AZT.



poppers known as Crypt Tonight – a deadly pun linking the crypt and the rock that can kill even Superman. Another brand was called Satan's Scent which promised "a devilish aroma". A brand called Cum showed its bottles as dripping cock and balls.

Going over these ads, its striking how many of them feature bombs, bullets, weaponry, and other symbols of death and destruction. The most sinister of all is a full page colour spread for a brand called Hardware. It shows an open bottle of the product, surrounded by and seemingly giving rise to the distinctive, death-seeding mushroom cloud of an atomic bomb. In the head of this reddish-gold phallic cloud are two human faces, their eyes closed, their noses appearing to melt or dissolve. Between the faces is another, subliminal image: the head of a snorting white bull. The text below reads: "Intensely Powerful."

Poppers ads often combined appeals to masculinity and potency with this sort of overt or covert death imagery. At the same time, the political right was sending gays messages that they deserved to die, and information on the deadly effects of poppers was being suppressed. The results for the gay community were a disaster. A number of studies of the effects of poppers have suggested a link between poppers use and the appearance of Kaposi's sarcoma in gay men.

During the first few years of the AIDS epidemic poppers came under suspicion as a possible contributing factor. But after 1984, when the Reagan administration pronounced HIV to be the only cause of the growing list of AIDS illnesses, the health hazards of poppers were dismissed. All attention and funding was directed to HIV. Eventually, through the efforts of a few dogged activists and researchers, state legislatures began to get into the act, and finally, most jurisdictions made poppers illegal – in spite of a well-financed campaign by a leading manufacturer, W J Freezer, the 'Pope of Poppers'. But even then, information about poppers was still not made widely available.

Now that the official explanation of AIDS has shown itself to have holes big enough to drive a truck through, and has produced neither a vaccine nor a cure, even some in the AIDS establishment are beginning to rethink their 'HIV Does It All' position, and are taking a new look at a range of other factors, including the health risks associated with inhaling lots of nitrites.

An article by John Lauritsen in the June 13th 1994 issue of the *New York Native*, entitled *The Poppers-KS Connection*, summarised the latest developments. The National Institute of Drug Abuse is now investigating a possible poppers-KS link, and even Dr Robert Gallo, formerly the central pillar of HIV orthodoxy, is quoted as reassessing the role of poppers in KS: "The nitrites," he now says, "could be the primary factor."

A few years ago, I asked an old acquaintance, the Canadian AIDS activist Michael Lynch, to join with me in asking a popular gay paper to stop advertising poppers. No, he said, poppers were great, and as a matter of fact he used them all the time. This in spite of the fact that he was battling serious lung problems! Well, poppers can be highly addictive. Many gay men who use them find they're no longer able to enjoy sex without them. Some can't even jack off without them!

Recent history has shown that outlawing any given drug causes far more problems than it solves, and the banning of poppers is unlikely to prove an exception. The only thing that can make a difference is AEIOU: attitude, education, information, organisation, and understanding. In the meantime, poppers are back.

Ian Young is the author of several books of poetry, and editor of The Male Muse *and* Son of the Male Muse, *among others. The above article is adapted from* The Stonewall Experiment: A Gay Psychohistory, *published by Cassell.*

Homophobia and denial of sexual self-determination, writes Anon, are the true forces behind the US ban on poppers and speculation on their role in causing AIDS

...OR H

Which of the following doesn't belong: tobacco, alcohol, aspirin, poppers? Answer: poppers. Easy. Why? For one thing, all the others are legal in the US. For another, all the others kill. Each year, tobacco-related illnesses account for the death of 400,000 Americans[1], alcohol is involved in 657,000 US motor-vehicle accidents[2], and aspirin kills 60 Americans[3]. But there have been no deaths attributed to the use of poppers.[4] While cigarettes, alcohol, and aspirin are legal and potentially lethal, poppers are safe and banned in the US. Why? To answer this, we'll tell you a little about poppers, their history, use and safety record, and then explain why they can be so hard to get.

Poppers are amyl or butyl nitrites, which have been successfully and safely used in the treatment of various heart conditions since the late 1800s. It was a century later, during the sexually-revolutionized '60s, that poppers became popular among gay men. It was discovered that they could enhance sex by relaxing muscles, particularly the ever-popular sphincter, thereby facilitating penetration and prolonging orgasm. Could it be that poppers are a true aphrodisiac?

Apparently, the more conservative members of the medical establishment think so. Despite their indisputable history of safety, the sale of poppers was banned in 1991. The ostensible reason was one of health and safety, as there was a suggested connection between poppers use and AIDS. Their sources were a series of studies that they determined proved causation. However, upon closer, unbiased examination it was revealed that causation was, in fact, coincidence, and that most of these studies were methodologically flawed, did not have a statistically significant number of participants, and were poorly characterized and controlled.

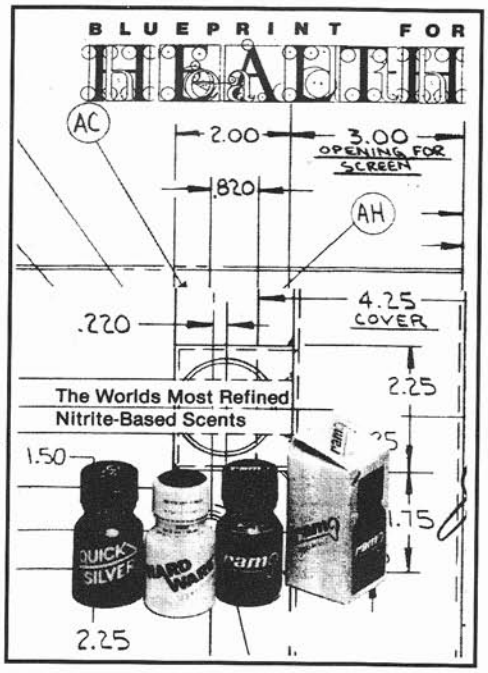
"Almost all early AIDS victims were heavy users of poppers. Scientists, in a shortsighted and homophobic attempt to find a cause for AIDS in the homosexual 'lifestyle', jumped to the conclusion that poppers were linked to AIDS, if not the sole cause. Most early AIDS victims had tastefully appointed bathrooms too, but scientists didn't assume color-co-ordinated towels and shower curtains to be the cause of AIDS."[5]

Despite the overwhelming body of evidence to the contrary, most of the scientists who conducted these early studies staunchly maintain that AIDS is caused by a set of co-factors - such as use of various recreational drugs - rather than a microbe. "Last century there was a sharp difference of opinion between those, such as Koch and Pasteur, who proposed that disease could be caused

by invisible microbes, and others who held that epidemics are the result of evil vapours (miasma). Arguments that AIDS does not have an infectious basis are as quaint as those of the miasmalists."[6] Remember, in its early history, it was thought that only homosexuals, heroin addicts, and Haitians contracted the disease. It took a while for western medicine to equate this disease with the wasting disease of Africa which struck entire families - men, women and children.

Subscribers to the co-factor theory also believe that certain AIDS-related illnesses are caused by specific drugs. They contend that the co-factor of Kaposi's sarcoma, a common AIDS-related opportunistic infection, known for its characteristic purple lesions, is use of poppers.

Even in the face of overwhelming evidence to the contrary, The Committee to Monitor Poppers (CTMP), a gay fringe organisation composed of co-factor adherents, devotes its entire efforts toward propagating the KS-poppers connection and stopping the use of poppers. The group publishes a list of every adverse scientific study attempting to link everything from KS and general immunosuppression to unsafe sexual behaviour with poppers. Like the original theorists, they rely on studies which are statistically flawed and dated. They ignore well-controlled and documented studies which have shown that AIDS, KS, immunosuppression and unsafe behaviour are unrelated to poppers use.



KS: a well-characterised 1992 study of 65 homosexual or bisexual men in London found that sexual practices in which there was contact with partner's faeces before AIDS developed were the main determinants of KS risk, and that risk increased with frequency of insertive rimming. The same study found that other behaviours and exposures, including the use of poppers were not related to KS risk, after taking into account whether the subjects have practiced insertive rimming.[7] A nine-year study of 1,341 homosexual and bisexual men with AIDS found that men with and without KS did not significantly differ with respect to number of sexual partners, history of certain sexually-transmitted or enteric diseases, or use of certain recreational drugs (including poppers).[8] An examination of data at six-month intervals for 96 months from the San Francisco Men's Health Study, which contained 1,034 single men 25-34 years of age, found that "there is no overall effect of drug use on AIDS". The most commonly-used drugs were poppers.[9]

Immunosuppression: the most objective, primary defining characteristic of AIDS progression is CD4+ (T-cell) depletion. As AIDS progresses, the number of these cells generally decreases. In contrast to two studies cited by the CTMP, which contained eight and eighteen participants respectively, and asserted that use of poppers caused modest changes in immune function (as evidenced by drops in CD4+ T-cell counts), the San Francisco Men's Health Study, which contained 1,341 participants, found that "moderate or heavy drug users, have consistently higher counts than non-drug users, for unknown reasons".[10] In any given individual, T-cell counts fluctuate up and down on a daily basis. The normally downward fluctuations fall within the range that these small studies define as "modest immunosuppression", thereby invalidating the assertion that poppers are immunosuppressive.

Unsafe sex: there are several articles and studies concluding that the use of nitrite inhalants is associated with a risk of unsafe sex. Again, in the case of gay men, tastefully appointed bathrooms are probably associated with unsafe sex, but they do not cause it. A 1992 study of 219 gay men conducted by R S Gold and M J Skinner found that: "sexual desires, mood, communication, and use of 'dirty talk' distinguished between safe and unsafe encounters, and type of partner, consumption of ... drugs, desire for excitement and use of pornography did not."[11] Intoxication: users did not 'get high' on poppers. Poppers merely enhance the sexual acts that consenting adults participate in. If that were not the case, then every heart patient who used poppers therapeutically would have a compulsion to have sex - safe or otherwise.

In summary, though hypotheses that use of poppers causes AIDS, KS, immunosuppression, and unsafe sexual behaviour have been largely disproved, these substances remain illegal in the US. Though poppers are orders of magnitude safer than cigarettes, alcohol, and aspirin, lack of a strong lobby funded by well-to-do vested interests such as cigarette, alcohol, and drug companies, coupled with ongoing campaigns by groups like the CTMP are responsible for the continuing ban on the sale of poppers. Campaigns by these groups are directed towards legal substitutes which are less effective and potentially more dangerous. Because the legal "video head cleaners" are not as effective, many "bathtub poppers" manufacturers have surfaced, selling products of dubious purity. In short, misguided, self-appointed protectors of the public interest have caused safe and effective products, manufactured under controlled conditions, to be removed from the market, only to be replaced by less effective, potentially harmful ones.

There are underlying basic human rights issues involved here: the apparent homophobia which was instrumental in the enactment of the ban, and the fundamental right of self-determination (liberty and the pursuit of happiness). Should products with an exemplary safety history spanning over 100 years remain banned because a homophobic group of legislators overzealously jumped to the now-disproved conclusion that poppers causes AIDS? And should self appointed groups be allowed to dictate the sexual behaviour of others? Elimination of homophobia and the right to sexual self-determination are core issues in gays' struggle for equality and basic human rights. Nowhere are these issues more concretely embodied than in the continuation of the ban on the sale of poppers in the US.

EAVENLY SCENT?

The author of this article is rumoured to be a poppers manufacturer who remains anonymous due to the threat of prosecution in the US.
Thanks to Steam *for permission to reprint.*

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Protease Inhibitors

A new wave of "rational anti-HIV" drugs called protease (or proteinase) inhibitors (PIs) have entered clinical trials around the Western world. 17 different protease inhibitors were being developed by mid-1995, with 5 or 6 being trialed in humans.

The drugs' names and manufacturers include: Saquinavir/Invirase (Roche), ABT 538 (Abbott), Crixivian (Merck), VX-478 (Vertex/Wellcome), AG 1343 (Agouron) and U-875 (Upjohn).

Protease inhibitors are designed by computer-led models to block or reduce the action of (inhibit) an enzyme, a protease, that some researchers believe is encoded in the theorised genes of HIV.[1] This protease is supposed to transform or "cleave" large pre-viral proteins into smaller functional forms. It is proteolytic – "protein splitting" – and there is a scientific model for how it applies to HIV. "The HIV type 1 protease is the enzyme required for processing of the Gag [gene] and Gag-Pol [gene] poly-proteins to yield mature, infectious virions," suggests pharmacologist J R Rose of California[2]. "It is hoped [PIs] will be more potent and less toxic than nucleoside analogs [AZT, ddI, ddC etc]," write others [3].

But there is predictable disagreement over how or whether these drugs could be HIV specific. US researchers Franzusoff *et al* describe the enzyme issue thus: [gp numbers give the approximate molecular weight of the proteins]: "The HIV 1 envelope protein[s] gp120...and gp41... are initially synthesised as a gp160 precursor. The intracellular cleavage of gp160 by a *host cell protease*...is essential for viral activities such as infectivity...the unique *cellular protease* Kex2p is directly responsible for HIV-gp 160 processing in yeast [representing] a powerful strategy for identifying, characterising and inhibiting the *host T-cell protease* essential for HIV infectivity and AIDS".[4] [my itals]

Cell biology and virology now show the proposed genetic structure of HIV is a template artefact, derived from stressed cell components. Hence researchers must recognise the protease associated with "HIV" as cellular. It makes little difference that Moyle of the Kobler Centre, much of whose data is described as "on file, Hoffman-LaRoche, Switzerland" indicating a close relationship with Saquinavir's marketing manufacturers, believes there is a protease specifically encoded in "HIV" – "cleavage at the N-terminus of a prolyl residue is not observed in mammalian biochemistry"[5]. Knowledge of what is mammalian constantly grows. Such cleavage is not observed by whom? In the 1970s the scientific community was rocked by the revelation of a newly identified enzyme reverse transcriptase (these days still implicated in the activities of "HIV" by retrovirus-adherents) which in a number of related forms came to be accepted as common in all living systems. No doubt proteases will be shown to exhibit some chemistry in mammals which is as yet undocumented.

Accordingly, although *NAM Treatment Update* editor Edward King rashly speculates, "Protease is only used by HIV and is not present in uninfected human cells..."[6], in fact references are common to "structurally and functionally related proteases in man"[5] such that protease inhibitors "may not just inhibit the HIV protease enzyme; they may affect some of the human protease enzymes. Researchers believe safe doses may have to be low as a consequence of this interference"[7].

Beneficial clinical trials of PIs would interest some people, but writing in *Nature Medicine* Fintan Steele reports: "The limited trials to date demonstrate the PI treatment results in an initial dramatic decrease in circulating free virus ('viral load') and a concomitant rise in CD4 T-lymphocytes. These so-called 'surrogate markers' may indicate clinical benefit, but that is not certain...the viral load returns to normal level usually within 12 to 24 weeks...Disturbing evidence recently obtained by Merck scientists demonstrates that the strains of HIV-1 that appear after treatment with PIs are resistant not only to the original compound, but to most others as well."[8] Cellular mechanisms seem to be quite adaptable. Merck's own Director of Antiviral Research Emilio Emini balanced some dramatic claims for his PI product Crixivan – when taken with AZT and 3TC – by saying "Crixivan is not a cure for AIDS." Indeed proponents of PIs now uniformly advocate using them in combination with the very nucleoside analog drugs from which they were supposed to release antibody diagnosed patients.

While most trials of PIs have claimed some short-term reduction in viral load, these claims are useless even as markers of cellular activity until the PCR detection techniques used are validated for (a) quantitative accuracy: the Nobel Prizewinning inventor of the PCR has said "Quantitative PCR is a contradiction", (b) use of DNA (proviral) PCR before and after "therapy", or RNA (viral) PCR before and after: DNA PCR for so-called retroviral sequences can produce much less of a result while still being called PCR. Temporary reductions in cellular expression of small detected gene sequences ("viral load") may result from the inhibition of cellular enzymes; counts of peripheral blood T-cells can rise through placebo effect alone; that these effects are short-term, requiring talk of "viral resistance", adds to the unlikelihood that any therapeutic effect is being achieved.

So-called side effects of the drugs appear to be few in the short trials to date, though no-one knows the long term effects of blocking cellular enzymes. Nephrolithiasis (blood in urine, kidney stones, pain in flank) was reported in 2-3% of people in Crixivian trials. "Clinically significant" drug interactions were seen with rifabutin and ketaconazole. Saquinavir's most commonly reported adverse effects were moderate gastrointestinal disturbances, in 5% of people; mild disturbances in liver function have been observed.

Perhaps fortuitously practical problems beset the attempts to make PIs widely available. Most break down chemically into inactive forms quickly, and therefore require injection. Also, up to 98% of the drug binds with a substance called AAG in the body – a process called protein binding – making it inactive. Searle Pharmaceutical's PI was eventually withdrawn for this reason. And the compounds are difficult to make, requiring up to 17 manufacturing steps. Hence they are costly – but that is also their lure.

Most importantly, until someone has isolated and directly characterised a virus HIV – its proteins and RNA – drug therapies remain misguided. Sophisticated computer analyses of cellular enzymes are unlikely to have much immediate effect on the real health of real people.

HUW CHRISTIE

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EnquireWithin

Q I have recently acquired a new doctor who suggests I take Pneumovax as prevention for pneumococcal pneumonia. I wonder if you could give me some information on this protocol? I am concerned at any intervention with my immune ststem – I feel that it may actually be detrimental but I don't have enough information. Maybe I am just paranoid, but after all, they said AZT and ddC etc. were wonderful too.

Jan, Australia

A Who was it said a paranoid is someone who is in command of all the facts? It's very constructive to question information and to listen to your intuition when it comes to decisions about your health.

On Pneumovax 23, I presume the product your doctor referred to, *Physicians Gen RX* has this to say:

It is a vaccine given against bacteraemia, diabetes, Hodgkinsons' disease, influenza, pneumococcal pneumonias and renal failure. It consists of 90% of all pneumococcal infections, 83% of which are 'generally sterile'. It will only immunise against types of pneumococcus in the vaccine and is recommended for anyone at particular risk of pneumococcal pneumonia, and those over 65 years of age!

Pneumococcal pneumonia is an infection of the lungs caused by bacteria *(Streptococcus pneumoniae)*. Those at particular risk include those who have had their spleen removed or damaged and elderly, debilitated people who suffer from heart, lung, liver or kidney disease or diabetes.

Contra indications: those with an active infection and/or fever, on immune suppressive drugs, who have Hodgkins' disease or have had treatment with anti-cancer drugs and/or radiotherapy. Should be used with great caution in people with severe heart or lung disease or anyone who has had pneumonia in the previous three years, or with an active and/or feverish infection.

No patient should be re-vaccinated because of risk of allergic reactions. Not to be used in pregnant women or children under two years old.

Harmful effects: common reactions include redness, hardness, swelling and soreness at the site of injection. Local lymph glands may swell up. Fever, rash, painful joints, nerve damage and severe allergic reactions are less common. In those with a history of thrombocytopenia it can cause it to be re-activated.

If you were exposed to a type of pneumonia not contained in the vaccine, you wouldn't be protected anyway.

I hope this provides you with enough information to base a decision on. For more information, look at a copy of the *Physicians Gen RX* (directory of medications) or an equivalent, in a local library.

MR

Listings

Seminar: Dr Lanka - Does HIV exist?

German virologist Stefan Lanka will be giving a seminar from April 19th to 21st in Barcelona, Spain, entitled *Does HIV Exist?* It is hosted by COBRA, a group that offers information on alternative health issues. For more information contact COBRA on (00343) 4199 6824 or fax (00343) 419 6104.

Open meeting for *Continuum* Readers

To share experiences, meet others of like mind and get answers to your questions. Tues. 16th April, 6.30 - 8.00pm. Please phone 0171 713 7071 to confirm atttendance.

Conference: Living Proof – a conference of Long Term Survivors

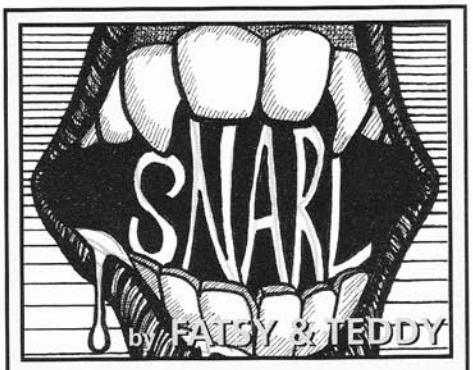
Living Proof – a conference of Long Term Survivors will be held at the London Voluntary Resources Centre on the 12th to 13th April. Organisers describe it as "ground breaking". It has been organised to give people living long term, seven years or more, with an HIV/AIDS diagnosis a chance to discuss their experiences. Presumably those who chose to desribe their diagnosis differently will be welcome. Contact: Georgie Bradshaw (conference administrator), 47 Bushey Hall Road, Bushey, Herts, WD2 2EE. Tel:01923 446629 (+fax).

Acting on AIDS

Acting on AIDS, 29th - 31st March 1996, 0930 - 1630 hrs. Responding to what they perceive as "a sense of discontinuity and fragmentation", the Institute for Contemporary Arts (ICA) and the Terrence Higgins Trust are holding this three-day seminar in central London. A long list of blinkered artists/writers *et al* are scheduled to drive more nails into the coffin of clear thought and free speech. This is an opportunity to provoke, question and stir up the dust around self-satisfied culture vultures. Tel:0171 930 3647 for info.

Conference: Dissident AIDS Summit

The founder of Speak Up, an AIDS dissident organisation based in Arizona, US is calling for a dissident AIDS summit. Richard Joslyn says it's time for the various groups to join forces in order to make a truly significant impact on public opinion. He proposes that representatives of groups like the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, Health Education AIDS Liason and Project AIDS International meet at a central location in the US and hold a joint press conference. Joslyn can be reached at: PO Box 1405, Sedona, Arizona, 86339-1405, USA.



NAM: "HIV TESTS ARE USELESS"

The nasty little squabble over the accuracy of HIV-antibody testing kits has been put to rest by the most respected voice in AIDS reporting, the *National AIDS Manual*.

In the opening pages of the July 1995 *HIV and AIDS Treatments Directory*, Edward King says the ELISA test "can sometimes be positive even when someone is not infected – 'a false positive', (in this case) a second test called the Western blot is done". Later on, however, we find Edward prattling on about problems with Western blot as well: "False positives are possible with this method just as with any other laboratory test... Western blot results should be treated with caution."

Well blow me down with aerosolised pentamidine. He knew all along! So why the public defence and the reluctance to come out of the closet? Could it be that *NAM*'s investment in a pharmaceutical-friendly agenda (HIV = drug therapy = AIDS = drug therapy = death) would require serious review? Could it be that King has his tongue so far up Mike Youle's bottom that it's impossible for him to get his teeth round any serious criticism of the HIV theory? (Oops, did I say that? Er, no actually I didn't. It was his close colleague Keith Alcorn's comment on the trials of working with a compulsive career opportunist.) No. I've got it! Edward's keeping this one on the back burner in ultimate defence of a 'say no to drugs' policy should he ever pluck up the courage to take the test and (God forbid!) test positive.

LETHAL LIZARDS

On a more serious note, the bogus AIDS manual *MAN* (My AIDS Nightmare) has shocked its readership by announcing that keeping household pets can also be the cause of AIDS. *MAN* Editor, Fucko the Clown, tells us that reptiles are among the most lethal of all. So when I decided to rid myself of my AIDS-inducing iguana, I chose the disposal by drug 'trial' option. This tried and tested method has worked wonders for medical orthodoxy over the last decade. Safe in the knowledge that 'good intentions' would overshadow any accusations of murder, we started Iggy on 'monotherapy'. However, the vet's bills for blood transfusions and lymphoma chemotherapy forced us to switch to 'combinations', which nicely finished Iggy off with the minimum of fuss.

THE WEB OF DISSENT

With the arrival of an internet station in the waiting room of St Mary's Hospital, we thought it timely to review the dissident sites you can cruise as you wait to be told all the bad news and offered a new drug trial

The Internet is a vast, ever-growing system of connected computer networks. By virtue of its sheer volume and the speed at which communication is possible, it is anarchic and uncontrollable. It is as impossible to suppress angry or dissident voices on the Internet as it would be to buy the silence of its millions of worldwide communicants.

This makes it an ideal forum for unfashionable, awkward or politically dangerous opinions. AIDS dissidents, frustrated by the cowardice and mendacity of the popular media, have naturally turned to the Internet to provide a free and open facility for discussion and exposure of the AIDS scandal, and the speed at which AIDS dissident resources are springing up across the Internet attests both to the success of this strategy and the urgent need it serves.

This brief review of some Internet AIDS-dissident resources will concentrate on the largest and most accessible, with a short description of the type of resource to help new users. (Apologies to grizzled netdenizens who already know their URLs from their Usenets.)

WORLD WIDE WEB SITES

World Wide Web (WWW) sites are what you tend to see on television whenever the Internet is mentioned. Each site consists of pages of text and graphics, containing embedded links to other pages, which may be on the same computer or on a different planet. Web pages look exciting, and provide a televisual backdrop for the TV presenter to wax indignant about porn or racism. Web users are more likely to be worried about the time it can take for a page to load at busy times than its contents. The best AIDS dissident web sites are in the USA, so expect delays except late at night and early in the morning, when fast responses are more likely, allowing you to "surf" the web in a hip sort of way instead of drifting sleepily along like a barque becalmed.

SUMERIA

http://www.livelinks.com/sumeria/aids.html

During the last year this site has grown in every way. The page that answers to the URL (Uniform Resource Locator) above is an expertly crafted index to a wealth of AIDS dissident material that includes everything from scientific and technical papers, discussions, magazine articles and interviews, links to other resources and sites, reviews of available and forthcoming books on the AIDS scandal, news of ongoing studies, indeed everything the committed AIDS dissident needs to refute the stubborn and educate the bewildered. It is expanding at a fabulous pace and deserves to be "bookmarked" by everyone with any kind of interest in AIDS. Don't miss it.

AIDS AUTHORITY WEB SITE

http://www.aidsauthority.org

This is the index for the web site connected to the Rethinking AIDS Discussion Group (aka "rethink"), which maintains an archive of its articles and discussions, currently broken down into four main areas of interest (Chat, HIV, Immune, Politics) and now also a "Best Of..." archive. It is probably a more convenient way to browse the transactions of the rethink resource than any other, and you can "subscribe" to receive any or all rethink channels, if your browser supports this. The Rethinking AIDS reflector is a wide and lively channel of broadly dissident discussion about AIDS, whose members overwhelmingly agree that the orthodox model of AIDS is flawed. Several strands of AIDS-dissidence are represented here, with some remarkable and valuable insights from both the scientific and lay perspectives. A list of the news and information services available is also maintained here, and a detailed list with commentary of web, gopher and ftp sites of interest to rethinkers and others is due shortly. (The Rethinking-AIDS discussion group is also available as e-mail.)

AIDS Info BBS Database

HomePage http://itsa.ucsf.edu/~beng/aidsbbs.html

Described as "a treasure house of information about AIDS", this huge resource has been building since 1985. Despite its size, the selection of material has been expertly made. The short introductory note explaining the contents and philosophy of the database is a model of lucid exposition. On controversial AIDS issues the database presents both sides of the argument, clearly labelled as such. So here are facts, figures, personal testaments, official pronouncements and lists and reviews of books, plays, videos and other media going back to the earliest days of AIDS, together with a special section of AIDS articles from the *Wall Street Journal* since 1984. A library of over 6500 comments by callers, many of them PWAs, on all aspects of their health, condition and ideas is maintained. This site is a vital resource for anyone concerned with AIDS.

OTHER RESOURCES

RETHINKING AIDS MAILING LIST

philjohn@uclink.berkeley.edu

Phillip E. Johnson publishes a mailing list of articles from newspapers and other sources which have a bearing on AIDS. This is a valuable channel of up-to-the minute data, opinion and discovery for anyone with an interest in the subject. Contact Phillip as above and ask to be added.

USENET NEWSGROUP

MISC.HEALTH.AIDS

Not strictly speaking a dissident forum, this newsgroup often carries heated argument and discussion between orthodox believers and dissident thinkers about AIDS. At any time one or two doctors are around to give the increasingly nervous and uncertain official line, supported by a number of vested-interest representatives, generally having their noses well into the AIDS-money trough. A small but articulate group of dissidents regularly score direct hits on the AIDS establishment, on issues such as whether HIV testing is valid, how toxic AZT really is, where T-cells go to, why no-one can isolate HIV anyway, and other awkward questions. The general tenor of the group is bad-tempered when not actually abusive, and getting steadily worse as the HIV/AIDS hypothesis collapses.

This has been a quick look at a few of the Internet resources of interest to AIDS dissidents and any others with open and enquiring minds on the subject. Until the current superstitions about HIV and AIDS are successfully challenged, the freedom and immediacy of the Internet make it an invaluable channel of communication and organisation for dissidents, for the exchange of ideas, the dissemination of knowledge, even for organising meetings and seminars.

All are welcome, it's easy to get connected, and your contribution can save lives and help expose the biggest scandal of the 20th Century, preferably before it persists into the 21st!

john@blackdog.demon.co.uk

MOP UP THE DAMAGE

Antioxidants are a vital nutrient whose function is to protect parts of our cellular biochemistry from oxidising. In other words they stop us going rusty. **Boo Armstrong** gives a simple explanation of the processes involved and advises on the steps to take to stay bright and shiny well into old age

Antioxidants are one of the most beneficial nutrients that we can put in our bodies. Food is the best source, especially vibrantly-coloured fruit and vegetables, but in times of serious immune damage supplements are considered necessary. Antioxidants are molecules that help to prevent damage caused in our bodies by general wear and tear.

When exposed to oxygen butter will go rancid and iron nails will rust. Our cells go through a similar process, oxidation, that can leave us rusty long before our sell-by date. Oxidation is caused by free radicals.

FREE RADICALS

Free radicals are the real villians in the biochemical drama of health and disease. All molecules want to be stable, but sadly free radicals are not. In order to find its stability a free radical will go to any lengths, even if that means disrupting another molecule and rendering it unstable. Free radicals occur naturally in the body as by-products of oxygen metabolism and are absorbed from food and the environment.

Our bodies have ingenious ways to cope with them, but if these are compromised, by illness or self-abuse, then free-radical chain reactions occur leading to faulty biochemical functioning, the production of abnormal and toxic substances, and disease. It is now evident that free-radical chain reactions in mammals are probably responsible for such diverse physiological processes as inflammation, ageing, drug-induced damage, degenerative arthritis, weakening of immunity, cancer and cardiovascular disease.

To illustrate free-radical chain reactions we can consider some oil left out in the sun. A ray of light hits the oil and gives energy to one of the molecules. Part of it will get excited and take off, leaving behind a very unstable molecule which will then have to go off in search of a partner to stabilise itself. It will grab one from anywhere leaving behind a broken molecule that will in turn have to go off looking for another mate. This reaction will carry on until either the original excited part returns to join with the latest loner, or a special kind of molecule traps it. A typical chain reaction may go through 30,000 cycles before it is stopped, and single ray of light can start up another reaction.

ANTIOXIDANTS

But what is this special molecule that comes along to trap the free radical? It plays a pivotal role in the ingenious coping mechanism refered to earlier, and this is the antioxidant.

Antioxidants soak up the free-wheeling free radicals that roam through our bodies wreaking havoc on otherwise healthy cells. These free-radical forming chain reactions happen whenever you get fats, oxygen and energy (heat or light) mixed together; from eating burnt food, rancid fats, barbequed foods; or if you are exposed to environmental toxins. We can undo this damage but in doing so use up vital nutrients.

In our bodies, fats are primarily found in the fluid membranes which surround every cell. A cell membrane is semi-permeable and separates the inside of a cell from the outside. Damage to it is a fundamental starting point for disease. This is because some of the beneficial substances that we need inside the cells cannot enter and other toxic substances that we don't want cannot leave.

COMPROMISED IMMUNITY

White blood cells form an important part of our immune system. Their cell membranes are especially rich in unsaturated fats which are very susceptible to harm from free radicals. As a result, dietary practices, lifestyle habits such as recreational drug taking, and exposure to environmental pollution which all promote free-radical damage, can seriously weaken the body's natural defence mechanisms.

The main foods that promote free-radical production are fatty, oily foods and highly refined foods, particularly those which have been cooked at high temperatures. This is simply because the more heat you apply to oil in a food, the more free-radical chain reactions you will start off. What this means is that if you eat these kinds of foods and you digest them, they will be in your body and they will make you ill. Of course we can handle some, but the greater the demands we place on our bodies, the greater the chance of ill health.

HAPPINESS MEANS HEALTH

It is worth remembering that enjoyment is fundamental to good health and sanity, so depriving yourself of a food you like once in a while, or giving yourself a hard time over those chips you ate will not help at all. At times like this make sure that you balance your diet by eating plenty of antioxidant-rich foods and, failing that, take antioxidant supplements – take them as recommended as taking two rather than one will not make you feel twice as good!

However, this does not mean that antioxidants are a panacea for all bodily abuse.

Storage of oils and oil-rich foods is very important. That means eating oils, nuts, beans, seeds or fish from as fresh a source as possible. Shop at stores with a rapid turnover of stock and a caring attitude and, as much as possible, buy organic.

The best oils to consume are those which have had as little light or heat exposure as possible. Never use oil that tastes rank and bitter – throw away any oil of uncertain age and start over. There really is no need to pose in your kitchen with your Extra Virgin casually standing on the sideboard – put it in a cupboard where it's cool and dark or even the fridge if you like your living space somewhat tropical. Your nutrition is for you and your body, not your street cred.

Buy good quality, organic, cold-pressed oils. Contrary to popular perception, oils containing a mix of saturated and monounsaturates (olive and sesame) are better than polyunsaturated oils as they are more stable, and therefore store better and oxidise less during cooking. Use the minimum possible and never let oil smoke in the pan – discard and start again.

Keep consumption of fast and commercially prepared food to a minimum. The oils used in its preparation are refined, chemically extracted, often rancid, and universally used in excess. Those with Candida should try to avoid oils altogether.

EAT UP YOUR GREENS

Antioxidants do not only help with the damage caused by reactions in fats and oils, but also from heavy metals such as lead and cadmium. Both of these you will breathe in regularly if you smoke or live in a city, so it is important to take antioxidants to limit the damage caused by either of these lifestyle choices. We also get these heavy metals and others like aluminium and mercury from food, water and other sources. Poppers too can be considered highly polluting to the body. In the late '90s it is pretty hard to avoid pollutants and put into our bodies only the nutrients they need to function.

Now for the good news. It is true that most of what your parents told you can be dismissed by the time you reach primary school, but what they said about eating your greens is not to be scoffed at. Green leafy vegetables provide the best nutrients including an abundant supply of antioxidants. Greens are also high in B vitamins, which strengthen the immune system, and magnesium which strengthens the cells.

VITAMINS

Antioxidants come in many shapes and sizes. The most famous being vitamins A, C and E. Vitamin A has a precursor called betacarotene that gives carrots and other red and yellow vegetables their distinct colours. It is really important that you eat some every day, preferably organic, along with your greens.

Vitamin E is a fat-soluble vitamin and by its very nature it will help deal with the free radicals you get from consuming dodgy fats. You find it in nuts, avocado, soya beans, broccoli, sprouts, wheatgerm and whole grains (avoid wheat in cases of Candida). Vitamin C acts synergistically to restore vitamin E to an active state, as well as being an antioxidant in its own right. Vitamin C comes prepacked in citrus fruits, berries, potatoes, cauliflowers and green leafy vegetables to name a few.

DIETARY SOURCES

There are other antioxidants besides the vitamin variety. One group includes glutathione, glutathione peroxidase and other similar compounds. Glutathione is a tripeptide made from three amino acids: glutamic acid, glycine and cysteine. It is the main antioxidant at work outside your cells in the fluid that surrounds them; when selenium is added it turns into glutathione peroxidase, the most powerful intracellular antioxidant.

To enable your cells to make these substances you need the trace elements zinc, manganese and selenium. A wholefood diet based on grains, pulses, vegetables, nuts and seeds will ensure adequate readily absorbable supplies. A good piece of advice for keeping up your zinc levels is to chew a handful of fresh pumpkin seeds every day. Be warned that if you roast them, the essential fatty acids they contain get oxidised and we all know what that means.

A MORE COSTLY OPTION

One final and very powerful antioxidant that deserves a mention is Co-enzyme Q10. A Canadian company called Receptagen recently announced the results of some research it's been doing. Clive Woodhouse, the director of research operations said: "With AIDS, there's a fair amount of evidence to suggest that apoptosis [programmed cell death] of T-cells in the immune system is stimulated and taking Co-enzyme Q10 could prevent this."

Co Q10 has become the latest buzzword in some nutritional circles and the only draw-back is its price. It has been a popular antioxidant ever since research began to reveal its amazing properties in the '70s. It is naturally produced in the liver and diets contain it in the form of nuts, spinach, broccoli and soya. Unfortunately our ability to produce it from the food we eat declines as we get older or unwell. More studies relating to immune function have shown that Co Q10 increases resistance to viral infections.

KNOWLEDGE IS POWER

Armed with knowledge we increase our chances of survival in our struggle against oppression and uncaring corporations. To know about antioxidants and how they protect us is vital if we are to build up weakened immunity. Remember, don't forget your greens; but eating your crusts won't make your hair curl.

Nutritional supplements can react in your body with prescription drugs. For example vitamin E thins your blood and should not be taken with other blood-thinning chemicals like Warfarin. Before taking supplements or radically altering your diet it is always advisable to seek out professional advice. Always stick to recommended doses.

POSIBASE
PO Box 130
London
W5 1DQ

POSIBASE

is a database set up to record details of people who have been diagnosed HIV+ and are <u>not</u> taking any special medication such as AZT.

The idea is to record basic information, such as when a person was diagnosed, their current health status and whether they have changed their habits, eg. started taking vitamins.

Brian Parry, who started POSIBASE, feels that people not taking medication are being ignored when drug trials are conducted, and that there is a valuable source of information from this group that may help others in future choices regarding their health.

The plan is to record this information, update it every three months, and publish the results.
To join all you need do is write to Brian at the above address, giving the following information:

- Name, address, tel. no., date of birth;
- month & year when first diagnosed HIV+;
- general state of health (good, average, poor);
- medication used as prophylaxis;
- any other relevant information. eg, stopped smoking, changed diet, etc.

Do not send any money – stamps make a useful gift.
Names and addresses will be kept strictly confidential.

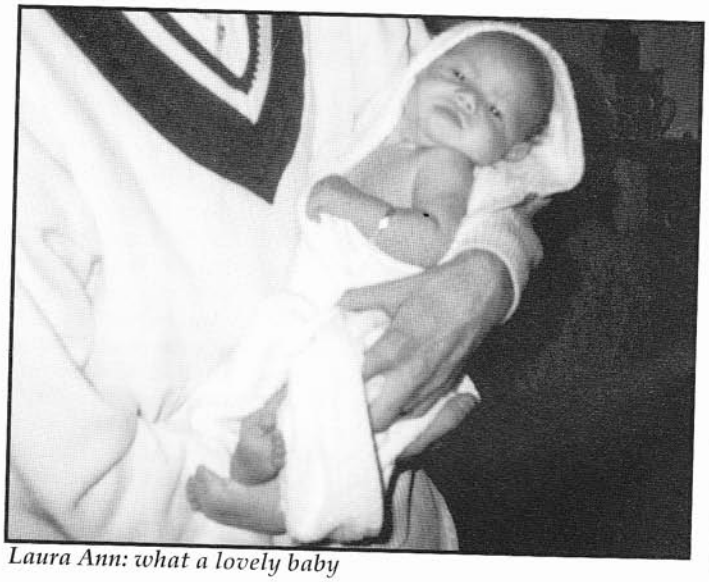
Help others to keep well!

Lust for Life

Paul was diagnosed on the April 29th 1992. He was told that he could expect to live for about five years, that he should prepare for rejection by his family and girlfriend, but that he should go out that night and get drunk anyway.

With these words of comfort he was dispatched back into the world without hope or dignity. There was no rejection and I, his girlfriend, became his wife on April 16th 1993. The worst of all was that Paul was told he would never be a father.
Paul and I went to the clinic every three months, and saw a different doctor each time. I had to ask specifically to be seen with Paul, as we were, and are, in this together.
Six months after his diagnosis Paul was advised to take AZT. We both refused, strangely enough as at that time we knew virtually nothing. We were both smart enough to realise that there was no reason for a healthy individual to take drugs. When we mentioned wanting to have children, we were then advised that AZT affects fertility but we couldn't have had any children anyway.
We persisted and were referred to a consultant obstretrician who gave us a great deal of encouragement – which we hadn't expected but were extremely grateful for. We decided to enjoy married life for a while before thinking about having a baby.
Paul and I set about enjoying ourselves with a vengeance, which raised a few eyebrows – but we didn't care. We also cried a lot, and lost a little self-esteem each time we read the headlines which cropped up in the tabloid press. I had tested negative twice by this time, but still couldn't see a future. We managed to keep one another going, and our relationship went from strength to strength.
We decided that perhaps we should contact some organisations locally to talk about our situation. We gave up eventually as no-one was willing to speak to us together. I seemed to be *persona non grata* because I wasn't HIV+. I remember seeing a man interviewed on television who had another viewpoint on HIV/AIDS. He turned out to be Jody Wells. When I telephoned *Continuum* he was so inspiring. We received our first issue a few days later, and we held our heads up high again for the first time in many months.
In November 1994, I became pregnant. But I miscarried at eight weeks, and the loss to both of us was immeasurable. Paul was totally devasted and felt that we were being punished. I coped with the physical side of it but shut the mental aspect out completely. We tried desperately to put things in perspective, but we received derision and condemnation from some of those from whom we most expected support. Life was very difficult. We were determined to try again once we regained our optimism. In February 1995 I was pregnant again. It was very difficult for us once more, as I began bleeding heavily, and continued to bleed for eighteen weeks. We were in despair until we found out that I had conceived twins and was losing one of them. We still felt a deep sense of loss, but were delighted also as our other baby was still hanging on.
Paul worried constantly about me and the baby. He became very stressed and couldn't see that he would ever become a father. He began eating less and less and lied to me about his food intake. I was concentrating upon having a successful preganancy and didn't notice Paul's weight loss – which was considerable. Everything came to a head when our GP phoned our house to tell us that Paul's CD4 count was "rock-bottom", and that he had PCP. I was informed that unless I got Paul to hospital he would be dead in three hours. Paul simply collapsed in tears. I was thirty seven weeks pregnant. I grabbed the latest issue of *Continuum* and we dutifully reported to the hospital.
Paul was put on a Pentamidine drip for an hour and was then told to take eight Septrin Forte a day. We left the hospital in a state of shock, and decided to stay at my Mum's so that she could look after both of us. We had to endure immense pressure for prophylaxis, and also the suggestion that I should take AZT to "protect the baby". We said no – of course. Paul was very low mentally and physically, and because he hadn't had so much as a cold since his diagnosis – we both found this illness unbearable, and extremely badly timed.
Paul recovered remarkably quickly and baffled the consultant who treated him.
Paul and I put things in perspective (yet again), and we both felt slightly stronger.
Laura Ann was born on the November 7th 1995, 3 days overdue, weighing 7 lbs. 14oz. It was a difficult birth, but the look on Paul's face when he finally held his daughter in his arms was wonderful, and nothing else mattered.
We had done it! They told us we could never have a child and now we have a beautiful baby girl. It's so important to have faith and belief in yourself isn't it? Faith can move mountains, and the love that Paul and I have for our daughter is boundless. Life is wonderful – never ever let anyone take your faith, hope or dignity away.
Love to you all,

Paul, Eileen & Laura.



Laura Ann: what a lovely baby

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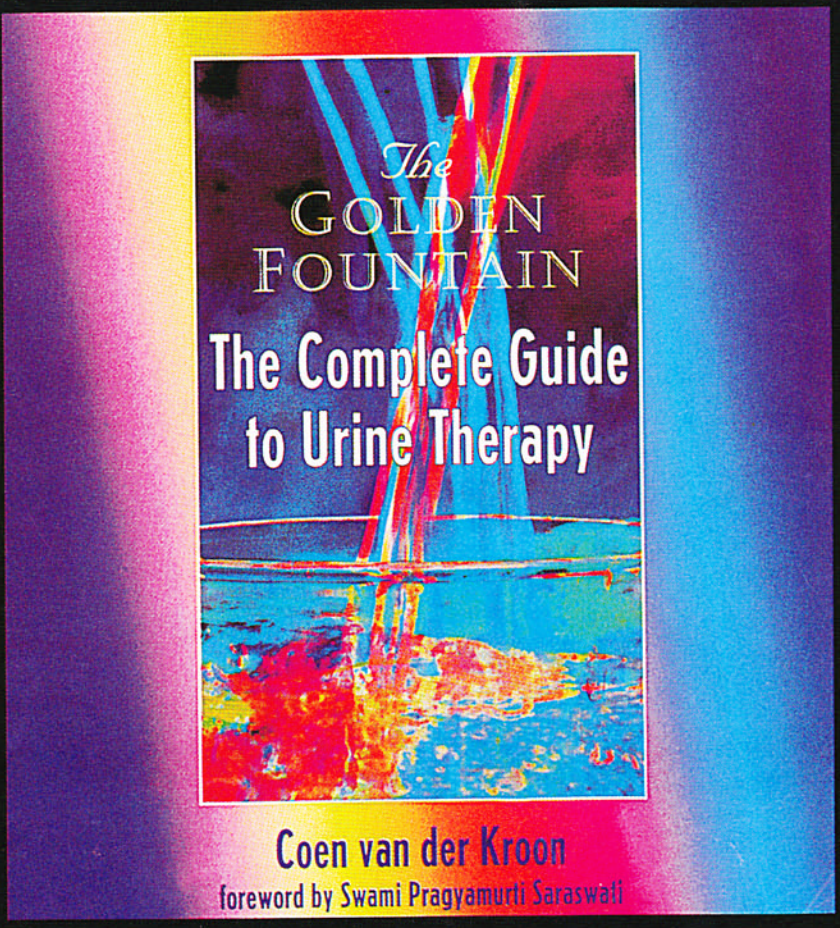

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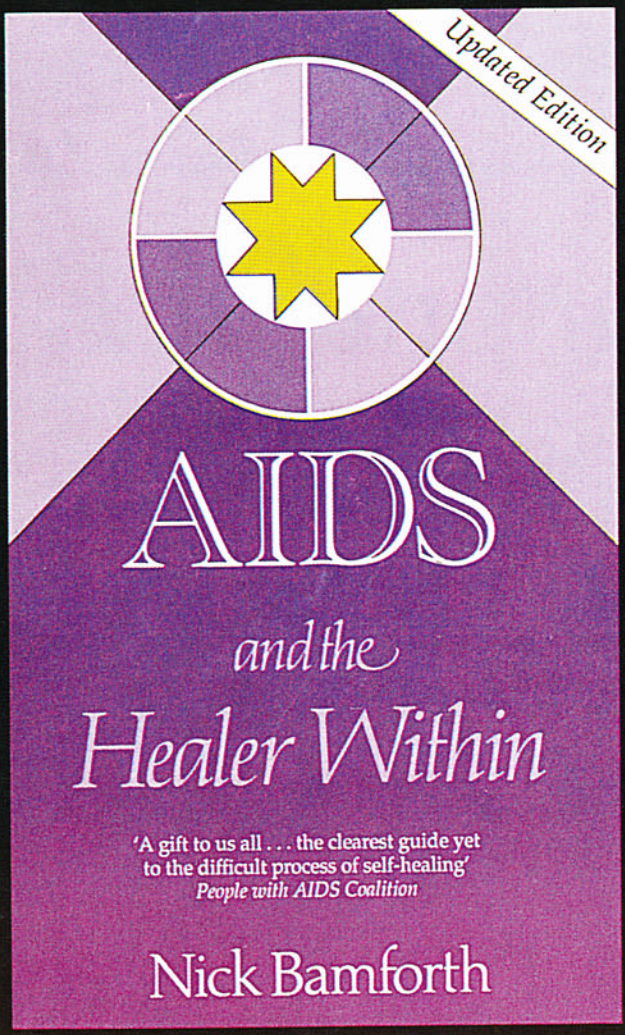

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