**Why is the American public being told there is no cure for AIDS… *when there is?***

***How a proven cure for AIDS -- discovered more than 40 years ago by a young PhD medical researcher – is being denied and suppressed by the medical/pharmaceutical establishment in order to maximize profits***

By Stephen Brown

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Today, AIDS is still a major epidemic, killing more than 17,000 Americans every year. So if a proven  cure really exists (and it does!) why isn’t it big news? Why are the pharmaceutical industry, the American Medical Association, the federal government, and mainstream media all conspiring to deny that such a cure exists?

A cynical person might say it is because *treating* AIDS patients (i.e., mitigating their symptoms, but not curing the disease itself)  is very profitable, whereas  *curing*  patients so they no longer *need* treatment, is not profitable – because it eliminates a huge revenue stream.  How huge is  that revenue stream?  At an average yearly cost of $39,000 per patient for drugs, treating the 1.2 million Americans who currently suffer from AIDS adds up to $40 billion a year for the pharmaceutical industry. And that doesn’t even include doctor fees and hospital costs, which could double that amount.

So perhaps it is not surprising that those who profit from treating AIDS would not welcome a cure that might deplete their bank accounts by as much as $80 billion a year. Which is why 17,000 Americans will be dead within the next 12 months, even though  many could be totally cured – and 100% HIV-free --  paying $39,000 a year for AIDS drugs. And without risking the life-threatening reactions that  those dangerous antiviral drug treatments can impose on AIDS sufferers.

**Who is the man who discovered a cure for AIDS – and what happened when he brought his cure to the attention of the medical profession?**

The story of a young medical researcher, a PhD graduate named Gary Null, who discovered the cure for AIDS more than 40 years ago – only to see his life-saving discovery denied and suppressed by the medical and pharmaceutical establishment -- is a shameful episode in medical history, which has resulted in needless agony and death for more than 675,000 Americans *who did not have to die*.

Isn’t it finally time to rescue America’s more than one million AIDS sufferers from the threat of slow and painful debilitation and death that they must confront each and every day of their lives.?

**How AIDS exploded into an epidemic that killed 675,000 Americans who did not have to die**

During the end of the 1970’s, when the Center for Disease Control reported that San Francisco resident Ken Horne was identified as the first confirmed patient with AIDS, large numbers in  the Gay community were already exhibiting symptoms that would later be attributed to AIDS and an HIV infection. During the early and mid-1970s, hard partying with recreational drugs and unprotected sex became a way of nightly entertainment for a very small segment of the gay communityas well as a small percentage of the heterosexual community known as “swingers”. This stressful lifestyle became known as fast-tracking, and was accompanied by  a precipitous rise in serious immune-compromised illnesses.  Gay men would consume large quantities of alcohol, experiment with a wide variety of drugs, including the over-the-counter  ampules of amyl nitrite (popularly known as “poppers”) and  might have sex with multiple partners in a single night. These sessions  could  last into the wee hours of the morning, and many men were seriously sleep-deprived and malnourished. Following a day's work at a job, this nightly routine would then start over again.

It was among this segment of the population, whose immune systems had been compromised by continuous drug-and alcohol abuse, sleep-deprivation and debilitating lifestyle choices, that HIV infection was able to spread and progress to AIDS through multiple sex partners. And as thousands began to die from this mysterious epidemic, the panic spread – because there was no known treatment or cure.

**Then, one day, people began telling each other about a remarkable clinic on Manhattan’s Upper West Side … where AIDS patients were *not* dying!**

Between 1988 and 1995, a small, yet nevertheless remarkable project was underway at the Tri-State Healing Center on Manhattan's upper West Side to treat HIV-positive and AIDS patients. AZT had recently been launched and overnight became the first line of defense and treatment for AIDS.  At the same time, horrid images of dying patients and large public gatherings to honor the dead were appearing over television screens.  As one of the tri-state area's most listened-to radio broadcasters and experts on  emerging alternative medical therapies, Dr. Gary Null, with a PhD in nutritional health, had over the years developed a large network of relationships with physicians and health practitioners who regularly listened to his program. Before mass public fear over AIDS took hold of the nation, Null had already become deeply aware of the unusual symptoms  afflicting a growing number of gay men and “swinging” men and women who were seeking private physicians for medical attention and treatment.

One of the more common symptoms was  a life-threatening,  opportunistic lung infection called pneumocystis carinii pneumonia or PCP that was attributed to individuals with weakened immune symptoms. PCP is extremely rare for people with normal immune functioning. The illness is usually associated with patients on chemotherapy or other drugs known to depress immune function, as well as dangerous street drugs such as crack cocaine, which started to appear on the streets of Los Angeles, Miami and New York in 1981. Often the illness appears in children undergoing cancer treatment for leukemia. Therefore, when PCP was being reported among otherwise healthy adults, a red flag was raised that something was awry.

During the late 1980s and early 1990s – the worst years of the AIDS epidemic, the highest rate of deaths -- Dr. Null treated 1200 individuals with AIDS defining symptoms through the Tri-State Healing Center that Null had founded on Manhattan's Upper West Side. As public awareness about the therapeutic value of alternative approaches to health and wellness increased, a growing number of individual doctors and groups within the scientific community were calling attention to the benefits of an integrative approach to AIDS. The alternative AIDS health scene was being born at the Tri-State Center.

Dr. Null's natural protocols for treating and curing AIDS were and still are in total opposition to the  drug-based HIV treatments that hold dominance today – yet  his successful results cannot be denied. Regardless of whether the private medical industry and the federal health agencies refuse to recognize a drug-free therapy or not, if such a treatment is shown to produce positive results, it should not be explained away as a placebo effect -- or worse, stigmatized  as pseudoscience and quackery. Yet opposition and disdain from the medical and pharmaceutical establishment were the responses  to Null and other physicians who deployed  alternative therapies to treat early AIDS patients.

Certainly, the AIDS epidemic in the 1980s and 1990s launched an enormous scientific research and discovery effort to identify how the body's immune system operates when challenged by a serious and largely unknown viral infection. As a result, today we have a far greater understanding about the immune system.  Unfortunately, the pharmaceutical approach to treating viral infections, notably HIV, has been single-minded and has adhered to a one-size-fits-all course of treatment. In the case of early HIV antivirals, it was additionally a race as to whether the virus could be defeated before the drug killed the patient.

When the first signs of what would eventually be termed AIDS were appearing in physicians' offices, patients also frequently had other co-infections aside from weakened immune systems, including hepatitis B, non-A non-B hepatitis (which Dr. Bill Rutter at UCSF would eventually sequence and identify as hepatitis C in the early 1980s), cytomegalovirus, Epstein Barr, coxsackie virus, mycoplasma and yeast infections, herpes, syphilis and gonorrhea. But before the arrival of the first antiretroviral drug AZT in 1987, physicians and health practitioners were forced to prescribe only the treatments in their medical tool boxes. Orthodox doctors were the least successful. Antibiotics, steroids, and other medications were prescribed like candy on top of the culture's widespread recreational drugs use. It was largely an effort performed in the dark. Were the debilitating conditions of these patients due to a new virulent strain of one of these other infections or was it something altogether new and novel?  Nobody knew for certain before the French Nobel laureate Luc Montagnier at the Institute Pasteur identified a virus that was named lymphadenopathy-associated virus or LAV (later renamed HIV) as the likely causative culprit for AIDS in 1983.

Although heralded as a hero in his discovery of HIV, Luc Montagnier would eventually become a pariah for breaking away from the politically-correct interpretation of HIV infection. [He argued](https://www.chicagotribune.com/news/ct-xpm-1992-05-29-9202170885-story.html) that far too much attention was focused on the HIV virus rather than investigating other cofactors such as other viruses, bacteria and especially mycoplasmas that may be amplifying HIV's adverse effects. After tracking a group of HIV-positive and AIDS-free patients for 10 years, Montagnier stated, "We can no longer say that HIV infection is always a death sentence." He concluded that a person could be HIV-positive his entire life and not develop AIDS because the virus does not act alone. He also suggested that these mycoplasmas, often smaller than other bacteria and often harmless, may become virulent from the overuse of antibiotics, which create "killer mycoplasmas."

[During an interview](http://www.healthy.net/Health/Interview/Antioxidant_Nutrients_and_AIDS_Exploring_the_Possibilities/187) for *Whole Foods Magazine*, Montagnier noted four factors that contribute to HIV's AIDS-like symptoms when they are pooled together:  the presence of the virus, hyper activation of the body's T-cell receptor immune response, the presence of other sexually transmitted diseases such as syphilis, gonorrhea and cancroid, and behavioral patterns acting as cofactors that may include poor nutrition, over consumption of alcohol and recreational drugs and physical and emotional stress.  One important cofactor is oxidative stress, which Montagnier observed in "higher free radical production in stage II of HIV infection.

Although Montagnier supported the antiretroviral drug regimen, he also felt antioxidant supplementation was essential. His later research included evaluating complementary natural protocols alongside retroviral drugs, including the use of N-acetyl cysteine, beta carotene, Vitamins C and E, superoxide dismutase (SOD), metallothionein and various plant extracts. He is also on record for emphasizing the enormous role healthy nutrition plays for warding off AIDS-like symptoms while being HIV-positive. When asked by filmmaker Brent Leung in his documentary *House of Numbers* whether HIV could be treated naturally, [Montagnier replied](http://aras.ab.ca/articles/popular/20091201-Montagnier.html), "I would think so... It's important knowledge that is completely neglected. People always think of drugs and vaccines."

**Pharmaceutical vs Natural Treatments for HIV/AIDS**

Long before Montagnier came around to question the AZT strategy as the only effective treatment, Dr. Null and his colleagues had been utilizing antioxidant therapies, notably intravenous glutathione and Vitamin C, as a primary defense in treating AIDS symptoms.   And their successes were notable despite opposition by “official” medical voices, and the many hostile articles they paid to appear in mainstream media.

Conventional medicine then and now has remained largely in denial over the benefits of treatments that don't require a pill or scalpel. The only difference between practitioners of natural medical therapies and conventional physicians is that the former make efforts to treat patients by drug-free, non-toxic methods. Practically every drug on the market has its adverse effects, and this was especially true for AZT, which was  one of the most toxic drugs ever developed by the pharmaceutical industry. At the time of its invention, it was observed to be so toxic – so  lethal to humans -- that it had to be abandoned and shelved. [Dr. Jerome Horowitz](http://time.com/4705809/first-aids-drug-azt/) who developed the compound would later state "it was a terrible disappointment... we dumped it on the junk pile. I didn't keep the notebooks." In fact, it was not even worth patenting.

Wikipedia notes that AZT or azidothymidine is "the most effective and safe medicine needed in a health system." The World Health Organization lists it as one of the "essential medicines" of our time. But does AZT really deserve this praise?  Based upon the [manufacturer's list of warnings](https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019910s033lbl.pdf), AZT is anything but safe and its efficacy remains questionable, unless one was to completely redefine the meaning of "safety." The list of the drug’s adverse effects includes:

·       Hematologic toxicity to bone marrow reserve

·       Aplastic and hemolytic anemia and neutropenia

·       Rapid reduction of hemoglobin

·       Pancytopenia or reduction in red and white blood cells and platelets

·       Myopathy and myositis with pathological changes

·       Lymphadenopathy, an inflammatory disease of lymph nodes

·       Lactic acidosis and severe hepatomegaly with steatosis (abnormal retention of lipids that affect the liver), including fatal cases

·       Impairment of body's ability to eliminate triglyceride fat

·       Pancreatitis

·       Increased Creatine Phosphokinase (CPK) that can lead to heart attacks

·       Cardiomyopathy

·       Hepatic decompensation -- the development of jaundice, ascites, variceal hemorrhage, or hepatic encephalopathy

·       Immune Reconstitution Syndrome - a paradoxical clinical worsening of a known condition or the appearance of a new condition after initiating antiretroviral therapy in HIV-infected patients

·       Rhabdomyolysis - a severe syndrome resulting in the degeneration of muscle fibers that can lead to renal failure and death

·       Stevens-Johnson syndrome - serious skin disorder associated with a drug reaction that has flu-like symptoms and blistering of the skin and requires hospitalization.

Other less life-threatening side effects include asthenia, fevers and headaches, malaise, loss of mental acuity, seizures, anorexia, mascular edema, constipation or diarrhea, coughing, rhinitis and sinusitis, skin rashes, hearing loss, photophobia or an intolerance to light, nausea and vomiting.

The manufacturer [admits on its package](https://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019910s033lbl.pdf) insert that AZT causes AIDS:

"It was often difficult to distinguish adverse events, possibility associated with the administration of Retrovir [AZT] from underlying signs of HIV disease or intercurrent illnesses."

AZT was clearly not the only recourse for treatment. Death rates skyrocketed during the years immediately after its release. The British newspaper [*The Independent*reported](https://www.independent.co.uk/arts-entertainment/the-rise-and-fall-of-azt-it-was-the-drug-that-had-to-work-it-brought-hope-to-people-with-hiv-and-2320491.html) on the personal experience of a gay Englishman, Michael Cottrell, who was among the first patients to take AZT in 1987. AZT offered hope, albeit largely illusory, with a slight promise that HIV-positive people could live a bit longer. However the drug made Cottrell far worse than before. The newspaper reported,

"Cottrell still has boxes of AZT capsules at home. He gave up on it after several months, because he couldn't stand how ill he was feeling on the drug; he felt as though his immune system was being damaged rather than strengthened; he believed he had never encountered a drug as toxic as AZT."

Cottrell's story is not an isolated event. Numerous patients had been reporting similar experiences. Many couldn't continue the drug and had to stop taking it. Unfortunately these accounts were almost completely ignored by the medical establishment and especially the pharmaceutical industrial complex which had a colossal revenue opportunity as the epidemic worsened.

Studies were published that challenged the CDC's and the British health ministry's commitment to AZT therapy. The British-French Concorde study was perhaps the largest AZT clinical trial ever conducted at that time and enrolled 1,749 patients over a three-year period. Rather than focus on patients displaying serious AIDS symptoms, it included patients testing positive for HIV but who had yet to display symptoms. The participants were roughly divided equally to receive either AZT or a placebo. The results were significant. Among the AZT group there were 169 AIDS-related deaths but only 3 deaths in the placebo group. The AZT group also showed a lot more adverse effects. Although T-cell counts improved among those receiving the drug for a short period time, it eventually reduced CD4 cell counts below levels before starting the regimen. The study concluded that AZT was a waste of time.

Medical journalist [Celia Farber later reached out](https://www.virusmyth.com/aids/hiv/cfberlin.htm) to the chief scientist behind the Concorde trial, Dr. Ian Weller, who expressed his exasperation as follows: "We've carried out this study against incredible adversity,” and much of this came from the executives at Burroughs Wellcome, the British pharmaceutical giant that created AZT, and whose anticipated profits from its sale (patients had to pay as much as $8,000 per year for the drug!) were estimated at many billions of dollars. In fact, the day that AZT received approval to treat AIDS, Wellcome PLC stock jumped 32 per cent on the London Stock Exchange.

Much has been written and can still be written about the dismal early failures of retroviral treatment with a drug that had so little scientific support to validate its efficacy and safety. Another problem was that rising death rates being recorded and directly associated with the disease were not being distinguished from AZT toxicity, notably renal and liver failure. It was already known that the drug could produce AIDS-type symptoms. With AZT being overly prescribed, [mortality rates leaped](http://www.factlv.org/timeline.htm) from 4,885 in 1988, a year after the drug was being launched, to 14,500 in 1989. Rates continued to climb steadily as new nucleotide reverse transcriptase inhibitor drugs entered the market. The mortality statistics reached their peak in 1995 at over 48,000 deaths in the US alone.

The more important point is that the medical community was both at loggerheads and impatient to find a way to treat the growing number of patients coming down with AIDS-related symptoms. Dr. Null and his colleagues, notably Dr. Stephen Caiazza, a gay New York City physician who had been struggling to treat persons with severe AIDS symptoms since the late 1970s, were employing whatever means they could. During the peak years of mortality in the early and mid-1990s, Dr. Null was treating over 1,200 AIDS patients. As with the conventional drug establishment, alternative physicians' work was also largely experimental because nobody, even within the federal health agencies or the American Medical Association, had any idea of what they were up against. Therefore the Tri-State Healing Center should be commended for the enormous pioneering efforts it made to treat AIDS patients naturally and often free of charge or at cost.

Not all of the patients coming through the Tri-State Healing Center tested positive for HIV; nevertheless they presented severe AIDS-defining symptoms. Null shared a HIV-AIDS hypothesis held by Dr. Chris Calapai, a New York board certified physician who adopted natural therapies and went on to become a medical consultant for the New York Rangers hockey team. Calapai held the view that HIV triggers "a self-destructive immune response, for which appropriate models may be found in graft-versus-host disease (GVHD), certain autoimmune disorders, and some animal viral infections."  In other words the HIV virus provoked an immune response to destroy part of the immune system thereby lessening the body's ability to fight other infections. This view confirms Null's observations in many of the Center's patients who had symptoms of full-blown AIDS as well as a long history of other bacterial and viral infections, most being sexually transmitted.

The Center's protocols included botanical and medicinal herbs, naturopathic remedies, intravenous drips of the antioxidants glutathione and Vitamin C in addition to oral supplementation, oxygen and ozone therapies, detoxification regimens, stress reduction and behavior modification techniques, and most were following a plant-based diet. Unlike the conventional philosophy for treatment at that time, Dr. Null and his colleagues were not simply trying to stage a war against a virus with pharmaceutical drugs; instead their approach was to restore and increase patients' natural immunity in order to strengthen the body's own defense mechanisms to fight the infection. Moreover, by 1993, it was already certain, without any reasonable doubt, that the antiretroviral drugs were linked with a long list of serious adverse effects, including severe anemia, acute liver toxicity, renal failure and death. To support the medical efficacy of these natural interventions, the peer-reviewed medical literature was also collated and on-hand during the press gathering for easy reference.

Luanne Penesi was a senior nurse administrator for adult medical units in geriatrics, hematology, neurology and oncology at one of New York's leading medical hospital centers. She started to visit the Center for her own poor health conditions, which included hepatitis, chronic fatigue, systemic yeast infections and pre-cancerous breast cells. As a Center patient she had many opportunities to witness what was occurring with treatingh AIDS patients. During a radio broadcast, she shared her experience and her personal awakening from the gross failures of the dominant drug-based medical model she had committed herself to throughout her early career.

"After several months I saw people completely serdeconverting and reversing AIDS. In conventional medicine when a person is diagnosed with AIDS or cancer, we want you to be afraid so you will do whatever we say. But these people [at the Center] were all managing their diets, all were on plant-based diets. They were taking herbs to detox their liver, taking immune enhancing herbs, and supplements. And they were all very excited and very optimistic and hopeful. It was a completely different picture for me of people with AIDS. I watched these people's lab counts improve significantly over time. Then I saw them do bio-oxidative therapy. Viruses cannot live in a high oxygen environment. So when you flood the body with oxygen like bio-oxidative therapy, you are killing off viruses in large proportions. It was a completely new ball game for me. If I had not seen the lab results with my own eyes, I probably would never have believed something like this was possible. And during my time there I saw no less than 8 people completely reverse AIDS. I had never seen this in the medical community in the hospital. Not only did I see people with AIDS serodeconvert, but I also saw people with many viruses -- hepatitis, herpes, Epstein Barr, coxsackie virus, mycoplasma. I saw all these people serodeconverting and getting happier and healthier. It was an empowerment model."

The late Dr. Elena Avram, a former fellow in the AIDS and Cancer department at the Institute of Applied Biology, worked closely with Null at the Center when it was inundated with AIDS cases. Dr. Avram witnessed and reviewed the records of HIV patients who Null serodeconverted to negative. In a letter sent to Dr. Null before her passing in 2019, she reminisced that for the group of patients who turned sero-negative, "all the infections disappeared and they were HIV and AIDS free. I briefly met one of those patients recently and she was still healthy today."  From Dr. Avram's experiences in Zimbabwe and observing the results of antiretroviral drugs such AZT on AIDS patients the results made her conclude that "there were a lot of people who first had good results but after that they collapsed. Because not only were [the drugs] not controlling the virus but it was also depleting the last of the immune system that was left in them." Suffice to say, if such results were reported for retroviral drug treatment, it would have made major headline news.

It would be disingenuous to not note that during the past 34 years since retroviral medications were started for the treatment of AIDS, there have been instances of patients sero-deconverting to HIV-negative. [A paper published](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2577775/) by Thailand's Ministry of Public Health, "Serodeconversion of HIV Antibody-Positive AIDS Patients Following Treatment with V-1 Immunitor," and published in a 2008 issue of the *Journal of Biomedicine and Biotechology*, reported serodeconversion. Only more recent years were reports of two patients, on with acute HIV infection and one in an early stage, who serodeconverted. Another study involving Chinese herbal preparations revealed serodeconversion of 8 AIDS patients, and the earliest report in the peer-reviewed medical literature involved administration of low dose oral intereron that serodeconverted 18 of 204 patients. However, years before these achievements were made, incidences of serodeconversion were witnessed at the Tri-State Center.

Dr. Avram was fully aware of the controversy such results would bring to the Institute's future funding. She wrote, "I remember when I met with the director and the Institute board members one evening to request that these successes be made more public. They decided to remain silent because it might jeopardize funding. This work was not based on patentable drugs and the advisory board said it would only draw negative attention because it was contrary to standard drug treatments." Shortly thereafter, Null was awarded the honor of becoming an Institute Research Fellow, the youngest person to have received the honor.

David is still alive today after having been diagnosed with AIDS in 1988. After treatment at The Center, he converted to sero-negative. Ever since there has been no trace of HIV in his blood exams. In his testimonial, David begins with the hope that "people will listen to my story and start to reject the dominant paradigm which says that the only way to deal with HIV infection is with tons of toxic drugs for the rest of your life."  Originally he was on the front-line with the AIDS activist organization ACT UP, which was fighting for more funding to research conventional pharmaceutical drugs.

David was a particularly serious case. In addition to being HIV-positive he had histoplasmosis, idiopathic CD4 lymphocytopenia, anemia, Kaposi sarcoma, malabsorption syndrome and co-infections of cytomegalovirus, herpes, Epstein Barr, toxoplasmosis and pneumocystis carinii pneumonia. Seven of his 21 other diagnoses were each potentially fatal. His mother was a regular listener of Dr. Null's radio broadcasts and convinced her son to go to The Center to begin intravenous Vitamin C drips and ozone therapy. There, Dr. Null created a protocol implemented by the medical staff.  David also became a vegan, started juicing daily, and joined Null's running and walking club. He later ran in the New York City Marathon.

After his experience at the Center, David noted that in the early days of the AIDS epidemic "everyone who went on the drugs died. They didn't die from HIV; they didn't die from AIDS; they died from AZT toxicity."

The Center's policy was that anyone from the medical community was welcome to visit and observe the facilities and the treatments offered. Among them was Doug Henderson, an African American attorney and journalist Henderson first visited the Center to receive intravenous Vitamin C treatments for his personal health. He had been visiting a couple times a week to privately investigate the validity of the remarkable claims coming out of the Center. He recalls,

"AIDS back then meant death but not today. Since 1977 I had been listening to Gary Null and he started talking about AIDS in the mid-1980s... He had on his program people whom he said had serodeconverted, meaning they were HIV positive and went negative, or they had full blown AIDS and subsequent blood tests revealed there was no trace of HIV or any of the other 29 co-factors that at that time compromised AIDS. I found that hard to believe... I went to his Center really on a reconnaissance mission. I wanted to find out if what Gary said was really true because there are a lot of hustlers out there. I needed hard proof. Then one man said he had had the HIV virus but didn't have it any more. I found that a little hard to believe. As time went by 5 or 6 people told me the same thing.... [Later] Gary took me into his office and showed me 5 or 6 medical records and I could see that according to the records they had no trace of HIV in their system... It was remarkable the work they were doing at the Tri State Healing Center."

The Center also served as a very informal training ground, as it were, for medical physicians to visit and observe for themselves the natural treatments being used and to speak with patients about their experiences. Among them was the late San Francisco Bay physician Dr. Robert Cathcart, an orthopedic instructor at Stanford University and pioneer in orthomolecular medicine. Cathcart adopted Null's protocol, including high dose intravenous infusions of Vitamin C and the free radical scavenging antioxidant glutathione.  Cathcart later claimed to have never lost an HIV-positive patient with this treatment.

**A Natural Cure that Mainstream Media first ignored, then tried to bury**

As patients began to make major improvements, one spoke up to explain that in addition to his own progress in combating AIDS naturally, he knew of other individuals who were using more natural and holistic modalities all across the country and that the world was utterly deaf to this. The world only knew the official AIDS treatment: AZT. He and other people being treated at the Center all feared the mainstream treatment because they had seen how their friends and partners had died or become extremely sick using these aggressive drugs. And yet, the natural modalities had been effectively shunned from public discourse on AIDS. So it was at their urging that a comprehensive press conference be held to invite as many journalists from the mainstream and independent media outlets to learn about the remarkable progress to treat individuals who were HIV-positive and/or afflicted with AIDS conditions. Preparation for the conference took almost a year of research, networking, and promotion.

What should have been an historical press conference was announced to the public on three separate occasions. A leading public relations firm was hired to help turn it into a momentous event.  Over 100 AIDS patients convened with their private medical doctors and medical records in New York City. The majority of the physicians were not directly connected with Null's Tri-State Healing Center. Doctors came from France, Japan and the UK. Among the many patients who were being treated for AIDS conditions with natural protocols, these 100 men were chosen because of the extraordinary results observed over a 12-month period with their blood exam results, viral load, and CD4 and CD8 cell counts.

In each of the hundred cases, the patient showed steady improvement without signs of relapse. Moreover, none were on the conventional AZT drug regimen or other drug cocktails that were being regularly prescribed.  Instead they were being treated with a variety of different non-drug alternative treatment protocols based upon their personal medical histories and lifestyles.

There was a great deal of experimentation taking place at Null's Center. It can best be thought of as a patient laboratory because there was no single medical protocol that was used for all patients. On the other hand, some treatments were standard for those showing the most severe symptoms and the worst cell counts. This included weekly intravenous infusions of high-dose vitamin C and glutathione. Other essential treatments included radical dietary changes and incorporating stress reduction practices in patients' daily routine.

To the surprise of Dr. Null, the Center's AIDS patients and their personal physicians barely a person showed up for the press conference from the 7,000 invitations sent to the press, medical associations, university medical departments, state and city health officials, nonprofit organizations and AIDS groups. The invitations had been sent on three separate occasions because Null and his colleagues, as well as the patients, believed this could mark an historical breakthrough for treating HIV-positive patients. According to Null and other event organizers, it seemed evident that a concerted effort had been made to boycott the presentation in order to marginalize its significance.  And significant it was -- not only for giving scientific evidence that AIDS can be treated by natural and non-toxic medical protocols, but also for the important role and respect non-conventional medicine should have in our society.

Unfortunately federal, state and city health officials had already made a firm decision that the only effective strategy to combat the AIDS epidemic was the pharmaceutical route. AZT had already been designated as the treatment of first-line defense. Therefore it was incumbent upon government officials, the National Cancer Institute and the medical establishment to marginalize all competitors offering safer and more effective methods. Oddly President Reagan, who had been mute about the epidemic up until the public announcement of AZT, made his [first public speech](http://www.factlv.org/timeline.htm) calling AIDS "public enemy number one." And the mainstream media was completely on board with perpetuating this fallacy.

As a result, the press conference was largely unattended. The mainstream and even the alternative press were absent. Patients spent the entire afternoon orally presenting their own testimonials, showing their records and having their physicians speak about the remarkable improvements they observed; but the data and results largely remained a secret from the rest of the medical community and public. A panel was created that included then State Senator David Patterson, who would later serve as New York's governor. Patterson stated there should be other approaches for treating AIDS. Fortunately the testimonials and conversations of the event were recorded and preserved.

This story would be sorely lacking without mentioning a few media personalities, especially within the Black American community, who exhibited journalistic integrity and an open, inquisitive mind that is absolutely critical for accurate, balanced, and unbiased reporting of events, discoveries, and news that have helped shape the nation since its founding. Today's mainstream media is a ghostly perversion of the entire profession of reliable journalism.

**HIV/AIDS and the Black American Experience**

What is missing from the historical narrative of the AIDS story is the open-mindedness of Black physicians and community leaders who sought and found alternative treatment outside the toxic drug paradigm of the medical establishment. As the HIV infection spread, infecting more people, the African American community was especially hard hit. However, this went widely unreported in the mainstream media, which otherwise characterized AIDS as a "gay cancer" that later spread into the larger heterosexual population. There are likely many reasons for this silence and the failure of government health officials to take appropriate action to address the seriousness of the AIDS epidemic that ravaged the Black community. Even today, the [*CDC's HIV Surveillance Report*](https://www.kff.org/hivaids/fact-sheet/black-americans-and-hivaids-the-basics/) of 2018, notes the enormous discrepancies in HIV infections based upon race. In 2017, there were over 1.1 million Americans living with HIV, however 43 percent or approximately 468,800 individuals, were Black. This rate is 8 times higher than that of Whites, despite Black Americans accounting for only 12 percent of the US population. The rate for Black men was even higher at 77.6 percent, and Black women had the highest rate among women, at 24.9 percent. Although rates have been steadily declining for all racial groups, Black men and women, [according to](https://www.kff.org/hivaids/fact-sheet/black-americans-and-hivaids-the-basics/) a Kaiser Family Foundation review, continue to rank "higher than for their respective counterparts in any other racial/ethnic group."

Besides the fact that Black Americans had been hit especially hard by the AIDS epidemic and increasing rates of infection, this was largely being ignored by health officials, the media and AIDS activist groups, such as ACT UP, in the gay community. They too were seeking answers and treatments. But unlike the gay activist organizations, who would eventually receive support and funding from AZT's manufacturer Burroughs Wellcome to channel infected gay men towards drug treatment, similar concern and care does not seem to have been directed towards Blacks.

HIV infection had been increasing dramatically in the African American community. Since Black Americans gradually took on the burden of representing an increasing percentage of HIV-positive cases, Null's Tri-State Healing Center eventually became a lively gathering spot for HIV infected Black Americans who were undergoing treatment, received counseling and meeting in health support groups. When the Center first opened its doors, only a handful of Black AIDS patients would visit. The Center had a seven-day a week open door policy and remained open until midnight. Patients were consulted by a staff of doctors, nurses, dietitians, other alternative health practitioners and counselors. There were no restraints on cost for treatment. Null always had a large African American listenership during his radio broadcasts. It started when medical doctors in Harlem began to refer the Center to their patients. The first few HIV-positive Black men eventually returned to robust health. Five years later approximately half of the Center's patients were Black. The Center was frequented by soul singer Isaac Hayes and social activist Stokley Carmichael who lent their presence to provide additional support to patients.

Oddly, it was the Black American journalists and news reporters who made the courageous and concerted effort to investigate and report on the remarkable success stories coming out of the Center. As noted above, AIDS was ravishing Black communities. All of New York City's premier magazines and newspapers -- such as the *New York Times*, *The New Yorker*, *Wall Street Journal*, *Esquire*, etc. -- as well as the popular radio and television outlets, remained in their habitual trance over the official voices coming out of Washington's federal citadels aligned with the pharmaceutical industry. Nor did anyone from the city's health commission appear.

Doug Henderson, mentioned above, invited Bill Tatum, chief executive and publisher of the *New York Amsterdam News*, which served New York's Black American community. Tatum would make regular visits to the Center. He made efforts to query patients, hear their testimonials and examine the medical records to acquire both personal and scientific proof as to whether the Center's pioneering therapies were more beneficial and effective than what was being prescribed in conventional doctors' offices. Tatum would later procure the famous Apollo Theater in Harlem. Null and several Black American physicians who had witnessed the Center's protocol successes and had validated their medical legitimacy spoke before packed audiences for three consecutive evenings. Yet despite the remarkable praises for Null's work in the Black press, the *New York Times* and other metropolitan media sources were silent. A similar event was held at New York's Roosevelt Hotel Ballroom with an equally packed audience, including many who were suffering from AIDS and who had received treatments at the Center.

Years later the Harlem Health Foundation would award Null and three other community activists with special honors of service. For Null the Harlem organization recognized his work to tackle the AIDS crisis within the Black America community.

Henderson was also a close friend of tennis star champion Arthur Ashe. Ashe was HIV positive, which was believed to have acquired from a blood transfusion while undergoing heart bypass surgery. Henderson provided Ashe with copies of the medical records of Null's patients who had serodeconverted and asked him if he would be willing to try an alternative protocol. Ashe replied he "would be crazy not to." Yet Ashe remained committed to antiretroviral drug therapy. On the last occasion he spoke with Null, he said that he would have preferred to adopt a natural protocol but didn't want to disappoint his doctor. Ashe died in 1993 from AIDS-related pneumocystis carinii pneumonia.

Other Black American journalists who were unafraid of ridicule and invited Null on their programs to discuss natural treatments against AIDS were Emmy Award-winning Bill McCreary from New York City's Channel 5 and radio broadcaster Earl Caldwell, who rose to fame as a *New York Times* journalist after reporting from within the Black Panther organization. McCreary twice had Null on his program, one time with a couple who were once dying from AIDS but completely reversed their conditions at the Center. Caldwell would later write an article for the *Daily News* entitled, "Doc: How Ashe Could Have Evaded AIDS," and acknowledged Null's work.

But the most noteworthy Black American journalist who made a brave decision to investigate the extraordinary results at the Center was the legendary Emmy Award-winning television personality Tony Brown, host of the long-running syndicated PBS program *Tony Brown's Journal*. Brown was one of the pioneers in HIV/AIDS journalism who was unafraid to ask the difficult questions that challenged the medical orthodoxy at that time. He was also recognized as one of the nation's leading Black intellectuals. Brown accommodated controversial voices on his program who would present an alternative ways to understand society's challenges and crises.

Brown heard about Null's treatments from Arthur Ashe; what he heard encouraged him to undertake approximately 3-4 months of careful and meticulous investigation into The Center's AIDS patients and their medical records before becoming convinced of the treatments' scientific legitimacy. Over the next several years eight patients were invited to appear on his national television program with Dr. Null on six separate occasions. One program profiled a man named Louie, who submitted medical records showing that he experienced a life-affirming reversal of AIDS and all of its symptoms including serodeconverting positive to negative.

**Conclusions**

Because Dr. Null's has been a vigorous  critic  of  official group-think and the claim that anti-HIV drug cocktails were the only recourse for HIV-positive individuals, he has been wrongfully labeled  an "AIDS denialist" by the medical establishment, by the pro-drug AIDS advocacy organization ACT-UP, and by Wikipedia. The truth, as the foregoing amply attests, is otherwise. Null’s regarding HIV and AIDS are on record:

"Because I challenged the safety and efficacy of AZT and called into question the science behind conventional AIDS treatment, I was personally attacked as an AIDS denialist, which I categorically deny.  There is no debate that HIV exists and that it attacks the immune system. What is still up for debate is whether pharmaceutical drugs are the complete answer."

Speaking on the issue about how the term "denialist" has become politically exploited to disparage anyone who questions the cause or treatment of AIDS, Henderson has remarked,

"Denialists are people who don't believe that HIV causes AIDS. Gary never said that. If he did I would not support him on that. But what he is saying, and what the discoverer of the HIV Luc Montagnier said that it is not the sole cause. There are cofactors that contribute [to it]... At the premier of his film on *Pain, Profit and Politics of AIDS* at New York's Walter Reed Theater in 1992, Null explained to a packed house that in one study with about 5,000 people with full blown AIDS, about 50 percent of them did not have a trace of the HIV virus in their system. Therefore it could not be the sole reason for a person developing AIDS from HIV."

Unlike many of his most antagonist critics, Null was  unknowingly treating HIV-positive people *before* the virus was first identified, and then continued to do so knowingly, *after* it was identified, with similar but modified natural protocols. Unlike his opponents, he believed – and demonstrated – that there was a better and more effective way  not only to treat AIDS -- without the risks of severe adverse drug  effects -- but also to simultaneously improve his patients' lives. Today, HIV-positive patients  must consume many years of toxic antiretroviral drugs before they can wean themselves away from them, if they can do so at all. That is because all synthetic medications accumulate in the body over time and increase the potential for long-term toxic effects. Null's Center, on the other hand, was able to treat and cure some patients within a year. Unlike the scientific materialists and reductionists who dominate American medicine, Null also espoused a mind-body approach in medical intervention. The mind-body theory remains very controversial within the medical community and the chapter is far from closed. Nevertheless research during the past decade has strengthened the evidence for humans' intrinsic psychological ability to improve health and fight disease. This too has sparked further attacks upon Null and the hundreds of other  alternative physicians and researchers who have contributed important insights and discoveries into treating illnesses safely.

After  many years of helping  people with AIDS-defining conditions -- before the term AIDS appeared and after the launch of AZT -- Dr. Null has gained far more clinical experience than that of the majority of American doctors. His clinical work and counseling has resulted in over a dozen articles on living as an HIV-positive person and a 750 page reference book with nearly 100 pages about treating AIDS naturally. His documentary, *Living with AIDS Naturally: The Real Heroes*, chronicles the story of AIDS patients in the nineties  who did not respond well to orthodox therapy but improved after incorporating natural holistic protocols to their treatment programs.

Therefore, it is almost Orwellian to call Dr. Null an “AIDS denialist,” when he is the single person in the nation who has actually reversed AIDS illnesses.  This has been reported and recorded by journalists reviewing the medical records, blood exams and personal patient interviews with the very people Null treated. It was also independently validated by scientists and medical staff. No one coming through the Tri-State Healing Center ever died for the reasons they entered through its doors. Rather their health remarkably improved.

This is information that should be shared globally. But sadly,  and to the detriment of  our country's  healthcare, federal health officials, the pharmaceutical industry, AIDS advocacy organizations, the media and Wikipedia do not want this message to be heard. So they  have attempted to kill the messenger by labeling an “AIDS denier.” Ironically,  none of  the AIDS pundits or medical establishment figures who have attacked Dr. Null can claim that any of their drugs or protocols have ever cured a single case of AIDS.  This was a feat that only Dr. Null  has accomplished. Let us hope that his methods will soon be applied widely to control and stop the AIDS epidemic that claims so many American lives each year.

Stephen Brown is a journalist and activist who has contributed to Fairness and Accuracy in Reporting (FAIR), Free Speech Radio News, Mother Jones, the Freedom of Information Alliance, Alternet, and El Taller Latino Americano Cultural Foundation. He is also sits Pacifica Foundation's National Board.