AIDS – From Drugs to Vaccines

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INTRODUCTION

In the early days neutropenia was one of the key parameters of AIDS. 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.

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, there is drug-induced immune suppression and drug-induced AIDS, and AZT can cause AIDS. Yet 5000 scientists signed a declaration that HIV is the sole cause of AIDS. The AIDS industry is built on paradoxes and suckers.

PARADOX IN THE HIV EPIDEMIC

The world’s best paradox in medicine, rather a very bad joke, was created when Dr. Gallo was asked during a trial in a South Australian Court of Appeal. He affirmed that he found his so called HIV in only 40% of AIDS patients and went on to state that “yes, in itself 40% it is not the cause of AIDS.” The mainstream media was responsible in creating the AIDS-scare but they did not seem bothered to report this pertinent matter, which would be of great interest to the public.

In the early days the AIDS posse said that entire nations, especially in North Africa, will disappear due to the AIDS epidemic. The population of Africa has indeed increased, not decreased. They said there will be mass graves. Where are these mass graves?

THE FOOLISH SEARCH FOR HIV VACCINES

And because the test kits were bogus kits, they carry a disclaimer that states – "these test kits cannot be used to diagnose AIDS" which was good advice from their lawyers to protect their ass from lawsuits. Based on this and other disturbing information about the HIV-AIDS dogma, it was apparent more than 20 years ago that "There will be no vaccine on AIDS."[1]

Yet here, there is a growing movement with regard to vaccines. At one point they said that it was difficult to produce an HIV vaccine because HIV mutates so fast. It is being said that "the HIV is a wildly mutable virus." "It is among the most mutating viruses but if it had an unchanging part, this could be used to teach the immune system to neutralize HIV variants."[2]

If every part of the HIV is mutable and is mutating, it will never become an infective virus or the virulent virus it was made out to be when they first claimed that they had a virus, which "was the probable cause of AIDS." So, how do you fool the NIH or governments to fund research on HIV vaccines? Well now, in the same breath, they say, "though mutable, parts of the HIV are relatively change-resistant which are key to its ability to infect white blood cells and multiply." In fact, if what they say is true that after infecting T4 cells the HIV incorporates its genes (God knows in what specific or random manner) into the host DNA that they say is responsible for its latent period (to explain the latency in immune suppression) then there must be a very large part of the HIV that is immutable in order to maintain such a complex activity. And if this is true, why are there no epigenetic changes in infected cells due to the altered genome that the HIV can, very interestingly recompose thereby ending its latency!

It is believed that "broadly neutralizing antibodies (bnAbs) are likely to be a key component of protective immunity conferred by an effective HIV-1 vaccine. It has been reported that putative human germline predecessors of known human bnAbs lack measurable binding to HIV-1 envelope glycoproteins (Env), which could be a new challenge for eliciting human bnAbs.[3]

It is claimed, that "our understanding of how antibodies are generated and function could help develop effective vaccines and antibody-based therapeutics against viruses such as HIV-1. Although broadly neutralizing antibodies (bnAbs) against the HIV-1 were observed in patients, elicitation of such bnAbs remains a major challenge when compared to other viral targets."[4] Other antibody testing using "the ALVAC-HIV/AIDSVAX-B/E RV144 vaccine trial showed an

estimated efficacy of 31%"[5] a finding that offers proof that as stated by Dr. Gallo, they are using particles obtained from supernatants instead of actual isolates of HIV as required by Koch's postulates, and secondly, such a finding conforms to the observed large number of false positives with HIV test kits. Thirdly, it conforms to the nature of the tests, which are not based on the presence-absence of HIV antibodies or viral-specific viral proteins but on the concentration of glycoprotein p24. At a concentration of 30pg/ml p24 glycoprotein one may be diagnosed as HIV-positive and at 29pg/ml of p24 protein, one may not be HIV-positive![6] Their test kit manual says the significance of p24 is not known! Why do the scientific community and the HIV-AIDS proponents accept particles from supernatants as isolates when it comes to AIDS? Why do they worship this dogma?

The HIV antibody assays give a large number of false positives because they do not test for HIV antibodies but a glycoprotein called p24, which is produced by a host of pathogens including microparasites. It is **very important** to remind patients and clinicians that influenza vaccination **may cause cross-reactivity** with HIV antibody assays.[7]

Referring to "Bad day at Merck" (Vaccine Blues - The Aids Crusade Moves On), one learns 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."

A group of chimps were locked in metal cages for 30 years and were injected with the so called HIV. They say that some chimps became HIV positive but none developed full blown AIDS.[8] Thirty-three chimps were freed, ending a 30 year failure to find the HIV vaccine. Among 2176 HIV uninfected participants who received a vaccine product, 908 (41.7%) became VISP – vaccine-induced seropositive[9,] which interestingly is almost the same percentage of AIDS patients in whom Dr. Gallo claims to have found the HIV virus. Whether that is just a coincidence or an indication of population susceptibility to immune suppression, it proves that the vaccine can turn 40% of uninfected people into having an HIV-positive status. People with HIV-positive status are routinely treated with AZT or a cocktail of drugs that cannot cure AIDS but have toxic and immunosuppressive effects and can cause AIDS.

CONCLUSIONS

If there was a an actual virus obtained from isolates through purification in accordance with the Koch Postulates in virology, there was indeed a very good chance of producing a vaccine. Since Dr. Gallo stated in his testimony during the Paranzee Trial in the South Australian Court of Appeal that "purification destroys it all" (which is a ridiculous statement) there will never be an actual isolate of HIV, only particulate matter obtained in supernatants. So, if the virus cannot be actually isolated, there will never be an HIV vaccine. The other key factor why there will never be a vaccine for HIV is the very large number of false positives. This is supported by the disclaimer on the HIV test kits – which means if there is no definitive antibody test specific for a virus, there is no certainty as to who is actually infected and this cannot be based on the concentration of the glycoprotein p24. Under this p24 assay, one is deemed infected only if the concentration exceeds a certain concentration that varies from Africa to France to Australia, and if it is below that concentration then one is not HIV-positive. This type of voodoo science is not going lead to the development of a vaccine.

Now a group of researchers is chasing the dragon by tracking some people who were diagnosed as HIV-positive about 25 years ago, when it was said that the HIV is a virulent pathogen that targets and destroys the cells of the immune system and later it was said that there is a latent period followed by the notion of a window period. These people did not contract AIDS and the researchers believe that such patients have immunity through "broadly neutralizing antibody" (bnAb). If bnAbs have been actually observed in HIV patients wherein the bnAbs-HIV binding does occur then the HIV can be obtained and isolated from infected healthy cells but this is not going to happen, simply because of the earlier facts about the HIV being found in only 40% of AIDS patients and the very large number of false positives and the use of p24 to test for HIV infection or to make an HIV-diagnosis. So, it's going to be another merry-go-round or beating around the bush till they come up with something new to tell the world in continuation of a hoax that the medical fraternity loves so much. A thirty year experiment with 33 chimps just proved what I said long ago – There will be no vaccine on AIDS – the immune suppression is precipitated first through immunosuppressive drugs or protozoal infection when their infective forms infect cells of the immune system and that is followed by viral loads.

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