

The Real Story of HIV: The Deadly Virus that Never Dies

by Jeremy James



In 1986 *Newsweek* forecast that within 5 years, five to ten million Americans would be infected by HIV (Human Immuno Virus). *Der Spiegel* predicted in 1984 that AIDS would wipe out the entire population of Germany within ten years. Equally horrifying predictions were made by other mainstream magazines and periodicals across the world. A ghastly plague had been unleashed upon mankind which would result in a slow and painful death. A hitherto unknown virus, it attacked the immune system with ruthless efficiency. Worst of all, it had the chameleon ability to change its structure over time. This meant that a vaccine that could slow its rapacious advance might never be found.

This seemed like the plot of a science fiction novel, but it was really happening – allegedly. Thousands, possibly millions, were infected by this unusual virus which could lie dormant in one's system for years and then suddenly erupt into a fatal condition known as AIDS (Acquired Immunodeficiency Syndrome). Readers of *Newsweek*, *Der Spiegel* and similar magazines were faced with the awful prospect that someone in their family might already have the virus. There was a real possibility that millions of new AIDS cases would be diagnosed over the next 2-3 years, with dire implications for all concerned. Hospital services would be overwhelmed and millions of children would lose one or both parents.

The growing sense of panic subsided when it emerged that most of the people infected by HIV were homosexual and that its transmission outside this narrow group was extremely low. While it was doubtless a tragedy of epic proportions for the homosexual community, not to mention their distraught parents and siblings, its immediate impact on society at large was not significant.

HIV/AIDS marked the beginning of a new era in epidemiology. A deadly disease had arrived which could infect anyone, lie dormant for years, and spread silently through the community. HIV continues to be regarded as a permanent threat to society. Diseases like TB may have persisted for centuries, but they are amenable to treatment with antibiotics. HIV, however, is impervious to standard treatments and responsive only to a powerful category of drug known as antivirals, which have very unpleasant side effects.



The many strange and novel aspect of HIV/AIDS

Over the past forty years, the novel aspects of HIV/AIDS have been largely forgotten. It will help to review them since they greatly influence the way the public is now responding to the intense media coverage of the so-called Covid-19 virus. (For the sake of clarity we will refer to HIV and AIDS by a single term, namely Human Immune Disease (HID)):

1. HID is unique among diseases, human or animal. It comprises two modes of existence. In the first it takes up residence inside the body and remains there indefinitely, showing no sign of its presence. In the second mode, it comes to life and starts to wreak havoc with the body's immune system.
2. A person with HID may be asymptomatic for the remainder of his life and yet unintentionally pass on the infection (which he may not realize he has) to another person.
3. HID is caused by a virus which continually mutates but never loses its potency and never dies out. No other virus has this property.
4. Not all persons suffering from HID will test positive for HIV. Apparently it is unique for a disease to lack a consistent and clinically verifiable means of identification.

5. HID is easily confused with a large number of other diseases, including many that are caused by malnutrition, drug abuse, and promiscuous sexual activity. No other disease exhibits such a wide range of symptoms.
6. HID is unique in that there is no specific symptom common to all cases.
7. The existence of the virus that is supposed to cause HID has long been disputed, even by Nobel-winning laureates. Despite numerous calls for definitive evidence, based on rigorous standards such as Koch's Postulates, none has been produced.
8. The origin of HID is unknown. Attempts to track down its source in the animal kingdom, or even to determine where it originated, have been unsuccessful.
9. The virus that causes HID exhibits a marked preference for homosexuals and drug addicts.
10. HIV is supposedly contagious, passing from person to person via bodily fluids. However, there are countless numbers of cases where homosexuals had regular intimate contact over many years with their HIV-positive partner but never tested positive themselves. In a famous study published in 1997, which covered the years 1985-1995, the author of the study was unable to find a single case where a HIV-positive person infected his partner.

One would be tempted to conclude, in light of all this, that HID was an imaginary disease were it not for the very large number of deaths attributed to it.



HID Diagnosis

The World Health Organization introduced the Bangui definition in 1986, which was used to diagnose AIDS in Africa. According to this anyone suffering from a few common or non-specific symptoms, such as weight loss, diarrhea or itching, was declared to be an AIDS patient – without any blood tests or proof that HIV antibodies were present. In countries where malnutrition was common, these symptoms could be found in at least a third of the population. This is why there were so many “AIDS” patients in Africa.

In developed economies AIDS cases were diagnosed by a different method. They had to test positive for the HIV antibody and exhibit signs of at least one AIDS-type disease. The most usual was a vascular tumor known as Kaposi's sarcoma (which we will discuss in a moment).

The western definition was highly problematic. It assumed the the selected antibody was produced only by HIV and that the "test" was consistently accurate. It also assumed that HIV was the cause of AIDS and not simply a harmless virus that was randomly present in the human population. These assumptions may seem innocuous but they involve circular reasoning. AIDS cannot exist without a cause, but the presence of certain symptoms, if any are found, cannot be taken as proof that HIV was the cause.



Example of Kaposi's sarcoma

Kaposi's Sarcoma

The classic sign of AIDS was the presence of skin lesions known as Kaposi's Sarcoma (KS). It is normally found only in persons who are HIV-positive or habitual drug users. Where AIDS patients are concerned, the appearance of the sarcoma is ascribed to the impact of the HIV virus on the immune system. It came to be seen as a symptom peculiar to AIDS, so if a homosexual person showed signs of KS the immediate diagnosis, subject to a positive result in a HIV test, was AIDS. The homosexual community was so heavily indoctrinated with this connection from the outset that anyone who showed this symptom was generally deemed by fellow homosexuals to have the disease. The HIV test was almost a formality. In fact, many homosexuals who did not test positive for the virus were still diagnosed with AIDS on the grounds that their KS symptoms were so advanced.

What are we to make of this? If we backtrack a little and examine the second group of people who are prone to KS – habitual drug users – an entirely new explanation emerges.

**“Trust in the LORD with all thine heart;
and lean not unto thine own understanding.”**

– Proverbs 3:5

Drug addicts often take a wide range of drugs, the cheaper the better. A drug that was widely available in the 1970s and 1980s, at low cost, was amyl nitrite. It was so popular that it was known by several slang terms, including *poppers*, *snooch*, and *silvaside*. As a quick-acting vasodilator, it gave a sudden rush or high. Unfortunately it did this by taking the place of oxygen in the blood. This diminished the flow of vitalising blood to the small capillaries, especially those at the extremities. The organ most affected was the skin. Prolonged use of the drug led to lesions and tumors known as Kaposi's Sarcoma.

Regular use of poppers or amyl nitrite was not confined to persons normally classified as drug addicts. Homosexuals used them extensively since they prolonged sexual arousal, increased sexual pleasure, and relaxed anal muscles during the act of sodomy. All-night parties fuelled by cocaine and poppers were very common in cities with a high concentration of homosexuals, notably San Francisco, Los Angeles and New York.

Magazines aimed at the homosexual community routinely carried colorful ads for poppers, assuring readers that they were safe and could be used repeatedly without side effects. As a result most homosexuals in large cities were regular, long-term users of amyl nitrite.



Amyl nitrite was given cute names and marketed in glitzy containers.

The popper was ingested as a vapor through inhalation. So, in addition to its impact on vitalising blood flow, the popper had a concentrated effect on the lungs of regular users. Respiratory conditions were common among users. Over time their immune system was unable to cleanse the lungs of dead tissue and other impurities, so fungal diseases took hold. Since these are normally observed only in patients with a severely compromised immune system, it was natural to conclude that this, too, was a sign of AIDS.

The first AIDS cases

We now have enough information to see how the first AIDS cases were diagnosed. Bear in mind that, since this was a completely new disease at the time, there was no diagnostic protocol to guide investigators.

As it happens, the way AIDS was “discovered” is very peculiar. As far as we are aware, no other health condition, before or since, has been discovered, validated and entered into the official register of diseases in such a short span of time and on such a small sample of cases.

The Wikipedia entry on ‘The History of HIV/AIDS’ states:

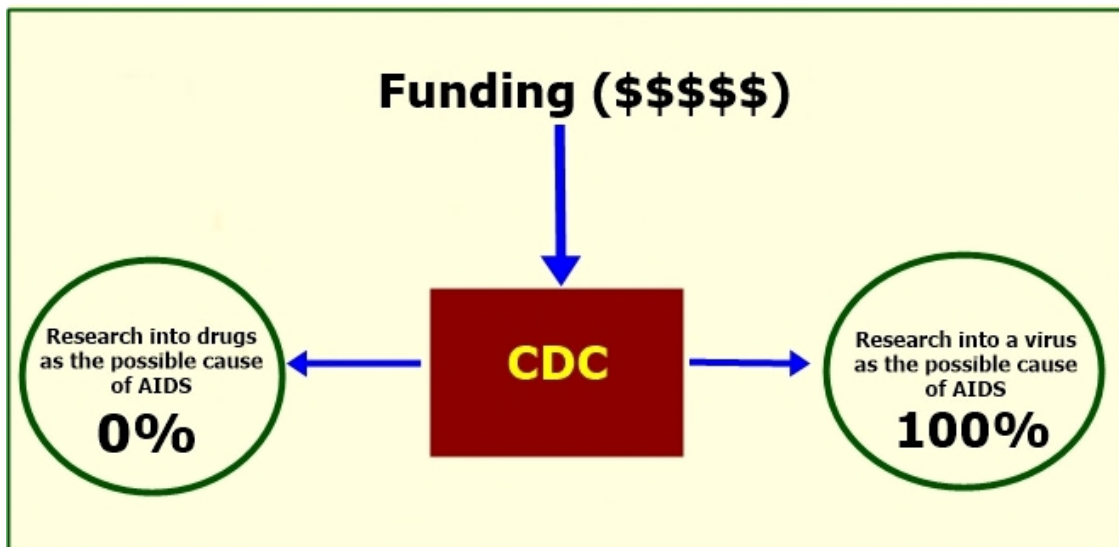
“The AIDS epidemic officially began on June 5, 1981, when the U.S. Centers for Disease Control and Prevention [the CDC] in its *Morbidity and Mortality Weekly Report* newsletter reported unusual clusters of Pneumocystis pneumonia (PCP) [a yeast-like fungal infection] ... in five homosexual men in Los Angeles. Over the next 18 months, more PCP clusters were discovered among otherwise healthy men in cities throughout the country...”

Within a very short time the CDC had decided (a) that these five cases were caused by a previously unknown pathogen, (b) that no other factors contributed to their illness, and (c) that the pathogen in question was a virus. The CDC in effect took ownership of this supposed new disease from the outset and made a major epidemiological ruling without engaging in open discussion with anyone else in the medical community.

The CDC takes control

Many medical professionals wanted to know why no attention was given to the possibility that the five homosexuals in question might have had a drug habit which contributed in some way to the observed symptoms. PCP (a dangerous yeast-like infection of the lungs) is hardly ever found among the general population.

The category of patient most likely to contract this condition was someone whose immune system had been seriously damaged by the constant use of drugs. When the alarm was raised by the CDC, it immediately received substantial additional funding from the government to conduct research into this new, potentially fatal disease. None of this funding was set aside by the CDC to investigate the drug abuse hypothesis. Virtually all of it was used instead to find the virus which the CDC claimed was undoubtedly the cause.



A high-ranking employee of the CDC actually undertook an analysis in 1982 of three surveys of AIDS patients conducted by the CDC. It became obvious to him that poppers or amyl nitrite played an important role in the development of the disease. However, the CDC would not allow him to publish his findings and had him transferred to the FDA. By the time his paper finally appeared, about three years later, the viral hypothesis was firmly established. His findings would have little impact. The paper received only scant attention in the media, with the notable exception of the *Wall Street Journal* which acknowledged that the evidence pointed to a drug-related cause, not a virus.

The Treatment

In addition to the health risks normally associated with their sexual behavior, homosexuals are also prone to anxiety and depression. The news, therefore, that a potentially fatal disease was endemic in their community prompted a great many to seek medical advice. Even though the viral hypothesis was still unproven, they tended on the whole to believe whatever they were told by their medical practitioner – and he or she believed whatever they were told by the CDC. So, if they tested positive for HIV – which naturally came as a great shock to these anxious individuals – it seemed far preferable to embark on a speculative course of treatment than to wait and see if “full blown” AIDS would develop.

This was what the pharmaceutical industry had anticipated. After all, they had argued from the start that AIDS was caused by a virus and that the only possible remedy was an antiviral drug – which they could supply. In fact, they already had one available for immediate use.



AZT

The drug of choice was AZT (azidothymidine), which happened to be extremely expensive. A course of treatment for a year cost the equivalent of \$17,000 today. It had been originally developed to kill cancer cells but turned out to be too toxic for human use. However, since it had already been approved by the FDA, there was no legal restriction on its use as a treatment for HIV provided a trial could demonstrate its efficacy.

The circumstances surrounding this trial are fraught with controversy, not least because it was conducted by the company that made the product – Burroughs Wellcome, which today is part of GlaxoSmithKline. Furthermore, if it was to have any scientific validity, the trial would have to be double-blind and placebo-controlled, but it wasn't. Incredibly, it was terminated after just 16 weeks with the claim – by the manufacturer – that the drug was so successful that further testing was unnecessary.

Lack of scientific validity

There are too many question marks over this trial to discuss them here, but it is sufficient for our purposes to note that a highly toxic but extremely profitable substance was approved by the FDA in record time for the treatment of a potentially fatal disease solely on the basis of controversial claims made by the manufacturer, with no third party assessment or involvement. Furthermore, this was done in the absence of any clear epidemiological model of HIV or any clear understanding, from a pharmacological perspective, of what AZT actually did to treat HIV.

In addition to this, the high toxicity of AZT was greatly downplayed, even though it did so much harm to the body, especially bone marrow, that regular blood transfusions were required as part of the treatment. AZT actually kills white blood cells, which are a vital part of our immune system. As one highly respected medical professional stated at the time, patients with an immunosuppressive disorder were being given a drug “that ends up killing millions of lymphocytes [white blood cells]. It's beyond me how that could possibly be beneficial.” (Dr Peter Duesberg in a paper published in the journal of the National Academy of Sciences).

On top of all this, despite the numerous concerns expressed by critics of the CDC that its “virus” hypothesis had yet to be proven, a “cure” was being approved which assumed that all AIDS cases had the same cause. If there was more than one cause, then the AZT treatment could end up killing hundreds of thousands of patients.

Which is exactly what it did.



This may come as news to many readers, but the entire fiasco was exposed as far back as 1989. The reason it is not better known today is due entirely to the power of the mainstream media. They obligingly passed on the version of events that the pharmaceutical industry wanted the public to believe. The official line was, and continues to be, that HIV is caused by a virus, that the trial was successful, and that the lives of many AIDS patients were extended by AZT. We know that each of these three propositions is false: The viral cause of HIV was never proven (we will examine this more closely in a moment); the trial was seriously flawed; and virtually all patients who were treated with AZT survived for only a short time. In fact, most of them were dead within two years. The industry would argue that without AZT they would have died much sooner and that the drug extended their lives. However, this was merely a canard, unsupported by any hard evidence.

The dosage

Deaths from AIDS peaked in 1991. Why? Because the dosage level of AZT was reduced significantly in that year.

From the time it was introduced, in 1987, until 1991, the recommended daily dosage of AZT was 1500mgs. The CDC then dramatically reduced the daily dosage to 500mgs. This was clearly a startling reduction, for which no satisfactory explanation was ever given. The year in question, 1991, was also the peak year for AIDS-related deaths. The ‘coincidence’ here is significant since it enabled the CDC to argue that its “treatment” was getting results. After all, if the reported number of deaths was falling steeply – as it would if the daily dosage of AZT was reduced by two thirds – then the pharmaceutical industry must have scored a major victory over a deadly contagious disease.

This should have caused a problem for the pharmaceutical industry. How would it continue to stoke public fear of this deadly new disease? Easy. It resorted to the standard way of keeping a disease alive – Redefine it!

From early 1993 it was no longer necessary to show any symptomatic signs whatever, not even shingles (*herpes zoster*) or Kaposi’s sarcoma, in order to qualify as a patient. This greatly widened the definition of AIDS, with the result that the number of official cases of AIDS in the US doubled overnight! (We are not making this up.)



Big ears, tail, four feet, eats grass – it must be a rabbit!

The hunt for a virus

In order to continue to keep AIDS in the public eye and condition the masses to believe that a deadly viral plague could wipe out humanity, it would be necessary to repeat certain messages over and over again in the media. The industry came up with the idea of a “race” to find the “cause” of AIDS. The CDC had already decided that the disease was caused by a virus, even though it had no evidence for this. The task then was to find the alleged virus and, having studied its genetic structure, develop a vaccine that would prevent it from replicating.

The saga was played out ad nauseum on television, with the great American hero, Dr Robert Gallo, in one corner, and, in the other, a French team at the Pasteur Institute in Paris, led by Dr Luc Montagnier. Each disputed with the other the “right” to be recognized as the official discoverer of the alleged AIDS virus, HIV. As they watched this unseemly contest unfold over several years, the public was conditioned to believe (a) that a deadly new disease known as AIDS was caused by a virus, (b) that the virus was contagious, and (c) that the only sure defense against this terrible threat to humanity was the ever-resourceful, ever-reliable pharmaceutical industry.



The four papers published by Gallo in *Science* in 1984 became the edifice on which a completely new disease known as ‘AIDS’ was constructed. The great problem with these papers, as later investigations showed, was the unfounded claim by Gallo that he had isolated the virus that caused AIDS.

For several years after HIV was first classified as a new disease, the medical community had understood that the virus itself had been identified by Gallo and that this had been done in accordance with established clinical criteria. The public spat between competing teams in the US and France only added to this perception.

It was only when Gallo repeatedly refused to allow access to his research data and methodology that other scientists began to have doubts. These doubts were compounded by the fact that no-one else had been able to isolate the alleged virus. If it was spreading rapidly through the community, as the CDC maintained – how did they know? – then it should have been possible for other virologists, with the same expertise and experience as Gallo, to find it. But no-one could.

Many medical professionals learned, to their cost, that if they persisted in questioning the official line, they would risk losing funds for further research. Without such funding their careers would hit a wall.



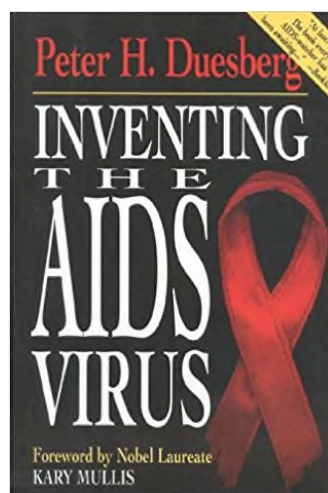
Dr Papadopulos Eleopulos

An outspoken scientist who started asking awkward questions

Possibly the first to publicly question whether HIV had been clinically isolated was Dr Papadopulos-Eleopulos of the Royal Perth Hospital in Australia. Along with other reputable scientists she set up what came to be known as ‘the Perth Group’. This group published a number of papers highlighting in a scholarly way the many problems and contradictions with the official line. She spoke, not only of the failure to show, in a scientifically convincing way, that HIV had been isolated, but also of the unexpected opposition they encountered when they asked rather obvious questions about Gallo and his work:

“Perhaps the boldest claims and predictions were made regarding the existence of HIV. I wrote HIV, "has never been isolated from fresh AIDS tissues". Furthermore, HIV "has never been isolated as an independent stable particle". That is, HIV had not been isolated from either fresh tissues or culture, which means that its existence had not been proven and this situation has not changed up to the present day...I am saddened that there are forces at work that have consistently prevented purposeful but friendly debate. To me and my group the problematic nature of the HIV theory was apparent from the very beginning.” – *Continuum Magazine*, Volume 5 No. 5 1998/99, pages 30-35.

Another trenchant critic of the virus hypothesis was the professor of molecular and cell biology at UCLA, Dr Peter Duesberg. As the first to map the genetic structure of retroviruses – the class in which HIV was said to belong – his opinion carried great weight. His assessment of Gallo’s hypothesis was even more damning than that of the Perth Group. He pulled the carpet right out from under the virus theorists when he stated: “I’m not afraid that HIV exists, because I think retroviruses are not much to be afraid of...HIV is just a latent, and perfectly harmless, retrovirus.” In other words, if HIV exists, then it must be a retrovirus, and being a retrovirus it cannot cause the range of symptoms generally grouped under the heading ‘AIDS’. In 2003 he published, with Claus Koehnlein and David Rasnick, a work which explained what they believed were the real causes of AIDS: *The Chemical Bases of the Various AIDS Epidemics: Recreational Drugs, Anti-viral Chemotherapy, and Malnutrition*.



Dr Duesberg

Note the reference to chemotherapy. AZT was originally designed to kill cancer cells. A person in good health, with no symptoms, who happens to test positive for HIV (no one knows why), could be placed on 1500mgs of AZT a day. As such he was akin to a cancer patient on chemotherapy but, unlike the cancer patient, he was not on this toxic course of treatment for a strictly limited period! After a few years of continuous bombardment, his immune system would finally collapse and he would die of “AIDS”.

“Peter Duesberg is a fine scientist, I have read his book and examined some of the scientific papers upon which it is based. From the CDC (Center for Disease Control) in Atlanta I have requested the scientific papers that prove the causal relationship between the HIV retrovirus and the immunodeficiency syndrome commonly known as AIDS. They have never sent even references to the peer-reviewed primary scientific literature that establishes the causal relationship, because they can't. Such papers do not exist.” – Dr Lynn Margulis, March 12, 2007. Dr Margulis was a recipient of the distinguished National Medal of Science.

Other dissenting voices

Many highly respected scientists in other fields could plainly see what was happening, but few had the courage to speak out. Among the exceptions was Dr Kary Mullis who won the Nobel Prize for Chemistry in 1993 and wrote the foreword to Dr Duesberg's book, *Inventing the AIDS Virus*. He said:

“No one has ever recovered from AIDS. We cannot expect that you might recover. We are going to ask you to swallow this poison [AZT] until you die.”

– Kary Mullis, Nobel Laureate, *Dancing Naked in the Mind Field*, 1997

He explained that we have a huge number of retroviruses in our body, none of which appear to be harmful. Some of them may look like HIV, if HIV even exists. And if it does exist, it is not the cause of AIDS:

“We live with an uncountable number of retroviruses. They're everywhere – and they probably have been here as long as the human race. We have them in our genome. We get some of them from our mothers in the form of new viruses – infectious viral particles that can move from mother to fetus. We get others from both parents along with our genes. We have resident sequences in our genome that are retroviral. That means that we can and do make our own retroviral particles some of the time. Some of them may look like HIV. No one has shown that they've ever killed anyone before. There's got to be a purpose for them; a sizable fraction of our genome is comprised of human endogenous retroviral sequences.”

– Kary Mullis, Nobel Laureate, *Dancing Naked in the Mind Field*, 1997



Dr Mullis (left) receiving the Nobel Prize in 1993

He also drew attention to the underhand tactics used by the CDC to promote the myth of HIV:

“The CDC continues to add new diseases to the grand AIDS definition. The CDC has virtually doctored the books to make it appear as if the disease continues to spread. In 1993, for example, the CDC enormously broadened its AIDS definition. This was happily accepted by county health authorities, who receive \$2,500 from the feds per year under the Ryan White Act for every reported AIDS case.” Kary Mullis, Nobel Laureate, *Dancing Naked in the Mind Field*, 1997

Corporate bribery kept everyone in line. Well-paid bureaucrats never questioned the enormous broadening of the AIDS definition. Very few spoke out against the blatant fraud that the CDC was perpetrating, and the few that did were not heard because the media stifled all criticism of the orthodox position.



**Dr Anthony Fauci in 2007.
Director of the National Institute of Allergy and Infectious
Diseases [NIAID] at the National Institutes of Health**

“From my readings, discussions with knowledgeable scientists close to the story, I simply conclude, as does Kary Mullis, the Nobel Laureate who wrote a foreword to Duesberg's classical work, that there is no evidence that HIV causes AIDS.” – Dr Lynn Margulis, March 12, 2007. Dr Margulis was a recipient of the National Medal of Science.

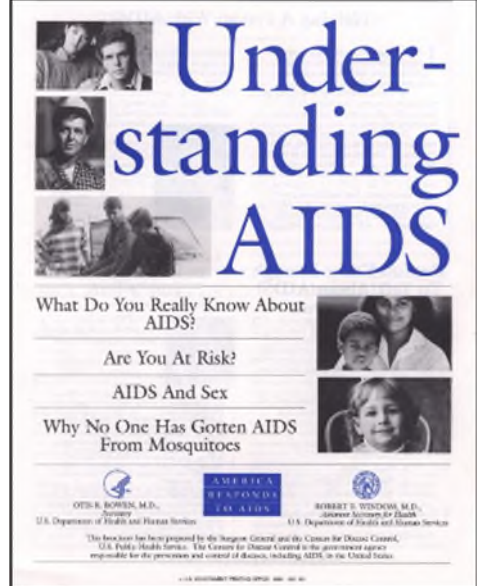
The Babylonians and their sorceries

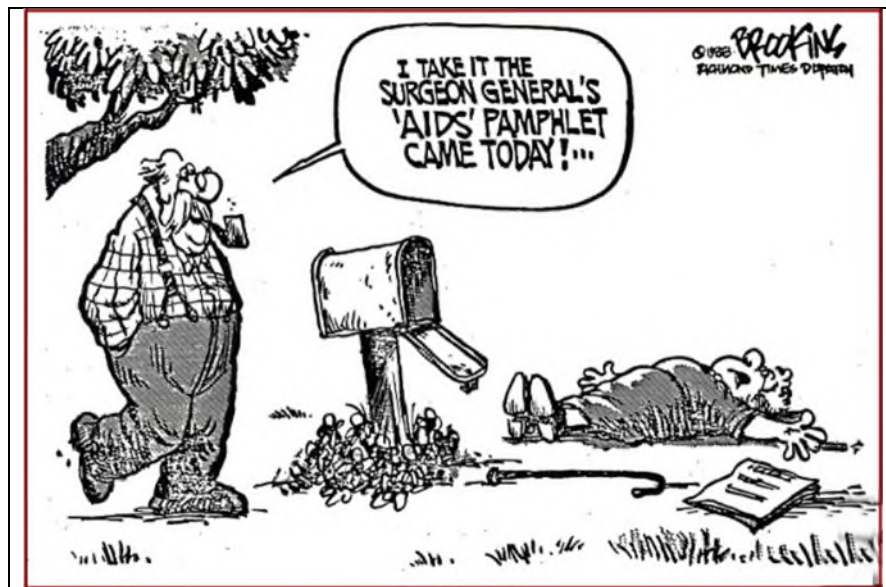
“Stand now with thine enchantments, and with the multitude of thy sorceries, wherein thou hast laboured from thy youth; if so be thou shalt be able to profit, if so be thou mayest prevail.” – Isaiah 47:12

“And the light of a candle shall shine no more at all in thee; and the voice of the bridegroom and of the bride shall be heard no more at all in thee: for thy merchants were the great men of the earth; for by thy sorceries were all nations deceived.” – Revelation 18:23

Mass mailing to every American household

Here is a remarkable example of how Americans were taken in. It concerns Dr Anthony Fauci, who is currently chief advisor to President Trump on the Coronavirus pandemic. According to the *Washington Post*, 12 March 2020, “Fauci took over NIAID in 1984, barely a year and a half after scientists had identified a mysterious retrovirus [HIV] that was killing thousands of people.” Fauci masterminded what is possibly the largest mass mailing in U.S. history. In consultation with the Surgeon General he produced an 8-page abridged version of a report which the former had prepared and had it mailed to every household in the country – 107 million. Issued in May, 1988, the pamphlet warned of the massive number of deaths that AIDS would cause across America over the next three years and urged all recipients to heed the warnings issued by officialdom. He succeeded in doing this without any amendment to his text, not even by the White House, and had it translated into several languages, including Chinese, Portuguese, Haitian-Creole, Vietnamese, Laotian, Cambodian and Braille. Subsequent surveys revealed that this mass mailing convinced millions of Americans that HIV was indeed a frightening new disease.

 <p>Understanding AIDS</p> <p>What Do You Really Know About AIDS?</p> <p>Are You At Risk?</p> <p>AIDS And Sex</p> <p>Why No One Has Gotten AIDS From Mosquitoes</p> <p>OTIS B. BOWEN, M.D., Surgeon, U.S. Department of Health and Human Services</p> <p>AMERICA RESPONDS TO AIDS</p> <p>ROBERT C. WINDOM, M.D., Assistant Secretary for Health, U.S. Department of Health and Human Services</p> <p><small>This booklet has been prepared for the Surgeon General and the Center for Disease Control, U.S. Public Health Service. The Centers for Disease Control is the government agency responsible for the prevention and control of diseases, including AIDS, in the United States.</small></p>	<p>AIDS pamphlet issued to 107 million households in the US in May, 1988.</p>
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This syndicated cartoon from 1988 shows how much fear was generated by the AIDS pamphlet.

Dr Fauci continued to play a prominent role in promoting the myth of HIV. The following year, in August, 1989, the government announced that the 1.4 million healthy people who had tested positive for HIV would be allowed to take AZT, even though they had no symptoms. This decision was taken on foot of an alleged 2-year trial which clearly showed that early intervention would keep AIDS at bay. Dr Fauci said that anyone in this category with less than 500 T-4 cells – around 650,000 people – should start taking AZT immediately. When a sceptical journalist contacted the NIH for a copy of the study, they were told that it was “still being written.”

On August 4th, the *New York Times* stated:

“Dr. Fauci added that the new data should encourage many more people to be tested to see if they are infected with the AIDS virus before they show symptoms of disease... "This [study] clearly shows that early intervention is important," Dr. Fauci said.”

But no data had been made available when this momentous decision was taken!

How many of the 650,000 healthy men in the target group went ahead and took AZT, as Fauci and the government advised, oblivious to the fact that it would kill them in under two years?

“...the wicked shall do wickedly:” – Daniel 12:10



Dr. Anthony Fauci, head of the National Institutes of Health's National Institute of Allergy and Infectious Diseases (NIAID), endorses giving HIV-positive people who do not qualify for clinical trials access to experimental treatments.

Screenshot from HIV.Gov website [section pertaining to 1989].

Taking Gallo to the gallows – and failing

Despite the hype, misdirection and outright lies, not to mention ongoing intimidation, there were still a number of people in the public service who were determined to expose what Gallo and Fauci were up to. They concentrated their attack on Gallo and his phony virus hypothesis.



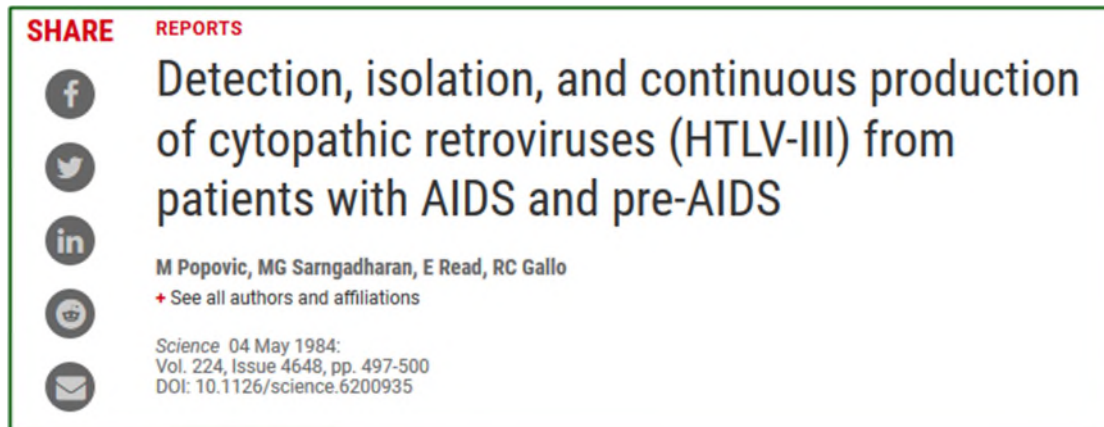
Dr Robert Gallo

In all, between 1990 and 1995, there were at least three official investigations into possible fraud by Gallo. The first, by the NIH itself, was prompted by a scathing article on Gallo in the *Chicago Times* in 1989. This revealed, among other things, that Gallo had not found the AIDS virus in 1982, as he had alleged in his papers in *Science* in 1984, but only the enzyme RT (*reverse transcriptase*), which he took to be indicative of the presence of HIV.

In doing this he was already assuming what he had set out to prove – a classical ruse in the scientific world. The investigation also found that Gallo's chief research scientist had falsified data which was central to the case made in the first of the four papers published in *Science*.

Despite the surprise removal of the principal investigator, the report still concluded that Gallo had shown “an unhealthy disregard for professional and scientific ethics”.

The *Chicago Tribune* obtained a copy of the report and published a damning assessment of Gallo's first paper in *Science*, which purported to prove the isolation of the AIDS virus, stating that it was "riddled with fabrication, falsification, misleading statements and errors." (September 15, 1991).



Title of the first paper by Gallo and his team, published 04 May, 1984, in *Science*.

The ORI Report

The unwarranted removal of the principal investigator behind the first NIH report created so much controversy that a second investigation was approved, to be conducted this time under the supervision of the Office of Research Integrity (ORI) at the Department of Health. It also prompted a separate enquiry by the Congressional Permanent Subcommittee on Investigations, which had the power to compel disclosure of all relevant documents.

The ORI report was a devastating indictment of Gallo and his team. Its blistering critique included the following statements and phrases: "irresponsible laboratory management"; "conspicuously lacking in significant primary data and fraught with false and erroneous statements"; "repeatedly misrepresents, distorts and suppresses data in such a way as to enhance his own [i.e. Gallo's] claim to priority and primacy in AIDS research"; "falsifications amounting to serious deviations from accepted standards"; "in violation of all research protocols, [Gallo] impeded scientists wanting to follow up on his research", and so forth.

Understanding how the system works

One would assume that this would have demolished the AIDS virus myth, but that's not how the system works. Too much was at stake. The ORI report, which was prepared by a team of responsible scientists, and which received supporting testimony from over a hundred other scientists, was passed to an 'Adjudication Panel'. This panel would seem to have been put in place solely for the purpose of negating the findings in the ORI report, which it duly did. It consisted of lawyers, not scientists, and actually concluded by praising research which the scientists had condemned.



Meanwhile the Congressional Subcommittee unearthed documents which officials could show were deceptively amended by Gallo and his team. Dates had clearly been changed in many of them. The matter was put before a state prosecutor in 1994 to determine whether a crime had been committed, but Gallo escaped censure on a number of technicalities. For example, the 5-year ‘Statute of Limitations’ rendered much of the evidence inadmissible.

The Subcommittee had its fangs drawn in late 1994 when the Republicans took control of the House of Representatives. The incoming administration immediately terminated the investigation. However, the team which served the outgoing chairman was so outraged that it produced an unofficial final report of its own. At 267 pages in length, with a 65-page Executive Summary, it gave a detailed account of the AIDS saga and was sufficiently convincing to receive a favorable review in *The Lancet*, the UK medical journal. Step by step, the report demolished the central claim made by Gallo, namely that he had isolated HIV in 1982. It stated that the tools needed to do this did not even exist in 1982.

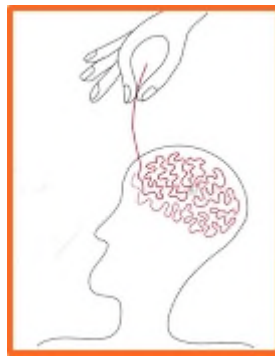
In its conclusion, it said that “The result was a costly, prolonged defense of the indefensible...The consequences for HIV research were severely damaging, leading in part to a corpus of scientific papers polluted with systematic exaggerations and outright falsehoods of unprecedented proportions.” By any measure this was a devastating rejection of the claims made by Gallo in his seminal papers.

What should have happened – and what actually did

In light of this, one would have expected the editors of *Science* to have withdrawn the four papers on HIV published in their journal in 1984, but that did not happen.

So what exactly did happen on foot of this report? Well, as far as the science of HIV is concerned, nothing changed. It was as if the huge quantity of evidence assembled and examined by the Congressional Subcommittee, not to mention the evidence gathered in earlier investigations, all with their damning conclusions, did not exist.

The public today is none the wiser. Even those who currently conduct research into AIDS/HIV are not familiar with the report which showed “systematic exaggerations and outright falsehoods of unprecedented proportions” in the papers which established their branch of medicine. The companies which made staggering profits from the myth of HIV were able to exert overwhelming political influence and suppress all attempts to expose what had happened.



As strange as it may seem, that is how the system works. The Elite have long learned that if one wants to erase an uncomfortable fact – not matter how much evidence exists to support it – simply behave as though it was not true, ignore the evidence, state the opposite in the media, and carry on as normal. Repeat, repeat and repeat. (See our paper #211) The vast majority of people lack the stamina to deal with this continual obfuscation and evasion and eventually accept the orthodox line, whatever it might be. The few who persist in asking pertinent questions will not be heard and have no chance of presenting their case in the mainstream media.

A few honest people tried to take Gallo to the gallows, and they failed.

CONCLUSION

AIDS is not caused by a virus. The condition we call “AIDS” is actually a product of three separate causes: (a) the serious harm inflicted on their immune systems by the often reckless behavior of homosexuals, in particular their consumption of harmful drugs like amyl nitrite; (b) the fatal toxic effects of a bogus “cure” known as AZT; and (c) malnutrition.

The role of malnutrition is easily forgotten, but drug addicts are famously neglectful of their diet. The often touted claim that “AIDS” has devastated parts of Africa is also phony. A large proportion of the African population have had exposure to diseases, notably malaria, which can trigger a positive result in a test for HIV. They also have symptoms which are listed by the CDC and the World Health Organization as indicative of AIDS but which are due entirely to malnutrition, poor sanitation, and lack of access to clean drinking water.

Deaths from a variety of diseases that are endemic to Africa, and have been for a thousand years, are now being recorded as “AIDS” cases. The death rate overall in regions of Africa where HIV is supposed to be rampant is no higher than it was before the arrival of “AIDS”. The annual population increase in HIV hotspots like Botswana and Tanzania – at 2.7% and 2.9%, respectively – is evidence that neither country is struggling with a new life-threatening contagious disease.

Africa is not dying of AIDS, and never was.

What, then, was the purpose of this fictitious viral disease? The LORD has told us that the love of money is the root of all evil, so the fabulous profits that this myth garnered for the “sorcerers” were certainly an incentive. However, the Elite don’t waste their time on a major deception unless it also serves some long-term purpose. So we need to consider what else they achieved with this wicked program.

- HIV prepared the way for Covid-19

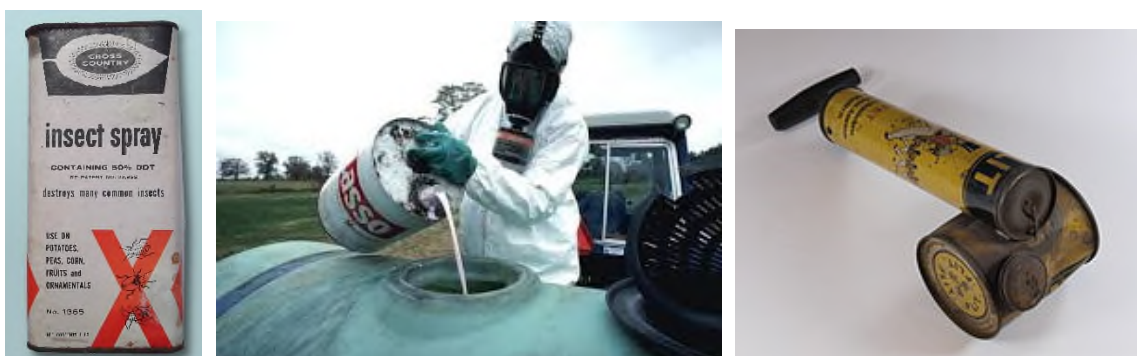
To begin with, they convinced the world that a potentially fatal contagious disease could threaten the lives of millions of people in a modern, developed economy. The disease could be caused by a viral mutation whose origin was completely unknown. Antibiotics were powerless against it. It seemed to be able to live indefinitely in a dormant state in the human body and then suddenly erupt without warning, producing ghastly symptoms which ravaged the victim and caused a slow and painful death. The virus could also change shape so that an effective antiviral treatment – if one were developed – might only work for a short time.



The public was also induced to believe that this scourge would continue to hunt down new victims until the pharmaceutical industry found a way to stop it. If this was not done, they reasoned, then the virus could infect hundreds of millions of people without their knowledge and even threaten the fabric of society.

The main drawback with this invented disease was the restricted mode of transmission. Seemingly it could be acquired only through infected bodily fluids. Anyone who took the necessary precautions and did not engage in promiscuous sexual activity was unlikely to become infected.

There are many similarities between the AIDS plague and the great polio scare of the 1950s. As we discussed in a previous paper (#205) the symptoms known as “polio” were probably caused by toxic pesticides in common use at the time – in the gravely mistaken belief that they posed no threat to human health.



- virology or alchemy

It is very convenient to be able to blame a disease on a virus. These are extremely hard to detect in the human body and can only be “observed”, if that is the right word, under an electron microscope. They exist in vast numbers and are poorly understood. Even experts in virology, with decades of experience, may not agree on what a particular virus can and cannot do. If someone claims to have shown experimentally that a certain virus can trigger such-and-such an effect in the human body, it may be many years before another virologist tries to replicate his findings. Even if he is unable to do so, he cannot conclude that the first scientist was mistaken. He may not have performed the experiment in the same way, under the same conditions. Or he may have used a slightly different strain of the virus. Or another unspecified or unknown factor may be involved.

One thing is clear: If a high profile team of scientists assert that a particular virus causes a certain disease, and this team has its findings endorsed by a prestigious institution, it is almost impossible to refute their hypothesis. It can be difficult to even contest it without the backing of another, equally prestigious, institution.

- the Zika virus hoax

Politics and viruses go hand in hand. Take the Zika virus, for example. A number of peer-reviewed, scientific papers have alleged that this virus can cause serious birth abnormalities if pregnant mothers are exposed to it at a certain critical stage in their pregnancy. As we have shown in a previous paper (#205), this hypothesis is absurd.

All of the cases where this is supposed to have occurred were in regions that are contaminated with toxic pesticidal residues. Furthermore, the virus is found in countless other regions across the face of the earth and has never been shown to produce such defects.

Viruses offer a rich and varied hunting ground for unscrupulous professionals and profit-hungry corporations. They are especially attractive to the architects of the New World Order who are continually looking for new ways to terrify the masses and control their behavior. A leading critic of the AIDS hypothesis, Dr David Rasnick, called it a “tyranny of fear” and condemned the institutions responsible:

“The National Institutes of Health, the Centers for Disease Control, the Medical Research Council, and the World Health Organization are terrorizing hundreds of millions of people around the world by their reckless and absurd policy of equating sex with death [from HIV].”

– *Mail & Guardian*, South Africa, January 24, 2001.

This has become especially evident with the media-driven panic over the so-called Coronavirus. Countries are voluntarily going into ‘lock-down’ because hundreds of millions of people are being “terrorized”, as Dr Rasnick put it.



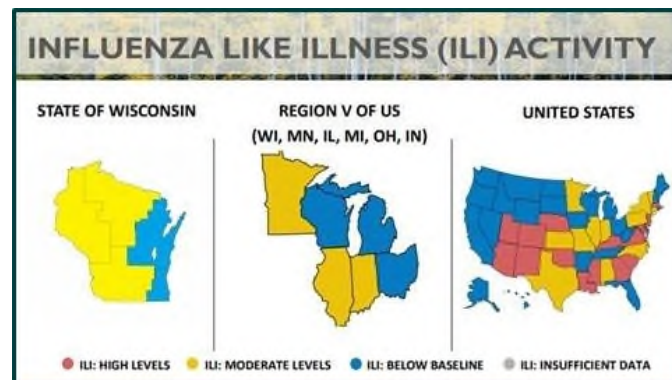
Dr Rasnick

- fear paralyzes the mind

Fear paralyzes the mind. How else would a country like Italy, as rational as any in the world today, submit so meekly to the draconian edict issued by its Prime Minister? The entire country came to an immediate and obedient halt when ordered to do so, despite the fact that far more Italians were dying from seasonal flu, which is just as contagious as Covid-19.

In their paper, *Investigating the impact of influenza on excess mortality in all ages in Italy during recent seasons (2013/14–2016/17 seasons)*, Aldo Rosano et al. dealt specifically with this issue – “excess mortality” and flu [published in *The International Journal of Infectious Diseases*, August 3, 2019].

Their research shows that the number of people dying annually in Italy from “influenza-like illness” [ILI] has grown enormously in recent years, from 7,027 in 2014 to 24,981 in 2017. They attribute this almost exclusively to the increase in the number of elderly and fragile, where most of the deaths occurred. On average 2,000 Italians were dying every month from an ILI, so it is hard to see why the advent of another ILI (Covid-19), which will add possibly another 1,000 to this figure, can justify the “lockdown” that we are witnessing. In fact, a large proportion of the latter increase will likely comprise ILI-victims who would formerly have had their cause-of-death recorded as seasonal flu.



Much the same considerations apply to other western countries, including the U.S. According to their website “[the] CDC estimates that from 2010-2011 to 2017-2018, influenza-associated deaths in the United States ranged from a low of 12,000 (during 2011-2012) to a high of 79,000 (during 2017-2018).”

<https://www.cdc.gov/flu/about/burden/faq.htm#deaths>

Note the margin between the trough and crest figures cited by the CDC. The difference is an incredible 67,000. If these were attributed to Covid-19, the public would be convinced that a deadly new disease was sweeping the country. It would be headline news on Fox and CNN: “67,000 Americans die from deadly plague. World leaders stress the urgent need to develop a new vaccine. Terrified public still in lockdown. Where will it all end!”

In this scenario, not one person died from a ‘new’ disease. Not one. And yet the nation was drawn into turmoil.

- deaths attributed to Covid-19

There is no doubt that many deaths in America will be attributed to Covid-19. We list below some possible reasons for this:

- (a) Existing deaths from an ILI re-classified as Covid-19 cases.
- (b) Deaths classified as Covid-19 without testing.

- (c) Deaths attributed to Covid-19 through faulty or misleading tests.
- (d) Deaths caused by exposure to some unknown pathogen (not Covid-19)
- (e) Deaths caused by an unknown environmental agent (not Covid-19)

Regarding (d) and (e), it has long been speculated that stealth weapons developed by the military could be used by a treasonous cabal to kill their own people. Chief among these are weapons that use electromagnetic radiation (EMR) to disable or kill the victim. We already have devices in our homes, such as wifi routers, which can be commandeered without our knowledge to deliver high doses of harmful radiation. Microwave arrays in urban areas can be used for the same purpose.

It has been suggested that the unknown substances sprayed across our skies in the form of 'chemtrails' may include nano-grade metal particles which, when absorbed into our bodies, may resonate in response to EMR of a certain frequency. This could be used to induce illness on demand, in whatever geographical region was selected.

Regarding (c), we would note that the kits used to test for viral pathogens are made by just a few companies, usually a subsidiary of a pharmaceutical conglomerate. Furthermore, the characteristics used to define a new disease are selected by the CDC and may relate only to secondary effects and not the pathogen itself. We already have a glaring example of this in the so-called HIV test.



- the phony ‘World Health Organization’

Finally, we are led to believe that the nations of the world are protected from medical fraud and deception by the great benevolent institution known as the World Health Organization. It allegedly employs the best scientists, the best methodologies, and the highest standard of ethics. The pharmaceutical industry would never outwit them. Alas, this is pure hokum. The WHO is completely controlled by the big pharmaceutical companies and exists only to advance their profiteering agenda and the ever-increasing uptake of vaccines.

The masses fall into line and do as they are told because they fear death, a prospect that bubbles up before them every time they turn on their TV. It never occurs to them that, by closing down one country after another, the Elite are engineering an international economic collapse, a crisis of epic proportions which will cause more deaths – by far – than ‘Covid-19’ ever could (even if it was genuine). The Judas goat of media-generated fear is leading the sheep to a place of execution.



President Trump, Dr Fauci and Vice-President Pence

So, the next time you see Dr Fauci warning of the awful things that Covid-19 will do – unless we stay indoors indefinitely and take the vaccine as soon as it becomes available – remember that the same man promoted the hoax known as HIV and stoked so much fear in the hearts of homosexual men across America that hundreds of thousands of them embarked on a course of treatment, approved by him, which caused each and every one of these unfortunate souls to experience a slow and painful death.

Perhaps the most laughable aspect of this deadly propaganda campaign is that ‘containment’ through quarantines, self-isolation, curfews, border shutdowns and equally infantile measures will not make the slightest difference in the long term to the spread of a disease which is as resilient, virulent and contagious as Covid-19 is supposed to be. The same measures, however, if allowed to continue for several months, will have dreadful financial, social and economic consequences for all these countries – just as the Elite intended.

And then, of course, we’ll have the vaccines...

It may help to remember that we are in the Third Phase of Mass Insanity.

It is just as the Word of God foretold: **“for by [their] sorceries were all nations deceived.” – Revelation 18:23**

In closing we recommend that readers review three of our previous papers: #218 (‘Reflections on the Great Flu Pandemic of 1918’); #211 (‘The Third Phase of Mass Insanity’); and #205 (‘Vaccines are the Perfect Vector for Mass Infection’).

**“Their throat is an open sepulchre;
with their tongues they have used deceit;
the poison of asps is under their lips:
Whose mouth is full of cursing and bitterness:
Their feet are swift to shed blood:
Destruction and misery are in their ways:
And the way of peace have they not known:
There is no fear of God before their eyes.”**

- Romans 3:13-18

**Jeremy James
Ireland
March 18, 2020**

- SPECIAL REQUEST -

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2019 may also be downloaded in a single file, or possibly two, from www.archive.org (Use search term ‘Jeremy James’).

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- jeremypauljames@gmail.com.

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