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Updated Sunday, **May 18, 2008** 0:00 am TWN, By James Chin, Special to The China Post

## **Myths behind AIDS might lead to billions in misspending**

GENEVA -- As health ministers gather for the World Health Assembly here this week, there is one organization that can justifiably feel smug. UNAIDS — the U.N.'s specialist AIDS advocacy body — has raised some US\$110 billion for the next five years: thanks to its efforts, AIDS will shortly become the biggest single item in foreign aid.

Raising money is the easy part. Spending it effectively is harder.

Good managers know that good policy cannot exist without accurate data but UNAIDS has systematically exaggerated the size and trend of the pandemic, in addition to hyping the potential for HIV epidemics in “general” populations. While this distortion of HIV epidemiology has been useful for raising money, it has resulted in billions of dollars of unnecessary and misdirected spending.

Part of UNAIDS's fundraising success has been its ability to convince donors that the pandemic is getting worse and is also a potential threat to all people everywhere. But UNAIDS's claims are not supported by the epidemiologic data.

This data tells us that those at greatest risk of HIV infection are: heterosexuals and gay men who have unprotected sex with concurrent and multiple partners, within open or overlapping sex networks; regular sex partners of HIV infected persons; and people exposed to HIV infected blood, such as injecting drug users.

In framing the global response to AIDS, UNAIDS has ignored this and promoted a range of myths that have more to do with political correctness than science.

For instance, UNAIDS claims that poverty and discrimination are major determinants of high HIV prevalence. In 1987, John Mann, the first head of AIDS at the World Health Organization, claimed that being “excluded from the mainstream of society or being discriminated on grounds of race, religion or sexual preference, led to an increase of HIV infection,” a litany uncritically accepted by UNAIDS.

All available data suggests the opposite. In Africa, AIDS is a disease associated with wealth. The richest people in Kenya, Tanzania and Ethiopia have HIV rates several times higher than the poorest, probably because wealthy men and women in these countries have more sex partners.

Poverty and discrimination present barriers to gaining access to prevention and treatment but are not primary determinants of sexual behavior — the real determinant of sexual HIV transmission. The U.S. response to global AIDS — US\$50 billion over the next five years (held up in the Senate but likely to pass) — is based on the poverty principle. This mistake could lead to all kinds of mis-spending down the line.

In a similar vein, UNAIDS has consistently claimed that the world is on the brink of generalized heterosexual HIV epidemics. In 1997, UNAIDS chief Peter Piot gloomily foretold that “AIDS will cut through Asian populations like a hot knife through cold butter.” Aside from a few explosive heterosexual epidemics within large commercial sex networks in Thailand, Myanmar, Cambodia and several states in India in the late 1980s to early 1990s, Dr. Piot’s dire and colorful prediction never occurred.

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A recent report by an independent commission on AIDS in Asia has acknowledged that epidemic sexual HIV transmission has not spread in Asia beyond the highest HIV-risk groups, such as gay men, injecting drug users, and sex workers, into any general population. However, UNAIDS’s perpetuation of the myth that everyone is at risk of AIDS has led to billions wasted on HIV prevention programs directed at general populations and especially youth, who, outside of sub-Saharan Africa, are at minimal risk of any exposure to HIV.

UNAIDS’s proposed budget for 2008 includes US\$1.9 billion for prevention programs aimed at young people and the workplace. While some of this will be usefully spent in sub-Saharan Africa, the rest is effectively wasted.

At least US\$5 billion has been wasted in this way in the last five years. Meanwhile, to the shame of the global health bureaucracy, a handful of diseases that are relatively inexpensive to prevent or treat — several vaccine-preventable diseases, diarrheal diseases, malaria and some acute respiratory infections — continue to account for about four million annual child deaths globally.

UNAIDS is apparently concerned that support for AIDS programs might be reduced if most regional HIV rates are stable or decreasing and HIV remains concentrated in the highest-risk populations.

These are realistic concerns but global and regional HIV rates have remained stable or have been decreasing during the past decade; HIV continues to be concentrated in populations with the highest levels of HIV risk behaviors; and HIV is incapable of epidemic spread in the vast majority of

heterosexual populations.

Continued denial of these realities will further erode whatever credibility UNAIDS and other mainstream AIDS agencies and experts may still have, and will seriously damage the future fight against this disease: let's face the data and put the money where the real problems really are.

James Chin, a former chief of the surveillance, forecasting, and impact assessment unit of the Global Program on AIDS of the World Health Organization, is clinical professor of epidemiology at the School of Public Health, University of California at Berkeley. His monograph *The Myth Of A "General" AIDS Pandemic* is published by the Campaign for Fighting Diseases this month. He is in Geneva to meet policymakers at the WHA.

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## Comments

**February 25, 2010** futuregregory@

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The HIV Test is cross-reactive and based on fraudulent research([www.fearoftheinvisible.com](http://www.fearoftheinvisible.com)) - the HIV test only identifies the presence of 2, 3 or 4 proteins for a positive result depending on which country one is testing in and many conditions have been found to cause the body to produce those proteins including drug use, steroids, flu shots and pregnancy among others. please pray for all those who have been wrongly diagnosed with HIV and AIDS and please visit [www.youtube.com/hivquestions](http://www.youtube.com/hivquestions) (and healing alternatives) videos available in seven languages

**February 25, 2010** dsyner@

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View the new documentary "House of Numbers" to see why questions about this must be raised and deeper issues about HIV and AIDS need to be discussed. Lives are at risk, and this is the first documentary with the worlds foremost authorities highlights the scientific problems with HIV testing, science, statistics, and why there is no cure. It sheds new light on a misunderstood phenomena. GO to <http://houseofnumbers.com/> to see the trailer.

Truth about AIDS as told by Dr. Luc Montagnier. AIDS can be reversed. Nutrition is the answer. <http://www.youtube.com/watch?v=WQoNW71OnT4>

**March 1, 2010** watch\_September\_Clues@

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The entire world has been tricked. There is no HIV virus. The test simply looks for anti-bodies, not a virus, which btw has never been identified. Victims of this false diagnostic sentence of death succumb to the anti-viral drugs AZT etc. which break down the immune system and destroy the liver. Millions of lives and families have been wiped away and ruined by this fraud perpetrated against a trusting, naive public. Western medicine in general is a farce consisting only symptomatic temporary relief based on legislation, media hype and drugs which never cures anything. In fact, the latter is the largest cause of death in the USA.

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