

Positively Negative
Examining the 'AIDS test'
by Steven Ransom and Phillip Day

"Have you considered an 'AIDS test'...?" Those two words instil only fear. Who is not aware that an HIV-positive diagnosis is synonymous with a suspended death sentence? In reality, the term 'AIDS test' is fraudulently misleading. There is not, nor ever has been, a 'test for AIDS'. Neither of course has there ever been a successful 'test for HIV' - the virus that not only has never been proven to cause AIDS, but, ever more disconcertingly, never seems to put in an appearance. What can be said with absolute certainty, however, is this. The ELISA and Western Blot tests are generating enormous incomes around the world for their respective manufacturers.

These two tests, we are told, identify HIV antibodies that have been created by a person's immune system in response to 'HIV invasion'. This statement is nonsense, and dangerous nonsense, as we shall discover. So what are these tests - the ELISA and the Western Blot - and how are they supposed to work?

The ELISA (Enzyme-Linked, Immuno-Absorbent Assay) and Western Blot tests are designed to highlight the presence of the supposed HIV, not by identifying the virus itself, but by identifying the presence of antibodies in the blood, allegedly unique to, and stimulated by the virus. The only real difference between the two tests is that the ELISA is supposed to measure antibody activity as a whole, whereas the Western Blot measures reactions to separate proteins supposedly making up the virus. As a result of this claim, the Western Blot method is deemed by most in the AIDS industry to be more specific than the ELISA test, and will often be used to confirm a positive ELISA test. But, as we shall discover, all the diagnostic methods employed by the recognised laboratories are far from specific.

To carry out the test, the clinician introduces a foreign protein (antigen) into the blood sample and then monitors the blood for any signs of unique activity as the antigen meets up with the immune system's antibodies. And it is here that we immediately encounter the first hurdle. Introducing a foreign body into the bloodstream will always provoke a response from the immune system, the foreign presence releasing killer blood cells to combat the invading germ. This is what our immune system has been designed to do. The problem is that no antibody is ever specific to any one disease - a fact that has been widely known in science for a number of years. The ELISA and Western Blot tests are both marketed as being highly specific and accurate in identifying the presence of HIV antibodies in a person's body, but, as Christine Maggiore explains:

"Both tests are non-specific to HIV antibodies and are highly inaccurate. Non-specific means that these tests respond to a great number of non-HIV antibodies,

microbes, bacteria and other conditions that are often found in the blood of normal, healthy people. A reaction to any one of these other antibodies and conditions will result in an HIV-positive diagnosis. A simple illness like a cold or the flu can cause a positive reading on an HIV test. A flu shot or other vaccine can also create positive results. Having or having had herpes or hepatitis may produce a positive test, as can a vaccination for hepatitis B. Exposure to diseases such as tuberculosis and malaria commonly cause false positive results, as do the presence of tape worms and other parasites. Conditions such as alcoholism, liver disease and blood that is highly oxidated through drug use may be interpreted as the presence of HIV antibodies. Pregnancy and prior pregnancy can also cause a positive result."

Yes, you read correctly. A simple illness like a cold or flu, and even pregnancy can cause an HIV positive reading. You could be suffering from a relatively innocuous illness, and your immune system, functioning quite normally, has detected the presence of an invader and ordered the defender blood cells into action. The activity of those perfectly healthy killers working away in the blood can then be interpreted by the 'AIDS test' and the experts administering it as indicative of the presence of the elusive HIV. **Did you know that?**

Christine Johnson of Project HEAL in Los Angeles, a voluntary organisation dedicated to exposing the myth of viral AIDS, has compiled and referenced some sixty different conditions that can cause a false HIV-positive reading. Some of these conditions have been included below for sober consideration.

"Naturally occurring antibodies, exposure to viral vaccine, flu, flu vaccination, tuberculosis, renal failure, hepatitis, organ transplant, haemophilia, tetanus vaccination, leprosy, alcoholic liver disease, blood transfusions, malignant cancers, proteins on the test filter papers, rheumatoid arthritis, herpes, Hepatitis B vaccination, healthy individuals as a result of poorly understood cross-reactions.... [plus forty-six others]."

In the case of haemophilia and AIDS, it is Factor VIII, the man-made compound used to help in the coagulation process, that in the main has been responsible for false HIV readings. Introducing this artificial agent into the bloodstream to help stem blood-flow will naturally provoke an antibody response, the immune system demonstrating it is functioning properly. These heightened levels of antibody activity are mistakenly read by the HIV test as indicative of the presence of HIV. Haemophiliacs, by the very nature of their condition, are prone to a number of life-threatening illnesses, and many do indeed die, but not from HIV. The popular tabloids, of course, prefer to blare out '**HIV INFECTED BLOOD FOUND IN BLOOD BANKS MAY INFECT THOUSANDS**' rather than report the prosaic truth. Explaining the subtleties of opportunistic infection and blood-test cross-reaction does not sell newspapers.

Prior to the AIDS phenomenon, **the presence of antibodies had never been used as an indicator of any illness.** Yet since Gallo's HIV hypothesis was popularised, antibody testing has become de rigeur in the AIDS establishment as the indicator of infection, when the presence of antibodies actually denotes a normal immune system response to contaminants.

The following extract from Foundation News is a glaring example:

"Professor Andrew McMichael in Oxford announced that 50 Nairobi prostitutes had high levels of killer T-cells in their bodies, which suggested they had been exposed to HIV. The Nairobi research was complemented by Oxford studies in Gambia which yielded similar results." Said Dr Omu Anzala: 'This was further evidence that it was the presence of T-cells which was holding the virus at bay'."

The possibility that the test kits could merely be reacting with parasites, TB bacilli, candida albicans, fungal conditions and other medical problems common to Africans is rarely considered by these doctors, even though the problem of inadvertent cross-reaction is common knowledge in the higher echelons of the AIDS establishment. In reality, a 'positive' reading is actually a 'false positive', the tests confirming only that the immune system is functioning satisfactorily. **NO VIRUS IS ACTUALLY DETECTED, ONLY ANTIBODIES!**

The potential for false diagnosis with HIV tests has been fleetingly alluded to in mainstream publications such as The London Times, The European Union's The Business, USA Today, The Telegraph and The Wall Street Journal, the latter of which, on 11th January 1995, reported that the FDA were recalling HIV testing kits due to problems with high rates of 'false positives'.

Frank Prescott, writing on behalf of Peltec Publishing in Perceptions Magazine in 1993, tells us: *"The London Times reports a major research group has recently proven the test for HIV to be completely invalid and 'riddled with false positives'. Malnutrition, multiple infections, having once had the flu, measles or a simple flu shot can all result in positive HIV diagnosis."*

This one fact alone destroys any validity of an 'AIDS test'. Yet there are many more

The US Food and Drug Administration also admits the 'highly specific' AIDS test has some worrying glitches, as the following *USA Today* bulletin tells us:

"People who receive gamma globulin shots for chicken pox, measles and hepatitis could test positive for HIV even if they have never been infected. The Food and Drug Administration says that a positive test could be caused by antibodies found in most of America's supply of gamma globulin. Gamma globulin is made from blood collected from thousands of donors and is routinely given to millions of people each year as temporary protection against many infectious diseases. Dr Thomas Zuck of the FDA's Blood and Blood Products Division says the

government didn't release the information because 'we thought it would do more harm than good.' [emphasis ours]

US News & World Report had this to say on the subject on 23rd November 1987:

"With public health officials and politicians thrashing out who should be tested for HIV, the accuracy of the test itself has been nearly ignored. A study last month by Congress's Office of Technology Assessment found that HIV tests can be very inaccurate indeed. For groups at very low risk - people who don't use IV drugs or have sex with gay or bisexual men - 9 in 10 positive findings are called false positives, indicating infection where none exists."

The New England Journal of Medicine recorded the following:

"The techniques of the HIV test have not been standardized, and the magnitude and consequences of inter-laboratory variations have not been measured. Its results require interpretation, and the criteria for this interpretation vary not only from lab to lab, but also from month to month."

In reality, what one of the most respected medical journals in the world is diplomatically attempting to tell the reader here is that the HIV test is utterly invalid. A tacit endorsement of these sentiments comes from a surprising and unexpected source - the manufacturer's leaflet which accompanies the Western Blot (HIV) test kit itself! *"The test for the existence of antibodies against AIDS-associated virus is not diagnostic of AIDS and AIDS-like diseases. Negative tests do not exclude the possibility of contact or infection with the AIDS-associated virus. Positive tests do not prove AIDS or pre-AIDS disease status nor that these diseases will be acquired."*

This from the test which is supposed to confirm the ELISA test! In other words the test kit is saying: *"Thank you for spending your money on me. In return for your considerable investment, I can predict absolutely nothing except that your blood sample contains antibodies."*

Medical researcher Dr Roberto A Giraldo is very familiar with the ELISA, Western Blot and Viral Load tests. He works at a laboratory for clinical immunology in one of the most prestigious university hospitals in New York City. When Dr Giraldo first came across the ELISA, he was surprised to learn that, to run the test, a patient's serum required diluting 400 times with a special specimen diluent. Most serological tests that search for the presence of antibodies against germs, such as those for syphilis, hepatitis A and B and the rubella virus, use neat or undiluted serum. The obvious questions facing Dr Giraldo were: What made HIV so unique that the test serum needed to be diluted 400 times? And what would happen if the patient's serum were not diluted?

Dr Giraldo ran extensive tests on blood samples that tested negative at 1:400 dilution. The same samples conducted with neat serum ALL showed positive. Dr Giraldo further found that if any person's blood, including his own, was tested with neat serum using the ELISA, the test came out positive! Dr Giraldo concludes that the tests are worthless, once again merely highlighting the presence of non-specific antibodies in the patient's blood serum.

It is standard practice in most UK haematology and/or other blood testing laboratories to conduct at least two tests if the first test reads 'positive'. Confirmatory testing is usually carried out at any one of a number of Public Health Laboratory Service centres, for instance, across the UK. Credence Publications contacted the virus reference library at the UK's leading PHLS in Colindale, north London, to determine if they had ever been able directly to identify the presence of HIV in any of the blood samples sent to them. Was it rather the case that their blood test was designed to measure the presence of antibodies only? The representative from the lab informed us that he was not permitted to answer any of our questions, referring us instead to their press office. On asking the press office for the references that would point to HIV having been independently isolated, we were informed that of course HIV had been identified. *"The virus was isolated as far back as 1983 by Drs Gallo and Montagnier."*

Concerned at the high level of ignorance demonstrated in this reply from a leading virus laboratory, an attempt was made to speak to someone at management level at Colindale. A Mr John Parry, deputy head at the virus library, could make only vague references to papers he believed proved the existence of HIV, and he admitted that the testing procedures employed at the laboratories included ELISA, Western Blot and Polymerase Chain Reaction (PCR), and that they were not one hundred percent precise.

In particular, PCR is used to measure the supposed 'viral load' of HIV, since the elusive virus itself can never be found, using traditional methods of detection such as virus culture. PCR's highly theoretical technique is supposed to detect fragments of genetic material in the blood that allegedly indicate the presence of HIV. The problem once again is, no proof has ever been furnished that any 'fragments' produced by PCR are peculiar to HIV, doubtless the reason the Roche PCR testing kit actually contains a warning against using PCR as a test for the presence of HIV: *"The test is not to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV."*

This significant fact was pointed out to Mr Parry. During the course of the conversation, Mr Parry was also reminded that Kary Mullis, the Nobel laureate inventor of PCR, publicly referred to his own diagnostic invention as *"inappropriate for use in AIDS medicine."* Startled perhaps that an ordinary member of the public actually knew what PCR stood for, was well versed on its history of unreliability, and then had the audacity to question what went on within

Colindale Laboratories, Mr Parry chose to offer no further reply.

The simple question remaining for the reader? Would you trust your blood sample to this methodology? The stark truth here is that a blood sample, quite falsely deemed HIV positive by the highly inaccurate ELISA test, is then sent on to Colindale and other 'specialist' laboratories to be '*confirmed as positive or otherwise*' again by ELISA and then secondarily tested in the same establishment by the equally inaccurate PCR or 'viral load'. Another glaring example of following an incorrect course with the maximum of precision. Can it really get any worse?

Yes. In the case of the Western Blot test, the positive criteria differ from continent to continent! (see photo section). You can be tested positive in one country, and with the same blood sample, be tested negative in another. Gene Franks, author of *Testing, Testing* states:

"Another reason the medical community loves diagnostic testing is that it is so wonderfully unreliable. One test leads to another and to another. Tests are rated according to their sensitivity and specificity. Accuracy is determined by balancing specificity and sensitivity. Incredibly, some very expensive tests are less than 50% accurate."

Now consider the following:

"Early civilisations were based upon the invention of agriculture and the ability to determine the proper time for planting and harvesting crops was very important. In those societies, a small group of men studied the heavens and learned how to divine the seasons from the positions of the sun, moon, planets, and stars. Instead of passing along their knowledge, they kept it to themselves and became priests who provided life and death information for society as a whole. As a result of their monopoly of vital knowledge, more and more power and wealth flowed to them and in time they formed a religion. That religion eventually became the basis of all-powerful states ruled by god-kings. In such a society, heresy was the most heinous crime imaginable, with revelation of the secrets of the religion to the masses a close second. From the vantage point of history, the motivation of these priests was obvious. They worked to achieve enormous power and luxury for themselves at the expense of the peasants. They did not work for the benefit of society as a whole."

Today, we have our scientific priests thrusting upon us genetics, viral diseases and the impenetrable domain of DNA. We must not question their pronouncements. We must bow to their knowledge, nod and obey, and at the same time discard any basic tenets of logic and common sense.

Kim Marie Bannon was not aware of any of these test anomalies. Writing of her own personal experiences with the HIV establishment, Kim's 'AIDS Journey'

began in 1992, following a routine health examination. Her boyfriend at the time had discovered he had a herpes sore and Kim thought it only sensible to order a check-up for herself.

"At the health department, I was told that since I didn't have a sore that could be cultured, they could not test me for herpes; but how would I like to have an AIDS test? They were offering it to everyone these days. I was embarrassed and confused. I felt that a refusal of this AIDS test would be tantamount to a confession of illicit drug use or promiscuity. I had heard that anyone can get AIDS, but I still felt I was in a very low risk-group. I agreed to the test and was told to come back in a week for my results. A week later and my test was positive. They told me it was just a 'screening' test, which was called an ELISA. They said I was not in any risk group, and it would most likely turn out to be negative when I was given the 'confirmatory' test. Two days later on May 1, 1992, the specialist 'confirmed' my positive diagnosis with the results of a Western Blot test. She called it 'classic'. When I got the 'confirmation', I felt my life was over."

Another precious life recklessly cast onto the rocks. Ms Bannon, however, is alive and well today, currently raising finances to take the establishment to court over the baleful state of government-approved testing procedures.

Yet another hurdle the 'AIDS test' has quite disastrously failed to clear is 'The Gold Standard Test'. Christine Maggiore explains:

"HIV tests have been developed without verification by an independent 'gold standard'. In medical science, a gold standard means that viral isolation has been used as an independent means of establishing the presence or absence of a virus. This process is essential for the authentication of any diagnostic test. Without a gold standard, it is impossible for a doctor or scientist to know if a positive antibody test indicates infection or what it may indicate."

Gary Null is an independent AIDS researcher whose work has taken him around the world, resulting in film documentaries, countless interviews with medical personnel, and media articles presenting his findings. Null runs his own nutrition clinic and hosts Natural Living on New York City's WBAI Radio.

An excerpt from his program, broadcast on 21st March 1996, had him addressing the 'gold standard' issue:

"No one, I repeat, no one under ANY circumstances should have an HIV test. It is a fraud. A complete and total fraud. Why is it a fraud? Because there is no 'gold standard'. I have just gone all over the world trying to find the independent verification of this test. I have not found it."

Of course none of the above information is shared with the patient at the point of testing. As if all this wasn't bad enough, a new form of diagnosis came into being in late 1987. The Los Angeles Weekly explains:

"In the 4th September issue of the Journal of the American Medical Association [JAMA], the CDC announced that a diagnosis of AIDS no longer requires an AIDS test. The government now considers you are an AIDS carrier if you suffer from any of the maladies on its new list of diseases indicative of AIDS, including such relatively common infections as herpes simplex, tuberculosis, salmonellosis and a shockingly broad 'other bacterial infections'. This broad definition will lead to countless new AIDS diagnoses - whether or not the person actually has AIDS. A major problem with the new AIDS definition is that it ignores the many environmental causes of immune suppression. Exposure to toxins, alcoholism, heavy drug use or heavy antibiotic use all can cause onset of the list of 'diseases' indicative of AIDS."

And the CDC itself, in a stunning remark, conceded:

"The diagnostic criteria accepted by the AIDS surveillance case definition should not be interpreted as the standard of good medical practice."

Presumptive diagnosis was born. Now the orthodoxy was able to diagnose any patient as an 'AIDS carrier' simply by looking at their lifestyle and asking whether they had any one of a handful of common symptoms from which people have been suffering for centuries. On the basis of this unscientific determination alone, tens of thousands of Americans have been given the fateful diagnosis. Seldom considered are the appalling consequences and the private grief for the individual once a positive result is announced. Iola Martin was one such person given a positive diagnosis. Here she recounts her own particularly traumatic experience at the hands of the medical establishment.

"In 1990, it was recommended that I took an HIV test because I was pregnant. The first test came back inconclusive, the second was positive. The positive result left me in total shock. I was told that I would have to decide what to do about my baby. The information I was given left me without much choice. They said there were two scenarios. I could live long enough to watch my baby die of AIDS, or I could leave my baby without a mother, when I died of AIDS, knowing that my baby would die soon after me. Believing in the death sentence I had been given, I agreed to a second trimester abortion. It was a terrible, terrible experience, and the decision haunts me to this day."

Today, ten years later, Iola is still with us. She is alive and physically well but her experience has taken its emotional toll. Iola's long-term relationship has ended: *"I was so bitter, sad and angry and caught up in the idea that I was going to*

die." Discovering the truth about AIDS in 1996 came too late for Iola, and far too late for her unborn child.

Celia Farber in Impressions Magazine recounts the following:

"In Winston Salem, North Carolina, 3-year-old Joey D was struck by a car. He suffered a fractured skull and was rushed to a nearby hospital. A week later, as Joey was recovering, some of his blood splashed on hospital workers when an IV line was being changed. Joey was given an HIV test. He tested positive, and a doctor told Joey's already traumatized mother, LaTonia, the news. Both of Joey's parents were tested negative, and LaTonia asked how this could have happened to her son.

The doctor told LaTonia she needed to launch an investigation into her entire family and circle of friends because the child had been sexually abused. There was no other explanation, the doctor said, for the child being positive.

More testing was ordered, and LaTonia spent two days waiting, trying not to go insane. She thought about finding out who had infected her son or hurt him and "killing them." But then the second round of test results came in, and Joey was found to be HIV-negative.

LaTonia was relieved, but understandably livid. (Imagine how many lives would have been shattered in one moment had she begun accusing family members of sexual abuse!) She asked the doctor to apologize, but in keeping with HIV-related arrogance, he refused. The case was referred to the Culpepper, Virginia-based watchdog group International Coalition for Medical Justice (ICMJ).

Even some of the hospital's staff have encouraged LaTonia to contact an attorney. The hospital, meanwhile, held a press conference, where a remarkable admission was made. In her effort to clear the hospital of any wrongdoing, a hospital spokesperson announced that "... these HIV tests are not reliable; a lot of factors can skew the tests, like fever or pregnancy. Everybody knows that."

The widespread acceptance of the HIV test has opened the way for all manner of calamitous, secondary effects, not always immediately obvious. Take the practical advice dispensed by Dr Patrick Dixon, a well-recognised UK voice on AIDS and HIV. Dr Dixon was at the forefront of those early AIDS doom-and-gloom statistics and his 1987 book, *The Truth About AIDS*, warned of a pandemic of massive proportions on the horizon. The opening chapter, entitled *The Extent of the Nightmare*, speculated that the UK could be witnessing 18,000 AIDS deaths a year. No such pandemic arrived, of course. The same book warned against deep kissing and suggested the pill and even sterilisation for women who had been diagnosed HIV-positive.

"Deep kissing, where saliva may pass from one mouth to another, is probably not a good idea. Dry kissing carries a much, much lower risk.... An infected woman should probably avoid pregnancy as there is a significant chance that any child born may also be infected. So use a second method of contraception as well, e.g. the pill, or consider sterilisation very seriously."

Telephoning Dr Dixon on this matter, Credence pointed out the physiological dangers of the contraceptive pill and also asked him to comment on the medical evidence sent to him and everyone at management level within his organisation, highlighting the fallacy of the HIV test. Given the potential for such a high rate of 'false positives' (including a reaction to pregnancy), should he really be suggesting the test, let alone that women consider the irreversible sterilisation procedure?

Becoming quite angry, Dr Dixon accused us of being *flat-earthers* and has so far refused to seek ways of professionally resolving these issues. Furthermore, as of November 2004, Dr Dixon's same ghastly advice on sterilisation still has not been omitted from his updated version of *The Truth About AIDS*, stored in electronic format on his website. Perhaps if enough people e-mail him, the sterilisation advice at least will be removed. Dr Dixon has since gone on record to say SARS could be deadlier than AIDS. Where is the SARS pandemic? Dr Dixon's Global Trend/Global Change website reportedly received 5.5 million hits over the last twelve-month period, so someone's listening to him. Given Dr Dixon's HIV recommendations, what are we then to make of his web-site's opening banner, *'Take hold of your future, before your future takes hold of you'*?

Saturday, 6th November 2004, in the UK county of Berkshire, 48-year-old Brian Drysdale deliberately parks his car on the rails at a rural level-crossing and waits for the London-Plymouth express train. He is killed instantly, taking with him six other lives and injuring one hundred more as the train ploughs into his car at high speed and derails. The UK's Sunday Mirror:

"Drysdale made an anguished 25-minute call to the Samaritans on his mobile phone and poured out his heart about his HIV agony. A police source said that blood tests after he died confirmed he did have the killer virus [standard media-speak for HIV]. During the conversation with the Samaritan, Drysdale told her he believed he was HIV-positive and that there was no point in going on with his life. He was asked in what way he intended to commit suicide, and he told the woman that he intended to 'go out with a bang'. The Samaritan assumed he meant by use of a shotgun or firearm. Drysdale had also been depressed over splitting up with a gay lover. The police source also revealed that small amounts of cocaine, cannabis and two ecstasy tablets were found at Drysdale's home - a Victorian terrace in East Reading. 'We don't think Drysdale was a heavy drugs user. We believe he used them for recreational purposes,' said the source."

Yes, but did he use those drugs in sufficient quantity to trigger a positive test? Had he been exposed to flu, flu vaccination, tuberculosis, renal failure, hepatitis, organ transplant, haemophilia, tetanus vaccination, leprosy, alcoholic liver disease, blood transfusions, malignant cancers, proteins on the test filter papers, rheumatoid arthritis, herpes, Hepatitis B vaccination, or a test turning positive as a result of poorly understood cross-reactions?

This is the HIV-positive diagnosis. Relationships severed, marriages called off, lives wrecked, babies aborted, social ostracism, mental torture, suicides on railway crossings... And all this before any medication has even been prescribed. The physician warns that the disease may progress, and if it does, the patient will eventually die of AIDS-related disorders. And we believe him. As we witness the withering decline of our loved ones, who among us is not persuaded that what we are seeing is death brought on by the effects of the virus?

Rarely will we consider another possibility: AIDS by prescription.

Further Resources

[The Truth about HIV](#) by Steven Ransom and Phillip Day