"AIDS" in Africa

An Epidemic of Ignorance

(From the book, *AIDS: An Epidemic of Ignorance*)
By the Staff of Theone Institute

We don't have an AIDS epidemic—
what we have is an epidemic of ignorance.

Theone Institute

Back Cover Quotes:

"AIDS has, in many respects, taken the entire field of medicine on a gruesome trip back into the Dark Ages."

— Bruce Halstead, M.D.

"The AIDS industry is massive, global, and the major source of fear and disinformation."

— Walene James

"It is absolutely correct [to say] **that no one has proven that AIDS is caused by the AIDS virus.**"

— Walter Gilbert, Nobel prize in Chemistry (1980)

"The entire campaign against a disease increasingly regarded as a twentieth-century Black Plague is based on a hypothesis ["HIV is the probable cause of AIDS"] **whose origin no one can recall."**

— Gary Mullis, Nobel Prize in Chemistry (1993)

"Nobody wants to look at the facts about this disease. It's the most extraordinary thing I've ever seen. I've sent countless letters to medical journals pointing out the epidemiological discrepancies and they simply ignore them. The fact is, this whole thing [that AIDS is contagious] **is a hoax."**

— Gordon Stewart, British epidemiologist, emeritus professor of public health at the University of Glasgow.

"By any measure, the war on AIDS has been a colossal failure. In the twelve years since the Human Immunodeficiency Virus (HIV) was announced to be the cause of AIDS, our leading scientists and policymakers cannot demonstrate that their efforts have saved a single life."

— Peter Deusberg, Professor of Molecular and Cellular Biology, University of California, Berkeley.

"AIDS" in Africa is excerpted from the book: *AIDS: An Epidemic of Misinformation.*

Table of Contents from *AIDS: An Epidemic of Misinformation*:

DISCLAIMER: No material in this book is meant to be taken as, or substitute for, medical advice. Persons with an illness should consult a qualified practitioner.

REWARD: Theone Institute is offering a $20,000 reward to anyone who can a) prove by scientific means that HIV causes AIDS, or b) produce a scientific paper, written by someone else, that proves HIV causes AIDS. For more information on the reward please email: Unity10@gmail.com

"AIDS" in Africa

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We have all heard about the AIDS epidemic in Africa. We have heard that HIV, the virus that most doctors believe is the cause of AIDS, is spreading rapidly throughout the population, now infecting over 20 million people. We have heard the dire predictions that this new viral-caused disease will soon overwhelm the entire continent. We have heard that AIDS has already taken over 14 million lives in Africa. But who has come up with this information and upon what factual evidence is it based?

These menacing numbers paint the story of an "AIDS epidemic" ravaging Africa and suggest that a new kind of plague is afflicting its people—and the Western world (who created this concept of a new epidemic) has rallied to help correct things. Yet in Africa, no one can confirm, nor see evidence of, the ravages of a new killer virus. As unbelievable as it sounds, the death rate in Africa has not increased since the theory of AIDS was first promoted—in fact, it has steadily gone down! So where is the so-called epidemic?

To be blunt—we do not have an epidemic of disease in Africa but an epidemic of profit-monging and misinformation. I know this truth is difficult to fathom and accept but when you get past the facade of statistical subterfuge and get to the real facts, a completely new story begins to emerge. How many people have really died as a result of HIV-AIDS (above and beyond the number of people who have died of the diseases that have ravaged Africa for ages, such as tuberculosis, malnutrition, malaria, etc.?) The answer is 'none.' There is surely widespread death in Africa but it is nothing new nor has the death rate increased due to some killer virus. The only thing different is that now we have is a new name for a bunch of old diseases—not a new disease, not a new killer virus, but a new name for a new group of old diseases, including malnutrition, wasting, impaired digestion, tuberculosis, pneumonia, etc. There has been no increase in death (due to some virus) only an increase in deaths *attributed* to a new virus and a new disease classification; all we have is an increase in death rate attributed to this new classification called "AIDS."

I want to make this semantic manipulation clear in an over-simplified

example: Let us say from that 1960 to 2006, 3 million people per year died in Africa. Before the HIV-AIDS theory was promoted, 1 million people were said to have dies from malnutrition, 1 million from tuberculosis, and 1 million from pneumonia. After the HIV-AIDS disease classification was put into place, the exact same number of people died (3 million per year) from the exact same causes as before, with no change in the overall number of people dying—but now, with a new way to classify the old diseases (calling many diseases by the new name of 'AIDS' as opposed to the older names, like malnutrition) we can say that 1 million people die per year from AIDS, 660,000 from tuberculosis, 660,000 from malnutrition, and 660,000 from pneumonia. The same number of people died, from the same causes, with no increase in death rate (nor any deaths caused by a new virus) but now, using semantic manipulation and a new categorization, we can put forth a startling new picture, saying that the increase in death rate attributed to HIV-AIDS is on the rise. The use of the name 'AIDS,' to classify many old diseases is on the rise, not the ravages of a new, killer virus. It is difficult for most people to understand the vast difference between the increased use of a name, based on a new way to classify old diseases, and an increase in actual death rate, due to some new, disease-causing agent. What we have, in the case of AIDS in Africa, is a rapid increase and spread of a new classification, a new way to name old diseases—and not an increase in new diseases nor death rates. The same mistake occurred when Daylight Savings Time was first proposed:

> "When Daylight Savings Time was first proposed it caused an uproar among the farmers in the Midwest. After several meetings they decided to stage a protest in Washington stating that the hour of extra sunlight would ruin their crops."

So, there are not more deaths due to the effects of a killer virus just a reclassification of deaths attributed to HIV-AIDS. This semantic and statistical manipulation gets more pernicious and deceptive but from this one example I hope you will understand the difference between the spread of a new infectious disease and the spread of a new name for a bunch of existing diseases. In the former (as was the case with the Black Plague) a new microbe spread through the population and caused a rapid increase in death rate; in the later, the death rate remains the

same but the new classification, the new way to name old diseases rapidly spreads giving the statistical impression that there is a new killer virus and a rapid increase in overall death rates (when neither is the actual case). A person with discrimination can easily distinguish between the spread of a new disease (caused by a new virus and increasing the overall death-rate) and the spread of a new name (which is simply an increase in the way we label old diseases).

So, we may get reports of an epidemic, or a potential epidemic, but it is entirely based upon a semantic ploy, on a rapid increase in deaths attributed to AIDS. It is through this semantic reclassification that an increase in number of deaths can be attributed to one disease classification over another. Very simply: a person with tuberculosis and not testing positive for HIV is listed as having tuberculosis; a person with tuberculosis and testing positive for HIV is listed as having AIDS. But HIV does not cause the condition, it is only a classification marker. Likewise, we could say that everyone who has tuberculosis (or malnutrition or malaria) and tests positive for the harmless bifidus bacteria (or who has type O blood, or who has green eyes—or whatever arbitrary marker we may decide on) has bif-AIDS, which is a new disease (looking exactly like tuberculosis, malnutrition, and/or malaria) but is caused by the bifidus bacteria. HIV is a harmless marker virus that may proliferate due to a compromised immune system but HIV does not cause a breakdown in the immune system nor any known disease.

Simply put: had an additional causitve virus been introduced into the population the death rates would significantly increase. But they have not increased. And what about the 14 million people that have been reported to have died from the spread of HIV (in the last few years)? No one can find the 14 million people who have reportedly died. (Nor can anyone find their death certificates). No one can produce the 20 million positive HIV tests—because all of these HIV-positives, and all of these death are theoretical. No one can show us any statistics based upon on-site reporting in Africa that points to any increase in death rate or spread of a killer virus—they're all based upon a mathematical prediction (churned out in a computer in Geneva). No one can even find an increase in coffin sales. This is a statistical and semantic manipulation; the same number of people are dying, only now we have changed the name and the cause of death. So

where is the so-called AIDS epidemic in Africa? No one can find it!

The human tragedy of this semantic displacement is that the real cause and the real issues that give rise to massive disease in Africa are being largely ignored (as all the big companies are rushing in to treat this new killer-virus). Massive amounts of money is being borrowed and spent by African nations (all going to US and Europe) to buy drugs for their citizens, to treat a harmless virus, while that money would be much better spent ON AFRICA, on building infrastructure, on increasing health and education, on clean water, on food.

Bear in mind that "AIDS" as classified in Africa is not the same disease as "AIDS" in America. The diagnosis of "AIDS" in Africa refers to a person who has lost a lot of weight, has chronic diarrhea, or is experiencing a prolonged fever. It refers to diseases resulting from malnutrition and starvation, including tuberculosis and malaria. The yearly death rate attributable to "AIDS" in America (less than 16,000—compared to over 100,000 people who die per year due to improper intake of prescription drugs) is based upon on-site reporting and record keeping. The official number of deaths attributed to HIV-AIDS in Africa (now totaling over 14 million) does not arise from a count of actual deaths (and death certificates) but from a mathematical projection or theorized death rates. This staggering number refers to theoretical deaths, projected by the World Health Organization's (WHO) computer in Switzerland. The statistics, reports, and studies prepared on-site in Africa have no relation to these official projections or "estimates." There is no evidence in Africa of an AIDS epidemic. There is nothing on the ground in Africa that suggests an increase in the overall death rate or to an increase in deaths due to HIV. The "AIDS epidemic" in Africa is a theoretical epidemic, not a real one.

"AIDS" as Defined in Africa

Below is a listing of the way "AIDS" is supposed to be classified in Africa. However, in the poverty-stricken reality of Africa this method of reporting is rarely, if ever, followed. Clinical records are virtually nonexistent (with less than 2% accounted for); HIV testing is completely unreliable (with a vast number of false positives); and guidelines are rarely

followed. The status quo in Africa is basically this: people showing signs of starvation, diarrhea, and prolonged fever routinely get a diagnosis of "AIDS" (which might have the benefit of qualifying them for special funding. Coming in with a diagnosis of 'malnutrition' does not quality a person for any funding out outside help).

Original World Health Organization Clinical AIDS Case Definition for Use in Africa

Major signs
Weight loss > 10% body weight
Chronic diarrhea > 1 month
Prolonged fever > 1 month (intermittent or constant)

Minor signs
Persistent cough > 1 month
Generalized pruritic dermatitis
Recurrent herpes zoster
Oropharyngeal candidiasis
Chronic progressive and disseminated herpes simplex infection

In addition to exhibiting some of the above-listed conditions, a patient must also test HIV-positive in order to receive a diagnosis of "AIDS." (Again, this is not the way it actually works since HIV-testing is rarely if ever done). Hence, in theory, if a patient shows all the signs of immune deficiency and meets the all criteria for 'AIDS,' and then gets an HIV-test (which is rarely, if ever the case) and does not test positive for HIV-antibodies, then the disease gets classified according to its original classification—such as tuberculosis or malaria—but not as 'AIDS. So, the diseases of tuberculosis, pneumonia, and malaria—without a person testing positive for HIV antibodies (if a test is given)—are classified as tuberculosis, pneumonia, and malaria. If these same diseases accompany a positive score for HIV antibodies then the person (with tuberculosis, pneumonia, and/or malaria) gets diagnosed as having 'AIDS.' (Again, these are theoretical guidelines; in reality no one gets tested for HIV-antibodies and almost everyone—with pneumonia, tuberculosis, etc.—gets diagnosed as having "AIDS").

Note: Scoring positive on an HIV antibody test was not part of the original definition of "AIDS" in Africa. It was added later to support the HIV-AIDS hypothesis. This inclusion of testing positive for HIV-antibodies (not HIV) in the actual definition of what it means to have "AIDS" provides a false statistical correlation—and the implication of a causality between HIV and AIDS—since HIV now turns up in 100% of those cases diagnosed as having AIDS. Of course it shows up 100% of the time because the new definition of AIDS includes scoring positive on an HIV-antibody test. This again is a statistical manipulation. HIV is shown to be present in every case of AIDS because the definition of AIDS is that a person must test positive for HIV. HIV is a harmless 'marker' virus which may spread—like hundreds of other piggy-back viruses—when someone's immune system is compromised, but it is not the causative agent that brought about the decline in the immune system in the first place. Again, HIV is not the cause of any known disease, it is simply a harmless marker. If we used a special ray-gun and every HIV virus in the world were eliminated, the death rates in Africa would remain unchanged. Because HIV does not case immune deficiency.

Regardless of the new classification being "sold" in Africa, HIV does not cause any of the diseases now classified as "AIDS." (In regards to its causing "AIDS," HIV fails every criteria—known as Koch's postulates—that a microbe must meet to be established as a causative agent. Despite over 100,000 research papers written on HIV—more than any other virus—not one paper demonstrates or proves that HIV causes "AIDS." Theone Institute, along with Jon Rappaport, is offering a $20,000 reward to anyone who can a) prove by scientific means that HIV causes AIDS or b) produce a scientific paper, written by someone else, that proves HIV causes AIDS. As of now, this reward remains unclaimed.

"The definition of AIDS in Africa is now becoming synonymous with starvation. They're saying that three major symptoms are chronic diarrhea, fever, and wasting away or weight loss. It certainly makes a perfect smokescreen for the aspect of hunger which is political—just call it AIDS." (Los Angeles Weekly)

Reports about the "AIDS crisis" in Africa (perpetuated by organizations that have a financial interest in this crisis) seem ludicrous and surreal in light of the United Nations Populations Reports showing that the overall death rate in Africa has steadily decreased since HIV was discovered. Here is one such news report, released by the Associated Press, on 11 Jan 2000:

> AIDS has devastated Africa, taxing already poverty-stricken health systems, robbing countries of their most productive members and leaving more than 10 million AIDS orphans on the continent. Eastern and southern Africa have been particularly hard hit. Home to just 4.8 percent of the world's population, the region has over 50 percent of the world's HIV-positive people. It accounts for 60 percent of the 16.3 million lives lost to AIDS since the epidemic began, UN figures show.

Yes, "UN figures show." . . . Compare the above news report with a more sobering account given by Charles Geshekter of California State University (a three-time Fulbright scholar who has served as an adviser to the U.S. State Department and several African governments) which appeared in *The Globe and Mail* (Canada), Tuesday, March 14, 2000:

> I recently made my 15th trip to Africa to find out more [about the so-called AIDS crisis]. Let's start with a few basic facts about HIV, AIDS, African record-keeping and socio-economic realities. What are we counting? The World Health Organization defines an AIDS case in Africa as a combination of fever, persistent cough, diarrhea and a 10-per-cent loss of body weight in two months. No HIV test is needed. It is impossible to distinguish these common symptoms—all of which I've had while working in Somalia—from those of malaria, tuberculosis or the indigenous diseases of impoverished lands.
>
> By contrast, in North America and Europe, AIDS is defined as 30-odd diseases in the presence of HIV (as shown by a positive HIV test). The lack of any requirement for such a test in Africa means that, in practice, many traditional African diseases can be and are reclassified as AIDS. Since 1994, tuberculosis itself has been considered an AIDS-indicator disease in Africa.

Dressed up as HIV/AIDS, a variety of old sicknesses have been reclassified. Post mortems are seldom performed in Africa to determine the actual cause of death. According to the Global Burden of Disease Study, Africa maintains the lowest levels of reliable vital statistics for any continent—a microscopic 1.1 per cent. "Verbal autopsies" are widely used because death certificates are rarely issued. When AIDS experts are asked to prove actual cases of AIDS, terrifying numbers dissolve into vague estimates of HIV infection.

The most reliable statistics on AIDS in Africa are found in the WHO's Weekly Epidemiological Record. The total cumulative number of AIDS cases reported in Africa since 1982, when AIDS record-keeping began, is 794,444—a number starkly at odds with the latest scare figures, which claim 2.3 million AIDS deaths throughout Africa for 1999 alone [and a total of 16.3 million, to date].

More reliable, locally-based statistics rarely exist. In December, I interviewed Alan Whiteside of the University of Natal, a top AIDS researcher in South Africa and asked for details of the alleged 100,000 AIDS deaths in South Africa in the last year. He laughed aloud. "We don't keep any of those statistics in this country," he said. "They don't exist."

And South Africa is more advanced than most African countries in that it conducts HIV tests in surveys of about 18,000 pregnant Africans annually. The HIV-positive numbers are then extrapolated. But there are two problems with this: The women are given a blood test known as ELISA, which frequently gives a "false positive" result (one condition that can trigger a false alarm is pregnancy). Even the packet insert in the ELISA test kit from Abbott Labs contains the disclaimer: "There is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood."

Secondly, it's well understood that many endemic infections will produce so much cross-contamination that a single ELISA test is virtually useless. When I asked Thuli Nxege, a 28-year-old domestic worker from a rural Zulu township, what made her neighbours sick, she cited tuberculosis, and added that the lack of sanitary facilities and having open latrine pits adjacent to village homes made it difficult to prepare clean food.

Figures about children orphaned by AIDS also bear closer examination. The average fertility rate among African women is 5.8 and the risk of death in childbirth is one in three. The African life span is not

long—50 for women and 47 for men—so it would not be surprising, on a continent of 650 million people, if there were not even more than 10 million children whose mothers had died before they reached high-school age.

What are the Real Numbers?

"AIDS" in Africa is just a new name for a number of diseases that result from malnutrition and poor sanitary conditions—diseases that have ravaged Africa for centuries. There is no viral epidemic in Africa! People are not dying from the ravages of HIV! Statistics are kept high by a) improper diagnosis; listing people with symptoms of malnutrition and infection as having "AIDS," b) lack of record keeping, c) a high percentage of false positives on HIV-antibody tests, and d) improper sampling methods—and then this non-real data is fed into a computer which produces a non-real "estimate" regarding the number of AIDS cases in Africa. In addition, children (and local health officials) are quick to report that the cause of death was "AIDS" since children who report that their parents died of "AIDS" might be entitled to benefits, including food, shelter, and support where other causes of death do not bring such benefits. In response to these twisted Africa statistics, Richard Rath writes:

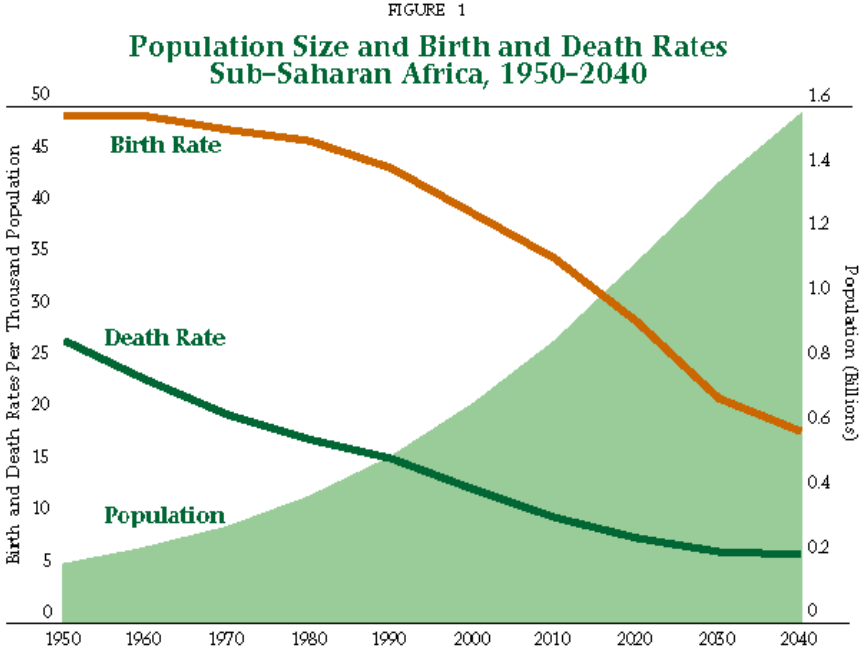
> The World Health Organization estimates of AIDS cases in Africa . . . do not correspond to HIV seroprevalence because HIV testing on that continent has produced alarmingly high rates of false positive results in a large proportion of tested populations. The WHO estimates of AIDS cases are based instead on a list of clinical symptoms that include persistent coughing, high fever, weight loss, and chronic diarrhea. These criteria for AIDS diagnosis in African cohort studies overlap considerably with the symptoms of such endemic diseases as dysentery, tuberculosis, cholera, and malaria.

As we have already stated: there is no "AIDS epidemic" in Africa. There is no new disease in Africa that is causing the death rate to go up. In fact, death rates have been going down since the early 1980s. More people are not dying—we are just giving a new name to a group of old diseases. Below is a chart based on the "World Population Prospects: The 1996 Revision" report, prepared by the UN in 1997.

Crude Death Rate in Africa (per thousand population):

Region:	*1970-5*	*75-80*	*80-85*	*85-90*	*90-95*	*95-00*
Africa	19.2	17.7	16.4	14.8	14.3	12.9
Eastern Africa	20.0	18.8	18.3	16.9	17.4	15.6
Middle Africa	20.7	19.1	17.5	16.2	15.3	14.4
Northern Africa	16.4	14.2	12.2	9.8	8.6	7.5
Southern Africa	14.2	12.7	11.3	9.9	9.1	8.3
Western Africa	21.1	19.9	18.6	17.2	16.0	14.5

FIGURE 1



Numbers for 1995-2040 based on United Nations medium projections.
SOURCE: United Nations. World Population Prospects: The 1996 Revision. New York: United Nations, 1996.

Coffins Stacked Ceiling-High

In June 2000, South African President, Thabo Mbeki, announced his intention to convene a panel of scientists and professors to re-examine the relationship between HIV and AIDS. This questioning—even doubting—of the root hypothesis of AIDS was bold, especially since reports

"estimated" that South Africa had more HIV infections (4.2 million) than any country in the world. The media was quick to dismiss Mbeki: The Washington Post called his position "ludicrous." "A little open-mindedness is fine," said Newsday, "but a person can be so open-minded, his brains can fall out."

The famed South African writer, Rian Malan, set out to debunk Mbeki's "ludicrous" position; he would do this by providing incontrovertible evidence of the soaring death rates cited by international AIDS organizations. In his article, published in the November 8, 2001 issue of *Rolling Stone Magazine*, Malan found, however, that the South African death rates put forth by groups like the Geneva-based World Health Organization (WHO) and UNAIDS (the Joint United Nations Program on HIV/AIDS) were completely inflated and grossly inaccurate. The numbers put forth were official ESTIMATES, based on mathematical models, and extrapolated from a very small percent of the population. They were not actual counts based on the testing and record keeping in Africa. Moreover, the sampling, testing, and record-keeping procedures that produced the data, which were fed into the WHO computer, were all questionable. Crap in, crap out. Africa was supposedly in the midst of an epidemic, with soaring death rates, but neither Malan, nor anyone else on the ground could find any evidence to support this. No one could verify the "official" count that 22 million Africans were now infected with HIV, and 14 million had already died of HIV/AIDS. Malan tells of his plan:

XXX

> These frightening numbers were all that mattered, it seemed to me. Once they were shown to be accurate, further debate would be rendered obscene, and Thabo Mbeki would be guilty as charged, a fool who'd allowed himself to be swayed by a tiny band of heretics universally dismissed as wackos, fringe lunatics and scientific psychopaths. . .
>
> It therefore seemed to me that checking the number of registered deaths in South Africa was the surest way of assessing the statistics from Geneva, so I dug out the figures. . . . Geneva's figures reflected catastrophe. Pretoria's figures did not. . . The figures you see in your newspapers come from Geneva. The WHO takes pains to label these numbers estimates only, not rock-solid certainties,

but still, these are estimates we all accept as the truth.

Since it was indeed true that very large numbers of South Africans were dying, then the nation's coffin makers had to be laboring hard to keep pace with growing demand. One newspaper account I found told of a company called Affordable Coffins, purveyor of cheap cardboard caskets, which had more orders than it could fill. But the firm was barely two months old when the story ran, and two rival entrepreneurs who launched similar products a few years back had gone under. "People weren't interested," said a dejected Mr. Rob Whyte. "They wanted coffins made of real wood."

So I called the real-wood firms, three industrialists who manufactured coffins on an assembly line for the national market. "It's quiet," said Kurt Lammerding of GNG Pine Products. His competitors concurred - business was dead, so to speak. . . .

It couldn't, although I suspected it might, have something to do with race. Since the downfall of apartheid, in 1994, illegal backyard funeral parlors have mushroomed in the black townships, and my sources couldn't discount the possibility that these outfits were scoring their coffins from the underground economy. So, I called a black-owned firm, Mmabatho Coffins, but it had gone out of business, along with some others I tried calling. This was getting seriously weird. The death rate had almost doubled in the past decade, according to a recent story in South Africa's largest newspaper. "These aren't projections," said the Sunday Times. "These are the facts." And if the facts were correct, I thought, someone somewhere had to be prospering in the coffin trade.

Further inquiries led me to Johannesburg's derelict downtown, where a giant multi-story parking garage has recently been transformed into a vast warren of carpentry workshops, each housing a black carpenter, set up in business with government seed money. I wandered around searching for coffin makers, but there were only two. Eric Borman said business was good, but he was a master craftsman who made one or two deluxe caskets a week and seemed to resent the suggestion his customers were the sort of people who died of AIDS. For that, I'd have to talk to Penny. Borman pointed, and off I went, deeper and deeper into the maze. Penny's place was locked up and deserted. Inside, I saw unsold coffins stacked ceiling-high, and a forlorn CLOSED sign hung on a wire. XXX

The statistics regarding the "AIDS crisis" in Africa do not come from the reality, as recorded in Africa, but from the mathematical models of the World Health Organization. The WHO, in conjunction with UNAIDS (the joint United Nations Programme on HIV/AIDS, based at the same Geneva campus) collects and disperses information about the worldwide status of AIDS. In regard to the bewildering discrepancy between the non-increasing death rate in Africa, and the dire numbers put forth by the WHO, Rian Malan, writes:

> In the West, the collection of such data is a fairly simple matter: Almost every new AIDS case is scientifically verified and reported to government health authorities, who inform the disease police in Geneva. But AIDS mostly occurs in Africa, where hospitals are thinly spread, understaffed and often bereft of the laboratory equipment necessary to confirm HIV infections. How do you track an epidemic under these conditions? In 1985, the WHO asked experts to hammer out a simple description of AIDS, something that would enable bush doctors to recognize the symptoms and start counting cases, but the outcome was a fiasco—partly because doctors struggled to diagnose the disease with the naked eye, but mostly because African governments were too disorganized to collect the numbers and send them in. Once it become clear that the case-reporting system wasn't working, the WHO devised an alternative, by which Africa's AIDS statistics are now primarily based.
>
> It works like this: On any given morning anywhere in sub-Saharan Africa, you'll find crowds of expectant mothers lining up outside government prenatal clinics, waiting for a routine checkup that includes the drawing of a blood sample to test for syphilis. According to UNAIDS, "anonymous blood specimens left over from these tests are tested for antibodies to HIV," a ritual that usually takes place once a year. The results are fed into a computer model that uses "simple back-calculation procedures" and knowledge of "the well-known natural course of HIV infection" to produce statistics for the continent. In other words, AIDS researchers descend on selected clinics, remove the leftover blood samples and screen them for traces of HIV. The results are forwarded to Geneva and fed into a computer program called Epi-model: If a given number

of pregnant women are HIV-positive, the formula says, then a certain percentage of all adults and children are presumed to be infected, too. And if that many people are infected, it follows that a percentage of them must have died. Hence, when UNAIDS announces 14 million Africans have succumbed to AIDS, it does not mean 14 million infected bodies have been counted. It means that 14 million people have theoretically died, some of them unseen in Africa's swamps, shantytowns, and vast swaths of terra incognita.

Note: The leftover blood samples used by the WHO to determine how many people have theoretically died, come from pregnant women. Pregnancy is a condition known to interact with the HIV-antibody test and produce false positives. Other conditions also exist that contribute to false positive results. Neenyah Ostrom writes, " Another problem with many licensed antibody tests is that they do not take into account the fact that people in South Africa and other developing nations are exposed to numerous toxins in the environment. For example, South Africans are exposed to high levels of organophosphate pesticides long banned in the United States, like DDT, which is passed from mother to child through breast milk. What effect are those environmental toxins having on the health of South Africans? Did the clinical trials for licensure of the HIV antibody tests take into account the incidence of false positive tests on African populations exposed to toxic chemicals like DDT?"

A Mathematical Crisis

The official numbers or "estimates" of HIV cases and deaths due to AIDS in Africa comes the WHO computer in Geneva. It does not come from onsite accounting in Africa. In an article about AIDS in Africa, entitled, "Where are the Data?", Neenyah Ostrom writes:

> UNAIDS/WHO statistics from a June 2000 report assert that 19.9% of South Africans—a total of 4.2 million people—test positive for HIV, the largest number of people anywhere in the world
>
> The statistics cited by the World Health Organization, South Africa's Medical Research Council, the United States' Centers for Disease Control, and any other health organization generating numbers of "infected" individuals, are not based in reality—they are, at best, projections onto a large population from a small (in some cases, infinitesimally small) number of people who were actually tested using the HIV antibody test. Estimates of the numbers of people with HIV or AIDS worldwide or in any given country are all based upon mathematical models.

The official report cites that 4.2 million people in South Africa test positive for HIV yet no one can produce these test results. They don't exist. This number is a projection based on thousands, not millions, of HIV tests. And from this small sampling a computer spits out a number telling of an "AIDS epidemic" when no such thing exists. (If 20,000 samples are used to create a number that represents a country of 20,000,000 people, then each person in the sample represents 1000 people. Hence, 4200 false positive resulting from the sample—fed into the WHO computer—comes out as "4.2 million people infected by HIV.") The numbers produced on a computer in Geneva is the only thing that supports the so-called "AIDS crisis" in Africa.

When using a small, non-representative sample–and making a prediction for the entire population from this sample–vast errors can creep in. For example: A) The selection used by the WHO consists mostly of women who attend public clinics. These women are more likely to suffer from malnutrition and other diseases associated with poverty and poor living conditions. B) Blood samples are from pregnant women, and pregnancy is known to produce false positive results in an HIV tests. C) No follow up testing is done to confirm a false positive result. D) Environmental toxins and pesticides found in Africa, such as DDT, are known to create false positive results. E) The assumptions used by the WHO, in their mathematical model, on the how fast HIV spreads through the general population and the death rates due to HIV may be wrong. For instance, in one of a series of articles appearing in Spin Magazine, Celia Farber writes: "I think it is a long-known fact that HIV antibodies have never traveled from women to men. It is simply a dead end. How is it, one might ask, that African people manage to spread this HIV so rampantly in ways that people in New York haven't managed in 20 years?"

More Drugs, More Profit

There is no "AIDS crisis" in Africa, no increase in the number of people dying or the number of coffins being made. There remains the same crisis that has afflicted Africa for years—a crisis of poverty, poor health, and starvation. But now there is a potential for profit by supplying drugs in-

stead of food. The World Bank (who just arranged for a $1 billion, per year, loan for AIDS treatments), the Ex-Im Bank, and the American pharmaceutical companies all aim to profit from the mathematical illusion of an AIDS / HIV epidemic in Africa. Below is a recent news report, put out by *UN Integrated Regional Information Network* (IRIN), July 21, 2000. Note, this is NOT a fictional account.

> The United States Export-Import Bank (Ex-Im Bank) has launched an initiative to make available an estimated US $1 billion in loans annually to sub-Saharan Africa to help countries in the region buy anti-AIDS drugs. The bank's chairman, James Harmon, announced the initiative on Wednesday in Washington at a joint press conference with Jeffrey Sturchio, public affairs director for the US pharmaceutical company Merck.
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> Under the scheme, African countries would be offered loans at prevailing market rates of about seven percent plus fees, and will be given about five years to repay the loan, rather than the six months which is currently offered. But one of the conditions of the loan will be that countries only purchase AIDS drugs that are manufactured by American companies. [Even] at a 90 percent discount, a typical cocktail of anti-AIDS drugs would still cost an estimated US $2,000 annually for one patient. This is more than four times the average per capita income in Africa.

Pop stars team up on single to help AIDS battle in Africa
Rolling Stone Magazine, September 6, 2001

Hoping to raise awareness about the AIDS epidemic, which claims 5,000 African lives each day, artists including Bono, Britney Spears, 'N Sync, Fred Durst, Missy Elliott, Gwen Stefani and Mary J. Blige have come together to record an all-star rendition of Marvin Gaye's protest anthem 'What's Going On?'

What is really going on? First, we have to say that none of these artists are guilty of insincerity, as they are truly putting forth a heart-felt effort to help the people of Africa. The efforts of Bono are especially apparent. We can, however, say that these artist are guilty of ignorance, and while they are singing, 'What's Going On' they, themselves, have no real clue as to what is really going on. Bluntly stated, they are being duped by the theory that HIV causes AIDS. No amount of money that they raise in

support of pharmaceutical drugs—engineered to 'kill' HIV—they cannot help one person since HIV does not cause AIDS. Supplying billions of dollars in HIV drugs is of no use in helping the people of Africa fight immune deficiency disease, since HIV does not cause such deficiency.

> 'The entire campaign against a disease increasingly regarded as a twentieth-century Black Plague is based on a hypothesis [HIV is the probable cause of AIDS] *whose origin no one can recall.'*
>
> — Gary Mullis, Nobel Prize in Chemistry (1993)

More Warnings about AIDS Drugs and Liver Damage

Earlier this year (2001), a warning was issued in the USA on the anti-HIV drug **Viramune (also known as Nevirapine)** after the CDC reported 22 cases of serious to life-threatening side effects—including liver failure—in healthy, HIV negative persons who took a short course of the drug prompted by fear of HIV exposure.

Following the news, Boehringer Ingelheim/Roxanne Labs, the drug's manufacturer, promised to "strengthen product package warnings because of continued reports of severe, life-threatening and in some cases fatal liver toxicity." No promise to change the drug or discontinue its use, only to change the warning on the label.

Uganda to Give AIDS Drugs to All Pregnant Women

The Advocate, October 2, 2001

The Ugandan Health Ministry plans to soon implement a nationwide mandate requiring all pregnant women, regardless of their HIV status, to be given the HIV nonnucleoside reverse transcriptase inhibitor **Viramune (also known as Nevirapine)** to reduce mother-to-child transmission of the AIDS virus, the *Kampal* [Uganda] *Monitor* reports.

Francis Omaswa, director-general of the Health Ministry, on Thursday told the nation's parliamentary committee on social services that the new program is needed because many pregnant women are reluctant to test for HIV antibodies and will ultimately infect their children by not learning their HIV status and taking antiretroviral medications.

Giving Viramune to all pregnant women in the country could slash the nation's mother-to-child HIV infection rates by half, Omaswa said.

Note: "The Uganda Virus Research Institute is possibly Africa's greatest citadel of HIV studies. Seated on a hilltop overlooking Lake Victoria and generously funded by the British government, the UVRI employs around 200 scientists and support personnel, runs an array of advanced AIDS studies, tests experimental drugs, labors to produce an AIDS vaccine and has generated scores of scientific papers during the past decade." — M. Rian.

Even Bill Clinton is misinformed—and misinforming
(Report that appears below is from the *Rolling Stone Magazine* website).

Former President Bill Clinton told the British National AIDS Trust Thursday that the global AIDS epidemic represents a "bigger threat" to the world than international terrorism, *The Guardian* (Boseley, December 14, 2001) reports. "There are now 40 million people living with AIDS. The number is projected to rise to 100 million by 2005. If that happens, it probably will be enough to crumble fledgling democracies," Clinton said in a memorial lecture in London honoring the late Princess Diana's commitment to fighting AIDS. In an "uncompromising" speech, Clinton compared the AIDS pandemic to the bubonic plague in 14th century Europe, stating that nations must develop both prevention and treatment campaigns to address the problem of HIV/AIDS.

"Unless we deal aggressively with AIDS now it will make us all poorer and less secure," Clinton said, adding, "It is up to us to mobilize." Clinton also applauded the decision by South African pharmaceutical companies to drop a lawsuit against the government and allow the nation to manufacture and import less-expensive generic AIDS drugs, saying that the move has "opened the doors to cheaper and sometimes free" treatments for AIDS patients in South Africa (Lovell, *Reuters*, 12/13/01). *The Guardian* reports that the United States has only donated a "few million dollars" to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, but according to Clinton, the U.S. contribution ought to be more than $2 billion. The fund, launched by U.N. Secretary-General Kofi Annan this spring, has only raised $1.5 billion this year; Annan had hoped to raise $7 billion to $10 billion per year for the fund. "This is far cheaper than picking up the pieces of the shattered lands and shattered lives that we will live with

if there are 100 million AIDS cases in 2005," Clinton said (*Guardian*, 12/14).

The Old Crisis (Poverty) and the New Crisis (Misinformation)

There is no AIDS crisis in Africa, nor has there been any increase in death rate due to the introduction of a new killer virus (HIV) into the population. The death rate, along with the causes of death remain the same, only now the American and European pharmaceutical companies have used their influence to promote a new theory—taken as a scientific fact—that HIV is the new cause of disease in Africa. So, on top of the age-old crisis of poverty and starvation—long-suffered by the people of Africa—the people of Africa are now being subjected to an imposed crisis that increases the poverty and starve-rate of Africa (diverting its money to Western drugs and away from its own infrastructure and food supply) and brings about an impoverished psyche (and a whole new kind of fear). This fear is much like the superstitions and curses that tribal people believe in—a belief that exert a real power over someone's life. Simply put, if a person believes himself to be sick, if he believes that he has some deadly virus and will die, that very belief reduces his life energy, and his will to live, and causes deep depression—which depresses his immune system—and all of which bring about the very disease he dreads. Any student of the mind knows that the thoughts and beliefs that a person hold about himself and the world creates a resonance that brings about that very thing he holds to be true. The great power of belief has been discussed by the sages of all traditions. A woman, touching the hem of Jesus' garment was healed. She then yelled out, "you have healed me." But Jesus corrected her in say, "No, it was your faith that healed you." Likewise, your belief that you have some deadly disease will bring such a condition toward you. And when Western doctors do some kind of test on African villagers, and then tell them that they have this virus and might die from it, the simple people are filled with fear—which depresses their immune system and brings upon them immune-deficiency diseases or make them more prone to disease. The Western doctor (or the eager local doctor following the way of the Western doctor) has become like the great, all-knowing priest of the temple telling a person he has been cursed. The curse has no effect

on the person unless he believes it, which is the case with most villagers. So, the belief by a person that he/she has some deadly virus (along with the social stigma that comes from the community upon which he relies) will surely prone him toward disease and impoverished mental and physical condition.

In sum, the new plague, the new causative agent of despair in Africa (apart from the old causes of poverty and starvation) is not HIV but the fear spread by doctors, and the caustic treatment they are imposing. HIV has not caused one death in Africa. HIV is not the cause of AIDS or any other immune deficiency disease. There is no viral crisis that has come to Africa which has increased the death rate among its population. The only increase in death (on top of the usual causes) has been a result of AIDS misinformation and the unfounded FEAR concerning AIDS that has been promoted by doctors—all of whom have been influenced by the pharmaceutical theory of HIV-AIDS.

If you just 'follow the money' and see who is profiting from the HIV-AIDS theory, and who is losing money (and lives) you will know what's really going on. I, however, am an optimist, and I believe in the greatness of the human spirit. I believe, that when great people, such as Bono and others, really know what's going on, they will respond in kind and will truly take steps to help the people of Africa. Until then, we can only wait and hope that that time of clarity and light (dispelling of ignorance of misinformation) will come soon and shine upon the people of the world.

False Assumptions about "AIDS"

1. AIDS is a new disease—false.

"AIDS" is simply a new title. It is syndrome, a name that identifies a group of 28+ pre-existing diseases—some which have been documented as far back as the 16th century. (These diseases have been grouped together under the assumption that they are all "caused" by HIV; this assumption has never been proved.) "AIDS" is not similar to a singular disease, such as pneumonia or the flu, which has a singular, causal agent. "AIDS" is the name of a syndrome, a classification, not a disease; and the number of people who are diagnosed as having "AIDS" is wholly dependent on the way we define that syndrome—and the number of pre-existing diseases we add to the definition of "AIDS." For example, in 1983, "AIDS" was defined by 10 different diseases; in 1985 six additional diseases were added (which causes an increase in the number of people diagnosed with AIDS); in 1987 six additional diseases were added (which caused another increase in the number of people with ADIS); and in 1993, three additional diseases were added. It seems that every time the funding begins to dry up, and the number of AIDS deaths declines, they find a few more diseases to add to the syndrome. The number of people with "AIDS" did not go up, just the number of people who now fit into the "AIDS" classification.

Many of us know people who have died of "AIDS" and that is our proof that AIDS is a deadly disease caused by HIV. For decades people have been dying of various disease associated with immune deficiency, such as Karposi's sarcoma, lymphoma, candidiasis, various forms of pneumonia, etc.—only now all these pre-existing, pre-HIV diseases are called "AIDS." There is no new disease called "AIDS," caused by HIV. All we have is a new name for a group of old diseases.

- What exact information or evidence would it take for you to change your opinion and come to believe that "AIDS" is not a new disease, that "AIDS" is not a disease with a singular, viral cause?

2. AIDS is caused by HIV—false.

In 1982, Robert Gallo declared at a news conference that "HIV is the probable cause of AIDS"—and then patented a very lucrative test for HIV antibodies the following week. There was speculation, hype, and frenzy but never any medical or scientific confirmation of this hypothesis—neither before nor after Gallo made this statement. There was just a lot of opportunistic jumping. There was never any discussion in medical journals. No refuting evidence was ever made available. Photos showing the HIV virus "attacking" a white blood cell actually showed the white blood cell "eating" a virus fragment (and it is not clear that that was an HIV fragment). Here are the facts: A) Over 100,000 scientific papers have been written on HIV and not one has been able to prove that HIV is the cause of any of the diseases listed as "AIDS." B) Retroviruses, such as HIV, are incapable of destroying T-cells at a rate greater than T-cells can reproduce. In a two-day period, HIV can infect only 1 out of every 500-3000 T-cells (less than 0.02%). In the same two-day period, 3% of all T-cells are regenerated. Hence, HIV could never destroy T- cells at a fast enough rate to cause immunodeficiency. C) There is an established scientific criteria, known as Koch's Postulates, which determines whether or not a microbial agent is contagious. HIV, in regards to causing "AIDS," fails all of Koch's Postulates.

- What exact information or evidence would it take for you to change your opinion and come to believe that "AIDS" is not caused by HIV?

3. AIDS is a highly contagious disease and passed on by sexual contact—false.

"AIDS" is not a disease—it's a syndrome, it's a name given to a collection of many different diseases. HIV is a weak, retrovirus that is very difficult to pass on through casual or intimate contact. "Based on studies measuring heterosexual and homosexual transmission, HIV transmission depends on an average of 1000 heterosexual contacts and 100-500 homosexual contacts with HIV anti-body positive people." (Duesburg, *Inventing the AIDS Virus*, p. 543). Mothers, who share the same blood with their infant for nine months, have only a 50% chance of passing on this virus. The diseases classified as "AIDS" are not caused by a virus, nor any other

microbial agent, but by things that harm the immune system, such as malnutrition, chemotherapy, and drugs. If there is no microbial agent involved in a disease, it cannot be contagious. The diseases classified as "AIDS" are no more contagious than cancer or diabetes.

● What exact information or evidence would it take for you to change your opinion and come to believe that "AIDS" is not a contagious disease, that "AIDS" is not caused by HIV, and that HIV is not readily passed on by sexual contact?

4. The AIDS test, which tests for HIV-antibodies, determines whether or not a person has AIDS, or will get AIDS—false.

The so called "AIDS test" is used to determine the presence of HIV-antibodies in the blood; it must do this because the amount of HIV in the blood is so small that they are virtually impossible to detect.

The so-called "AIDS test" has no relationship to any of the diseases found in the "AIDS" classification (since HIV does not cause any of the "AIDS" diseases); the "AIDS" test cannot in any way predict the future possibility of a person getting any of the diseases classified as "AIDS." The logic used with "AIDS" testing goes against the medical view supporting vaccination—which holds that the presence of antibodies to a particular microbial agent (such as one that "causes" a disease) indicates that the person has a greater resistance to a future onset of that disease. Using this same logic, in terms of the "AIDS test," which tests for HIV antibodies in the blood, a person testing "positive" would indicate that he has a greater resistance to HIV-diseases than a person without the antibodies.

● What exact information or evidence would it take for you to change your opinion and now believe that the test used to determine the presence of HIV antibodies in a person's blood has nothing to do with a person having or getting any of the 25+ diseases listed as "AIDS"?

5. Testing positive on an "AIDS test" is akin to a death sentence, since over 50% of people who test positive will eventually die of AIDS—false.

Part of this misconception might be true: a large percentage of the people who test positive for HIV antibodies, or who actually have a severe immune deficiency condition, and who accept aggressive medical treatment with AZT, or other immunosuppressive agents, will have a higher chance of dying—but that is due to the "side-effects" of AZT not HIV or "AIDS." The "AIDS-test" has no predictive value in regards to any of the "AIDS" diseases. People who test positive on an "AIDS test" have the exact same chance of living, or getting an "AIDS"-related disease, as a person who tests negative. People who have actual symptoms of severe immune deficiency disease, who stop all immunosuppressive activities—including drug use and chemotherapy—and adopt a healthy lifestyle, have an excellent chance of living a full and healthy life.

- What exact information or evidence would it take for you to change your opinion and now believe that testing positive on an "AIDS test" has nothing to do with a person getting any "AIDS"-classified disease, now or in the future?

6. HIV has a long latency period; people who test positive for HIV-antibodies today will get AIDS some time in the future, when the latent HIV becomes active—false.

HIV does not cause any of the diseases that are found in the syndrome known as "AIDS." Before a latency period can exist, the disease-causing agent must first exist and bring on the disease. The agent might then become latent and rise to action when the immune system is weakened in the future (which sometimes happens in the case of the herpes simplex virus). The most glaring evidence, however, in contradiction to the idea of a latency period, is that millions of people are HIV-positive at birth yet are completely unaffected by the virus throughout their lives.

- What exact information or evidence would it take for you to change your opinion and now believe that there is no such thing as a "latency period" when it comes to HIV?

7. We are in the midst of an AIDS epidemic; and the number of people dying of AIDS in steadily increasing—false.

The number of people dying of diseases that fall under the classification of "AIDS" is steadily going down. This is primarily because people are refusing "treatment" with deadly toxins such as AZT and certain groups of homosexual men are avoiding those once-popular drugs known to cause immune deficiency. If you look at the actual statistics regarding deaths due to "AIDS," you will see they are minuscule and steadily decreasing. Deaths per year attributed to "AIDS" (less than 16,000 in the USA) is far less than the deaths caused by heart disease (900,000+), cancer (500,000+), or medical errors (40,000–90,000). The number of deaths due to "AIDS" is so small as to make it statistically insignificant; it does not constitute a "crisis" by any stretch of the imagination. More people die of sleeping pill overdoses or septicemia than from all of the diseases classified as "AIDS."

- What exact information or evidence would it take for you to change your opinion and come to believe that "AIDS" is not on the rise, that "AIDS" is not a crisis (nor will it ever become a crisis), and that the number of deaths attributable to "AIDS" is decreasing?

8. There are medical treatments that can help a person manage AIDS, or extend his life-span, if only he could afford them—false.

There is no effective medical treatment for the diseases that fall under the classification of "AIDS," since most medical treatment is directed toward killing or destroying HIV—which has nothing to do with the "AIDS" diseases. The sad reality is that actual treatments used for people diagnosed with "AIDS," such as AZT, is a major cause of immune deficiency. Living a healthy lifestyle, avoiding drugs, and avoiding all medical treatments that destroy your immune system is the best way to live out a healthy life.

- What exact information or evidence would it take for you to change your opinion and come to believe that medical treatment with AZT, and other such chemicals, is a major cause of immune system breakdown, and a major cause of death and disease among people diagnosed as having

"AIDS" or simply testing positive for HIV-antibodies?

9. With the billions of dollars we are putting in AIDS research we will eventually find a cure—false.

We will never find a cure using a medical model which holds that "HIV causes AIDS." The cause of immune deficiency diseases listed as "AIDS" is the intake of, or exposure to, agents that harm the immune system—not HIV or some other virus. So far the USA has spent over $40 billion in its fight against "AIDS," and all this money has been spent on the unproven hypothesis that "AIDS is caused by a virus." Over a decade of research and investigation under this false assumption has produced nothing—no new understanding about the diseases classified under "AIDS," no effective treatments, no prevention, nothing. In fact, it has frustrated research based on the real causes of diseases now listed as "AIDS," In 1986 a panel "of prominent scientists and health officials" urged the government to allot $2 billion a year to fight AIDS. This panel, called the "Institute of Medicine" was the same panel that advocated spending over $1 billion a year to "fight the war on cancer." Since the war on cancer began, in 1971, over $100 billions dollars has been spent, yet the number of deaths from cancer has gone up over 100,000 per year since that time (350,000 per year in 1971; over 450,000 per year in 2000). No amount of funding for AIDS research will produce any useful results either so long as scientists are looking for answers under a false and outmoded paradigm.

- What exact information or evidence would it take for you to change your opinion and now realize that the scientific community is laboring under a false paradigm about "AIDS"; that no amount of money spent or research carried out, under this paradigm, will ever produce useful results or save a single human life?

Major Causes of Immune Deficiency

Long before the "AIDS" classification was created, *The Merck Manual* listed the causes of immune deficiency. Its list included: immunosuppressive drugs, cytotoxins (any toxic substance including prescription drugs and medicine), radiation, medical disorders, etc. Below is a list of the major, non-contagious, causes of immune deficiency:

Malnutrition and Poor Health

Malnutrition and poor health can be caused by lack of food, improper eating, lack of digestion and absorption, and a host of other factors. Chronic malnutrition leads to a comprehensive weakening of the body and impoverishment of the immune system. This is the number one cause of immune deficiency in Africa. Malnutrition of the affluent, caused by a high intake of sugar, hydrogenated oil, as well as processed, devitalized, and overly cooked foods, also weakens the immune system.

Recreational Drug Use and Abuse

Recreational drugs, such as "poppers"(containing amyl and butyl nitrates) are among the most immuno-suppressive agents, but all other drugs, including uppers, downers, amphetamines, cocaine, and PCP, create toxins and harm the immune system. It is not the occasional use but the chronic use of these substances that is especially harmful and eventually debilitates the immune system.

Pharmaceutical Drug Use and Abuse

Most if not all prescription drugs, in some way, burden the immune system. Antibiotics; steroids, including Prednisone; ACTH or corticosteriods; and anti-inflammatory drugs such as NSAIDs, including ibuprofen, are high on the list of harmful prescription drug. Radiation, mammograms, cancer treatments, and anything that harms the thymus gland is harmful to the immune system. Chemotherapy has particularly harmful effects on the bone marrow, the place where major components of the immune system are formed. Chemotherapy also weakens the body

as a whole, creates toxins that the immune system must destroy, and interferes with digestion and absorption of nutrients, which ultimately leads to malnutrition and debilitation.

Agents such as AZT, ddl, ddC, 3TC, and D4T, which are often prescribed as "anti-virals," are extremely damaging to the immune system— and all other bodily systems— including the digestive system. Immunosuppressive drugs used with blood transfusions and Factor VIII used by hemophiliacs suppress immune function.

Environmental Toxins and Conditions

Environmental toxins and pollution, such as pesticides, heavy metals (including mercury, lead, cadmium and nickel), and fluoride (found in many public water supplies) are toxic substances that erode the immune system and place a heavy burden on the entire body. Other environmental factors may put a strain on the immune system including electro-magnetic disturbances brought on by cellular phone transmission towers, microwave communications systems, ELF, high-voltage power lines, and chronic exposure to personal electrical/magnetic devices. Natural environmental disturbances, such as radon and underground currents also burden the body's natural defenses.

Internal Toxins and Conditions

Toxins resulting from poor liver function or a clogged colon, and waste products resulting from chronic low-grade infections, (found in root canals and other bodily cavitations where bacteria continually produce toxins) put a strain on the natural function of the immune system. Toxins produced by internal parasites, especially fungi and *candida*, strain the entire body. The toxic burden of improperly healed cavitations (a hole in the jawbone that results from an extracted tooth), infected root canals (a condition most people are unaware of), and metal materials used for fillings, crowns, and bridges puts a severe and continual strain on the immune system. Harm can also come from vaccinations, especially when given to young children. The toxins (aluminum and mercury) found in vaccinations suppress the immune system and disrupt its proper evolution, thus predisposing children to immune deficiency problems into

adulthood. (The high aluminum content of vaccines is especially dangerous, not so much in terms of their immediate toxicity—which is still very toxic—but because aluminum severely decreases the zeta potential of the blood, causing the blood to coagulate and no longer be able to transport oxygen. The massive dose of aluminum introduced into an infants system, and the horrible affect it has on blood circulation, can cause death or permanent neurological damage.)

Negative mental and emotional states such as anger, stress, fear, depression, hopelessness, and loneliness also hamper the proper functioning of the body and the immune system.