

Five False Predictions of the AIDS Establishment

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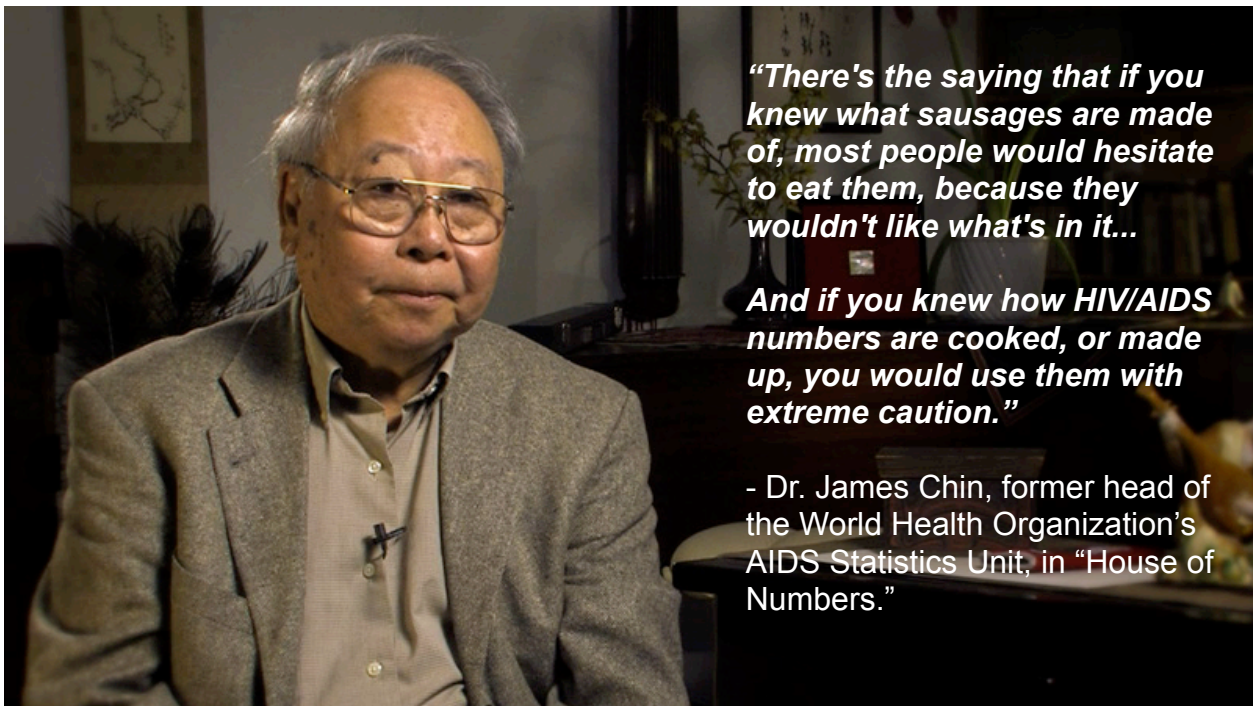
Special Report for LewRockwell.com

1. We're All At Risk:

In 1987, the fear-and-death hyperbole machine that is the engine of 'public health' pandemonium was in such ferocious motion, that Oprah Winfrey issued this warning:

*“Research studies now project that one in five – listen to me, hard to believe – one in five heterosexuals could be dead from AIDS at the end of the next three years. **That’s by 1990.** One in five.”*

Although Americans have grown rounder, not thinner, Oprah has never apologized for her wild-eyed hyperbole. But the mainstream has, issuing warnings in the press that **“the threat of a global heterosexual pandemic has disappeared,”** (*UK Independent, 2008*) and that worldwide AIDS numbers are over-inflated, needing to be halved or more, because the AIDS public relations machine has created **“a house of numbers.”** (*quote from Dr. James Chin, former head of the World Health Organization’s AIDS Statistics Unit*).



“There’s the saying that if you knew what sausages are made of, most people would hesitate to eat them, because they wouldn’t like what’s in it...”

And if you knew how HIV/AIDS numbers are cooked, or made up, you would use them with extreme caution.”

- Dr. James Chin, former head of the World Health Organization’s AIDS Statistics Unit, in “House of Numbers.”

2. AIDS is an Incurable Disease:


AIDS is, in fact, what it’s always been – a variety of different illnesses manifesting very differently in different people and populations. It's been no 'one size fits all' diagnosis. It

has proven best-treatable by a multilateral approach – a combination of nutritional, pharmaceutical, and lifestyle interventions which have done best to leave the harder, sanctified “AIDS Drugs” behind.

Notably, those who jumped on the FDA-approved bandwagon, with high-dose AZT, or those who “hit early and hit hard” with drug “cocktails” died fastest, and died horribly, poisoned by the pharmaceutical establishment.

3. AIDS Is a Sexually Transmitted Disease:

From 1987 to 1997, a team of researchers in Northern California at the University of California, Berkeley, conducted the longest study on heterosexual transmission on record. They studied **175 sexually-active long-term couples**, one person in each twosome testing HIV positive, one HIV negative. The pairs entered the study having every kind of sex imaginable, up, down, front and back, with a majority not using condoms. Over six years, they were encouraged to use latex, but a large percentage continue not to. The results?



“I think HIV is more difficult to transmit than other sexually-transmitted - than a lot of, probably most other sexually-transmitted diseases.

I mean, I think that's pretty widely known.”

- Dr. Nancy Padian, on her 10-year study “Heterosexual Transmission of HIV in Northern California,” from “House of Numbers.”

At the end of the study, of the 175 negative partners, a very low number had converted from HIV negative to HIV positive, despite regular sexual exposure to their positive partner. A very low number, indeed...In fact, the number was so low, that Wikipedia, the guardian of all populist junk science, has censored “The Padian Study,” as it's known,

from its “AIDS” and “HIV” pages. The number? **Zero. No one, nobody, not a single person who tested negative became positive, despite years of sex with a positive partner.**

- “We observed *no seroconversions* after entry into the study [*nobody became HIV positive*] ..This evidence argues for low infectivity in the absence of either needle sharing and/or other cofactors.” - (*American Journal of Epidemiology*, 1997).

This is a heck of a thing for a presumed “STD,” and has more to do with the realities of HIV testing than the mainstream cares to admit...

4. HIV Testing Stops the Spread of AIDS:

“AIDS” has, through the constant loosening of official definitions and expansion of symptoms and illnesses, been turned into a brand-name worldwide for **any disease of poverty, drug abuse, pharmaceutical poisoning or environmental intoxication.**

“AIDS” functions as a blanket term laid heavily on the backs of limited but massive populations, mostly in Africa, who suffer endemic poverty, and all that accompany it – dangerously polluted water, no food, and chronic bacterial and parasitic infection.

But the AIDS industry has not stopped the call for more and more toxic drugs, given to people who don't even have enough food to keep down, or clean water to swallow with. These are the very people who are considered “at risk” for AIDS, therefore they are most heavily targeted for HIV testing internationally. “AIDS” prefigures HIV testing, and HIV testing is problematic...

5. HIV Tests are Ethical and Accurate, and Everybody Should Take One:

The medical literature accumulated over 25 years of antibody and genetic testing “for HIV” have revealed that HIV tests are good at one thing: Testing for every disease, non-disease, medical condition and non-medical condition on the planet. These tests come up positive for **flu vaccination, alcoholism, drug use, parasitic infection and pregnancy; for “reasons that are unclear,”** and for cross-reaction with the materials in the test kit themselves.

After 25 years, the tests still have “*no gold reference standard*,” that is, they refer to no particular particle, and they find no particular set of antibodies or genetic material, despite the massive public relations of the pharma-machine that has grown in South Africa and North America to promote their use.

- “At present there is **no recognized standard** for establishing the **presence or absence** of antibodies to HIV-1 and HIV-2 in human blood.” - *Abbott Laboratories (the standard HIV test manufacturer) 2006.*
- “[The test’s] error rate won’t matter much in areas with a high prevalence of HIV, because in all probability the people testing false-positive will have the disease. But if the same test was performed on **1,000 white, affluent suburban housewives** – a low-prevalence population – in all likelihood **all positive results will be false**, and positive predictive values plummet to zero.” - *AIDS Alert (industry journal), March 1998.*
- “Establishing the cutoff value to define a positive test result from a negative one is **somewhat arbitrary**. Where might the blood bank director and the head of drug treatment want the cutoff point to be for each program? Who would probably want a lower cutoff value?” - *United States Centers for Disease Control.*

HIV tests, in a word, stink. They're unethical, they give a death sentence without cause, and because they are targeted at populations assumed to have “AIDS,” they CAUSE the spread of “HIV,” by giving false results to populations already in crisis.

But despite these insurmountable failures, the AIDS machine rages on, waging war on critics and patients alike.

Here's what you can do to stop it: *Talk about it.* Promote *open discussion* of the definition of AIDS and the critical appraisal of HIV testing. And most of all, be kind to people given the false “HIV positive” diagnosis. Given the opportunity, many can recover through a variety of means, once the medical infrastructure stops telling them that they're doomed to die “no matter what,” just because of a lousy test result.

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AIDS and HIV information on tests, drugs and recovery:

- ReducetheBurden.org
- www.ARAS.ab.ca/test.html
- www.Dr-Rath-Foundation.org.za/index.html

Liam Scheff is an independent investigator and journalist who broke the story of government/pharma drug trials in New York orphans with toxic AIDS drugs. He is featured in the film House of Numbers, on DVD soon. Find him online at LiamScheff.com

See the movie trailer and buy the DVD at www.HouseofNumbers.com