

BUILDING WEALTH IN CHANGING TIMES



The Solari Report

July 26, 2012

Inside the Medical Matrix
with Jon Rappoport





Inside the Medical Matrix

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This is Jon Rappoport of NoMoreFakeNews.com. I want to thank Catherine for the opportunity to be doing some of these special reports for you, her members. I've been an investigative reporter for the last 30 years, have written a great deal on deep medical fraud and other aspects of what has been known as "the matrix." The matrix – there's a medical matrix, and there's a political and a social and a cultural and an economic and a financial matrix. And there is also a physical matrix.

These are all we could say illusions. They are quite real, of course, but they are substitutes for a higher reality that could exist – that could exist if we were to break through the temporary reality or the "illusion" of the matrix itself, which is my primary interest. And as some of you know, I have a collection out fairly recent called "The Matrix Revealed," which you can find out about on my website, NoMoreFakeNews.com. There will be more volumes of this as I go along.

But today, I want to take you inside the medical matrix at a level that most people are not used to going. And some of this is going to be autobiographical because it involves my investigation into HIV and AIDS in my first book called *AIDS, Inc.*, which ended up giving me a much deeper appreciation and understanding of what really happens inside the medical cartel and formed the basis for my work investigating what happens in the field of medicine ever since 1988.

So let's start with this. If you're lying on the street after a car accident broken up, chances are you probably want a good emergency room. Chances are you want to be put back together again as opposed to say simply swallowing a few herbs. Now, this is where medicine has made tremendous strides: emergency, crisis, trauma medicine. And there are allied branches that kind of grow out from emergency medicine where the practice of modern medicine has been successful.



But what has happened, in effect, is that the propagandists of medicine have tried to take that success and parlay it across the board to make it seem as if wherever medical people touch bodies, minds and so forth, they are uniformly successful, which is a gigantic hoax and lie. But you need to understand that that's how the propaganda works. That's how the propagandist spins out its messages to people basically. "Well, you know that your cousin who was involved in a serious automobile accident was taken to Cedar Sinai Emergency, and he was put back together again, and eventually he recovered and went home, and if it hadn't been for the doctors there he would have died certainly.

"And therefore" – you see underlined, "Therefore, therefore – therefore, we know that whatever we do in medicine, wherever we go, however we diagnose, whoever we treat, we are the kings of the universe. We succeed. Everything is successful – chronic degenerative diseases, contagious diseases, mental problems, etc., etc., etc., all the way down the line we're always successful." That's called an invalid inference, but that's the way propaganda operates, you see: by association.

Well, you know that this is true over here; so therefore, this is the same over here. A and B – uh-uh-uh – okay. A lie – complete lie. So that's where we begin.

Now, as I've mentioned many times before, by their own studies mainstream medicine has confirmed that FDA approved pharmaceutical drugs kill 100,000 people in America every year like clockwork. The basic citation on this is a review called "Is U.S. Health Really the Best in the World?" written by Dr. Barbara Starfield in the year 2000. At the time, she was working as a public health expert quite revered at the Johns Hopkins School of Public Health. The report was published in the *Journal of the American Medical Association* on July 26, 2000, and it has been uniformly ignored since that time.

Now we have a real smoking gun on the FDA's own website, which I turned up recently, and if you were to go and Google "FDA why learn about the adverse effects of drugs," you would be led to a page which is still there indicates that the FDA certainly knows that 100,000 people a year die because of ingesting medical drugs and also about 2 million severe – severe adverse reactions every year. That works out arithmetically to a million people killed in



America every 10 years – every decade by pharmaceutical drugs and 20 million severe adverse reactions.

Yet, even though the FDA lists this on that page, they make no remarks about being responsible for it, because you see they are the one agency tasked with certifying every single drug that is released for public use as both safe and effective. No one's been fired. No one's been arrested. No one's been prosecuted. The FDA has been aware of these figures for a long time, and yet they do nothing about it, which makes them an accessory to the crime of murder. And I don't say that lightly.

People are, “Well, you know, what's Rappoport talking about? This is incompetence, perhaps. It's a conflict of interest – doctors who work for pharmaceutical companies but at the same time make judgments about the efficacy and safety of the drugs for the FDA before approval, but it's not – I mean, it couldn't be murder.” Yeah, it's murder, because if you know – and I used this metaphor in a recent article – suppose you were the gatekeeper. You see there's a gate and there's a big field, and on January 1st of every year you're responsible for opening the gate which lets people into the field.

Otherwise, they can't get in. And you know that every January 1st when you open the gate and all the people pour through that that year 100,000 of them will die, but every January 1st you continue to open the gate, what does that make you? It's really quite simple when you boil it down. So people to try to say, “Well, modern medicine is enormously” – first of all, what does “successful” mean, and what does “modern medicine” mean, because these are generalized terms? Let's get specific.

And in judging how successful pharmaceutical medicine is you must factor in the fact that every decade these pharmaceutical drugs kill a million people in the United States, which would modify, I do believe, anybody's definition of success. This all flies under the radar. This flies under the radar of major media reporters, a number of whom I've spoken to over the years to alert them to this

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study by Barbara Starfield and more recently to the FDA's own webpage, which admits these statistics.

And I evoke no interest. Nobody in major media is willing to cover this, certainly not to make a big deal out of it. On the one hand, we have Watergate. On the other hand we have a million deaths a year – a decade by the most revered institution in America, the medical cartel. Don't you think that's a big story? But nobody covers it.

And the reason that nobody covers it is not simply because of pharmaceutical advertising paying for media. It's also because the media is actually part and parcel of the medical matrix and in a larger sense of the political matrix. And what I mean by that is that the media and other – major media and other institutions create significant chunks and aspects of consensus reality for the population, and were this story that I've just told you here to break out suddenly and become pounded on day after day, week after week, month after month until all sorts of medical experts began crawling out of the woodwork and confessing that, yes, they knew about it, too – 100,000 deaths a year, 1 million deaths a decade – “Yes, yes, yes! We know! We know!”

“We were afraid to speak out, but now we must,” the shock to the public would begin to shake the pillars not only of the consensus reality called the medical cartel, but other aspects of the matrix by contagion. And consensus reality is, after all, what the matrix is all about. Overwhelming numbers of people consent to commonly held perceptions and understandings of what reality is. That's why when I put “[The Matrix Revealed](#)” together, I was able to interview and sought out interviewing insiders who at one time were working for the matrix, so to speak. They were matrix agents.

And one in particular, Ellis Medavoy, was a master propagandist in several areas, but significantly in the medical area. And he related to me in a series of many interviews that I do in “The Matrix Revealed” exactly how he put together the propaganda to create consensus reality in the medical matrix through media, consciously and knowingly as an artist would if the artist were perverse.

So in 1987, when I began writing my first book, *AIDS, Inc.*, it happened as a



lark. I had been working as a reporter for five years writing for *L.A. Weekly* in Los Angeles covering a variety of stories, and I was just getting my feet wet, and I had just written a story about some very strange evangelists in the United States who were trying to consciously provoke war in the Middle East starting in Jerusalem at the monument called the Dome of the Rock by attempting to destroy a sacred Muslim shrine. Right! That was a pretty fantastic story.

I interviewed one of these evangelists, and the idea was, “Well, we know that the final war takes place on the plane of Armageddon. And therefore, it’s gonna start in Israel, and so whatever we do to nudge it along is perfectly okay.” (*Chuckles*) So I was sitting at my desk one day after the story was published – lots of reaction to the story – and I thought, “Well, what could be weirder than that?” which is something that certain reporters will ask themselves from time to time, because as a reporter you’re always looking for the unusual. And so I said, “What could be weirder than that?”

And I thought about this, that and the other – “Ah, no, that’s not gonna work. Ah, I dunno. Hmm – HIV and AIDS, I bet there’s something going on there that’s very, very, very strange, indeed.” And so I thought to myself, “I’m gonna start investigating this and writing about it.” Well, this turned into a meeting with a brilliant hypnotherapist who became a friend and colleague, Jack True, who introduced me to a publisher – doctor, a small book publisher, who said he was looking for a book to expose whatever it was that was hiding behind the façade of so-called AIDS. Was I interested?

I said, “Yes!” And so we hammered out an agreement, and I began writing a book, which would be called *AIDS, Inc.: Scandal of the Century*. That is also in PDF form – the entire book. The publishing history of this book, which came out in 1988, is to unbelievably complex to recount as to what happened to the book since then. But I have gotten it all back together again, and it’s finally all published in PDF form as is included as a bonus in “The Matrix Revealed.”

Well, one of the first things that I came across in investigating AIDS was the test – the diagnostic test that would confirm that someone was HIV positive, which could lead to a diagnosis of AIDS, or at the very least the prescription of incredibly powerful toxic drugs. At the time, the primary drug was AZT. And so I began to view this structure. See, I was feeling my way along kind of like a



blind man because I had never written this extensively on medicine before, and I didn't know all the moving parts. Here was something that was being heralded as a new disease. Okay, well, where do you start? Who do you talk to?

And I thought, "Okay, the test – because the test is the gateway." You go to the doctor. He takes your blood. There's a test. It comes back. "I'm sorry to say you're HIV positive," blah-blah-blah. So – well, I said, "What kind of test is it?" and I was told it's an antibody test. I said, "What does that mean?" Well, antibodies are like messengers – scouts for the immune system. They go out there in the hinterlands of the body looking for foreign invaders, things that don't belong there like certain germs that don't belong there.

There's germs all the time in the body, but they might come across, "Hey, what is this one here? I've never seen this one before." Red flag goes up. "Oh, there's a whole lot of – millions and millions of this particular kind of germ I've never seen before." The antibody says, "Oh, I gotta send back a message to Immune System Central to send out shock troops and get rid of this invader because it looks like he's creating a disease condition right now. Gotta do something about this."

I said, "Okay – all right – antibodies." Now, you know, I'm sort of half playing Colombo, but half uneducated and naïve at the same time, and I'm saying, "Okay, so if somebody has an HIV test, and it's positive, that means that he has in his body antibodies to HIV that are specific to HIV?" "Yes." I said, "Well, what does that really mean?" "Well, it means that these particular antibodies are the guys – the scouts that located HIV in the body, you see. They're now" – and I'm giving you loose language for this.

"They're now tuned to HIV. They can discover HIV wherever it might occur. They are called HIV-specific antibodies. So if we do a test that shows that that – that those HIV-specific antibodies are present in the body, we also know that HIV is present and active in the body and has either already caused great harm to the immune system or will cause great harm." I said, "Uh-huh – okay. Wonderful. All right, I understand that. It makes sense. I'm on the same page. All right, where do I go from here?"

Well, where I went from there was conversations with molecular biologists and



virologists, most of which were simply confirming what I had already been told about antibodies and so on. But suddenly, I came across a few who said, “You know, Rappoport, (*chuckles*), you don’t have a clue of what’s really going on here.” And I said, “Well, tell me.” And they said, “Look at it this way.

Traditionally, in medicine the presence of antibodies on a test – antibodies that are specific to a certain virus – let’s call it to the Ooh-blah-dee virus – that’s a positive sign. That’s a good sign.

“It means that the antibodies have been active.

They’ve contacted the Ooh-blah-dee virus. They’ve sent messages back to central headquarters of the immune system, and the immune system has sent out shock troops and wiped out Ooh-blah-dee. That’s what traditionally has been the case with disease after disease after disease, you see. At the very least – or put it this way, at the very most all you know from an antibody blood test is that the antibodies have contacted that particular germ or virus. But it certainly does not mean that the person is sick or is going to get sick. That is a completely unqualified inference.”

And they suggested that it was fraud in the case of HIV. “In other words,” I said, “you’re telling me that after a long, long period of time in medicine, something has turned upside-down, whereas a test that showed positive for the presence of antibodies in a person had been taken as a positive, good sign of immune system health, all of a sudden now with HIV everything is turned around.” They said, “That’s right.” I said, “Well, this is incredible,” and I began to do more research and discuss antibodies in other ways with virologists and biologists so that I wouldn’t alert them that I was on the verge of upsetting an apple cart, see, because these people don’t like that.

And I discovered that, indeed, this traditionally – that’s what antibodies mean. It’s a good thing. It’s a sign of health and so forth and so on. And I thought, “Wow, I’ve stumbled across something very important here, and nobody else is talking about it.” So I went back to one of these virologists, and I said, “Let’s have a really in-depth conversation now about this, vis-à-vis HIV. Why has suddenly the whole knowledge about antibodies been turned upside-down in

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this case?”

And hemming and hawing and going back and forth, and finally I realized the reason. Because, you see, the assumption was made from the outset that HIV was invariably lethal. If it was present in the body, it was going to destroy the immune system and kill the patient, period, end of story. And therefore, if you tested positive for antibodies specific to HIV, you knew that indeed HIV was in the body, it was invariably lethal, and, therefore, it would kill the patient. And so now an antibody test is not only a bad sign; it's a sign of death coming sooner or later. Aha!

Now I understood something about why everything had been turned upside-down. But that led to the next question: well, is HIV invariably lethal? Is that really true? Because if it isn't true, then there is no reason to have turned all of this science about antibodies on its head – absolutely no reason at all. Well, doctor after doctor, researcher after researcher I talked to said, “Of course, it's lethal. Look! We've got the statistics, the people and so forth. Yes, the patients” – whatever. Mm-hmm.

But then through contacts in the alternative health community, I began meeting people who had been tested in this very way – blood test, antibody test – came out positive, and they've been alive and well: no illness whatsoever. And I have to jump ahead here, because the book was published in 1988. HIV was called “the cause of AIDS” in 1984 – that's four years. Going into the 1990s – going into the late 1990s – going into the 2000s these people are still healthy – not just two or three, but many, many people who have been diagnosed as HIV positive through the antibody test are alive and well indicating that the overall conclusion that HIV is lethal was from the beginning totally false.

And I had accumulated much information about what these alternative health folks had done to remain healthy – in fact, to improve their health. They had done all sorts of things. There was no one solution. Some people it was all about diet and exercise. Other people it was about cleaning up their habits, like street drugs, or taking medical drugs for long periods – medical drugs that were highly toxic. People went on herbal programs. They went on acupuncture programs. They went on deep nutritional programs – all kinds of things – and they had remained absolutely healthy.



But the one common denominator I would say all along the line is that all of these people had rejected the diagnosis, you see – the death-dealing hypnotic diagnosis from their doctor who said, “I’m sorry to tell you you’re HIV positive,” and gloom and doom descends upon the examination room, you see, because don’t underestimate the hypnotic effect of the diagnosis. All these people across the board had rejected that. And in fact, many of these people had rejected basically that HIV was the cause of AIDS or the cause of anything – anything that needed to be feared.

The one thing that it might be – I’m talking now about the test – was a kind of a wake-up call to say, “Am I really healthy here, or am I not?” in terms that you and I would readily understand what health means. And if the answer is no, then I should do something about my health. So this was a gigantic breakthrough in my research – meeting all of these people and now beginning to question the very basis of the whole HIV theory of AIDS.

Before I get into that, however, I need to go back to this whole notion of antibodies because once the meaning of the diagnostic antibody test was turned on its head from a good thing to a bad thing, you see – if it’s positive, ooh, it’s bad for you, the patient – once that happened in the mid-1980s, it has taken hold now within the medical cartel so that many, many times antibody tests are now being used to diagnose people for all sorts of flu this and flu that and this kind of flu and that kind of flu and all sorts of stuff. And in every case, a positive test is taken to mean it’s bad. It’s bad for the patient.

It’s bad, bad, bad – even though, you see, these germs are not said to be invariably lethal. But now the medical cartel has a very good thing because for various reasons that have nothing to do with a particular germ, antibody tests can turn up positive. It’s called cross-reaction. It happens with HIV tests. It happens with tests for Swine Flu. If you do a test for Swine Flu, a test for Bird Flu, a test for SARS, a test for West Nile, a test for all of these phony epidemics that have come down the line.

And what is a cross-reaction? Well, it turns out that when we say that certain antibodies in the body are specific to a certain germ, that is many times overstating it because antibodies don’t necessarily just tune themselves to a particular germ like H1N1 or HIV. There’s a – shall we say a flaw in the



system? It's not really a flaw, but that so-called germ-specific antibody will react and give a positive indication on a test because it's actually reacting to the McDonald's hamburger you ate yesterday or the fact that you drank alcohol or that you got a Hepatitis vaccine at some point in your life or that you have been taking certain medical drugs or at least I would say 50 or 60 different reasons that have absolutely nothing to do with the germ whose presence is supposedly being tested for.

Wowie zowie! Wowie zowie! But, you see, with all of these positive tests turning up for H1N1, Swine Flu and so on and so forth, they can begin – and “they,” I mean the CDC, World Health Organization – can begin go inflate statistics and case numbers. They can say, “Oh, we've got 50,000 cases of this and that and the other thing,” when what they really mean is, “We have 50,000 antibody tests that have been done on people, and since we've turned the whole idea of the test on its head from being a good thing when it's positive to being a bad thing, and when in addition to that we know that these tests will react – cross-react with elements in the body that absolutely have nothing to do with any germs whatsoever – we're lying, and we're doing quite well by lying, and we are inflating case numbers and making it seem as if these epidemics are rampant when in fact they are not.” Wowie zowie, zowie wowie.

I've seen this happen time and time again since I wrote my book on AIDS, and nobody – nobody within the medical cartel who is firmly ensconced – by which I mean a doctor or researcher, medical school teacher – any of these people – certainly not pharmaceutical executives – are questioning any of this at all. They've either accepted it as dogma or they know the truth, but they conceal it. And this changes the entire medical landscape – the entire medical landscape. Do you see how that would be?

I'll try to give you a boiled down analogy. Let's say that if you wake up tomorrow with a red rash on the back of your right wrist in the shape of a circle, since time immemorial this has been taken to be something good. “Oh,” your mother says, “Wow, kid, you're really healthy. Look at the red circle.

Everything is hunky dory.” Okay. Then all of a sudden, through propaganda – massive amounts of propaganda, everything's turned upside-down.



You've got a red circle on the back of your wrist. This is bad. This means you have XYZ disease – or it could be ABC disease or DEF disease or any number of other disease, all of which are bad, and you are now a case statistic, and now we must give you toxic drugs to treat you, which now will harm you, even though you're completely healthy. And you must get the vaccine – or other people must get the vaccine who don't have the red circle yet to prevent the red circle from showing up. See?

Beginning to get the picture here? This is – see, hardly anybody writes about this. I've been hammering on it now since 1988, so that's 12 and 12 – 25 years basically. Wake up! Understand! Understand, understand, understand!

Okay – I could go on for another three or four hours about antibodies. But the next thing I saw as I was researching *AIDS, Inc.* in 1987 and '88 was the question of, "Does HIV even cause AIDS?" And I found a few very brave virologists who said – or molecular biologists who said, "There's absolutely no reason to assume it does. This has been a hype and hoax from the beginning." I said, "Really?" They said, "Yes."

I said, "Well, how do you decide when a germ causes a disease?" Suddenly, I realized I had no idea. I assumed there was some sort of infallible method. New disease; now we say we found the germ that causes it. Well, how do you know? And that became a monster investigation going into animal testing, which turned out to be completely unreliable. And in the case of HIV with the primates that they were infecting intentionally with HIV in laboratories never panned out anyway that these primates – chimps would get sick. So that didn't work.

Okay – so that was one element of how you decide that a germ supposedly causes a disease. You inject it into animals, which I didn't accept, and I had other data about that. Don't have time to go into that. But even if you accept it, it didn't work out with HIV. Okay – so what else do we have?

Well, people are dying. Yes, but what are they dying of? "We have a strong

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correlation between the presence of HIV in people's bodies and the fact that they get sick and die." And so you wanna take that correlation and say, "Therefore, it's causation. Therefore, this germ, HIV, causes AIDS. Yes, that's right because that's the only sensible thing to do." But then I began to look into this at a deeper level, and I realized two things right off the bat.

Actually, the correlation was not between literally discovering HIV in the body like you would use a tweezer and say, "Ah, HIV!" which is just a loose analogy. But it was a correlation between positive antibody tests for HIV and people getting sick. Aha! So somehow a positive HIV test, which really doesn't mean anything now, is correlated with people getting sick and dying? That's right. How is that possible?

And then I began to investigate the drug that was being given to people from 1987 onward which was AZT. And AZT is a failed chemotherapy drug, was tested on rats with leukemia and rejected, was taken off the shelf at the National Institutes of Health, rushed through a completely incompetent and fraudulent human study on AIDS patients, and then released for public use by the FDA. Now, it is perhaps the most toxic drug ever released for human use.

First of all, as a chemotherapy drug, it kills all cells that it comes into contact with. It has a particular affinity for cells of the immune system, which you're trying to strengthen, okay. So it kills immune cells at a very rapid rate. And here's the kicker. When you give chemo to a cancer patient, doctors give it in what they call "rounds." You give some now, you rest, then we give some later, because we know that it's a race to see if the chemo is gonna kill the patient before it kills the tumor.

But in the case of AZT, which is a chemo drug, it's given to a patient every day like clockwork, every day, killing the people left and right that it's being given to. But then the doctor says, "They're dying of AIDS. They're dying of AIDS. They're dying of AIDS." And then they develop new drugs that are similar to AZT that have the same killer power, and people are dying and dying and dying. "Well, they're dying of AIDS," the doctors state. "They're dying of AIDS. They're dying of AIDS." You see?

And then people come back and they say, "Well, yes, but AZT wasn't released



for public use until 1987, so why were all those people dying between roughly 1980 and 1987?” and that became the focus of my book in addition to what I’ve told you so far because I said to myself, “There are supposedly these high-risk groups for AIDS: Haitians, Africans, IV drug users – that’s heroin addicts – hemophiliacs, gay men. Is it possible that what’s being called AIDS in these groups is actually death from something else – maybe even something that has nothing to do with a germ?”

“If I were to investigate people in these groups – high-risk groups who had died, would there be factors for each group – not necessarily the same factors all the way across the board – but for each group that would give me an insight, and I found those factors, and I can’t go into them – I don’t have the time to go into them now – but they had nothing to do with HIV. They had nothing to do directly in most cases with any germs, and this was a revelation. And in fact, on top of that – and here’s the kicker – these factors in these different high-risk groups that were killing people even before AZT was introduced could make – listen for it – an HIV antibody test read positive when it wasn’t really positive for HIV, which would explain why some people who were testing positive for HIV after 1984 when the test was introduced went on to get sick and died.

It had nothing to do with HIV. The positive reaction of the antibody test to HIV was just simply a cross-reaction – had nothing to do with anything. And I found a whole host of people in a major medical study in San Francisco who had remained healthy years and years after being diagnosed as HIV positive, and the common element among them was that they had rejected and did not take AZT. So I had my hands on the biggest story by far that I had ever come across, and it was not just a great story, but it had to do with people living and dying and why were they dying.

So I not only wrote the book, but I began giving lectures about this, appearing on radio shows about this, had people come up to me and say, “You know, my buddy was given AZT in the Army, and three months later he was dead, and he had been completely healthy before.” I mean, people – all sorts of people coming up to me and saying, “I read your book. It saved my life. I ignored the diagnosis. I didn’t take AZT. Instead, I realized I wasn’t healthy. I began to find out ways to increase and improve my health through detoxification,



through natural health,” through this or that, through the other thing, “and I’m now healthier than I’ve ever been in my life.”

So I began to say this whole thing is a hoax. This whole thing is a fraud. You see, I still didn’t understand the breadth and the depth of the medical cartel back in 1987, but I did know that I had done a very extensive investigation of AIDS and HIV, and I knew that this whole thing was a gigantic fraud. I hadn’t yet met the propaganda master, who goes by the pseudonym of Ellis Medavoy that I interview extensively in “The Matrix Revealed,” to have him explain to me how he had – was one of the major figures in propagandizing the whole existence of the hoax called HIV and AIDS to the media in the first place.

I didn’t have that element yet, and I didn’t have an understanding how diseases were invented yet. But in effect, that’s what had happened with AIDS, you see. The label “AIDS” became many things, but one of them was the umbrella under which we can falsely tie together a number of different groups around the planet that are dying from immune suppression from different causes, none of which have anything to do with HIV – you following me – and we can call it one thing: AIDS. Concoct a completely false cause, HIV, and then begin to make a bonanza on many fronts – I mean, cultural, political, economic, financial, pharmaceutical, medical – I mean, it goes on and on and on – a bonanza on many fronts out of this whole operation like an intelligence operation.

And that’s what I became aware of, and it was staggering really in 1987 and 1988 because I didn’t have

– as a reporter, let’s just say it was my first time out on a story this boggling because talk about going up against consensus reality. The overwhelming consensus coming from the medical cartel was this whole thing called AIDS and HIV is completely real in every single respect, and we’ve got it nailed down. And every single place where it was supposed to be nailed down that I investigated it wasn’t nailed down. In fact, it was fraudulent.

You could go back to the original studies done by Robert Gallo at the National Institutes of Health where he claimed that he was isolating – really isolating, not indirectly locating through antibody tests, but directly, as it were, with a



tweezer, you know, picking out the HIV virus from men who had been diagnosed with AIDS, and when you really look at the studies you find that he was able to isolate HIV, if at all, in a minority of the cases, which would not lead any reputable scientist to conclude that he had found the cause of a particular disease.

I mean, that's just one place where it wasn't nailed down right at the beginning. It was a major place, but consensus reality – and one of the reasons why I've continued to focus on the medical cartel over the years – just one of the reasons – is because it has such cache with the public, with politicians, with government, with everybody. They bow down to the secular religion of medicine. And so when you begin to poke holes that you could drive trucks through in that particular consensus reality you are now showing people that there are undoubtedly – and there are – other fantastical elements of consensus reality or “matrix” which also stand or need gigantic amounts of investigation because the exposure would reveal that those consensus realities are also frauds.

The medical consensus reality is gigantic because the amount of hypnotic effect, which is what it takes to bring about a collectivism whereby consensus reality is mutually consented to by millions and billions of people, all of this is up for grabs when you really look at it, and you can expose it as hoax. Consensus is the power, and once consensus fades away or is deflated, the entire reality begins to vanish. That's what I began to understand when *AIDS, Inc.* was published.

And I began to understand why I was a reporter, and I began to understand that the word “reporter” really didn't apply anymore – that this was much deeper than that – that what I had gotten hold of here was motivated from within myself by something much stronger and of much greater duration – that from an early age I had always been suspicious of certain concocted realities, shall we say – had always been convinced that in some way or another – strange way, and a strange way to put it, people were acting – acting as if what they were talking about and what they were pledging their allegiance to was real

“The medical consensus reality is gigantic because the amount of hypnotic effect, which is what it takes to bring about a collectivism whereby consensus reality is mutually consented to by millions and billions of people...”



when it wasn't. And even if I couldn't see that it wasn't, what I could certainly see is that they were acting and not doing a very good job of it.

“So why do you have to put on an act – and a bad act – if the thing that you're pledging allegiance to in the process of acting is rock solid and real? Why would you even need to act?” I began asking myself at about age 13 or 12. And so the fact that this book had come into being and that I had researched and written it on a portable typewriter with no – not even an electric for most of it. So you had to erase by putting an old piece of tape – of course, we had – publisher had somebody who was transferring it, proofreading it. But after doing that book, I said, “Okay, you've come this far. Keep going, because this is what you're looking at.”

The word “matrix,” of course, was not in really the vocabulary then. But “grid,” yes; “consensus reality,” yes; other terms that had been floated around – “illusion,” certainly. And so I said to myself, “Okay, now I really wanna go forward with this, not just in medical arena, but in all arenas wherever it's possible and significant.” And I said to myself, “How deep does the rabbit hole go? How deep does it go?”

How much, in other words, of what we accept as consensus reality, even we who say that we're extremely intelligent and perceptive, etc., etc. – how much of what we accept as consensus reality, or what I would now call “matrix,” is a hoax – is a complete and utter hoax? And what would happen if you could line up all the hoaxes and go “pop, pop, pop, pop, pop, pop, pop,” and they would all disappear, what would be left? (*Chuckles*) What would be left?

And what would we be like having perceived all the hoaxes? Would everything basically look the same or not? Would we feel the same? Would we be experiencing reality in the same way? Would we recognize in fact that we have extraordinary capacities, as individuals now I'm talking here, that have been shielded and obscured from us simply because of our subconscious acceptance of consensus reality here and here and there and there and that deep and then that deep and then that deep and how far – how deep is deep? How deep does deep go?

And I will tell you in our closing moments here, because I think I should, that



since 1962, I had been working also as a painter. I'd been painting paintings from that period on and writing fiction and poetry. In other words – and if you wanna read some very interesting quotes on this sort of thing you can go and look at Philip K. Dick on WikiQuote because you'll find him. In other words, as an artist – as artists do, I was creating worlds – creating universes – creating realities.

And so it wasn't lost on me that somehow matrix in all of its forms, in all of its subcategories of consensus realities lined up, if you could, side by side, are works of art: perverse works of art. And that a clue might lie in the fact that each one of us is in fact a creator. And so the question then becomes to what degree would we be able as individuals with what far-reaching effects, power, intensity would we as individuals be able to create new realities, worlds, universes if we had somehow – “excluded” isn't the right word – eradicated, eliminated, set aside, transcended all of the subconscious acceptance of consensus reality: matrix?

What would our power be then? And so from the time that *AIDS, Inc.* was published in 1988, those have been my twin roads of investigation. You see, I maintain based on personal experience, which I haven't even really gone into in the slightest here – personal experience, interviews, investigations not only into the hoaxes and frauds of consensus reality, but into the capacities of individuals to create realities on their own – that we are looking at something here that is not only enormous in terms of potential, but fabulous and wonderful, fantastically great that is there for us in the future if we want it, if we can see it and if we consider it important enough.

That this world, this reality, these consensus realities, these aspects of matrix such as medical matrix are throwing the shields, as it were, walls across our perception of reality as it would be if we were in fact separated from the subconscious acceptance of consensus reality – matrix. And then I discovered ancient Tibet, and then I saw that what my surmise had been was in fact true. And that's a story for another time, another chapter, and I hope that in this very brief period you have seen something about the power of just one element of consensus reality to be inhibiting of our perception and the awesome nature of discovering the depth and the breadth of the hoax itself.



And to accept the possibility that you and I don't know everything – that we have not discovered all of the forms of consensus reality hoax – that we have not transcended to the highest level possible, and that there is a great road to travel here – a fabulous, fantastic, fulfilling road. Thank you for your time. This is Jon Rappoport. See you next month here on Solari. Thanks, Catherine.

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