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AIDS and genes (part I of III); On the sidewalks of Washington, DC someone painted "AIDS/Gay Genocide." Filling in some of the glaring gaps in public information about the disease leaves a frightening and still puzzling picture.

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The Centers for Disease Control would have us believe that AIDS was first spread in this country by homosexual and junkie behaviors. Yet, while these groups are disproportionately stricken by the disease, their "behaviors" haven't changed appreciably in the last half century. One would therefore expect the CDC to look for some new factors common among members of these groups. Similarly, the presence and spread of AIDS in Africa and Haiti have been explained by factors which are not new, but which indicate the racism of scientists posing the theories. Evidence is mounting that the skewed spread of AIDS in both the Third World and U.S. originated not in "behaviors" or "cultural" factors, but in new vaccination programs of the drug/hospital establishment.

In Africa, the one new factor is the recent smallpox immunization program. The London Times ran a front page story (May 11, 1987) linking the spread of AIDS to the World Health Organization's thirteen-year campaign to eradicate smallpox. WHO's recent vaccinations parallel reported AIDS cases. In Zaire 36 million people have received smallpox vaccinations; that country has the highest reported rate of AIDS in Africa. And in Latin America, Brazil, "the only South American country covered in the [smallpox] eradication campaign, has the highest incidence of AIDS in that region." (NY Native, #219)

Among gay men, the Hepatitis-B vaccination program almost exactly parallels the spread of AIDS. New York City and San Francisco (with 38 percent of all AIDS cases) were two centers of the Hepatitis-B experiments. The experiments ended in 1980; AIDS began in the gay community; mass vaccinations were begun; AIDS cases ballooned.

The experiment included IV drug users and homosexuals, both groups who had high rates of Hepatitis-B. Paul O'Malley at the San Francisco City Clinic explained, "Basically what the Hepatitis study was about, was the screening of nearly 7,000 gay men between January 1978 and January 1980 for Hepatitis-B (Bay Area Reporter, September 5, 1985)." Experimenters distinguished three sub-groups: those who had Hepatitis-B but had not developed immunity; and those who had no evidence of either the virus or antibodies. Those with antibodies were eliminated from the test group since they were already immune". Those who had active Hepatitis-B virus had their blood drawn and the virus was then isolated and used to manufacture a vaccine. That vaccine was then injected into those who had neither the virus nor antibodies.

One thousand and eighty-three male homosexuals who had no evidence of Hepatitis-B were chosen to test the new vaccine. They were chosen from Chicago, Denver, Los Angeles, St. Louis, San Francisco and New York City. Half were given placebos and half were given the experimental vaccine. When it was determined that the vaccine was nearly 100 percent effective, the results were announced and a rapid campaign was launched pushing homosexuals and other at-risk groups to obtain Hepatitis-B immunizations. (NE Journal of Medicine, 9 Oct, 1980)

Elaborate reassurances have been given that the vaccine was not contaminated with AIDS material; however, when the experiment began in 1978, researchers were unaware of AIDS. Raw plasma was taken from IV drug users and homosexuals with active Hepatitis-B infections, often in massive amounts; one man made \$7,000 selling his Hepatitis-B active blood plasma. The plasma was taken to a New Jersey drug company, where the vaccine was manufactured and then injected into the Hepatitis-B free subjects. In San Francisco, of the 24 cases of AIDS reported in 1981, 11 had been involved in the Hepatitis experiment (NY Native, June 22, 1987). There is no report of a follow-up in New York City, the epicenter of the epidemic.

The medico/hospital/government complex first spread AIDS, but where did the disease itself originate? Today there is great uncertainty about its cause. That AIDS is blood borne seems to be the only incontrovertible fact; everything else is speculative. AIDS becomes manifest when the immune system breaks down and the ratio between the T-cells goes awry. Perhaps the most remarkable fact is that the T-cell test kit came on the market before the disease itself was identified. In the entire history of disease, this may be the first instance where the specific test for the disease preceded the outbreak of the disease. Many have speculated that the disease was manufactured. What was new was the knowledge of the T-cell immunity system. With that knowledge, targeted genocide was possible. The arguments of the counter-establishment are currently split over whether the AIDS agent is biological or chemical.

Currently there is a medical dogma that AIDS is caused by a virus (now called the Human Immunodeficiency Virus - "HIV"). While HIV may be the cause or at least a marker of the disease, alternative explanations have not only been examined but they have been ridiculed. Liberals even within the gay community have denounced and lumped alternative explanations ("those ultra-leftists") with Moral Majority theories. Between the far right and the far left theories - "the wrath of God or the workings of the CIA" - stands the reasonable centrist explanation, the human immunodeficiency virus (Dennis Altman, AIDS in the Mind of America, 1986, 10-11).

The HIV virus was first identified by a group of French scientists at the Louis Pasteur Institute, who published their findings in Science and supplied samples of the virus to Dr. Robert Gallo in the United States. Gallo was booed at a meeting of cancer researchers when he refused to give any details of his own research. In April, 1984, he appeared with the United States Secretary of Health and Human Services, who was sadly drunken and nearly fell from the podium. The Secretary announced that the doctor had discovered the AIDS virus. She said, "Today we add another miracle to the long honor roll of American medicine and science."

Peter H. Duesberg has challenged the HIV theory. In Cancer Research (March 1, 1987) and in an interview by John Lauritsen (NY Native, #219) Duesberg explains that the virus itself cannot cause AIDS. (Indeed, he argues that no retrovirus can cause cancer.) Many people who have AIDS do not have the HIV virus. If HIV causes AIDS, then everyone who has AIDS must have the virus. At first this deficiency in the HIV explanation was answered by saying that the tests were inadequate. This argument is embarrassing to the test manufacturers and others who want to believe in the test as much as they want to believe in HIV. As tests have become more and more sophisticated, HIV apologists have claimed that the virus hits and runs. But that argument is so patently absurd that few try to use it except for public relations propaganda. As the HIV dogma disintegrates, the biological and the chemical warfare theories become more important. They have been combined with Psychological Warfare.

During the uprisings of the 1960s, the lid of secrecy was lifted from some of the government crimes against humanity. Many agents like Philip Agee or Daniel Ellsberg simply defected and told everything they knew. And researchers have since found that great chunks of material are constantly leaking to the public from unexpected sources. Thus magazines such as *Covert Action*, *Information Bulletin* serve a great public need by gathering up and remembering. The current issue (#28, Summer 1987) contains three thorough articles on **AIDS**; two by Robert Lederer, an activist in the gay and Puerto Rico solidarity movements. The earliest links to **AIDS** were implicitly suggested in Robert Harris and Jeremy Paxman, *A Higher Form of Killing, The Secret Story of Chemical and Biological Warfare* (1982). They quote 1969 military testimony before the House Committee on Appropriations:

Within the next 5 or 10 years, it would probably be possible to make a new infective micro-organism which could differ in certain important aspects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease.

And a 1975 military manual promises forthcoming "ethnic chemical weapons... designed to exploit naturally occurring differences in vulnerability among specific population groups." (240-41) Requests for more details on these efforts under the Freedom of Information Act have all been denied to the *Gay Community News*.

Jane Teas provided an early hypothesis on the origin of **AIDS**. She observed that pigs with African Swine Fever displayed symptoms similar to those of humans with **AIDS** (*Lancet*, April 23, 1983). Since smallpox has been controlled by vaccinating (vaccinus = Latin for cow) humans with live cowpox **virus**, scientists should have rushed to their labs to examine the Swine Fever **Virus**. Instead HIV **virus** was purportedly tested in Belgium against a twenty-year-old Swine Fever **Virus** sample from Spain and found to be distinct. Teas wonders, "How had the Belgians managed to set up a new experiment with an animal **virus**, perform the test, write the results, and get them all published in just three weeks." (*AT Native*, December 17-30, 1984)

Dr. Gallo controls all work with the human immunodeficiency **virus** and the Department of Agriculture controls all research with the African Swine Fever **Virus**. Both sources have sabotaged research (either dependent or independent) on the African Swine Fever **Virus**. In Haiti the United States government provided millions of dollars to exterminate all the pigs on the island; Teas speculates that the US Department of Agriculture had spread the pig **virus** with contaminated vaccine.

Part of the secrecy surrounding African Swine Fever **Virus** arises from the CIA's use of animal diseases against Cuba, Nicaragua and elsewhere. **Viruses** for use in biological warfare have been manufactured at Fort **Detrick** (located near Frederick, Maryland). A *Newsday* article reprinted in the *Boston Globe* (1/9/77) reports that CIA operatives received the **virus** at a CIA biological warfare training station in Panama and traveled to Navassa (a U.S. controlled island just off the coast of Cuba) - where the **virus** was spread to Cuban pigs. (The United States maintains a naval base on Cuba itself; Guantanamo was originally founded by French slaveowners fleeing the revolution in Haiti.) From Cuba the disease spread to the Dominican Republic (1978), to Haiti (1979) and reappeared in Cuba in 1980. In July 1981, Fidel Castro reported that the CIA had spread dengue - a tropical disease - killing 113 and infecting 270,000 Cubans; the United States denied the charge but admitted that they had prepared special poisons for Castro himself.

Doctors Lilli and Jacob Segal argue that the HIV **virus** is genetically engineered, **AIDS**: USA - home made evil; NOT imported from AFRICA (Zimbabwe, 1986, 2nd ed.) The Segals contend that the human immunodeficiency **virus** originated from a splice between a recently identified human leukemia **virus** and a sheep maedi-visna **virus**. The Human T-Cell lymphotropic **virus** type I (HTLV-I) was first identified in 1980 as the cause of leukemia among groups in Japan and the Caribbean. Gallo led the effort to isolate and identify this **virus**; his research exactly corresponds with the appearance of the **AIDS virus**. The Segals' pamphlet would lead one to ask whether he had first manufactured the **virus** he later claimed to have discovered.

The maedi-visna **virus** is a retrovirus of the subfamily lentivirinae, which includes infectious anaemia in horses and encephalitis-arthritis in goats. These **viruses** are lens-shaped (lenti); and ordinarily they develop slowly over a number of years. John Scale in the *Journal of the Royal Society of Medicine* (August 1985) lists many of the similarities between **AIDS** and lenti-**virus** infections in animals. The Segals summarize their findings: we can exclude the possibility that the **AIDS virus** had naturally evolved from a HTLV **virus** - of man or monkeys. Nor could the **AIDS virus** have naturally evolved from the Visna **virus** by way of a series of mutations. The **AIDS virus** contains a proportion of HTLV and a proportion of lentivirus, which, according to our present standards of knowledge could only have been combined by means of gene surgery. Dr. Robert Strecker, in the *British newspaper Sunday Express*, Oct. 26, '86, suggested yet another splice: "There is no known animal **virus** with all the symptoms of **AIDS**. It must have been genetically engineered from different **viruses**. The two **viruses** which were used, according to all my research and studies, are Maedi-visna and Bovine Leukemia. It almost certainly happened in a research laboratory in the United States."

While the argument for genetic engineering is very strong indeed, important links are quite speculative. Microbiology has made many discoveries and perfected many techniques in the last decade; however, their forms of identification are still quite primitive. Thus two teams argue that HIV is a splice between visna and either a human or a cow leukemia **virus**. The Segals speculate that the **virus** was manufactured at Ft. **Detrick**; Dr. Seale argues that the splice was inadvertent. He thinks "a scientist in a laboratory somewhere in the United States and doing cancer research with the two **viruses**, accidentally spliced elements of both together - and created **AIDS**... the scientist would be totally unaware that anything was wrong." Dr. Seale had first hand knowledge of the British Porton Down Microbiological Research Establishment (which works in tandem with Fort **Detrick**).

Gene splicing itself is now almost routine. Paul Berg in 1971 linked a simian (or monkey) **virus** (SV40) with part of a bacteria common in the human colon (*Escherichia coli*). In 1978, his team made headlines when they linked rabbit genes for hemoglobin with SV40, which they then used to infect an African green monkey. (Berg received the Nobel prize for his work in 1980.) Berg himself joined a voluntary moratorium on recombinant DNA experiments. He found that "in his own P3 facility... almost everyone who entered that lab acquired substantial antibody titres to SV40 (a sign of infection) after one half to a full year (*Science for the People*, 17:3, 40)." A P3 facility is the most secure outside the P4 facilities at Fort **Detrick** and the army's Dugway lab near Salt Lake City.

After a few years debate on the dangers of genetic engineering, scientists have returned to their splicing. Richard Mulligan at MIT's Whitehead Institute has inserted a bacterial gene into the germ line of mice by retroviral infection with thymus tumor cells. The human thymus generates T-cells, whose collapse signals **AIDS**. Monkey kidney cells were implicated in a 1967 experiment in Marburg, West Germany. Twenty-five workers who had handled green-monkey kidney cells came down with a mysterious disease, of which six died. "Virologists identified a new agent now known as the Marburg **virus** among the human victims and the monkeys."

Further questions can be raised about genetic engineering and **AIDS**. Some children are born without any immune capacities (the Bubble kid) and organ transplant patients are given drugs which suppress their usual immune responses and make them susceptible to the opportunistic diseases common to **AIDS**. The Chemical/Biological Warfare scientists have studied such responses carefully. Genetic researchers postulate that each individual mammal has specific human leukocyte antigens (HLA). "The HLA markers are products of a cluster of genes on chromosome 6 known as the major histocompatibility complex (histo means tissue)." MHC (Major HistoCompatibility) "is the master control region for the immune system, our internal security agency that recognizes and defends us against **viruses**, bacteria, and other disease-causing agents." (Baskin, *The Gene Doctors*, 49) English

researchers have found that people with AIDS all share a protein in common and they argue that the difference between responses to the virus are genetic (Nature, 16 July 1987).

Robert Lederer suggests that the CBW people are less competent than many theories would suggest. In the most comprehensive and thorough review of current theories, Lederer has tracked down a Fort Detrick official reference to AIDS research. The Philadelphia Daily News (February 18, 1987) quoted a colonel who said that "studies at the Army laboratories have shown that the AIDS virus would be an extremely poor biological warfare agent." (Covert Action, Summer 87). (See also Lederer in GCN, Vol. 14, No. 40) The colonel later repudiated the quotation; however, his words demonstrate that the Army if it did not invent AIDS has contemplated using it as an agent of war.

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