

AIDS – have we been deceived?

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It took two decades, but finally we are being told the truth: most of what AIDS experts and the media have led us to believe is wrong. A bitter deception, but better now than never.

First, UNAIDS admitted last December that it had overestimated the worldwide total number of people infected with HIV by a staggering 7 million, out of an estimated 40 million. This is a remarkable admission, coming after years of using inflated numbers in its highly successful campaign for more funding.

But the true overestimate is more than twice as high at 15 million, according to Dr. James Chin, the person formerly responsible for these very data at UNAIDS. Dr. Chin has shared some of his inside knowledge in a new book with the telling title: 'The AIDS Pandemic: The Collision of Epidemiology with Political Correctness'. In it he reveals that an AIDS epidemic was never expected in Europe or North America. He also explains how the inflated figures were used to scare the population and to argue for higher budgets.

The next revelation was an article in the well-respected British Medical Journal in May: 'The writing is on the wall for UNAIDS'. Author Roger England explains: 'It is no longer heresy to point out that far too much is spent on HIV relative to other needs and that this is damaging health systems'. Based on data and arguments, he recommends that 'UNAIDS should be closed down rapidly because its mandate is wrong and harmful'.

Finally in June, the head of the WHO's department of HIV/AIDS, Dr. Kevin de Cock, officially admitted that HIV 'was confined to high-risk groups outside sub-Saharan Africa'.

These admissions of obvious facts come late. Many people realised long ago that HIV/AIDS is not a threat to the heterosexual population in Europe or North America. In contrast to the numerous campaigns during the last two decades, intended to make us believe that 'everyone is at risk'. And those

familiar with the data know there was never any reason to believe an epidemic would occur: In short: 'for over twenty years, the general public has been greatly misled and ill-informed,' explains Rebecca Culshaw, a scientist who has been working on mathematical models of HIV infection.

Now that the AIDS frenzy of an epidemic in the general population is finally over, it's just a question of time until public and private donors translate these facts into a reallocation of their budgets.

But what about Africa? Most people still believe what we've been told: A terrible HIV/AIDS epidemic is ravaging poor countries, mainly due to the heterosexual spread of HIV – which oddly enough is not occurring in Europe or North America. This discrepancy is just one of many contradictions in widely-held beliefs about AIDS. Another is the continuously high or even increasing population growth rate in countries said to be 'hit' by a deadly HIV/AIDS epidemic. The best example is Uganda. This country was once hailed as the 'epicentre of a worldwide epidemic'. The journal Newsweek wrote back in 1986: 'Nowhere is the disease more rampant than in the Rakai region of south-west Uganda, where 30 percent of the people are estimated to be seropositive.' In 1995, the World Health Organisation confirmed that 'by mid-1991 an estimated 1.5 million Ugandans, or about 9% of the general population and 20% of the sexually active population, had HIV infection'. Subsequently, estimates of the number of HIV-positive Ugandans increased even further, to 15% of the total population. Most were expected to die prematurely with disastrous consequences for their families and the country.

So it comes as a shock to look at Uganda today and find no trace of the predicted premature death of millions of people. Instead, Uganda is a country struggling with dramatic population growth. It has always had a very high growth rate, but for the last 15 years, it's been among the fastest growing countries in the world. Mortality has remained constant or even declined, while fertility rates have remained high and stable. In other words, instead of the announced deadly epidemic of historic proportions we find an explosive annual population growth rate of 3.4%, which means the country is doubling its population in 21 years.

Obviously, this is paradoxical. But the contradiction between a predicted deadly epidemic and a dramatic population increase can easily be explained: most people who were HIV positive 15 years ago did not die prematurely as expected, but continued to live a normal life. Therefore, the basic assumption in the HIV/AIDS paradigm – that a positive HIV test leads to AIDS and certain premature death – is wrong, as proven by the example of Uganda.

The obviously and admittedly inflated figures were based on wrong assumptions, baseless estimates, and fundamental mistakes in epidemiology. To begin with, HIV tests are highly inaccurate in Africa, as several studies

have documented. Tests are typically done on a small number of people and the results extrapolated to the total population.

Furthermore, in 1986 WHO created a new definition of AIDS that was valid in poor countries only, and based on unspecific symptoms. According to this so-called Bangui definition, someone has AIDS if he is suffering from weight loss, fever, and cough. But these are the typical symptoms of tuberculosis, a widespread disease in poor countries. In short, the Bangui definition diagnoses well-known diseases and gives them a new name: AIDS. This re-labelling of frequently occurring diseases explains the huge increase of 'AIDS cases' in the last 20 years in Africa, even while the total number of people dying has remained stable.

When the number of AIDS cases based on the Bangui definition were reported to UNAIDS headquarters in Geneva, even more cases were added to adjust for alleged 'underreporting'. Over the years, this padding increased drastically to the point where UNAIDS claimed in 1997 that only 3% of the estimated new AIDS cases in Africa had actually been reported. The other 97% were created on paper in Geneva.

At this point, AIDS experts arrived at a dead end. They could not possibly inflate their numbers further without losing all credibility. Instead, they simply changed strategies and stopped publishing details of how they obtain their HIV/AIDS data.

The strategy of presenting inflated figures and repeatedly announcing an imminent catastrophe has paid off handsomely for those who make their living off HIV/AIDS. As early as 1989, the German Medical Board wrote in its journal that the only explanation for the 'confusing' way AIDS statistics are compiled is that 'huge figures bring in large amounts of public money' to AIDS research and, by extension, into the pockets of the researchers.

Back in 1989, the authors probably never imagined just how prophetic their comment would be. HIV/AIDS is an unprecedented success story for those who make their living from it. So it's not surprising how anxious they are to defend conventional beliefs about HIV/AIDS (and their income). An impressive example is the reaction to Roger England's recent critical article in the well-respected British Medical Journal (as cited above). The author probably knew what he was talking about when he predicted: 'Putting HIV in its place among other priorities will be resisted strongly. The global HIV industry is too big and out of control. We have created a monster with too many vested interests and reputations at stake.' Reading the emotional reactions to this well-written and well-researched article conveys the impression of 'the empire striking back'. But the letters revealed something even more troubling: the majority were written by people affiliated with an HIV/AIDS organisation, but not one of them

disclosed a conflict of interest – an ethical requirement in the scientific literature.

What kind of quality of scientific judgment can we expect from experts who defend a widely-held belief that guarantees their income and who are unable to see an obvious conflict of interest?

Unfortunately, the almost hysterical focus on HIV/AIDS in Africa has done much harm over the last two decades. First, the huge political pressure has turned health care priorities upside down. Common problems or diseases are neglected. For example, Africa is a continent so poor that almost half of its population has no access to clean drinking water, and alleviation of this fundamental human need has been scandalously slow.

Second, financial resources are being diverted from other important issues. For example, UNAIDS urged African Ministers of Finance to 'redirect existing project resources that could be supporting AIDS – billions of dollars programmed for: social funds, education and health projects, infrastructure, rural development.'

Third, even interventions like the focus on condoms may be harmful given that abortion is still illegal in most of Africa based on the antiquated laws of the former colonial powers. Condoms are not a very effective contraceptive. And a woman in Africa who finds herself with an unwanted pregnancy due to a condom failure has few options except to turn to illegal and unsafe abortion. Tragically, effective methods of contraception are rarely available or even withheld on the grounds they do not protect from HIV.

Now that the obvious reality has finally been admitted, we can be relieved that the AIDS epidemic is not the killer we were made believe. But how can we prevent a similar deception in the future? One possible strategy is to avoid just believing what scientists tell us, and instead follow Albert Einstein's advice: 'The important thing is not to stop questioning.'

Further reading:

'Update on Uganda - An analysis of the predictions and assumptions about the former epicenter of the AIDS epidemic. Implications for other African countries'

<http://altheal.org/statistics/fiala.htm>

'Aids in Africa: a call for sense, not hysteria'

<http://www.bmj.com/cgi/eletters/327/7408/184-a>

References:

UNAIDS press release Geneva, 20 November 2007

Global HIV prevalence has levelled off; AIDS is among the leading causes of death globally and remains the primary cause of death in Africa Improvements in surveillance increase understanding of the epidemic, resulting in substantial revisions to estimates'

http://data.unaids.org/pub/PressRelease/2007/071119_epi_pressrelease_en.pdf

This press release contains the following statement: 'The current estimate of 33.2 million [30.6 – 36.1 million] people living with HIV replaces the 2006 estimate of 39.5 million [34.1 – 47.1 million].'

U.N. to Cut Estimate of AIDS Epidemic Population with Virus Overstated by Millions

An article in The Washington Post on 20 November 2007 about the revision of data by UNAIDS. Here is a relevant comment from this report:

'Some researchers, however, contend that persistent overestimates in the widely quoted U.N. reports have long skewed funding decisions and obscured potential lessons about how to slow the spread of HIV. Critics have also said that U.N. officials overstated the extent of the epidemic to help gather political and financial support for combating AIDS.'

http://www.washingtonpost.com/wp-dyn/content/article/2007/11/19/AR2007111900978_pf.html

The AIDS Pandemic: The Collision of Epidemiology with Political Correctness

A book by Dr. James Chin, the former head epidemiologist at WHO

www.amazon.de/AIDS-Pandemic-Collision-Epidemiology-Correctness/dp/1846191181/ref=sr_1_3/302-8228292-6470464?ie=UTF8&s=books-intl-de&qid=1179268053&sr=8-3

Threat of world Aids pandemic among heterosexuals is over, report admits

An article in The Independent by Jeremy Laurance, Sunday, 8 June 2008

<http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/threat-of-world-aids-pandemic-among-heterosexuals-is-over-report-admits-842478.html>

The writing is on the wall for UNAIDS

by Roger England in BMJ 2008;336:1072 (10 May),

<http://www.bmj.com/cgi/content/full/336/7652/1072>

Lieben wir gefährlich? Ein Arzt auf der Suche nach den Fakten und Hintergründen von Aids (Do we love dangerously?)

Christian Fiala, ein Buch erschienen im Deuticke Verlag Wien, 1997

Why I Quit HIV

An article by Rebecca V. Culshaw explaining why she stopped developing mathematical models about the HIV/Aids epidemic

<http://www.lewrockwell.com/orig7/culshaw1.html>

Science Sold Out: Does HIV Really Cause AIDS?

A book by Rebecca V. Culshaw on the problems with the HIV/AIDS theory and the alleged epidemic

<http://www.amazon.com/Science-Sold-Out-Really-Cause/dp/1556436424>

The citation from the journal of the German Medical Council is from:
Kumulative Verwirrung, Deutsches Ärzteblatt, 1989, 86, Heft 17, B 853/C 749

Reference for the citation of drinking water:

www.who.int/water_sanitation_health/monitoring/jmp2005annexes.pdf

The data on Uganda come from the Uganda Bureau of Statistics:
"The high rate of population growth is mainly due to the persistently high fertility levels (about seven children per woman) that have been observed for the past four decades. The decline in mortality reflected by a decline in Infant and Childhood Mortality Rates as revealed by the Uganda Demographic and Health Surveys (UDHS) of 1995 and 2000-2001, have also contributed to the high population growth rate." (2002 Population Census, www.ubos.org)