

MYTHS OF HIV AND AIDS

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Myth 1: AIDS is a Distinct Disease

There are several dramatically different definitions of AIDS, depending upon your location and age. In Third World countries AIDS can be diagnosed from fever, diarrhoea and a persistent cough lasting more than a month, with no HIV test required.³³ A laboratory measurement (abnormal CD4 immune cell counts), along with a positive HIV test result, but with no signs of illness, accounts for more than half the diagnoses in the US¹⁵, but is not accepted as a diagnosis for children under 14, or for anyone in Canada¹⁴. AIDS may also be diagnosed in Western countries by one of about 30 different cancers and infections (usually, but not always, with a positive HIV test result required).

Myth 2: HIV Antibody Tests are Accurate

The tests used to determine whether someone is HIV positive are based upon the detection of antibodies. False positives may be recorded due to laboratory errors, vaccinations against other diseases or current or past diseases¹⁰. Even pregnancy makes a false positive test more likely. Unfortunately, because there is no direct way to check for the presence of HIV, the only way to validate a positive test is with more indirect tests^{4,7}. Indeterminate test results may be interpreted as positive in a person believed to be at high risk of AIDS (such as gay men or IV drug users), and negative in others⁷.

Myth 3: Viral Load Tests Count Virus Particles in the Blood

A test used to monitor HIV infections is called "Viral Load".²⁴ It magnifies a portion of genetic material that is believed to be from HIV. However, since HIV has never been purified it is impossible to know what its genetic material is and, even if it was known, only a fragment of it is used as the probe, meaning that cross reactions with other viruses are likely. The virus "load" that is produced is just a mathematical calculation, not a particle count, and cannot determine what proportion, if any, of the genetic material detected reflects infectious virus particles. Viral load may be measured in people who are antibody negative and considered uninfected²⁷, or sometimes, under similar circumstances, considered infected³¹.

Myth 4: HIV is Transmitted During Sex

The first AIDS cases were found in highly sexually active gay men, but they were also heavy drug users. One study showed that 97% of early AIDS patients admitted to the use of nitrite inhalants, drugs that are immune suppressive and carcinogenic¹³. All other risk groups are exposed to toxic or immune-suppressive substances (injected drugs, blood products from other people, or toxic antiviral medications). On the other hand, another study showed that 19 out of 21 wives of HIV positive hemophiliacs were HIV negative, and none had signs of sickness¹⁷.

Myth 5: Clean Needles Stop HIV Transmission in Drug Users

A study of IV drug users in Montreal showed that consistent users of needle exchange programs were *over ten times more likely* to be HIV positive than non-users³. A study of female prostitutes showed that 46% of those taking drugs only intravenously were HIV positive compared to 84% of those exclusively taking cocaine non-intravenously.²⁹ The infectious theory of AIDS cannot explain these anomalies.

Myth 6: Hit Hard, Hit Early is the Most Effective Treatment Strategy

Many AIDS doctors recommend starting HIV medications before symptoms arise. This philosophy continued even after the *Concorde* study of the benchmark AIDS drug AZT showed that early treatment was not beneficial, and that many more people died while taking the drug than on placebo⁶. HIV drugs interfere with normal workings of the human body, and it is not clear that people can survive on them for many years. AZT, for example, has been associated with an almost 50:50 chance of Non-Hodgkin's Lymphoma (a normally fatal blood cancer) after 3 years²⁵. On the other hand, it takes an average of 10 years between becoming HIV positive and starting to develop AIDS without therapy²¹.

Myth 7: New AIDS Drugs are Saving Lives

A new generation of AIDS drugs, Protease Inhibitors, first became available late in 1995 and are credited with saving many lives. However, the AIDS death rate was already declining in 1994, the definition of AIDS in the US had been expanded to include people with no visible illness in 1993¹⁵, and the annualized death rate of people diagnosed in 1997 was higher than in those diagnosed in 1995 and 1996. Protease inhibitors have been associated with serious health problems, including diarrhoea, nausea, dangerously high cholesterol levels, diabetes and heart disease⁵.

Myth 8: Women are the Fastest Growing Group of AIDS Victims

This claim is based on the *percentage* of new AIDS cases among women rising (from 7% in 1993 in Canada to 15% in 1997, for example). Yet, the *actual number* of AIDS cases among women dropped from 126 in Canada in 1993 to only 75 in 1997¹⁴. Similarly in the US, the *percentage* of AIDS cases in women rose from 16% in 1993 to 19% in 1997, while the *actual number* of female cases dropped from 16,824 to 13,105¹⁵. The use of percentages creates the illusion of a growing epidemic among women.

Myth 9: AIDS is a Growing Risk for Children

The risk of AIDS among Canada's approximately 6 million children is minuscule. There were only 25 new cases in 1995, dropping to 10 in 1997¹⁴. Similarly, the number of AIDS cases among the almost 60 million children in the US was only 937 in 1992, dropping to 167 in 1997¹⁵. Compare this with a risk of dying at birth of about 6 for every 1,000 live births.

Myth 10: HIV+ Pregnant Women should take Drugs to Prevent Transmission to Babies

Women pass many different antibodies to their children through the placenta and, after birth, through breast-feeding²⁶. These antibodies are protective, and partially account for the better health of breast-fed babies. Naturally, HIV antibodies may also be transmitted, and it is impossible to distinguish these antibodies from those due to HIV infection in the baby. Yet AZT, the drug prescribed to reduce the risk of infecting the baby (at most about 25%) can cross the placenta¹¹ and can cause anemia⁸, bone marrow damage²², cancer²³ and birth defects¹⁸, as well as other serious health problems in both mothers and their babies¹⁹. One study showed that HIV+ Italian women taking AZT had babies that got sicker and were more likely to die than those of women who refused the medication³².

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MYSTERIES OF HIV AND AIDS

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Mystery 1: Paramedics and Surgeons are Immune from HIV Infection

Not one paramedic or surgeon in the US has contracted AIDS from on-the-job exposure¹⁵, yet they are some of the people most likely to be exposed to HIV+ blood. Out of 633,000 total US AIDS cases through 1997 only 25 are thought to be occupationally acquired¹⁵. In Canada, out of 16,235 AIDS cases through 1998, only 3 are reported as occupationally acquired¹⁴, based on circumstantial evidence¹. Pretty strange for a blood-borne virus!

Mystery 2: HIV Positive Animals Don't Get AIDS

After years of trying it has proved virtually impossible to get Chimpanzees transfused with HIV-positive human blood to become sick with any AIDS diseases. Yet their genes are about 98% the same as humans. In other studies, dogs³⁰ and inbred mice¹⁶ were positive for one or more HIV antibodies (proteins supposedly unique to this virus), yet had never been infected with HIV!

Mystery 3: HIV Destroys While Dormant

The average latency period for HIV is estimated at 8-16 years²¹. During this time HIV is supposedly dormant (in that no symptoms of the disease exist), yet is somehow destroying the immune system of the infected person. Supposedly the virus emerges after years of dormancy and the person quickly gets sick and dies. A rough calculation shows that if a person was infected today with one HIV particle, and it, and all its offspring lived only a day, and produced only two others before dying, there would still be a billion HIV particles in a month (2^{30}). In 2 months the virus particles would occupy a liter (quart) bottle (2^{60}), and in 3 months hundreds of olympic size swimming pools (2^{90}).

Mystery 4: Some HIV Positive People Never Get AIDS Diseases

AMany people, known as Long Term Non-Progressors, have been HIV positive for over a decade, have *not* taken therapy, yet have still not got sick with AIDS²⁰. These people, along with the long latency period in others, are living evidence that something apart from HIV is needed.

Mystery 5: Some People with AIDS Diseases are HIV Negative

Some people with AIDS are not HIV positive. Thousands of cases of HIV negative people with diseases that would qualify as AIDS if they had a positive HIV test have been documented⁹. Because the definition of AIDS requires a positive HIV test, these cases have been given the name Idiopathic CD4 Lymphocytopenia, and are excluded from AIDS tracking and research.

Mystery 6: AIDS rates are falling, even where STD rates are rising

In Western countries the annual rate of new AIDS cases dropped dramatically between 1993 (78,164 cases) and 1997 (30,986 cases)¹⁵ in the US and from 1,751 to 498 in Canada¹⁴. Over the same time period, in San Francisco, one of the cities hardest hit with AIDS, a sharp rise in cases of Gonorrhea, Chlamydia and Syphilis occurred²⁸. If HIV/AIDS is also sexually transmitted, why is it not following the same pattern?

Mystery 7: Kaposi's Sarcoma Prefers Homosexual Men

One of two diseases that triggered the AIDS era was Kaposi's Sarcoma, a form of skin cancer that had formerly been found only on the lower extremities of older men. Why was it suddenly found in the face, chest and lungs of young homosexual men? Why so rarely in IV drug users, hemophiliacs and other AIDS victims? If it is caused by HIV, it should be found in all risk groups. One study showed that 97% of homosexual men with Kaposi's Sarcoma were also users of carcinogenic and immunosuppressive nitrite inhalants¹³.

Mystery 8: AIDS Affects Rich Countries More than the Poor

Why does AIDS attack people in the United States (1 out of 9,000 in 1997¹⁵) over five times more than in Canada (1 out of 50,000¹⁴) and over one hundred times more than in poverty stricken India (1 out of every million²)?

Mystery 9: Why Believe in a Virus that May Not Even Exist?

The first microscope photographs of purified HIV would make any scientist famous. Yet, although billions of dollars have been spent on HIV and AIDS research, nobody has ever photographed purified HIV. Why? Is it possible that nobody has ever really purified it? The first electron micrographs of what had previously been considered to be purified HIV, showed that they consisted mostly of cellular debris¹².

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