

# The Mainstream Again Admits – HIV Does Not Exist as a Unique Particle

by Liam Scheff

Dear voyagers of dark and dusky paths; of shattered highways, of broken dreams. Willkommen!

How good it is to see you in the old haunt, reading the medical journals, looking for clues this Century's greatest lie (well, since 2001 we're competing with some whoppers...but).

Have a stroll through this mainstream review of all things retroviral nonsense. This paper provides a basis of understanding the AIDS mess deeply from their point of view (the point of view of bad science in many labs reaching consensus agreement).

So, please read along. Take your time. Take some dramamine, if needed, or ginger tea. Many of the leaps of logic will induce vertigo...

<http://www.retrovirology.com/content/6/1/40> [cached]

## Understanding AIDS theory goes like this:

A. It is a sexually transmitted particle – Yes or No.

B. It or They Kill T-Cells – Yes or No.

C. It is a Distinct particle with a distinct shape, size, (morphology) and physical characteristic – Yes or No.

(Why? because that's (supposedly) how infectious particles in the body are supposed to work – like jigsaw puzzle pieces. The need a particular size, and physical features to do their jobs).

For “A”, see Padian, see this: <http://reducetheburden.org/?p=206>

175 couples. Doing it. In, out, up, down, front, back, six years of study time (plus all that came before): Zero ‘conversions.’ No negs became pos. Why? Because they weren't shooting drugs – meaning, they didn't raise their antibody count to a rancorous level, so as to tick off the touchy non-specific antibody tests.

For B?

Easy. See the mainstream's defense of how they can't figure out if/how anything is even remotely affecting T-Cells. Read “[The Happy Exosome](#).”

From the inception of the paradigm in 1984, to the present, the answer is the same: “We don't know, but keep sending money”:

• “We are **still very confused** about the mechanisms that lead to CD4 T-cell depletion, but at least now we are confused at a higher level of understanding.” — *Dr. Paul Johnson, Harvard Medical School (Balter 1997)*

• “We still **do not know how**, in vivo, the virus destroys CD4+ T cells.... Several hypotheses have been proposed to explain the loss of CD4+ T cells, some of which **seem to be diametrically opposed.**” — *Joseph McCune, immunologist (McCune 2001)*

• “Despite considerable advances in HIV science in the past 20 years, the reason why HIV-1 infection is pathogenic is still debated... There is a **general misconception** that more is known about HIV-1 than about any other virus and that all of the important issues regarding HIV-1 biology and pathogenesis have been resolved. On the contrary, what we know represents only a **thin veneer on the surface** of what needs to be known.” — *Mario Stevenson, virologist (Nature Medicine 2003)*

• “Twenty-five years into the HIV epidemic, a complete understanding of what drives the decay of CD4 cells – the essential event of HIV disease – **is still lacking**.... The puzzle of HIV pathogenesis keeps getting more pieces added to it.” — W. Keith Henry, Pablo Tebas, and H. Clifford Lane (*Henry 2006*)

So, it’s still a “puzzle” to the mainstream. Do T-Cells die when in the presence of “HIV” DNA? (Which is always different!) No. Or, “*We’re confused at a much higher level of understanding*” is the official answer.

For question C? That’s what this is about...See below. See [this](#) – with pictures even. No distinct shape or size.

1. There is no single thing called “HIV” (“it” is never the same, because “it” is a “they” – and they knew it from the start) – The crap we’re finding is “Extremely Variable.”

**“Every ‘isolated’ strain was different from the other also when obtained from the same individual but at different times.”**

Is that a particle? No, it’s a fishing expedition with genetic re-assembling (later PCR), and culturing techniques. They call different things by one name. Have a glance:

“The ground for the feud was the following. Montagnier sent his first isolate LAV/BRU to Gallo in July of 1983. In May of 1984 Gallo’s coworker Sarngadharan brings one of Gallo’s five HIV strains (HTLV-IIIB) that grew well in a continuous cell line to Montagniers laboratory in Paris. In July of 1984 Montagnier sends Gallo a second sample of LAVBRU since Gallo had complained that the first didn’t grew well at NIH. Gallo then found and reported[33] that **HIV was extremely variable; every isolated strain was different from the other also when obtained from the same individual but at different times.** “ — *Genomic diversity of the acquired immune deficiency syndrome virus HTLV-III: different viruses exhibit greatest divergence in their envelope genes. Proc Natl Acad Sci U S A. 1985 Jul;82(14):4813-7.*

Right. Get it? Nothing is ever the same? Even when it’s the same thing?

“Converging lines of research have linked human T-cell lymphotropic virus type III (HTLV-III) to the pathogenesis of the acquired immune deficiency syndrome. A characteristic feature of this virus is its genomic heterogeneity, which occurs to varying degrees in different viral isolates.” – Hahn BH, Gonda MA, Shaw GM, Popovic M, Hoxie JA, Gallo RC, Wong-Staal F.

Right! It’s always different! (Wrong. It’s not the same bloody thing, you bleeping morons). What they’re doing is fishing out different bits of genetic stuff from the ‘redundant’ genome – they used to call it ‘junk DNA,’ now it’s ‘important epi-genetic DNA,’ now it’s “exosomal DNA.”

Here's how that works: <http://reducetheburden.org/?p=2714>

## 2. Highly Variable – Because “HIV” is not a Single Entity. “It” is a “They,” and “They” are HERVS or Now, “Exosomes”:

### H-I-V is really H-E-R-V

AIDS researchers have been forced to admit [time and again](#) that their “HIV” is morphologically identical to “HIV-like particles” they find in “HIV negative persons.” This is true even though their “HIV” has the bad habit of having no standard size or physical quality – it can be too small or too large, and still be “HIV” to determined true-believing AIDS researchers.

This is why AIDS patients can “suppress” or stop the production of “HIV” [by taking Selenium](#) and other pro-methylating micronutrients. Why? Because returning cells to healthy levels of methyl production is good for bringing order back to loose and disordered DNA. Methylation stops or slows the production of these transposable elements. These are mistakenly thought of as “viruses,” but “HIV” is “LAV,” which is and always was human endogenous retroviral expression in stressed and damaged cells.

And this is at least part of the reason why HIV tests are so lousy.\* Humans and animals produce HERVs under stress and illness, and so “HIV tests” are really “[HERV tests](#),” and react with proteins produced by people who are suffering from almost any illness, drug abuse, vaccination, or, of course, pregnancy – because HERVs are expressed like wildfire in the placenta. \*(The other reason is because Gallo’s HIV test slurry came from so many different people, mixed with so many different chemical and biological elements, it’s really impossible to know what they’re testing for).



Finally, this is why “HIV” (*LAV* or *HTLV*) doesn’t kill T-Cells. This has been the central claim of the AIDS paradigm – but it was proven false from the start. Robert Gallo invented the idea of slow T-Cell depletion by a scavenging, ravaging retrovirus in order to package his product with enough fear and anxiety, covered by pseudo-scientific technobabble, so pure belief would make it stick. Gallo [sold his mixed cells](#) containing HERVs (or HTLV-III, which was both as [functionless and fraudulent as](#) his other “human lymphotropic viruses”) to Abbott Labs. But he sold them in...ready? *T-Cells*. His “HIV” [Grows](#) in T-Cells. It’s called an ‘eternal line’ of production, in T-Cell leukemia. It never dies. Because HERVs don’t kill T-Cells.

Do you know what does cause T-Cells to suffer? De-methylation of DNA [by exposure to pharmaceuticals](#) and [toxins](#).

<http://liamscheff.com/2010/05/an-onoff-switch-for-retroviruses-can-it-be-that-simple/>

## 3. What Kind of ‘Virus’ is ‘HIV’? It’s as many as they need it to be. A type-C a type-D, etc.

It’s supposed to be a “C.” Or. Well. Here, in Jay Levy’s lab, it’s a “D”:

*Isolation of lymphocytopathic retroviruses from San Francisco patients with AIDS.*

*Levy JA, Hoffman AD, Kramer SM, Landis JA, Shimabukuro JM, Oshiro LS.*

*Abstract*

**Infectious retroviruses have been detected in 22 of 45** randomly selected patients with acquired immune deficiency syndrome (AIDS) and in other individuals from San Francisco. The AIDS-associated retroviruses (ARV) studied in detail had a **type D morphology**, Mg<sup>2+</sup>-dependent reverse transcriptase, and cytopathic effects on lymphocytes. The viruses can be propagated in an established adult human T cell line, **HUT-78**. They cross-react with antiserum to the lymphadenopathy-associated retrovirus isolated from AIDS patients in France. Antibodies to ARV were found in all 86 AIDS patients and in a high percentage of 88 other homosexual men in San Francisco. This observation indicates the widespread presence of these lymphocytopathic retroviruses and their close association with AIDS.

But for everybody else, it was a “B.” No, a “C.” No. Well... nobody really knew. Or cared.

If they could outsmart themselves, they could certainly outsmart the public.

**Let’s Look at the Numbers:**

From their mouths to your ears: 22 out of 45 ‘AIDS’ patients have ‘infectious retroviruses.’ Pardon? Where’s the 100 percent correlation for infection? Answer – they don’t care. It’s never to be found.

Where do the proteins come from? They were and are Propagated (grown, made) in an adult HUMAN T-CELL LINE.

What is “HIV” supposed to do?

**Kill T-Cells.**

Where does the mainstream GROW ‘immortal’ lines of ‘HIV?’

**In T-Cells.**

*Can we all go home now, and get on with our humping?*

Back to their numbers...

Antibodies to this ‘specific, never-the-same’ reteroid were found in ... 86 AIDS patients and in a high percentage of 88 other homosexual men.

Good news. I guess you can find it anywhere...

**4. Don’t Worry About “HIV” Bothering Anyone...It’s “Fragile”**

**“HIV is an enveloped virus and hence fragile. Most certainly they had lost the virus envelope in their purification of the virus.”**

You can find the Perth researchers citing AIDS theory originator, Robert Gallo, saying that MOST lose their envelopes AFTER or DURING budding. So it's all a very, very fragile soup of non-uniform, never-the-same crap. Poor dears! I bet they cried during "Girl, Interrupted." (I surely did).

"In the same issue of Science where Montagnier and his colleagues published their study Gallo pointed out that "the viral envelope which is required for infectivity is very fragile, it tends to come off when the virus buds from infected cells, thus rendering the particles incapable of infecting new cells". Because of this Gallo claimed that "cell-to-cell contact may be required for retroviral infection". — *Marx JL. Human T-cell virus linked to AIDS.* *Science 1983;220:806-809.*  
<http://www.theperthgroup.com/CONTINUUM/epeondjamel.html>

### **But, what's this? A Cure Already! Way back in the Eighties!**

Gallo also said, years ago (and this was new to me) that AIDS was curable with 'chemokines':

"Gallo brings more than his reputation. He already has several promising projects on the fast track. Last fall, he identified what he called **chemokines — naturally occurring molecules that suppress HIV in vitro. These could prove a powerful treatment for AIDS.** He's following up on the vaccine research of Jonas Salk and Daniel Zagury, and trying to develop a "vector vaccine," one that uses the smallpox virus to deliver particles that might trigger an immune response against HIV. **He's developing a treatment for Kaposi's sarcoma,** the deadly skin cancer seen in many AIDS patients.

Any of these paths could lead to a blockbuster product. "**AIDS will soon drive the whole biotechnology field,**" **Gallo predicts. "It will be worth ten times ten our efforts here."** <http://www.virusmyth.com/aids/hiv/vcgallo.htm> | <http://en.wikipedia.org/wiki/Chemokine>

Good news, because the redoubtable wikipodium says that they are 'found in all vertebrates,' so I guess the spinal column has cured AIDS.

### **5. HIV Proteins are not HIV Proteins, Are Only Sometimes or Later, or Perhaps Another Time Important (or not), Depending...**

In HIV-ology, proteins with numbers (daltons – microscopic weight) are very important. The good news is you can find these "HIV specific proteins" in everybody. In pregnant women, in their children, and certainly in sick people, arthritic, alcoholic, whatever, poor, starving, etc. They occur everywhere, in animals too.

"The French group **did not detect gp41 in their immune precipitation** studies using purified LAV. Their inability to detect this protein in their ELISA or immune precipitation experiments is probably the main reason that their **positive scores with AIDS and pre-AIDS sera were so low.**"

**Hey, isn't 'gp41' the capo da tutti** of all HIV proteins? But, well. Bah. Besides **p24, which shows up everywhere.** So. You know. Screw it, sure it's important. But, you know, we don't want to be anal-retentive!

Nope, You don't have to find any "HIV" proteins in "HIV." Monty found a p25, not a p24 (but I'm sure that was just an accounting error); and he didn't find any very important p41...

And what's this: "*Scores were so low?*" This means, yes, the tests SUCK.

## 6. HIV Occurs in SOME AIDS Patients...

Or, really “reverse transcriptase” occurs in some, or alot of AIDS, and also non-AIDS patients. Because when they say, “HIV,” they mean, *“We found this enzyme, and we’ll say it’s a virus. We know it’s not, but you’re never going to figure that out.”*

Reverse Transcriptase is an enzyme process, (many enzymes) which ‘copy’ material from RNA to DNA.

They used to think this “backward copying” was a big deal, because it contradicted DNA-wonderbrats Watson and Crick, (who were wrong about almost anything, anyway, except they figured out where to put the phosphates – on the inside. Linus Pauling put them on the outside, so he didn’t discover DNA, and they ‘did.’)

The mainstream used to get so excited about RT (reverse transcriptase), that they liked to imagine that it only occurred in Tumor Viruses (which no longer are said to really exist as such, so they were relabeled retroviruses, which are now being rechristened, ‘exosomes.’)

But the HIV quacks spend their time and your dollars looking for RT.

That is, You don’t have to find anything anywhere consistently, as long as the NIH is paying your tab (and you’re spending their (I mean, the taxpayer’s) dough). How many AIDS patients ‘have HTLV/LAV/LAI/HUT9’ etc??

So here you can find RT in....

The 48 HTLV-III isolates [Yes, they don’t really mean “isolate,” they mean reverse transcriptase] were obtained from –

- 18 of 21 tested patients with unexplained lymphadenopathy and leukopenia, with an inverted T4/T8 lymphocyte ratio (designated pre-AIDS), [No, it was probably not ‘unexplained,’ it’s just not politically correct to talk about poppers]
- 3 of 4 clinically normal mothers of juvenile AIDS patients,
- 3 of 8 juvenile AIDS patients,
- 13 of 43 adult AIDS patients with Kaposi sarcoma,
- 10 of 21 adults AIDS patients with opportunistic infections, and
- 1 of 22 clinically normal homosexual donors.

**10 out of 21. 13 out of 43.** With their version of “HIV” (reverse transcriptase). And they sell THIS to the public? What a sick bunch of ... right. Research dollars are needed to help these poor lab jockeys along.

So, here they’re working on improving HIV tests, because they come up pos for everyone who’s sick in any way, and they want the protein reactions to focus on the drug addicts and gay men:

In a second accompanying paper...The number of sera that gave positive scores in the ELISA were:

- **43 of 49 (88%)** of patients with AIDS (two of whom had developed AIDS after blood transfusion)
- 11 of 14 patients with pre-AIDS, [“I am your doctor. I regret to inform you that you have....Pre-AIDS... You’ll have to wear a condom on your face, because HTLV-iii is very fragile, and you don’t want to break it, do you?”]
- 3 of 5 intravenous drug users (of which one positive ways also homosexual),
- **6 of 17** homosexual men.
- Out of 186 controls only one scored positive in the ELISA (1 of the 164 normal subjects). [“Normal subjects,” ie, not drug addicts.

Here they're getting better at gearing the tests to people with drug and other-related antibody production]

Pretty good, huh? They're getting the tests to work a liiiiittle better on sick people. 88% of their AIDS patients now click the tests. Impressive. You've just identified that 88% of the people are sick. And also everybody else.

Now, here are retro-antibodies showing up **in all immune illness:**

- “The controls also included 3 patients with hepatitis B virus infection, 1 with rheumatoid arthritis, 6 with systemic lupus erythematosus, 4 with acute mononucleosis, and 8 patients with lymphatic leukemias. Of the latter some were positive for HTLV-I.”

Wow! More people are 'positive' for more fake retroviruses, based on a finding of non-specific antibodies and reverse transcriptase...

How's this for an hypothesis:

**Sick people produce more retroviral proteins and reverse transcriptase than very healthy people. As do pregnant women, drug users (file under 'sick,'), people starving to death and riddled with parasites (see 'sick people'), and, well. *You get the gist.***

## **7. HIV Proteins Can Be Added to the Consensus at Any Time, if Someone Important Says So.**

The mainstream worked in waves, with different cell cultures, different cancer T-Cells, different labs. They all got different results.

They welded them together to create a consensus idea of “HIV”.

“None of these 22 control patients scored positive in the ELISA or Western blot. Of note, in Western blot the antigen most prominently and commonly detected among all of the sera from AIDS patients had a molecular weight of 41,000 (now designated gp41).

It was presumed that this is a virus envelope protein (which later turned out to be correct). Others, including myself, have later confirmed that gp41 is extremely reactive in ELISA of sera from HIV infected individuals. In fact we have found that an ELISA having as only antigen a peptide with the amino acids GKLICT, representing an epitope of gp41, reacts positively with the majority of sera from HIV infected individuals.”

It was presumed! And so it was. And Don Francis, and Jay Levy, and all the other members of the goon squad made some dollars too, by adding more crap proteins to the mix, that didn't show up elsewhere. How great for all of them, to find different crap proteins in different people that they all added to the consensus agreement bitch's brew; that was then sold to Abbott labs, to make fake HIV tests.

*Let's have a holiday in their honor.*

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And we're back where we started. p41 is important, except when it isn't. Like in the premiere Nobel-prize winning papers on “LAV” (I mean...HT...L.....whatever, you get the point....

And the proteins get added after the fact, and there's no there there.

Anyway, read the paper. It's illuminating, especially in the deep criticisms of Montagnier, the chronic ad hoc additions; the papier mâché nature of the whole thing... built from failure, from nothing, with each group finding nothing like the previous, and improvising a theory out of it – "HIV."

Really, improvising:

"We found a 'new protein' to your thing; sure you never found it, but that's science – it's a mystery!! Let's add it into the consensus model!"

**And extra credit to anyone who wants to figure this one out:**

"It is noteworthy that B.R.U.'s serum reacted with 90–100% of the co-cultured cells from B.R.U and the healthy donor since we know that only the CD4 positive cells should be infected. The B.R.U.'s serum also reacted with 90–100% of the HTLV-I producing cells! If this were to be due to a possible double infection with HIV and HTLV-I again only CD4 positive cells should be positive. More likely something unrelated to either HIV or HTLV-I was detected by the B.R.U. serum, **in my opinion most probably mycoplasma, a common contaminant in cell culture.**"

How cross-contaminated can something be and still be "pure?" And yet it's still proof..of.....???

"The 0.5 to 2% positive infected **umbilical cord lymphocytes** may indicate retrovirus-infected cells. However, the lack of reactivity with the p19 and p24 sera with these cells is not a proof that the B.R.U. virus was not HTLV-I. The few percentages of possibly positive cells could simply have been missed with the specific antibodies but detected with the patient's sera containing antibodies to all viral proteins. The paper does not present any photos of the fluorescent cells."

They grow their proteins in contaminated cultures – umbilical cells, cancer T-Cells. Which contain...what...?

Anybody? Anybody...

Reverse transcriptase; retroviruses. All the stuff they're looking for. They're always going to find what they're looking for – which is cellular detritus.

Happy hunting. Interesting paper, most definitely worth reading, especially for the 'fragile,' 'never the same,' and the list of percentages...