

Fallacies in Modern Medicine: the HIV/AIDS Hypothesis

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Modern medicine has spawned great things like antibiotics, open-heart surgery, and corneal transplants. And then there is antiretroviral therapy for HIV/AIDS.

A civic-minded, healthy person volunteers to donate blood but, tested for HIV (human immunodeficiency virus), is found to be HIV-positive. This would-be donor will be put on a treatment regimen that follows the 285-page *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*¹ and will be thrust into a medical world peppered with acronyms like CD4, ART, HIV RNA, HIV Ag/Ab, NRTI, NNRTI, PI, INSTI, PrEP, and P4P4P.

Adhering to these government guidelines, a “healthcare provider” will start this healthy blood donor on antiretroviral therapy (ART). For the last two decades the standard for treating HIV infection is a three-drug protocol: “two nukes and a third drug.” The “two nukes” are nucleoside reverse transcriptase inhibitors (NRTI) and DNA chain terminators, like AZT (azidothymidine—Retrovir, which is also a NRTI). The “third drug” is a non-NRTI (NNRTI), a protease inhibitor (PI) or an integrase strand transfer inhibitor (INSTI).²

These drugs are toxic. With prolonged use they can cause cardiovascular disease, liver damage, premature aging (due to damage to mitochondria), lactic acidosis, gallstones (especially with protease inhibitors), cognitive impairment, and cancer. The majority of people who take them experience unpleasant side effects, like nausea, vomiting, and diarrhea.

AZT, the most powerful “nuke” in the ART arsenal, actually killed some 150,000 HIV-positive people from 1987 to the mid-1990s, after which, if the drug was used, dosage was lowered.³ When an HIV-positive person on long-term ART gets cardiovascular disease or cancer, providers blame the virus for helping cause these diseases. Substantial evidence, however, supports the opposite conclusion: it is the antiretroviral treatment itself that causes cancer, liver damage, cardiovascular, and other diseases in these patients.³ They are iatrogenic diseases.

The orthodox view holds that HIV causes AIDS (acquired immunodeficiency syndrome)—one or more of an assemblage of now 26 diseases. Reinforcing this alleged fact in the public’s mind, the human immunodeficiency virus is no longer just called HIV; it is now “HIV/AIDS.”

A new development in HIV care, called pre-exposure prophylaxis (PrEP), promotes universal coverage with antiretroviral drugs to prevent HIV infections, based on the tenet that prevention is the best “treatment.” Given their unpleasant side effects, however, many people stop taking their antiretroviral drugs. An answer for that in the HIV/

AIDS-care world is addressed by its P4P4P acronym (pay for performance for patients). With P4P4P, now under study, patients are given financial incentives to encourage them to keep taking the drugs.²

Could the hypothesis upon which the multibillion-dollar HIV/AIDS medical-pharmaceutical establishment bases its actions be wrong? In 1987, Peter Duesberg, a professor of molecular and cellular biology at University of California, Berkeley, who isolated the first cancer gene, and in 1970 mapped the genetic structure of retroviruses, published a paper in *Cancer Research* questioning the role of retroviruses in disease, and the HIV/AIDS hypothesis in particular.⁴ Then in 1988, he published one in *Science* titled, “HIV Is Not the Cause of AIDS.”⁵ As a result, Dr. Duesberg became a pariah in the retroviral HIV/AIDS establishment, which branded him a “rebel” and a “maverick.” Colleague David Baltimore labeled him “irresponsible and pernicious,” and Robert Gallo, co-discoverer of HIV, declared his work to be “absolute and total nonsense.”

Skeptics of the HIV/AIDS hypothesis are chastised and subjected to ad hominem attacks. Anyone who questions this hypothesis is now branded an “AIDS denier,” which is analogous to being called a Holocaust denier. Nevertheless, non-orthodox scholars have been questioning the HIV/AIDS paradigm for 30 years; and now, in the 21st century, as Rebecca Culshaw puts it, “there is good evidence that the entire basis for this theory is wrong.”⁶

A key feature of the HIV/AIDS hypothesis is that the virus is sexually transmitted. But only one in 1,000 acts of unprotected intercourse transmits HIV, and only one in 275 Americans is HIV-positive! Drug-free prostitutes do not become HIV-positive, despite their occupation.^{3,7}

HIV is said to cause immunodeficiency by killing T-cell lymphocytes. But T cells grown in test tubes infected with HIV do not die. They thrive. And they produce large quantities of the virus that laboratories use to detect antibodies to HIV in a person’s blood. HIV infects less than one in every 500 T cells in the body and thus is hard to find. The HIV test detects antibodies to it, not the virus itself. For these and other reasons, a growing body of evidence shows that the HIV theory of AIDS is untenable.⁷

A positive HIV test does not necessarily mean one is infected with this virus. Influenza vaccines, hepatitis B vaccine, and tuberculosis are a few of the more than 70 things that can cause a false-positive HIV test. In healthy individuals, pregnancy and African ancestry conduce to testing HIV-positive. In some people a positive test may simply indicate

(without any virus) that one's immune system has become damaged, from heavy recreational drug use, malnutrition, or some other reason.⁸

If HIV does not cause AIDS, what does? The classic paper on AIDS causation, published in 2003 by Duesberg et al., implicates recreational drugs, anti-viral chemotherapy, and malnutrition.⁹

If the theory is wrong, how can it persist? In a review of *The Origin, Persistence, and Failings of the HIV/AIDS Theory* by Henry Bauer, the late Joel Kauffman writes:

One of the most difficult things to write is a refutation of a massive fraud, especially a health fraud, in the face of research cartels, media control, and knowledge monopolies by financial powerhouses.... The obstacles to dumping the dogma are clearly highlighted as Dr. Bauer discusses the near impossibility of having so many organizations recant, partly because of the record number of lawsuits that would arise.¹⁰

Henry Bauer, professor emeritus of chemistry and science studies and former dean of the Virginia Tech College of Arts and Sciences, also presents a concisely reasoned refutation of the HIV/AIDS hypothesis in a 28-page online study, "The Case against HIV," with 51 pages of references—now 896 of them, which he continually updates.³

In a review of Harvey Bialy's book, *Review of Oncogenes, Aneuploidy, and AIDS: a Scientific Life and Times of Peter Duesberg*, my colleague Gerald Pollack, professor of bioengineering at the University of Washington, writes:

The book reminds us that although over \$100 billion has been spent on AIDS research, not a single AIDS patient has been cured—a colossal failure with tragic consequences. It explains in too-clear terms the reasons why AIDS research focuses so single-mindedly on this lone hypothesis to the exclusion of all others: egos, prestige, and money. Mainstream virologists have assumed the power of the purse, and their self-interests (sometimes financial), propel them to suppress challenges. This is not an unusual story: challenges to mainstream views are consistently suppressed by mainstream scientists who have a stake in maintaining the status quo. It's not just Semmelweis and Galileo, but is happening broadly in today's scientific arena.¹¹

Adhering to the erroneous hypothesis that HIV causes AIDS, the U.S. government spends billions of dollars annually on HIV/AIDS programs and research—\$29.7 billion for fiscal year 2014. It is a waste of money. It fleeces taxpayers and enriches the HIV/AIDS medical establishment and the pharmaceutical companies that make antiretroviral drugs. The annual cost of HIV care averages \$25,000-\$30,000 per patient, of which 67–70 percent is spent on antiretroviral drugs.²

The tide is beginning to turn, as evidenced in the Sept 24,

2014, publication by Patricia Goodson of the Department of Health and Kinesiology at Texas A&M University. She notes that "the scientific establishment worldwide insistently refuses to re-examine the HIV-AIDS hypothesis," even while it is becoming increasingly "more difficult to accept." She writes:

This paper represents a call to reflect upon our public health practice vis-à-vis HIV-AIDS... The debate between orthodox and unorthodox scientists comprises much more than an intellectual pursuit or a scientific skirmish: it is a matter of life-and-death. It is a matter of justice. Millions of lives, worldwide, have been and will be significantly affected by an HIV or AIDS diagnosis. If we—the public health work force—lose sight of the social justice implication and the magnitude of the effect, we lose "the very purpose of our mission."¹²

Despite its long-term, widespread acceptance, the HIV/AIDS hypothesis is proving to be a substantial fallacy of modern medicine.

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HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). Learning the basics about HIV can keep you healthy and prevent HIV transmission. You can also download materials to share or watch videos on basic information about HIV. What is HIV? HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life. Human immunodeficiency virus (HIV) is a blood-borne virus typically transmitted via sexual intercourse, shared intravenous drug paraphernalia, and mother-to-child transmission (MTCT), which can occur during the birth process or during breastfeeding. HIV disease is caused by infection with HIV-1 or HIV-2, which are retroviruses in the Retroviridae family, Lentivirus genus. See the image below. Electron microscopy of human immunodeficiency virus (HIV)-1 virions. Over 5 million people continue to be newly infected with HIV every year, despite advances in understanding the factors that drive the epidemics. It is apparent that control of the HIV epidemics has often proved difficult due to the complex web of behavioural, biological, social and structural vulnerabilities to infection. In this paper we discuss the epidemiology and control of HIV in sub-Saharan Africa, and draw parallels with the emerging epidemic in South and South-East Asia. Prevalence of infection in sub-Saharan Africa has continued to increase overall, but a few countries have successful WHO fact sheet on HIV/AIDS with key facts and information on signs and symptoms, transmission, risk factors, testing and counselling, prevention, treatment and WHO response. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS), which can take many years to develop if not treated, depending on the individual. AIDS is defined by the development of certain cancers, infections or other severe long term clinical manifestations. Signs and symptoms. Better efficacy seen in open label extensions. The European Medicines Agency has recently provided a positive opinion on the DVR. This paves the way for its use in LMIC, offering women who are unwilling or unable to take oral daily PrEP an additional prevention choice. Based on the hypothesis that Human Immunodeficiency Virus (HIV) is the cause of a recent AIDS epidemic in South Africa, Chigwedere et al. estimated that 330,000 died unnecessarily from AIDS caused by HIV during the period from 2000 to 2005, because a feasible and timely antiretroviral drug treatment program was not implemented in South Africa [1]. The HIV-AIDS hypothesis postulates. In view of our goal to solve the AIDS epidemic, and the specific accusations that those who question the HIV-AIDS hypothesis may be responsible for the loss of hundred thousands of lives we ask here, (1) What evidence exists for the huge losses of South African lives from HIV claimed by Chigwedere et al.? and (2) What evidence exists.