

ENQUIRE WITHIN

Q 2-3 years ago I was told I could no longer donate blood as a screening had shown that hepatitis-C antibodies were present. To this day I have not been able to work out for sure how I became infected (through food or sex?), if I have even got the disease (I am still symptomless), what I should be doing about it (lifestyle-wise and treatment-wise), and to put it bluntly, how long I have got live. What should I be doing about it?

G. W., Saudi Arabia

A Hepatitis-C virus was never a reality or even an artefact, only an invention.

After the riddle around Hepatitis-B virus (HBV) – still “not available for experiments” – was set so the general public had the impression the Hep-B antibody test really detects antibodies formed in reaction to infection with HBV (and the vaccination programme against it was established), innovative scientists filled the gap in explaining hepatitis without antibodies against Hepatitis-A virus (HAV) and HBV as “a viral non-A-, non B- Hepatitis”. As in the case of the illnesses grouped under the artificial diagnosis “AIDS”, it didn’t occur to them to mention other well-known reasons for Hepatitis, e.g. alcohol and bad diet. [see PS]

It was then just a matter of years until some US scientists with corporate backing came up with an antibody test, using only synthetic proteins produced on the basis of some genetic sequences which were defined, in an ad hoc act, as being part of the genetic sequence of “Hepatitis-C virus”(HCV). These tests simply use some synthetic, non-viral proteins, that were never even said to be taken from a virus! So, like all such tests, the HCV test can have no diagnostic value whatsoever. Everybody who claims otherwise is acting irresponsibly, and in the case of medical

doctors, have no real ethical values: the result of a positive HCV test frightens people, who are then in danger of treatment with problematic medications in high concentrations (interferons) and their bodies may be damaged by psychosomatic reactions. Just ignore this result, and avoid contact with any medical staff who believe in HCV and if possible start legal action against them. This may be healing not only for you but for others too (e.g. in Germany people say HCV is worse than AIDS). So, look out for a young responsible scientist to help you. The older ones have failed badly by challenging nothing.

PS These scientists had the power of industrial and political institutions behind them, and as in almost all areas of biomedicine have no inbuilt controls any more, such as is found in most engineering sciences, for example, where a machine does obviously work or does not. Biomedical scientists claim all sorts of things, and if people get ill in increasing numbers, it’s said to be because the illness, and the bugs causing it, are getting more dangerous.

Leaving aside the tremendous interests the pharmaceutical companies have in this way of thinking, this development was foreseen long ago because such scientists are not really scientists any more but bureaucrats who “control” themselves by reading the results of their colleagues before a probable publication, and censoring any information that may interfere with their own concepts, their models, their business.

For a deeper understanding of this sorry and dangerous state of biomedicine do read McKeown, Illich, Mendelsohn, Foucault, Feyerabend etc.

Dr Stefan Lanka



by **FATSY & TEDDY**

TEN HANDY TIPS TO REDUCE SURVIVAL RATES

– FROM THE QUACKS AT THE COBBLERS CENTRE

1. Ensure you have financial motives for diagnosing people HIV+ (we get about £20,000 per person) rather than acting out of genuine care and compassion for the individual.
2. Break the Hippocratic oath we all undertook (no-one notices) by prescribing highly toxic pharmaceuticals which do direct harm to the patient.
3. Never miss an opportunity to wield that prescription pad we all worked so hard to get our hands on – always prescribe drugs for the patient before a proper diagnosis has been made – preferably in combination with other drugs in order to increase the toxic load of the patient and totally confuse the originally presenting symptoms.
4. Prescribe more drugs for the side-effects of the drugs in current usage rather than admit the side-effects are genuine or that the drugs may not be working. Just tell them it’s HIV disease, they always believe you.
5. Use fear and coercion to enrol as many people into as many desperately flawed drug trials as possible. We have an obligation to keep the pharmaceutical companies happy as they may increase their financial rewards for us.
6. Perform as many physically intrusive tests as possible in order to make the patient feel like his or her body is no longer their own – an essential prerequisite to get them to hand themselves over to us for experimentation in medical science. Terrify the person by sparing no details when reeling off the list of possible horrific illnesses which might fit their presenting symptoms.
7. Distress and traumatise patients on each and every visit by playing God and predicting their time of death. It’s ever so easy to disguise such delightfully bad news with kind words – the patients never suspect it might not be true and you get an incredible buzz from the power trip.
8. Psychologically destroy as many people with HIV as possible. Ensure that no-one has any hope of survival or recovery. This speeds up the time between testing positive and death and has the added advantage of accelerating CD4 cell loss.
9. Lose patient records, X-rays and blood samples as often as possible to further enhance psychological stress, weaken the constitution by having more X-rays and by taking even more of the vital fluids they need out of the body and into a test-tube.
10. Above all have total belief that all you do is above and beyond question. Remember our positions are unassailable and we always know best.

LISTINGS

Think Pink

At the Ritzy Cinema, Brixton, 1st - 8th July. An expression of Gay/Lesbian/Bisexual works intended as an artists’ forum and an opportunity to raise money for the Pride Trust. A programme of events will be launched with a fashion show (Dexter Wong, Harris K and Colin Ferrira), a poetry recital will also be taking place and Della Grace will be offering to answer ‘everything you wanted to know about me but were too afraid to ask’. Plus paintings from O. Rodrigues and the photography of Jean-Marc Prouveur and Time Out photographer Christine Haller. Films will be showing all week from gay/lesbian and bisexual directors and a ‘Pride Eve Think Pink’ party will close the event. For information contact Ritzy Box Office on 0171 737 2121 after 15th June.

CRUSAID Walk For Life

Sunday 9th June, in 20 cities and town across Britain, starting at 12 noon in all except Scotland, where it will start at 2pm. The London walk starts at the Royal Festival Hall and ends at Shepherd’s Market, near Piccadilly. For further information including start locations freefone 0500 - 011696.

CONTINUUM Workshops

Meeting to talk about possible workshops for gay man diagnosed “HIV+”. Come and discuss important issues with workshop facilitator Michael Baumgartner. Thursday 6th June, 6.30 pm at the Continuum office. Please call to confirm attendance.

Monthly meetings

Next meetings: Tues. 18th June & Tues 16th July, 6.30, Continuum office. All welcome.