



**QUEER
BLOOD**

**THE SECRET
AIDS GENOCIDE PLOT**

ALAN CANTWELL JR., M.D.

QUEER BLOOD is the shocking story of the genetically engineered AIDS virus that was created in a laboratory and now threatens the entire world. In this well-documented sequel to AIDS AND THE DOCTORS OF DEATH, the author debunks the African green monkey theory of AIDS and explains how AIDS started as a covered-up genocide experiment, using Gays and Blacks as guinea pigs.

Doctor Cantwell's expose of AIDS as a man-made epidemic has already resulted in the New York and Los Angeles productions of two critically-acclaimed plays: Aubrey Hampton's MIXED BLOOD: A DRAMA ABOUT THE CREATION OF THE AIDS VIRUS; and Christian Anders' THE MAN WHO CREATED AIDS.

Elisabeth Kubler-Ross M.D., noted author of AIDS: THE ULTIMATE CHALLENGE, recommends AIDS AND THE DOCTORS OF DEATH as "a courageous, wonderful, honest book written by a physician and scientist who has come to the conclusion similar to mine that AIDS is not a natural occurrence, but a man-made creation with horrible implications."

QUEER BLOOD is a worthy successor to AIDS AND THE DOCTORS OF DEATH — a book that will convince you that AIDS is not an accident of nature caused by green monkeys, but a deliberate man-made holocaust of unspeakable evil.

ALAN CANTWELL Jr., M.D. is a dermatologist and internationally-known scientific researcher in the field of cancer and AIDS microbiology. He is the author of more than 30 published papers on cancer, AIDS and other immunological diseases, which have appeared in leading national and international medical journals. He is also the author of AIDS: The Mystery and the Solution, and The Cancer Microbe. Born in New York City in 1934, he now lives in Los Angeles.

In memory of my Gay friends and brothers
murdered in the AIDS Holocaust

Joe Anastasi

John Beard

Lynn Blair

Carmine Buono

Leo Castaneda

Adolfo Contreras

Nick de Caro

Frank Diaz

Randy Eblen

Russ Foster

Mark Ginsberg

Fred Green

Buz Hayes

Jim Highland

Kirk H'Jad

Burt Jergle

Richard Kaufman

Travis Keeton

Walter Keller

Mark Lindsay

Bill Masticola

George Mattar, M.D.

Rod McCrory

Jack McSparin

Bob Miller

Glenn Morgan

Gordon Morris

Charles Oats

Norman Ralph

Phil Ramey

Bob Reed

Vince Rivecchio

Zoltan Rokovsky

Ron Roundtree

John Ruede

Ted Schmitt

Fritz Schneider

Lenny Steinburg

Richard Surdez

Bob Taylor

Ron Wallace

Michael Wiles

Bill Williams

Jim Williams

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Every evil that succeeds in a world that is potentially just does so because of secrecy. And the more massive the evil, the greater the need for secrecy in order for it to succeed.

Richard D. Mohr
Gay Ideas (1992)

What is not love is murder.
A Course in Miracles

Acknowledgments

Queer Blood is a continuation of the original research that resulted in the publication of *AIDS and the Doctors of Death* in 1988.

I am greatly indebted to Robert Strecker, M.D., for introducing me to the concept of AIDS as biological warfare. Our first meeting occurred in the summer of 1986 at the request of my longtime friend and mentor, the late Virginia Livingston-Wheeler, M.D. More than any other scientists, these two physicians have deeply affected my life and the course of my research and writings.

My research has been greatly aided by the many writers whose work is cited in this book. I particularly thank the contributors to *The New York Times*, the *Los Angeles Times*, the *New York Native* and *Time* magazine for their reference material. Orin Borsten, Evelyn Nadel, Terry Cook, Zears Miles, Ralph McInnis, and Mary Booth alerted me to valuable AIDS-related information that has been included here.

I thank my dear friend Helvi Lansu, and my life partner Frank A. Sinatra, for their continuing love and support.

Lastly I thank my editor, Sallie Fiske, for her valuable ideas and suggestions, and for encouraging me to title the book as I have done.

Alan Cantwell, Jr.
Hollywood, California
December, 1992

1

Genocide

Sometimes I wish I could go back to the time when I knew nothing about the man-made origin of AIDS. Before the plague I was more optimistic and hopeful about the future. I believed in the highest ideals of medical science, and I trusted my colleagues to do the right thing. I could never conceive that homosexuals like myself would be targeted for death in another Holocaust, in a new kind of mass killing with man-made biological weapons. But those simpler times of yesterday are a fantasy of a past that can never come again.

Now I am more serious, more introspective. Amid the many deaths of friends and lovers, I struggle to discover the meaning of life in a world gone mad. I try to make sense out of the new biologic Holocaust — and the secret genocide program so satanic in nature, that even God seems powerless in its wake.

The AIDS biologic experiment is a replay of the medical terrors of Nazi Germany, but few people realize that another man-made Holocaust is occurring in front of our eyes.

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German gays, along with Jews, were Hitler's primary victims. A half century later, homosexuals and other "undesirables" are once again targets for extermination.

For a few years I was oblivious to the genocidal plot against homosexuals. As I watched so many gay men die agonizing deaths, I remained totally unaware that they were being systematically murdered, just like the millions exterminated by the German Third Reich.

At first, the gays were called victims. The term seemed appropriate for those unfortunate men infected with a mysterious and lethal virus out of Africa. However, it was soon considered politically incorrect to label gay men as "victims." Calling them "PWAs" or Persons with AIDS was preferred. It is a sad irony that gay men themselves chose the appellation, because they believed that the victim label had too negative a connotation, and interfered with their struggle to heal themselves through positive thinking. Nevertheless, it is still politically correct to refer to some AIDS sufferers as victims, particularly if they are "innocent" babies or heterosexuals who acquired AIDS through a blood transfusion.

Gays are seldom thought of as innocent. It is much easier to believe that homosexuals are dying because of their promiscuous and sinful lifestyle, than to believe they are being murdered by the new genetic biotechnology.

Like the Jews in Nazi Germany, American gays quickly fell victim to government propaganda. It was simple to blame the spread of the new disease on anal sex and designer drugs. Everyone accepted the idea that homosexuals had fucked their brains out in the '70s, and now they were paying for their perversions by suffering the effects of an African virus mysteriously introduced into the gay ghettos.

Genocide

In April 1984, Dr. Robert Gallo officially announced his discovery of the AIDS virus to the scientific world. The top-most AIDS researcher quickly explained that the new virus originated in darkest Africa. Perhaps the strange virus had been there for decades, or for centuries, or even millenia. No one could be sure how long it had been lurking in Africa. Gallo and other leading virologists claimed the virus originated in the African green monkey. In a freak accident of nature, the green monkey virus jumped species and infected millions of African Blacks.

How did AIDS come to America? The AIDS experts theorized that Haitians working in Africa brought the virus back to Haiti. Promiscuous Manhattan gays vacationing in Port-au-Prince had anal sex with Haitian men and carried the African virus back to New York City.

The African origin of AIDS was readily accepted by the medical doctors; and the government's AIDS officials made sure the media repeated the story over and over again until it became gospel. No one questioned Dr. Gallo's official story.

Looking back on the early years of the epidemic, I now see how easy it was to dupe the gays, the doctors, the intellectuals and the media. The leading government virologists were all in accord regarding the African origin of AIDS and the green monkey theory. Those rare scientists who doubted the story were ignored.

But, at best, the decade-old green monkey story remains theory and not fact. Nevertheless, it is exceedingly difficult to argue against the monkey story. Virologists use scientific jargon and technical language to justify their beliefs. As a result, few people outside the field of virology can comprehend the scientific arguments that form the basis of the official green monkey theory of AIDS.

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Gallo first named his AIDS virus the "human T-cell leukemia/lymphoma virus." However, the virologists wanted to assure the public that the new gay disease had nothing to do with cancer. And leukemia and lymphoma are forms of cancer. AIDS was definitely contagious and the cancer establishment had always insisted that cancer wasn't. For these reasons, the AIDS virus was quickly renamed "human T-cell lymphotropic virus - 3" (HTLV-3), thus obscuring its origin from a cancer virus. After several years of study by a committee of microbiologists, the HTLV-3 virus was reclassified and renamed for a final time. The original monkey virus was removed from an "animal family" of viruses. The AIDS virus was renamed the "human immunodeficiency virus," or HIV for short.

The government epidemiologists (physicians and other professionals who are trained in the study of epidemic disease) are all in accord with the virologists. The epidemiologists first detected cases of the "gay plague" in the homosexual ghettos of New York, Los Angeles, and San Francisco. Some of the sick men had purple cancerous skin tumors identical to Kaposi's sarcoma tumors commonly seen in Blacks in Central Africa. This connection between gay Kaposi's sarcoma and African Kaposi's sarcoma was interpreted as further proof that the new homosexual disease had come from Africa.

The African origin of American AIDS was readily accepted by the medical community and the general public. Who could argue with the facts presented by the top government AIDS virologists and epidemiologists? Thus, the "facts" of the green monkey theory were set in stone.

The idea that the green monkey theory was homophobic and racist never entered my mind.

Genocide

A few of my gay friends never believed the government's story. They insisted AIDS was a government plot to get rid of gay people. I thought this idea was paranoid.

By the early 1980s gays and lesbians had become a militant and increasingly powerful political minority. My paranoid friends did not believe it was just a coincidence that AIDS first appeared at a time when gays were demanding civil rights. Political groups, particularly right-wing fundamentalist Christian groups, were determined to quell the rise of gay power. Many Americans wished gays would go back in the closet; some even wished they would disappear permanently. My friends argued that AIDS was a perfect way for the government to kill off "queers."

I paid no attention to rumblings about secret gay genocide. As a physician and cancer researcher my mind was closed to the idea that AIDS was a plot against homosexuals. The scientific facts were clear, or so I thought. The AIDS virus was discovered in 1984; and AIDS cases first appeared in 1979. How could homosexuals be deliberately infected with a virus that was unknown in 1979? The idea was idiotic.

In the summer of 1986 my logic was challenged when I met Dr. Robert Strecker. It was rumored he was spreading the word that AIDS was a man-made disease with a genetically engineered virus. It was incredible for a physician to be promoting such craziness. Nevertheless, the idea was intriguing and I was curious to meet him.

Strecker had impeccable credentials. He was a practicing internist in Los Angeles, had a doctorate in pharmacology, and was also trained in pathology. I found him intelligent, knowledgeable, and thoroughly familiar with the medical and scientific AIDS literature. Supporting his ideas and theories with

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logic and evidence, Strecker's analysis of AIDS as biowarfare was chilling. And his theory of AIDS origin made more sense than the government's green monkey scenario.

At the first opportunity I asked him why my gay friends were dying like flies. How did the AIDS virus get into the gay community?

"It's simple," Strecker said. "They put it there."

"What do you mean? How in hell could they do that?" I retorted.

"The gays were infected during the hepatitis B vaccine trials back in the late 1970s and early 1980s. Check it out yourself and you'll see it's true!"

"What about AIDS in Africa?"

Strecker insisted that African AIDS was the result of the smallpox eradication vaccine program conducted by the World Health Organization (WHO) during the 1970s.

Strecker's accusations were mindblowing. Was AIDS deliberately introduced into the gay community during the hepatitis experiment? Was the connection between the gay experiment and the "gay plague" covered up? Were gays the victims of a diabolic plot directed against them by the government scientists?

My head was spinning. I was angry, depressed and horrified by the implications of Strecker's ideas.

I vaguely recalled the hepatitis B vaccine experiment which used gays as guinea pigs in New York City, San Francisco, and Los Angeles. But I was totally ignorant about the details and outcome of the experiment.

The concept of AIDS as a covert genocide operation against homosexuals was unacceptable, too painful to investigate, too odious to be true. But I couldn't ignore Strecker's accusations.

Genocide

As a physician, as a scientist, as a gay man, I had to discover the truth. Not knowing would be intolerable.

I was determined to prove Strecker wrong, but I couldn't. After countless weeks of reading, studying and correlating published reports obtained from the medical library, I was convinced he was correct. Strecker's belief that AIDS was man-made was the most likely explanation for the origin of AIDS. My research indicated that American AIDS had its roots, not in Africa, but in the cities where gays were injected in a fatal experiment.

The homosexuals never realized they were the victims of a secret biomedical plot directed against them. They simply accepted the view of medical authorities who said gays had brought AIDS upon themselves because of their promiscuous and perverted lifestyle.

In my library research I encountered several early reports which did suggest a connection between the hepatitis vaccine experiment and the outbreak of AIDS cases in New York, San Francisco and Los Angeles. However, AIDS experts quickly squelched the connection as implausible and far-fetched. Thereafter, reports of an association between the gay experiment and AIDS no longer appeared in the medical literature.

In 1988 my book, *AIDS and the Doctors of Death: An Inquiry into the Origin of the AIDS Epidemic*, was published. It contained the results of two years of research into the man-made theory of AIDS.

The response to the publication was peculiar. I assumed the book would provoke vigorous debate, but there was little media interest in the idea that AIDS was a covert biologic experiment with a laboratory designed virus. The medical and scientific community ignored the book completely.

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Despite all this, I was convinced the mass deaths of American homosexuals were no accident of nature. In the twentieth century, world governments had succeeded in perfecting genocide programs that were extraordinarily effective in eliminating millions of "undesirable" people.

It was happening again. I was sure of it.

2

The Gay Experiment

Is AIDS a covert genocide program? Could American gays be victims of a government-sponsored, Nazi-like extermination program?

How did the Holocaust succeed in wiping out almost the entire Jewish population of Europe? The decision to liquidate

European Jewry was secretly authorized at the highest levels of the German government. Through sophisticated propaganda techniques the natural resistance of the general population to genocide was neutralized so that massive killings could proceed without interference.

In *The Genocidal Mentality*, Robert Jay Lipton and Eric Markusen investigate the psychological mechanisms underlying the Nazi atrocities. "Genocide requires well-educated professionals. They are necessary for its technology, its organization, and its rationale. In the Nazi case, members of all the professions — physicians, scientists, engineers, military leaders, lawyers, clergy, university professors, and school teachers — were all effectively mobilized to the ideological

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project." The authors add, "A nation carrying out genocide must create new institutions and alter existing ones."

The Nazi perpetrators were carefully chosen for their obedience and loyalty. The Jews never fully realized that the Germans were serious in their avowal to exterminate all of them as enemies of the Third Reich. The Jews preferred psychological denial to the incomprehensible thought that every single one of them was doomed.

To those perceptive enough to discern it, the mass deaths of homosexuals from AIDS was similar to the mass deaths of Jews in the Holocaust. The scientists blamed the green monkeys and African Blacks; the public blamed the homosexual lifestyle; the gays blamed themselves; and the U.S. government did as little as possible to stem the rising toll of gay AIDS deaths. During his first term of office as president, Ronald Reagan never once mentioned the word AIDS in public.

In their genocide program the Nazis, under the leadership of Adolf Hitler, first secured the cooperation of the German physicians. Almost half were members of the Nazi party. These doctors were the original architects and perpetrators of Hitler's pre-war forced euthanasia "T-4" program that led to the murder of one hundred thousand mentally and physically disabled people in an attempt to "purify" the German people.

Hitler then turned to the masses to support him in his mission. Political rallies were transformed into vast public spectacles of a grandeur not seen since the days of ancient Rome. The Germans were hypnotized into believing they were a nation of demi-gods. Those who were not susceptible to the propaganda of racial superiority were subjected to innuendo, lies, fear, intimidation, coercion, incarceration and finally, elimination. Thus did Hitler lead his people into a frenzy of mass murder against their enemies, real and imagined.

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As they had been labeled for two thousand years, the Jews were again branded as killers of Christ. They were Communists determined to destroy the German nation, monied parasites that sucked the blood of the German people. The Jews were a cancer that needed to be cut out of a diseased Germany. Jews were microbes that had to be purged from the body of Deutschland.

Hitler's mission to rid Germany of its Jews became messianic. In *Mein Kampf* he wrote: "The Jew today is the great agitator for the complete destruction of Germany." He did not want to see Germany fall victim to the "Jewish doctrine of Marxism." In his view, Germany could only survive the Russian-Jewish-Communist threat by becoming a community of physically and psychically homogenous creatures. In this community the Jew, with his foreign ways and his racial and religious identity, had no place. He concluded, "I believe that I am acting in accordance with the will of the Almighty Creator: by dening myself against the Jew, I am fighting for the work of the Lord."

Along with the Jews, other enemies had to be eliminated: Gypsies, homosexuals, prostitutes, drunkards, beggars, vagabonds, Jehovah's Witnesses, Freemasons, criminal elements and other genetically and politically-incorrect individuals that fouled the purity of the Third Reich.

In the 1970s, large numbers of white gay men came out of the closet. Bigots, racists and white supremacists responded by adding "faggots" to the top of their hate list. When the hepatitis B experiment began in 1978, gays were arguably the most hated minority in America, more despised than Blacks and Jews.

A gay Black physician once told me that white gay men did not fully understand the social and political consequences of coming out. When white men identified themselves as queer,

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they lost all the privileges and the protection provided to white heterosexual men in American society. By publicly relinquishing their heterosexuality, the doctor believed that gays placed themselves in a very dangerous situation. He predicted the government would treat gays badly. White gays would soon find out what it was like to be a Black man in America. He thought it might even be worse for gays because it was still socially acceptable for everyone, including Blacks and Jews, to hate gays.

When the closet doors opened, the government was startled by the political strength and the social demands of the new gay and lesbian civil rights movement. After centuries of oppression, thousands of gays were becoming more secure in their sexuality. They felt good about themselves as human beings; they wanted equal status with heterosexuals. Many straight Americans disliked the brazen sexuality of this new breed of homosexual. Gay and lesbian demands for social reform especially infuriated the religious right.

For a century homosexuals had been erroneously classified as psychologically deranged. Under pressure from gay activists, the American Psychiatric Association finally took homosexuals off their list of mentally ill people in the early 1970s. However, the World Health Organization (WHO) still classifies homosexuality as a mental illness.

Soon after their mental status was clarified, American gays faced another serious health problem. The physical health of homosexual men now came to the attention of the medical authorities. According to public health statistics provided by government epidemiologists, the gay community was infested with venereal disease. The most shocking rates of infection were for hepatitis B.

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It was Nazi doctors who first proved that hepatitis was infectious. In their experiments, physicians forced concentration camp prisoners to eat material scraped out of the stomachs of people who had turned yellow from liver disease. When the prisoners subsequently sickened with yellow jaundice, the Nazi doctors determined that hepatitis was most likely caused by an infectious agent, probably a virus.

During World War II, thousands of American GIs became accidentally infected with hepatitis following compulsory vaccinations. The cause of the hepatitis epidemic was traced back to contaminated batches of yellow fever vaccine. The vaccine was manufactured, in part, from human blood serum contaminated with the infectious agent of hepatitis. After injection with yellow fever vaccine, the soldiers became infected with serum hepatitis.

When hepatitis B was also proven to be a sexually-transmitted disease, it was discovered that half the gay population was infected with hepatitis B virus. The epidemiologists determined that homosexual men were a potential public health menace not only to themselves, but to the larger public as well.

During the 1970s promiscuous behavior became widespread not only among gays, but also among straights. It became fashionable for gay physicians to talk about the "special" diseases that affected their homosexual clientele.

The new buzz word was "anal sex." It seemed to be involved in many of the venereal diseases common in gays: gonorrhea, syphilis, herpes, warts, intestinal parasites, and especially hepatitis. New illnesses like "the gay bowel syndrome" began to appear in the medical literature. A new philosophy was promoted emphasizing that the medical needs of gays were different from straights. As a result, gay community

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leaders put pressure on the government to provide better health care for homosexuals.

Because of this new medical attitude, civic- and health-minded homosexual volunteers responded in large numbers to test a new experimental vaccine, which offered the hope of eradicating hepatitis B from the gay population.

The groundwork for the experiment began in 1973 when The Gay Men's Health Project in Manhattan provided blood samples for hepatitis B testing at The New York City Blood Center. The results were astonishing! One out of every two gay blood samples were positive. By contrast, only 5% of the blood samples from straights were positive.

Developed at the Merck Institute for Therapeutic Research at West Point, Pennsylvania, the first crude experimental vaccine was tested in chimpanzees, the only animal susceptible to the human hepatitis B virus. Later, the vaccine was tried on a small group of retarded children.

When the experimental vaccine was ready to be more widely tested in humans, several "high risk" groups were considered. These included male homosexuals, drug addicts, mentally deficient adults, Chinese-Americans, indigenous Alaskans, and patients and medical staff of kidney dialysis centers. After much debate, the epidemiologists decided that young promiscuous gay men would be the best group to test the efficiency of the vaccine.

Wolf Szmunn, a Polish physician trained in the Soviet Union, was placed in charge of the hepatitis B vaccine trial to be conducted at the New York City Blood Center. Sketchy details of his life appear posthumously in an article written by Aaron Kellner, a colleague at the Center.

Szmunn, a Jew born in Poland in 1919, was a young medical student in eastern Poland when the Nazis invaded the

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country the summer of 1939. When Poland was partitioned by Germany and Russia, Szmunn was sent to Siberia as a political prisoner. His entire family in western Poland was murdered by the Nazis in the Holocaust. His years in exile in Siberia were "a long dark period that he was most reluctant to talk about."

June Goodfield in *Quest for the Killers*, the definitive account of the gay hepatitis experiment, provides information on Szmunn's painful years in Siberia. During confinement he was repeatedly interrogated and beaten by the Russian KGB for refusing to cooperate in spy activities. When he could not be broken, they warned him: "Say nothing of this to anyone, but remember. We will reach you anywhere in the world. No matter here you go, no matter where you try to hide, you will never be out of our grasp."

After release from detention in 1946 he was allowed to finish medical education in Tomsk in central Russia. While a student, he married a Russian woman. He specialized in epidemiology, and when his wife contracted a nearly fatal case of hepatitis, Szmunn decided to dedicate his life to the study of this liver disease.

In 1959 the Soviets allowed Szmunn, and his wife and daughter, to return to Poland where he worked as an epidemiologist in the health department. Szmunn told Aaron Kellner a story about this period when he was exhausted due to the stresses of his job. He applied to the authorities for a vacation at a rest home. While recuperating, Szmunn shared a room with a young Catholic priest. A remarkable friendship developed and the two men corresponded for a long time thereafter. The Polish priest eventually became the first Polish pope in Catholic history: the current anti-Communist and anti-gay Pope John Paul II.

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There are conflicting reports of how Szmunness came to America. According to Kellner, the Communists allowed Szmunness and his family to attend a scientific meeting in Italy in 1969. While there, they defected to the West. This account is at odds with Allan Chase's account in *Magic Shots*.

Chase claims Szmunness was driven out of Poland in a 1968 Communist purge of the few remaining Jewish survivors of the Holocaust. June Goodfield also writes that Polish anti-Semitism cost Szmunness his job, resulting in his applying for a visa which eventually enabled him to get out of Poland legally. From Rome the Hebrew Immigrant Aid Society arranged for the family to come to the U.S.

Szmunness arrived in Manhattan with \$15 in his pocket. Through the intervention of Walsh McDermott, Professor of Public Health at New York Hospital, Szmunness was fortunate enough to secure a position as a lab technician at the New York City Blood Center. Within a few years he was given his own lab, and a separate department of epidemiology at the Center was created for him. In record time he was appointed Professor at the Columbia School of Public Health.

By the mid-1970s he was a world authority on hepatitis and transfusion medicine. In another startling occurrence, Szmunness was invited back to Moscow in 1975 to give a scientific presentation. As a defector he was terrified to set foot in the Soviet Union, and memories of KGB torture and interrogation still plagued him. However, his colleagues assured him he would have the full protection of the U.S. State Department. His return to Russia was a scientific triumph.

By the late 1970s he had been awarded millions of dollars in grant money and was phenomenally successful in his hepatitis work. Now he was fully prepared to undertake the

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most important mission of his life: the hepatitis B vaccine experiment.

First, Szmunn became acquainted with the gay community, and added homosexual physicians and activists to his staff. He was taken into the gay ghetto where he viewed the baths and the bars and the discos. Promiscuous homosexuals were perfect guinea pigs. They would prove, beyond doubt, that Szmunn could wipe hepatitis B off the face of the earth.

In the late 1970s a bloodmobile began canvassing the gay neighborhood in the Greenwich Village section of Manhattan, looking for homosexual volunteers. Over ten thousand men signed up and donated blood samples for Szmunn's upcoming experiment.

Szmunn was highly selective in the men he chose as finalists. He required that the men be highly promiscuous. In fact, the more promiscuous the better. He was testing a vaccine against a sexually-transmitted virus. Therefore, he didn't want any monogamous men, or men with lovers, in his experiment. He also wanted men who were healthy, young, responsible, intelligent, and preferably white. Promiscuous bisexuals were acceptable, but heterosexual men were excluded from the experiment. The men had to have an address and a phone number, and be willing to provide blood samples over a long period of time.

The hepatitis experiment was a costly one, and Szmunn didn't want any uncooperative or hard-to-find gays messing up his experiment. There was too much money at stake. The Centers for Disease Control (CDC), the National Institutes of Health (NIH), and the National Institute of Allergy and Infectious Diseases, were all involved in the study, as well as big pharmaceutical companies, such as Merck, Sharp & Dohme Inc., and Abbott Laboratories.

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In preliminary experiments, Szmunn first tested his vaccine in chimpanzees. He then tested two hundred human volunteers, presumably gay men, by inoculating them with the vaccine. In the months before the official beginning of the experiment there had been no problem with the chimps or the volunteers. Szmunn was now ready to set the date for the final experiment — an experiment which would decimate the gay community in New York City.

The first group of gay men was inoculated in November 1978 at the New York City Blood Center. The experiment continued until October 1979. Over one thousand men from Manhattan were injected with Szmunn's vaccine.

In January 1979, a few months after Wolf Szmunn began his experiment, purple skin lesions began to appear on the bodies of young white gay men in the Village. The doctors were not sure exactly what was wrong with these men. During the next thirty months, Manhattan physicians encountered dozens of cases of a new disease characterized by immunodeficiency, Kaposi's sarcoma, and a rapidly fatal lung disease, known as *Pneumocystis carinii* pneumonia. All the men were young and gay and promiscuous. Almost all were white. All died horribly.

Within a few years, AIDS would become the leading cause of death of young men and young women living in New York City. The Big Apple would be designated the epicenter of the new plague with the highest number of AIDS cases in the country.

Wolf Szmunn was thrilled with the tremendous success of his hepatitis experiment. In March 1980 the CDC supervised additional gay experiments in San Francisco, Los Angeles, Denver, St. Louis and Chicago. In the fall of 1980 the first West Coast case of AIDS appeared in a young man from San Francisco.

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Six months later, in June 1981, the AIDS epidemic became "official." The epidemiologists and health experts could not understand why large numbers of young, white, previously healthy homosexual men were dying mysteriously in Manhattan, San Francisco, and Los Angeles.

By the beginning of the 1980s, Szmunn was awarded millions of dollars for his research, and his hugely successful hepatitis vaccine was hailed as having tremendous global implications. He collaborated with the most powerful medical institutions in the nation: the NUT, the National Cancer Institute (NCI), the FDA, the WHO, and the Cornell, Yale and Harvard Schools of Public Health and the Russian Academy of Medical Science. Other global connections included the International Agency for Research on Cancer in Lyons, France, and close associations with third world African countries. Even the services of the Senegalese Army were employed to secure blood specimens in one of Szmunn's many African experiments.

In June 1982 Wolf Szmunn suddenly died of lung cancer, I could find no obituaries of his death in any of the medical journals, except for Aaron Kellner's account.

In closing his posthumous account of Szmunn and his scientific achievements, Aaron Kellner wrote: "He was the quintessential doctor's doctor. Most physicians in their professional careers influence the lives of a few hundred or a few thousand people. Some fortunate ones can influence the lives of a few million. It is the rare physician who, like Wolf Szmunn, is given the grace to touch the lives of billions of people — those living on this planet and generations yet unborn."

Szmunn's seminal work at the Blood Center continues to affect continents. Alfred Prince now coordinates the Center's programs with the WHO, with IARC in France, and with The Organization of African Unity. The Center has determined that

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all Black African babies are at "high risk" for hepatitis; all the babies require immunization. A 1983 report, published after Szmunn's death, details a new experimental hepatitis B vaccine program in Kangwane, using Black South African infants as subjects.

Most people are unaware of the gay experiments that preceded the mass deaths in the gay ghettos. But the details of the vaccine trials, and their effects on the health of homosexual men, are recorded for posterity in the annals of medical science.

Although Szmunn's death received no fanfare, he was remembered and honored by a small coterie of distinguished scientists — the national and international medical power brokers who run medical science, and who represent the media darlings. Those who paid tribute to Szmunn include the top government scientists in AIDS and cancer, the two discoverers of the AIDS virus, the most well-known researchers in animal experimentation, the heads of the most prestigious biomedical establishments in the nation, and the chief executives of drug companies tied to genetic engineering, vaccine production, and biological warfare research.

On May 11, 1984, a landmark meeting took place in the nation's capitol to honor Wolf Szmunn. One of the most distinguished attendees was Dr. Robert Gallo, who had announced the discovery of the AIDS virus three weeks earlier.

Looking over the list of contributors and participants at this remarkable symposium sponsored by the American Red Cross, I wondered what had really brought all these powerful people together to pay homage to Wolf Szmunn. I had lived long enough to recognize the truth contained in the adage, "Birds of a feather do indeed flock together."

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There was a strange and ominous connection between cancer and AIDS, between animal experimentation and genetic engineering of viruses, between biological warfare technology and drug companies, between gay experiments and AIDS, between vaccine programs and the contamination of the nation's blood supply. Why else would all these people from diverse areas of science be attending this high level government conference?

Despite the denial of the medical authorities, there was a connection between Szmunes' gay experiment and the outbreak of AIDS in American cities. It wasn't my imagination. And it wasn't a coincidence.

The more I studied the hepatitis B experiment, the more the connections to biological warfare and genocide became apparent.

3

Queer Blood

In 1991 a New York TV producer of one of the top news shows contacted me regarding my view that AIDS was man-made. He asked for copies of my books and promised to get back to me. I sent the books, but I didn't expect to hear from him again.

My previous experience with media people was that the man-made story was taboo. The major TV networks are owned and controlled by powerful business interests, and I sensed that pressure was put on the executives not to air the man-made AIDS story. The American public had fully accepted the monkey story. It would be foolhardy to scare viewers into thinking AIDS was another government screw-up.

I was surprised when the producer called a few weeks later to explain that his staff of reporters had checked out my story with government officials. Predictably, the health officials said the man-made story was preposterous and without merit. The producer prodded them for specific information about the hepatitis experiment. What happened to the men who volun-

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teered? How many were still alive? How many died of AIDS? Surely this information was available. The government officials were evasive. The medical records of the gay men in the experiment were confidential; none of that information could be divulged, and certainly not to media reporters.

Without the cooperation of the government, the producer complained he couldn't get a "balanced" story. Did I have any ideas? I suggested that the AIDS biowarfare story was the most covered-up genocide program of the century. Did he really expect to get the cooperation of health officials in exposing the truth? How did his staff expose other government cover-ups? The producer was sympathetic, but he finally admitted the story was too explosive to tackle without more evidence. I protested. What about the body count of dead gay men? Sorry, he said, that could not be used as evidence.

Where was the evidence that six million Jews were exterminated by the Nazis? Where were all the bodies? Where was the documentation? The evidence was in the fact that, before the war, there were cities and towns filled with Jews. After the war they were gone, and the missing Jews were never again seen alive.

Where were my young friends from ten years ago? Half of them were dead from AIDS. Straight people didn't lose half their friends and lovers from AIDS. Only gay people. But none of this seemed relevant to the producer who repeatedly asked for "evidence" and "documentation" to prove my theory. The body count, overloaded with gay men, proved nothing.

It was true. There was no overwhelming evidence in the published reports of the hepatitis B experiment to prove that the trials were designed to kill gay men. But if one searched the medical literature carefully, there were clues that indicated gays in the experiment were severely damaged by the AIDS virus. In

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fact, the hepatitis group was more damaged than any AIDS group in Africa, where the experts claimed the disease supposedly started centuries ago. And if one carefully studied the graphs in Cladd Stevens' 1986 hepatitis report showing the rate of HIV infection in the men in the experiment, one thing was clear - all the men in the gay experiment were doomed to die of AIDS.

The evidence was contained in the gay blood stored at the New York City Blood Center. When a HIV blood test for AIDS virus antibodies became commercially available in 1985, it was possible to determine exactly who was infected with the virus. In an attempt to discover the source of the virus, the epidemiologists tested old gay blood specimens stored at the New York City Blood Center, to determine whether they were infected. When old, pre-1978 American blood specimens from various groups were tested, there were no HIV-positive samples. This clearly demonstrated that the AIDS virus was not present in the U.S. before 1978.

Through the retrospective testing of blood specimens of the 1083 men in the original hepatitis B experiment, as well as the blood of over 10,000 gays screened by Szmunn, it was definitely determined that the AIDS virus was introduced into the gay community sometime around 1978, the same year the gay experiment began.

June Goodfield recalls that Szmunn, in the months before November 1978, had made some preliminary and unreported inoculations into two hundred people, presumably gays. Thus, even before the experiment officially began, some volunteers were ready injected with the experimental vaccine.

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Was the experimental hepatitis B vaccine contaminated with the AIDS virus? The vaccine was manufactured by the National Institutes of Health (NIH) and also by the Merck drug company. During the clinical trials, Szmunn was concerned about possible vaccine contamination. According to Goodfield virus contamination was suspected in a vaccine batch made by the NIH, but never in the vaccine made by Merck.

The connections between Merck, the military biowarfare establishment, and the NIH, are well-known to medical conspiracy buffs. The Merck Company is no stranger to biowarfare. George Merck, who directed the company during the Second World War, also directed America's germ weapon research program. As part of the War on Cancer in the early 1970's, President Richard Nixon transferred part of the U.S. Army's biowarfare unit at Fort Detrick, Maryland, over to the National Cancer Institute under the direction of the National Institutes of Health.

After finishing a large experiment in which thousands of blood samples are tested and stored, the specimens are usually discarded. However, after the vaccine trials ended, Szmunn insisted that the Center keep all the tens of thousands of blood samples donated by thirteen thousand gay men. When asked why he was keeping so many vials of blood, Szmunn replied: "Because one day another disease will erupt and we'll need this material."

As late as 1983, several infectious disease specialists reported that AIDS might be related to the hepatitis vaccine because it was discovered that 93% of their AIDS patients tested positive for hepatitis B blood markers! Because the hepatitis B vaccine was manufactured from the blood of gays who carried the hepatitis virus, the physicians feared the AIDS

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virus could have contaminated the vaccine. Health officials at the CDC reassured everyone that the vaccine was safe.

The safety of the experimental vaccine was also defended by Cladd Stevens, who collaborated closely with Szmunn in the gay trials. When Szmunn died in 1982, Stevens became the official spokesperson for the experiment. In a May 1983 report she claimed that only two men in the experiment had been diagnosed with AIDS. One was diagnosed two years after receiving the vaccine; the other four years after. "There is no excess incidence in the high-risk population," she emphasized. Stevens' reassurance was premature. In 1983, the year she penned report, the sad truth was that one out of every three men injected in the experiment was infected with the AIDS virus.

Prior to the official discovery of the AIDS virus in 1984, the CDC and the vaccine makers repeatedly assured the public that the new commercially-available, non-experimental hepatitis B vaccine was safe. However, Abbott Laboratories, the manufacturer of the commercial hepatitis vaccine, was more cautious about its safety. In their brochure urging gay men to take the commercial vaccine, the company advised: "Many people are concerned about the possible transmission of AIDS and Kaposi's sarcoma; it is unknown whether these are conveyed by blood or blood products. The current hepatitis B vaccine, although produced from the pooled blood of chronic virus) carriers, is manufactured utilizing several processes believed to inactivate all known groups of viruses."

Although the CDC was confident about the safety of the commercial hepatitis B vaccine, the public was not. Word quickly got around that the vaccine was made from gay blood. As a result, many people refused to be injected with it. Even though the vaccine is no longer manufactured using gay blood,

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many people still fear the hepatitis B vaccine because of its association with gay men and AIDS.

In 1986 Cladd Stevens' group did a second follow-up study of 212 men who were injected with the experimental vaccine. Amazingly, 6.6% of the men had positive tests on blood samples taken during the period November 1978 and October 1979! By 1981 over 20% of the men were positive; by 1984 (the end of the study period) over 40% tested positive. Most of the HIV-positive men were immunodeficient.

Since the first cases were discovered in 1979, the media has shocked the public with a never-ending number of sensational AIDS stories. Yet never once has the media given credence to the idea that AIDS is man-made. One of the most outrageous and homophobic AIDS stories concerns "Patient Zero."

In October 1987, the best-selling book *And the Band Played On* was published. Randy Shilts, a gay man and the first newspaper reporter to cover AIDS full-time, wrote an exquisitely detailed historical account of the epidemic. He blamed the Reagan administration for ignoring the epidemic, and for its shameful refusal to fund AIDS research and education.

Despite the brilliance of his book, Shilts is likely to be best remembered for promoting the story of "Patient Zero" — a promiscuous, young gay Canadian airline steward named Gaetan Dugas, who is accused of bringing the AIDS virus to America.

The medical "facts" about Shilts's Patient Zero (along with lurid details of his sexual life) were eagerly supplied by epidemiologists at the CDC and by Manhattan physicians. Gaetan Dugas was diagnosed with AIDS-related Kaposi's sarcoma in June 1980 in New York City. For a year before his AIDS diagnosis Dugas suffered from swollen glands and a skin rash. Shilts's sensational account of Patient Zero, replete with wan-

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ton gay promiscuity and bathhouse sex, was shamelessly promoted in a media blitz.

Although Shilts admits his Patient Zero theory remains "a question of debate and ... ultimately unanswerable," he still claims Dugas brought AIDS from Paris to North America. Dugas "no doubt ... played a key role in spreading the new virus from one end of the United States to the other."

Unmentioned by Shilts are medical reports that indicate the AIDS virus was already "introduced" into the New York City gay community, two years before Dugas was diagnosed!

The blood tests from Szmunes' experiment show that the AIDS virus was definitely present in specimens dating back to 1978-1979. In blood specimens dating back to 1980 (the year Gaetan Dugas was diagnosed), Cladd Stevens has reported that twenty percent of the men in the experiment were HIV-positive! Thus, it is inconceivable that Dugas could have flown in from Paris and infected such a large number of gays, some of whom were infected as early as 1978-1979. Furthermore, the "source" of Dugas' own HIV infection was never ascertained.

No matter. The media had a field day with the story. Time (October 19, 1987) reviewed *And the Band Played On* in its Medicine section as "The Appalling Saga of Patient Zero." The cover illustration of California magazine showed a shadowy airline steward deboarding a plane, suitcase in hand, as "Patient Zero: The Man Who Brought AIDS to California." The bold headlines of the New York Post (October 6) read: "The Man Who Gave Us AIDS — triggered gay cancer epidemic in U.S." Not to be outdone, the Star tabloid featured Dugas as "The Monster Who Gave Us AIDS," and condemned him "a modern typhoid Mary — the man who infected a continent with AIDS." Even the supposedly scientific AMA publication *American*

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Medical News (October 23) fell for the story, claiming Dugas "may have brought AIDS to the United States."

These accounts of a dead man serve as examples of how AIDS "facts" become propaganda that is then used to suit various political, scientific, social, moral, and even literary agendas.

Along with the Patient Zero story are other AIDS myths which have attained the status of truths. None is more widely believed than the African green monkey story, one of the most powerful fairy tales of our time.

Grown-ups know that fairy tales are never true. But, like children, adults can suspend belief and be entranced by the adventures contained in the world's most beloved fairy stories, And so we pretend. And we make fairy tales real.

4

Biowarfare

Is AIDS merely a freak accident of nature caused by an African green monkey virus? Or is AIDS a government-sponsored genocide program that seeded a laboratory virus into select populations for diabolic political and social purposes?

In the 1960s the U.S. military biowarfare establishment began to pay serious attention to the new advances in biotechnology and genetic engineering. It was obvious to scientists that infectious agents could be transformed into deadly biologic weapons that could be used against civilian populations in time of war. Much cheaper to produce than atomic and conventional military weapons, bioweapons have the distinct advantage of killing life without destroying property.

A group of biowarfare experts, appearing before a United Nations panel in 1969, estimated that the cost of a large-scale killing, operation against a civilian population would amount to \$2,000 per square kilometer with conventional weapons, \$800

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with nuclear weapons, \$600 with nerve-gas weapons, and \$1 with biological weapons.

Nobel Prize winner Sal Luria, a biology professor at the Massachusetts Institute of Technology, was one of the first microbiologists to speak out against biowarfare. Fleeing Europe shortly before World War II, Luria was keenly aware of how medical science could be used to kill people. He warned that genetically engineered bioweapons had the potential to "degrade the genetic qualities of entire populations."

In a 1968 essay entitled "The Microbiologist and His Times," Luria implored members of the American Society of Microbiologists to reconsider the ethics of their dangerous participation in covert military research. Beginning in the 1950s, an advisory committee of the Society had been cooperating with the army biowarfare laboratory at Fort Detrick, located in Frederick, Maryland.

The biology professor counseled, "The decision as to whether or not to work on biological warfare research, and on war-related research in general, is bound to be a personal one. Consciousness of the difficult issues involved dictates the utmost restraint in making value judgments concerning either those who do carry out such research or those who wish to disassociate themselves from it." Luria's personal opinion was that the Society should not be associated with the Fort Detrick biowarfare lab, and that the committee should be disbanded.

In 1969 Dr. Donald M. MacArthur appeared at a Congressional Hearing on Chemical and Biological Warfare. As Deputy Director of the Department of Defense, he was responsible for the management of diverse research and technology programs such as rocket and missile propulsion, materials technology,

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medical and life sciences, social and behavioral sciences, environmental sciences, and chemical technology.

Donald MacArthur declared that biowarfare experts could develop a genetically engineered "super germ" that would be very different from any previous microbe known to mankind. The agent would be a highly effective killing agent because the human immune system would be powerless against this super-microbe. This testimony was delivered in Washington before a Subcommittee of the Committee on Appropriations, House of Representatives, Department of Defense Appropriations for 1970, on July 1, 1969.

When questioned about the cost and time required to develop this biowarfare program, Dr. MacArthur answered that a small group of molecular biologists had considered the matter and provided the following details...

1. "All biological agents up to the present time are representatives of naturally occurring disease, and are thus known by scientists throughout the world. They are easily available to qualified scientists for research, either for offensive or defensive purposes.
2. Within the next 5 to 10 years, it would probably be possible to make a new infective microorganism 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.
3. A research program to explore the feasibility of this could be completed in approximately 5 years at a total cost of \$10 million.
4. It would be very difficult to establish such a program. Molecular biology is a relatively new science. There are not

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many competent scientists in the field, almost all are in university laboratories, and they are generally adequately supported from sources other than the Department of Defense. However, it was considered possible to initiate an adequate program through The National Academy of Sciences — National Research Council (NAS-NRC). The matter was discussed with the NAS-NRC, and tentative plans were made to initiate the program. However, decreasing funds in chemical/biological (CB) research, growing criticism of the CB program, and our reluctance to involve the NAS-NRC in such a controversial endeavor have led us to postpone it for the past two years....

It is a highly controversial issue and there are many who believe such research should not be undertaken lest it lead to yet another method of massive killings of large populations. On the other hand, without the sure scientific knowledge that such a weapon is possible, and an understanding of the ways it could be done, there is little that can be done to devise defensive measures. Should an enemy develop it, there is little doubt that this is an important area of potential military technological inferiority in which there is no adequate research program."

Not surprisingly, the Department of Defense, with its vast network of hospitals and researchers, is the principal Federal agency involved in AIDS research, with funds allotted by Congress. According to The New York Times, "Congress usually sets the nation's medical-research priorities, often after intensive lobbying by scientists, companies and interest groups." Some AIDS researchers complain that lawmakers let corporate lobbyists determine which AIDS treatments and studies should be supported by tax dollars. Like cancer, AIDS is big business. And with big money interests so heavily involved in the multi-

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billion dollar AIDS industry, it is likely that politics will continue to override science in the search for an AIDS cure.

The U.S. has the world's largest arsenal of chemical and biological weapons. Our biowarfare arsenal contains enough nerve and mustard gas to kill everyone on the planet 5,000 times. However, few people are aware of the covert biowarfare experiments conducted against U.S. citizens by various government agencies, particularly the military and the CIA. Previously classified data obtained through the Freedom of Information Act have revealed over 200 experiments directed against civilians and military personnel.

Details of some of these secret biological experiments are discussed in *A Higher Form of Killing* (1982), by Robert Harris and Jeremy Paxman. This definitive biowarfare study stands as a testimony of man's inhumanity to man, and Harris and Paxman's book should be required reading for everyone interested in protecting our planet from this biologic "higher form of killing."

For example, "in August 1977 the CIA admitted to no less than 149 subprojects, including experiments to determine the effects of different drugs on human behavior; work on lie-detectors, hypnosis and electric shock; and the surreptitious delivery of drug-related materials. Forty-four colleges and universities have been involved, fifteen research foundations, twelve hospitals or clinics, and three penal institutions." In covert "MKULTRA" mind-altering experiments, the victims were lured to hotel rooms for sexual encounters with prostitutes, and were then drugged and monitored by CIA agents.

Military biowarfare attacks against unsuspecting Americans in the 1950s and 60s are a documented reality. The most notorious was a six-day U.S. military bioattack on San Francisco in

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which clouds of potentially harmful bacteria were sprayed over the city. Twelve people developed pneumonia due to these infectious microbes, and one elderly man died from the bioattack.

In other secret tests, bacteria were sprayed into New York City subway tunnels; into crowds at a Washington D.C. airport; and onto highways in Pennsylvania. Biowarfare testing also took place in military bases in Virginia, in Key West, Florida and off the coasts of California and Hawaii.

The full extent of these covert programs will probably never be known. The CIA has admitted to illegally destroying and shredding many of the incriminating documents. Nevertheless, scholarly accounts of medical abuse by government agencies, not only in the U.S. but worldwide, are slowly coming to light.

Shocking revelations of government-sanctioned medical torture by physicians are presented in *Journey into Madness: The True Story of Secret CIA Mind Control and Medical Abuse* (1989). Summing up his research, medical writer Gordon Thomas confides that "nothing had quite prepared me for the horror that came from spending every day for over two years, often twelve- and fourteen-hour days, dealing with the inescapable truth that doctors have tortured — and still do. At the end of the research I could well understand why other investigators had shied from the subject: it really is the stuff of nightmares."

Is AIDS biowarfare? For those who question whether the U.S. government is capable of injuring its own citizens, the answer is all too obvious.

As the 1970's began, the U.S. Army's biological warfare program intensified, particularly in the area of DNA and "gene-splicing" research. In order to placate the fears of critics President Richard Nixon renounced germ warfare, except for "medical defensive research."

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In 1971, when Nixon transferred a major part of the Army's Biological Warfare Unit over to the National Cancer Institute, secret biowarfare experiments continued under the cover of cancer research. Utilizing what were the latest techniques of genetic engineering and laboratory cell culture, the cancer virologists learned how to "jump" animal cancer viruses from one species of animal into another. Chicken viruses were put into lamb kidney cells. Baboon viruses were spliced into human blood cells. The combinations were endless. In this transfer process, new forms of cancer, immunodeficiency and opportunistic infections were produced in the animals.

As predicted by the biowarfare experts, monster "super-germs" were created that had a deadly effect on the immune system.

When I met Bob Strecker in the summer of 1986, he had already gone public with his belief that AIDS was biowarfare. At the time, few people took him seriously, and he was rarely given a chance to express his views in the media. However, soon after he announced that the epidemic was man-made, strange AIDS stories began to appear in the press.

In the fall of 1986 the Soviets proclaimed that AIDS was the result of U.S. germ warfare gone wild. Time (November 17) did a brief piece on the story, labeling it as "infectious propaganda" and passing off Robert Strecker's man-made theory of AIDS as "just speculation."

An editorial in the New Delhi Times of India (November 17, 1986) took the biowarfare accusations seriously, urging readers to sit up and take notice about the grave danger of germ warfare. "It is conceivable that such deadly germs are being manufactured through genetic manipulation and that some of them are liable to leak out of laboratories, whether accidentally

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or otherwise. All this suggests the new advances in biotechnology and genetic engineering are being rapidly militarized. The consequences of this are too horrifying to contemplate. These deadly germs represent, like nuclear weapons, agents of mass annihilation. The only thing to do with them is to ban and get rid of them."

Is AIDS biowarfare? Charles Piller, an investigative reporter, and Keith R. Yamamoto, a molecular biologist, briefly discuss this question in their highly informative book on biowarfare entitled, *Gene Wars: Military Control Over the New Genetic Technologies* (1988). "The Soviets have called AIDS a U.S. biowarfare experiment gone out of control. Although no evidence has been presented to support the claim, manipulating genes to defeat the body's immune system is quite feasible and consistent with some U.S. studies." Piller and Yamamoto emphasize that the discoveries of molecular biology have been utilized by the military, leading to entirely new possibilities in the production of deadly toxins, viruses, and bacteria.

Senator George S. McGovern praises *Gene Wars* as "an arresting book about the incredible dangers and implications of genetic engineering harnessed to biological warfare. This book should be read, pondered, and then acted upon by all who are concerned about the future of life on our planet. It is a special challenge to action by the scientific and medical communities."

In 1988 Saddam Hussein initiated genocide against the Kurrd in Iraq. As part of his biowarfare program, military planes sprayed isolated Kurdish villages with poison nerve gas. Within minutes, hundreds of peasants died. Over one hundred thousand Kurds are thought to have perished in Hussein's genocide program. Despite all the killing, the U.S. government continued to loan Iraq billions of dollars, loans which probably will never be repaid.

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In 1991 world leaders wondered whether Hussein would use bioweapons in the Persian Gulf War. While the leaders pondered, frantic Israelis donned gas masks in preparation for Saddam's nerve gas attacks. As late as 1992, it was suspected that Iraq was supplying tainted medicines to the Kurds, resulting in a fatal "mysterious disease" with symptoms of bloody diarrhea and complete kidney failure.

Americans shuddered when the media proclaimed the strength of Iraq's chemical and biological warfare arsenal, largely supplied by the U.S. government. Not a word was mentioned about the contents of the U.S. military biowarfare arsenal, except to reassure the American public that we had the capability to gas the entire world population 5,000 times over.

Did AIDS come from a laboratory? The idea of taking a cancer-causing animal virus and deliberately injecting it into a human being sounds unbelievable. However, this is exactly how current human genetic engineering experiments are carried out. In 1990, after three decades of gene-splicing animal experiments, the scientists were ready to begin official tests on a human being.

The subject was a 35 pound girl with a depressed immune system caused by a faulty gene. To correct the gene abnormality, scientists first took cells from a healthy person and allowed an animal cancer virus to infect these normal cells. The infecting virus was a "weakened" mouse leukemia retrovirus spliced into" the genetic material of the healthy person's normal cells.

Time magazine (September 24, 1990) explained that the mouse retrovirus was the same type of virus as the AIDS virus. The mouse virus-infected cells were then allowed to "taxi in" and infect a culture of the little girl's cells. Her cultured cells,

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now containing the needed gene, were cloned. In the cloning process, billions of copies of the needed cells were produced. These genetically-altered, mouse cancer virus-infected, cloned cells were then injected back into the girl to seed her body with these newly engineered cells containing the required gene.

If the experiment is successful the girl will live. She will always carry traces of a mouse cancer virus in her cells — a virus not out of Africa, but out of a laboratory.

The new genetic technology is a triumph of medical science. However, Time warns that this technology could be used for evil purposes. "Opposition is bound to swell if scientists turn toward a goal that is still far off: the genetic engineering of sperm and egg cells. Such Brave New World-style manipulations would affect the genetic endowment of future generations raise new ethical issues and pose unknown risks."

Unrecognized by most people is the fact that the genetic endowment of gay men has already changed. As many as half the homosexual men have tissue and blood cells permanently altered by a deadly virus "out of Africa." Sal Luria's concern about the "downgrading" of the genetic qualities of entire populations is now a reality.

By the early 1990s, two things were clear. Monkey business was big business. And monkey business could be used to exterminate millions of people on the planet.

Monkey Business

When Robert Gallo's book, *Virus Hunting: AIDS, Cancer and the Human Retrovirus*, was published in 1991, I was curious to learn what made him suspect the African green monkey as the animal that brought us AIDS.

In a footnote on page 227 he explains: "Amazingly, in the early part of my research on AIDS (early 1983) I was visited by Ann Guidici Fettner, a freelance writer who told me emphatically that the origins and epicenter of the epidemic were in a river basin near Lake Victoria. She also stated she believed the virus came from African green monkeys, apparently due to her experiences and observations in central Africa."

I was surprised that Gallo was crediting the monkey story to Fettner, a journalist best known for her AIDS reports in the *New York Native* in the early years of the epidemic. I was familiar with her writings in the *Native*, but never once did I read that she had suggested the green monkey story to Gallo. In fact, some of her stories were highly critical of the scientist.

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Fettner, along with microbiologist William Check, wrote *The Truth About AIDS* (1984), one of the first books published on the epidemic. According to the book jacket notes, Fettner had served as health advisor to the government of Kenya. The book was published shortly before Gallo's discovery of the AIDS virus in April 1984.

In *The Truth About AIDS* nothing is recorded about Fettner's experiences in Africa; green monkeys are never mentioned; and there is no suggestion that AIDS originated in Africa. On the contrary, Fettner and Check conclude that "AIDS started as an American disease."

In my view, Gallo had two good reasons to put the origin of AIDS in Africa, and to blame African green monkeys. First, the African origin conveniently covered up the link between the gay hepatitis B vaccine program and the outbreak of AIDS in American cities. Second, putting the blame on wild monkeys was an effective way to obscure the probable laboratory origin of HIV and its derivation from a laboratory animal cancer virus.

Not surprisingly, Max Essex, a Harvard veterinarian who had experimented with cat AIDS before the human AIDS outbreak, quickly joined Gallo in pointing the finger at Africa. Also joining the chorus was Donald Francis, who had worked with Essex in the cat experiments at Harvard. Francis had injected Africans in the WHO smallpox vaccine program, and also inoculated American gays in the hepatitis B experiment. Donald Francis is fond of saying: "I went into my profession because I like to find an epidemic, find a vaccine, vaccinate against it, and move on to the next epidemic."

The media immediately crowned Gallo, Essex, Francis, and their colleagues as the leading lights in AIDS research. Gallo pronouncements and his monkey story became gospel. Scien-

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tists who dared oppose Gallo's "official" views found themselves in trouble. However, behind closed doors scientists grumbled that Gallo had stolen the AIDS virus from the French researchers at the Pasteur Institute.

Time (April 30, 1984) parroted Gallo's contention that the AIDS virus "may have been in the African bush for some time." Newsweek (May 7), pictured a world map showing arrows pointing to probable routes of the AIDS virus "on the move" out of Africa.

How did the disease begin in Africa? Norbert Rapoza, a senior virologist employed by the AMA, informed the physician readers of the American Medical News ("An AIDS expert's grim message," December 5, 1986) that "AIDS began in central Africa, probably as a monkey virus that jumped species. It may have been spread by mosquitoes that bit rural African tribesmen. Then, the virus may have mutated and when the tribesmen moved to the big cities, two things happened: they became involved with prostitutes and picked up sexually transmitted diseases, and they were treated for these diseases with dirty needles. Or the original virus may have come from a hooved animal — a cow or a pig — and may have been transmitted by some African's custom of cutting the neck and drinking the blood."

How did the AIDS virus end up infecting gays in Greenwich Village? Rapoza also had that answer: "One theory of how AIDS migrated from Africa is that some Haitians used to work in Zaire (in Central Africa) and had returned by 1977, when an international conference of gays was held in Haiti, where the virus could have been spread by sex or drugs or both and then could have been taken back to New York and California."

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I had never read such an unscientific, racist and homophobic story in a medical publication. As a gay man I knew full well there was never an international gay conference in Haiti; and I never heard of West Coast gays going to Haiti for sex. It was pathetic how physicians were duped into believing the most ridiculous stories about AIDS.

Someday the "other" history of AIDS will be recorded in the science books. Historians will thoroughly investigate the professional careers of the most famous government AIDS researchers, and they will discover how they rapidly became the top guns in medical science. When the secret biowarfare research of government scientists and virologists comes to light, the true laboratory origin of AIDS will be uncovered.

Did HIV come out of a cancer virus laboratory? In 1971 after part of the Fort Detrick biological warfare unit was transferred over to the National Cancer Institute (NCI), military BW research was allowed to secretly continue under the guise of cancer research. The transformed facility is now known as the Frederick Cancer Research Center.

Richard Hatch writes that Robert Gallo was a project officer of "a massive virus inoculation program that began in 1962 and ran until at least 1976, and used more than 2,000 monkeys. The monkeys were injected with everything from human cancer tissues to rare viruses, and even sheep's blood, in an effort to find a transmissible cancer. Many of these monkeys succumbed to immunosuppression after infection with the Mason-Pfizer monkey virus, the first known immunosuppressive retrovirus, a class of viruses that included the immunodeficiency AIDS virus."

Laboratory viruses were forced from one species of animal into another species, and by the mid 1970s new cancer viruses

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were created by the process of genetic engineering. In the process, the so-called "species barrier" was routinely breached. During the 1977-78 period, the Virus Cancer Program produced 60,000 liters of cancer-causing and immunosuppressive viruses.

This vast military research was made possible through the assistance of the NIH and the NCI. In his 1991 report, "Cancer Warfare," Hatch concludes: "While Nixon ordered a supposed end to BW offensive efforts in 1969, the CIA retained a secret BW and toxin weapon capability. Given this record of deception in the U.S. BW program, the Viral Cancer Program may well have used the search for a cure for cancer as a cover to continue its experiments on biological warfare."

As predicted by the biowarfare experts, new cancer-causing monster viruses were created that had a deadly effect on the immune system. In one experiment reported in 1974, newborn chimpanzees were taken away from their mothers at birth and weaned on milk obtained from virus-infected cows. Some of the chimps sickened and died with two diseases that had never been observed in chimpanzees. The first was *Pneumocystis carinii* pneumonia (later known as the "gay pneumonia" of AIDS); the second was leukemia, a cancer of the blood. A few scientists expressed concern regarding the safety of the laboratories which housed dangerous mutant viruses and supergerms. What would happen if one of these deadly, genetically engineered microbes escaped from the laboratory?

In November 1973 a high-level conference entitled "Bio-hazards in Biological Research" convened at Asilomar, near Pacific Grove in Northern California. The leading cancer virologists freely admitted there was no foolproof way to prevent the escape of these highly dangerous, cancer-causing viruses into the community. However, in the event of an "accident,"

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plans were drawn up to insure that the introduction of such a virus into the human population could be detected and investigated.

At the conference, sophisticated epidemiologic programs were devised. Government agencies would oversee groups or "cohorts" of people who "might be exposed" to the escaped virus in the future. Other groups who "had been previously exposed" to the cancer-causing virus would also be put under surveillance. The researchers at Asilomar were well aware of the grave risks of their cancer virus research. However, they also understood their scientific mission was to prove, beyond all doubt, that animal cancer viruses could cause cancer in humans.

Scientists like Francis Black of Yale University Medical School were not adverse to taking risks. "If we do believe in our mission of trying to control cancer, it behooves us to accept some risk. Even if, as has been suggested, five or ten people might lose their lives, this might be a small price for the number of lives that would be saved."

Science and ethics had officially parted company.

Shortly after Gallo declared himself the discoverer of the AIDS virus in April 1984, Luc Montagnier insisted he had discovered the AIDS virus a year before Gallo. Montagnier, a researcher at the Pasteur Institute, had isolated his virus from the swollen lymph nodes of a gay Parisian who had sex in Manhattan in 1979. In January 1983 Montagnier sent his virus to Gallo's lab for identification.

Montagnier and the Pasteur Institute now accuse Gallo of stealing the French virus and presenting it to the scientific world as his discovery. The French demand that they be recognized as the true discoverers of the AIDS virus.

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Gallo has denied the charge, insisting that Montagnier's virus was not the true AIDS virus.

The Centers for Disease Control sided with Gallo, emphasizing that the French virus and Gallo's AIDS virus were two completely different viruses. Eventually, the two "different" viruses were proven to be identical.

In 1985 the Pasteur Institute filed suit against the U.S. Federal Government. The French argue they are the true discoverers of the HIV virus, and they want their full share of the profits to be derived from the new AIDS industry. The French lawyers hint about scientific irregularities and alterations of scientific documents on the part of the Americans. The lawyers also know about previous serious errors Gallo made in virus identification. For example, Gallo's 1975 "discovery" of a "new" and "human" HL-23 virus eventually proved to be three contaminating ape viruses (gibbon-ape virus, simian sarcoma virus, and baboon endogenous virus). Gallo claims he has no idea how these viruses contaminated his research.

Other legal evidence was even more damaging. Gallo had repeatedly stated that Montagnier's virus was not the real virus. He also insisted Montagnier's virus had not contaminated his cultures. However, further investigation proved that the two AIDS viruses were as identical as any two viruses could be. The French lawyers could easily prove Gallo stole Montagnier's AIDS virus.

In early 1987 the French Premier and President Ronald Reagan intervened in the increasingly delicate matter. Behind closed doors it was decided that debating AIDS science in court would open a big can of worms. Particularly delicate was the biowarfare issue. And neither government wanted any hint of biowarfare aired in public.

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A quick settlement was reached out of court for an undisclosed sum, and the public missed the scientific scandal of the century. The French were officially accepted as co-discoverers of the AIDS virus, and the following year Gallo and Montagnier both began collecting \$100,000 annually from the patent rights of the blood test designed to detect HIV virus antibodies.

Gallo's monkey story remains the "official" AIDS story. Nevertheless, a few cracks in the monkey theory have appeared in print. On June 2, 1988, an article entitled "Research refutes the idea that human AIDS virus originated in monkey" appeared in the Los Angeles Times. In the process of decoding and comparing the genetic structure of the monkey virus with the human AIDS virus, Japanese molecular biologists discovered that the genetic sequences of the two viruses differed by more than 50%. On this basis the researchers concluded that there was no genetic relationship between the green monkey and the AIDS virus. The Japanese finding was completely at odds with the official view of Gallo and Essex.

The Japanese investigators specifically criticized Myron (Max) Essex and Phyllis Kanki of Harvard Medical School, who "discovered" a second AIDS virus in African green monkeys that was initially heralded in medical circles and in the media. But Essex and Kanki's "second" AIDS virus proved to be another "contaminant" virus. The origin of the contaminant monkey virus was traced to the Harvard researchers own laboratory.

If the human AIDS virus is not related to the African green monkey, what is its origin? According to the Los Angeles Times medical writer, Robert Steinbrook, "the new (Japanese) findings lend support to other explanations for the origins of human AIDS viruses. These include their beginnings in common ancestors of human and primates, their presence in isolated

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human populations for hundreds or thousands of years, or the existence of a yet-to-be-identified prototype AIDS-like virus that first infected humans in modern times." I tried to understand what the writer meant by all this, but it sounded like double-talk to cover-up fuzzy scientific thinking and the real origin of HIV.

Gallo's monkey business was indeed a strange brew of fact and fiction. What was obvious was that the world's leading virologist could not always distinguish between animal and human viruses, nor could he always distinguish contaminating laboratory viruses from the real thing. Although his HIV virus and the French virus were proven to be identical, he insisted they were completely different viruses. Yet he remained the King of AIDS, respected and honored and awarded and rewarded handsomely by the medical and scientific establishment. Recently Gallo's kingdom at the NCI shows signs of crumbling. Independent investigators at the NCI have concluded that he falsified and misrepresented his scientific publications. Dr. Prem Sarin, his former deputy chief at his NCI lab, faces indictment by a grand jury on charges that he took illegal payments from a drug company and lied on financial disclosure forms. NIH officials accuse Gallo of unethical behavior and recommend that his current chief deputy, Mikulas Popovic, be barred permanently from medical research.

Concurrent with Gallo's present scientific troubles are other rumblings in the media suggesting that AIDS might have started from human experiments or contaminated vaccines.

Is AIDS a man-made epidemic? A few stories in print in 1991 -1992 seem to point in that direction.

6

Origins of HIV

In the late 1980s the media that initially swooned over Gallo became more critical of his ethics and his "discovery" of the AIDS virus. The green monkey story and the "out of Africa" view of AIDS was still widely held, but other theories of AIDS origin were allowed to be expressed.

On May 11, 1987, a highly important AIDS story appeared on the front page of The London Times, one of the world's most respected newspapers. The headline ran, "Smallpox vaccine triggered AIDS virus." Written by science editor Pearce Wright, the story suggested that the smallpox eradication vaccine program sponsored by the World Health Organization (WHO) was responsible for unleashing AIDS in Africa. Between the years 1966-1977, almost 100 million Blacks living in Central Africa were injected by the WHO. Scientists now speculate that the smallpox vaccine might have awakened a "dormant" AIDS virus infection on the continent. Pearce Wright noted that the smallpox vaccine connection so AIDS could explain why Brazil, the only South American

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country covered in the WHO eradication campaign, has the highest incidence of AIDS in that region. In addition, approximately 14,000 Haitians working in Central Africa were inoculated in the smallpox campaign, thus explaining why AIDS also broke out in Haiti.

A WHO official admitted, "Now I believe the smallpox vaccine theory is the explanation for the explosion of African AIDS." Robert Gallo added, "The link between the WHO program and the epidemic is an interesting and important hypothesis. I cannot say that it actually happened, but I have been saying for some years that the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV."

Reporter Jon Rappoport investigated the Times story and wrote a short piece for L.A. Weekly (June 5, 1987). When questioned by Rappoport, local medical experts tended to doubt the vaccine theory, "telling the Weekly that the smallpox vaccine is probably not the AIDS trigger, but that if it is related to AIDS — and there are many reasons to doubt it is — it (the vaccine) is instead a carrier of unidentified AIDS-causing microorganisms."

Rappoport was mystified as to why no mention of the smallpox story appeared in the major U.S. media. He contacted spokespersons for the Associated Press in Boston, Washington and New York; Reuters at the United Nations; and United Press International in New York. All the agencies "said they had heard nothing of the story out of London."

After the story was killed in America, Gallo never again raised the smallpox issue in public. The total news blackout of the smallpox vaccine connection to AIDS serves as a shining example for those who believe the major media are controlled and censored in the U.S.

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During the years 1966-1977, the WHO administered 24,000 million doses (2.4 billion) of smallpox vaccine worldwide. Could any of these vaccine batches contain a genetically engineered virus designed for biowarfare purposes? According to Allan Chase's *Magic Shots*, "The Soviet Union donated 140 million doses; the United States 40 million doses; twenty other nations combined to donate another 220 million doses." The remaining two billion doses of vaccine were made in newly-established labs in third world countries, with the help of WHO specialists.

Was AIDS introduced into millions of Africans during the WHO vaccine program? Animal and human cells harbor all sorts of viruses, including viruses not yet discovered. Animal tissue cell cultures are often used in the manufacture of viral vaccines. Therefore, the possibility of vaccine contamination with an animal virus is a constant danger in the pharmaceutical production of vaccines.

Most people assume vaccines are "sterile" and germ-free. Medical instruments and supplies can be sterilized by means of autoclaving at high pressure and temperatures. However, sterilization of a vaccine would destroy the necessary immunizing protein in the vaccine. Thus, vaccines can be "inactivated," but they are not sterile.

Despite the most meticulous precautions in manufacturing human vaccines, contaminating animal viruses are known to survive the vaccine process. During the 1950s millions of people were injected with polio vaccines accidentally contaminated with a cancer-causing monkey virus called "SV 40." The source of this animal virus was the green monkey kidney cells used in the production of the polio vaccine. Such vaccine contamination problems are kept hidden from the public; and despite the known danger, drug companies and physicians

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usually disregard suggestions that AIDS could have arisen from animal virus-contaminated vaccines.

Animal cancer viruses are also contained in fetal calf serum, a blood product commonly used as a laboratory nutrient to feed animal and human tissue cell cultures. As a result, viruses harbored in calf serum can be carried over as "contaminants" into the final vaccine product.

The problem of vaccine contamination by fetal calf serum and its possible relationship to HIV is the subject of a letter by J. Grote entitled, "Bovine visna virus and the origin of HIV," published in the Journal of the Royal (London) Society of Medicine, October 1988. Bovine visna virus (which looks similar to HIV) is a known contaminant of fetal calf serum used in vaccine production. By use of high-power microscopes, virus-like particles have been detected in vaccines certified for clinical use. Grote warns: "It seems absolutely vital that all vaccines are screened for HIV prior to use, and that bovine-visna virus is further investigated as to its relationship to HIV and its possible causal role in progression towards AIDS."

Millions of Africans are now infected with the AIDS virus. This large number could never have been infected in such a short time by the simple act of a green monkey virus "jumping over" to infect one African. The most logical explanation to account for the infection of millions of Black Africans is that the vaccines used in the WHO mass inoculation programs were contaminated with an AIDS-producing virus.

Was the contamination accidental or deliberate? The manufacture of smallpox vaccine in calves is a "clean process" but not a sterile process. Strapped to surgical tables, the cows are sacrificed and then hung horizontally from the ceiling for seven days in order to make the vaccine. After this procedure, the calves are scarified and exsanguinated. During the vaccine

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production it is impossible to prevent contamination with bovine (cow) viruses. The exact specifications for smallpox vaccine production are established by the FDA and the WHO.

The smallpox (vaccinia-cowpox) virus is also an excellent virus to use for genetic engineering purposes. By splicing into the DNA genes of the vaccinia virus, scientists can add on parts of other disease-producing viruses, such as influenza, hepatitis, and others. The safety of this new genetic technology has not been fully determined.

Dr. Frederick Deinhardt of Munich, Germany, expressed his concerns about potential dangers of "recombinant" vaccines at a Vaccinia Vaccine Conference, held at Chevy Chase, Maryland, in November 1984. Would a virus engineered into the smallpox vaccine be "genetically stable?" Suppose Epstein-Barr virus (the virus associated with the AIDS-like "chronic fatigue syndrome") were added to vaccinia-smallpox virus? What would happen "if such a virus could suddenly infect and multiply in human B cells?" (Like T cells, B white blood cells are necessary for immune protection.)

Deinhardt then asked a question of profound significance to his audience at this top-level vaccine conference. "Would we have a B AIDS?" The German scientist was dead serious. "I am not trying to be funny about this," he added. After raising more vaccine safety questions, none of which were answered, Deinhardt concluded: "There are really a great many basic research needs that should be addressed."

Ignoring these concerns and dangers, the process of recombinant genetic engineering continues. One virus is attached to another in an endless frenzy — and the risk for creating new "man-made" human and animal diseases grows greater with each passing year.

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For virus watchers and conspiratologists the "science" surrounding AIDS poses many questions. What is the true origin of these strange mutant viruses? How can it be determined which viruses occur "in nature" and which ones are man-made in a laboratory by genetic recombination. Which viruses are "human," and which viruses come from animals?

Harvard veterinarian Max Essex, like Robert Gallo, occasionally has problems telling one virus from another. Essex is the number two AIDS researcher in the country. His pre-AIDS experiments with an AIDS-like cat retrovirus secured his reputation as a leading animal virologist. In 1986 Essex and his colleague Phyllis Kanki announced their discovery of a "new" AIDS virus (HTLV-4) in the blood samples of healthy West Africans. The ever-present Luc Montagnier of the Pasteur Institute again complained that he had discovered HTLV-4 virus first. Naming his virus LAV-2, Montagnier had also discovered the virus in West African blood.

To further complicate scientific matters, Essex's HTLV-4 virus had a striking similarity to a monkey retrovirus known as STLV-3. Medical writer and physician Lawrence K. Altman of The New York Times (April 9, 1987) discussed this dilemma in an article entitled "Two Virtually Identical AIDS Viruses Present New Problem in Research." Altman wrote, "Did another monkey virus cross over into the Black African population? If that were true, the virus might have further evolved into the AIDS virus, although the scientists have no direct evidence for this."

Los Angeles Times writer Robert Steinbrook declared the mystery solved on February 18, 1988. Essex's new "human" HTLV-4 virus turned out to be a monkey virus that accidentally contaminated Essex's human blood samples. The source of the monkey contamination was traced back to blood samples from

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a monkey that was experimentally infected by an AIDS-like virus at the New England Regional Primate Research Center in Southborough, Massachusetts.

Obviously the world's most renowned virologists have difficulty determining the origin of viruses. Did the virus originate in a human or an animal, or did it come from a laboratory? The precise answer seems to depend on the prestige of the virologist. Robert Steinbrook provides cautionary advice from Carol Mulder of the University of Massachusetts Medical School: "This episode should serve as a strong warning for all virologists to check any newly discovered viruses against viruses present in the laboratory."

Although Japanese scientists conclude there is no genetic relationship between the African green monkey virus and the AIDS virus, the top American virologists hold on tightly to the monkey theory of AIDS origin. Jonas Salk, the legendary polio vaccine originator, publicly proclaims that the monkey virus escaped into the human population about 900 years ago. He believes Africans have been dying of undiagnosed AIDS for many years. The idea of HIV evolving out of animal experiments conducted by virologists and veterinarians is never considered. What happens to animals after they are used in cancer virus experiments? Are they all killed after testing?

In *Quest for the Killers*, June Goodfield claims that chimpanzees used for the hepatitis B experiment came from two animal colonies: one colony in Louisiana and another colony

from an island off the African coast of Liberia. Chimps are the only animals susceptible to human hepatitis B virus. She states these animals were not killed after they were injected with

hepatitis B. After the experiment the chimps were returned to the Louisiana colony "senior citizen home;" and the Liberian chimps were gradually readapted to the wild.

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The extent to which lab animals are returned to their original environment is not known. However, the transfer of laboratory virus infected animals back into the environment may explain the "origin" of certain viruses found in animals "in the wild."

In 1991 the media provided a new theory suggesting that African AIDS may have broken out as a result of malaria experiments performed in the 1950s and earlier. The flurry of interest was sparked by an article published in *Nature* ("AIDS Monkeys and Malaria," November 28, 1991), authored by Charles Gilks, a researcher at Oxford and the Kenya Medical Research Institute.

Searching through the old African medical literature, Gilks came across medical experiments in which researchers injected themselves with chimpanzee and mangabey (a type of monkey) blood in order to determine if animal malaria parasites could be transferred to man. These studies involved several dozen people. Gilks wondered: "Could primate retroviruses have been passed on to man or other monkeys as a result of experiments with primate malaria? An answer to this question could explain the origin of the AIDS epidemic. It is hoped that those with access to this material will test my hypothesis so that the debate about the origin of AIDS can become more scientific."

A few months after presenting Gilks' malaria theory, the media was turned on to another provocative theory published in *Rolling Stone* magazine ("The Origin of AIDS: A startling new theory attempts to answer the question 'Was it an act of God or an act of man?' ", March 19, 1992). Reporter Tom Curtis contends the African outbreak could be due to polio vaccines contaminated with "SV 40," the simian monkey virus. Between 1954 and 1963, thirty million Africans were injected with the polio vaccine.

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Lacking the original vaccine samples for testing, virologists quickly pointed out that Curtis's theory could not be proved or disproved. Curtis naturally consulted Gallo for his expert opinion, resulting in five published paragraphs of Gallo virus-talk which I could not comprehend. However, when Curtis informed Gallo about the preparation and delivery of the polio

vaccine in the 1950s, Gallo conceded that AIDS transmission in his way was "a theoretical possibility." Neither Gallo nor Curtis mentioned the smallpox vaccine connection to AIDS that had made the headlines of *The London Times* in May 1987.

The polio vaccine connection to AIDS received widespread TV and radio coverage. But the "SV 40" story was old news to anti-vaccine activists, who had been saying for years that contaminated vaccines could be dangerous. Nevertheless, the Curtis story is important because it alerted the public to the fact that commercial vaccines could contain cancer-causing animal viruses.

U.S. News & World Report featured the vaccine story on its cover (March 30, 1992), and reminded readers about other AIDS theories. "The polio vaccine theory is certainly not the first attempt to explain the origin of AIDS, nor is it the oddest, There's the 'kinky sex theory,' which is based on reports that certain West African tribes inject monkey blood into the thighs and back to heighten sexual arousal. Last year, a letter appeared in the British medical journal *The Lancet*, implicating the equally bizarre (not to mention unsuccessful) attempts by European doctors in the 1920s to boost the flagging sexual powers of aging men with injections from monkey testicles."

The hepatitis B vaccine story and the WHO smallpox vaccine story were kept secret from the American public. But now that the public was made aware of the malaria experiments and the contaminated polio vaccines as possible origins of AIDS,

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Strecker and I wondered if the media were preparing the public for the more logical story that AIDS is a man-made disease with a genetically engineered laboratory virus.

All these oddities of AIDS science do not go unnoticed by investigators and conspiratologists seeking the real truth about the origin of AIDS. Jonathan Vankin notes that much government-sponsored research is secret — and the rest understandable only to other scientists. In *Conspiracies, Cover-ups and Crimes: Manipulation and Mind Control in America*, Vankin writes: "Public comprehension of science is scant, depending entirely on third-party interpreters and 'experts,' who have agendas of their own. Not only is general scientific knowledge therefore minimal, more importantly, few people understand how science works. We think we're getting objective truth, when what we're really seeing is a political, acerbically personal process involving billions of dollars, reputations and egos, and belief systems that censor large slices of fact and theory."

Does Vankin believe AIDS is "a demonic scientific experiment?" He explains: "Who knows? I tend to doubt it myself. But could it be? Of course it could, because if it were, no one in a position to do anything about it would believe it."

7

AIDS: New or Old?

Was AIDS "introduced" into the gay community via the hepatitis B experiment in New York City in November 1978? Or was HIV already in the gay population of Manhattan before that year? These important questions have never been answered satisfactorily by the AIDS establishment.

There is general agreement that old (pre-1978) American blood samples all test negative for HIV antibodies. This is the reason why most medical epidemiologists believe HIV was introduced into the U.S. sometime around 1978.

Pre-1978 blood specimens taken from gay men in Szmunn's hepatitis experiment have tested negative for HIV. However, examination of 1978-1979 blood samples stored at the New York City Blood Center reportedly show that 6.6% of the gays injected with the hepatitis vaccine were positive for HIV.

How did these gays become HIV-positive in 1978? Was HIV present in New York City before 1978? And if HIV was

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present in the gay population before 1978, did the virus contaminate Szmunn's vaccine, which was made from the blood of gay men carrying the hepatitis B virus?

It is unlikely that the source of HIV was the pooled gay blood that was used to make the experimental vaccine because the vaccine took 65 weeks to make. This means that vaccine production for Szmunn began in 1977. If HIV was already in the Manhattan gay community in 1977, then some gay blood specimens should have tested positive. But, as stated, 1977 gay blood tests were negative for HIV.

Was HIV "introduced" into the several hundred gay volunteers who were injected with the vaccine in the months before Szmunn's experiment officially began in November 1978? This possibility cannot be discounted.

Despite these unanswered questions, it seems obvious that the source of the AIDS virus traces back to Szmunn's gay experiment. Furthermore, there are no proven cases of AIDS in Manhattan recorded in 1976, or 1977, or 1978. According to CDC epidemiologists, the first proven gay AIDS case appeared in Manhattan in 1979, shortly after the experiment began.

In 1982, one year after the "official" onset of the AIDS epidemic, 30% of the men in the Szmunn experiment were HIV-positive! For that year, this extremely high infection rate is the highest rate of HIV infection ever recorded for any "high risk" group in the AIDS medical literature. This 1982 rate of 30% far exceeds the rate for any African population, where Gallo and others claim the disease has been around "for decades" or "for millenia."

Twelve years after the "official" 1981 beginning of the AIDS epidemic, not one AIDS expert has ever commented on the obvious connection between the gay experiment and the exclusive outbreak of AIDS in the gay community.

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After Robert Strecker went public with his views in 1986, and after *AIDS and the Doctors of Death* was published in 1988, the experts invented new theories to explain how AIDS started in the male homosexual community. Strecker and I assumed the government AIDS researchers were feeding stories to the media to discredit our own research into the origin of AIDS.

One theory that quickly disappeared was presented by Mathilde Krim, Ph.D., who is co-chairperson (along with Elizabeth Taylor) of the American Foundation for AIDS Research. In *Interview* magazine (February 1987) Krim explains how AIDS began in the gay community. "We probably gave AIDS to gay men to start with, by inoculating them with infected gamma globulin, which is probably what happened." (Gamma globulin is a non-sterile, injectable blood product sometimes used to temporarily increase immunity against diseases like hepatitis and other viral diseases.)

According to Krim, the pooled blood used in the production of gamma globulin was accidentally contaminated with the AIDS virus. This contaminated blood was supposedly obtained from prisoners incarcerated in Africa and the Caribbean. She quickly dismisses any association with the 1978 hepatitis B experiment by declaring (erroneously) that "we had AIDS cases before then." She maintains that AIDS cases "occurred at least five years before that" and concludes that "AIDS must have occurred in the early 1970s." (As already mentioned, the CDC traces the first AIDS case back to New York City in 1979.)

Despite Krim's views on the origin of AIDS, I never again saw her theory in print, nor did I ever hear any other AIDS researcher comment on it. The probable reason for this was that

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her theory had so many holes and inaccuracies that it was impossible to support.

In assessing the origin of AIDS, it is important to realize that there is no scientific agreement on two vitally important questions regarding AIDS and HIV. First: Is AIDS a new disease or an old one? Second: Is HIV a new virus or an old one?

These two questions are further complicated by the fact that AIDS is both a disease and a definition. By definition, AIDS must be caused by HIV, the AIDS virus. Also by definition the "disease" AIDS consists of specific "opportunistic" infections most of which are "old" diseases (which predate the "introduction" of the AIDS virus).

For example, AIDS-related diseases such as Kaposi's sarcoma have been known for over a century; Pneumocystis carinii pneumonia has been known for over a half century. Confusion as to whether AIDS is new or old is compounded by the claims of AIDS researchers who rediscover "old" cases of Kaposi's and Pneumocystis recorded in the medical literature — and then conclude that "AIDS cases have been around for a long time."

Until recently, most AIDS experts have conceded that HIV is a "new" virus, dating back (in the U.S.) to the 1970s, more specifically 1978. In *Virus Hunting* Robert Gallo states: "The AIDS virus surely became prevalent for the first time only in the 1970s, at least in the United States and other developed nations, but did exist in humans prior to that first recognition of it." As noted, legendary scientist Jonas Salk says the AIDS virus is 900 years old!

Still another source of confusion is that "old" blood may test "false-positive" for HIV. Some African blood tests first reported as "positive" were later retested by more sophisticated

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methods and found to be "negative." Nevertheless, these "false-positive" blood tests were used as evidence that HIV infection was present in Africa "for a long time."

A new laboratory technique based on "DNA probing" claims to be a "specific" test for HIV infection, but this claim is questionable. Some AIDS researchers now use DNA testing to prove "old" (pre-1978) infections caused by HIV. In microbiology, absolute proof of causation has traditionally required "culturing" and biochemical testing of the suspected "live" organism from the diseased tissue or body fluids. Never before was "proof consisted of DNA analysis of dead tissue. Whether the new DNA technology will prove 100% accurate in detecting infection with a "specific" microbiologic agent remains to be seen. But some scientists already accept DNA test results as absolute proof that "old" AIDS infections with HIV exist.

Everyone agrees that current HIV blood tests are not 100% accurate in diagnosing infection with the AIDS virus. "False-positive" HIV tests can occur when a blood specimen tests "positive" even though no HIV is present. For example, in the fall of 1991 my internist strongly suggested I get vaccinated against the upcoming "Beijing" flu virus because the epidemic was predicted to be severe. (It wasn't.)

Ordinarily I decline vaccines, for obvious reasons. However, my internist was insistent. Rather than upset him, I agreed to take the injection. Two months after receiving the flu vaccine, I read in *The New York Times* (December 19, 1991) that some blood donors who received the Beijing flu shot were testing positive to HIV — and also testing positive to two other viruses! Upon further blood testing, the "positive" HIV tests were determined to be "false-positive."

The scientists were baffled. Commenting on the scientific mystery, James Mason, the Head of the Public Health Service,

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assured the public "there is no possibility the vaccine could contain any of these three viruses." Having received the flu shot, I hoped Mason's assessment was correct. The whole affair made me again suspect that if Beijing flu vaccine recipient could test "positive" for HIV, then the reliability of these same AIDS tests to detect "old" pre-1978 cases of AIDS was certainly in doubt.

In reality the science of AIDS is a "pseudoscience." Pseudoscience serves to hopelessly confuse and confound those in search of reason and truth. AIDS scientists have often been guilty of promoting disinformation by attempting to convince people that false is true; and that true is false.

The reason for AIDS disinformation is obvious: to cover up the man-made origin of this disease.

In the fall of 1987, a group of physicians reported an "old AIDS case dating back to 1968. The patient was a 15-year-old mildly retarded Black youth from St. Louis, Missouri. For the last year of his life "Robert" wasted away with a bizarre disease that severely bloated his legs and genitals. At autopsy, the pathologist found internal lesions of Kaposi's sarcoma, the cancer that would be associated with AIDS two decades later.

The fact that the boy had KS of the rectum caused his doctors to speculate whether the AIDS epidemic "evolved from this case. Stored in a frozen state since 1969, the boy's old blood sample was retested for HIV. DNA testing was also done on stored tissue remains. The blood and DNA test results were reported as HIV-positive. Robert's case was reported in JAMA (The Journal of the American Medical Association October 14, 1988.

Was the boy's virus "identical" to HIV? According to JAMA, "this sexually active teenager was infected with a virus

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closely related or identical to human immunodeficiency virus (HIV) type 1."

The media picked up the story as "strong evidence" that AIDS was present in the U.S. in the 1960s. Strecker thought it was another attempt to disinform the public.

Robert's sexual preference was unknown, but the doctors tried hard to insinuate the dying and bloated 15-year-old was gay. At autopsy, the pathologist's examination revealed a chronically inflamed rectum with prominent hemorrhoids, anal warts, and numerous abrasions and lacerations. Finger examination into the rectum indicated a "lax anal sphincter." The lax sphincter (more commonly known as a loose asshole), along with the other anal signs, were all interpreted as indicating the boy was homosexual.

I wondered how many other pathologists fingering the assholes of corpses could determine who was gay and who was straight. Perhaps a rectal experiment in the living might determine the accuracy of the pathologists' fingers in determining sexual preference.

Newsweek (November 9, 1987) was also impressed by the sensitivity and reliability of the after-death finger test. Although Robert claimed to have had sex with a neighborhood girl before his illness, Dr. William Drake, who performed the autopsy, "found signs of homosexual behavior, including hemorrhoids and inflammation suggesting that he had engaged frequently in anal intercourse." I mused: Hemorrhoid sufferers repent!

Despite the fact that the 15-year-old was hospitalized with progressive deterioration for the last sixteen months of his short life, the media wildly speculated on Robert's sexuality and his post-mortem diagnosis of homosexuality.

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Memory Elvin-Lewis, a microbiologist who studied Robert's case, proclaimed to American Medical News (December 11, 1987) that, "We have to call it for what it was — a boy who was repeatedly sodomized." When interviewed for People magazine, Dr. Lewis was positive other AIDS cases existed back in the 1960s, "but the disease didn't take hold." According to the microbiologist, "The real epidemic required the excesses of the sexual revolution of the 1970s. That condition was met when gay promiscuity and drug addiction gave the virus the amplification it needed to thrive."

In 1990 the media latched onto another "old" AIDS case - this one originating in Manchester, England, in 1959. The patient was an unmarried navy seaman who died of *Pneumocystis carinii* pneumonia and cytomegalovirus infection. The detail of this unusual case were first recorded in the British medical journal *Lancet* in 1960. The case was again reported in *Lancet* (November 12, 1983) as a possible old 1959 AIDS case. In a third *Lancet* report (July 7, 1990), the case was recorded as definite "HIV infection in Manchester, 1959." In this instance, the positive AIDS test was based on DNA technology applied to the sailor's stored tissue remains, which "proved" infection with HIV.

The media again jumped on the story. The New York Times (July 24, 1990) devoted one-half of page 3 to "the oldest documented case of AIDS uncovered by new techniques." Strecker was convinced the fanfare was the media's attempt to defuse increasing rumors that AIDS was a biowarfare experiment.

The short, five-paragraph July report in *Lancet* made no mention of biowarfare, but major newspapers throughout the world used the sailor's case to discredit the biowarfare story. The Times wrote, "The case also refutes the widely publicized charges made by Soviet officials several years ago that AIDS

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arose from a virus that had escaped from a laboratory experiment that went awry or was a biological warfare agent. The human retrovirus group to which the AIDS virus belongs was unknown at the time. Nor did scientists then have the genetic engineering techniques needed to create a new virus."

The identification of HIV in the long-dead sailor reminded me of Gallo's virus-stealing controversy with Montagnier. When confronted with Montagnier's "live" LAV virus, Gallo claimed, it was definitely not the AIDS virus. Later "Gallo's HIV virus" and "Montagnier's LAV virus" were proven to be absolutely identical. In fact, experts found that the genetic composition of Gallo's and Montagnier's AIDS viruses were more alike in structure than any other two AIDS viruses ever studied. To find "identical" HIV strains is extremely rare because HIV is a highly unstable virus, mutating wildly and changing its genetic structure as much as one percent per year. If scientists can detect HIV in dead tissue stored for 31 years, I wondered why virologists didn't use the new DNA probe in the Gallo-Montagnier controversy to determine, once and for all, which virus was which.

In all my reading and study it seemed to me that official medical "science" was filled with a substance that contaminated everything connected with AIDS research: the substance was "bullshit."

8

Blacks

Blacks understand genocide very well. For three centuries they were stolen from African villages, boarded in chains on ships bound for the Americas, and sold as slaves. In those times slavery was politically correct and enthusiastically supported by many white Christians. The inhumane treatment of Blacks caused no major concern for those whites who lived by the teachings of Jesus and the Bible. Blacks were considered animals. Thus, biblical injunctions of brotherhood and love did not apply to slaves.

Blacks are fully aware of the power and the curse of the white man. Unfortunately, Black people still suffer the ill effects of prejudice and centuries of social neglect. Homicide and AIDS are now the leading causes of death among young Black men.

Every Black has heard the rumor that AIDS is a manufactured virus genetically created to kill off the black race. Thirty percent of New York City Blacks polled by The New York Times (October 29, 1990) actually believe that AIDS might be

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an ethno-specific bioweapon designed in a laboratory in order to infect and kill Black people.

Louis Farrakhan, the spiritual leader of the Nation of Islam blames Jewish doctors for injecting Black babies with AIDS. He preaches that rich Jews are behind the genocide program just as they were heavily involved in the profitable Dutch-based slave trade.

In discussing Farrakhan's inflammatory beliefs, Morris Wolfe claims that "many Blacks, especially men, including growing number of college students, now look to Farrakhan's leadership. It offers a simple program: No feminism or gay rights, no abortion, no pork, no drugs or alcohol, no discussion."

When I first met Strecker I asked about the gay AIDS "connection" to Africa. "There isn't any," he answered. "It's all a big cover-up to hide the real truth. The Africans were infected during the smallpox vaccine programs. Black Africa is doomed."

Initially, Strecker's African prediction seemed baseless. But Time (February 16, 1987) quoted Sam Okware, the Ugandan Minister of Health, as saying: "In the year 2000, one in every two sexually-active adults will be infected."

Five years later, the cover of the Los Angeles Times Magazine (March 1, 1992) showed a Black African mother holding her baby on her lap. The headline read: "Africa's Death Sentence: Where women are powerless, AIDS is spreading relentlessly from husband to wife, mother to child. And a continent is dying." Scott Kraft's story claims that by the year 2000, an estimated 15 million African Blacks will be dying of AIDS. Presently four out of five women with AIDS live in Africa. Although Africans comprise only 10% of the world's population, the continent has two-thirds of the world's AIDS cases.

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The WHO estimates that 25% of the African work force will be wiped out in twenty years; and the average life expectancy will fall from 60 to 47 years.

Robert Strecker believes the diabolic "plan" for Africa was spelled out in a 1972 memorandum published by the Bulletin of the World Health Organization. The report indicated that infection with certain retroviruses could result in "selective damage" to the immune system, particularly to white blood cells known as "T-cells." This immune system damage could also lead to cancer. The WHO recommended a "systematic evaluation" of these immunosuppressive retroviruses. Part Two of the memorandum reviews the results of previous animal experiments which have "serious implications for human disease and clinical research."

In the same year (1972) a document published in the Federation Proceedings proposed the further study of bacterial and virus "antigens" that selectively kill T-cells in the blood. The scientific committee "visualized" human vaccine experiments conducted on sibships "during preventive vaccination." In plainer English, the word "sibships" refers to children of the same family. "During preventive vaccination" means children

would be covertly given "experimental" infections agents (i.e., "bacterial and viral antigens") at the time of routine vaccinations. The WHO officials stressed the need for the proper "choice of an appropriate control population."

Within a few years of these suggested experiments, a new and mysterious immunosuppressive disease began killing millions of African Blacks.

Strecker was correct. Black Africa was headed for extinction.

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African AIDS cases started to appear around the same time as AIDS cases were uncovered in Manhattan and Haiti. Although Robert Gallo and Max Essex claim that some "old" African blood samples test "positive" for HIV, the fact remains that there are no proven African cases until the late 1970s, at the earliest.

In *The Epidemiology of AIDS*, Thomas Quinn and Jonathan Mann write: "The first confirmed AIDS cases among sub-Saharan Africans were reported from Europe in 1983." Quinn and Mann also warn against the dangers of testing "old" African blood in an attempt to prove the "past presence of HIV-1 infections in Africa." Due to the problem of "false-positive" blood tests, the epidemiologists now believe that "some of the early reports of high seroprevalence in sera from East and West Africa in the 1960s and early 1970s are now considered uninterpretable."

To prove that AIDS is not an old disease in Africa, a team of scientists led by J.W. Carswell tested the blood of old sexually-inactive people living in geriatric homes in Kampala — Uganda's largest city and the epicenter of AIDS in Africa. The elderly people's blood was tested against 716 healthy sexually-active adults living in the same city. Fifteen percent of the healthy people were positive for HIV antibodies, but none of the elderly people tested positive.

This 1986 study indicated the AIDS virus had not been in Uganda for a long time, as Gallo and Essex were proclaiming. The researchers conclude: "The results presented here do not support previous suggestions that the virus might have originated in Uganda; on the contrary, if interpreted correctly, they indicate it arrived in the country only recently."

In 1989 another scientific team investigated HIV antibody infection among the semi-nomadic San bushpeople living in the

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Central Kalahari desert in Botswana. The Sans are considered the oldest race currently living in Africa. San-type skeletons date back 15,000 years or more. Noting that "the origin of human retrovirus infection is debated," the team tested 150 San adults. No one tested positive for HIV.

The results of this study, as well as others, all cast doubt on the African origin of HIV and discredits the "fact" that HIV has been around Africa for centuries and millenia. As Strecker is often fond of saying, "If HIV was around in Africa for so long, where was it?"

Richard and Rosalind Chirimuuta, in their well-researched and well-documented book, *AIDS, Africa and Racism*, are highly critical of Robert Gallo and his determination to prove the African origin of AIDS and HIV. They think much of his scientific work "seems to be influenced by racial obsession." The Chirimuutas discuss The London Times smallpox story and the claim that HIV is a man-made virus. Although scientists have dismissed the man-made theory due to lack of evidence, the authors write: "No evidence, perhaps, because everyone is too busy chasing monkeys around the jungle."

Reminding their readers about the fatal laboratory accident in which "the Marburg virus" was transmitted from green monkeys to man in 1977, the Chirimuutas conclude, "If there is any truth in the hypothesis that the AIDS virus originated in monkeys, it would seem more appropriate to investigate modern medical research rather than speculate widely in such an offensive and ignorant fashion about the customs and behavior of Africans."

In the United States, racist experiments using unsuspecting Blacks as guinea pigs are now well-known. In 1932 a medical experiment, conducted by the U.S. Public Health Service, was

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undertaken on four hundred poor, illiterate Black sharecroppers in Tuskegee, Alabama. All the men had syphilis. The doctors who carried out the experiment lied to the men and their families, telling them only that they were suffering from "bad blood." Under the watchful eye of the government and the medical establishment, the Tuskegee experiment lasted 40 years.

The racist experiment was as simple as it was diabolic. The physicians wanted to know what would happen to the health of these men if treatment for syphilis was withheld. The doctors assured the men they would look after their "bad blood" and provide for all their health care, free of charge.

When a penicillin cure for syphilis became available in the 1940s, the men were not treated because treatment would ruin the medical experiment. Throughout their lives the men never knew they had a serious, life-threatening venereal disease. Some of the men sexually transmitted syphilis to their wives and lovers. Some of the babies born of these infected women were syphilitic. When each man died, the experimenters offered money for funeral and burial expenses with the proviso that the family permit an autopsy at the special hospital involved in the study.

During the Black Civil Rights Movement of the 1960s, intense political pressure was put on the government to stop this unethical, racist experiment. In 1972 the syphilis study was finally terminated. The definitive account of the Tuskegee syphilis study appears in *Bad Blood* by James H. Jones. Martin P. Levine has also reported on this shocking study with genocidal overtones ("*Bad Blood*," *New York Native*, February 16, 1987). Levine emphasizes that the Tuskegee experiment was supervised by the CDC, the same government agency that now oversees the AIDS epidemic.

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There are many Blacks who believe they are being used as scapegoats for AIDS by racist American scientists. Even the gay Kaposi's sarcoma "connection" to African KS has proved phony. When tested for the AIDS virus, most African KS patients were HIV-negative.

The precise significance of KS as an indicator of AIDS and HIV infection continues to confuse AIDS scientists. Before the late 1970s KS was never an indicator of AIDS. But with the "introduction" of the AIDS virus, KS became a common cancer in HIV-infected gays. By definition, a KS patient who tests HIV-positive is diagnosed as AIDS. Conversely, HIV-negative KS patients cannot be diagnosed with AIDS.

Ignoring the necessity of correlating a clinical diagnosis of KS with an HIV blood test, researchers now investigate "old" KS cases and theorize about the origin of AIDS. In 1987, infectious disease specialists Harold Katner and George Panker reviewed 28 rapidly fatal cases of KS dating back as far as the year 1902. These old KS cases were then reclassified as "probable marker cases" of AIDS, and were presented as "proof that AIDS did not originate in Africa. On the basis of this library research, Katner and Panker conclude that the AIDS virus has a "Euro-American" origin, and that AIDS was "exported" to Africa. The two researchers do not speculate exactly which group "exported" HIV to Africa, but the homophobic tone of their report suggests it was exported by gay American men who "moved away from heterosexual lifestyles."

In a letter to the editor entitled "Origin of AIDS," published in the Journal of the National Medical Association, Harold Katner further speculates on the role of horse, goat, and cow retroviruses in the outbreak of AIDS. "These viruses are found in European and American animals, all of which have been

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reported as sexual contacts of men, (thus) explaining a possible route of interspecies transmission."

In another attempt to "prove" that AIDS cases existed before the "introduction" of HIV in the late 1970s, several Israeli physicians reviewed 19 cases in the medical literature suggestive of "AIDS in the pre-AIDS era." Sixteen patients had opportunistic infections; three had KS. The cases dated back to 1950 and included two men who were definitely gay. The Israelis concluded: "In view of the historical data, unrecognized cases of AIDS appear to have occurred sporadically in the pre-AIDS era." This article was published in the prestigious *Reviews of Infectious Diseases* in November 1987.

Before AIDS, all the KS cases I had encountered were in older Jewish men. To this day, I never have seen a woman with KS, although female cases have been reported. In the U.S. prior to the epidemic, Kaposi's was most frequently diagnosed in Jews.

Until 1950, only 600 KS cases were recorded in the world medical literature. Undoubtedly, other cases occurred but were not recorded. In *Kaposi's Sarcoma* (1957), dermatologist Sam Bluefarb wrote: "In many large cities KS is not reported unless the patient exhibits unusual manifestations of the disease."

Bluefarb's view was reiterated in 1973 when three dermatologists recorded one hundred New Yorkers with proven KS. The 100 patients ranged in age from 40 to 89 years. Seventy-eight were men. Fifty-three were Jewish; eighteen were Italian. Follow-up information on 56 patients revealed that no one had died from their disease. The reporting physicians noted "this is apparently the largest series of patients with KS ever reported in the western world." They estimated "the true incidence and prevalence of KS is probably several times that estimated in the literature."

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Using the kind of "scientific" logic presented in current journals insinuating that gay sex, Black sex, and animal sex are at the root of AIDS, I could imagine Louis Farrakhan reasonably claiming that New York Jews with KS were the ones responsible for the outbreak of AIDS, not only in America but in Africa as well.

In 1992, through the Rolling Stone article and the media hype surrounding it, the American public became aware of contaminated polio vaccines that contained a cancer-causing green monkey virus. Could AIDS in Africa have originated from polio vaccine which was given to millions of African blacks during the 1950s?

When writer Tom Curtis questioned David Heymann about the possibility, the WHO official declared: "The origin of the AIDS virus is of no importance to science today. Any speculation on how it arose is of no importance." Harvard pathology professor William Haseltine was even more adamant. He exploded, "Who cares what the origin was? Who really cares? If you want to do something good, write about problems people experience. Who cares where it came from? It's an unanswerable question." Curtis pressed the issue, but Haseltine ended the conversation. "I'm not interested in discussing it," he said emphatically.

I was not surprised by the attitude of WHO officials regarding the source of AIDS and HIV. In June 1989 my book, *AIDS and the Doctors of Death*, was suppressed at the Fifth International AIDS Conference held in Montreal, Canada. The book was being sold at an exhibit sponsored by the Highway Book-op. An official of the WHO (one of the sponsors of the Conference) put pressure on the Canadian bookstore owners to remove the book from their shelves. The booksellers were intimidated into complying with the official's request.

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Bill Andriette penned a short newspiece of the WHO incident in *The Guide to the Gay Northeast* (July 1989). A WHO employee (who asked not to be named) characterized the book as "right wing bigotry" and claimed it contained a "number of really weird suppositions." The employee admitted: "We can't actually make the booksellers take it off their shelves."

Reporter Bill Andriette commented on the affair: "It is curious that the WHO felt so threatened by Cantwell's criticisms that they thought it best to suppress his book at Montreal. One wonders why they felt it was necessary to protect those attending the conference, the people in the world presumably best informed about AIDS. The WHO must believe either that Cantwell's claims are powerfully convincing, or that those spearheading the global fight against this illness are highly gullible."

Despite all the lapses of logic surrounding AIDS and the HIV virus, the widespread belief in the African origin of AIDS remains firm. However, if one carefully follows the intrigues of AIDS science, it is clear that there are some reservations about the African origin of HIV. Amazingly, doubts have been expressed by the French discoverer of HIV, Luc Montagnier.

In 1988 Montagnier made a few startling comments about African AIDS and green monkeys. His barbs were undoubtedly directed at Gallo, who stands accused of stealing Montagnier's AIDS virus from the Pasteur Institute. "There is no evidence of any reservoir or species of monkey that is truly positive for HIV, the AIDS virus," Montagnier declared. The origin of AIDS is "a continuing mystery." He further explained, "Some very weak arguments are used to place the origin of HIV in Africa. One is the discovery of AIDS virus in serum samples taken from a woman in Zaire before 1970, but that isn't long ago, and does not prove the virus first sprang from that region."

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We have to be very careful in assessing the origin of this virus, which is really mysterious."

There are many unanswered questions about the origin of AIDS. Putting aside the Manchester sailor in 1959 and the St. Louis boy in 1968, there is general agreement that epidemic cases of AIDS in Africa, Haiti and New York all appeared around the same time, in the late 1970s. Bearing this in mind, I could never understand how a Black heterosexual epidemic in Central Africa could have transformed itself into a white homosexual epidemic in Manhattan.

No AIDS experts have ever adequately explained how this could have occurred. The "facts" surrounding the importation of AIDS from Africa certainly defy sexual logic. In reality, transforming a Black African heterosexual epidemic into a white homosexual epidemic on the other side of the world is not possible. It could never have happened the way "they" said it did. There was never any "connection" between American and African AIDS. It simply could not be. No matter what the experts said.

But if vaccines containing lethal biological agents were injected into Blacks in Africa, and into white gays in Manhattan, it would be entirely possible to produce a Black and white biologic holocaust that would effectively remove two "undesirable" groups right off the face of the earth. And blame them in the process.

Forcibly removed from the Dark Continent generations ago, and far from the African epicenter of AIDS, American Blacks are once again highly involved in a genocide program.

In 1980, AIDS was unknown on the planet. By 1990, AIDS was the sixth leading cause of death in American Blacks. For African-American men between the ages of 35 and 44, AIDS

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was the leading cause of death, accounting for almost 25% of all deaths in that group. For younger African-American men and women between the ages of 25 and 35, AIDS was the second leading cause of death.

Black Africa was doomed. I feared the same would eventually be true for Black America.

9

Homophobia

Since the beginning of recorded history there has never been a group of men or women so universally hated and despised as homosexuals. Condemned as sinners and outcasts by Jews, Christians, and Moslems, the penalty for homosexual behavior has often been disgrace, imprisonment, and even death. English law during the Middle Ages required that sodomites be buried alive. In the sixteenth century the law was softened to allow hanging.

The killing of homosexuals persists to the present time in many parts of the world. Paramilitary death squads in Colombia and Ecuador have reportedly murdered more than 300 homosexuals during the years 1986-1990. According to the San Francisco Latino Network, more than 1,200 gays and lesbians have been killed in Brazil in the past decade. Peruvian death squads have also been responsible for the deaths of hundreds of homosexuals. On July 12, 1992, five gay AIDS activists were brutally murdered in Mexico City. One of those found tortured, stabbed, and strangled, was Dr. Francisco Estrada Valle, presi-

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dent and founder of Ave de Mexico, the country's leading AIDS assistance and education organization.

A recent survey indicates that one out of every three Russians believe gays and lesbians should be "liquidated." In 1988 the Israeli government finally repealed a law that made sodomy punishable by ten years in prison. In Los Angeles County homosexual men are the most frequent victims of violent hate crimes. Citing biblical scripture, some fundamentalist Christian leaders continue to advocate the death penalty for sodomites. White racist groups also call for the murder of gays, as part of their "white pride" and "white power" program.

The sexual preference of 75% of the world's current AIDS cases is heterosexual. This fact does not deter Pat Buchanan, a Republican nominee for President of the United States in 1992, from preaching that AIDS is God's retribution against gays. New York Mayor David Dinkins, who proudly marched with homosexuals during the city's annual St. Patrick's Day parade, was blasted by Buchanan for "prancing with sodomites and insulting Catholics." Ranting about "the sewers of sodomy and lesbianism," the presidential candidate labeled gay men and women as Satanists.

Right-wing attacks are at their peak now that homosexuality is gaining considerable mainstream acceptance. For some politicians, gay bashing is a popular vote-getting technique. Former U.S. Senator Bill Armstrong, a current spokesman for "Colorado for Family Values," believes AIDS was "self-created by pleasure-addicted gays." California Congressman William Dannemeyer says that rich and powerful gays form a conspiracy which promotes their perverted sexual agenda. He complains this "homosexual network" adversely influences the AIDS policies of the U.S. Department of Health and Human Welfare.

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TV evangelist John Hagee tells his followers that "America is dying" because of AIDS and rampant aggressive homosexuality. He claims God loves homosexuals, but the church of Jesus Christ will never accept homosexuality as an alternative lifestyle.

Regarding the origin of AIDS, Hagee recites "a major theory" that "AIDS began in African prisons, where thousands of men, deprived of normal sex, turned to perverted sex. From the infection created by this perverted sex came the infection that birthed AIDS." Hagee has a cure for AIDS: chastity.

Christian homophobes believe that gays are "anti-family" and pervert "traditional family values." However, blaming gays for the current demise of the American family is irrational.

Major social and psychosexual problems now seriously affect our society. According to the National Victim Center, 683,000 women were raped in the U.S. in 1990. Fewer than 16% of rape victims report the crime. One in every eight women has been forcibly attacked sexually in this country.

Two and a half million children are abused annually; twelve hundred children die as a consequence of this abuse. In Los Angeles one child is killed weekly; in New York City, two weekly. A recent California study revealed that as many as 1 in 5 girls, and 1 in 7 boys, have been molested by a relative.

One million teenagers attempt suicide each year. One quarter of that number require medical treatment. Approximately 30% of gay teens try to kill themselves.

Two out of three Black children, and 1 out of 3 Latino children, are born to unwed parents. Forty percent of Blacks, and thirty-five percent of Latinos are born poor. In California half the children live in single-parent households.

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Over one-half million kids are born annually to teenage parents. More than 25% of California children (over 2 million) have no health insurance.

Regarding mandatory child support payments, one quarter of all fathers pay nothing; half the fathers pay less than is required by the courts. Are gays and lesbians primarily responsible for these dreadful statistics that reflect American "family values in the 1990s?"

In 1991, twenty-four thousand Americans were murdered. Eighteen hundred murder victims were recorded in Los Angeles where I reside. The U.S. leads the world in the number of homicides. There are over 5.6 million convicted criminals; and the U.S. imprisons more people per capita than any other country in the world. The 1991 State and Federal prison population housed 823,414 inmates, a 150% increase since 1980.

By age 19, half of America's teenagers have engaged in sex. In 1991 a proposed government study to further determine the full extent of teenage and adult sexual behavior was cancelled, largely due to congressional opposition by Representative William Dannemeyer, Senator Jesse Helms and other powerful politicians who tout "traditional family values."

Since the advent of AIDS, sodomy is now a respectable topic for scientific analysis and discussion. Although the public perceives all gay men as sodomites, the practice of anal and oral sex by heterosexuals has received little attention.

Dr. June Reinisch, Director of the Kinsey Institute for Sex Research, estimates that 39% of American adult women have participated in anal intercourse, about the same for men. Based on several studies, she also claims that 29% of American wives have at least one extramarital affair. Eight out of ten gay men also have had sex with a woman at least once.

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According to the July 1989 issue of "Center to Center" (a publication provided to physicians by Burroughs Wellcome Company), unpublished data indicate that 25% of married women have experienced anal intercourse. In a study published in the Archives of Sexual Behavior in 1991, Bruce Voeller claims that 10% of American women and their male sexual partners engage in anal sex with some regularity. He concludes that "anal sex among heterosexual Americans is a fairly well-kept secret, possibly involving 16 million people, or more." These preliminary statistics indicate that the number of heterosexual sodomists far outweighs the total U.S. gay male population.

The public views gays as promiscuous people. The dictionary defines promiscuity as "not restricted to one sexual partner." Strictly speaking, anyone with more than one sexual partner is promiscuous. Back in the 1960s, my dermatology professor once slyly remarked that a promiscuous person is someone who has more sex partners than you do. Although the precise definition of promiscuity can be argued, it is a fact of life that few people nowadays are monogamous. The average American heterosexual is certainly not monogamous. According to USA Today (June 28, 1991), the average American has had seven sex partners since age 18.

The full extent of bisexual behavior, particularly by bisexual men, in influencing the spread of AIDS is not known. Researcher Jean Schaar Gochros, author of *When Husbands Come Out of the Closet*, estimates that there are 6 million American bisexual men who are married or involved in a primary relationship with a woman, but who secretly have sex with men.

The point of all this is not to bash gays, straights, or bisexuals, but to point out that nowadays most people are not mono-

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gamous. As a result, most sexually-active people are at risk for AIDS.

Why do so many people hate gays? According to Kinsey Institute researchers in *Sex and Morality in the U.S.* (1989), the public's disapproval and fear of gays "is associated with three commonly held beliefs: that they are sick, effeminate, and dangerous."

The "sick" belief is based on long-standing psychoanalytic theories of homosexuality. The idea that male homosexuals are effeminate is clearly based on sex-role stereotyping that abounds in our culture. The "dangerous" label is often applied to minority groups, particularly when little is known about them. The researchers conclude that hostility towards gays "seems clearly to spring from the teachings of childhood, which tend to persist unless one's lifestyle becomes more sexually liberated than that of one's parents; or formal education leads one to seriously question the beliefs and values learned while growing up."

The roots of AIDS in America clearly trace back to gay experiments conducted by the government. At the time Szmunn was carefully selecting the healthiest gay men in Manhattan for his vaccine trials, the country was going through the most homophobic period in its history.

In October 1978, one month before Szmunn's experiment began, California voters were deciding whether to outlaw gay people from teaching in the state's schools. "Proposition 6" was a hotly debated issue in the media.

The Los Angeles Times (October 15, 1978) carried the headline: "Are gay teachers a threat?" James F. Baxter, a teacher for 22 years and a father of four, condemned homosexuality as a perversion of human nature. Baxter labeled gays as "dis-

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abled" and not qualified to teach children. "Gays are dominated by their carnal, not cerebral, concerns and in any situation in which the two are placed in competition, the carnal will rule. Deviant, perverse, weird, and aberrant are not epithets but appropriate descriptions of homosexual behavior. Calling a homosexual 'gay' is, in fact, an inhumane act, for it substitutes a platitude for the first requirement to healing such psychological cripples: objective recognition of their disease."

Fortunately, the majority of California voters did not agree with the harsh views expressed by Mr. Baxter; and Proposition 6 was soundly defeated at the polls.

When AIDS appeared in 1981, health officials reassured the general public that there was nothing to fear. "AIDS is a gay disease" was the phrase repeated over and over again in the media. As late as 1987, Robert Gallo told Playboy reporter David Black, "I personally don't know of a single case (in America) of a man getting the (AIDS) virus from a woman through heterosexual intercourse."

In Africa, where AIDS affects men and women in equal numbers, Gallo's explanation to David Black was: "It happens, but that may be due to differences in sexual practices, more promiscuity or a greater incidence of venereal disease."

AIDS propaganda and racist remarks frequently go unchallenged in the media. For example, Black Africans (but never white Africans) are perceived as promiscuous. Similarly, white heterosexual Americans are never perceived as promiscuous people. Gallo gave Playboy his expert appraisal of the future of heterosexual AIDS in the United States: "AIDS will never become an overwhelming danger to the general public."

Why was AIDS considered an exclusively gay disease in the U.S.? Strecker's explanation is the only one that makes sense.

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The reason AIDS began as a "gay disease" was because the AIDS virus was deliberately introduced into the gay community during the hepatitis B vaccine experiments.

As the epidemic spreads to the "general" population, the government officials try hard to make people believe that AIDS is primarily a disease of "high-risk" gay people, and that AIDS is not a heterosexual disease. Gay sex is "high risk," but straight sex is never labeled as "high risk." Official CDC statistics are manipulated to reinforce this view.

Bisexual men with AIDS are all recorded with gay men in a "homosexual/bisexual" category. Bisexual men are not placed in a separate "bisexual" category or in a "heterosexual/bisexual" category. Heterosexual intravenous drug addicts are put in a special "IV drug" category. Epidemiologists generally assume that straight male IV drug users acquire HIV from dirty needles — never from sex with infected women.

A few short years after AIDS erupted in New York City, the disease became the leading killer of young men and young (heterosexual) women in that city. It is still extremely rare to find AIDS in a lesbian, unless the case is drug-related. Some monogamous women have been infected by promiscuous husbands and lovers.

A decade after the hepatitis experiment, AIDS is now the number one health problem for young men in the U.S. AIDS is the leading cause of death for men age 33 to 45. More men have already died of AIDS than were killed in Vietnam. The total number of male AIDS deaths in San Francisco is now greater than the total number of S.F. men who died in all three wars: World War II, the Korean War, and the Vietnam War.

In 1991 Earvin (Magic) Johnson, the universally-loved basketball star, admitted publicly that he was infected with HIV. He

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insisted he was straight and never had a homosexual experience. For the first time, many heterosexuals began to take AIDS seriously. Young people thought: "If it could happen to Magic, it could happen to me."

Around the same time, basketball legend Wilt Chamberlain went public with the spectacular revelation that he had slept with 20,000 different women. A few straight men responded to Chamberlain's allegation by taking out their calculators. In gay circles, no one knew anyone who could top Chamberlain's record. Apparently Chamberlain escaped HIV infection, but the following year he was briefly hospitalized for cardiac irregularities.

Nowhere has homophobia been more blatant or more vicious than in the military. Although homosexuality has been deemed incompatible with military life, it is nonetheless true that countless numbers of gays and lesbians have served their country effectively and proudly in times of peace and in times of war. Despite all this, thousands of gay men and women have been terminated from the military because of their sexual preference. In the process of drumming these people out of the corps, many lives have been damaged or destroyed.

My own experience with the Army began in 1951, at the age of 17, when I enrolled in a college ROTC program. At age 20, I was sent to Fort Sill, Oklahoma, for a summer training program. On a three-day pass, a group of us took a military-sponsored bus trip to Monterey, Mexico. Our exploration of the city included the obligatory stop at a brothel in the notorious red light district.

My introduction to heterosexual group sex occurred in 1961 while serving as an Army physician with the United Nations forces in the demilitarized zone separating North and South

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Korea. Rare weekend passes to Seoul with fellow officers always included too many rounds of drinks, followed by a hunt for suitable prostitutes, one for each of us. No one except me seemed concerned about privacy. On the contrary, everyone appeared delighted with the sights and sounds of three couples fucking in a small hotel room.

It was impossible to avoid such encounters in post-war Korea. Not to indulge in sexual pastimes when the opportunity arose was considered unmanly and unthinkable. The fact that my fellow officers were all married made no difference. No one expected any normal military man to be chaste or faithful. Gay or straight, it was expected that you would fuck and enjoy it. That was the way it was in Korea in the early 1960s. I suppose it is still the same way today.

As might be expected, the venereal disease rate among the soldiers in Korea was astronomical. Officers constantly lectured their men about the intolerable VD rate, but the men rarely took the officers seriously. They knew full well the officers were doing the same thing. The only difference was that the officers could afford better-looking and healthier Korean prostitutes. The top brass often had the luxury of sleeping with white women in their quarters.

The VD rate among officers was non-existent. The reason for this was soon made clear to me. My staff sergeant simply advised me not to record officer infections. Gonorrhea or syphilis was an unacceptable diagnosis in an officer's medical record — a documented record of VD could ruin an officer's chance of promotion.

My experience as a medical officer in Korea taught me all I wanted to know about the accuracy of official government "statistics," as well as the hypocrisy of military heterosexual morality.

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Four decades later, in 1992, some of the sexual secrets of the military were exposed to public view. Army Specialist Jacqueline Ortiz, while serving as a mechanic in the Persian Gulf War, was forcibly sodomized by her sergeant. When she tearfully reported the incident to her commanding officers, they ignored her accusations.

Ortiz was taken more seriously at a Senate hearing on sexual abuse in the military. During the hearing it was revealed that as many as 60,000 women veterans may have been raped or assaulted while in military service. It was concluded that a woman serving in the military in the Persian Gulf was much more likely to be attacked by her own troops than by the enemy.

In the halls outside their rooms at the "Tailhook 91" convention at the Las Vegas Hilton, drunken naval officers assaulted at least two dozen women, including fourteen female naval officers. The women were horrified as the men groped and pawed them, and forcibly tried to remove their panties. Not surprisingly, the complaints of the women officers fell on deaf ears. Ultimately, the navy scandal came to light and rocked Washington, resulting in the resignation of the Navy Secretary in June 1992.

Reviewing the story, *Time* (July 13, 1992) cited a Pentagon study showing that two-thirds of U.S. servicewomen had been sexually harassed by male military personnel. *Time* also recalled a 1987 incident aboard a Navy salvage ship in which the captain performed oral sex on a prostitute in front of his crew; and another 1990 incident in which a female midshipman at the U.S. Naval Academy was forcibly handcuffed to a urinal by her fellow male midshipmen.

All this pales in comparison to the admission of the Japanese government in July 1992 that as many as 200,000 women

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from Japan, China, Korea, Taiwan, the Philippines, and Indonesia, were recruited to serve as "comfort women" in military brothels in World War II. The Japanese government finally expressed regret for the pain and suffering it caused these women.

The issue of homosexuals in the military became front page news on July 8, 1992, when TV interviewer Barbara Walters asked Presidential candidate Ross Perot if he would allow gays in the service. The homosexual community was outraged when Perot answered, "I don't think that's realistic." Weeks later, Perot pledged that he would not tolerate anti-gay discrimination, but refused to clarify his position on the military ban.

General Colin Powell, chairman of the Joint Chiefs of Staff, reiterated the military's reason for the expulsion of gays and lesbians: The Pentagon's main concern is to protect the privacy of soldiers who might feel uncomfortable serving with "avowed homosexuals." The Pentagon argues that the presence of gays in the service is detrimental to troop "morale and discipline."

The arguments to keep gays and lesbians out of the Armed Forces are similar to ones that previously kept Black men from integrating fully with white men in the military. One wonders how gay people could be excluded from the military on moral grounds. How can military personnel, who are highly trained in the art of killing, be upset by gays and lesbians asking for the right to serve their country and for the right to be sexual like everyone else.

By November 1992, over 242,000 Americans were recorded with AIDS. Almost half the cases were Black or Hispanic, Among teenagers dying of AIDS, 37% are black; 19% Latino, The first 100,000 cases took eight years to develop; the second

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100,000 took a little more than two years. Seven percent of the most recent AIDS cases were acquired heterosexually.

In Los Angeles County where I live, sixteen thousand AIDS cases are recorded, with eleven thousand deaths. Ninety percent of the cases are classified as "homosexual/bisexual." Never before in the history of medicine has an epidemic been so peculiarly confined to people of color, or to gay people.

Someday people will realize that homophobia and racism and sexism lie at the root of AIDS. It is not the green monkey that brought us HIV. It is ourselves, and our infantile understanding of the many faces of human sexuality.

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Anyone who has watched someone die from AIDS knows that the treatment of this disease is pathetic. The reason for this tragedy is that physicians, despite a century of modern medicine, have no medication to restore a damaged immune system.

The only approved drug for HIV infection is Zidovudine, better known as "AZT" or Retrovir. Patients take AZT because they think it is good for the blood and the immune system. They believe it will kill the virus, and prevent KS, pneumocystis pneumonia, and other opportunistic infections, But, in truth, AZT does none of this. The reality is that AZT is extremely toxic to the blood. As a result, many patients on long-term AZT require frequent blood transfusions. AZT does not prevent KS and Pneumocystis pneumonia, nor does it prevent any of the other deadly opportunistic infections of AIDS. When AZT is combined with other drugs, its toxicity increases.

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The doctors' drug bible, the PDR (Physician's Drug Reference), clearly warns: "Therapy with AZT may be associated with hematologic toxicity including granulocytopenia (low white blood count) and severe anemia requiring transfusions. In addition, patients treated with AZT may continue to develop opportunistic infections and other complications of HIV infection."

Why do doctors prescribe AZT? Why would a patient allow himself to be treated with such a toxic drug? The answer is simple: AZT is the only FDA-approved drug for AIDS, and its approval was based on a study that purportedly proved that AZT prolongs life. Therefore, physicians treat AIDS with AZT and patients who refuse to take the drug are often considered difficult, uncooperative, and unwise. When medical complications arise in AZT takers, doctors tend to blame "the virus." When medical problems arise in non-AZT users, physicians blame the patient for not taking AZT.

The dangers of AZT are clearly demonstrated in the case of John Kuivenhoven, a gay man who was treated erroneously for "full-blown" AIDS for six years with AZT and other experimental drugs. The painful side effects of these AIDS drugs shattered his health, forcing him to give up work as he waited to die. Now it has been learned he never had AIDS, nor was he ever tested for HIV until 1992 when it was finally discovered that he was not immunodeficient and HIV-negative.

Kuivenhoven has filed a \$2 million lawsuit against Kaiser Permanente, the nation's largest health maintenance organization. His lawyer states that high doses of AZT gave his client a chronic headache, hypertension, and constant pain in his legs (peripheral neuropathy). Physicians frequently blame such AIDS symptoms on "the virus." However, if approved AIDS drugs can cause such devastating side effects in an HIV-negat-

ive and non-immunodeficient person, such as Mr. Kuivenhoven, how much do these drugs contribute to the pain and suffering and deaths of HIV-positive AIDS patients?

AIDS is generally considered an "invariably fatal" disease, With or without AZT, the end result is death. At the beginning of the epidemic, AIDS experts predicted that 10% of HIV-infected gays would develop full-blown AIDS. Now most researchers believe that 90% of HIV-positive people will eventually die from the disease. There are people who claim that AIDS is not a death sentence and that a "cure" is possible, but most experts deny this possibility. Nevertheless, there are a few long-term survivors who claim to have conquered AIDS.

What determines an AIDS cure? Although a medically-accepted AIDS cure does not exist, it would seem reasonable to accept a "five year cure rate," such as that used for cancer patients. The medical establishment considers any cancer patient living 5 years after diagnosis as "a cancer cure." Even if a patient dies from cancer more than 5 years after diagnosis, the patient is still considered "cured."

In my practice, only one gay (a middle-aged Black man) with full-blown AIDS has remained healthy and survived over 5 years. His disease began with enlarged lymph nodes of the groi which proved to be KS of the type common in Africa. He still has numerous KS skin lesions, and his legs are swollen. Although blood tests show evidence of immunodepression, he feels well and is not disabled in any way. He has never taken AZT or chemotherapy.

Although we have "5-year cancer cures" and AZT, the treatment and prognosis for advanced cancer and AIDS remains abysmal for many patients.

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In the 1960s I began my study of the "cancer microbe," which is the infectious agent associated with cancer and other immunologic diseases. The microbe is also the unrecognized infectious "co-factor" necessary for the development of full-blown AIDS. Unfortunately, all aspects of cancer microbe research have been ignored by the medical establishment. The details of a century of cancer microbe research have been recorded in my book, *The Cancer Microbe* (1990).

The cancer microbe exists in the blood and in the tissue damaged by cancer and AIDS. A knowledge of this microbe and its toxicity is essential in understanding why AIDS and cancer are such devastating diseases. Until this infectious agent is recognized, it is doubtful that medical science will ever achieve an effective treatment for AIDS and cancer.

In my view, the most important scientific discovery of this century has been the identification of the cancer microbe. The cancer microbe is "pleomorphic," meaning that its microscopic appearance can vary, depending on its stage of growth. Researchers have shown that it can resemble viruses and bacteria. The cancer microbe exists in all living things.

The discovery of viruses in human and animal cancer is related to the universal presence of the cancer microbe in all living matter. The inability of scientists to recognize the profound biologic importance of the cancer microbe has led to dangerous animal virus experiments and biowarfare research. The result of all this high tech research has been the production and seeding of mutant "superviruses" which now threaten to infect the entire human race.

Unacknowledged by medical science, the cancer microbe resides in every cell. When a cell is damaged (for whatever reason) the cancer microbe becomes active. The ability of the pleomorphic cancer microbe to pose as a virus, and as a bacter-

ium, defies the laws of microbiology. The pleomorphism of the chameleon-like cancer microbe is the major reason why the microbe has not been "accepted" by the medical establishment.

The cancer microbe has been demonstrated microscopically in immunologic diseases, in cancer, and in AIDS-damaged tissue. The cancer microbe is the infectious agent that causes Kaposi's sarcoma. The microbe has been identified in KS tissue, in the swollen lymph nodes accompanying AIDS, and in AIDS-damaged organs examined at autopsy. Although this research has been published in reputable medical journals, the AIDS establishment ignores it completely.

Various forms of the cancer microbe reside in the blood of healthy and ill individuals. A normal immune system allows the cancer microbe to exist in proper balance within the body. However, in disease states the cancer microbe proliferates. The build-up of these germs in the blood and tissues of diseased patients is responsible for much of the toxicity and disability accompanying cancer and AIDS. The severe anemia of terminally ill patients is largely caused by the destruction of red blood cells by cancer microbes. Toxic drugs like AZT intensify this destructive process.

Despite a century of cancer microbe research, scientists still believe that normal blood is "sterile." However, simple observation of the blood by use of a "dark-field" microscope has clearly shown elements of the cancer microbe.

The tiniest particles of the microbe are life forms that are the smallest building blocks of nature. Virginia Livingston MD, who studied the cancer microbe for over 40 years, was convinced that cancer viruses were all related to the omnipresent cancer microbe. Livingston, who died in 1990 at the age of 84, wrote extensively on the microbiology of cancer, and did more to popularize the cancer microbe than any other physician of

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this century. She suffered greatly for her beliefs, and was persecuted by the medical establishment for her unorthodox cancer treatment methods, which included an "autogenous vaccine made from the patient's own cancer bacteria.

Her book *The Conquest of Cancer* (1984) created a furor in the scientific community. An unflattering article on her revolutionary ideas about bacteria in cancer appeared in the *Los Angeles Times* (April 6, 1984).

For many years Virginia had been my friend and teacher and I respected her more than any physician I knew. In my published research I had confirmed many of her observations of bacteria in cancer and other immunologic diseases. In the *Times* article, I defended Virginia's unorthodox view of the infectiousness of cancer.

Livingston's scientific opponents were merciless in their condemnation of her work. The *Times* asked the ubiquitous Robert Gallo for his opinion of Livingston's career in cancer research. He ranted: "What is going on in this country? This is insanity! She can have her theories and what can I say? I don't know of anything to support it. I can't see any basis and I don't know what to say or what analogy to give you."

That same year Gallo was asked about my discovery of bacteria in KS in an interview conducted by James D'Eramo in the *New York Native* (September 9, 1984). Gallo responded, "I don't know the cause of Kaposi's sarcoma. My guess is that it must be related to HTLV-3 (HIV) in some way." D'Eramo asked why KS occurred mostly in gay men. Gallo answered, "I don't know. KS confuses me."

Years later in 1991, Gallo was still silent on my published reports on bacteria in KS. In addressing AIDS scientists, he announced he was through searching for a "mystery co-factor" in KS. "I want to tell you that we have looked for 7 years, and

we haven't found any other virus or microbe. That doesn't mean it is not there, it means neither we nor anyone else has yet found the missing link."

Aspects of cancer microbe research are relevant to the current research of Luc Montagnier, the discoverer of the AIDS virus. Montagnier announced at the Sixth International AIDS Conference that he was studying a tiny microbe called a "mycoplasma" that he had found in AIDS. Mycoplasmas are infectious agents that are part virus and part bacteria. (Back in the 1950s and 60s, Virginia Livingston's published research showed that the cancer microbe has a mycoplasma-like phase.)

At the 1991 San Francisco AIDS Conference, Montagnier claimed that a mycoplasma might be a needed co-factor for the AIDS virus to become lethal. Mycoplasmas found in the blood of AIDS patients are likely a source of additional infection, the Pasteur researcher declared.

Although Montagnier's mycoplasma research relates to the cancer microbe work, he has never admitted the connection, nor has he ever cited any of the medical literature showing pleomorphic and mycoplasma-like bacteria in KS and AIDS.

KS has always baffled the experts, especially as to how this century-old cancer fits into the new AIDS epidemic caused by HIV. When AIDS first broke out in Manhattan homosexuals, KS became the telltale sign of this new disease.

Until the early 1980s, KS in America was a very rare disease seen primarily in older Italian and Jewish men. After the AIDS virus was introduced in 1978, KS suddenly became a gay disease.

A CDC report on the first one-thousand AIDS cases states that the earliest gay KS cases were diagnosed in the first quarter of 1978. Whether the 1978 KS cases were "AIDS-related

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KS" is not clear because the CDC officials explain that these cases "probably represent the expected 'background' occurrence of KS — that is, KS disease not associated with AIDS."

Among those credited with the discovery of the first definite gay KS cases are: dermatologist Alvin Friedman-Kien, hematologist Linda Laubenstein, pathologist Geoffrey J. Gottlieb, and epidemiologist Michael Marmor, all associated with the New York University Medical Center. All four appear as contributors to the CDC report on AIDS-related KS, published on July 3, 1981 (Kaposi's sarcoma and Pneumocystis pneumonia among homosexual men — New York City and California).

In *AIDS: The Epidemic of Kaposi's Sarcoma and Opportunistic Infections* (1984), Friedman-Kien claims: "Between the late fall of 1979 and the spring of 1981, a number of cases of disseminated Kaposi's sarcoma were suddenly recognized in New York City and California." In a New York Native interview (July 15, 1984), he declared, "AIDS did not exist in the United States before 1919." He also told a New York magazine reporter that he diagnosed his first gay KS case in February 1981. At the 1982 annual meeting of the American Dermatologic Association, Friedman-Kien announced that "the first KS cases were diagnosed in November 1979."

Epidemiologist Michael Marmor also confirms that twenty gay men with KS were seen at New York University between March 1979 and August 1981. In his AIDS textbook, Geoffrey Gottlieb dates the earliest gay KS cases to "the beginning of 1979, or perhaps somewhat earlier." He writes, "In 1979 the cases of Kaposi's sarcoma diagnosed in young men were scattered among various medical institutions (especially in New York City). My own encounter ... was in the fall of 1979."

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These KS experts attest to the fact that the earliest proven cases occurred in 1979. The hepatitis B vaccine trials officially began in 1978. Thus, gay KS began to appear shortly after the gay experiment.

In 1980, new experimental trials began in San Francisco, Los Angeles, Denver, Chicago, and St. Louis. In the fall of 1979 the first East Coast case of *Pneumocystis pneumonia* was diagnosed in New York City. In the fall of 1980 the first West Coast cases of AIDS appeared in Los Angeles and San Francisco.

In 1989, ten years after the first KS cases were diagnosed in Manhattan, a study by Robert Biggar's research group reported no KS cases in young men in New York City during the years 1973-1976. However, by 1985, the incidence of KS in "never-married men" in Manhattan increased 1850 times; and in San Francisco the rate of KS increased over 2000 times!

The only factor to account for this spectacular rise in young gays in these two cities was the "introduction" of HIV into the male homosexual community. The fact that both cities were sites of the hepatitis B vaccine trials during the years 1978-1980 is never mentioned as a factor in the explosion of KS.

A 1990 report in *Lancet*, penned by Valerie Beral and three other physician-epidemiologists at the CDC in Atlanta, concludes that KS is now 20,000 times more common in AIDS patients than in the general population. The researchers also claim that the incidence of new cases of AIDS-related KS is declining in gay men.

A 1985 autopsy study clearly showed that 94% of AIDS patients from various risk groups had internal KS. Disregarding this study, the CDC doctors now report that KS occurs in only 15% of gay men (down from over 30% at the beginning of the epidemic). The reason for the decline in KS is unclear. Perhaps

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fewer KS cases are reported, especially if the AIDS patient also suffers from other opportunistic infections. For example, the CDC researchers admit that a KS case "is not reported if it occurs after the AIDS case has been reported to the CDC." Another possible reason for the decline of KS may be that fewer KS skin lesions are biopsied and reported to cancer registries. Now that physicians are more familiar with the appearance of skin KS, fewer biopsies are required for diagnosis. In addition, due to fears of contagion on the part of pathologists, very few AIDS cases are autopsied. In the absence of an autopsy, many cases of internal KS obviously go undiagnosed and unreported.

CDC statistics primarily reflect the incidence of external skin KS. But, KS is both an external skin cancer and an internal cancer in AIDS patients. For this reason, the current 15% incidence of KS in AIDS is a highly questionable, if not meaningless, statistic.

After finishing her research at the CDC, Valerie Beral and a group of English epidemiologists conducted a similar KS study at a communicable disease surveillance center at Oxford. Their final report entitled, "Is the risk of Kaposi's sarcoma in AIDS patients in Britain increased if sexual partners came from the United States or Africa?" appeared in the *British Medical Journal* (March 16, 1991).

In Beral's study, gay Englishmen were questioned about the "country of possible source of HIV infection." After statistical analysis, it was concluded that KS occurred in 31% of men whose source of infection was from the United States. (This high rate of KS is similar to the 30% incidence of "gay KS" in the early years of the U.S. epidemic.) Beral found KS in 26% of men whose contact source was Africa; and in 19% of men whose source was from their own countrymen.

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In a startling statistical conclusion presented in *Skin & Allergy News* (October 1991), the British epidemiologists state: "These findings indicate that the agent that causes KS was introduced into the British population mainly from the United States." A more recent study by Beral proposes a fecal-oral origin for the suspected KS infectious agent in gay men! Undoubtedly this study will support the view of some homophobes who believe that "queers eat shit."

As I studied these epidemiologic reports it seemed to me that official statistics were being manipulated to suit the agenda of the government agency sponsoring the research. For example, in a gay Englishman with multiple sexual partners, how could it be definitely determined that a specific American or an African transmitted HIV to the patient? In my view, the conclusions drawn from these British KS statistics are homophobic, racist, un-American and unscientific.

In the nineteenth century, KS was first an Austrian disease. A century later, "epidemic" KS became widely known as a Black African disease, while remaining unknown in African-Americans. Twenty years ago in New York City and Los Angeles it was regarded as a "Jewish male disease." Suddenly in the early 1980s, KS became a gay cancer "out of Africa." A Black heterosexual epidemic African disease had strangely transformed itself into a white homosexual disease in Manhattan. Now in the 1990s, English KS has suddenly become a gay "fecal-oral" disease imported from the U.S. and Africa.

There was never a disease quite like AIDS and KS. Was it one, or was it two diseases? Was it old or new? Was it an Austrian, African, Jewish, white, Black, gay or straight disease? The answer seemed to depend on who was doing the research - and their agenda.

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To further confuse and bewilder the most serious student of AIDS, some leading epidemiologists now claim "another" cause for KS. And they further claim that the epidemic of KS had nothing to do with AIDS and HIV! In other words, KS is now thought to be a separate epidemic caused by another heretofore unknown infectious agent that is being sexually transmitted in the gay (but not the straight) community!

This new view is proposed by Alvin Friedman-Kien, who discovered "gay KS" in Manhattan in 1981. Ignoring dermatologic reports of cancer bacteria in KS, Friedman-Kien's microbiologic research indicates that KS may be caused by a new strain of the wart virus. (*Dermatology Times*, January 1992).

The idea of a new, sexually transmitted KS infectious agent seems ludicrous. For a century there has never been a recorded case in which a Jew, an Italian, or a Black African man transferred KS to his sexual partner. Even in HIV-infected gay couples, it is not common to find KS in both partners! What kind of infectious venereal disease passes readily between gays but not between straights? Or spreads between men, but no women? Or spreads commonly among Black Africans, but not African-Americans?

In my busy clinic in Hollywood, located in one of the largest AIDS epicenters, not one of our eight dermatologists has ever seen KS in a woman! In questioning 20 other physicians in my medical group who work extensively with AIDS patients, not one has seen a woman with KS! One physician recalled seeing a case at another institution: the patient was a woman who had undergone a sex change.

What about the Haitian connection and the widespread belief that promiscuous gays brought HIV back from Port-au-Prince?

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This theory was often repeated in the press in the early years of the epidemic, but there is little basis for it.

According to epidemiologists Jean Pape and Warren Johnson, "the first patient with Kaposi's sarcoma was diagnosed in Haiti in June 1979, and the first patient with an opportunistic infection was seen in February 1980." Hospital records from three private hospitals in Port-au-Prince revealed no cases of KS during the period 1968 to 1983. A review of all the Haitian data reveals that "AIDS probably did not exist in Haiti before 1978."

In the early years of the epidemic, Haitians living in the U.S. were classified as "high risk." After much political pressure, the CDC finally removed Haitians from the high-risk category.

In *The Epidemiology of AIDS*, Richard Kaslow and Donald Francis fantasize about the origins of HIV, writing that "it is easy to suppose the infection was first acquired by a traveler in a land with primitive and remote areas." Kaslow and Francis are "doubtful that the origins of the virus will ever be fully known."

Ignoring this pessimism, Pape and Johnson believe that AIDS originated in Africa, came to the U.S. and Europe, "and was subsequently introduced into Haiti by either tourists or returning Haitians."

No discussion of AIDS science would be complete without mentioning the claim of Peter Duesberg, a Berkeley professor of molecular biology, who insists that HIV is not the cause of AIDS. According to Duesberg, AIDS results from drugs and promiscuity; and HIV has nothing to do with AIDS. Duesberg's views seem to have special appeal for HIV-infected

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gays, who reject the official view that they are infected with a fatal virus.

Interviewed in the London Sunday Times (April 26, 1992), Duesberg believes AIDS "is the result of an explosion in the use of recreational drugs, such as cocaine, which badly damage the immune system." He considers HIV only as a blood "marker" associated with promiscuous behavior and illicit drug use.

Most scientists disagree with Duesberg's opinion that HIV doesn't cause AIDS. Nevertheless, Duesberg's ideas make sense to some gay activists, to some holistic practitioners, and even to a few well-respected AIDS experts. Details of Duesberg's unorthodox theories have appeared in prestigious scientific journals such as *Cancer Research* and *Science*. He has also sensationalized his views by telling news reporters that he would allow himself to be injected with HIV to prove the virus is harmless. However, Duesberg refuses to be inoculated with Gallo's virus. He reportedly told Gallo: "The virus couldn't come from your laboratory; it would have to be cleaner than that." (*AIDS Weekly*, July 6, 1987)

Duesberg declares that AZT, universally prescribed for HIV infection, is "incompatible with life." He believes a "co-factor" other than HIV is required to produce "full-blown" AIDS. I agree with Duesberg on these two points. Perhaps Duesberg will investigate the published cancer microbe work, and comment on the idea that AIDS is a man-made epidemic with a genetically engineered laboratory virus.

It is unfortunate that leading AIDS investigators are unwilling to consider all aspects of AIDS science, even the controversial ones. The reason is obvious. AIDS research is big business. As a result, many scientists are highly protective of their own research. They often refuse to give credit to other investi-

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gators doing similar research, especially if that research competes with their own.

The leading lights in AIDS research seem more interested in money, fame, media attention, ego-gratification, scientific politics, and Nobel prizes, than they do in sharing research to find a cure for AIDS.

After four decades of medical practice, I am totally disillusioned with medical "science." I remain convinced that the medical establishment does not really want a cure for cancer or AIDS.

I have colleagues who try to avoid consultations with HIV-positive patients. I know doctors who won't touch the skin of gay men. I have heard of physicians who tell AIDS sufferers that they are not wanted as patients. I know Jewish doctors with yarmulkes who patronize gay Jews with AIDS. I am aware of Christian physicians who quote divine scripture in their condemnation of homosexuality. This is not paranoia, nor is it my imagination.

In MD magazine (January 1987) a Georgia physician writes: "AIDS represents the consequences of violating God's rules regarding sexuality." A Pennsylvania surgeon declares, "We used to hate faggots on an emotional basis. Now we have a good reason." An internist from Oklahoma believes, "Homosexuality is a sin, deserving the death penalty."

A 1986 report in the Western Journal of Medicine surveyed 2,364 members of the San Diego County (California) Medical Society regarding physicians' attitudes about homosexuality, homosexual colleagues, and patients. One-quarter of the doctors held strongly negative attitudes towards gays; and 30% would not admit a homosexual to medical school. Almost 40%

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would discourage gays from training in pediatrics and psychiatry.

A later survey, also published in the *Western Journal of Medicine* (January 12, 1992), contained equally shocking data. Of 400 Los Angeles primary care physicians interviewed, 36% refused to provide care for HIV-infected patients, and another 12% indicated their unwillingness to do so if these patients came to their offices.

Charles Lewis, professor of medicine at UCLA and author of the study, told the *Los Angeles Times* (December 12, 1991), "Many Southern California physicians share biases against groups hard hit by HIV — specifically homosexuals and intravenous drug abusers. They also fear infection themselves and the prospect that HIV-infected patients could alienate other clients. We have a fair amount of physicians who obviously have chosen not to keep these patients in their practice. Resistance is so strong among many physicians that attempting to alter their attitudes would be a waste of time and effort."

Clearly, without a change of attitude on the part of AIDS scientists and physicians in general, there is little hope that the worldwide AIDS crisis will be solved.

11

The Final Solution

Looking south from my house on the hill, I saw smoke rising from the fires that were set on Hollywood Boulevard. The fires, which had been deliberately set in the Black neighborhoods of the city, had spread north. Now the flames were less than a mile away from my home in the Hollywood Hills. It was rumored that Black and Latino gangs were going to burn the entire city, and I feared the crazed arsonists would torch the dry brush of the canyons above Hollywood. It would be impossible for the already taxed fire department to stop an inferno in the hills.

The city had gone insane in the aftermath of the Rodney King verdict. Blacks were beating up whites and Latinos.

Korean-owned stores were torched. In the mounting violence and killing, people frantically defended their property with guns. And the police seemed powerless to stop the destruction.

The delicate ethnic patchwork of L.A. society was suddenly ripped apart. When I came to the city in the early 1960s, Los Angeles was a predominantly white city, but the ensuing years

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had totally changed the complexion of the metropolis. During the 1980s, the massive foreign immigration transformed the community into a melting pot, which now consisted of 40% Anglo, 40% Latino, 10% Black, and 10% Asian.

The City of Angels exploded into a City of Hell, the destruction meticulously recorded by helicopter film crews that swarmed above the lawless crowds. I was mesmerized by TV scenes showing the looting of familiar Hollywood stores where I shopped. Latinos, arms filled with stolen goods, running helter-skelter into my neighborhood streets, while the police huddled inside patrol cars and watched the sacking of the city.

Of course, one would have to be blind not to see the riots coming. For years the newspapers were filled with tidbits about the declining L.A. lifestyle and its dangers. The crime statistics for the county were nightmarish: 55,000 robberies per year, 70,000 burglaries, 65,000 assaults, 150,000 stolen cars.

The Los Angeles Times (May 17, 1991) warned: "THE people of Los Angeles County are living under the gun. More of them are shot to death than are killed by traffic accidents. Last year, at least 8,600 people were hit by bullets — almost one an hour — while thousands of others were nearly shot."

Since the 1960s, people have watched the gradual transformation of L.A. from a beautiful and fairly safe city, into a city of ugliness. Where once the busy streets sparkled, now they are flooded with garbage and debris. Graffiti is everywhere, assaulting the eyes, even in the most prosperous neighborhoods. The homeless, the drug-crazed, the mentally-ill, and the panhandlers roam the city. A federal commission reports that half of all Americans with AIDS are homeless, or are about to be homeless. Fifteen percent of people living on the streets and now HIV-positive. The city, once fabulous, now contains the sights of an impoverished third-world city.

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Poor immigrants from all over the world pour into Los Angeles. Half the students of the local elementary school are Latino, one-quarter are Armenian. Half the people in L.A. do not speak English at home. One in every three was born in a foreign country.

Poverty is everywhere. One in every seven people in the county is on welfare. In riot-torn South Central L. A., half of the young Black men are unemployed or have dropped out of the labor force. Hopelessness and drug addiction abound in the Black ghetto.

During the three-day siege, the city was transformed into a war zone. People were not allowed to go out after dusk. Like everyone else caught inside this racial and ethnic nightmare, I was angry. I had worked hard to get my place in the sun, and now it was all threatened by a horde of hostile fellow countrymen with torches in their hands.

I thought of America's enemies that I was encouraged to hate and fear during my lifetime: the Japanese, the Chinese, the North Koreans, the Germans, the Russians, the Communists. But in the burning of L.A. there were no conspirators. No right or left wingers. No CIA. Only us.

The L.A. war that erupted during the writing of this book was further proof of the madness of our society. The destruction of the gay community from AIDS was no different from the deliberate destruction of Los Angeles. In essence, both destructions were "man-made."

The most common argument against AIDS as genocide, is that Americans would never intentionally murder each other with biological warfare. Unfortunately, modern world history provides numerous examples of people killing each other within the confines of a nation. Various religious groups in Yugo-

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slavia now seek to exterminate each other in their quest for power. The entire Muslim population of Bosnia-Herzegovina is now threatened with extermination by the Christian population. The media has a new term for the killings: "Ethnic Cleansing."

In Iraq, in the Soviet Union, in African nations, and else where on the planet, people continue to murder each other for God knows what reason. Loving is hard; murder is easy.

Why would anyone want to eliminate millions of people on this planet? The answer is overpopulation. There are simply too many people all competing for resources that are limited. For decades, some world planners have insisted that measures be taken to reduce the world's population. Unfortunately, mandatory birth control programs have proven ineffective.

At the Earth Summit Conference in Rio de Janeiro in June 1992, the subject of rapidly increasing world population was tabled, primarily due to pressure from the Vatican and fundamentalist Moslems. Measures for limiting population growth were considered "politically incorrect."

HIV infection has already proven to be a highly effective birth control device in depopulating certain areas of the world, particularly Africa. It is now predicted that Uganda will have 20 million people within 15 years, instead of 24 million, due to projected fatalities from AIDS virus infection.

Current statistics regarding unrestrained growth of the human population are remarkable. According to literature provided by Zero Population Growth, "in the 6 seconds it takes you to read this sentence, 24 people will be added to the Earth's population. Within an hour ... 11,000; by day's end ... 260,000. Before you go to bed two nights from now, the net growth will be enough to fill a city the size of San Francisco. We're increasing by 95 million every single year. No wonder they call it the

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human race!" The present world population figure of 5.3 billion is expected to rise to 10 billion by the year 2050!

The U.S. media have censored all serious discussion of AIDS as a man-made disease, and have dismissed the accusation as propaganda of the worst sort. It is indeed incredible that the biowarfare story has been suppressed for over a decade. However, in the past few years people have been made acutely aware of the "secret" government that runs America and fre-

quently lies to the public. It is now well known that covert agencies such as the FBI and CIA, and clandestine organizations like the Mafia and others, have all influenced the American agenda. These agencies all operate outside the will of the American people.

Films like Oliver Stone's JFK have provoked a public outcry over the suppression of evidence and the facts surrounding the assassination of President John F. Kennedy. Now, thirty years after Kennedy's murder, Americans are learning more about the government's conspiracy that resulted in the killing of Kennedy in the 1963 "coup d'etat."

One would think the biowarfare story would be a perfect news story for TV, an industry that revels in show biz, sex, and scandal. For example, ABC's "Eleven O'Clock News" (May 19, 1992) educated Americans on the following newsworthy events in its thirty-minute evening segment: An interview with Tom Cruise and Nicole Kidman plugging their new move *Far and Away*; clips of the soon-to-be-released film *Alien-3*; a short piece on ex-Beatle Ringo Starr; a bit about the possible retrieval of Madonna's "bustier" stolen from Frederick's of Hollywood; a story on drunk driving charges filed against Larry Fortensky (Elizabeth Taylor's husband). Other news items included a short segment on police dogs; the legal difficulties of a Georgia man charged with raping a woman with 14 dif-

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ferent personalities; the revelation that the death of "Brady Bunch" Dad (Robert Reed) was AIDS-related; and a bit on German measles. The two meatiest news items concerned Jesse Jackson ("We must all learn to live together"); and Vice President Dan Quayle seeking the return of "family values" and his condemnation of TV-character "Murphy Brown" for having a baby out of wedlock. Sports and the weather report (and innumerable commercials) rounded out "the important events" of the day.

Conspiracy buffs know that the major media are controlled by big business interests. Those who control, manipulate, and censor the major media, are aware of the political and social implications of the AIDS biowarfare story. Some conspiratologists believe that the media's suppression of the AIDS story makes it even more credible.

Nowadays, to be fully informed requires much more than simply listening to radio or TV news and reading the daily newspaper. Books have always been a better source of information, but reading is now on the decline. A recent survey by the American Booksellers Association reveals that 60% of American households did not buy a book in 1991. Of the 40% who bought a book, 99% classified themselves as "white." Two-thirds of all books purchased were "fiction."

Despite attempts to suppress the AIDS biowarfare story, bits and pieces are slowly appearing in the media. On "Showbiz Today" (a CNN-TV show aired on Thanksgiving Day, 1991), Bill Cosby shocked the audience by saying, "AIDS was started by human beings to get after certain people they didn't like." Cosby later told the National Enquirer (December 24, 1991), "I believe AIDS has been man-made. The people who created AIDS didn't realize the holocaust they would cause." A New York Post editorial (December 4) criticized Cosby's words as

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"ugly stuff and "very useful to those who want to inflame group hatreds and incite violence."

When an Advocate reporter (September 10, 1991) asked Grace Jones about AIDS, the popular Black disco diva of the 70s remarked, "I really think that AIDS was something planted - germ warfare that got out of hand." In another Advocate interview (February 25, 1992), news reporter Geraldo Rivera was asked if AIDS was a conspiracy or a medical experiment gone awry. Rivera dodged the question by saying, "I think the roots of AIDS are a lot less relevant than the manner of AIDS transmission."

Actor Steven Seagal, who has made several popular action films, has written a screenplay about AIDS as a man-made disease. Seagal says his script has been blackballed by producers who deem his idea "socially irresponsible." The actor told Weekly World News (February 11, 1992): "I believe that we have been lied to about AIDS. I believe it's a man-made virus, and not from green monkeys."

In Rolling Stone Black filmmaker Spike Lee writes that a lot of people will have to do a lot of explaining about AIDS one day. How could a mysterious and incurable disease appear out of nowhere and specifically target gays and minorities? Lee thinks the mystery disease is "about as mysterious as genocide." He is convinced "AIDS is a government-engineered disease. They never realized it couldn't be contained to the groups it was intended to wipe out." Is Lee paranoid? He declares: "You might think I'm crazy about this one. I don't think so."

Currently, even the most skeptical American has been made aware that government conspiracies and covert operations do exist. In a Los Angeles Times story (February 9, 1992), Dan Oldenburg briefly mentions the major conspiracy theories that are popular today. Heading his list is the theory that "AIDS is a

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'designer' disease created in top-secret laboratories by U.S. government scientists for eugenic purposes and for the genocide of homosexuals, drug users, blacks, and the underprivileged." Oldenburg does not discuss AIDS biowarfare, choosing to classify the theory as one of a half-dozen "'real' stories that 'they' don't want us to know."

Total denial is a common (and understandable) response to the idea that AIDS is a covert genocide program. While L.A. was burning, part of me was in denial. It's all a bad dream and I'll soon wake up, I thought. The destruction and killing are illusions with no real meaning. The shootings, the raging fires the sounds of war are happening in Beirut, not here in the city where I live.

This human protective psychological device called "denial" is the strongest argument against AIDS as a man-made disease. For many people, the idea is too painful to bear. As a consequence, the thought that the idea could be true is quickly dismissed from the mind. And people go on pretending it could never be.

In my experience, physicians comprise the group most unreceptive to the concept of AIDS biowarfare. Most doctors believe the idea is absurd. The subject of AIDS as biowarfare is rarely mentioned in the medical literature, and is usually regarded as nonsense unfit for analysis. For example, in the prestigious British Medical Journal ("Origin of AIDS," May 13, 1989), Myra McClure and Thomas Schultz quickly dismiss the claim that AIDS escaped from a germ warfare lab. They simply write: "Lack of supporting evidence precludes serious discussion of such a bizarre hypothesis. This review deals with the theories on the origin of HIV that are scientifically plausible." End of discussion!

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A common response of AIDS researchers to the biowarfare issue is that they are so busy trying to find a cure for AIDS that they have no time to investigate such foolishness. Even gay AIDS activists use this ploy. Executive director Martin Delaney of Project Inform, a non-profit gay community foundation that supplies AIDS treatment to more than 60,000 people, provides an example of this kind of response. Writing in the Advocate (May 5, 1992), Delaney questions whether the 1950s African polio vaccines were contaminated with HIV. If the vaccines were contaminated, Delaney suggests this "could create chaos in the courts... and it would place an awesome burden of remorse on people who in the 1950s were struggling to save the world from a polio epidemic." He concludes: "For now the polio theory is speculation. Many scientists would prefer to leave it that way, fearing that a positive finding might bias the public against testing of an AIDS vaccine when one is desperately needed. Testing the samples might be the only way to end speculation. Still this kind of thing is at best a distraction from the real issues of AIDS." (Emphasis mine.)

Why do AIDS activists avoid the subject of AIDS biowarfare? Undoubtedly, they fear a confrontation on this issue. Activists are constantly badgering the government for more funding. Accusing officials of deliberate gay genocide might cause the government to stop listening to gay demands.

While the AIDS experts are consumed with finding a cure, or an effective drug or vaccine for AIDS, the worldwide deaths increase.

The WHO 1992 statistics indicate that 11 million people in various parts of the world carry the AIDS virus. By the end of the century, 40 million adults and children are expected to die

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of the disease. In some areas of Africa, over one-third of the adult population is infected. By 2015 the U.S. Bureau of the Census predicts 70 million African cases and 16 million orphans. By the mid-1990's, 3 million Asians will be infected.

Shortly after the WHO presented the 1992 statistics, a Harvard-based Global AIDS Policy Coalition estimated that up to 110 million people would be infected with HIV by the year 2000. This figure is 70 million more than the WHO estimate. The Harvard report, presented at the Eighth International Conference on AIDS, indicated that as many as 2.6 million people currently have full-blown AIDS, and 13 million more are infected.

The 1993 statistics show that one quarter million Americans have contracted AIDS. The death toll of 155,000 equals the total population of New Haven, Connecticut; or the population of cities like Orlando, Florida; Peoria, Illinois; Ann Arbor, Michigan; or Youngstown, Ohio.

Currently 33% of the U.S. cases are Black; 17% Hispanic, 12% are women. Of AIDS teenagers, 37% are Black; 19% Latino. In 1991, one hundred Americans a day died of AIDS; in 1993 the figure is three hundred per day.

The high rate of AIDS in the Black community has again raised the specter of Black genocide. A New York Times editorial ("The AIDS 'Plot' Against Blacks," May 12, 1992) reemphasized that "bizarre as it may seem to most people, many Black Americans believe that AIDS and the health measures used against it are part of a conspiracy to wipe out the Black race. Some Blacks believe that AZT, the harsh drug used to combat the disease, is a plot to poison them." The editorial called on Black leaders, like Magic Johnson, to speak out against "the pernicious and dispiriting rumors."

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In a May 25, 1992 editorial, Charles Orteb, publisher of the gay newspaper New York Native, insists that the FDA-approved toxic AIDS drug AZT is part of the genocide program against homosexuals and Blacks. He blasts the Times as "a mouthpiece of corrupt and incompetent AIDS 'researchers.' "

The controversy surrounding Robert Gallo's discovery of the AIDS virus shows no signs of abating. ABC-TV reporter Sam Donaldson did a damaging segment on the world's foremost AIDS researcher on Primetime Live (April 2, 1992). Gallo's peers were outspoken in their condemnation of his ethics.

Donald Francis, who supervised the gay hepatitis experiment, told Donaldson that Gallo's discovery of HIV was "a lie."

Randy Shilts, the AIDS reporter who originated the Patient Zero story, also denigrated Gallo by adding, "It's completely clear to everybody that he pulled one of the greatest scientific frauds of the 20th century."

A grinning Luc Montagnier carefully explained, "We were, of course, the first to isolate the virus."

Suzanne Hadley of the Office of Scientific Integrity at the NIH, headed an official inquiry into Gallo's laboratory and produced a devastating report on his research and ethics. Hadley's report so angered her own supervisors that she was removed from the committee and transferred to another department at the NIH.

Gallo refused to be interviewed by Donaldson. When the reporter forced an on-camera conversation with Gallo on the grounds of the NIH, the AIDS scientist brushed Donaldson aside and called him "a creep."

Donaldson persisted, "Do you have anything to hide?"

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Clearly exasperated, Gallo repeated, "I said, Mr. Donaldson, you're a creep!"

Donaldson: "That may be, but we're asking you whether you were the original discoverer of the AIDS virus or not."

Gallo: "Ask yourself."

After Suzanne Hadley's unflattering report was discarded, another NIH report was prepared. This time Gallo was totally exonerated of any scientific misdeeds. The report is currently under review by James Mason, Assistant Secretary of the Department of Health and Human Services.

Gallo is not yet off the hook. According to *Science* (April 12, 1992), NIH director Bernadine Healy isn't satisfied and claims the report didn't answer "the big questions." Was the virus stolen by Gallo's laboratory? Was credit for the discovery stolen? Healy says these are the questions that the American public wants answered.

The *New York Native* is highly critical of the science emanating from Gallo's "crime-ridden" laboratory. Reporter Neenyah Ostrom reminds readers that two of Gallo's top associates, Prem Sarin and Syed Zaki Salahuddin, are now convicted felons because of crimes committed while working for Gallo. "Sarin was convicted of embezzling money earmarked for AIDS research; and Salahuddin admitted to accepting illegal gratuities. Both falsified government financial forms." Nevertheless, Salahuddin's name still appears on scientific papers published by the National Academy of Sciences. Ostrom asks "If Sarin and Salahuddin are willing to lie and steal, should their scientific work be accepted without question?"

At the Eighth International AIDS Conference, held in Amsterdam in July 1992, world scientists were alarmed by reports of a new "human intracisternal retrovirus" that attacked the immune

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system, causing an AIDS-like illness. Nine people in Orange County, California, had evidence of this new viral disease. All tested negative to HIV; and all had an illness indistinguishable from AIDS.

Another new retrovirus was found in a group of patients in New York City. Again, all had an AIDS-like disease and tested HIV-negative. Robert Strecker's old prediction was coming true. Years ago he said new genetically engineered retroviral diseases would be "coming down the line." He often remarked, "AIDS is just the beginning. Soon other AIDS-like diseases will be discovered — all with viruses of unknown origin."

Was the new mysterious illness affecting Persian Gulf War veterans another engineered disease? Several hundred men from various units claim they were perfectly healthy until they returned home from the Middle East and became ill with bizarre physical symptoms and a depressed immune system. Hospitalized soldiers suffer from extreme exhaustion, swollen and painful joints, bleeding gums and loss of teeth, hair loss, peculiar rashes, and headaches.

What is causing this new disease? Is it another Agent Orange-like disease? Is it due to diesel fuel in the shower water, or smoke inhalation caused by the Kuwaiti oil fires? The VA doctors are baffled. Some medical officers have diagnosed the problem as "stress." But Arizona National Guardsman Joe Encinas and others wonder whether their medical problems were caused by two experimental anthrax vaccines that were given to the soldiers shortly before fighting began in January 1991. According to the FDA, the vaccines had been classified "investigational" and had not been tested in healthy individuals before the war.

Is the new veterans disease infectious? Contagious? How long does it last? Is it fatal? No one knows for sure.

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As the death toll mounts from AIDS, what was once a "gay" disease has now become everyone's worst nightmare.

After more than a decade, the fate of the gays in Szmunes's experiment is still unknown, and the number of AIDS deaths in his homosexual cohorts remains secret and "classified" information.

A rare published account of a volunteer injected in the gay experiment appears in *AIDS: The Ultimate Challenge*. Elisabeth Kubler-Ross recounts Peter's story through the words of an ex-alcoholic drug abuser and prostitute who cared for Peter during his last months. In 1980 Peter volunteered for the hepatitis B experiment in San Francisco. He recalled being taken into a room and injected. The nurse said, "Oh, don't worry. We're not giving you anything that will make you sick." Peter "said that he was told that a couple of times, and that after the injection he worried and was very sorry that he had been a part of the study. He was convinced that it was an experimentation of viruses that got out of hand."

Peter was convinced that this is how the AIDS virus got started in the gay community. "He had an enormous amount of anger about it and it seemed that, at the time he was telling me about the story, most of the people that were in the hepatitis B study had already died of AIDS. A lot of his fear and anger came from that."

Another angry gay man, who was injected in the experiment at the New York City Blood Center, wrote a letter published in the *New York Native* (July 30, 1990). He was a participant in the experiment for four years, and recalled all the time and energy he devoted to it. Now he was enraged that no outcomes of the study were being published. On multiple occasions he protested to Cladd Stevens, director of the Epidemiology unit at the Center.

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In August 1989, when the tone of his protests got louder, he received a letter from Dr. Stevens "acknowledging that their last major article had been published in JAMA in 1986, and that they had not published since. She promised at that time to send a newsletter to participants updating them on publications and other plans that never happened.

The gay volunteer was distraught. "As I see friends and acquaintances die all around me, I cannot but feel enraged by this waste of money, data, and people's time." He complained about the ethics of the Blood Center. He received quarterly reports indicating the number of "T cells" in the blood specimens he donated, but when his T cells dropped to abnormal levels, the follow-up letters stopped arriving. He worried: "Was this their subtle way of letting me know that I should consult a specialist in a hurry? ... It came as no surprise to me that when I left a recorded message at the Center in May of 1990 saying that I was dropping out of the study, no one even bothered to call me back."

After studying the hepatitis B vaccine trials for so long, it is difficult for me to imagine anyone who cannot see a connection between the gay experiment and the "gay plague." After the publication of AIDS and the Doctors of Death in 1988, I was not surprised when further details on the "outcome" of the gay experiment no longer appeared in the medical journals. The scientific world wanted to forget Wolf Szmunn and his vaccine trials.

Although the evidence was circumstantial, it didn't take a rocket scientist to figure out the connection between AIDS and the hepatitis experiment. But during my study of the hepatitis trials, I had overlooked the most obvious piece of evidence linking AIDS to Szmunn's experiment. The strongest piece of evidence was in the tremendous success of the vaccine trials!

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According to June Goodfield: "In those (gay men) who received all three injections, 96% developed antibodies against the (hepatitis) virus. Overall, the vaccine was shown to be 92.3 percent effective in protecting high risk individuals against hepatitis B; these findings are of an order of magnitude that has never been equaled in any other vaccine trial, either before or since."

The experiment could never have been so phenomenally successful if the gay men were infected with HIV before the experiment!

The reason for this is now obvious. Recent studies have shown that hepatitis B vaccination is not very successful have immunodepressed people. In HIV-positive individuals, the success rate of the hepatitis B vaccine is about 50%, only protecting one out of two people infected with the AIDS virus.

The gay men in Szmuness' study were healthy before the experiment — and damaged afterward. The experiment would have been a failure (never 96% effective) if the immune systems of the men hadn't been working at full capacity. The cohort was infected with HIV at the time of the experiment - not before.

By permanently changing the genetic structure of homosexual men, the gay experiment devastated the homosexual community in America. Health officials now predict the odds of a teenage male homosexual reaching the age of 60 without becoming HIV-positive is 50-50.

No longer is it necessary to put colored triangles on "undesirables." No yellow triangles for Jews; no pink triangles for gays. Now the mark is invisible, known only to the authorities. The colored triangles of the Nazis have been replaced by queer blood marks of death.

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Is AIDS a covert genocide program against homosexual men?
Is AIDS genocide against Black Africans? For those aware of
"the facts of life," the answer is yes.
Why is AIDS a heterosexual disease in Africa, and a "gay"
disease in the United States? Do African Blacks make love
differently than white heterosexuals? How did Black African
men acquire HIV? Were they all sodomized? What kind of
sexually transmitted agent spreads heterosexually in Africa and
homosexually in America? And rarely, if ever, is transmitted
between non-drug-using lesbians?
In Africa there are millions of white people. If HIV had
been present "for millenia," why is AIDS primarily a Black
man's disease — and not a white man's disease in Africa? In
the U.S., why was AIDS first discovered in white gays, but not
in Black gays?

The facts of life of human sexuality indicate there is no way
a Black heterosexual epidemic in Africa could have trans-
formed itself into a white gay disease in America. That, in
itself, is the "smoking gun."
Why did AIDS first appear exclusively in young, white,
healthy gay men — the group that should be most resistant to
viral infection. Why were there no cases in Asian-Americans or
Native Americans? Why no cases in women? Why no cases in
infants, in the elderly, and in immunodeficient people with
chronic diseases — the groups more likely to acquire a con-
tagious virus, and the groups most likely to die quickly from
The introduction of HIV via the hepatitis B trials was a
deliberate attempt to liquidate the gay community — and then
blame homosexual men for spreading the disease to the
"general population" because of their perverted and "high risk"
lifestyle.

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Why did a new "gay disease" erupt as soon as homosexuals officially came out of the closet for the first time in recorded history? Another coincidence of nature?

Why are new retroviral diseases, never before seen in modern medicine, appearing so soon after retroviruses were "discovered"?

Why did the AIDS "supervirus" appear a decade after it was predicted by the biowarfare experts? Another coincidence?

Why are gay men, HIV-positive infants and poor Blacks the new experimental animals for drug companies?

Why are alternative and holistic healing methods suppressed in favor of research into a magic pill or vaccine for AIDS?

Are millions of deaths required for the New World Order?

Like Nazi propaganda, AIDS propaganda has been highly successful in stirring up the population against undesirable HIV-positive elements of society. The public has been carefully taught to believe that Blacks and Gays and African Green Monkeys are responsible for causing AIDS. These politically correct and scientifically correct "facts" are now recorded for posterity in the "science" books of our time.

How many more AIDS deaths are required before people speak out against this secret genocide?

Where are the Jews who study the Holocaust, and who remain silent about this new worldwide extermination program?

Where are the Christians and the Bible students who preach, "Thou shall not kill!"

Where are the doctors and the scientists, and the virologism and the epidemiologists, and the biological warfare experts,

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who continue to spread lies and propaganda about the origin of AIDS?

Where are the priests, and the rabbis, and the other religious leaders, who will speak out against this injustice?

Where are the professors and the educators, the biologists and the sociologists?

Where are the world leaders, the kings and queens, the presidents and the politicians, who will protect the people from this new form of killing?

Where are the Gay leaders, and the Black leaders?

Where are the judges and the lawyers?

Where is the CIA, the FBI, the WHO, the UN, the AMA, and the FDA?

Where are the people who call themselves "pro-life"?

Where are Barbara, and Oprah, and Phil, and Geraldo? And Elizabeth, and Whoopi, and Madonna, and Magic?

Where is God?

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About the Author

Alan Cantwell is a dermatologist and internationally-known scientific researcher in the field of cancer and AIDS microbiology. He is a graduate of New York Medical College, and studied dermatology at the Long Beach Veterans Administration Hospital in Long Beach, California. Doctor Cantwell is the author of more than thirty published papers on cancer, AIDS, and other immunological diseases, which have appeared in leading national and international peer-reviewed medical journals. He is the author of *AIDS: The Mystery and the Solution*, *AIDS and the Doctors of Death: An Inquiry into the Origin of the AIDS Epidemic*, and *The Cancer Microbe*. Born in New York City in 1934, Doctor Cantwell now lives in Los Angeles.