

Disproof of HIV/AIDS Theory

HIV does NOT cause AIDS

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Introduction

The results of “HIV”-tests show that
“HIV” is not an infection and
“HIV” numbers don’t correlate with “AIDS” numbers

Therefore “HIV” is not the cause of AIDS

The Origin, Persistence and Failings of HIV/AIDS Theory

<http://failingsofhivaidstheory.homestead.com/>

<http://hivskeptic.wordpress.com/>

Data on deaths from “HIV disease”
offer simple as well as conclusive proof

HIV/AIDS History

Early 1980s, “AIDS” 1984, “HIV”

“Latent period” between infection and AIDS
~ 10 years (HIV is a *lentivirus*)

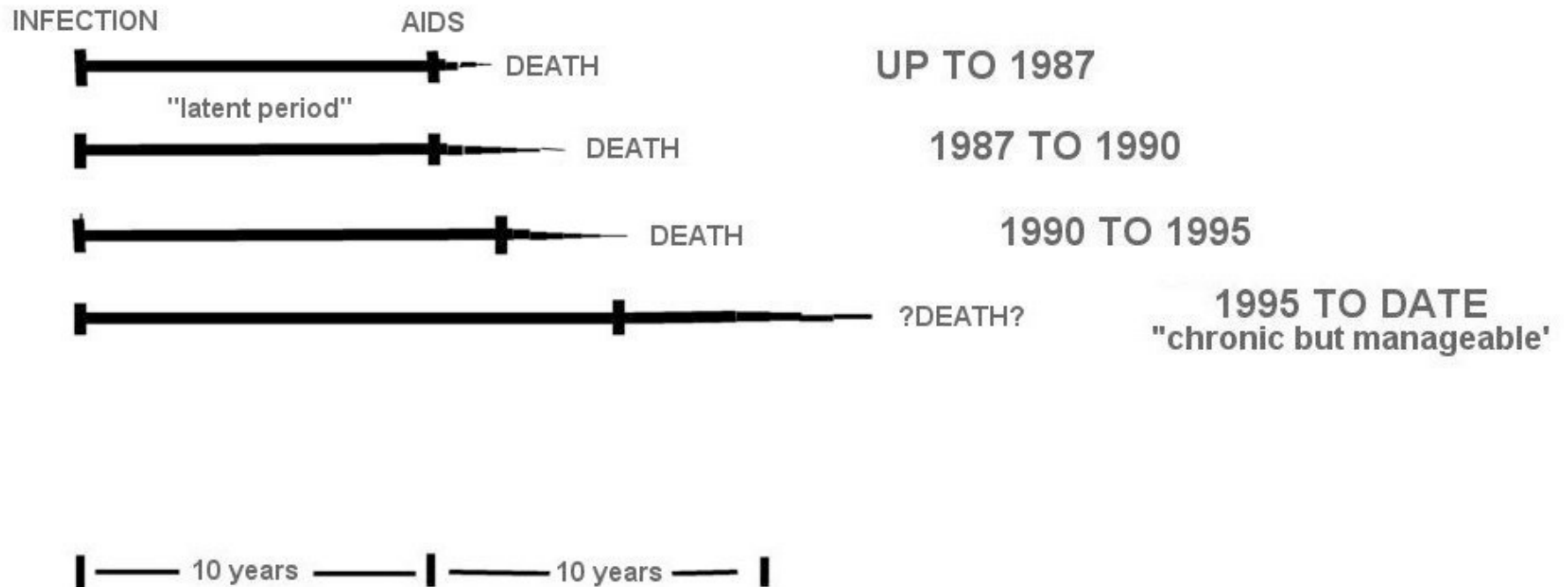
From AIDS to death, up to ~2 years

1987: AZT extends life of AIDS victims

1990: prophylactic AZT lengthens latent period

Mid-1990s: Highly Active AntiRetroviral Treatment
(HAART, “cocktails”) is “life-saving” for AIDS victims
and extends latent period so much that
HIV/AIDS is now “chronic but manageable”

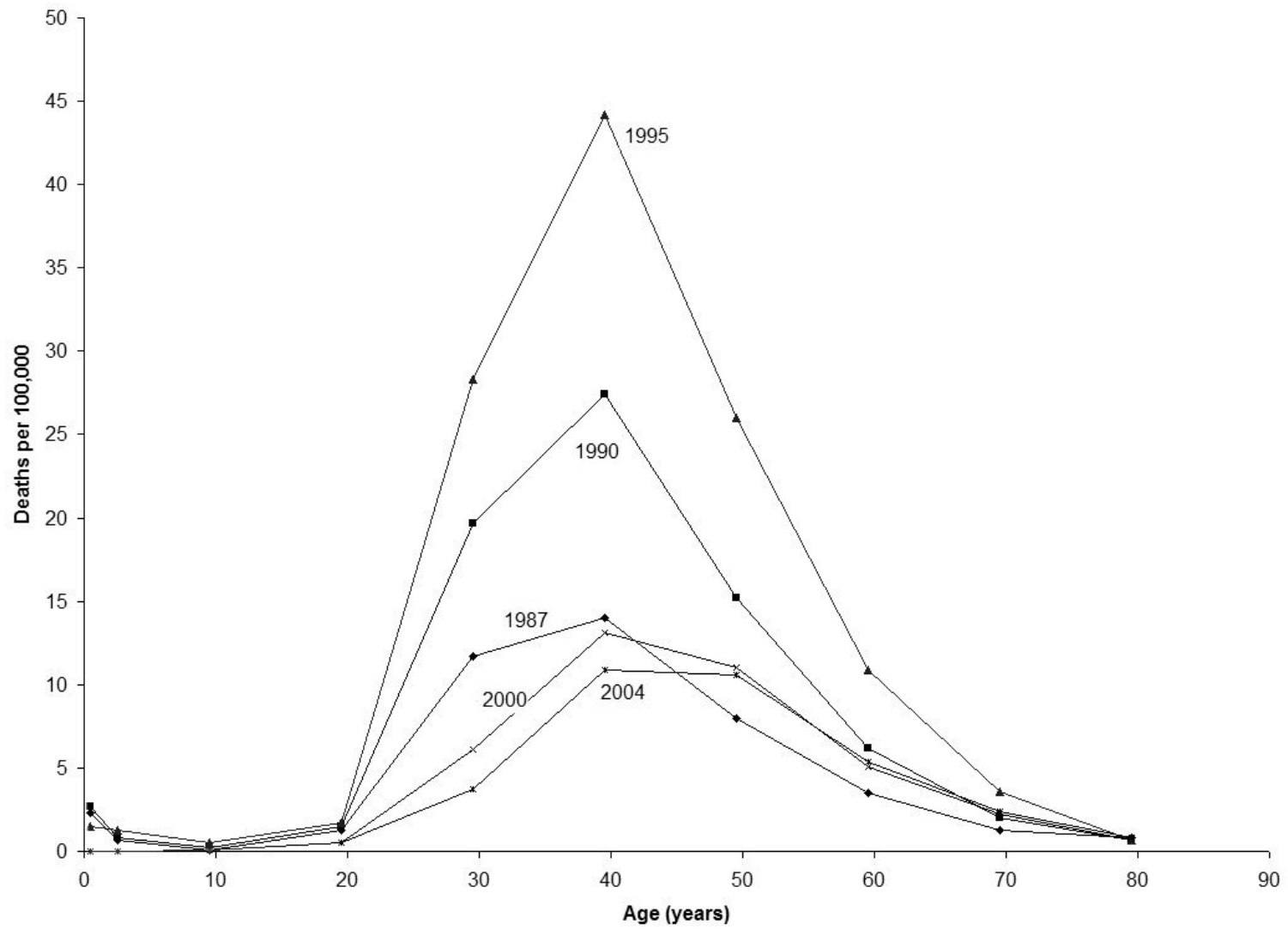
HIV/AIDS Timeline

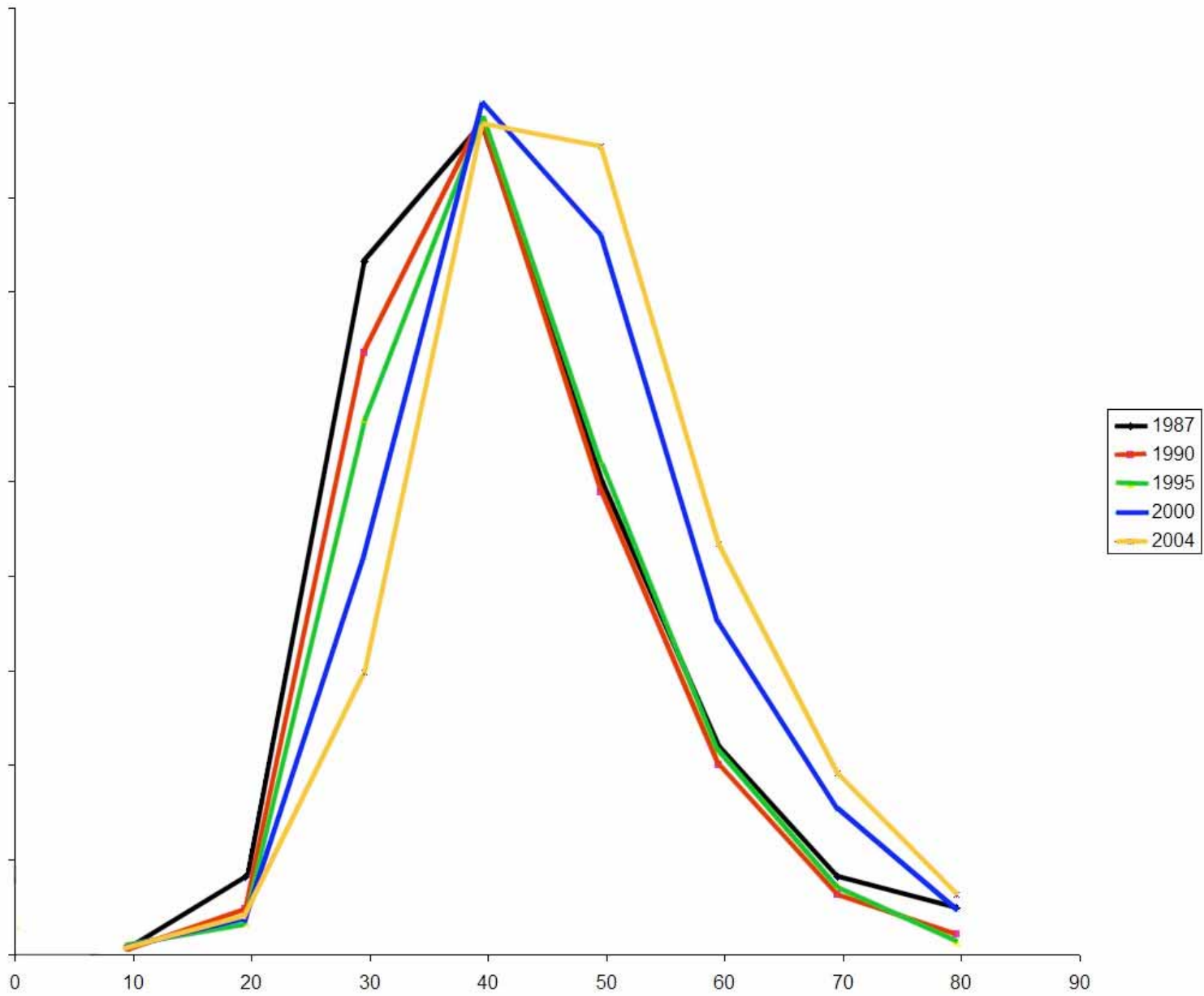


HIV/AIDS Expectations

Therefore the ages at which people die from AIDS or “HIV disease” should have shifted progressively to significantly higher ages

HIV Deaths 1987-2004





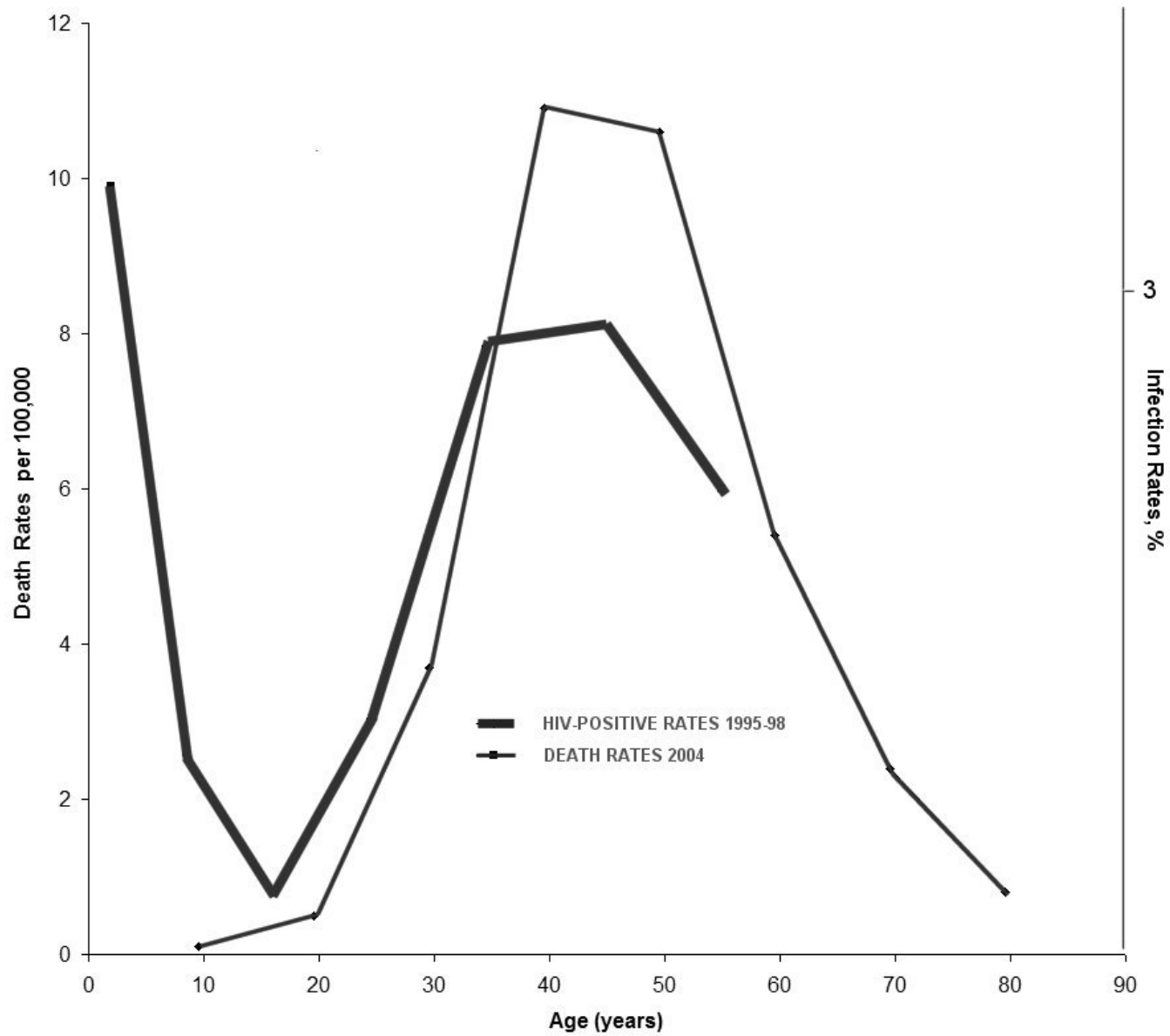
Interpretations & Facts

Infections moved to earlier ages to balance exactly the benefits of drug treatments ?!?

No: peak age for testing “HIV”-positive has been constant, ~30s and 40s, 1985--to date

Comparison of ages of infections and deaths:
Data from public testing sites, 1995-98
prisons, hospitals, TB and STD clinics,
family planning, pre-natal, abortion clinics
drug abusers, gay men ~10,000,000 tests

HIV Infections and Deaths



Hard Questions:

Where is the “latent period”?

Where is the beneficial effect
of antiretroviral drugs?

Infectious disease that kills preferentially
in prime years of adulthood?

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Shift in skewness of death-vs.-age curves

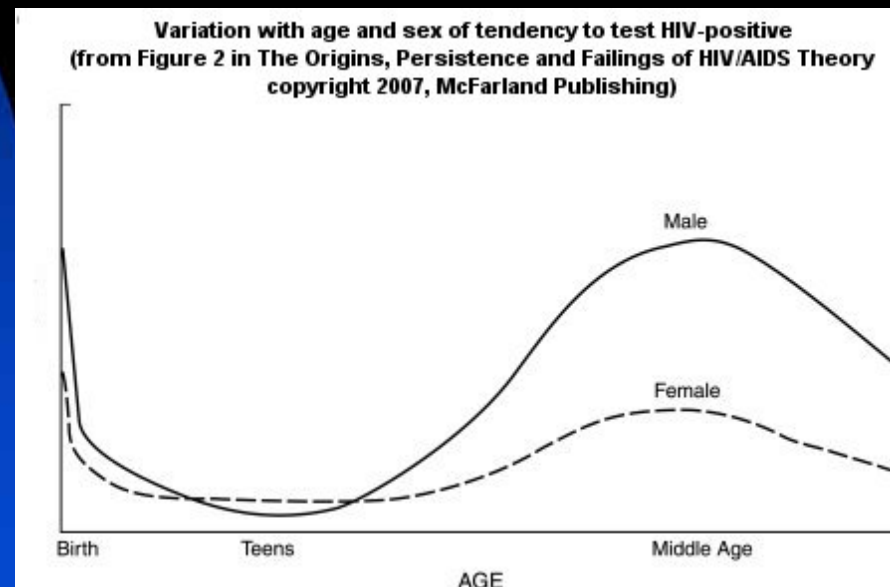
The shift in skewness is owing to a change in the groups being tested.

Testing HIV-positive is a non-specific immune-system response

The ability of the immune system to respond like that

is at its peak in prime adult years, ~40

**This same variation with age is seen among all tested groups:
blood donors, military cohorts, gay men, drug addicts, and more**



However, the rate of testing positive varies according to the average health or fitness of the tested group: highest with people ill or near death, lowest among blood donors.

In the early 1980s, most people being tested had AIDS diseases or were in a high-risk group; they were relatively young people.

So reported “HIV deaths” missed deaths of older HIV-positive people, because they had never been tested, and “HIV deaths” showed an apparent “shoulder” at younger ages.

Increasingly, people of all ages, not necessarily ill, were tested--- in hospital for any reason, pregnant women, healthy gay men--- so the artefactual “shoulder” of deaths at lower ages dissipated.

Iatrogenic deaths

But HIV-positive is interpreted as marking a deadly infection and many HIV-positive people with no symptoms of illness were and are being given antiretroviral drugs.

Those drugs are highly toxic.

“In the era of combination antiretroviral therapy, several large observational studies have indicated that **the risk of several non-AIDS-defining conditions, including cardiovascular diseases, liver-related events, renal disease, and certain non-AIDS malignancies . . . is greater than the risk for AIDS**”

(*Treatment Guidelines*, January 2008, <http://AIDSinfo.nih.gov>)

The rates of death among HIV-positive people have gone up because of additional causes of death-- drug-induced liver, heart, and kidney failure, and cancer; and because **the drugs produce death only after a decade or so**, a “shoulder” of deaths has grown at older ages.