

# Conference Report

## How to Break the Paradigm -- HIV/SIDA

June 21-22, 2012

Vers Pont du Gard, South of France

A conference on changing the prevailing HIV/AIDS paradigm  
The HIV puzzle -- what is being measured? \* Biomarker Measurements-- Useful or Deceptive? • Historical resistance against scientism • What we are up against--the nature of paradigm change • The money spent on AIDS, an analysis • Dissident scientists under attack \* Impunity of mainstream scientists • How should we communicate our message? • Internet tools • How to treat a weakened immune system

*“Must we wait for a new generation to see a failed paradigm revised? No!”*



*This conference is placed in memoriam to Mark Griffiths, founder of the French AIDS dissident movement, and of the SIDASANTE website.*

# How to Break the HIV/SIDA Paradigm

Conference in Vers Pont du Gard  
June 21-22, 2012



## PROPOSED AGENDA

WEDNESDAY JUNE 20 -- Wine Reception -- Maison de Martin -- 15:00 -- 22:00

THURSDAY JUNE 21 --

--Restaurant Voutes

9:00 -- Welcome to the Conference

Martin Barnes, Etienne de Harven, M.D.

9:30 -- Nancy Turner Banks, M.D.

"Sun Tzu, Quantum Physics and AIDS"

10:30 -- Break

11:00 -- Introductions -- Who is Here? Reports from Italy, Mexico,  
Greece, South Africa, Portugal, Russia, Geneva, Spain, Germany

12:00 -- Agenda Adjustment, Re-assignments

12:30 -- Dejeuner Restaurant Voutes

14:00 -- How to Treat a Weakened Immune System

15:30 -- Break

16:00 -- Strategy Session: Paradigm Change, What We Are Up Against?

18:00 -- Dinner Break --

20:00 -- Film: *Positively False--Birth of a Heresy*

Joan Shenton, Andi Reiss

FRIDAY JUNE 22 --

-- Restaurant Voutes

-- Maison pour Tous

9:00 -- The HIV Puzzle--What Are They Measuring?

9:00 -- How to Treat a Weakened Immune  
System -- Felix de Fries, Nancy Banks

10:30 -- Break

10:30 -- Break

11:00 -- HIV Tests... What Do They Mean?

11:00 -- Video-- Interview with Etienne de Harven  
(French) -- Etienne available for questions

12:30 -- Dejeuner Restaurant Voutes

12:30 -- Dejeuner Restaurant Voutes

14:00 -- To Be Assigned

14:00 -- Film: *I Won't Go Quietly*  
Anne Blumenthal

15:30 -- Break

(There is a second room available to us Friday  
in the Maison pour Tous for additional workshops  
from 9:00 -- 16:00.)

16:00 -- PLENURY SESSION

Strategy to Break the Paradigm: What Have  
We Learned? -- Action Agenda

--Restaurant Jardin de la Gare

20:00 -- CONFERENCE EVENING DINNER

(just below the village)

SATURDAY JUNE 23 --

9:20 -- Bus Leaving to Uzes Open Air Market

14:00 -- Walk along the ruins of the Roman Aqueduct  
to the Pont du Gard

# Prologue

by Conference Co-Organizer, Martin Barnes

It's a huge medical-pharmaceutical mistake that nobody can backtrack on. Too many lives have been lost, too many lives destroyed due to a scientific error-- that the truth simply CAN'T come out. If the public knew, they would lose all their faith in science.

They practiced bloodletting for 2000 years before stopping it. It was a hundred years before doctors admitted that cigarettes were not safe. It took 40 years before the profession understood that methanol was poisonous. It took 30 years for medicine to accept that Semmelweis was correct in that surgeons should wash their hands between operations.

How long for HIV/AIDS?

They got the science wrong in the beginning-- the virus plague theory was never scientifically verified. But a giant industry emerged anyway, billions of dollars being wasted presumably to save hapless victims of a hypothetical, mysterious infection, people who had tested positive based on a flawed HIV test that has no specific clinical meaning. They are victims caught in the AIDS Trap.

The original AIDS cases were caused by drug and lifestyle abuse-- but urged on by the AIDS virus panic, doctors began to overprescribe the antiviral drug AZT. From 1986-1996 upwards of *200,000 young people were killed by AZT poisoning*. But the world was told these deaths were due to HIV.

It is thirty years later. Today, the only change is that the medicines are not so poisonous, but they are still causing horrific damage-- nerve damage resulting in loss of taste, blindness, fat deposits on strange parts of the body, kidney and liver damage, birth defects from forced medication on pregnant mothers. Average age of death for males on the therapies, 59. The most common cause of death is liver failure. *This damage comes from the medicines, not the virus.*

Why has this been allowed to go on so long? Why is the HIV/AIDS machine still marching ahead? They have just approved Truvada, a prophylactic drug to be given to healthy HIV negative individuals-- a license to distribute more poison. There has just been approved a new home HIV test-- a way to get more victims into the AIDS Trap-- \$21,000 a year per patient for pharma, paid by the taxpayers.

But there is still no gold standard for measuring so-called HIV antibodies, there never was. The HIV test does not test for HIV-- the test is only a crude measure of immune system response. The test is based on a particular pattern of antibodies, but they don't know if that pattern matches up with HIV. They say the test is 99.8% accurate, but what they mean is that it accurately gives the same result twice-- circular logic-- but accurate for what? The test can match up with the antibodies in your blood-- turn positive-- if you had a recent flu shot, tetanus shot, black ancestry, or more than 60 other conditions, including pregnancy. Just because of these more than sixty normal conditions--not HIV-- the test can register you as 'positive.' Then you will be informed, 'You are infected with HIV.' *The test is a sham!*



## The AIDS Trap

For those caught in the AIDS Trap, doctors continue to use other discredited tests-- the 'viral load test,' and measures of CD4 lymphocytes-- as a basis to begin prescriptions for poisonous medicines to be taken daily for a lifetime. Both tests have been discredited as measures or predictors of future health. The viral load test does not identify viruses, only viral spare parts from broken down cells. The CD4 lymphocyte test is riddled with lab errors and levels of these cells fluctuate naturally. But both tests remain in use. If they hit a certain number, you are prescribed the antiviral meds. They are a high-tech way for doctors to feel legitimate and prescribe more drugs-- and a gold mine for the pharmaceutical companies.

The keepers of the HIV/AIDS paradigm are the virologists. We depend upon them to tell us the truth and inform practitioners and public health officials. But when Robert Gallo announced to the world in a press conference that he had found the cause of AIDS and when his research published POST press conference showed no such thing, what did virologists do? They happily went after the research money that poured in from the government and the myth of AIDS took hold. "AIDS is caused by HIV."



Virologists have also let the the following myth persist: that HIV attacking our CD4 immune cells causes AIDS. This has never been scientifically verified. *No viral mechanism for immune dysfunction has yet been found!*

Virologists have happily spent millions of dollars on 63 HIV vaccine trials. All have failed. More are on the way. Will they all fail because they are chasing a phantom virus?

The virus has never been seen under the electron microscope in the blood of a person with AIDS. Dissident virologists claim that it has never been properly isolated nor purified, so that the origin of the retroviral proteins used in the HIV test are a pure matter of guesswork. The use of PCR and sequencing to identify and quantify HIV without prior isolation has been challenged by the inventor of PCR himself, Kary Mullis, and by a multitude of specialists. I have personally tried to get a dialogue going on this issue between the professional virologists and their challengers, but I have been rebuffed time and again. On this basic question virologists have refused a dialogue with qualified challengers over many years.

## Epidemiology Not There

The epidemiology of AIDS does not fit an infectious pattern of expansion and leveling off, indicating it is not an infectious syndrome. Much of AIDS is invented by measures of CD4 and viral load markers. A perfectly healthy person with no complaints nor symptoms, but who has CD4's too low and viral load too high is classified as having AIDS, but has no symptoms, and is given the meds. The entire nation of Canada has only 200 AIDS cases a year. That's because they don't aggressively push the phony HIV test there. The much ballyhooed predicted explosion of AIDS in the heterosexual population has never happened. Responsible public officials should have called off the whole thing once this was realized-- *but that would have stopped all the money pouring in.*

## AIDS in Africa

In Africa, more AIDS there means more relief money funneled through public officials. Anyone who has lost a little weight and has diarrhea is classified as having AIDS without even taking the HIV test. Disinterested observers have gone to Africa to look for the AIDS deaths, but could not find the coffins. The population of Africa has doubled during the AIDS era. Millions of Africans are injured, however, and many killed by the issuance of the poisonous antiviral medications. Billions of dollars are wasted in this way that could be spent on clean water and public health infrastructure. For South Africa alone AIDS pharmaceutical expenditures reached \$5 billion by 2011.

## Sexual Transmission-- not!

Sexual transmission of the actual illness of immune deficiency is another of the myths surrounding the AIDS syndrome. Amazingly, with all the hyperbole surrounding it, *this has never been proven*. (If you don't believe me see Dr. David Rasnick's summary here: <http://www.davidrasnick.com/>)



It is quite amazing how the power of money has kept something as completely corrupt as the AIDS paradigm going. It is interesting that most normally astute observers don't even know about this issue. There is no public debate about AIDS. It is very scary that, with universities filled with rational scientists, how something so obviously wrong-- and that does so much human damage-- could persist. What we are dealing with is a rogue science monopoly with a sophisticated attack machinery. If some speak up they are attacked viciously and called 'denialists.' Courageous professors from outside (or inside) the AIDS discipline are lacking. Once one becomes familiar with the field it becomes obvious that the whole thing is a scam. But outside professors are terrified of even becoming acquainted with this

dispute-- if they were to get involved, what would their colleagues think? Real leaders are lacking in the academic community. The media too-- they are buffaloes into boycotting the dissident view on the basis that such reporting would 'encourage unsafe sex.' The reality is advertising dollars from big pharma don't encourage reporting the truth about AIDS. Censorship is absolute. Where is our 'Free Press'?

The refusal of virologists and the of AIDS establishment to participate in public dialogue to answer the basic questions outlined here is striking. Does this stonewalling behavior indicate arrogance, impunity, a tacit admission of incompetence, or all three? Are the AIDS specialists making fools out of the rest of the scientific community?

**AIDS science is an embarrassment to the rest of science. History will record how scientists in all disciplines allowed this travesty by their fellow AIDS scientists to continue.**

## A Conference in a Small Village

It was in this context that Georg von Wintzingerode and I decided to organize a conference in my village of Vers-Pont-du-Gard in the south of France. The title of the conference was "How to Break the HIV/AIDS Paradigm." Our goal was ambitious-- we were up against the biggest medical error in the history of Western civilization-- with a \$27 billion dollar a year industry behind it!

I started off trying politely to get mainstream virologists to attend-- Vincent Racaniello at Colombia, Robin Weiss from England. They gave me the brush off.

But Etienne de Harven, MD, agreed to be our honorary conference chair. He had spent his career with the electron microscope identifying retroviruses in mice, never in humans. When he and his colleagues never could find HIV in the blood of a person with AIDS, he wrote a book entitled TEN LIES ABOUT AIDS. (It is translated into English from the French original.) We were lucky to have him.

Joan Shenton agreed to come and show her new film "Positively False," a composite of her career as a television journalist exposing the truth about AIDS. Joan's connections enabled us to alert existing European dissidents about the conference. We were also lucky to convince Dr. Nancy Turner Banks to be our keynote speaker. Her book AIDS, OPIUM, DIAMONDS AND EMPIRE is on the cutting edge of understanding the politics, science and history around AIDS and much of recent western history.



The response to our conference was amazing. Participants came not only from France but from all over Europe-- London, Germany, Spain, Portugal, Athens, Scotland, Geneva, Belgium, Vienna, Italy, even Mexico and one person flew all the way from Thailand. Our 35 seat conference room was bursting, every last chambre d'hote in the village was reserved, our camping meadow below the village was occupied with visitors sleeping inside Georg's giant geodesic tent-- built for the occasion.



There were several professionals attending with years of experience fighting the paradigm inside and outside the medical system-- doctors, scientists, educators, activists, and journalists. Nearly a third of the attendees were caught in the AIDS Trap asking questions-- should they stop taking their meds? What does it mean to test HIV positive? How important is protection during sex?

## Conference Feedback

Dear Martin

Have just been interviewed for an hour on the Robert Scott-Bell radio show with Liam Scheff as well. I waxed lyrical about the Vers conference.

You must hear it - Georg too! Mentioned the geodesic dome and the shower and all the delights of Vers and the South of France.

Gave a big thank you in the second or third segment of the programme for having the idea and seeing it through. I'll send you the link as soon as Robert sends it to me.

It was an heroic effort and wonderful achievement - your initial idea coming to life, Georg's geodesic dome and shower (everybody said they slept del and comfortably).

I think the sessions were very interesting and I am looking forward to the concluding press release with the future strategy points.

It was particularly good to see so many members of the younger generation, already well-informed and hungry for more.

The main thing is that everybody had an opportunity to exchange ideas and keep information flowing.

Thank you for bringing us all together.

All the best and to you and Monique.

Joan

Here's the link to yesterday's interview:

<http://www.gcnlive.com/programs/archiveFiles.php?url=http%3A%2F%2FArchives2012.gcnlive.com%2FArchives2012%2Fjun12%2FRobertScottBell%2F>

MARTIN & MONIQUE :  
HERE'S SOME CASH TO HELP COVER THE EXPENSES OF THE CONFERENCE. PERSONALLY I ENJOYED THE WHOLE TIME - NEVER A DULL MOMENT! ASIDE FROM THE VARIOUS TALKS OR PRESENTATIONS, I HAD MANY VERY INTERESTING CONVERSATIONS, AND IT WAS VERY EDUCATIONAL. MANY PEOPLE SEEMED EAGER TO TALK, PROBABLY SINCE MOST OF THE TIME NOBODY AROUND THEM WANTS TO HEAR ANY MORE ABOUT THEIR FAVORITE SUBJECT SO DEAR TO THEIR HEARTS: HIV/AIDS.  
I'M SO DENSE WHEN IT COMES TO THE SCIENCE - IT SEEMS SO COMPLEX TO ME, I HAVE TO HEAR IT, OR READ IT, OVER AND OVER AGAIN BEFORE I CAN BEGIN TO GRASP EVEN THE MOST RUDIMENTARY ASPECTS



Salut Martin and Monique!

Many things to tell you!!!

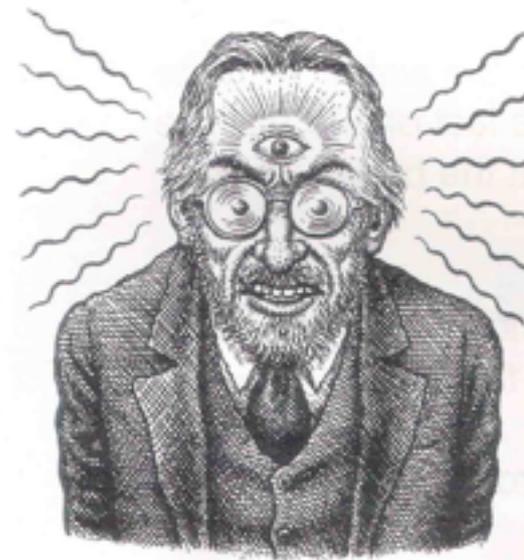
1) First, again all my congratulations for the BEAUTIFUL conference in Vers !!

The format was perfect, and we should remember that for perhaps another one in 2013 ? True, a third day would have been useful? I wish we would have more time to debate on the "Existential" issue, of course !!

There is some kind of an omerta on the "Existential" issue, don't you think ?

OAH, I think it was wise from you to completely stay away the split between the "Duesbergians" and the "Perthians", since, surely, that most regrettable split is the weakest spot for RA....

I also appreciated very much the highly "European" aspect of the conference! BRAVO !!!



OF IT, SOMEHOW IT ALWAYS COMES BACK TO THESE ARCAIC DETAILS OF THE SCIENCE, AND JUST WHEN I THINK I'M STARTING TO GET IT SOMEONE WILL SAY, "GEORGE'S IDEAS ARE ALL RUBBISH," OR THERE'S ALWAYS SOME NEW FACTOR THAT ALTERS THE WHOLE PICTURE...AND SO IT GOES.

WHAT A COLLECTION OF LOVABLE ECCENTRICS THE AIDS DISSIDENTS ARE ... AND I'M ONE OF THEM!

ANYWAY, I THINK YOU PULLED IT OFF AND HANDLED IT VERY WELL. IT WAS ORGANIZED ENOUGH, BUT NOT TOO ORGANIZED. GEORGE KIND OF GOT IMPATIENT WITH THE LOOSENESS OF IT, BUT HE IS, AFTER ALL, GERMAN, I THOUGHT IT WAS JUST THE RIGHT BALANCE.

AND I THINK, IF NOTHING ELSE, THESE PEOPLE HAVE TO GET TOGETHER EVERY ONCE IN AWHILE AND HASH IT OUT ABOUT BIO-MEDICAL SCIENCE & AIDS, VENT OUR SPLEEN AND COMFORT EACH OTHER.

— R. CRUMB

2) If you write a summary on the conference, please, don't forget to indicate that, on my recommendation, the conference was placed 'In memoriam of Mark Griffiths' who has been, unquestionably, the most admired founder of the French AIDS dissident movement ! Again, THANKS AGAIN TO YOU AND MONIQUE, for your delightful hospitality in your most charming home !!!  
Tres amicalement a vous deux !

Etienne.

Martin,  
Thank you for your hard work and generosity, not only to me, but to all of the people who have benefited because you decided to take action. Congratulations!  
I am honored to have been asked to participate and it was delightful seeing old friends and making new ones. Also a big thanks to George for all of his hard work and enthusiasm.  
Saludos,  
Nancy

Dear Martin,  
Thanks again very much for taking the trouble to put together such conference. It was wonderful seeing again old allies and meeting new ones!  
Kind regards,  
Michael Baumgartner

Hallo Martin,

thank you so much for the wonderful conference in Vers. It was really good to share informations in a friendly environment. All the different approaches gave together with the numerous questions and answers a scientific and humane atmosphere. And last but not least the weather, food and drinks, the yard, nature, living and working conditions contributed to an effort, that rises hope for the future of truth and humanity!  
I want to thank everybody!

Christl Meyer



Hi Martin, Georg and others I missed when leaving,



Many thanks for (the organisation of) the conference. It was all in all a great experience, I met many fantastic people. The variety of information and impressions still has to sink in to some "overview", if possible, given the variety of visions and approaches, but for sure, attending these days was a great human experience to me that deeply touched me. When leaving, some people, Martin, Georg and others were already gone, so I couldn't say them, especially the organisers, good bye thank them personally – so hereby: Many, many thanks!!

Best to all,  
Jorinde Brokke

Dear Martin, and Dear  
Everybody at the Avignon  
Conference,

It's taken me a few days to  
get my thoughts together  
and get my feet back on the  
ground.

Apart from feeling  
privileged to have been a  
part of it, I very much  
enjoyed meeting so many  
amazing people.

Martin, you organised it so  
well and the balance was  
just right – sometimes you  
had to tread a fine line and  
did it seemingly without  
effort.

I wish I'd arrived with a bit  
more information, as clearly  
the conference would have  
got further with less time  
taken up explaining things  
that to some of you were  
elementary. I'm grateful to  
all of you for your patience  
and willingness to teach us.  
It's only right that there  
should have been space for  
us, the so-called HIV  
positive (what should we  
call ourselves now?) but  
perhaps the questions  
should have been set aside and given  
a time for airing at the end of each  
half-day session.

Georg, I so wish I could come up  
with the answer to your "quiz". It  
has to be a pretty obvious solution if  
you think it'll work but then so often  
we don't see what's staring us in the  
face. I hope it's simple and  
workable. Whatever it is, count me  
in!

I'm don't think I'm exaggerating  
when I say that this may have been  
the first time in 15 years, when I was  
first diagnosed, that I have felt like a  
valid person, with something to say  
worth listening to, and with people  
around me who care.

The last thing I want is to be  
sentimental, but I do so want you all  
to understand how overwhelmed I  
am by your dedication and desire to  
get the truth out. Where on earth  
would we now be without all of you?  
Thank you, I had a great time, and  
you were all simply fantastic!

Danny Beattie



Dear all,

Also from my side: many thanks to the organizers of this meeting. It had been a very well balanced mixtures of structure and improvisation. The location could not have been better chosen. I also enjoyed staying at the campground in that dome of a tent. Many thanks to Georg! Thank you for giving me the opportunity to show my film. Thank you to everybody for your presense, your thoughts, your openness and all your questions and answers.

During my work on "I won't go quietly" the last years, I have talked to a lot of people with this so-called "HIV-infection". I found a few which were able to get rid of the fear that there might be something inside of them, which would disturb their life. They all live a healthy normal life. This virus is in our mind.

And once we know that it had never been proven to exist we should stop to give this test result any meaning. There cannot be any. We all have to take care of our bodies, eat and drink healthily, avoid intoxication, do exercises, resolve our problems, etc. There is no difference between HIV positive and negative people. And we can find natural cures for our problems, because nature is the best healer. We do not need laboratories and supplements in my opinion. This keeps us tight in fear and keeps us away from the inner wisdom of our bodies.

It is quite simple. We often make things more complicated as they are.

This is what I have found out during my research and my work on "I won't go quietly". I feel very glad that I met this strong and courageous women which show us the future of a life without HIV and AIDS.

Anne

-- blue bell media-anne blumenthal

Hi everybody !

So things are taking shape. I've edited a 46 minute video based on a large part on interviews with conference participants, and some extracts of the conference itself. I've just published a blog article (in French) with the embedded video, which you can see here: <http://rhubarbe.net/blog/2012/06/27/reportage-sur-la-conference-dissidente-vihsida-pont-du-gard-juin-2012/>

The video itself is freely available here : [http://www.dailymotion.com/video/xrsi2x\\_hiv-aids-dissident-conference-june-2012-south-of-france\\_news](http://www.dailymotion.com/video/xrsi2x_hiv-aids-dissident-conference-june-2012-south-of-france_news)  
I'm working on the subtitles, as some of the interviews are in French and on some others, the sound is sometimes bad (most were recorded in the café during breaks, with quite a bit of noise). I'm doing the English subtitles first. If someone wants to start on the French subtitles, use some tool to create a .srt subtitle file, like Subtitle Workshop.

The unedited video of Nancy 's presentation, SunTzu, Quantum Physics and AIDS, is currently being uploaded to the same Dailymotion page:  
[http://www.dailymotion.com/video/xrsvzh\\_suntzu-quantum-physics-aids-by-dr-nancy-turner-banks\\_news](http://www.dailymotion.com/video/xrsvzh_suntzu-quantum-physics-aids-by-dr-nancy-turner-banks_news)

=Vincent Verschoore=



hello Everybody!

please **find my article** (the first of a serie) and **share it** : [http://www.ouvertures.net/portail/l\\_id.asp?doc\\_id=649](http://www.ouvertures.net/portail/l_id.asp?doc_id=649)

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best regards,

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Our newsletter : [http://www.ouvertures.net/portail/registration\\_form.asp](http://www.ouvertures.net/portail/registration_form.asp)

Hi everyone

I wish to express my gratitude to Martin and those who helped in coordinating our meeting in Vers. It all went on very well and was so friendly. It was the opportunity to come and know some of you I never met before, as well as meet old dear friends since many years. A few thoughts...

Since 30 years... Where did we reach with the scientific debate? Where did we reach with the media and communication?

Where do we want to reach? Are we trying to dismiss false science? Are we wanting to save lives?

Are we willing to inform the general public about the failure, the corruption modern medicine (doctors and pharmacy)? and more extensively the problem of our modern lifestyle expressed by its many dysfunctionments (health, medicine, environment, relationships, economy...)? Are we looking for a VVIP whose voice can be heard?

We tackled a little the question of communication 2-3 times. We also mentioned that we also need to sort out the

dissident inner debate... which for many is very academic, though there is a need to complete it.

These are some of the questions which I wish to share with you for future meetings and exchanges.

Best regard to all.  
--Renaud Russeil

It was a real pleasure meeting you all at Vers, thanks again Martin & Co for the welcome and organisation. I would like to suggest having some kind of repository space on the web somewhere where all the documents used and shared during these two days could be brought together and made accessible. I also think we need to carry on with the debate on the aims we want to have, so that something actionable comes up quickly. Maybe some kind of "common document" signed by all representatives of the "dissident" movement and agreeing on a number of key points, thus giving people a clear idea of what it is we all agree on and what we suggest people facing the AIDS trap can actually do about it.

Best Regards,

=Vincent Verschoore=  
[www.rhubarbe.net](http://www.rhubarbe.net)

Hola Martin,  
Sorry I have not written. I have been home and was completely exhausted from the trip. I have essentially done nothing for the last week but rest and try to recuperate my aching knees--so I guess my jacket will wait until another visit, unless someone comes from Mexico to Vers. (smile)

I've been following the feedback and the endless discussion about arcane notions of viral technology. I purposely tried to position the talking points away from 30 years of dead end discussions, because this has done little to help heal those who are ailing. I wanted to begin to discuss the various causes of energy and immune deficiencies-- How they can be diagnosed and whether or not they in fact need to be treated with interventional therapy or life style and dietary changes. The cell biology that was presented is not theoretical as some have suggested. Much has been learned over the last 30 years about evolutionary and quantum biology and how cells respond to changes in their redox



environment (oxidative stressors) to maintain balance and integrity of function. I discussed Bechamp because these "new" findings in cellular metabolism echo the idea that it is the change in the bioterrain (cell metabolism) that allow disease to flourish. This then gives us the beginning of asking about the nature of health rather than always chasing some phantom disease that needs a new vaccine/drug/intervention.

That the pharmaceutical industry which has a tight control of the regulatory agencies in the U.S. and elsewhere is as corrupted as the banking system should come as no surprise in light of the news this week about the \$3 billion fine that is to be paid by GSK. [http://www.naturalnews.com/036417\\_Glaxo\\_Merck\\_fraud.html](http://www.naturalnews.com/036417_Glaxo_Merck_fraud.html) (As you may remember Burroughs-Welcome who introduced AZT was incorporated into GSK)

Gary Null's new film "War on Health" segues nicely into the concept I raised about understanding the work of Sun Tzu <http://garynullfilms.com/waronhealth/>. The full film can be found on YouTube, but I think that listening to what he has to say in his intro is very valuable.

The goal for me, is to walk people away from a death paradigm into a life paradigm, to be able to teach other physicians how to manage these patients--because most are not or are never going to be ill--and so the struggle is to define who may or may not have a real problem and to give the appropriate intervention. That is also why the work that Felix presented about the role of the bowel in balancing immune status is crucial. But the biggest problem is overcoming the fixed notion that has been created about an incurable virus.

As you may know, Big Pharma is having another AIDS circus this week in Washington, D.C. Wouldn't it be great if there was a cinema night and they could see, "Positively False", "I won't go quietly" and "house of numbers"?

Thank you again for this Herculean effort. A ripple can turn into a wave.

Saludos,

Nancy

Hello everyone,

For me, it is still a bit early to make a real assessment about this conference but I wish to give my first impressions.

There was such a flood of information going in all directions, it has to decant, and it will remain difficult if not impossible to find a common denominator to all those theories and approaches. Moreover, as I am keeping rather well informed about this topic, I did not personally learn anything really new. Nevertheless, there have been important "reminders", for instance about the necessity to have a health check-up to determine the exact deficiencies before taking any dietary supplements, and about the importance of simultaneously rebuilding the immune system when stopping a triple therapy. Although this seems to be obvious, it may not always be done.

There are also things I still have to explore, an interesting text from Felix de Vries, with a lot of links. A CD of Christl Meyer, and Anna Sono's "We won't go quietly".

As I missed the introductions of all participants, it was near the end of the conference that I discovered that there was an Austrian microbiologist, Christl Meyer, already active in this for 25 years, and obviously knowing a lot about virology.

Basically, Nancy Turner Banks is on the same wavelength as Heinrich Kremer's Th1/Th2 theory.

A question from the audience: From what did people die in the early years, before the introduction of AZT?

This issue got buried under an avalanche of comments, but was not really answered.

Etienne de Harven responded to several questions about his theory that "HIV" does not exist and is confounded with HERVs.

According to him, the PCR viral load test only measures cellular and nuclear debris. I spoke with him for about 5 minutes and showed him Jean Umber's PPT presentation (converted into a Word file for practical reasons), and tried to attract his attention on the possible role of peroxinitrites, also with regards to so-called HERVs. There was obviously a lack of time to get around this whole issue. And also, it is not easy for me to manage such a discussion.

The conference was not without a language problem between English and French, even though it did not prevent discussions to take place. There were also two "improvised" interpreters I greatly admired.



A team of three Spaniards (very pleasant people), one of them Lluís Botinas, insisted on the fact that "positive test results" were basically due to stress. They mentioned a study performed on 20 people: Their CD4 count was done before and after the Elisa (or other screening) test, which meant for some the announcement of their HIV positive status. Those pronounced positive, had a huge drop in their CD4 count within a few hours, that took them about six months to recover. So this was evidence of the fear-effect. Lluís must send me this study (published by Dr Flores, in the *Diario Medico*, I think).

Also, if they agreed that some of them showed a Th1/Th2 imbalance, they said that many did not. So, in their opinion, the key factor is fear (induced by the test). Even more, they claimed that 85% of those testing positive had no health problem, while only 15%

had a medical condition that needed "a solution". All this in so far as I understood it well, our English being somewhat approximate on both sides.

One of their memorable sentences was that "Real HIV-positives would not actually test positive" (as they would not have the antibodies that could actually produce a reaction to the test).

The holistic approach has remained somewhat blurred. Somebody got nervous (and so did I, but in silence) about the remark that also remained rather vague about the (self) victimization of the patient.

To the simple key question asked by another person: "Do you know them, all those who got cured of AIDS (and cancer)? Have you encountered any of them? Where are they?" The answer was: "No, I do not know any of them, but there are many books about that. There are plenty of them in the books. And also there are the long-term non-progressors."

This luminous, clear and simple question became a bit my guideline for the rest of the conference: "Yes, where they are, those who got cured?". All answers during the conference remained rather theoretical.

Joan Shenton's film is very good, although it contains things we already know and sections we have already seen, it shows also new developments, and it is overall a good movie, which looks a little less "prehistoric" than *House of Numbers* in the sense that, in my opinion, time has passed since the AZT era, and it would be time for dissidents to stop using AZT as a major argument.

There were of course also "Affecteds" (as Jonathan Barnett would say, i.e. HIV-positives), those living with all these questions in their bodies, and not just in a theoretical way. Some of them had stopped HAART a certain time before, and had gradually begun to experience health problems. So, this hardly fits the theories...

In short, it seems everything should be done to maintain health. And probably, if we *really* pay attention to that, it will have favourable results in the short and long term. In this respect, the advices given at the theoretical level are probably very useful (though often very expensive, too expensive for some, to put into practice). But obviously, we must do what is humanly possible in that direction. But, for me this does not provide a key answer that would solve everything!

Concerning the “official assessment”, symbolized by the title of the conference: How to break the paradigm? I still have no answer. Only a non-answer: I do not think it can be accomplished by initiatives just aiming to “ban the screening tests

undermine the existence of HIV, and/or whatever it may really be that makes people test positive. In order to once and for all refute the existence of hiv (or to accept it). Some proposals for studies are already available on the Perth Group’s website, including a proposal by Etienne de Harven. We should look for what is still relevant in the existing proposals, complete them, and do what is necessary to find funds. (There is quite some money for films, why not for alternative studies?, I wondered more than once.) One of the suggestions that partially went into this direction was to require more control groups in studies on ARVs, or for example to test on a larger scale CD4 and VL of non-HIV positive patients suffering from other serious diseases.

All in all, there were not enough elements to significantly alter my vision at the theoretical level. I stay on my hunger on the major questions. It seems to me that it cannot be denied that some people test positive after a clear “cause and effect” in their sexual relationship. For one person this was *very clearly documented* with results of blood tests (he had brought to the conference), done at short intervals, which, unless we are willingly blind, showed a clear and neat progression, in particular of the proteins of the Western blot, which, within a few months, got “positive” one by one. There can be other explanations than hiv, but these are data we may not

and other tests, and to prohibit the ARVs”, as it has been suggested. I had to bite my tongue not to say more and with less courteous words! There were other suggestions, but nothing appeared really convincing to me. I think there is so much of what I call “rhetoric” in order to mask the fact that we still have nothing more tangible. If there had been “healed people,” what would be the point of getting lost in a theoretical debate?

While driving home, I thought that the only approach that might have a chance to reach beyond this still very closed circle of dissidents (not to mention the internal disagreements), and that might perhaps lead to a possibility to break this paradigm, would be to imagine studies to

ignore.

However, in human terms, the conference was for me an unforgettable experience. I was and am still deeply touched. The people were fantastic, warm, bright and courageous. And there was such a sincerity in everyone – perhaps due to the seriousness of the topic. It was a rare event in our world of superficiality and appearance. As a bonus, everything occurred in a very pleasant and friendly way, and there was much laughing. In short, the “energy” was great.

This is my vision for now, and only mine. I have no doubt that each of us has his/her own vision of this event.

---Jorinde Brokke



## Conference Keynote: SunTzu, Quantum Physics, and AIDS by Nancy Turner Banks, MD

[http://www.dailymotion.com/video/xrsvzh\\_suntzu-quantum-physics-aids-by-dr-nancy-turner-banks\\_news](http://www.dailymotion.com/video/xrsvzh_suntzu-quantum-physics-aids-by-dr-nancy-turner-banks_news)

### NOTES

This conference is a way for us to begin to change the dialogue....this event is so important, I think in the future we will realize how important this event will have been.

The reason I chose SunTzu is because this is a war...People think this issue involves science, but this issue has nothing to do with science. This is a war... we are in a straight up war. And there has been bloodshed. A lot of people have died because we have not been able to get our story straight.

Lily Kay... the molecular vision of life. Your whole personality is based on your genes. The idea was to make people better through genetic manipulation. A control mechanism.

In business school they teach you marketing is warfare. You are taught how to make an attack.

To sell HIV and AIDS they made a very skillful all out frontal, lateral and side attack.

The war began with Gallo and Heckler's announcement. A lot of money was put in. The Epidemic Intelligence Service a stealth propaganda service operated by the CDC. EIS Member Lawrence Altman was installed in the New York Times and wrote falsely the next day after the press conference that "the cause of AIDS has been found." Basically we essentially have not had a problem with infectious diseases in the U.S. since the 1950' s.

But if they want to have a flu epidemic, suddenly everyone is talking about influenza, people will be encouraged to get their flu shots.

These images (Rock Hudson, Brian White, Africa) created the illusion....a deadly disease.... it was very real to people. Our challenge is how do we reverse the effect of these very powerful images. That is the war.

We need to find a message that is coherent and simple. Our challenge is to find something that will begin to change the paradigm.



AZT was a failed cancer drug. They took it off the shelf and gave it to people who were very sick, and in a short period of time they were dead.

Here's Montagnier with a picture of some junk... and this junk has become the virus. People think this is an isolated virus but he is holding a picture of some junk.

Whenever you see a picture of a HIV virus in color you know it is a made up thing. The electron microscopy pictures are never in color. With the end of genetic determinism and with many retroviral elements in the genome the whole issue of virology will be changing in the near future.

Clark Baker: soldier facing 37 years in jail for an HIV crime. He was acquitted. This was our 40th case.

The problem is, this kid still thinks he's going to die. Our next problem... I want to work on training for doctors so they can get people like this out of their mindset of death.

Clark Baker is an interesting guy. He had dinner with Peter Duesberg and Celia Farber a few years ago and they were telling him about AIDS, and he thought they were crazy. The HIV/AIDS story sounds crazy. He's a former LAPD cop. He doesn't make it complicated. This is like a DUI. Look at the test. Look at the chain of command. Look at the quality of the labs. We are not challenging the science here... just the test.



I did a report on flow cytometry the way they measure CD4 counts and found out the whole thing is bogus.

The test is not the right thing to do. People who develop AIDS have a problem with cellular immunity, but no problem with humoral immunity. The HIV test is for humoral immunity, it is testing the wrong thing.

Images and illusion. When people get new info they don't accept it easily.

Glutathione deficiency and its relationship to a balanced energy system.

Pasteur vs Beauchamp: our bodies are a process, that's what's important, it's not the things attack us.

The viral paradigm is going to die, the genetic determinism paradigm is on its death throes, but the people who believe in it haven't figure that out yet.

The human has 30,000 genes, the mouse has 24,000 but grass has 120,000. There are too many more enzymes and other proteins that can't account for the genetic determinism. There are 250,000 proteins made by 30,000 genes. There are not enough genes for biological determinism to be right. The genome is not static, it moves around-- the fluid genome.

The whole idea that the gene determines what happens to us is a false notion and this is part of the notion which also is going to kill this HIV paradigm. It's a false notion-- but they put all their money in that basket.

The human genome has a large percentage of proviral sequences and transposable elements, many with reverse transcriptase. But this is just terminology. What we are going to find is that what we have been calling viruses are snippets of information that work between cells and inside of the cell. Their function is to transfer information.

We have to begin to understand life as processes.

The cell has two genomes that came together 2 billion years ago. The central nucleus and the mitochondria. Two ways of making energy, ATP and glycolysis. We need to understand energy metabolism, energy imbalance.

Energy for building ourselves and differentiation comes from electron spins and vibrations-- information to make the proteins.

Energy and information are interchangeable. Water energy information dynamic, we are liquid crystals... molecules take a particular position along an axis, and like a radio receive and give information.

There is an interconnectedness among all life forms described by quantum physics. Tubules and microfilaments (actin) store and transmit energy and information. The p41 on HIV tests is actin.

There are levels upon levels of energy and information in the cells. Immune deficiency is a problem of too many reactive oxygen and nitrogen species. Life needs to be in a reduced state, i.e., energy has to be available. The molecule glutathione helps the cell balance it's redox potential, i.e., the electrical potential across the membrane. AIDS patients have low glutathione.



The molecule nitric oxide (NO) is a big deal because it has to do with the different CD4 cells. They look the same but can have different functions. When they count the CD4 cells it is a false thing that they are doing because those aggregate CD4 cells do not give you any information about your health. Only 2% if the CD4 cells are in your bloodstream at any one time, and those are not the ones which you are worried about. CD4 cells in the bone marrow

make antibodies which register on the HIV antibody test.

The problem is with the cells that are missing the nitric oxide, the gas that kills intercellular parasites. That's because of low glutathione and the resulting energy imbalance so they could not make nitric oxide.

The problem is a cellular imbalance

as a result of an energy imbalance... it never was an immune problem.

Cell mediated immunity, not humoral immunity is the problem with AIDS. That's why the HIV test is idiocy because it only measure humoral immunity.

For cellular immunity: DTH skin test, glutathione level, cysteine, glutamine, urea, folic acid. These are easily done blood tests.

The HIV test is the wrong question... it should be how to we tell if someone is going to develop cellular immunity, what is the right test to do. The HIV test is testing the wrong system. If I want to know my blood pressure I don't test my urine output.

For problems with cellular immunity it is not the antibody test, it is the cellular immunity test. They are different tests. We need to do these tests to reassure HIV+ people that they are ok. We don't have a good way of explaining it now. That is the dilemma that we have now.

Think mitochondria: Environmental toxins disrupt the mitochondria.

64 failed vaccine trials. They will never have a HIV vaccine because the vaccine will make you positive. If your antibodies go up so you should be protected, but then they say your are HIV+ and you are going to die.

There are so many crazinesses in the HIV paradigm that we have allowed to go on for thirty years!

"He who accepts evil without protesting against it is really cooperating with it." Martin Luther King

This weekend we need to find our 'inner lion' to do big change!

## The HIV Puzzle:

### What are they measuring for what they are calling "HIV?"

Do you think discovering a new [virus](#) is like dipping a tweezer into a dish of liquid and picking out a little critter who is shaking his legs? And therefore, nobody can lie about it, because it's either there or not? No, that's not the way it works. --John Rappoport, Journalist

"We don't have a purified form of the [West Nile] virus." --Robert McLean, director of the National Wildlife Center of the US Geological Survey

At the conference we learned Michael Baumgartner worked in a San Francisco hospital at the beginning of the AIDS era. He sensed something was wrong right away. Patients were coming down with AIDS who weren't HIV positive. He now is an organizer for Greenpeace based in Geneva, but he retains no respect for professional virologists. They are always coming up with a new avian virus, bovine virus, West Nile virus-- but looking at the real, unexaggerated figures of how many become ill and why, they are never what they are made out to be. He calls them "PCR plagues."

PCR-- a couple of primers probe for a specific sequence of amino acids, the genes of the virus. They find and amplify the particular sequence identified as HIV, but does that mean they found a whole live virus? Could it be they are finding nucleic acid sequences circulating in the blood without the rest of the virus there? This is what was strongly suggested during the workshop by our conference chair, Etienne de Harven, MD.

Why do most virologists think they have identified a unique virus by finding this HIV sequence?

They stressed cultures of cancer cells with oxidants-- and added some blood from an AIDS patient-- they produced a variety of RNA sequences which were transcribed into DNA by reverse transcriptase. Then they culled this mixture of various lengths of linear DNA for only those with the proper length of a retrovirus. They used a template/hybridization procedure-- lock and key-- to further separate out this mixed bag of sequences to something coherent. The template they used was from a virus Robert Gallo discovered earlier. The resulting batch of sequences they announced was a new virus, 'HIV.' (from Stefan Lanka: <http://www.virusmyth.com/aids/hiv/slarufact.htm>) The crude and inexact methods are obvious here in this slipshod methodology. Was the sequence they chose really from a unique virus? They never isolated it so that it could be identified under the electron microscope, as with other viruses. They argue that the sequence fits the genetic family tree for known exogenous retroviruses. They find similar sequences in blood surveys in some AIDS patients.

Etienne is skeptical. As a retired professional electron microscopist with a specialty in retroviruses, he is asking why they can't find HIV with an electron microscope in the blood of a person with AIDS, even in someone with a high 'viral load?' Doctors say there can be 500,000 viruses there per ml. But they can't find even one!

Approximately 8% of the human genome is similar to retroviral sequences, implanted there long ago and are passed on from generation to generation. They are called human endogenous retroviruses (HERVs). But they are defective, their pathogenicity is unknown (if any?), and they apparently are not



infectious. When cells die and break up, these retroviral gene segments float through the blood (circulating DNA). That's what the PCR probes are picking up, says Etienne, each one being a little different. These differences account for the claimed high 'mutation rate' of HIV. A person who is seriously ill would have more cells dying, consequently more circulating DNA, and would register with a higher so-called 'viral load.' A recent publication by Etienne explains this in great detail and can be found in: [www.jpands.org/vol15no3/deharven.pdf](http://www.jpands.org/vol15no3/deharven.pdf)

Etienne has challenged former colleagues, prominent virologists who used to work with him, friends (such as Jay Levy at UC San Francisco) that he would lunch with and see at conferences. But they refuse to engage in any debate, and they won't return his emails or critique his publication. They have good reason to stonewall... if it is revealed that Etienne is right, there goes countless careers and a \$27 billion industry!

Further questions about HIV: 1) Why are no two HIV sequences the same, even in the same 'infected' person? 2) Nancy pointed out that they have identified 414,398 different mutational HIV sequences so far, and counting. She says, "to think that a virus could have this much variability and still be a virus is simply Disney World." 3) Association does not mean causation. Perhaps the sequences are something emitted by cells under stress? They could be part of the cell's natural communication system. 4) Scientists have not yet shown a mechanism as to how HIV harms the immune system. 5) Why do all the package inserts in the sequencing kits say, "Not to be used to diagnose HIV infection"?

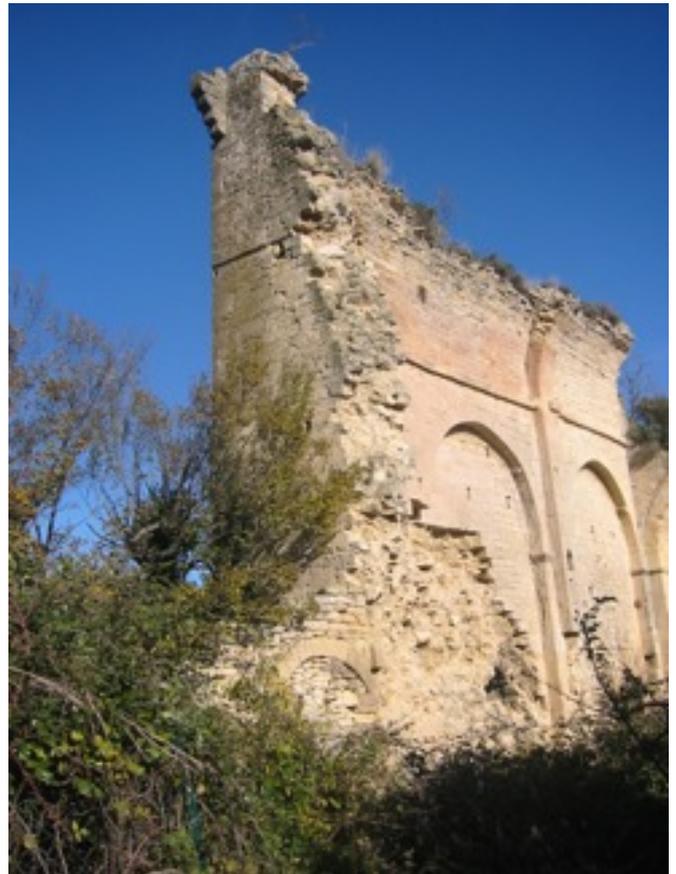
The other way doctors 'find' HIV is with the commonly used HIV antibody test. Please see Declaration #1 at the end of this report for a debunking of this faulty testing method.

Not all conference attendees agreed that HIV does not exist. They accept the position of Dr. Peter Duesberg that one can tell the difference between endogenous and exogenous retroviruses based on the genetic sequence. The phylogenetic tree-- which presumably is built from proper isolations and identifications of many kinds of viruses-- shows the genetic structure of HIV as exogenous, not a part of the human genome, originating from the outside as an infectious retrovirus. (Embarrassingly, nobody can explain how the claimed HIV genome has been characterized since HIV has never been properly isolated.) Still, all agree that the virus is harmless.

Other prominent dissidents such as the Perth Group and Stefan Lanka take the position that what is measured as HIV is not viral at all...it is RNA of cellular origin expressed by cells under oxidative stress, a position that is close to Etienne's analysis.

## The Viral Truth is in the Measures

We can discover the truth about AIDS by learning about the technology of the measurements they use. Instead of genetic sequencing they use indirect signs or 'markers.' A huge industry of research has arisen based around these phantom markers for the terrifying virus. Markers include the proteins used in the HIV antibody tests such as p24 and gp120, or the process of reverse transcriptase-- *but each biomarker has been discredited as not being unique to HIV!*



Driven along by financial incentive (\$27 billion/year) the AIDS industry has come up with these markers to convince patients they are sick, or if they are sick, to tell them their illness is caused by HIV-- time to take the anti viral meds! Nancy told us about her investigation of flow cytometry, the measurement of the levels of CD4 immune cells which AIDS doctors use every day to tell patients when to medicate. She found flow cytometry to be full of flaws and completely unreliable. (See: <http://www.omsj.org/corruption/the-alchemy-of-flow-cytometry>)

If patients remain on the poisonous anti-viral meds for a considerable time, their health and quality of life declines, and many die early. (Should we call AIDS medicine 'Zombie Medicine'?)



*“By molecular biology you can probably demonstrate anything **you wish** to demonstrate-- if you bypass the isolation of viral particles.” --Etienne de Harven*

### **Measuring “Viral load” does not prove the existence of a hypothetical HIV.**

By Etienne de Harven, M.D.

When PCR methodologies are clinically applied to measure the so-called “Viral load”, results do not permit to quantify, in any way, the number of HIV particles hypothetically present in the circulating blood of AIDS patients. Demonstrating retroviral particles using the electron microscope, directly in patient’s blood samples, and without any passage through cell culture systems, would be definitely more convincing to demonstrate at least their presence, if not their number. However, such a demonstration has never been successfully achieved, even with samples originating from patients presenting a so-called “high viral load”. Embarrassingly, the clinical blood samples used for measuring the presumed “viral load” are usually obtained after low speed centrifugation of blood plasma, i.e. under conditions that would never permit to isolate any retroviral particles. Isolation of retroviral particles is never part of the procedures recommended to “quantify” HIV viral load. Even more surprising, when an ultra sensitive assay is used (the latest Amplicor procedure recommended by Roche that includes high speed centrifugation), the levels of viral load were found lower, not higher (Salimnia et al., 2005).

Under these conditions, what is actually measured as “HIV viral load” remains obscure. False positives cases had been reported for a long time (de Mendoza et al, 1998), and the uncertainty on the viral load assays interpretation had been stressed by many investigators (C. Johnson, 2001, R. Culshaw, 2007, H. Bauer, 2010, etc). Moreover, Kary Mullis himself, inventor of the PCR methodology, never stopped decrying the “misuse of PCR to quantify viral load” (Culshaw, 2007).

Actually, it has never been possible to verify the assertion according to which **if the genetic sequence is there, then the virus is there**, since in “the standard assay, nucleic acids are extracted directly from plasma samples, so any contaminating genetic material would be amplified”, as stated by Salimnia in 2005. If the genetic sequences are not originating from hypothetical retroviral particles (HIV), it appears necessary to provide an alternative understanding for the identification of retroviral nucleotide sequences in the plasma of most AIDS patients.

Such an alternative understanding is readily provided here, and was published in 2010 in the Journal of American Physicians and Surgeons ([www.jpands.org/vol15no3/deharven.pdf](http://www.jpands.org/vol15no3/deharven.pdf)).

The blood of patients suffering from advanced cancer or from serious infectious diseases contains measurable amounts of circulating DNA (P. Anker, 1999). This circulating DNA originates apparently from the degeneration of many cells by apoptosis, releasing in the peripheral blood cellular and nuclear debris. Such cellular fragments shall inevitably, in AIDS patients, be concentrated by the low speed plasma centrifugation used to prepare samples for measuring the so-called viral load. The presence of nuclear debris explains the variable amounts of DNA in these plasma samples.

Additionally, any human DNA contains approximately 8% of retroviral genetic sequences (Lower, 1996; Nelson, 2003, and the voluminous literature on Human endogenous retrovirus – HERVs). It is therefore inevitable that all circulating DNA molecules contain similar 8% of retroviral sequences, and that these nucleotide sequences will be identified and amplified by the PCR methodologies used in attempts to quantify the presumed viral load. Most unfortunately, finding these genetic sequences is interpreted, world-wide, as demonstrating the presence of the hypothetical HIV in AIDS patients blood, and, even worse, as a way to quantify the number of retroviral HIV particles!

Numbers expressing the levels of presumed “viral load”, in all clinical studies of AIDS cases, are most probably not related in any way to the hypothetical presence, and even less to the amounts, of phantom-like (i.e. not visible by electron microscopy) HIV particles. They most likely reflect the variable amounts of circulating DNA in the blood of these patients, DNA that inevitably contains retroviral sequences. These sequences represent endogenous retroviruses (HERVs) present in all our chromosomes (Nelson, 2003). They do interfere as “confounding factors” in all clinical studies on HIV / AIDS (Voisset et al., 2008), and their interference can no longer be ignored.

In addition, it is very likely that some seronegative patients suffering from advanced cancer or from severe infectious diseases would test positively for so-called “viral load”, in spite of the fact that their pathologies are totally unrelated to the hypothetical HIV. Unfortunately, this important control study has apparently never been achieved.

Conclusively, retroviral genetic sequences do not demonstrate the presence of the hypothetical HIV in the blood of AIDS patients, since the finding of these genetic sequences can be very likely explained by variable amounts of circulating DNA. Interpreting these genetic sequences as proof of the existence of HIV was perhaps the only argument available to all those, in AIDS research, who support the existence of HIV. The analysis presented here raises serious questions about this interpretation, therefore consolidating the notion that HIV simply does not exist. This comes to no big surprise in view of the total lack of success in all efforts to isolate and purify HIV, as reported a long time ago by Lanka, Papadopoulos and de Harven. The “existential” issue is not a trivial point to be debated only between retrovirologists! It is a key issue in public health policy because the totality of the monumental financial support is allocated, world wide, to support exclusively HIV research. The non-existence of HIV would make this a most dramatic case of complete misappropriation of research funding.



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*Etienne de Harven, MD is former president of the Electron Microscopy Society of America and worked for many years at Memorial Sloan-Kettering Cancer Center and later at the University of Toronto. One signal accomplishment of his career was isolating and imaging the murine Friend retrovirus. When I recently visited Etienne in his home outside of Cannes he told me that he originally thought that Friend was an exogenous retrovirus, but now believes it to be endogenous, i.e., originating from inside the body, inside the cell. The reason is that they never were able to demonstrate infectivity.*

*David Crowe referred to Etienne's work in a recent letter to Joan Shenton:*

### **From David Crowe:**

This is one of Dr. de Harven's papers:  
<http://davidcrowe.ca/SciHealthEnv/papers/4330-FriendVirus.pdf>

They definitely showed interesting particles but they were a long way from showing they were either exogenous viruses (as Etienne admits) or the cause of the disease.

I think the term endogenous retrovirus is extremely unwise. To call something a virus is to imply that it is infectious if not pathogenic, and internally generated particles are not necessarily either of those. It all just helps keep the virus theory alive and diverts attention from what the real function or cause of these particles might be (or whether they are simply artefacts of the artificial systems used to study 'viruses').

- David

Dear Joan,

I was for a full week visiting my children in Brussels! Sorry for a delayed answer to your important Nov 8 mailings. Yes, there are three main points to make about these recent exchanges of ideas:

1) For me, the Friend leukemia virus (FLV) should not be separated (as apparently done in this recent correspondence !) from the other RNA tumor viruses that were all identified and isolated in the 1950's. Most of what one can be said about FLV can be repeated about the Moloney virus, the Rauscher virus, the murine mammary tumor virus, and also about the avian leukosis virus and the Rous sarcoma virus !



This entire group of microorganisms (now called "retroviruses") was, quite strikingly, forming a rather coherent family of particles, sharing similar size, ultrastructural morphology by EM, and to some extent pathogenicity. They were regarded as "exogenous", primarily because, in the 1950's "endogenous" agents were not known to exist!

Still, in these early years, perplexing

aspects were recognized: a) the absence of natural contagious property, b) the extreme difficulty to infect, in vitro, "clean" cells, c) the fact that pathogenic properties were definitely restricted to the inoculation of inbred mice, and d) the fact that electron microscopy was clearly demonstrating the way these particles were getting out of the cells (by "budding"), but could never demonstrate the way these particles were getting in (i.e. infecting !) receptive cells.

2) "Friend cells" were definitely producing FLV in vitro. BUT: how were these cells obtained ? They were obtained by succeeding in growing in vitro cells isolated from the much enlarged spleens of leukemic mice (Friend leukemia). Never by infecting "clean" cells with purified particles of FLV ! Charlotte Friend attempted many, many times to "infect" clean cells. But how could she find "clean" murine cells ?? That was the problem !! Whenever some other lab was sending her samples of murine, supposedly "clean" cells, she was immediately sending these cells to me for EM! And, invariably, I had no problem in demonstrating by EM a few "budding" particles on the surfaces of these supposedly clean cells, destroying the dream of "clean" cells, and stopping any experiments before they started!

A very brilliant nucleic acid biochemist, Aaron Bendich, had his lab, at Sloan Kettering Institute, just across the hall from mine. I had daily chats with him, for years... And, several times, Bendich told me: "Etienne, can you exclude that these viruses are not inside your cells ? May be, when these cells feel some kind of an indigestion with some undesirable RNA molecules, they decide to "spit them out" (his words !), and to do that the cells use this budding process you... so elegantly demonstrate by EM" !!!! Obviously, the idea of endogenous viruses was germinating in our minds, at that time... I remember Charlotte Friend telling me : " Oh ! I hope Aaron B. is not right, and that my virus is not... endogenous...."...

But who would have been daring enough to speak about endogenous viruses in 1958-1960 ?? Personally, I had to wait until R. Lower's paper, in PNAS 1996, to discover the reality of human endogenous retroviruses (HERVs), and to start rethinking the... adventure of exogenous retrovirology in a totally new way !! While recognizing (with Hans Gelderblom) that exogenous and endogenous retroviruses are not distinguishable by electron microscopy...

3) Exogenous retroviruses ? Do they exist ??? That's the key question that should be open for debate. Personally, I have serious doubts about their existence, as "exogenous". This debate is urgent. It should be open only to people with solid background in microbiology. Not open to anybody with "interest in HIV" !!!! The problem is whether exogenous retroviruses exist or not ? S. Lanka was I think the first to open that question, around 1994.

Opening up the debate on this question is not reflecting, in any way, to the entire field of virology, a field that is as solid as bacteriology. Nobody with understanding of microbiology has the slightest doubt on the existence of vaccinia, herpes, adeno, etc, etc.....Virology is not a "theory", as was said, most regrettably, in this recent correspondence !But exogenous retrovirology is a "theory" that, in my views, urgently needs to be reassessed !! Open to any further debate on this, of course!

Kindest regards to all,  
Etienne.



## How to Heal a Weakened Immune System

Gilles St. Pierre gave a presentation about the tragic death of his wife, Maria, who had been on the retroviral therapies for several years and then decided to go off them, cold turkey. She was fine for a while, but then went into decline and died. Felix de Fries, a specialist on AIDS therapies from Zurich, advised that one thing he has learned over his many years of advising AIDS patients is to go off the meds slowly. Felix proved to be a valuable contribution to the conference on the subject of how to heal a damaged immune system. Here is a review of some of the references Felix offered us.

[http://ummafrapp.de/skandal/felix/Darmflora/Gut\\_flora%20intestinal\\_mucosa\\_antibiotics\\_and\\_AIDS.pdf](http://ummafrapp.de/skandal/felix/Darmflora/Gut_flora%20intestinal_mucosa_antibiotics_and_AIDS.pdf) Think twice before you accept a prescription for antibiotics. This is one of Felix's pet themes. Did you know that your intestine has the surface area of a football field? That is where 70% of your immune system lives. Antibiotics mess up the ecosystem of your gut flora. Serial antibiotics use was prevalent among the early victims of AIDS.

[http://ummafrapp.de/skandal/felix/therapeutic\\_recommendations.pdf](http://ummafrapp.de/skandal/felix/therapeutic_recommendations.pdf) This is a review written by Felix outlining the causes of immune dysfunction, the bad consequences of antiretroviral therapy (ART) and antibiotic treatment, and elements of a compensatory therapy to support the immune system. A lot of practical information.

"...cellular endosymbiosis and a flexible immune response can be restored in HIV test positive persons and AIDS patients... By means of the above mentioned treatment measures, the dosage of ART can be reduced, infections occurring with ART and the adverse effects of ART can be limited." Example: Taking vitamin D3 (5-10 drops = 2,000-5,000 IUs daily) and vitamin B12 (1,000 micrograms daily) at mealtimes can promote the production of T4 cells with a Th-1 cytokine profile, thus slowing down continuous autoimmune reactions.

[http://ummafrapp.de/skandal/versch.%20Texte/dfl\\_townsend\\_0606.pdf](http://ummafrapp.de/skandal/versch.%20Texte/dfl_townsend_0606.pdf) This is a highly readable magazine format review of Heinrich Kremer's 2001 book *A Quiet Revolution in Cancer and AIDS Medicine*. Kremer's work was referenced prominently in the conference by Nancy Banks, Lluís, Antonio, as well as Felix. Excerpts:

Humans in preindustrial times were not exposed to the oxidative stressors in the environment, food, and medicine now present in modern civilization. In addition, the modern practice of vaccination also leads to more aggressive Type-2 switching. Today, these additional stress burdens flip the Type-2 switch too easily. The net result is a population-wide increase in chronic immunological diseases such as allergies, asthma, autoimmune conditions and cancer.

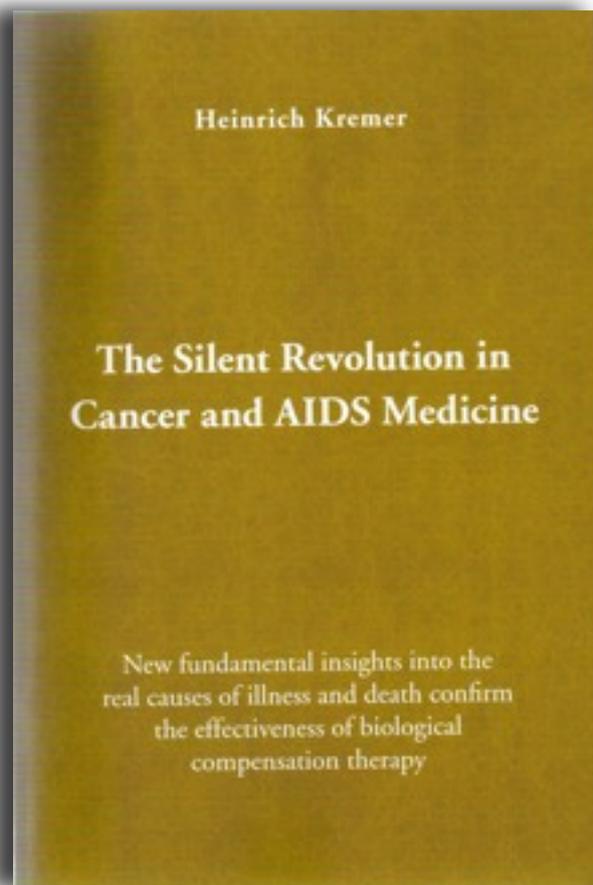
Immunological observations of AIDS patients demonstrate a Type-2 cytokine dominance.

In 1989 it was observed that asymptomatic "HIV"-seropositive individuals are systemically deficient in glutathione.

One of the safest ways to boost systemic glutathione is oral N-acetylcysteine (NAC)...Clinical trials have proved astounding results and NAC is universally recommended for seropositive patients.

Reverse transcription is a well-known factor in the repair of oxidatively damaged nuclear DNA. Cell cultures of HIV are necessarily subjected to unusual oxidative and mitogenic stressors in order to express the "HIV proteins." The genetic expression of pathological proteins is just another symptom of systemic imbalance.

A widely overlooked fact by AIDS researchers is that everyone has "HIV proteins" in small amounts; those stigmatized as "HIV+" simply have higher amounts than the arbitrary threshold of the "HIV antibody" ELISA test kit.



The glutathione deficiencies that cause the inhibition of nitric oxide synthesis also lead to the dissolution of the mitochondrial symbiosis. It is imperative to focus on restoring the mitochondrial symbiosis as a primary goal of AIDS therapy.

Mitochondrial dysfunction is also tied to cancer...a breakdown of oxidative cell respiration and increase of lactic acid fermentation is a precursor to cancer.

...the decline of T-cells seen in the peripheral blood is not due to any postulated "HIV-mediated cell killing" but rather is another consequence of the thiol-mediated cytokine shift (Th-1 to Th-2).

The Th2 cells reside primarily in the bone marrow and out of view from peripheral blood counts. An analogy cited by Kremer: "the 'police officers' of the bloodstream are missing from the streets, not because gangsters have killed them, but instead because they have taken desk jobs."

HAART therapy causes the Th-2 cells to return to the bloodstream causing a transient increase in CD4+ blood count, but this is misleading because the Th-2 cells cannot produce cytotoxic NO gas and are therefore lame against preventing infections.

There is no 'magic bullet' solution to the immune dysfunction seen in AIDS, as explained by the shift to Th2 dominance, because there is no HI-Virus to be eradicated. The process of reversing the Th2 dominance is complex and highly individual; it requires time, patience, and the help of a truly knowledgeable physician. There is still much to be discovered regarding the healing powers of orthomolecular cell-symbiosis compensation therapy for AIDS. However, the therapy's scientific basis is solid...



The final nail in the coffin for the HIV theory is that the cell types used to derive "HIV proteins" (Gallo used cancer cells, and Montagnier used embryonic cells) all have altered mitochondrial bioenergetics that predispose them for Type-2 counter-regulation.

[http://ummafrapp.de/skandal/heinrich/kremer\\_the\\_lifesaving\\_knowledge\\_on\\_healing.pdf](http://ummafrapp.de/skandal/heinrich/kremer_the_lifesaving_knowledge_on_healing.pdf)

Excerpts from Chapter XI of Heinrich Kremer's book:

There is no reason for panic should a patient find himself stigmatized as "HIV positive" as a result of the "HIV test". Death prognoses are an expression of limited medical knowledge rather than justified in biological fact.

A careful anamnesis of the patient is necessary; the determination of the immune cell status and antibody status are obligatory.

In healthy people the T4 cell counts can even drop below 200 per microliter without a serious loss of cellular immunity functions.

Valid information can be obtained through the DTH recall antigen test (antigen recall test of the skin, delayed type hypersensitivity. A weak or anergic (ineffective) DTH skin test reaction indicates the probability of a prevalent shift to type-2 cytokine status and the danger of opportunistic infections.

The organism's need for thiol is often underestimated or neglected. After the predominant scenarios in the "thioester-iron world" one of the essential conditions for the origin of life in the prebiotic world before the creation of cellular organisms, was the capacity of sulfur to generate bonds and exchanges between protons of the sulfhydryl groups through "weak interactions", (De Duve 1991).

Saltwater contains naturally an elevated sulfur concentration, but for terrestrial life forms there is a consistent danger of latent deficiencies of non-protein thiols and sulfates. Both are indispensable because they are responsible for the regulation of the redox milieu, the functioning of cell symbiosis in immune and non-immune cells and innumerable biosyntheses and biochemical reactions (Wrong 1993, Hässig 1999).

At least 2 grams of glutathione and simultaneously 5 to 10 grams of N-acetyl cysteine must be orally administered per day for 2 to 4 weeks at the beginning of compensation therapy.

Lack of glutathione in the lung secretion layer is an important conditioning factor for cellular immune deficiency against the pneumocystis carinii fungi, the pathogens of the most common AIDS indicator disease, PCP of the lungs.

Rigorously administered compensatory therapy, in cases of pre-AIDS or AIDS, during a well-monitored treatment phase produces better and more cost effective results than the counterproductive prescription of chemotherapeutic agents (AZT etc., “cocktail therapy”, HAART) and permanent prophylaxis with chemoantibiotics (Bactrim etc.) which may bring short-term results, but have been proven to aggravate symptoms.

The other important family of natural liver protecting agents are polyphenols. Antioxidative protection of cell symbioses of liver cells and other cell systems including the immune cells, by polyphenols is of particular importance in the highly acute AIDS state, if intracellular opportunists can proliferate without inhibition, due to the failure of the cytotoxic NO-gas producing Th1 helper cells. In this precarious situation...

The use of micronutrients (vitamins, minerals and trace elements) must be considered in a differentiated way regarding compensation and regulation therapies for the prevention of pre-AIDS and AIDS as well as for other systemic diseases.

“Deficiencies of single micronutrients are known to adversely affect the immune system by depression of cellular and humoral immunity.

The basic extracellular matrix, which embeds all tissues and organs, functions as filter for all the bioenergetic, substantial, hormonal and sensory inputs and outputs of cellular symbiosis.

Direct activation of the mitochondrial cell symbiosis can be stimulated by coenzyme Q10 (Folkers 1986) and L-carnitine (Bremer 1990). C Q10 plays an important role in the electron transfer in the mitochondrial respiratory chain.

Reduced mitochondrial performance as consequence of chemotherapeutics, caused by damage to mitochondrial DNA after the intake of AZT etc. and Bactrim etc., can additionally be compensated by the daily dose of 600 mg lipoic acid (alpha-lipoic acid) plus 300 mg thiamine (vitamin B1) for a month or longer.



These counterregulations must, sooner or later, lead to clinical full-blown AIDS, if the primary stress factors can not be minimized, the proton demand deficiencies are not balanced and the dysregulation of the cell symbiosis is aggravated additionally by the use of 'chemo-tactical' weapons.

The preventive and therapeutic aim must be to balance the redox milieu, to improve the fluidity of the micro-Gaia milieu, to reconstruct the cytokine balance.

The use of AZT and analogous virucidal medication as recommended by the responsible authorities, is based on the antibiotic paradigm, which means the toxicological extinction of microbial inflammation germs. Man lives, however, in an ongoing symbiosis with a whole range of microorganisms, hence the question is justifiable if it would not be more sensible to support the probiotic, physiological mechanisms of self-healing to support organisms"(Hässig 1993).

The variety of the effective and non-toxic intervention options demonstrates a possible change within medical practice "from antibiosis to symbiosis". Therefore, it is the overriding task of physicians to reduce the paralyzing and destructive fear of death and instead encourage people affected by systemic cell dyssymbiosis by reinforcing their natural will to survive by clarification of the actual state of knowledge. The most effective protection against the abuse of "violent medicine" (Albonico 1997) as a modern instrument of terror and fear is the rational knowledge, that every kind of risk for and any targeted attack on, the cell symbiosis of immune cells and non-immune cells is answered according to the laws of evolutionary biology.

The profound change in 'natural' scientific knowledge of the sciences progresses from antibiosis (from the Greek: *anti* = against + *bios* = life) to symbiosis (from the Greek: *sym* = with, together). The foreseeable end of lethal virus hunting and of one-sided aggressive cancer expunging represents, both for those concerned and for medical therapists as well as for general population, a self-critical liberation from the staging of a collective and exploitive terrorism of fear.

[http://ummafrapp.de/skandal/haart/the\\_failure\\_of\\_haart.html](http://ummafrapp.de/skandal/haart/the_failure_of_haart.html)

If you thought HAART therapy was not toxic, you will re-consider after you read this.

<http://ummafrapp.de/skandal/versch.%20Texte/Mitochondrial%20toxicity%20of%20antiviral%20drugs.pdf>

[http://ummafrapp.de/skandal/felix/antibiotics/appendix3\\_haart\\_and\\_the\\_mitochondria.pdf](http://ummafrapp.de/skandal/felix/antibiotics/appendix3_haart_and_the_mitochondria.pdf)

It is amazing the studies that have been done on mitochondria. These mini-cells live and reproduce within our cells and give us energy. If they are not happy, i.e., being exposed to HAART, we're not happy!



[http://ummafrapp.de/skandal/felix/autoimmun/aids\\_an\\_autoimmune\\_reaction.html](http://ummafrapp.de/skandal/felix/autoimmun/aids_an_autoimmune_reaction.html)

This paper describes AIDS as an autoimmune disease. The T4 helper cells have switched from cellular immunity mode (attacking invaders with NO gas) to antibody-mediated immunity and they have gotten out of hand. Antibodies attack the bodies own cell walls and cytoskeletonprotiens producing the gp41, gp120 and gp160 proteins found in the HIV test.

<http://aliveandwellsf.org/timeline2>

This is Rodney Richards famous timeline showing how the AIDS establishment fudged the science to eventually claim an equivalency between a HIV+ result and being "infected" with HIV.... Fowl!

[http://www.ummafrapp.de/skandal/felix/recommandations\\_de\\_th%E9rapie.pdf](http://www.ummafrapp.de/skandal/felix/recommandations_de_th%E9rapie.pdf)

Voici a summary of Felix's recommendations in French

Dear Martin,

I'm not keeping up at the moment, my mum's not well and I've been with her quite a lot, then come back occasionally at night and check e-mails.

It's frustrating as I am so keen to keep up with our declaration but I'm just snatching bits here and there. Because of this I'm getting confused as I haven't enough time to read all the contributions and think about them.

I do want to tell you though that I have a niggling worry. When I finally found out I was HIV+, I knew there was something wrong with me. I had definite symptoms which I know other people have, such as night sweats, swollen lymph-nodes and initially, the rash. The last thing I suspected was HIV, but there wasn't anything else. Maybe if I'd been tested for immune function they'd have found something but I definitely didn't have any illness, much less any of the aids-defining conditions, so what was it?

Lluis' proposal that it's all been just pie-in-the-sky and never existed sounded attractive but unrealistic. I wouldn't have gone for tests if I hadn't known that there was something wrong for the previous 3 years. There is something we're missing. Is it staring us in the face? I keep wondering what would have happened if I hadn't gone to have tests, and had just carried on as I was. Somehow I don't think I would have eventually "got better" - those sort of symptoms don't usually just go away, do they? There is another thing.

The first time I decided to stop taking the HAART was when I realised that suddenly I wasn't the same person any more - I didn't recognise myself, felt really unhealthy, hated the way my physical appearance had changed, and just had to take matters into my own hands and convince myself that I could stay well without the drugs. And I did, for 6 years, because nothing was going to get into my citadel of determination and make me doubt that I could do it.

Now, I've stopped taking the drugs again, but there are so many voices and opinions breaking into my thoughts that I am unable to find the solid conviction I had before - it's all so uncertain.

I'm now going to read on and see what's developing, there are lots of mails I haven't read - I hope soon to tidy up my thoughts and let you know where I am.

It's been good "talking" to you Martin.

Love, Danny  
ps Feel free to share this if it's useful

David--

Do you have any thoughts on Danny's letter?  
How would you respond?

--Martin

Martin;

I've seen so many letters like this, it's like they come out of a can!

Not saying that it's not real, but this person is still embedded in the dogma, even though she doesn't realize it.

Nobody knows what the HIV test means but it is correlated with an activated immune system so becoming HIV+ at about the same time as a health crisis is NOT a surprise. It does NOT prove that HIV positive test is the cause of the problem. I think the only solution is to find out what was going on in her life ... drug use, an illness, overuse of antibiotics or steroids ... there are 1000 possibilities.

The only antidote to this person's fears is information, but that puts the onus on her to process it. Too many people are waiting for the magic information bullet from someone like Christine who then dies and then people like this crumble again.

I would recommend the "Rethinking AIDS" group on Facebook. Ask a specific question and stimulate a good discussion. It's a good place.

--David Crowe



Dear Martin,

Since the 2 days 'conference' in Vers, I've thought many times of writing down my own - humble - contribution..

.. But it's been very difficult to sum up and sort out all the information we shared at the conference as well as the numerous emails we could receive since then.  
I would politely add that some information is not always helpful and is sometimes irrelevant..

Sorry for that, but as an "hiv"-positive person, it's of vital importance for me to have a clear idea of what is happening in my body, and what I can do to strengthen my immune system..

**To my mind, the main question is to determine whether things are reversible or not, and how to restore a proper immune response without taking toxic "last chance" treatments..**

My first impression is the gap between the "world" of dissidence in general, with generous and kindly contributions but which often remain "theoretical" or not enough practical in my opinion.. and people really facing a weakened immune system who need concrete measures, ideally under medical supervision.

In late June, I first had a call with Pryska, another participant of the conference, who is a journalist. She helped me to have a clearer idea of my needs and what my personal contribution could consist in..

Later, I also had emails with other participants, most of them also "affected" like me ..

After reading the first draft for the "declaration" yesterday, and all the various emails today, I thought I couldn't wait longer to submit the following remarks..

According to me, there is much **confusion among the "dissidence"** and too many true-false debates (en français, "de vrais-faux débats")

1) Concerning the appropriateness - or not - of the so-called "hiv" tests (and your first demand to ban them !)

As far as I know, these tests have been empirically conceived from a population at risk for Aids.

Thus I would maintain that these tests remain helpful for this population.. (cf Georg' s reference to Duesberg and the **Perth Group**)

As these tests indisputably show a

"hyperimmunoglobulinemia" (i.e. too many antibodies, you would all agree with that) , I think that in many cases they can be «considered as an indirect marker for ongoing oxidative stress, promoting inflammation and enhanced cell-turnover» as Félix writes it.

I would personally rephrase : **"they can be considered as a first indication of a potential immune disorder and future illness"** .. even if other tests are necessary or would be much more appropriate..

Don't forget that Étienne de Harven told us, when answering our questions, that a **seroconversion is «potentially relevant in medical terms»**.

In some cases, this situation (i.e. a positive test) might be temporary, as suggested by Dr Nancy Turner Banks when she adds the word "recently" in the following sentence :  
«even if you are a healthy person but you have recently taken a flu shot you might test positive»

Furthermore, we all keep in mind Christine Johnson's work and her long list of "Factors Known to Cause (False-) Positive (HIV) Antibody Test Results".



So I would make 2 simple remarks :

\* Rather than asking for the ban of these so-called "hiv" tests, we should first make people understand why these tests can't indicate a transmission with a «unique virus» , as Nancy Turner Banks says, and give explanations **without minimizing potential health risks when testing positive.**

Nobody will get the ban of these tests anyway !!

On the contrary, rapid self tests will be more and more used (cf the International AIDS Conference 2012 and the current promotion of these rapid tests especially in France..). So let's be pragmatic.

**Furthermore, it still seems to me difficult to deny that seropositivity can be transmitted after sexual intercourse.. !!**

\* What is questionable is not the use of these tests but their interpretation, so we should secondly warn against the generalization of these tests to the whole population and the everyday acceptance of the existence of a unique mortal virus... As a perfect example, the documentary of Anne Sono brilliantly showed us the abuse of these tests among pregnant women..

To sum up I would suggest to keep in mind the complexity of immune deficiency and **not to go for the easy option** such as suggesting the ban of the tests.. or the stopping of ARVs, etc.. (In french, I would say "ne pas jeter le bébé avec l'eau du bain" = not to throw the baby with the bathwater)

**If we use too short cuts we will never gain the battle of credibility.**

According to me, we should also be careful about oversimplifying the positions of dissidents (especially scientists such as Peter Dueberg, the Perth Group, Étienne de Harven, etc..) when writing press articles, emails, or on websites, documentaries, etc.. , as well as auto-congratulations, which are of no help to the truth.

2) Concerning more appropriate tests :

I would point out that after testing positive with an Elisa and a Western Blot tests, other "official" tests are usually recommended and realized.. (at least in France)

Concerning the **level of CD4 cells**, Nancy told us at the conference that this was a general figure and that there is **no reference range.**

Nevertheless, many seropositive persons have a regular drop of CD4 cells with years..

Even if the fear might partly explain the drop, there must also be **biological reasons** in some cases.

*Moreover nobody can consider a permanent declining level of CD4 cells as healthy. As an example, you could watch on the website of RethinkingAids a few months ago, a video of a young black guy whose name is Emery Taylor with a dramatic low level of CD4 cells who claimed that he was feeling perfectly well.. He died a few months later..*

Anyway, the **CD4/CD8 ratio** is also calculated and officially considered as a reliable marker of the **unbalance between the cellular immunity and the humoral immunity..**

So, is it worth desperately asking one's doctor for a test for "Flow Cytometry measuring cytokine profiles" , what seems to me very difficult to obtain ?

I can imagine that this test is better and I agree with asking for other markers which would be much more accurate, but once again, let's be pragmatic.

I do not consider these other tests as a lost of time BUT, as a seropositive person moreover belonging to a group at risk for Aids, I would personally prefer to focus on the existing ways of stimulating «the part of the dual system that is not working effectively--the cell mediated immunity» (Nancy's words) even if it is not being accurately tested.

*In the same way, it seems to me that the presentation of Étienne de Harven concerning the viral load and its interpretation are very convincing. Anyway a high viral load considered as «amounts of circulating DNA originates apparently from the degeneration of many cells by apoptosis» (Étienne's words) is a bad sign in any case..*

3) Concerning the list of various supplements (anti-oxidants such as glutathione or vitamins, probiotics, etc..)

Once again, it seems to me very difficult to take any of these supplements without medical supervision.

**We miss practitioners** who would have a competence in immunology, nutrition, etc..

**There is also a crucial lack of witnessing and evidence of people who could objectively restore their immune system after initial warning signs...**

I would at last report the existence of a test for oxidative stress in France with 15 bio markers whose name is Oxyscale..

**To sum up, because people affected by a weakened immune system are faced to very concrete questions, I would call for focussing on their needs.**

Kindest regards. --Patrick (see reply to Patrick below)

# Strategy: How to Break the Paradigm

## The Team From Barcelona

Lluis, Antonio, and Daniel had a well developed message for the conference based on many years fighting the paradigm in Spain. Lluis made a presentation during the strategy session detailing the history of how the CDC over the years created and reinforced the whole concept of AIDS with little substance behind it.

Lluis emphasized that AIDS is a montage, a mirage and that our job is to demontarla, to dismantle it, take the credibility away from this government generated fiction. Lluis' message was that we need to get straight on exactly **WHAT** our goal is, and that would dictate our language and strategy. For example, Lluis wants to get rid of the tests, but is totally against the idea of promoting better tests. Focusing on tests just reinforces the machinery of AIDS. It keeps AIDS victims trapped inside AIDS-Hell. Just forbid the tests and destroy them along with everything else about AIDS.

Another example: we should not talk about 'killer cells' and the 'immune system.' All that does is to reinforce the allopathic vision of medicine in general. AIDS is

not a disease, it is a fabrication, a political construct. Speaking about a treatment for AIDS, even if it is an alternative treatment, just legitimizes it. We should not be 'Rethinking AIDS,' we need to just 'Stop AIDS,' get rid of the idea altogether. Instead we should explain and teach things like Dr. Kremer's 'active control system,' homeostasis, detoxification, and increase our own strength and self confidence. We should take away support from doctors, hospitals, and specialists, and stop having to go to hospitals.

His suggestion is to have an international meeting of AIDS dissidents that would last a week to talk over and evolve a strategy to finally get rid of AIDS. It would be attended by representatives from dissidents from all over the world. The meeting would produce four documents on the following subject areas to be signed by the attendees: 1) Our agreements and how to address our disagreements 2) mutual defense against attack 3) mutual respect and 4) a plan to end AIDS.



Dear Martin,

I don't know where to start to thank you for organizing such a wonderful meeting.

I left France more motivated than ever and with energy to continue fighting. Meeting all of you has been inspiring and emotionally uplifting and I am sure together we can achieve all our goals.

Monique was so helpful with anything we needed, and Georg was great as co-organizer and making that fabulous tent. He made us feel at home bringing us breakfast and making sure everything was ok and we were not missing anything. You were all the best hosts ever....Thank you!!!

As Robert Crumb said in his great postcard "These people have to get together every once in a while and hash it out about bio-medical science and AIDS, vent our spleen and comfort each other".

Why not? In the Strategy Session an **INTERNATIONAL CONFERENCE TO FINISH WITH AIDS** was proposed and everybody seemed to agree. Why not get together a group of volunteers to

organize it in order to make it real? I think the movement needs to get together and organize itself, and this conference could make it possible.

I offer myself as a volunteer to help with the organization. Anybody else?

Again, thank you ever so much for getting all of us together and triggering off a change of paradigm.

Let's get organized and **FINISH WITH AIDS!!!**

All my best wishes for you, Georg and Monique,

Daniel

## Renaud's proposal

### The topdown strategy

Djamel Tahi, some of you know, had an excellent documentary on ARTE TV Channel in the late 90ies (Sida, le doute - Aids, the doubt - excellent title too), followed by a panel discussion with journalists and scientists, including Montagnier. We can imagine that a few million people watched that program, because ARTE is a German-French TV Channel targeting educated people.

Some of us were attending the live program which was arranged at Centre Georges Pompidou in Paris during the night. What was the result?

Djamel and the producer were blacklisted, the dissident movement was dismissed. Though in terms of communication this was probably one of the greatest achievement possible to inform the public on these matters, in Europe if not all over the world. It turned out to become a wet fireworks. Well, not sure! Behind the curtains, I guess that thousands and more were convinced, they started doubting, silently. Another kind of effective people.

Another huge event took place a little later : when President Thabo M'Beki organized the Durban Conference in 2000. I remember reading the South African, French, American press at that time. Disaster. He was pointed as a criminal...

I may also mention Neville Hodgkinson and his editor who were nicely "transferred" after publishing 3 or 4 times 1 full page article in the Medical Sunday Time of London (early 90ies). Before that, Joan Shenton on Channel 4, etc.

If we want to reveal the reality about Aids to the public at large, a topdown approach can easily be blocked and dismissed by those in power. there might have been successes, but not to the extend of our "wild dreams".

Another difficulty : culture. People's brain is stuffed with junk knowledge regarding health in general. The medical establishment has become a dogma. To change this seems the same as making a Christian into a Muslim or vice versa, with rational ideas. We are in a 100% emotional debate, beliefs.

Unless, there is a so-called official decision to stop the mess (from politics, scientists, medias), any topdown action from our side will face an unconditional opposition with full power - David and Goliath. These guys have the power. They may even put you into jail pretending you are a



danger to people's health or national security... Because we are talking about changing the face of their society, which is, as a matter of fact, an Aids society.

By the way, I am not opposing any topdown strategy. I am just questioning in terms of efficiency, breaking the paradigm. Our topdown strategy until today was based on clarifying a scientific fraud with scientific arguments. This was absolutely needed, it was the best way where we could reach a stage where millions of people on this planet know for sure that there is a true fraud : positively false !!! They are the millions of people who choose and

alternative lifestyle. They are on our side.

You all know this quote from Max Planck, the father of quantics : "A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it."

This is where we are. Another strategy is required.

### The bottom-up strategy

When Georg asked for a strategy in Vers, I felt the need to clarify our motivations.

The scientific debate, in my view, plays 2 major specific roles :  
a) it has awakened millions of people like us, who now clearly understand the fraud. Be sure that many of them do not wish to be identified as dissidents for their own safety. They are doctors, intellectuals, and they do their best to guide people appropriately whenever possible, with no publicity. Everyone must be aware of this fact. We are millions. the majority does not want to create a

big unsafe wave, a tsunami. This huge success is the invisible result of the debate, with science as a backbone. And I am definitely sure that millions of people in the North escaped ARV and death because they received this message. So everyone among the dissidents should feel great for the work accomplished. Of course, we cannot keep accounts.

b) There will come a time when science will clarify the fraud in front of the world. This is our hope.

In between these 2 phases, now... think of a bottom-up strategy. It has to do with WOMEN.

According to our times, there is a shift in consciousness, in culture, in our social paradigm. Officials call it parity. It is here, it cannot be denied, it is not scientific. It is history. It is somewhere in everyone, dormant, active, soft or strong. But it is present everywhere, visible or not, in the North.

The difference between the topdown and bottom-up approaches, is that a democratic action, coming from the people (bottom-up), does not need so much science in the beginning. It needs to be focussed on clinical realities, things that can be seen, witnessed by anyone. Example: ARV recommended by Aids establishment for pregnant women, are usually drugs labelled not to be given to pregnant women. Their side-effects are well known and this is witnessed in many cases when ARV are given to pregnant women. I am sure that you know these facts. We need many more such examples based on side-effects, because they

are of concern for millions of people under ARV and their dear ones who see them die in pain.

The plan is

- 1) to build an action plan to present these facts to women' magazines, starting with small magazines (bottom-up, patience, big ones will follow)
- 2) to show documentaries in small cities, focussed on women issues, mothers, babies, to create the doubt using emotional realities, facts
- 3) to lobby small IPs in small cities who will support us indirectly, but they will support
- 4) stop the fight !!! Have a feminine approach. The orthodoxy has such



powerful weapons that we shall never win the battle on THEIR battlefield. We need to create a new space where the orthodoxy is not expecting to face a public reaction (Tolstoy, Gandhi used that strategy).

**IF CHILDREN ARE IN DANGER, MOTHERS WILL STAND UP AND SAY "STOP THE FRAUD". NO ONE WILL BE ABLE STOP THEM ! THE GENERAL PUBLIC WILL JOIN AND FOLLOW MOTHERS. EVERYONE WILL SUPPORT THEM, BECAUSE**

**THEIR VOICE IS RIGHTEOUS, IT IS THE ALTRUISTIC PROTECTION OF LIFE. THE ESTABLISHMENT WILL SHAKE.**

This is my trust and I may add that this is an eternal cultural historic reality. When a mother thinks "no", she may say "yes" for diplomacy, but she will act as Thoreau did : she will disobey to what she feels in unrighteous for the sake of life.

"Never do anything against your conscience even if the state demands it." - Albert E.

Friendly regard to all,

Renaud

Renaud;

Thanks for all this information. It is good to hear about all the positive things that came out of Martin's conference.

I have been involved in the women's aspect of HIV for a long time, starting with the case of HIV+ Sophie Brassard in the late 1990s with her two HIV+ (but healthy) children. Sophie eventually died and the children were taken into the "care" of the system by the grandfather. I have been involved with <http://anotherlook.org> since about 2000, which studies the issue of breastfeeding and HIV. Despite the fact that several of the people in this organization are relatively mainstream AIDS believers, they believe more strongly in breastfeeding and I think the work of the organization has been influential in the return to breastfeeding for HIV-positive women.

I think that the cases of mothers (and fathers) having their children taken away and forcibly drugged is one that a lot more people can grasp and get angry about. One of our problems is that these cases have anonymity imposed to "protect" the children. We need to break through that if we are to get the sympathy of the public.

- David Crowe

Thanks Renaud for these ideas and sharing them.

As a journalist, I am always encouraged to deal with a topic when there is a complaint (I mean a trial or a lawsuit in prospect). This allows me to write an article, even without entering the debate. This could be enough to give media coverage first.

I ask myself why this hasn't been done already, for, as the dissidents say, there is enough proof to sue few people.

--Pryska

Hello all,

Thanks Renaud for the clear proposition. I do think that a bottom-up approach is essential, but why limited to mothers, or women? I think that telling real-life stories of people facing a situation and going away from the official story, whether they be women, men, kids or whoever, is the way to go. That is why I build my little video around these interviews: normal people facing abnormal circumstances.

Additionally, a problem with "women" is that the opposition has an easy time dismissing them: they say "yeah sure, look at Christine Maggiore or Maria Papagiannidou: they were HIV +, they quit the drugs, they died of AIDS. End of story". Nobody in the general public gives a damn about trying to understand what really happened to these women, the general public likes simple, yes/no stories.

I agree with Renaud that there are many people out there with some doubt about the official HIV story, but they have no interest in getting involved – it might even be dangerous for them. Doubt is best transmitted by people who are living it. I think we need to focus on people with something real at stake, their own lives, who have tried the official approach and have gone away from it because things happened that made them doubt.

I wish everyone a good weekend;

=Vincent Verschoore=



## Martin's Idea: Boycott the HIV TESTS

Hi Patrick--

I am re-reading your message carefully and will try to incorporate its essential elements in the next version of our Declaration. But I have a question for you.

If the HIV test did not exist and you were never tested, do you think your health would be compromised today? When you got sick, maybe it was just the flu, but since it came when you were tested positive, you assumed it was AIDS?

Lluis from Barcelona takes the position that the entire AIDS thing is something they invented, made up completely, with no scientific basis. Becoming immune compromised is a result of consecutive antibiotics, amyl nitrites, poisons, not enough sleep, etc... not something called AIDS.

Is it possible that you have been caught up in this whole thing, lured into the AIDS Trap, just on the basis of that HIV antibody test? If you had never taken it *would you be leading an AIDS-free life now, not worried by all this crap?*

What are the chances you would have Karposi's sarcoma, etc, as a healthy young man in France?

It is on this basis that I propose banning the HIV test. It does much more harm than good, especially considering the way it is interpreted: "You have a virus that will kill you if you don't take these meds..." Sure, it is a signal of a high level of antibodies-- but everyone gets sick now and then... HIV positive is not the life threatening thing they say it is, only a signal that something else is going on with your body-- a flu shot, tetanus shot, pregnancy, a bad cold, too much drinking hurting your liver, etc.

You may be right that as a practical matter we can't get rid of the HIV test. But it is the weakest and most vulnerable part of the AIDS construct...so it is appropriate that we attack it.

We might be surprised at the result!

best,

Martin

## The trimtab

Buckminster Fuller's life as a young man was a disaster (very much like our situation as AIDS dissidents by now) He was dropped out of Harvard, drank too much alcohol, became a worker at various conveyor belts and later unemployed. His 4-year-old daughter passed away (polio!).

One day spotting a rudder of one of this hundreds of tons ocean vessels he thought about the forces necessary to move the huge rudder in any direction in order to make this huge mass changing direction. Fortunately, the rudder was equipped with what is called a trimtab, a much smaller section of the rudder, which can be moved WITH NEXT TO NO FORCE to THE WRONG SIDE and thus moving the huge rudder to the side necessary to have the vessel performing the desired change of direction.

Ever since I was involved in the AIDS dissidents "movement" (during 7 years) I thought about this trimtab and what the hell would that possibly mean to US.

There MUST be a mechanism somewhere in the HIV/AIDS paradigm acting pretty much like this trimtab.

-- Georg von Wintzingerode

Martin  
just arrived after 15 hours drive  
12 hours with Simon  
we found THE solution !  
Georg

My God, Georg ! You and Simon in the same car for 12 hours.  
The smoke from your boiling brains must have been visible from a long, long distance. I have no doubt that something BIG came of out it, with two such sparkling minds, and I'm speaking seriously here, for once.

I take the opportunity to thank Martin and all the attendants for coming, sharing, and just being themselves. I've learnt a lot but, most important, I've felt a lot. This Vers conference has planted a lot of seeds...

Many thanks to all of you+++++++  
+++++++

Rachel



Rachel,  
many thanks for the compliment. Smoking brains. That's right, no smoking guns though ;-)

Simon is a terrible funny person. His brain works at light speed for serious reasons.

My mail to Martin was meant to make HIM curious. It did not work out that way in the first place, maybe because he might have been in an "make-any-comment-known-to-anybody" mode and so he rather published the "mystery" than getting back to me. The worm at my fishing rod was not tasty enough for the fish (or the fish was too busy). Anyway, now that the word is out, here are some explanations:

Whoever has the chance to learn a little about me knows, that there always a twinkle in my eyes. Of course we did not find THE solution. But just A solution. THE solution had definitely to go along the Kremer/Hamer line, which we were unfortunately not capable enough to fully comprehend. So let us make the mystery a little QUIZ. The person able to guess the outcome of our 12 hour "brainstorming session" will be awarded 1.000 bucks in cash. Right away. Out of my pocket. Proposals close or even more effective or better to the "THE" solution would be considered candidates as well. To make the quiz solvable, here are some hints for the hunch:

Everybody for sure is AWARE of the title of the meeting: How to ..., which led to some strategy sessions and thoughts. And everybody may for sure remember some takeaways such as:

First getting the objectives straight (knowing the aim), taking into account any findings (such as the strength and weaknesses of us and our counterparts), the most solid pillars on which the HIV/AIDS paradigm rests on and which one of them to be probably attacked first and in which way (strategies such as frontal attack - not suitable in any David / Goliath situation) but rather one such as to fall into the back of an already RETREATING Goliath counterpart. You remember for sure the indications proposed for the orthodoxy to be on their retreat already. And maybe also some serious issues which are created ourselves and are constantly in our way blocking our success. (Who might be our most dangerous enemy? Us ourselves ;-)

So all we did was strictly brainstorming along these lines, no rabble rousing of already known dogmas or arguments "ad nauseam". The "THE" solution had to be really NEW. And not shown to have tried but going down the drain. And it must have a highly probability to become SUCCESSFUL.

So I hope the worm will taste the fish this time. And not the fisherman ;-)

Looking forward to hearing from you!

Sincerely yours,

Georg

No one collected on Georg's offer of \$1000 for a new idea that has never been tried but has a chance of success. He later shared with me the idea that he and Simon came up with on the long drive home. He explained it this way:

We are like David against Goliath. The paradigm is huge, entrenched in power. By challenging it directly, our chances are slim. The situation is like when Napoleon invaded Russia with half a million men. The outnumbered Russian army fell back avoiding a confrontation. Napoleon made it to Moscow, but the city was burned, and with no shelter or supplies for the cold winter, it was time to go home. The Russians attacked the backs of the retreating army. In the end, they drove Napoleon out of their homeland.

The HIV/AIDS paradigm is actually in retreat suffering from a series of big problems. We should emphasize these disasters using the voices of their

own mainstream professionals as they themselves admit and try to explain defeat after defeat. We listed some examples: the UN announcement that AIDS is over in the west; Chin's book on epidemiology; Pisani's admission that they made up the numbers; 63 failed vaccine trials; no heterosexual transmission; the AZT deaths; effects of HAART meds; Montagnier quotes; no accidental needle pick transmission; backtracking on the the danger of breast milk; etc.

The other part is to find the right voice for our message. Renaud says 'Stop the fight!' We will never get anywhere with the tone of confrontation and complaining (like the content of this report!). We need to use humor and perhaps a soft feminine approach like in the movie 'We Won't Go Quietly.'

We could start a neutral toned web site to promote this approach and get these ideas out and into circulation.

Dear Martin,

Most of what we need is in Nancy's book, if her medical analysis is correct. We need to point out that we know today a lot more about the immune system than we did 30 years ago, and that sheds a different light on the HIV hypothesis which is still stuck in science from the 70s and

80s. But above all, again IMHO, we need HIV+ people to come out and tell their stories of how they got in and out of the AIDS trap. Shift away from academia and big money to real life.

Maybe that will generate some critical thinking somewhere. It doesn't matter if official science says it's HIV when everyone knows it's junk, and acts accordingly.

Best,

=Vincent=

## Legal Strategy

At the final strategy session, many other ideas were suggested besides those above. Etienne said research is needed on subjects neglected by the mainstream-- why has no one studied viral load levels in persons who are not HIV positive?

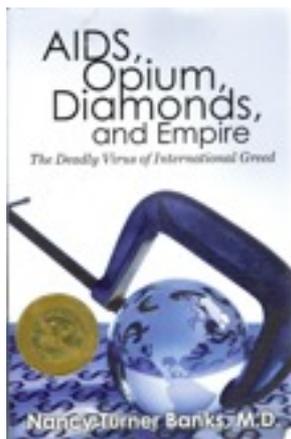
It was suggested we form alliances with groups who are against vaccines, or against big pharma or the against the PCR plagues. Simon talked of a social internet strategy, something that is ongoing now, seeding doubt about the paradigm. Earlier, Mrs. De Harven said we need to have a program that influences students in med schools.

But many times throughout the conference the work of Clark Baker was referred to. His common sense legal strategy of challenging the HIV test has been successful in winning more than 40 cases (and counting) when defending those accused of HIV sex crimes.

When the inadequacy of the HIV antibody test is exposed to the light of day in a courtroom, it is thrown out every time! I guess we must rely on the legal system to reveal the truth that the medical system denies.

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