

THE MEDICAL ESTABLISHMENT VS. THE TRUTH

Book Excerpt

By Kary Mullis

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Dr. Mullis was awarded the 1993 Nobel Prize in Chemistry. This article is excerpted from his forthcoming book, *Dancing Naked in the Mind Field*, to be published by Pantheon.

When I first heard in 1984 that Luc Montagnier of France's Pasteur Institute and Robert Gallo of America's National Institutes of Health had independently discovered that the retrovirus H.I.V. -- human immunodeficiency virus -- caused AIDS, I accepted it as just another scientific fact. It was a little out of my field of biochemistry, and these men were specialists in retroviruses.

Four years later I was working as a consultant at Specialty Labs in Santa Monica. Specialty was trying to develop a means of using P.C.R. [polymerase chain reaction, a D.N.A.-amplification method conceived by Mullis] to detect retroviruses in the thousands of blood donations received per day by the Red Cross. I was writing a report on our progress for the project sponsor, and I began by stating, "H.I.V. is the probable cause of AIDS."

I asked a virologist at Specialty where I could find the reference for H.I.V. being the cause of AIDS.

"You don't need a reference," he told me. "Everybody knows it."

"I'd like to quote a reference." I felt a little funny about not knowing the source of such an important discovery. Everyone else seemed to.

"Why don't you cite the C.D.C. report?" he suggested, giving me a copy of the Centers for Disease Control's periodic report on morbidity and mortality. I read it. It wasn't a scientific article. It simply said that an organism had been identified -- it did not say how. It requested that doctors report any patients showing certain

symptoms and test them for antibodies to this organism. The report did not identify the original scientific work, but that didn't surprise me. It was intended for physicians, who didn't need to know the source of the information. Physicians assumed that if the C.D.C. was convinced, there must exist real proof somewhere that H.I.V. was the cause of AIDS.

A proper scientific reference is usually a published article in a reliable scientific magazine. These days the magazines are on slick glossy paper with pictures on the front and lots of advertisements, a lot of editorial material by people who are professional journalists, and a few pictures of girls selling you things you might want to buy for your lab. The advertisers are the companies that make things for scientists to buy and the companies that make drugs for doctors to sell. Therefore there are no major journals without corporate connections.

Scientists submit the articles in order to report their work. Preparing articles describing their work and having them published is crucial to a scientist's career, and without articles in major journals they will lose their rank. The articles may not be submitted until experiments supporting the conclusions drawn are finished and analyzed. In primary journals every single experimental detail has to be there either directly or by reference, so that somebody else can repeat exactly what was done and find out whether it comes out the same way in their hands. If it doesn't, somebody will report that, and the conflict eventually has to be resolved so that when we go on from here we know where "here" is. The most reliable primary journals are refereed. After you send in your article, the editors send copies of it to several of your colleagues for review. They become the referees. The editors are paid for their work on the journal; the colleagues are not. But what they do gives them power, which most of them like.

I did computer searches. Neither Montagnier, Gallo, nor anyone else had published papers describing experiments which led to the conclusion that H.I.V. probably caused AIDS. I read the papers in Science for which they had become well known as AIDS doctors, but all they had said there was that they had found evidence of a past infection by something which was probably H.I.V. in some AIDS

patients. They found antibodies. Antibodies to viruses had always been considered evidence of past disease, not present disease. Antibodies signaled that the virus had been defeated. The patient had saved himself. There was no indication in these papers that this virus caused a disease. They didn't show that everybody with the antibodies had the disease. In fact they found some healthy people with antibodies.

If Montagnier and Gallo hadn't really found this evidence, why was their work published, and why had they been fighting so hard to get credit for the discovery? There had been an international incident wherein Robert Gallo of the N.I.H. had claimed that his own lab had not been able to grow the virus from the sample sent to him by Luc Montagnier in Paris. The virus he was able to grow, he said, came from samples collected at his end from putative AIDS patients. Gallo had patented the AIDS test based on these samples, and the Pasteur Institute had sued. The Pasteur eventually won, but back in 1989 it was a standoff, and they were sharing the profits.

I was hesitant to write "H.I.V. is the probable cause of AIDS" until I found published evidence that would support it. Mine was the most minimal statement possible. In my progress report I wasn't trying to say that it absolutely did cause AIDS, I was just trying to say that it was likely to cause it for some known reasons. Tens of thousands of scientists and researchers were spending billions of dollars a year doing research based on this idea. The reason had to be there somewhere; otherwise these people would not have allowed their research to settle into one narrow channel of investigation.

I lectured about P.C.R. at innumerable meetings. Always there were people there talking about H.I.V. I asked them how it was that we knew H.I.V. was the cause of AIDS. Everyone said something. Everyone had the answer at home, in the office, in some drawer. They all knew, and they would send me the papers as soon as they got back. But I never got any papers. Nobody ever sent me the news about how AIDS was caused by H.I.V.

I finally had the opportunity to ask Dr. Montagnier about the reference when he lectured in San Diego at the grand opening of

the U.C.S.D. AIDS Research Center, which is still run by Bob Gallo's former consort, Dr. Flossie Wong-Staal. This would be the last time I would ask my question without showing anger. In response Dr. Montagnier suggested, "Why don't you reference the C.D.C. report?"

"I read it," I said. "That doesn't really address the issue of whether or not H.I.V. is the probable cause of AIDS, does it?"

He agreed with me. It was damned irritating. If Montagnier didn't know the answer, who the hell did?

One night I was driving from Berkeley to La Jolla and I heard an interview on National Public Radio with Peter Duesberg, a prominent virologist at Berkeley. I finally understood why I was having so much trouble finding the references that linked H.I.V. to AIDS. There weren't any, Duesberg said. No one had ever proved that H.I.V. causes AIDS. The interview lasted about an hour. I pulled over so as not to miss any of it.

I had known of Peter when I was a graduate student at Berkeley. He had been described as a truly brilliant scientist who had mapped a particular mutation to a single nucleotide in what was to become known eventually as an oncogene. In the 1960s that was a real feat. Peter went on to develop the theory that oncogenes might be introduced by viruses into humans and cause cancer. The idea caught on and became a serious theoretical driving force behind the research that was funded under the unfortunate name "War on Cancer." Peter was named California Scientist of the Year.

Not satisfied resting on his laurels, Peter torched them. He found flaws in his own theory and announced to his surprised colleagues who were working on demonstrating it that it was highly unlikely. If they wanted to cure cancer, their research should be directed elsewhere. Whether it was because they were more interested in curing their own poverty than cancer or that they just couldn't come to grips with their mistake, they continued to work fruitlessly on the viral-oncogene hypothesis for ten years. And they didn't seem to notice the irony: The more frustrated they got, the more

they chastised Peter Duesberg for questioning his own theory and their folly. Most of them had been trained to obtain grants from the government, hire people to do research, and write papers that usually ended with the notion that further research should be done along these same lines -- preferably by them and paid for by someone else. One of them was Bob Gallo.

Gallo had been a friend of Peter's. They had worked in the same department at the National Cancer Institute. Of the thousands of scientists who had worked fruitlessly to assign a causal role in cancer to a virus, Bob was the only one who had been overzealous enough to announce that he had. No one paid any attention because all he had demonstrated was an anecdotal and very weak correlation between antibodies to a harmless retrovirus, which he called H.T.L.V. I, and an unusual type of cancer found mainly on two of the southern islands of Japan.

In spite of his lack of luster as a scientist, Gallo worked his way up in the power structure. Peter Duesberg, despite his brilliance, worked his way down. By the time AIDS came along, it was Bob Gallo whom Margaret Heckler approached when President Reagan decided that enough homosexuals picketing the White House was enough. Margaret was the Secretary of Health, Education, and Welfare, and thereby the top dog at the N.I.H. Bob Gallo had a sample of a virus that Luc Montagnier had found in the lymph node of a gay decorator in Paris with AIDS. Montagnier had sent it to Gallo for evaluation, and Bob had appropriated it in the pursuit of his own career.

Margaret called a press conference and introduced Dr. Robert Gallo, who suavely pulled off his wraparound sunglasses and announced to the world press, "Gentlemen, we have found the cause of AIDS!" And that was it. Gallo and Heckler predicted that a vaccine and a cure would be available within a couple of years. That was 1984.

All the old virus hunters from the National Cancer Institute put new signs on their doors and became AIDS researchers. Reagan sent up about a billion dollars just for starters, and suddenly everybody who

could claim to be any kind of medical scientist and who hadn't had anything much to do lately was fully employed. They still are.

It was named human immunodeficiency virus by an international committee in an attempt to settle the ownership dispute between Gallo and Montagnier, who had given it different names. To call it H.I.V. was a shortsighted mistake that preempted any thought of investigation into the causal relationship between acquired-immune-deficiency syndrome and the human immunodeficiency virus.

Duesberg pointed out wisely from the sidelines in the Proceedings of the National Academy of Sciences that there was no good evidence implicating the new virus. He was ignored. Editors rejected his manuscripts, and committees of his colleagues began to question his need for having his research funds continued. Finally, in what must rank as one of the great acts of arrogant disregard for scientific propriety, a committee including Flossie Wong-Staal, who was feuding openly with Duesberg, voted not to renew Peter's Distinguished Investigator Award. He was cut off from research funds. Thus disarmed, he was less of a threat to the growing AIDS establishment. He would not be invited back to speak at meetings of his former colleagues.

We live with an uncountable number of retroviruses. They're everywhere -- and they probably have been here as long as the human race. We have them in our genome. We get some of them from our mothers in the form of new viruses -- infectious viral particles that can move from mother to fetus. We get others from both parents along with our genes. We have resident sequences in our genome that are retroviral. That means that we can and do make our own retroviral particles some of the time. Some of them may look like H.I.V. No one has shown that they've ever killed anyone before.

There's got to be a purpose for them; a sizable fraction of our genome is comprised of human endogenous retroviral sequences. There are those who claim that we carry useless D.N.A., but they're wrong. If there is something in our genes, there's a reason for it. We don't let things grow on us. I have tried to put irrelevant gene

sequences into things as simple as bacteria. If it doesn't serve some purpose, the bacteria get rid of it right away. I assume that my body is at least as smart as bacteria when it comes to things like D.N.A.

H.I.V. didn't suddenly pop out of the rain forest or Haiti. It just popped into Bob Gallo's hands at a time when he needed a new career. It has been here all along. Once you stop looking for it only on the streets of big cities, you notice that it is thinly distributed everywhere.

If H.I.V. has been here all along and it can be passed from mother to child, wouldn't it make sense to test for the antibodies in the mothers of anyone who is positive for H.I.V., especially if that individual is not showing any signs of disease?

Picture a kid in the heartland of America. His lifelong goal has been to join the Air Force when he graduates and become a jet pilot. He's never used drugs and he's had the same sweet girlfriend, whom he plans to marry, all through high school. Unbeknownst to him, or anyone else, he also has antibodies to H.I.V., which he inherited from his mother, who is still alive, when he was in her womb. He's a healthy kid, it doesn't bother him in any way, but when he is routinely tested for H.I.V. by the Air Force, his hopes and dreams are destroyed. Not only is he barred from the Air Force, but he has a death sentence over his head.

The C.D.C. has defined AIDS as one of more than 30 diseases accompanied by a positive result on a test that detects antibodies to H.I.V. But those same diseases are not defined as AIDS cases when the antibodies are not detected. If an H.I.V.-positive woman develops uterine cancer, for example, she is considered to have AIDS. If she is not H.I.V.-positive, she simply has uterine cancer. An H.I.V.-positive man with tuberculosis has AIDS; if he tests negative he simply has tuberculosis. If he lives in Kenya or Colombia, where the test for H.I.V. antibodies is too expensive, he is simply presumed to have the antibodies and therefore AIDS, and therefore he can be treated in the World Health Organization's clinic. It's the only medical help available in some places. And it's free, because the countries that support WHO are worried about AIDS. From the point

of view of spreading medical facilities into areas where poor people live, AIDS has been a boon. We don't poison them with A.Z.T. like we do our own people because it's too expensive. We supply dressing for the machete cut on their left knee and call it AIDS.

The C.D.C. continues to add new diseases to the grand AIDS definition. The C.D.C. has virtually doctored the books to make it appear as if the disease continues to spread. In 1993, for example, the C.D.C. enormously broadened its AIDS definition. This was happily accepted by county health authorities, who receive \$2,500 from the feds per year under the Ryan White Act for every reported AIDS case.

In 1634 Galileo was sentenced to house arrest for the last eight years of his life for writing that the Earth is not the center of the universe but rather moves around the sun. Because he insisted that scientific statements should not be a matter of religious faith, he was accused of heresy. Years from now, people looking back at us will find our acceptance of the H.I.V. theory of AIDS as silly as we find the leaders who excommunicated Galileo. Science as it is practiced today is largely not science at all. What people call science is probably very similar to what was called science in 1634. Galileo was told to recant his beliefs or be excommunicated. People who refuse to accept the commandments of the AIDS establishment are basically told the same thing: "If you don't accept what we say, you're out."

It has been disappointing that so many scientists have absolutely refused to examine the available evidence in a neutral, dispassionate way. Several respected scientific journals have refused to print a statement issued by the Group for the Scientific Reappraisal of the H.I.V./AIDS Hypothesis simply requesting "a thorough reappraisal of the existing evidence for and against this hypothesis."

I spoke publicly about this issue for the first time at a meeting of the American Association for Clinical Chemists in San Diego. I knew I would be among friends there. It was a small part of a much longer speech—at most I spoke for 15 minutes about AIDS. I told the

audience how my inability to find a simple reference had sparked my curiosity.

The more I learned, the more outspoken I became. As a responsible scientist convinced that people were being killed by useless drugs, I could not remain silent.

The responses I received from my colleagues ranged from moderate acceptance to outright venom. When I was invited to speak about P.C.R. at the European Federation of Clinical Investigation in Toledo, Spain, I told them that I would like to speak about H.I.V. and AIDS instead. I don't think they understood exactly what they were getting into when they agreed. Halfway through my speech, the president of the society cut me off. He suggested I answer some questions from the audience. I thought it was incredibly rude and totally out of line that he cut me off, but what the hell, I would answer questions. He opened the floor to questions, and then decided that he would ask the first one. Did I understand that I was being irresponsible? That people who listened to me might stop using condoms? I replied that fairly reliable statistics from the C.D.C. showed that in the United States, at least, the number of reported cases of every known venereal disease was increasing, meaning people were not using condoms, while using the initial definition of AIDS, the number of reported cases of AIDS was decreasing. So, no, I didn't understand that I was being irresponsible. He decided that that was enough questions and ended the meeting abruptly.

Whenever I speak on this issue the question always comes up, "If H.I.V. isn't the cause of AIDS, then what is?" The answer to that is that I don't know the answer to that, any more than Gallo or Montagnier knows. Knowing that there is no evidence that H.I.V. causes AIDS does not make me an authority on what does. It is indisputable that if an individual has extremely close contacts with a lot of people, the number of infectious organisms that this individual's immune system is going to have to deal with will be high. If a person has 300 sexual contacts a year - with people who themselves are each having 300 contacts a year - that's 90,000 times more opportunity for infections than a person involved in an exclusive relationship.

Think of the immune system as a camel. If the camel is overloaded, it collapses. In the 1970s we had a significant number of highly mobile, promiscuous men sharing bodily fluids and fast lifestyles and drugs. It was probable that a metropolitan homosexual would be exposed to damn near every infectious organism that has lived on humans. In fact if you had to devise a strategy to collect every infectious agent on the planet, you would build bathhouses and encourage very gregarious people to populate them. The immune system will fight, but the numbers will wear it down.

The scientific issue gets tangled up with morality. What I'm describing has nothing at all to do with morality. This is not "God's wrath" or any other absurdity. A segment of our society was experimenting with a lifestyle, and it didn't work. They got sick. Another segment of our pluralistic society, call them doctor/scientist refugees from the failed War on Cancer, or just call them professional jackals, discovered that it did work. It worked for them. They are still making payments on their new BMWs out of your pocket.

I was invited by the Glaxo Pharmaceutical Company to speak at a conference. They sent me a letter in December of 1993 asking me to be the November 1994 symposium banquet speaker. If that time was not convenient for me, they wanted me to speak at the November 1995 banquet. Dr. John Partridge, who was the director of the Chemical Development Division, had not met me personally but had heard about a lecture I had given in 1991 at the Gordon Research Conference that, in his words, was "the most highly praised lecture that I have ever heard about from my academic and industrial colleagues."

He was looking for "particularly articulate scientists who bridge the biochemical and medical disciplines and routinely engage in 'out of the box' thinking."

Well, that certainly was me.

Dr. Partridge wrote that he would be pleased to pay all my travel and accommodations, as well as an honorarium of \$1,500.

I thought this sounded all right, but I figured Glaxo could pay me a little more. What made this invitation particularly interesting to me was the fact that Glaxo was the largest drug company in the world, and one of their profitable drugs was the cellular poison being used against AIDS, A.Z.T. It kills cells like a cancer chemotherapeutic does. It keeps them from reproducing by preventing them from making new D.N.A. It also kills. In cancer, there is a rationale at least for using them, although I personally would never use chemotherapeutics on myself, cancer or not. But here's the way the explanation goes.

I think it stinks of an old therapy they used to use against syphilis: arsenic. The syphilis was surely going to kill you, the arsenic might kill you, but maybe it would kill the syphilis first and you would live to fraternize again. The use of poisonous chemotherapeutics in cancer follows the same line. The cancer is surely going to kill you. The chemotherapeutic surely will also, but maybe it will kill the cancer cells before it kills you. It's a gamble. We will give you almost enough to kill you and hope it's sufficient to kill the cancer. I wouldn't go for it myself. I don't need to take drugs that make my hair fall out. But what the hell, if somebody wants to take this kind of gamble, it does have a sort of logic to it. Nothing fun. Nothing you would do for a headache. But it's a chance somebody might want to take when the alternative is to die too young to watch their kids grow up. And some people do recover from cancer even after they have taken chemotherapeutics.

In the case of AIDS, the same strategy took a diabolic turn. AIDS might kill you, A.Z.T. might also. It will surely make you sick. It will prevent the proliferation of any rapidly growing cells in your body, including the CD-4 immune cells that your doctor thinks you need now more than anything. It may kill the H.I.V. It kills it in petri dishes. But that may not cure you. The damage to you may have already been done, whatever it is. The complete absence of all H.I.V. from your body, even if it is accomplished, may not cure you of AIDS. No one has ever recovered from AIDS, even though they have recovered from H.I.V. And we are not going to give it to you in a limited dose as we do in the case of cancer chemotherapy, where we are gambling that although we are hurting you, we are hurting

the cancer more and maybe you will survive longer. Here we are not gambling. No one has ever recovered from AIDS. We cannot expect that you might recover. We are going to ask you to swallow this poison until you die.

About half a million people went for it. No one has been cured. Most of them are dead. The ones who are not are also taking another drug now, a protease inhibitor. Who knows what it will do? The manufacturers didn't know when they started selling it. The FD.A. didn't require them to show that it would cure AIDS and not kill the patient, any more than they required them to show that about A.Z.T. They only required that a surrogate goal be met. A surrogate goal means that something that we think may be related to the disease in question may be improved by the drug, like the level of CD-4 cells, whatever the fuck they are. It's a way to get around the notion that a drug ought to be effective in curing the disease that it is sold for before it can be sold. The surrogate-goal bullshit is an indication that our F.D.A. no longer serves our needs. Or at least it does not serve our needs unless we own stock in the pharmaceutical industry and don't give a shit about health care.

I was interested in giving a seminar about things like this to the scientists assembled in North Carolina by Glaxo, formerly Burroughs Wellcome, and by the University of North Carolina in the name of Frontiers in Chemistry and Medicine. I was thinking that this technique of killing people with a drug that was going to kill them in a way hardly distinguishable from the disease they were already dying from, just faster, was really out there on the edge of the frontiers of medicine. In previous interviews and seminars I had said that I thought A.Z.T. was not only useless against AIDS, but in fact it was poisoning people. There were large-scale medical studies done in Europe, called the Concorde Study, that indicated just this. A.Z.T. was worthless against AIDS and harmful even to healthy people. This conclusion was reached despite the fact that the study was heavily funded by Glaxo.

I wondered if these people knew how I felt about their product when they issued the invitation. I notified Dr. Partridge that I was pleased to accept if they would raise the ante a little. On January 26, 1994, I received a letter from M. Ross Johnson, the vice

president of the division of chemistry They were very happy that I had accepted, and wrote that they would send me firstclass airfare for two, accommodation expenses, and an honorarium of \$3,000. In closing, he asked me for the title of my banquet presentation.

So far, so good. I responded as requested, explaining that I intended to speak to this audience about a subject that should be of tremendous concern to the entire scientific community. I would speak about the fact that there is no scientific evidence that H.I.V. is the probable cause of AIDS and that I believed people taking A.Z.T. were being poisoned.

On October 14, 1994, a month before the meeting, I received another letter from Glaxo—this time from Gardiner F. H. Smith. No title. He was sincerely regretting having to inform me that they could no longer accommodate my presentation. He said that they would send me a check for \$1,000 to compensate me for any inconvenience.

I responded with the following letter:

Dear Mr. Johnson:

Enclosed please find a copy of a fairly uninformative letter from a Mr Gardiner Smith, with whom I have not been in contact or correspondence previously.

As you know, my overall schedule is compact and very difficult to rearrange on short notice. I have declined, as a result of my commitment to Glaxo, income from other potential engagements. With Mr. Smith, I sincerely regret that your company had been forced into the "changing of the structuring," whatever that means to Mr. Smith, of "the abovereferenced event."

Unfortunately, I have made arrangements to attend several nonprofit institutional functions in the Southeast in connection with this trip, appearances which I will not cancel. Therefore, your company's reluctance, as related perfunctorily by Mr. Smith, to abide by the terms of your (previous) correspondence represents a

considerable loss of income as well as an unanticipated expense to me personally.

Mr. Smith's unexplained offer of \$1,000 compensation for my "time and trouble" adds a bit of mystery here as to who Mr. Smith is and what he must misconceive to be the value of my time and trouble.

I do not understand what Mr. Smith is exactly apologizing for in his letter, but I will be kindly expecting immediately, with or without an explanation from some more cordial and informed representative of Glaxo, a check for \$6,048.00.

For Mr. Smith's information, round-trip airfare between San Diego and RaleighDurham first class for two is \$3,048. Addition of our agreed-on honorarium of \$3,000 results in the above figure.

One more thing you might consider, Dr. Johnson. A number of attendees at your meeting will likely have something to say to me about my failure to appear. You should be careful to explain there publicly precisely why Mr. Smith felt the need to inform me that your company has taken the liberty of "restructuring" in such a way as to be unable to "accommodate" my presentation. I am not in the habit of canceling public appearances at such short notice, and would not care to gain such a reputation on your account. I hope you understand that this is not' for me or for Glaxo, a trivial matter.

Cordially,
Dr. Kary B. Mullis