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How are viruses discovered and identified in the first place?

by Jon Rappoport

The earthshaking Etienne De Harven interview by Celia Farber

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The question I've been asking since 1987—

If the experts are going to claim a particular virus causes a particular disease—how do they know that virus exists in the first place?

For example, the supposedly new coronavirus in China. For example, Ebola. For example, HIV. For example, the coronavirus supposedly causing SARS (2003). How do researchers know these viruses exist?

“Well, of course they know. They must.”

That is not a satisfactory answer—even though most people would offer it.

The question can become very interesting, when you stop and consider researchers working away in biowar labs fiddling with viruses. How do they know they’re tweaking viruses that actually exist?

On a more mundane frontier, when scientists tell us they’re rushing to develop a vaccine against a virus that is harming the population, how do they know that virus exists to begin with?

I came to this question when I was researching HIV in 1987. I began to think about it seriously in 1990. During all these years, I’ve reached out to independent researchers, and I’ve tried to stitch together their answers. I can’t say it’s been a smooth trip.

But I have found some answers; and I have certainly found some fake mainstream assertions, which glitter like baubles on plastic branches of 99-cent store Xmas trees.

Here are a few clues. You need to take a tissue sample from a live human being. You need to filter that sample correctly so you arrive at a much smaller sample you believe might contain a virus. You need to put a drop of that sample under an electron microscope and observe what looks like a virus.

How much virus? How many identical particles of virus? Opinions differ on this. It could be one definite virus, one particle. It could be many, many identical particles.

Sidebar: If you’re trying to prove this virus is actually causing DISEASE in a person, you have to go further. You have to show the very same virus is active and replicating at a very high rate in the person’s body, and his immune system isn’t defeating it. Beyond noticing the patient is sick, how do you test for all THAT? I’m still looking for a definitive technical answer—if there is one.

All right, let's' get back to the electron microscope. Let's say you've observed many identical particles of what looks like a virus in the electron microscope photograph, called an EM. You can then say, "Found it." But you need to be sure. You need to figure out that this virus isn't just something *that ordinarily lives in the human body* like a couch potato and does nothing—a passive *endogenous* virus. No. You want to show this virus *comes from the outside as an invader*—an *exogenous* virus. And how do you perfectly make that differentiation every time? Another question that might have no precise formula as an answer.

Big question: CAN WE BE SURE ALL VIRUSES THAT ARE SAID TO EXIST AND SAID TO CAUSE EPIDEMICS ARE ACTUALLY FOUND AND OBSERVED AND IDENTIFIED ON ELECTRON MICROSCOPE PHOTOGRAPHS? CAN WE AT LEAST SAY THAT?

No.

In which case, the researchers have been, at least some of the time, up the creek without a paddle. They've jumped the gun. They've bolted out of the starting gate too soon. They've laid their money down on a horse that may not even be in the race. They've written a check no one can cash. They're talking about lockdowns and quarantines without having proved their favorite virus of the moment exists. Sure, people on the back end will make big money from these unwarranted presumptions, but money is not science. It might control science, but it ISN'T science.

All right. I've now set the stage for an excerpt from an interview, a profound interview with a late mainstream master who, in the face of fake science, suddenly was characterized as a rebel, Etienne De Harven. The interview was conducted several years ago by the brilliant reporter, Celia Farber. You can find the whole interview **here**. I strongly suggest you read it sixteen times. Yes, it gets technical. You'll also notice names of elite scientists you haven't run across. Learn the meaning of the words you've never seen before. Dig in. This isn't television-type brush-off conversation. This isn't a YouTube throwaway.

I have another reason for exposing readers to this interview—it's what a conversation about serious scientific issues looks like…this is what trying to bridge the gap between researchers, honest reporters, and the public looks like. There should be hundreds and thousands of such print-interviews taking place, laid before readers. They can handle it. Dumbing down people is partly an illusion: they can wake up. They WILL wake up if they're sufficiently interested.

Etienne De Harven's background: president of the Electron Microscopy Society of America; researcher, Memorial Sloan-Kettering Cancer Center; Cornell professor of cell biology; professor of pathology, University of Toronto; recognized pioneer in the field of electron microscopy.

The interview focuses on HIV; whether it was ever found and isolated. The implications and questions spread out to any and all viruses.

DE HARVEN: Unacceptably frustrated by the total lack of success in all attempts to demonstrate virus particles in human cancer by EM, the "impresarios" of the cancer/virus "dream" (Gallo, Fauci, and others) totally engaged in the molecular approach.

Consequently, they invented molecular markers to compensate for the missing viral particles…This would have been acceptable if the specificity of these new molecular markers would have been clearly established. Unfortunately, this was not the case. The most misleading molecular marker was probably the first one, i.e. the enzyme [called] reverse transcriptase (RT). Following Temin and Baltimore 1970 papers in "Science", the RT enzymatic activity has been, most abusively, used as a specific retroviral marker. Both Temin and Baltimore demonstrated RT activity in samples of supposedly "purified" retrovirus.

Embarrassingly, they both omitted to verify the "purity" of their samples by EM. Some of their samples were simply purchased from a commercial company… True, the label on the vials read "pure retrovirus"… However, it was known that these commercial "pure retrovirus" were heavily contaminated by cellular debris!

And since it is also known that all cells contain RT (see Varmus), cellular debris are most likely carrying similar RT enzymes.

Temin and Baltimore did not, therefore, prove that RT is a specific molecular marker for retroviruses. It would have been so simple to check, by EM, the degree of "purity" of the samples they used. This would have, most probably, shown important cell debris contamination, and would have obliged Temin and Baltimore to be much more cautious in the interpretation of their results. In 1975, the members of the Nobel Committee, most regrettably, failed to scrutinize this "purity" problem…

In 1983, at Pasteur Institute in Paris, reliance on the RT marker was a key element in the claimed "isolation" of a new retrovirus [HIV]. Still, Montagnier himself recognized "We did not purify"… He dangerously omitted to consider the misleading interference of cell debris, just as Temin and Baltimore did in 1970.

But a paper on the discovery of a new retrovirus looks much better if it contains at least… one EM picture! So, members of Montagnier's team spent hours at the TEM [transmission electron microscope], looking at their mixed cell cultures, and they found the virus!

See Fig. 2 in their "historic" 1983 "Science" paper! It is, by the way, a good quality EM picture. It shows unquestionable retroviral particles, budding at the surface of a cell. But the legend of this Fig. 2 states that this cell is a cord blood lymphocyte. Indeed, cord blood lymphocytes were admixed to these complex cell cultures (why?)

Montagnier and his co-workers should have known that human embryonic tissues, and the placenta in particular, are very rich in endogenous retroviruses (HERVs), and that cord blood lymphocytes should therefore be expected to carry the same endogenous retroviruses (under the TEM, endogenous and exogenous viruses, looking identical, cannot be distinguished.)

The budding of these particles has perhaps been stimulated by some of the growth factors also present in these cell cultures. An essential control would have been to repeat the experiment using

lymphocytes from the peripheral blood instead of from cord blood. This control is unfortunately missing.

In short, I would frankly state that the Pasteur 1983 paper (whose 30th anniversary has just been celebrated in a “grand messe” of official HIV retro-virology!) contributed very little in AIDS research because its conclusion (i.e. “the isolation of a new retrovirus”) is based on 1) the use of a non specific RT molecular marker, and 2) is falsely supported by EM pictures of, most probably, endogenous human retroviruses.

More details and appropriate references on this analysis can be found in my 2010 paper published in the Journal of American Physicians and Surgeons [— *“Human Endogenous Retroviruses and AIDS Research: Confusion, Consensus, or Science?”*] (jpands.org/vol15no3/deharven.pdf).

CELIA FARBER: When antibody and VL [viral load] tests became widespread as diagnostic tools for “HIV infection” over the ensuing decades, what happened with EM inside of HIV science and literature? It is my understanding that nobody has ever found HIV in human blood, on EM. Is this an accurate way to say it?

DE HARVEN: In my views, Western Blot [antibody] tests lost all credibility after the publication of Eleni Papadopulos’s et al. (1993) paper, and antibody tests (“Elisa”) [lost credibility] after Christine Johnson’s report (1996). The notion of a “Viral load” (VL), however, brought a new parameter in AIDS diagnosis (Ho,1996). It called attention to the actual number of HIV particles supposedly present in the blood plasma of AIDS patients, PCR technologies [tests] being presumed to offer a way to quantify that number.

If such a viremia (i.e. presence of virus particles in the blood) is indeed present in AIDS patients, it reminisces the retroviral viremia well known in leukemic mice. In such case, retroviral particles should be readily demonstrable, by TEM, of appropriately prepared patient plasma samples. Unfortunately, it has never been possible to demonstrate by TEM one single retroviral particle in the blood

plasma of any AIDS patient, even if one selects patients presenting with a so-called “high viral load.”

I was apparently the first researcher to make that statement, during the opening session of President T. Mbeki’s major AIDS conference, in Pretoria, SA, in May 2000. My statement to that effect has never been refuted.

CELIA FARBER: How come?

DE HARVEN: That question must be answered because “something” is measured by PCR technologies in the blood of many AIDS patients. Actually, what is being measured is definitely not the number of retroviral particles (phantom-like, i.e. EM invisible!). In fact, what is being PCR identified, amplified, and supposedly quantified is the number of genomic nucleotide sequences that are extremely similar to sequences known to be part of the retroviral genome. Most regrettably, these sequences were misinterpreted as an indication as a certain number of … HIV particles! This did a lot to consolidate the quasi-religious dogma of HIV as the cause of AIDS, a dogma that has been sharply criticized, a few years ago, by David Rasnick who wrote, authoritatively, about “The AIDS Blunder”…

This interpretation would have been acceptable only if retroviral particles would have been readily demonstrated, by EM, in the blood plasma of these patients; but, since this is not the case, another explanation for the presence of these nucleotide sequences has to be founded.

I presented at the RA conference in Oakland, CA, in 2009, and further developed in my 2010 JAPS paper such a much needed explanation for the presence of these retroviral-like nucleotide sequences. My explanation is based on the well known, variable amounts of circulating DNA in the blood of severely ill patients, and on the fact that we all carry [irrelevant] retroviral-like sequences in our DNA, as endogenous, defective retroviruses, i.e. HERVs (HERVs, for “Human endogenous retroviruses”) (See “Virus in all of us”, R. Lower at al., 1996 PNAS paper).

No surprise, therefore, that these nucleotide sequences are recognized by PCR [tests] in the blood of many AIDS patients, who are indeed severely ill. As already demonstrated in 2008 in Robin Weiss laboratory, HERVs can interfere as confounding factors in the search for novel retrovirus in chronic human diseases…

CELIA FARBER: …Paint a picture for us. The story of the [HIV] virus, the "new deadly virus," what happens first: What steps did they [—] Montagnier, on one hand, Gallo on the other [—] take to "find" the new entity? Then once they 'found' it, what shape was it in? It was not an entity, a thing, with a body, right? It was not coherent. Can we say that? So it lived where? It was seen only through the technologies developed to find it, Elisa, WB [both are antibody tests]? Later PCR/VL [tests]? But what happened back THEN when they tried to see it on EM? Why didn't everybody look for it on EM? Too expensive?

DE HARVEN: No, EM is not cheap but not that expensive! And its cost has certainly nothing to do with the fact that it has barely been used for the past 30 years in AIDS research! It has not been used because "They" knew it was not going to show anything of retroviral significance in samples coming directly from AIDS patients. And since AIDS had become big business, the stocks of involved giant pharmaceutical companies could not be jeopardized! It had to be saved at all cost, even at the cost of trusting non specific molecular markers… Fear is good business, and viruses generate fear most efficiently… So, the HIV flag has to be maximally agitated. In worldwide medias, with thousands of computer-generated, colorful caricatures of an idealistic retrovirus… By contrast, the medias have been dominated by the most rigorous censorship when it comes to inform the public about views of rethinking dissidents. This total censorship put a safety lock on any information that could jeopardize the colossal, entirely HIV derived profits of the major pharmaceutical companies.

But I am glad we have Internet!

Daring to say that HIV does not exist amounts to some sort of a capitalistic crime…

Yes, the HIV dogma is probably the darkest page in the history of modern medicine.

CELIA FARBER: Etienne, if you could sum up: Does HIV exist? If so, where and how and as what?

If you could examine 1,000 HIV positive people's blood under EM, what would you expect to find? If you don't find HIV on EM in human blood, can any argument be made that the virus is "hiding" and so forth, or that the drugs suppressed the virus to undetectable levels? This is what the defenders of the orthodoxy seem to be saying about the results seen in the Nushawn Williams case.

DE HARVEN: This is the main question! Questioning the very existence of HIV is not something that should be debated only between specialized retro-virologists. It is an essential question that concerns all of us.

CELIA FARBER: Why?

DE HARVEN: Simply because 100% of AIDS research funding is based on the dogmatically postulated existence of HIV. If HIV does not exist, it would follow that AIDS research is the most appalling case of total misappropriation of public research funds! And it would also follow that the monumental amounts of money, so far exclusively devoted to HIV research, would be much better used in other directions. Could you imagine what world we would live in, today, if the total amount of money wasted over the past 30 years on HIV research had been, instead, used for feeding starving Africans, for clean water supply equipment, for public hygiene infrastructures, and for public health education? This would happen only if HIV research is totally stopped! And for this, the scientific and public health organizations have to face the fact that, indeed, HIV does not exist!

…we all have to, courageously, face the fact that the very existence of an exogenous HIV has never been scientifically verified.

—end of interview excerpt—

Again, you can read the whole interview **here**.

De Harven unmasks HIV research. How many other unproven viruses have likewise been prematurely massaged into existence and prominence? How many times have researchers pulled “special markers” like rabbits out of hats—spuriously claiming these markers establish the existence of otherwise never-observed viruses?

And therefore, when these researchers state they have published the genetic sequences of these viruses—what are they really sequencing? Harmless and passive endogenous viruses that wouldn’t hurt a fly and prefer to lie around in the body for the whole course of a lifetime watching television?

And when someone steps forward, and claims a new and never-before-seen virus is actually a manmade weapon, and he knows this from studying its genetic sequence—is he right, or is he looking at the sequence of an irrelevant microbe that has been rudely coaxed from its long languishing snooze in the warmth of the human body?

*(To read about Jon’s mega-collection, **Exit From The Matrix**, click here.)*

Jon Rappoport

The author of three explosive collections, THE MATRIX REVEALED, EXIT FROM THE MATRIX, and POWER OUTSIDE THE MATRIX, Jon was a candidate for a US Congressional seat in the 29th District of California. He maintains a consulting practice for private clients, the purpose of which is the expansion of personal creative power. Nominated for a

Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world. You can sign up for his **free** NoMoreFakeNews emails **here** or his **free** OutsideTheRealityMachine emails **here**.

This entry was posted in SARS, Science Fraud.

← CDC begins testing Americans for the C…

5 comments on "How are viruses discovered and identified in the first place?"

Amanda says:
February 18, 2020 at 10:44 am

Excellent information!! Thanks so much for this!

Reply

Sandman says:
February 18, 2020 at 10:47 am

Thanks Jon!! Your voice of sanity and truth is vital to laymen like me and so many others!

Reply

Daniel Arnaud says:
February 18, 2020 at 11:41 am

Jon, thanks. In future coronavirus posts, you might remind readers about Keshan's disease, which turned out to be a selenium deficiency in Keshan's soil. I read recently that AIDS is caused by a deficiency in selenium, glycine, cysteine

and glutamine. As Linus Pauling stated, every disease is the result of a mineral deficiency (and I would add, perhaps a vitamin deficiency). Imagine if doctors tested for nutritional deficiencies before prescribing drugs that kill over 100K Americans per year and cause so much pain and suffering, not to mentions the 100's of billions in drug costs!

Reply

el gallinazo says:
February 18, 2020 at 1:01 pm

Written in the morning of Feb. 18:
Now 542 "cases" of "infected" people on board the Diamond Princess in quarantine in a Japanese harbor. Yet not one reported case of a moderate or severe case of pneumonia despite some "cases" were "discovered" over 2 weeks ago. I think this is very curious.

Polymerase Chain Reaction kits should never be used for medical diagnoses. They can read positive for a ham sandwich. Yet these tests are referred to as "cases" by the entire world media. This whole thing is beginning to stink. I am suspecting a rotting, roadkill nothingberger.

Reply

steve stars says:
February 18, 2020 at 1:29 pm

Jon,

Thanks again for the research and documentation.

To all of your readers who have not experienced the ongoing 36 years of agonizing debate debunking the bankrupt "science" behind HIV, this might seem tedious, yet PATTERN RECOGNITION is essential here, when we focus on the current 2019-CoV "Coronavirus" scare.

It's Deja vu—all over again.(to quote Yogi Berra)

Certainly Celia Farber deserves a Pulitzer Prize for her outstanding efforts and undaunted determination in exposing this massive fraud and deadly scam. Former head of Rethinking AIDS, the late Dr. Etienne De Harven, should receive the Nobel Prize posthumously. Great work from both!

But to sum it up, what they essentially say in this article, is that trying to identify a pure viral pathogenic culprit using ELISA antibody or Western Blot tests, and even PCR with the aid of EM is like trying to catch an unambiguous fart in the wind with an old jar, in a area between a sewage plant, pig farm and junk yard. Which means–there is no real valid science here. Even a big magnifying glass can't specifically identify that dreaded fart in the jar.

The problem is, they (these germ hunters) are STILL doing this again with the “coronavirus.” De Harven sums it up here when he says, “Fear is good business, and viruses generate fear most efficiently.” That is what this business is—sophisticated Fear mongering.

Dr.Anthony Fauci (head of NIAID) has been at this from the beginning with Gallo in 1984, and he is still leading the charge now with 2019-nCoV. But the stakes are much higher here and now.

Here is the question? Is the “coronavirus” a cover story for what might actually be a serious chemical/biological agent that has sealed off Wuhan and created a diplomatic disaster? There is no question about the drastic quarantines imposed on travelers and the refusal of China to allow US CDC health officials into the area. Even Senator Tom Cotton thinks China might have bungled a bioweapon and wants investigation.

So is all of this scare for what has been deemed a weak flu bug? Is Fauci entangled in a diplomatic cover-up? He has been doing this for 36 years now. Deja vu?

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