

22 June 2006

Mr. Andre Van Zyl

Per email

And to CC list

Dear Andre,

After listening to you last night as a guest on Talk Radio 702, I decided to write to you as I would very much like to be party to what Suzan, a barely coherent doctor who called in, described as your “brilliant knowledge” on HIV. There are some concerning issues that continue to trouble me and I’m hoping you will be able to assist in clearing them up.

Firstly, could you please explain to me the logic behind diagnosing someone actively infected and virulent with a lethal virus using a positive antibody test as the basis for this? Surely finding antibodies against a virus means that your immune system has been efficient in its job to fight off any active infection and therefore you are antibody positive and virus negative?

When considering the two tests licensed by the FDA for the screening of HIV in blood (the ELISA and Western Blot), it becomes clear that there are many inconsistencies. For example, I am in possession of the test kit instruction manual for both of these tests and am told by the one that:

“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 AIDS-associated virus. Positive tests do not prove AIDS or pre-AIDS disease status nor that these diseases will be acquired.”

You see, the tests described above are thought by many to be highly specific to HIV; but clearly aren't, especially when you consider the research to the contrary. For example, did you know that Abbott in their ELISA test kit warns that: “All enzyme immunoassays...may yield non-specific reactions due to other causes.”? This is really because the antigens employed to detect supposed HIV antibodies (such as the p24 and others) are actually non-specific and can react, and therefore light up, when in contact with any of up to 80 other conditions-including present and past pregnancy-a fact that the test kits warn about. This is what scientists are referring to when they describe antibodies as polyclonal (as opposed to monoclonal) which means that they are not specific only to one disease. This too is warned in the test instruction kits.

The reason that people are told to go for confirmatory testing after registering positive on a first (usually ELISA) HIV antibody test is so that the clever people in the labs can perform a different type of test (usually a Western Blot) that requires interpretation. Here, the antigens employed are separated instead of being served in a cocktail style as is the case in the ELISA. So then, after having your test, the clinician-depending on the lab he works for, or even the country he's living in-will tell you you've either had it and you're in for AIDS, or that you're clear and very lucky. But here comes

my question: if these tests really do work, why do the results require interpretation, and why do some countries consider you virulent (HIV positive) when certain antigens light your test up, while others don't. So if you test positive here you're told that you're infected but, hop on a plane to England and suddenly you're cured because there they don't consider a Western Blot test proof of infection. You're immediately and miraculously cured by the guy stamping your passport at the airport.

If this wasn't so tragic for all those millions of people who are being terrorized by fear into believing that they have some killer sex virus in them that's going to finish them off in a couple of years with one or more of up to 30 pathologically different AIDS diseases unless, as the TAC tells, they swallow western pharmaceuticals until the day they die, it would be amusing. But sadly, it's not very amusing.

Especially when you consider the scenario you described last night of the typical AIDS patient deteriorating into dementia and "dying mad". All no doubt caused by the toxic drugs they are made to believe will save their lives, when all the time the research shows the opposite. I recommend Anthony Brink's book "Debating AZT" which deals with precisely this subject in sufficient detail that it becomes redundant for me to go into it here. It can be found online (with other useful resources) at www.tig.org.za—I urge you to have a look.

I heard you splashing the numbers around again and really must ask you where you get them from. Like the "up to 4000 people a day" dying of AIDS; and the "5000 new infections" per day. You can't be serious? By

extrapolation, not even the flawed Human Science Research Council's latest HIV prevalence survey findings released at the end of last year concurs with this ridiculous estimation.

And as the esteemed Dr. Suzan (referred to earlier) assures us: "you can't get HIV from a toilet seat" [perhaps unless you sit down before the other guy gets up?] then clearly it must be coming from somewhere else. This somewhere else you warn us is promiscuity and rampant sexual cravings-a generally "unchristian" lifestyle. Does this mean that black women enjoy sex far more than their white counterparts, since the HSRC's survey reported a 24.4% HIV prevalence in African women between the ages of 15-49 years, yet only 0,6% in whites? And that this sex virus is especially rampant in the sex organs (but luckily not the saliva) of 40.7% of black females in Kwa-Zulu Natal? So from your speech last night where you warned against the dangers of sex, would it be correct to infer that sex with black females (especially in Natal) would be terribly risky and that I'd be wise to stick to white ladies instead?

Please could you refer me in this regard to a published study in the scientific literature where it is established that HIV is transmitted sexually. I've been researching HIV for the past couple of years and having waded through literally thousands of papers I am yet to come across proof of this link. In fact, I've come across published papers inferring the opposite-all published in respectable journals.

Have you ever considered the alarming possibility that “HIV positive” does not mean HIV infected-especially since no test kit manufacturer claims this in their literature?

I was very interested to note that you have been living with HIV antibodies since 1984 (which as you correctly pointed out was called HTLV III at the time). I was going to phone to ask if you were on toxic ARV's but you answered my question before I had the chance. It's a terrible pity that you have chosen to go down this route, and I think you may still change our mind after reading Anthony's book-assuming that you're open minded enough. This is my sincere wish for you. I'm not hopeful though because I've encountered many people who are “activists” and none of them are interested in the global health blunder that has taken place with regards to these drugs. In such a case, I send my condolences already ahead of what will probably be another untimely death for you as you suffer the effects of ARV toxicities.

No properly designed study to date proves by way of a double-blind, placebo controlled method that people on ARV's live longer, or better than those not taking the drugs. On the contrary, hundreds of studies have shown that ARV's are profoundly toxic to all human cells.

I unfortunately do not have the time right now to go into the more alarming conundrums of AIDS medicine but can assure you that I'm only scratching the surface in this letter. I'm appalled by the lack of integrity with which the media report the AIDS shambles by not allowing dissenting views into the spot light under the guise that people will become confused-especially when

there is “overwhelming evidence” that HIV causes AIDS and is incurable. Really? I’m told that scientific consensus has been reached: another fallacy, especially when this is not the case as many prominent scientists, some of whom have won Nobel Prizes and the like, do not concur.

The frightening thing about all of this is that many HIV antibody positive people (perhaps even you) are being treated by someone of Dr. Suzan’s caliber-her information having been gleaned from the glossy adverts of HIV activist organizations and drug companies rather than from the inside of an actual medical journal. Because if it had been I can assure you she would not have phoned in to express complimentary views on you knowledge of HIV.

Chat to doctors like Suzan and ask them about the mitochondrial effects of AZT, triphosphorylation, lipoatrophy and other such concepts and you’ll probably get a blank stare. I know- I’ve tried. And this from the very people who should understand the pharmacology and physiology behind what they’re doing otherwise you may as well be treated by a computer.

Taking it a step further, these “positive” people are then assisted by activists who have latched onto the band wagon of scientific panic and hijacked the calmness of suburbia by fuelling middle class fear, all the while reaping huge benefits from foreign funders interested only in pushing their products. It’s a terrible shame that these activists are generally the most dim-witted people around with no brains at all- as evidenced by the level of understanding on AIDS related matters and the real concerns.

Like Glenda Gray, director of the Paediatric AIDS unit at Chris Hani-Baragwanath Hospital, telling the *Washington Post* in 2000 that if “they [the government] are not going to provide us with AZT then the best thing the government can do is ask us to strangle them at birth.” This after she didn’t read, or ignored, all the published research data showing the profound toxicity of AZT on the developing fetus. It’s this theme over and over-seemingly intelligent professionals too indolent to read their literature and then blabbing off in the media about the bureaucratic inefficiencies apropos AIDS treatment. This after the government’s reluctance was due to the fact that they’d actually read the published information and were sensibly heeding the inferred warnings.

My knowledge base on this subject is extensive as I’ve been studying and researching the matter for a couple of years so could write volumes; but won’t.

If however I’m wrong about all this and the tests really do prove infection; that those diagnosed HIV positive will develop AIDS at some point; that HIV is proven to be sexually transmitted; and that the drugs really do work, please set me straight by providing me with references to journal published scientific literature where this is established in epidemiological studies.

I look forward to your response.

Kind regards,

Darren

CC: Talk Radio 702

Other interested parties