

A conference was held in the south of France in Vers-Pont-du-Gard June 21-22, 2012 entitled How to Break the HIV/AIDS Paradigm. Participants came not only from France but from all over Europe-- London, Germany, Spain, Portugal, Athens, Scotland, Zurich, Belgium, Vienna, Italy, even Mexico and one person flew all the way from Thailand. There were several professionals attending with years of experience fighting the paradigm, both 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 really mean to test HIV positive? How important is protection during sex? The conference produced the following declaration.

PONT-DU-GARD DECLARATION



1) The HIV test should be suspended

Medical doctors use this test to inform people that they have been infected with HIV, with life threatening implications. However:

- Since the HIV test is an antibody test and the presence of antibodies has generally been used as a way to inform that the immune system has handled and overcome an infection (e.g. the basis for vaccine immunity)--it is inexplicable why this test has been used to advise people that they have an incurable infection.
- The HIV test does not test for the virus HIV. It is indirect because the antibody tests do not react against the virus directly but against various proteins said to come from the HIV virus. However, since the original papers on which the subsequent research has been based never properly isolated and identified a unique virus, it has never been demonstrated that these antibodies are the correct ones that match up with any particular virus-- i.e., there is no "gold standard."
- As a result of this uncertainty, it becomes difficult for the clinician to make an informed judgement and give the patient a clear idea of what this test means to that individual. The package inserts of these tests advise that... "At present, there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood"...another kit advises..."Do not use this kit as the sole basis of diagnosis of HIV-1 infection." As a result of this confusion, it is not clear how to interpret the results of a positive HIV antibody test.
- In the U.S. there are 5 published separate criteria by which a test can be found positive. These criteria are each different in Africa, the U.K, Germany, France and Australia. Therefore this is a glaring lack of standardization resulting in different laboratories interpreting test results differently-- the exact same test result can be positive in one lab but negative in the next, interpreted positive in one country, but negative in the next. If a person tests positive, they can change labs or move to a different country and be HIV negative.

• Antibody tests are notoriously non-specific. As a consequence, if you are a healthy person but you have taken a flu shot, that by itself can make you test positive for HIV (i.e., the HIV test cross reacts). The same thing can happen if you have a cold, rheumatoid arthritis, herpes, a recent tetanus vaccination, a recent hepatitis B vaccination, hepatitis, tuberculosis, malaria, kidney problems, even pregnancy, African ancestry, or receptive anal intercourse. All these by themselves-- and more than 60 other conditions-- can cause an HIV antibody positive result-- even if you don't have "HIV." (see <http://www.virusmyth.com/aids/hiv/cjtestfp.htm>)

The HIV test does not give any useful information for specific therapy. It can only be considered as an indirect marker for ongoing oxidative stress and inflammation. *The HIV test is non-specific therefore dangerous in its current usage because the patient is always misinformed.*

Therefore we call for the immediate withdrawal of all HIV antibody tests from clinical practice.

2) Appropriate tests for immune deficiency should be used when called for.

Compromised immunity has been a recognized illness since well before the AIDS era. There are many possible causes for a disrupted immune system. Malnutrition, repeated infections, dirty drinking water, intoxication from insecticides, herbicides and heavy metals, the consecutive use of antibiotics, and the use of dangerous medical and recreational drugs.

One sign of immune deficiency is the exhaustion of the anti oxidative thiols in cells and dysfunction of the mitochondria, decreasing the production of energy by ATP inside the cells. A deficiency of antioxidants-- oxidative stress-- causes a decrease in the development of Th1 CD4+ immune cells. These are the killer cells that use poisonous nitric oxide (NO) to kill intracellular parasites. Without enough killer cells the result is an increase exposure to opportunistic infections.

Tests for immune deficiency are:

•*Delayed Type Hypersensitivity skin test.* In this test, the skin is pricked with antigen- presenting cells. This stimulates a secondary cellular response which appears 48-72 hours later as a proliferation of CD4+ Th1 cells, indicating good **cell mediated** (Th1 CD4+ immune cells) **immunity**. No response indicates a weakened cell mediated immunity.

•*GSH Test.* It has been known since 1988 that glutathione (GSH) levels in the plasma of patients who develop AIDS is significantly lowered. Glutathione is the main antioxidant needed to balance the increased oxidative stress load in patients who develop immune deficiencies. Prolonged administration of antibiotics, for example, causes changes in the gut flora limiting the production of glutathione in the liver.

•*Levels of cystein, glutamine, arginine, glutamate, and selenium--* tests that help assess the status of the cell mediated immune system.

Based on the results of these and other tests the health practitioner could provide **compensatory therapies** such as Glutathione, Glutamine, NAC, Alpha Lipoid Acid, Antioxidants and Vitamins E,C B3 B5, Selenium, reconstitution of the gut flora and the immune reactions by means of Pro-Biotics, Colostrum, IL-2, Macrophage activating factors. Please see: http://www.ummafrapp.de/skandal/felix/recommandations_de_th%E9rapie.pdf

Compensatory therapies should be refunded by health insurance or made available by national health care systems.

Some seropositive individuals are doing well on a holistic program, healthy life style and food, and work on their emotions and thoughts. Fear and culpability play a role in disease, specially in AIDS.

3) Anti Retroviral Therapy (ART) should not be forced upon anyone, especially pregnant women and babies.

Health practitioners should acknowledge and treat the adverse effects and complications caused by anti retroviral therapy.

Although the use of ART is effective in cases of extreme fungal and bacterial infection (the 'Lazarus effect') long term use of ART leads to serious impairments. These include damage to gut flora and gut mucosa, rashes, hormonal changes, high cholesterol and triglycerides, dyslipidemia, peripheral lipodistrophy, insulin resistance, anemia, osteoporotic fractures, liver and kidney failure, cardiovascular diseases, diseases of the nervous system.

Suggested treatments for the adverse and damaging effects of ART are Glutathione, Glutamine, NAC, Alpha Lipoic Acid, Antioxidants and Vitamin E, C B3 B5, Selenium, Pro-Biotics, Pre-Biotics, and Colostrum for the reconstitution of the gut flora and the gut mucosa could be administered orally or by infusions. *These treatments should be refunded by health insurance or made available by national health care systems.*

4) We demand an open dialogue between HIV virologists and qualified challengers on the techniques of viral identification and quantification.

HIV has never been imaged with an electron microscope in the blood of any HIV positive person, not even in a patient with a high viral load. The use of PCR and sequencing to identify and quantify HIV without prior isolation has been challenged by the inventor of PCR himself and a multitude of specialists, including our Conference Chair, electron microscopy specialist Etienne de Harven, MD.

Human endogenous retroviral nucleic acid sequences circulate in the blood routinely as a result of apoptosis, but apparently they have been mis-identified as HIV, or mutations thereof.

Attempts to have a public dialogue on this issue between AIDS virologists and their legitimate challengers have been rebuffed time and again.

5) Funding for AIDS research should be stopped if it does not include the appropriate controls. For example:

- Studies have never been done comparing viral loads of normal healthy people and of people with various illnesses versus the viral loads of those with AIDS.
- Studies have never been done monitoring health outcome of HIV positive controls who have taken no antivirals versus HIV positives treated with the antivirals.

We call for such obvious control studies to be done as soon as possible.

6) We encourage everyone to sign up for a monthly contribution to the Office of Medical and Scientific Justice

They are doing exemplary work successfully challenging the weakest link in the HIV/AIDS paradigm, the HIV test, through the court system. Criminal HIV charges have been dismissed for 48 defendants as of November 2012. see: <http://www.omsj.org/innocence-group>

7) We call for a private International Conference to End AIDS.

The main goal is to organize, in a more effective and friendly way, the different persons and groups that refuse the official HIV/AIDS dogma. The duration of the Conference will be of 7-10 days for plenty of time to share views and discuss issues.

The goal is that after these days of discussions and communication the meeting will produce in situ at least the following 4 signed documents:

- 1) Our agreements and our disagreements, and how to tackle the disagreements which remain unsolved;
- 2) A written constitution or platform of each Group or Stream involved. At the moment there are three active international Groups: two veteran ones (The Perth Group and Rethinking AIDS) and one younger (Dismantling AIDS). But others may be constituted: perhaps one supporting Dr. Etienne de Harven's or/and Dr. Roberto Giraldo's approach, and/or anyone who has a different approach than the three already mentioned;
- 3) Written "Relationship Rules" or "Operating Rules" between these newly constituted Groups with two main points: a) Mutual respect, and b) Mutual defense against attacks by the AIDS establishment, AIDS vigilante media, etc.;
- 4) A common strategic Plan to End AIDS, with several campaigns, actions, public International Conference to End AIDS, etc.

For further information on the private International Conference to End AIDS contact:

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Conference Report: <http://maisondemartin.com/docs/ConferenceReport.pdf>