Original "This Is A Bio-Attack Alert" March 28, 1986

This copy of 'This Is A Bio-Attack Alert", by Dr. Robert B Strecker and Attorney Theodore A Strecker was received prior to my interview with Dr. Strecker on his Video, "The Strecker Memorandum".

The document was always referred as "Historic", because of the content, people and organizations within the U.S. Government who received it and the verifiable reference list, according to other researchers who actually understood its contents and references.

A request for the actual document is being honored, by posting the actual document I received and used in my second interview with Dr. Strecker, "The Bio-Attack Alert"

The doctors and researchers suggested AIDS/HIV, its Creation and Intentional Spread also commented, this document was extremely important, not only referring to the Intentional Spread of AIDS/HIV, but the fact Cancers and other Diseases were being Spread Through Vaccination Programs.

If you can understand this document, its explanation and references are a clear indication COVID is just the next level of Bioweapons used against Humanity.

My suggestion is to simply go to the Depository Libraries' and pull the Reference Documents and read them for yourself.

Although people try to make Dr. Strecker a Quack, or untruthful, the documents speak for themselves and those perpetrating these crimes never imagined anyone could piece this crime together.

If you don't have the time to actually look at the video, "The Strecker Memorandum", look up the Strecker Group Reference List, read "This Is A Bio-Attack Alert" and listen to his interviews, you may never understand the Truth About AIDS/HIV, or COVID.

John Burns, UMOJA Research, Private Health Research Since 1986

ORIG.

THIS IS A BIO-ATTACK ALERT.
MARCH 28, 1986

This results from an attempt by myself and my brother to form an Health Maintenance Organization. I had difficulity estimating the probable cost of the "human retroviruses" as related to premium costs and was led deeper and deeper into the literature of virology attempting to solve the problem.

At first I considered testing and allowing individuals infected with the AIDS virus to form a special group, associate, insure, and have sexual relations. The literature reveals that plan will not work because the greater number of times one is infected with "human retroviruses" the more quickly one dies. There is a critical mass of infection which leads to reinfection of associating individuals and accelerated death.(1) I abandoned that plan.

When I considered the possibility of testing and allowing uninfected individuals to form a special group, associate, insure, and have sexual relations, I stumbled into a written order for the AIDS virus and a written plan to inject disease during preventive vaccinations for experimental purposes. I then realized the importance of the critical mass of infection. Once sufficient numbers of Americans are infected, <u>because AIDS is not only a sexually transmissable disease,</u> (1,2) even without sexual intercourse, the infected will reinfect each other, and the uninfected will become infected leading to an explosion of infection and disease.

Apparently, individuals in the United States National Institute of Health and National Cancer Institute have combined with the United Nation's World Health Organization to attack the United States with bio-weapons.(6-8)

The explosion of induced disease now rumbles through Africa.(5) The intentional introduction of disease began in Africa where sibships were innoculated by the World Health Organization's International Agency for Research on Cancer (IARC)(8) with diseases obtained from the United States National Institute of Health's New Bolton Center (NBC) cell lines or diseases previously innoculated were mixed by IARC's unsterile procedures.(5,6-8,17,27,32,33,35,letters and replies enclosed) Other diseases were probably innoculated from other available cell cultures at other locations. In American homosexuals the virus may have been engineered to reproduce faster and for specific attack.(3,9,39)

As usual, this warning arrives after the attack is underway. I hope that I am wrong. If I am correct, I send this warning 16 years late.

Review of recent history and science publications leads me to the conclusion that I am correct. Therefore, I send this warning to the President of the United States, the Vice-President of the United States, Governors of the several states and various federal government agencies including the Departments of State, Defense, Agriculture, NSA, FBI, and CIA, and three selected members of the United States

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THIS IS A BIO-ATTACK ALERT, MARCH 28, 1986

Congress whom I ask deliver this to members of Congress as they deem appropriate.

I did not realize that the National Cancer Attack Act of 1971 would be used to research virus warfare, finance virus warfare and attack the United States of America. Daniel Greenberg outlines the attack's beginning in Discover, March, 1986, at page 47 in an article, "Whatever Happened to the War on Cancer. " (4)

He recalls that in 1971 President Nixon sought to preclude Senator Kennedy from running for president by cornering the health car e field among other methods. He fails to mention that Stuart A. Aaronson had just announced that he had altered mouse RNA tumor viruses to extend their range and to replicate efficiently in humans by culturing the tumor virus in human cells.(3) Ann Landers, using her newspaper column, helped persuade the Senate to appropriate the funds for the National Cancer Attack Act of 1971. This Act resulted in NCI Director Baker's removal. Frank R. Rauscher, a virologist, was appointed head of the NCI. (4)

I am sure that the United States Congress as then constituted, except for those members with allegiance to foreign governments, did not comprehend that their legislation would result in a Bio-Attack on the United States from the World Health Organization assisted by some individuals in the United States National Institute of Health (NIH), National Cancer Institute (NCI), Department of Agriculture, and at various colleges and universities; all paid for by United States tax monies. Yet, that is exactly what is happening.

How, you wonder, does the disease AIDS of today, purportedly homosexual, evidence an attack on the United States by the world's virologists and bureaucrats? In documents available in medical libraries virologists and bureaucrats request the production of the AIDS virus and plan its introduction to various populations of the world during preventive vaccinations.

THE PLAN

In Volume 47 of the Bulletin of The World Health Organization, pages 257 through 274 (1972) , we find A. C. Allison with others including WHO officials and an NIH bureaucrat recommend at page 259:(6)

(1) A systematic evaluation of the effects of viruses on Immune functions should be undertaken. A number of viruses should be studied and a standard set of immune functions should be employed. Among the factors that deserve investigation are antigen types (e.g., thymus-dependant vs. nonthymus dependant), antigen dose, and the time relationship between infection and antigen administration.

(2) The effects of virus infection on different cell types (e.g., macrophages, T and B lymphocytes) should be studied in greater detail with morphological changes perhaps serving as an indication of functional alteration. Since differences in terminology often make it difficult to assess reports of pathological changes in lymphoid tissue, all modifications of the lymphoid organs should be described according to standardized criteria. Efforts at standardization are currently being supported by the World Health Organization.

changes in lymphoid tissue, all modifications of the lymphoid organs should be described according to standardized criteria. Efforts at standardization are currently being supported by the World Health Organization.

(3) An attempt should be made to ascertain whether viruses can in fact exert selective effects on immune function, e.g., by depressing 7S vs 19S antibody, or by affecting T cell function as opposed to B cell function (Allison et. al., 1972). The possibility should also be looked into that the immune response to the virus itself may be impaired if the infecting virus damages more or less selectively the cells responding to the viral antigens....

Thus, AIDS today is the disease the possibility of which was "to be looked into" in 1972, because in AIDS the immune response to the virus is impaired when a portion of the cells responding to the viral antigens are the infected cells which are killed, "lysed" in virologists terms, by the viral antigen.(38) LET THERE BE NO QUESTION THAT INFECTION WAS INTENDED BECAUSE A PART OF THE STUDY WAS TO BE THE TIME RELATIONSHIP BETWEEN INFECTION AND ANTIGEN ADMINISTRATION.

How was the study to be conducted in humans? The Fogerty International Center Proceedings No. 15 published in Federation Proceedings, Vol. 31, No. 3, May-June 1972, reports the proceedings of a workshop held at the National Institute of Health, Bethesda, Maryland, July 27-30, 1970.(7) The committee for the conference was sponsored by the John E. Fogerty International Center for Advanced Study in the Health Sciences and the World Health Organization. At that conference in a histocompatability workshop, D. B. Amos of Duke University with other allegedly independant scientists and bureaucrats who in fact were and are dependant upon United States government grants to further their research, suggested at page 1102:

In relation to the immune response, a number of useful experimental approaches can be visualized. One would be a study of the relationship of HL-A type to the immune response, both humoral and cellular, to well defined bacteria and viral antigens during preventive vaccinations. This approach would be particularly informative when applied to sibships.

I assume by "well defined" they meant well know. I further assume that by "sibships" they meant children of the same parents.

Therefore, it is clear that WHO and the NIH decided in 1970 to inject known virus and bacteria into children of the same parents during allegedly preventive vaccinations to study HL-A type. Then in 1972, the WHO Bulletin changed the study to a study of virus which cause a depression in immune function. I repeat, LET THERE BE NO QUESTION THAT INFECTION WAS INTENDED BECAUSE A PART OF THE STUDY WAS TO BE THE TIME RELATIONSHIP BETWEEN INFECTION AND ANTIGEN ADMINISTRATION.

All their planning would be worthless without willing bodies to

do the work. The evidence of the bodies is provided by the Seventh National Cancer Conference Proceedings, sponsored by the American Cancer Society, Inc., and the United States National Cancer Institute, published by the J. B. Lippencott Company, Philadelphia and Toronto (1972).(8) It contains the report on epidemology by John Higginson, M.D., director of the International Agency for Research on Cancer, Lyon, France, and a map on page 681 indicating the world wide distribution of that agency's programs. It is important that we remember that the date of the map is 1972, as we read the words of Doctor Higginson at page 680:

> ....The complex biology of cancer makes it essential to approach observational studies in man with the same technical sophistication that characterizes animal experimentation. Thus, the Governing and Scientific Councils decided that the Agency's epidemiological studies should be fully integrated with recent developments in laboratory research and that a multidisciplinary team approach was essential to insure that the Agency would make full use of its unique international situation. The mere collection of numerical data --"nose-counting"--is of no value per se, and descriptive epidemiology is only one of many disciplines concerned in the study of cancer causation. (Emphasis added.)

Of course, descriptive epidemiology is merely the collection and analysis of numerical data. On the other hand the "technical sophistication that characterizes animal experimentation" involves the innoculation of disease into the research animals.

All we need to do to see the relationship between the "Governing and Scientific Councils," innoculation of disease, the AIDS virus, and its related retroviruses is pencil in the homosexual cohorts from the Hepatitus B vaccine study reported in the Annals of Internal Medicine, Vol. 97, No. 3, (1982) pages 362-369,(31) on the map on page 681 of the Seventh National Conference Proceedings, (8) and we have marked the retrovirus concentrations of the world as now known. The St. Louis and Chicago cohorts of the Hepatitus B studies may have served as controls or got a dose of a slower acting cancer inducer like HTLV-I or HTLV-II. Robert C. Gallo and Flossie Wong-Stall reproduced the map for us at page 396 of their article, "Human T-lymphotropic Retroviruses," Nature, Vol. 317, October 3, 1985.(32)(maps enclosed)

THE CONFUSION OF TODAY

Writing in LANCET, January 11, 1986,(5) Doctor Robert J. Biggar of the United States National Institute of Health said:

> ....The AIDS agent, a complicated retrovirus with core proteins and a glycoprotein envelope, could not have originated de novo. The identification of the

progenitor agent from which this agent either mutated or recombined has significant implications. First, the ancestor agent has not yet been identified. Its pattern of disease associations in man may differ from that of HTLV-III/LAV.... Secondly, the non-pathogenic progenitor could be a safe source of immunising material if there is any neutralising cross-reactivity between the two agents.(5)

I agree. I suggest:

(1) The World Health Organization asked for the AIDS virus (HTLV-III/LAV/ARV), and it was supplied;(6-8)

(2) The AIDS virus is bovine visna virus (BVV) in man with a trans -acting transcriptional regulator gene inherited from bovine leukemia virus;(3,9-13,20,21,24)

(3) HTLV-II is bovine syncytial virus (BSV) in man;(14-17,24)

(4) HTLV-I is bovine leukemia virus (BLV) in man, is highly contagious, is vector borne, and is fomite born.(18-20,22,24)

I have also suggested that unless the United States National Institute of Health has taken the advice of Dr. Jacques Leibowitch given on page 97 of the English translation of his book, A Strange Virus of Unknown Origin (27), and had them stolen or changed, Dr. Biggar should request the cell lines NBC-1 through NBC-13. He will most likely find the progenitor he seeks in NBC-6, NBC-8, NBC-10, or NBC-13.(28,29) He should start with NBC-13.

It would also be interesting to know what is in NBC-14 to NBC-17 and whether or not any of them were injected anywhere. In other words I suggest Dr. Biggar go down into his basement at work and get the progenitor he seeks.

GIVEN THE REACTION OF THE MEDICAL JOURNALS TO WHICH THESE SUGGESTIONS WERE SUBMITTED, I MAY BE CORRECT IN MY IDENTIFICATION OF THE AGENTS INVOLVED. I enclose copies of my letters and the journals' replies. HOWEVER, I SUGGEST TO YOU THAT MY IDENTIFICATION OF THE PROGENITOR IS UNNECESSARY BECAUSE THE AIDS VIRUS ITSELF REPRESENTS THE FRUITION OF THE MURDER PLAN OUTLINED ABOVE.

THE OBJECTIVE OF THE ATTACK

The purpose of the attack may be to prepare America by infection with immune depressing virus for a fast bio-attack. If that is true, it was started in the homosexuals in America because the enemy correctly judged that most Americans would not be alarmed by a homosexual disease. I wasn't alarmed by the "homosexual" disease until I started my virology literature search. The disease will inexorably spread to the heterosexual population. The lies of the United States National Institute of Health in this regard reveal its participation in the attack. AIDS is not merely a homosexual disease and the NIH knows it.

In war the objective of each contesting side is to inflict death and wounds upon the other. The method chosen by the enemy will preserve American land and structures for the victors. Their action is calculated to demonstrate that right lies in their might, and

freedom, impossible.

The enemy hopes to impose despotic rule by the hew and cry of the population to abandon the rights of others including the infected to save themselves. This is an attempt to exhaust America with hatred, struggle, want, confusion, and innoculation of disease. The enemy intends to control our population with disease, make us dependant upon their remedies, engineer each birth, and reduce America to a servant of the Supreme Soviet. All this, even though America has repeatedly abandon any attempt at world domination when such was easily within its power. It is not, <u>repeat not,</u> too late to thwart this plan.

THE BATTLE STATUS

This war is being fought slowly. Few know that it is going on. Does D. Carlton Gajdusek, now chief of the National Institute of Health's Laboratory of Central Nervous System Studies and Labatory of Slow, Latent and Temperate Virus Infections know? At page 106 of <u>Omni,</u> March, 1986,(34) in response to the question, "Isn't Fort Detrick in Maryland such a biological-warfare research facility," he answers:

> No, emphatically no! There is no defensive or offensive warfare microbiology done at Fort Detrick today. It is the national cancer research facility of NIH.-- In this facility I have a building where more good and loyal Communist scientists from the USSR and mainland China work-with full passkeys to all the laboratories-than Americans.. With night-working U.S. citizens and foreign Communist invesitgators here, obviously there is no "secret" bacterial warfare activity going on. Even the Army's infectious-disease unit is loaded with foreign workers-not always friendly nationals. It is a valid basic research unit on worldwide problems of infectious diseases in which no classified or secret activities unfold....

Of course, there are no secret activities unfolding. They, the virologists of WHO, NCI, and the NIH, have written in plain English their plan for conquest of America and are presently executing it disguised as cancer research.

Gentlemen, we are under attack. We must act. If Dr. Gajdusek is correct, only a few loyal Communist scientists will be required to conclude the enemy's assault. Obviously, this might be done by contamination of American scientists experiments or despoiling vaccine cultures. At present only an estimated 2 million Americans are infected. We can deal with that amount, but, we must halt these induced diseases' spread. We are losing population to the AIDS virus at the rate of 2000 per week infected all of which will die prematurely.

The traitors have destroyed 14 years of virus research by lying in their research papers and innoculating disease into unknowing

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subjects. Yet, we allow the enemy abide on these shores.

Read Ralph Kinney Bennett' characterizaztion of the United Nations. He claims the U.N. has become:

> An organization that sanctions the violent overthrow of sovereign governments;
> One of the Soviet Union's most important espionage posts in the West;
> A political base, a source of funds and a propoganda organ for terrorist organizations;
> The advocate of a new "world order" amounting to global socialism;
> A forum for anti-American, anti-Western, anti-free-enterprise activity. (30)

He is correct. We have allowed the United Nations's World Health Organization to combine with traitors in the United States National Institute of Health to start a Soviet Union attack.

The Correct Response

America has always been poised between the pit of anarchy and the abyss of despotic rule. We are delicately balanced on the ledge of liberty.

Our response must be calculated to maintain liberty, avoid the plunge into the chasms on either side, and demonstrate to those who would rob us of liberty, in this case the virologists of the WHO, NCI, and the NIH, the army of the Soviet Union acting through the United Nations, that the tree of liberty must from time to time be watered with the blood of tyrants. It has already been fertilized with the blood of patroits.

Unknowing Africans, (sibships innoculated) hemophiliacs, (contaminated blood transfusions) southern poor, (free shots) homosexuals, (Hepatitus B innoculations) and unwarned heterosexuals trusted and died. You are next. Those groups were selected for initial attack because the enemy hoped no one would attempt to defend until it was too late. We must:

1. Retake the virus labs using force as necessary. The Army might be used in this action. Note that some of the labs will be at colleges and universities. Substitute virologists who have not been initiated into the ranks of the murderers.
2. Mobilize national guard to prepare quarentine hospitals and hospices for the infected individuals. Note that some of these institutions must be quite large. We need not leave our wounded in the field.
3. Inform the American people that the nation has been attacked and the enemy is ashore and advancing. Inform all scientists concerning the true nature of the disease and its origin. Someone may have a cure.
4. Arrest the immediately identifiable individuals for murder

and submit their cases to grand juries for indictment. Include all culpable members of IARC, NIH, NCI, and WHO presently in this country. Locate other culpable individuals and return them for trial.

5. Seize all the records in the CDC and NIH of the innoculation projects. We will need them for the prosecutions. Attach the U.N. building and all U.N. funds including IARC's.

6. Try the culpable individuals. But, note that some scientists will have been confused and tricked by the Governing and Scientific councils. We will have to sort carefully.

7. Alert remaining doctors to be on guard against other ordered diseases. See 47 WHO Bull. Organize for quarentine. Hopefully, quarentine won't be needed, but, we must act quickly.

8. Be on guard against vaccination projects. Merck is the company that made the Hepatitus vaccine that went into the American homosexual cohorts. AIDS is not progressing quickly enough to satisfy the murderers or to hide their plan.

As Slaff and Brubaker say in their book, The Aids Epidemic, (35) at page 83:

> ....a sexually transmitted disease needs a "portal of entry" in order to affect a group. For example, if half a dozen promiscuous students returned to a college campus carrying the virus in the fall, the virus would have achieved a "portal of entry" to that campus.

If the AIDS virus was injected into the students in a measles vaccination project or by a mosquito in Daytona Beach, Florida, the result would be the same. When I checked the measels vaccination project at the University of Arkansas, they were using Merck's vaccine. Halt all vaccination projects until the vaccine is cleared.

We must also consider the following:

9. Prepare for the premature death of 100% of those infected with the AIDS virus.

10. The enemy wants us to abandon our wounded, abandon liberty, abandon due process of law, and submit to their despotic rule while they cull and kill. That is the only way that these diseases have been controlled in bovines. If we wait much longer, we all will be infected and reinfecting each other. That is the enemy's goal. There are presently drugs which may inhibit the progress of these diseases and the NIH may be hiding them.(36,37) We need not fear the enemy.

We shall cull the enemy from our midst and deal with these murders as provided by law. We need not live enslaved in chains of tyranny. Neither need we leave our children to these bastards' tender mercies. AIDS is not a homosexual disease and the NIH knows it.

We need to act in concert:

11. The persons receiving this warning should allow the President of the United States until Friday, April 18, 1986, at 9:00 P.M. local time to act.

In my judgment we should respond as a United States not as individual States. Our response need not be based on

institutionalized lies. In the time after you receive this warning, you should decide for yourself whether or not I am correct by consulting the listed references. Make sure that any experts consulted are not working for or supported by grants of the WHO, NIH, CDC, or NCI.

The Department of Defense must be prepared to respond to an attack originating elsewhere. If the President does not lead the nation in response to the attack, the Governors of the several states must act to protect their state's residents by alerting them to it and taking such action as is within their power if any are convinced I am correct.

If the President fails to act and the Governors are convinced that I am correct, the Governers should act. We have to restructure the U.N., NCI, and NIH.

All that 14 years of research has done is institutionalize fraud and murder as national policy, move disease from cows to men, and speed the Soviet Union toward its goal of world domination. We are far from any cancer cure other than hyperpotentiated immunity.

Very truly yours,

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the United States with mature T cell malignancies originally diagnosed as mycosis fungoides and Sézary syndrome. The leukemic cell that harbors HTLV-I is most frequently an OKT4+ T lymphocyte, often with a distinct morphology (eg, lobulated nuclei). When a cluster of T cell leukemia, called adult T cell leukemia/lymphoma (ATL or ATLL), was discovered in parts of Japan,[9,10] and the leukemic cells had the same phenotype and morphology as the US cases, the analogy beckoned a search for HTLV in the Japanese ATL. In a seroepidemiologic survey using a purified HTLV-I antigen (p24) in an immunoprecipitation assay, close to 100% of the Japanese ATL patients had sera that reacted with the HTLV protein.[11,12] Furthermore, HTLV was found to be endemic in the population in parts of southwestern Japan, correlating well with areas where ATL clustered. Not long after this, Japanese investigators independently obtained virus isolates from ATL patients.[13] In retrospect, the clinical course of the first US patients is very similar to Japanese ATL and clearly represents the same syndrome. Other regions of the world were also found to be endemic for HTLV-I: the Caribbean Islands,[14,15] Central and South America,[16] and Africa[17,18] (Fig 1). The disease that is associated with this virus is usually ATL, but atypical, more benign HTLV-positive T cell malignancies are sometimes found. The leukemic cells contained clonally integrated HTLV-I provirus,[19,20] indicating that the virus is present prior to expansion of the leukemic clone and is not a passenger virus in the course of the disease. To date, there are over 80 isolates from ATL cases all over the world, and a few from more typical cases of Sézary syndrome. All of these isolates, except two, are extremely closely related as measured by restriction enzyme maps, nucleotide sequence analyses, and needless to say, protein homologies. A single isolate from an African ATL that was analyzed in detail showed significant changes from the prototype.[21] It is not yet known whether this variant, designated as HTLV-Ib, is the common variant in Africa. Another isolate from a Caribbean ATL patient (HTLV-Ic) also had a number of restriction enzyme site changes throughout the genome, although, like HTLV-Ib, it was closely homologous to the prototype HTLV-I by molecular hybridization and protein immunology analyses (B. Hahn and F. Wong-Staal, unpublished observations, 1984).

Fig 1. Geographical distribution of HTLV-I. Areas with diagonal lines show regions where the incidence of infection with HTLV-I is common (>1%) as determined by seroepidemiologic studies. The X denotes places where HTLV infection has been detected but extensive seroepidemiology has not been reported. The monkey symbol shows locations in which HTLV-seropositive monkeys are found. Question marks represent areas that have not been studied. Insets are enlargements of two endemic areas, the Caribbean Islands and Japan.

The numerous precedents for a retrovirus causing leukemias and lymphomas in animals, especially the recent data indicating that malignant lymphomas of monkeys are sometimes caused by a retrovirus very closely related to HTLV-I,[22] the extensive seroepidemiologic data, and the clonal integration of the provirus in the leukemic cells are all arguments that HTLV-I is the primary cause of ATL. However, the most interesting argument is that HTLV-I can immortalize and transform the same cell (OKT4+) in vitro as the primary ATL cell.

IN VITRO TRANSFORMATION AND OTHER BIOLOGICAL EFFECTS OF HTLV-I

Normal T cells stimulated with mitogen grow transiently in culture in the presence of TCGF. They grow as single-cell suspensions and appear as a homogeneous population of lymphoblastoid cells. Normal T cells from cord blood, peripheral blood, or bone marrow samples infected with HTLV-I are immortalized, usually grow independently of TCGF, and morphologically resemble the primary ATL cells,[23,24] by displaying highly convoluted nuclei and formation of multinucleated giant cells. Furthermore, the in vitro infected cells express cell surface markers in type and quantity similar to the ATL cells and different from mitogen-stimulated normal lymphocytes. These include high densities of TCGF receptors, HLA-DR antigens, and transferrin receptors.[24] Finally, although the initial infected cells are polyclonal, the cells that emerge as immortalized cells in a course of four to six weeks are invariably clonal (Hahn et al[25] and our unpublished data). Taken together, these results strongly suggest

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financial contribution to the cost of the project. At the same time, the Agency can also draw on the expertise and resources of national laboratories in industrial states.

THE EPIDEMIOLOGICAL PROGRAM

Descriptive Epidemiology. Following up its previous collaboration with the International Union Against Cancer, the Agency, in association with the International Association of Cancer Registries, is engaged in developing contacts with the network of cancer registries throughout the world who have agreed to pool and standardize their information. In general, the Agency confines its financial support of registries to countries where local resources are few and where more urgent health problems are prevalent. In addition, a certain number of limited registries has been set up directed to exploring situations of unusual interest in relation to certain specific cancers. Such a network is essential for the development of a monitoring system for cancer. The Agency is at present making detailed studies on the feasibility of such a monitoring system, as evidenced by time trends in the past and the environmental data likely to become available in the foreseeable future. It has been found that the variation in cancer incidence from year to year is often much greater than originally anticipated, the reason for which is not clearly understood,[4] and the theoretical and practical problems are also more significant than originally expected. Without such descriptive information, however, it will be impossible in the future to ascertain or evaluate future trends in cancer patterns and their relation to environmental carcinogens.

Analytical Epidemiology. The problem of etiology can be approached from: a) the study of a cancer which shows an unusual geographical distribution, and/or b) the study and distribution of a suspected carcinogenic stimulus in relation to local cancer patterns, e.g., asbestos and DDT.

Esophageal Cancer. The incidence of

FIG. 1. Map indicating world distribution of IARC programs.

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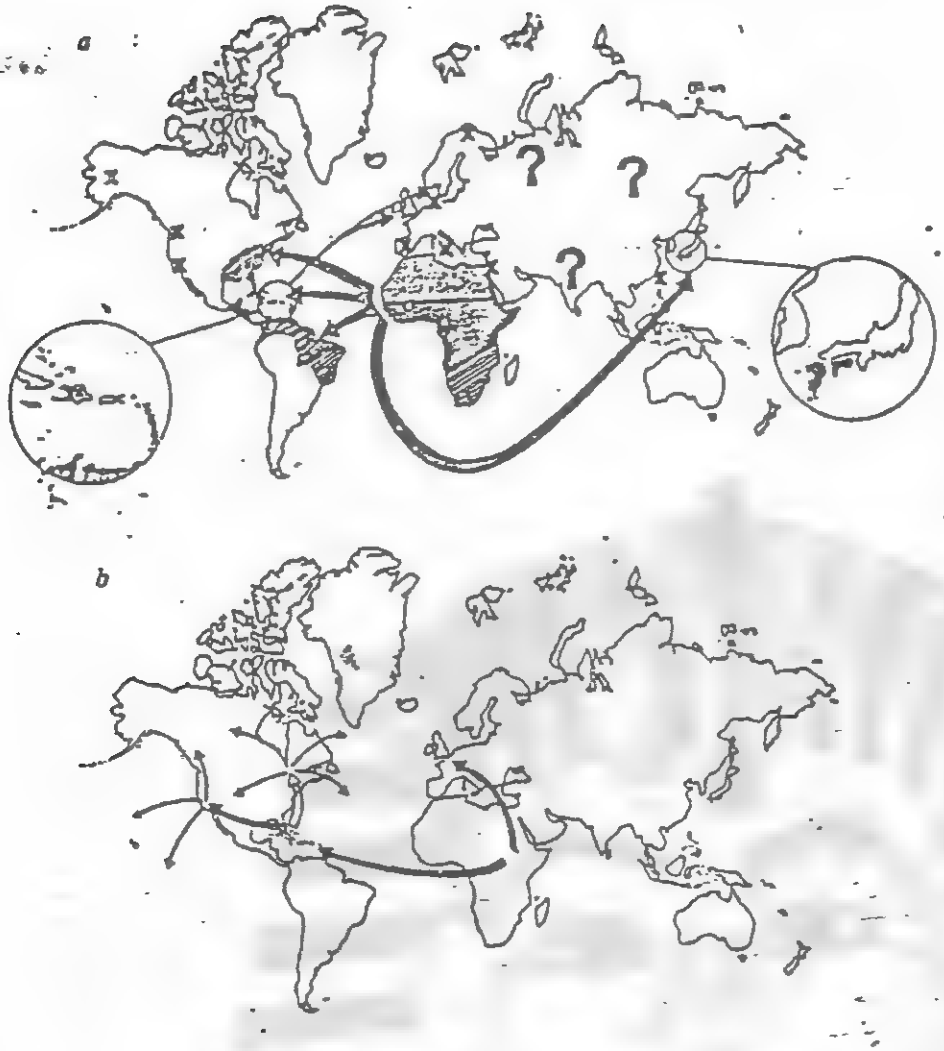

Fig. 1 Geographical distribution of HTLV-I and HTLV-III. *a*, Possible origin and prevalence of HTLV-I; *b*, Possible origin and spread of HTLV-III. *a*, Regions where the incidence of infection (seropositivity) are highly prevalent (>5%); □, moderate (1–5%). X, places where HTLV-I infection has been detected but extensive seroepidemiology has not been reported. ?, areas not studied. Insets are enlargements of two endemic areas, the Caribbean islands and Japan. *b*, Thick arrows indicate primary spread; thin arrows, secondary spread.

to the other endemic areas by commercial and slave trades dating back to the sixteenth century[34]. Remarkably, Kanki and co-workers recently discovered a retrovirus (designated STLV-III) highly related to HTLV-III in African green monkeys[35] and macaques, and in the latter species, the virus is also associated with an AIDS-like disease. Natural infection of more than one species by the same or by a highly related retrovirus had not been demonstrated with any other retroviruses, yet it has now been found with both HTLV-I and HTLV-III. Thus, these findings represent yet another unique feature of the HTLVs and another common property of HTLV-I and HTLV-III.

The epidemiological results, the findings in monkeys, the *in vitro* transformation of primary human T cells and, most importantly, their molecular properties, led to the conclusion that HTLV-I is the primary cause of a human cancer. The major conclusions relating to the molecular biology studies from our laboratory and by M. Yoshida and co-workers, reviewed recently[36], are that: (1) all ATL cells contain an HTLV-I provirus (usually one copy), whereas normal cells generally do not; (2) the provirus is clonal, indicating that infection was before the time of the first transformation and not later as a passenger virus; (3) the integration sites, although the same in each cell of a tumour, vary from one patient to another. Therefore, transformation by HTLV-I (and bovine leukaemia virus, BLV) probably operates through a *trans* mechanism and not through long terminal repeat (LTR) activation of a nearby cellular gene.

HTLV-III and AIDS

The idea and the approach to the identification of a unique human T-lymphotropic retrovirus in AIDS is largely derived from epidemiological data and from studies on HTLV-I. The idea was first proposed by R.C.G., based on several considerations derived in part from discussions with M. Essex. First, epidemiological studies carried out chiefly by the Centers for Disease Control in Atlanta, Georgia, particularly those pertaining to transmission of the disease by filtered factor VIII in blood transfusion cases strongly implicated a viral agent (see ref. 37 for review). Second, animal retroviruses such as feline leukaemia virus, were known to cause an AIDS-like disease as well as leukaemia[38]. Third, the apparent defect in the helper T-lymphocyte population suggested a restricted tropism for the virus that was highly reminiscent of HTLV-I and HTLV-II. Fourth, the manner of transmission of HTLV-I was believed to be sexual, congenital and by blood contamination, routes expected from an AIDS agent. Fifth, the fact that HTLV-I and HTLV-II also showed immune suppressive activity *in vitro*[39–41] and the evidence of opportunistic infections in ATL patients[42] all strengthened the notion that an HTLV-like virus was involved in AIDS. Sixth, although the AIDS disease was first recognized as an epidemic in the United States which was now spreading to Europe and Asia, the disease probably originated in Africa and Haiti[37] (Fig. 1), both endemic areas for the then known human T-lymphotropic retroviruses. Finally, once the first human retroviruses had been found, it was reasonable to expect that this class of viruses may be involved in other human diseases, as well.

As the technology for sensitive assays for retroviruses and for culturing T lymphocytes *in vitro* was already available, it was a logical place to begin. In 1983, we found HTLV-I-related sequences from 2 of 33 AIDS patients[43] and rare virus isolates[44]. We recognized that this could be caused by opportunistic infection with HTLV-I itself which was, nonetheless, important to document in this population. We also suggested that these viruses in AIDS patients could have been minor variants of HTLV-I and could have been involved in the cause of AIDS. Later, detailed analyses of these isolates showed they were HTLV-I itself and not minor variants[45]. Therefore, we conclude that they are opportunistic infections.

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REF: FILE 3.21.3. HAVE RECEIVED YOUR 26 FEBRUARY LETTER. IT APPEARS TO BE
ENTIRELY CONCERNED WITH MATTERS OF VIROLOGY DISCUSSED IN LANCET BY BIGGAR AND
IN OTHER SCIENTIFIC PUBLICATIONS BUT NOT IN ANNALS OF INTERNAL MEDICINE.
BELIEVE THAT APPROPRIATE ACTION FOR YOU WOULD BE TO SEND YOUR LETTER TO
LANCET.

EDWARD HUTH MD, EDITOR, ANNALS OF INTERNAL MEDICINE, 4200 PINE STREET,
PHILADELHIA, PA 19104-4098

16:20 EST

MGMCOMP

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February 26, 1986

Editor Edward J. Huth, M.D.
ANNALS OF INTERNAL MEDICINE
4200 Pine Street
Philadelphia, PA 19104, USA

Dear Sir:

Writing in LANCET, January 11, 1986, Doctor Robert J. Biggar said, "....The AIDS agent, a complicated retrovirus with core proteins and a glycoprotein envelope, could not have originated de novo. The identification of the progenitor agent from which this agent either mutated or recombined has significant implications. First, the ancestor agent has not yet been identified. Its pattern of disease associations in man may differ from that of HTLV-III/LAV.... Secondly, the non-pathogenic progenitor could be a safe source of immunising material if there is any neutralising cross-reactivity between the two agents."(1)

I agree, and, although I doubt that Dr. Biggar is going to find a non-pathogenic progenitor, have recently proposed (submitted) these hypotheses:

(1) The World Health Organization asked for the AIDS virus (HTLV-III/LAV/ARV) and it was supplied;(2-4)

(2) The AIDS virus is bovine visna virus (BVV) in man with a trans -acting transcriptional regulator gene inherited from bovine leukemia virus;(5-9)(16)

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(3)| HTLV-II is bovine syncytial virus (BSV)| in man;(10-15)|

(4)| HTLV-I is bovine leukemia virus (BLV)' in man, is highly contagious, is vector borne, and is airborn.(16-19)|

I have also suggested (submitted)| that unless the United States National Institute of Health has taken the advice of Dr. Jacques Leibowitch given on page 97 of the English translation of his book, A Strange Virus of Unknown Origin (20)|, and had them stolen or changed, Dr. Biggar should request the cell lines NBC-1 through NBC-13. He will most likely find the progenitor in NBC-6, NBC-8, NBC-10, or NBC-13.(21-22)' He should start with NBC-13. It would also be interesting to know what is in NBC-14 to NBC-17 and whether or not any of them were injected anywhere.

Therefore, it was with great amusement that I read your February 1986, issue with its pious handwringing concerning fraud in science and its purported cures. If correct human experimental procedures had been followed, we would not find half of the world stumbling off on the wrong path to the cure for AIDS with the other half of the world covering up the origination of the damned disease. Sensible investigation suggests that it is important to know if it is really true that BLV does not induce tumors in Sprague-Dawley rats and why.(23)

It appears to me that your Annals of Internal Medicine is participating in the greatest fraud ever perpetrated. Until you recieve this letter, I assume that it was unknowing. One must

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remember that not only are there accessories before the fact, there are accessories after the fact.

Best regards,

Theodore A. Strecker

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Feb. 26, 1986

Bovine Leukemia (C-Type)! Virus to Rats. JNCI 1976;56:643-4.

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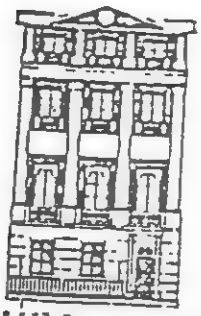

THE LANCET
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Dr. T.A. Strecker,
Preferred Risk Partners Incorp.,
334 North Central Avenue,
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California 91203,
U.S.A.

24 February 1986

Dear Dr. Strecker,

Thank you for that interesting letter on AIDS. I am sorry to have to report that we will not be able to publish it.

We have no criticisms. What we do have is a letters section overcrowded with submissions. Unavoidably, much that would be of interest and importance to our readers has to go.

Yours sincerely,

David Sharp, MA.

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February 8, 1986

Editor
LANCET
7 Adam Street
London, WC2N 6AD, England

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The intresting questions are who gave the progenitor to WHO for injections in Africa, and who modified BVV for injection in the United States.

Best regards,

Theodore A. Strecker

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