

The profit-driven invention of health needs: from useless imaging testing to AIDS scam

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In any supermarket

items are there to be sold and it is common knowledge that in industrialized countries most of the items are “superfluous”.

It is the goal of marketing to convince people that they “need” a certain item.

Unfortunately the same holds true for health needs: many of them are invented to convince people that they need certain drugs or diagnostic procedures.

In fact

those marketing health needs face a serious challenge: in advanced societies most people are healthy. And, even worse, most patents for efficient drugs expired, and truly useful exams are relatively cheap.

Thus, there is a constant struggle to invent new health needs in order to sell drugs, vaccines or diagnostic procedures.

Quite obviously

this leads to nefarious consequences. Unlike unnecessary expensive clothing, unnecessary drugs or diagnostic procedures are harmful either directly (as in the case of ionizing radiations or drug-related side effects) or indirectly (by subtracting resources for truly necessary health interventions). Then, there are the psychological consequences.

Here

I shall focus on two aspects that will help elucidate how our health needs are manipulated in order to gain profit at the expense of our very health.

1. **The useless imaging testing**
2. **The AIDS scam**

The problem is so serious
that there exists

a project of the National Council for Research
(CNR) entitled SUIT: Stop Useless Imaging
Testing.

An analogous project for useless laboratory
testing is considered highly desirable.

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It is assumed that a percentage as high as 90% of all imaging procedures is

USELESS!

The following interview with a researcher of the CNR (in Italian) clarifies the situation.

Intervista a Eugenio Picano, Istituto di Fisiologia Clinica, CNR.

... forsennatamente richiedono esami inutili, orgogliosi di mostrare a parenti e amici referti policromi e tridimensionali che spesso nulla aggiungono – e spesso qualcosa tolgono – all'informazione ottenibile dalla clinica e dal buon senso. Nella cultura dello spreco, più esami fai come paziente e meglio credi di essere curato; più esami prescrivi come medico e meglio credi di curare.

In the culture of (profit-driven) misuse (of resources), the more exams you undergo as a patient, the better you feel to be cured.

As a physician, the more exams you prescribe, the better you think to cure.

In medicine

However, useless is equivalent to harmful and, correctly, the Ministry of Health in their guidelines identify improper use of imaging in 90% of cases of backache as a risk factor in itself. In other words, the imaging testing IS a **RISK FACTOR** for development of a disease.

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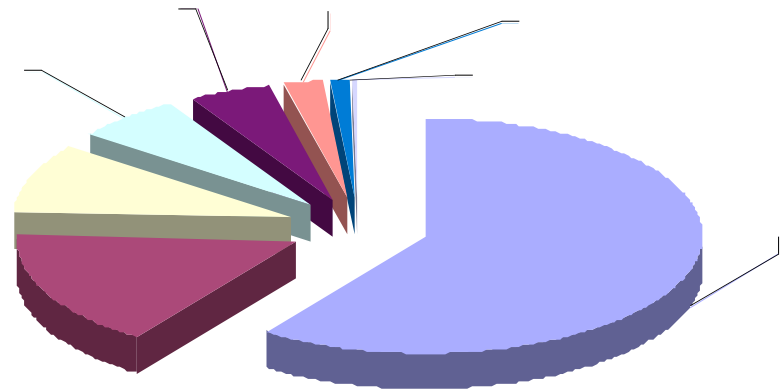
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Le metodiche di diagnostica per immagini dovrebbero rispettare l'analisi del procedimento clinico e molto spesso questo non accade: il loro uso al di fuori di un'ipotesi diagnostica mirata non solo non aggiunge ulteriori dati rispetto all'anamnesi ed all'esame obiettivo, ma mette a rischio di trattamento per lesioni occasionalmente evidenziate (come, per esempio, dischi protrusi o addirittura erniati), asintomatiche ed estranee al quadro clinico presentato. Non è da sottovalutare l'induzione di esami strumentali ad opera dello stesso paziente, che chiede spesso al medico di effettuare radiografie o diagnostica per immagini più complessa e, se accontentato, manifesta più soddisfazione dell'assistenza ricevuta: una scommessa delle cure primarie è quella di aumentare la soddisfazione del paziente senza ricorrere ad esami inutili.

The unavoidable

consequence of profit-driven invention of diagnostic needs is the unnecessary irradiation of population with permanent somatic and genetic damage.



Probably worse

than unnecessary irradiation, however, is the AIDS scam, driven by profit-oriented drug companies that sell dubiously accurate diagnostic kits and carcinogenic antiretroviral drugs. Health Institutions, on their part, waste billions of Euros/Dollars for useless research on vaccines, so useless that they have to admit “... *we might not ever get a vaccine for HIV*”

Anthony Fauci, Director of NIAID, USA, New Engl. J. Med, 2007.

NEJM -- One Step Forward, Two Steps Back -- Will There Ever Be an AIDS Vaccine? - Windows Internet Explorer


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One Step Forward, Two Steps Back — Will There Ever Be an AIDS Vaccine?

Robert Steinbrook, M.D.

In April 1984, when the human immunodeficiency virus (HIV) and AIDS were just beginning to be understood, a senior official in the Department of Health and Human Services stated at a press conference that there would be a marketable vaccine within "a minimum of two years, probably more like three years."¹ This prediction has haunted the search for an AIDS vaccine, whose most recent setback was the announcement that a promising vaccine candidate, Merck's V520, was not effective and may actually have increased some subjects' risk of acquiring HIV. Unfortunately, about a quarter-century after the discovery of HIV, there is neither a marketable vaccine nor a credible expectation about when there will be one.

A successful HIV vaccine would either prevent infection or reduce the viral load in persons who became infected, helping them to remain healthy and perhaps reducing their likelihood of transmitting the virus to others. But vaccine developers face many scientific challenges, including those posed by the genetic diversity and rapid changes of the viral envelope proteins and other features that allow HIV to elude immune control.² Critical immunologic responses that would prevent infection or control the virus are incompletely understood. Nonetheless, there has been considerable interest in vaccines, such as V520, that induce

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2% from philanthropy.⁵ The NIH spends about \$600 million a year on researching such vaccines; as of March 2007, it had supported 99 HIV vaccine trials involving 55 different products, 22 adjuvants, and more than 26,000 volunteers. PAVE 100 has a projected federal budget of \$137.5 million, as compared with \$32 million for the government portion of STEP. Although the STEP trial and others that failed to achieve their desired end points have brought new knowledge, each disappointment also reinforces the view that a licensed AIDS vaccine is at least a decade away — and that is if things go well, which has not happened yet. Meanwhile, individuals and public health officials can only try to prevent HIV transmission through education and behavior modification, condom use, needle-exchange programs, and other effective, albeit imperfect, means that are already available.

According to Anthony Fauci, the director of the NIAID, "To be brutally honest with ourselves, we have to leave open the possibility . . . that we might not ever get a vaccine for HIV. People are afraid to say that because they think it would then indicate that maybe we are giving up. We are not giving up. We are going to push this agenda as aggressively and energetically as we always have. But there is a possibility — a clear finite possibility — that that's the case."

Source Information

Dr. Steinbrook (rsteinbrook@attglobal.net) is a national correspondent for the *Journal*.

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A short AIDS story

For more than 25 years it was assumed that HIV was the sole cause of AIDS. Although there have been a few voices of dissent since the early days (Science 1988 241: 514-17. J Biosci 2003 28: 383-412. See also: Bauer HH, “The Origin, Persistence and Failings of HIV/AIDS Theory”), in the past three years definitive evidence has accumulated demonstrating that HIV cannot be considered the (sole) cause of AIDS.

In 2006, a large meta-analysis of ten years of highly active antiretroviral therapy (HAART) demonstrated that “the virological response after starting HAART has improved steadily since 1996. However, there was no corresponding decrease in the rates of AIDS, or death” (Lancet 2006 368: 451-8).

In 2008, Professor Luc Montagnier, after having been awarded the Nobel Prize, stated: “We can be exposed to HIV many times without being chronically infected. Our immune system will get rid of the virus within a few weeks, if you have a good immune system.” (quoted in the documentary “House of Numbers,” 2009. URL: <http://liamscheff.com/daily/2009/04/01/house-of-numbers/>), thus reversing the long-assumed cause-effect relationship between HIV and AIDS whereby HIV inevitably brings on AIDS. Therefore, HIV infection itself reflects an already deficient immune system; it is the immunodeficiency that causes chronic HIV infection and not vice versa, as commonly believed.

When Leung asks him, “If you take a poor African who’s been infected and you build up their immune system, is it possible for them to also naturally get rid of it [HIV]?”. Montagnier responds, “I would think so...It’s important knowledge that is completely neglected. People always think of drugs and vaccines.”

Montagnier states that someone with a healthy immune system could be exposed to HIV many times without being chronically infected and that it is malnutrition that makes the immune systems of Africans weak and the diseases of TB, malaria and parasitic infections. “Water is key”, clearly meaning clean water, without parasites and pollutants.

Furthermore, a review in 2009

demonstrated that HIV has been present in humans since at least the early 1900s, thus definitely ruling out the possibility that it could have been responsible for a syndrome that appeared only at the beginning of the 1980s (Curr Opin HIV AIDS 2009 4: 247-52). Quite obviously, if HIV caused AIDS, then AIDS should have been observed in earlier periods, when the hygienic and nutritional conditions of human populations were much worse than in the 1980s (*i.e.* during the two world wars and the depression in between). The very fact that AIDS was never described before the 1980s despite the persistent presence of HIV in humans, clearly demonstrates that HIV cannot be the cause of AIDS.

When useless equals carcinogenic (just like ionizing radiations)

HAART increases the risk of developing cancer (Curr Opin Oncol 2006 18: 469-78) and there was statistically a larger proportion of non-AIDS-defining cancer cases in the post-HAART period compared to the pre-HAART period (J Natl Med Assoc 2008 100: 817-20). Also in Italy a significant excess of liver cancer emerged in 1997-2004, *i.e.* after the introduction of HAART in 1996 (Br J Cancer 2009 100: 840-7). The potential oncogenicity of HAART is currently under investigation (Curr HIV/AIDS Rep 2008 5:140-9. Curr Opin Oncol 2008 20: 534-40).

Conclusions

(by a serving Police Officer)

As we say in my trade, if you want to know who, what or why... just follow the money. ... As a serving police officer, I wonder how many members of the public would tolerate my receiving money and or gratuities from any person, business or agency, criminal or not, and then believe that I could conduct an impartial investigation in to their activities? Hmm — not too many, I think. So where I get a little lost is how can anyone have ANY faith in medics and medical researchers who are practically swimming in donated cash and gifts. It seems to me to be the ONLY industries where that activity would not find you ending up in jail promptly. Such is our misplaced faith in human nature and honesty, **forgetting about greed.**