

## PERTH GROUP RESPONSE TO DAVID CROWE RE THE PARENZEE HEARING

On June 29<sup>th</sup> 2008 David Crowe emailed a response to one of Perth Group's contributions to the "Duesberg softspot" emails initiated by Sadun Kal. Unlike all the previous emails, which were made public, this email was sent privately to the Perth Group. What follows is our response to David Crowe, which we are making public.

David Crowe's responses are in italics (also coloured blue); his quotations of us (what we said earlier) are in underlined plain text.

Our present responses to David Crowe are in plain text.

Please note:

1. In January 2006 Andre Parenzee was convicted in the South Australian Criminal Court of transmitting HIV to a female sexual partner. For a retrial new evidence had to be presented before a judge. It was up to the judge to consider whether the new evidence was sufficient to grant a retrial.
2. At the hearing where the new evidence was presented there were two persons named McDonald. Ms Sandi McDonald, the prosecution lawyer and Professor Peter McDonald, a prosecution expert witness.
3. EPE and VFT travelled to Adelaide to attend court on three separate occasions: October 2006, December 2006 and February 2007.

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*Where do you think your current approach is going to end? With me rolling over and admitting that everything that went wrong in the Parenzee trial is my fault, that you are blameless, that AID\$ Inc is blameless, that it's only me, David Crowe who bears any blame?*

There are several factors (our inexperience included) which seriously undermined the value and impact of our evidence at the Parenzee hearing. In this reply however we are focussing only on those issues in which you and RA were contributors and over which you and RA had total control.

*I hope you can agree that the way forwards is to analyze the trial dispassionately, for both of us to agree that there are things we could have individually or as a group done differently, and that there were obstacles that may have been insurmountable, i.e. that perhaps no matter what any of us had done it would not have succeeded.*

There should have been no "we" or "us" in this hearing. It was on this basis that we agreed to participate. You need to know that to be fair to Peter, within minutes of

meeting Kevin Borick for the first time, we told him that an American scientist, Professor Peter Duesberg, a person much better known than we, also claimed the cause of AIDS is not “HIV”. However, the arguments he uses to support his claims are different from ours. We further explained that Mr. Borick could use either Peter or us as expert witnesses, but not both. We said: “If you do that you will lose the case before it starts. Your expert witnesses would argue against each other.” Kevin agreed and chose us. Unfortunately, since Kevin was working *pro bono*, and his time was limited, we were unable to explain the many underlying scientific details that constitute this difference of opinion.

Since the inaugural meeting of the RA, the Board of Directors unanimously voted that the Perth Group contribution to the dissident movement was in the past, did you think you and your experts could come with fresh ideas to help us?

*This is both an enormous distortion and a non-sequitur. First of all, contributions are always in the past, so we could have hardly thanked you for contributions you haven't made yet. There was nothing in the statement that implied or stated that we did not expect that you would continue to contribute in the future.*

The fact is you voted our contribution was “in the past” and without giving any other reason(s), or on what authority, you and Etienne de Harven decided we could not be members of the RA Board. In 2006 there were email exchanges between Jim Wolfe and you regarding the Perth Group. In one of them, dated 28<sup>th</sup> March 2006, one reads: JM: “When I first came upon your site I checked on the link to the new “official” rethinker’s site. The Perth Group’s website was not even listed. That was corrected at my request...But I must say that this robust support for the Perth Group of which you speak was not obvious to me”. DC: “Regarding RethinkingAIDS, the organization does have somewhat a Duesberg bias...”

If the reason for your interference in the R v Parenzee case was to assist us why didn't you tell us directly like other dissidents did?

*Why did I not communicate with you? Well, I understood that you were expert witnesses. Expert witnesses are supposed to be neutral, and not participate in the strategy of either side. I felt that communicating with you could cause you to be seen as non-neutral and could threaten your status as expert witnesses.*

How is it possible for someone to even contemplate becoming “an advisor to the court” if he does not know that:

1. In court surprises are not allowed. Everything from both sides has to be on the table well before court commences.
2. Both the prosecution and defence lawyers design their strategies on the basis of their expert witnesses’ evidence which is obtained by communicating with them.

3. No lawyer would proceed with his case knowing his witnesses contradict one another. In a court case where the outcome is based on scientific evidence and the lawyer is not a scientist, only the experts can decide if they contradict one another. This means that in such a case, more than in any other, direct and continuous communication between all parties is absolutely essential.

According to the “SUPREME COURT OF SOUTH AUSTRALIA Practice Direction 46 Guidelines for Expert Witnesses in Proceedings in the Supreme Court of South Australia”

An expert witness has an overriding duty to assist the Court on matters relevant to the expert’s area of expertise.

An expert witness is not an advocate for a party.

An expert witness’s paramount duty is to the Court and not to the person retaining the expert”.

These duties in no way preclude lawyers and expert witnesses from communicating with whoever they choose. And this was no more evident than amongst the HIV experts, Australian and international, at this hearing. There was continuous communication between the prosecuting lawyer and her HIV experts, as well as between the experts themselves. In fact the need for communication between Ms McDonald and her experts was the reason the prosecution case was delayed before and during the hearing. At no stage were we prohibited from communicating with each other or Mr. Borick. For example, the following is an extract from the court transcripts where Professor Cooper gave his evidence (the first prosecution expert to testify):

“MR BORICK: When Professor Cooper has finished his evidence-in-chief, I would like to start the cross-examination; I don’t think I’m going to be all that long. Before I conclude, I would like a 10 minute break just to confer with my experts.

HIS HONOUR: I don’t think that will be a problem.”

Obviously there are no legal constraints on lawyers and witnesses communicating with each other. To the contrary, it is expected. The DPP asked, and was granted, lengthy periods (months) between our evidence in chief and the first cross-examination and between the first and the second cross-examination, to receive counsel from the “HIV” experts. As is well known, the “HIV” experts gave their evidence in chief and Kevin cross-examined them one after the other, in record time. Now we know this was your strategy, that is, to complete the hearing as soon as possible in order to introduce your experts and take the case to the next level.

At the time of the break referred to in the example above we did not understand why Kevin requested only 10 minutes to confer with his experts. Instead of conferring with us, Kevin left us to talk on the telephone. Presumably he was conferring with his “other experts”. While he was conferring with his “experts” we wrote down some questions for him to ask Professor Cooper. To our extreme annoyance, instead of putting these to Professor Cooper, he asked such questions as “Professor Cooper do you agree that a person with TB and a positive antibody test is said to have AIDS?. With a negative test just TB?” or “A positive ELISA in Africa signifies infection?”. These are not questions

which had any bearing on the scope of Kevin's application. In fact they cannot be used even as an argument against the causative role of "HIV" in AIDS.

One of the questions we wanted Kevin to ask Professor Cooper, but was not asked, was:

"Professor Cooper, you are most probably aware that my client Mr. Parenzee was found guilty for transmitting HIV to a female sexual partner on the basis of antibody tests, phylogenetic tree analysis and the belief that HIV is sexually transmitted.

In your evidence you stated that you are not a specialist in the HIV genome and any questions in this regard should be addressed to Professor Dwyer.

You also said that you do not know how the specificity of the antibody tests was proven and in this should be addressed to Professor Dax.

You said you are not a specialist on the epidemiology of sexual transmission and this question should be addressed to Professor Kaldor.

Could you please tell us exactly how you can contribute as an expert to this case?

*On the other hand you did know that I was involved. On December 1, 2006, Jim Wolfe copied you on an email in which he said "I just read your dissident-action group post where you indicated that the Parenzee defense was in need of financial support. I am willing to immediately wire \$5000.00 US directly to the appropriate party(s). Do you know who this should be? Can you provide me with this information?" On December 3<sup>rd</sup> I responded, cc'ing yourself. On December 14, 2007 you sent me a pleasant email with a technical question about the Dax summary. At no point during that time did you ask for more information about what I was doing or indicate that you had any problem or concern.*

From the beginning we knew that many dissidents, including yourself, were aware of the Andre Parenzee case. Subsequently we found out about the fund raising and Val communicated with you about a technical issue, long after the hearing ended. We wonder why you forgot to mention that, during the hearing, you sent us a number of emails including the following:

- (i) 7 June 2006: "There are quite a few cases similar to the Adelaide case in Canada";
- (ii) 7 August 2006: "I would love to have you write a chapter in my book, The Infectious Myth....called "HIV does not exist" (or "HIV" may not exist" or something like that)";
- (iii) 8 December 2006: (also sent to other dissidents, (List suppressed): "I have been asked by Andrew Brodie, a lawyer in Canada, to try to locate an expert witness to counter a report by two Health Canadian scientists that the "HIV" DNA or RNA (I'm not sure which they used) found in five

women matches the “HIV” found in one man who is being charged criminally for transmission of HIV”.

Obviously, during the time of the hearing, (October 2006 to February 2007) you knew enough about the Parenzee case to know it was similar to “quite a few cases” in Canada. However, you never mentioned Parenzee to us and it appears you became Kevin’s “court advisor” only after our evidence and EPE’s first cross-examination. Or, your involvement was much more significant than fund raising from the very beginning. Either way, you remained silent about the “help” you were providing. At the beginning of our third trip to Adelaide for the January/February cross-examinations, we realised something was wrong, the defence was not taking any notice of us. However, at that stage we had no idea, we could not even conceive, that the reason was interference by other dissidents. Or that you had convinced Kevin (i) “other experts should be involved”; (ii) obtained affidavits from them; (iii) coordinated everything needed to be done to change the scope of the hearing from “there is no evidence which proves the existence of HIV” to “there is no evidence that HIV causes AIDS”.

As it is, we found out about your and de Harven’s and others’ involvement only by accident when an email exchange took place between us and Kevin/Trudy. Although we were not asked, we wrote to them: “We are offering to make a significant contribution to the summing up document”. Trudy wrote to us that the summation “will need to be a team effort to bring this all together...can we suggest what it may be that all the experts have been working on all these years? Something like a dormant endogenous retrovirus that when stimulated by oxidising agents (many of them) the body releases these pieces of genetic material because of the bombardment by free radicals and the reason why they are seeing such a huge variation (i.e. 30% difference) in the genetic sequence is likely due to, I don’t know, to natural genetic variation in the endogenous retrovirus! The Judge knows they have a genome – let’s try to explain what it is that they are really looking at.”

Trudy’s email shocked us. First, we do not know what Trudy meant by a “team effort”. Since Kevin was the defence lawyer and we his scientific expert witnesses we thought the summation must be done by Kevin and us. (We were never asked to contribute to the summation and in fact we have never seen the summation). Second, in our repeated readings of the court transcripts we cannot find any evidence that “The Judge knows they have a genome”. Third, we were asked to agree with a summation which contradicted some of the most important claims we made in our “HIV”/AIDS research. That is, to prove the existence of a retrovirus and of its genome, it is absolutely necessary, but not sufficient, to have proof for virus purification and the existence of a unique molecular entity. Claims, which for the first time, the “HIV” experts accepted (and testified under oath) as correct but did not have any proof for “HIV” purification. Regarding the existence of endogenous retroviruses, it suffices to quote Gallo’s response in court to one of Kevin Borick’s questions:

“...endogenous retroviruses aren’t viruses as your first witness [EPE] properly said, they are particles, they have never been transmitted”.

Most importantly, we were asked to contradict our own evidence and thus dismiss it and ourselves as expert witnesses. Given we were under oath, this request was startlingly disingenuous.

*Trudy, the most active family member before she had her baby, was also aware. She wrote to me on January 26, 2007 (cc'ing you) regarding fundraising. Furthermore she referred to "the Parenzee case where Eleni Papadopulos Eleopulos and Val Turner are a key witness", clearly leaving open the possibility that others might be involved in a secondary role, e.g. by providing affidavits or supplementary evidence.*

You can interpret Trudy's email any way you want. The fact is that she wrote to you, not us. Trudy volunteered to act as Kevin's personal assistant and in this role acquitted herself in a most exemplary manner. But Trudy is not a lawyer and she knew next to nothing about the scientific issues in regard to HIV and AIDS. Before she was involved in this case she, like Kevin, was not even aware of the existence of dissidents. Obviously you managed to engineer a close collaboration with Trudy, including altering the strategy of the court case by convincing her that our science is wrong and only yours and your experts' is correct.

*The word 'interference' is clearly unfair.*

Interference means "The act or an instance of hindering, obstructing, or impeding". Our strategy was to focus on there is no evidence for the existence of HIV—not HIV is not the cause of AIDS. Since you advised Kevin to change the strategy, you hindered, obstructed and impeded our strategy. Hence the word "interference" is clearly fair. You changed the strategy, introduced other experts who contradicted our evidence leaving no option for the Judge but to dismiss our evidence and thus ourselves as experts. Yet you still claim this does not amount to interference. Not only did you convince Kevin to change the strategy you also convinced him he would win the hearing and later the appeal to the Criminal Appeal Court by using the following arguments:

- (1) In 1984 Gallo did not isolate HIV from all of his patients.
- (2) Gallo's electron micrograph was not from the patient he claimed.
- (3) The Montagnier/Gallo controversy.
- (4) In some countries, as Cooper admitted, "HIV" infection is proven by ELISA not the WB.
- (5) Gallo claimed to have found the cause of AIDS in a press conference before he published his evidence.
- (6) Patients with TB and a positive test are AIDS, those with negative test, are TB. Don't you know that one and the same disease can have different underlying causes? The question is not why patients with TB + HIV are said to be AIDS patients. The questions are (a) is a positive antibody test proof of "HIV" infection?; (b) is there evidence that "HIV" is an underlying cause of TB?
- (7) "HIV" is neutralised by the "HIV" antibodies. Don't you know that at present the virology and immunology communities accept that the presence of antibodies cannot be considered synonymous with viral neutralisation?

- (8) French admitted “for the first time that HIV cannot cause AIDS on its own”. For the first time? Haven’t you read Montagnier’s 1985 and Gallo’s 1986 papers? Have you not heard of co-factors?
- (9) There is no “HIV” vaccine. Don’t you know that many infectious agents are accepted to cause disease despite the fact that there are no protective vaccines?
- (10) The mechanism by which “HIV” causes AIDS is not known. Since you consider this as one of the most important arguments against the causative role of “HIV” in AIDS, let us leave the response to Chief Justice Doyle:

“DOYLE CJ: You could have a situation in which in a series of experiments you establish that whenever people are exposed to element A they get disease B, and that no-one who has not been exposed to element A gets disease B, so you could be as sure as you’re ever going to be that exposure to A causes disease B but you might not understand how it happens and obviously until you understand how it happens you might say, as I suppose any scientist would have to say, “Well, our hypothesis that exposure to A causes B might be wrong because we still don’t know how it happens but everything we have been able to do indicates exposure is the cause”. That’s a sort of credible point of view. You might not be sure how it works. I think that’s what he’s saying, isn’t he? There’s a definite causative link but they don’t know how it works, so I don’t think he is saying causation is, as it were, totally up in the air. He is saying, from that passage my hunch is he would say, if asked, he believes that exposure is the cause, they still don’t know exactly how it works”.

- (11) HIV does not fulfil the Koch postulates. First, if you accept that HIV has been isolated and that there are such entities as “HIV” antibodies, then the “HIV” experts will have no problem convincing people that HIV fulfils these postulates. In fact, one of the prosecution experts wrote a report for the court where he argued that HIV fulfils all the Koch’s postulates. Second, they will argue Koch’s postulates are outdated and there are many infectious agents which do not fulfil them, yet are accepted to be causative. Third, you do not seem to know what the postulates can or cannot prove, so how could you advise Kevin to argue on the basis of these postulates?

Obviously no Judge, or legal or scientific jury would consider your arguments 1-5 to have any bearing for or against the claim “HIV” is not the cause of AIDS.

If you were ignorant of the fact that there is ample evidence for the rebuttal of your arguments 6-11, what makes you think you were the right person to advise Kevin during the hearing? If you were aware that arguments 1-5 have no bearing regarding the claim “HIV” is not the cause of AIDS, and arguments 6-11 can be easily rebutted, then why did you advise Kevin to base his strategy on these arguments? (Surely you read our response to Gallo’s criticism of Celia’s *Harpers* article before deciding not to put it on the RA website? Hence, you must have known arguments 6-11 can easily be rebutted).

What did you aim to achieve by your interference?

*My concern was that your testimony would be wonderful, but would be undercut by your lack of status according to the yardstick likely to be used by the Judge.*

What made you realise we lacked status only after our evidence in chief and at least part of our cross-examination which, as you yourself pointed out in one of your postings, went very well? In fact it was you who said we are so good that the prosecution, instead of having only two witnesses as was initially planned, started to look for more. (They ended up with 8). Did you not know that we had no “status” before the hearing started? Once again, why did you interfere only after you realised things were going well and behind our backs? Why did you interfere before you heard the testimony of the prosecution experts? Would it not have been far wiser to know their views before making your move? After all, the judge never put any time limits on the hearing.

What do you think made Kevin ask you for an “opinion on documents”? Do you think that there were documents containing evidence upon which we could not give an opinion?

*I believe that Kevin did ask you for opinions. However, I think it would be inappropriate for expert witnesses to review and comment on legal filings from the defence. You'll have to ask Kevin about the legality of this, but I think that him relying on you to review and approve all documents would make you advisers to his defence team, not expert witnesses, and would guarantee that your status as expert witnesses would be denied.*

We have absolutely no idea what you are talking about. What are “legal filings from the defence”? What is “the legality of this”? What is the meaning of EPE and VFT will become “advisers to his defence team, not expert witnesses”? The activities you describe do not take place in Australian legal practice.

If you gave your “opinion on documents”, why weren't you called to be a scientific expert witness to the court?

*There is a big difference between an expert witness and an advisor to the court.*

You are correct. The “big difference” is actually infinite because in Australian there is no such thing as an “advisor to the court”. There are witnesses and there are expert witnesses. Witnesses must testify and be cross-examined. The name of the experts and their affidavits are known to the court and their reports are made available to both sides. You were not an expert witness and during all the sittings and in the court transcripts of the Andre Parenzee case David Crowe was never mentioned. If you did regard yourself “an advisor to the court”, why did you not advise the court of the perils of two, contradictory strategies? Furthermore: (i) since our views have been in the scientific literature for the past 21 years, why have you not told us directly, or not written to the scientific journals in which we have published, pointing out where we are wrong, as you advised Kevin?; (ii) in your email to Sadun Kal 17/03/08 you said “I disagree with Dr. Duesberg on the issue of the existence/purification/isolation of HIV”. In at least one interview you claimed it was you who, by reading the literature, came to the conclusion, that HIV does not exist. Why then did you advise Kevin to go against the



initial scope of the hearing which runs contrary to your own conclusion? When we mentioned to Kevin what you said to Sadun in your email 17/03/08, he did not believe us. So we sent him your email.

Don't you think that obtaining "outside opinions", transmitting them to a third party, who may or may not have been able to fully understand the scientific facts, and who in turn transmitted the information to Kevin, sounds like a merry-go-round comedy of errors and sure recipe for failure, especially without we, (the scientific expert witnesses), being aware of it?

*No, I don't. Kevin would talk to me, I'd collate the comments, and return them to him in a cohesive document, performing whatever editing was necessary because many scientists make spelling and grammatical errors.*

In your earlier posting you said that your communications with Kevin were via a third party. Now you are telling us a different story. But thanks for checking the spelling and grammar.

*I was indeed very concerned that you and Eleni would not be accepted as expert witnesses...*

In our enquiries both Kevin and we found that a scientific expert must satisfy at least one of two conditions: (1) have publications in the field in peer reviewed scientific journals; (2) practical experience in the given field.

Since we satisfied one of the conditions, namely, we have published articles on "HIV"/AIDS in peer reviewed scientific journals, and de Harven has not satisfied either condition, what made you think we were not going to be accepted and de Harven would be? Since de Harven's contribution to retrovirology is limited to the Friend leukemia virus, and the evidence for the existence of this virus (see Appendix I from our earlier email) is no better than that for the existence of "HIV", what made you think his arguments against "HIV" would stand up in court? The timing of your great concern for us is an enigma. In 2006 we asked you if one of our group could be appointed to the RA Board. You responded "...that can't happen until the existing board members can conclude your participation will be cooperative. I certainly don't want to see your participation come at the price of Duesberg's". What makes you think we ever sought participation "at the price" of Duesberg? What do you mean by cooperation? Who are the Board members who will decide and how are they going to decide we are cooperative? What conditions do we have to satisfy? After the Parenzee hearing all along you excluded us from all your initiatives, all of which were done without our knowledge. Although they were taken on behalf of RA, which you claim, on your website, we are part of. So why was your great concern for us limited to the Parenzee hearing?

*There are so many assumptions here. I agree that you have some publications in peer-reviewed literature in the field of AIDS. However, de Harven has many more publications in the field of virology. Surely, a senior virologist would be considered to be capable of commenting on research on a virus that he personally had never researched!*

Etienne de Harven has no more publications in virology than we have in HIV/AIDS. You obviously have a close collaboration with de Harven. In fact, judging by the summation Trudy suggested, it appears you are his disciple. Nonetheless, you do not know he is neither a senior virologist nor a virologist. He is a pathologist. In all our previous emails re “Duesberg’s softspot” you have avoided answering crucial questions regarding “HIV” and changed the subject to viruses in general. Including questioning us about the existence of viruses other than “HIV”. When we gave one example, Friend leukaemia virus, despite de Harven’s claim that he purified it and thus proved its existence (which his only contribution to retrovirology), you suddenly changed tactics.

*Sulan himself said:*

- *“counsel for the applicant identified no particular areas of knowledge on which Ms Papadopulos-Eleopulos and Dr Turner purported to be experts” (p.13)*
- *“neither Ms Papadopulos-Eleopulos nor Dr Turner claimed to have practical experience or qualifications in any of the particular scientific disciplines to which their evidence pertained: (p.13)*
- *“Ms Papadopulos-Eleopulos has no formal qualifications in medicine, biology, virology, immunology, epidemiology or any other medical disciplines. She has never treated or been directly involved in clinical trials of any kind relating to any disease.” (p.22)*
- *“I consider that her qualifications do not provide her with the academic study required to give opinions on medical and scientific matters unrelated to nuclear physics.” (p.24)*
- *“A significant number of publications to which Ms Papadopulos-Eleopulos has been a contributor have been rejected by reputable scientific journals, In response to the suggestion that her articles have not been accepted, she claims that the editors were required to reject her articles because those who peer review the articles are members of the mainstream scientific community who support the mainstream view that HIV is a virus which is the cause of AIDS. I reject that explanation. Reputable journals will only publish material which has been peer reviewed and from which it can be demonstrated that recognised scientific techniques have been followed. Opinions which question scientific conclusions, if adequately researched and peer reviewed, will be accepted for publication.” (p.23)*
- *“An example of the lack of independence of Ms Papadopulos-Eleopulos and Dr Turner was demonstrated by the use they have of a website of “The Perth Group”. The Perth Group has promoted their views through their website” (p.33)*

- *“Dr Turner’s knowledge of the subject matter is limited to reading. He has no formal qualifications to give expert opinions about the virus. He has no practical experience in the treatment of viral diseases. He has no practical experience in the disciplines of virology, immunology or epidemiology.” (p.37)*

We anticipated all this. That is why, before the case was heard, we provided Kevin with the following information:

- (i) Papers published in peer reviewed journals with our theoretical and experimental contribution to biology and medicine in general and “HIV”/AIDS in particular, including our alternative theory of AIDS and evidence that most if not all of its predictions have been fulfilled. Also evidence that Montagnier seemed to agree with our theory. (Yet, in court, repeatedly it was said that we do not have an alternative theory and nobody objected);
- (ii) Some of the many letters we have received in which medically qualified authors either fully or at least partly agree with our views on “HIV”/AIDS. These included a 1991 letter by Anthony Fauci in which he stated: “I certainly agree with your general hypothesis that oxidation and anti-oxidation may be critical factors in the control of virus expression as well as in determining certain systemic dysfunction associated with HIV infection”.
- (iii) Evidence that some of the greatest contributions to science were made by people with no formal scientific training, for example, Michael Faraday.
- (iv) EPE’s 1982 correspondence with Sir Gustav Nossal regarding her theory of antibody diversity. There she wrote “the dogma ‘one gene/one protein chain’ is fundamentally flawed”. Significantly 24 years later one reads in *Nature*: “In classical genetics, a gene was an abstract concept – a unit of inheritance that ferried a characteristic from parent to child. As biochemistry came into its own, those characteristics were associated with enzymes or proteins, one for each gene. And with the advent of molecular biology, genes became real, physical things – sequences of DNA which when converted into strands of so-called messenger RNA could be used as the basis for building their associated protein piece by piece...This picture is still the working model for many scientists [including the “HIV” experts and dissidents]. But those at the forefront of genetic research see it as increasingly old-fashioned – a crude approximation that, at best, hides fascinating new complexities and, at worst, blinds its users to useful new paths of enquiry”. Incredibly, in the DPP written submission, it is stated that: we expressed views that failed to take account of modern, scientific developments, particularly in the area of molecular biology.
- (v) The past contribution physicists have made in biology and medicine for which some of them received the Nobel prize without having formal qualifications in biology, virology, immunology, epidemiology or any other medical disciplines. These included contributions to microbiology, virology and immunology.
- (vi) Several papers in which the authors (including Nobel laureates) express the view that answers to many questions in biology and medicine can be found only by using basic principles in physics.

- (vii) During her examination of Professor French and cross-examination of EPE and VFT Ms McDonald was at great pains to convince the court there was never a collaboration between Professor French and the Perth Group. Apparently the prosecution considered it paramount to discount even the remotest suggestion there may have been any connection between their experts and the Perth Group. During his evidence in chief Ms McDonald asked French “How well do you know her [EPE]”? He answered “I know her as someone who works at Royal Perth Hospital...I have had no professional contact with her at all”. Yet in the mid-1990s EPE sought his opinion in regard to Figure 3 of Montagnier’s 1983 *Science* paper and in 1995 he chaired a one hour, post graduate meeting at the Royal Perth Hospital entitled “Haemophilia and AIDS”, open to all doctors and health care professionals. At this meeting EPE was the invited speaker, French introduced her as well as adjudicated and participated in question time. The Perth Group also have correspondence showing that in 1991 Professor French collaborated in a joint study between the Royal Perth Hospital Departments of Medical Physics and Clinical Immunology. The study was designed to measure and correlate the sulfhydryl (SH) group concentrations in AIDS patients with their clinical and immunological status. The ultimate aim being to conduct a trial of antioxidants as therapeutic agents. Details of this were discussed, including in writing, with French. In court French denied he had collaborated with us despite the fact on June 12<sup>th</sup> 1992 he wrote to inform VFT that one of his registrars would “assist you in obtaining the data that you need on the patients that we studied”. Indeed, French did provide patients for this study and VFT did meet with his registrar and obtain their clinical and immunological laboratory data. French also thanked us in writing for our invitation to co-author a scientific paper and stated his decision would be subject to “how the data is presented and analysed and what conclusions are drawn”. Notwithstanding, by 1991 oxidation of asymptomatic HIV positive patients and AIDS patients, one of the predictions of our theory, was just beginning to be made known. EPE had already developed an assay for measuring oxidation in patients. Thus Professor French had begun a collaboration highly relevant to his AIDS patients. The only reason the collaboration did not continue was lack of funding. Subsequently even Gallo admitted “Oxidative stress is a real phenomenon”, as did Montagnier. Later on, as we have documented at <http://www.theperthgroup.com/OMPG.html>, at the European Parliament Meeting on AIDS in Africa (at which your President and Board member spoke), Montagnier said that the cause of the clinical syndrome is the decrease in the T4 cells, the decrease is the result of apoptosis and apoptosis is caused by oxidation. In his Nobel lecture Montagnier discussed the role of “oxidative stress in HIV infection and AIDS” saying it “weakens the immune system” and causes “induction of mutations and chromosome breakage”. He advocated treatment with HAART plus antioxidants for the first six months then only antioxidants. This is an astonishing development from the scientist just awarded the Nobel Prize for discovering the virus which causes AIDS. Given that the oxidative theory of AIDS is a dissident theory, (do a MEDLINE search on [oxidation-reduction and AIDS] and EPE’s solo paper is the first paper published), are you, as the “leader” of the dissident movement, going to stand by and let Montagnier claim the oxidative theory is his theory and use it as the first step to get out of the mess the HIV experts have created for

themselves? While simultaneously and publicly maintaining HIV is the cause of AIDS and continue treating AIDS patients with ARVs?

Not one of these ((i) - (vii)) were aired in court. When we drew Trudy's attention to this she replied "It's not important". Thanks to your interference and the redirection of the hearing we were not given the opportunity to comment and respond.

At the end of our six days of cross-examination the Judge gave permission to Kevin to question us as long as he felt necessary to respond to the DPP. Kevin declined. He asked only two questions, one of which gave EPE the opportunity to quote from a 1977 paper written by Sir Gustav Nossal [www.uq.edu.au/vdu/BasicsGustavNossal.htm](http://www.uq.edu.au/vdu/BasicsGustavNossal.htm). Sir Gustav is Professor Emeritus at the University of Melbourne and immediately before the Parenzee hearing commenced *The Australian* newspaper reported he would testify for the prosecution. However, this did not eventuate. Instead he provided a written report which was presented in court and about which VFT was cross-examined. In 1977 Sir Gustav was the Director of the Walter and Eliza Hall Institute of Medical Research and in that year wrote a paper where he advocated the role of basic science and scientific outsiders in solving medical problems. Here are the parts of Sir Gustav's paper that EPE read in court:

'The large global medical research machine, dominated by the richer countries, produces its annual array of elaborate and new diagnostic technology and its panoply of experimental treatment modes. World communication is rapid and pressures soon build up for the availability of these innovations even in the poor countries. A hospital with an overworked staff with no time for research finds itself obliged to become enmeshed in fields where no staff member has real expertise, nor the time and perspective to come to a balanced assessment of the value of the new tool. Frequently, however, the treadmill continues to turn. Another specialist is added to the staff. He soon becomes overworked. The responsible government authority fumes about the rising bill, but no-one really makes the effort to ask how much the innovation has added to the patient wellbeing, and so on for the next year's innovation.. The distinguished physician Lewis Thomas captured the point when he said "It is when physicians are bogged down by their incomplete technologies, by the innumerable things they are obliged to do in medicine when they lack a clear understanding of disease mechanisms, that the deficiencies of the health care system are most conspicuous".'

EPE's testimony went on: "So I [EPE] think it describes exactly what happened with the HIV. We have Gallo, Montagnier, two prestigious institutions, claim to have isolated, to have discovered HIV. Then we had everybody else trying - if this was happening 30 years ago, today is even more, 20 years ago is more so - everybody tries straightaway to do - they took what Gallo said about HIV proteins, they took what Gallo and Montagnier said about HIV RNA and they decide to do HIV antibody test, HIV and that's how the whole thing started. Nobody is to be blamed; the system. In fact, sometimes I think Gallo and Montagnier cannot be blamed, because they were under pressure to find something, everyone wanted to find a cure. They come up and the problem there was that Gallo was reviewing - apropos of reviewing, which Ms McDonald was so keen of, Gallo was reviewing Montagnier's papers and Montagnier's was reviewing Gallo's papers. In fact, we know that Gallo is even changing what Montagnier had. And that is how the whole thing started. There was nobody to analyse their findings. They had no time. Nobody is to be blamed, is the whole system. Now, Sir Gustav even suggests

how we come out of this when you are in this kind of mess and he says 'Especially, how prepared are we to agree that not all the power of choice should reside with the profession? The American scientist and scientific policy advisor, Dr Alvin Weinberg, has spoken of the "embeddedness" of values', and he quotes, 'No universe of discourse can be evaluated by criteria that are generated solely within that universe. Means are established within a universe of discourse. Ends - that is, values - must be established from outside the universe'. So that is one of the big advantage we [the Perth Group] have. We are outsiders. We look at all the problems of HIV and AIDS as outsiders and I repeat that is our biggest advantage".

EPE's cross-examination lasted five days and VFT's the best part of a day. Yet for many of the HIV experts their evidence and cross examination took no more than half a day each. When we asked Kevin to recall some of them for further cross-examination to which the judge agreed, we received an email dated 12/02/2007 from Trudy "KB insisted that he was not able to get any more time with the prosecution witnesses. He said that the judge was very "good" in allowing EPE and VT to present their evidence in the manner they desired etc [power point presentations], and that he believes the Judge had given the times we had to work with in". As far as we know the Judge never put any limits on anyone's testimony in the hearing."

When we read the court transcripts, we found out that after the cross-examination of the last prosecution witness the Judge allowed Kevin to recall us to rebut the HIV experts. When Kevin did not recall us we rang Trudy and asked her to convince Kevin that he should recall us at least for a day. She said this was not possible. We offered to pay all the expenses but she still replied "It is out of the question".

*Am I saying this is right or fair? No, definitely not. But we have to deal with the way things are, not how they should be. And with expert witnesses, area of education and area of paid employment are critical issues. That is why I felt you needed backup. And when I read Sulan's decision my worst fears had been realised.*

If you felt we needed backup why weren't we the first to know? Why did you never tell us? You mention "area of education" and "area of paid employment". Do you think we lacked education? We have no idea what "area of paid employment" refers to. Perhaps you felt we were short of money or our "area of paid employment" is a metaphor for employment with little or no prestige. If as usual you did not choose to ignore inconvenient facts, in the "Reasons for Decision of the Honourable Justice Sulan", you would have read "in determining whether the question whether fresh evidence is to be admissible, it is necessary for the appellate court to apprehend the scope and nature of the evidence sought to be admitted. *The change in position of the applicant had the potential to confuse this issue*" (emphasis ours). What Judge will accept us as expert witnesses when the defence has rejected our evidence and ourselves as experts? You state your "worst fears" were that we were not going to be accepted as expert witnesses. However, in an email from Clifford Miller 22/12/2006, copied to you, he quotes Kevin Borick as saying "In my opinion the Judge appears to accept Eleni's expertise". Given you interfered after knowing we were going very well, and after what Kevin said, not to mention that you did it behind our backs, don't you think anyone could

be excused from thinking that your real “worst fears” were that the Court might accept us as expert witnesses?

*It might have just been de Harven. We had plans from others, but Kevin might not have pursued that because of the negative reaction this was getting from you. The family also supported you, largely because of their gratitude that you were testifying pro bono. They were put in a very difficult position. They did not see any possibility of a compromise coming from you.*

How do you know all these details about Parenzee’s family and what they thought of us? And who are “we”? Kevin did not receive any negative reaction from us, at least up to the time we finished our cross-examination. In fact after the first day of EPE’s cross-examination he repeatedly said “You were bloody good” and, after the second day, “It’s obvious the Judge is sympathetic to you”, that is, to our testimony. We got the same positive feedback from the family at least up to the time our cross-examination finished. This included Trudy, Parenzee’s step sister, who repeatedly told EPE “you responded to every question thrown at you”. After our last appearance Parenzee’s mother thanked us and said we were very good and if we lose now we should look elsewhere for the reasons. Do you have any idea of what is like to be in the witness box, cross-examined for even ten minutes, let alone for one day, or day after day? As if this was not stressful enough, almost daily the prosecution produced documents and papers for us to read upon which to be questioned the following day. There were so many that one night EPE had no, that is, zero, sleep. Yet often there were no questions about these papers the next day. If this was a strategy to wear us out, it certainly had the desired effect.

After we returned from our third trip to Adelaide Trudy and Kevin suggested calling Peter Duesberg and de Harven. We were absolutely flabbergasted. This was the first negative reaction Kevin had from us. You are right, there was no possibility of a compromise from us. This was a one issue case which, as the Judge noted in his “Reasons for Decision” after our evidence and chief and most of our cross-examinations, you turned into a totally different issue. We were not the architects of the Parenzee family’s very difficult position.

*Well, there are a number of other dissidents, with high levels of educational credentials, practical experience in the field, publications in the field, notably Rodney Richards, Andy Maniotis, Etienne de Harven, who all have questioned the existence of HIV. This would make it very clear that the director of public prosecutions was wrong, it isn’t just two scientists. Do you want to be the only two scientists with this belief?*

Our views are not a belief and no, we do not want to be the only scientists “with this belief”. After the hearing was lost Kevin made a submission to the Court of Criminal Appeal in which he said: “The Perth Group, as I’ve really discovered as this has unfolded, is on their own in a dissident group. They take a very fixed stance: It is the virus has never been isolated and never been proven to exist, so there is tension between the Perth Group and other dissident groups”. In other words, you convinced Kevin:

- (i) we are the only scientists among the dissidents to have this belief;
- (ii) we are wrong;
- (iii) the members of the Perth Group have no status even among the dissidents, not to mention the many eminent expert scientists in general. On the other hand you had eminent experts such as de Harven and it “would be very difficult for the Judge to deny de Harven’s standing”.

Hence it is little wonder that anyone reading the Australian press at the time would certainly have realised that Kevin himself no longer considered us experts.

As far as we know de Harven has no scientific publications on HIV or AIDS. Andrew is a co-author of “A critique of the Montagnier evidence for the HIV/AIDS hypothesis” <http://www.theperthgroup.com/SCIPAPERS/MHMONT.pdf> and this single publication may have been sufficient. However, Andrew was not mentioned in Kevin’s list of experts. While it is true that de Harven published on the Friend leukaemia virus, as we said to you in our previous emails, this work could have backfired on him. Most importantly, our arguments in court were that Montagnier did not have proof for the existence of a retrovirus, any retrovirus. Yet de Harven and Andrew, interpreting the same evidence, argue that Montagnier discovered a retrovirus but one that is endogenous, not “HIV”. One can only imagine what the Judge would have made of that. As far as Rodney Richards is concerned, all we know is: (a) he used to work for Abbott Laboratories; (b) he [Rodney Richards] gave several interviews to Liam Scheff, which Scheff used for his series “The AIDS Debate”, published in the Boston *Weekly Dig* (2003). Some of the material that Dr. Richards provided to Scheff was available at our website; (c) he presented our arguments regarding the antibody tests during the BMJ Online debate. If he still agrees with us then he would have been an appropriate supplemental expert. Notwithstanding, his name was never mentioned, neither by Kevin nor by you, including in Kevin’s submission to the Criminal Appeal Court where, on your advice, he listed the names of several possible experts for a future trial but excluded us.

*You can take these kind of differences two different ways. 1) Nobody in the world has identical views to you, and they must have identical views to cooperate with you, hence you must forever work alone OR 2) there are a number of scientists and scientifically educated people who have similar views to you, and we can work together, making sure in a complex case like this that we do not contradict each other on the major issues.*

There are no more “major issues” in HIV/AIDS than “HIV”. There is no bigger difference between us and the other dissidents than the interpretation of the Montagnier/Gallo *et al* data regarding the existence of a retrovirus. Since you know that in court it is destructive for dissidents to contradict each other, why did you introduce into a court of law, experts who contradict us on the most major issue in “HIV”/AIDS? This court hearing was to put new evidence to a judge so that Parenzee could lodge an appeal. This hearing was not a trial of dissidents *versus* dissidents, but by hijacking it you made it so, with an eminently predictable result.



You [David Crowe] say the different viewpoints expressed by Duesberg, Maniotis, de Harven and PG and presumably any other of your experts, *would have illustrated that the same evidence can be interpreted in different ways, but that there are a variety of opinions that lead to HIV NOT being considered a fatal sexually-transmitted virus. I guess a lawyer with experience could determine whether this is a reasonable strategy. I personally don't have a problem with it (but then I'm not a lawyer, let alone one with experience).*

More than anything else you have said this illustrates just how delinquent your interference has been. The viewpoints are so different only one can be right. No court can be expected to find for the side that has so many contradictions. You are “not a lawyer, let alone one with experience” and thus could not determine “whether this is a reasonable strategy”. Yet, you convinced Kevin that this is the best strategy. As long as you “don't have a problem with it”, it was scientifically and legally correct. The strategy of this hearing had nothing to do with “HIV” is not “a fatal sexually transmitted virus”. This is your strategy. Kevin's strategy was there is no proof for the existence of “HIV”.

In one of our telephone calls to Kevin after the “HIV” experts gave their evidence we were stunned to hear him saying that we will not be able to answer the DPP's criticism of our interpretation of the Padian papers. First, anyone reading the prosecution evidence in chief will realise that none of the prosecution experts produced any evidence that proves sexual transmission of “HIV”. Second, we asked Kevin to obtain the pages from our transcripts with our evidence on the Padian study so we could provide him with a point by point response. (In Australia court transcripts have to be purchased at \$5 per page). When we did not receive a response we rang Kevin again and asked again for the relevant pages from our cross-examination. This time we offered to pay for them ourselves. Still no response.

On the phone we drew Kevin's attention, as we repeatedly did in court, to the fact that Padian's interpretation of her study was not from scientific journals but from a website whose owner believes only he knows the truth about “HIV”/AIDS. Since the Judge considered Djamel Tahi's interview of Montagnier as “hearsay”, why shouldn't this also apply to postings at AIDSTruth?

We repeatedly told Kevin that our correspondence with Padian was related to the discrepancy between the data in her study and her interpretation. Despite the DPP's claim, none of our correspondence with Padian was related to her AIDSTruth posting (see below). As can be seen, Padian has never proven us wrong.

In April 2006, before the Parenzee hearing, we emailed Professor Padian (via one of our colleagues).

Dear Professor Padian,

Like many other scientists and laymen, I am interested in the heterosexual transmission of HIV. I have read as much as I could on the subject as well as your publications. Your study appears to be the longest, best designed and executed. As far as I can judge, your data does not prove that HIV is heterosexually transmitted. Am I wrong in my interpretation? If so, would you please give me some details why I am wrong?

Thanking you in anticipation.

Best wishes

Professor Padian replied:

Yes you are wrong. Read the papers. The discussion is very thorough in each.

We replied:

Dear Professor Padian

Thank you for your rapid response. In your publications, you repeatedly pointed out that the data from cross-sectional studies are not reliable. In your 1997 prospective study you “observed no seroconversions...”. In your discussion, you also pointed out that “No transmission occurred among the 25 percent of couples who did not use condoms consistently at their last follow-up nor among the 47 couples who intermittently practiced unsafe sex during the entire duration of follow-up.” This is the information which led me to come to the conclusion which you have stated is wrong. I would be grateful if you would tell me what information I am missing.

Looking forward for your response.

Professor Padian did not reply.

We told Kevin we would have no problem responding to any of Padian’s claims in her AIDSTruth posting including the following:

“Individuals who cite the 1997 Padian et al publication (1) or data from other studies by our research group in an attempt to substantiate the myth that HIV is not transmitted sexually are ill informed, at best. Their misuse of these results in misleading, irresponsible, and potentially injurious to the public. A common practice is to quote out of context a sentence from the Abstract of the 1997 paper: “Infectivity for HIV through heterosexual transmission is low”. Anyone who takes the trouble to read and understand the paper should appreciate that it reports on a study of behavioural interventions such as those [studies] mentioned above: Specifically, discordant couples were strongly counselled to use condoms and practice safe sex (1,12). That we witnessed no HIV transmissions after the intervention documents the success of the interventions in preventing the sexual transmission of HIV. The sentence in the Abstract reflects this success – nothing more, nothing less. Any attempt to refer to this or other of our publications and studies to bolster the fallacy that HIV is not transmitted heterosexually or homosexually is a gross misrepresentation of the facts and a travesty of the research that I have been involved in for more than a decade.”

Firstly, unlike you, we have never said that the Padian study or any other studies show that “infectivity for HIV through heterosexual transmission is low”. We have always maintained that no epidemiological study, including Padian’s, proves sexual transmission of “HIV” ever occurs. This is precisely what one would expect if there is no

virus. Does this make it crystal clear how disastrous your “transmission is low” had on our testimony?

Secondly, the 1997 Padian study, which Padian was compelled to defend at AIDSTruth, consisted of several parts conducted over the preceding decade. The world first learnt about this study at the 1988 International AIDS Conference held in Amsterdam where in her Abstract Padian wrote the study first “began recruiting in July 1985”. Contrary to what she claims at AIDSTruth, the study was not “a study of behavioural interventions”. Describing the study in her 1988 Abstract Padian wrote: “Objective. *To examine the efficiency of heterosexual transmission of HIV* [emphasis ours] and associated risk factors. Methods: We enrolled the opposite sex partners of individuals infected with HIV or diagnosed with AIDS or ARC throughout California. Participants were interviewed about their sexual practices and medical history; Laboratory tests for HIV and other co-factors were conducted, as were physical examinations...Results:...in multivariate analysis, only the practice of anal intercourse (p-.003) and non-white race (p-.013) were significantly associated with infection...We have also enrolled male partners of infected women. In spite of reported unprotected sexual intercourse (median number of sexual contacts = 399) none of the twenty male partners were infected”. There is no mention of “behavioural interventions”. And while at AIDSTruth Padian states “That we witnessed no HIV transmissions after the intervention documents the success of the interventions in preventing the sexual transmission of HIV” in her 1997 paper she wrote “Nevertheless, the absence of seroincident infection over the course of the study cannot be entirely attributed to significant behavior change. No transmission occurred among the 25 percent of couples who did not use condoms consistently at their last follow-up nor among the 47 couples who intermittently practiced unsafe sex during the entire duration of follow-up”.

We repeatedly told Kevin that the DPP’s expert on sexual transmission, John Kaldor, agreed with our interpretation of the Padian study. It was obvious that Kevin was not taking any notice of anything we were saying. The reason became clear when we read Kevin’s application to the Court of Criminal Appeal, where one reads: “And the Perth group gave a lot of evidence about that [the Padian study]. It took up quite a lot of time. Their evidence has been rejected because, in part, they lacked objectivity because they didn’t explain to the court Padian’s explanation...I’m hopeful we have done an accurate study, we have had a lot of assistance from other scientists, because it’s worth looking at just what she did”.

Incredibly, after all this effort behind our backs, and “a lot of assistance”, all you could say was that:

1. Padian’s explanations were not in a scientific journal. A fact repeatedly noted by us in court and also picked up by Chief Justice Boyle. In response to his question in regard to Padian’s AIDSTruth commentary, the following exchange took place between the prosecutor and the Chief Justice:

“Ms McDonald: “...It was the first of these documents as they appear in the Appeal Book p39, that Ms Papadopulos-Eleopulos does not inform the court about.

Boyle CJ: What is the status? It doesn’t look like a published paper.

Ms McDonald: It wasn't..."

2. You accept that some partners of Padian's index cases became infected. However, while Padian claims the partners were infected by the index cases, you and your assistants claim the possibility cannot be excluded they were infected by means other than sex with the index cases.

What a great rebuttal of the Padian study!!

Note: At the end of the evidence given by the "HIV" experts, the DPP noted that there were many mistakes in the transcripts and asked for permission to correct them. We were never asked to correct them, and judging from the EPE evidence quoted by the DPP and the Judge, it appears neither has anybody else. Mistakes appear to be especially frequent in EPE's evidence, so much so that the meaning is lost or seems to appear to be the opposite to what was intended. For example (three of the significant mistakes are underlined):

"A. I'm not interested in what she [Padian] says. I'm not interested in her data [EPE testified it *was only Padian's data*, not her interpretation, that interested her]. And her evidence does not prove heterosexual transmission, no matter how you take it. It is not what she says in AIDSTruth. It is not what she says in published scientific work, and for published scientific work let me tell you in her prospective studies she has over 170, or 173 I think, or five, individuals, men who are positive and their negative partners, and women who are positive and their negative partners. In the average, they live up to 60 years, and even at the end of the study, when the study started, the one I think, only 33% of people who are using condoms. And at the end of the study, 25% who were still not using consistently condoms, and no-one, no-one of these couples become positive. How can I say that the Padian paper proves heterosexual transmission? How she can say that her studies prove heterosexual transmission, more importantly?" Among the many mistakes, the most significant are: There should be no not in the second and fifth sentences. And 60 should read 6.

*I don't believe Sulan mentioned to other potential defence witnesses in his 89 page report. Please correct me if I'm wrong.*

The Judge did not mention any other potential witnesses in his report but if you go through the transcripts or our evidence and cross-examination you will realise that he was very well informed of their views. Especially Peter's. The Judge specifically asked us if Peter and Dr. Mullis share our views regarding the existence of "HIV". Professor Gordon, testified that unlike us, Peter Duesberg accepted that "HIV" has been purified and thus proved to exist. There was no need for the Judge to mention the other witnesses. Kevin himself, acting on your advice, changed the scope of the hearing to exclude our views and incorporate theirs which were already known to the Judge. What makes you think the prosecution expert witnesses or the Judge knew who you are but did not know about Peter, de Harven or Kary Mullis? In fact we heard the Judge looked at as many dissident websites as he could. It would have been sufficient to look at your RA website to realise the views expressed there were in total contradiction to our

evidence. How could the Judge find in our favour when you claim to be the leader of the dissidents and the views expressed at the RA website contradict ours?

*I am stunned that you would say this. That “our experts” would have opinions no different from the prosecution.*

A jury found Parenzee guilty of transmitting HIV to a female sexual partner. For a retrial to take place new evidence has to be heard by a Judge. At the hearing it was up to the Judge to decide if the new evidence provided sufficient grounds for a retrial to be granted. Here is what the Judge in his “Reasons for Decision”, under the subtitle “Submission on fresh evidence”, wrote:

“At the commencement of the hearings in the application for permission to appeal, Mr Borick QC, counsel for the applicant, set out the scope of the three propositions he sought to make during the course of the application:

1. “firstly, that viruses are proven to exhibit by a procedure virologists refer to as virus isolation. The presently available evidence does not prove a virus known as HIV has been isolated.”<sup>18</sup>
2. “that the tests used to in effect diagnose HIV do not do that. What they do is that they measure not the virus itself but antibodies.”<sup>19</sup> [The last sentence is not one of our arguments against the existence of “HIV” or its causative role in AIDS].
3. “no evidence for sexual transmission of HIV can be found even in the best conducted studies published from the United Kingdom, Europe, United States of America and Africa.”<sup>20</sup>

All of our evidence-in-chief and cross-examinations were directed toward providing proof in support of the above “three propositions”.

In these email exchanges it appears you had a lapse of memory and forgot Peter Duesberg who, according to Kevin was your star witness.

According to the HIV experts and Peter:

1. HIV exists. According to Peter, HIV exists and a scientist cannot achieve better purification than that of HIV.
2. There are HIV antibodies and the tests are specific. According to Peter there are HIV antibodies, and in fact they neutralise the virus. This is one of Peter’s main arguments in support of his claim that “HIV” is not the cause of AIDS and “HIV” is a harmless retrovirus.
3. HIV is sexually transmitted. According to Peter, HIV is sexually transmitted, albeit not very efficiently.

Given the above, the prosecution could very well have called Peter as an expert witness to rebut our evidence. In fact, at one stage during the hearing, Ms McDonald told Kevin

she was considering presenting Peter's views as evidence against us. Kevin asked us if we would be able to respond. We made it quite clear that we could and already had responded to Peter's view. Subsequently, one prosecution expert did refer to Peter's views on the existence of "HIV", pointing out the disagreement with us.

According to de Harven:

1. Peter is wrong. Montagnier's virus was an endogenous retrovirus. Not HIV.
2. Kevin's first proposition that Montagnier did not have a virus is wrong. Montagnier had a "typical retrovirus", albeit not HIV. And since by definition viruses, including retroviruses, cause the appearance of antibodies and by definition are transmittable, Kevin's and thus the Perth Group's second and third proposition are also wrong.

Can anybody write a better script for a comedy of errors?

During the hearing, using some of the evidence in our Affidavit, Kevin was able to obtain the following from the prosecution experts:

- (1) All the experts, including Robert Gallo, accepted that to prove the existence of a given virus purification is necessary;
- (2) None of the DPP experts, including Robert Gallo was able to submit any evidence which proves "HIV" purification. (Significantly, the DPP did not seek proof of purification from her experts and, although her summation consisted of many detailed sections, purification was not one of them);
- (3) None the DPP experts gave evidence to prove that a positive antibody test proves HIV infection. In fact, her expert in antibody testing did not appear to understand the concept of a gold standard. Much less that a gold standard is indispensable for proving the specificity of an antibody test;
- (4) None of the HIV experts gave even one reference to prove transmission of "HIV" in either heterosexuals or gay men. In fact, the DPP made no mention of transmission in gay men. Furthermore, the DPP expert in sexual transmission agreed with our analysis of the Padian, Rakai and European Collaborative studies.

Yet, incredibly, despite our being handed all these pearls (1-4), we lost. This is not surprising. Due to your strategy and the fact you convinced Kevin we are wrong, nobody drew attention to these facts, neither in the hearing nor in the subsequent submissions to the Criminal Appeal Board. Again, thanks to you, the only Australians who took part in the summation were Kevin, Mrs. Parenzee, a chemist and a dentist. With the exception of the latter, none had heard of dissidents before this case.

The answer to the HIV theory of AIDS is in court, in testimony, given by both defence and prosecution witnesses, in print, in the public domain and yet no one is taking any notice. Including you and your organisation.

How many “other people” do you know who were involved behind our backs in this hearing and who are they?

*You were expert witnesses. You were heavily criticised by Sulan by not being ‘independent’ as expert witnesses are supposed to be. If a long stream of emails had come out (and we have experienced situations like this) it could have utterly destroyed your credibility with the judicial system.*

It is true this hearing began with us as Kevin’s experts but ended in a different manner. Second, according to Kevin our evidence was rejected “...because, in part, they lacked objectivity because they didn’t explain to the court Padian’s explanations”. The fact is that in court we did respond to Padian’s explanations. And if we had been given the opportunity we could have presented more evidence to show she was misinterpreting the data in her own study.

In his “Reasons for Decision” the Judge wrote: “An example of the lack of independence of Ms Papadopulos-Eleopulos and Dr Turner was demonstrated by the use they have of a website of “The Perth Group”. The Perth Group has promoted their views through their website”. The same criticism can be found in the DPP summation.

The facts are: (i) since time immemorial scientists have promoted their views in one form or another; (ii) in court we used evidence from our scientific publications; (iii) the “HIV” experts, including the World Health Organisation, the Centers for Disease Control, the National Institutes of Health, as well as those involved in this case, also have websites through which they promote their views. And to a far wider audience than the Perth Group can ever hope to achieve; (iv) the most important “scientific” arguments against us originated from another website, namely AIDSTruth.org. Yet thanks to your strategy and advice, we were never given the opportunity to respond to these criticisms or to any others. Neither has anybody else defended us.

You still have not told us (a) who are the people in addition to you; (b) what evidence you have they could attest that Kevin “was already thinking” of changing direction, even without your advice? For what possible reason do you think direct communication between us and you or any other dissidents would have “utterly destroyed” our “credibility with the judicial system”?

During the trial it was obvious to everyone there was open communication between the HIV expert witnesses and many other HIV experts around the world. Why did this not destroy their credibility? Throughout our evidence and cross-examination Professor McDonald, one of the Prosecution experts, spent all his time either sitting behind Ms McDonald the Prosecutor, or walking outside to communicate by mobile phone with his HIV colleagues. At one stage he told us he was unable to keep up with emails from John Moore.

After our evidence in chief the prosecutor said she would not be able to cross-examine us. She would need to seek advice from the “HIV” experts. Between our evidence in chief and the first four days set for our cross-examination she went to Sydney to consult with these “HIV” experts. Between the first four days of our cross-examinations and the second two days that completed our cross-examinations, the prosecution told Kevin

Borick that Professor McDonald went to a meeting in Thailand to discuss the Parenzee case with other HIV experts.

After we returned to Perth following the first four days of our cross-examination, McDonald rang us and suggested we withdraw. As an incentive he said he would arrange for us to give a talk at a forthcoming international AIDS meeting to be held in Sydney. For possibly the first time we realised just how threatened the AIDS establishment felt in regard to our activities. McDonald warned us that they had unlimited resources and would appeal as many times as necessary, including as far as the High Court, and would never let us win.

In the transcripts of the Court of Criminal Appeal one reads:

“DOYLE CJ: Just before you resume, your references to Professor McDonald before lunch, I gather he wasn’t just a witness, he was playing some sort of coordinating role. I do know him, although my knowledge of him goes back some years, about 1986 I was appointed to the Flinders University Council and in that capacity I was asked to chair a company that the university formed called ‘Flinders Technologies’, which was formed to help academics exploit intellectual property. I chaired that I think from about 1987 to probably about 1995 and for some of that time, probably a couple of years, perhaps more, he was a director of the company. I ceased to be chairman in 1995, so it’s 12 years ago. In thinking he had ceased to be a director before then, but in that period, when he was a director, I would have seen him about once a month I suppose, or perhaps not quite so often, at meetings of the directors of that company. I should add this is more pertinent sometime early this year he contacted me by telephone and I think it must have been linked to his involvement in this case, because – my memory is it was a short conversation – he asked me were there better ways for the courts to handle scientific disputes, which makes me think it must have been linked to this case. I didn’t speak to him for long, I think he was asking whether the courts were interested in a kind of working party of scientists and judges and lawyers that would look at the issue and I think I probably did realise it had something to do with this case. I remember saying I was aware this case was around the place and I didn’t think we should discuss it. He did at least contact me and say he was interested I think in some kind of working group to look at how courts handled significant scientific disputes. So I don’t think it causes a problem from my point of view but I thought about it and if you think there’s a problem there, you can raise it with me, but I think for the time being we should keep going.

MR. BORICK: I’m obliged to your Honour and if you don’t have a problem, I don’t have a problem with it”.

Do you think Australian courts have one rule for the Prosecution expert witnesses and another for the Defence? Do you still think it was illegal for you to talk to us?

*I think that discussion over whether sexual transmission is rare or non-existent is the kind of discussion we want to have. Because legally it doesn’t matter which answer the Judge chooses, Parenzee is still innocent.*



In a court of law your view “Pareeze is still innocent” is worth nothing. What mattered for Pareeze, his mother and wife, Kevin and us and the other dissidents was the judgement made by the court. In this respect it matters considerably which strategy was adopted by Kevin, yours or ours. Our evidence regarding sexual transmission was divided into two parts. Gay men and heterosexuals. In regard to gay men we presented much epidemiological evidence, including Gallo’s, which showed that the active partner is not at risk of infection. This is exactly what one would expect if there is no virus to transmit and this is the only reason we introduced this evidence. This being the case “HIV” cannot be a sexually transmitted virus because sexually transmitted viruses are bidirectionally spread. Both partners are at risk. Significantly, the DPP did not question any of her expert witnesses on proof of sexual transmission in gay men. Neither did her experts volunteer such proof. Is it possible they had no answer to our evidence and this is why this particular topic was avoided?

As far as heterosexual transmission is concerned it is significant that neither Ms McDonald nor Kevin Borick asked John Kaldor, an epidemiologist and expert on “HIV” transmission, to produce even one study that proved heterosexual transmission of “HIV”. Neither did Professor Kaldor volunteer such a study. Why not? If there were such a study it would have been devastating for the defence. When the Judge asked Kaldor his view of our analysis of the Rakai and Padian’s studies published in the BMJ, he replied, “I have not replicated all the calculations but it comes from a reputable source and you could debate some of the assumptions and come up with somewhat variable numbers, but the general practice is fairly reasonable”. Since our calculations made no assumptions (we simply took the probability of transmission per coital act given by the HIV expert authors of the above studies), it means that Kaldor fully agrees with us. Yet, thanks to you, we were not given the opportunity to respond to the DPP’s criticism based on Padian’s AIDSTruth comments. The Judge concluded: “In her paper [=AIDSTruth.org commentary], Professor Padian refers to a number of studies to support her conclusion. The very misuse of mathematical probabilities which she criticises is the methodology used by Ms Papadopulos-Eleopulos. In response to the document, Ms Papadopulos-Eleopulos makes it clear that she does not accept Professor Padian’s criticism that the mathematical models that Ms Papadopulos-Eleopulos uses are invalid and she does not accept Professor Padian’s models”. Rather than Kevin telling the court no prosecution expert had presented any evidence for sexual transmission, you convinced Kevin to change the strategy and argue on the basis that sexual transmission is rare. First, just because something is rare does not mean it does not happen. Whenever you buy a lottery ticket your chance of winning is infinitesimal. But lotteries are won week after week and surely sexual contact is no less frequent than buying lottery tickets. Second, according to your strategy, HIV exists but is harmless. Pareeze was found to be infected with HIV, as was his female sexual partner. At the original trial the Defence (Kevin Borick) accepted the Prosecution claim that the woman he was accused of infecting had no other risk factors. The Defence also accepted the woman had some “HIV” related symptoms. On what basis do you think the court will find “Pareeze is still innocent”?

In “the Crowe in Adelaide” posted in *Science Guardian* (sic) you wrote: “[Eleni was excoriated for not including in her discussion of Padian’s work a recent posting on the establishmentarian website aidstruth.org. The transcript that shows that Eleni is clearly](#)

*not prepared for dirty tricks like this. She did not shoot this down with a remark such as "Aidstruth.org? Is that a peer reviewed journal? I don't believe so."*

How did you find out what Eleni included or did not include in her evidence? The only court documents in the public domain are the DPP summation, the Judge's "Reasons for Decision" and the prosecution experts' testimony. The former two did not appear until the end of the hearing. All of these documents contain only a small portion of EPE's testimony and a fraction of her comments on the Padian papers. In fact, when we asked you to allocate some of Jim Wolfe's funds to purchase court transcripts of our evidence and cross-examination, to put on your website along with testimony of the "HIV" experts, you refused. The fact you are well informed in regard to our testimony makes it obvious you had a close and continuous collaboration with Kevin and/or Trudy throughout the hearing. And you have never explained why you decided against buying and posting our evidence in chief and cross-examination. Don't you agree that one can be forgiven for thinking that your suppression of our testimony, combined with your strategy—HIV exists but does not cause AIDS—which has failed for over two decades, was to the benefit of the prosecution and not the defence?

In our cross-examination we pointed out that, with two exceptions, Padian's references in the AIDSTruth commentary, are either cross-sectional or in most cases, mathematical models, including one by a physicist from Italy. The two exceptions are her own study and the de Vincenzi study. In our evidence we pointed out that de Vincenzi, writing in *The Journal of the American Medical Association*, admitted her evidence does not prove heterosexual transmission. And what did you do? You convinced Kevin that we do not have an answer for Padian.

*Are you saying that sperm is the sole cause of AIDS? What is AIDS? Which definition do you use?*

For your information we have never said sperm is the sole cause of AIDS. You are shifting the goal posts. First you say you have no evidence that sperm causes immune deficiency. Then you ask if sperm is the sole cause of AIDS. In our papers we have given epidemiological, experimental and basic scientific evidence in regard to the biological effects, including the toxic effects, of semen and sperm. You claim to represent the dissidents and in fact be their leader. This being the case you must know the scientific views of each of them. It follows then, that unless you do not consider the Perth Group dissidents, you must know our views. In court we talked about the biological effects of semen including its carcinogenic effects. This caused much amusement including laughter. So much so that EPE, addressing the Prosecutor, said "please do not laugh. This is not a laughing matter". The topic was raised again by the DPP during French's cross-examination.

"Q. Have you heard of any study showing that sperm or semen causes cancer?

A. No

Q. Or cervical cancer?

A. No

Q. Does that surprise you?

A. It would surprise me very much that through evolution we have maintained a biological function which is absolutely crucial to life that can cause cancer”.

(Professor French should know that the majority of cervical cancer occurs after a woman’s reproductive years. And the sun is crucial to life but also causes cancer, especially where he lives and works).

If anyone should know about the relationship between semen and cancer it should be French. He has been the principal physician in the treatment of AIDS cases in Western Australia for over 20 years. As a doctor French is expected to know everything medically related to his patients, the vast majority of whom are gay men. At present as well as before the AIDS era, evidence existed that the incidence of anal cancer is higher among gay men. At least before the AIDS era this was attributed to exposure to semen. In court the DPP ridiculed EPE for claiming there is evidence that semen causes cancer, despite the fact she presented both theoretical and experimental evidence in support of her claim. Thanks to your advice to Mr. Borick, and the change in strategy, we were denied any opportunity to respond with the evidence, which is overwhelming and some of which is in our publications, to support our views. The ridicule continued at the proceedings before the Court of Criminal Appeal.

Your questions “*What is AIDS? Which definition do you use?*” are just more shifting goal posts. They are irrelevant to this hearing. However, if you want to know our answers, how the definitions were introduced and what we think of them, you should read some of our publications. For example:

Papadopulos-Eleopulos E et al. Factor VIII, HIV and AIDS in haemophiliacs: an analysis of their relationship. *Genetica* 1995;95:25-50.

<http://www.thepertgroup.com/SCIPAPERS/ephemophilia.html>

Papadopulos-Eleopulos E et al. AIDS in Africa: Distinguishing fact and fiction. *World J Microbiol Biotechnol* 1995;11:135-143.

<http://www.thepertgroup.com/SCIPAPERS/africafactandfiction.html>

More importantly, in a scientific debate or in a court case such as the Parenzee hearing, using the many definitions of AIDS, as you advised Kevin to do, does not advance your argument.

It may be more useful, especially in a scientific debate, if we look back at the original evidence and see how it was interpreted by different people. Then one can see how gay men did not need scientists or doctors to tell them the cause of the problem. We must never forget that it was John Lauritsen and the late Michael Callen who first drew attention, in print, to the relationship between drugs and AIDS in the gay community. (We came later with the mechanism and extended it to the recreational drug users and haemophiliacs, as did Peter subsequently).

In her interview with Huw Christie, published in *Continuum* in 1996, Camille Paglia described the beginning of AIDS: “There was only one view of the epidemic. Only one view. And that was this was an accident that happened, it just fell out of the sky...and if you said, “Gee, there was a connection between the sexual revolution and the sudden

upsurge in promiscuous sex, gay and straight. That that is the reason for this epidemic,” you were called every name in the book. There was absolutely no connection whatever...Well of course you have a situation where people are having forty men per night, in the baths and so on, in that period, or on Fire Island...I’m saying that the signs that something terrible was about to happen were already obvious within a few years after Stonewall. The idea that this came out of nowhere - this is a piece of historical nonsense”.

In our evidence in chief on sexual transmission we pointed out: The first study which analysed the relationship between sexual activity and KS (for all practical purposes in 1982 AIDS consisted of two diseases, KS and PCP) was published in 1982 by Marmor *et al.* In this case-control study it was found that “Some reported extreme levels of sexual activity: the most promiscuous patient estimated that he had had sexual intercourse with an average of 90 different partners per month in the year preceding disease...The initial models, constructed to test our primary hypotheses of (1) infection through sexual activity and (2) a carcinogenic effect of amyl nitrite exposure, indicated statistically significant effects of each of these variables after adjustment for the effects of the other.”

In an updated study published in 1984 Marmor *et al* report: “Therefore, multiple logistic regression analysis of this data set, including sexual activities, nitrite use, cytomegalovirus antibody titers, and additional variables describing lifetime incidence of amebiasis, gonorrhoea, and syphilis, were done to determine which variables were statistically independent in their associations with disease. Stepwise logistic regression analysis indicated that the number of partners per month in receptive anal-genital intercourse with ejaculation, the number of occasions of “fisting,” and cytomegalovirus antibody titers were the only independent and statistically significant variables for discriminating patients from controls”.

In 1984 Gallo reported “of eight different sex acts, seropositivity correlated only with receptive anal intercourse...and with manual stimulation of the subject’s rectum...and was inversely correlated with insertive anal intercourse”. The inverse relationship with insertive anal intercourse is no different from reporting that a person has less of being stung the more often he puts his hand in a beehive. Or a man being less likely to be killed the more often he walks across the freeway. As bizarre as this statistic obviously is, one totally at odds with sexual transmission of a micro-organism, it does not seem to ring any bells at the AIDS establishment.

In 1986 Gallo wrote: “Data from this and previous studies have shown that receptive rectal intercourse...is an important risk factor for HTLV-III infection [a positive antibody test]...We found no evidence that other forms of sexual activity contributed to the risk”.

In a 1987 paper from the MACS study one reads: “Receptive anal intercourse was the only sexual practice shown to be independently associated with increased risk of seroconversion to HIV...the hazard of this practice needs to be emphasised in community education projects”. Subsequently in the MACS study it was shown that the frequency of the practice of passive anal intercourse and not the number of partners was a risk factor for seroconversion and AIDS.

In another MAC study published in 1992 seropositive gay men were divided into two groups: Group A, who developed AIDS and group B, who did not develop AIDS five years post seroconversion. Unlike other sexually transmitted diseases, the authors found that: "receptive anal intercourse both before and after seroconversion with different partners was reported more frequently by men with AIDS...When group A was stratified by development of AIDS within 30 months and within 30-60 months and compared to matched controls, a greater proportion of high-risk sexual activities postseroconversion was noted in the group progressing to AIDS most rapidly. The differences were statistically significant 12 and 24 months post seroconversion". It was concluded, "These data then suggest that greater sexual activity following establishment of HIV-1 infection leads to exposure to promoters or co-factors that *augment* (or *determine*) the rate of progression to AIDS" (emphasis ours). If as Gallo and almost everyone else asserts, HIV is necessary and sufficient to cause AIDS, how much sex a gay man has after infection should make no difference to his probability of progressing to AIDS. Viruses do not cause diseases only after reaching a threshold "number of times infected". Being infected once suffices. These findings only make sense in terms of their being a particular dose of a non-infectious constituent(s) of semen causing a positive test and AIDS. That is, as Peter reminded us several times, when it comes to toxins, is the dose, not the drugs that kill.

The largest, longest and best executed studies in heterosexuals are the European and the Padian studies.

In the cross-sectional European study it was found that the only sexual risk factor was "anal intercourse". Sexual practices "other than anal intercourse...were not associated with infection of the partner".

In Padian's 1987 cross-sectional study of male to female transmission, "Anal intercourse is significantly discriminated between seronegative and seropositive women". In this study the only risk factor was "The total number of exposures to the index case (sexual contacts with ejaculation and the specific practice of anal intercourse)".

The epidemiological evidence was interpreted by the "HIV" experts as proof that AIDS is caused by a sexually transmitted agent, namely a new retrovirus which they discovered in 1983/84. As a consequence they advocated and still do advocate "safe sexual" practices with "Infected" individuals. They ignored the fact that for an agent to be sexually transmitted it must be transmitted bidirectionally.

Some dissidents denied any relationship between sex and AIDS. Many, including you still do. This led to the labelling of dissidents as dangerous and gave the HIV experts the strongest weapon against the dissidents.

From the very beginning of the AIDS era we claimed that the MAIN cause of AIDS in gay men is semen and recreational drugs. We also gave a mechanism by which they cause their effects. This mechanism also explains the appearance of the phenomena which, wrongly in our view, are interpreted as proving the existence of a unique retrovirus, "HIV". The mechanism also led to several predictions. First, that HIV positive and AIDS patients will be oxidised. Second, anti-oxidants can be used to prevent and treat AIDS. Both predictions have been fulfilled. So much so that

Montagnier is now an apologist for the oxidative theory. He has also made it his own theory. Notably, no HIV expert ever predicted cellular oxidation would exist in HIV/AIDS patients. That is, oxidation was not predicted by the HIV theory of AIDS. *Quo vadis* David Crowe? Our theory is good enough for Montagnier but not good enough for the dissidents? The fact that a positive antibody test and AIDS are directly related to passive anal intercourse and gut injury was interpreted by us that their cause is some factor(s) already present in the gut or introduced during sexual contact which is then transferred into the blood stream. Scientists including Marmor and Padian reported conclusive evidence that “the total number of exposures to the index case (sexual contact with ejaculation)” is the risk factor for seroconversion and AIDS. This epidemiological evidence, as well as the basic scientific evidence in regard to the biological effects of semen, led us to conclude that semen or one or more of its constituents is (are) a risk factor for a positive antibody test and AIDS. Since it is not the sexual act (passive anal intercourse) *per se* but the total NUMBER of this sexual act that determines these outcomes, it means that sexual orientation is not the risk factor (anal intercourse is practised by a much larger population of heterosexuals than homosexuals) but the frequency at which it occurs. In other words, we disagree with those who claim there is no relationship between sex and the acquisition of a positive antibody test and AIDS. We also disagree with the HIV experts who claim any number of passive anal intercourse, even one, can lead to the development of AIDS. In our view AIDS is like anal and cervical cancer. The effect is not the result of the act itself but its high frequency. Again, it is not the drug but the dose that kills.

Be this as it may, the evidence of a direct relationship between high frequency of receptive anal intercourse and gut trauma on the one hand, and a positive antibody test and AIDS on the other, is so overwhelming it cannot be ignored. A theory which cannot account for all the facts is not a theory.

In a 2000 interview Gallo said: “I think the reasons Duesberg sticks to his theories are purely personal. As soon as he is forced to drop one argument, he just picks up another one. And Eleopulos’s theories are just off the wall. I cannot think of any disease – remember I was a physician before I was a researcher – where we know more about the cause than with AIDS. Short of seeing someone run over by a car, you’ll never be more certain as to the cause of a medical problem”. Yet, when he was further pressed and asked “How much truth is there in this [oxidative] idea”, he replied, “Oxidative stress is a real phenomenon. Many of my patients take anti-oxidants like n-Acetyl Cysteine (NAC). They can help; but they are not a cure”. Unbelievably, in court Gallo said he had never heard of either EPE or VFT. In fact, in our evidence in chief we testified we corresponded with him. In September 2003 we emailed Gallo and asked if he was aware of Djamel’s Pasteur Institute interview of Montagnier. We particularly wanted to know what he thought about Montagnier’s lack of retroviral-like particles and purification and how it is possible to distinguish between retroviral and cellular proteins and nucleic acids without purification. Gallo’s terse response was: “Montagnier subsequently published many EM pictures of purified HIV particles, as, of course, we did in our first papers. You have no need of worry. The evidence is obvious and overwhelming”. (Gallo’s “first papers” and none since have electron micrographs of density gradient banded material (“purified HIV particles”).

In April 2005 Gallo sent VFT a copy of his book *Virus Hunting*. Gallo annotated the title page “To Dr. Val Turner, with my best wishes, Bob Gallo 4/05” In his response to

Celia's article in *Harpers* he personally criticised VFT. But once again, thanks to you, we were not given the opportunity to respond.

In our first contribution to the Duesberg softspot email 20/3/2008, that is, a year ago, we asked you two questions.

"Our questions are:

- Since the "HIV" experts, including Montagnier and Gallo, admit:
  - to prove the existence of a virus, it is necessary to purify the particles and to show that they have unique RNA.
  - To date, no "HIV" experts including Montagnier and Gallo, have proof of purification and admit that there is no unique RNA.

why should the dissidents give to the "HIV" experts that which they admit they do not have and debate with half-truths?

- It is possible for the dissidents to be proven correct by debating with half-truths?"

After a reminder you responded on 31/3/2008: "I do plan to respond comprehensively to this. Unfortunately this has come at a very busy time for me, and obviously I need to put extensive thought into a response".

Despite our repeated requests we still await your response. These are straightforward questions of pivotal significance for the dissident movement. Is your tardiness because (i) the answers require much scientific knowledge; (ii) the answers are obvious but run contrary to vested interests; (iii) other reasons? Regardless of any excuses, how can the movement achieve its goal when the leader is either unable or unwilling to answer such crucial questions?