THE HUW CHRISTIE MEMORIAL PRIZE

$20,000 Reward for 'HIV' Offered by Alexander Russell

April 2002

"...infectious units, after all, are the only clinically relevant criteria for a viral pathogen."
-- Peter Duesberg and Harvey Bialy (Nature, 375, 1995, p. 197)

"You measure democracy by the freedom it gives its dissidents, not the freedom it gives its assimilated conformists."
-- Abbie Hoffman

I am offering £10,000 Reward for the first person who can prove that 'HIV' exists. (see full details below).

Hans Gelderblom of Berlin's Robert Koch Institute co-authored the first paper in Virology, March 1997, showing 'purified HIV' to be 'purified microvesicles'. What was assumed to be 'purified HIV' was in fact "an excess of vesicles" - particles of cellular proteins. The hypothetical 'HIV' is in fact a collection of endogenous microvesicles and cellular proteins (which also never seem to form particles - so how can they be infectious)? Cell-free viral 'HIV' particles have never ever been visualised in any freshly donated bodily fluid including semen, blood, etc. 'HIV' has never ever proven to be a sexually transmitted retrovirus.

The key fact to remember is that cell-free infectious 'HIV' viral particles have never, repeat never, been recovered from fresh donor semen. It is homophobic nonsense to say 'HIV' is sexually transmitted via anal sex as well as scientifically totally unproven. 'HIV' is not an STD.

The rules demonstrating the existence of 'HIV' (and retroviruses in general) were never adhered to by those who devised them nor were they ever validated. No particle of 'HIV' has ever been obtained pure, free of contaminants; nor has a complete piece of 'HIV RNA' (or the transcribed DNA) ever been proved to exist.

The immunological-stressors of the 'gay life style' (recreational drug use, antibiotics, flu jabs, alcoholism, untreated STDs, etc) can make many gay men test 'HIV' positive. Gay men are testing 'HIV' positive not because of the non-existent 'HIV' but because of over 70 conditions which make the test run 'positive'. All 'HIV' testing kits come with the warning that they must not and cannot be used as diagnostic tools to prove 'HIV' infection.

So confident am I that no such electron-micrograph evidence for the existence of 'HIV' can be produced by adhering strictly to the Etienne de Harven methodology, I am prepared to offer the sum of £10,000 to the first person to submit just such a micrograph, prepared under stringent laboratory conditions. I do not want 'markers' for 'viral activity' which are at very best, inaccurate. I want visual

evidence of myriad active, infectious viral particles, clearly morphologically defined recovered from a fresh sample of bodily fluid, unadulterated with any other kinds of cells: i.e: CEM,H9 cancer cells. As Peter Duesberg and Harvey Bialy stated in Nature: "...infectious units, after all, are the only clinically relevant criteria for a viral pathogen." (Nature, 375, 1995, p. 197) Once again, to paraphrase Peter Duesberg, an alleged 'virus' which is not doing anything cannot be 'causing' anything.

The rules for attempting to isolate the putative 'HIV' via the Etienne de Harven methodology are:

1. Only plasma centrifuged from fresh whole blood may be used in the experiment. No material derived from cultured cells will be considered, to rule out 'viral particles' which may be merely cultural artefacts.

2. The donor blood/plasma must be taken from a person/persons with a recent 'high-viral load' test result, and evidence for the date and result of the test (the number of 'HIV'- RNA's alleged) must be submitted, obviously with the name of the person/persons deleted to preserve donor confidentiality.

3. The donor must not be in receipt of protease inhibitors, AZT or any 'antiviral drugs'.

4. Only cold heparinised Ringer's solution may be used to dilute the plasma 1/1 (i.e. 50%).

5. The diluted plasma shall be first filtered by aspiration-filtration, through a 0.6 millipore membrane. The resulting filtrate #1 will then be filtered again, this time using a 0.22 millipore membrane and filtrate #2 will be submitted to ultracentrifugation.

6. Centrifugation at 30,000 g for two hours will be used to prepare a pellet, likely to be extremely small. This pellet will be fixed with glutaraldehyde and osmium, then carefully detached and embedded in epoxy resins following routine EM procedures.

7. The electronmicrograph shall be at least 19,500 x magnification, and must resemble that published in Fig.1 of this article for particle size and shape, but with one notable and important variation. 'HIV' has been deemed to be a lentivirus, possessing a dense core of truncated conical shape. An ultrathin slice of randomly packed lentiviruses must inevitably show a number of particles bisected to show this core lengthwise, as well as end-on, with a resultant apparent mixture of round and 'rod-shaped' dense cores. Any micrograph which does not clearly show this feature will be deemed not to represent the lentivirus 'HIV'.

8. This challenge is open to any qualified scientists, or microbiology students/lab technicians with the necessary lab skills and facilities to carry out the work.

Photographs of the required electron-micrograph(s) plus full details of the methodology, along with brief details of the senders' qualifications, must be sent to me at: alex@lalage52.freeserve.co.uk

Alexander Russell

NB: Etienne de Harven is Emeritus Professor of Pathology, University of Toronto. He worked in electron microscopy primarily on the ultrastructure of retroviruses throughout his professional career of 25 years at the Sloan Kettering Institute in New York, and 13 years at the University of Toronto.

VIRUSMYTH HOMEPAGE