Chapter 1

The Big Lie and the Art of War

Mundus vult decipi, ergo decipiatur.
The world wants to be deceived so let it be deceived.

Racket: (a) a fraudulent scheme, enterprise, or activity; (b) usually an illegitimate enterprise made workable by bribery or intimidation; (c) an easy and lucrative means of livelihood.

A great deal of intelligence can be invested in ignorance when the need for illusion is deep.

Saul Bellow, To Jerusalem and Back, 1976

You should never believe anyone, not even me. You can only trust your own research. If you just comfortably lie on your back and let people tell you everything then you’ll get some sort of answer, mostly the wrong one.

Dr. Kerry Mullis
Nobel Prize winner and inventor of the polymerase chain reaction (PCR) test

It is a great mistake to think that wars only concern armies, regulars or guerillas, involved in active engagement—blowing people and things to smithereens. In today’s world, nothing could be farther from the truth. The real forces of evil wage another kind of warfare. This warfare is principally financial. The dark princes of debt finance have gained practically unopposed leverage over every important social, economic, and political institution,
including and especially the health care delivery system. As a result, death by iatrogenic medicine kills three quarters of a million people annually—more people in a year than either cancer or heart disease.\(^4\)

The demons of capital and “free market” ideology have created an information monopoly by gaining control of the pharmaceutical industry, the teaching of physicians, the major media, including medical journals, and the flow of research dollars. They control a clandestine intelligence agency, the Epidemic Intelligence Service, which has silently infiltrated every major health department, hospital, newspaper, and medical journal across the nation enabling its control of information and the mounting of a consolidated response at a moment’s notice. The research dollars determine if there is going to be a “war on cancer,” or a “war on AIDS,” or the promotion of the latest viral scare to sell more vaccines or worthless “anti-viral” products such as Tamiflu\(^5\) or Relenza.\(^6\) Such wars are planned and mounted with the same organizational and strategic planning as the Pentagon employs. What this ultimately leads to is the development of bad science and toxic drugs that are created ostensibly to fight cancer and AIDS but in effect cause more cancer and more AIDS—which is the point of the war. People die in war, and the profiteers substantially increase their wealth and power. The object of war is twofold: to establish power relationships and profit.

A more pernicious outcome of these medical wars has been the silent loss of personal sovereignty and the loss of the most sacred and inalienable right to the sanctity and security of our own bodies and the free choice and right to select the medical treatment that we deem best. Information is power, but access to accurate medical information has become “proprietary” because of the privatizing of public resources.\(^7\) The idea that an individual has the right to be adequately informed to make a medical decision has become an arcane notion.

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3. From the Greek iatros [physician] combined with genic [to induce or cause by physician or medical treatment].
4. Gary Null et al., “Death by Medicine.” They estimate that 783,936 people are killed annually by iatrogenic medicine.
7. The Stevenson-Wydler Act required that U.S. federal laboratories actively transfer technology to American private industry and the Bayh-Dole Act allowed the recipients of government grants and contracts to patent any resulting inventions.
Centralized command and control industrial cartels have mastered the art of privatizing profits and rewards and socializing risks and obligations. Over the last one hundred years, as the result of rapid industrialization combined with cartelization, and particularly during the last fifty years, we have witnessed an unprecedented event in evolutionary biology—the massive toxic poisoning on an unimaginable scale of the human metabolic system not only from industrial products but also industrial waste and increasingly from powerful electromagnetic fields generated by mobile phone towers and other electronic devices. This pervasive human poisoning is a corporate cost that is passed on to individuals and their communities. The entire planetary biosphere is under continual siege from the widespread release of medical and industrial pollution, including heavy metals (mercury, aluminum, lead, and arsenic), carcinogens, electro-magnetic radiation and hormone disrupters. The sacred bloodstreams of our newborn infants are violated with the putrescence of contaminated vaccines of dubious effectiveness as soon as they leave the womb. This has put increasing and unremitting pressure on the human energy and immune systems and has shifted the immune system in such a way that it is less responsive to external threats and more likely to see the self as other, thus creating a rising tide of auto-immune diseases in which the body attacks itself.

Chemoantibiotics (anti [against], bio [life]), liberally given to both humans and domesticated animals, destroy the normal gut flora that aid in digestion and assimilation of our food and make it impossible to utilize the nutrition that is taken in. Many antibiotics and environmental toxins also damage a cellular organelle known as the mitochondria. It is in the mitochondria that our energy is produced in the form of a molecule of ATP (adenosine triphosphate). These fascinating organelles that at one time were ancient bacteria have their own DNA separate from nuclear DNA. Mitochondrial DNA is inherited through the maternal germline. Because of the intentional industrial attack of these organelles with drugs and toxins, not only is permanent genetic damage being passed on to future generations but this practice is also creating a significant rise in current chronic diseases, such as Alzheimer’s, cancer and acquired immune deficiency.

Because of the inevitable rise in environmental oxidative and nitrosative stressors, most people are in need of increased intake of certain nutrients called anti-oxidants to combat this problem. This has become more of a challenge, however, because of alterations in life style, dietary habits, farming policy and animal husbandry. Farming has been seriously altered by the application of industrial methods to large agri-businesses that process and change our food until it has lost its sacred nature. Food is now genetically modified, fertilized with artificial chemicals, irradiated, and shipped unripe thousands
of miles from where it was grown. It is then gassed and colored to make it look real, and then sprayed again with more chemicals in order to preserve its shelf life. In all of this processing, much nutritional value is lost.

Domesticated animals are injected with hormones to increase their growth rate and fed antibiotics to keep them from infection while they are penned into crowded stalls on factory farms and forced to live in their own excrement. They are stuffed with feed that is unnatural to their digestive systems, which leads to unnecessary illnesses. They are brutalized by their living conditions and slaughtered using the most mindless and unsanitary methods. The spirit of the animal is destroyed.

The same financiers who took control of the nation through the creation of the Federal Reserve Bank and cartelized the medical industry have done the same to agriculture. The family farm is a memory. By taking control of the food supply, they can sell genetically modified seeds and the chemical fertilizer to make the seeds grow. Their “technology agreements” have reduced many once proud and independent farmers to a state of virtual feudalism. The result of all of this adulterated food is an explosion of obesity, depression, hypertension, Alzheimer’s, arthritis, and cancer. The number of chronic diseases is skyrocketing even among children.

Free capital flows, liberalization of capital markets, privatization of public assets, and debt creation are not the only weapons in the armamentarium of financial warriors. They have used the untraceable flow of commodities, oil, gold, diamonds, and drugs to amass wealth, and to buy the loyalty of enemies, the silence of friends, and mercenaries to neutralize adversaries when necessary. They strategically use the import of illicit drugs to draw community resources away from hospitals, schools, libraries, and playgrounds and toward the increasing militarization of law enforcement and an ever expanding prison population. More than anything, they have used the cumulative massive intake of environmental pollutants, of toxic drugs, both legal and illegal, and the unprecedented stressor accumulation of modern life on sub-segments of the population to create the illusion of a new disease that they call AIDS—acquired immune deficiency syndrome. However, AIDS is not a disease; it is a syndrome—a collection of twenty-nine old diseases, clustered together, re-branded, and given a new scary label. It is a product marketed by fear, deception, and the creation of mass hysteria. It has been selling well for twenty-five years.

AIDS is a tragedy in two parts. The first act was created by the foreign policy decisions of the state apparatus and its historical connection to the international criminal underworld. The second act was written by the pharmaceutical industry itself. The pharmaceutical industry developed several drugs designed intentionally to suppress the immune system as well as others
that had the same effect because of a similar chemical configuration. Several of these drugs were released to the mass market and were used extensively and inappropriately by an underground sector of the homosexual community who were simultaneously experimenting with psychotropics and narcotics that were illegally imported and released into the general population by the clandestine agencies of the U.S. government in league with international organized crime syndicates through foreign policy initiatives.

After years of use and abuse of these environmental toxins, some of the young men began to show up in Emergency Rooms during the late 1970s and early 1980s in New York, Los Angeles, and San Francisco. Instead of using the new environmentally created mass poisoning as a clarion call to awaken the medical community to the public health threat of environmental toxins, it was used as another marketing opportunity to identify a phantom virus and create a broader market to sell more of the same kind of toxic drugs that were so harmful.

Meanwhile, on the African continent, there was a mad race for the continuing theft of her resources. Civil strife and social disruptions were created to facilitate this process. With the fall of the minority white apartheid government of South Africa, thousands of black gold and diamond miners who had sustained lung injuries because of substandard mining conditions now had the possibility of having their day in court. The mining industry led by the DeBeers Anglo-American Corporation and other extractive industries were in a panic. Reimbursing the millions of injured black workers who had developed asbestosis and silicosis and subsequently tuberculosis from unsafe mining conditions would create an enormous unfunded expense. From a financial warrior point of view, profits, which transcend human life, had to be protected. With the fall of the Botha government, pulmonary tuberculosis suddenly became an AIDS defining disease.

AIDS was created to cover both of these health crises—the toxic poisoning of young people in the West and the industrial poisoning and social disruption in Africa. It was pure insanity, but it worked. People began to die because they were toxic from a chronic onslaught of environmental oxidative stressors. Because allopathic\textsuperscript{8} physicians are trained in recognizing and treating the infectious problems of the 19th century, the 20th century problem of systemic toxicity was misdiagnosed. What compounded the problem was an error of tragic proportions. As a result of misdiagnosis, the

\textsuperscript{8} The predominant system of medicine today that uses drugs, radiation and surgery as their means of therapy. It was a term coined by Samuel Hahnemann, the father of homeopathy to indicate how these doctors used methods that had nothing to do with the symptoms of disease and would be ultimately harmful.
patients were then given more drugs with a similar chemical profile to those that were already poisoning them. The CDC in their infinite wisdom and eye for improving drug sales in service to big Pharma, then seized upon the excess deaths to publicize the lethality of a never isolated virus. It has been a high crime against humanity. A central player in this drama has been the British pharmaceutical concern Burroughs Wellcome.

Burroughs was the innovator of a stable of drugs that contained the nitroso chemical group structure as a common characteristic. This is a chemical compound with a nitrogen and oxygen attachment (for example, R--NO). These particular compounds can form nitrosamines that have long been known to cause oxidative and nitrosative stress and DNA damage. These compounds are also known to be both immunosuppressive and carcinogenic. One of the Burroughs’ compounds, Azathioprine was used expressly as an immune suppressive drug for organ transplant patients so that they would stay sufficiently immune suppressed to accept a foreign graft without a rejection response. Azathioprine was known to trigger opportunistic infections, Kaposi’s sarcoma, and lymphomas in such transplant patients. These were the same diseases that were presenting in the original cohort of AIDS patients. It was also known from the transplantation literature that these cancers can spontaneously regress and the opportunistic infections improve after cessation of the drug.⁹ Since Burroughs Wellcome produced this drug and had access to some of the best chemists on the planet, it is unlikely that they were unaware of the innate nature of this particular class of compounds to produce transplantation AIDS. The literature was solid that azothioprine could cause an acquired immune deficiency syndrome and that the condition was reversible even in very ill organ transplant patients. It certainly was known by the boys and girls at the Centers for Disease Control (CDC) and the National Institutes of Health (NIH) when they released a rather macabre committee report titled Confronting AIDS that outlined the strategy for selling a new sex and blood plague to the nation and for using it as a model for developing future epidemic opportunities.

Two other nitroso compounds from Burroughs Wellcome were introduced to the market and directed largely at the homosexual community who more than willingly used these chemicals to support their lifestyle choices. One was amyl nitrite, a medication that had been released as a blood vessel dilator for patients with angina, a heart condition in which contracted blood vessels cause intermittent chest pain. This drug was used more creatively in the homosexual community as a sexual doping agent because it gave a

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transitory high, sent blood to the penis, and relaxed the rectal sphincter, facilitating anal intercourse. The other Burroughs’ drug was Trimethaprim/Sulfamethoxazole (T/S), an antibiotic that acted as both a folate and a DNA inhibitor. The drug was often used indiscriminately and prophylactically in the sexually promiscuous gay community before a night on the town in hopes of preventing sexually transmitted diseases from multiple anonymous sexual partners in one night. In essence, this community was known to have indulged over a prolonged period in lifestyle choices and activities that included the massive ingestion of immunosuppressive and carcinogenic drugs.

While the homosexual community was being flooded with Burroughs’ immune suppressing drugs, the intelligence agencies of the United States government in league with international crime syndicates were flooding Western markets with heroin, cocaine, LSD, and a variety of psychotropic and immunosuppressive drugs as well as crack cocaine. When the young people who were generally born after WWII began to show up in clinics and emergency rooms, toxic and oxidized, they were traumatized with the idea of a deadly virus. Terrified and organized with money from the pharmaceutical industry, they clamored for the quick release of a drug that could save them. Violating all principles of safety in human experimentation, the FDA quickly approved azidothymidine (AZT). The young, frightened, and organized homosexuals, not being careful what they wished for, got their wish! Unfortunately, it was another drug from Burroughs Wellcome that had the same nitroso chemical configuration. The new toxin tipped thousands over the edge into irreversible pathology and left a generation of young people who spent the 1980s attending funerals, saying goodbye to friends and loved ones, and wondering if they were going to be next.

So, historically, it must be understood that the medical profession was already inducing AIDS in renal transplant patients as a “side effect” of azothioprine and that immune suppressed patients were not a medical anomaly. But within an unimaginably short time frame and without a real placebo controlled double blinded study, a shelved cancer causing drug from this same nitroso stable, azidothymidine (AZT) was approved for use in “AIDS” patients. This drug simply finished what the fast tract life style and use of amyl nitrate, T/S, and multiple other drugs these young men were taking had started—an immune imbalance as the result of an oxidative alteration in the cellular redox potential\(^\text{10}\) and toxic suppression of their mitochondrial energy production at the cellular level. IV-drug users and hemophiliacs, both

\(^{10}\) The electrical potential in the living cell that controls the initiation of many cellular processes.
of whom were highly toxic from the long use of oxidative stressors, were thrown in for good measure and a bit of diversion. Over a hundred years of medical literature supported the immune suppressing effects of opiates, but IV-drug users, many of whom were black, would be the gateway to target black women as an update on the eugenics agenda. Both IV-drug users and hemophiliacs were immune stressed from long-term use of foreign proteins (hemophiliacs), and the injection of foreign substances, immuno-suppressive opiates and in the case of drug addicts, poor nutrition and repeat and chronic infections. To act dumbfounded and confused by looking for a single viral etiology of multiple diseases in the face of this “new” medical crisis was a brilliant diversionary tactic. This was simply an astounding break from precedent. Viruses have very little genetic material and it was known that one virus was associated with only one disease. Now one virus would be claimed as the cause of multiple diseases—even diseases claimed to be caused by other viruses!

This is free market capitalism! This is an economic system that sells anything—people, human organs, drugs, war, and plagues. It does not matter as long as it can be done and someone can make a profit. It is the ugly underbelly of the Adam Smith philosophy of “free markets,” and it needed a justification. They called it AIDS.

It has been more than two decades since the bureaucrats from the Reagan administration and the politburo at the Center for Disease Control claimed to have “isolated” a virus, the Human Immunodeficiency Virus (HIV) that was then fraudulently promoted as the cause of AIDS. They sent an ocean of fear through the universe by making an unfounded claim that AIDS was the result of this new and deadly sex and blood plague caused by HIV and was always fatal. It did not matter that the inevitability of fatality was more from a lack of medical insight than from physiological certainty. In the ensuing twenty-five years, the predicted pandemic never emerged. The theory of the virus can no longer stand up to scientific scrutiny, and in multiple studies from around the world, HIV has been shown not to be sexually transmitted. What is called HIV can barely be found in a white blood cell called a lymphocyte. The accurate “HIV” antibody test has been shown to cross-react with 70 different entities. More people are dying from the consequences of antiretroviral therapy than from AIDS, and the problems have remained confined to the original risks groups—polydrug users in the West and the poorest in Africa. HIV/AIDS is a failed theory.

The crisis that began in the early 1980s reached a peak a decade later. Just as the number of “classic” AIDS from the original cohort began to decline, the definition was suddenly expanded, thereby greatly enlarging the pool of targeted victims who were scared into the AIDS pharmaceutical nightmare as
the result of an HIV antibody test. The release and promotion of the antibody tests have been the foundation of an unprecedented reign of medical terror. The first test was patented and quickly sent to market by Robert Gallo, a research scientist of questionable integrity who claimed he had "isolated" this new virus. The test was initially only designed to screen the blood supply, but was soon put to use in clinical application, thus enlarging the target market. It was never really important that this antibody test accurately predicted an early demise. It was only important that people were made to believe that this was so. While claiming the test was highly specific, it was found to react with more than 70 different conditions from tuberculosis, and malaria to pregnancy.\[11\] This information was knowingly kept from public awareness.

In retrospect, the "AIDS" crisis never seemed to be about science. It was more about human experimentation with genotoxic drugs, about creating and expanding markets, and about using AIDS as an escape valve for corporate negligence that might mount into the billions of dollars. AIDS was a created crisis that allowed the expediting and commercialization of drugs such as AZT, a known carcinogen that should never have been approved for human use to get to market. It also was the excuse to allow an unevaluated medical product—the "HIV antibody" test—to contain those who would become victims of a massive state sanctioned poisoning of millions of people. The fraud that passes for "scientific medicine" was brought to the world courtesy of the new face of the eugenics movement. Eugenics is a point of view that believes the world would be better off by culling by various means including genocide, what they consider excess population—the useless eaters. Their programs have been funded by the same foundations, financial organizations, and people who have been promoting this elitist philosophy for well over a hundred years and who totally control the medical industry.

The official public relations campaign to convince the world of this new deadly "virus" began on May 4, 1984, when the prestigious journal Science published the first of a series of four papers by a group of scientists under the leadership of Dr. Robert Gallo that claimed the probable cause of AIDS was a new retrovirus, HTLV-III, later called the Human Immunodeficiency Virus—HIV. Gallo had previously worked under contract for Litton Bionetics, a major defense contractor involved in the development of bio-weapons. He had also been part of the vainglorious virus hunters in the failed Richard Nixon "War on Cancer" project. He was one of the same geniuses who had spent years and lots of taxpayers' money claiming but never proving that retroviruses were causing massive cellular proliferation (cancer). Yet he

\[11\] Christine Johnson, "Factors known to cause false positive HIV antibody test results," Continuum, Sept.–Oct., 1996.
would turn on a dime and say that the same type of retrovirus that had never been shown to be pathogenic in humans was now causing cell death. Money and deep politics have a way of making illogical science pass muster.

The original papers published in Science on which rests the entire AIDS industry, were subsequently found to have a significant number of unreported deletions and alterations that made the claim of viral isolation an absolute fraud. In infectious disease, the isolation of a new organism must follow precisely recognized and agreed upon protocols. Robert Koch published the basic protocols to isolate infectious bacteria in the 1890s, and they were refined in the 1960s to accommodate the isolation of viruses much smaller than bacteria that require additional isolation techniques and a photograph made by an electron microscope.

Gallo never followed these protocols. One of the project researchers, Dr. Mikulas Popovic, wisely kept a duplicate of his original typewritten paper and the handwritten changes made by Gallo, after the fact of the original research and before submitting the manuscript for publication. The original research and the typewritten duplicate were produced by Popovic while Gallo was in Europe. On his return, Gallo changed the original research document by hand a few days before it was submitted to Science on March 30, 1984. According to the Office of Research Integrity of the US Department of Health and Human Services, “Dr. Gallo systematically rewrote the manuscript for what would become a renowned Laboratory of Tumor Cell Biology paper.”

To change information in a scientific experiment that was not actually observed is an absolute lapse of scientific integrity.

The duplicate revealed that Popovic had used the specimen sent to their lab by a French research team, Luc Montagnier and Françoise Barré-Sinoussi, of the Pasteur Institute in Paris, and renamed it Gallo’s “virus,” or HTLV-III (which eventually was changed to HIV). Further, the document revealed that Gallo had deleted this bit of scientific thievery. What has not been reported until recently (and this is the blockbuster), is that on page 3 of the same document, Gallo also deleted Popovic’s unambiguous statement that “[d]espite intensive research efforts, the causative agent of AIDS has not yet been identified” (emphasis added) and replaced it in the published paper with a statement that said practically the opposite: “That a retrovirus of the HTLV family might be an etiologic agent of AIDS was suggested by the findings.”

What is clear is that the rest of Popovic’s typed paper is entirely consistent with his statement that the cause of AIDS had not been found. At no point in his paper did Popovic attempt to conceal that he was using the specimen obtained from the Paris lab or to prove that any virus caused AIDS. It is evident that Gallo concealed these key elements in Popovic’s experimental findings. Popovic’s final conclusion was that the culture he produced “provides the possibility” for detailed studies. There was nothing more.

Finding and isolating a virus by the most rigorous scientific standards for making pronouncements that would have such profound life and death consequences were never the point. AIDS has become an enormous profit center buttressed by a splendid psychological operation designed to put fear into the target population and to neutralize the opposition, including injured South African mine workers who were told that the tuberculosis they suffered was the result of an acquired sexual disease instead of lung disease acquired in the mines.

In the early 1980s when a cluster of opportunistic infections and a cancer called Kaposi’s sarcoma began to show up in a small group of fast-track homosexuals the medical community missed an opportunity to connect the dots because the same problems had been seen in renal transplant patients on azathioprine. Those MDs who worked in big city Emergency Rooms had also seen the immune suppressive effects in patients who were admitted with the sequelae of chronic IV drug use, and surgeons were well aware of the probability of a poor recovery in patients who had suppressed cellular immunity as demonstrated by the inability to mount a reaction to a DTH (delayed type hypersensitivity) skin test. Physicians did not ask if there was a common link between the transplant AIDS patients, the chronic IV drug users, the anergic surgical patients, and the new AIDS patients. They did not link the fundamental problem of opiate toxicity of IV drug patients with the drug toxicity of the new AIDS patients. They did not link the defect in cellular immunity of anergic surgical patients to the same defect in the new AIDS patients. The obvious links for immune suppression were in the social history—the chronic use of nitrite inhalants, antibiotics, narcotics, and a much stressed lifestyle with a history of multiple sexually transmitted infections and bowel diseases as well as a history of poor nutrition. Physicians accustomed to looking for infections missed that these patients were toxic and highly oxidized and in a hypercatabolic state. Instead of detoxifying their patients by correcting the underlying metabolic disorders while

acutely attending to the various infections, the findings were seized upon by the pharmaceutical industry and the researchers from the failed “War on Cancer” to create a marketing opportunity that has successfully enriched and allowed the unthinkable—real time human experimentation with no fear of reprisal.

A targeted psychological operation was mounted that cleverly positioned AIDS as a sex and blood plague to draw attention away from “free market” policies that were allowed to develop from the aftermath of two military adventures—WWII and Vietnam. It was known that these policies, once initiated, would ultimately manifest in large populations as unexplained disease clusters. The policies made exquisite “free market” financial sense, but they were divorced from any semblance of human compassion.

The baby boom generation is the last large living cohort to have grown up in an America that was relatively drug free, highly industrialized, and with a modest prison population. In the 1950s, the Dow Jones Industrials were in the 200s, drug trafficking was virtually unknown, the U.S. had the world’s largest gold reserves, was the world’s largest creditor nation and an unparalleled industrial giant.

This was also a time when Africa was striving for reprieve from colonial strangulation. Countries from Algeria to South Africa and Ghana to Kenya and the Congo were asserting their yearning for sovereignty and the idea of a pan-African union. The impact of WWII on Africa and WWII and Vietnam on the industrialized West would change all of that. The outcome of these two conflicts would be to set in place policies that would provoke the greatest stress on the human immune/energy systems of large populations yet seen in human evolution.

By 2007, the Dow Jones had reached 10,000, and drug use and trafficking were so common that two generations had come to believe that this was normal. The U.S. government had stopped talking about the gold at Fort Knox, the country had been systematically deindustrialized and it had become the biggest debtor nation on the planet.

By 2007, all of Africa’s progressive leaders who espoused pan-Africanism had been assassinated or deposed. The continent was flooded with guns and corporate mercenaries. Her wealth was once again being systematically stolen, and externally fostered wars and genocide were the facts of life. South Africa no longer had apartheid as a social or political system, but the financial system and land wealth of the country remained solidly in the hands of the white minority.

15. After the Korean War there was an up tick in heroin use that was largely concentrated in minority communities of large metropolitan areas.
How did all of this evil come to pass in the span of fifty years? An outcome of WWII was the Bretton Woods agreement that created the World Bank and the International Monetary Fund, and the National Security Act of 1947. The National Security Act created the Central Intelligence Agency and the National Security Agency. In 1951, the Epidemic Intelligence Agency was born. These institutions have largely been run as protection and extortion rackets to reduce developing nations to beggary and destitution and to transform the armed forces of developed nations into itinerant mercenaries in service to private capital expansion.

After Vietnam, the drugs formerly run into Southeast Asia since the days of the British East India Company would now, with the help of the CIA, international organized crime networks, and other international clandestine agencies, be massively imported into Western countries, the U.S. being the largest target market. The deliberate policies of creating accelerated over consumption of drugs and of other immune toxins in the West while simultaneously creating the economic conditions for the dumping of environmental pollutants and the under consumption of basic sustenance in less developed countries could not have but shocking and enormous public health and social impacts.

At the cellular level of human metabolism, the consequences of these macroeconomic policies—over consumption of drugs and environmental toxins as well as infectious and psychological stressors in the developed world and nutritional deprivation, psychological trauma, chronic infections, and miners' lung in the developing world have led to the same outcome—environmentally induced excessive reactive oxygen and nitrogen species. As a result, both nitric oxide (NO) and glutathione (the master anti-oxidant) levels were reduced leading to energy deficiency and reduced redox capacity in the cells energy factories, the mitochondria. Because nitric oxide is the poison gas produced by Th1 cells that kills intracellular parasites, patients presented commonly with opportunistic infections. These biochemical deficiencies ultimately lead to reduced energy production, immune dysfunction, and even cancer. The health consequence of cellular energy deprivation arising from parasitic macroeconomic policies is the perfect metaphor. The abject poverty on the African continent can be directly traced to the policy of structural adjustment programs as a condition for loans by the international banking houses. Both planned policies—massive illegal drug importation and economic structural adjustment programs—have had predictable physiological impacts on a subset of predisposed individuals within societies. The medical consequences arising from these physiological stressors have a rational, logical, scientific explanation that has nothing to do with a phantom virus and everything to do with what is known as deep politics.
All the conundrums of the AIDS theory, the missing virus, the nonexistent pandemic, the opportunistic infections, the Kaposi’s sarcoma, and the elevated antibody titers—can be explained logically and scientifically without having to get involved in Gallo’s delusional whimsy. The development of opportunistic diseases and of Kaposi’s sarcoma was a predictable consequence of chronic and irresponsible use of nitroso and other immune suppressing drugs combined with a lifestyle choice. The diseases were not widespread in the homosexual community, only in a subset described as “fast track.”

When there is a massive accumulation of oxidizing environmental stressors and the immune system has been depleted of the master antioxidant glutathione and other thiol-containing proteins, an evolutionary biologically programmed counterbalance will occur. As a result of the depletion of the glutathione/thiol\(^\text{16}\) pool in the T-helper immune cells and other cell systems, there is a switch in the biologically programmed T cell counter regulatory balance from the T cells (Th1) that produce nitric oxide—a poisonous gas that kills intracellular opportunistic infections—to the T cells (Th2) that target extra-cellular organisms with a heightened antibody response. This Th1 to Th2 counterbalance of the immune system is what the virus hunters called AIDS. The death prognosis was an expression of the limited application of knowable medical information.

The condition of acquired immune deficiency is not new. What is new is the level of destruction that globalization and “free market” policies are having on individuals, communities, countries, ecosystems, and the entire planet. Because those who institute these policies are cleverly psychopathic, they have become expert at diverting attention from the fruits of exquisite financial decisions by deftly shifting the blame from themselves, the predators, and using their vast resources to create phantom villains or to play the “Blame the Victim” game.

The villains in this war psychodrama change frequently. At one time it is communism. Next it is terrorism. It could be a War on Drugs or perhaps Cancer. One day it is Noriega, and the next it is Saddam. Perhaps it will be the impending doom of a mushroom cloud. This year it is the bird flu, last year it was SARS.\(^\text{17}\) Who can forget the Gerald Ford swine flu fiasco? And, of course, when the drug epidemic in the West and the starvation epidemic in less developed countries exploded into collective consciousness through the speed of modern mass communications, a new villain had to be found.

\(^{16}\) Thiols are compounds that contain a sulfur and a hydrogen molecule and are referred to as mercaptans. They maintain the redox environment that allows cellular mechanisms to function properly.

\(^{17}\) Severe Acute Respiratory Syndrome, claimed to be caused by a coronavirus.
This time it was a nonexistent virus. But whether HIV exists and works as stated is not the point. Like all villains created for mobilization purposes, truth suffers the first great defeat. Selling the world on a particular point of view is what matters.

HIV fit perfectly the war model of social organization at the foundation of modern Western civilization. War, subversively, has been declared the basic social system within which other secondary modes of social organization conflict or conspire. Allopathic medicine as a fundamental part of that system logically conspires. The virus was the enemy. Creating an enemy and making the people believe that they are under attack has become standard operating procedure of the massive government bureaucracies controlled by special corporate interests. Another mobilization for another profitable war could be mounted to attack this new enemy and wipe it out. That some would die was inevitable. Some always die in war, either directly or as “collateral damage”. It has been twenty-five years, and the war is dragging on with no end in sight.