

Why Are COVID Patients Treated With an HIV Pill?

Analysis by [Dr. Joseph Mercola](#) Fact Checked

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STORY AT-A-GLANCE

- › July 25, 2022, Chinese officials granted conditional approval to Azvudine, an HIV drug, to be used as a COVID treatment
- › Use of the HIV drug has reignited interest in early evidence suggesting SARS-CoV-2 is a bioweapon augmented with parts of the HIV virus
- › In late January 2020, Indian researchers published a paper claiming segments of the viral RNA appeared more closely related to HIV than other coronaviruses. The researchers even said SARS-CoV-2 responded to HIV medications
- › The Indian paper was quickly retracted, but not before catching the attention of the late Luc Montagnier, a world-renowned virologist who won the Nobel prize for his discovery of HIV. Montagnier insisted the Indian researchers were correct in their assessment, and had been forced to retract the paper “after enormous pressure”
- › Several scenarios are now converging to create the suspicion that getting an HIV vaccine to market may be a goal behind COVID. The COVID jab is causing AIDS-like immunodepression, which helps create the perception that we have an urgent need for an HIV vaccine

July 25, 2022, Chinese officials granted conditional approval to an HIV drug to be used as a COVID treatment. As reported by Reuters:¹

“The Azvudine tablet, which China approved in July last year to treat certain HIV-1 virus infections, has been given a conditional green light to treat adult

patients with 'normal type' COVID, the National Medical Products Administration said in a statement.

'Normal type' COVID is a term China uses to refer to coronavirus infections where there are signs of pneumonia, but the patients haven't reached a severe stage ... In a late-stage clinical trial, 40.4% of patients taking Azvudine showed improvement in symptoms seven days after first taking the drug, compared with 10.9% in the control group ..."

The use of the HIV drug has reignited interest in early evidence suggesting SARS-CoV-2 is a bioweapon augmented with parts of the HIV virus.

HIV Insertions Highlighted in Early 2020

January 31, 2020, ZeroHedge published an article² featuring the findings³ of Indian researchers, who claimed certain segments of the viral RNA appeared more closely related to HIV than other coronaviruses. The researchers even said SARS-CoV-2 responded to HIV medications.

According to this paper, titled "Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag," the presence of HIV insertions was unlikely to have occurred naturally – the implication being that SARS-CoV-2 might be an escaped bioweapon:⁴

"We found 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV and are not present in other coronaviruses. Importantly, amino acid residues in all the 4 inserts have identity or similarity to those in the HIV-1 gp120 or HIV-1 Gag.

Interestingly, despite the inserts being discontinuous on the primary amino acid sequence, 3D-modelling of the 2019-nCoV suggests that they converge to constitute the receptor binding site. The finding of 4 unique inserts in the 2019-nCoV, all of which have identity /similarity to amino acid residues in key structural proteins of HIV-1 is unlikely to be fortuitous in nature."

Within days, ZeroHedge's article had caught the attention of Jeremy Farrar – director of the Wellcome Trust – who emailed it to Dr. Anthony Fauci.⁵

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 2 Feb 2020 16:49:35 +0000
To: Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E]
Subject: FW: Teleconference

Francis:
Do you have a minute for a quick call?
Tony

From: Jeremy Farrar (b) (6)
Sent: Sunday, February 2, 2020 11:28 AM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Collins, Francis (NIH/OD) [E] (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)>
Subject: Re: Teleconference

Tedros and Bernhard have apparently gone into conclave....they need to decide today in my view. If they do prevaricate, I would appreciate a call with you later tonight or tomorrow to think how we might take forward.

Meanwhile....

<https://www.zerohedge.com/geopolitical/coronavirus-contains-hiv-insertions-stoking-fears-over-artificially-created-bioweapon>

From: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)>
Date: Sunday, 2 February 2020 at 15:30
To: Jeremy Farrar (b) (6)>, Francis Collins (b) (6)>
Cc: "Tabak, Lawrence (NIH/OD) [E]" (b) (6)
Subject: RE: Teleconference

Jeremy:
Sorry that I took so long to weigh in on your e-mails with Francis and me. I was on conference calls.

(b) (5)
(b) (5)

Best regards,
Tony

The Indian paper was quickly retracted, but not before catching the attention of the late Luc Montagnier, a world-renowned French virologist who won the Nobel prize for his discovery of HIV.

His belief that SARS-CoV-2 did contain sequences of the HIV virus⁶ was in part why AP News named him as one of the top “superspreaders of disinformation” about SARS-CoV-

2's origin in 2021.⁷ Montagnier insisted the Indian researchers were correct in their assessment, and had been forced to retract the paper "after enormous pressure."^{8,9}

AIDS Awareness Back 'In Vogue'

Then, in February 2022, AIDS was suddenly all the rage. Media seemingly abandoned COVID overnight, taking aim at AIDS instead, and when all the media start raising an issue at the same time, it's usually a coordinated campaign directed by a PR company on the behalf of a client.

There's a reason for it, and the reason is to sow a desired narrative in the minds of people. They plant ideas so that when something happens, people are already prepped with certain prejudices or assumptions. So, what then might be the reason for **everyone suddenly talking about AIDS?**

In December 2021, President Biden announced a White House plan to "end the HIV/AIDS epidemic by 2030."¹⁰ The same exact vow had been announced by the British Health Security Agency a week earlier.¹¹ Meanwhile, Prince Harry was out there urging everyone to get an HIV test, and Dutch researchers announced the discovery of a concerning HIV strain.¹²

According to researchers, this mutated HIV virus, dubbed the VB variant, is more infectious and causes more severe illness, twice as fast. As of early February 2022, there were 109 known cases of the VB variant in The Netherlands. Curiously, scientists also admitted the variant had been circulating for decades. So, how was it "news"?

All of this was happening at the same time that COVID was starting to fade out. At the time, Off-Guardian warned,¹³ "just because they're giving slack on COVID does not mean the agenda behind COVID is gone. Far from it. In fact, even as they seek to dump this pandemic in a shallow grave, they are already prepping the public for the next health scare – AIDS."

Convergence

Well, the AIDS scare didn't last long either. Within a couple of months, COVID variants were again grabbing headlines, and in May 2022, the focus shifted to monkeypox. Here, multiple scenarios, facts, theories, hazards and risks suddenly converge to create some rather disturbing possibilities. To summarize:

The COVID jab may be causing AIDS-like illness by decimating immune function¹⁴ – This is not to imply the shot is causing HIV/AIDS.^{15,16} Rather, it refers to the finding that people who get the COVID jab are – at six months' post-jab – at greater risk of symptomatic COVID than their unvaccinated peers.¹⁷ They're also at increased risk for other infections and chronic diseases, for the same reason.

America's Frontline Doctors have suggested myocarditis and other chronic health problems associated with the jabs could be the result of vaccine-acquired immunodeficiency syndrome or "VAIDS,"¹⁸ which is similar to AIDS in that it involves immune deficiency. The main difference is the initial trigger.

Researchers have warned that Janssen's and AstraZeneca's COVID jabs may increase your risk of being infected with HIV¹⁹ – In part because these COVID shots use the same adenovirus vector (Ad5) as a failed trial in which they were trying to create an HIV vaccine.

The use of Ad5 as a vector to transport the genetic material of HIV actually increased the risk of HIV infection rather than lowered it, and the researchers worried that Ad5 might increase the risk of HIV infection in those who get adenovirus vector COVID shots as well.

Scientists have warned that mass vaccination during active outbreaks drive mutations – And, since the rollout of the COVID jabs in December 2020, the SARS-CoV-2 virus has indeed mutated to evade mRNA injection-acquired antibodies, and the last two iterations also evade natural immunity.

Human trial for mRNA HIV vaccine is underway²⁰ – The Moderna HIV vaccine will target a certain subset of B-cells known to loosely bind to HIV. The idea is that by

prodding these B-cells with mRNA instructions, delivered through a series of shots, they might develop the capacity to produce neutralizing antibodies against HIV.

The question is, if the COVID shot can cause immune depletion after repeated doses, what kind of dysfunction might a series of HIV shots trigger? What's more, HIV, like SARS-CoV-2, is a rapidly mutating virus,²¹ so an HIV vaccine is likely to drive mutations and resistance, just as we've seen with the COVID shot.

Gay and bisexual men are getting a smallpox vaccine that may worsen HIV infection

— July 23, 2022, World Health Organization Director-General Tedros Adhanom

Ghebreyesus declared monkeypox a “public health emergency of international concern,”²² and the U.S. Centers for Disease Control and Prevention is urging those who may be at high risk for monkeypox to get vaccinated.²³

The vaccine used is a smallpox vaccine that may or may not work against monkeypox,²⁴ as the only study²⁵ was done in 1988, using a smallpox vaccine that is no longer in use, against a monkeypox virus that has since mutated multiple times.

New York City started administering the smallpox vaccine in late June 2022, and by July 22, some 18,000 New Yorkers had received their first dose.²⁶

It's unclear which of the two smallpox vaccines is being given, but it seems reasonable to assume they're using the latest one, Jynneos, which can be given to people for whom the older version (ACAM2000) is contraindicated. Jynneos is also licensed specifically to prevent monkeypox,²⁷ whereas ACAM2000 is not.

The key point here is that HIV-positive subjects who participated in Jynneos clinical trials saw a rise in HIV virus counts.²⁸ Today, gay men are the primary recipients of this vaccine, and they're also a group that tends to be more prone to have HIV-AIDS. They also, as a group, have a very high COVID jab rate.

Considering both the COVID jab and Jynneos may increase the risk of HIV infection, or worsen existing infection, and that these men are already at increased risk for HIV

and AIDS, the overall, compounded risk these men face seems to be remarkably elevated, yet no one is warning them of this.

On top of all that, we now have people who have received both the COVID jab — which spawns mutations and suppresses immune function — and the smallpox vaccine. What mutations may the smallpox vaccine trigger in the SARS-CoV-2 virus, if any?

Live smallpox vaccine can spread vaccinia virus infection — If ACAM2000 is used, the risk for populations in general starts to skyrocket, as this older smallpox vaccine contains live, replication-capable vaccinia virus. When you get it, you're infectious for about a month, and must take great care not to spread the infection. If people get ACAM2000 and fail to take such precautions, we could be looking at smallpox outbreaks.

To be clear, it's highly unlikely that ACAM2000 is being used, but I include it here as a "what if?" scenario, seeing how the U.S. has a very large stockpile of it (about 100 million doses), while Jynneos is still in short supply.

mRNA monkeypox-specific injection is in preclinical study — In March 2022, Moderna announced it is investigating mRNA-based monkeypox vaccines at a preclinical level.²⁹ If the COVID jab compromises your immune function and drives mutations, will a monkeypox mRNA jab work any differently? If an mRNA monkeypox jab is given to people who already got the COVID jab, might they combine to create a Frankenstein-type COVID-pox pathogen?

The list above raises several questions. Could these circumstances trigger a new epidemic of AIDS or AIDS-like illness? Could the focus on HIV testing amid the development of an HIV mRNA "vaccine" be an effort to hide the fact that the COVID jabs are destroying people's immune function (and possibly promoting HIV infection), while simultaneously manufacturing the perception that we have an urgent need for an HIV vaccine?

The Fauci Connection

Coincidentally, Fauci was a key figure during the 1980s AIDS epidemic, which led to hundreds of thousands of gay men dying from the treatment (AZT) that Fauci insisted be used. He's also been a key figure in the COVID pandemic, in which people have again been killed in large numbers by the very drugs Fauci has a vested interest in.

Fauci is also a connecting link between the COVID shots and the HIV jab. Not only has he been pushing for an HIV vaccine for the better part of his career at the National Institutes of Allergy and Infectious Diseases (NIAID) — some 36 years — but he's also been an eager proponent for the transition from conventional vaccines to this new mRNA platform.³⁰

“ Is it possible that an HIV vaccine is the end game they’re after, and they’re ‘stimulating’ the emergence of AIDS-like illness with the COVID jabs to justify mass HIV vaccination? ”

Despite decades of effort, no HIV vaccine has reached the market. Now that the COVID jabs forced mRNA tech on the masses, Fauci's goal to launch an HIV vaccine is in reach. But AIDS is not the crisis it once was. An estimated 1.2 million Americans have HIV infection, but HIV infection doesn't necessarily progress to AIDS unless you have a coinfection.

Is it possible that an HIV vaccine is the end game they're after, and they're "stimulating" the emergence of AIDS-like illness with the COVID jabs to justify mass HIV vaccination? I don't know, but it's not outside the realm of possibility.

Then again, the immunosuppression of the COVID shot might just be an unforeseen side effect that fortuitously reopened the door for HIV vaccines, using the mRNA platform. Either way, the drug industry has been in the business of creating remedies for the side effects their other drugs caused, and this seems like more of the same. The COVID

shots create AIDS-like illness and voila, here comes an HIV jab. Aren't we the lucky ones?!

HIV Vaccine With Coronavirus Vector

To draw the noose around COVID and HIV even tighter, researchers have — since 2006 at the latest — been looking at creating an HIV vaccine using a coronavirus vector.

"Toward a Coronavirus-Based HIV Multigene Vaccine,"³¹ published in the Journal of Immunology Research in 2006, describes using a coronavirus (common cold virus) as a backbone to hold two HIV envelope glycoproteins, gp41 and gp120, to create a prototype HIV-1 vaccine.

If gp120 rings a bell, it's because I mentioned it at the beginning of this article. The Indian researchers that discovered HIV insertions in SARS-CoV-2 found "Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 ..."

So, to recap, coronavirus has been used in HIV vaccine research, and somehow parts of HIV envelope ended up in a coronavirus known as SARS-CoV-2. And, while Fauci has denied any link between SARS-CoV-2 and HIV research, there's clear evidence that not only did he know about the existence of coronavirus-HIV chimeras, his agency invented some of the methods used to make them.³²

Track and Trace Now Includes HIV

Tracking and tracing of HIV/AIDS is also being revamped. The U.S. Centers for Disease Control and Prevention surveils the spread of HIV by monitoring routinely collected blood samples. This surveillance can then be used to perform contact tracing. As reported by Medscape:³³

"Robert Suttle has seen firsthand the legal risks of having HIV. In 2008, Suttle said, a former partner accused him of not disclosing he was HIV-positive. He was charged under Louisiana law with 'intentional exposure to AIDS virus' ..."

Suttle pleaded guilty, received a sentence of six months in state prison, and was required to register as a sex offender. ‘You can be criminalized, certainly, for existing as a person living with HIV,’ he said.

Suttle ... said his experience has him worried about a new tool being promoted by federal officials to monitor the spread of HIV ... Suttle said such data could be used in cases like his. ‘With this surveillance, you could be connected to many different people or considered to be the source that transmitted to all these other people,’ he said ...

[M]olecular surveillance has met considerable opposition since it was rolled out nationally. Service providers, health equity advocates, and people living with HIV worry the risks of the approach outweigh the benefits, and their concerns have gotten louder as awareness of the tool grows. Some have called for the practice to stop until federal health officials address concerns about patient consent, data security, and the potential for HIV criminalization.”

The idea and possibility of HIV criminalization also fits well with what the global biosecurity state has in mind, which is to control people by any and every means possible.

HIV-infected people could even be ordered to abstain from sex, for biosecurity reasons, which would contribute to population reduction – especially if HIV infection were really widespread – and that appears to be a key goal of the technocratic, antihuman cabal.

I hope I’m wrong about the theory that HIV infection and AIDS is being encouraged to justify mass HIV vaccination. But I don’t think it’s outside the realm of possibility, so keep the converging factors in mind as we move forward, and let’s see what happens.

Sources and References

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