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House Committee on Health Care

Re: HB 2958 (Pharmacist-dispensed Pre-Exposure Prophylaxis)
Rebuttal to 3/25/21 Testimony of Loren Sandt, Caring Ambassadors Program, Inc.
in re: amendment proposal to mandate HCV testing for users of HIV "PrEP"

Dear Chair Prusack, Vice-Chairs Hayden/Salinas, and Members of the Committee:

Although Caring Ambassadors claims to operate as a nonprofit public charity, they are primarily an astroturf lobbying firm funded by the pharmaceutical industry. Although they maintain an address in Oregon City to appear as a legitimate Oregon public charity, they actually operate out of Greenwood Village, Colorado. I've examined their tax return and although they don't claim any lobbying expenses, they have a huge "advocacy" portion of their website replete with pictures of their staff … lobbying. Although they do not disclose their funders, their large donations are consistent with "strategic partnership" awards I have observed from similar organizations such as the Treatment Action Group, focus of one of my PrEP-fraud investigations. Caring Ambassadors only care about getting public money thrown at the purchase of expensive Hepatitis C drugs primarily from their sugar daddies Gilead Sciences and Abb-Vie. This involves activities such as covertly funding lawsuits against Oregon's prison systems to force them to cover Hepatitis C medications even when such medication may not be in the interest of a Hep-C positive prisoners. Astroturf testimony is an insult to your committee, and I urge the state to investigate Caring Ambassador's charitable tax status.

Caring Ambassadors launched its "hepatitis C program" in 1999 simultaneous with a national astroturf effort launched by the trade association PhRMA. This was reported on by the Washington Post article **"Grassroots Seeded by Drugmaker"** (Robert O' Harrow, September 12, 2000). I have built a webpage about Hepatitis C where I post the article along with sources and documents for every claim I make regarding Hepatitis C science in this testimony along with audiovisual resources. **Prepispoison.com/hep-c** It is in this light you should consider Mr. Sandt's testimony submitted on 3/25. He makes misrepresentations regarding Hepatitis C transmission that draw from regulatory capture policies of corrupted government health agencies whose sole purpose is to push pills to benefit the pharmaceutical industry at a willfull disregard for public or individual health.

Although Mr. Sandt refers to problematic CDC guidelines, he is only concerned about HCV testing, but not HBV testing, which are also in the CDC guidelines for initiation of PrEP. That alone should raise red flags as to "Caring Ambassadors's" true purpose because the science behind HBV testing is very solid – and can be determined by reading the FDA's "Black Box" warning about PrEP use by chronic HBV carriers. Legally, there is no mandate for the CDC to make recommendations based on peer reviewed reproducable science, unlike at the FDA. I guess Caring Ambassadors only care about certain types of Hepatitis that make money for their funders. My own separate testimony in opposition to this bill raised the issue of CLIA waiver in rapid testing in HIV tests which would be deployed for pharmacist-prescribed PrEP. HBV and HCV tests must be performed in a CLIA lab, meaning Mr. Sandt's proposed amendment is impractical.

Central to Mr. Sandt's advocacy is a desire to require HCV antibody testing as a component of screening for PrEP: a predatory measure to scoop up gay men to make them clients of Gilead's overpriced and toxic drugs – especially sofosbuvir (originally $90,000 for a course of "treatment"). Mr. Sandt cites research that MSMs who take PrEP "have a higher HCV viremia." This is medical mumbo jumbo meaning nothing because HCV viremia has never been observed ever anywhere by anyone in anybody at any time at all whatsoever in the history of the universe (same with HIV).

What Sandt actually means means is “MSMs on PrEP often have positive HCV PCR results.” I should note that the FDA has never approved HCV PCR tests for diagnostics.

Based on documents I obtained from New Zealand’s MedSafe (their version of the FDA) on my website concerning interactions with Tenofovir and sofosbuvir, I can explain this: 1. **the nucleoside analogue ingredients in Truvada cause *false* HCV positive test results** and 2. The medical profession has a constructed an incorrect serological model for HCV and the “date of viremia” in the studies sited by Sandt are meaningless. The conclusions in the WHO studies he cites are a misinterpretation of the data, but it hints at a much deeper inconvenient truth: viral causation of hepatitis C does not exist. In fact, there is no scientific proof a Hepatitis C virus exists. HCV tests (HCV-Ag, PCR, and bDNA) have never been validated against actual virus, and no coherent satisfaction of Koch’s postulates to prove pathogenesis has ever been published. The entire medical profession has it wrong.

Don’t take my word for it: visit my website, and read for yourself the peer-reviewed scientific papers published n prestigious journals, news reports from mainstream outlets such as ABC News, and Congressional testimony by experienced medical researchers that *there is no evidence HCV exists!* When I tried to bring up the issue Last October for the Integrated Planning Group for the State’s Ryan White programs in Public Comment, I was pretty much laughed at – and I would ask you to consider anybody who has taken the time to do the research and submit extensive testimony as this and perform public oversight for no compensation should deserve more respect and consideration by OHA’s staff. I even received a nasty “cease and desist” letter from counsel of the OHA-funded Oregon HIV alliance which rakes in money from Big Pharma to lobby the state to add HCV meds to its Ryan White initiatives. If I’m right, the State stands to save millions in unnecessary drug and medical testing costs and improve healthcare for Oregonians by eliminating toxic treatments and bloated ineffective programs that hurt the people they pretend to help. With millions of Oregonians out of work due to Corona, this money is sorely needed.

The Correlative logical fallacy behind the mass delusion caused by unvalidated medical testing is:
Hepatitis + HCV = Hepatitis C
Hepatitis – HCV = Liver Disease
Healthy + HCV = Buy my drugs

This racket might look familiar:
Tuberculosis + HIV = AIDS
Tuberculosis – HIV = Tuberculosis
Healthy + HIV = Buy my drugs
Healthy – HIV = Buy my drugs *or else*

Clinical Non-A Non-B hepatitis exists (“NANBH,” Hep C’s name prior to the 1990’s), but it does not behave like an infectious disease and can be explained by non-viral causes such as toxins (including prescription drugs) or the toxic shock of a blood transfusion itself rather than a virus in the blood transfusion. If one audits how Hepatitis C screening tests actually work, they light up for injection drug users. It’s not “sharing needles” that causes HCV seroconversion – any junkie knows not to do that. It’s the toxins in the drugs that introduce toxic shocks to the liver causing expression of endogenous RNA. This is picked up in “HCV PCR Screening” that was in the 1980’s mistakenly or maliciously attributed to a virus. I describe the flawed experiment below. Truvada is hepatoxic – hence the HCV seroconversion. Many scientists since 1992 have been saying there are problems with the Hepatitis C model and the basic science; however, the medical profession is subject to mass delusions and incorrect disease paradigms that can go on for decades- especially when money from testing and drugs comes into play. Because the medical profession is so authority-minded, all it takes is for a few leaders at the top to have it wrong and doctors working at the bottom of the ladder with patients will be the last to know.

Virus and Bacteria hunters for years announced discovery of “bugs” said to cause nutritional deficiency diseases such as scurvy, beri-beri, and pellagra. Homosexuality was a mental disorder treated by electroshock, institutionalization, and lobotomy. In Japan, the SMON epidemic was blamed on a nonexistent virus until 1972 when it was found to be caused by prescription medications. Until the 1990’s, Stomach ulcers were said to be caused by psychological stress.

Until 2013, “High cholesterol” was an indicator of cardiovascular disease. There is even a diagnostic code for “Failed Back Surgery Syndrome.” The list goes on and on, and nobody in medicine ever confesses they were wrong.

Cui Bono? The HCV disease treatment model is based on surrogate markers – specifically HCV PCR detection after an HCV (IgG) antibody positive result with two PCR’s spanning greater than 6 months supposedly being proof of a “chronic” infection. A person who “has Hepatitis C” may be perfectly healthy and have no evidence of liver trauma or cirrhosis, but just like the mysterious “latency period” of HIV which has never been explained by medical science, somehow HCV is said to cause liver disease decades in the future – unless the patient who was unfortunate enough to take the HCV test (or was forced to by a prison system) takes drugs like sofosbuvir. Well, what do the drugs do? They don’t “cure” clinical hepatitis because the person who tested HCV positive never had clinical hepatitis. They simply reverse the results of the HCV PCR test by killing the cells that are expressing the RNA – so one was healthy the whole time and thought him/herself to be a “Hepatitis C case” because a Lab said so and then was “cured” and is still healthy. Worse, the drugs themselves are hepatoxic in order to kill the cells, so if someone develops clinical hepatitis by taking the treatment for the nonexistent Virus, then the illness gets blamed on the nonexistent virus! Talk about racketeering!

But how would a “chronic HCV infection” work? Chronic pathogenic nonreplicating infections only exist for one virus: Hepatitis B, which is a very unique DNA virus involving reverse transcriptase (Herpes viruses work completely differently due to something called lysogeny). There is no plausible mechanism of action for HCV to resolve to a chronic infection, as it does not involve reverse transcriptase. Probably the best evidence that HCV doesn’t exist is there isn’t a vaccine for it. On my website, I also cite studies involving military blood samples from the 1950’s that were later compared to VA records. Historical HCV positives developed liver problems at the same rate as HCV negatives.

Hepatitis B is a very real virus. In the early 1990’s before vaccination was widespread there were about 11,000 medical worker needlestick cases every year. Today, it is around 2,800. Never once, however, has there been a confirmed occupational exposure case of Hepatitis C. If one takes the blood of a Hepatitis B patient and centrifuge it, one can see a viral plaque with the naked eye – true viremia caused by millions of viral particles destroying enough liver cells to cause pathogenesis. Hepatitis C (and Corona!) does not do this – instead it relies on the ultrasensitive PCR technique to magnify fragments of RNA that are thought to be associated with HCV – yet it is impossible to see the proteins. HCV has never been isolated or purified and HCV tests have never been validated against Transmission Electron Microscopy, as has been done with HBV.

How Did this Medical Mistake Happen? Past is prologue. In the 1890’s it was confirmed that there was an infectious hepatitis now called Hepatitis A but what is now called hepatitis B was considered to be caused by alcoholism, toxins, and malnutrition: liver disease. HBV only causes clinical Hepatitis in about 1 in 6 infections so it was not obvious that it was an infectious disease until the Nazis performed unethical experiments in concentration camps proving an infectious agent was involved. HBV was also unique because it had no animal or other reservoir. Thanks to Nazi paperclip scientists in research kept classified by the military, it was learned HBV resolves to a chronic infection in 1 of 1500 whites and 5% of Asians – research that interested the Pentagon in their efforts to create an “ethnic weapon” but also to fix the yellow fever vaccine, which gave 360,000 American servicemen and 1 million Brazilians hepatitis in 1941 due to HBV contamination – the virus being unknown at the time and the disease misinterpreted as a toxin reaction and covered up by the US Army and the Veteran’s Agency. The concept of a chronic viral infection with “flare ups” was completely foreign to medicine at the time and it baffled researchers until the early 1960’s, and it was not until the discovery of reverse transcriptase in the late 1960’s that the Hepatitis B infectious model with human serum viral carriers was worked out. In fact, in the 1970’s and 1980’s gay men who had acquired chronic HBV were sought out to donate blood for the production of gamma globulins which were administered to health care workers post-HBV occupational exposure.

The FDA issued its first blood supply screening order in 1972 for HBV. Testing of hepatitis and liver disease patients became more common especially in the context of the gay community where Hepatitis B was endemic as a veneral

disease but Hepatitis A could lead to outbreaks because it is transmitted by the fecal-oral route. Testing was also performed in post-transfusion hepatitis cases. It emerged some hepatitis patients tested both Hepatitis A and Hepatitis B negative, and a third type called "Non-A Non-B Hepatitis" (NANBH) emerged. Simultaneously, Nixon's war on Cancer and the billions made available in the 1970's for the failed virus-cancer program. This created a cognitive bias in the medical profession for viral causation of many diseases, but it also implied that far more research money for NANBH was available through the National Cancer Institute under the virus-cancer program. Because money was available and because clinical hepatitis was observed in populations known to be exposed to infectious agents a widespread assumption developed that NANBH was caused by an undiscovered virus.

In science, this cognitive bias is called "circular logic:" trying to prove an assumption – in this case that NANBH is viral. The person who did this was 2020 Nobel Prize winner Harvey Alter (who is a very homophobic individual, I hear). His experiment, however, lacked a proper control. As I detail on my website, what Alter did in 1978 was take blood serum from NANBH hepatitis patients and inject it into five Chimpanzees. They did not get clinical hepatitis, but after 14 weeks the liver value ALT was slightly raised. Voila! They caught "Hepatitis C" and 40 years later Alter caught a Nobel! What Alter didn't do was inject five control Chimpanzees with blood serum from healthy individuals to rule out the possibility that the elevated Chimpanzee ALT level was caused by being exposed to intravenous human blood. Amazingly, this is the basis of all "Hepatitis C science!"

Soon, surveillance studies sprouted up to determine epidemiology. There was no observation of the "latency period" in Alter's experiment, but epidemiologists tacked on after Bob Gallo's famous 1984 HIV press conference by scientist in a further display of circular logic. Basically, **epidemiologists couldn't make their NANBH data fit the disease, so they constructed a nonexistent "Hepatitis C syndrome" to explain their data inspired by what they saw on TV** with Bob Gallo's "HIV latency period" (which still remains unexplained) instead of reappraising Harvey Alter's flawed observations about the actual NANBH clinical disease being perceived as infectious. **Thus was born a false paradigm.**

In 1984, Michael Houghton at Chiron Corporation – a Biotech in Emeryville at the height of the Michael Milken "Junk Bond" high flying craze – was testing applications of Kary Mullis's new PCR technique developed at Chiron's competitor Cetus (Chiron would later use its HCV test revenue from the Japanese government to purchase Cetus once the PCR patent was sold to Roche). Houghton departed from traditional virology in trying to use PCR to discover viruses, and due to a change in patent law in 1977, it was possible to patent tests. HIV has proven there would be a lucrative market for blood supply viruses, and screening to prevent post-transfusion hepatitis would make a hefty profit for Chiron's investors – which included the editor of *Science*, Dan Koshland, who had published Gallo's fraudulent HIV papers[1] in May 1984 and was in the employ of both Chiron and UC Berkeley and was embarking on a massive fundraising campaign for the University. Chiron's capital was provided by Edward Penohet, whose fundraising flowed from a cozy relationship with Yakuza gangsters in the Japanese Corporate bond market.

The problem is PCR is a manufacturing technique that amplifies known sequences. Houghton therefore lowered the "stringency" of the PCR reaction and chose primers that were associated with various viral RNA's. In some (but not all) of Houghton's NANBH patients some togavirus primers amplified a few RNA fragments as DNA, which Houghton simply assumed were not part of the patient's own genome because they were picked up on his a-stringent viral primers. For this he won the Nobel prize for allegedly discovering HCV – although all he found was some strands of RNA he thought shouldn't be there. Later research showed this RNA correlated with elevated ALT values.

Chiron quickly patented a test for Houghton's RNA fragments thought to be associated with Hepatitis C Syndrome, and as a biotech company, Chiron set Penohet to work trying to make money off the patent. His big chance came in 1988 when Emporer Hirohito was to undergo surgery requiring multiple transfusions. The Japanese health ministry ordered Chrion's experimental test in order to protect the Emperor from post-transfusion hepatitis. Although the Emperor died anyway, the Japanese Health Ministry mandated the use of Chiron's new test for the entire country's blood supply, resulting in $60 Million in profits every year. With investors making lots of money (and enough to buy out Chiron's

[1] For the full story behind the fraud, read John Crewdson's 2003 book "Science Fictions: A Massive Cover-up, and the Dark Legacy of Robert Gallo"

competitor Cetus), there was an opportunity to get other health departments on board: the American Red Cross in 1990, and the FDA in 1992 and later the European Medicnes Agency, the UK, etc. Each time, it raked in $$ for Chiron's investors – all for a screening test for RNA thought to be associated with a hypothetical virus that to this day has never been isolated or observed by anyone.[2]

At that point in the 1990's, Chiron developed an Antibody test. To do this, Chiron did not try to match up proteins to their amplified PCR fragments. Instead, they fished around for antibodies that most commonly reacted in the blood of their PCR-positive "patients." The process was not blinded– very similar to the commercialization of Robert Gallo's 1985 HIV-Elisa where the CDC "lent" Gallo their test validation samples. In other words, they cheated. **The test "works" because it's not validated against a virus – it's just validated against cribbed answers to the test!** Never mind that with normal viruses antibodies in healthy people indicate you got rid of it (with the very specific exception of chronic HBV nonreplication – but in that case there is a validated antibody serology that can distinguish between chronic and cleared infections. No such serology exists for HCV – and medical professionals never ask the critical question that would reveal the flawed paradigm: why?) These antibodies turned out to be associated with flaviviruses, so Chiron recharacterized its model of their Hypothetical HCV … and never bothered to figure out why it only amplified with togavirus primers. The whole process became the "Build-a-Bear" of virology, and it makes many people in the medical profession money. A positive HCV diagnostic test results in at least two follow-up PCR tests spaced six months apart to determine between "chronic" and "cleared" HCV infections, and if a healthy person receives a "chronic HCV diagnosis" he/she is subjected to a battery of expensive Fibreshure tests and invasive biopsies for years not to mention expensive drugs – all to reverse the results of a PCR test that often clears on its own.

Yet nobody asks: if it is possible to "clear" an HCV infection why is there no serious HCV vaccine development? The answer: the serology makes no sense, but doctors don't realize it because they're trained in unthinking diagnostic and treatment algorithms instead of critically thinking things through in a discovery process where the paradox would be readily apparent. As long as authorities tell "doctors" what to do, they follow "standard of care" guidelines uncritically, even when it results in costly iatrogenic harm. Meanwhile industry-funded "Caring Ambassadors" drum up demand for their services.

Although Hepatitis C Syndrome and HCV started off as scientific mistakes, because many powerful corporations are making money off of it**, Hepatitis C has evolved into Organized Crime. Very powerful forces have emerged to protect the racket.** In 2003, when Harvey Alter's chimps from the 1978's were "due" to develop clinical Hepatitis C, an ecoterrorist connected to Donald Rumsfeld conveniently set them free while blowing up Chiron's lab. It turns out hepatoxic pharmaceuticals such as the ingredients in Truvada cause expression of the RNA detected on the HCV PCR test – but because doctors blame liver damage on a virus, it absolves Big Pharma of liability for the toxicity of their products. The expensive drugs that reverse the HCV PCR results are themselves hepatoxic, but doctors who live in their information cocoon arrogantly proclaim that the drug-induced liver damage was caused by HCV.

Hepatitis and Immune deficiency exist, but how are we ever going to help people with interventions that work such as promoting healthy diet and lifestyle and eliminating toxins from their system if we continue to believe on predatory false disease paradigms promoted by corrupted regulatory agencies?

/s/

Thomas J. Busse

[2] A 1999 study by Dennin (on my website) showed that the RNA detected by Chiron's test matches DNA in the human genome.