

The Continuing Heartbreak of our Human Experimentation Culture:

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I have in front of me two certificates of death. Both were children. Both died in the autumn of 2004, while partaking in what some call a clinical trial, and others call a medical experiment, under the auspices of a well-funded "nursing facility" in Harlem for HIV-positive orphans called Incarnation Children's Center (ICC). According to the AIDS orthodoxy, these children died of AIDS. There is no reason to believe anybody wanted them to die, least of all those who knew them and cared for them. But serious questions remain unanswered about these and other deaths that have occurred in the course of ongoing clinical trials involving foster children in the United States.

About two years ago, freelance journalist Liam Scheff went undercover as a party-line AIDS journalist "visiting" ICC and broke the story about children being forcibly treated with powerful AIDS drugs, experimental AIDS vaccines and other drugs, as part of a vast network of pediatric "trials" that used foster kids who had been signed on by the ACS (Administration for Children's Services).

Some children in the trials were as young as three months old. Those who refused, or tried to refuse, the medications had gastronomy tubes inserted into their abdomens, which dispensed the drugs straight into their digestive tracts. When I first heard this, I thought it had to be an isolated and bizarre departure from common practice — some kind of freak occurrence at a primitive facility. But soon I learned that this is a new draconian development in the treatment of pediatric "AIDS" — code for mere HIV antibodies, which do not signal either true "infection" with HIV, nor inevitable progression to AIDS.

A 2004 paper in the journal *Pediatric*, titled Gastronomy Tube Insertion for Improvement of Adherence to Highly Active Antiretroviral Therapy in Pediatric Patients with Human Immunodeficiency Virus, describes 17 children who had tubes inserted after they refused drugs. "Reasons for non-adherence," the paper states, "include refusal, drug tolerability and adverse reactions."

The paper includes a picture of a child in a diaper with what looks like the plastic twist-cap from a gallon of juice protruding from under his ribcage. The authors found that after the tube insertions, for which eight children required general anesthesia, "adherence" to the drug regimens was 100 percent.

AIDS professionals love acronyms. Everything that happens in their world gets an acronym, which has the effect of making it sound routine, clinical and rational. Gastronomy tubes for children and babies are now simply "GT."

"GT placement," the authors wrote, "allowed for the use of more potent antiretroviral drugs, e.g., Ritonavir, which are often unpalatable and difficult to administer to younger children." They also found that there were no significant differences in virologic response (viral load and CD4 counts), but gave no other clues about how the children had fared, healthwise, after a year of follow-up. All they were really looking at was whether "adherence" had been improved, which one would expect from feeding drugs straight into children's stomachs through a device they cannot remove.

Jeanne Bergman, a "human rights and AIDS activist" who has recently devoted her time to "beating back the HIV denialists" (those who question HIV's pathogenicity and raise alarm about AIDS drug toxicities) through "grassroots activism," is also a writer and editor for the AIDS journal of Housing Works, one of the most well-funded of all AIDS organizations. Bergman documented her enthusiasm for the pediatric trials in a widely circulated piece from Housing Works Update published in late May of 2005, and again in late June in New York Press. In the former, Bergman's title was "Denial=Death: Defend Incarnation Children's Center and Access to HIV Treatment," and in it she called what ACS did, "really wonderful. It put kids with HIV/AIDS who had no other home into a cozy, first-rate specialized care facility, where they had access to state-of-the-art combination anti-viral therapy under the expert supervision of a brilliant and compassionate staff. That's not a scandal to be investigated; it's an incredible accomplishment to be celebrated."

Bergman went on with characteristic AIDS authoritarianism: "Should children of three, six, or even 12 years get to decide if they will or will not take their medicine? Of course not, particularly when irregular dosing may result in multiply drug-resistant HIV. All responsible parents and caregivers understand that children can't make crucial life and death decisions for themselves, and the law recognizes this fact, too, such that children can neither give nor withhold medical consent. Columbia University ran the clinical trials the only way the kids could get the drugs that kept them alive."

Bergman seems to have lost the capacity to differentiate between "life and death." The now global outcry over these experiments begins with the indisputable fact that several of the children died during the experiments. She even has the ruthless, indeed racist, audacity to refer to the many African American activist groups and state politicians who have objected to the situation as "deluded," and called the May 5 New York City Council Hearing on the matter "bizarre" and even "a spasm of misinformed grandstanding from a few City Council members."

Bergman went on record with a milder version of this patronization in 1997 in a New York Times article that bemoaned the black community's resistance to AIDS drugs in general. Throughout the article, African Americans were depicted as conspiracy loons, yet their comments are remarkably prophetic to today's reality. One HIV-positive woman is quoted as saying, "I'm not taking anything. If it's not broke, don't fix it. Everything is going OK with me."

"Who's better to be a guinea pig than us?" said another, describing quite accurately AIDS drugs as "tearing down your liver," and pointing out that long-term tests had not been done and that there seemed to be a great zeal to get blacks and Latinos to take these untested drugs. "Doctors say such attitudes are simplistic," the Times reporter wrote, adding that the New York State Health Department "now funnels \$25 million annually to minority community organizations" in an effort to "combat the distrust."

Jeanne Bergman, then a senior policy analyst at Housing Works, is cast in the article as somebody who felt the "challenge in minority neighborhoods was not just to make drugs available, but to build trust." Speaking as the voice of Caucasian Reason, she said: "I have been struck by our clients' extraordinary cynicism about the possibility that these drugs could work, and the absolute conviction that like Tuskegee, the AIDS drugs are part of a giant conspiracy."

The patronization is staggering, and the message is clearer today than it ever has been: AIDS treatment activists will dictate all terms of what is right, wrong, objectionable or praiseworthy, and no rogue reactions will be permitted or cast as anything less than denialist fringe lunacy, even "murderous."

They will insist that AIDS is "everybody's disease," but the protest chants, the anger, the emotions — those are their exclusive domains. They alone will parcel the outrage and it will never, repeat never, be directed at AIDS drugs or the many violent, even lethal, scenarios set into motion by AIDS culture.

Robotically invoking the catechism of the HIV faith, Bergman writes: "We must fight back with the trust: HIV causes AIDS. Antiretroviral treatments save lives."

"Fighting back," is standard AIDS-speak, as is the by now bankrupt phrase, "saving lives." You'll note that their organizations all tend to have the word "act" or "action" in them. They also love words like "information," "inform," "disinform," "awareness" and "compassion." Another favorite is "access" and the word for the evidence that HIV "causes" AIDS is of course "overwhelming."

Bergman's hysteria is directed at all sources in media and politics who have objected to the experiments — from "African-American nationalists" and the now "HIV denialist" infiltrated WBAI and Pacifica radio to the "extremist right" — The Traditional Values Coalition.

Boasting of her recent NY Press attack on Scheff, myself (calling me an "HIV denialist") and even Christine Maggiore, who tipped off Scheff to the story and who Bergman calls an "HIV imposter" because Maggiore is healthy and long-term HIV-positive, Bergman elicited an excited response from an AIDS activist named George Carter, who wrote in reply to her email alert, "Hi Jeanne! Doesn't it just make ya feel CLEAN???"

This is the moment in history where mainstream AIDS activists have abdicated all credibility, all reason and, I would say, all sanity. History will record that they were not given pause even at such a point of medicinal depravity as this. They feel not even a pang of disturbance or "compassion." They have alienated themselves from all reasonable factions of society and identified themselves as fanatics — lost in the fever of their revolutionary war against what they think is HIV "infection," but what is really constellations of proteins with supernatural, unsubstantiated beliefs projected onto them.

Where does the border for their "outrage" begin? They are outraged about almost everything — but not that black and Hispanic orphans in the custody of an AIDS "charity" and kept behind bars were force fed, via feeding tubes, a barrage of highly toxic AIDS drugs, experimental vaccines, and other untested drugs, as human test subjects in National Institutes of Health (NIH) sponsored clinical trials, obviating all known standards and conventions established in the wake of Nuremberg and Helsinki, which assure protection for human test subjects.

The Code of Federal regulations prohibit the use of children who are wards of the state from being subjected to experiments involving "greater than minimal risk," and mandate that each child must have an advocate who fights for the best interests of the child. The Associated Press (AP) has reported that of 465 New York City children in the experiments, only 142 had an advocate. ACS — the city's child welfare agency — lied about the number of children involved in the experiments; first they claimed it was only 76, but eventually admitted it was 465.

On June 16, AP reported that the government — specifically the Department of Health and Human Services Office of Human Research Protections — had concluded after an investigation that NIH and Columbia Presbyterian Hospital "acted unethically," and that "at least some AIDS drug experiments involving foster children violated federal rules designed to ensure vulnerable youths were protected from the risks of medical research."

Again, Bergman and her ilk are factually wrong — but undeterred. Children's true HIV infection status cannot be known until they are at least 18 months old, and yet infants as young as 3 months were given the drugs. It is not know how many children died during the course of the "trials" because ACS and ICC have refused to turn over the data. AP reported, "Some foster

children died during the studies, but state or city agencies said they could find no records that any deaths were directly caused by experimental treatments."

This brings me back to the two certificates of death I have in front of me, which I obtained during the course of a four-month research stint last summer as a researcher on the film "Guinea Pig Kids," based on Scheff's original research. It aired on BBC and across Europe, but never in the United States.

One child was 11 at the time of death and the other was two. Each certificate is signed by a physician and states that the deaths were due entirely to "natural causes."

Having interviewed several people who work in the funeral and burial field, I learned this is the standard form that is filled out when there is no autopsy. I find it staggering that NIH and major hospitals would fail to perform autopsies on children who died in the course of multi-million-dollar clinical trials. Why does the research path go cold here? Why is there no information about what exactly killed these kids? How many entered the trials, and how many died?

Objectors and politicians at City Council, in activist groups and elsewhere are asking for the records. The indefatigable Vera Hassner Sharav of AHRP (The Alliance for Human Research Protection) in New York has fought tirelessly and thus far in vain for information about the lost records. As long as those records do not surface, people like Jeanne Bergman can continue to insist that the trials and the drugs only "saved" children's lives, as opposed to ending them.

I spent last summer trying to get answers and like all others, ran into a labyrinth of silence. No answers, no communication, no accountability.

We knew that ICC buries its dead children at a Catholic mass grave in Hawthorne, New York, called Gates of Heaven Cemetery, so I was sent up there.

The grave is a large hole in the ground covered by Astroturf. It is not known how the children are buried, but it is certain that they are not embalmed and that their bodies cannot be exhumed. (The cemetery's director told me this.) Around the mass grave are six large tombstones in a semi-circle with the names of about 1,000 children engraved along with their dates of birth and death. These are not only ICC children — by far — but mostly indigent Catholic babies, children and even fetuses, whose parents could not afford a proper burial. I stood on that burial plot and wrote down the name of every last child, which took almost four hours.

I took that list and narrowed it down to the years the ICC experiments were taking place. Then I took those names to the Department of Health's birth/death archives and searched for matches. My colleague on the project, Milena Schwager, had been given some names of children who were rumored to have died during the experiments from foster parents inside ICC.

We ended up with the names of a handful of kids who had died at ICC and I set about trying to find out what their cause of death was listed as. This is where the trail went cold: unless an immediate blood relative demands an autopsy, none is done in situations like this and the cause of death is simply listed as "natural."

For two of the kids, I managed to get a friend of a friend who is a funeral director to send for their death certificates, and he told me in advance to expect them to say "natural causes." The system is designed that way, he said, so that the paperwork moves quickly and the burial happens fast.

These children were disposed of as though they were garbage. One father of a dead ICC child was in prison when the boy died. He searched high and low for any information about what had happened to the boy or where he was buried. ICC told him that they were very sorry, but all the medical records had been "destroyed in a warehouse fire" in New Jersey.

How all this makes AIDS activists feel "clean," is a mystery.

Can we say for sure that these children died of the known and potentially lethal toxicities of anti-HIV drugs? No. But the reason we can't know that, or say that, is that it has been arranged that all data reach a vanishing point at death. Why is that? The NIH puts about \$10 billion per year into HIV research. Why are we all being told there is no data about these experiments, these kids — how they fared, what precisely they died of? HAART (Highly Active Antiretroviral Therapy) deaths, after all, are distinguishable from what used to be known as "AIDS" deaths, and if we knew what symptoms the children had, we would know if the drugs killed them.

During the course of the documentary, I was contacted by a nurse who worked at a summer camp where her sole job was to administer the drugs to the ICC kids. She was instructed to make sure they got the drugs — no matter what, and this was in fact, her entire job for the duration of the kids' stay. She told of children screaming, running, scaling walls, charming and cajoling — anything to be spared the drugs. She repeated the testimony of so many who have seen these kids both on the drugs and off them: when they are on the drugs they are as good as dead — listless, vomiting, unable to walk — and as soon as they go off them (in the words of one former ICC nurse, Jacqueline Hoerger, who testified at the May 5 City Council Hearings on this matter, which Bergman called "misinformed grandstanding"), "they become children again, right away." Hoerger had her two foster daughters seized on a Saturday morning, while they were still in their pajamas, because authorities learned that she had taken them off the drugs. They became healthy right away when she did so, but she still lost all rights. To this day she does not know what happened to the two girls she loved, cared for and wanted to adopt.

The nurse who came forward (anonymously) said that all the ICC kids spent the entire 10-day camp stay in the infirmary, lying in beds, lifeless. There was one little boy from West Africa who was clever, charming and determined enough to wear her down, and she eventually allowed him to miss a few doses. She said she had been told the drugs were in the best interests of the kids but she decided to speak out because she knew "something was wrong."

The City Council Hearing on May 5 in New York was packed and the air was electric. It felt like an historic event. ACS Commissioner John Mattingly started out fairly arrogant but quickly became deferential when the rage in the largely black crowd in the room became almost tangible. He had made the mistake of calling those who were furious about the trials "fringe groups" and was put in his place, as though by the swipe of a mighty lion paw, by Councilman Bill Perkins who said in a low, rich voice: "An apology is in order, I believe, for your use of this phrase 'fringe groups.' To use that phrase diminishes the substance of what we are talking about. There is nothing of greater concern to communities of color than what we are talking about here today. This has grave racial and historical connotations, and you, sir, have opened a real can of worms."

The audience roared. After that Mattingly was meek and contrite, vowing to "find out what happened to these children. Every one of them."

Is that so much to ask? Why is everything in HIV research simultaneously so ultra-funded, so high tech, and yet so trapped in factual viscosity that prohibits ever getting simple, clear, hard data?

Public Advocate Dr. Betsy Gotbaum, who had written letters to ACS and ICC inquiring about details of the trials and the children in them, all of which were unanswered, said: "This is so outrageous. It is literally unbelievable."

The meeting went on for about five hours, concluding with three-minute testimonies from

dozens of people, including parents whose children had been taken into custody by ACS for little or no reason then swept into the medical experiments.

The film "Guinea Pig Kids" was shown — depicting a world that looked more like apartheid era South Africa than post Civil Rights America. Many people cried openly. The black community — represented by several groups that Bergman dismissed as "denialist" and "grandstanding," including the Dec. 12th Movement and Parents in Action — made it very clear that this "issue" is to them, "bigger, even, than police brutality," and likened it to the Tuskegee syphilis experiments.

A final note: Every Saturday there are protests outside ICC. A couple of months ago, I attended one. Several times, cars pulled up and staff members brought ICC kids from the vehicles into the building. Not one of them could walk. They were all vegetables. Several were in wheelchairs; others had to be carried. This is not what HIV "infection" looks like — in children or young adults. The "denialists" collect stories and footage of children whose parents have successfully fought off the enforcement of drugs, and those kids are happy and healthy as a rule. Case in point: remember those Romanian "AIDS babies" who got HIV through blood transfusions in the mid-1980s? An article in TheNew York Times reported they've now become young adults, and (gasp) sexually active. Remember Romanian born Lindsay Nagel, whose adoptive parents were accused of murder for taking her off AZT? She is now a healthy teenager. These are the stories that rarely get told.

The natural history of HIV in children is virtually impossible to decipher because of the way the system is designed. It is extremely difficult for any parent or guardian to fight for the legal right to keep custody of their kids and keep them off the drugs. Those who aren't giving their kids the drugs usually have to pretend they are, to keep their kids from being taken away. This is the brutal reality and the horrific choice parents are faced with: keep your children with you and poison them or give them up and let the state poison them.

People like Bergman refuse to look into the now voluminous and (to borrow their favorite word) "overwhelming" evidence that HIV antibodies do not mean surefire death or even sickness. They cannot bear for this to be true because if it is true, the mistake, to use the gentlest word possible, amounts to almost incalculable and unnecessary destruction of life.

Bergman's email address reflects a macabre desperation: HIVKILLS@earthlink.net. She invites you to write to her if you want to help her beat back the "denialists." I invite her and her fellow pharma-funded AIDS professionals to come to the next City Council Hearing and do nothing except listen, hear, look into eyes, watch faces and glean.

*To "glean" means to gather grain left behind by reapers, or "facts in small amounts or from places widely scattered by searching here and there."