Title: Criminally False: Challenging the Criminality of Being HIV Positive

Author: David Crowe

Contact: David.Crowe@aras.ab.ca +1-403-289-6609

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Abstract

In Canada, consensual sex becomes aggravated sexual assault solely by the presence of HIV antibodies in one partner. If the other partner not only becomes HIV-positive but dies from AIDS, first-degree murder is charged. Being HIV-positive is the only difference between a consensual act of sexual love, and a crime warranting many years in jail, or forever. But HIV is a strange weapon. If your partner knows you are wielding it, its use is not a crime.

The criminalization of HIV is based on the belief it is a deadly, sexually transmitted virus. But that hypothesis has been challenged by evidence since AIDS was first postulated as viral in 1981 (then called Gay-related immune deficiency or GRID). Even though there are other viruses believed to kill more people – such as influenza – it is extremely rare for anyone to be charged criminally, and never with the same severity.

One reason that an HIV positive test result counts as a potentially criminal offence may be because of moral judgments. In Western countries HIV is believed to be transmitted mostly by gay male sex or IV drug use, and both still come with a heavy moral burden, despite changing attitudes towards both. In Africa, black people are obviously the majority of victims and blacks, especially men, are still perceived by many whites as sexually insatiable and irresponsible.

We challenge HIV criminalization by examining the science underlying HIV-AIDS diagnoses. If an accused is truly 'innocent until proven guilty' and to be 'given the benefit of the doubt', then the questions about whether HIV causes AIDS must be answered conclusively. It is notable that some highly credentialed scientists, such as molecular biologist Dr. Peter Duesberg, who questioned the HIV=AIDS=Death dogma in the 1980s, still maintain their skepticism and critical questions about the causal link to this day.

The many concerns surrounding HIV science raise important philosophical and juridical questions. For instance, suppose (as test manufacturers admit) there is no definitive test for the cause of AIDS, just as there is no test for possession by the devil. If you believe that you are possessed by the devil, and that this possession can be transferred by touching another person, are you guilty of a crime when you touch someone? If someone does not believe that HIV causes AIDS, are they guilty of a

crime when they engage in unprotected sex without communicating their HIV antibody status?

This talk will describe how the laws of fraud have been used to criminalize HIV, and we will consider what such a basis for prosecution might mean in other circumstances. We use Canada as an example because the federal legal framework is clearer than in the United States, where many states have individual HIV-related laws or precedents. We will summarize critiques of the HIV=AIDS dogma, the dogma that is the implicit basis for criminalization.

Challenging the Criminality of Being HIV Positive

The Moral Burden of HIV 'Risk Groups'

The risk category maintained by the US CDC with the most annual diagnoses of HIV infection is gay men. The second highest category is among women who have had sexual contact with a man believed to be at high risk for HIV infection, i.e. a bisexual man, or a man in the third largest category, IV drug use (CDC, 2016b). The last major category is of men having sex with an 'at risk' woman (e.g. IV drug user). This pattern is seen consistently in US data (note that IV drug users who are also gay men are double counted):

Year	Gay Men	Women with at-risk man	IVDU	Men with at-risk woman
2015	26,376	6,391	3,594	2,948
2014	26,637	6,691	3,461	3,187
2013	25,726	6,678	3,615	3,331
2012	26,308	7,128	4,021	3,467
2011	26,092	7,568	4,387	3,780
2010	26,338	8,170	5,070	4,074

Although great strides have been made in the acceptance of homosexuality, even in the United States there are still many people who describe gay sex as immoral, sinful or even perverted. Battles still rage over gay marriage, even to the point of the US Supreme Court accepting a case to determine whether a baker must provide a wedding cake for a gay couple if asked. These battles are similar to those fought to allow civil rights for colored people in the United States, including the right to marry a person of a different race.

IV drug use comes with obvious moral judgments, especially among people who support the criminalization of drug use and the drug war. The association of drugs with AIDS is even larger than the statistics would seem to show, because non-injection drug use is not counted in CDC statistics, and it is likely that many of the sexual partners classified as 'heterosexual' are non-IV drug users with an IV drug using partner. It has long been known that cocaine, even when not injected, is associated with a high risk of developing HIV antibodies (Chiasson, 1991).

In Africa, these risk factors are not widespread, the implication is that heterosexual Africans are more promiscuous. This builds on ancient myths about black men being sexually insatiable, something that led to many lynchings in America. It has led to more recent stories about sex with monkeys, or "dry sex", in which black men are

accused of preferring sex that is painful for women, by drying out their vaginas before penetration.

By contrast to HIV, victims of viruses like influenza are seen as normal people. By defaults they are seen as good people while HIV-positive people are assumed to have indulged in some deviant behavior, or they never would have been in a position to catch the virus. Even denials are futile because it will be assumed that the person just wants to hide behaviors they are ashamed of. These assumptions further justify the moral judgments about HIV-positive people, judgments that are likely to be in the minds of police, prosecutors and judges when a case is brought before the courts.

HIV Criminalization in Canada

Criminalization of HIV in Canada is based on the laws of fraud, there are no specific laws related to HIV. The first major Supreme Court of Canada precedent is Cuerrier (1998), updated by two simultaneous and linked decisions from the same court: Mabior (2012) and DC (2012).

Using Canada to discuss HIV and criminalization is much easier than in the United States where there are both some HIV-specific state laws, and a significantly different legal framework in some states, even though the outcome – long jail sentences – is similar in both countries.

The use of the laws of fraud to prosecute HIV does not result in charges of fraud, but of aggravated sexual assault, or even first-degree murder through a chain of logic.

In all the cases used to establish legal precedents in Canada the sexual contact was consensual, but one party did not disclose their HIV-positive status to the other. This leads the courts to treat the sex as non-consensual, using the logic that no person in their right mind would agree to sex with an HIV-positive person (but, if they did, it would not have been a crime).

The logic now flows easily. Non-consensual sex is sexual assault in Canada (rape). HIV is considered a deadly virus – a deadly weapon – ("[HIV] can lead to a devastating illness with fatal consequences" (Cuerrier, 1998)), so it is treated as aggravated sexual assault.

This results in long sentences. In the case of Carl Leone, a white Canadian businessman, the sentence was calculated as 49 years, reduced to 18 years based on the "totality principle", not counting three years of pre-trial house arrest, for which he was not given credit. This is similar to another person who received a 15-year sentence around the same time based on similar charges (Windsor Star, 2008).

This punishment is meted out regardless of whether the alleged victims have become HIV-positive or not. In Cuerrier (1998), for example, "At the time of trial, neither complainant had tested positive for the virus." HIV antibody status of a victim only increases the charges or punishment if a person dies of an illness that can be considered AIDS

In Canada, if someone dies because of a sexual assault, it is automatic first-degree murder. Hence, if someone dies of an illness that fits under the umbrella of "AIDS" after sexual contact with someone who did not disclose their HIV status, it could be considered first degree murder, as it was in the 2011 Johnson Aziga case (Loriggio, 2011). Even that wasn't severe enough, Aziga was also declared a dangerous offender, meaning he will probably die in jail, even though many murderers in Canada are eventually released, particularly first time offenders.

The Aziga case also illustrates that a death is blamed on the deceased's HIV-positive partner even if the cause of death is a side effect of AIDS drugs. I was told, in confidence, while consulting with one of his lawyers, that his two sexual partners who died, did take AIDS drugs, and died from an acknowledged side effect of AZT, the first AIDS drug ever approved. This drug's product monograph actually states, "It was often difficult to distinguish adverse events possibly associated with administration of RETROVIR® (AZT™) from underlying signs of HIV disease or intercurrent illnesses." (GSK, 2005) Although AZT is no longer frequently used in western countries, all AIDS drug 'cocktails' contain at least one drug in the same class (nucleoside analog), with similar side effects.

The protections against such severe charges provided by Cuerrier (1998) were (A) disclosure of status or (B) consistent use of condoms.

There was some anticipation that the 2012 reconsideration by the Supreme Court of Canada would reduce the severity of criminalization of HIV (Mabio, 2012; DC, 2012), but they actually tightened the conditions, by adding (C) low viral load. The defence is now either (A) disclosure or both (B) *and* (C) – using condoms *and* having a low viral load at the time.

Problems with Establishing a Defence

The Supreme Court of Canada standards for defending oneself from having your HIV status used against you in court are quite simple on paper, even the three elements required in 2012, as listed above.

They are not, however, so simple in reality. A problem with many criminal sexual allegations is that sexual contact usually takes place in private with only two people present, potentially the future accuser and future accused in a criminal case. Even if a person discloses their HIV-positive status to their partner *and* uses a condom consistently, there will probably be no witnesses or other evidence. In the case of "D.C.", she was originally convicted because the court believed a doctor who claimed that she had talked to him about a condom that slipped off and, furthermore, he believed that she was lying and hadn't used a condom at all (DC, 2012). The Supreme Court discarded the doctor's testimony, reverting to a he-said, she-said situation, giving the benefit of the doubt to the defendant. But in other cases, it is possible that they would believe the testimony of the HIV-negative partner.

The same problem occurs with disclosure. If someone discloses their HIV-positive status to a sexual partner in private, and the negative partner later denies this, it again boils down to the credibility of the two partners.

It is unlikely that courts in Canada, or other western countries, would overtly declare sex-while-HIV-positive to be a crime, but they have not considered the burden they have imposed on HIV-positive people, that essentially makes it a crime. If an HIV-positive person discloses their status they must do this before they first have sex with the object of their affection. If that person becomes upset and breaks off the relationship at this news (and there is no way to predict how they will react) they may well react by telling others. And then the HIV-positive person has become outed, and may be shunned by their community. Not just shunned sexually, but in all ways. They well could lose their job, their housing, their friends and their family, if they disclose and the news is not handled well. It is true that the person they disclose to may be sympathetic and even willing to engaged in an unprotected sexual relationship, but there is no way to know whether the reaction will be positive, negative or awful except to disclose. And then it is too late to avoid the consequences.

The results of one's HIV status becoming public were clearly described by a Thai woman who recently found out that she was HIV-negative, after living for 12 years with a positive diagnosis (Charoensuthipan, 2017). Diagnosed when she was 8 years old, her neighbours and schoolmates distanced themselves from her, so she dropped out of school, abandoning her dream of becoming a doctor. She eventually married young, tried to use condoms, but became pregnant and had a child. In this case the fact that she had unprotected sex (or a condom failed) saved her, because the child was HIV-negative, which prompted her to get re-tested. In Canada she might have been sent to jail for years if her sexual partner complained that he didn't know she was HIV-positive, or she had encouraged sex without a condom.

In another case, in the United States, a woman was caught on video deliberately driving her car into her bicycle-riding boyfriend, causing severe injuries, after finding out he was HIV-positive (Roney, 2016).

Since even disclosing your HIV status privately, and using condoms, are not guarantees of protection, there is only safety in celibacy. In other words, sex while HIV-positive is still potentially a crime even if you disclose and use condoms, unless you have a witness that all your partners were aware of your HIV antibodies before you first had sex.

Sexual Consent Fraud in Other Contexts

There is no end of things that could result in a person deciding that they never would have agreed to sexual contact if they had only known, such as the person's marital status, religion, health status or wealth.

Rather than speculate about whether a man who lies about being a millionaire so that women are more likely to consent to sex, is actually sexually assaulting women. Or whether a women who lies about being single, when she is actually married, might have sexually assaulted a man who would not have sex with her if he had known, it is better to use a real case as an example.

In 2010, a Palestinian man was jailed for 18 months for "rape by deception" because he used the name "Daniel" when he met a woman, which she took to mean that he was Jewish. (Blomfield, 2010).

There are also many viruses other than HIV that are believed to be infectious and deadly. For example, the ordinary influenza virus is claimed to kill between 12,000 and 56,000 Americans every year (CDC, 2016a), greater than the current number of AIDS deaths every year (9,417 in 2014 according to CDC, 2015). If the logic of HIV is carried to its conclusion, one could be charged with aggravated assault, manslaughter or murder for going to work before becoming uninfectious, if a colleague later came down with influenza and became disabled or died.

Similarly HPV is believed to lead to cervical cancer and other fatal diseases, and the logic used with HIV could lead to carriers of the virus, male or female, being charged based on some combination of refusing to get vaccinated, not using condoms, and not disclosing their HPV status to sexual partners.

This theoretical possibility is raised by Cuerrier (1998), although to my knowledge, there are few examples of carriers of other diseases being charged with a crime in recent years, and certainly none of them being treated with the severity of HIV:

> "The fraud required to vitiate consent for sexual assault must carry with it the risk of serious harm. This standard is sufficient to encompass not only the risk of HIV infection but also other sexually transmitted diseases which constitute a significant risk of serious harm."

The Deadly Nature of HIV in Question

The Supreme Court of Canada, in Cuerrier (1998), cited the case of a man who, in 1867, had sex with his 12-year old niece. His sexual contact was ruled non-consensual, not because of the age of the girl, or because it was incest, but because she contracted gonorrhea, and the court ruled that she would not have consented if she had known that he had this STD. He was convicted of "inflicting actual bodily harm".

But gonorrhea is not always fatal. At the root of HIV exceptionalism is the belief that, unlike almost any other disease, it is universally fatal. Not sometimes. Not often. But always. Since it is an exceptional disease, the logic goes, it should get exceptional legal treatment.

In the not so distant past there have been other attempts to treat people with diseases as harshly as HIV-positive people, which we now see as shameful. For example, almost 50 women who were deemed typhoid carriers were locked up for life between 1907 and the 1950s in a special quarter of a mental asylum, isolated even from the truly insane, with special toilets that flushed with boiling water because of their believed infectivity (BBC, 2008).

Perhaps one day we look on the criminalization of HIV-positive people as a similarly anachronistic cruelty.

HIV Exceptionalism

Without explicitly stating it, courts generally accept the basic dogma of HIV, which can be summarized as:

(A) HIV is a virus.
(B) It can be accurately detected by HIV tests.
(C) It is mostly frequently transmitted by sex.
(D) It causes immune deficiency.
(E) In about 10 years this leads to a syndrome called AIDS, which soon leads to death.

Cuerrier (1998) shows a court accepting dogma as fact without even bothering to cite documents or expert testimony:

- "the accused…was aware of the contagious and life-threatening nature of the disease"
- "The venereal disease of HIV and the AIDS it causes are the cause of terrible suffering and death."
- "The failure to disclose HIV-positive status can lead to a devastating illness with fatal consequences."
- "the respondent endangered the lives of the complainants by exposing them to the risk of HIV infection through unprotected sexual intercourse."
- "The possible consequence of engaging in unprotected intercourse with an HIV-positive partner is death"
- "the Crown needs to prove that the dishonest act had the effect of exposing the person consenting to a significant risk of serious bodily harm. The risk of contracting AIDS as a result of engaging in unprotected intercourse meets that test."
- "The deadly consequences that non-disclosure of the risk of HIV infection can have on an unknowing victim, make it imperative that as a policy the broader view of fraud vitiating consent advocated in the pre-Clarence cases and in the U.S. decisions should be adopted"
- "To have intercourse with a person who is HIV-positive will always present risks."
- "the failure to disclose the presence of HIV put the victims at a significant risk of serious bodily harm. The assault provisions of the Criminal Code are applicable and appropriately framed to deter and punish this dangerous and deplorable behaviour."
- The only time they source an opinion, it is of a legal academic (Professor W.H. Holland), "The consequences of transmission are grave: at the moment [1994] there is no "cure", a person infected with HIV is considered to be infected for life. The most pessimistic view is that without a cure all people infected with the virus will eventually develop AIDS and die prematurely"

These are statements that clearly and simply accept the dogma, and do not test it in any way. There are, in fact, no statements in Cuerrier (1998) that provide any

evidence for the dogma or illustrate any knowledge of the science, let alone question it.

The Dogma, Challenged

A brief review of components A through E of the dogma reveals many open questions.

(A) HIV is a virus

This part of the dogma will be discussed last.

(B) HIV can be Accurately Detected by Tests

There are several technologies that have been used for HIV tests, but by far the most important are culturing, antibody testing (mostly ELISA and Western Blot) and Viral Load. Without going into too many details about the technology, they, like all known HIV tests, remain unvalidated by a 'gold standard', i.e. something that unambiguously detects HIV.

Robert Gallo (1984), in his seminal 1984 papers, found antibodies that he declared to be HIV in about 90% of people, but he was able to culture HIV in less than half. Despite culturing being theoretically closer to direct detection of HIV, this resulted in culturing being pushed aside, and HIV antibody tests (such as the one patented by Gallo) dominating. Both tests should have been validated by purifying HIV and injecting it into a susceptible animal (since it would obviously be unethical to do this to a human).

Until so-called "HIV antibodies" have been shown to be produced in response to the exposure of an animal to pure HIV, tests based on them remain unproven.

This is openly admitted by test manufacturers in their disclaimers. For example, it is common to see the words, "A person who has antibodies to HIV-1 is **presumed** to be infected with the virus" (OraSure, 2009. My emphasis).

Viral load tests are no better. They use a primer that represents a tiny fraction of the consensus HIV genome but, without purification of HIV, it is impossible to know what the HIV genome is. Assuming that a genome commonly extracted from people who are HIV-antibody positive, and rarely from the negative, must be from HIV is clearly not sufficient.

Viral Load is based on the Polymerase Chain Reaction (PCR). Ironically, the inventor of this important manufacturing technology, Kary Mullis, who won a Nobel prize for its invention in 1993, wrote the foreword to the 1996 book, "Inventing the AIDS Virus", by one of the foremost critics of the HIV/AIDS dogma, Peter Duesberg. Mullis was highly critical of what he considered the premature acceptance of the theory that HIV caused AIDS. (Duesberg, 1996)

These early AIDS scientists were essentially caught in a tautological trap. Their work relied on assumptions about previous research and about the identity of reagents that they had. But, rather than go backwards to validate the assumptions they

accepted without proof, they preferred to move forwards and allow their work to be used as (unproven) assumptions in further work, a process that continues today.

For example, as mentioned above, Gallo was able to culture HIV in less than 50% of people with AIDS, but without an HIV test (which he was in the process of developing) he could not distinguish AIDS (a syndrome, that is a collection of previously known diseases) from the exact same diseases occurring in an HIV-uninfected person. So he could not know that the people he was testing had AIDS. If, in fact, only those in which HIV could be cultured were infected, he was putting forward an antibody test that would produce about 50% false positives. But in reality, HIV culturing was also not validated, because pure HIV was not used in any of his experiments, so the rate of HIV positive people could be anywhere from 0 to 100%.

Gallo also claimed to have HIV antibodies from rabbit experiments, but there was no pure HIV available (and still isn't) to expose the animals to, thus it could be that the rabbits were producing antibodies to non-HIV components of the materials (e.g. human blood serum) injected into them.

A detailed critique of HIV testing was first put forward by the so-called "Perth Group", led by Eleni Papadopulos-Eleopulos and Valendar Turner (Papadopulos, 1998 is one example). Their many challenges have never been answered, just ignored.

Legally, this should mean that we cannot declare anyone to be definitely HIV infected, and therefore it should be impossible to convict anybody who is positive by antibody, viral load or any other type of 'HIV' test.

(C) HIV is Sexually Transmitted

The most comprehensive study of sexual transmission of HIV in a western country was Padian (1997) that, excluded from the abstract but buried within the body of the text, admitted that, "We followed 175 HIV-discordant couples over time, for a total of approximately 282 couple-years of follow-up…The longest duration of follow-up was 12 visits (6 years). We observed no seroconversions after entry into the study…only 75% reported consistent condom use in the 6 months prior to their final follow-up visit. Forty-seven couples who remained in follow-up for 3 months to 6 years used condoms intermittently, and no seroconversions occurred among exposed partners." That is, among all couples in which only one person was HIV-positive, no seroconversions (infections) occurred, despite many not using condoms.

Another paper (Pettifor, 2005) showed that, among young people in South Africa, 23.3% of young black women were HIV-positive, but only 6.4% of young black men. A significant percentage of virgins (3.8% of women, 2.5% of men) were positive (leading the authors to assume, without evidence, that they were all lying). Unsurprisingly, all indicators of promiscuity were higher in men.

A group led by Gisselquist published a number of papers (e.g. Gisselquist, 2002) that illustrated a large number of anomalies in the sex ratio of HIV, and other indicators,

leading them to conclude that unsafe injections were the cause of HIV transmissions, and that the risk of sexual transmission was greatly exaggerated. But, alternatively, the sex ratio could instead be some cause of false positive HIV test results. Henry Bauer has concluded that something in black skinned people, possibly genetic, dramatically increases the risk of a false positive test (Bauer, 2007). Black women are also more likely to use skin lighteners, which usually contain the immunologically active (and toxic) hydroquinone (Lee, 2002) and injection birth control.

Legally, lack of proof of sexual transmission of HIV, should make it impossible to convict anyone of endangering a life by sexual contact.

(D) HIV Causes Immune Deficiency

Immune deficiency is generally measured by CD4+ T-cell counts (often simply called CD4 cells) despite the fact that there is plenty of evidence that low CD4 counts are found in healthy people (Bird, 1996), and that many things other than HIV are known to modulate CD4 counts. Cigarette smoking, for example, is known to raise counts (e.g. Tollerud, 1991), and strenuous exercise to lower them (e.g. Tvede, 1989).

Furthermore, there is no accepted mechanism by which HIV kills CD4 cells. For example, there is little correlation between viral load (supposedly the amount of virus) and the quantity of CD4 cells. (Rodriguez, 2006)

If it is not known *how* HIV kills CD4 cells, it is not known that HIV *does* kill CD4 cells.

Legally, lack of a causal connection between HIV and the production of immune deficiency should make it impossible to convict anyone of endangering the life of someone by setting in motion a chain of events that has not been proven to cause immune deficiency.

(E) HIV Infection Leads to AIDS in about 10 Years, and then Death

Scientists who support the HIV/AIDS dogma have created two terms that contradict that dogma, Long-Term Non-Progressor (LTNP) and Elite Controller (references at Crowe, 2017A). Both categories include people who are HIV-positive, are not taking AIDS drugs, and remain healthy for many years with 'good numbers', generally a high CD4+ T Cell count for LTNP and an undetectable viral load for the Elite Controller category.

In some cases, healthy, HIV+, pharmaceutical-free people do not have high CD4 counts and low viral load and thus are not counted in these categories. Nobody actually knows what fraction of HIV-positive people remain healthy without AIDS drugs.

Legally, lack of certainty that an HIV-positive diagnosis will lead to AIDS should make it impossible to convict anyone of endangering the life of someone who becomes HIV-positive after having sex with them.

(A) HIV is a virus

This is the part of the HIV/AIDS dogma that has been most widely accepted, but it has been challenged by a few scientists since shortly after Gallo's 1984 announcement that he had found the probable cause of AIDS. First questioned by the so-called Perth Group, it has been pointed out that HIV has never been purified, and therefore not even the first link in the chain of logic called Koch's postulates has been successfully established (e.g. Papadopulos, 1998).

The first attempt to view so-called 'purified HIV' under an electron microscope was a spectacular failure which, surprisingly, did not occur for more than a decade after the start of the HIV era in 1984. Two groups published their findings in the same issue of the journal *Virology* in March 1997 and both documented that the centrifuged pellets from 'HIV' culturing were, in fact, over 90% impurities. Without pure materials it is obviously impossible to obtain reference reagents such as antigens, antibodies, DNA and RNA. (Gluschankof, 1997; Bess, 1997)

It is not the job of critics of the HIV/AIDS dogma to prove that HIV does not exist. That is as impossible as proving that Russell's teapot is not orbiting the sun. But is the job of proponents of the HIV/AIDS dogma, including prosecutors, to prove that it does exist before bringing charges predicated on its existence. And it is the job of arbitrators to insist on this proof, something they have rarely done because the defense in legal cases have rarely had the knowledge to know that this is a real issue, or the courage to put such an argument forward.

Legally, if HIV has not been proven to exist, or at least not in biologically active quantities, it should be impossible to convict anyone of endangering the life of another based on their 'HIV' antibody status.

Conclusions

> *"Prosecuting people based on an unproven hypothesis would seem to be unfair and rash. To cloak the real issues in a veneer of irrelevant technological detail is, in my opinion, a bit of a sham." (Mullis, 2007)*

Canadian legal decisions, based on precedents rather than HIV-specific law, result in length jail sentences by converting consensual sex into aggravated sexual assault simply by the undisclosed presence of HIV antibodies in one person. If the sexual partner becomes HIV-positive and later dies from a symptom of AIDS, even if that symptom is also a side effect of AIDS drugs, they can be convicted of first degree murder. Even without murder charges, sentences may be over a decade.

Justices have, like most of the rest of society, simply accepted the dogma that HIV is sexually transmitted, causes AIDS and then death, and that so-called HIV tests can accurately detect HIV infection.

These assumptions are easier to sustain because of the moral judgments placed on the various risk groups – mostly gay men, IV drug users, black skinned people, and the heterosexual partners of IV drug users. The vast majority of HIV-positive people are believed to have acquired the virus either through sex, mostly gay male sex, or through drug use. This contrasts with many other viruses believed to be transmitted

by circumstances that don't carry a severe moral burden, such as being bitten by a mosquito or through sneezing.

There is increasing concern about the harsh sentences being given to HIV-positive people, but criticisms normally keep their arguments safely within the bounds of the HIV dogma. But that only makes the case against these sentences much harder to argue. If HIV truly is a deadly, sexually transmitted virus, it would seem that having sex with someone, without disclosing that you carry the virus, is indeed endangering their life.

However, when the dogma is carefully examined, as has been done by a number of scientists and other researchers over many years, every part of it is questionable. HIV tests clearly do not detect infection, there is little evidence of sexual transmission, and even mainstream HIV/AIDS scientists acknowledge that many people who test positive on HIV tests remain healthy for many years without AIDS drugs.

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