THE MASSIVE FRAUD BEHIND HIV TESTS

By Jon Rappoport

On July 12, 2006, ABC News ran a story about testing all adults in America for HIV:

"Along with Washington's new screening program, the national Centers for Disease Control and Prevention [CDC] is expected to release similar guidelines this summer that would expand HIV screening to all adults in the United States.

"If this happens, it means that just about anybody over the age of 13 could be asked by their doctor, 'Would you like an HIV test?'"

Although this would not be a compulsory program, it would be another step in that direction. And of course, in a doctor's office or in a hospital, many patients simply go along with doctors' recommendations.

If a doctor says, "Would you like to get tested for AIDS? It's very important, it could save your life," the patient will often give his/her consent.

The CDC is also claiming that today's HIV tests are much more accurate than the tests done in the early years of AIDS. However, in the early years, US health authorities asserted that standard HIV tests were 99.78% accurate, which is to say they very, very rarely called a patient HIV positive when he/she wasn't. Were US health authorities lying then, or are they lying now—or both?

In 1988, my book, AIDS INC., was published. It was the first book that challenged the assumption that HIV causes AIDS.

I also devoted an entire chapter to proving that routine HIV tests were unscientific, useless, misleading, and produced devastating results, since those tests were (and are) the gateway into highly toxic drugs---to say nothing of the horrendous consequences of telling a person he has contracted an ultimately fatal disease.

In the years since 1988, a great deal of information has come to light regarding HIV tests.

For example, last year (2005), the following explosive lead paragraph appeared in

a KTVU/Associated Press story:

Anxiety Triggered By AIDS Test/ False Positive Results
POSTED: 8:01 am PST December 9, 2005
UPDATED: 8:23 am PST December 9, 2005
SAN FRANCISCO – "A promising new oral HIV test that uses fluid swabbed from the mouth to quickly and easily detect the virus that causes AIDS incorrectly diagnosed a quarter of the people who tested positive in San Francisco, city health officials found."

People were tested for HIV, told they were positive, when in fact this was false.

The article continues:

"Forty-seven people who tested positive after using the OraQuick Advance HIV test in city clinics were not infected at all, the San Francisco Department of Public Health said this week."

So apparently, not all HIV tests are "much more accurate today."

At the end of the article, a scientist at the California Office of AIDS made a telling admission:

"One explanation for the spate of false positives might be that there is something unique about the San Francisco group, such as a high number of people with hepatitis, that may unexpectedly interfere with the test results, said Deanne Sykes, a research scientist for the California Office of AIDS.

"'We will watch it,' she said. 'We will monitor it to see if there is something consistent we can pinpoint.'"

Sykes was stating that hepatitis might cause the HIV blood test to register positive when it was really negative. This is called a cross-reaction.

Actually, blood products given to treat hepatitis, as well as the hepatitis B vaccine, can both cause a false-positive HIV test. This has been known for a long time.

See, for example, Lee, D, Eby W, Molinaro, G. 1992. HIV false positivity after Hepatitis B vaccination. Lancet 339: 1060.

There is a great deal of useful information you can find on HIV tests, if you go to Christine Maggiore's excellent site, www.aliveandwell.com

Here are some citations assembled at Alive and Well:

"The only way to distinguish between real reactions and cross-reactions is to use HIV isolation. All claims of HIV isolation are based on a set of phenomena detected in tissue culture, none of which are isolation and none of which are even specific for retroviruses...We don't know how many positive tests occur in the absence of HIV infection. There is no specificity of the HIV antibody tests for HIV infection."
Bio/Technology Journal, 11:696-707, 1993

"The HIV antibody tests do not detect a virus. They test for any antibodies that react with an assortment of proteins experts claim are specific to HIV. The fact is that an antibody test, even if repeated and found positive a thousand times, does not prove the presence of viral infection."
Val Turner, MD, Continuum magazine, Vol 3 No 5, 1996

"HIV tests are notoriously unreliable in Africa. A 1994 study published in the Journal of Infectious Diseases concluded that HIV tests were useless in central Africa, where the microbes responsible for tuberculosis, malaria and leprosy were so prevalent that they [cross reacted] and registered over 70% false positive [for HIV]."
Sacramento Bee, October 30, 1994

"With public health officials and politicians thrashing out who should be tested for HIV, the accuracy of the test itself has been nearly ignored. A study last month by Congress' Office of Technology Assessment found that HIV tests can be very inaccurate indeed. For groups at very low risk -- people who don't use IV drugs or have sex with gay or bisexual men -- 9 in 10 positive findings are called false positives, indicating infection where none exists."
US News & World Report, November 23, 1987

"People who receive gamma globulin shots for chicken pox, measles and hepatitis could test positive for HIV even if they've never been infected [with HIV]. The Food and Drug Administration says that a positive test could be caused by antibodies found in most of America's supply of gamma globulin. Gamma globulin is made from blood collected from thousands of donors and is routinely given to millions of people each year as temporary protection against many infectious

diseases. Dr. Thomas Zuck of the FDA's Blood and Blood Products Division says the government didn't release the information because 'we thought it would do more harm than good.'"
USA Today, October 2, 1987

"Two weeks ago, a 3-year-old child in Winston Salem, North Carolina, was struck by a car and rushed to a nearby hospital. Because the child's skull had been broken and there was a blood spill, the hospital performed an HIV test. As the traumatized mother was sitting at her child's bedside, a doctor came in and told her the child was HIV-positive. Both parents are negative. The doctor told the mother that she needed to launch an investigation into her entire family and circle of friends because this child had been sexually abused. There was no other way, the doctor said, that the child could be positive. A few days later, the mother demanded a second test. It came back negative. The hospital held a press conference where a remarkable admission was made. In her effort to clear the hospital of any wrongdoing, a hospital spokesperson announced that 'these HIV tests are not reliable; a lot of factors can skew the tests, like fever or pregnancy. Everybody knows that.'"
Celia Farber, Impression Magazine, June 21, 1999

"A Vancouver woman is suing St. Paul's Hospital and several doctors because she was diagnosed as carrying the AIDS virus, when in fact she wasn't. In a BC Supreme Court writ, Lisa Lebed claims when she was admitted to the hospital in late 1995 to give birth to a daughter, a blood sample was taken without her consent. It revealed she was HIV positive, so she gave up the baby girl for adoption and decided to have a tubal ligation. A year and a half later, while undergoing AIDS treatment, she found out she was not HIV positive. The explanation she was given was a lab error. She says because of the negligence of the hospital, she's now sterile and has lost a daughter."
Woman Sues St. Paul's, CKNW Radio 98, June 10, 1999.

While writing AIDS INC., I was told by an employee of the FDA that the universally used Elisa blood test for HIV was, in fact, designed to cast a very wide net and catch possible HIV contamination in the overall stored blood supply. The tests were not designed for individuals. The tests were too broad and too unreliable for individuals.

The FDA is the federal licensing agency for all US AIDS testing. In 1987, a person from their Washington office sent me a rather stunning document simply titled “Summary and Explanation of the Test,” dated July 23, 1987 (and not on Agency

letterhead): “In order to afford maximum protection of the blood supply, the EIA [Elisa] test was designed to be extremely sensitive. As a result, non-specific [falsely positive] reactions may be seen in samples from some people…due to prior pregnancy, blood transfusions, or other exposure…”

Remember, in those days, US medical authorities were touting the Elisa test as extremely accurate for individuals---99.78% accurate in being able to find true HIV-negative people.

I recently made several phone calls to the FDA. On July 17, 2006, the FDA press office connected me to Paul Richards. He consulted an FDA spreadsheet. He found that the FDA had approved and licensed a blood test for HIV in 1985 (shortly after the test was developed). But that license was for screening donors who were giving blood at clinics. It wasn’t for diagnosing HIV in a patient. The earliest approval license Richards could find for diagnostic purposes was 1990---a full six years after the Elisa test was developed. As far as I can determine, the Elisa test was in use for diagnostic purposes roughly five years before FDA approved it. This certainly raises red flags.

The Elisa test is, by far, the most widely used instrument for determining whether an individual is HIV positive or negative. Conventional wisdom has it that the ultimate backup for the Elisa is the Western Blot test, which has been called the gold standard. In other words, to verify (or negate) a positive Elisa, a person should get a confirmatory Western Blot.

However, while writing AIDS INC. and searching the medical literature, I found a paper published in the March 1987 issue of the Journal of Clinical Microbiology. The author, James Carlson, of the University of California at Davis School of Pathology, dropped a bombshell. He stated that in low-risk groups, the false-positive rate in Elisa tests was an overwhelming “84.2% in our study and 77.1% recently reported by the American Red Cross…”

In plain English, this means that, of all the individuals from low-risk groups who were Elisa tested for HIV, the overwhelming number of those who tested positive were not really positive at all.

Carlson continues: “It must be noted that even though we feel the Western Blot technique is presently the most acceptable method…Western Blot analysis is a subjective method with quality control limitations; the possibility of false-positive results still exists…”

The January 9, 1986, issue of the New England Journal of Medicine contained a report on a 34-year-old woman from rural Alabama who tested positive for HIV on an Elisa test. The woman had four more Elisa tests. They, too, came up positive. Next, a Western Blot test was done. It was strongly positive. What else could one ask for?

But then new blood was drawn from the woman and sent to a handful of prestigious labs for analysis. Now all the Elisa and Western Blot tests were NEGATIVE.

Then the Elisa tests were repeated at two of these labs. They were both POSITIVE.

"Western Blot tests," the authors conclude, "have been used as the gold standard by which other tests [the Elisas] are judged to be falsely positive [or truly positive]…the need for improved confirmatory tests…is evident." This is a polite way of saying Western Blot is unreliable.

British researcher LJ Oldham, writing in the Journal of Medical Virology (January, 1987), concludes: "Our findings suggest that Western Blot cannot be depended upon as the sole confirmatory test for [HIV]."

In the same paper, Oldham states: "As has been shown, Western Blot lacks full sensitivity and specificity." Sensitivity would enable the test to discover people who were HIV positive, and specificity would keep the tests from calling people HIV positive who weren't.

Evelyn Lennette, writing in the February 1987 Journal of Clinical Microbiology, indicates that "both of these assays [Elisa and Western Blot] have drawbacks…[there are] reports of both false-positive and false-negative results with the Elisa, necessitating the use of a second confirmatory test…The immunoblot [Western Blot] is also not free from false results."

Perhaps the most devastating analysis of HIV testing was offered by Dr. Harvey Fineberg. When I interviewed Fineberg in 1988, he was Dean of the Harvard School of Public Health. Later, he went on to become Provost of Harvard University, and then was appointed president of the very prestigious Institute of Medicine. A man with impeccable conventional credentials, Fineberg had, in the spring of 1987, published a statistical analysis of HIV testing in Law, Medicine, and Healthcare.

“To begin with,” Fineberg told me on the phone, “in the study, we accepted the advertised accuracy ratings of the Elisa test. It’s reportedly able to find true [HIV] positives at a rate of 93.4 percent, and it supposedly can detect true [HIV] negatives correctly 99.78 percent of the time.

“So let’s say that three out of 10,000 people in the US are really infected with the HIV virus. If we consider a sample of 100,000 people, that means 30 will actually be infected with HIV. The Elisa test will be able to pinpoint 93.4 percent, or 28 of those people.

“On the other side of the ledger, that leaves 99,970 out of 100,000 who are truly not infected with the AIDS virus.

“If the Elisa test is 99.78 percent capable of finding these real [HIV] negatives, it will locate 99,750 of these people without fail. That leaves 220 [HIV] negatives it missed.” How did it miss? By calling those 220 people [HIV] positive.

Fineberg stated, “So now you have, out of every 100,000 people, 28 truly [HIV] positive and 220 falsely positive test results. That means the statistical chances are about 90 percent that [an HIV] positive-reading Elisa is wrongly positive [false-positive].”

Fineberg continued: “A second Elisa won’t change that either. If you do a Western Blot, the odds might, at best, be lowered to 25 percent. In other words, a fourth of the time, a positive AIDS test would be false-positive.”

Fineberg’s analysis was largely ignored by the mainstream press, medical researchers, and of course the US government, which was funding most of the major research on AIDS.

In fact, as you can see from reading what I’ve presented so far in this article, a great deal of CONVENTIONAL medical assessment of the crippling problems associated with AIDS testing was ignored.

The reason for this avoidance was obvious. There existed (and continues to exist) a network of government funders, government labs, private AIDS fund-raising agencies, PR groups, “star researchers,” medical journals, compliant and superficial medical reporters, and drug companies---to say nothing of the FDA and the World Health Organization---devoted to presenting HIV testing as an entirely

reliable instrument.

An admission that this whole testing system was (and is) scientifically bankrupt and dangerous would collapse the certainty of the whole AIDS structure.

And this is just the beginning of the problem with AIDS tests.

So far, I have been discussing what is called antibody testing. In both the Elisa and Western blot techniques, the patient's blood is analyzed to discover whether he has been producing antibodies, which are part of the overall immune response against any given germ.

What does the presence of these antibodies mean?

Perhaps we can glean a clue from a rather astonishing mainstream comment on the current bird-flu hysteria. Near the end of a NY Times article ("Hazards in the hunt for flu bug") by medical reporter Gina Kolata (November 9, 2005), we find the following reference to Dr. Peter Palese, of the Mount Sinai School of Medicine in New York:

"Some experts like Peter Palese of the Mount Sinai School of Medicine in New York said the H5N1 viruses are a false alarm. He notes that studies of serum collected in 1992 from people in rural China indicated that millions there had antibodies to the H5N1 strain. That means they had been infected with an H5N1 bird virus and recovered, apparently without incident."

Until AIDS testing took off in earnest in the mid-1980s, it was generally assumed that the presence of antibodies in a patient signified good health. The patient had contacted a germ, mounted an immune response, and the germ was neutralized. There was certainly no consensus that antibodies meant present or future disease across the board.

In other words, if millions of people in China had encountered H5N1 (bird flu) viruses and showed antibodies to these viruses, it would be expected that they would remain healthy.

Except that with the onset of AIDS research, everything was stood on its head. People who were tested and called HIV-positive---meaning they had antibodies to

the virus---were said to be sick or on a sure road to becoming sick.

So now we have another level of the AIDS testing hoax. Why were people being tested for antibodies to HIV? Why was that method presumed to be significant at all? Why wasn't the presence of antibodies to HIV taken as a sign of health?

Millions of people all over the world have been subjected to the Elisa and Western Blot HIV tests---both of which have the sole objective of finding antibodies to HIV. Why have these tests been elevated to the status of present or future disease detectives?

While writing AIDS INC. in 1988, I had a very interesting conversation with a doctor at the US National Institutes of Health. He told me that when an HIV vaccine eventually went into testing (and when it was later released for use on the public), every person who got the vaccine would be given a special letter.

The letter would say that the person had received the vaccine. The letter would say that if, at any time, the person was subsequently tested for HIV and came up positive---meaning he had antibodies to HIV---this should NOT be taken as a sign of present or future illness. In this case, the person was actually immune to HIV, because he had "received" his antibodies from the vaccine.

I almost fell off my chair. I said, "Let me get this straight. If a person develops antibodies naturally to HIV, he is told he is either sick now or will get sick. But if gets his antibodies---the same antibodies---to HIV from a vaccine, he is told he is immune to the virus."

The doctor gave me no clear response.

This explosive contradiction has been studiously ignored by the mainstream press and by the entire AIDS establishment network.

By conventional standards (not mine), the whole point of a vaccine is to confer immunity to a germ by producing antibodies to that germ in the body. That is the essence and the standard of a "good vaccine."

And yet, in the case of AIDS research, all this was turned upside down. Suddenly, HIV positive meant: the patient has antibodies to HIV and this is a sign that he will become very ill and most likely die.

To sum up: not only are both HIV antibody tests (Elisa and Western Blot) unreliable in finding true positives, as opposed to false positives, the WHOLE IDEA of using the presence of antibodies as an unmistakable sign of present or future illness is without merit.

Two levels of madness.

Add to this the question of whether a germ called HIV has anything to do with what has been called AIDS, and you have yet a third level. For reasons of space, I'm not taking up that question in this article. But in my book, AIDS INC., I have offered much evidence that HIV has nothing to do with the various immune deficiencies that have been lumped together and called AIDS.

To bolster the assumption that a positive HIV test does lead to grave illness, studies have been done to track healthy people who test positive. This method, it is thought, would establish that being HIV positive is, in fact, a predictor of illness and death.

The most comprehensive such study, taking in several thousand gay men, the San Francisco Men's Study, is often cited to prove that being HIV positive leads to full-blown AIDS. However, the study has many flaws. Perhaps most importantly, it has failed to track accurately a group of men who started off as HIV negative. In other words, if enough men from that HIV-negative group also developed severe immune deficiency (the hallmark of what is called AIDS), then a positive HIV test would not be a predictor of illness.

Furthermore, it turned out that there was a group of men in the San Francisco Men's Study who were HIV positive, who had declined the (highly toxic) AIDS drugs like AZT, or had gone off them. As reported in the press, these men had remained healthy for eight years or longer and were still going strong.

I queried one of the researchers in the San Francisco Study. I asked her why she and her colleagues hadn't trumpeted these findings as highly significant. She said they just didn't think it was all that important.

In conventional terms, under the most rigorous of conditions, if you want to do a tracking study that proves HIV-positive status leads to full-blown disease and death, you must have a control group: a group of people who are HIV negative to begin with. And most importantly, you must choose both groups according to the same relevant factors. For example, all the people in the study, from both groups,

must have a very similar nutritional status. They must be taking similar recreational drugs in similar quantities (or not taking them at all). They must have similar medical histories. They must be having sex with a similar number of partners. They must show a similar profile of, for example, intestinal parasites. They must reveal a similar level of exposure to environmental chemicals. And so on and so forth.

Why? Because all of the above factors and more (for instance, aspartame ingestion, and number and type of vaccines received) can be implicated in immune-system compromise. And at the heart of it, what is being called AIDS, from Uganda to New York, is nothing more and nothing less than immune-system deterioration.

No tracking study which adheres to these rigorous standards has ever been done.

There is one other point to be made. The very act of diagnosing a person as HIV positive carries with it a kind of hypnotic power. This effect, of course, is downplayed by mainstream researchers. But it certainly can produce a thorough expectation of future illness and/or death. It does induce great fear and disorientation. And these factors, acting within what could be called the mind-body complex, have sharply negative consequences, to say the least.

When analyzing how this whole HIV testing hoax came into being, and why it is being sustained, I have, at different times, cut into the stratified layers of motive at different levels.

Here are some of those motives: to profit from selling drugs and HIV test kits; to gain and upgrade individual status as a researcher; to protect an employment position; to go along with the herd; to cover up past mistakes; to avoid criminal charges; to use a cover story (HIV) to obscure the actual and simple reasons for widespread death in the so-called Third World---systematic starvation, water contamination, overcrowding, poverty, stolen land, and toxic vaccines: an entire system that has been installed, for a very long time, in order to allow large numbers of people to die and keep the rest in a weakened state…

There are a whole host of motives for supporting the past and current HIV testing apparatus.

In addition to antibody testing for HIV, there is another method, less popular, that relies on what is called PCR. PCR stands for Polymerase Chain Reaction. Some proponents of HIV testing point to PCR as the new gold standard, the final backup,

the ultimate tool.

PCR takes, from a patient's blood, a very tiny amount of genetic material that is suspected of being a component of a virus, and "amplifies it," "blows it up" to a size where it can be identified and studied.

Much can be said about PCR, but here is the crux: if technicians can only find a miniscule amount of material (in a patient) that may be HIV, no matter how much "amplification" is applied to that sample, there is no reliable way of inferring that the patient is carrying a large number (millions and millions) of HIVs.

And why is that important? Because, in order for some germ to be called a cause of illness, millions of those germs must be in the body, and they must be doing some real damage to cells. Otherwise, the inference drawn is meaningless.

Our bodies contain who knows how many germs? Mostly, they have no negative effect on health. The presence of a tiny, tiny amount of what may be viral material is irrelevant, unless otherwise proven. And the "otherwise" has not been proven.

Many people will read this article and fall back on the old saw: "Thousands of qualified medical experts couldn't be wrong about HIV testing; there is enormous medical consensus about the reliability of such tests."

I would point out that the elementary rules of logic and inference are rarely taught in schools anymore. But when they were, any beginning student would have seen through such an absurd assertion. Numbers of people who say X is true have nothing to do with whether X is true.

Example: Millions of atheists say God does not exist. Billions of believers say God does exist. Shall we say the atheists are correct purely because there are millions of them? Shall we say the believers are right because there are billions of them? Do we weigh truth on such a scale of numbers?

How many people believed the Earth was the center of the universe when it was shown that the Earth revolved around the sun?

Finally, those among the "professional consensus" occasionally try to discredit people who refute HIV as the cause of AIDS or point out huge flaws in HIV testing. This attempt to discredit dissidents usually takes the form of personal attacks, worthy of a ten-year-old who is denied a candy bar by his mother.

Referring again to the elementary texts on logic, such attacks are called ad hominem---"against the man" and not against his arguments.

"X doesn't know what he's talking about. He just wants publicity."

"X once refused to pay a parking ticket in Uganda. Or maybe it was Chicago."

"X has been married three times."

"X must be working for a Secret Vegetarian Alliance. How can anybody believe what he says?"

"X says he once saw a UFO. What else do we need to know?"

Some of what else we need to know, at least about HIV testing, is in this article.

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