

January 8, 2021

Integrated Planning Group
Ryan White Programs, State of Oregon

Re: Expansion of Ryan White programs to HCV-antibody Positives

Dear Members of the IPG and Concerned Individuals:

There is currently a movement to expand the 1990 Ryan White Act to cover Hepatitis C. As a former employee of a number of LGBT service organizations as well as AIDS service organizations in San Francisco before I quit the field in disgust, I can testify that this effort and initiative is an astroturf effort completely funded by Pharmaceutical Company beneficiaries and is predatory on the health and welfare of both racial and sexual minority persons. I have seen the cash flows personally.

A great American, Major General Smedley Butler once wrote, *“a racket is best described, I believe, as something that is not what it seems to the majority of people. Only a small ‘inside’ group knows what it is about. It is conducted for the benefit of the very few, at the expense of the very many.”* The Ryan White act is one such Racket. Most people do not realize that **the Ryan White Act is a Federal Power Expansion program, not a public health program.** In exchange for receiving funds for “AIDS services” States agree to a plethora of terms and conditions and agree to implement a number of reactionary and far-right policies and laws. That the Ryan White Act is deceptive in this manner should make good sense given its co-sponsorship by Orrin Hatch and enactment under the Administration of a former CIA director and Eli Lilly board member with a background in the Eugenics movement. A similar deceptive Federal Law is the IDEA act, which federalized special education. Racial minorities know that “special education” is often a way to exclude them from the mainstream under the cover of “learning disabilities” with the feds picking up the tab.

The enclosed article by *Gallety et al* describes how the Ryan White Act forced states to adopt **felony** criminal laws regulating the disclosure, surveillance, and conduct of HIV positive individuals. Similarly, the act expanded CDC guidelines into state public health mandates through the use of contingency grants. Very often, these guidelines are not based in science – for example, the Padian Study among others show heterosexual transmission of HIV through sex to be virtually nonexistent, hardly justifying felonious aggravated assault laws. The CDC and NIH are military organizations with ulterior motives beyond that of public health.

A quick look at the eugenics and far-right-pseudoevangelical background of current CDC director Robert Redfield who created the HIV Disease Model along with Harvard doctor William Haseltine (based on absolutely no data – as exposed by the late UC Berkeley biologist Harry Rubin and gay investigative journalist John Lauritsen) should suffice to explain the ideology behind these extremist Federal policies. Redfield has sat on the board of organizations espousing gay conversion therapy, he wrote the preface to a book condemning homosexuals as immoral and claiming AIDS was Gods retribution for their conduct, and Redfield implemented a number of unethical HIV vaccine trials in Africa resulting in numerous deaths. It is Redfield’s HIV policies written into Oregon grant agreements in exchange for receiving Ryan White funding. Similar policies are in the works for HCV expansion.

I enclose a series of articles by ABC Health correspondent Nicholas Regush from 1999 exposing the sloppy science behind the HCV paradigm. ABC News is a mainstream non-fringe publication. I have previously sent the IPG group an article by investigative journalist Torsten Englebrecht and Dr. Klaus Koehnlein, a member of South African President Thabo Mbeki’s AIDS Advisory Panel about the questionable Science behind HCV. Professors Peter Duesberg and Richard Strohman at UC Berkeley have also questioned HCV “science” and their work is published by North Atlantic Books of Berkeley and in the peer reviewed journals. All of Hepatitis C “science” is based on circular reasoning starting with the fallacy that an HCV virus is the virus that causes Non-A Non-B Hepatitis. Nowhere in the Scientific Literature is there an experiment demonstrating this conclusively or even probably. This ponzi scheme of a medical mafia is a multibillion dollar

industry that may turn into a trillion dollar industry if the Ryan White Act is expanded to throw even more government money at a false disease paradigm.

All ponzi schemes are predatory on those at the bottom, and these are patients who have been hoaxed into thinking they have a deadly virus through antibody tests that have never been validated against actual HCV in vivo or in culture. Expansion of the Ryan White Act would be eagerly embraced by crony Public Health officials who will seek out Hepatitis C positives because it increases the money that can be applied to overhead of state and local health department budgets. The rest of the money will flow to Big Pharma – especially AbbVie and Gilead Sciences – and will then be kick-backed in the form of political campaign contributions to SuperPacs by these companies. I have seen how Gilead throws its money around to corrupt and bribe executive directors of Gay Community service organizations to lie to the gay community in order to sell toxic and ineffective drugs at outrageous prices. I have seen the e-mails where Pharmaceutical executives instruct gay community leaders to censor information contrary to Gilead's false disease paradigm. Very much like Burroughs Wellcome funded the Astroturf organization ACT-UP to both wreck the FDA's rigorous safety and efficacy review process and gain approval based on no trial data of the clinical disaster known as DDI (never reported in the media), today Gilead covertly funds Michael Weinstein's sex-negative AHF to launch friendly lawsuits in order to astroturf expansion of the Ryan White Act. What ACT-UP did is unconscionable because it opened the door for the licensing of long-acting opioids, SSRIs, and drugs such as Vioxx that have injured innumerable people for profit.

Meanwhile, this money will be used to purchase (at highly inflated prices) very toxic chemotherapeutic drugs such as Solvaldi with an identical mechanism of action to the highly hepatotoxic HIV drugs in the class of Nevirapine. The abuse of the clinical trial process in the approval of Nevirapine was fully covered by AIDS journalist Celia Farber¹ for which she became the target of a malicious and expensive P/R Smear campaign paid for by the pharmaceutical industry after she reported on a whistleblower compliant at the National Institutes of Health for *Harper's* magazine.

To speak of being "cured" of Hepatitis C using drugs such as Solvaldi or Vekiera-Pak is a complete medical fraud because it only uses the surrogate marker of the Aplicor or Chiron PCR "test" for molecular debris that has not been verified to represent actual infectious virus. It is almost impossible to isolate "live HCV" from actual HCV-positive patients. These tests have never been validated through Transmission Electron Microscopy – the gold standard. Invalid tests result in invalid diagnoses.

Most importantly, Doctors never ask the basic question: what is the clinical outcome from such treatment? It was these so-called "Doctors" who terrorized their patients in the first place by ordering an HCV antibody test telling them they had a deadly liver disease regardless of clinical evidence of hepatitis. Then after years of profitable tests, biopsies, and visits, the administration of toxic (and likely life-shortening) chemotherapy, the "Doctors" tell the patient they are "cured." The "cure rate" of such HCV treatments happens to be the exact same as spontaneous remission to undetectable PCR results.

This is voodoo science no better than aboriginal bone-pointing. Instead of surrogate markers for disease, doctors should look for clinical markers: how is a patient's health? Both retrospective and prospective studies show HCV positives eventually develop Non-A Non-B "hepatitis" (which is really liver disease) with the same frequency as non HCV positives, and with up to thirty intervening years, Doctors completely ignore other more proximate causes of liver trauma such as years of excessive alcohol consumption or exposure to workplace toxins.

The Ryan White Expansion would curse perfectly healthy individuals unfortunate enough to receive an unvalidated surrogate marker test with criminal regulation of conduct, not to mention the psychological torture of a death sentence that is not theirs to carry. Because "laboratory says yes" such individuals would be cast out of normal human relationships and forbidden from procreation, expose them to intrusive health surveillance, and force them on toxic drugs amounting to nothing more than euthanasia.

¹ Farber, Celia "Out of Control: AIDS and the Corruption of Medical Science" *Harpers* March 2006 pp 38-52. Also, a discussion of Nevirapine occurs in the 2004 BBC film "Guinea Pig Kids" where New York's Administration for Children's services would take mostly Black HIV-positive children away from families who refused to medicate and handed them over to ICC orphanage enrolled them in unethical NIH-sponsored drug trials, in some cases drilling holes in their stomachs to administer the chemotherapies against their will, killing over 500 with highly toxic experimental "HIV" drugs. The practice continues today.

This represents a soft eugenics program (which is what the Ryan White act really is) because false positives abound in HCV tests in what are deemed “High Risk Groups.” These Groups are clearly disclosed in the manufacturer’s insert to HCV antibody tests (which anybody can read online and which doctors never read). For example, IV Drug users light up with a 94% “positive” (which really should read “reactive”) on HCV ELISAs. This simply cannot be ascribed to sharing needles (something that drug users simply don’t do, in my experience) – it is the introduction of foreign proteins directly in the bloodstream during IV drug use that causes HCV tests to react. It’s not a test for a virus: it’s a serological surrogate marker for past IV drug use. Instead of intervention with sensible substance use disorder treatment, Doctors are tricked via misleading laboratory tests to report such drug users to the authorities and counsel them against reproduction lest they face felony criminal prosecution. This runs contrary to the recent decriminalization votes of the Oregon electorate.

Moreover, it is well-known that HCV “positivity” has a racial skew, and this correlates to vulnerability to substance use disorder. One might want to ask Barry Seal or Oliver North why Black communities struggle with substances, something I never see being done in Portland where fauxgressive “Black Lives Matter” signs festoon the streetscape with virtue signaling. When one looks at actual policy, one sees predatory testing regimes for both HCV and HIV on Black populations under the phony rubric of “reaching the underserved.” Expanding Ryan White HCV programs to the Prison population, which skews minority, introducing widespread unvalidated testing (in order to increase local government revenues), and administering life-shortening treatments is both racial eugenics and a genocide. Virginia Tech Dean Emeritus of Science Henry Bauer has published an excellent series of essays of how HIV and Ryan White programs discriminate by Race. Such racially discriminatory government policies are repugnant to the 14th Amendment to the US Constitution and the Constitution of Oregon.

As an Eagle Scout, Gay Community Activist, UC Berkeley Graduate, and Taxpayer, I repeat my STRONG assertion that the best public policy is to pull out of Ryan White programs altogether. I have personally witnessed painful agonizing deaths from toxic AIDS drugs such as AZT and Crixivan of men whom I believe would be alive if they weren’t sold on phony chemotherapies. These men were my friends, and to see such iatrogenic suffering is to witness a strange Stockholm Syndrome. I have launched my own PreIsPoison Project to inform the gay community about the cytotoxic and carcinogenic impacts of taking the nucleoside analogue ingredients of Truvada for ZERO health benefits and ZERO public health benefits because HIV is simply not sexually transmissible². Unfortunately, the medical profession is abhorrently authority minded and incapable of critical thought and it is very difficult to cut through – especially when a trillion dollar ponzi scheme and an elaborate military propaganda effort allied to Big Pharma and the Corporate Media stands in the way.

Big Pharma knows how to trick doctors – that’s what pharmaceutical marketing is all about. The idea that every professional can be wrong is completely to be expected in a country where Doctors created an opioid epidemic by prescription. To speak of “Hepatitis Denialism” or “AIDS Denialism” is to invoke the language of the Inquisition, not rational thought or scientific scrutiny.

The Integrated Planning Group and similar entities all employ something called the “Delphi Technique.” This is a psyop method created under a military contract by the RAND corporation to create a phony appearance of grassroots consensus for the adoption of policies that are pre-ordained by a powerful authority. In other words, the IPG is manipulated into validating policies the Oregon Health Authority and the CDC plan to implement anyway, by making it appear that something like HCV Ryan White expansion was the result of a grassroots demand, when really it was created to benefit the “small group of insiders” knowledgeable of what Smedley Butler called a “racket.”

Finally, I would like to cut through the myth of Ryan White himself. He was diagnosed with AIDS on December 17, 1984. Critically, this was before the first Abbott Labs Screening test was “approved” on March 7, 1985 (As Chicago Tribune Journalist John Crewdson reported, the FDA never actually approved the test – HHS Secretary Margaret Heckler simply announced the FDA did so). For all of 1985 and most of 1986, HIV testing was rationed and not available for diagnostics – the only way to get an “AIDS test” was by attempting to donate blood in the few blood centers which had received the

² For a comprehensive overview of the science behind this contentious point, see “HIV is not an Infection” in Bauer, Henry “The Origin, Persistence, and Failings of HIV/AIDS Theory” McFarland & Company, 2007 pp. 44-48. Professor Bauer is professor emeritus of chemistry and dean emeritus of science studies at Virginia Tech.

test during the rollout. I have read the pleadings in Indianapolis district court regarding Ryan White, and nowhere is it claimed he ever had a test for what was then called HTLV-III.

Ryan White's diagnosis was based on having PCP Pneumonia and being in a Risk Group, so he met the CDC surveillance definition for having "AIDS." In 1983, Aronson in *The Lancet* reported pneumonia was very common among hemophiliacs in the 1970's, but a diagnosis of PCP pneumonia was not possible until 1982 because prior to that it required a biopsy which in Hemophiliacs is highly inadvisable. The problem, as MacArthur Genius Grant awardee Robert Root Bernstein has pointed out, is that this diagnosis of "AIDS" was simply incorrect: the surveillance criteria were PCP Pneumonia *without an explainable etiology*. In White's case there was a perfectly explainable reason for his Pneumonia: hemophilia and multiple transfusions, which even at the time were known to be highly immunosuppressive. When manufacturers switched to a better Factor VIII purification process in 1987, the immunosuppression problem went away, although it is now recognized that hemophiliacs routinely receive false positives on HIV screening tests.³

In the Ryan White timeline, White was very sick for his entire seventh grade year and dropped out of school, leading the Western Schools Corporation to ask his mother Jeanne about his absences. She could have simply said he needed blood transfusions. Instead, she told the schools (in confidence) White had AIDS. This was in February 1985. Kokomo Tribune Reporter Christopher MacNeil only discovered the Ryan White case in late March 1985 and was under no obligation to disclose White's AIDS diagnosis without Jeanne's permission. Nowhere in the 300 articles MacNeil wrote did he ever say White had "The AIDS Virus." MacNeil was later filmed embracing Jeanne White in a sexual manner at the Kokomo airport.

When White transitioned from Factor VIII to pure blood transfusions in 1985, his health problems went away. Because he missed his seventh grade year, the schools put him into special education and assigned him an at-home tutor in an Integrative Learning Plan under the IDEA act. This was allowable under Dept. of Education Guidelines at the time. Nobody in the community knew White had been diagnosed with AIDS, so there was no pressure put on the Western Schools Corporation board to turn White away from class. By publicizing (or fabricating) White's AIDS diagnosis and creating a scandal with MacNeil, Jeanne White created a standing-to-sue on the basis of unsettled IDEA act precedent (this was prior to the passage of the ADA). National media filmed White constantly in very healthy activities riding his bicycle. He appeared multiple times on the Phil Donahue Show. He made media appearances before Congress. The public saw a healthy boy, not someone with "AIDS" – at least until he started taking AZT. Elton John gave White \$16,500. The Goodfellows Foundation gave his mother \$100,000. Michael Jackson gave Ryan White a red Ford mustang. Then there were the book royalties, the luxury travel, and endorsement fees for AZT paid by Burroughs Wellcome.

In 1990 on the death of Ryan White, journalist John Lauritsen reported local radio announced White had been rushed to the hospital with internal bleeding. His doctor never released White's death certificate, even though major media outlets reported White "died of AIDS." Someone at the Indiana Hemophiliac association confirmed to UC Berkeley graduate student Bryan Ellison that White died internal liver bleeding – complications of hemophilia, not an "AIDS defining disorder." After White's death, Jeanne started a foundation which raised hundreds of thousands of dollars throughout the 1990's – from which she paid herself a very handsome salary according to IRS 1990 returns. The largest funder: Burroughs Wellcome, manufacturer of AZT, for which White was a spokesman.

In short: Ryan White never had HIV/AIDS, but his mother had a case of AIDS Inc. Funding Disorder ("AIFD").

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³ For an overview of the lack of proof supporting alleged HIV and HCV contamination of blood products prior to implementation of screening tests, see the letter dated July 7, 2019 from *Rethinking AIDS* to the UK Infected Blood Inquiry (http://reference.rethinkingaids.com/Letter_to_UK_Hemophilia_Inquiry.pdf) and Papadopoulos *et. Al.* "Factor VIII, HIV, and AIDS in hemophiliacs: an Analysis of their Relationship" *Genetica* 95:25-50 1995 available at <http://www.theperthgroup.com/SCIPAPERS/HaemophiliaHIVAIDS.pdf>