

# A multibillion \$ Quiz: Is AIDS a viral or a chemical epidemic?

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Lew Rockwell conference  
Foster City  
December 1-2, 2006

See pdf of J. Biosci. 2003 (Duesberg, Koehnlein & Rasnick) for data and more explanations.

# The HIV – AIDS Hypothesis

- April 23, 1984: Heckler and Gallo announce AIDS is caused by HIV
  - No Peer-Reviewed Experiments
  - No Peer-Reviewed Articles or Papers
- April 23, 1984: Gallo and NIH patent HIV “antibody” test as evidence for AIDS

# 22 Years Later – \$ Billions Spent

- *No* vaccines
- *No* curative medications
- Treatment consists of chemotherapy (AZT)
- NIH only funds research linking HIV/AIDS
- Research failures are used for fund raising

# 2003 BART Poster



# Five AIDS Questions

- 1) Is AIDS really caused by a virus?
- 2) If not, what does HIV do?
- 3) Can chemicals cause AIDS?
- 4) Can “HIV Treatment” itself cause AIDS?
- 5) Why is African AIDS so different from American and European AIDS?

To answer these questions, we will analyze how the predictions of the respective theories match the facts of AIDS.

# 8 Predictions (P) – if AIDS were a conventional viral disease

Conventional Virus Disease	AIDS
1 Virus causes specific and contagious disease. It is present in every case of this disease, e.g. polio (see Koch's postulates).*	Over 26 infectious and non-infectious diseases, e.g. weight loss, cancer, dementia, are AIDS-defining, and many cases are AIDS virus-free.* No evidence for contagiousness.*
2 Short incubation periods, because infections are fast biological chain reactions (generation times: 8-24 hrs, multiplication rates: 100-1000-fold).*	"HIV infections show signs of AIDS, [if at all], [only] within 5-10 years" (Durban Declaration, Nature, 2000).* Yet, HIV replicates in 24 hrs.
3 Disease occurs, if high % of target cells is lost.	High % of T-cells lost in AIDS. But only 1 in 500 T-cells is infected.*
4 Disease is self-limiting by immunity or is fatal within weeks.*	AIDS is not self-limiting.

- |   |   |  |
|---|---|--|
| 5 | Viral epidemics increase and decline within months, forming bell-shaped curves (as per 2-4).* | AIDS drags on over 2 decades*. "No end in sight" (Durban Declaration).   |
| 6 | Pathogenic viruses are horizontally transmitted. Transmission to newborns is likely fatal.    | HIV is naturally transmitted perinatally (from mother to child) – the hallmark of harmless viruses and microbes.*                                    |
| 7 | Random in population.   | AIDS highly non-random. In US & Europe close to 100% are male homosexuals, intravenous drug users and recipients of cytotoxic anti-HIV medications.* |
| 8 | Preventable by vaccine.   | No AIDS vaccine in sight. Yet, numerous virus vaccines have been developed since Ed Jenner's pox vaccine in 1793.                                    |

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\* See following slides, Nature Biotech. 1993 (Duesberg), and J. Biosci. 2003 (Duesberg, Koehnlein & Rasnick) for data and more explanations.

P1: HIV-specific disease.

Instead, HIV is blamed for 26 old diseases!

Disease	AIDS-diagnosis	%	Cases USA 1997
No disease	<200 T cells + HIV	61	36,634
Microbial	Pneumocystis	38	9,145
	Candidiasis	16	3,846
	Tuberculosis & Mycobacteria	15	3,537
	Cytomegalovirus	7	1,638
	Pneumonia	5	1,347
	Herpes virus	5	1,250
	Cryptococcus	5	1,168
	Toxoplasmosis	4	1,073
Non-microbial	Weight loss/wasting	18	4,212
	Kaposi's sarcoma	7	1,500
	Dementia	6	1,409
	Lymphoma/leukemia	4	850
	Cervical cancer	1	144
Total			60,161



# Prediction 1: Koch's postulates

In the 1880s Robert Koch discovered that tuberculosis is caused by a bacterium.

This discovery was the first proof of the germ theory of disease.

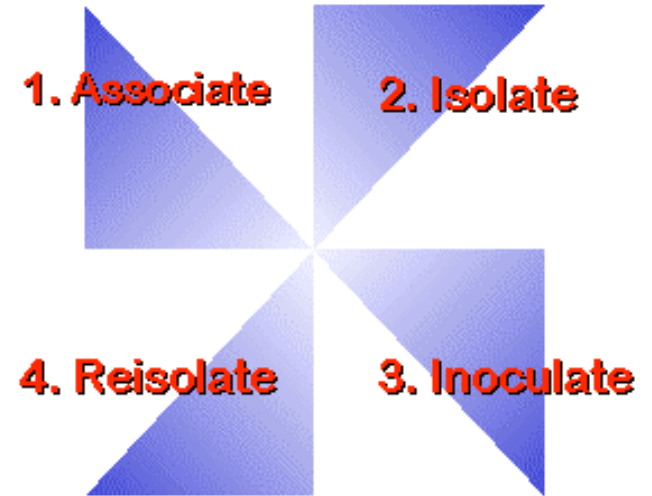
After Koch the germ theory became so popular that numerous investigators tried to blame numerous diseases, ranging from cancer (7 Nobels!) to tennis elbows, on microbes and viruses that later proved to be harmless passenger microbes.

Therefore, Koch defined the criteria for a pathogenic microbe or virus, which have since been called Koch's postulates.

# HIV fails Koch's postulates



The postulates define, whether a microbe or a virus causes a disease.



1. The same microorganism must be present in every case of the disease.
2. The microorganism must be isolated, alias cloned, from all other microbes of the host and grown in pure culture.
3. The microorganism from pure culture must cause the disease when inoculated into a healthy, susceptible laboratory host\*.
4. The microorganism must be isolated in pure culture from an experimentally infected host.

Years of research may have been spent on organisms never proven to cause particular diseases. Whenever one speaks about, or hears about, a disease, one should always seek to find out if Koch's Postulates were performed. The microbe could be a **passenger** instead of a cause. Examples are: Leprosy bacterium / AIDS virus/ Cervical ca virus.

\* The incubation period from infection to disease is determined by the growth rate of the microbe.

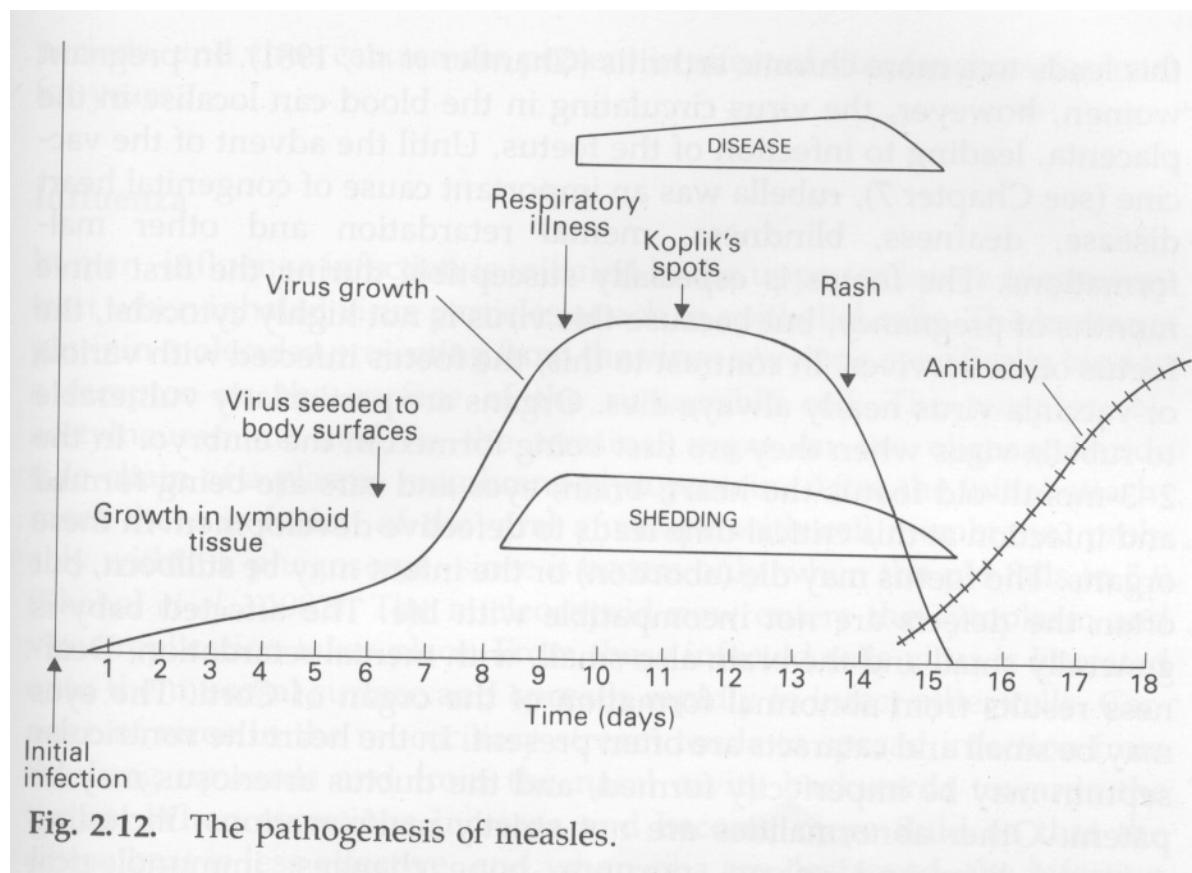
# P1: But no contagious AIDS

According to the peer-reviewed literature:

- Not one doctor or nurse has ever contracted AIDS (not just HIV) from over 929,985 AIDS patients recorded in the US by 2004. But 1000 contract annually hepatitis from patients.
- Not one of the thousands of HIV researchers has contracted AIDS from HIV.
- Wives of hemophiliacs have not contracted AIDS from their husbands.
- There is no AIDS-epidemic in prostitutes.
- There is no pediatric AIDS epidemic from “perinatally” transmitted HIV.

And all this happened, in the absence of a vaccine!  
Thus AIDS is not contagious.

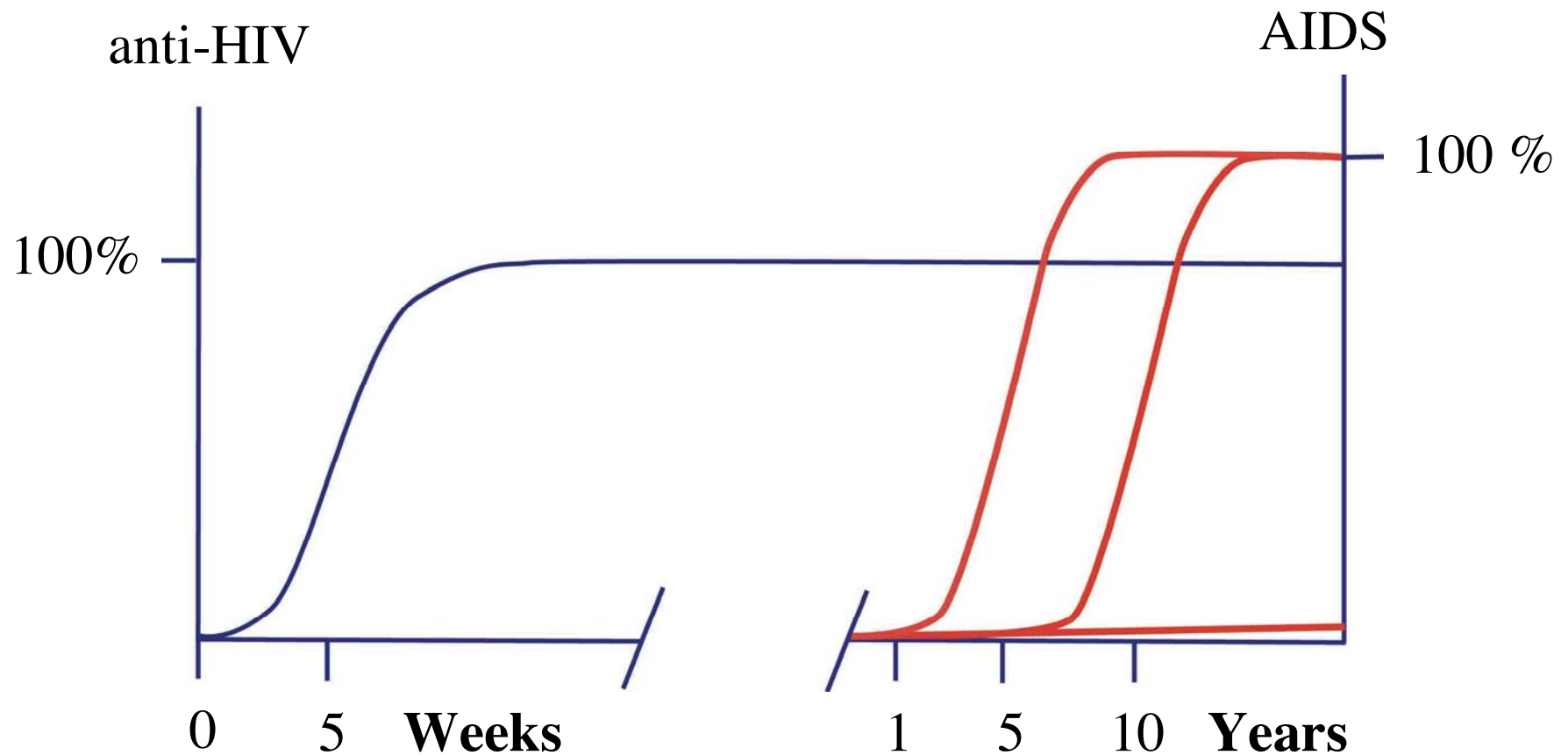
# P2 & 4: Classical virus infection: short incubation periods terminated by immunity (measles)



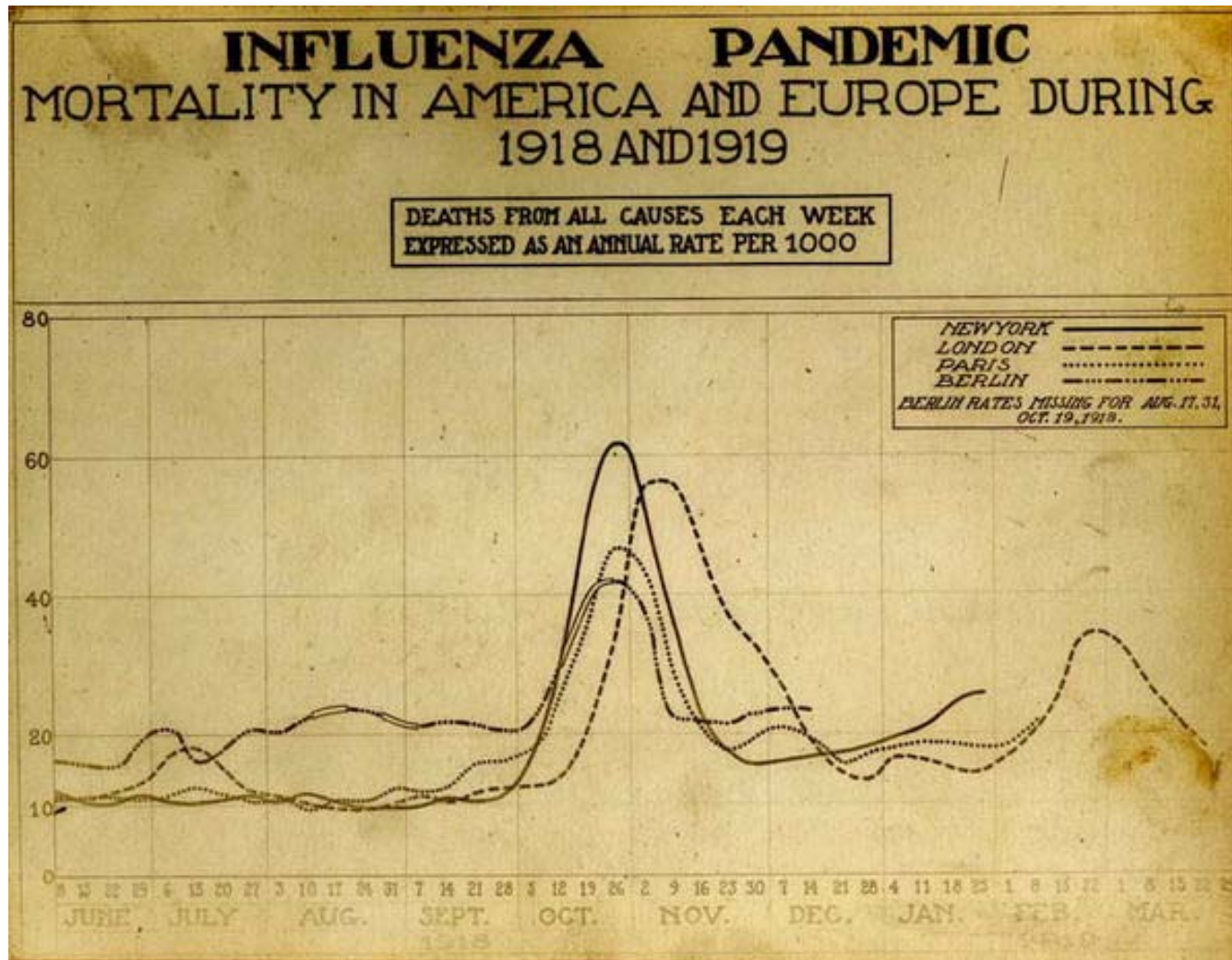
Note,  
time in  
days

From: Viral Pathogenesis and Immunology, Mims & White, 1984

# P2,3,4: HIV is a fast immunogen but a paradoxically slow “pathogen”

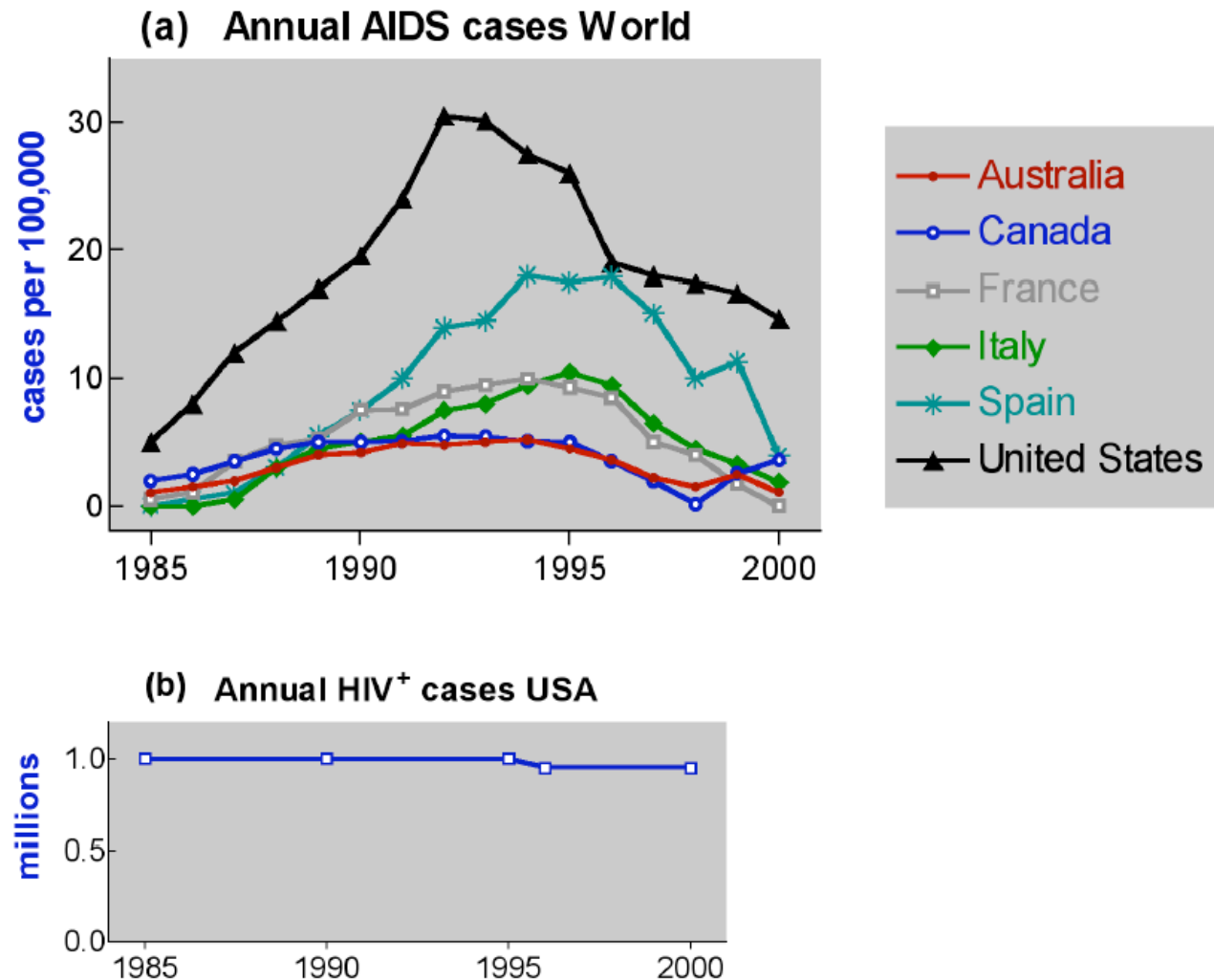


# P5: Classical bell-shaped virus epidemic: Flu in the US and Europe



# P5: But AIDS epidemics drag on for decades and HIV is forever

Unlike  
AIDS,  
HIV is  
steady in  
the US  
since 1985  
and thus  
not new!



# The president downgrades ability of HIV to cause AIDS

In 1987 the proponents of the HIV-AIDS hypothesis have persuaded the US government to ban HIV-positives from entering the US.

But 19 years later, president and anti-terrorist George Bush suspends the American travel ban for HIV-positives, citing “a duty to do something about this epidemic”.

Thus even Bush considers HIV less of a bio-terrorist in 2006 than it was in 1987 (SF Chronicle, Dec. 2, 2006, pA2).



# Conclusion: AIDS is not a viral disease

AIDS fails all 8 predictions of viral disease or epidemic including Koch's postulates.

Thus AIDS is not a viral disease or epidemic.

# *AIDS question 2: If HIV does not cause AIDS, what does it do?*

The vast majority of viruses are harmless passenger viruses that do not cause a disease on their own.

The most harmless passengers are perinatally-transmitted retroviruses.

Others may cause “opportunistic diseases” in immunodeficient people or animals.

# Definition of a passenger virus

- 1) Is either present or absent during a disease.
- 2) Typically infects and is neutralized long before a disease, but infection may coincide with a disease.
- 3) Is typically rare due to immunity, but may be abundant due to immune deficiency (Reo virus, Adeno virus, Cytomegalo virus).

# HIV meets criteria of a passenger virus – exactly

- 1) Only antibodies against HIV are detected in most AIDS patients. Therefore, AIDS is defined by these antibodies since 1985 (1).
- 2) In 1989 Schnittman et al. (al. include Fauci) and in 1990 Simmonds et al. find out that only 1 in 500 to 1000 T cells of AIDS patients is infected by HIV (2, 3).
- 3) In 1993 Duesberg collects references for 4,621 HIV-free AIDS cases from the literature (4).
- 4) In 1993 Piatak et al. deduce from in vitro amplification that “loads” of HIV RNA vary 100,000-fold in AIDS patients! Since there is only 1 infectious virus per 60,000 such HIV RNAs, many RNA “loaded” patients are virus-free (5).
- 5) In 2006 Rodriguez et al. show that there is no correlation between AIDS and HIV RNA “loads” (determined by in vitro amplification). RNA loads are high, low or undetectable in asymptomatic carriers and in AIDS (6).

# References: HIV= passenger virus

1. Centers for Disease Control Revision of the case definition of AIDS for national reporting – United States. *Morb. Mortal. Weekly Reports*, 34: 373-375, 1985.
2. Schnittman, S. M., Psallidopoulos, M. C., Lane, H. C., Thompson, L., Baseler, M., Massari, F., Fox, C. H., Salzman, N. P., and Fauci, A. The reservoir for HIV-1 in human peripheral blood is a T cell that maintains expression of CD4. *Science*, 245: 305-308, 1989.
3. Simmonds, P., Balfe, P., Peutherer, J. F., Ludlam, C. A., Bishop, J. O., and Leigh-Brown, A. J. Human immunodeficiency virus-infected individuals contain provirus in small numbers of peripheral mononuclear cells and at low copy numbers. *J. Virol.*, 64: 864-872, 1990.
4. Duesberg, P. The HIV gap in national AIDS statistics. *Biotechnology*, 11: 955-956, 1993.
5. Piatak, M., Jr., Saag, M. S., Yang, L. C., Clark, S. J., Kappes, J. C., Luk, K. C., Hahn, B. H., Shaw, G. M., and Lifson, J. D. High levels of HIV-1 in plasma during all stages of infection determined by competitive PCR. *Science*, 259: 1749-1754, 1993.
6. Rodriguez, B., Sethi, A. K., Cheruvu, V. K., Mackay, W., Bosch, R. J., Kitahata, M., Boswell, S. L., Mathews, W. C., Bangsberg, D. R., Martin, J., Whalen, C. C., Sieg, S., Yadavalli, S., Deeks, S. G., and Lederman, M. M. Predictive value of plasma HIV RNA level on rate of CD4 T-cell decline in untreated HIV infection. *Jama*, 296: 1498-1506, 2006.

See <duesberg.com> for pdfs of references 4 and 6; re. ref. 5 see pdfs Duesberg, *Science* 260, 1705, 21 (2003) and Duesberg & Bialy in, *AIDS virus- or drug induced*, Kluwer Acad. Publ, p241-270 (1996).

# *AIDS question 3:* Can chemicals cause AIDS?

There are only two explanations for a new epidemic of “acquired” diseases: **Germ**s or **lifestyle**s, associated with chemical or physical health risks.

Hardly anybody remembers that in 1981 AIDS researchers had already advanced the lifestyle-AIDS hypothesis in the “prestigious” New England Journal of Medicine (Durack et al. NEJM 1981). According to this hypothesis the massive use of recreational sex and party drugs, like nitrite inhalants, amphetamines and cocaine, is causing AIDS.

Since viruses or microbes do not transmit AIDS, the recreational and anti-viral drugs “must be the truth”:

**How often have I said to you, that when you have eliminated the impossible, whatever remains however improbable must be the truth.**

***Sherlock Holmes*** 22

# Chemical AIDS

According to this hypothesis the causes of AIDS are

- Recreational drugs,
- Anti-HIV drugs, and
- Malnutrition.

# 7 Predictions (P) – if AIDS were a chemical disease/epidemic

Diseases caused by  
drugs and malnutrition

AIDS

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1 Specific recreational drugs cause relatively specific diseases\*.

Risk group-specific drugs explain the 26 heterogeneous AIDS diseases\* and other non-HIV-AIDS diseases.\*

2 Not contagious.

Not contagious\*.

3 Disease occurs, if high % of target cells are lost or transformed to cancer cells.

AIDS, if high % of T-cells is lost or others are transformed to Kaposi sarcoma.



4 Incubation periods  
depend on drug dose.

“5–10 yr-latencies of HIV” are  
the thresholds of recreational  
& anti-viral drug use to  
disease.

5 Epidemics follow drug use  
patterns, not self-limiting  
by immunity (e.g.  
smoking).\*

AIDS epidemics follow  
recreational & anti-viral drug  
use patterns, not self-  
limiting.\*

6 Drug epidemics are non-  
random, risk group-  
specific.

AIDS epidemics are non-  
random, risk group-specific.\*

7 Not preventable by  
vaccines.

No AIDS vaccine in sight.

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\* See following slides, references in D, K & R, J Biosciences (2003), and <duesberg.com> for data and more explanations.

# P1: Specific diseases caused by recreational drugs

[See pdf  
Duesberg &  
Rasnack,  
Genetica 1998]

Disease	Drugs	AIDS defining
Immunodeficiency	C, H, N, A	YES
Kaposi's sarcoma	N	YES
Candidiasis	C, H	YES
Pneumonia	C, H, N	YES
Lymphadenopathy	C, H	YES
Tuberculosis	C, H	YES
Weight loss/anorexia	C, H, A	YES
Dementia, encephalopathy	C, H	YES
Diarrhea	C, H	YES
Fever	C, H	YES
Thrombocytopenia	C, H	YES
Night sweats	C, H	YES
Spontaneous abortion, premature birth, congenital abnormalities	C, H	
Impotence	C, H	
Severe atherosclerosis	A	
Tooth loss, caries	C, H	
Dermatitis	C, H	
Hepatitis	C, H	
Epileptic seizures	C, H	
Endocarditis	C, H	
Bronchitis	C, H	

A = amphetamines; C = cocaine; H = heroin; N = nitrites

# P1: Chemical risk group-specific “AIDS” diseases

Disease	US GAY	US IV Drugs	US AZT	US Child	Hemophiliac Transfusion	African
Kaposi's	++					
Lymphoma	+		+			
Pneumonia				++		++
Tuberculosis		++		++		++
Dementia	+	+	+	+		
Weight loss	++	++	+	+		+
Yeast	++	++	+	+	+	+
PCP pneu.	++	++	+	+	+	
Non-AIDS: Liver, heart, kidney	++		++			

See Duesberg, Koehnlein & Rasnick, J. Biosciences 2003 for references.

# P4,5,6: Drug use and AIDS among homosexual risk groups

Centers for Disease Control, JAMA 1983

DRUGS	% users (50 AIDS +120 at risk for AIDS)
nitrite inhalants	96
ethylchloride	35-50
cocaine	50-60
amphetamines	50-70
phenylcyclidine	40
LSD	40-60
metaqualone	40-60
barbiturates	25
marijuana	90
heroin	10
Drug-free	None reported

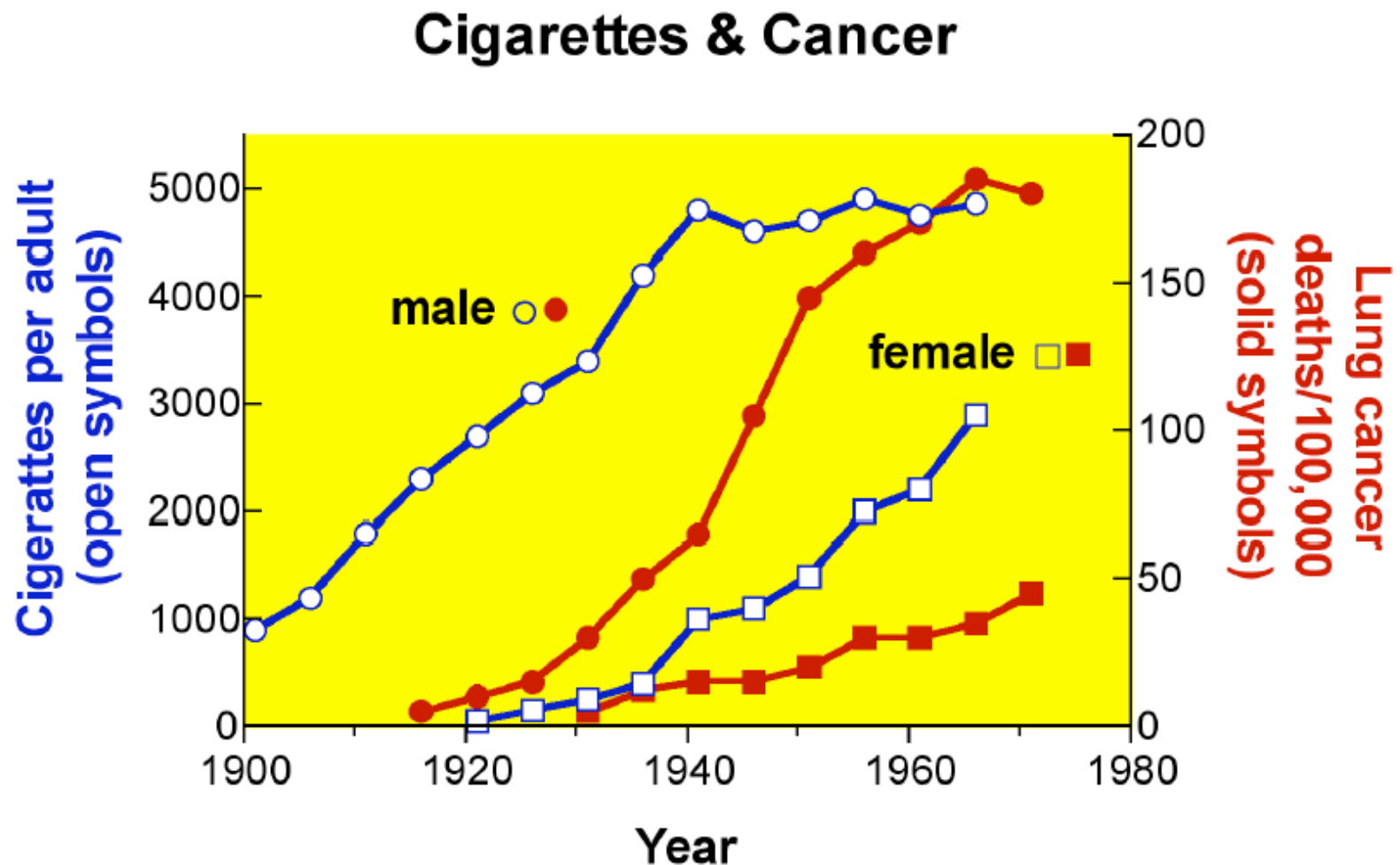
# P6: Drug use and AIDS among homosexuals in the literature 1985-2002

## Studies on recreational (R) and antiviral (AV) drug use

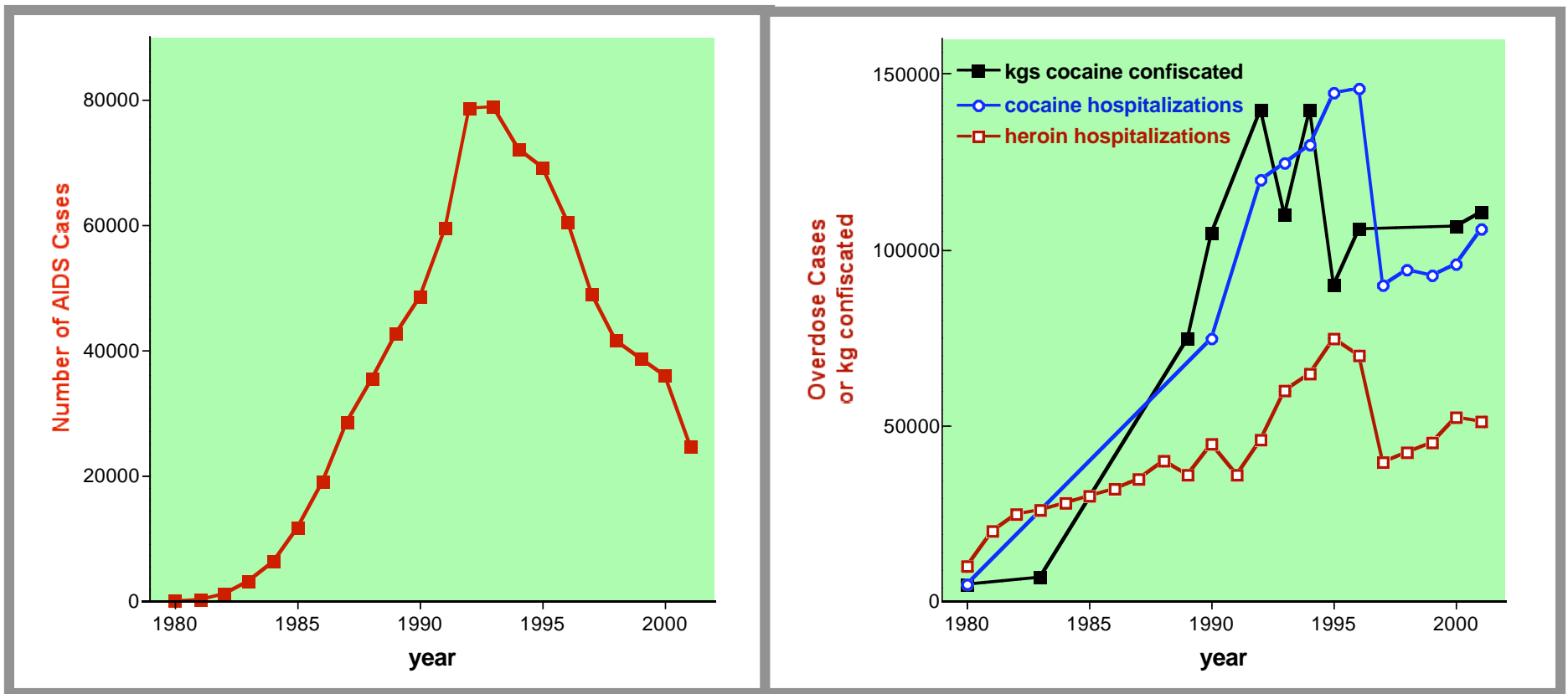
Drugs	Reference and Year
R	Haverkos, 1985; Newell, 1985
R	Lauritsen, 1986
R	Shilts, "And the band played on"; Darrow, 1987
R	Rappoport, 1988; Haverkos, 1988
R	Archer, 1989; Adams, 1989; Kaslow, 1989
R	Lifson, 1990; Ostrow, 1990
R	Eggers, 1991
R	Archibald, 1992
R+AV	Ostrow, 1993; Ascher, 1993; Schechter, 1993
R+AV	Veugelers, 1994; Lauritsen, 1994; Sadownick, 1994
R	Haverkos, 1995
R	Gibbons, 1996; Haverkos, 1996; Haverkos, 1996
R	McNall, 1999
R	Dukers, 2000; Pauk, 2000; Craib, 2000
R	Mansergh, 2001; Woody, 2001; Diamond, 2001; Mattison, 2001; Colfax, 2001
R+IV	Bull, 2002; Botnick, 2002

See references in Duesberg, Koehnlein & Rasnick, J. Biosciences 2003.

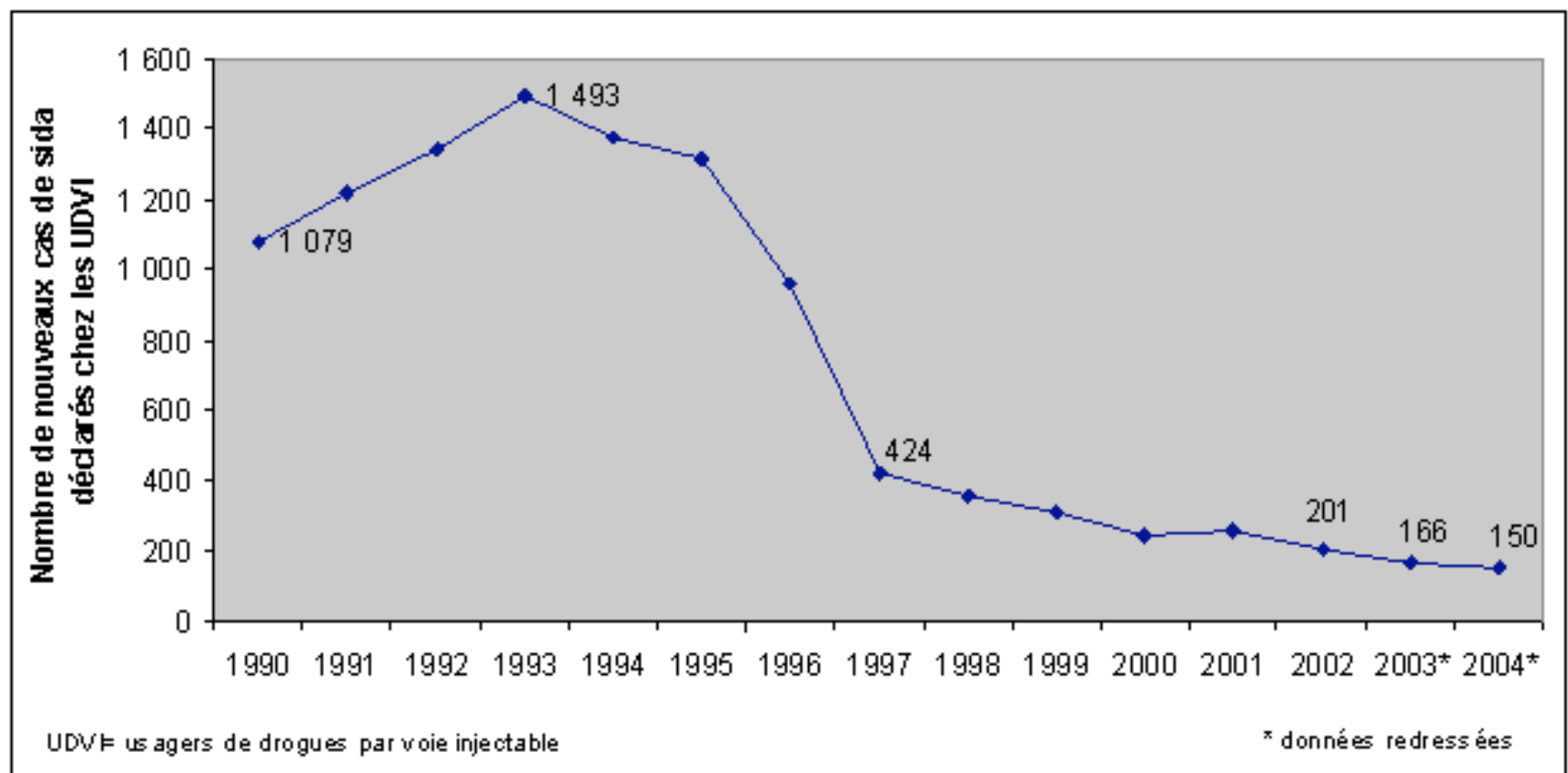
# P5,6: Lung cancer epidemics follow smoking epidemics in England



# P6: AIDS epidemic follows consumption of heroin and cocaine in the US



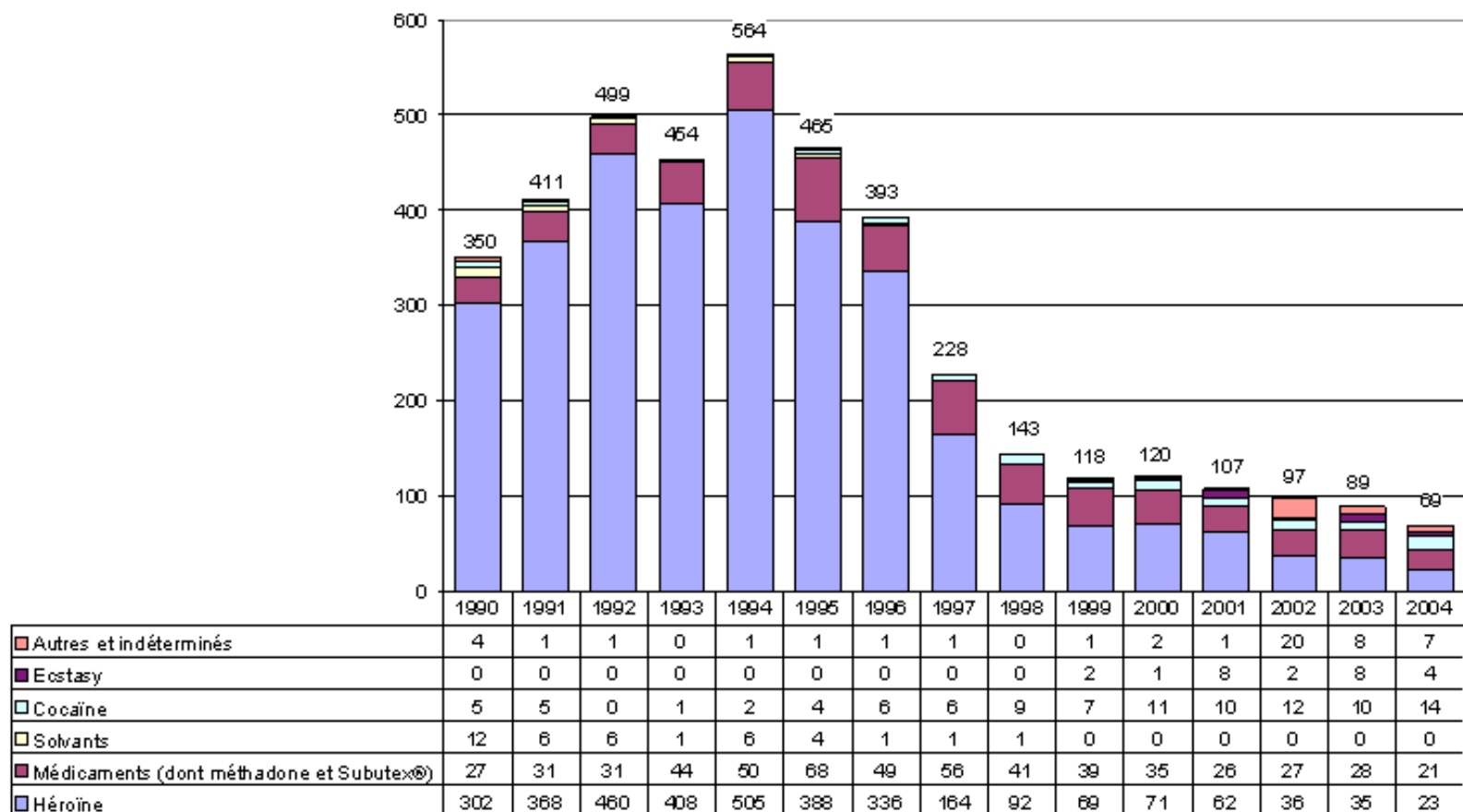
P6: (a) new AIDS cases among iv. drug users in France coincide with drug use →(b).



Source : Système de surveillance du Sida, Institut de veille sanitaire (InVS)



# P6: (b) deaths from drug overdoses in France



Source : Office central de répression du trafic de stupéfiants (OCRTIS)

## *AIDS question 4: Can “anti-HIV Treatment” itself cause AIDS?*

In 1987 the HIV-AIDS establishment has opened up a new chapter of chemical AIDS: The prescriptions of new anti-HIV medications that are sufficient to cause AIDS to several 100,000s of HIV antibody-positive Americans and Europeans.

# The DNA chain-terminators and other anti-HIV medications

The first medication used against HIV was the DNA chain-terminator AZT, originally designed in 1964 to kill human cells for chemotherapy of cancer.

In principle, however, a specific anti-viral drug is biologically impossible.

Because the cell makes all viral DNA, RNA or protein molecules, cellular DNA, RNA or protein synthesis must be inhibited to inhibit a virus.

Therefore, all drugs that inhibit viruses are inevitably toxic.

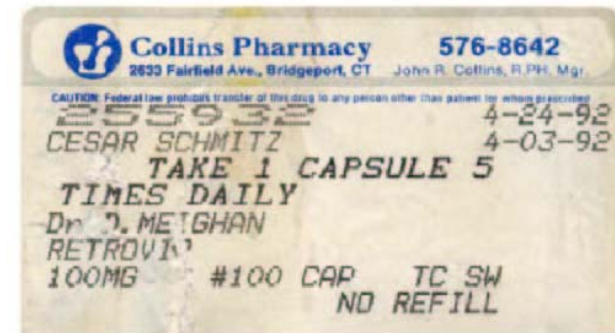
# AZT

developed as  
cancer  
chemotherapy  
in 1964  
becomes first anti-  
HIV in 1987

“Toxic by inhalation,  
in contact with skin  
and if swallowed.  
Target organ(s):  
Blood Bone marrow.  
If you feel unwell  
seek medical advice  
(show the label  
where possible).  
Wear suitable  
protective clothing.”



Cesar Schmitz was healthy in 1992. When he started AZT, he developed nausea, diarrhea and weight loss. In 1994, he stopped AZT and his symptoms disappeared.



But, in 1998, Schmitz developed lymphoma, a common late result of AZT, and died.

100 mg A-2169 Lot 92H78011

**SIGMA®**

**3'-AZIDO-3'-DEOXYTHYMIDINE**  
(AZT; Azidothymidine) [30516-87-1]

Desiccate  
Store at less than 0°C

C10H13N5O4 FW 267.2  
Purity > 99% (HPLC)  
For laboratory use only. Not for drug, household or other uses.

•\*F/\*-9

SIGMA CHEMICAL CO. P.O. Box 14508, St. Louis, MO 63178 USA 314-771-5750

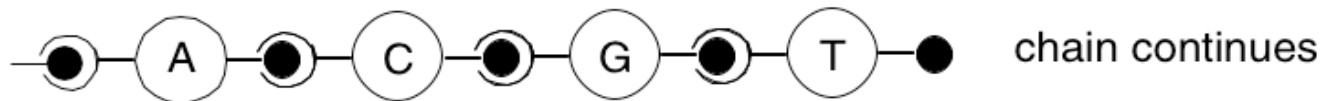
TOXIC  
Toxic by inhalation, in contact with skin and if swallowed. Target organ(s): Blood Bone marrow. If you feel unwell, seek medical advice (show the label where possible). Wear suitable protective clothing.

# Mechanism of DNA chain termination by AZT

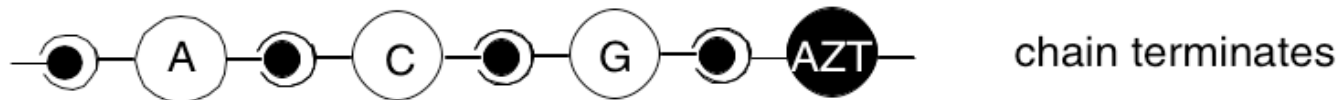
The drug was designed for cancer chemotherapy in 1964

Human DNA is a string of  $10^9$  A, T, C and Gs linked  
in a specific sequence

a) normal DNA synthesis



b) DNA synthesis with the T-analog, AZT



# P1: AZT = AIDS by prescription

100 mg    A-2169    Lot 92H78011

**SIGMA<sup>®</sup>**

**3'-AZIDO-3'-DEOXYTHYMIDINE**  
(AZT; Azidothymidine) [30516-87-1]

**TOXIC**  
Toxic by inhalation, in contact with skin and if swallowed. Target organ(s): Blood Bone marrow If you feel unwell, seek medical advice (show the label where possible). Wear suitable protective clothing.



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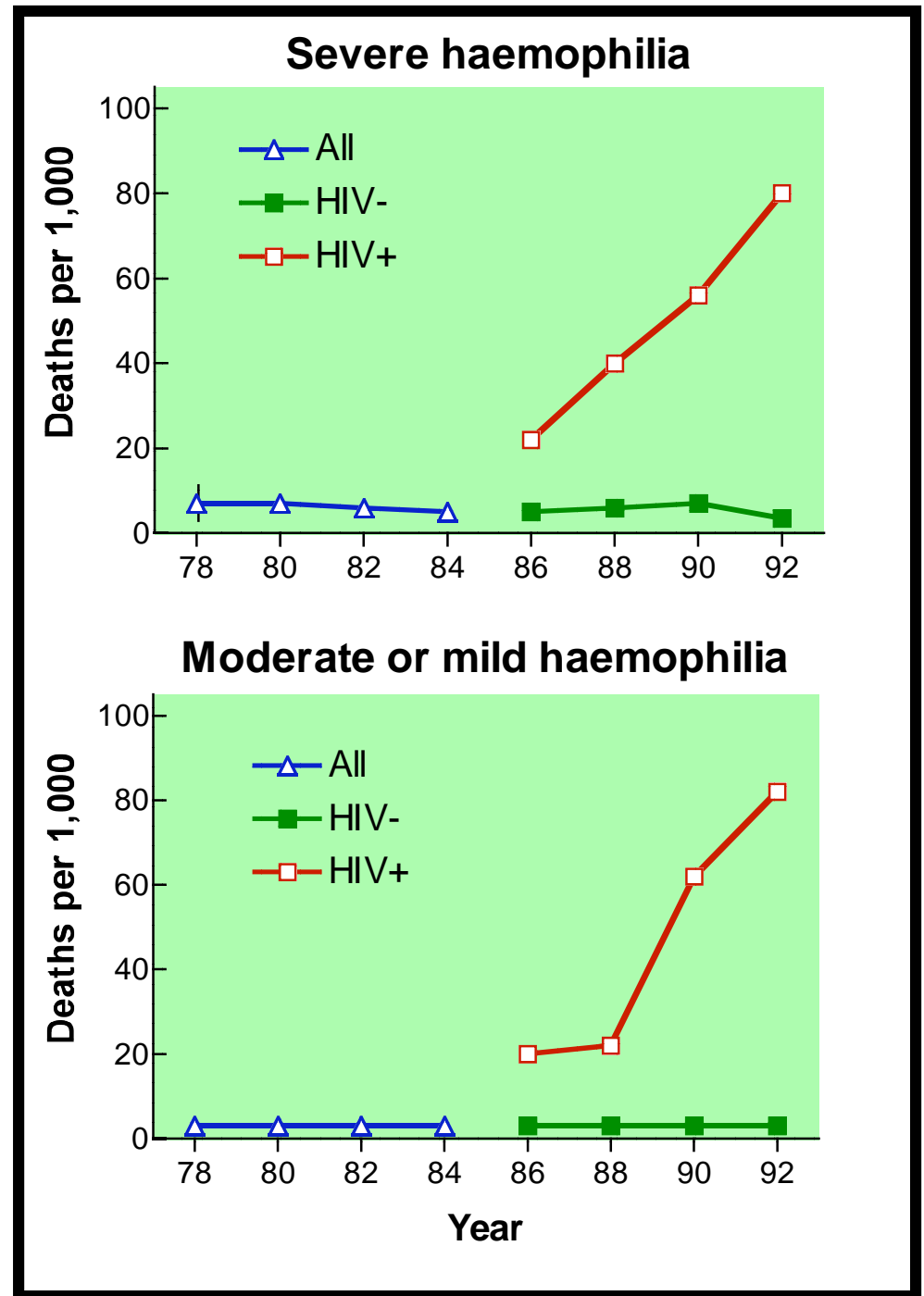


AZT causes life-threatening anemia, severe immune deficiency, cancer, nerve and liver damage, muscle wasting, diarrhea and other diseases.



P1:  
Controlled  
study shows  
that, since  
1987, either  
AZT or HIV-  
antibody kills  
hemophiliacs

Darby SC, et al., Nature  
377: 79-82 (1995)



# P1: Diseases of HIV-free subjects treated with anti-HIV drugs

Diseases and mortality in HIV-free human babies and adults, and in HIV-free animals treated with anti-HIV drugs, before and after birth (BB, AB)

Species	AIDS-defining	Other disease	References
Human Babies (AB)	Fever, Pneumonia	Anemia, Mitochondrial dysfunction	Blanche, 1999, Heresi, 1997
Adult	Weight loss, immunodeficiency	Heart disease, Scoliosis	Guthrie J, SF Chronicle, B1, Aug. 28, 2004
Animals (AB) mice, rats, dogs, monkeys	Lymphopenia, Weight loss, Leukemia, T-cell depletion, Thymic atrophy, Death of 25/30 mice	Anemia, Neutropenia, Thrombocytopenia, Bone marrow depletion, Lymphotoxicity, Myelodysplasia, Muscle atrophy, Nephrotoxicity Hepatotoxicity	Cronkite, 1990; McKallip, 1995; Omar, 1996; Ayers, 1988; Thompson, 1991; Grossman, 1997; Gerschenson, 2000; Inoue, 1997
Animals (BB)	Death	Lung, liver, vaginal cancer Retarded development, Abortion	Olivero, 1997; Toltzis, 1993

See references in Duesberg, Koehnlein & Rasnick, J. Biosciences 2003.



# P1: Diseases and death caused by anti-HIV drugs

## AIDS-defining

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immunodeficiency  
leukopenia  
fever  
dementia  
weight loss  
lymphoma  
diarrhea  
death

## Other

anemia  
heart infarct  
hepatitis  
nephritis  
neutropenia  
nausea  
lipodystrophy  
“protease paunch”  
muscle atrophy  
mitochondrial dysfunction  
lactic acidosis  
birth defects

# P1: HIV-positives treated with anti-HIV drugs die from drug diseases

As of 2001 over 50% of American and European AIDS patients, treated with anti-HIV drugs, die from liver, heart and kidney diseases (refs. 1-5).

Since these diseases are not (yet) AIDS-defining and not (yet) said to be caused by HIV – most AIDS patients treated with anti-HIV drugs die from these drugs.

# Studies showing anti-HIV drugs causing liver, heart and kidney diseases

## References

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2. Soriano, V., Martin-Carbonero, L., Garcia-Samaniego, J., and Puoti, M. Mortality due to chronic viral liver disease among patients infected with human immunodeficiency virus. *Clin Infect Dis*, 33: 1793-1795, 2001.
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5. El-Sadr, W.M., Lundgren, J.D., Neaton, J.D., et al. (2006). CD4+ count-guided interruption of antiretroviral treatment. *N Engl J Med*, 355, 2283-96.

See pdf of El-Sadr et al. on <duesberg.com>.

# P1: Anti-HIV drugs do “not decrease mortality” (Lancet, 2006)

Hundreds of investigators (!) just published in the *Lancet* the largest epidemiologic survey of it's kind: “HIV treatment response and prognosis in Europe and North America...” (May et al., *Lancet*, 368, p451-458, 2006). See pdf on <duesberg.com>.

The conclusion:

“**Interpretation** Virological response after starting HAART improved over calendar years, but such improvement has not translated into a decrease in mortality.”

HAART = highly active antiretroviral therapy.

# AIDS: the most heterogeneous and bewildering syndrome ever

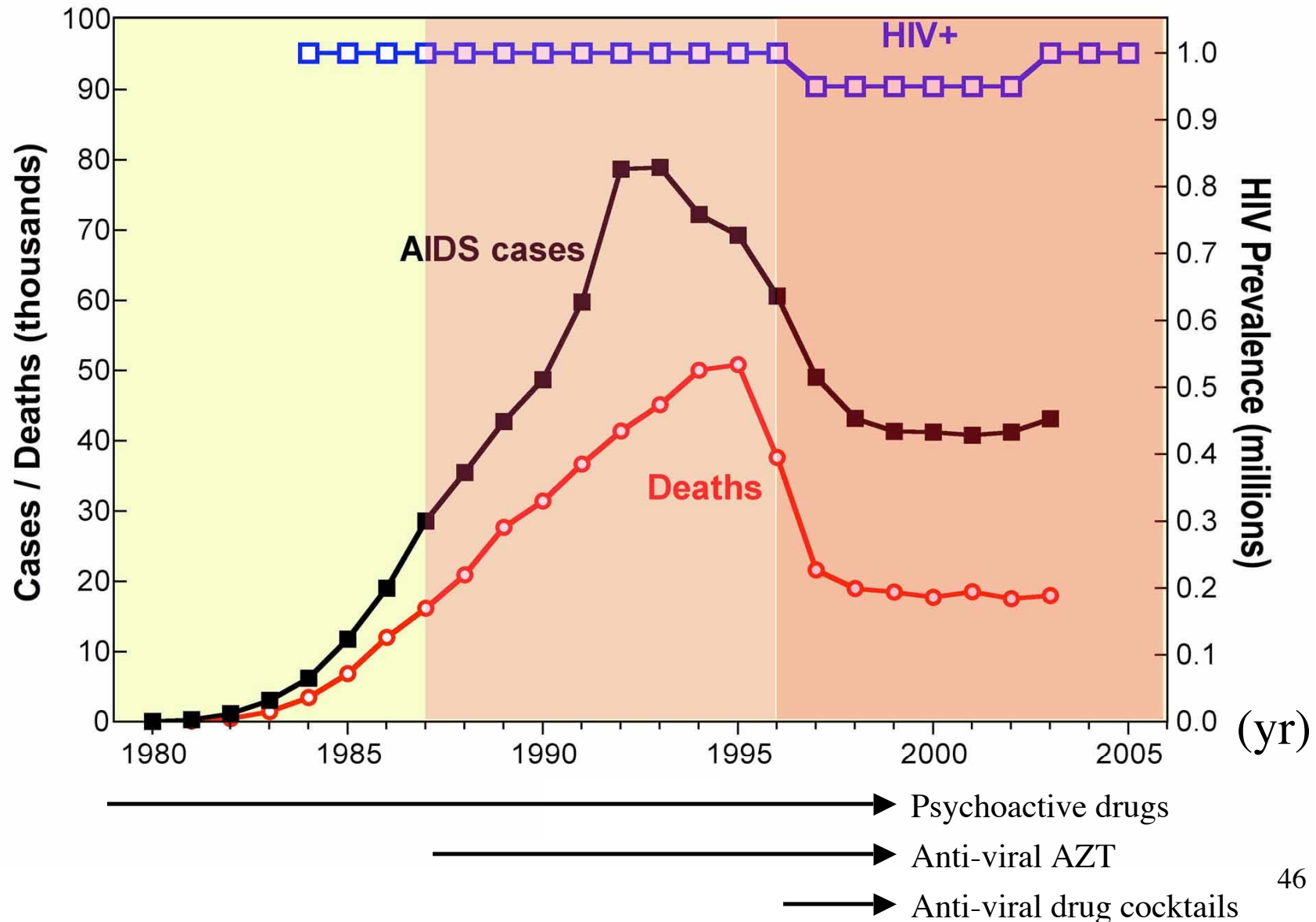
Provided there is antibody against HIV–

1. The CDC defines 26 long-known diseases as AIDS since 1993 (See above and Duesberg, Nat. Biotech., 1993).
2. Unofficially the liver-, heart-, and kidney-diseases of HIV-positives treated with anti-HIV drugs are also named AIDS (El-Sadr et al. NEJM, 2006).

Thus AIDS is by far the most heterogeneous syndrome ever defined. (A syndrome is a number of unrelated diseases that often run together.)

Since the recreational and anti-viral drugs and the resulting diseases are constantly changing, but the official cause, HIV, is constant in US (see above), the AIDS epidemic is a **moving sequence of non-correlations with HIV** (→ next).

# Non-correlations between American AIDS, HIV, AZT and drug “cocktail” epidemics



# *AIDS question 5: Why is African AIDS different from drug AIDS?*

According to HIV/AIDS researchers a new, sexually-transmitted AIDS epidemic decimates black Africa since 1984.

By contrast to the US/European epidemics, the African epidemic is random in the population.

Predominant diseases are tuberculosis, weight loss, fevers and diarrhea.

Nearly all victims are subject to malnutrition and parasitic infections and lack sanitized water.

See D, K & R, J. Biosci 2003, and <http://www.altheal.org/statistics/fiala.htm><sup>47</sup>

# Unanswered Questions about the African epidemic

1) Since 1984 black Africa has grown from about 400 to now 650 million!

So – where is the new decimating epidemic?

2) Because HIV-tests are unaffordable in Africa, the World Health Organization accepts presumptive diagnoses (Bangui definition).

So – how do we know HIV causes African AIDS?

3) In contrast to the US/European model, the African epidemic is random.

So – how can the same HIV cause a random epidemic in Africa and highly non-random epidemics in the US/Europe?

Conclusion: The chemical basis of African AIDS is malnutrition, alias poverty (D, K & R, J. Biosci. 2003).



## Facts versus the predictions of the virus- and chemical AIDS theories

	AIDS facts	Viral AIDS	Chemical AIDS
1	No vaccine, despite 21 years of research	–	+
2	No virus, only anti-HIV antibodies in AIDS	–	+
3	Anti-viral drugs do not cure AIDS	–	+
4	AIDS only 5–10 years after neutralization of HIV by immunity	–	+
5	Time courses of AIDS epidemics follow lifestyles, not self-limiting by natural immunity	–	+
6	In the US and Europe AIDS epidemics are restricted to drug-using male homosexuals and intravenous drug addicts	–	+
7	AIDS epidemic random in Africa	+	+
8	No AIDS from contact infection by 930,000 patients in 21 years, despite absence of vaccine	–	+
9	No pediatric AIDS epidemic from perinatally-transmitted HIV	–	+

# The solution of the AIDS dilemma

AIDS dilemma:

- Numerous drug and lifestyle diseases are misdiagnosed and mistreated as viral diseases.

Solution:

- Diagnose the diseases of AIDS patients.
- Study all associated microbial and chemical pathogens.
- Identify the cause.
- Treat the disease based on its cause – rather than a presumably omni-potent virus.

To disprove chemical AIDS:

- 1) Find contagious AIDS in drug free subjects.
- 2) Show that in two matched groups of US soldiers only HIV-positives get AIDS.

END