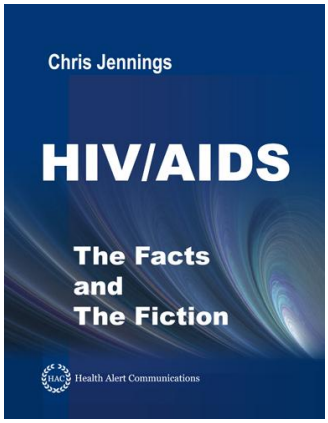
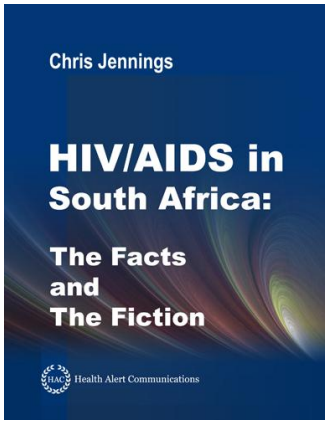
Health Alert Communications
Communication in Life Sciences

- Backgrounder -

HIV/AIDS – The Facts and The Fiction

HIV/AIDS in South Africa – The Facts and The Fiction





Based on a review of over 3000 medical and scientific articles, **HIV/AIDS - The Facts and the Fiction** and **HIV/AIDS in South Africa - The Facts and the Fiction** present a very different scenario of the global HIV/AIDS epidemic than the current conceptual paradigm. The author, Chris Jennings, is a professional medical writer whose previous HIV/AIDS books were used for staff education at several world-renowned hospitals in the United States and the U.S. Department of Health and Human Services.

"The scientific literature is clear," states Chris Jennings, "New York City is the epicenter of the AIDS epidemic; the theory that HIV came from monkeys is a fallacy – a false theory that arose from laboratory contamination at the Harvard School of Public Health; and the African AIDS epidemic-as-holocaust never manifested."

"To have the infection rates estimated by UNAIDS," claims Jennings, "the heterosexual men in the rural villages of Africa would require 200 – 800 different sexual partners every year, and the women with 220 – 2400 different sexual partners every year to

achieve the infections rates claimed by UNAIDS."

The primary book, **HIV/AIDS - The Facts and the Fiction** contains three sections that tackle each of Jennings' premises in turn. The first section, ***New York City – The Epicenter of AIDS,*** describes the world's first AIDS cases documented in the medical literature (which occurred in New York City beginning in 1979), and the migration of AIDS out of New York City to other cities in the United States and other countries around the world. Initially, all the AIDS cases outside the United States occurred exclusively among gay men who had sexual relations with American gay men.

The second section, **The Monkey Fallacy**, describes how poor laboratory technique at Harvard School of Public Health spawned the theory that HIV came African green monkeys. It also reveals how scientists have continued to exploit this belief even though none of the "simian immunodeficiency viruses" discovered in African monkeys actually cause immunodeficiency.

The final section, **The African Fallacy**, explains how the clinical profile of African AIDS patients (the symptoms and diseases they suffer) do not parallel the symptoms and diseases found in American and European AIDS patients. In fact, several vital diseases that should be present are noticeably absent. "Undoubtedly, Africans with false-positive HIV antibody tests with symptoms of tuberculosis, intestinal infections, and malnutrition are being diagnosed as having HIV infection," claims Jennings. "This situation was predicted back in 1995 by Stuart Derbyshire, PhD in *AIDS Analysis Africa*: "The frightening scenario looms that widespread, but curable, diseases are wrongly classified as AIDS-related complex, thereby foregoing appropriate treatment."

Jennings also explained how HIV/AIDS spread to Europe, and from Europe to Central Africa. "Early in the epidemic, the first black AIDS patients in Africa were upper class men,

women, and their newborn babies," explain Jennings. "All the men denied homosexuality, but it is rather obvious they had sex with European gay men. They didn't catch AIDS from monkeys; rather, they caught sex in the gay nightclubs of Paris and Brussels, and then infected their wives; some of whom gave birth to babies infected with HIV."

In this literary journey, the author also reveals how a small subset of facts, readily accepted assumptions, and several false scientific discoveries were amplified by constant repetition until they gained acceptance as scientific fact.

For example, all the familiar HIV/AIDS statistics one hears about Africa –such as 30 million infected and 2.9 million die each year – are actually estimates generated by computers in Geneva, Switzerland (not actual reported cases nor actual death counts). Jennings cites one stark example of the discrepancy between the computer estimates and actual death counts: "After counting death certificates, South Africa reported 13,521 HIV/AIDS deaths in 2007," says Jennings, "meanwhile the UNAIDS estimated and reported 350,000 HIV/AIDS deaths in South Africa for 2007. "

Thus, while the primary book is text-driven, the shorter companion book, **HIV/AIDS in South Africa - The Facts and the Fiction** mixes text with numerous tables listing raw numbers of actual reported AIDS and actual death counts in South Africa, frequently juxtaposed with UNAIDS computer estimates. Comparative numerical HIV/AIDS statistics from the United States are also listed. As summarized by Anna Rabin, an East Africa Analyst in **Think Africa Press**: "Jennings provides an interesting and well-presented statistical summary that will leave readers questioning the validity of internationally-approved estimates."

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The Implications

- Only a tiny fraction of the approximately 17 million people in Africa who are receiving anti-retroviral drugs actually have HIV infection (a substantial portion of them pregnant women: pre-natal clinics are a favored testing site). Not only are the anti-retroviral drugs potentially toxic, "the frightening scenario looms that widespread, but curable, diseases are wrongly classified as AIDS-related complex, thereby foregoing appropriate treatment." *

- The goals of health care interventions in Africa include: voluntary circumcision of up to seventy percent of all 18- to 49-year-old adult males not infected with HIV; antiretroviral therapy > 90% of HIV-infected adults; and antiretroviral therapy to 95% of HIV-infected pregnant women (the majority "diagnosed" by HIV antibody tests that evidently generate avalanches of false-positives in tropical, indigent populations).

- AIDS/HIV research consumes 42% of government, corporate, and philanthropic research funding while the two largest killers in the third-world (pneumonia and diarrhea) receive less than 6 per cent combined; tuberculosis remains the biggest killer in the third world.

- Critics of HIV/AIDS interventional policies say that such monies and parallel healthcare infrastructures injected into third world countries undermine the development of domestic health care and sanitation systems attuned to domestic health requirements.

* quote by Derbyshire SW, *AIDS Anal Afr*. Dec 1995