THE STRECKER MEMORANDUM -- ILLUSTRATED SCREENPLAY

THE STRECKER MEMORANDUM: 2000 A.D. NO ONE LEFT: THE CAUSE, THE EFFECTS AND THE POSSIBLE CURE FOR THE PANDEMIC
by Robert B. Strecker, M.D., Ph.D. and Theodore A. Strecker

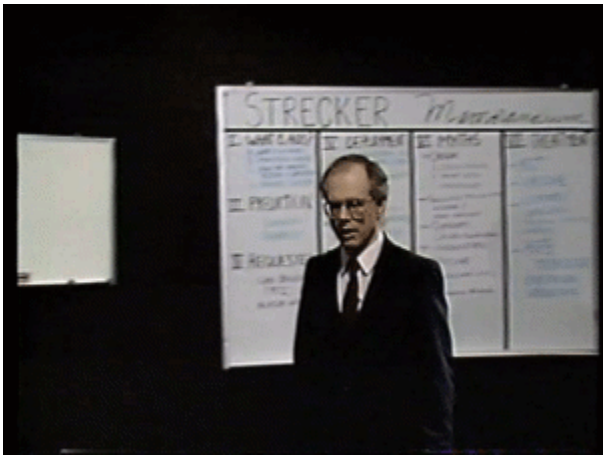
[transcribed from the movie by Tara Carreon]

[Dr. William Thornton] AIDS: The most devastating biological catastrophe the world has ever known. This disease will kill more people this year than all other viral diseases combined. According to Dr. Robert Strecker, AIDS is a man-made, genetically engineered virus that was either accidentally, or deliberately introduced into the world's population. AIDS is not a homosexual disease. AIDS is not a venereal disease. AIDS did not originate from the green monkey. AIDS is not prevented by the use of condoms.

And AIDS is not likely to ever be cured by a vaccine.

THE STRECKER MEMORANDUM

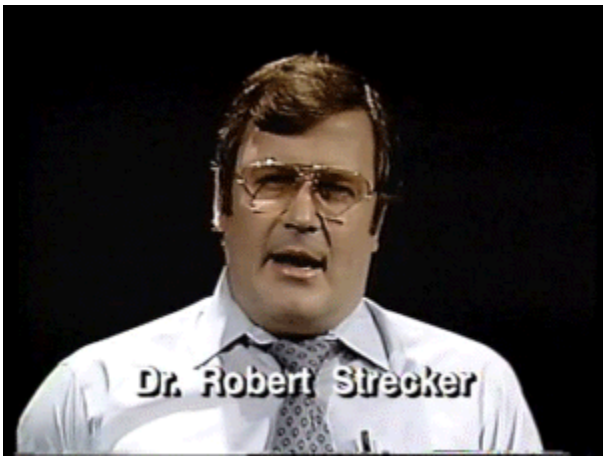
[Dr. William Thornton] I realize what you've just heard ...



contradicts most of what you've been told about AIDS.

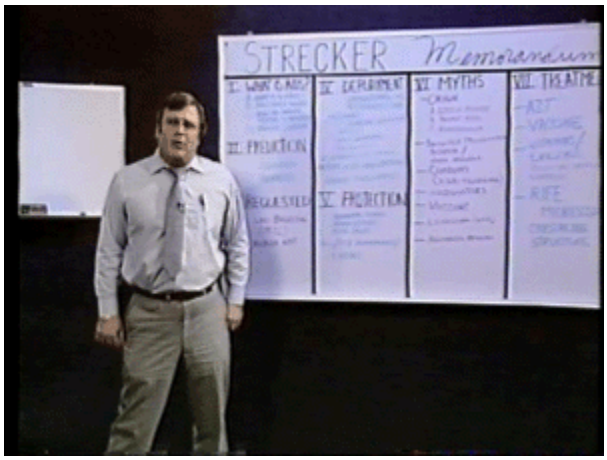
In this program Dr. Robert Strecker will present documented evidence that refutes the official stand taken by so-called "AIDS experts," and the research community and the government.

And now, let's find out the truth about AIDS.

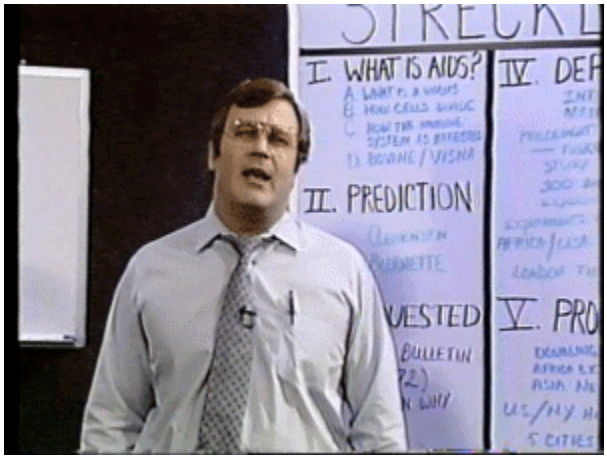


[Dr. Robert Strecker] I'm Dr. Robert Strecker, a practicing internist and gastroenterologist in Los Angeles. I have a special interest in pharmacology, pathology, and now AIDS. I became interested in the AIDS question several years ago in doing a health maintenance proposal -- basically an insurance proposal -- for Security Pacific Bank, a bank here in California.

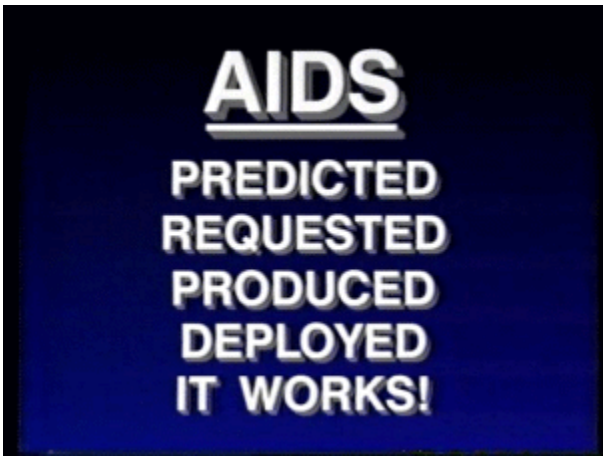
More and more members of the medical and research community,



such as Dr. Peter Duesberg of the University of California at Berkeley, Dr. John Seale, a member of the Royal Society of Medicine in London, and Dr. Alan Cantwell who has recently finished a third book on AIDS, this one on the origin of AIDS, are questioning the validity of the popular view about AIDS which has failed to scientifically explain the disease.

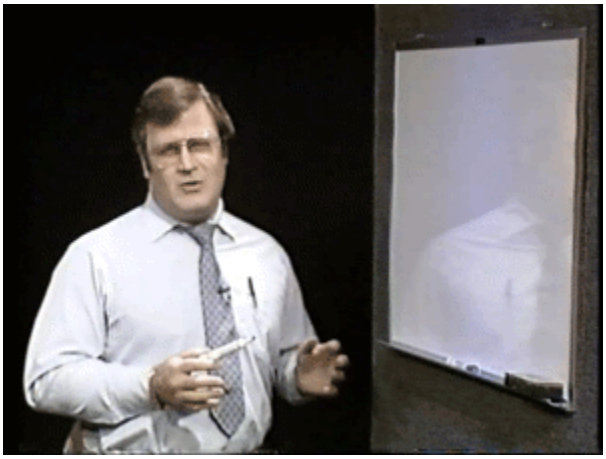


So I've decided it's time that someone tells you the truth about AIDS.

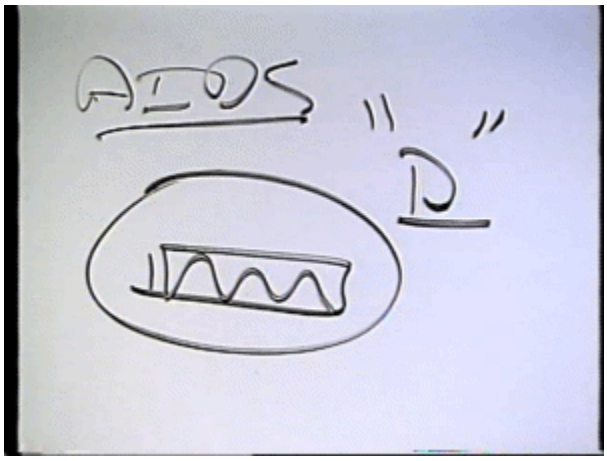


So in this program I will show you how the AIDS virus was actually predicted, requested, produced, deployed, and now threatens the very existence of mankind because it works!

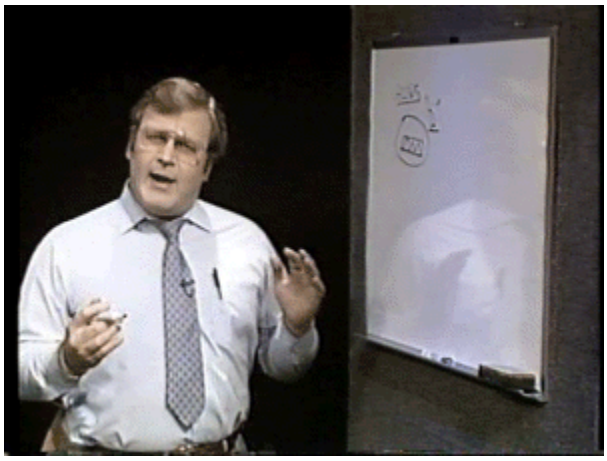
To understand why I believe that the AIDS virus came out of a laboratory rather than out of the jungles of Africa, you have to understand several important concepts which I will address in the next few minutes.



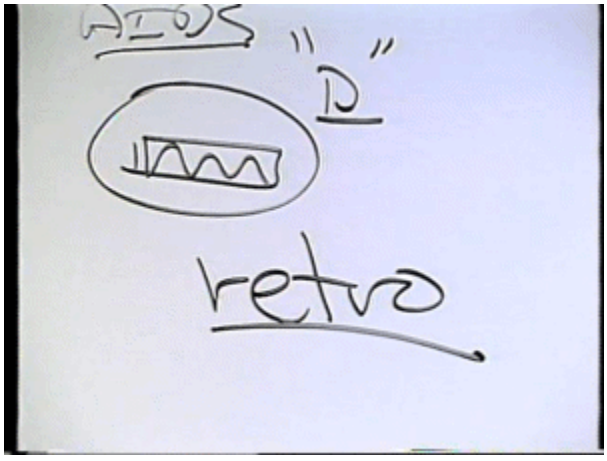
These concepts actually include an understanding of viruses, bacteria, human cell lines, tissue culture, and manipulation of all of those things in the laboratory.



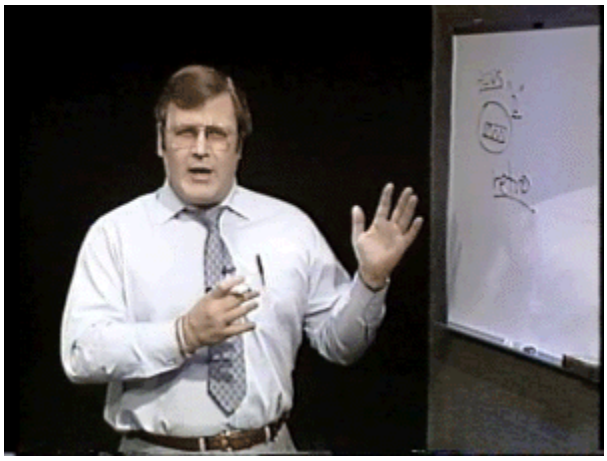
And the first question about the AIDS virus, in addressing what the AIDS virus is, the virus has a morphology something of this form, which is actually a so-called "D" type retrovirus.



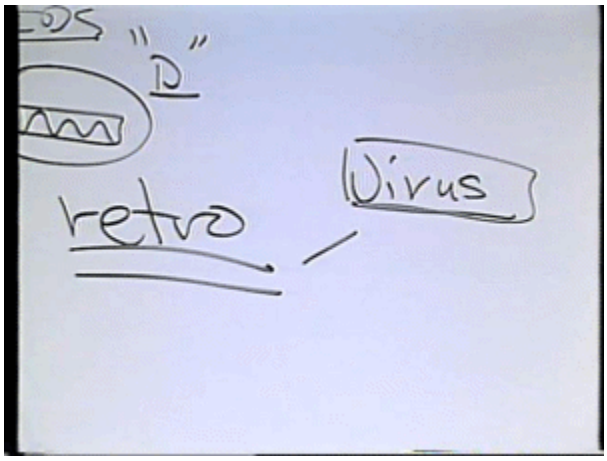
So what are viruses? Some people say that viruses are the smallest replicating microorganisms. Some people say that viruses are bad news in the sugar coat.



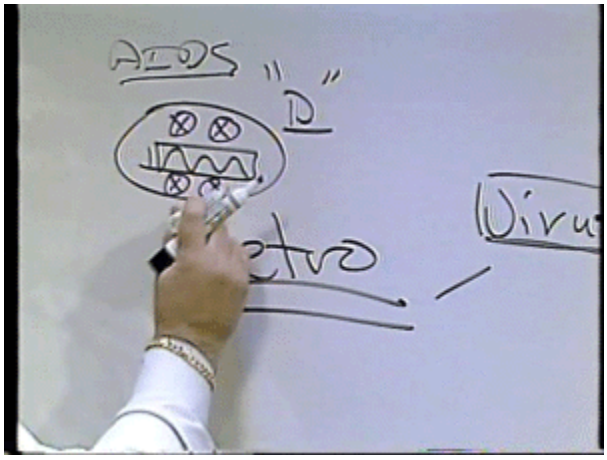
Actually, in the case of a retrovirus, the AIDS virus, which is "r-e-t-r-o" retro virus -- what does this mean? Viruses in general are thought to be the smallest replicating organisms that require other cells to grow themselves in. Viruses are not capable of reproducing themselves on their own outside of living tissue is the dogma of the scientists today. Viruses must inhabit another cell for eventual growth and reproduction.



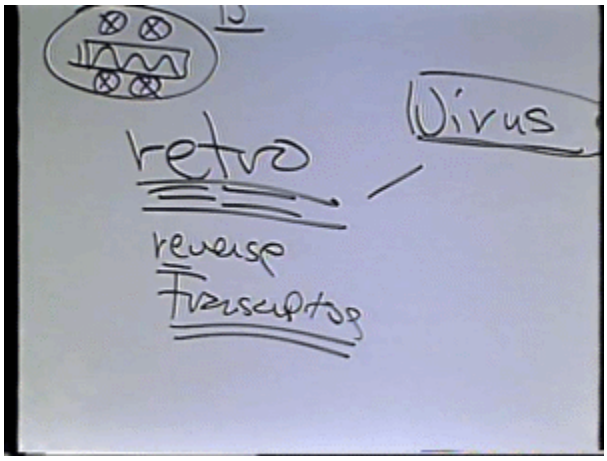
Bacteria, fungi, and some other organisms actually are capable of growing outside of tissue. In other words, they don't have to inhibit or inhabit other tissue to reproduce themselves. They can grow on tissue culture plates, such as bacteria. But viruses must grow inside of tissue which requires that there be living human or animal tissue for them to replicate in.



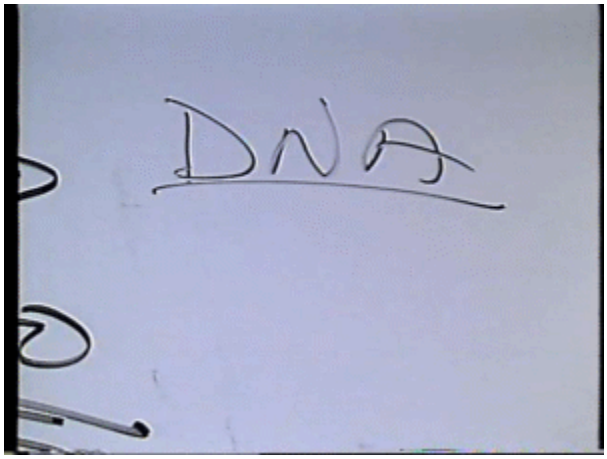
Now, if we look at the word "retrovirus," we know that this is a small, self-replicating organism, which grows inside of living tissue.



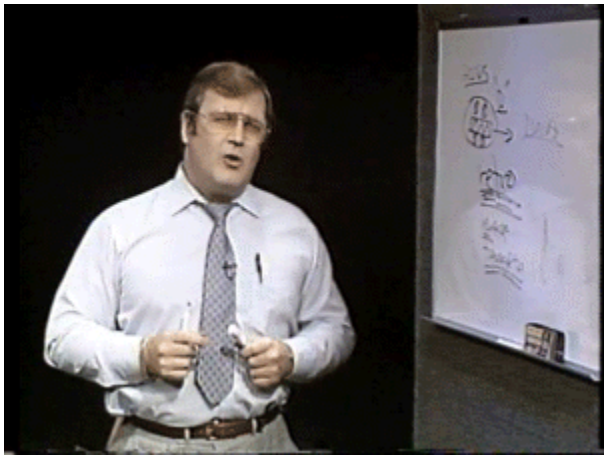
Now what does the term "retro" stand for? The term "retro" in the case of this virus stands for the fact that contained within the AIDS virus, and other so-called "human retroviruses," or other animal retroviruses, are small enzymes known as "reverse transcriptase."



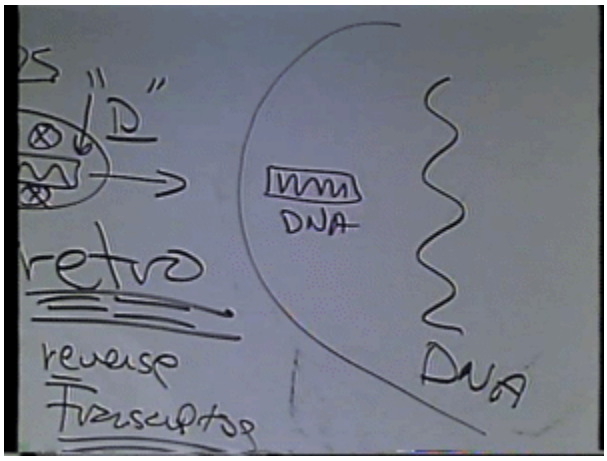
That is where the word "retro" comes from. "Reverse transcriptase:" which is the "Re" comes from "reverse," and the "tro" comes from "transcriptase." That is an enzyme in the AIDS virus which is actually responsible for duplication of the genes of the AIDS virus, which are in a RNA form, different than human form.



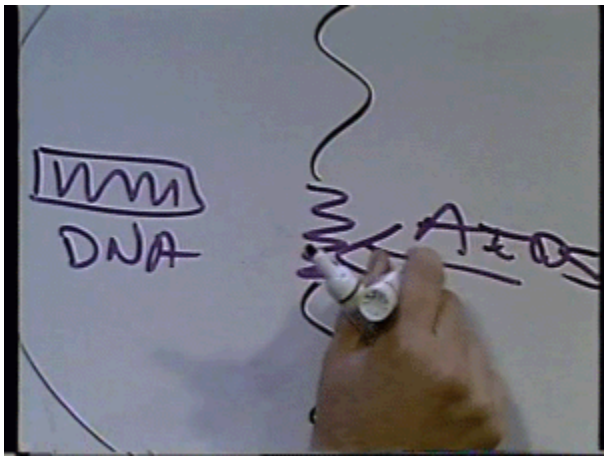
Human genetic material is in a DNA form.



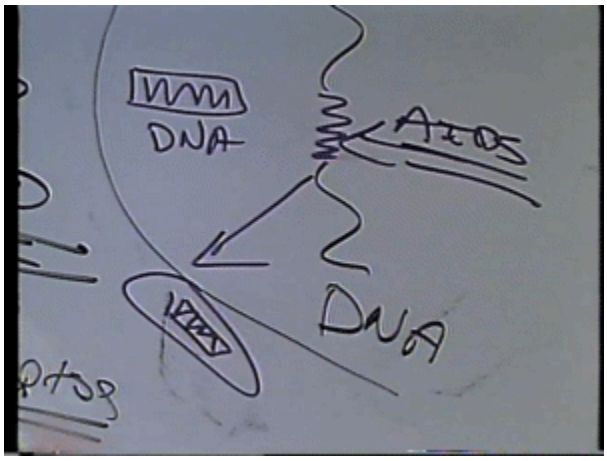
So if the AIDS virus is to insert itself into the human material, somehow after infection of the cell, what happens is this enzyme duplicates the RNA of the AIDS virus into a DNA form, and actually inserts that into the human DNA.



If you have an example -- here's a cell -- and inside the cell here's the human DNA, what happens is the AIDS virus genes get in, and are actually duplicated into DNA form happening by the reverse transcriptase.



That information is then inserted into the genetic makeup of the human cell.

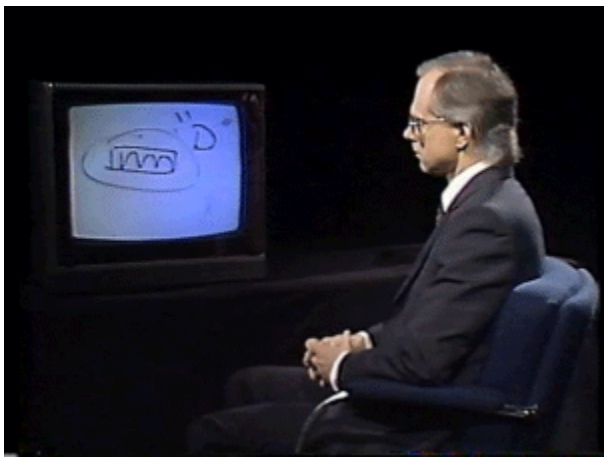


This is now an AIDS virus residing in the human genes, which then sends out a signal for production of a new AIDS virus.

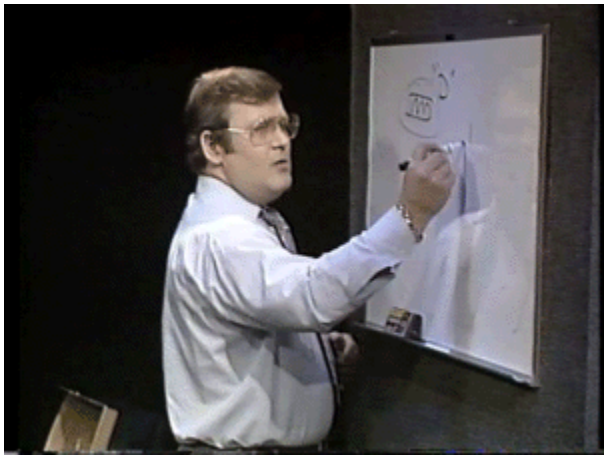
So, the RNA is the genetic information of all retroviruses, it's copied into the DNA form by the reverse transcriptase, inserted into the genes, and subsequent production of new virus.

[Dr. William Thornton] To better understand this subject, and to help us appreciate the importance of Dr. Strecker's work, I'm going to briefly clarify and emphasize some of the information in this presentation.

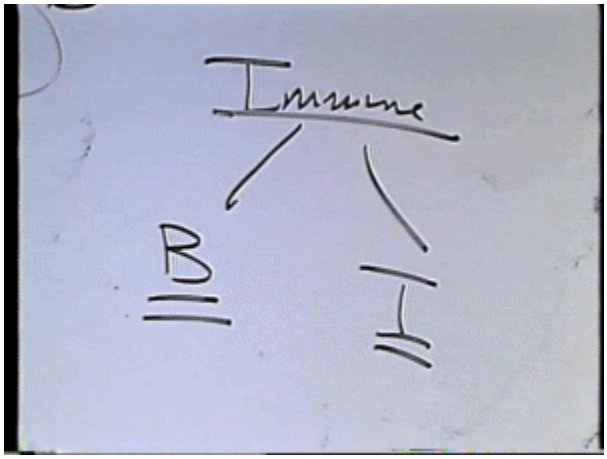
Virology is the study of viruses. It deals with tiny living organisms visible only with the use of the most powerful electron microscopes. In fact, hundreds of thousands of AIDS viruses can easily fit on the head of a pin. What makes the AIDS virus particularly deadly is its ability to not only invade and neutralize human cells, but the virus's ability to put its own genetic material inside the human cell's genetic structure, thereby allowing the virus to use the human cell as a kind of virus factory reproducing more viruses from the human cell's raw materials. Unlike larger organisms like bacteria, viruses do not respond to conventional medical treatment, much like the common cold virus cannot be treated effectively by drugs.



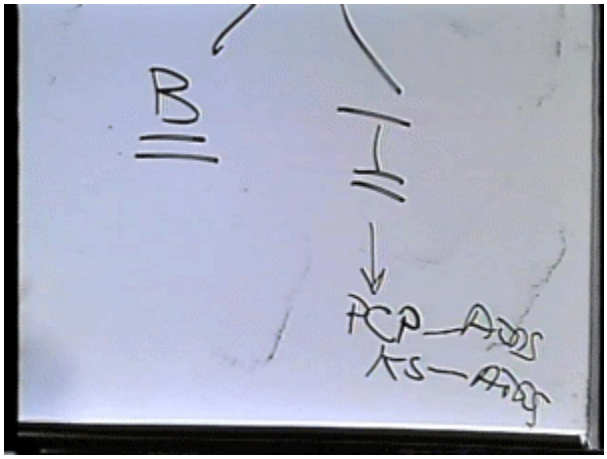
[Dr. Robert Strecker] Now, how does this AIDS virus, which is a human retrovirus of the "D" type, how does this virus affect humans?



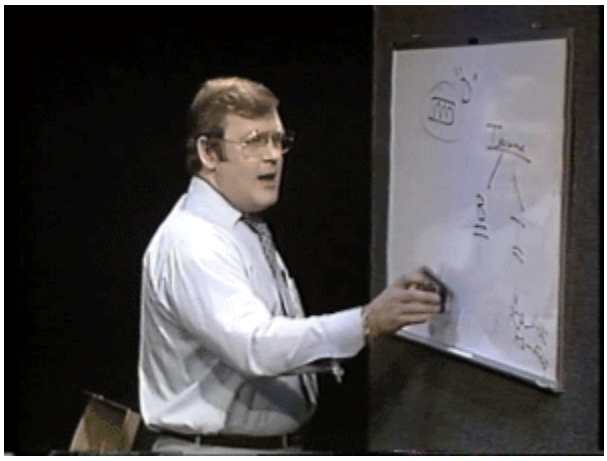
Basically, the immune system of humans is broken down into two parts. It's very simple. One is called "B" cells, and one is called "T" cells. "B" cells are derived from the bursa of Fabricus, but the easy way to remember "B" is that they control basically production of antibodies and control bacterial infections; therefore, "B" rather than "bursa." So you can think of it as bacterial.



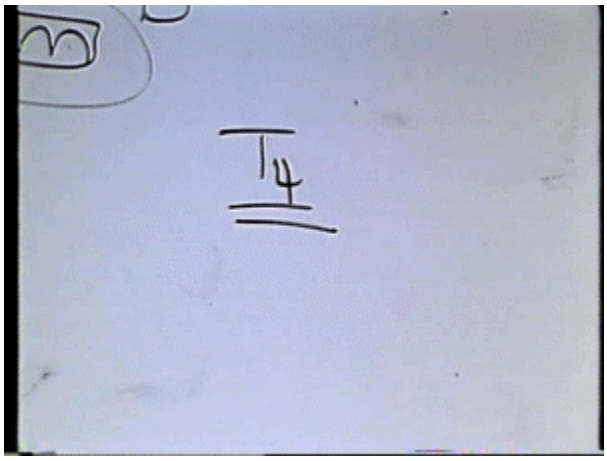
"T" cell systems control opportunistic infections such as pneumocystis carinii pneumonia, the production of cancers, such as kaposi's sarcoma, and other microorganisms such as tuberculosis.



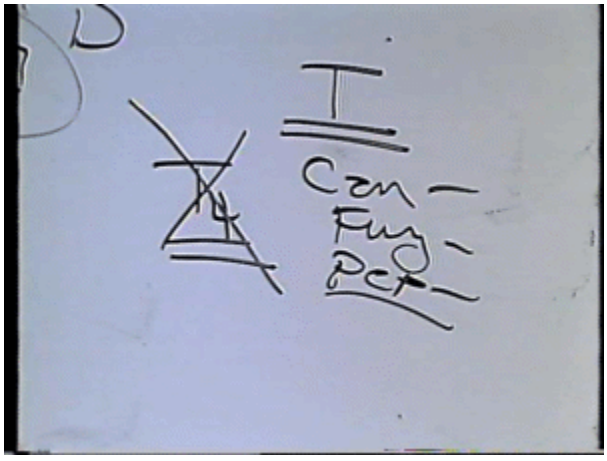
So then, if you wiped out the "T" cell system, you could see the arisal of opportunistic infections such as pneumocycstis carinii pneumonia -- a hallmark of AIDS; kaposi's sarcoma, an alleged sarcoma -- another hallmark of AIDS; or other diseases.



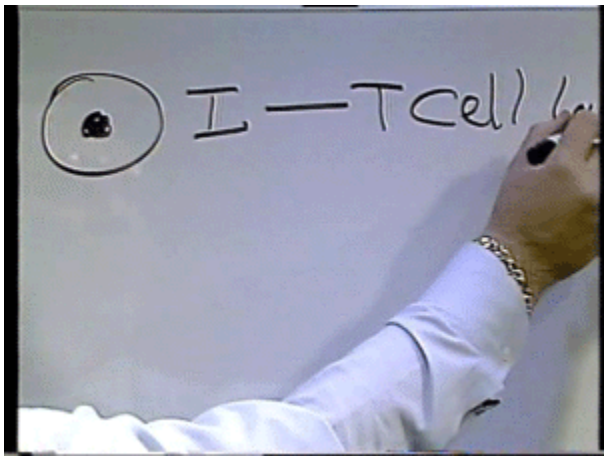
If you wiped out the "B" system, you would have trouble protecting yourself against bacteria, and perhaps in developing antibodies.



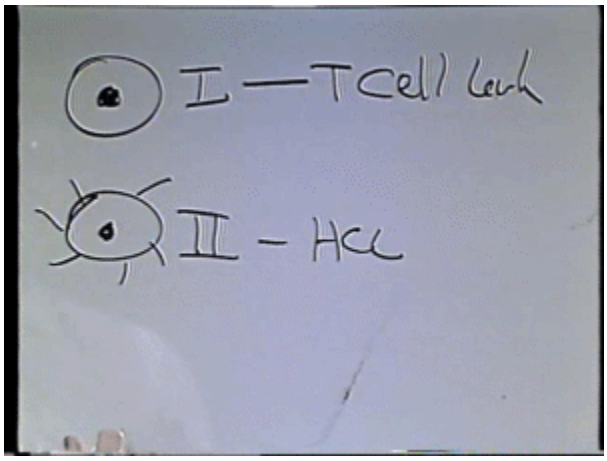
Now, in the case of the AIDS virus, the AIDS virus, once it infects the human body, selectively destroys the "T4" cells of the human body.



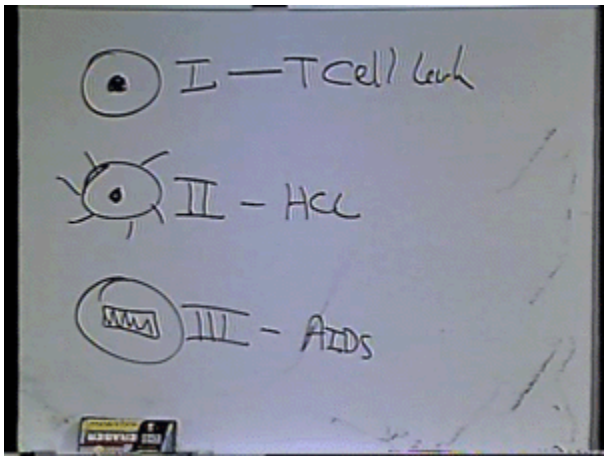
The "T4" cells are a division of the "T" lymphocytic system, the one that helps us control cancers, fungi, pneumocycstis carinii pneumonia, and other organisms. The AIDS virus selectively leads to the destruction of those cells.



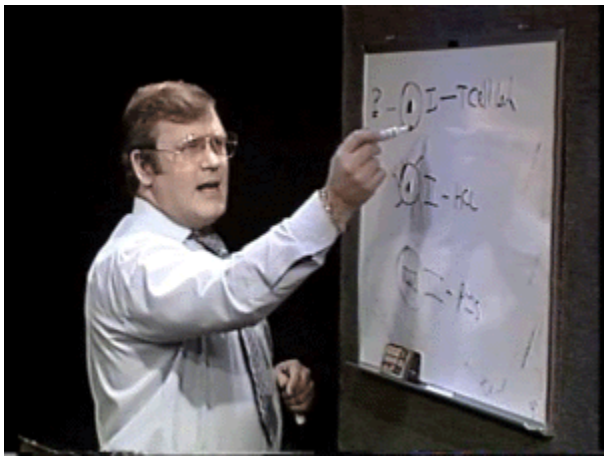
If you look at the overall incidence of these new, so-called "human retroviruses," you'll discover the following. First, there is HTLV-I, a new human retrovirus, which is responsible for T cell leukemia.



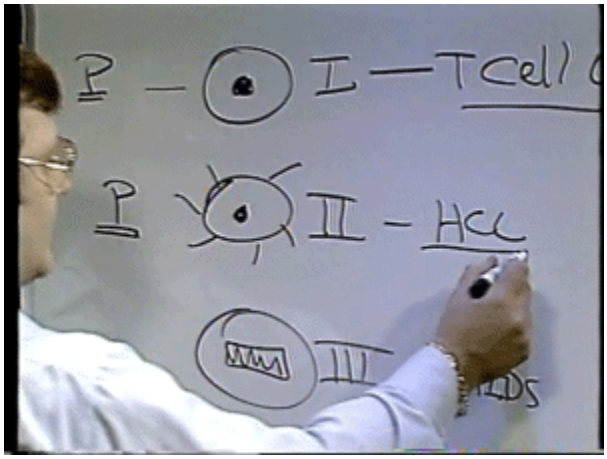
There is HTLV-II, which has this appearance, which is responsible for the development of hairy cell leukemia.



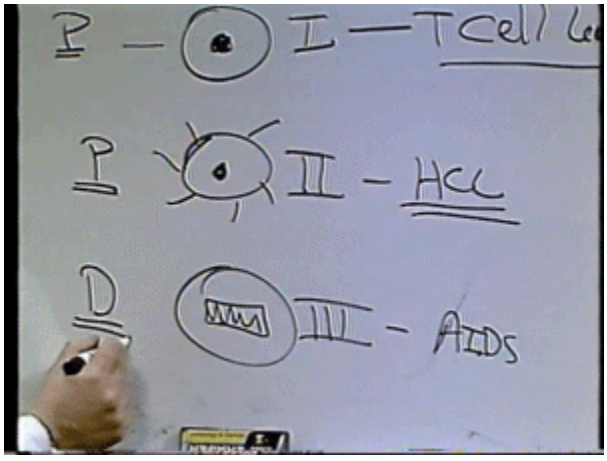
And we have HTLV-III, which looks like this. These are the best-known so far, which is the AIDS virus, responsible for AIDS.



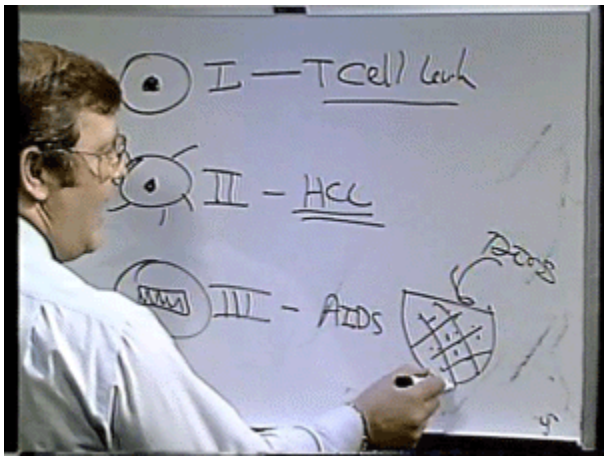
Now, interestingly enough, when you put these viruses into tissue culture, what happens? This virus is proliferative in tissue culture. It makes things grow. It's not surprising, therefore, that you might see the arisal of a T cell leukemia because the virus's very nature is to make the cells proliferate.



This virus is proliferative in tissue culture results in humans in the development of hairy cell leukemia, and again, by its basic proliferative nature in tissue culture it's not surprising that you can see arising hairy cell leukemia.

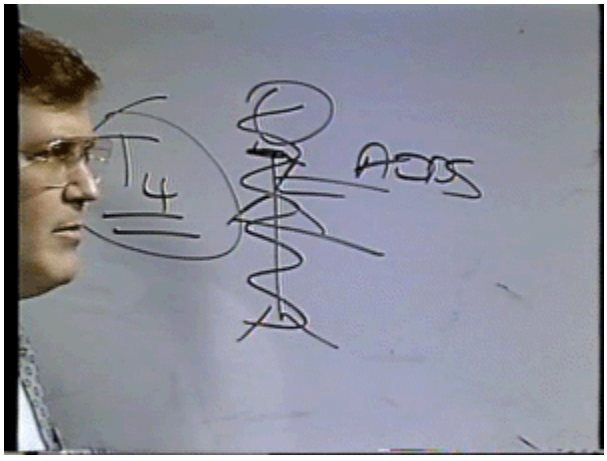


This virus in tissue culture is destructive.

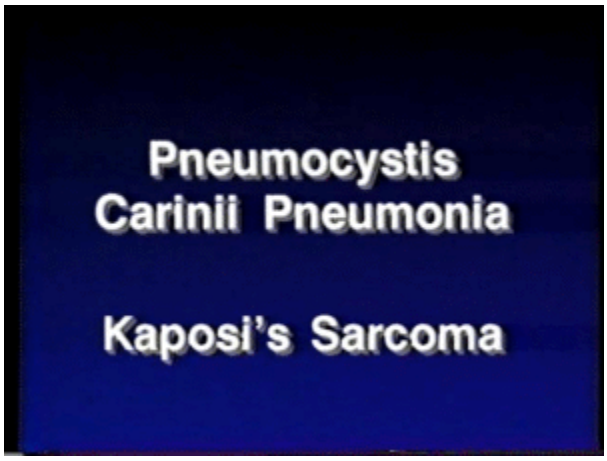


It was one of the reasons that they had trouble getting enough of the virus, because suppose this was a tissue culture, every time they put in the AIDS virus what would happen was they'd come back in a few days, and the tissue culture would be dead. Basically there would be left just debris, with very little virus, and no living cells.

That is basically what happens in human beings because in humans we are nothing more than walking tissue cultures. So suppose we have a human being here. He gets infected with the AIDS virus, and what happens?

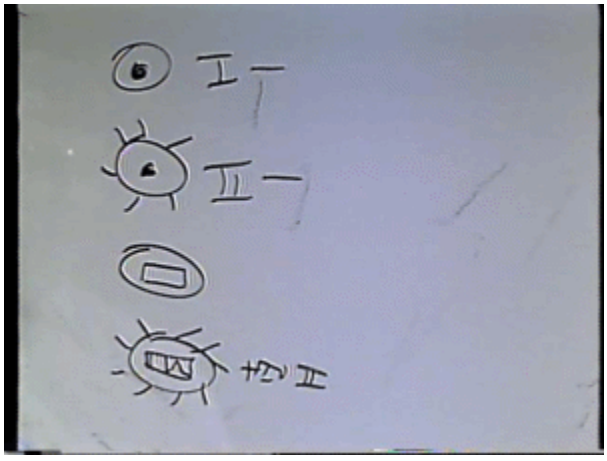


Eventually, the AIDS virus wipes out his T4 lymphocytes, destroys his thymus most probably, and as a result, leaves him immune-suppressed, immune-compromised,

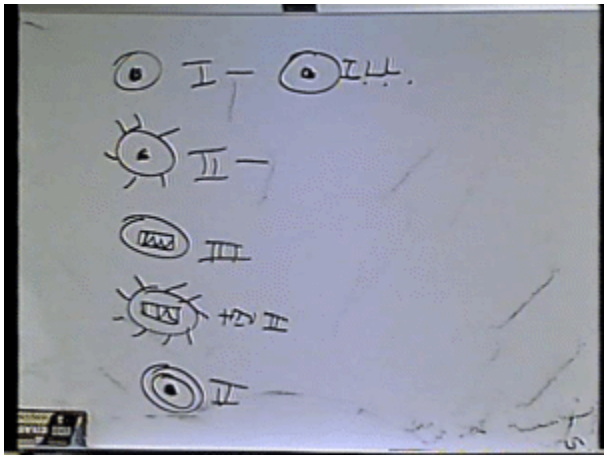


and susceptible to the development of infections such as penumocystis carinii pneumonia, or the arisal of cancers such as kaposi's sarcoma. These have been the basic hallmarks of the AIDS virus.

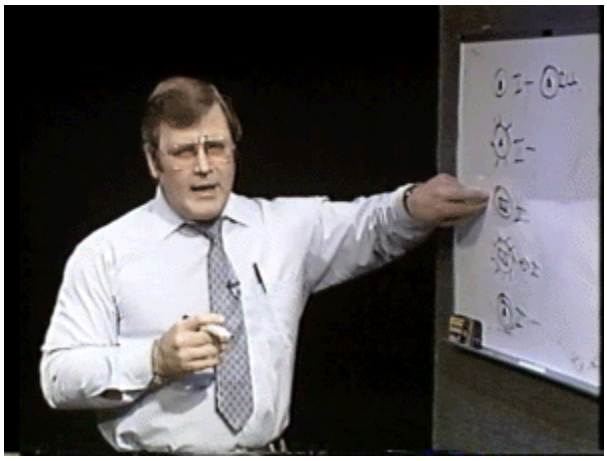
But again, let's look at the overall picture. And the overall picture is that suddenly in humans we have an explosion of disease. Not just AIDS, but other retroviruses: HTLV-I: T cell leukemia virus; HTLV-II; HTLV-III;



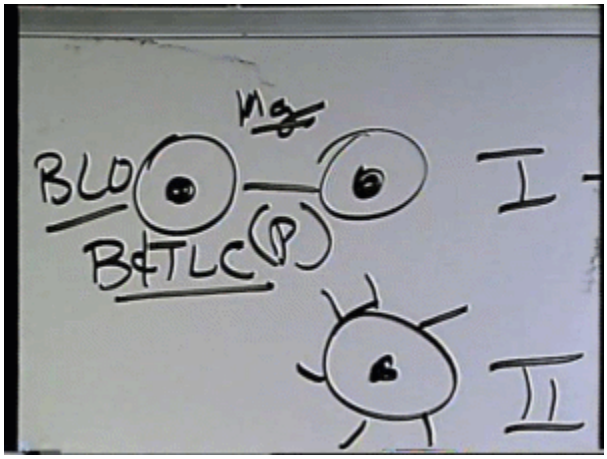
HTLV-IV, which is a new, recently-recognized AIDS virus also known as HIV-II; HTLV-V, which is the cause of mycosis fungoides;



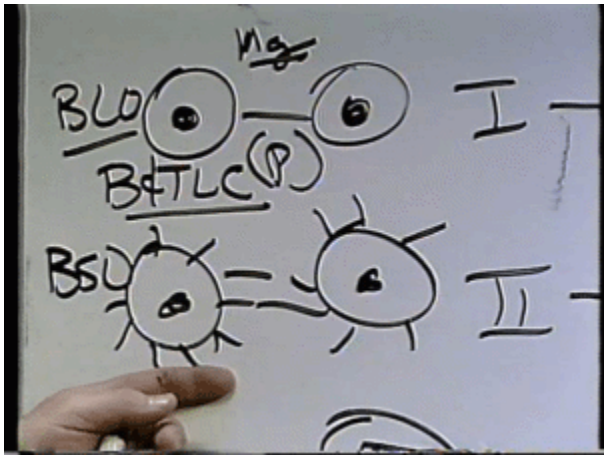
and HTLV-I Look-alike, which looks like this: I call it "I.L.L.", I-Look alike.



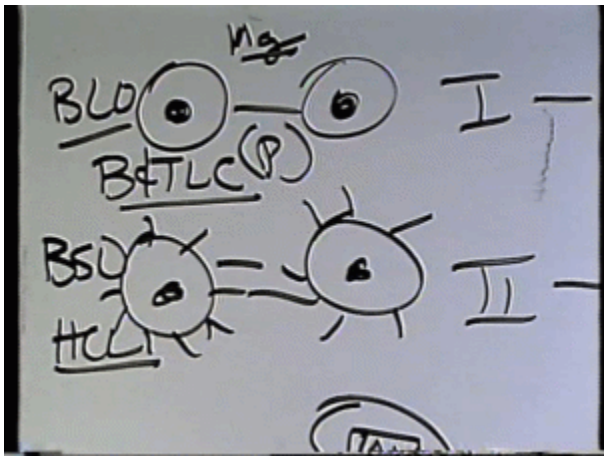
Now, even looking at -- say, let's throw AIDS out for a minute -- you have to ask yourself, where did all these other viruses come from? And my explanation as to where these other things have come from, along with the AIDS virus, is the following:



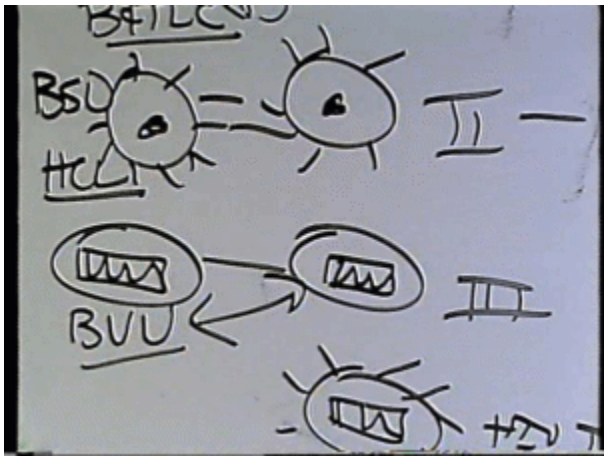
If you look at animals, particularly cattle and sheep, you'll discover an interesting phenomenon. In cattle, there's a virus known as "bovine leukemia virus," which has the exact same morphology -- which means shape -- the exact same relative molecular weight, the same magnesium dependency, and the ability to produce "B" and "T" cell leukemia of cattle, and is proliferative in tissue culture.



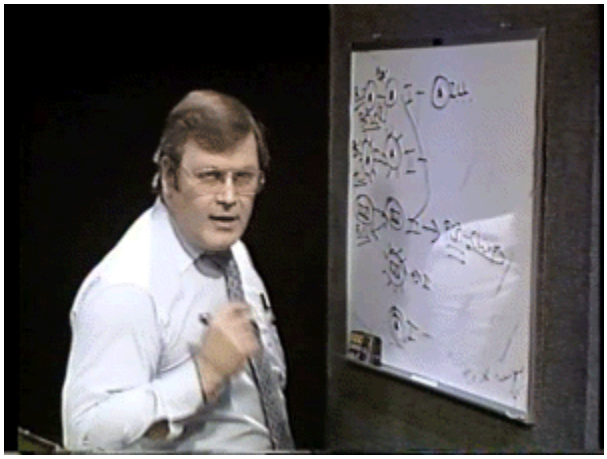
If you look at "bovine sensation virus," you'll find another virus of cattle which has the same shape, the same magnesium dependency, the same basic appearance,



and produces hairy cell leukemia in cattle.



If you look back, you can discover a virus known as "bovine visna virus," which has the same appearance as AIDS, the same molecular weight, the same magnesium dependency, and in 1974, either I or III here -- bovine leukemia, or bovine visna virus -- was producing penumocystis carinii pneumonia in chimpanzees.

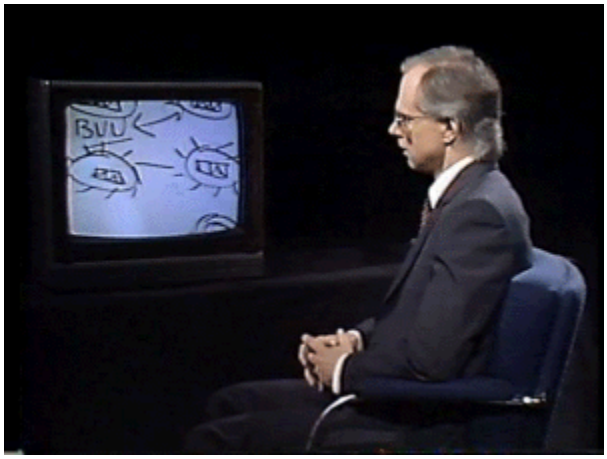


And if that isn't AIDS, I don't know what it is.

Abstract: This article proposes a series of experiments to determine if cows and sheep could be used as animal models for HIV-1, the AIDS virus. To justify this effort, a substantial case is presented that HIV-1 is a natural recombinant of Bovine Leukemia Virus (BLV) and Visna Virus. This natural recombinant may have been inadvertently transferred to humans through the Intensified Smallpox Eradication Program conducted in sub-Saharan Africa in the late 1960s and

most of the 1970s.

-- The origin of HIV-1, the AIDS virus, by Siefkes D.



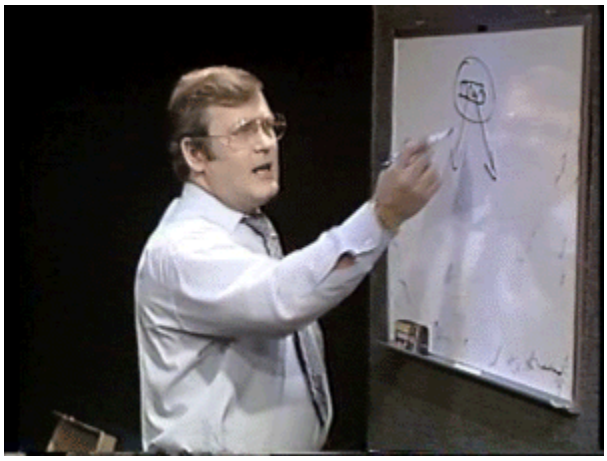
Now we have HTLV-IV which may represent a recombination between visna and HTLV-II, or bovine sensation virus here, which is a new AIDS virus growing -- just identified -- which has this appearance.

We have HTLV-V, which I'm not sure in animals what it is. And we have HTLV-1 Look alike.

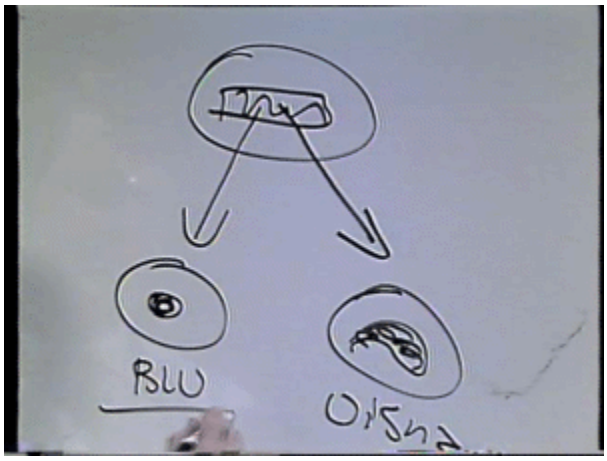
[Dr. William Thornton] You'll recall that Dr. Strecker has shown us that the AIDS virus selects and destroys T4 cells. These are the cells in our bodies that protect us against the development of cancers. Now a person who is infected with the AIDS virus have T4 cell destruction, and subsequent development of specific types of cancer. These include kaposi's sarcoma and penumocystis carinii pneumonia, which are fatal. Looking at the overall virus picture in a

general way, Dr. Strecker has pointed out that there are several other deadly retroviruses besides the actual AIDS virus which are infecting humans and causing cancers, including cancer of the blood: leukemia. Dr. Strecker makes an interesting and startling correlation: these human cancer-causing retroviruses, including AIDS, all have striking similarities to animal viruses -- but not from the green monkey! -- from cattle and sheep, known as "bovine" and "visna" viruses. The implications of these similarities between human and animal viruses is disturbing. How did animal viruses get into humans? As we shall see, this subject begins to reveal the true origins of the AIDS virus.

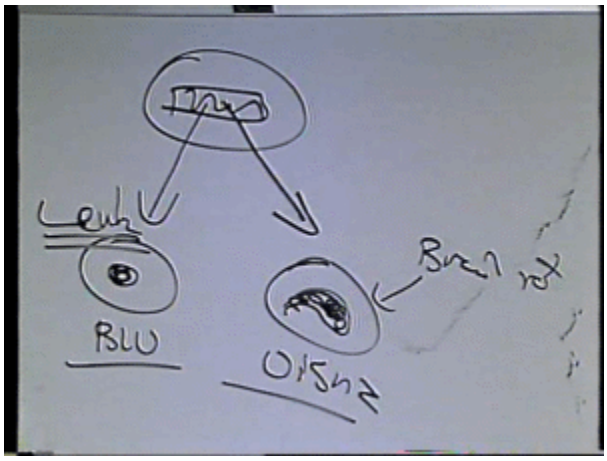
[Dr. Robert Strecker] Now, why am I bringing up the question of cattle viruses and sheep viruses, when everybody says that these viruses came from monkeys? I say that for the following reason:



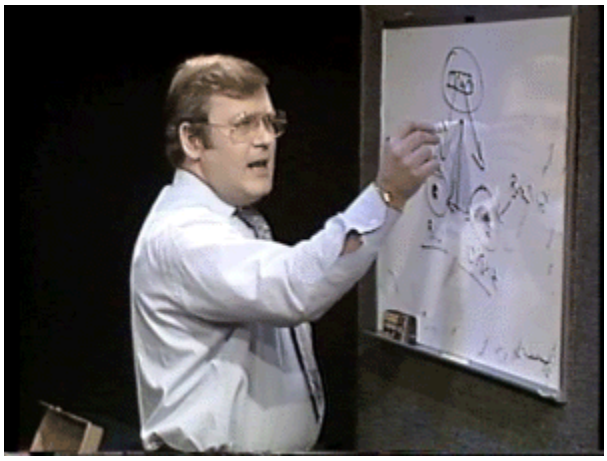
If you look at the genes of the AIDS virus, the genes of the AIDS virus don't look like monkeys. The genes of the AIDS virus, in every paper published to date, look like the following:



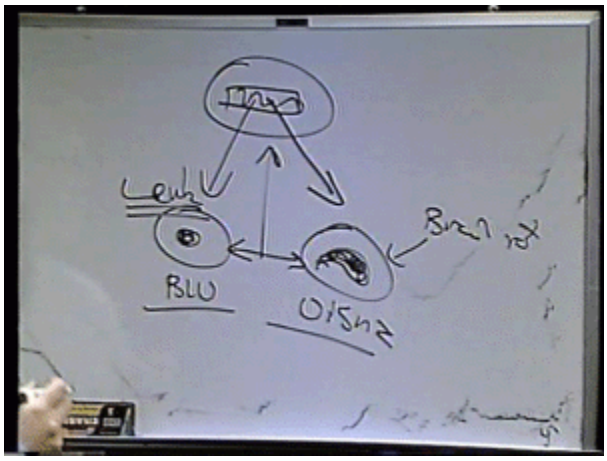
bovine leukemia virus of cattle, or visna virus of sheep.



Now, these are retroviruses of animals, and these viruses are known to cause brain-rot in sheep, and to cause leukemia in cattle.

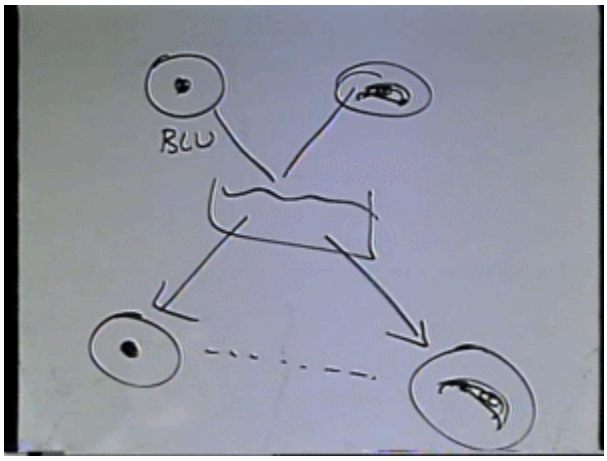


So, is it possible is my question,

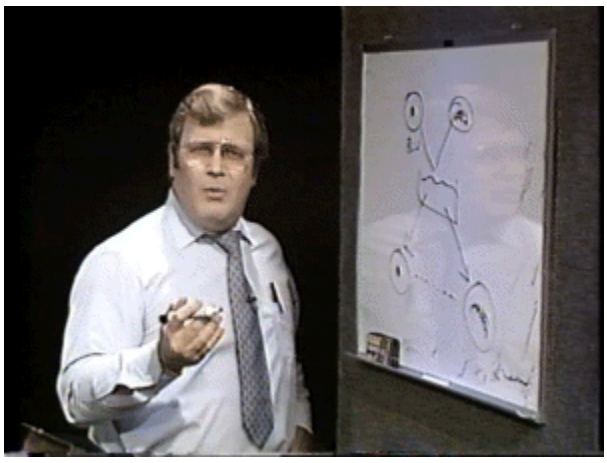


is it possible to cross these two viruses and make AIDS?

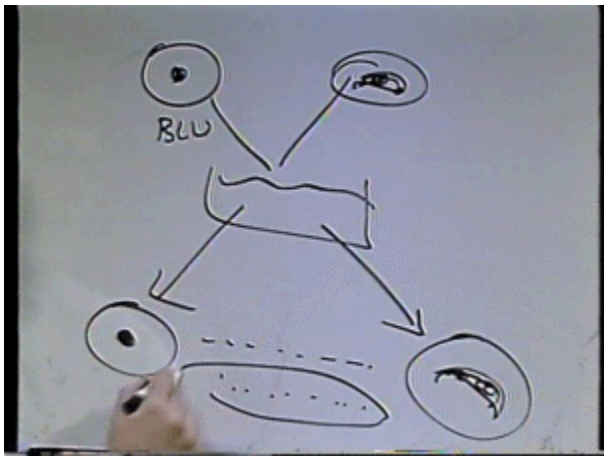
Now, of course, if you go down and ask your local AIDS expert, "Is that possible?" most of them, most of them, will probably lie and tell you, "No, that's not possible. That's just nonsense."



But the truth of the matter is is that AIDS virus is in a sense much like humans in that if you have bovine leukemia virus on one hand, and visna virus on the other hand, and you simultaneously infect a human tissue culture, what comes out of that infection is not only the original parents: bovine leukemia virus and visna virus,

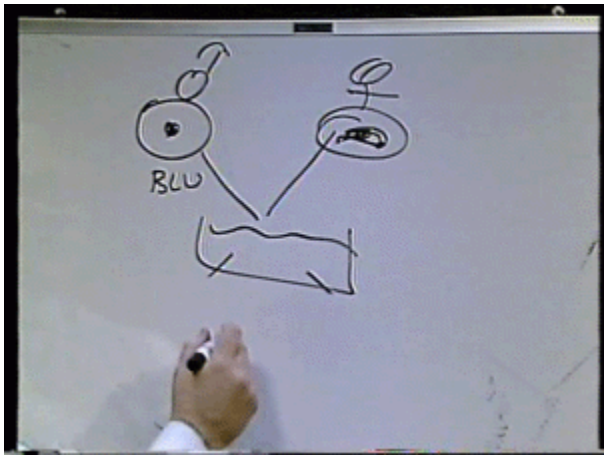


but what comes out of that is every possible recombinant that will grow. In fact, not only that, it also comes out of the ones that won't grow which you can't identify because some of them down here are recombinants that come out but they won't reproduce.

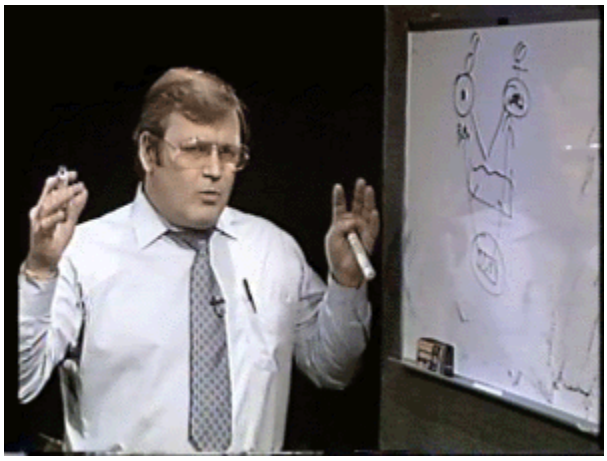


They're called, in fact, in retrovirology those are called "incompetent."

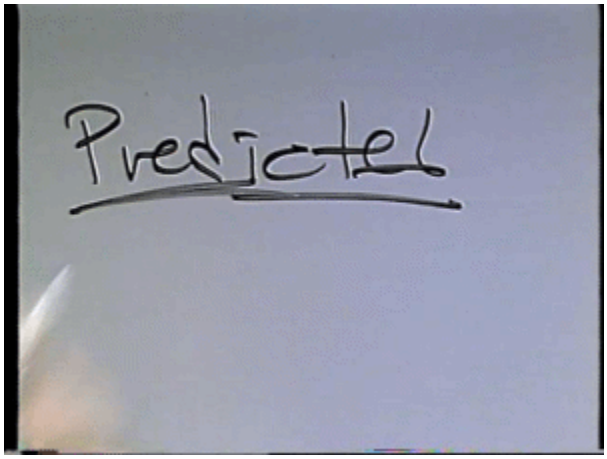
They're not capable of reproduction. You might call them "impotent." They can't reproduce. So we get out not only the competent, but the impotent. So in fact, these viruses do, in a sense, not only reproduce themselves, but they make babies which are different than the parental strains.



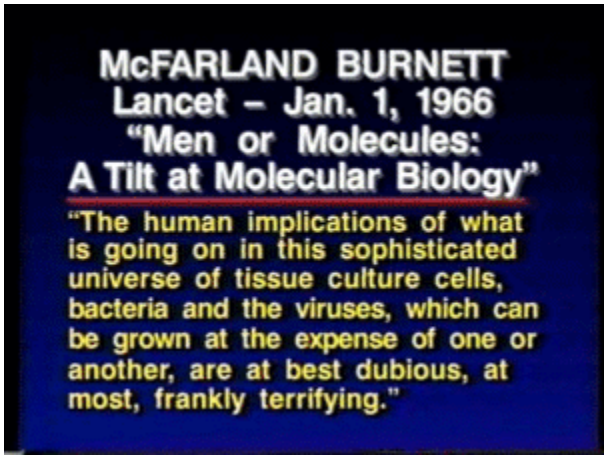
It's just like each of us. Each of us is a recombination of our fathers and our mothers.



If you say, well, we look at the AIDS virus, and we say, "Well, it's only 50% identical to visna, and it's only 50% identical to bovine leukemia." And they say, "That's distally related." It's like saying I'm distally related to my mother or my father because I only contain 50% of their genes. Of course that's nonsense! The fact is that containing 50% of the genes of the virus, you could be the direct descendant of the parents. It's the same as each of us. Each of us is a direct descendant of our parents and we contain 50% of our mother's genes, and 50% of our father's genes.

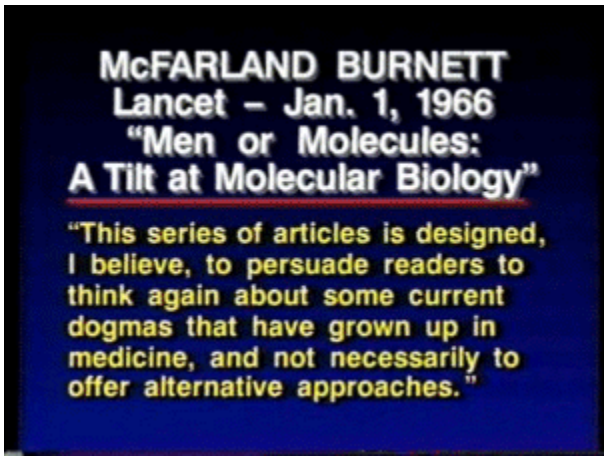


Now we say that this virus was "Predicted." Now, how can we say that?



We can say that because if you review the literature as far back as 1966 in Lancet, McFarland Burnett said the following:

[Dr. William Thornton] "The human implications of what is going on in this sophisticated universe of tissue culture cells, bacteria and the viruses, which can be grown at the expense of one or another, are at best dubious, at most, frankly terrifying."

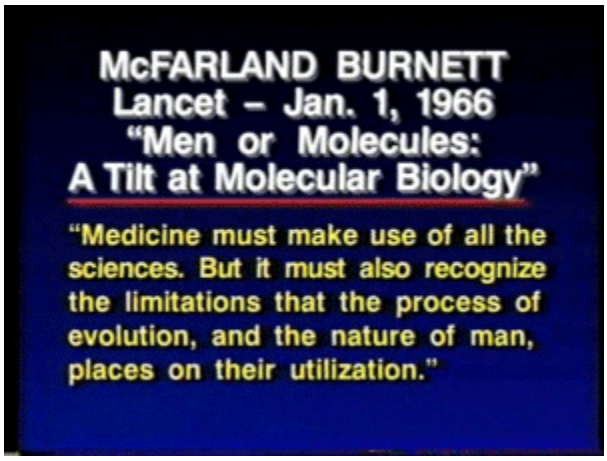


Later, in concluding an article addressing the bad aspects of molecular biology, the author states:

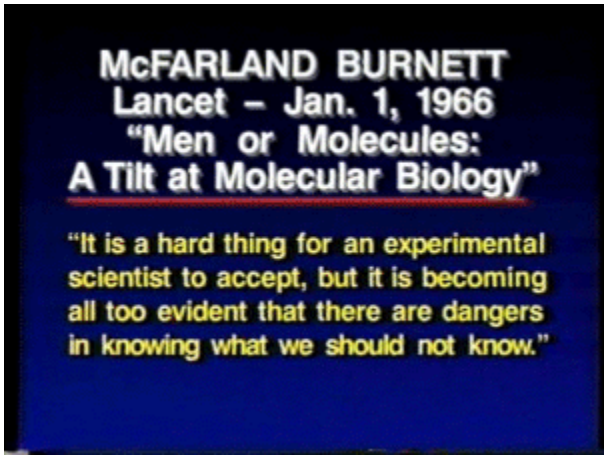
"This series of articles is designed, I believe, to persuade readers to think again about some current dogmas that have grown up in medicine, and not necessarily to offer alternative approaches."

These dogmas could be referring to those regarding AIDS, many of which are not true.

Regardless of your beliefs in the origin of man, being that of an evolutionist or creationist, the author raises an alarming point about the manipulation of mankind through genetic engineering:

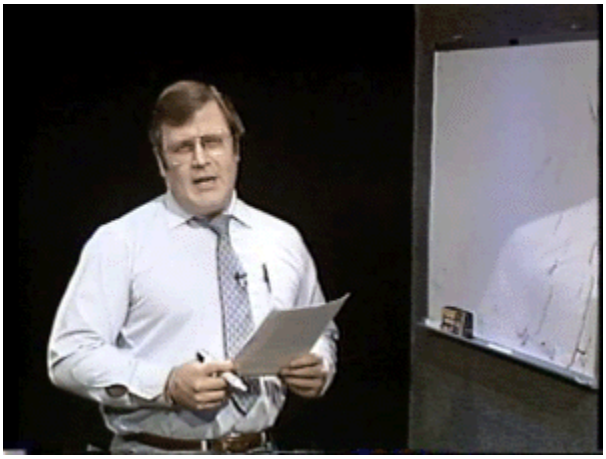


"Medicine must make use of all the sciences. But it must also recognize the limitations that the process of evolution, and the nature of man, places on their utilization."



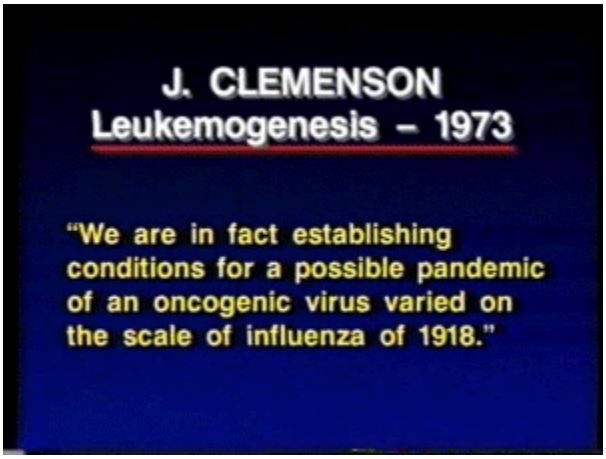
"It is a hard thing for an experimental scientist to accept, but it is becoming all too evident that there are dangers in knowing what we should not know."

[Dr. Robert Strecker] So what is he saying there? He's saying that we're fooling around with the very nature of life, and that when you're doing that, you may have some problems. If you're a creationist, and you believe that god created the universe, the answer would be: "What makes you think that you can make it better?" If you're an evolutionist, and you believe that man evolved over thousands and thousands of years, and all life evolved, then "What makes you think that you can make it better in a few years, compared to what has taken say hundreds of thousands of years to occur?"

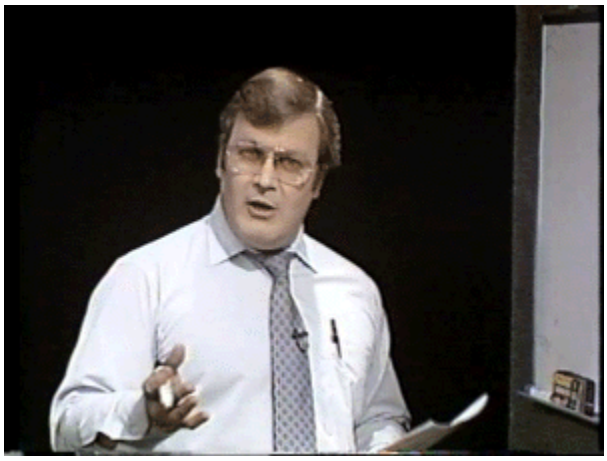


Back to the prediction: If we address what J. Clemenson said:

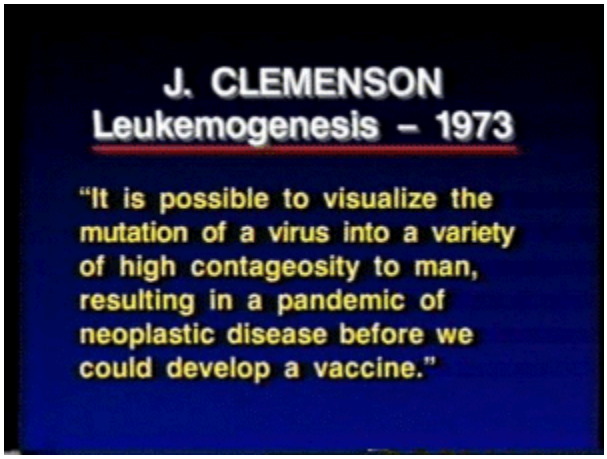
[Dr. William Thornton] J. Clemenson from the Danish Cancer Registry, in addressing an international assembly of leukemia experts said:



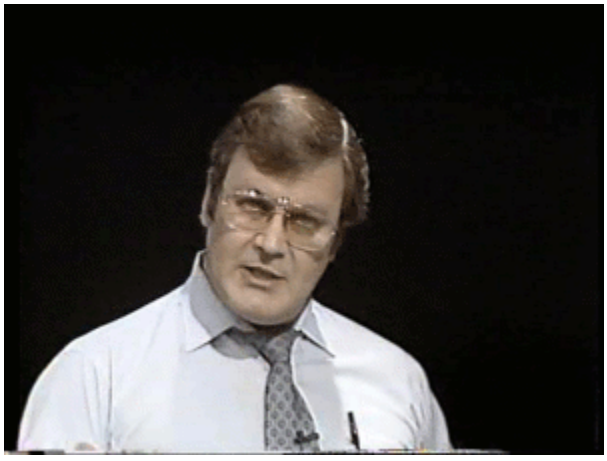
"We are in fact establishing conditions for a possible pandemic of an oncogenic virus varied on the scale of influenza of 1918."



[Dr. Robert Strecker] Now what is she saying there? She's saying that what's going to happen in the near future, and she said this in 1973, is that someday you're going to be walking down the street, and what drops on you isn't going to be influenza, it's going to be leukemia, or cancer. She says:



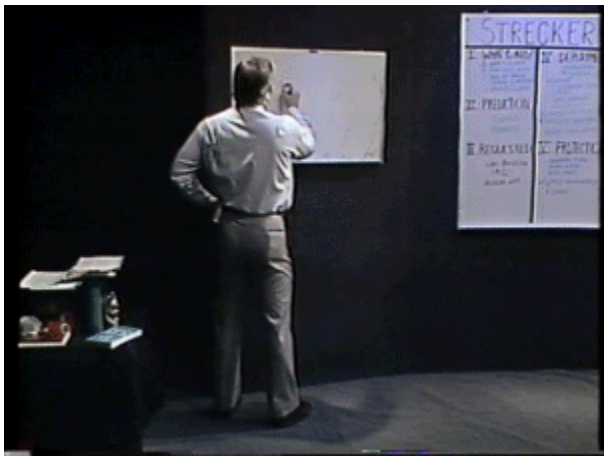
[Dr. William Thornton] "It is possible to visualize the mutation of a virus into a variety of high contageosity to man, resulting in a pandemic of neoplastic disease before we could develop a vaccine."



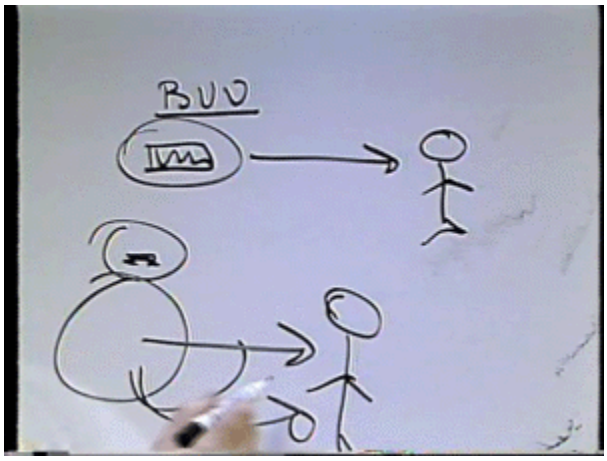
[Dr. Robert Strecker] What is she saying here? She's saying that what's going to happen -- and then she says it here -- is because of serial passage of viruses in tissue culture, and adaptation to man, that you will develop a new virus which will infect man, give him cancer, before you have the chance to develop a vaccine against that.

And my question is, "Isn't that just exactly what has happened with the AIDS pandemic?"

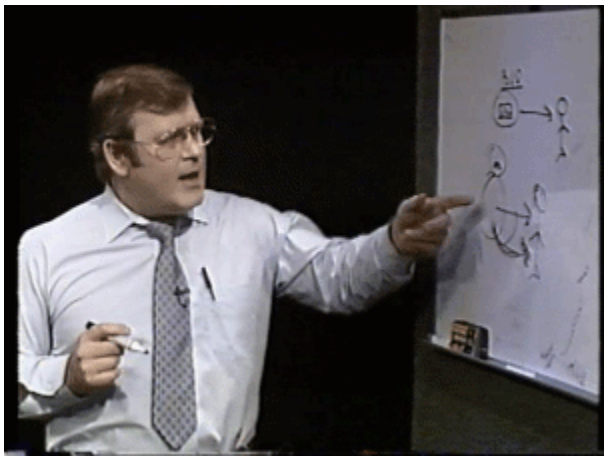
She closes by saying, uh, basically, "We who are about to die salute you." And I'm not quite sure what that means, but we can each draw our own conclusions.



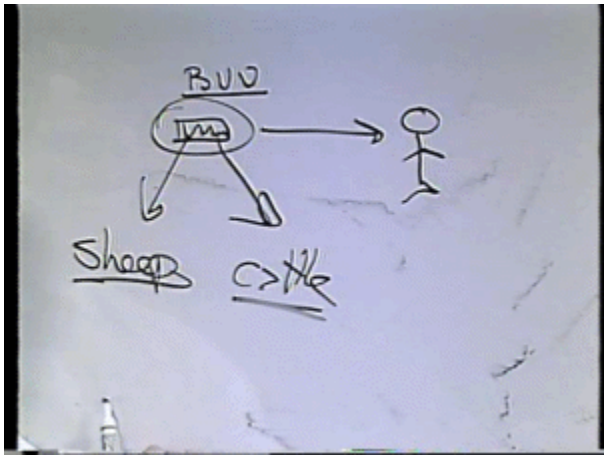
Now, how could you adapt a virus, say, bovine visna virus, if you had it in hand to grow in human beings. This is actually the crux of the AIDS issue.



The NIH would have us believe, and other so-called "AIDS experts," that the virus jumped species from chimpanzees in Africa to humans by biting somewhere on the butt, and then BAM, we got AIDS all over Africa.

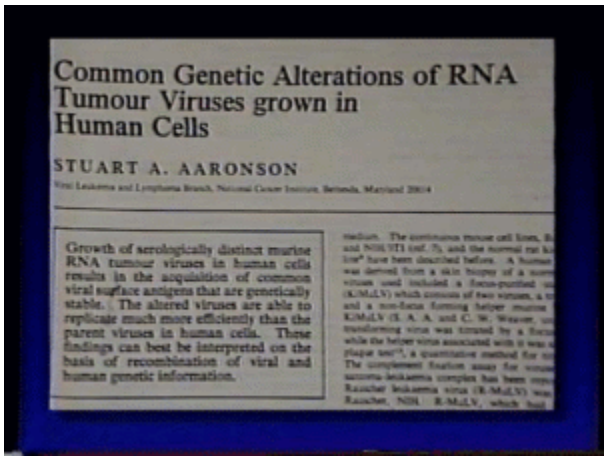


Now, of course, they tell us, don't they, that you can't transfer this virus by biting or by saliva, yet they would have us believe that this monkey transferred it by saliva. And the fact of the matter is, is that the AIDS virus reportedly won't grow in African green monkeys. It doesn't cause disease there.

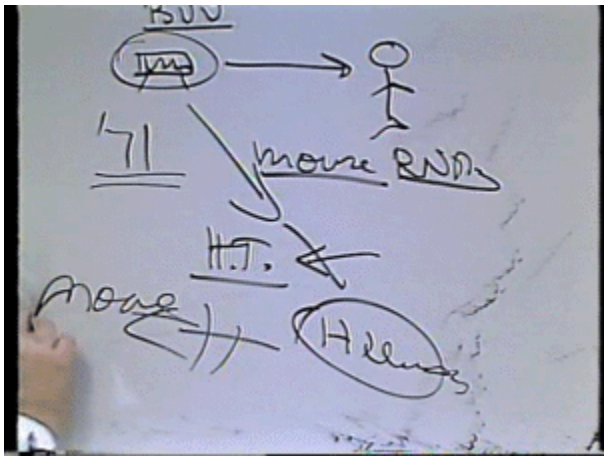


And the genes of the AIDS virus don't look like monkeys, they look like the disease affecting cattle and sheep.

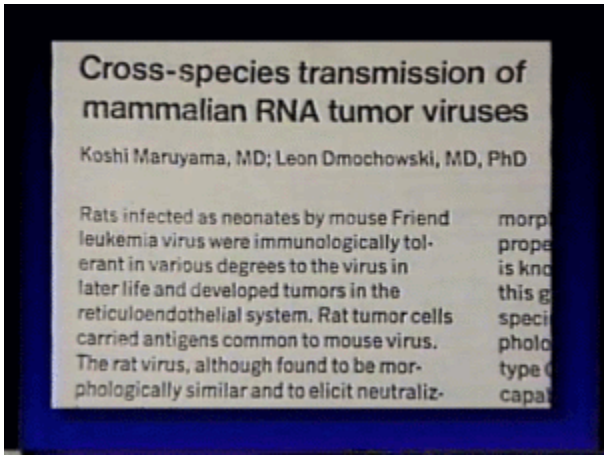
So if we had a virus named bovine visna in our laboratory, how could we adapt it, accidentally or on purpose, to grow in humans? Now that was addressed in a series of very interesting experiments published by Stuart Aaronson of the National Institute of Health in 1971.



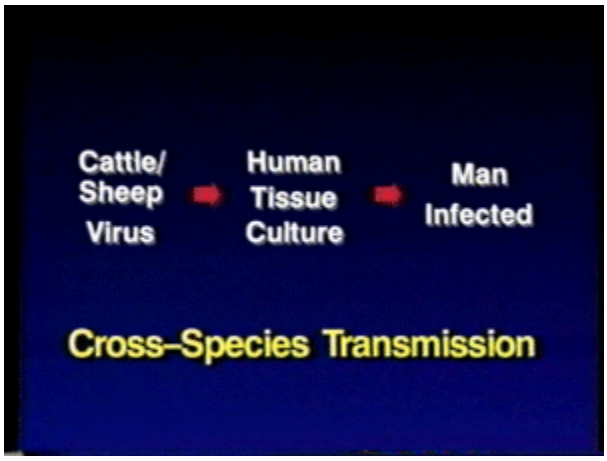
The first article was called "Common Genetic Alterations of RNA Tumour Viruses Grown in Human Cells."



And what he did was, he grew a mouse virus, an RNA retrovirus of mice, in human tissue. And what happened was that that mouse virus adapted to human tissue, it became human-like in a sense, and it would now only grow in human tissue. It would no longer grow in a mouse.

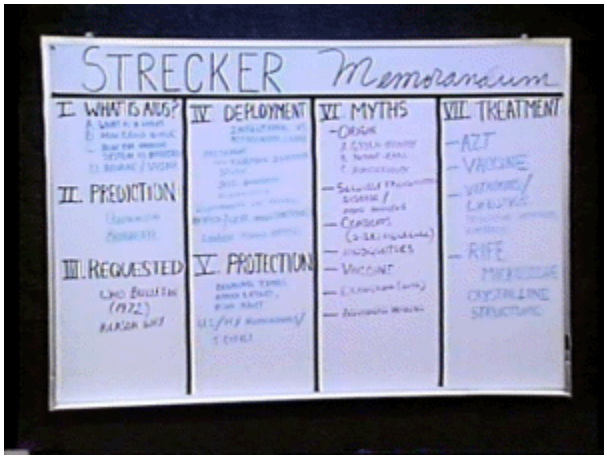


Now, that was expanded in 1972 or so in a paper published by Leon Dmochowski and Koshi Maruyama from Texas Medicine in 1973, in an article entitled, "Cross-species transmission of mammalian" -- we're mammals -- "RNA tumor viruses."

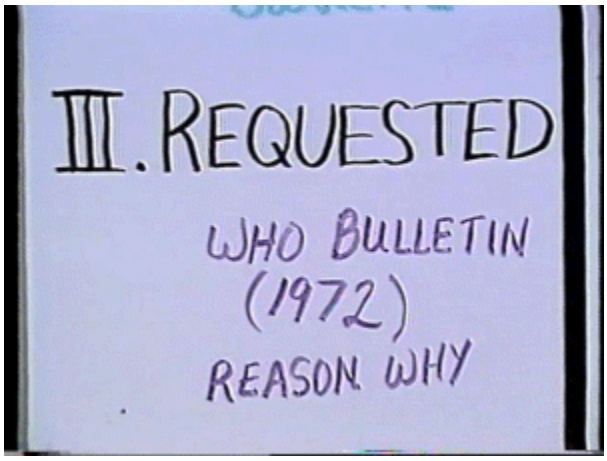


And what they did in this paper was to show that you could take a species such as say cattle or sheep and serially pass a virus, specifically an RNA retrovirus in tissue cultures, and adapt that virus to grow in other species like man.

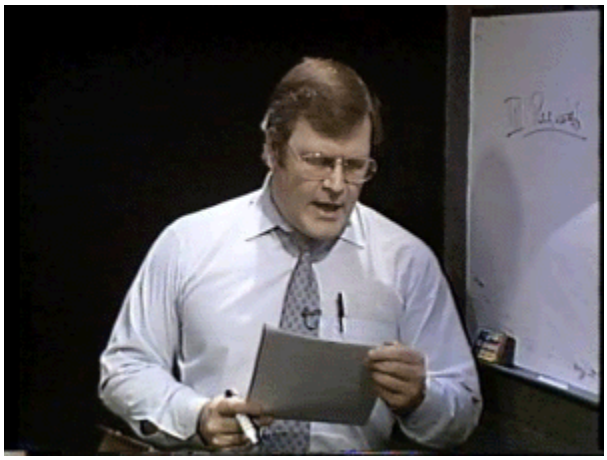
So, if the basic question is, cross-species transmission of these viruses, you say, "How did cross-species transmission occur? Did it occur by some monkey biting somebody on the butt in Africa, and then AIDS all over Africa, or was it by serial adaptation of the virus to humans by growth in human tissue culture?



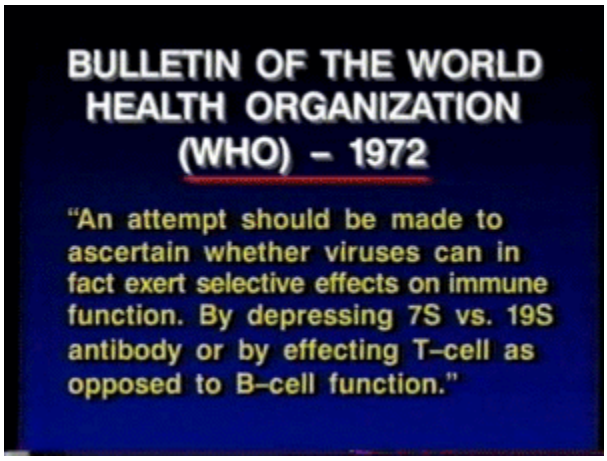
Now, you say the virus is "Requested."



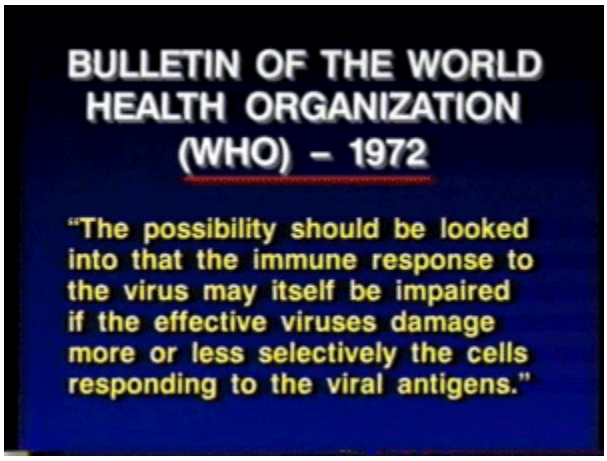
How can we say this virus was requested? Surely, nobody would request the AIDS virus.



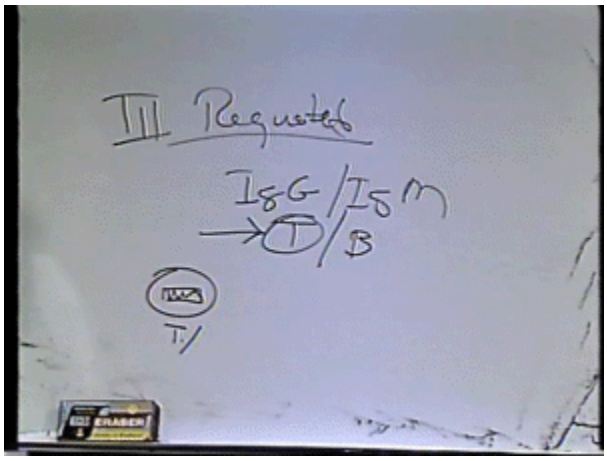
Yet, when you address Bulletin of the World Health Organization, published in 1972, it says specifically the following:



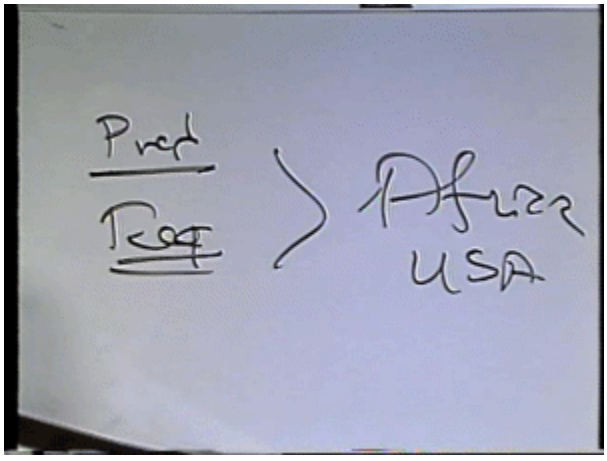
[Dr. William Thornton] "An attempt should be made to ascertain whether viruses can in fact exert selective effects on immune function. By depressing 7S vs. 19S antibody or by effecting T-cell as opposed to B-cell function."



"The possibility should be looked into that the immune response to the virus may itself be impaired if the effective viruses damage more or less selectively the cells responding to the viral antigens."

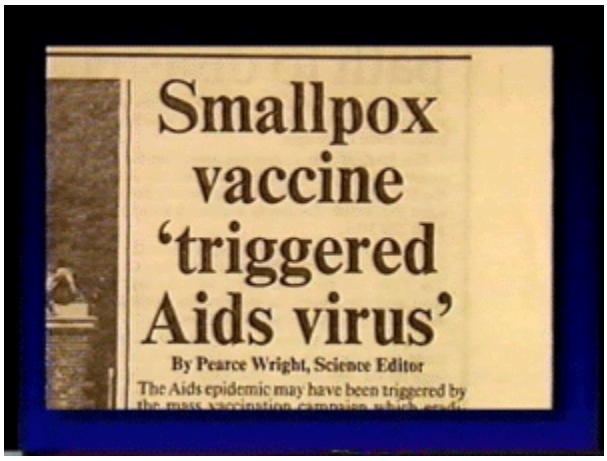


[Dr. Robert Strecker] Now, what does that say? That says, "Let's make a cell -- let's make a virus, sorry -- let's make a virus that selectively inhibits the T-cell system of man. And of course, what is that virus? That virus is AIDS.

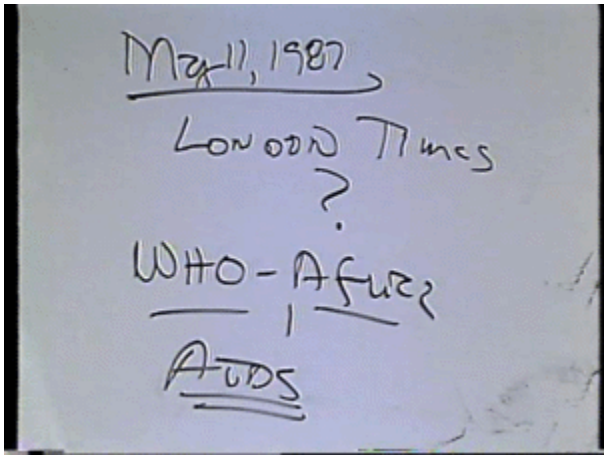


So, is it a mere coincidence that we now have a pandemic of a T-cell destroying virus which was in a sense predicted, and here requested, growing in Africa and the United States?

Now, this question was addressed partially in an article written Monday, May 11, 1987.



["Smallpox vaccine 'triggered Aids virus," by Pearce Wright, Science Editor]

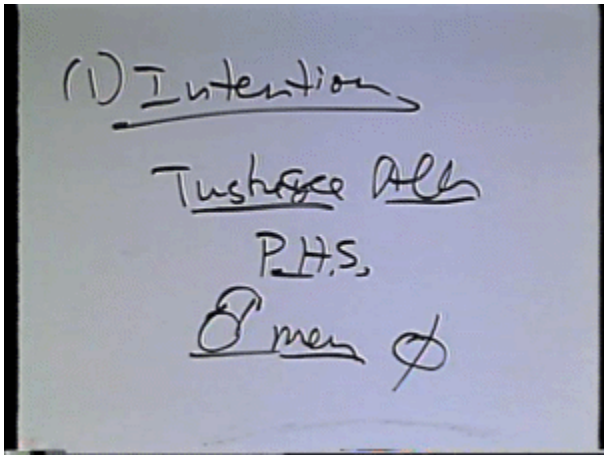


And in that article, in the front page of the London Times, which addressed the question of, "Was there an association between the WHO vaccine programs in Africa, and the outbreak of AIDS? Their conclusion was the following: that there was an association.

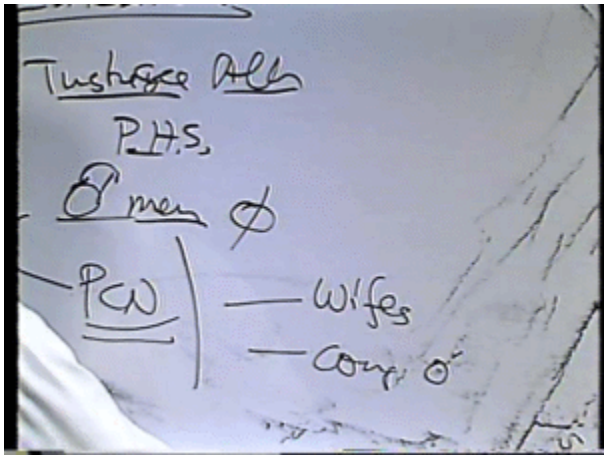
Well, the story goes like this. Supposedly, somebody had been hired by the WHO to investigate whether or not the WHO vaccine programs in Africa, the WHO meaning the World Health Organization, which were the WHO vaccine programs which were responsible for eradication of smallpox in Africa, may have been a contributing factor to the spread of AIDS in Africa. Evidently, a researcher who has remained anonymous, is afraid to reveal his name, was hired by the World Health Organization to investigate that study. He did a study over a year or two. He wrote a report, he submitted it to the World Health Organization, the WHO, was paid, and that was the end of it. A year or so later he walks into the London Times, and throws the report on Pearce Wright's desk, who is the science writer at the London Times, and said, "If you really want to know what's going on with AIDS in Africa, here's the answer." That article was the impetus for the printing of this story, which said there is a correspondence between the WHO's program in Africa and the outbreak of AIDS. As far as we know, this has never been discussed or addressed in this country. And I find that particularly interesting as to why it's never been addressed in the United States for the following reason: A quote in that article on Monday, May 11th, was from Dr. Robert Gallo, who is the reported co-discoverer of the AIDS virus, who said that this was an interesting and important hypothesis. "An interesting and important hypothesis."

Well, if it's interesting and important, how come nobody's addressing it? Obviously, in a sense, the answer to that might be, "If you made AIDS, would you tell anybody?" Of course not.

[Dr. William Thornton] Did you read about this World Health Organization vaccine program and the development of AIDS in your local newspaper? Not likely. The American press virtually ignored this front page story in the prestigious London Times, one of Europe's most respected newspapers. The story caused a furor. Front page stories appeared throughout Europe, Latin America, and other parts of the Free World, while here in the United States, the story was relegated to obscurity. Why? Why is the American press failing to investigate this controversial story? Why are the American people being denied critical information which is widely distributed through most of the rest of the world? Dr. Strecker has looked deeper into this mystery surrounding the WHO vaccine program in Africa, and now he's going to tell you how this AIDS infection could have occurred because now you're going to get the facts.



[Dr. Robert Strecker] Now, how could this, how could this virus have been, say, inoculated by the WHO in Africa? There are two ways: obviously, if it was intentional, that is the first way. Intentional. And people say, "Well, that's absurd." And I say, "No, that's not absurd because of the following reason: Beginning in the early 30s or 40s in this country, in Tuskegee, Alabama there was a study undertaken by the United States Public Health Service which enlisted black men who were infected with syphilis. And those black men were serially followed over many years.



And the important part of that study was that they were also followed after penicillin became available and most of them were specifically prevented from being treated with penicillin which led to the infection of their wives and development of congenitally infected syphilitic black children in the Tuskegee, Alabama experiment.

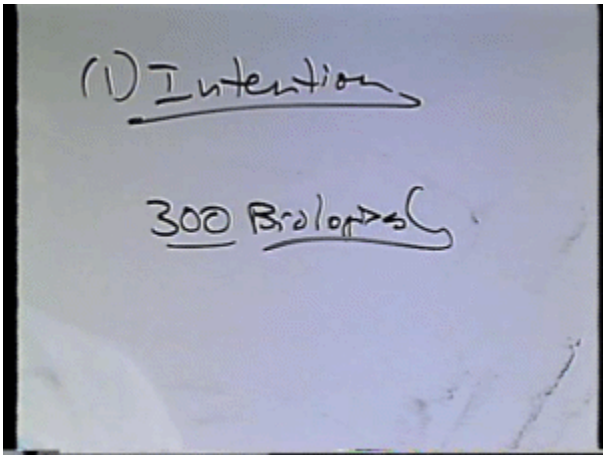
The Public Health Service started working on this study in 1932 during the Great Depression, in collaboration with Tuskegee University, a historically black college in Alabama. Investigators enrolled in the study a total of 600 impoverished, African American sharecroppers from Macon County, Alabama. Of these men, 399 had previously contracted syphilis before the study began, and 201[2] did not have the disease. The men were given free medical care, meals, and free burial insurance for participating in the study. **After funding for treatment was lost, the study was continued without informing the men they would never be treated. None of the men infected were ever told that they had the disease, and none were treated with penicillin even after the antibiotic became proven for the treatment of syphilis.** According to the Centers for Disease Control, the men were told they were being treated for "bad blood", a local term for various illnesses that include syphilis, anemia, and fatigue.

The 40-year study was controversial for reasons related to ethical standards because researchers knowingly failed to treat patients appropriately after the 1940s validation of penicillin as an effective cure for the disease they were studying. Revelation in 1972 of study failures by a whistleblower led to major changes in U.S. law and regulation on the protection of participants in clinical studies. Now studies require informed consent [3] communication of diagnosis, and accurate reporting of test results.[4]

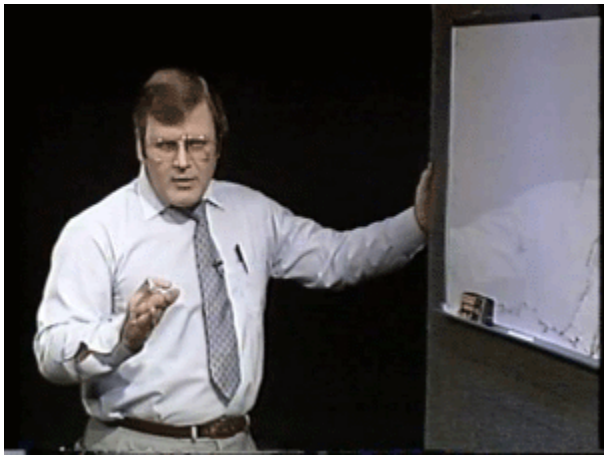
By 1947, penicillin had become the standard treatment for syphilis. Choices available to the doctors involved in the study might have included treating all syphilitic subjects and closing the study, or splitting off a control group for testing with penicillin. Instead, the Tuskegee scientists continued the study without treating any participants; they withheld penicillin and information about it from the patients. In addition, scientists prevented participants from accessing syphilis treatment programs available to other residents in the area.[5] The study continued, under numerous US Public Health Service supervisors, until 1972, when a leak to the press resulted in its termination on November 16 of that year.[6] **The victims of the study, all African American, included numerous men who died of syphilis, 40 wives who contracted the disease, and 19 children born with congenital syphilis.[7]**

-- Tuskegee Syphilis Experiment, by Wikipedia

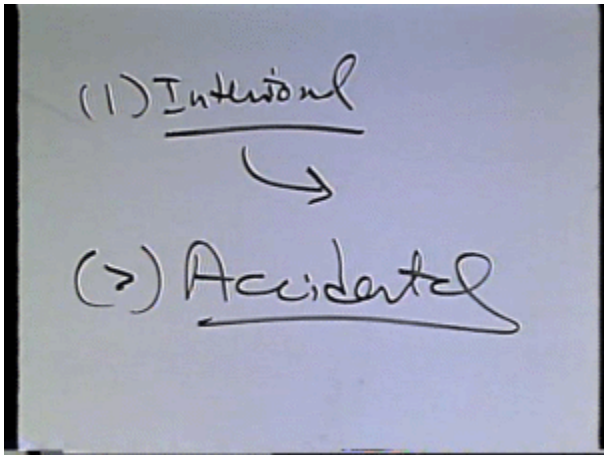
Now, that is documented in a book by James Jones, James Jones, entitled "Bad Blood." For anybody who would like to review the intentional infliction of disease upon American citizens, you can address yourself to this book. "Bad Blood," by James Jones.



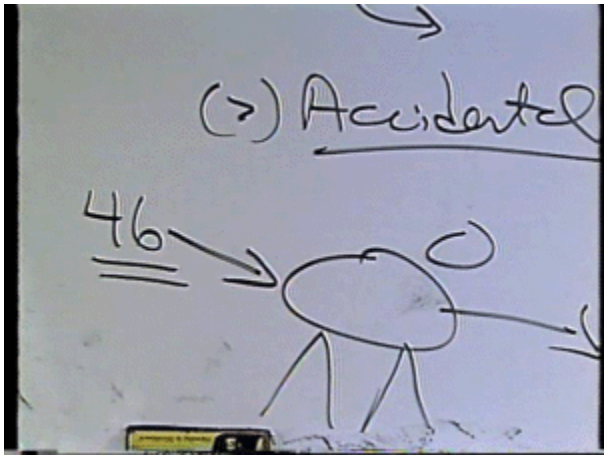
Furthermore, between 1959, and approximately 1970, there were over 300 biological experiments conducted on United States citizens unknown to them. Such as documented in a book called "A Higher Form of Killing: The Secret Story of Chemical and Biological Warfare," by Jeremy Paxman and Robert Harris, which documents all the biological warfare history of the United States that's known more or less in book form.



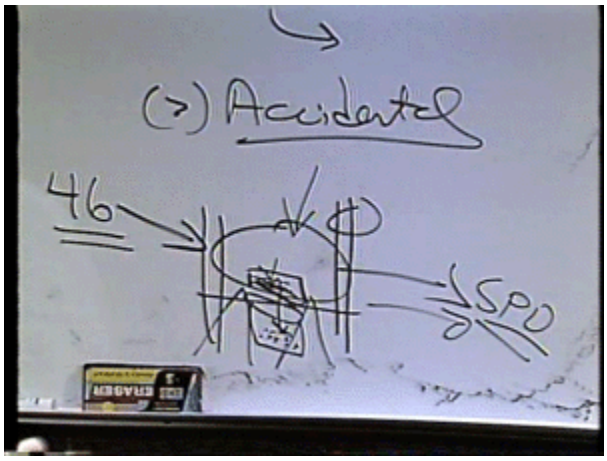
But to say that this government or other governments are not capable of doing these kinds of experiments is to not face reality. So obviously, if it was intentionally induced, then there could be a reason to see the explosion of AIDS in Africa.



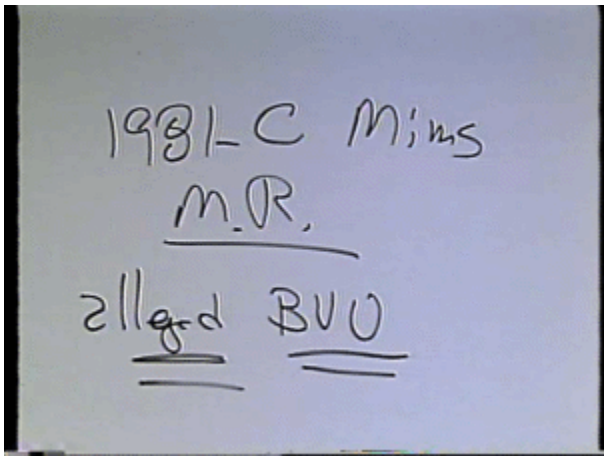
But more, there could be an accidental introduction. And how could that have occurred? It could have occurred in the following manner:



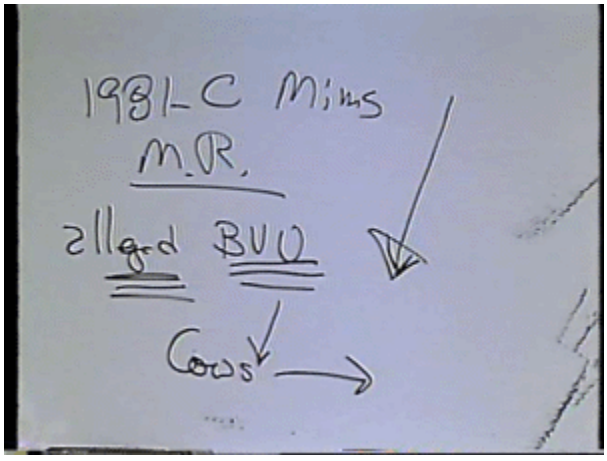
If you look at cattle, how was the AIDS virus produced? I mean, how was the smallpox vaccine produced? Smallpox vaccine was produced according to the report by the WHO World Health Organization in approximately 46 countries, directly from cattle.



The belly of a cow would be shaved, it would be sliced open, smallpox vaccine would be dripped on, he would be placed in stancheons, so that he couldn't lick his belly. A week or so later they come by, place a stainless steel container underneath it, shave off the scabs, collect the scabs that are falling into the stainless steel container, dry it out, and that's your next smallpox vaccine. Now, obviously, any virus contaminating the cow, such as bovine visna virus, bovine leukemia virus, bovine sensation virus, could be a potential contaminant of that smallpox preparation.

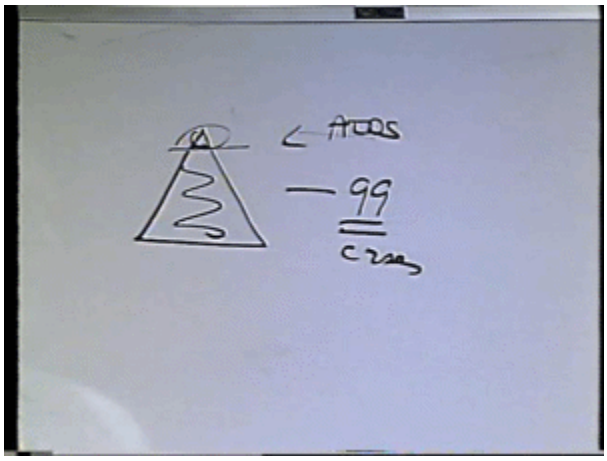


In 1981, Cedric Mims, writing in Microbiological Reviews, stated that an alleged bovine visna virus was a known contaminant of fetal calf serum. Now, what does that mean? That means that in 1981, at the same time that the AIDS virus was discovered, that they identified a virus named "bovine visna" which was contaminating fetal calf serum of cows.

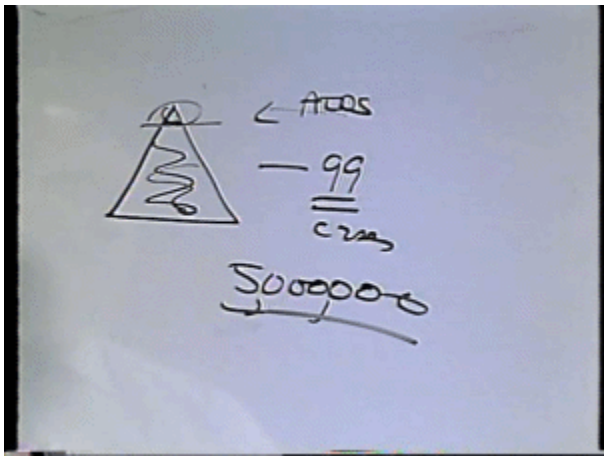


That means that this virus was present not only in cows, but was present in the growth medium that was being used on tissue cultures worldwide. It means that fetal calf serum, which is like the growth hormone for human and other animal tissue cultures, was contaminated with a virus which we know may have some, if not a direct identicality to AIDS.

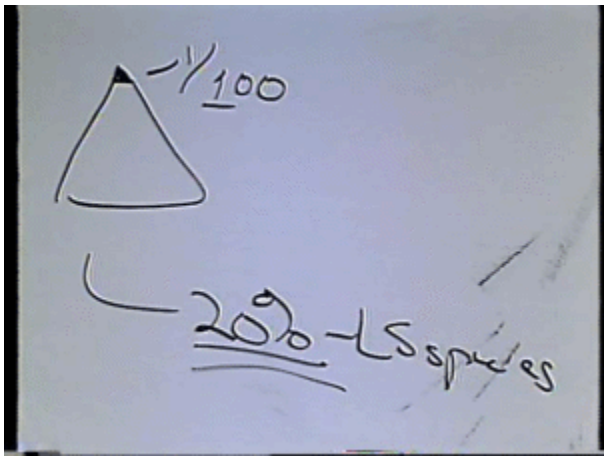
Now, if we look and say, "What's going to happen in the next few years with these retrovirus infections, it brings to mind several important points. First off, when we talk about retroviral diseases, if you really want to know about retroviruses, the people that you have to talk to are the veterinarians. Most medical doctors have had little, if any, experience with these types of diseases; whereas, the veterinarians are the ones who have had the most experience. It's not by error that Dr. Maranesiggs (sp?), who is in charge of the Human Leukemia Resource Group at Harvard, is a veterinarian. It's not by error that O.W. [William Fleming Hoggan] Jarrett, who was recently funded with $8 million United States dollars for the establishment of an IARC leukemia research group in Glasgow is a veterinarian. These people are in charge because they have a great deal of knowledge about retroviral infections.



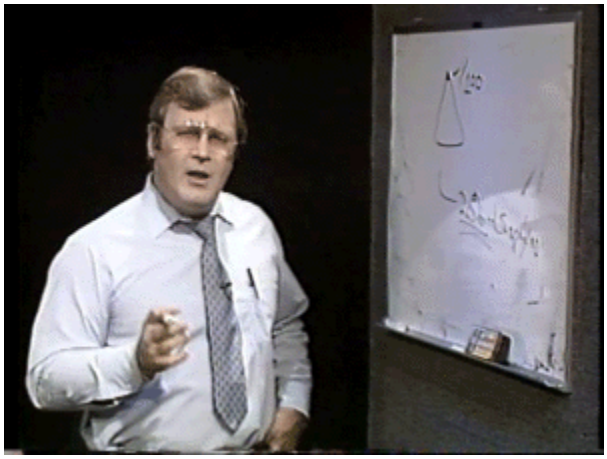
And when you look at retroviral infections, when you see an index case, like a case of AIDS, in general the rule of thumb is that there are 99 cases subclinical, or below it, supporting this one case on top.



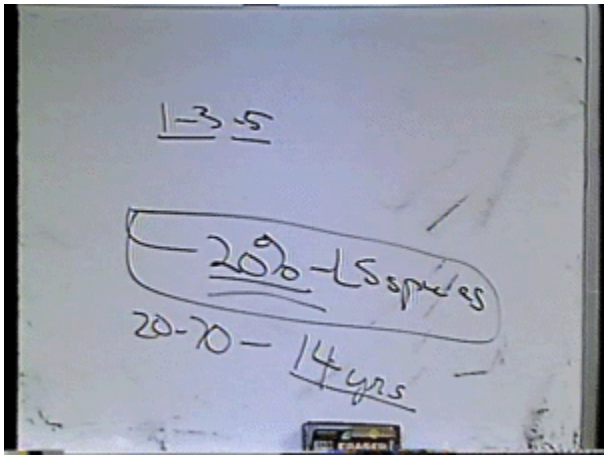
In the case of the United States, with 50,000 cases of AIDS, that would mean we have approximately 5,000,000 cases coming.



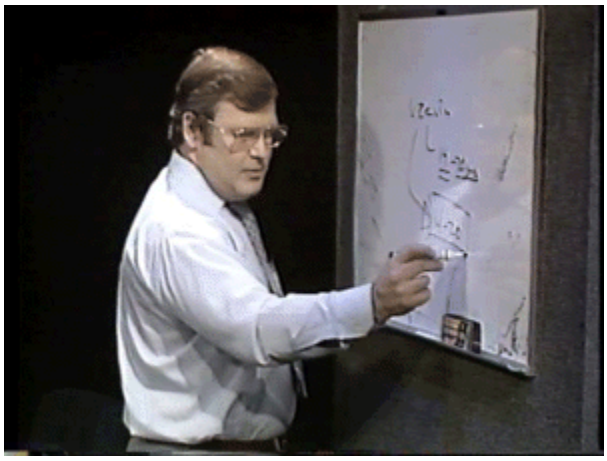
What else can you know from sort of the general rules of retrovirology? One of the things is that you know that the viruses which support this index case on the top here with say a ration of 1/100, work over an extended period of time on the rule of thumb average of 20% of the lifespan of the species.



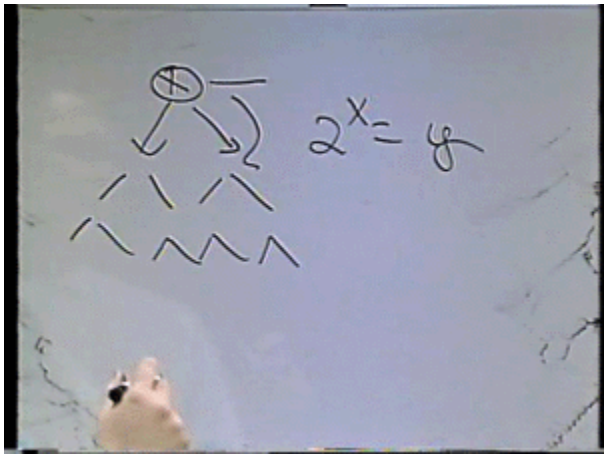
Now, this was one of the first things that led me to question the validity of much that was being told to the United States about the AIDS virus, and other retroviruses, was that they were predicting that the AIDS virus was going to work over 1-3 or even 5 years.



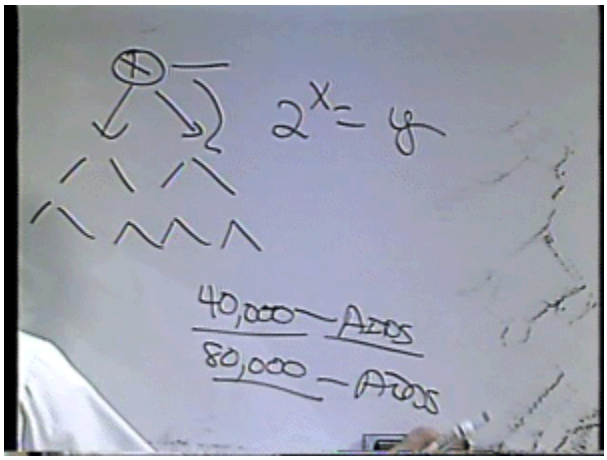
But actually, the rule of thumb would say that the AIDS virus should work over 20% of 70 years, which would be about 14 years. So as now more and more data comes in, we can see that this initial 1-3-5 years was actually more like 7-14 years, which is consistent with what I believe is the truth about how long it will take before you see the end result of an AIDS virus infection.



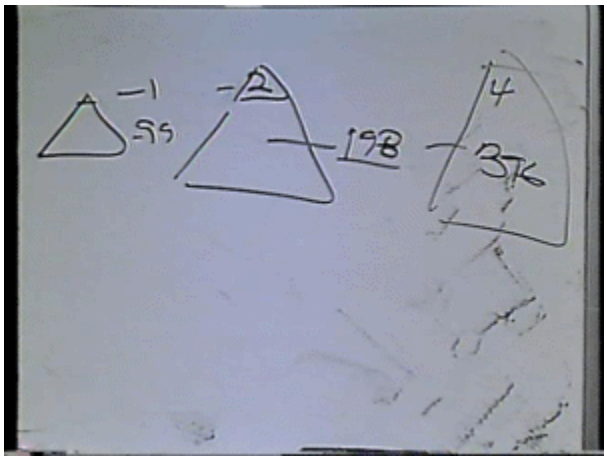
That has implications for many things. It has implications for vaccine development. In other words, you will have to wait an extended period of time before you can say for sure -- 14 or 20 years -- before you can say for sure whether the vaccine was working. It would say you are going to have to wait 14-20 years or even longer before you can say, "Well, I've been cured of AIDS." Because if the natural history of the disease is to last over an extended period of time, say 14-20 years, you're going to have to wait that long before you can say you're outside of the framework of where the disease is still liable to kill you. These are slow viral diseases of humans and represent a major new kind of problem that most medical doctors have had little experience in dealing with.



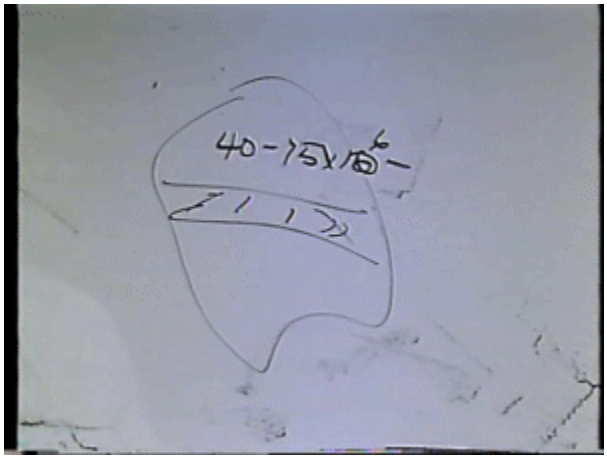
Now, if you look at slow viral diseases, if you have an index case, that case can double to two cases, those two can go to four, those four can go to eight -- in other words, there is some period of time here in which the disease doubles: 2x= number of infected y.



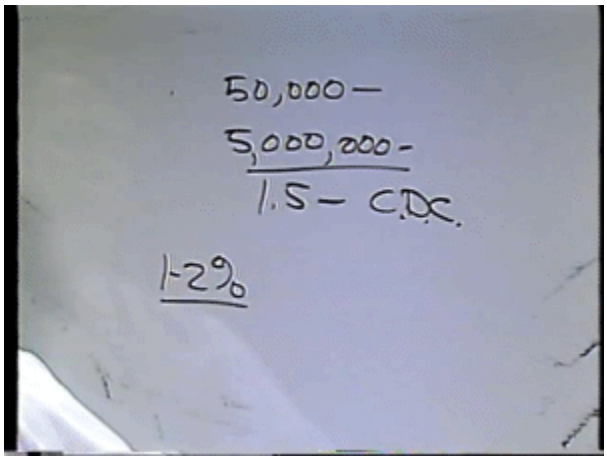
Recently, in the Los Angeles Times, it was noted that last year there were approximately 40,000 cases of AIDS virus documented worldwide, published by the World Health Organization. This year the number is approximately 80,000 cases of AIDS reported.



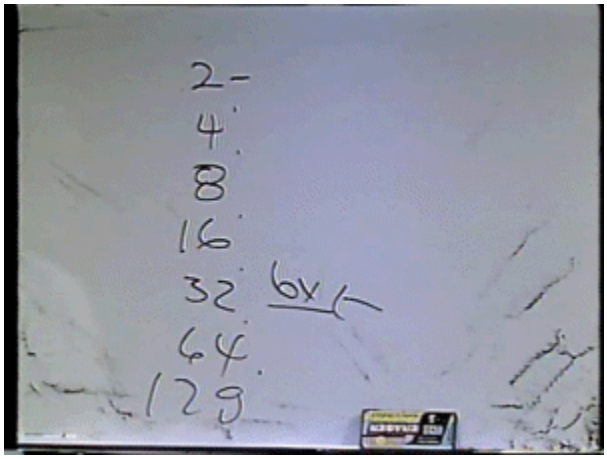
We can use as a common denominator here one year for a doubling time. Which would mean that virtually, in a year's time, the number of cases of AIDS, both those infected and perhaps those infected, would double. What does that mean? Going back to our little diagram I explained earlier, if we had one case of AIDS last year, and 99 cases coming, next year we might have two cases of AIDS and 198 coming. The following year there would be four cases and twice as many, approximately, let's see, 396 coming. So the pyramid would get progressively bigger, doubling each year.



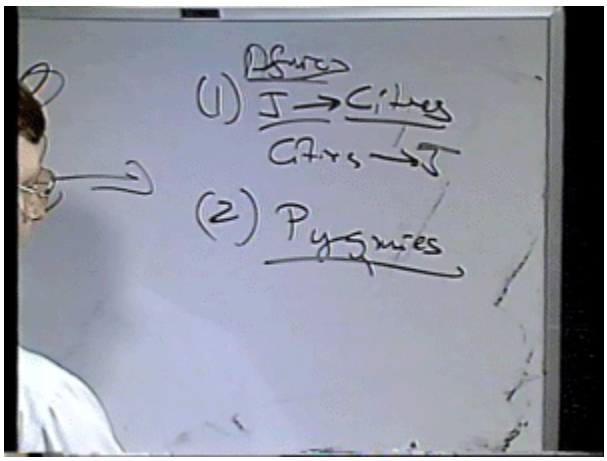
And when you look at the numbers infected in Africa, as reported by the World Health Organization, as a continent, Africa, through the AIDS belt and other areas of Africa, has between 40-75x10 [to] 6 -- million -- infected. If that doubles every year, it means that within three to four years, the entire continent of Africa may well be infected, and in 5-10 years, the entire continent of Africa could be expected to expire if in fact the AIDS virus has 100% mortality, which we believe that it does.



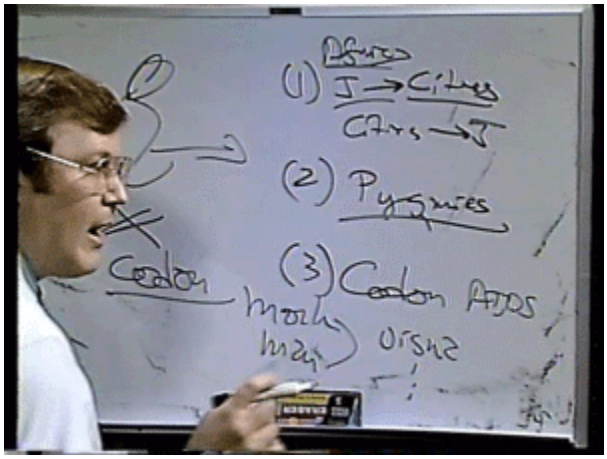
In the United States, with 50,000 cases of AIDS reported, that could imply that there are approximately 5,000,000 infected, not the 1.5 million reported by the Center for Disease Control -- approximately 5 million infected -- which constitutes somewhere between 1-2% of the entire United States population.



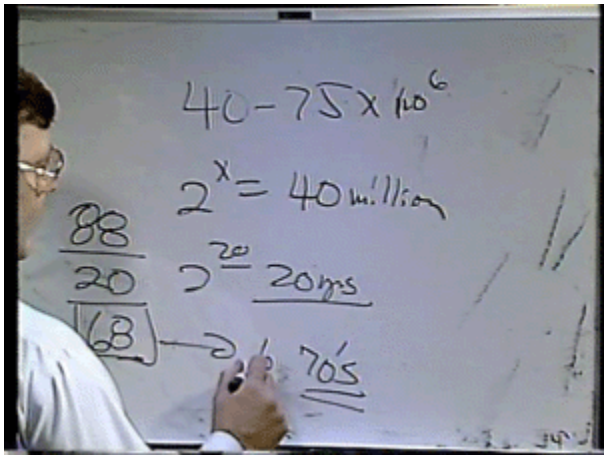
If you have 2% of the entire United States population affected already, that could double in every year, which would mean that in six doubling times, the entire country could be infected. If it takes an average of five years before infection leads to disease, it means that nearly everybody in the country could be infected before anybody got sick and showed evidence of infection if the virus continues to double every year. Those are pretty frightening statistics. And that applies to the AIDS virus alone without implicating any of the other viruses -- HTLV-1, II, IV, V, and I.LL., which are all, of course, out there and running, too. These have already been suggested that the blood supply should be screened for these viruses. We may be transfusing leukemia at the present time, just as we're transfusing AIDS at the present time.



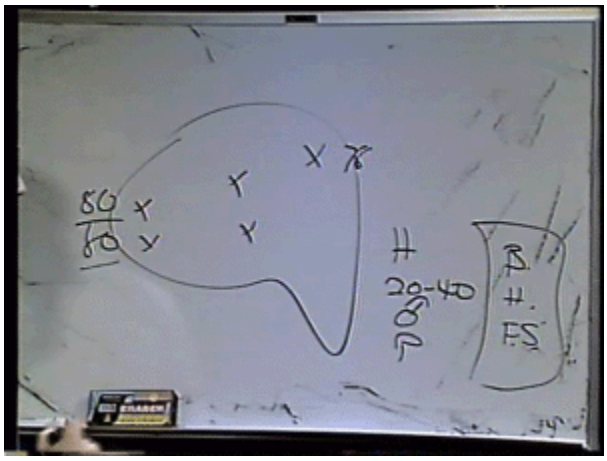
Now, what about the so-called, what I call "myths of AIDS"? The virus coming out of a monkey is impractical or impossible for the following reasons: If you look at Africa, if the virus came from monkeys, you would expect the virus to have spread from the jungles to the cities. Of course, that isn't what happened, it's spreading from the cities into the jungles. If you look at Africa, those most closely associated with the African green monkeys, the reputed animal origin in pygmies, they should have been infected with the AIDS virus. And up until the last six months or a year or so, pygmies were virtually 100% free of AIDS virus infection. They only got infected after intercourse or contamination from prostitutes of the cities, or by drug contamination from intravenous drug abuse from the cities.



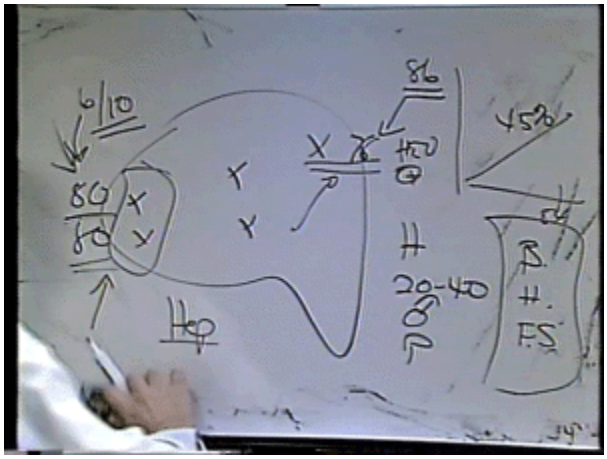
Stronger evidence against the virus actually coming from monkeys is the Codon choices of the AIDS virus. And that means that the genetic information of the AIDS virus, known as "codon choices," are NOT found in monkeys. They are not in monkeys; they are not in man; they actually exist in visna virus, and a few other viruses of the laboratory. That's where the genetic structure, the genetic material, the so-called "information" of the genes of the AIDS virus look like visna, as we already know, and bovine leukemia virus. So all of these mitigate against the virus coming from monkeys and spreading in Africa.



There's another way to get at this problem. If you say, for instance, that there are between 40-75 million Africans infected, and we know that 2x = 40 million, then we had to have approximately 2 [to] 20, or 20 year doubling time for the virus to have spread in Africa. It's now 1988, that would have meant that the virus had to originate in Africa in 1968, and of course by mid-1970s, or early 1970s, there would have been people dying from AIDS in Africa. And of course that's not the case. The retrospective analysis of blood shows that AIDS didn't exist in Africa until the mid-70s, or later.



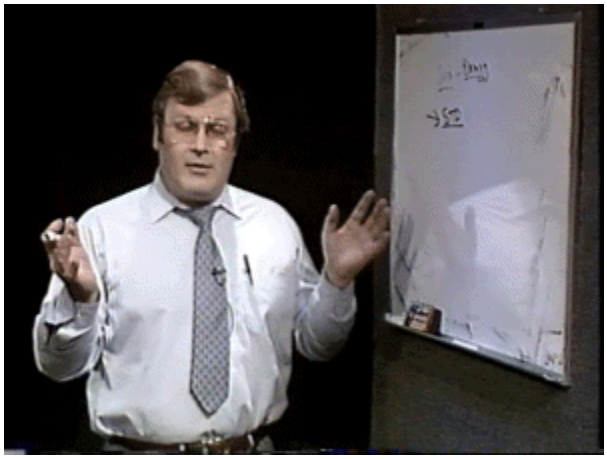
If you look at the United States where the AIDS virus appeared was in New York in 1978, San Francisco and Los Angeles in 1980. It appeared in young, white, male, homosexuals who were between the ages of 20-40 who were promiscuous. It did not appear in black, heterosexual, French-speaking, immigrants from Africa or Haiti.



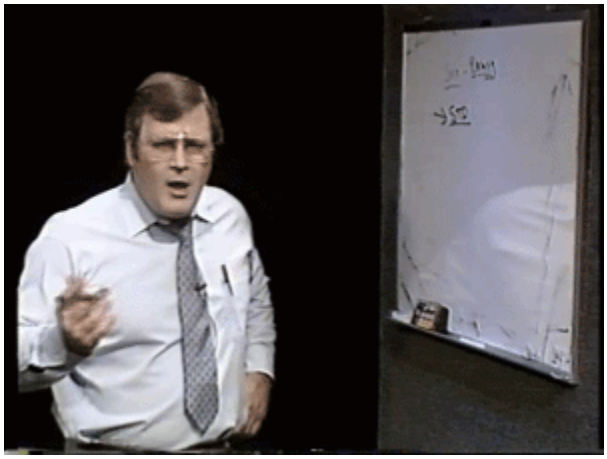
Now, simultaneous with its appearance was the conduction of a hepatitis-B vaccine study in New York in 1978 and in San Francisco and Los Angeles in 1980 among young, white, male, homosexuals who were between the ages of 20-40. Later published in the 80s, in Morbidity, Mortality Weekly was that six of the first ten AIDS cases in San Francisco came directly out of the cohort study of 1980. Published in 1986 by Clad Stevens was a graph that showed in 1984, approximately 45% of those in her original study were HIV positive; in other words, had become infected for AIDS in 1984.

So you must ask yourself, "Is there some kind of a relationship between the Hepatitis B Vaccine Study of the United States and the subsequent outbreak of AIDS in exactly the same population groups at exactly the same time? I personally believe that there is, but I can't answer exactly what that relationship is.

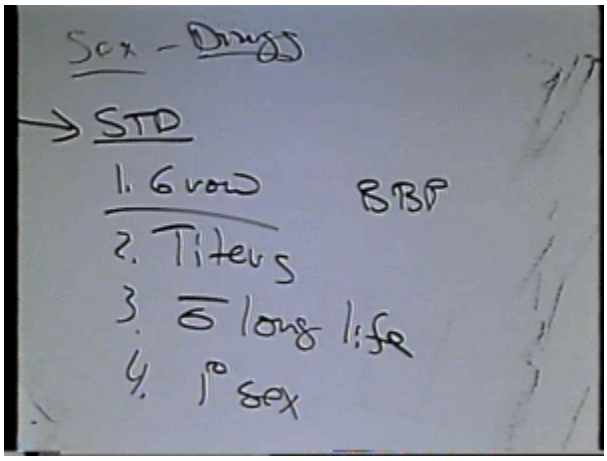
Now, is AIDS a sexually transmitted disease? It's said, "Sex and Drugs." Now, we're told that over and over, "Sex and drugs," "Sex and drugs." Well, let's look at what a sexually transmitted disease is. I say AIDS is a blood-borne infectious disease. I don't think of AIDS as a sexually transmitted disease, but you must define what you mean by "sexually transmitted disease." If you mean any virus that could be transferred during intercourse, then I guess AIDS would be.



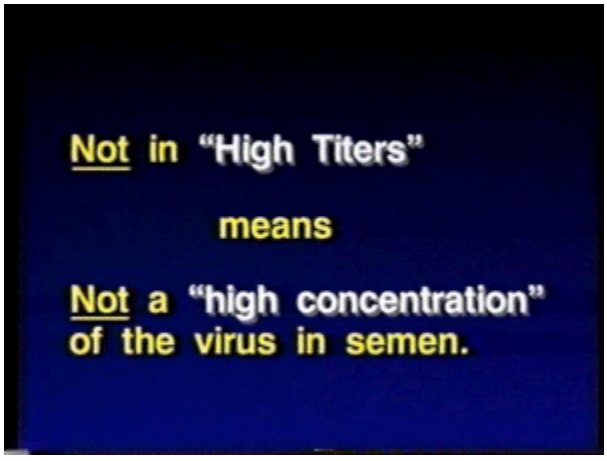
But of course, that would include Polio, Mono, Smallpox, Chickenpox, Measles, Mumps,



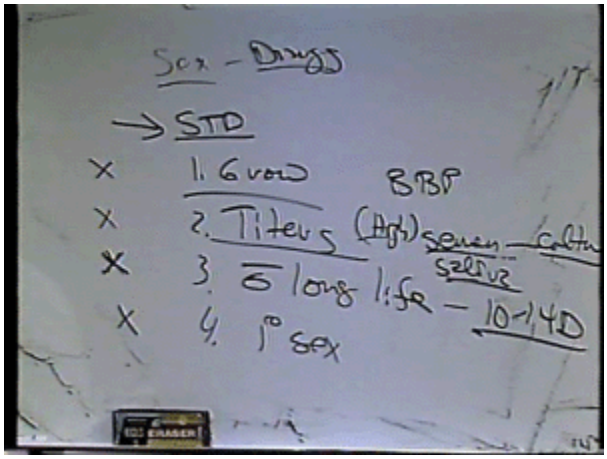
and practically every virus known to man because sexual intercourse is intimate contact, and nearly all of those could be transferred by sexual intercourse. But if you look at what sexually transmitted diseases is, I say the following: If you go in and you say, "Well, Doctor, I'm going to have a blood transfusion, do you think I'm going to get trichomoniasis from that blood transfusion?" And you'd say, "No, you don't get trichomoniasis." "Well, isn't that a sexually transmitted disease like AIDS?" You say, "Yeah, it is, but it's not in the blood." "Well, do you think I'll get herpes from a blood transfusion?" "No." "How about syphilis?" Well, it's possible you could get syphilis from a blood transfusion because syphilis has a blood-borne phase.



Now, if you look at what sexually transmissible diseases are, they grow in the venereal tract. They are present in high Titers. They don't live outside the body for a long period of time -- "long life" here. And they are primarily transferred by sex. Now, which of these criteria does AIDS meet? Does AIDS grow in the venereal tract, specifically, like trichomoniasis, gonorrhea, syphilis, herpes? No. That's wrong. It grows throughout the body and the lymphocytic system, and destroys the thymus.



Is it present in High Titers? There is no AIDS virus ever been identified in semen, it has only been cultured from semen. The only place that AIDS virus was identified by sedimentation, by ultra-centrifugation, was in saliva, not from semen. Now, that isn't to say that AIDS can't be cultured from cells of semen, it says that AIDS does not exist as a free virus in semen. So it's NOT present in High Titers. So we're wrong on 2. Two of four so far.



Does AIDS live outside the body for a long period of time? You know, a few minutes? We've been told that, but the French published two years ago that if you put AIDS in a petri dish and place it on a windowsill in France, that it lives

there for approximately 10-14 days. You come back, add saline, and you can culture the virus. So AIDS lives for 10-14 days outside the body. So it doesn't meet criteria no. 3 for what I call a sexually transmissible disease.

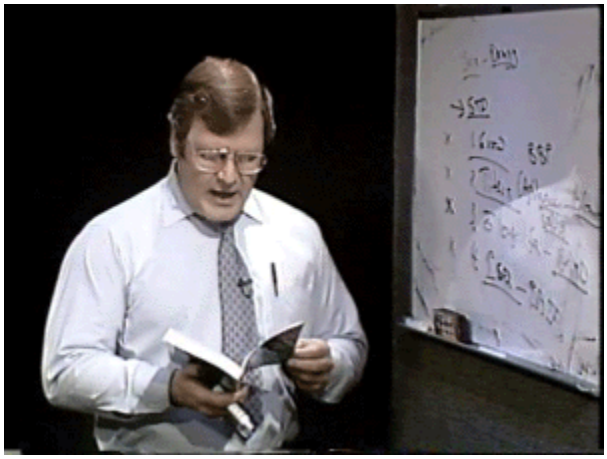
And is AIDS primarily transferred by sex? Well, they like for us to believe that, but I don't believe there's any evidence that this virus is primarily transferred by sex. I believe the virus is a blood-borne infectious agent. How the virus is actually being transferred, I don't know.

[Dr. William Thornton] Well, the AIDS virus, according to Dr. Strecker, does not fit any of the criteria for a sexually transmitted disease. However, this doesn't mean you can't get the disease during sex. You can. For example, the common cold was not a sexually transmitted or venereal disease, either. But could you get it during sexual intercourse? Yes you could. But it really has nothing to do with sexual intercourse itself. It's the intimate contact, or close contact, that spreads the AIDS virus according to Dr. Strecker.

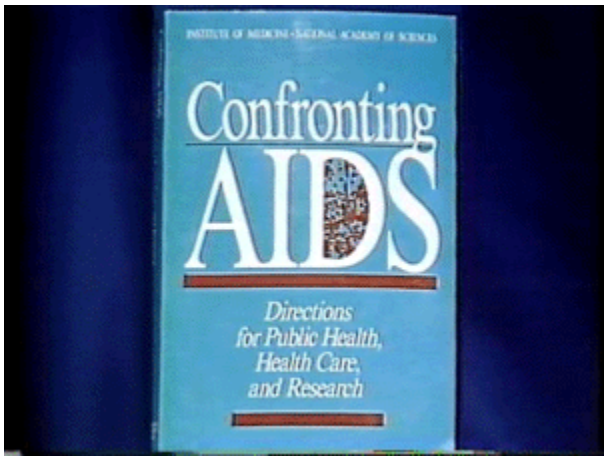
You see, no one really knows how the virus is transmitted, not even the so-called AIDS experts. Because the virus was apparently introduced in homosexuals in this country, it was homosexuals who passed it during intimate contact, thus it became a homosexual disease. Again, a misleading and distorted conclusion.

In light of these revelations by Dr. Strecker, what about the use of condoms. Well, condoms are effective in preventing certain venereal diseases, but because AIDS is not a venereal disease, the condom's effectiveness in preventing AIDS transmission remains questionable. In addition, the AIDS virus is so small, it can pass through the naturally occurring holes in condoms. Using a condom may be better than nothing, but the degree of protection from AIDS transmission has not been fully researched. Dr. Strecker will explain this further in his presentation.

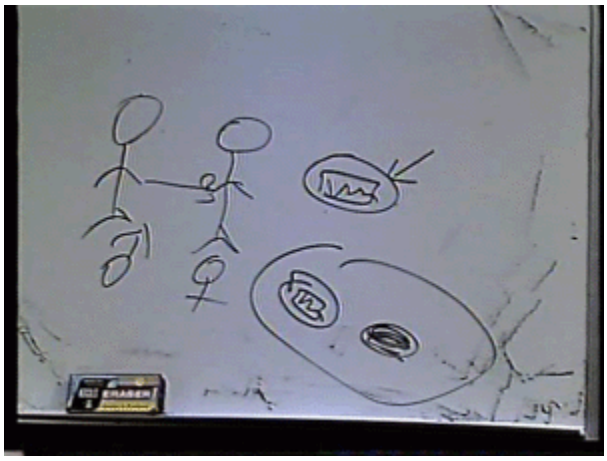
[Dr. Robert Strecker] If we look at "Confronting AIDS,"



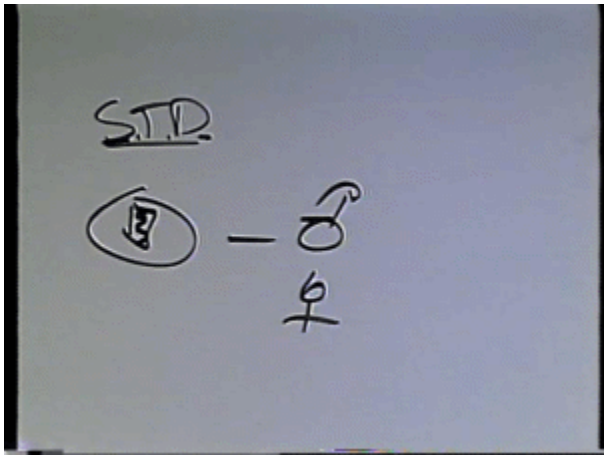
which is the textbook published by the Institute of Medicine and the National Academy of Sciences,



it is not known whether the virus is transferred as free virus or a cell-associated virus, or in both forms. Now what is that saying?

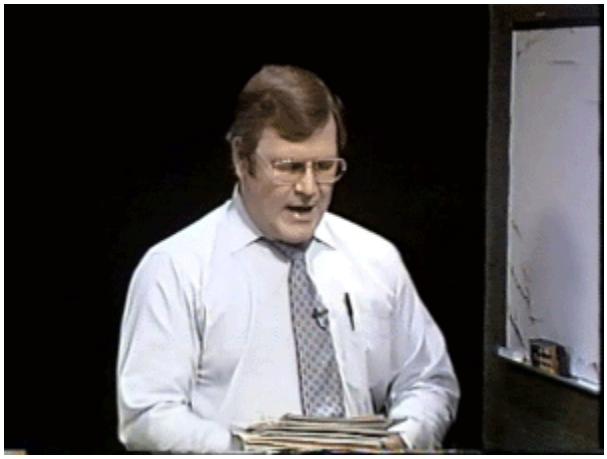


That's saying the following: That when it comes to how the virus, the AIDS virus, is being transferred from one person to another, like from one homosexual to another, or from a heterosexual man to a heterosexual woman -- this is a man, and this is a woman -- they can't tell us whether the virus is being transferred as free viral particle or as viral particle inside of a cell. Now, that's like General Patton saying that he can't tell the difference between a tank that's assembled and one that's in a factory. There's a tremendous difference. So when you get down to actually how this virus is being transferred, there is very little, if any, data published that tells us how it's being transferred from one person to another.



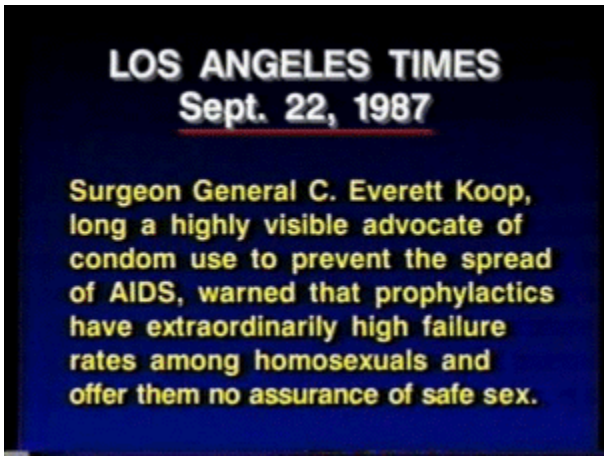
They like to tell us that it's just a sexually transmissible disease, but they don't tell us anything about how the virus is getting across the membranes of either the man or the woman. And of course, depending on how it's getting across,

has a great deal to do with how really dangerous it is for the long run. So I call that the "Myth of Sexually Transmissible Disease."



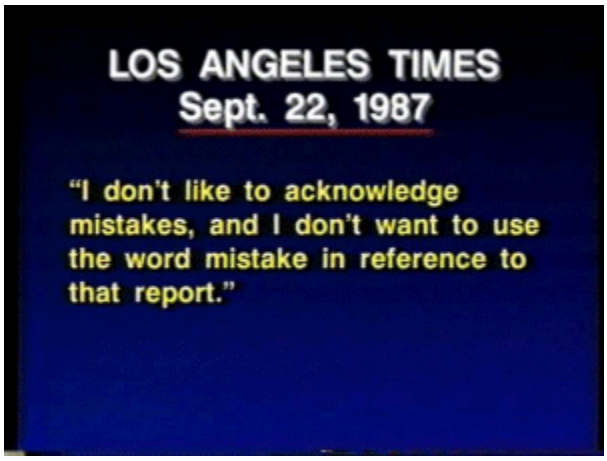
Now condoms. This is another great topic. In a recent Los Angeles Times article was entitled,

"Koop Warns on Risk of AIDS in Condom Use," [by Allan Parachini, Sept. 22, 1987].



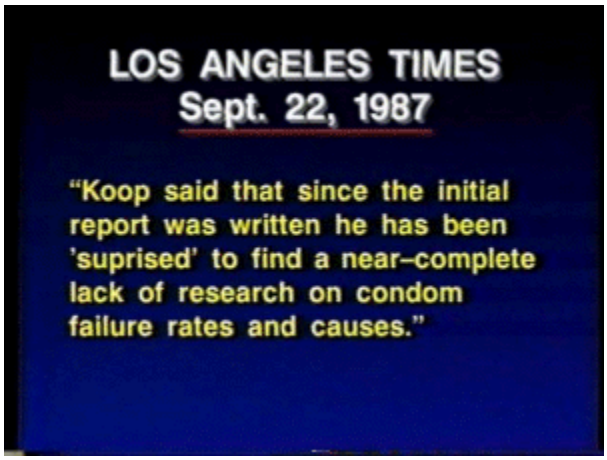
[Dr. William Thornton] "According to Surgeon General C. Everett Koop, long a highly visible advocate of condom use to prevent the spread of AIDS, warned that prophylactics have extraordinarily high failure rates among homosexuals and offer them no assurance of safe sex."

Later, Koop states:

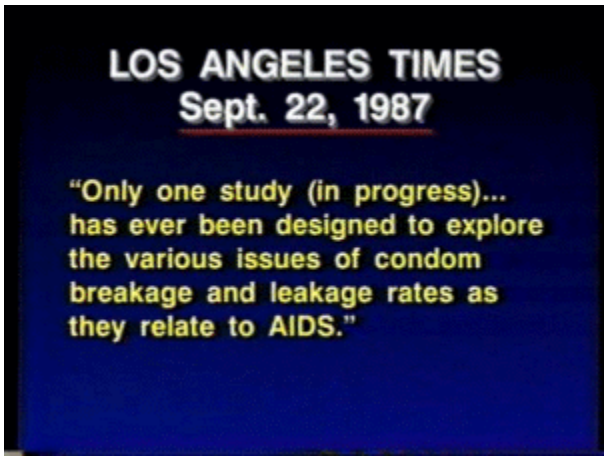


"I don't like to acknowledge mistakes, and I don't want to use the word mistake in reference to that report."

Further,



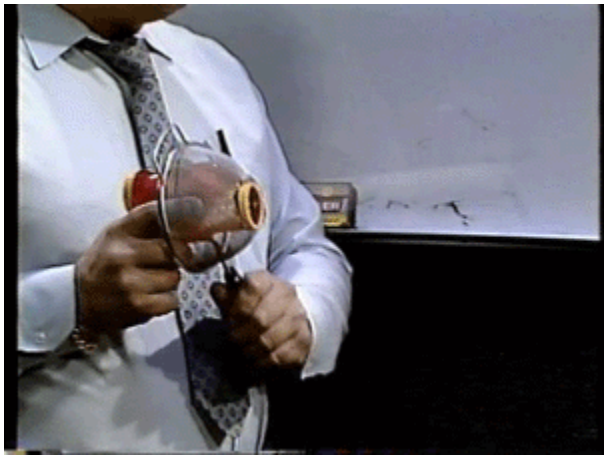
"Koop said that since the initial report was written he has been 'surprised' to find a near-complete lack of research on condom failure rates and causes."



"Only one study (in progress) ... has ever been designed to explore the various issues of condom breakage and leakage rates as they relate to AIDS."

[Dr. Robert Strecker] Now, I use the following illustration -- this is a condom, and this is a naturally occurring hole in the condom, which is approximately 1.5 microns in diameter, which is 1-10 times larger than the size of the AIDS virus.

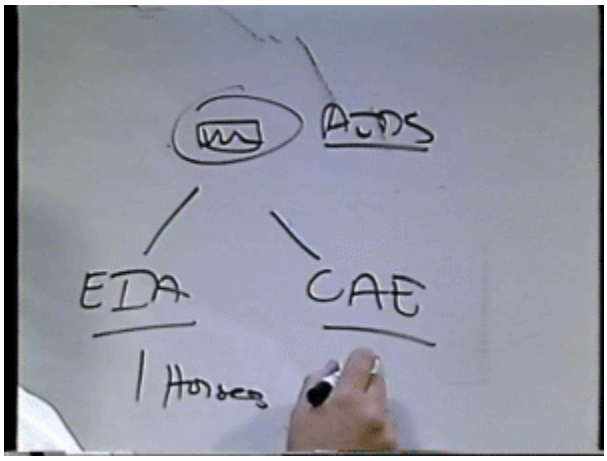
This will represent, for the moment, a penis ...



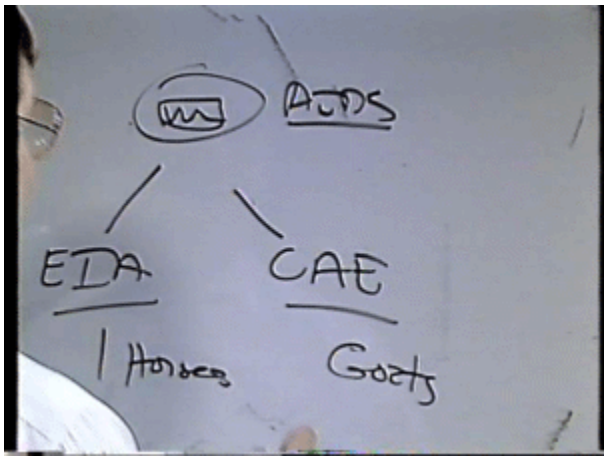
and this represents the subsequent ejaculation that is occurring ...

from that condom on that penis.

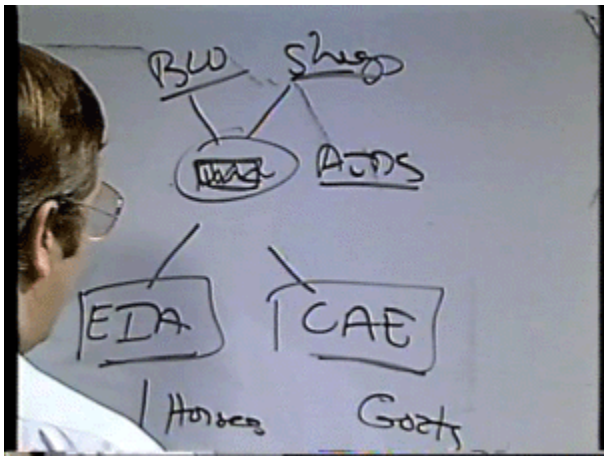
Now, what about the question of mosquito transmission of this virus? AIDS virus is a known, close relative to two other animal retroviruses named equine infectious anemia virus, and caprine arthritis encephalitis virus.



This one affects horses ...

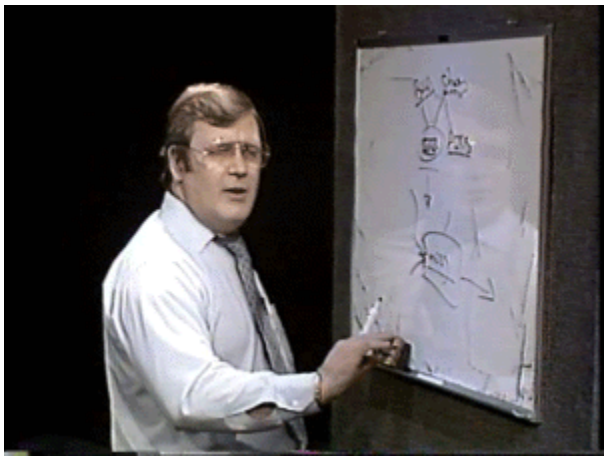


and this one affects goats.



That's not to say that the AIDS virus didn't come from, say, bovine leukemia virus in sheep, but what we're talking about is that this end product, the AIDS virus, is also a great deal like these viruses.

Now, equine infectious anemia virus, which in the south is known as "swamp fever," swamp fever is a known vector-borne virus, and has been known to be vector-borne since about 1920 or so. That means it's borne by blood-sucking insects. It's transferred by blood-sucking insects.

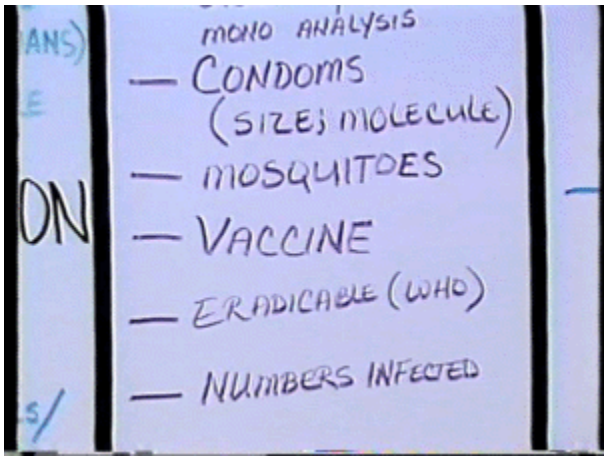


Caprine arthritis encephalitis virus; the father of the AIDS virus, bovine leukemia virus; visna virus, the sheep brain-rot virus is what I call the mother of the AIDS virus; bovine sensation virus -- all of the near relatives of the AIDS virus, most of them are, or at least indications are that they are vector-borne, or potentially transferred from animal to animal by blood-sucking insects. So the burden of proof is on those who say that the AIDS virus is NOT mosquito transmitted. If you actually believe that the AIDS virus is NOT transferred by mosquitoes, then you have to say, if

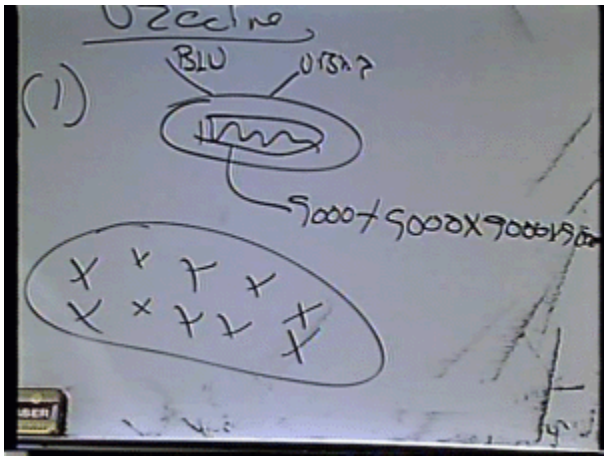
that's really true, then why didn't we use the technique that the mosquito uses for transfusing blood, because if a mosquito somehow arbitrarily filters out the AIDS virus, then why don't we filter blood through that same kind of mechanism, and no one would get an AIDS virus from a blood transfusion. The burden of proof is on those who say the virus is NOT transferred by mosquitoes rather than on those who say that it is.

The experiment I'd like to see run which no one has volunteered for of all these so-called "AIDS experts" who tell us the virus isn't transferred by mosquitoes, is to let a box full of mosquitoes feed on AIDS-infected blood, bite the researchers on the wrist, and let's see how many of them get AIDS. Of course, they haven't published that experiment yet, have they?

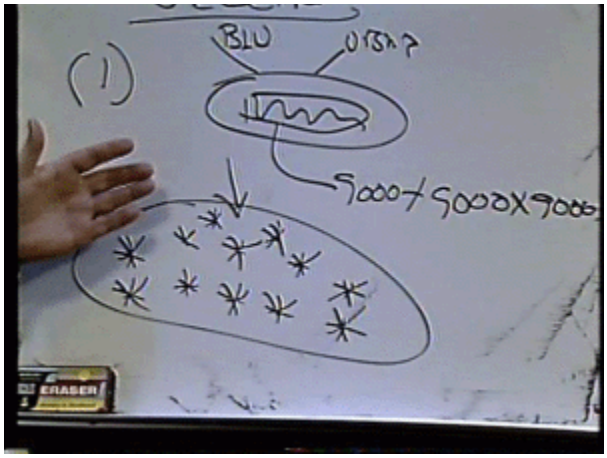
The "Mosquito" of the AIDS blood-borne pandemic.



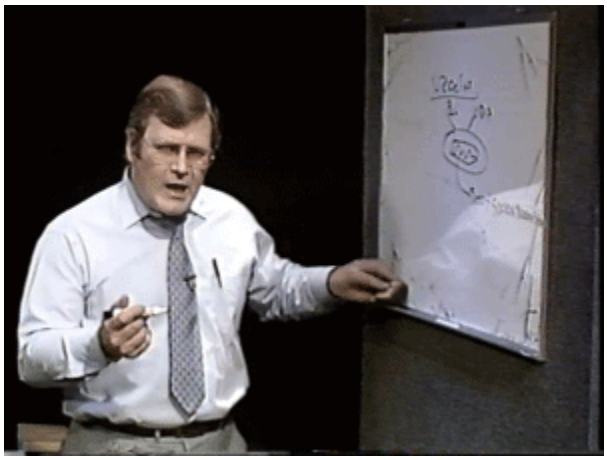
Now, what about vaccine development? Will there be a vaccine? I personally think that the development of a vaccine for the AIDS virus is if not impossible, next to it.



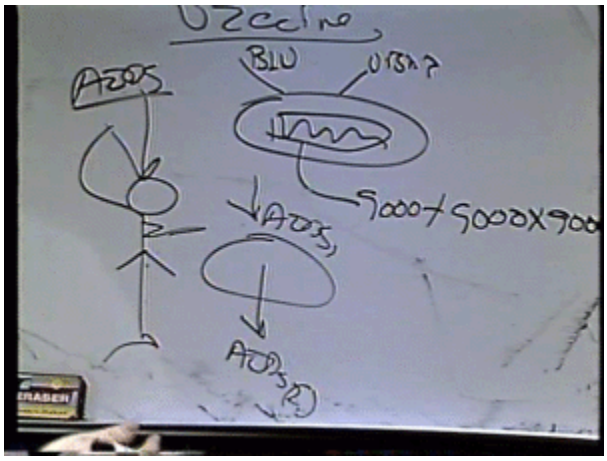
I say that for two reasons. The first is that I believe that the AIDS virus rose by recombination, or mixing, of bovine leukemia virus and visna virus. That actual fact is that the genes of the AIDS virus contain approximately 9,000 base pairs, each base pair has four choices, which means there are 9,000 x 9,000 x 9,000 x 9,000 different AIDS viruses. That means that instead of being a single virus, there's a field effect, what I call "a field effect" of viruses. There's a whole menagerie of viruses. And that, of course, explains why every AIDS virus that has been isolated to date is different. That's of course except for Dr. Gallo's and Dr. Montagnier's, which I guess have been proven to be the same, but that's a different story.



But for the moment, let's look at the fact that the AIDS viruses were all different. They talk about AIDS as if it was a stable virus, like smallpox, which is the same today as it was 100 years ago, more or less. Or chickenpox. Or measles. Or mumps. But the actual fact is that every AIDS virus isolated from every patient, more or less, has been different.

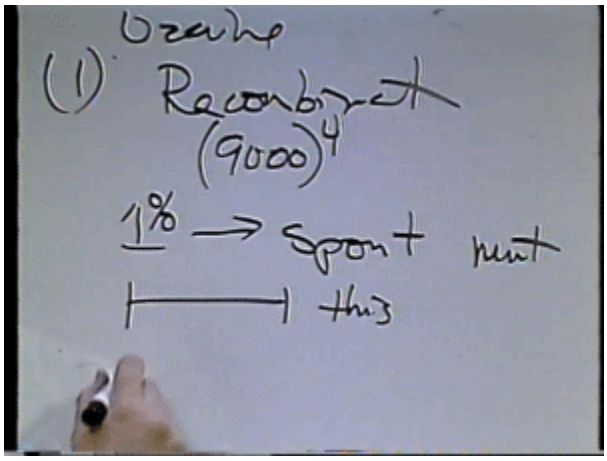


The reason is because the virus is chameleon-like, as we already talked about, and interacts with the tissue that it's growing in. And if it's growing in you, it interacts with you and it comes out different than what went in.

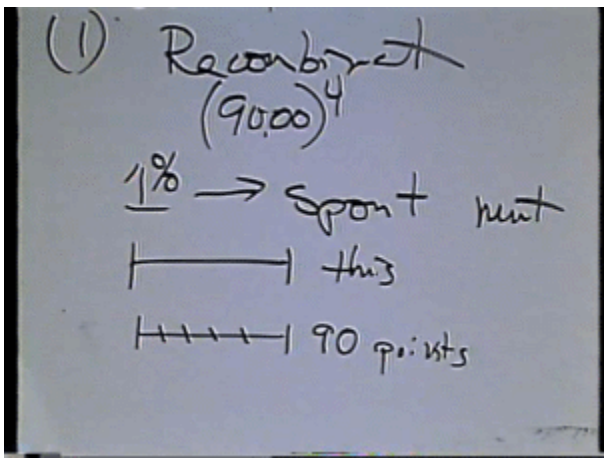


In a sense, if it goes in as an AIDS1, what comes out is not necessarily AIDS1, but maybe AIDS2, which is a little bit different. It looks a little like you. It's chameleon-like. That explains why, besides the fact that it's the basic nature of these viruses to recombine, is the fact that every AIDS virus isolated to date is different.

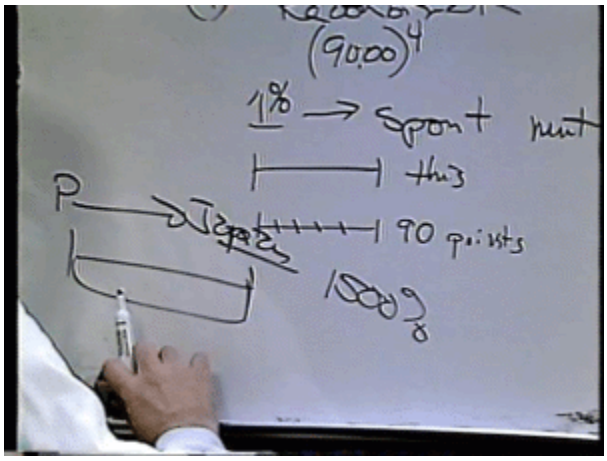
Just to sideline here a little bit, let's look at this question of vaccine and the natural recombinant nature, which is why the first point, that there won't be a vaccine: (9,000)4. If you look at AIDS the disease, the virus itself, without addressing the recombinant nature, the retroviruses as a rule of thumb are known to spontaneously mutate about 1%/year.



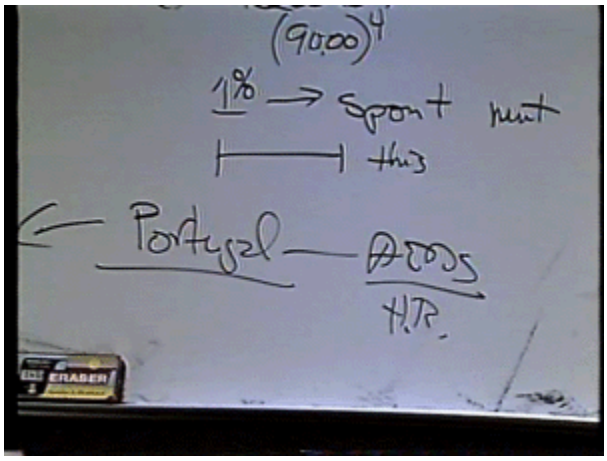
This means that if today the virus is this ...



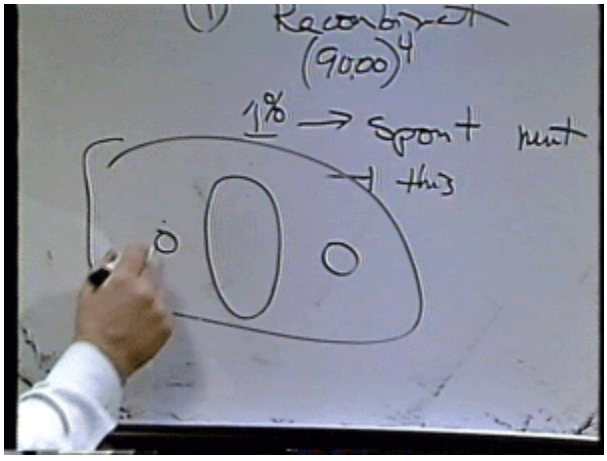
that one year from now the virus would be different at approximately 1% of 9,000, which would be 90 points.



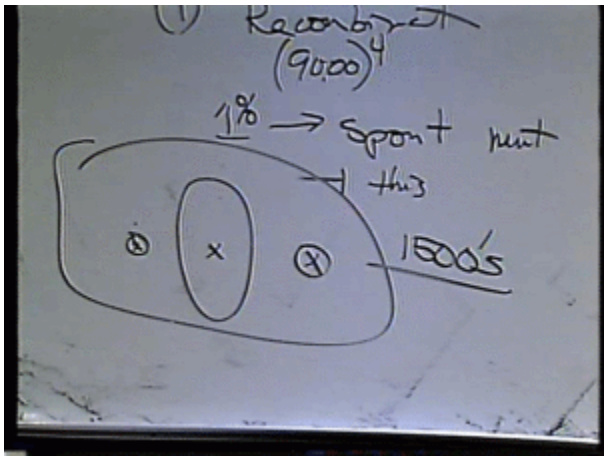
Now, interestingly enough, one of the theories of the so-called "AIDS experts," if you believe this, one must conclude -- at least, I would say that one must conclude -- that the world is flat. Now, why do I say that? We say that because these so-called "AIDS experts" tell us that the Portuguese took this virus to Japan out of Africa, and spread it there in the 1500s or so.



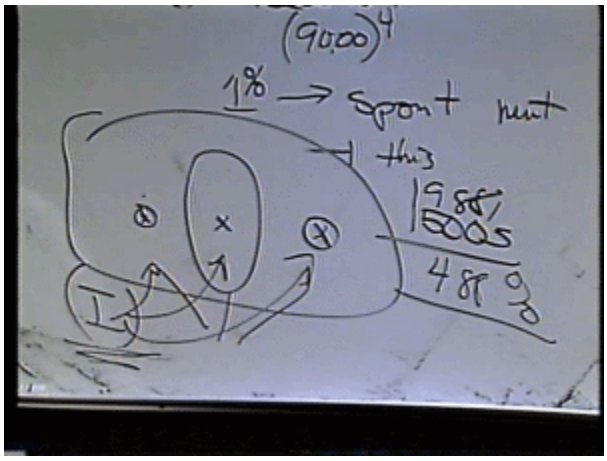
Now, how can you conclude then that the world is flat? I say that for the following reasons: If we look at Portugal -- nobody in Portugal has AIDS, or is reported to have AIDS or any of the other so-called "human retroviruses," which means that none of those sailors ever got back home, so they must have fallen off of the end of the world.



Two, if you look at this virus and you say today -- if this is a map of the world, and we look at the viruses isolated from Haiti, Africa and Japan --

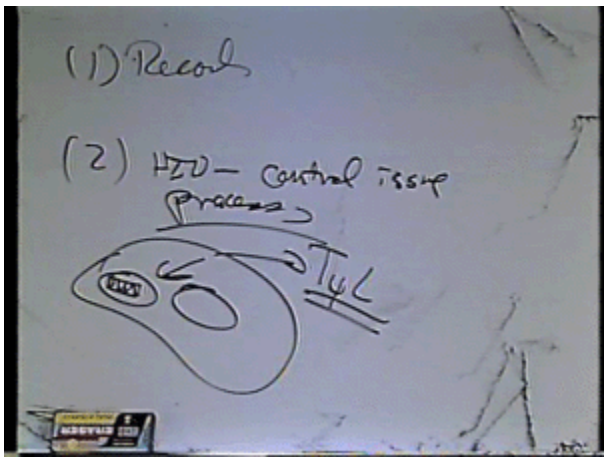


if these viruses were put into those countries in the 1500s by Portuguese sailors, and they spontaneously mutate 1%/year,



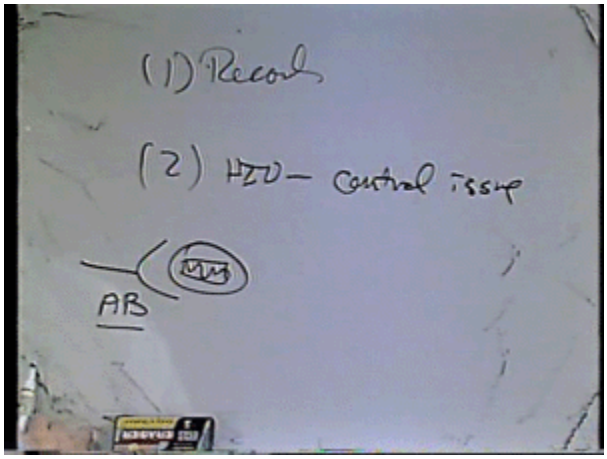
it's presently 1988, which means that there should be 488% difference. But the actual fact is, in the case of HTLV-I isolates from Japan, Africa and Haiti, those isolates are virtually identical. Which means that they could only have been put into those areas in recent times if my mathematics is correct.

Now, two. The real reason that I feel that there will NOT be a vaccine developed for AIDS is the following: (1) is the recombinant nature, (2) AIDS, HIV, and other retroviruses address the central issue of processing. In other words, if you go back to the original article written in 1972 in the Bulletin of the World Health Organization, there it said, "Let's see if we can make a virus that selectively destroys the cell that's responsible for processing the virus.

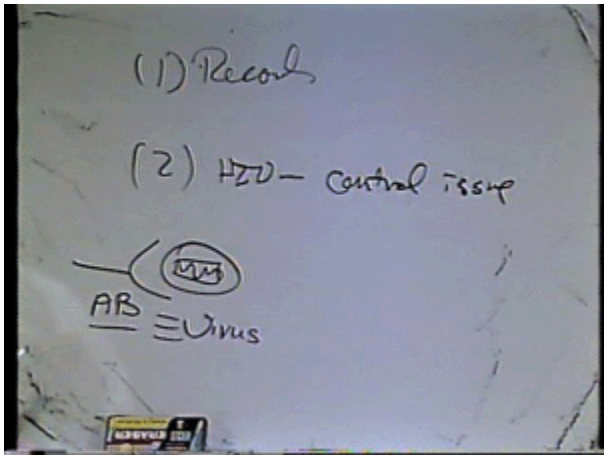


Of course, that's what AIDS is, and in a sense, that's what macrophages are. It is the microphages' job to process this virus, and present it to the T4-lymphocyte for development of immunity. But what happens is is that the macrophage

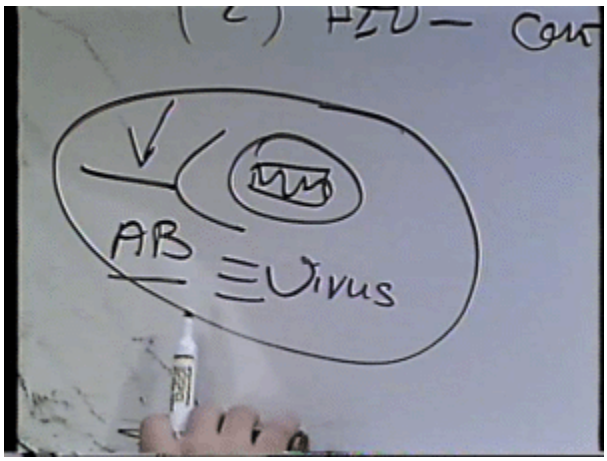
can't kill the virus, it grows inside the macrophage, the macrophage may actually be injecting it into other cells throughout the body, which leads to death of T4-lymphocytes and perhaps other cells such as brain cells. The central defect in AIDS, in my opinion, lies not necessarily in the lymphocytic system, the lymphocytes, but in the macrophage system, the cell that's responsible for processing the virus. You can think of it sort of like a macrophage is like a rendering plant, or a meat-packing plant, which brings in the whole cow, chops it up, and sends it out packaged. The macrophage's job is to process the virus, and send it out in a form that the body can use to develop immunity.



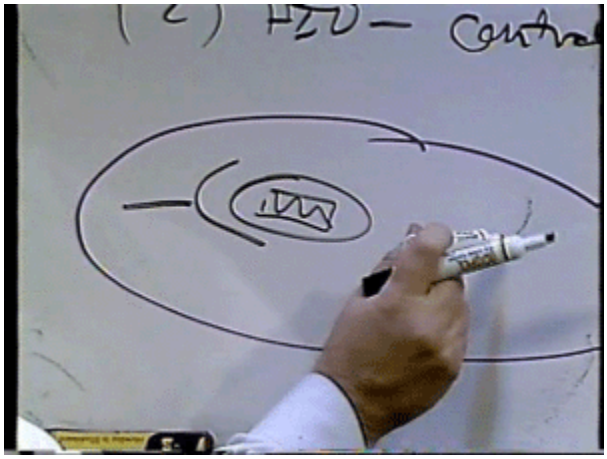
Now, what happens if you get infected with the AIDS virus, and you have an antibody directed against that virus -- this is the antibody --



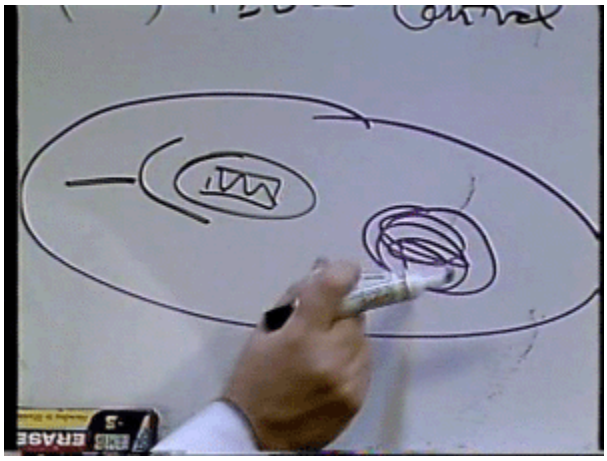
and here's the virus. Now, those former conjugate, if you have a vaccination against AIDS -- that is the actual purpose of a vaccine, to produce these antibodies directed against the AIDS virus.



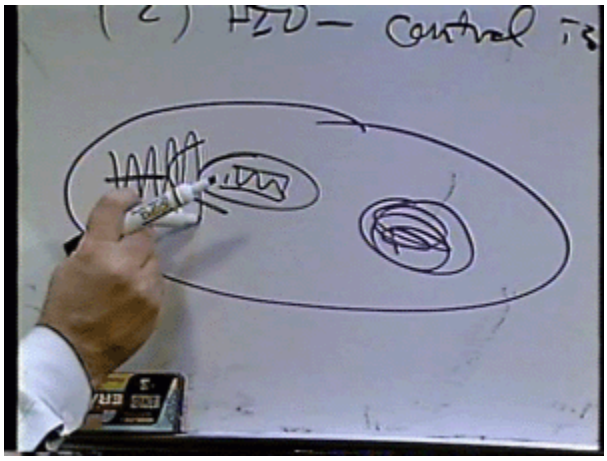
If you're vaccinated against AIDS, you have these conjugates formed, that enables the macrophage to ingest those antibody antigens more easily.



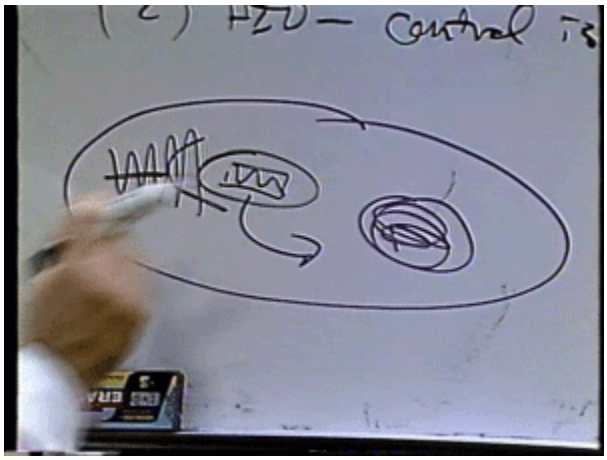
So this whole complex is then ingested inside the macrophage.



This is the macrophage.



The macrophage then chews up the antibody ...

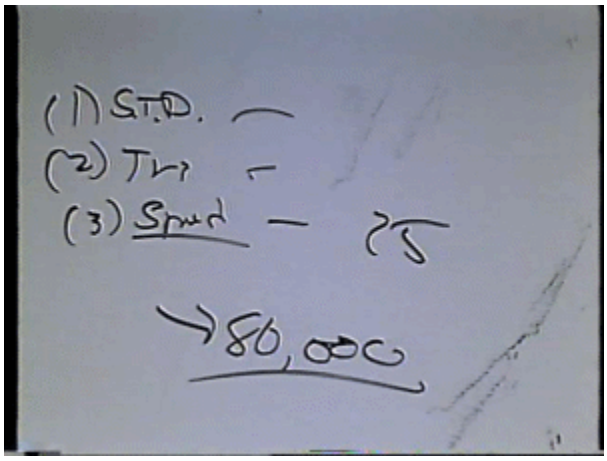


the virus grows inside the cell, and you die quicker than if you had not been vaccinated.

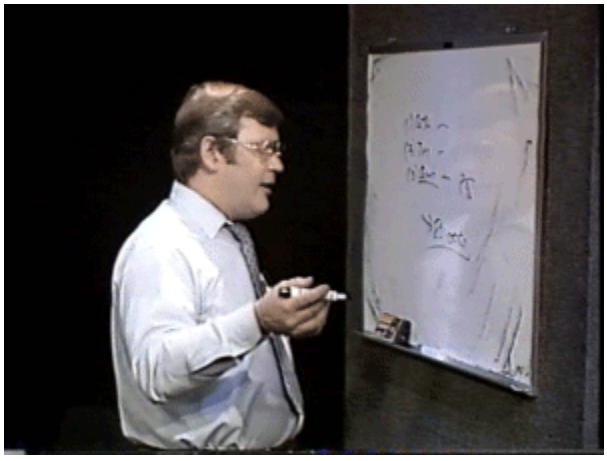
This is, in my opinion, the central reason why vaccinations against AIDS may not only be detrimental but prove to be ultimately impossible.

[Dr. William Thornton] Dr. Strecker has presented two clear and rational reasons why an AIDS vaccine can never be developed. First, the astronomical number of mutations of the virus means a specific vaccine for a specific virus cannot be made. And second, the way in which the virus is processed in the human body would make an AIDS infection even more rapidly fatal when treated with a vaccine. This is tragically disappointing to the many proponents of a vaccine cure. But it is equally tragic to blindly pursue a vaccine cure that cannot work, thereby delaying research of alternative methods which may hold the answer to this devastating plague.

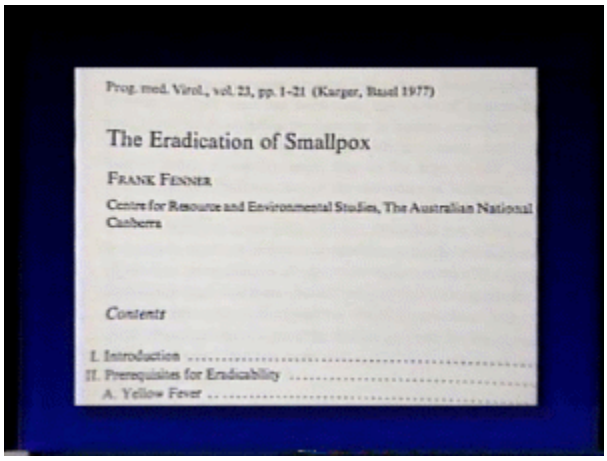
[Dr. Robert Strecker] Now, is the AIDS virus something that's going to die out naturally?



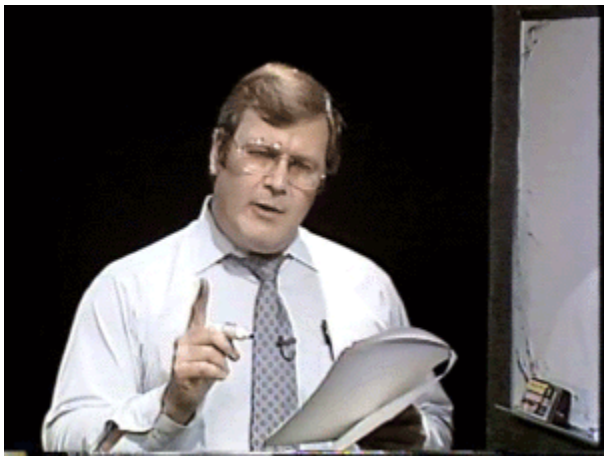
There have been recent reports that heterosexuals needn't worry, it's just a sexually transmitted disease, and it's not very transmissible, and that there's no evidence that it's spreading into the heterosexual population, although the numbers in Africa are 75 million or more heterosexuals infected according to the WHO, the number of worldwide AIDS cases appears to be doubling every year, according to the WHO, The World Health Organization,



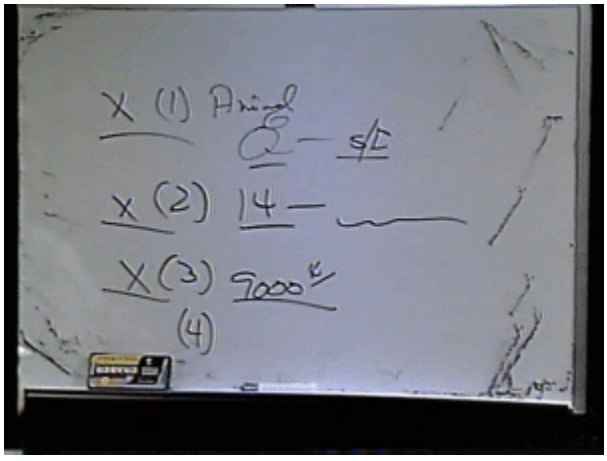
etcetera, etcetera, etcetera, etcetera. Now, if you address the question of the eradicability of the virus, in other words, "What makes a virus eradicable? Is it possible to get this virus out of humans once it's running there?"



In 1977, Frank Fenner wrote an article about the eradication of smallpox. ["The Eradication of Smallpox," by Frank Fenner] It was published in the Progress Medical Virology. Frank Fenner, was at the time at the Center for Resource Environmental Studies, the Australian National University in Canberra. He's a world-renowned virologist, and he wrote the following:



He said, under "Prerequisites for Eradicability," in other words, "What is required to get the disease out of humans?",



"One can virtually rule out the possibility of worldwide eradication of an infectious disease if any, ANY of the following criteria are obtained. 1. The agent grows in wild animals or birds."

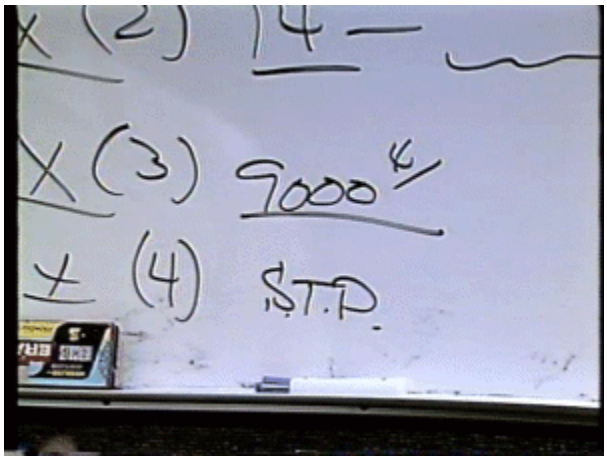
So, it has an animal reservoir. Now, if you believe that AIDS came from monkeys, which I don't, or if you believe it came from sheep and cattle, which I do, either one, there's an obvious animal reservoir. So that would preclude eradicability.

"2. The agent persists in an infected human being for years and there are recrudescences."

So the AIDS virus existing over 14 years or longer, and having a slow viral progression obviously makes number 2 a second factor for noneradicability.

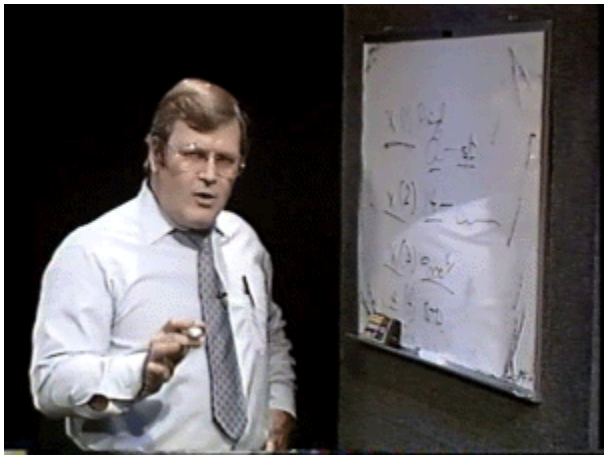
"3. The disease has multiple seriological types."

In other words, there are many variants to the AIDS virus. We've already discussed that and shown that there are approximately (9000)4 different AIDS viruses possible, which makes the third criteria for eradicability voided.

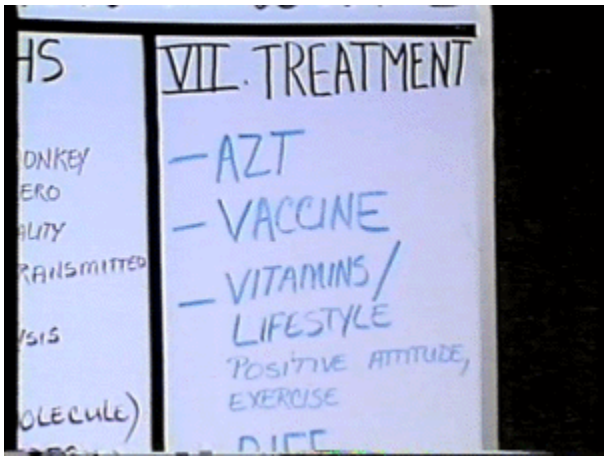


"4. The necessary degree of social cooperation cannot be obtained as with the human venereal diseases."

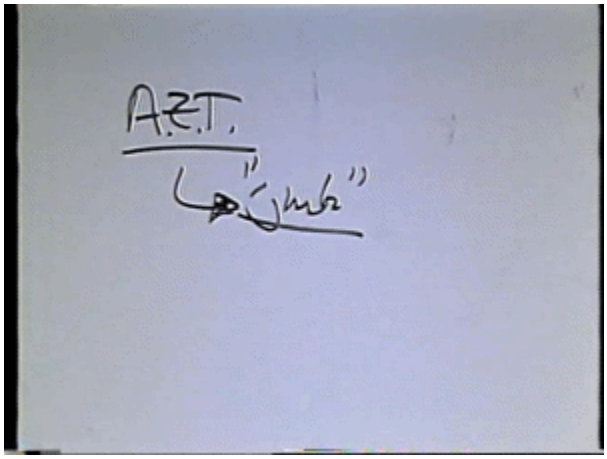
In other words, if the disease is a sexually transmissible disease, or venereal disease, then you cannot eradicate it from humans once it's running because you cannot obtain the degree of social cooperation necessary for eradication.



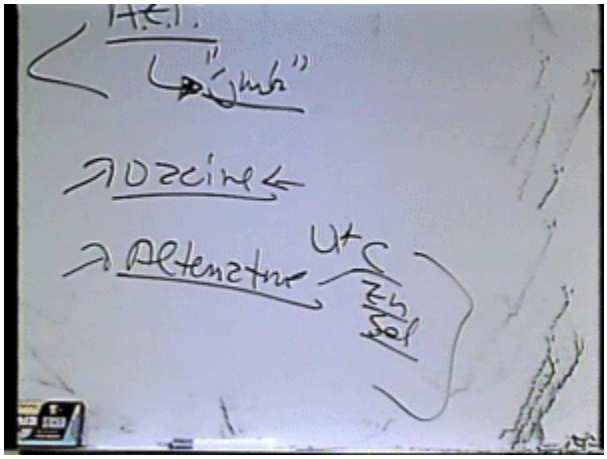
So, not only does AIDS violate one of these four criteria, it violates all four. So once we have AIDS running in humans, it appears to be that it's going to be here for a very long period of time, along with all of its relatives -- HTLV-I, II, IV, V, and I.L.L. So we have a tremendous problem facing us, not just a problem of the AIDS virus alone.



Now, what kinds of treatment -- is there any hope at all? Uh, this paints a pretty grim picture, but it's my personal feeling that there is some hope presently, but there's actually maybe a cure for these diseases, and I'll explain that in a minute. But what's available at the present time?

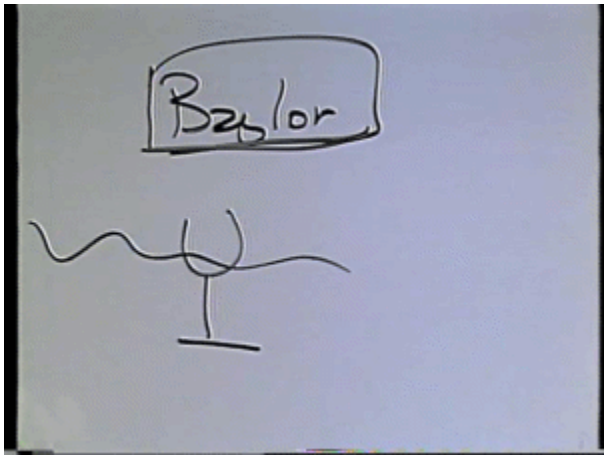


At the present time there's a drug known as A.Z.T., azidothymidine, which is actually like junk food for viruses. What it does is that the virus preferentially uses this for making itself, leads to a defect in virus production, azidothymidine is like junk food for viruses, and the virus dies out in the body. But the problem is, this drug also makes the body die out. So it's like junk food for humans in a sense. That is not very satisfactory. There are many other products that are being worked on.

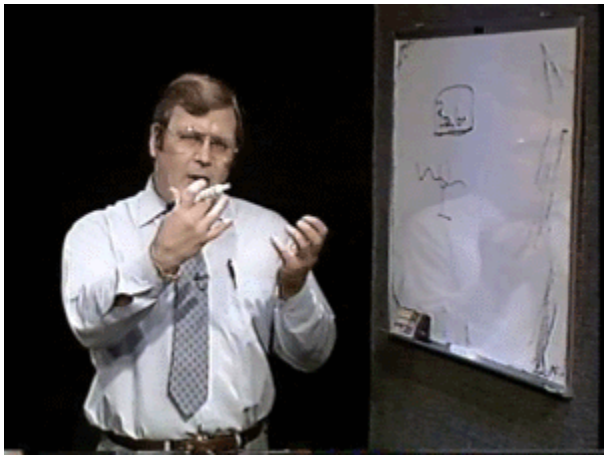


Some people think that there will be a vaccine development, and of course, we all hope that's true, but as explained previously, I think that's impossible for two reasons. There are alternative doctors who believe that such things as high-dose vitamin C, zinc, selenium, and other chemicals besides or in addition to A.Z.T. are useful in prolonging life. But the bottom line of that is, my own personal experience has been I have yet to see a single person who was

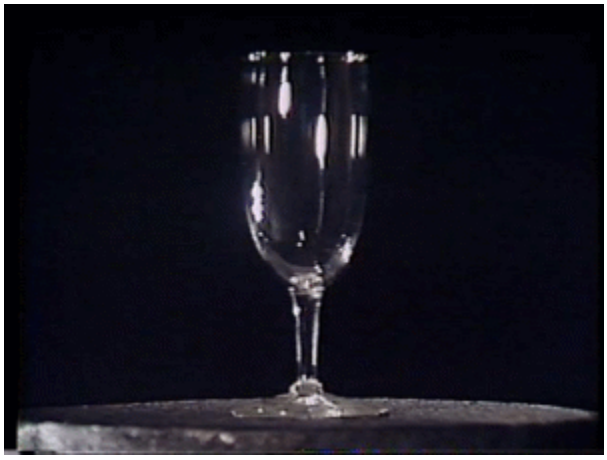
documented with AIDS, the disease, who has been cured, convincingly cured. I do not believe that I have seen a single person yet who actually meets those criteria, although we hear a lot about it.



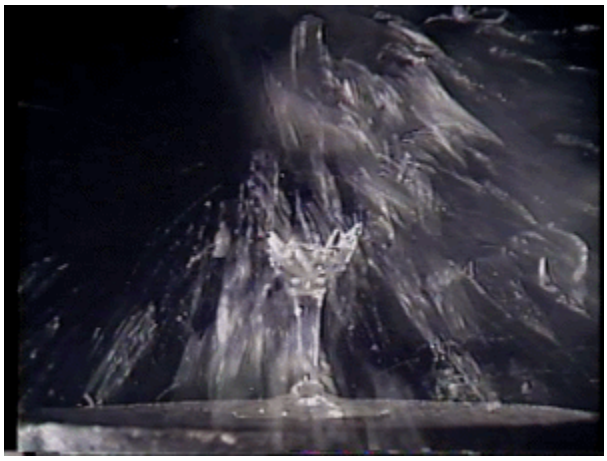
But there is, I think, a technique that may exist and has been broached by Baylor recently which holds the cure for not only this disease but perhaps many other virus diseases. The principal of this cure is very simple.



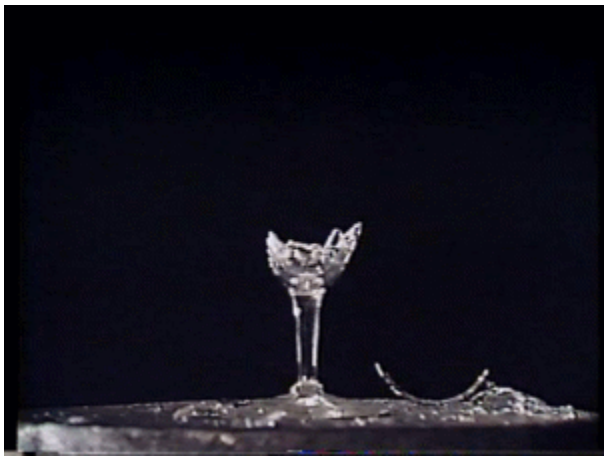
The principal is, just like you have a crystal glass, and you irradiate it with the proper audio tone, if you're holding that glass and you sing the proper note, the glass shatters but your hand doesn't fall apart.

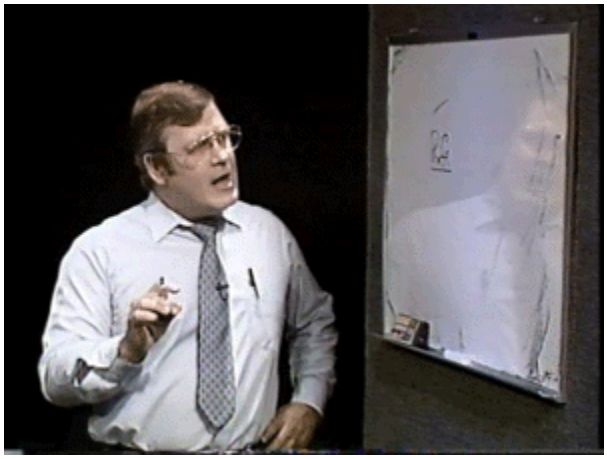


[Dr. William Thornton] This demonstration shows how high frequency radio waves can shatter crystal,

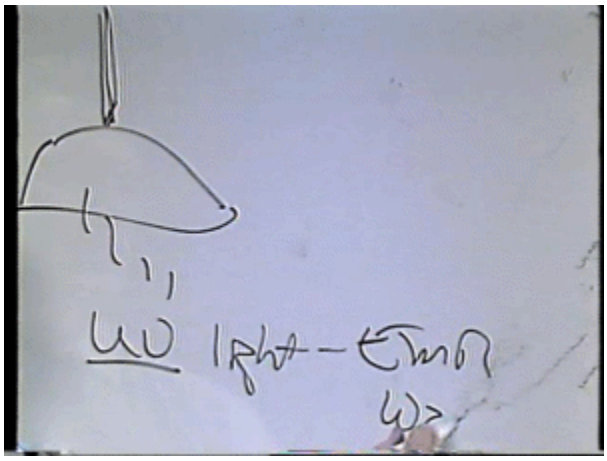


and viruses are crystalline structures.



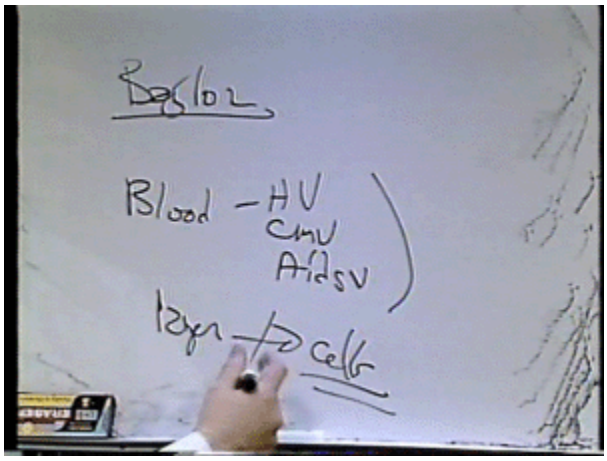


[Dr. Robert Strecker] Now, in 1925 to 1945 or so, who I feel was perhaps the greatest inventor of all time, Raymond Roy Rife, or Roy Rife, it's said that he could take viruses, which are little crystals, irradiate them with the proper radio wave, and cause their disruption without disrupting human tissue.

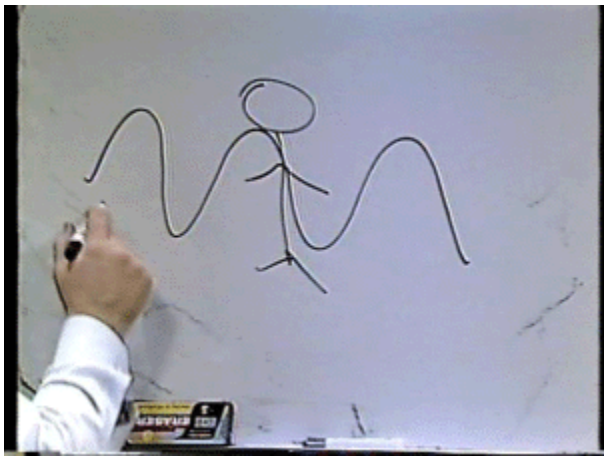


Most doctors say, "Well, that's of course nonsense." And you say, "Well, doctor, you don't think we can destroy viruses with light, or shake them to death?" And they say, "No." And then you say, "Well, doctor, what kind of techniques do you use in your laboratory to kill viruses when they are blown out your hoods where you are experimenting?" And what they use is ultraviolet lights, UV light. That is nothing more than electromagnetic radiation of the proper wavelength.

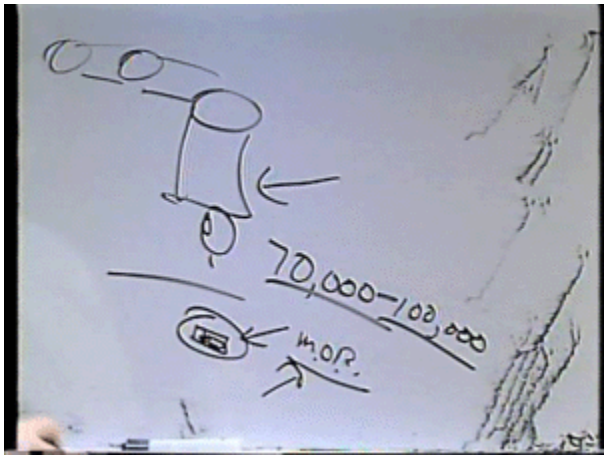
So, it's a proven fact beyond anybody's misrepresentation that electromagnetic radiation of the proper form can kill viruses.



Now, recently published in some medical journals and published in several newspapers, was a report out of Baylor University which had done the following: They had taken blood which was contaminated with herpes virus, with cytomegalovirus, and with AIDS virus, and they had irradiated the blood with laser light, and shown that they could kill the virus without killing the cells. So the cells were still viable, but the viruses had been destroyed. And of course that broaches the very topic of electromagnetic cure of viral diseases. And it's my feeling that this is where the actual cure for the AIDS virus will come.



It's theoretically possible that someday we may actually have a machine which could identify based upon the readings determined what kind of virus you were infected with, and then treat the human being with a radio wave which will destroy the virus contained not only in his blood but in his entire body. If that in fact proves to be the case, I think that is the way that AIDS, and other so-called "human retroviruses" which, in my opinion, are nothing more than animal retroviruses now running in humans, can be not only cured but eradicated from the world throughout.



Now, why was Rife able to do these sort of magical things that he says he could do? Um, he may have been able to actually see the viruses. Rife was a master machinist. And he says that he invented a microscope with which he could actually view viruses in the living state. He says that the microscope had a magnification of 70,000 - 100,000 times in living tissue. Now, I don't know if Rife actually invented this machine, and could view viruses in the living tissue, but I know that these machines actually exist. None of them are presently in working order, but if they in fact exist, and if in fact what Rife said is correct that he could view viruses in the living state, of course he may have been able then to determine what he called "the mortal oscillatory rate", which was the frequency at which he would irradiate the virus or other bacteria to kill it. He called it the M.O.R., "mortal oscillatory rate." And he says that in viewing them, he would irradiate these viruses with basically monochromatic light, which we today would think of as laser light, the virus would light up in a sense, it would absorb energy and emit energy, he could see them, and then by increasing the amplitude of the energy into the virus, that he could cause a virus to disrupt. In a sense, you can think about it just like the example given before of the crystal destroyed by the audio tone, or you could think of it like your house being shaken down during an earthquake.

Now, in summary then, what have we got here? I've given you today the fact that the virus, I think, the AIDS virus pandemic was not only present today, but predicted as far back as 1966 by McFarland Burnett and by Clemenson who said, "You better get ready for walking down the street and getting hit with a virus that causes leukemia or something else, just as we have.

The fact that the virus may have been produced by crossing bovine leukemia virus and visna virus ...

to produce bovine visna virus and adapted to grow in humans by growth in human tissue.

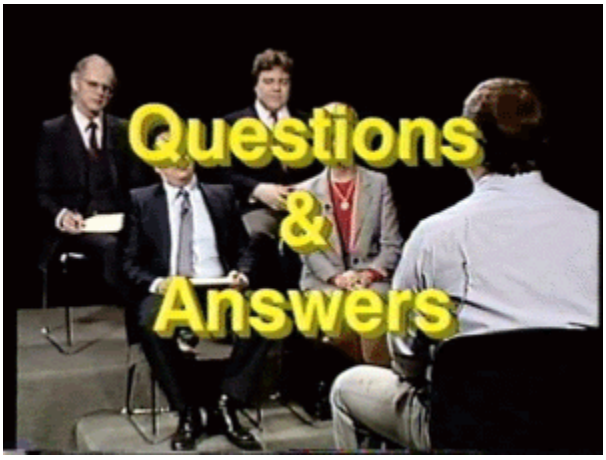
The fact that the WHO in 1972 wrote an article that said: "Let's make a T-cell destroying virus." So they crossed the T-trophic virus with the great destroyer of visna, to make a T-cell destroyer.

And the, is it just coincidence, that the AIDS pandemic in Africa occurs at the same vaccination centers where the WHO was conducting its smallpox eradication programs?

Uh, what are the myths of AIDS? AIDS is a homosexual disease is obviously a myth. That it's going to have a very short incubation period. That it came from African green monkeys. That it's going to die out in heterosexuals. That it's no problem. Etcetera, etcetera, etcetera. All of these things I call the myth information of AIDS, and I covered all that.

And then the final is what can we expect to cure this virus, not only in the near future, but perhaps for all time? And I think that the cure for AIDS will lie in the reconstruction, or redevelopment of electromagnetic, or electrophysiological techniques which will allow for identification, and perhaps for then obliteration of viruses either in blood extraportally circulated, and treated extraportally,

or actually irradiated as man with a radio wave, carrier wave passing through him and destroying the virus inside the human being.



QUESTIONS & ANSWERS

[Les Nachman] Dr. Strecker: I have watched and listened to your presentation frankly in awe. And it occurs to me that if only a small portion of what you've been saying is true, that we as Americans have been frankly, led down the primrose path by those in power who have been giving us information regarding the AIDS epidemic. What you've actually said is that the AIDS epidemic not only did NOT come from the green African monkey, as we've been told, but in fact was, the epidemic itself was started in the 70s in Africa, and coincided almost directly with a smallpox vaccination program that was sponsored by the World Health Organization. And if that's true, the implications of that, of course, are astounding.

You're also asserting that this disease is NOT a venereal disease, may or may not be transmitted sexually, possibly can be transmitted outside the body by carriers such as mosquitoes, the virus itself doesn't correspond to anything we know about venereal diseases, the French have isolated this virus and it can live outside the body -- another thing we're told couldn't be possible.

We're hearing so much about condoms today being a good preventative of this disease, and you've literally shot holes in that theory. All of these things are astounding. Why in the world would our government, the World Health Organization, the National Institute of Health, lead us down this garden path? What's behind all of this?

[Dr. Robert Strecker] Um, well, I think the answer, the SIMPLE answer to that is, of course, first off, if you knew that you had constructed the virus or had somehow been responsible for its construction or spread, would you tell anybody? I think it's clear that no, you wouldn't want anybody to know that you had anything to do with it. And of course, then the people who are responsible, are not going to want anybody to know that they were responsible. So I think it would be naive to expect that someone would come out and say, "Hey, I made AIDS, and spread it."

[Les Nachman] Yet you read us documents where the disease was predicted, that we're sooner or later going to run into an epidemic like this, and then you read a document where it was proposed, "Why don't we try and do something like this?", and then we have the smallpox inoculation program, and correspondingly in those very same five areas the AIDS epidemic breaks out.

[Dr. Robert Strecker] That's correct.

[Les Nachman] And then in America, where everyone is lambasting homosexuals, as this being a homosexual disease, you've told us that there was a Hepatitis-B vaccine program --

[Dr. Robert Strecker] Again, the epidemiology of the AIDS outbreak in the United States, in my opinion, exactly corresponds to the Hepatitis-B vaccine program. It corresponds not only in the exact age group, the same homosexuals, the same cities, and the same timeframe: 1978 in New York, and then 1980 basically in Los Angeles and San Francisco.

[Les Nachman] So how can our government be telling us that this is a homosexual disease when the disease apparently broke out as a result of this inoculation program, Hepatitis-B program?

[Dr. Robert Strecker] Because in fact that's what it looked like from the beginning. So, I mean, that is the easy assumption, that it is a homosexual disease, because it's growing and running and spreading in homosexuals. But that has absolutely no logical validity in concluding that the homosexuals were responsible for the disease.

Let us get back to whence we deviated. Patronage was abolished in that mysterious Institution which has not been named. Alas, the reverse of Wrong is not necessarily Right! A system was substituted, which was (by some, I believe, not all) honestly designed to get rid of old and intolerable evils. Patronage went: and popular election came in. Then, in place of old evils gone, a host of new evils came in: some of them quite as bad as any of the old: some of them (strange to say), on being closely looked into, proving to be just the old back again. The degrading circumstances attending a contested Parliamentary Election, or the Election of Town Councillors in a small community, or the Election of a School Board where illiterate candidates blow their own trumpets: all came in, and that in a case where it was specially unfit that they should be. Some once hopeful people have pretty well lost heart, seeing how human nature works. Some have sadly recalled a cynical and awful saying of Frederick the Great. All that the most sanguine venture to say is, that when a Revolution has taken place, you must wait some years before you can tell how the new machinery is to work. Things may right themselves. And though sorrowful and humiliating scandals are made widely known by the Press: scandals over which good men can but grieve; it ought to be remembered more generally than it is, that under the present system (as under the old) half-a-dozen quiet and judicious selections are made without attracting notice, for every one where there is a discreditable fight. There are places, unhappily, in which Patronage has not been abolished: it has simply been transferred from educated men, whose position, after all is said, did generally bring some sense of responsibility, and some sense of honour, to the vulgar wire-pullers or bullies of some little community; mortals who tyranise over their dependents as badly (it could not be worse) as certain nobles and their factors did before the Ballot became law: mortals actuated by the meanest and most selfish motives, and capable of tricks far too dirty for any ordinary squire to touch with his little finger. I really have not heart to speak further of things I know. But I know things which humble one to the earth: which might make one despair of the republic. All one can say is, that most of the people, according to the light they have, do at least want to get the best man: which many patrons never did. The people may be terribly mistaken: terribly misled by those who play upon their ignorance and prejudice: very incompetent (many of them) to sit in judgment on the qualifications of scholars: very much inclined, when they get sick

of strife and division, to rely on the counsel of certain men on whom nobody will rely who knows them, their tricks, their ignorance, their ends. But the people's end is good, though they do not know the way to reach it. And their intelligence is growing: has grown. Surely the day will come when they will judge, and judge wisely, for themselves: without heeding the local demagogue, without consulting the central dodger. They will learn how to eliminate unfit candidates: how to weigh written testimonials: how to estimate vulgar claptrap: how to behave with decency in sacred places: how and in what degree to be guided by their natural leaders, who are assuredly not the noisiest nor the most forward. The announcement will not be made that *No gentleman need apply:* nor that *Candidates had better travel third-class.*

-- Of the Opposition, by A. K. H. B. [Andrew Kennedy Hutchinson Boyd], Fraser's Magazine, Volume 24, From July to December, 1881

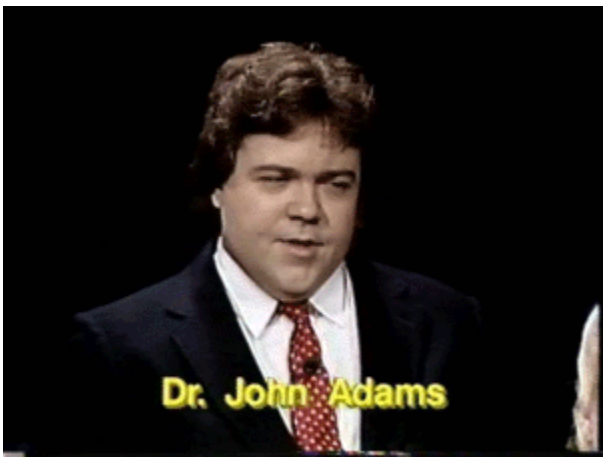
[Les Nachman] I have about 20 more questions, but there are other people here. Go ahead.

[Sharon Stine] Well, after watching your presentation, is there any hope for us?

[Dr. Robert Strecker] Well, yeah.

[Sharon Stine] You're talking about how it's doubling and doubling.

[Dr. Robert Strecker] Actually, right. We're talking about how the virus spreads; what the rejections are. If Frank Fenner was correct in the article that he said, "What makes a virus eradicable?", the AIDS and other human retroviruses probably violate most if not all the criteria that makes these diseases eradicable. In other words, they can never be eliminated from humans once they are running in humans short of the redevelopment or new construction of the Rife techniques which might allow for widescale treatment of entire areas simultaneously, if in fact what Rife said is correct. And that was that you could treat a human being by a radio wave that would kill a virus in that human. If it requires personal dialysis-like equipment, which would be to hook the human up, take the blood out, irradiate it, and extraportally like they dialyze blood to cure kidney failure, then that is going to be a very costly, slow process. It could be effective, but it's not the way we're going to save Africa. If that is in fact the way that AIDS and these other viral diseases prove to be cured, then I think that there's no doubt that Africa is extinct as a continent. And perhaps Asia is well down the same road since they have large portions of their population already infected with HTLV-I, human T-cell leukemia virus.



[Dr. John Adams] On a practical matter, if I have a child who is in elementary school, and in that school there is another child infected with AIDS, according to the information you have presented, it would behoove me to make sure my child has no contact with the sick child. Would you agree?

[Dr. Robert Strecker] That's a very difficult question to answer. I think that if you say casual contact merely means simply greeting someone or very superficial contact with a person, then the risk of contracting AIDS from that kind of contact are very low. But if casual contact means where a person might be bitten by an AIDS-infected person, and breach of skin, and perhaps contact of blood with saliva that could be infectious, then that might be a problem.

[Dr. William Thornton] Uh, if we talk about a person's ability to contract the disease, are we talking again about this dose-dependency factor? Could you explain that a little bit?

[Dr. Robert Strecker] Right. Again, the question -- it goes back to how is the virus actually getting from one person to another person? And still, I don't find any literature or data that actually tells us how a person, 1, male or female, has infected another person, 2, male or female. In other words, whether it is homosexual to homosexual, homosexual to bisexual, homosexual to heterosexual, or heterosexual to heterosexual, there's really no data that says how the virus is getting from the first person into the second person, short of direct transfusion of blood or blood product. The question is, "How many viruses have to be present before the person is infectious; how are they being transduced

across from one person to another; and at what phase during the first person, if he has AIDS, say if I had AIDS, at what course, or what phase, during my AIDS life am I really infectious? Is it more infectious in the beginning, or during the middle of the course, or at the end of the course? Those questions, so far as I could tell, have never been answered.

[Les Nachman] So, if I were to take an AIDS test, and test positive with HIV, what would you say? That I had a good chance of contracting AIDS?

[Dr. Robert Strecker] I'd say that you have a very good chance of dying prematurely due to that infection. And I think that chance is 100%. I think that 100% of those who get infected with the putative AIDS virus, HIV, human T-cell lymphotrophic virus III, will die prematurely before they would had they not been infected.

[Les Nachman] From an immune system breakdown.

[Dr. Robert Strecker] Not necessarily. There are other diseases that could kill you without ever developing AIDS. For instance, a great number of AIDS patients develop AIDS dementia, which is an impairment of mental function. It's motor impairment, cognitive impairment, and neurological impairment due to the virus acting on the brain. You can die of that virus acting on your brain before you actually ever develop any of the criteria that might say, "Well this is AIDS."

[Les Nachman] Is that the brain rot you were talking about?

[Dr. Robert Strecker] Yeah, in a sense that's the brain rot. Like visna, the mother of what I call the AIDS virus. So now that the definition has been expanded only recently, well, some of those patients with AIDS dementia may well be included, so in AIDS, the definition. But there are other diseases like that that could kill you before you actually ever developed AIDS the disease. You see, there's a big difference, at least in definition and practical terms, between having AIDS infection and having AIDS the disease. Many people so far have AIDS infection, but only 50,000 or so

have developed AIDS the disease. And half of those are dead. I think that 100% of those who develop AIDS infection will die prematurely.

[Dr. John Adams] In essence, you're saying that those many hundreds of, not only physicians, but scientific researchers who have been entrusted with looking into this matter are, in a sense, totally lacking in integrity.

Or is that my interpretation?

[Dr. Robert Strecker] [Laughing] Well, I'm not sure I can say that they're totally lacking in integrity.

[Dr. John Adams] Are you saying that they're just not too smart?

[Dr. Robert Strecker] No, I'm not saying that either.

[Dr. John Adams] Well, what are you saying then?

[Dr. Robert Strecker] I'm saying that it is not in their interest necessarily to always tell you the truth.

[Les Nachman] Well, that's a lack of integrity!

[Dr. Robert Strecker] Yeah. Well, there are certain instances here where I think it's clear that they've been lying. For instance, to say that there's only one AIDS virus, well, that's really not right. There's a field effect. There are millions of different AIDS viruses. Every AIDS virus isolated to date is different.

Again, if you made this virus, or were responsible for its spread, or had something to do with its spread, are you going to tell anybody? I think the answer is obviously no.

[Dr. John Adams] Well, I agree with that.

I mean, that assumes though that there are either a very small number of individuals running the show, or that you're a very extraordinary person. There's no one else saying this.

[Dr. Robert Strecker] Well, that's not correct! There are many other people saying it. Actually, it's been discussed worldwide. It's only been recently that this question has been discussed in this country. Dr. John Seale of the Royal Society of Medicine, has said that the virus appeared to be manmade, in a sense, long before we did, but he couldn't exactly construct how that may have occurred. We sort of gave him maybe the information on how the viruses could have been recombined to produce a new AIDS-like virus. Uh, Jakob Seagal, an East German biologist who said that the virus was constructed at Fort Detrick in a biological warfare project.

Again, if the virus is its own constructing agent, then the virus could have arisen in any laboratory at any time, more or less since the development of human tissue culture which arose in 1951 with the death of Henrietta Lack. Every laboratory in the world is suspect. And of course, that makes all the scientists very nervous because because they say, "Well, it surely didn't come out of my laboratory."

[Dr. John Adams] So, in essence, you're talking about a chernobyl of molecular biology, in a sense?

[Dr. Robert Strecker] Exactly correct. Actually, if you look at the predictions in testimony before Congress, the actual predictions was that a Chernobyl accident, or a 3-mile-Island accident was predicted by a physicist to be something like 1x(10)-18.

[Dr. John Adams] The chance that it would happen?

[Dr. Robert Strecker] That it would happen. Right. Whereas the chance of a biological accident of this nature was 1x(10)-14, or basically 10,000 times more likely to occur than either a Chernobyl or 3-Mile-Island.

[Dr. William Thornton] Dr. Strecker, how can you account for the spread of the AIDS virus in such a monumental amount of cases in countries like Brazil,

or other parts of Latin America, or Haiti?

[Dr. Robert Strecker] Right. Again, I think the Haitian explanation is quite simple. If you look in the May 11th, Monday May 11, 1987 article in the front page of the London Times, what's documented there is that at the time of the smallpox vaccination campaign of the World Health Organization in Africa in the mid-70s, 15,000 Haitians were in that program in Africa. They were there working. So it's easy to see how Haitians may have been contaminated, and then move back to Haiti. That could explain the outbreak of AIDS in Haiti.

[Les Nachman] Did they participate in the smallpox program?

[Dr. Robert Strecker] Yes, they did. 15,000 Haitians were in the smallpox campaign.

[Les Nachman] Well, this is incredible! If, in fact, the outbreak of AIDS corresponded with this smallpox vaccination situation in the mid-70s in Africa. Everybody knows about that. The WHO did it. They should know the results. If in fact the Haitians were part of that and then went back to Haiti and of course did what comes naturally, and then Haitians seem to get it. If in fact that homosexual outbreak in America is tied into the Hepatitis-B vaccine program initiated by, was that NIH?

[Dr. Robert Strecker] No, it was New York City Blood Bank was in charge.

[Les Nachman] Don't these same things occur to the people who did it? I mean, why are you the only one that is making note of this. It's so obvious.

[Dr. Robert Strecker] I'm not the only one.

[Les Nachman] If it looks like a rose, and smells like a rose, it's pretty much a rose. I mean, they've worked to correct situations based on flimsier evidence than this. So even if they didn't do it intentionally, which I think that the fact that they are avoiding dealing with this incredible coincidence is tantamount to criminal act also, wouldn't you say?

[Dr. Robert Strecker] Well, again, I'm not the only one who has maintained that the virus may have come out of a laboratory.

[Les Nachman] But you're the only one sitting here today. I mean, it doesn't make any sense. Why are you the only one broadcasting -- well, who else is broadcasting this? Certainly not the government! It should be obvious to them what's obvious to us sitting here.

[Dr. Robert Strecker] But again, if in fact you see that the people -- like, let's look at the WHO, the World Health Organization. If in fact the smallpox campaign in Africa was responsible for the outbreak of AIDS, that's the last thing they are ever going to admit to. So why would you expect them to come forward?

[Les Nachman] Because the world's going to die! I mean, everybody's going to die! That's why! I mean, they are humans, too. How are they going to protect themselves?

[Dr. Robert Strecker] They can't.

[Les Nachman] I mean, according to your time schedule, in 20 years, or less, six years, everyone in America is infected. And then in 14-20 years we're all dead.

[Dr. Robert Strecker] That's possible.

[Les Nachman] And then that's the end of everything.

[Dr. Robert Strecker] Right.

[Les Nachman] Well that should get people upset!

[Dr. Robert Strecker] It should!

[Les Nachman] It's sure getting me upset right now!

I mean, what you're saying is so incredible, and we're sitting here very casually and cavalierly discussing it! But you're talking about the end of the world here.

[Dr. Robert Strecker] I'm not the only one talking about the end of the world. Dr. Hazeltine from Harvard has said before Congress, that the AIDS virus alone, not taking into account HTLV-I, II, III, IV, V, and I.L.L., he said the AIDS virus by itself is species threatening. In other words, it has the ability to exterminate mankind. That's in the Congressional Record.

[Les Nachman] Obviously, we're on some kind of a countdown here if somebody doesn't face up to it, or they don't develop a vaccine, or some kind of help for it.

[Dr. Robert Strecker] I have always maintained that there should be a multi-prong approach, a crash Apollo-type approach which would include not only traditional therapies, like the development of A.Z.T. and other drugs, but development of alternative therapies, in a sense, alternative like laser therapies, the Rife techniques, and anything else that appears practical. Because as far as I can see, mankind is headed for extinction unless this virus is controlled.

[Dr. William Thornton] In Latin America, and Asia, the disease seems to be spreading.

[Dr. Robert Strecker] Yeah, in Latin America, particularly Brazil, the story goes that in Brazil, Brazil bought a lot of the blood it was transfusing in the 70s from Africa. And so that would explain how Brazil might have incurred a tremendous AIDS problem. The other problem is, of course, that there were IARC, or WHO vaccine programs conducted in Brazil.

[Les Nachman] You know, I'd like to get back to this question of culpability here.

You said -- you didn't suggest, you said -- that it was, was it the Navy that paraded a steamship up and down the --

[Dr. Robert Strecker] No, it was the Department of -- well, I don't know if it was -- it was a Navy vessel, but --

[Les Nachman] A navy vessel actually sprayed --

[Dr. Robert Strecker] -- serratia marcescens bacteria into San Francisco --

[Les Nachman] -- and not telling the San Franciscans or anybody else?

[Dr. Robert Strecker] Yeah!

[Les Nachman] Infected everybody, and according to you, 5,000 units?

[Dr. Robert Strecker] No, that wasn't according to me, that was according to the researcher who conducted the study. Right. The researcher who conducted the study reported, and that is written in Paxman and Harris, "A Higher Form of Killing," which is a review of biological warfare in this country, the researcher who conducted the study concluded that an average San Francisco resident inhaled 5,000 serratia marcescens bacteria during that project, which demonstrated that San Francisco was subject to a biological warfare attack.

[Les Nachman] Well, anybody else got something to say?

[Sharon Stine] I was going to say, is this an experiment that's gone out of hand?

[Dr. Robert Strecker] Sure. That's possible. Except that in a sense, we are the experiment. The whole world has become the experiment.

And every person on this planet is now the experiment.

[Sharon Stine] Well, I think, rather than going back and trying to file criminal charges or anything like that,

shouldn't we just leave that, and just go on and try to --

[Dr. Robert Strecker] Well, sure, there are lots of people who say,

"Well, it's not important where the virus came from, you know. Let's just fix it!"

There's the story of the African, you know, who woke up one night with a lion in his bedroom, he chased it out, he didn't look for the open window where the lion came in, he crawled back in bed, went to sleep, and a tiger came in and ate him.

So you know, I don't believe that you can say that it's not important where these things came from. It's extremely important.

[Les Nachman] During the middle ages, bubonic plague destroyed two-thirds of Europe, or whatever the percentage is, but a large percentage. It really was two-thirds, or three-quarters. And physicians, or so-called "physicians," such as they were at that time, refused to treat patients. If the AIDS epidemic increases along the proportions we've been discussing here today, where do you see the moral position of the physician who refuses to treat an AIDS patient? Although a lot of them are refusing right now.

[Dr. Robert Strecker] Right. Right.

[Les Nachman] Would you want to comment on that?

[Dr. Robert Strecker] Yeah. First off is my own --

[Les Nachman] Do you treat AIDS patients?

[Dr. Robert Strecker] I do. I have 30-60 AIDS patients.

[Les Nachman] You have 30-60 AIDS patients?

[Dr. Robert Strecker] Yeah. Yeah. And we treat them, and I think we do very well in treating them. And I give them all kinds of options in addition to A.Z.T. I don't exclude necessarily alternative therapies. Anything that might help them, I advise that they use. And that includes A.Z.T. But what each person will decide for himself is a difficult question. And each person has his own values, and makes his own decisions.

[Les Nachman] Dr. Strecker, this is apparently the last question we'll be able to ask because of time considerations. And I would like to propose this, or suggest this to you, and see what you have to say.

There are a lot of people going to be watching this tape, hopefully, if it's a successful videotape. People who are neither homosexuals, neither from Africa, neither drug users or anything else, whose only exposure to information

about AIDS comes from the media or from the government or so-called "experts." And they really haven't been too concerned about this. But after watching this tape, they might very well become very concerned about this. And you have people that are trying to live normal lives. They are raising children. And a child, after all, in my opinion, is actually, among other things, a sign of faith that two people bestow upon humanity. They say, "I'm bringing forth this child in the hopes and expectations that that child will live as good or as decent a life or better than they have had. With the prospect of what you're saying coming true in any part, what would you say to that person, or those people, or that couple watching this program? How would you leave this?

[Dr. Robert Strecker] I would think that they have to continue on in their living as if what we predict, in a sense, is not necessarily the final outcome. That isn't to say that it can't happen, but what I mean to say is that we have to work to make it not happen. Each person has to become involved individually. This virus threatens the existence of every one on this planet.

You have to become involved and determine for yourself whether or not what we're telling you is true or false.

It doesn't take a rocket physicist to look out there and say, "Hey, there's a whole bunch of new diseases which all of a sudden seem to have popped up, and so people have to become involved and find out exactly what's going on. They should not just accept everything they are being told by the so-called "AIDS experts" in government as absolute fact. You have to decide for yourself whether what we've told you is true or false, and then become involved with your neighbors, your friends, your representatives, your senators, and your president. And if you do that, then hopefully we'll get to a solution.

And I think there is a solution. I've already illustrated what I think the solution to this problem is.

But I think that this country -- the whole world -- has to address it in a crash program of many-pronged approach.

[Dr. William Thornton] As time passes, you will see more and more of Dr. Strecker's warnings and predictions come true. Unfortunately, at this time, there is no happy ending to this story. Assuming the government does not interfere with Dr. Strecker's work, there may be, just maybe some hope for us. Dr. Strecker and others that share his concerns

are committing all their time, all their efforts, and all their resources to finding a solution. And that includes exploring any conceivable alternative that might stop this disease, instead of waiting for the drug companies to produce a miracle vaccine. Now, nobody is asking you for money. You've already contributed to this cause by purchasing this tape. But there are things you can do. To begin with, tell everyone that you know about Dr. Strecker and his findings. Tell the politicians you elected that you're not satisfied with what you're being told. Tell them it doesn't make any sense to entrust the cure for this disease to the same people who may have started it in the first place, the same people who haven't found a cure for cancer after 40 years of trying. Mankind doesn't have another 40 years. Tell them that God gave you the gift of life, and now that gift is being threatened. Tell them that you want to live; that you want your children to live. Tell them now before there's no one left.

Produced by: Les Nachman

Directed by: Steve Creger

Production Manager: William Thornton

BIBLIOGRAPHY

Anticancer Research
6:403-412 (1986)
"Lymphadenopathy/AIDS Virus: Genestic Organization and Relationship to Animal Lentivirus"

PROG. MED. VIROLOGY
vol. 23, pp 1-21 (1977)
"The Eradication of Smallpox"

BANBURY REPORT
Cold Spring Harbor Lab. (1985)
"Genetically Altered Viruses and the Environment"

NATURE
Vol. 313 (Jan. 1985)
"Complete Nucleotide Sequence of the AIDS Virus, HTLV-III"

JOURNAL GEN. VIROLOGY
38, 375-381 Great Britain
"Infection of Human Cell Cultures with Bovine Visna Virus"

NATURE
Vol. 330 No. 6146
Nov 26-Dec 2, 1987
HIV-like virus pg. 388

NATURE
Vol. 321 May 1, 1986
"What to Call the AIDS Virus?"

NATURE
Vol. 230 April 16, 1971
"Common Genetic Alterations of RNA Tumor Viruses Grown in Human Cells"

JOURNAL OF THE AMA
"AIDS -- From The Beginning" 1986

AMERICAN JOURNAL OF EPIDEMIOLOGY
Vol. 103 Jan 1976
"Human Exposure to SV40: Review and Comment:

NEW FRONTIERS IN CANCER
"The Search for a Virus in Human Cancer"
"Development of The National Cancer Program Plan (NCPP)"

FOGERTY INT'L CENTER
PROCEEDINGS No. 15
Vol. 31, #3, May-June 1972
"Biological Significance of Histocompatibility Antigens"

TEXAS MEDICINE (1973)
"Cross-Species Transmission of Mammalian RNA Tumor Viruses"

SCIENTIFIC AMERICAN
Vol. 255 No. 6 Dec 1986
"The First Human Retrovirus"

JOURNAL OF VIROLOGY
Vol. 13 No. 1 Jan 1974
pp. 197-204

MMWR
Vol. 34 No. 38 Sept 27, 1985

CANCER RESEARCH
Vol. 34 Oct 1974 pp. 2745-2757

PNEUMOCYSTIS CARINII PNEUMONITIS
Vol. 1 (1987)
CRC Press, Inc. Boca Raton, FL
Walter Hughes

CANCER RESEARCH
Vol. 20 June 1960
"The Detection and Study of Tumor Viruses with the Electron Microscope"

SCIENCE
Vol. 212 April 24, 1981
"Cross Contamination of Cells in Culture"

WORLD RESEARCH NEWS
Nov-Dec 1987
"New Sonic Generator Kills Bacteria With Short Waves"

CANCER RESEARCH
Vol. 34 Nov 1974 pp. 2835-2814

BRITISH MEDICAL JOURNAL
291:1196 (1985)

NATURE
No. 4597 Dec 7, 1957
"Development of Multiple Cysts ..."

COMPARATIVE LEUKEMIA RESEARCH
Vol. 40 (1973)
"Summation"

THE JOURNAL OF THE AMA
255:2167-2172 (1986)

LOS ANGELES TIMES
Sept. 22, 1987 pg 16
"Koop Warns ... Condom Use"

THE LONDON TIMES
May 11, 1987 pg 1
"Smallpox Vaccine... AIDS Virus"

A HIGHER FORM OF KILLING
Harris & Paxman pp 240-241
Pub. Hill & Wang (1982)

CONFRONTING AIDS
Directions For Public Health, Healthcare and Research
National Academy Press
Institute of Medicine
National Academy of Sciences
(1986)

Additional References on Request

This project is dedicated to the many innocent victims of AIDS who have died, and to those millions more whose lives may yet be sacrificed on the altar of irresponsible scientific experimentation.

AIDS REFERENCES

GENERAL

Greenberg DS Whatever Happened to the War an Cancer? Discover 1986; March:47

Leibowitch, J. A Strange Virus of Unknown origin. trans. Howard R. (Un Virus Estrange Venu D'Ailleurs. Grasset at Fasquelle 1984) New York: Ballentine Books 1985.

Connor, S. AIDS: Mystery of the Missing Data; AIDS: Science Stands On Trial New Scientist 116: 19, 49-58, 1987.

PREDICTION

Letter by committee on Recombinant DNA, National Research Council, National Academy Of Sciences. Potential Biohazards of Recombinant DNA Molecules. Science 26 July 1974

Anonymous Un-Natural Viruses Nature New Biology 230:65-66, 1971.

Clemmesen J. Summation Comparative Leukemia Research 1973, Laukemogenesis, Bibl. Haematologica No. 40, Ed. Y. Ito and R M Dutcher; University of Tokyo Press, Tokyo/Karger, Basel, pp, 783-792 1975.

Burnet F.M. Men Or Molecules? A Tilt at Molecular Biology Lancet 1:37-39, 1966.

PRECEDENT

Shah K. AND Nathanson N. Human Exposure To SV40: Review and Comment American J Epidemiology 103:1-12,1976.

REQUEST

Allison A C Beveridge WIB. Cockburn W C. at al. Virus-Associated Immunopathology: Animal Models and implications for Human Disease Bulletin WHO 47:257-263, 1972.

Amos D B Bodmer W F. Ceppelini R. et al. Biological Significance of Histocompatibility Antigens. Fogerty International Center Proceedings, No. 15. Fed Proc 31:1087-1104, 1972.

Higginson J The Epidemiological Program of the International Agency for Research an Cancer. In: Seventh National Cancer conference Proceedings. Los Angeles: American Cancer Society, Inc. and National Cancer Institute. pp.679-684, I972.

(Note the map an page 681 as it Relates to the Epidemiology of AIDS)

PRODUCTION

Dent P 3 Immunadepression by Oncogenic Viruses Progr. Med. Viral. 14:1-35, 1972.

Aaronson S A Common Genetic Alterations of RNA Tumor Viruses Grown in Human Cells Nature 230:445-447, l972. (An explanation of how to adapt a retrovirus growing in one species to another in this case human).

Maruyama K and Dmochowski L. Cross-species Transmission Of Mammalian RNA Tumor Viruses. Texas Medicine 69:65-75, 1973. (A Study of how to adapt a retrovirus growing in one species to another in vivo)

Maruyama K Wagner S H and Dmochowski L Sarcomas Induced in Rats by Feline RNA Virus Bibl. Haemat. 40:93-95, 1975.

Bonnard G D Manders E K Campbell D A et al. Immunosuppressive, Activity of a Subline of the House EL-4 Lymphoma, Evidence for Minute virus of Mice (MVM) Causing the Inhibition J. Exp. Med. 143:187-205, 1976. (This paper along with the Iorio paper on the production of a viral immunodepressive factor producing AIDS proves the relationship between Bull. WHO 47:257, 1972 and the subsequent appearance of immunodepressive viruses.)

PRODUCTION RELATIONSHIP Of AIDS TO BOVINE LEUKEMIA VIRUS

Clapham P Nagy K and Weiss R A Pseudotypes of Human T-cell Leukemia Virus Types 1 and 2: Neutralization by Patients' Sera Proc. Natl. Acad. Sci. 81:2886-2889, 1984.

Shaw G M Gonda M A Flickinger G H et. al. Genomes of Evolutionarily Divergent Members of the Human T-cell Leukemia Virus Family (HTLV-I and HTLV-II), are Highly Conserved, Especially in pX Proc. Natl. Acad. Sci. 81:4544-4548, 1984.

Gonda M A Wang-Stall F, Gallo R C et. al. Heteroduplex Mapping in the Molecular Analysis of the Human T-cell Leukemia (Lymphotropic) Viruses Cancer Research 45(Supplement):4553s--4558, 1985.

Rice N R Stephens R M Burny A et al. The gag and pol Genes of Bovine Leukemia Virus: Nucleotide Sequence and Analysis Virology 142:357-377,1985. (Shows that BLV is highly related to HTLV-I)

Burny A Bruck G Cleuter Y et al. Bovine Leukemia Virus, a Distinguished Member of the Human T-Lymphotropic Virus Family Retroviruses in Human Lymphoma Leukemia M. Miwa et al. Eds. Japan Sci. Soc. press. Tokyo VNU Science Press* Utrecht, pp. 219-227, 1983. (Demonstrates the close structural and functional relationships between BLV and Human Retroviruses)

PRODUCTION RELATIONSHIP Of AIDS TO BOVINE LEUKEMIA VIRUS

Alizon M and Montagnier L., Relationship of AIDS to Other Retroviruses Nature 313-743, 1985

Chiu, I M Yaniv A Dahlberg J E Et al. Nucleotide Sequence Evidence for Relationship of AIDS retrovirus to Lentiviruses, Nature 317:366-3368, 1985. (Demonstrates a relationship to BLV and Visna viruses, among others)

Sanchez-Pescador R Power M D Barr P J et al. Nucleotide Sequence and Expression of an AIDS-Associated Retrovirus (ARV-2) Science 227:484-492,1985.

Ratner L Haseltine W Patarca R at al. Complete Nucleotide Sequence of the AIDS Virus, HTLV-III Nature 313:277-284, 1985. (The authors including RC Gallo demonstrate the relationship of AIDS to BLV)

Van Der Maaten, M J and Miller J M Serological Evidence of Transmission of Bovine Leukemia Virus to Chimpanzees Veterinary Microbiology 1:351357, 1976.

PRODUCTION RELATIONSHIP OF AIDS TO VISNA VIRUS

Alizon M and Montagnier L Lymphadenopathy/AIDS Virus: Genetic organization and Relationship to Animal Lentiviruses Anticancer Research 6:403-412, 1986.

Sonigo P Alizon M Staskus K et al. Nucleotide Sequence of the Visna Virus: Relationship to the AIDS Virus Cell 42:369-382, 1983.

Gonda M, A Wong-Staal F, Gallo R C et al. Sequence Homology and Morphologic Similarity of HTLV-III and Visna Virus, a Pathogenic Lentivirus, Science 227:173-177, 1985.

Essex M, McLane M F Lee T H et al. Antibodies to Call Membrane Antigens Associated With Human T-Cell Leukemia Virus in, Patients with AIDS Science 220:859-862, 1983.

PRODUCTION RELATIONSHIP TO BOVINE VISNA VIRUS

Gonda M A Molecular Genetics and Structure of the Human immunodeficiency Virus J Electron Micro 8:17-40, 1988.

Gonda M A Braun M J Carter S G et al. Characterization and Molecular Cloning of a Bovine Lentivirus Related to Human Immunodeficiency Virus Nature 330:388-391, 1987. (Relationship of AIDS to BVV - its "closest relative").

Grote J Bovine Visna Virus and the Origin of HIV British Journal of the Royal society of Medicine 81:620, 1988

Strecker R B AIDS Virus Infection, British Journal of the Royal Society of Medicine 79:559-56O, 1986. (First article in print to address how the AIDS Virus was manufactured)

PRODUCTION RELATIONSHIP OF AIDS TO VISNA VIRUS

Scale J Origins of the AIDS Viruses, HIV-I and HIV-2: Fact or Fiction?

Discussion Paper British Journal of the Royal Society of Medicine 81:617-619, 1988

Mims C A Vertical Transmission Of Viruses Microbiological Reviews 45:267-286, 1981. (States that an "alleged bovine visna virus" is contaminating fetal calf serum - thereby implicating all tissue cultures of the world as possible source for AIDS)

Boothe A D and Van Der Maaten M J Ultrastructural Studies Of a Visna-Like Syncytia-producing Virus from Cattle with Lymphocytosis J Virology 13:197-204, 1974, (Demonstrates the morphology of BVV as being identical to AIDS)

Georgiades J A Billiau A and Vanderschueren infection of Human Cell Cultures with Bovine Visna Virus J. Gen. Virology 38:375-381*1978. (Demonstrates the growth of BW in human malignant tissue, and suggestes that BVV may be a cause of either a malignant or slow virus disease in man)

McClure H M Keeling M E Custer R P et al. Erythroleukemia in Two infant Chimps fed milk from cows Naturally infected with the Bovine C-Type Virus Cancer Research 34:2745-2757, l974. (Demonstrates the development of AIDS in two chimps fed cow virus orally in 1974. The Chimps Died of Pneumocystis carinii pneumonia. Ppeumocystia carinii pneumonia had not been reported in chimpanzees up to this time)

Note: See article above by Van Der Maaten and Miller on the transmission of bovine leukemia virus to chimpanzees in 1976

Mulder C Human AIDS Virus Not From Monkeys Nature 333:396, 1988.

Penny D Origin of the AIDS virus. Nature 333:494-495, 1988.

Parks* W P Gilden R V Bykovsky A F et al. Mason-Pfizer Virus Characterization: A Similar Virus in a Human Amniotic Cell Line J Virology 12:1540-1547, 1973.

Grantham R and Perrin P AIDS Virus and HTLV-I Differ in Codon Choices Nature 319:727-728, 1986.

Wain-Hobson S Sonigo P Danos O et. al. Nucleotide Sequence of the AIDS Virus, LAV Cell 40:9-17, 1985.

PRODUCTION HOW TO MAKE NEW LEUKEMIA OR CANCER CAUSING AGENTS IN THE LABORATORY

Rapp U R Goldsborough M D Mark C E et al. Structure and Biological Activity of v-raf, a Unique Oncogene Transduced by a Retrovirus Proc. Nat. Acad. Sci. 80:4218-4222, 1983.

Rapp U R and Todaro G J Generation of Oncogenic Mouse Type C Viruses: In Vitro Selection of Carcinoma-inducing Variants Proc. Natl. Acad. Sci. 77:624-628, 1980.

PRODUCTION HOW TO MAKE NEW LEUKEMIA OR CANCER CAUSING AGENTS IN THE LABORATORY

Rapp U R and Todaro G J Generation of Oncogcnic Type C Viruses: Rapidly Leukemoganic Viruses Derived from C3H Cells in vivo and in vitro Proc. Natl. Acad. Sci. 75:2468-2472, 1978.

Rapp U R and Todaro Q J Generation of New Mouse Sarcoma Viruses in Cell Culture, Science 201:821-824, 1978.

Tsichlis P N Conklin K F and Coffin J M Mutant and Recombinant Avian Retroviruses with Extended Host Range Proc. Natl. Acad. Sci. 77:536-540, 1980.

Rasheed S Gardner M B and Huebner R J, In Vitro isolation of Stable Rat Sarcoma Viruses Proc. Natl. Acad. Sci. 75:2972-2976, 1978.

PRODUCTION RECOMBINATION AMONG RETROVIROSES (THAT WHICH IS NOT SUPPOSED TO HAPPEN IS IN FACT THE VERY ESSENCE OF RETROVIROLOGY)

Coffin J M Structurcr Replication, and Recombination of Retrovirus Genomes: Some Unifying Hypotheses Review Article J. Gen. Virology 42:1-26, 1979.

Hunter E The Mechanism for Genetic Recombination in the Avian Retroviruses Current Topics in Micro, and Immun. 79:295-309, 1978.

Blair D G Genetic Recombination Between Avian Leukosis and Sarcoma Viruses. Experimental Variables and the Frequencies of Recombination Virology 77:534-544,1977.

Wang L B, Duesberg P H , Mellon P et al. Distribution of Envelope-specific and Sarcoma-specific Nucleotide Sequences from Different Parents in- the RNAs of Avian Tumor Virus Recombinants Proc. Nat. acad. Sci. 73:1073-1077, 1976.

Duesberg P Vogt P K Beeroon K et al. Avian RNA Tumor Viruses: Mechanism of Recombination and Complexity of the Genome Cold Spring Harbor Symp. Quantitative Biology 39:847-857,1974.

Wang L Duesberg P Kawai S et al. Location of Envelope-specific and Sarcoma-specific Oligonucleotides on Rna of Schmidt-Tuppin Rous Sarcoma Virus Proc. Nat. Acad. Sci. 73:447-451, 1978.

Junghans R P Boone L R Skalka A M Retroviral DNA H Structures: Displacement-Assimilation Model of Recombination Cell 30:53-62,1982.

Iorio A M Barzi A Merletti P R et. al. A Viral Immunodepressive Factor Associated With Experimental Mouse Tumors Cancer Research 36:3851-3853, 1976. ("This paper establishes beyond any reasonable doubt the relationship between the intentional production of virus" capable of immunodepression and the "REQUEST" for the production of the AIDS virus in Bull. WHO 47:257-263, 1972. See references and Bonnard, Manders, and Campbell paper above under PRODUCTION ".)

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Chapter 7: An Interview with Dr. Robert Strecker
Excerpt from "Emerging Viruses: AIDS & Ebola: Nature, Accident or Intentional?," by Leonard G. Horowitz, DMD, MA, MPH

THE next morning, I tried contacting Strecker again. First I dialed what I thought was his published telephone number. Again, it rang continuously unanswered. Then I called the number directory assistance had given me for Dr. William Campbell Douglass, a physician from Clayton, Georgia, who had published an article entitled "WHO Murdered Africa," which supported Strecker's theory. As in past attempts, a machine instructed me to leave a message.

"Is there anyone there!? This is about the sixth time I've called. I've been trying to reach you for months. I'm trying to reach Dr. William Douglass. I need to get in touch with Dr. Robert Strecker. My name is Dr. Len Horowitz, and this is an emergency. If anyone can answer, would you please return my call?" I then left my 800 number and hung up.

Two days later I received a call from a Mr. William Douglass. I was delighted. He immediately informed me, however, that he was not the person I sought.

"I've been getting a couple of calls a month for Dr. Strecker, so I finally decided to get his number. If you like, I can give it to you."

"Please. I would really appreciate it."

Finally! I thought as I quickly dialed the magic numbers, feeling the end of my frustration might be near.

"Hello, this is Dr. Strecker's office," a woman's kindly voice answered.

Following a lengthy introduction, the woman informed me that Dr. Strecker was indeed alive, well, and practicing internal medicine in Needles, California. He was busy seeing patients, I was told, but I was assured he would return my call that evening.

"All right!" I affirmed as I hung up the phone. Then I quickly relayed the good news to Jackie.

The information on Strecker's whereabouts immediately helped to ease her concerns.

On the Line

That night, Robert Strecker returned my call with news about his ongoing crusade to bring the "truth to light." We spoke at length about our independent investigations, immediately developing the warm rapport that two black sheep isolated from the establishment's scientific flock might.

Pondering safety, I asked, "Has anyone from the government ever bothered you over all these years?"

"Not really," he replied. "Since the suspicious deaths of my brother and Representative Huff, [1] I've just gone about my business. There was one incident though that occurred shortly after I sent reports of my findings to all the health and intelligence agencies."

"What happened?"

"Well, first, the CIA warned all agencies that I was a communist and told them not to take anything I said seriously. My brother Ted obtained a copy of the release they sent out through the Freedom of Information Act. Their counterintelligence efforts apparently worked."

"Do you still have a copy of the release?"

"I wish I did," Strecker replied. "It disappeared along with a lot of other records Ted and I had collected. Shortly after Ted's death, my office was burglarized."

"Interesting," I said. "Who do you think did it?"

"I believe it was the CIA, but I obviously can't prove it."

Following an illuminating conversation, Robert - as he preferred to be called - and I agreed to mail each other copies of our previous publications. He would send me a copy of 'The Strecker Memorandum,' which I still had not viewed, and I would send him 'Deadly Innocence,' which he had not heard about.

Then we also agreed to exchange interviews. I set up a time to be a guest on "He Said/She Said," a

radio program Strecker cohosted with Betsy Prior on KGER-AM, Los Angeles, and he agreed to be interviewed for this book.

The Strecker Interview

Several weeks went by before we could coordinate our schedules for my telephone interview with Strecker. By this time, I had watched 'The Strecker Memorandum,' and considered, as Acer had, Strecker's position that AIDS had been "predicted, requested, created, and deployed."

Strecker, I now knew, was a stocky, earnest-looking man in his late 40s or early 50s. His dark blond hair glistened as he spoke. His wire-rimmed glasses and slightly graying temples portrayed a more mature, intelligent, demeanor than what his boyish face disguised. He spoke quickly and easily, accompanied by an unmistakable Midwestern drawl. He appeared to me to be a once all American, football hero type, whose athleticism and idealism was quickly dashed by the nature of medical education and academic politics.

I began the interview by reading from a list of questions I had prepared for Robert to answer:

LEN: Robert, first off, what convinced you that the AIDS virus was synthetically manufactured?

ROBERT: What convinced us [The Strecker Group] was the fact that this new agent had suddenly appeared out of nowhere. That the virus had characteristics of animal viruses more so than human viruses, and that the genetic structure of the AIDS virus actually looked like the viruses that appeared in animals that would not normally adapt themselves in humans. . . .

That could have occurred spontaneously, but not by the process that scientists have normally talked about. For instance, not by the virus running in primates [the highest order of mammals, including man, monkeys, and lemurs] because if you look at the genetic structure of the AIDS virus, what you find is that the codon choices [the specific sequence of three (purine and pyrimidine) bases in the viral RNA that codes for the production of a specific amino acid by the infected cell] included in the AIDS virus are not existent in primate genes.

Therefore, to assume that they simply mutated in order to adapt themselves into primates in the case of AIDS is vanishingly small although still possible.

What happened is that the virus either mutated in cattle and sheep, and then was artificially adapted to humans by growing in human tissue cultures, which they [virologists] do and in which they are easily manipulated in that manner - or the virus was actually constructed in a laboratory by gene manipulation, which was available to scientists in the early '70s although many of the techniques were not talked about until the mid '70s, because the biowarfare laboratories throughout the world have always been about five to ten years ahead of other laboratories working on all kinds of projects.

In addition, a clearer reason is, if you look at the appearance of the 'human retroviruses,' the fact is that there were a host of these things that appeared all at the same time. So, you have to explain not only the appearance of HIV-I, but also HIV-II, HTLV-I, NTLV-II, HTLV-IV, HTLV-V, HTLV-VI, ad nauseam.

And so, to say that these things all spontaneously mutated at the same time in nature, and in the same direction, to infect human beings spontaneously and spread disease in worldwide epidemic proportions, in my opinion, is absurd compared to the known fact that scientists were working with exact progenitors of these viruses in their laboratories, which we can document.

The Green Monkey Theory

LEN: But what about the green monkey theory - the theory that a green monkey bit an African or someone had sex with an ape?

ROBERT: That's just nonsense. . . . Green monkeys are about the size of chickens. So the idea of a human having sex with a female monkey the size of a chicken is, of course, absurd.

In addition, the theory that a transmission occurred through biting, of course, is always said to be close to impossible. If you look at the CDC and everybody else, they say that biting is not an easy way to spread these diseases except in the case of the purported green monkey which is suddenly the way it was spread. [2]

We don't believe that the viruses came from primates or from green monkeys. In addition, if you look at the whole theory that was published in Rolling Stone. . . which accused Wistar Institute of spreading AIDS to Africa in the polio vaccines of the early 1960s; Wistar, of course, says that they have now reviewed all their stocks [without finding any incriminating evidence for the allegation]. . . . Wistar Institute is one of the world's biological leaders in 'retrovirus, virus, and cancer causation, cancer research,' [and is] located in Philadelphia. [3]

And these viruses were originally known by their Philadelphia names. They were called 'NBC' for New Bolton Center, which is also in Philadelphia. And if you look up the original AIDS virus, in our opinion, that goes back to cattle viruses that were called NBC, New Bolton Center I through about XIV or XVI. [4]

And we identified HLTV-I and HLTV-II and HLTV-III in those first cultures that were adapted to human beings by growing them in human tissue culture. . . .

For many years actually, you could simply call up New Bolton and say, "Give me some NBC-XIII." And they would send it to you. And then when AIDS appeared around 1978 or so, all of a sudden the NBC line all disappeared. You could no longer order them.

LEN: How interesting.

The Cow Theory

ROBERT: Yeah. It is interesting. And so we tracked NBC, I think it's [NBC-] XIII . . . back to Louisiana State Agriculture Farm (LSAF) cow BFC-44. And what happens was you see, they were looking a lot at HLTV-I, which is like bovine leukemia virus (BLV), [5] and this cow at the LSAF got they thought a BLV infection. She got huge lymph nodes in the neck just like HLTVV-I/BLV in cattle. And then she apparently conquered it because the lymph nodes went down; she got better after a mononucleosis-like disease, and she made lots and lots and lots of antibodies against this virus.

Then about five or six years later, she started losing weight rapidly, developed diarrhea, and died with pneumonia. And they autopsied her and of course she had no immune system left.

And as far as we can tell, that was the original bovine visna virus isolate.

LEN: What year was that?

ROBERT: 1969. And that virus was capable of wiping out T-cells selectively, it produced syncytium [a mass of cell fluids containing many cell nuclei formed by the joining of originally

separate cells as a result of infection or disease] [6] in tissue culture, and it does everything that AIDS does.

LEN: Now, who was studying that?

ROBERT: That was isolated from the LSAF outside of New Orleans.

LEN: So Gallo wasn't the only one studying that virus?

ROBERT: No, everybody was. These [cultures] were [widely distributed]. If you go back and look at the veterinary literature, they were looking at all the BLV, bovine leukemia virus lines, bovine syncytium viruses, and bovine visna viruses. And all these things were being studied. . . .

Well, at this point, they were still essentially noninvasive because they were restricted to animals. But, then what happened was in the late '60s and early '70s they started growing these in human tissue.

Early Researchers

LEN: Now when you say 'they,' can you be more specific in terms of the labs that you're familiar with that were doing this work?

ROBERT: Yeah, well virtually every lab in the world that was doing sophisticated lymphocyte studies. But particularly Gallo and company at the NIH, ahh . . . ahh . . . actually there were only a few guys you know - Gallo, Montagnier, a couple of guys that are dead, Baltimore, [7] Teman, [8] and a few others and a few veterinarians. . . .

Dmochowski was interesting because he was the first one to show that you could basically adapt retroviruses to different mammalian species by growing them in the tissue cultures that you wanted them to go to. Now he's down in Texas. [9]

Miller, in 1969, took bovine leukemia virus and injected it into chimpanzees, and the chimpanzees formed antibodies against the virus. [10] So they concluded that these chimpanzees were immune. And so that was the decision for telling everybody that bovine viruses in human beings posed no threat; which is relatively true, there is a species barrier.

Since the 1950s and even the 1940s Bumy, [11] Bobrow, [12] and all these guys from Europe said these [bovine] viruses posed a threat to humans, so they began a whole program of mass extermination of cattle in Europe that carried BLV and other viruses. [13]

In this country, half of our herds are infected with BLV, BFC, or BVV, and the only thing that has prevented, in my opinion, everyone from dying of T-cell leukemia is the fact that pasteurization of the milk kills viruses.

Now if you look at the distribution of T-cell leukemia across the upper United States, from like Minnesota to Wisconsin, there's a huge incidence of T-cell leukemia in dairy farmers.

And if you actually look at some of the studies done in France, they found that guys working in meat-packing plants had a greater incidence of T-cell leukemia too. [13]

So there's all this evidence that T-cell leukemia is related to BLV, which it certainly is, [and] for sure, if you culture the virus in human tissue and adapt it, what you get [is an HTLV-I-like virus that thrives in humans]. . . .

If you look at BVV, bovine visna virus, [13] . . . it's very closely related [to HIV], but it's still not there; it's not the same as AIDS because what you have is bovine visna virus - a virus growing in cattle - and that's not adapted to humans yet. To adapt it to humans, you've got to grow it in human tissue, as they were doing in those early '70s. And what they discovered was that it was a selective T-cell destroyer [just as the AIDS virus is].

French/American "Bull"

ROBERT: Do you know what the true conflict [was] that occurred between Gallo and Montagnier?

LEN: The one that I'm aware of was that Montagnier allegedly gave him what he thought was the virus, and Gallo supposedly cloned it.

ROBERT: That was all bull. . . . Because they both had the viruses growing in their labs in the early 1970s.

The real problem was, and what happens is - suppose you take a culture of lymphocytes, you take T-cell lymphocytes and you dump in HTLV-I or II. What happens to the T-lymphocyte culture?

LEN: It gets infected, and it proliferates.

ROBERT: That's exactly what happens. The tissue grows and grows and grows in human beings. That's what results in leukemia. You have to take the cells out; they get so packed that the tissue culture dies.

Now what happens when you dump bovine visna or AIDS virus into the same tissue cultures?

LEN: The cells don't grow.

ROBERT: Exactly! They're lysed. They die. So when you come back in a day or two and look, there's nothing left except debris. And so Gallo couldn't figure out how to make enough virus for the antibody tests. They needed virus in quantities to get everything going. And they couldn't get them to reproduce long enough to get large quantities of virus.

[I felt the urge to interrupt Strecker at this point since I had questioned this same allegation before when Randy Shilts advanced it in 'The Band.' Instead, I remained silent, heeding my father's recommendation that I could, "learn more from listening than speaking."]

ROBERT: So that's the real argument. And what Montagnier figured out was if you dump in Epstein-Barr virus on to the Tlymphocytes, you immortalize them. . . . They will just sit there and make virus for you, which is why if you have an Epstein- Barr virus infection on top of an AIDS virus infection you're in sorry, sorry shape. . . . The immortalized Epstein-Barr-virus-infected T-cells will just churn out AIDS viruses day after day after day. . . . And so that was the real thing that Montagnier discovered. . . . [14]

LEN: And that's not published anywhere?

ROBERT: Oh sure it's published. But it's the true argument versus the suspicious argument that, "You stole my virus." That's all a lot of bull because they both had the virus, and they both knew what they were doing from day one in my opinion.

[If that was true, I considered, then Gallo would have also known about the Epstein-Barr virus effects, which I recalled he also published. [14] So I questioned Strecker:]

LEN: Now when I look back at the research literature, at least in the Index Medicus, Montagnier did not have too many publications in this field [in the early 1970s], whereas Gallo had been churning out the publications.

ROBERT: Except that Montagnier had worked with Gallo! [15]

LEN: They did?

ROBERT: Yeah, they were in the same [building] or on the same hallway.

LEN: At the NCI?

ROBERT: Yes! . . . Montagnier was over here. . . around 1965 or so; he and Gallo were working together. . . . They're all connected.

LEN: Interesting.

[I had not considered the possibility that Gallo and Montagnier had known about each other's work prior to 1978 as Shilts documented.]

ROBERT: And then when. . . Donald Francis and what's his name? When they published that cat house experiment, and questioned, "Is it possible that there's a human retrovirus similar to this one." Of course [there was]! Gallo had already isolated HTLV-III. . . . And his office was only twenty-five feet away.

[I sat up on the edge of my seat taken by the allegation. 'The Band' presented Francis as somewhat of a hero during his alleged conflict with Gallo and other NCI administrators over withholding support for AIDS research. I suspected he knew about Gallo's early research, and Strecker was now alleging the same.]

LEN: You mean Don Francis from the CDC? Francis was originally at the NCI before he went to the CDC?

ROBERT: Yes. . . . He was working there right next to Gallo. And that's when they did their famous cat house experiments showing that the cats were transferring the viruses back and forth amongst themselves. And then they wrote this article that said, "It is possible. . ." [16]

I mean, they knew or else they didn't talk for the whole time. They knew that there was a similar virus out there growing in human beings. . . . Gallo had already isolated it, and their labs were twenty-five feet apart.

LEN: Now what I seem to have dug up in the 'WHO Chronicle,' is that the first American laboratory to be sent any of the viral strains from which they began was the NCI [17]

ROBERT: Yeah. Well, I think that's a lie. I mean, I think the viruses were growing in the basement of the NCI all along. . . . Do you know about the meeting between Gallo, Montagnier, and Salk?

LEN: No.

ROBERT: Oh my God! Anyway, a year or two ago, and this is documented in 'Science' or

somewhere, Gallo, Montagnier, and Salk met in San Diego to write up the history - the official history - of their discoveries. [18]

LEN: Salk? The polio virus Salk?

ROBERT: Yeah, they met down there and made up a story. . . . And I personally believe that virtually everything they wrote was bull. . . . We [referring again to his brother and other colleagues in The Strecker Group] understood that they used to meet like two or three times a week and decide what to tell next - how to package it, how to discuss it. In other words, they already knew everything because they'd been working on it since the early 1970s. They basically knew they had the same stuff [retroviruses and reagents] because if you look at what happened, their discoveries were too quick. . . .

LEN: OK. Explain this now. Why did Gallo in 1980 become so frustrated that he couldn't keep the [T-lymph] cells alive, so allegedly he quit.

ROBERT: What?

LEN: According to Shilts, Gallo dropped out of the AIDS race for about two years.

ROBERT: I don't believe that either. I don't know what he was doing in that time frame, but he was still working on AIDS; there's no doubt about that.

LEN: According to Shilts, Gallo had only about 10 percent of his lab going on the AIDS problem. He said that Gallo stonewalled researchers throughout the world [by] not providing the antibodies, not providing the cell lines that were required to identify and cultivate the virus.

ROBERT: Yeah. . . . Why would they want to give things away when they knew what was going on already, and it was a matter of Gallo and Montagnier deciding who was going to tell what when. . . . Do you know the story about the patent? [19]

LEN: Gallo ripped Montagnier off.

ROBERT: Yeah. That's what brought the split. You see we [the United States] tried to take all the money.

LEN: Well, that's what they've done.

ROBERT: Yes. Yes. Yes. So that's what got the French so angry. And what was Montagnier going to do? Come out and say, "Well, we lied. We've been doing this work all along. We're all crooks."

So that's, in my opinion, what happened. Anybody with any scientific credibility knew that Gallo stole the virus if that's what they were talking about because they [HLTV-III and LAV] were identical. . . . But I think that the big war was really a war over money.

LEN: Oh, for sure.

ROBERT: Yeah. Anybody with any sense knew; I mean retrovirologists laugh about it because they knew that Gallo stole it. It was only the press that was blind.

LEN: But how do YOU reconcile the first comment that they all had these things and then later that he [Gallo] cloned it [Montagnier's LAV]?

ROBERT: They had them, and you can grow the virus in perpetuity if you keep constantly changing their cell line as it kills it. That doesn't mean you can grow it in any quantity. In other words, every lab in the world - and these were all over the world, they weren't just here and in France; they were in Germany and Russia and everywhere - [and] a lot of people had the [human] cell lines, and they had the cattle cell lines [in the early 1970s]. . . . And we know they had, in 1976, BVV, bovine visna virus, growing in brain tissue in Brussels because we have papers on that. One paper said that the AIDS[-like] virus would infect [human] brain tissue. And the guy even wrote, "Is it possible that this is a cause of slow virus disease of man?" [20] So, I mean, they were everywhere.

The ″Conspiracy of Cells″

ROBERT: Plus, they were growing in cattle naturally, and we were using fetal calf serum as growth medium for every cell culture in the world. . . . The theory was that since these were extracted from fetuses, they were sterile, but in fact, they weren't.

Because the AIDS virus and BLV-I and II were being transferred in the gene lines. And so they were potentially transferring these viruses into every tissue culture throughout the world. . . .

So it gets very mixed up. You've got to read a book called 'Conspiracy of Cells,' by Michael Gold. [21] This is a story about Walter Nelson Reese who worked in the highest containment laboratory in the NIH - the BSL 4 lab. That's where they keep their tissue cultures, and they had like 300 to 400 of them. And in 1981, Walter Nelson Reese published a paper [in 'Science'] saying that over a third of them were Henrietta-Lack-cell-contaminated cell lines.

Henrietta Lack was a black lady who worked at Hopkins in the late 1950s. She died around 1965 or so while she was still working there. . . [from] a tumor of the uterus that literally ate her alive. And that tissue was the first human tissue that was grown in perpetuity in tissue cultures. Because up till then, they would only grow one or two divisions and then die, and her tissue called HELA - that's where HELA comes from, Henrietta Lack - was the first [cancer cells] that would grow in tissue cultures.

Now those cell lines were sent all over the world, and what happened was that scientists were contaminating their tissue culture cells with HELA accidentally. And in the early 1970s, I think '72 under Nixon, the Russians sent us six cell lines that they thought contained human cancer-causing viruses. And those were sent to Walter Nelson Reese who was the keeper of the cell lines in the United States. He was in San Francisco, and it was his job to keep the cell lines straight and not contaminate them.

That was [during] the great "war on cancer," that's where all this stuff came from. The NIH was funded in '72 with billions of dollars to find the cancer virus. . . .

Nixon was trying to steal the show from [Teddy] Kennedy by coming up with a virus and vaccine against cancer. They said, "Let's find a virus." So that's where the big cancer virus hypothesis came from.

Now when we got these six cell lines from the Russians. . . Reese started looking at them and discovered that they were all female; then he discovered that they were all black. And so he questioned, 'How many black females are there in Moscow who have cancer?' And, of course, what he discovered was that these were all Henrietta Lack cell contaminants that contained monkey viruses. And so all that stuff the Russians sent us was in fact a fraud. But. . . it was a very embarrassing thing because they thought they had got there first, and what we proved was that they were awful scientists.

So then what Walter Nelson Reese did is that he started looking at all the cell lines of the United States, and closely. And [then he] discovered that at the NIH, over a third of them were HELA contaminated.

What happened was that when they would open their tissue culture lids, they would aerosolize small particles into the air. They would float around and drop into another cell line, and HELA's so aggressive that it will literally take over. And so it just takes one cell to drop into another cell line and it takes over, and it amalgamates, and those were called HELA contaminated.

And so what the NIH did to him [Dr. Reese] was, of course, defunded him and put him out of business. Because he proved they were all a bunch of idiots.

LEN: Oh - I see.

ROBERT: So then the problem was you had a whole bunch of HELA-contaminated cell lines floating around and being sent out as clean cell lines and they weren't; they were actually human cancer malignant cell lines, and some of them contained viruses that were from other species.

And so it represented a big problem. Plus, they were throwing in fetal calf serum which was contaminated with these bovine viruses.

So you had a mixture for a natural [disaster]. I mean, the thing is, like they said in the '72 conferences, it's a wonder that we don't have worse disasters. You just wonder why we haven't been annihilated by these idiots.

If, for instance, you look at the tissue cell culture that was used to determine x-ray tolerance of human tissue, it turns out it's a HELA-contaminated cell line. Which means the most radiation-resistant cell line in the world is used as the standard to determine how much radiation a human should be exposed to!

LEN: Unreal.

ROBERT: Well, that's all documented in 'Conspiracy of Cells' by Michael Gold. . . . Walter Nelson Reese now runs an art gallery. They put him out of business. . . .

The ″Patient Zero″ Theory

LEN: All right, let's get back. . . to the situation with AIDS. What about the "patient zero theory?"

ROBERT: That's nonsense. First off, this guy lived in Canada and flew primarily in Canadian cities, yet you must propose that he only had sex in American cities because the disease broke out in specific American cities where he allegedly had sex.

In addition, it doesn't make any sense if you look at the time frame. AIDS broke out in '78 in Manhattan and then in '80 in San Francisco. It didn't break out in Montreal in '79, or in Toronto, in Quebec, or Ontario in '80, whatever. It broke out in select cities in the United States in a select time frame which corresponds exactly to the hepatitis B study. [22]

LEN: OK. Let's talk about that study for a minute. If you could conceive of a way that vaccine could have been contaminated, how could it have happened?

ROBERT: Two ways. One way accidentally and one way intentionally.

LEN: All right then, elaborate. . . .

ROBERT: Well the vaccine was prepared from gays first off, and then it had plasma expanders that came from cattle added to it.

LEN: So the hepatitis B vaccine is produced through the bovine serum.

ROBERT: Yes. . . . It had expanders put into it as a mechanism of production.

LEN: Like serum?

ROBERT: Yeah, serum. . . . Because they needed to expand the volume.

LEN: Now is the vaccine produced in cow carcases?

ROBERT: No, it's made from humans.

LEN: The hepatitis B vaccine [is made] from the gay men's serum?

ROBERT: And also from straight men's serum.

LEN: OK.

ROBERT: And. . . that's the most interesting thing. Why did they make two separate vaccines?

LEN: Yeah. Why?

ROBERT: Because the epitopes [23] [surface molecules] of hepatitis B [antigens] in gays was different than in straights. . . . So what does that tell you?

LEN: I'm not quite sure.

ROBERT: Well it tells you there's not a lot of exchange going on between the two pools. Because if there were, the hepatitis B would not have separated into two epitopes. So if there was a lot of exchange, the information would have been heterogeneous in the pools, not homogeneous and not different [between homosexual and heterosexual men].

Now suppose you introduce a virus which is transferred like hepatitis B into the gay pool or population. When will it show up in the heterosexual pool?

LEN: I don't know. When?

ROBERT: Well it will take it a long time to show up there, because what you know is that the exchange of information going on between homosexuals and heterosexuals is limited.

So Szmuness was the guy who conducted that study. [22] Szmuness came from Poland, and was educated in Moscow. He somehow managed to escape [from Poland] to the United States with his family in tow, and ended up in New York City. . . as the head of the New York City Blood Bank.

[That is interesting, I thought as I reflected on my recent tour of the National Holocaust Museum in Washington. The Nazis, I learned, had done extensive blood and genetics research in an effort to discriminate and exterminate mixed breeds from their racist and white supremacist world. A

Russian-educated Polish researcher with Szmuness's credentials could have best survived Nazi-occupied Poland by joining the Nazi's research effort, or post-Nazi Poland by serving Russia. How did he end up in the United States? I wondered if there was a link between the Nazi effort to exterminate homosexuals and Szmuness's study that targeted gays with allegedly tainted hepatitis B vaccines? The German-owned Merck Company, after all, funded the study and produced the experimental and control vaccines] [22]

LEN: So [still somewhat perplexed, I asked,] that's the theory of unintentional infection?

ROBERT: Well, the fact is that the vaccine could have been prepared in a way that unintentionally infected them. Yes. [But] it might have been intentionally contaminated by somebody [also]. . . . They may have been testing gays trying to develop an immunity against something they knew was already ripping through Africa. . . . It could be that they were testing it just to test it, or it could be that somebody intentionally was trying to exterminate gays, or in our opinion, it could be that their actual goal was to exterminate the United States.

[Strecker's latter remark took me by surprise. It was the first thing he said which to me made no sense.]

LEN: The actual goal was to try to exterminate the United States? And that's one of your most plausible explanations?

ROBERT: Yes.

LEN: And who would have been behind that?

ROBERT: Some foreign party. The Russians or someone who didn't like us. Because the Russians have talked about that for fifty years. There have been KGB biological warfare experts that have been trying to do that to us for fifty years.

[I felt intuitively uncomfortable with Strecker's explanation. I recalled his comments about Walter Nelson Reese which proved the Soviets knew far less about viral biotechnology than American researchers. Moreover, it seemed farfetched to believe the Russians had somehow managed to infiltrate the New York City Blood Center which appeared to be the starting point for the AIDS epidemic in America. This part of Strecker's theory would have required Szmuness, or one of his associates, to have been a secret agent working for Russia.]

LEN: OK, but why would they have started with gays?

ROBERT: For a very obvious reason. And that is because nothing would be done. Just think about this. Suppose you put this virus in the heterosexuals or kids. What kind of response would have occurred compared to the response that did occur?

LEN: Right. That's for sure. Quite different. I appreciate that, but still, even to this day, the heterosexual spread is limited compared to the spread in the gay population.

ROBERT: Only in this country.

LEN: Right.

ROBERT: If you look in the world, what percentage of the world's AIDS cases are heterosexuals?

LEN: Ninety percent.

ROBERT: Over 90 percent. Right. Exactly. . . It's only in this country that you have this strange, unexplained predominance of homosexuals. Now, that's why you have to remember what I just told you. What happens when you put a virus that is transferred like hepatitis B into the homosexuals? When does it appear in heterosexuals?

LEN: Not for a long time.

ROBERT: Exactly. . . [That's why] I think it was pure genius.

Now people say, "Well nobody would think of that." And my answer to that is: "Well, I thought of it. So why couldn't they think of it?"

LEN: I still like my theory better.

[Problems with the 'communist theory' flooded my head. Strecker noted the Russians were way behind us in viral research. How would the Russians have gained access to the viruses in Gallo's or Merck's labs in the first place. Even if Szmuness had been a Russian agent, he would have needed to gain access to the viruses first in order to contaminate the vaccines. Also, had the Russians created AIDS-like viruses shortly after Gallo surely did, then why had Gallo become the world's preeminent retrovirologist and not some Russian? Also the patents are worth millions. Why would the United States and not Russia hold the patents on the AIDS virus antibodies and cell lines?]

ROBERT: Yeah. I mean I don't have the answer. I'm just telling you my theory.

African Vaccine Trials

LEN: OK. So that's the intentional theory.

ROBERT: Yeah. It could've been an experiment. It could've been intentional to get rid of gays. It could've been intentional to infect all of us.

LEN: OK.

ROBERT: And you see what happened. In our opinion, IARC, the International Agency for Research on Cancer, took these viruses to Africa in the early 1970s and tested them. Because we think they were trying to get the virus/cancer hypothesis proved; they wanted to develop a vaccine, and they wanted to find out which of those [viruses] were actually causing cancer because they weren't sure. [24]

So how do you prove it. How do you prove Koch's postulates [25] in the case of virus and cancer?

LEN: Difficult.

ROBERT: Yeah. You've got to test them.

LEN: Right.

ROBERT: It's like saying because you have lung cancer in women, it's because they wear hose. That doesn't prove anything. You've got to have causation. So they were stuck.

Now that's what was said in our references. They said, "let's test it; let's test it in humans with the same degree of sophisticated experiments that we use in animals." What does that mean? And then

they published their test sites. And the test sites are exactly where AIDS is. We had these huge laboratories over there. [24]

LEN: And what year was that?

ROBERT: 1972, I think. . . . It says that epidemiological studies are of no use per se. So what do you conclude?

LEN: That they're going to have to test it in a population.

ROBERT: Exactly. And then it says we're going to test these things in sibships - brothers and sisters from the same family. And they were going to study the time course of the infection. And then we said, well, what do you mean by that?

And they said, well, we're gonna study the antibody response. And I said, well you already knew the antibody response. How could there be any time course to that. The only thing that a time course could refer to is an infection. Which means you had to have active particles. That's all in the references, [26] Anyway in 1972 they said, let's make a T-cell destroyer. That's out of the bulletin of the WHO.

LEN: That I know.

ROBERT: The same year, they said let's test it, and then let's inject it. And then they published their test sites which is a map of Africa where they have all their test sites, and that corresponds exactly to the outbreak of AIDS.

LEN: Do you have those maps anywhere?

ROBERT: They're in the references [we published]. [26] They're also in the Federal Register. . . .

So we think that they went over there and tested it. . . . Then somebody put it back into us or simply used it in us.

[Again, I thought, it makes more sense to place the source of the experimental AIDS viruses in Bethesda and not Russia given that the WHO had made the NCI, and not a Russian institution, the initial distributor of viral testing reagents [27-29] And since the initial homosexual outbreak of AIDS was in New York, Szmuness and his New York colleagues along with Merck researchers seemed to be the prime suspects. Then I wondered whether there were any documented links between Gallo's group and Szmuness?]

Manufacturing AIDS-Like Viruses

LEN: OK. Now let's get a little bit more specific about the virus itself. With regard to the AIDS virus, had it been specifically manufactured, what might have been the first steps? What do you think the researchers began with?

ROBERT: I think they began with bovine visna virus, which they knew was a T-cell destroyer. And they made that by crossing bovine and visna [viruses] in cattle. . . .

Visna is the virus in sheep. Its characteristic is a destroyer, and they wanted a T-cell destroyer. So they took a T-cell attacker-the bovine leukemia virus and crossed it with a visna to make a Tcell destroyer, which is exactly what they got.

But then all they had was a T-cell destroyer in cattle which wasn't very good for humans. So then they grew it in human tissue, and when you do that it adapts to human beings (see fig. 7.1). And there are a host of ways to get these things to grow in tissue even if the receptors won't take [the virus]. . . .

LEN: They could have delivered the viral RNA a number of ways.

ROBERT: Yes. One of the ways is by pseudovirus formation. . .. Pseudovirus formation is where you put in a simultaneous mixture of cells and viruses, and what happens is, for instance, if you put bovine and visna viruses in with herpes virus; in the packaging process, you'll get BVV genome inside a herpes coat and visa versa.

So then you separate out all the herpes ones, and it just infects any cells which are sensitive to herpes. And you can artificially introduce BVV into a herpes-sensitive cell, because it has BVV on the inside and herpes on the outside.

LEN: I remember reading through studies about that technique being used.

ROBERT: Yeah. Another way is you treat 'em with heat, and they open up. Or you can use some detergents that will open them up, or there's a host of different things; even some viruses will tend to open them up. It makes the cells permeable even though they normally wouldn't be, so you can introduce the one you want to get in even though there's no real receptor for it.

LEN: OK. So it could've been bovine visna virus, BVV, but also there was some speculation it could have been scrapie, another sheep virus, right?

ROBERT: Yeah, well. . . . Scrapie's a little bit different than visna, but basically I don't think scrapie's a retrovirus. It's like it, but it's not the culprit.

LEN: During our first conversation, you also mentioned, like other researchers, you could actually take a look at the AIDS virus, and it looks like it's been spliced in particular regions.

ROBERT: Oh yes. Actually, looking at it was one of the first things that told us what it was because BVV and AIDS, of course, look identical, and there weren't that many 'D-type' retroviruses. There were only a few.

The 'D-type' are cylindrical-shaped retroviruses which of course BVV and AIDS are identical. Besides the fact that they were both magnesium dependent and were T-cell attackers that would produce syncytium and could wipe out cells.

And then what you do is look at the genome. Actually, a paper by Gallo published in 'Science' I think about '83, or '86, said he took the restriction endonucleases [scissor-like enzymes] and treated the virus, and showed that when the virus falls apart, that where it falls apart are exactly at the gene lines.

In other words, it manages to fall apart just at the places where they could have constructed it.

LEN: Is that right? Just where the foreign pieces might have come together?

ROBERT: Yes, it falls apart in ten or twelve places. . . because those endonucleases cut at specific points.

But, what's interesting is . . . if it occurred spontaneously [in nature], why would it fall apart

exactly where the genes occurred - the gag, pol, envelope, the tat genes? [30] Everything sort of cuts apart just the way you would put it together if you were constructing it. . . . [This] we thought [was] the strongest piece of evidence that would have said they actually put it together entirely in a lab.

LEN: And how might they have done that then? Let's say they started with BVV.

ROBERT: Well, in this case if you start with BVV, you just manipulate it to grow it in human tissue to adapt it to humans.

If you started with BLV and visna, you would. . . take the viruses, cut them up [with enzymes], then chromatograph them so that they're homologous. That is, the ten different parts [separate], then you take each different part that you want uniquely and put it together with other parts and zip' em up.

LEN: And how do they 'zip 'em up' or combine them?

ROBERT: They have enzymes that sew them back up just like they've got ones which cut' em apart. These are repair enzymes.

LEN: Then they separate those particular viruses, and they put them into cells?

ROBERT: They put them into serum. . . [add] your enzymes and [other] parts and wait for awhile. And then throw [everything] . . . into a culture and see what happens."

[I was still a bit fuzzy.]

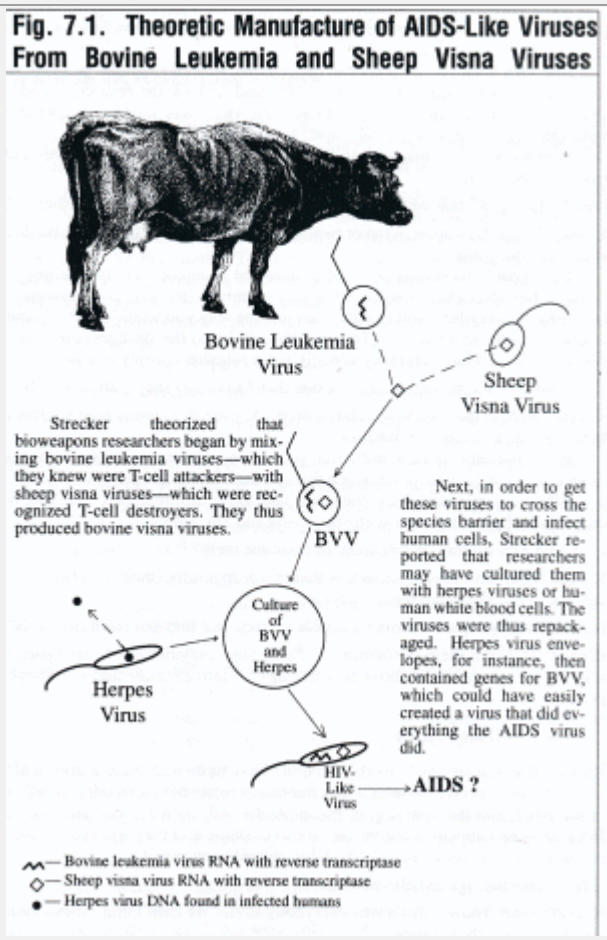
ROBERT: But you see that's work. You don't have to do that. Nature does it all for you. All you do is take a cow and simultaneously inject bovine in one hip and visna in the other, and the cow is your mixer. And it will do it for you automatically. Because what happens is the viruses are so unstable that they will recombine and produce every thermodynamically stable recombinant possible.

LEN: Interesting. It's unbelievable.

ROBERT: Yeah. You see that's why everybody says, "We didn't make these viruses! We didn't have the techniques."

LEN: That's nonsense.

Fig 7.1 - Theoretic Manufacture of AIDS-Like Viruses From Bovine leukemia and Shee Visna Viruses



Strecker theorized that bioweapons researchers began by mixing bovine leukemia viruses -- which they knew were T-cell attackers -- with sheep visna viruses -- which were recognized T-cell destroyers. They thus produced bovine visna viruses.

Next, in order to get these viruses to cross the species barrier and infect human cells, Strecker reported that researchers may have cultured them with herpes viruses or human white blood cells. The viruses were thus repackaged. Herpes virus envelopes, for instance, then contained genes for BVV, which could have easily created a virus that did everything the AIDS virus did.

[i] Bovine leukemia virus RNA with reverse transcriptase

[ii] Sheep visna virus RNA with reverse transcriptase

[iii] Herpes virus DNA found in infected humans

Diagram depicts the theoretic manufacture of AIDS-like viruses according to Roben Strecker, M.D., Ph.D., beginning with the bovine leukemia virus and sheep visna virus. Support for this theory was presented by Fort Detrick, NCI researchers Gonda MA, Braun MJ, Caner SG, Kost TA, Bess Jr JW, Arhur LO, and VanDer Maaten MJ. Characterization and molecular cloning of a bovine lentivirus related to human immunodeficiency virus. Nature 1987;330, 388-391.

ROBERT: Right. That's bull too, but, of course, our answer is: "Well. . . the virus makes itself." So you don't even have to implicate them for the genetic [engineering] viewpoint, if you don't want to.

[Strecker then provided a unique, common sense, metaphor for the emergence of HIV.]

ROBERT: It's like saying you've got a baby with no arms and legs and somebody dressed it up and took it to a party in Beverly Hills. Well, it sure couldn't do that and get there by itself!

Evidence Against Simians

LEN: What about simian monkey viruses? Why do they have scientists throughout the world claiming HIV is a simian monkey type of virus?

ROBERT: Because they get money for that. You know. . . . Here. . . send more money. Let me tell you about the simian AIDS virus.

First off, how does simian AIDS virus work? It produces a protein that causes AIDS in simians, and it's very easy to make a vaccine against a protein. And that's actually a derivative of the Mason Phizer monkey virus, which is another laboratory creation. . . another man-made virus made in the lab which was a simian virus that was being used for various things. It will cause AIDS in apes, but it doesn't do it [like HIV]; it does it by making a protein that wipes out their immune system.

LEN: Is it also a specific T-cell destroyer?

ROBERT: No. . . . The virus produces a protein, and the protein messes up the immune system. And it's very easy to make a vaccine against a protein.

But AIDS works entirely differently. It wipes out the T-cells and works inside of macrophages. . . . It inhibits the processing plant. AIDS is really a problem of macrophages, not of lymphocytes. . . . The virus makes the macrophage dysfunction.

What really is supposed to happen is that the macrophage is supposed to chop up the virus and present it to the T4 cell [thymus-derived cells] for the production of delayed immunity, and then to the B [bone-marrow-derived] cell for antibodies. But what happens is that the macrophage can't process it.

LEN: OK. So what happens then?

ROBERT: They run around the body and inject it into other cells. That's how the virus gets into other cells. That's how the virus gets into cells that don't have receptors for it.

LEN: So the macrophage actually reproduces the virus and then distributes it?

ROBERT: Yes. That's exactly what happens. That's how it gets into the brain. It's carried across the blood-brain barrier by macrophages that then inject it into brain cells.

LEN: Because T4 lymphocytes don't cross the barrier?

ROBERT: Yeah, they do, but they don't inject it. . . . They don't have sex with cells, whereas the macrophages do. And also the viruses are bigger than the pores of the membranes, so they can't get across directly. So something has to carry it.

Strecker′s Colleagues

LEN: Now let's discuss some of your colleagues. Others have reported similar findings to yours. During our first conversation, we talked briefly about John Seale. [31] What do you know about his work?

ROBERT: Seale started writing about AIDS in '81 or so, even before us, and he was the first guy to say AIDS was not a venereal disease, and that it appeared to be artificial and spreading in an unusual manner, which was really just looking at the fact that the virus appeared in different areas of the world at the same time.

ROBERT: By the way, do you know the story of Parvo II?

LEN: No.

ROBERT: Parvo-II virus is a dog virus that appeared simultaneously around the world at the same time and proceeded to kill hundreds of millions of dogs. How does a virus appear in Australia, Europe, and Asia all at the same time?"

LEN: American Airlines.

ROBERT: Right. American Airlines.

[We both laughed.]

ROBERT: OK. And then instead of spreading contiguously [from one dog to another], the viruses were spreading and popped up [in different areas around the world] as if directed mutations had occurred [and been delivered by humans].

And Parvo II was eventually proven by genetic techniques to be feline panleukopenic virus which had contaminated dog vaccines. [32]

So Seale was observing the same thing with AIDS. How was this virus appearing at different spots in the world at the same time in a sense without any contiguous spread? I mean, even if you look at the gay [transmission] theory [if AIDS started in Africa, Haiti, Paris, and then New York], why wasn't there AIDS in Miami, or New Orleans, or Dallas. I mean those guys were going to Haiti [New York, Africa, and Paris] far more than the gays from San Francisco. I mean none of this theory makes any sense!

Then Segal began to write the same thing.

LEN: Jacabo Segal, from Humboldt University in Berlin? [33]

ROBERT: Yes. He was at the Institute of Biology in East Berlin. He was writing the same stuff, but again, he thought that the virus was constructed from HTLV-I and visna. And that's correct except he didn't go far enough because really HTLV-I is just bovine leukemia virus in man.

So both [Seale and Segal] were saying the same sort of stuff, but neither one could exactly figure out how it was done. And so that's basically what we figured out, how it occurred. And we believe it occurred at Fort Detrick. . . . And Segal was probably supplied information by the KGB.

[This sudden reference to the KGB threw me again. Somehow I needed to reconcile why Strecker, who believed the Russians may have brought AIDS to America, also recognized Fort Detrick as the source of the scourge.]

ROBERT: The Russians wrote in over 400 public places that the virus was constructed over here. And if you remember our good surgeon genital went over there and made a deal with them. I don't know if you know anything about that?

LEN: Which surgeon general was that?

ROBERT: Koop.

LEN: No. I didn't know that.

ROBERT: Yeah. Koop went to Russia - to Moscow - and basically made a deal with them to stop talking about it and we'd give them our money.

[That doesn't surprise me, I thought, reflecting on the alleged apology Gorbachev offered Reagan according to Covert's 'Cutting Edge.'] [34]

LEN: That's what I figured cause something like that is talked about vaguely in the book that I got from Fort Detrick. By the way, have you seen that book?

ROBERT: No.

LEN: You've got to get a copy of it. It came out in 1993. It's the fifty year history of Fort Detrick. It's free. They'll send it to you.

ROBERT: Well they won't send me one.

[Strecker seemed to relish that possibility and his notoriety.]

LEN: Oh they will. It's by a very nice guy. He's the public relations director for the fort. His name is Norman Covert. Imagine that?

ROBERT: Norman Covert? [Strecker laughed heartily] Is that a code name?

LEN: That's his real name. It's perfect, huh?

ROBERT: Well, do you know anything about what's going on there, the anthrax building?

LEN: Yes. I read about that.

ROBERT: Do you know about the Ebola building?

LEN: Vaguely.

ROBERT: Well they've got another building that's contaminated now; that they can't get into because of Ebola. You know they've got a whole bunch of problems. There's a bunch of people in Frederick [Maryland] that believe everything we talk about. We've quite a few supporters there, because they've had a lot of problems with strange illnesses. And so they're not entirely unsuspicious.

[I shuddered for a moment considering the fact that I was scheduled to visit Frederick on my way to present an AIDS education seminar in Western Pennsylvania later in the year.]

LEN: Robert, here's another one - Dr. Manuel Servin of the National Autonomous University of Mexico said that research conducted at Columbia by the U.S. Army was starting to point to the deadly disease in Haiti. He said that an unexplained accident caused the virus to spread to an employee of Haitian origin, and this person he believed, brought it back to Haiti. What do you

think of that theory? [35]

ROBERT: No. There were like 47,000 Haitians working in Zaire at the time of these experiments. . . . So we think they either got it from the vaccine project or from the gays that were infected.

LEN: OK. So there were tens of thousands of Haitians working on health and welfare activities in Zaire during the 1970s?

ROBERT: Yes.

LEN: OK. So here's another one. There was a European physician who told a Russian journalist that he believed he was working for a DOD subcontractor with orders to mutate simian monkey viruses to produce fast-killing human viruses. [31] Had you heard that?

ROBERT: No, but that's entirely possible.

LEN: And this report went on to say that the experiment was considered a partial failure because they got a slow-acting virus rather than a fast one. They were allegedly looking for fast acting killers.

ROBERT: Except that quick viruses are, of course, worthless because they're too easy to defend against. I mean a very fast-acting virus is not any good.

LEN: What do you mean?

ROBERT: Frank Fenner talks about all the characteristics. . . . Ahh. . . . It's out of. . . Cold Springs Harbor, that's the other great biowarfare palace. It's the Eugenics Institute. . . . Cold Springs is in upstate New York. . . . That was the place started by Margaret Thanger and others. Now they're, of course, the big biological warfare place under the guise of just research.

Anyway, Cold Springs Harbor put out a big thing on MMMV, that is, the 'maximally monstrous malignant virus,' and then they gave all the characteristics. And they talked about what it would take to produce this kind of virus. And, of course, all the characteristics are exactly those of the AIDS virus except for one thing, and that is, aerosolized transmission - which we believe is potentially possible.

[Oh, God forbid, I thought. I hadn't heard that theory before. Given Strecker's obvious intelligence and formidable knowledge, his assertion startled me.]

ROBERT: But they produced papers about what makes viruses malignant and monstrous. And one of the things is that they work slowly, and not fast. And that they are constantly mutating. Exactly the characteristics of AIDS.

LEN: Interesting. It's unbelievable.

ROBERT: Yes it is.

Final Recommendations

LEN: Now, the first time we spoke, you mentioned something about. . . a forthcoming cure for AIDS. How might it work?

ROBERT: Well, it's very simple in theory; complicated in practice. Basically, just as viruses are

little crystals, you might hit them with electromagnetic frequencies and destroy them. Just as you can shakedown a crystal and destroy it without disrupting the surrounding house, you can [theoretically] disrupt viruses without destroying the surrounding cell structure.

LEN: Are there laboratories working on that?

ROBERT: Not that I know of.

LEN: OK. Now there was something in the news the other day that the French had allegedly discovered a cure. Have you heard anything new?

ROBERT: Nah. I haven't heard or seen anything. . . . I can't believe the word would not be all over everywhere if they thought [they had a cure] . . . particularly the French.

Now you see also what is Pasteur? The Pasteur Institute is their biowarfare institute, the same as Porton Down [in England], the same as Ivanofsky Institute [in Russia], the same as the Tokyo Institute. These are all the biowarfare centers for these countries; they're also the great AIDS research centers for these countries.

LEN: Right. It figures.

Now my last question. If you could tell people one thing about AIDS or your theories, what would it be?

ROBERT: The whole story. Everything. How the virus was made; that it was man-made, and we think it represents a threat to the human species.

LEN: And if there's some positive thing that people can do you might recommend, what would it be?

ROBERT: Other than no IV drugs, reduce their [sexual] promiscuity, and no blood products, start by questioning some of the things that they hear which may or may not be true.

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Notes:

[1] According to The Strecker Group, Dr. Strecker's brother, Ted Strecker, was found shot to death alone in his home in Springfield, Missouri, an apparent suicide, on August 11, 1988. In the past he suffered from depression and monumental frustration at the relative lack of interest in his findings. Ted had been working with Robert to uncover evidence linking the DOD to the development of HIV. Ted is credited, along with Black military officer, Zears Miles, for having discovered and distributed fig. 1.1. However, Robert spoke with Ted the night before his death. He seemed cheerful - "in good spirits," - looking forward to new developments that promised progress. The following day he was found dead. His 22-caliber rifle lay next to him. He left no note, no message, and he said no goodbyes. This was very untypical of him. Officially the death was ruled a suicide. "Next," according to The Strecker Group, "Illinois State Representative Douglas Huff of Chicago was found alone in his home, dead from an apparent overdose of cocaine and heroin, on September 22, 1988. Representative Huff did everything in his power to make the Illinois State Legislature and the people of Chicago aware of Dr. Strecker's work. He was very vocal, gave many press interviews, was constantly on television and radio urging people to wake up to the coverup concerning AIDS. Did Representative Huff use drugs? Perhaps yes, but only occasionally and recreationally. Was he an addict? No. Would he have known how dangerous a massive overdose of

cocaine and heroin was? Yes of course. Cause of death: officially a stroke. Dr. Strecker has serious doubts. . . ."

[2] Strecker's comment came months prior to the first confirmed case of HIV transmission from a human bite. See: Singer G and Athans M. 91-year-old teaches world about AIDS: HIV contracted from prostitute's bite. Sun-Sentinel Saturday October 28, 1995 pp1A and 6A.

[3] Several reports confirmed that The Wistar Institute is located at 36th and Spruce Sts. Philadelphia, PA 19104 (215-222-6700). See: Science and Technology Division National Referral Centel: Biological Sciences: A Director of Information Resources in the United States. Washington, D. C.: Library of Congress, 1972, p. 493.

[4] New Bolton Center is apparently now part of the University of Pennsylvania. One reference which appeared during my Medline search was: Bowman KF, Tate LP Jr., Evans LH and Donawick WI. Complications of cleft palate repair in large animals. Journal of the American Veterinary Medical Association 1982;180;6:652-7.

[5] Gonda MA, Braun MJ, Carter SG, Kost TA, Bess JW, Arthur LO and Van Der Maaten MJ. Characterization and molecular cloning of a bovine lentivirus related to human immunodeficiency virus. Nature 1987;330:388-391. This research group, which reported stark similarities between the bovine immunodeficiency-like virus (BIV) and HIV, interestingly enough was funded by the National Cancer Institute and based at the Frederick (Fort Detrick) Cancer Research Facility in Maryland.

[6] Stedman's Medical Dictionary, Twenty-Second Edition. Baltimore Maryland: Williams & Wilkins Co., p. 1233.

[7] Temin HM. The role of the DNA provirus in carcinogenesis by RNA tumor viruses. In: The Biology of Oncogenic Viruses, LG Silverster, Ed. New York: Elsevier, 1971, 176; Temin HM. The protovirus hypothesis. J. National Cancer Institute 1971;46:3. Also see: Temin HM. The participation of DNA in Rous sarcoma virus production. Virology 1964; 23:486; Temin HM and Mizutani S. Nature 1970; 226:1211.

[8] Baltimore D. Viral RNA-dependent DNA polymerase. Nature 1970;226:1209.

[9] Maruyama K and Dmochowski L. Cross-species transmission of mammalian RNA tumor viruses. Texas Medicine 1973;69:65- 75. Regarding Hilary Koprowski serving at The Wistar Institute in Philadelphia, see: Silversti LG. The Biology of Oncogenic Viruses. New York: American Elsevier Publishing Company, Inc., 1971, p. 332; Huebner RJ, Todaro GJ, Sarrna P, Hartley JW, Freeman AE, Peters RL, Whitmire CE, Meier H and Gilden RV. Switched Off' Vertically Transmitted C-type RNA Tumor Viruses as Determinants of Spontaneous and Induced Cancer: A New Hypothesis of Viral Carcinogenesis. In: Defectiveness, Rescue and Stimulation of Oncogenic Viruses: Second International Symposium on Tumor Viruses, Royaumont, France June 3-5, 1969. Paris: Centre National De La Recherche Scientifique, 1970, pp. 33-77; Montagnier L. Alterations de la surface des cellules BHK21 en rapport avec leur transformation par des virus ongogenes. Ibid., p. 6; For more on ethnic cancer studies see: MacMahon B. The ethnic distribution of cancer mortality in New York City, 1955. Acta Unio Internat. contra cancrum, 1960 16;1716; Newill VA. Distribution of cancer mortality among ethnic subgroups of the white population of New York City, 1953-58. J. National Cancer Institute 196126:405.

[10] Miller JM, Miller LD, Olsen C and Gillette KG. Virus-like particles in phytohemagglutinin-stimulated lymphocyte cultures with references to bovine lymphosarcoma. Journal National Cancer Institute 1969;43:1297-1305. See also: Miller JM and Van Der Maaten MJ. The biology of

bovine leukemia virus infection in cattle. In: Viruses in Naturally Occurring Cancers: Book B. Essex M, Todaro G, and zur Hausen H, Eds. Cold Spring Harbor Conferences on Cell Proliferation, Vol. 7, New York: Cold Spring Harbor Lahoratory, 1980, pp.901-909.

[11] Burny A, Bex F, Chantrenne J, Cleuter Y, Dekegel D, Ghysdael J, Kettmann R, Leclercq M, Leunen J, Marnrnerickx M and Portetelle D. Bovine leukemia virus involvement in enzootic bovine leucosis [lymphosarcoma in cattle]. Adv. Cancer Res. 1978;28:251; See also: Bumy A, Bruck G, Cleuter y et al. Bovine leukemia virus, a distinguished member of the human Tlymphotropic virus family. Soc. Press. Tokyo: VNU Science Press, Utrecht, pp. 219-227,1983

[12] Bobrow SN, Smith RG, Reitz MS and Gallo RC. Stimulated normal human lymphocytes contain a ribonuclease-sensitive DNA polymerase distinct from viral RNA-directed DNA polymerase. Proc. Nat. Acad. Sci. 1972;69;11:3228-3232; Gallo RC, Pestka S, Smith RG, Herrera, Ting RC, Bobrow SN, Davis C and Fujioka S. RNA-and DNA-dependent DNA polymerases of human normal and leukemic cells. In Silvestri, L. (Ed.): II. Lepetit Colloquia on Biology and Medicine "The Biology of Oncogenic Viruses." Amsterdam, North-Holland, 1971, p. 210.

[13] Mussgay M, Dietzschold B, Lorenz R, Matheka HD, Matthaeus W, Straub OC, Weiland F, Wilesmith JW, Frenzel B and Kaaden o. Some properties of bovine leukemia virus, its use in seroepidemiological studies, and eradication of the disease from infected herds. In: Viruses in Naturally Occurring Cancers: Book B. M. Essex, G. Todaro and H zur Hausen, Eds. New York: Cold Spring Hamor Laboratory, 1980, pp. 911-925; Flensburg JC. Attempt to eradicate leukosis from a dairy herd by slaughter of cattle with lymphocytosis. Report over a ten-year period. Vet. Microbiol. 1976 1 :301; Callahan R, Lieber MM, Todaro GJ, Graves DC and Ferrer FJ. Bovine leukemia virus genes in the DNA of leukemic cattle. 1976 Science 192:1005; Crespeau S, Sarsat FP, Vuillaume A, Levy D and Parodi AL. A two-year sero-epidemiological survey of bovine leukemia virus (BLV) infection in a high-incidence area of the southwest of France. Ann. Rech. Vet. 19789:747; Haase A. The slow infection caused by visna virus. Curl: Top. Microbiol. Immunol. 197572:101.; Narayan O, Griffin DE and Clements JE. Virus mutation during "slow infection"- Temporal development and characterization of mutants of visna virus recovered from sheep. J. Gen. Virol. 197841:343.

[14] Though I was unable to locate the Montagnier publication re: placing EBV into infected T-cell culture to keep them alive, I did locate several articles published in the early 1970s that noted the presence EBV caused lymphocytes to proliferate. Several papers were presented during conferences attended by both Montagnier and Gallo that emphasized the role of EBV in molecular biology and tumor virology. Gallo wrote about the work of Pagano and the role of EBV in human cancer in his 1977 book, referred to EBV as a model oncogenic virus: "The evidence with EBV, although not definitive, has been extended from Burkitt's lymphoma to nasopharyngeal carcinomas." So he was certainly well aware of the ability of EBV to prompt lymphocytic proliferation. See: Gallo R. Recent Advances in Cancer Research: Cell Biology. Molecular Biology, and Tumor Virology, Volume I. Cleveland: CRC Press, Inc., 1977; In 1971 EBV was also studied by Gallo and co-workers. See Fujioka S and GalloRC. Aminoacyl Transfer RNA Profiles in Human Myeloma Cells. Blood 1971; 38;2:246-252.

[15] I was unable to find direct evidence that Montagnier had worked side-by-side with Gallo at the NCI. However, I located ample evidence that the two traveled in some of the same scientific circles, and attended many of the same cancer virus conferences. It is clear they were aware of each others' research from the late 1960s. Also, Montagnier published a report that suggested links between LAV/HTLV-III and the bovine leukemia virus. See: Alizon M and Montagnier L. Relationship of AIDS to other retroviruses. Nature 1985;313:743.

[16] Strecker's comments about the "famous cat house experiments," wherein Don Francis and

Robert Gallo allegedly knew it was possible for mutant forms of feline leukemia virus (FeLV) to jump species to humans, are supported by parallel presentations made by the researchers during the same Cold Spring Harbor conference in 1980 See: Gutensohn N, Essex M, Francis DP and Hardy, Jr. WD. Risk to humans from exposure to feline leukemia virus: Epidemiological considerations; and Wong-Staal F, Koshy R and Gallo RC. Feline leukemia virus genomes associated with the domestic cat: A survey of normal and leukemic animals. In: Viruses in Naturally Occurring Cancers: Book A. Essex M, Todaro G, and zur Hausen H, Eds. Cold Spring Harbor Conferences on Cell Proliferation, Vol. 7, New York: Cold Spring Hamor Laboratory, 1980, pp. 699-706; 623-634.

[17] World Health Organization Report. Five years of research on virus diseases. WHO Chronicle 1969 23;12:564-572; World Health Organization Report. Recent work on virus diseases. WHO Chronicle 1974;28:410-413; Kalter SS and Heberling RL. The study of simian viruses-work of the WHO collaborating laboratory on comparative medicine: Simian viruses. WHO Chronicle 1969;23;3:112-117.

[18] Strecker was also accurate in reporting that Salk and colleagues at The Salk Institute had been researching RNA and DNA retroviruses including the simian monkey virus (SV40) with financial support from the NCI and the West German Max- Planck Society. Thus, Salk quite plausibly participated, as Strecker alleged, in writing up the history of AIDS virus research, and in making "up a story." See: Tonegawa S, Walter G and Dulbecco R. Transcription of SV 40 genome transformed and lytically infected cells; Eckhart W. Induction of cellular DNA synthesis after infection by polyoma virus: viral gene expression in the presence of hydroxyurea. (Both research teams from The Salk Institute) In: The Biology of Oncogenic Viruses. Proceedings of the second Lepetit Colloquium, Paris France, November 1970. LG Silvestri, Ed. New York: Elsevier, 1971, pp. 65-75;290-294.

[19] Beardsley T. AIDS: Pasteur sues over patent. Nature 1985;318:595; Palca J. AIDS: US wins round in patent row. Nature 1986;322:200; Palca J. Franco--US agreement on AIDS test within sight: AIDS patent dispute near end? France and United States call truce. Nature 1987;326:115; See also: Staff writer. Settling the AIDS virus dispute. Nature 1987;326:425- 426; Anderson C and Butler PD. US rejects French request to reopen AIDS patent deal. Nature 1987;326:425-426; Rensberger B. AIDS scientist Gallo, rival meet to discuss cooperation. The Washington Post, Saturday January 9, 1993, p. A2; Anderson C. Scientific misconduct: Popovic is cleared on all charges; Gallo case in doubt. Science 1993;262:981-983; Culliton BJ. Misconduct charges against Gallo withdrawn after Popovic decision. Nature 1993;366:191; Brown Dand SchwartzI. Case against AIDS scientist dropped: Agency decides evidence insufficient to sustain Gallo charges. The Washington Post Saturday, November 13, 1993, pp AI;16; Greenberg DS. End of the Gallo case-maybe. The Lancet 1993;342:1289; Staff writer. What to do about scientific misconduct. Nature 194;369:261-262.

[20] Gutensohn N, Essex M, Francis DP and Hardy, Jr. WD. Risk to humans from exposure to feline leukemia virus: Epidemiological considerations; and Wong-Staal F, Koshy R and Gallo RC. Feline leukemia virus genomes associated with the domestic cat: A survey of normal and leukemic animals. In: Vruses in Naturally Occurring Cancers: BookA. Essex M, Todaro G, and zur Hausen H, EdS. Cold Spring Harbor Conferences on Cell Proliferation, Vol. 7, New York: Cold Spring Harbor Laboratory, 1980, pp.699-706; 623-634.

[21] Gold M. Conspiracy of Cells Albany, NY: State University of New York Press, 1986.

[22] Szmuness W, Stevens CE, Harley EJ, Zang EA and Oleszko WR et al. Hepatitis B vaccine: Demonstration of efficacy in a controlled clinical trial in a high-risk population in the United States. New England Journal of Medicine 1980;303;15:833-841. Regarding Szmuness, I later

learned from AIDS researcher and physician Alan Cantwell, Jr. that Wolf Szmuness became a professor of epidemiology at Columbia University School of Public Health, and chief of epidemiology at the New York City Blood Center in Manhattan shortly after his arrival in the United States. According to Cantwell, who credits Magic Shots (1982) by Allan Chase, Szmuness was born in 1919 in Poland, and came to the United States in 1968 after being expelled from Poland "by the communist government in an anti-semitic purge." With no other history, it is interesting that Szmuness, so quickly, in 1969, became the chief epidemiologist at the New York City Blood Center. For more information see: Cantwell A. AIDS and the Doctors of Death: An Inquiry into the Origin of the AIDS Epidemic. Los Angeles: Aries Rising Press, 1988.

[23] An epitope is a molecular region on the surface of an invading microorganism or infectious agent capable of eliciting an immune response and of combining with the specific antibody produced by such a response. It is also called a "determinant," or "antigenic determinant."

[24] Gardner WU. International union against cancer: Brief history, organization, and program review of a nongovernmental voluntary organization. National Cancer Institute Monograph 197440:51-55; Higginson J and Muir CS. Epidemiologic program of the International Agency for Research on Cancer. National Cancer Institute Monograph 197440:63-70.

[25] Koch's postulates were advanced as a scientific method to determine the cause and effect relationship between a germ and the disease it is believed to cause. It is based on three tests: 1) the microbe must be invariably found among organisms demonstrating the disease; 2) the microbe must not be present in disease-free organisms; and 3) the microorganisms must be effective in causing similar diseases among laboratory animals infected with the germ.

[26] Strecker R. This is a bio-attack alert. The Strecker Group, 1501 Colorado Boulevard, Los Angeles, CA 90041. March 28,1986, pp. 24-26.

[27] Rowe DS. The WHO immunology laboratories at Lausanne. WHO Chronicle 1968;22;11 :496.

[28] WHO Report (Based on the 1969 report The medical research programme of the World health Organization, 1964- 1968, Geneva.) Five years of research of virus diseases. WHO Chronicle 1969;23;12:564-572.

[29] Kalter SS and Heberling. The study of simian viruses. WHO Chronicle 1969;23;3:112-117.

[30] Three HIV genes-gag, pol and env-code for the structural parts of the AIDS virus envelope, or for the enzymes needed for gene transcription and insertion. According to authorities (Haseltine WA, Wong-Staal F. The molecular biology of the AIDS virus. Scientific American 1988;52-62; and Kieny MP. Structure and regulation of the human AIDS virus. J AIDS 1990;3:395-402), the gag, or group specific antigen, gene codes for the p24 proteins which form an "inner shell" within the virus. The pol gene codes for the reverse transcriptase enzyme which transcribes viral RNA to form a proviral form of DNA. The pol gene also codes for the endonuclease enzyme which transports the provirus into the host cell's nucleus and then deposits it into the host chromosome. The env gene codes for the "transmembrane protein" gp41 (glycosylated protein 41), which is incorporated into the envelope along with a closely associated gp120 protein which itself may have cell and nerve killing effects. The tat gene codes for a protein that enhances viral replication.

[31] Moscow World Service in English. Belitskiy on How, Where AIDS Virus Originated. March 11, 1988. Published in International Affairs. FBIS-SOV-88-049, March 14, 1988, p. 24. Text discusses Seale's allegations, but does not furnish specifics.

[32] Allison AC, Beveridge WIB, Cockburn WC, et al. Virus-associated immunopathology: Animal models and implications for human disease. Bulletin WHO 1972;47:257-263.

[33] Havana International Service in Spanish. German Claims AIDS Virus Created by Pentagon. FBIS-LAT 91-017. January 25,1991. Caribbean, Cuba. Text discusses Dr. Jacobo Segal's allegations. Document PA 2401213091-0000 GMT 24, January 1991.

[34] Covert NM. Cutting Edge: A history of Fort Detrick, Maryland 1943-1993. Fort Detrick, MD: Headquarters, U. S. Army Garrison, Public Affairs Office, 1993. [For copies calI301- 619-2018].

[35] Havana International Service in Spanish. Commentary Accuses U.S. of Developing AIDS Virus. LAT 24, June 1987. Caribbean, Cuba "Viewpoint" commentary read by Angel Hernandez. Document PA 200342- OOOGMT 19, June 1987. pp. A5-6.