HIV and AIDS in 2007: A Brief Update

Rather than contradict the facts presented in the preceding pages, information brought to light since this book was first published further confirms that much of what was thought to be true about AIDS has proved wrong.

**HIV Eludes Authorities:** After 26 years and over 250 billion tax dollars invested in the HIV hypothesis, experts still cannot explain how HIV causes AIDS. In a remarkable set back for AIDS science, a 2007 study concluded “the theory of an uncontrolled cycle of T cell activation, infection, HIV production and cell destruction is wrong.” Using a new mathematical model, scientists showed that the universally accepted theory about how HIV works—an idea that dominated research and dictated treatment policies since 1996—has actually led us further from solutions rather than closer to answers. (PLoS Medicine, 6/23/07)

**The New Face of AIDS:** Since expanding the AIDS definition in 1993 to include HIV positives with no clinical symptoms of disease, the majority of all new AIDS cases in America are healthy people with none of the opportunistic infections previously used to define AIDS. Epidemiology reports from around the US reveal that for the past 14 years, non-illness is the leading reason for an AIDS diagnosis in America, and depending on the region, 45% to 75% of all AIDS cases reported since 1981 were counted in clinically healthy HIV positives. Across the border in Canada where the AIDS definition still requires actual illness, AIDS cases per capita are 18 times lower than in the US. (Public Health Agency of Canada, 2006; Department of Public Heath reports Los Angeles County, San Francisco, New York, Pennsylvania)

**No One is Positive:** The HIV antibody tests used worldwide since 1986 continue to carry an alarming disclaimer: “At present, there is no recognized standard establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood.” The fine print on newer rapid tests expresses similar uncertainty, specifying they are intended only to “aid in the diagnosis of infection with HIV” rather than to actually diagnose HIV infection, and further note that AIDS is merely “thought to be caused by HIV” rather than known to be the cause. The package insert accompanying viral load tests still declares they are “not intended to be used as a screening test for HIV or as a diagnostic test for confirm the presence of HIV infection.” (HIV-1/HIV-2 EIA/ELISA, Abbot Laboratories; OraQuick Rapid HIV-1 Antibody Test, Abbot Diagnostics; Amplicor HIV-1 Monitor Test, Roche).

**Treatment Does Not Equal Life:** The largest study of HAART (highly active antiretroviral therapy) contradicts popular claims that HAART extends life. Tracking 22,000 previously treatment-free HIV positives that began medications between 1995 and 2003, authors discovered, “Viral response improved but such improvement has not translated into a decrease in mortality.” Current drug ads alert people taking AIDS medications they “may still get opportunistic infections or other conditions such as pneumonia, herpes, and mycobacterium avium complex (MAC).” Pneumonia, herpes and MAC are
responsible for more than half of all AIDS illnesses reported in the US. (Lancet 8/5/06, Vol 368 (9534):451-458; Atripla, Bristol-Myers Squibb/Gilead; Emtriva, Gilead; Kaletra, AbbotVirology; Reyataz, Bristol-Myers Squibb; Viramune, Boehringer Ingelheim)

**Rising Deaths From AIDS Drugs:** After years of reports on metabolic disturbances, mitochondrial toxicity, bone necrosis, and other adverse events caused by new AIDS drugs, the US National Institutes of Health finally acknowledged that “…the use of antiretroviral therapy is now associated with a series of serious side effects and long-term complications that may have a negative impact on mortality rates. More deaths occurring from liver failure, kidney disease, and cardiovascular complications are being observed in this patient population.”

A study of 5,700 HIV positives determined that “since the advent of HAART…the most common current cause of death among people with HIV is liver failure.” Authors warned that “monitoring of liver enzymes is needed to save lives,” an economic impossibility for people in Africa and other developing areas of the world taking toxic anti-HIV drugs. (University of Pittsburgh Medical School News Bureau, 7/8/02; www.nih.gov/about/researchresultsforthepublic/HIV-AIDS.pdf)

**Viral Load Proves Wrong:** A landmark paper from 2006 revealed that the viral load tests used for more than a decade to calculate “progression to disease” and gain approval for new AIDS drugs failed in over 90% of cases to predict or explain immune competency in a nationwide study of 2,800 HIV positives. The US Food and Drug Administration approved viral load in 1995 based on its alleged ability to forecast health outcomes. (JAMA 296(12):1498-506, 2006)

**T Cell Questions:** T cell counts may be less reliable measures of immune function than previously believed. A study by the World Health Organization (WHO) proved that HIV negative testing persons can have counts below 350, a number that according to WHO guidelines, would qualify for an AIDS diagnosis if they were HIV positive. (JID, 194:1450, 2006)

**African AIDS Numbers Off:** The latest mortality figures for South Africa, the supposed epicenter of AIDS, list AIDS as accounting for only 2.5% of all deaths in that country. Current claims by UN AIDS of 5.6 million AIDS victims in South Africa are actually estimates based on unconfirmed results from 16,000 antibody tests administered to expectant mothers using an assay documented to register false positives due to pregnancy.

In 2004, UN AIDS estimates for HIV in Kenya were cut by 50% after more careful survey data exposed gross errors in calculations. A 2003 census in Botswana revealed the opposite of 1993 predictions it would be “the first nation in modern times literally to die out [from AIDS].” Instead, Botswana’s population nearly doubled, increasing from less than 1 million to 1.7 million in a decade. A 2002 census in Uganda refuted two decades of estimates that 30% of the population was positive and countless millions would die of AIDS. From 1991-2002, Uganda enjoyed one of the highest annual growth rates in the world (3.4%), lowered infant mortality, and ultimately downgraded HIV estimates to 5%, all without AIDS drug programs and with no indications of changes in sexual behavior over the past 30 years. A 2006 Washington Post investigation determined that the practice of counting AIDS cases in Africa
using “increasingly dire and inaccurate assessments...has skewed years of policy judgments and decisions on where to spend precious healthcare dollars.”


**HIV Down in India:** New survey data found that UN AIDS overestimated the number of HIV positives in India, the alleged world leader in HIV, by more than 55%. The latest estimates suggest positive tests occur in 2.5 million of the country's 1.2 billion inhabitants. In 2002, AIDS champion Bill Gates incorrectly predicted HIV cases in India would top 25 million by 2010. (India Has Many Fewer With Virus, Donald G McNeil, New York Times 6/8/07)

**Breastfeeding Lowers Health Risks:** A 2007 study concluded that exclusive breastfeeding prevents infants of positive mothers from testing HIV positive themselves and provides vital protection from potentially fatal conditions such as diarrhea and pneumonia that threaten the lives of all children in the developing world. In 2006, studies drawing similar conclusions prompted the World Health Organization to recommend HIV positive mothers exclusively breastfeed their infants until age six months. (WHO Policy Statement 10/06; Lancet, 369:1065-1066, 1107-1116, 3/31/07)

**AIDS Ranks Last in Childhood Deaths:** Accounting for just 3% of mortalities among children, “HIV/AIDS” sits at the bottom of a list of public health threats for the developing world according to a 2007 Global Community Health Report by AIDS drug maker GlaxoSmithKline. GSK stated the “world’s top killers of children under five are [non-AIDS] pneumonia, diarrhea, malaria and measles,” conditions related to poverty, malnutrition, and poor sanitation.

**No Animal Model for AIDS:** After almost 20 years of efforts, scientists at the Yerkes Primate Research Center gave up trying to induce AIDS in laboratory chimps using “injections of HIV.” Although inoculated chimps tested positive, and despite having DNA that is 98% identical to humans, the animals did not develop diseases associated with AIDS. (New York Times, 1/7/03, For Retired Chimps, a Life of Leisure, Sheryl Gay Stolberg)

**$50,000 Award Unclaimed:** Since April 2007, Alive & Well AIDS Alternatives has offered a cash award in exchange for scientific evidence proving the ability of any type of HIV test to accurately identify persons infected with HIV. Current HIV tests rely on the detection of surrogate markers or substitutes for HIV such as antibodies or genetic material (RNA or DNA) attributed to the virus. The accuracy of surrogate tests for HIV can only be established by direct purification of HIV from people who register surrogate positive and would prove that positive results occur exclusively in people who are actually infected with HIV. This standard for determining accuracy was not met in 1984 when the first HIV antibody test was developed, and to this day, positive HIV antibody screening tests (ELISAs) are verified by a second antibody test of unknown accuracy (HIV western blots) or by viral load, another unvalidated test. Alive & Well seeks a study proving the scientific basis for declaring that people who test positive for surrogate such as antibodies, RNA or DNA associated with HIV are truly HIV infected. For more information on the $50,000 Fact Finder Award, please visit www.AliveandWell.org.