

Resurrecting the Fear of AIDS

By [Michael J. Talmo](#)

Theme: [Science and Medicine](#)

Global Research, April 10, 2022

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

To receive Global Research’s Daily Newsletter (selected articles), [click here](#).

Visit and follow us on [Instagram](#), [Twitter](#) and [Facebook](#). Feel free to repost and share widely Global Research articles.

Here we go again folks. The COVID-19 narrative is getting old. Oppressive, idiotic, and useless restrictions are being rolled back. But now we are being told that a team of scientists in the Netherlands have discovered a more aggressive variant of HIV, the virus that supposedly causes AIDS. Didn't you just know that they would have to find some way to keep the fear porn going.

MSN [reported](#) that scientists have dubbed this variant “VB” (virulent subtype B). But the MSN article assures us that this HIV strain is “not a public health crisis” because as explained in a February 2022 [article](#) in Healthline, “current treatments are still effective against the virus.” That is, provided those who are infected get early treatment. Therefore, [declares](#) Prince Harry, Duke of Sussex: “Every single one of us has a duty to get an HIV test.” He said this a few days after the [study](#) on the newly discovered HIV variant was published in the peer-reviewed journal [Science](#).

But wait, there’s more.

ABC News [reported](#) that development of an HIV vaccine is underway.

Moderna announced that it has launched early-stage clinical trials for guess what? An HIV mRNA vaccine. An August 2021 [article](#) in The Body explains why it will be very difficult to develop such a vaccine.

But not to worry, Moderna has teamed up with [IAVI](#) (International AIDS Vaccine Initiative), a nonprofit organization that is [funded by](#) guess who? The Rockefeller Foundation, Bristol-Myers Squibb, Merck, Pfizer, and of course the Bill & Melinda Gates Foundation just to name a few.

Of course, we now know that mRNA vaccines aren’t vaccines at all. They are radical gene therapy. [Sefan Oelrich](#), president of Bayer AG Pharmaceuticals Division in Berlin Germany, [admitted](#) at the [World Health Summit](#) last October that

“Ultimately, the mRNA vaccines are an example for that cell and gene therapy. I always

like to say: if we had surveyed two years ago in the public: would you be willing to take gene or cell therapy and inject it into your body? We would have probably had a 95% refusal rate. I think this pandemic has also opened many people's eyes to innovation in a way that was maybe not possible before."

How about closed their eyes via fear and by fraudulently marketing gene therapy as vaccines, Stefan. "[Genes](#) are small sections of DNA within the [genome](#) that code for proteins. They contain the instructions for our individual characteristics."

According to the Mayo Clinic, "[Gene therapy](#) involves altering the genes inside your body's cells in an effort to treat or stop disease." In other words, the claim that COVID shots don't alter your DNA as claimed by the media and all of those fact checkers is a lie.

And lest we forget, [according to](#) a fact checker website, Bayer was contacted about Oelrich's speech and their "official response states that there was an obvious slip of the tongue and that mRNA technology is not gene therapy." While we're at it, let's also not forget that two plus two equals five and that the Moon is made of green cheese.

In reality, AIDS, like COVID-19, is a total scam. There is no need for vaccines, or any kind of gene therapies to cure them. There is no epidemic or pandemic in any way shape or form. Here is a [list of some of the many doctors and scientists](#), some of them Nobel Prize winners, who have spoken out against AIDS propaganda and exposed it as fraud. Read what they have to say. There is nothing to be afraid of.

How it all began

The whole AIDS fiasco [started](#) in 1981 when [Dr. Michael Gottlieb](#) along with several colleagues at the University of California, Los Angeles, School of Medicine and Cedars-Sinai Hospital initially identified five young gay men who were suffering from a pattern of rare illnesses that was [originally called](#) GRID (gay related immune disorder). It was also referred to as "The Gay Plague" and as "gay cancer." By the end of the year "there were [270 reported cases](#) of severe immune deficiency among gay men, with 121 individuals dead." In 1982 GRID was renamed AIDS (Acquired Immune Deficiency Syndrome) after the CDC (Centers for Disease Control) linked it to blood and sexual transmission.

A well-orchestrated propaganda campaign was launched and AIDS was labeled a global epidemic with most of the cases and deaths occurring in Africa.

In my country, the US, [heart disease](#) kills 659 thousand people a year. [Cancer kills](#) almost 600 thousand people a year. Smoking kills over [480 thousand](#) people per year. Smoking kills over [8 million](#) people per year worldwide. The WHO (World Health Organization) calls smoking "one of the biggest public health threats the world has ever faced."

But AIDS has only killed more than [700 thousand](#) Americans since 1981. In recent years, on average, AIDS kills [almost 13 thousand](#) Americans per year (see page 2 of CDC Fact Sheet under "Advances in treatment"). Total [AIDS deaths worldwide](#) from 1981-2021, a 40 year period, have been about 36.3 million. Compare that to a global average of [56 million](#) deaths from all causes each and every year. Yet, despite the pathetically small amount of deaths, people were more afraid of AIDS while continuing to smoke, eat junk food, abuse recreational and prescription drugs, and subject themselves to enormous levels of stress. The reason for this is obvious: AIDS was labeled a sexual plague. People were told that

having sex could kill them.

Thanks to our culture's puritanical aversion to sex, AIDS became the most talked about and feared illness of the modern age. It carried the voice of mom and the fear of God. Deep in our gut it felt right somehow. It was a contemporary way of saying God will punish you if you have sex outside of marriage. Parents used it to scare kids away from early involvement in sex. Spouses used it to keep their mates faithful. Religious fanatics used it to demonize gay people. AIDS was the greatest thing to come along since fire and brimstone.

By making AIDS a fatal illness that can be transmitted sexually, [gay bathhouses](#) were closed, [harassment of prostitutes](#) increased, CNN [reported](#) that "nurses refused to take in meals to hospitalized patients," and that "Parents refused to see their sick children." The ACLU (American Civil Liberties Union) [reported](#) in its "HIV & Civil Rights" paper that some hospitals and medical providers refused to treat HIV-positive patients.

HIV=AIDS=Death is a sub paradigm of the larger judeo-Christian cultural paradigm that sex is sinful. It doesn't matter what religion one practices. It doesn't matter if one's creed is atheism. It doesn't matter if it's cloaked in the guise of scientific or medical fact. It doesn't matter how showy and free people can be with sex. The underlying guilt and shame remains. If AIDS wasn't labeled a sexual plague hardly anyone would have cared about it at all.

But every false belief requires a kernel of truth. With AIDS, as is the case with COVID-19, it's the existence of sick people who supposedly have it. This is enough to convince the reactionary majority that everything they've been told about AIDS must be true. But medical science has made a plethora of mistakes before.

For example, in the late 19th and early 20th Century [vitamin deficiency diseases](#) like scurvy, beriberi, rickets, and pellagra were thought to be caused by germs (see second paragraph of CDC report).

Another example was [SMON](#), an acronym for subacute myelo-optic neuropathy. Among its symptoms were bouts of diarrhea and vomiting along with blindness, paralysis, and death. From 1955-1970 several nations—among them Great Britain, Sweden, Mexico, India, and Australia had outbreaks of SMON, but it was mainly concentrated in Japan. Originally, SMON was labeled a viral disease and several possible viruses were blamed. But ultimately, in late 1970, the truth came out. It was the drug clioquinol mainly manufactured by the pharmaceutical company Ciba-Geigy that was the cause of SMON. A lawsuit revealed that Ciba-Geigy had been aware of clioquinol's harmful effects for years.

How AIDS is defined

AIDS isn't a disease just as sporting goods isn't a hunting rifle. AIDS is a made-up category for 27 different diseases that include herpes, yeast infections, a few cancers, [dementia](#), tuberculosis, and some types of pneumonia. In people who test HIV-positive these diseases are called AIDS. In people who test HIV-negative they are called by their old names and treated conventionally. For example, if a person has herpes and they test HIV-positive they have AIDS. If a person has herpes and they test HIV-negative they just have herpes and are treated conventionally. AIDS is real only in the sense that these 27 illnesses are real. A complete list of them can be accessed [here](#).

All of the aforementioned diseases existed long before the AIDS era and can occur without HIV infection. Thus, HIV (human immunodeficiency virus) cannot be the cause of AIDS.

Originally, AIDS was mainly two rare diseases: [pneumocystis carinii pneumonia](#) (PCP), a fungal infection, and [Kaposi sarcoma](#) (KS), a form of blood vessel cancer that causes, among other things, purple lesions to appear on the skin and internal organs. Both are old diseases. KS was named after [Moritz Kaposi](#) (1837-1902), a 19th Century dermatologist who first noticed it in [elderly European men](#) back in 1872. [PCP](#), now called Pneumocystis Jirovecii Pneumonia, was originally identified in premature and malnourished infants in orphanages in Europe following World War II.

The AIDS case definition was [expanded](#) over the next 12 years. In 1985 it was expanded to 20 different conditions. In 1987 additional conditions were added. In 1993 it was again expanded to include cervical cancer, bacterial pneumonia, pulmonary tuberculosis, and a low T-Cell count, a non disease. This created the illusion that AIDS was continuing to spread and becoming an ever-growing threat.

In Third World Countries like Africa AIDS is defined differently. Due to lack of money and adequate medical facilities, AIDS is usually diagnosed on symptoms alone. The World Health Organization [Bangui definition](#) of AIDS created in 1985 and [modified](#) in 1994, defines AIDS as fever, cough, diarrhea, [asthenia](#), and weight loss to name some. Since these symptoms also occur in people with [malaria](#), [parasites](#), [malnutrition](#), and exposure to [unclean drinking water](#), all rampant in Africa, there is no way to tell who has AIDS and who has some other disease.

Some limited HIV testing is done by a charity and sometimes a government. But no one really knows what percentage of the population in any of these poor countries has AIDS, died of AIDS, is getting diagnosed and tested or anything else because African AIDS statistics are determined by computer models which are notoriously [inaccurate](#).

[The Lancet:](#)

“...the proportion of people living with HIV who know their status is particularly challenging to monitor in Sub-Saharan Africa because neither the number of people living with HIV, nor the number who are diagnosed, are directly counted. Estimates for people living with HIV typically come from mathematical models.”

[The Spectator:](#)

“Every year, all over Africa, blood would be taken from a small sample of pregnant women and screened for signs of HIV infection. The results would be programmed into Epimodel, which transmuted them into estimates. If so many women were infected, it followed that a similar proportion of their husbands and lovers must be infected too. These numbers would be extrapolated out into the general population, enabling the computer modelers to arrive at seemingly precise tallies of the doomed, the dying and the orphans left behind.”

Yet, [pages 5 and 6](#) of the WHO Bangui definition declares:

“Good clinical definition of AIDS is of great importance in Africa, where adequate

laboratory facilities are often lacking...Given that these symptoms are not specific, they will not be recognized as suggestive of AIDS until other possible causes have been ruled out...Without field verification, it is difficult to establish a purely clinical definition of AIDS that is simple, exhaustive and specific.”

Maybe I'm missing something, but how in the Devil's realm can computer models do any of the aforementioned? Obviously, they can't. In other words, All AIDS statistics in Africa are fabrications, illusions, digital spam—they are completely, utterly, and totally false.

HIV doesn't cause AIDS

A contagious disease will rapidly spread into the general population affecting equal numbers of males and females. But the vast majority of AIDS cases have been males. For the entire over 40 years that AIDS has been around the overwhelming majority of cases and deaths have been men who have sex with men (gay and bisexual men) and IV drug users in North America, Europe, and other [Developed Countries](#) as documented [here](#), and [here](#).

What do these risk groups have in common? Drug use.

Gay and bisexual men suffering from AIDS that made up [less than 2%](#) of the LGBT+ community were highly promiscuous drug users. They were the bath house crowd, the sex club crowd. These were the people who had 30-40 partners a night, regularly engaging in anal intercourse, took antibiotics [prophylactically](#) to prevent contracting venereal diseases—not very smart since antibiotics if taken for long periods of time can wreck havoc on the human body as explained [here](#). They were also heavy smokers and drinkers, got little sleep, and took a laundry list of recreational drugs, such as cocaine, crystal meth, Special K, lysergic acid, and amphetamines to name some which as explained in the scientific literature [here](#) and [here](#) are very capable of making them sick and killing them.

Another staple of this unhealthy lifestyle were alkyl nitrites better known as [poppers](#). When inhaled they act as an aphrodisiac, produce an instant high, and dilate blood vessels making anal intercourse more comfortable by relaxing the anal sphincter muscles. They also intensify sexual desire and orgasm. They are sold in small bottles under names like Rush, Ram, Thunderbolt, Rock Hard, Locker Room, and Crypt Tonight. But poppers are also toxic and deadly. They can cause blood pressure to drop to dangerously low levels, damage red blood cells and vital organs, weaken the immune system, cause, nausea, headache, disorientation and loss of consciousness. Due to causing abnormal heart rhythm poppers can cause “sudden sniffing death syndrome,” and cancers like the AIDS defining illness Kaposi sarcoma as [reported](#) in the Washington Post, [AP News](#), and in this [study](#) published in the Journal of Neuroimmune Pharmacology.

IV drug users are an AIDS risk group for the same reason as the gay bath house crowd who also engaged in some injection drug use. Because IV recreational drugs are illegal, addicts often shared unclean needles which subjected them to even more infectious agents. Needle exchange programs were introduced to try to reduce HIV transmission. But as this 2018 comprehensive [study](#) in [Cureus](#) demonstrated, the needle exchange programs didn't work. Not surprising since, as this 2003 [study](#) in Clinical Microbiology Reviews demonstrates, recreational drugs whether injected or taken orally destroy the immune system. Since 1981, “injection drug use has been responsible for [one-third](#) of adult and adolescent AIDS cases in the country.”

Heterosexual AIDS cases in the US can be anywhere from [10%](#) to less than [25%](#) of all cases in a given year. A 2003 [study](#) in the British Medical Journal explained that “A heterosexual contact patient is currently defined as a person who denies other risk factors.” In other words, we don’t really know if any of these heterosexual cases were injection drug users or had any same-sex sexual contacts. People usually don’t like to admit to doing something that they consider immoral due to embarrassment or that is illegal due to the possibility of getting arrested. But government propaganda wanted to Portray AIDS as a danger to everyone.

In 1996, the Wall Street Journal did an expose on the CDC (click on May 1, 1996 [article](#), second from the top). It showed that for years the CDC had been lying to the public about everyone being at risk for AIDS and that since 1987 it knew that AIDS would be mainly confined to gay men and inner city drug users. For example, the CDC ran phony TV ads. One was a baptist minister’s son who said “If I can get AIDS, anyone can.” Turns out he was gay. Another example was an AIDS brochure mailed to 117 million households that had a photo of a middle-aged female AIDS victim saying “AIDS is not a ‘we’ ‘they’ disease, it’s an ‘us’ disease.” She turned out to be an IV drug user.

The Wall Street Journal expose was validated by probably the largest most comprehensive [study](#) on the heterosexual transmission of HIV ever done entitled: “Heterosexual Transmission of Human Immunodeficiency Virus (HIV) in Northern California: Results from a Ten-year Study” published in the American Journal of Epidemiology in 1997. It was conducted by a research team led by Nancy Padian, PhD at the University of California, San Francisco.

The study involved 442 HIV-discordant couples (one partner is HIV-positive, the other is HIV-negative). 16 couples were eliminated from the study due to suspected drug use leaving 426. From 1985-1995 Padian and her colleagues followed them to see what percentage of the noninfected partners would seroconvert to HIV-positive. There were so few seroconversions that Padian and her team concluded:

“In general, we estimate that infectivity for male-to-female transmission is low, approximately 0.0009 per contact, and that infectivity for female-to-male transmission is even lower.”

Naturally, an AIDS apologist [website](#) claims that people like me are misinterpreting/misunderstanding Padian’s findings and that “heterosexual intercourse is now responsible for 70-80% of all HIV transmissions worldwide” if you take into account AIDS cases in Third World Countries like Africa rather than the low numbers in the Developed World. It further states that the HIV discordant couples in Padian’s study “were strongly counseled to use condoms and practice safe sex.” However, some facts to consider: as previously explained, AIDS statistics in countries like Africa mean nothing because they are computer estimates; there was no way for Padian to know if the couples in her study really practiced safe sex—she didn’t watch them doing it; there were no seroconversions among 25% of the couples in Padian’s study who said they did not use condoms consistently.

[Luc Montagnier](#) (1932-2022), discoverer of HIV and Nobel Prize winner, the father of AIDS science, did not consider HIV to be as deadly as claimed. He had this to say in an interview in the 2009 [documentary](#) House of Numbers:

“we can be exposed to HIV many times without being chronically infected, our immune system will get rid of the virus within a few weeks, if you have a good immune system;”

Speaking of the immune system, In 1992 the CDC conjured up a new disease called Idiopathic CD4 Lymphocytopenia (ICL) to explain away the fact that there were AIDS patients who had “no serological evidence of HIV infection” and “should be considered in any patient with widespread viral, fungal, or mycobacterial infection whose HIV test is negative” as explained [here](#) and [here](#). In addition, “Kaposi sarcoma, dementia, and weight loss may occur without immunodeficiency” as explained [here](#) and [here](#).

Here’s another fact to consider: to this day no scientific paper exists anywhere that can demonstrate how HIV causes AIDS. HIV is supposed to cause AIDS by destroying [T-helper cells](#) (also known as CD4 cells and CD4+ T cells). Without these lymphocytes, the immune system is unable to fight off infections and diseases. But how HIV accomplished this is unknown.

[Dr. Kary Mullis](#) (1944-2019), inventor of the PCR test for which he won the Nobel Prize in 1993, explained in an [interview](#) a number of years back that he needed to reup a grant from the NIH (National Institutes of Health) for an AIDS project he was working on. He began the scientific paper he had to submit with: “HIV is the probable cause of AIDS.” Mullis asked for a reference for that scientific statement. But there was no reference. There was no such paper. He looked and asked around everywhere. He even asked Luc Montagnier—none could give him a reference to a paper that definitively explains how HIV causes AIDS. Mullis elaborated on this in a longer [interview](#) years earlier conducted by Dr. Gary Null.

Bottom line: all the evidence shows that what they are calling AIDS is a toxic condition caused by long-term drug abuse and other unhealthy lifestyle choices in Developed Countries and, additionally, in Third World Countries, lack of clean drinking water, endemic diseases, malnutrition, and extreme poverty. You don’t need a killer virus to explain what’s really going on.

The HIV tests

Regardless of how many there are, what they are called, and how they are done, there are only [three different kinds](#) of HIV tests: antibody tests, antigen/antibody tests, and NATs (nucleic acid tests).

The first HIV tests developed in 1984 were antibody tests. They contain proteins that are supposed to be unique structural components of HIV. These proteins are also called [antigens](#) which means antibody generating. An antigen can be a bacteria, a virus, a parasite—anything that causes the body to produce antibodies. When the antibodies in a person’s blood react to these proteins to enough of a degree the person is branded HIV-positive. When not enough of a reaction occurs they are deemed HIV-negative. All the tests are is your antibodies, which are proteins produced in your [B-cells](#), interacting with the foreign protein in the test kits. It’s not a test for HIV. It’s test for something that your body makes to protect you from foreign substances in general.

Antigen/antibody tests can also detect the HIV protein/antigen P24 in addition to antibodies.

Contrary to the assertion on the CDC website, NATs, also referred to as [NAATs](#) (nucleic acid amplification tests), do not look for the actual HIV virus. Instead, they amplify fragments of

nucleic acid that are supposed to be part of the HIV genome. There are different ways to amplify nucleic acid (RNA or DNA). But the original, and still [preferred method](#), is PCR (polymerase chain reaction) invented by the late Kary Mullis.

In 1995, [Dr. David Ho](#) got a paper published in Nature that showed contrary to over a decade of AIDS research, HIV was not a slow inactive virus, but was incredibly active and producing massive amounts of virus in the blood of infected people. He made this claim using the PCR test which was dubbed the [viral load test](#). No one in the AIDS orthodox camp spotted the absurdity that viral load didn't mean how much virus is in a person's body, but how many copies of genetic fragments are produced in a PCR machine outside of the body. The logic is beyond stupid.

HIV antibody tests can be notoriously inaccurate due to [cross-reactions](#). Meaning, even if the proteins in the test kits were HIV proteins, it doesn't prove that the antibodies reacting to them are HIV antibodies. This is due to the fact that antibodies are promiscuous—they will react to anything of a similar structural sequence. For example, so-called HIV proteins gp41 and gp120 are [glycoproteins](#). Meaning, they have carbohydrate/sugar molecules on their surface. Fungal yeast infections like [Candida](#) also have glycoproteins which can cross-react with the proteins in the HIV tests.

The scientific literature lists over 60 different diseases and conditions that can cause false positives on HIV antibody tests. Many of them are AIDS defining illnesses. To name [some](#), Epstein-Barr virus, autoimmune disorders, such as lupus and rheumatoid arthritis (there are [over 80](#) autoimmune diseases), STDs like syphilis and herpes, [pregnancy](#) (remember those pregnant women in Africa used to fabricate AIDS statistics via computer modeling), [prior pregnancies, multiple blood transfusions](#), the flu, vaccinations, tuberculosis, malaria, alcoholism, a cold. The complete list of conditions that can cause false positives with references to the scientific literature are available [here](#).

The AIDS establishment insists that such cross-reactions are rare. But since HIV tests are verified by using other nonspecific tests instead of by finding the actual virus, there is no way to prove how accurate the tests are. Using a nonspecific test to verify another nonspecific test is the equivalent of chasing you tail.

Another problem with HIV tests is that they aren't standardized which renders them meaningless. This was documented in a 1993 [study](#) by a research team in Perth Australia that was published in the peer reviewed journal Biotechnology, the sister publication of Nature.

The study focused on the HIV Western blot test that was considered the definitive test for HIV until it was [replaced](#) by the HIV differentiation test in 2014. Unlike the ELISA test (enzyme-linked immunosorbent assay), the Western blot test separates the proteins that are supposed to belong to HIV and blots them onto a nitrocellulose membrane. The separated proteins are called bands.

Different labs used different standards that revolved around which combination of bands constitute a true HIV infection. Some used the FDA's standards, others the standards set by the American Red Cross, others the CDC's while still others used the CRSS standards (Consortium for Retrovirus Serology Standardization). The Perth Group pointed out that when the more stringent FDA standards are used less people test HIV-positive than when the other standards are used.

The number of bands required to test HIV positive also varied depending on what country you're in. As stated in the Biotechnology study (page 698), sometimes only two bands are required. In other countries it's three bands (see [chart](#) on page 3). And as stated in a 2015 [study](#) published in PubMed Central, "In Australia, anti-HIV western blot positivity is defined as reactivity to at least one glycoprotein band and at least three non-envelope protein bands," In other words, four bands.

But since the antigens in the HIV tests were never extracted from an isolated viral particle, there is no reason to believe that they are HIV proteins or the proteins of any other virus. They are most likely, based on the analysis of the Perth study, "normal cellular proteins."

HIV has never been isolated

Viruses are microscopic particles that consist of a nucleic acid core (RNA or DNA) encased in a protein envelope. They also have a few enzymes. Unlike bacteria, protozoa, and fungi, viruses are not alive and are also a lot smaller.

In order to [cause disease](#) pathogenic viruses enter a cell, hijack its machinery, and cause it to produce more viruses which ultimately destroys it. They then go on to infect and kill other cells. Viruses have to do this because they can't reproduce on their own since they aren't alive. Thus, pathogenic viruses are [cytotoxic](#)—they kill cells. If viruses kill enough cells quickly enough illness results. Fortunately, most viruses, as is the case with bacteria, are harmless and the body's immune system, provided we didn't screw it up, will usually get rid of the dangerous ones.

Now, here's the kicker: HIV is supposed to be a [retrovirus](#) consisting of two strains: HIV-1 and HIV-2. It's nucleic acid core/genome is RNA. Like all other retroviruses, the Knobs or spikes on its outer surface hook onto a cell and its genetic material is injected into the cell where the virus knits itself into the host cell's DNA via [reverse transcription](#) and becomes part of the cell. It then survives in the cell like a benign passenger. So, retroviruses don't do what pathogenic viruses must do to cause disease: "they do not kill cells" as stated on page 390 of this [study](#) in the [Journal of Biosciences](#). This is why the whole HIV causes AIDS argument is so utterly stupid.

As explained in the Perth study and in [Science Direct](#), to [isolate](#) or [purify](#) a virus, the particles must be separated from everything else in an impure [cell culture](#). or [mixed culture](#) which is a biological soup that contains multiple cells and organisms. It's like catching a fish, taking it out of everything else that's in the water and placing it in your boat. The isolated viral particles or [pure culture](#) must then be photographed under the electron microscope. The virus particles must be characterized. Meaning, demonstrating that its proteins and genetic material belong to it and to no other entity. Once this is accomplished, it can be determined if the isolated microbe causes a particular disease by applying [Koch's postulates](#). River's postulates which are similar can also be used.

In 1997, Luc Montagnier was [interviewed](#) by writer and film director Djamel Tahi. It was published in Continuum Magazine, vol 5, no 2. A critique of Montagnier's statements by the leader of the Perth research team can be accessed [here](#). Just follow the red numbers.

When asked by Tahi if he isolated/purified HIV, Montagnier declared: (see no 18)

"I repeat we did not purify...because if you purify, you damage. So for infectious

particles it is better to not touch them too much.”

So, how did Montagnier know there was a virus? By observing nonspecific phenomena in impure cell cultures: “density, RT, pictures of [budding](#)” (virus-like particles emerging from a cell), etc. (see no 6)

“...It is not one property but the assemblage of the properties which made us say it was a retrovirus... Taken in isolation, each of the properties isn't truly specific. It is the assemblage of them.”

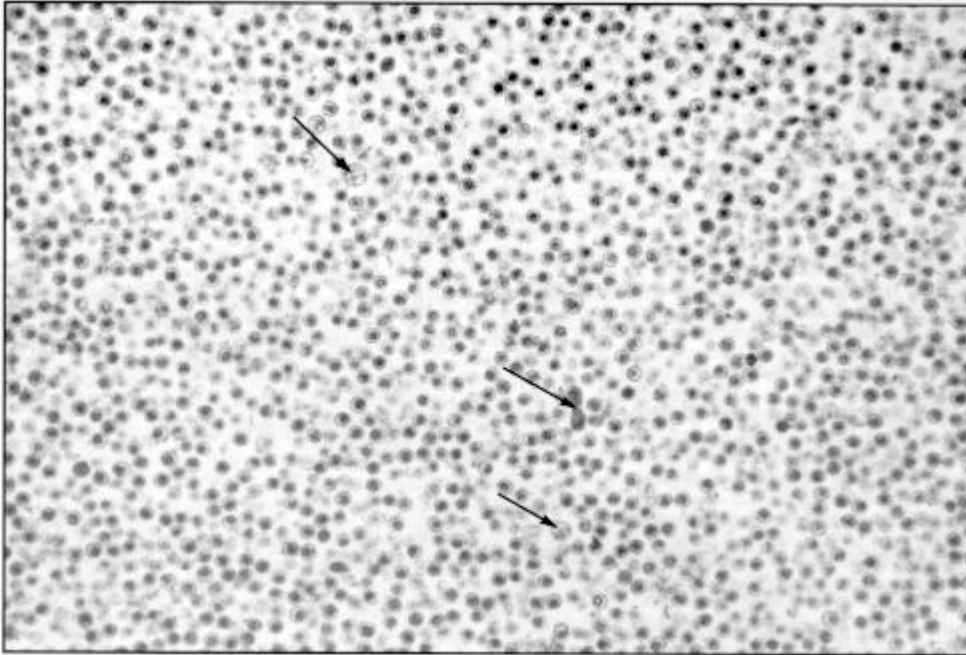
This is like saying you know that zero means nothing. But if you have a whole bunch of zeros you must have something even though all of them together still equal nothing.

But what about all of those pictures of HIV and the AIDS orthodoxy's insistence that it has been isolated?

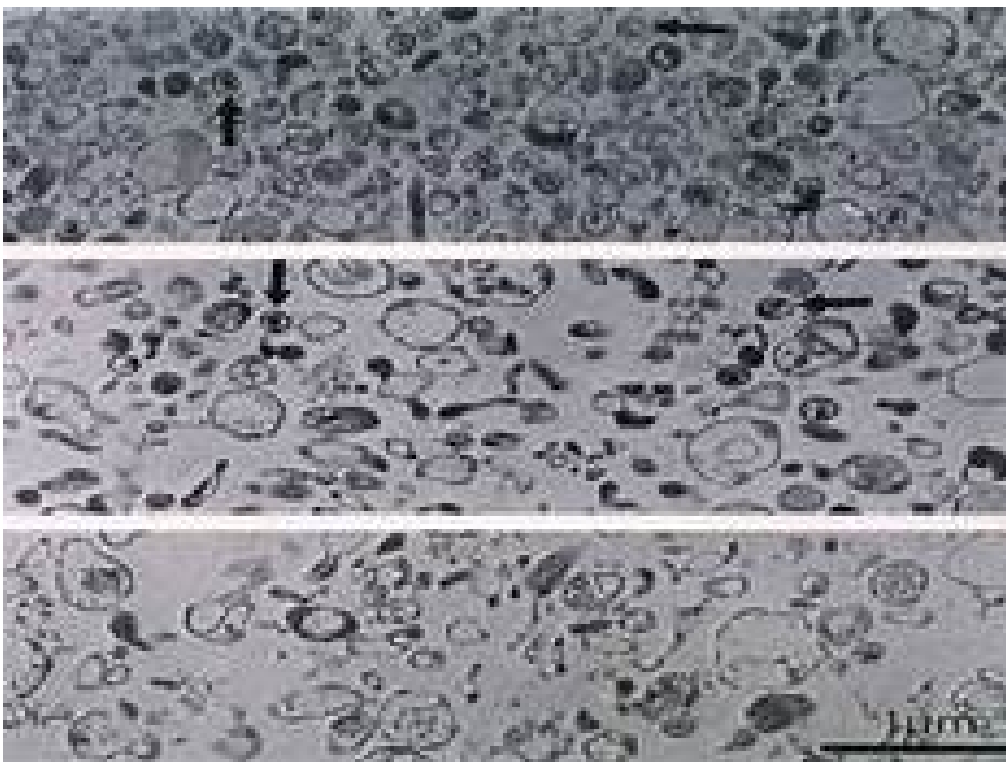
Pictures of HIV that are displayed on TV and in other media outlets are either paintings, computer images, or electron micrographs of unisolated virus-like particles in impure sub-cultures. Such particles are ubiquitous in cell culture. To quote the Perth study in Biotechnology:

“...the terms in the AIDS literature ‘HIV,’ ‘HIV isolation,’ ‘pure particles,’ ‘virus particles,’ ‘virions’ and ‘infectious particles’ have a variety of meanings and include all of the following, but most often without proof of the presence of a particle: ‘RNA wrapped in protein’...Isolation, however, is defined as separating the virus from everything else and not detection of some phenomena...some of the best known retrovirologists do not consider the finding of ‘virus-like particles morphologically and biochemically resembling,’ retroviruses, proof of the existence of such viruses. In the 1970s, such particles were frequently observed in human leukaemic tissues, cultures of embryonic tissues, and ‘in the majority, if not all, of human placentas.’”

Incredibly, it wasn't until 1997 that the first electron micrographs of what was claimed to be isolates of HIV were published in Virology which can be accessed [here](#) (click on PDF). The isolates, as the authors admit, are cellular debris and the few particles they claim are HIV don't even look like retroviruses.



This is an electron micrograph of isolated virus "type C" retrovirus particles cultured by [Etienne de Harvan](#) M.D. (1928-2019) and published in the journal *Pathologie-Biologie*, 1965. Notice that the viral particles all look the same. The arrows show three contaminants that aren't viruses. (Source: [virusmyth.com](#))



These are electron micrographs of what was claimed to be isolates of HIV published in *Virology*, 1997. The arrows point to what the authors assume are HIV without any proof. Big difference between de Harvan's micrographs and the cellular junk in these electron micrographs. (Source: [Virusmyth.com](#))

AIDS is big business

Make no mistake. AIDS is big business. There are thousands of AIDS organizations all over the world that are happy to wear red ribbons, push toxic medications for a virus that doesn't

exist, and attempt ruin everyone's sex life by promoting the use of condoms, dental dams, and surgical gloves. They don't want to hear the truth about AIDS because their existence and continued funding by multinational corporations and governments depends on maintaining the big lie as shown [here](#), [here](#), and [here](#).

Then there's a branch of the CDC called the [Epidemic Intelligence Service](#) (EIS). It has been described by some as the medical CIA. Founded in 1951, EIS is a two-year postgraduate program that trains health professionals in what they call "shoe-leather epidemiology." The CDC website describes EIS officers as "disease detectives" who work day and night domestically and globally to protect us from disease epidemics. But, unknown to the public, not only are EIS agents [assigned](#) to positions in state and local health departments, they, as [reported](#) by Johns Hopkins Bloomberg School of Public Health, can also be medical doctors, veterinarians, dentists, lawyers, [PhDs, nurses](#), and even anthropologists, athletes, park rangers, and [journalists](#).

In reality, Since virus hunting has dominated medical science since the [polio epidemic](#), late 1940s to 1950s, as shown [here](#), [here](#), and [here](#), not to mention the CDC's cozy connection to the pharmaceutical industry, EIS agents are a hammer looking for a nail and can pull imaginary viruses out of their ass like magicians can pull rabbits out of their hats.

Let's also not forget that the COVID shots, whether mRNA or an adovirus vector, cause the body's cells to mass produce the SARS-CoV-2 spike protein so antibodies against it will be produced. As explained in this [study](#), the spike protein "can damage [endothelial cells](#) and disrupt the blood-brain barrier." And foreign proteins, as explained earlier, also cause false positive reactions on HIV antibody tests as [reported](#) by the BBC.

My take on this new AIDS scare is that they are throwing different fear campaigns against the wall to see what sticks. For example, they are also trying to gin up fear over a new SARS-CoV-2 strain called the [BA.2 subvariant](#). The whole idea is to keep the mRNA mass vaccination program going.

To [quote](#) former FDA associate commissioner, [Peter Pitts](#):

The battle against viruses is a never-ending one. I think that from a public health perspective, we should focus on [prophylactic](#) care."

Don't allow yourselves to be drugged and vaccinated into the twilight zone folks. Refuse to go along with this sick agenda. Don't let them control you.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, Twitter and Facebook. Feel free to repost and share widely Global Research articles.

Michael J. Talmo has been a professional writer for over 40 years and is strongly committed to the protection of civil liberties. He also did three music videos on COVID-19. [The Masker Mash](#), [COVID Vaccine Man](#), and [The Corona Globalists](#). He can be reached at michaeltalmo@aol.com

He is a regular contributor to Global Research.

Featured image is from The Conversation

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Michael J. Talmo](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca