

THERE WILL NEVER BE A VACCINE FOR HIV-AIDS

Dear Liam Scheff,

I refer to you e-mail note on “Vaccine Blues - The Aids Crusade Moves On.” But yes, it is crusade against the ignorant, It seems that way.

A long time ago, I predicted that there will never be a vaccine for HIV-AIDS (see: AIDS, NON-HIV AIDS AND PRESCRIPTION AIDS). It is stated in one of my internet articles. The reasons are stated in that article but the brief facts based on basic science affirm the truth as follows:-

1. Dr. Gallo presumed there was a virus in his supernatants. He called that process as “isolation” of virus which is not in the realm of virology. The established procedure in virology requires purification and reinfection of healthy cells and from the reinfected cells the virus is isolated. No such standard was adhered to in the Gallo procedure.
2. The AIDS posse claim that it is an enveloped virus that is able to ‘hide’ its genetic material in host DNA but no one has ever seen the budding process of HIV since 1984.
3. The AIDS posse has not explained how Gallo can grow the virus in an immortal line of white blood cells that they claim is targetted by the HIV and the HIV attacks these cells.
4. If a virus can hide its genetic material in the host cells DNA by incorporating into the host DNA and later splice itself out and kill the host cell through the budding process, it requires specific enzymes for this complex process. No one has actually identified such cells in which viral genetic material has been incorporated nor isolated and studied these enzymes nor explained why cells with such abnormal DNA are not indentified by NK cells and destroyed.
5. In his testimony in an Australian Court of Appeal, Gallo testified that he found the virus in only 40% of AIDS patients but the AIDS posse insists that his virus is the sole cause of AIDS.
6. The AIDS test kits carry an interesting disclaimer that they cannot be used to diagnose and treat AIDS.

7. The manufacturer has warned in the original AZT label that it is toxic by inhalation and can cause the symptoms of AIDS but later went on to advertise in The Lancet that it well tolerated by children and even promotes cognitive development ie – it is as good as a supplement.
8. The AIDS test kits are supposed to test for viral specific proteins but it gives false positives for a host of conditions including people recovering from malaria and flu and even pregnancy can give a false positives. So, there is not a iota of viral specificity.

Christine Johnson, a researcher and author, compiled a long list of conditions documented in scientific literature to cause positives on HIV tests, and provides references for each condition. He cites 63 research papers by over 100 scientists. The list - Anti-carbohydrate antibodies; Naturally-occurring antibodies; Passive immunization: receipt of gamma globulin or immune globulin (as prophylaxis against infection which contains antibodies); Leprosy; Tuberculosis; Mycobacterium avium; Systemic lupus erythematosus; Renal (kidney) failure; Hemodialysis/renal failure; Alpha interferon therapy in hemodialysis patients; flu vaccination; Herpes simplex I; Herpes simplex II; upper respiratory tract infection (cold or flu); Recent viral infection or exposure to viral vaccines; Pregnancy in multiparous women; Malaria; High levels of circulating immune complexes; Hypergammaglobulinemia (high levels of antibodies); False positives on other tests, including RPR (rapid plasma reagent) test for syphilis; Rheumatoid arthritis; Hepatitis B vaccination; Tetanus vaccination; Organ transplantation; Renal transplantation; Anti-lymphocyte antibodies; Anti-collagen antibodies (found in gay men, haemophiliacs, Africans of both sexes and people with leprosy); Serum-positive for rheumatoid factor, antinuclear antibody (both found in rheumatoid arthritis and other autoantibodies); Autoimmune diseases; Systemic lupus erythematosus, scleroderma, connective tissue disease, dermatomyositis Acute viral infections, DNA viral infections; Malignant neoplasms (cancers); alcoholic hepatitis/alcoholic liver disease; Primary sclerosing cholangitis; Hepatitis; "Sticky" blood (in Africans); Antibodies with a high affinity for polystyrene (used in the test kits); Blood transfusions, multiple blood transfusions; Multiple myeloma; HLA antibodies (to Class I and II leukocyte antigens); Anti-smooth muscle antibody; Anti-parietal cell antibody; Anti-hepatitis A IgM (antibody); Anti-Hbc IgM; Administration of human immunoglobulin preparations pooled before 1985; Haemophilia; Haematologic malignant disorders/lymphoma; Primary biliary cirrhosis; Stevens-Johnson syndrome; Q-fever with associated hepatitis; Heat-treated specimens; Lipemic serum (blood with high levels of fat or lipids); Haemolyzed serum (blood where haemoglobin is separated from the red cells); Hyperbilirubinemia; Globulins produced during polyclonal gammopathies (which are seen in AIDS risk groups); Healthy individuals as a result of poorly-understood cross-reactions; Normal human ribonucleoproteins; Other retroviruses; Anti-mitochondrial antibodies; Anti-nuclear antibodies; Anti-mitosomal antibodies; T-cell leukocyte antigen antibodies; Proteins on the filter paper ; Epstein-Barr virus; Visceral leishmaniasis and Receptive anal sex. **So, the HIV test is not valid and hence the disclaimer on these test kits.** If so, how do you carry out other HIV related experiments?

9. To further confirm this pseudo-science, they devised a test which requires the presence of a certain concentration to affirm that a person is actually infected with HIV. It is not a case of ... yes the virus specific proteins are present and therefore there is a viral infection. This is a strange fiction.
10. Hospital and medical literature on HIV testing is as sinisterly misleading as it can get. It generally states that HIV testing is done by analyzing a small amount of blood or oral fluid and if the blood or oral fluid contains antibodies to HIV, "you have the virus in your system"... because the HIV test looks for antibodies... They claim that they are looking for antibodies whereas Gallo says it is viral specific proteins but the fact is there are a large number of false positives.

Liam, under these circumstances, where is the proof of a virus they call HIV and they say is the sole cause of AIDS. In my other articles I have quoted some proponents of the HIV-causes-AIDS theory who claim that oxidative stress promotes the progression of AIDS. The AZT also generates free radicals in the body and causes oxidative stress like many other chemical stressors especially in malnourished people. If HIV was the sole cause of AIDS, a vaccine would have emerged within 2-3 years and would have been tested as early as 1987. But there was never a virus - only some proteins in a supernatant that Gallo claimed was an isolated virus and claimed that it "was the probable cause of AIDS." If oxidative stress is also a factor in AIDs and its progression, there will be no immunization for AIDS.

The general understanding of AIDS by the public and health authorities around the world, with exceptions, is summarized in the official portal of the North Dakota Department of Health which states the "facts" as follows:-

"HIV is the virus that causes AIDS. HIV attacks certain cells of the body, especially those that protect us from disease. People who have HIV can stay healthy for a long time, but, eventually, the immune system is compromised to the degree that the infected person becomes ill. At this point, when HIV-infected people begin to develop illness or disease, they are diagnosed with AIDS. There is no vaccine or cure for AIDS. People can, however, protect themselves from contracting the virus."

"People who engage in behaviors, such as unprotected sex or needle sharing, are at risk of being infected and should be tested. The more partners, the greater the risk of infection."

"In North Dakota, testing is done free and confidentially at the test sites listed on this website. State law requires you to sign a consent form before being tested. The consent form explains who may receive information about the test results."

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I was surprised that there would actually be scientists who would try to arrive at a vaccine. I did not know that there are idiots at reputable or well known laboratories and institutions who would spend time and money on such misadventures. Apparently there are. They fail to realize that it is a hoax (see The HIV Hoax) Referring to Bad day at Merck (Vaccine Blues - The Aids Crusade Moves On), I learnt that:-

- In a major setback, one of the leading experimental AIDS vaccines not only failed to prevent test subjects from becoming infected with HIV, but it didn't offer any indication it might delay the onset of full-blown AIDS, which had been a key hope.
- The collapse of the trial leaves Merck & Co., which had spent a decade developing the vaccine, with no remaining prospects in the global hunt for an AIDS immunization. The vaccine was tested in a network funded by the National Institutes of Health."

The AIDS industry is a fascinating world of paradoxes. On one hand they say that "a person who has antibodies to HIV-1 is presumed to be infected by the virus." Why presume the infection. If antibodies are actually detected, there should be no presumption as it is proof of infection and it is proof of an immune response from the body. That should be good news but the AIDS posse say that although you have already generated an immune response, you must now be given toxic drugs some of which are known to cause symptoms of AIDS. On the other hand, if a person is tested positive for any other viral antibodies, it means there is an immune response and the antibodies will destroy the virus, just like flu or chicken pox. Similarly, when a person is given the small-pox vaccine and tests positive for its antibodies, it means protection from small-pox. But in HIV, when a person shows an immune response, there is presumption of infection which must be treated with toxic drugs.

The fact is, the AIDS posse does not seem to have come to an agreement on whether the tests are for HIV antibodies or merely for what they claim to be viral-specific proteins that give so many false positives in a large number of conditions and diseases. And in the midst of this scenario, there are jackasses looking for a vaccine and trying to test it! So, then we get hilarious jokes which are curious new paradoxes as follows,-

- “The purpose of this study is to find out more about how persons respond to HIV-1 infection if they have received an experimental HIV-1 vaccine before they became HIV-infected. It is important to study people who have been given experimental HIV vaccines and who later became HIV-infected for several reasons.” (January 2002, ClinicalTrials.gov)
- “A person who has antibodies to HIV-1 is presumed to be infected by the virus, except that a person who has participated in an HIV vaccine study may develop antibodies to the vaccine and may or may not be infected with HIV.” (Abbot Laboratories, 2006 ‘Hiv test’)

If a person is already given an HIV-1 vaccine, why would he later become infected with HIV-1. Such a person would have been immunized against HIV-1 unless the vaccine itself leads to the infection. The Abbot Laboratories statement that a person who has antibodies to HIV-1 is presumed to be infected by the virus is a cruel joke on the statement above it because the experimental HIV-1 may produce “antibodies” to the HIV-1 but the presumption vanishes because he may or may not be infected with HIV-1 but both confirm that the vaccine does not protect the vaccinated person from HIV infection. INTERESTING RIDDLES INDEED, Liam. But it helps to fool the politicians into providing the funds for futile research.

Liam, perhaps this question might enlighten some people. Why is a person tested positive for HIV antibodies presumed infected and must be treated and not presumed HIV immunized?

May be if we now write a short paper on how the HIV virus tricks the immune systems of HIV vaccinated people, we will get the full support of the AIDS posse and substantial grants to study a fictitious virus that was supposed to be the sole cause of AIDS and targets the white blood cells and eventually impairs the immune system and destroys it and opens it up for opportunistic infections and it is tested with material developed from HIV-infected white blood cells that have been immortal since 1984 but the politicians must never find out that the test kits

carry the disclaimer that they cannot be used to diagnose and treat AIDS because it gives false positives.

Keeping in mind the official medical literature from North Dakota Department of Health HIV/AIDS Program which states that “because the HIV test looks for antibodies, a person who is infected may test negative before testing positive” nobody has explained why it takes an exceptionally long period after infection before antibodies are developed or never developed at all. Why have they not proposed the idea that since Gallo can grow the virus in an immortal line of cells, in some cases it only blocks the formation of antibodies in some people. And that could explain why they get infected with HIV that targets the white blood cells later on. That would keep things going for lot longer while the insurers collect the insurance premium on full-blown AIDS covers.

But the most interesting idea within the context of these statements which is why some people develop the antibodies to the vaccines and get infected with HIV, yet others who do not develop the antibodies do not get the HIV infection. But that would destroy the legitimacy of an industry that depends on HIV as the sole cause of AIDS wherein the virus targets the white blood cells and eventually destroys the immune system which is why doctors must prescribe a toxic medication that precipitates the symptoms of AIDS, more so now that people at Merck have proven that HIV vaccines don't work.

Palamara et al, investigated the effect of glutathione on the replication of human immunodeficiency virus (HIV) in chronically infected macrophages, a known reservoir of the virus in the body [AIDS Res Hum Retroviruses 1996 Nov 1;12(16):1537-41] and found that exogenous GSH strongly suppresses the production of p24 protein. That is an interesting link between glutathione (GSH), an antioxidant enzyme produced in the body and p24. The higher the amount of exogenous GSH the lower the amount of p24 the body will produce. Similarly if the patient gets bioavailable selenium which is essential to the production of glutathione in the body the level of p24 will decline. So, is the p24 part of the body's antioxidant defense mechanism and an indication of low glutathione or is it an antigen that indicates a viral infection or is it an antibody?

There is one more legal issue. When should the treatment for AIDS start? The manufacturers of the medications would like it to start as soon you are tested positive by using test kits which say that they cannot be used to diagnose and treat AIDS. The idea is to impact the bottom line not the health of the person tested positive which may be a false positive anyway. Never mind the official medical literature which says “People who have HIV can stay healthy for a long time, but, eventually, the immune system is compromised to the degree that the infected

person becomes ill. At this point, when HIV-infected people begin to develop illness or disease, they are diagnosed with AIDS (copyright 2007 North Dakota Department of Health HIV/AIDS Program).

So, Liam, when is the official diagnosis – at the point of testing positive or at the point of developing the symptoms of AIDS? This is also a paradoxical question because, as you already know, Liam, at the point of testing, it may be a false positive and at the point of testing positive one may be healthy. Since the toxic medication can cause the symptoms of AIDS in any healthy individual and he is diagnosed with AIDS only when he develops the symptoms which means that we have an issue in public health which is about giving the pharmaceutical benefit at the point of testing positive and impair the health of the person tested positive to the point that we can say he has in fact developed the disease and can be diagnosed with AIDS. This could also give rise to contentions in AIDS insurances.

Now, take a look at the AZT Label (see The AZT Label). This is what the patient never sees, an actual copy of an AZT label. This label has appeared on bottles containing as little as 25 milligrams, a small fraction (1/20 to 1/50) of some patients' daily prescribed dose.

"WARNING: RETROVIR (ZIDOVUDINE) [AZT] MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS).

PROLONGED USE OF RETROVIR [AZT] HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS. RARE OCCURRENCES OF LACTIC ACIDOSIS IN THE ABSENCE OF HYPOXEMIA, AND SEVERE HEPATOMEGALY WITH STEATOSIS HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES, INCLUDING RETROVIR AND ZALCITABINE, AND ARE POTENTIALLY FATAL (SEE WARNINGS)." - from Glaxo Wellcome AZT product information.

Glaxo Wellcome puts the following warning in large, bold-faced, capital letters at the start of the section in the 1998 Physician's Desk Reference that describes AZT (brand name Retrovir or Zidovudine):

"RETROVIR (ZIDOVUDINE) MAY BE ASSOCIATED WITH SEVERE HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV

DISEASE (SEE WARNINGS). PROLONGED USE OF RETROVIR HAS ALSO BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS."

"Granulocytopenia", also called "neutropenia" means that the primary cells of the immune system, neutrophils, have been depleted, along with some other cells, eosinophils and basophils, which are less numerous but still important. This condition can be mild, moderate, or severe. The clinical course of severe neutropenia, as described in the basic pathology textbook, Pathologic Basis of Disease by Robbins (5th Ed.), which is used in most medical schools to study pathology, describes what happens to people with severe neutropenia. The symptoms and signs of neutropenias are those of bacterial infections... Robbins also states, in italics, that "the most severe forms of neutropenias are produced by drugs." In severe agranulocytosis with virtual absence of neutrophils, these infections may become so overwhelming as to cause death within a few days," (Robbins, p 631). This sounds disturbingly similar to a description of AIDS.

So, this is the medication, not the drug to be avoided by AIDS patients! Its use is associated with symptoms similar to that produced by HIV. Dr. Michael Lange, associate chief of infectious diseases at St. Luke's-Roosevelt Hospital in New York and one of the doctors the FDA consulted when evaluating AZT in 1987, says even he sometimes had trouble differentiating between AZT's toxic effects and AIDS itself. An article in the New England Journal of Medicine describes the muscle wasting caused by AZT and compared it to muscle wasting, called "myopathy", presumed to be caused by HIV. Their comments in the abstract are shocking: "We conclude that long-term therapy with Zidovudine can cause a toxic mitochondrial myopathy, which... is indistinguishable from the myopathy associated with primary HIV infection..." So, AZT can cause AIDS and yet 5000 scientists signed a declaration that HIV is the sole cause of AIDS. The AIDS industry is built on paradoxes.

AZT has effects of toxicity in animals and humans. "It produces excruciating headaches; severe nausea; muscular pain; wasting of the muscles; damage to kidneys and nerves; excruciating pains in the legs; encephalitis; severe anemia requiring transfusions to stay alive; lymphoma (cancer); cancer in 49% of cases, versus 2% incidence in non AZT group; liver damage; nail dyschromia (fingernails turn black); insomnia; impotence; dementia; mania; ataxia (failure of muscular coordination); seizures; alopecia (hair falls out). It is a fairly well established fact that AZT was designed to kill the bone marrow. It causes neutropenia or leukopenia (loss of white blood cells) or bone marrow aplasia and bone marrow

toxicity. White blood cells are the basis of the immune system. T cells, granulocytes, those are all parts of the immune system. You kill those with AZT and the immune system is gone,” Harvey Bialy, Research editor Bio/Technology Science Journal.

The widespread use of drugs that generate free radicals in the body have become an issue in public health (see: AIDS, NON-HIV AIDS AND PRESCRIPTION AIDS). New research suggests that 4 percent of “HIV-positive” individuals have a bone disorder, osteonecrosis, that can become painful and debilitating (Reuters). Osteonecrosis basically causes the bone to die. All of the patients in the study had osteonecrosis in their hip bones. **The condition seemed to appear more frequently in patients who took steroids, testosterone or blood fat-lowering drugs to treat side effects of protease inhibitors, a class of AIDS drugs** (Dr. Joseph A. Kovacs of the National Institutes of Health in Bethesda, Md.). If a toxic drug like AZT can cause the symptoms of AIDS which is primarily through its free radical generating capacity, other drugs, too, will produce similar effects to different extents, depending on their toxicity and period of use and nutritional status of the individual as excess free radicals cause oxidative damage to membranes, DNA, mDNA, the cytochrome system and lowers ATP output as the antioxidant enzymes are depleted more rapidly.

With regards,

Beldeu Singh