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Title: HIV Infection -- the cause or the effect of
Acquired Immune Deficiency?

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Abstract: We present data that the accepted cause of the acquired immune deficiency syndrome (HIV) precedes its claimed causative role (acquired immune deficiency)in producing this syndrome.

HIV Infection the cause or the effect of Acquired Immune Deficiency?

Bradford Hill developed “nine viewpoints [that] can bring indisputable evidence for or against a cause and effect hypothesis”,¹. They include strength of association, dose-response relationship, biological plausibility and temporality, that is, the logical necessity for cause to precede effect. Although these criteria have been the subject of some controversy over the years,² it is generally accepted that temporality, although not sufficient, is absolutely necessary to prove causation. According to the HIV infection hypothesis of AIDS, acquired immune deficiency (AID = low numbers of T4 cells) follows HIV infection.

However,

1. In 1985 Montagnier stated "This [clinical AID] syndrome occurs in a minority of infected persons, who generally have in common a past of antigenic stimulation and of immune depression before LAV [HIV] infection".³ That is, Montagnier recognised that in the AIDS risk groups AID appears before HIV infection. More recently, Montagnier seems to be an apologist of our long standing hypothesis⁴ that both HIV expression, that is, detection of the phenomena which are considered to prove HIV infection as well as AID, are the result of oxidation induced by the many oxidative agents and conditions to which the patients belonging to the AIDS risk groups are exposed. Although Montagnier has never published his view about the oxidative agents proposed by us, he accepts one of them—in Africans the cause of oxidation and thus the decrease in T4 cells is malnutrition.⁵
2. In a prospective study published in 2003, researchers of the Amsterdam Cohort study, analysed "CD4 and CD8 T cell activation marker expression in 102 individuals with known seroconversion data, before and after seroconversion. They concluded “This study demonstrated for the first time that low preseroconversion numbers of CD4 T cells and increased levels of immune activation were associated with an increased risk to develop AIDS after seroconversion...In conclusion, our data show that chronic immune activation and the size of the CD4 T

cell pool are critical factors in HIV-1 pathogenesis, even when measured before seroconversion".⁶

In the MultiCenter AIDS Cohort Study seropositive gay men were divided into two groups: Group A, who developed AIDS and group B, who did not develop AIDS five years post seroconversion. Unlike other sexually transmitted diseases, the authors found that: "receptive anal intercourse both before and after seroconversion with different partners was reported more frequently by men with AIDS...When group A was stratified by development of AIDS within 30 months and within 30-60 months and compared to matched controls, a greater proportion of high-risk sexual activities postseroconversion was noted in the group progressing to AIDS most rapidly. The differences were statistically significant 12 and 24 months post seroconversion". It was concluded "These data then suggest that greater sexual activity following establishment of HIV-1 infection leads to exposure to promoters or co-factors that augment (or determine) the rate of progression to AIDS".⁷ Hence, HIV experts have published evidence showing there are non-HIV factors which act both pre and post seroconversion that induce AID and "augment (or *determine*) the rate of progression to AIDS" (emphasis ours).

3. In a study of IV drug users in New York it was shown that "The relative risk for seroconversion among subjects with one or more CD4 count <500 cells/uL compared with HIV-negative subjects with all counts >500 cells/uL was 4.53".⁸
4. A similar study in Italy showed that "low number of T4 cells was the highest risk factor for HIV infection".⁹
5. Numerous reports from many well known researchers of AIDS in haemophiliacs have shown that T4 cell depletion precedes "HIV infection".¹⁰⁻¹³
6. The same has been reported in recipients of "Transfusions of Blood-Derived Products".¹⁴
7. One of the principal major signs of the Bangui AIDS definition is loss of body weight. However, in a study of Rwandan women, over a 24 months period it was reported that nutritional status assessed by loss of body weight "was a significant predictor of eventual HIV seroconversion...In addition to those findings for measured weight loss during follow-up, reported weight loss before enrolment was also a risk factor for subsequent

seroconversion".¹⁵ That is, weight loss preceded HIV seroconversion by many months or even years.

The above evidence from all the main AIDS risk groups shows that, contrary to the HIV infection theory of AIDS, HIV infection follows, does not precede AID. Thus HIV can be its effect but not its cause.

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