Editorial

CDC recommendation for universal HIV screening of all Americans: Choose religion, not science

Andrew Maniotis, PhD
Program Director in the Cell and Developmental Biology of Cancer Department of Pathology, Anatomy and Cell Biology, and Bioengineering, College of Medicine Research Building
909 South Wolcott Ave.
University of Illinois at Chicago
Chicago, IL 60607

There are many problems with universal "HIV" testing. As opposed to what famous doctors are saying regarding cost efficiency and similarities between screening for cancer and universal screening for "HIV/AIDS," unlike cancer, early screening doesn't matter with "HIV" since it is supposed to be 100% fatal or in the process of mutating every 60 seconds in those that fail "the life saving therapies," and "HIV/AIDS" can't simply be removed with a surgeon's knife once it is detected, like a non-invasive melanoma. As stated by the Dr. Kent Sepkowitz in the *NEMJ* [1]:

"In the United States, approximately 1 million persons are living with HIV infection or AIDS, and 164,000 to 312,000 of them remain unaware of their infection. Experts hypothesize that most of the 40,000 new infections that occur annually in this country arise from contact with these undiagnosed persons. Given this likelihood, investigators have examined the potential benefit of routine screening, rather than testing of only those perceived to be at increased risk. This strategy appears to be as cost-effective as screening for colon, breast, or prostate cancer, and the availability of a rapid oral test has simplified broad scale testing."

Even if Sepkowitz's comparison between early testing for cancer, and universal testing for "HIV" made any practical sense, the numbers of "infected" individuals Sepkowitz's presents are meaningless because testing "HIV" positive with different test kits, and the presence of an "HIV infection" are not the same, as assumed by Septowitz and other "HIV=AIDS" apologists. First of all, no true numbers of "HIV-positive" individuals or "AIDS patients" have been determined since the mid-1990's, when "HIV" and "AIDS" were lumped together as a single disease entity, and the numbers provided by Sepkowitz, the CDC, the WHO or others are largely fictitious. For instance, this article appeared in The Boston Globe on June 20, 2004:

"Estimates on HIV called too high. New data cut rates for many nations." By John Donnelly, Boston Globe Staff

"Statisticians traditionally have had a difficult time estimating the size of the pandemic. In 1986, Jim Chin, then a state epidemiologist in California who later developed models for the World Health Organization to calculate HIV prevalence, and several other US officials met in a West Virginia hotel room to figure out how many Americans had HIV"

"Chin recollected that the group arrived at a range of 1 million to 1.5 million people; 18 years later, the number is at about 1 million Americans. A lot of it was guesswork, based on limited studies," Chin said. "It was the best we could do."

Second, if "HIV/AIDS" is chemotherapeutically hit hard and early as a consequence of an impassioned crusade to provide immunotoxic chemotherapy (see any ARV package insert) to millions of those who test positive, universal testing for "HIV" "infection" would increase morbidity and death amongst those designated as "HIV/AIDS" patients, rather than decrease morbidity and death. For example, de Martino *et al.* [2] concluded that children born to ZDV-treated mothers "are more likely to have a rapid course of HIV-1 infection compared with children born to untreated mothers, as disease progression and immunological deterioration are significantly more rapid and the risk of death is actually increased during the first 3 years of life."

Antoni Noguera *et al.*, reported [3] that "almost half of the children (63 of 127) who were exposed to nucleoside analogues developed benign and self-limited hyperlactatemia when symptomatic, nucleoside analogue–induced toxicity affected neurologic development."

By 18 months after birth, in 1993, Parekh et al. reported a 60% rate of seroreversion in infants born of "HIV-positive" mothers [4,5]. Thus, under the new mandate, 60% of infants who initially test positive will serorevert by 18 months post-partum. If 60% of infants who initially test positive, are given the current mandates of forced programs of "anti-retrovirals," 60% of infants will be needlessly exposed to toxic chemo (either in utero or post-partum). The other half will exhibit impaired neurological development, as suggested by Noguera *et al.* above.

It has been about 12 years since The Veterans Affairs Cooperative Study Group reported that, "*AZT disproportionately harmed Blacks and Hispanics, and provided no benefit to the quelling of advancing immune suppression in Caucasians"* [6].

For adults, the Concorde trial published in 1994 in *The Lancet* [7], which was conducted without pharmaceutical company monies, and which was the largest, longest, and best controlled adult AZT trial conducted in the 1990's and remains the most comprehensive trial of AZT to date, also concluded: *"The results of Concorde do not encourage the early use of zidovudine in symptom-free HIV-infected adults. They also call into question the uncritical use of CD4 cell counts as a surrogate endpoint for assessment of benefit from long-term antiretroviral therapy."*

Third, according to the warnings on package inserts of the commercially available test kits used in reference laboratories, there is no gold standard for identifying specific proteins or nucleic acids of a retrovirus, "HIV." And not only are T-cell

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numbers irrelevant for an AIDS diagnosis as indicated in the Concorde study cited above, but indeed, Robert Gallo himself even claimed that Kaposi's sarcoma could occur in the absence of any T-cell defect [8], *"The association of Kaposi's sarcoma with AIDS deserves special mention. This otherwise extremely rare malignancy occurs predominantly in a restricted group, that is, the homosexuals, and can occur in the absence of any T-cell defect in the patients."*

It is well known, in addition, that the makers of the molecularly based test kits such as the ELISA, Western Blot, and PCR-based test kits all claim that: "*ELISA testing alone* ***cannot*** *be used to diagnose AIDS"* [9], *"****Do not*** *use this kit as the sole basis for HIV infection,"* [10], *"The amplicor HIV-1 monitor test* ***is not*** *intended to be used as a screening test for HIV****, nor as a diagnostic test*** *to confirm the presence of HIV infection"* [11] (emphases added).

Moreover, universal "HIV" screening of certain groups is nothing new, and it hasn't improved the health or reduced "infection rates" of those populations for which routine screening is already in place: military recruits [12], medical students, "disease ridden foreigners" (immigrants who apply for permanent residence, and anybody coming to the participate in the Gay Games in Chicago, despite "some conservative groups [who] oppose(d) the federal government's decision to waive the ban on HIV-positive travelers to the U.S. [13], saying it threatens public health), and last but not least, universal screening of pregnant women. The reason why none of these groups have benefited by universal testing is because of the enormous false positive rate of the test results, especially among what "experts" call, the "low risk" groups.

Yet, in 1995, the CDC recommended offering HIV testing to all pregnant women, but according to official AIDS websites like the CDC's and on package inserts of "HIV" test kits, false positives due to pregnancy [14] (evidence of the "specificity" of the "HIV" one may ask-what does pregnancy and "HIV-specific proteins or nucleic acids" have in common?) flu vaccination [15,16] (more evidence of "HIV" specificity" one may ask, what does "HIV" and H1N1 have in common?), hepatitis B vaccination [17] more evidence of specificity, what does "HIV" and HbsAg have in common?), and 70 other factors or conditions will cause false positive "HIV" test results, as will different testing standards in different countries. In this context, all one needs to do, for instance, if you test "HIV" positive in the U.S. in the morning, is to fly the same day to Canada, the U.K., or Australia, where different standards are considered diagnostic, and you will be considered negative the same day.

Just as in the case of pregnancy, flu or hepatitis B vaccination, or 70 other reasons to test positive like Lupus, or late stage alcoholism, universal "HIV" screening for military recruits has also generated false positives (as well as the fear and stigma associated with an "HIV/AIDS" conviction as a result of testing positive). For instance, of the 5,340,694 individuals who applied to join one of the armed service branches of the US military between October 1985 and December 2000, 4276 applicants tested positive for HIV-1 [18]. However, the Red Cross recently reported that even after repeated testing using different test kits, low-risk populations, such as blood donors (or military recruits) will typically yield 12 (PCR-positive) or 2 (ELISA positive) out of 37,000,000 positive samples, leaving potentially 10 out of 12 false positives, depending on which test kit you believe [19]. These numbers, in addition don't support the propaganda and fear mongering that the government controlled media hype constantly deluges us with regarding the AIDS epidemic, nor do they support, I would argue, mandatory universal testing.

Needless to say, testing positive, even if you test positive because you recently had a flu vaccine or are pregnant, can have grave psychological consequences on some folks. For instance, has universal "HIV" screening within medical resident training programs ever prompted a letter of apology to the family of Dr. David Acer, for his committing suicide on the basis of mistaken charges that he spread "HIV" to his patients [20], which the CDC later exonerated him of doing (after his suicide), because the CDC could "find no evidence the dentist's HIV-positive patients contracted their infections from him because their virus' DNA did not match his, and also concluded the dentist's patients did not contract the virus from one another —in effect, that unclean dental implements did not act as conduits?"

Although Sepkowitz and others claim that knowing you are "HIV" positive through universal testing might be as useful as routine cancer screening, and although the virus is said to constantly mutate in patients who fail ARV, but yet the immunotoxic ARV's are proven to be deadly toxic in most individuals (not all), much hype and hope has been placed in the production of an "HIV" vaccine, ever since it was announced that "HIV, a variant of a known human **cancer virus**," (emphasis mine) was announced by media press release as being the probable cause of AIDS by Robert Gallo and Margaret Heckler in May of 1984.

However, "HIV" vaccines aren't immunogenic [21] so there is no reason to assume that the components of "HIV" even exist, or have been isolated, even according to the primitive isolation standards that Pasteur or Koch worked out more than 130 years ago, so the test kits can't possibly work anyway, since nothing associated with "HIV" is immunogenic. Even Barre-Sinoussi (one of Montagnier's original group) has "come out of the closet," so to speak on this issue. At the Toronto International AIDS conference, she said at the conference:

"It is not clear if therapeutic vaccines might be useful, since 15 trials to date have not demonstrated definitive evidence of improved outcomes."

Even after the failure of Donald Francis's 120 million dollar AIDSVAX program (former head of the CDC), an enterprise that after its failure was announced, and after he was rescued with our tax dollars by the military to produce a new anthrax vaccine (that also failed-but that is a different story), it was announced by Dr. Robert Gallo himself that: "*A sound Rationale (is) needed for Phase III HIV vaccine trials"* [21].

Some "HIV' vaccine enthusiasts claim that although "HIV" vaccines don't work because they aren't immunogenic, that certain vaccine adjuvants will help do the job. However, there is ample evidence that vaccine adjuvants like squalene (MF-59), when they have been added to certain lots of anthrax (and "HIV") vaccines given to soldiers and other "volunteers" on threat of court martial if they don't roll up their shirt on command (in contrast to Walter Reed's voluntary experiment with yellow fever), have induced autoimmune syndromes in almost

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100% of every sick Gulf-War I veteran tested, and have evoked antibodies to squalene in their blood [22,23]. This type of "promising vaccine experimentation" on our young soldiers is particularly disturbing in light of the fact that squalene and other similar vaccine adjuvants have been traditionally used by scientists who study rheumatoid arthritis, lupus, or demyelinating syndromes, because their experimental rodents will reliably develop experimental arthritis, macrophagic myofasciitis, mutliple-sclerosis (demyelinating syndromes), and lupus-like syndromes upon exposure to squalene [24-26].

Finally, it should at least be mentioned that the recent recommendation handed down from CDC for universal "HIV" screening is perhaps most reminiscent of the mandated theocratic sacraments put into place during the hepatitis B vaccine era. Twenty years later, the evidence shows that the current hepatitis B mandate in place not only threatens our children's health [27], but also serves in the future to threaten our children's education and admission to all kinds of institutions (day care and school admission).

So don't think about science at a time like this: think religion, and obtain a religious exemption from undergoing an "HIV" test. In this culture, and in these times, scientific evidence cannot possibly persuade like religious ideology can, and if your exemption is based on scientific evidence or logical argument, it can be contested by "experts." Faith-based exemption means that God told you not to get tested, and who can argue with that?

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