Kill HIV Now — Overview

Why the proven "killed-virus" vaccine approach — innovative in its simplicity — may be able to stop the AIDS pandemic

THE PUNCHLINE

Hard as it is to believe, a huge opportunity has been overlooked in the quest for a vaccine to stop AIDS. One of history's best proven methods for preventive vaccines — the classical "killed-virus" method — has never been conclusively tested for HIV. It has no profit potential for the private sector, and is not scientifically interesting enough for the academic research establishment.

Yet the killed-virus method is well-proven, well-understood, highly affordable, able to be evaluated promptly, and may be good enough to stop the AIDS pandemic.
An independent-thinking philanthropist with the right mix of courage and common sense can seize this opportunity and potentially change the course of human history.

THE AIDS PANDEMIC

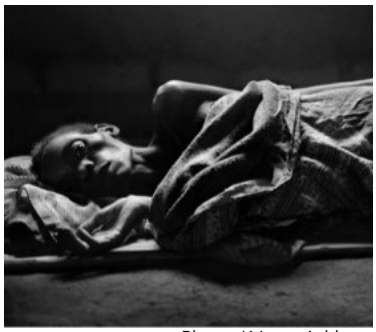


Photo: Kristen Ashburn

"There is no way to describe the worldwide AIDS epidemic but 'horrific'," says renown public health expert (and clinical team leader) Dr. Donald Francis. Indeed, though AIDS seems to have slipped off the mainstream radar of many in the U.S., it remains the global public health crisis of our generation, with an estimated 80 million HIV infections worldwide to date — the vast majority in Sub-Saharan Africa. Strides have been made in drug treatment, but available drug therapies are expensive, usually must be taken daily, and are not readily accessible to millions around the world who need them. Recently, every year HIV infects 2 million and claims the lives of *1+ million people* — staggering figures. Despite optimistic proclamations about other preventive measures, many experienced public health officials believe that an effective vaccine is the *only* realistic road to the end of the AIDS pandemic.

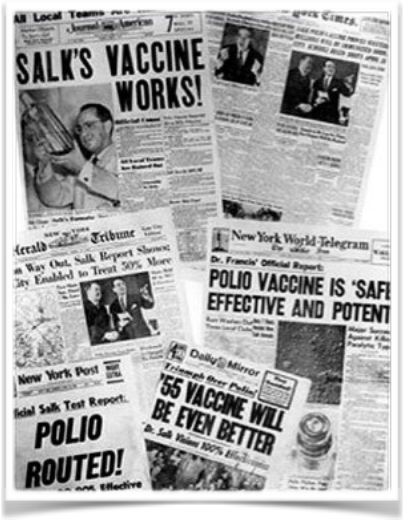
COMMON OBJECTIONS

Given that few individuals consider themselves experts in vaccine development, people who hear our story typically request feedback about the killed-virus concept from a scientific colleague or friend. A certain set of objections are heard — from viral variability, to perceived safety, to the mistaken impression that this approach has already been thoroughly tested. Every objection heard so far has a valid response — as convincingly explained by the respected scientists, public health officials, and medical professionals who support this project. But it often requires a detailed scientific conversation to clarify the concept for those less familiar with classical vaccinology. Therefore, initial objections should not be confused with any flaw in the underlying concept. As Dr. Francis says in a supporting video on http://killhivnow.org, the killed virus approach represents "a pretty good bet".

FUNDING PRECEDENT

Amazingly, this would not be the first time killed virus vaccines were opposed by the scientific establishment until an independent-minded funder stepped forward to sponsor the research.

The most obvious example is Jonas Salk's inactivated (killed) poliovirus vaccine (IPV). Testing of Salk's killed virus vaccine was vehemently opposed by the scientific establishment, whose members strongly advocated waiting for other preferred vaccine concepts. But Basil O'Connor, head of The March of Dimes, was unwilling to wait. He financed the trial, and the killed polio vaccine was found to stop polio in its tracks. The course of history was changed, and Salk and O'Connor were hailed as heroes. Yet amazingly, Dr. Salk was never inducted into the prestigious National Academy of Sciences, as his scientific colleagues objected that there was "no new science" in his work. They were right about that. But it seems abundantly clear now that they were wrong to oppose the testing of Salk's vaccine. IPV-containing vaccines are now licensed in more than 100 countries, and it is estimated that 25 to 30 million newborn infants and approximately 15 million children, adolescents, and adults receive them every year. Since 1999, IPV is the only polio vaccine recommended for use by U.S. pediatricians.



Jonas Salk's polio vaccine stopped the disease, but it never even would have been tested if left to the scientific establishment.

So much for conventional wisdom.

Other remarkable examples exist of private philanthropic investment leading to historic medical breakthroughs. The research and development of the birth control pill was financed by independent-thinking philanthropist and biologist Katharine McCormick, who similarly refused to accept the conventional wisdom of her day, and whose courage and conviction similarly changed human history.

Can this happen again for HIV/AIDS? There is one sure way to find out.

COST AND TIMELINE

The laboratory research needed to prepare killed virus vaccines for definitive human efficacy trials can be completed with an investment of roughly $50M. This is arguably the shortest and most cost effective route to an AIDS vaccine available today — especially when compared to the immense cost and time being devoted to other current HIV vaccine research with little or no realistic prospect for near-term success. A killed-virus HIV vaccine has very real potential to save tens of millions of lives worldwide, and to save U.S. taxpayers hundreds of billions of dollars in ongoing costs for more decades of HIV/AIDS-related research, treatment and prevention.

THE OPPORTUNITY

This project represents a truly striking opportunity. Within a handful of years, with a relatively small amount of funding, we can definitively assess whether a killed-virus vaccine can stop the AIDS pandemic. While no experienced vaccinologist would guarantee that any approach will definitively work, experts in the killed-virus method think that it very well might. Some are optimistic — even confident — that it will.

Fortunately, there is no need to speculate. We can do the experiments and find out.

This situation calls for a visionary philanthropic hero — a person with enough resources to fund the project, enough backbone to stand up to potential naysayers, and enough common sense to understand that such a straightforward and well-understood solution deserves to be tested. It is an investment which may literally and dramatically change the course of history.

KEY PERSONNEL

CHAIRMAN

Anthony M. Frank is the former United States Postmaster General, former chairman and chief executive of the First Nationwide Financial Corporation, and former Chairman of the Board of Advanced Genetics Research Institute (AGRI), which developed killed virus vaccines for numerous veterinary viral diseases.

SENIOR SCIENTIST

Burton Dorman, Ph.D. was co-founder and president of two biotechnology firms and a founding officer and director of the Washington, D.C.-based Association of Biotechnology Companies. His longstanding advocacy on behalf of classical vaccine methods for HIV/AIDS has been well documented.

DEVELOPMENT ADVISOR

Jessy Tolkan is a fundraiser, organizational leader, and activist, specializing in large-scale advocacy campaigns. She has fundraised for and consulted with many of the leading social change organizations in the United States and abroad.

COMMUNICATIONS AND DEVELOPMENT DIRECTOR

Sam Dorman is a technology and communications consultant with a background in tech product development. Sam has helped run national organizations and advocacy efforts, and specializes in setting up product development teams within social sector organizations.

LABORATORY DIRECTOR

Haynes W. Sheppard, Ph.D. is a research scientist with a long-term interest in HIV/AIDS vaccines and HIV infection. He served as Principal Investigator and key investigator for several high-profile HIV/AIDS studies and vaccine trials including the HIVNET Central Laboratory, HIV Vaccine Trials Network (HVTN), and HIV Prevention Trials Network (HPTN).

DIRECTOR OF HUMAN MICROTRIALS

Marcus Conant, M.D. is an honored and respected pioneer, physician and advocate for people infected with HIV and AIDS. Among the first to identify AIDS in 1981, he helped create one of the largest private AIDS clinics, was a founder of the San Francisco AIDS Foundation, and contributed to development of some today's top HIV medications.

DIRECTOR OF HUMAN EFFICACY TRIALS

Donald Francis, M.D., D.Sc. has worked on HIV/AIDS since its emergence in 1981 and was the guiding force behind the RV 144 ("Thai") trial — to date the only AIDS vaccine trial to demonstrate discernible efficacy (31%). He served at the Centers for Disease Control and Prevention (CDC) and had key roles in control of the 1976 Ebola outbreak and the World Health Organization's smallpox global eradication program. He currently is Executive Director of Global Solutions for Infectious Diseases.

CLINICAL ADVISOR

Jay A. Levy, M.D., Professor of Medicine at U.C. San Francisco, began his studies on AIDS in 1981, and in 1983 independently discovered the AIDS virus, calling it AIDS-associated retrovirus (ARV). He chairs the UCSF AIDS Research Institute Technical Advisory Group - Vaccines.