



The AIDS Trap

A positive result on an HIV antibody test will change

your life forever. You could lose friends, your relationships, your health insurance, your job, the custody of your kids. Even your sanity.

This brochure is endorsed by the board of Rethinking AIDS, an association of more than 2,600 doctors, scientists, and other professionals. We want you to know a few facts before you take what's called an HIV test. Facts that doctors, nurses, lab technicians, and clinic staff probably won't tell you.

A positive result on an HIV antibody test does not mean you have or will get AIDS! Read on...

Read the fine print on the tests.

ELISA antibody test insert: "EIA testing alone cannot be used to diagnose AIDS. At present there is no recognized standard for establishing the presence and absence of HIV-1 antibody in human blood."

Western Blot antibody test insert: "Do not use this kit as the sole basis of diagnosing HIV-1 infection."

PCR genetic test insert: "Not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection."

bDNA genetic test insert: "Not intended for use as a screening assay for HIV infection or as a diagnostic test to confirm the diagnosis of HIV infection."

Rapid test insert: "intended for use as a point-of-care test to aid in the diagnosis of infection with HIV-1."

It's incredible, but the tests don't look for or find HIV, and nobody has proved that testing positive for substitutes--like antibodies--finds people with HIV infection. But doctors still use these tests to tell people that they are "infected" with HIV!

That's right— the tests DON'T test for a virus.

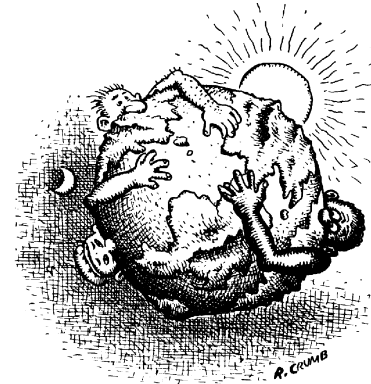
The most common tests used -- the ELISA and the Western Blot -- are called antibody tests. They do not test to see if you have HIV. They test to see if your blood has high levels of the same proteins found at high levels in the blood of most early AIDS patients. These are thought to be "antibodies," that is, footprints of a virus in your immune system but not the virus itself.

The trouble is, the proteins on the test are also found in people who are or have been pregnant, or have had vaccines (like flu shots) or blood transfusions, used street drugs, or have had infections like herpes, chicken pox and measles. Just having any of these can make you test positive.

Experts don't know if any of the test proteins correspond with those in HIV. If your results are positive, it does not mean you are infected with HIV.

No agreement on what makes somebody positive on the antibody tests.

Test results are open to interpretation depending on the lab, clinic, or country in which you test. For example, the same test result could be read positive in New York but negative in Canada. Partly because of this, Canada has ten times fewer per capita AIDS cases than the U.S. It's crazy!



If you're African-American or Latino— You should be even more cautious. For reasons not completely understood, latinos and

blacks test positive more often than whites and asians.

Even worse, because HIV tests don't show a definite positive or negative result—only something in between—they are interpreted. When you fill out that form that asks you if you are black, hispanic or gay you are giving out information that will make it more likely than if you were white or heterosexual for a lab to interpret your test as positive. Unfair? You bet it is!

The "Viral Load" tests don't work either.

"Viral load" tests use a technique called PCR to find and multiply small chains of genetic code in your blood that are supposed to show the presence and amount of HIV. However, finding a chain does not mean they have found a whole virus. Research has proven that "viral load" tests are useless in predicting who will get AIDS.



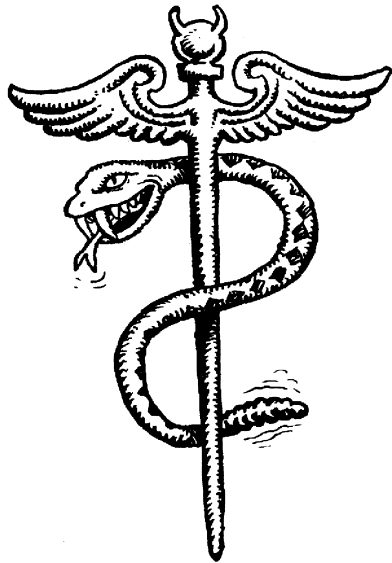
If you think you may be positive—

You are in danger of falling into the AIDS Trap. AIDS is big business, and billions of dollars are involved. Doctors and health care workers are educated by information from the pharmaceutical companies, which make billions of dollars selling the tests and medicines. Mentioning the facts in this brochure could cost them their job.

The AIDS Drug Trap.

If you test HIV positive, you will be told you have a life-threatening disease. The fear and terror this provokes is enough to threaten your health just by itself. Don't believe it!

You will probably be told to start taking AIDS drugs right away. These drugs could have side effects like anemia so serious that your life will rely on regular transfusions. You may have liver failure, rotting bones, loss of most of the skin on your



body, a heart attack, and/or serious changes in your body's shape because of fat deposits.

If you are pregnant, you will be pressured to take drugs that will interfere with the growth of your baby. This can lead to birth defects or cancers. The authorities will threaten to take your

child away if you try to breastfeed or if you refuse to give your baby similar drugs.

If you are sexually active, and if a partner who agreed to have sex with you complains to police that they did not know you were HIV positive, you could receive a sentence up to life in prison.

The AIDS medicines have never cured anyone. They do not prolong life. Testing positive on a HIV test is a threat to life itself. It is your right to refuse an HIV test.

Aren't HIV tests correct 99.9% of the time?

Doctors may tell you that the Western Blot test is correct 99.9% of the time. What they mean is that, when they compare the results with other antibody tests, the result comes out the same almost every time. What they are not telling you is that the antibody tests don't measure anything specific, including HIV. Two wrongs don't make a right—nor do two hundred.

AIDS Medicines themselves cause the symptoms of AIDS.

AIDS drugs are given to those who test HIV positive but are healthy and have no symptoms. Once on medication you experi-

ence weight loss, nausea, diarrhea, mental confusion, etc. Then the doctors say, "This is HIV attacking your immune system. You have AIDS."

The case of Jim Malone.

What doctors tell people who test "HIV Positive" often causes extreme trauma. In fact the terror and despair alone are frequently enough to make people sick. Jim Malone of San Francisco is one example. In 1986 he was told he was HIV positive and was therefore infected with HIV. Almost immediately Jim lost his appetite and the ability to sleep, and over the next eight years he lost 20% of his normal weight. He became sicker and sicker until finally he needed an in-home care nurse. In 2003 Jim was told he had end-stage AIDS. Then in 2004 he took another test and discovered he was HIV negative. Almost immediately, all Jim's health and sleeping problems began to vanish. Today Jim is doing fine.



No proof that HIV causes AIDS.

Nobel Prize winner Kary Mullis has been asking publicly for years to see scientific references that AIDS is caused by the virus HIV. So far (2009) no one has provided this proof. The epidemiological evidence of "testing HIV positive" correlating with AIDS cases is simply not there. No one even has a theory of how HIV could possibly kill enough T-cells (in your immune system) to cause AIDS.

We are told that AIDS is spread by sex and body fluids, but this has never been shown by experiment. Scientists are beginning to realize AIDS is not caused by an infection. Your immune system can be knocked out by malnutrition, stress, toxic drugs, or even a blood transfusion. The idea that AIDS could be spread by sex to everyone was politically motivated and has since been shown to be wrong. Hysteria about sex has contributed to misinformation about AIDS.

AIDS HYSTERIA



Don't get taken in by AIDS hysteria.

A positive result on an HIV antibody test may (but not always) mean your immune system has been injured by repeated infections, heavy drug use, or inadequate rest or nutrition. This could be a wake-up call to change the way you're living. But it doesn't mean you have or will get AIDS, you are going to die, or that you need to take toxic AIDS drugs.

Don't Join These Tragic Deaths

AIDS doctors accidentally poisoned to death an estimated 300,000 people during the "AIDS hysteria" years of 1987-1997 (by prescribing heavy doses of AZT). It was a mass iatrogenic (doctor caused) genocide. Those who died included Arthur Ashe, Rudolph Nureyev, and Freddie Mercury. They were healthy until they were convinced to take the medicines. Today, 2009, the median age of death of those taking the modern-day HAART therapy is 45.

What about all the AIDS deaths? Some died because their immune system was harmed by extreme drug use, repeated infections, and not eating and sleeping right. Some died from suicide when they were declared HIV positive. Some died by thinking they were 'supposed' to die. Many died from the poisonous 'medicines' their doctors gave them. Many AIDS deaths are by definition—that is, a person tests HIV

positive but dies of ordinary causes, then is classified as dying from AIDS. In poor countries, ordinary diseases are classified as AIDS to get more charitable help. But it has never been shown that an AIDS victim died from HIV.

How can so many doctors and experts be wrong?

When AIDS began there was a lot of fear and tremendous pressure for an answer. The HIV theory was jumped on prematurely, but by the time it was exposed to questioning, too many people had their careers involved to admit the mistake. There is a lot of money in AIDS research and medicines. AIDS experts keep extending the time it takes for HIV positives to die if they don't take the medicines. It is now 20 years—the entire length of the epidemic! Doctors have been wrong before. Remember blood letting? Mal-aria has its name because they thought it was caused by bad air. For years scurvy was thought to be caused by a pathogen.

Why is the incorrect theory of AIDS kept alive?

There is a strident group of government and industry-funded attackers who claim that we who oppose the theory are “denialists.” They say that our critical and questioning information is “dangerous and a threat to public health.”

Unfortunately, whenever doctors, scientists, or journalists have pointed out the inaccuracy of HIV tests, the ineffectiveness and danger of AIDS medicines, and the lack of scientific evidence that HIV causes AIDS, they have been viciously attacked and ostracized.

Scientists who have spoken out have lost their funding, ability to publish, and sometimes their jobs. Faculty members often live in a knowledge cocoon— they may prefer to rely on information from authorities and not research the issue themselves. Getting involved could cost them the respect of their colleagues.

Why don't we see this in the news?

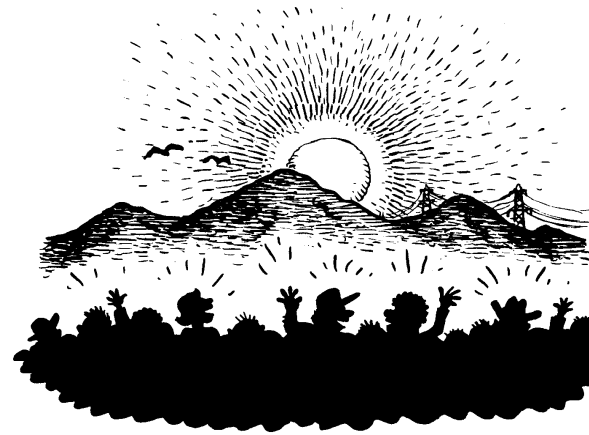
Most media have boycotted all reporting on this controversy, and most journalists have not researched the matter for themselves.

Yet no one has been able to prove the information in this brochure to be wrong.

This is tragic because thousands are suffering from the horror of being classified “HIV Positive.” The importance of liberating those who have tested positive from an unthinking and uncaring medical system has not yet been widely accepted. But more information is reaching the public every day. The entire paradigm is ready to collapse.

Alive and well . . .

The truth is that thousands of people have tested HIV positive and decided not to take the anti-retroviral drugs. They are doing fine five, ten, and 15 years later. Twenty-five years and billions of dollars spent on research have given us no vaccine and no cure.



Thousands of medical doctors, scientists, journalists, legal experts and educators now believe that the theory that HIV causes AIDS needs to be re-examined. Many have stated that the HIV/AIDS theory, rather than AIDS itself, is the greatest medical tragedy of the 20th century.

For more information and for references that support the information in this brochure, or to see a list of the thousands of professionals around the world who question current beliefs about HIV, visit the Rethinking AIDS web site: www.rethinkingaids.com
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DON'T TAKE THE TEST!

HIV TEST NON-CONSENT FORM
I DO NOT GIVE MY CONSENT FOR ANY HIV TEST, INCLUDING ELISA, WESTERN BLOT, VIRAL LOAD, BDNA, ANY RAPID TESTS, OR ANY OTHER LABORATORY PROCEDURES DESIGNED TO MEASURE OR IMPLY THE PRESENCE OF HIV, HIV ANTIBODIES, OR DIAGNOSE HIV INFECTION OR AIDS.

YOUR NAME

ADDRESS

SIGNATURE AND DATE

ATTENDING PHYSICIAN

NURSE OR TECHNICIAN

LABORATORY OR HOSPITAL

(BEFORE GIVING A BLOOD SAMPLE, GET YOUR DOCTOR AND/OR NURSE OR TECHNICIAN TO SIGN THIS FORM. MAKE A COPY FOR THEM AND KEEP THE ORIGINAL.)