

Sir,

We read with interest the two papers published in the *Journal* by Henry Bauer. In the first¹ he wrote: “Perhaps the most comprehensive discussion [regarding the non-specificity of the HIV antibody tests] is a monograph from the Perth Group¹¹. Concise explanations for the general reader have been offered by Hodgkinson^{12,13}...The reason is that a successful isolation of whole virions of HIV directly from an AIDS patient or an HIV-positive person has never been accomplished or published.^{16-18”}.

The discussion regarding the non-specificity of the HIV antibodies in reference 11 is based on evidence published in a paper by the Perth Group nearly a decade earlier. There,² the Perth Group presents evidence to substantiate their even earlier claims that:³

1. the specificity of an antibody test can be proven only by the use of a gold standard;
2. the only gold standard for the HIV antibody test is HIV itself, that is, HIV isolation/purification;
3. nobody has isolated/purified HIV, that is, nobody has proven its existence.

No such evidence exists in Bauer’s cited references 16-18, including his own, reference 16, that HIV has not been isolated.

His second paper⁴ is riddled with contradictions and unsubstantiated claims, including the following:

The description of Gallo’s 1984 evidence is confusing and includes errors of interpretation and fact. For example, Bauer states: “In one place it is said that “antibodies to the structural proteins of HTLV, notably p24 and p19...are not detectable in most AIDS patients....” Yet later p24 is included among the “most prominent...antigens” of HTLV-III, namely p65, p60, p55, p41, and p24; less prominent antigens were said to be p88, p80, p39, p32, p28, and p21. Some cross-reaction of p65 with HTLV-I was acknowledged, as well as cross-reactions with nonspecific Gag-related antigens. Nevertheless, specificity was claimed for p65, p55, p41, p39, p32, and p24 as “newly expressed after viral infection”; but of course this does not preclude the possibility that these antigens might be found also in association with other agents than HTLV-III”.

Nowhere in the four *Science* did Gallo claim that p65, p55, p39 and p32 are HIV specific. To the contrary, Gallo stated “These results show clearly that the antigens detected after virus infection are either virus-coded proteins or cellular antigens specifically induced by the infection”. The only proteins Gallo considered HIV specific were p24 and p41. “The antigens of H4/HTLV-III were also compared with antigens from virus purified from the culture fluids of H4/HTLV-III (Fig. 2B). Extensive accumulation of p24 and p41 occurred in the virus preparation (Fig. 2B, panels I and II). Protein stains showed that these molecules are the major components of the virus preparation (19). P24 and p41 may therefore be considered viral structural proteins. This is because

these proteins were the only proteins which were present in the “purified” virus, which reacted with patient sera”.⁵

Bauer wrote: “...across the HIV/AIDS literature to date, “isolation” and “purification” do not have the meaning those terms convey in common parlance, namely that isolation means to extract the pertinent entity from its original setting (in this case, an HIV-positive individual) and purification means to remove all contaminants from the isolate in order to leave only the pertinent entity”.

Wrong – in “common parlance” “isolation” and “purification” mean the same thing.

Bauer wrote: “In HIV/AIDS parlance, by contrast, “isolation” and “purification” do not mean extracting and purifying HIV from an AIDS patient or from an HIV-positive individual”.

Bauer seems unaware of the fact virions are purified from cultures, not “directly” from infected individuals.

Bauer wrote: “In point of fact, published electron micrographs of such “purified” “isolates” show a motley mixture of cellular debris. It clearly does not contain pure virions, and indeed there is no proof that it contains any virions at all.^{22,23}”

The cited references are two papers published in 1997,^{6 7} in which the authors claim to have obtained material in which the HIV particles “co-purify” with microvesicles. Bauer does not give his own evidence nor does he cite anyone else’s to prove that the particles which the authors claim are HIV are not “virions at all”. Where is his evidence? How does he know they are “not virions at all”?

Bauer wrote: “The enzyme-linked immunosorbent assay (ELISA), the primary antibody test, measures a color intensity. No controls are perfectly colorless, however. The only objective way to identify a color intensity that would correspond to guaranteed complete absence of purported HIV antibodies would be to have samples from controls known not to have been exposed to HIV, which is an impossibility”.

What is (are) the reasons for claiming such an “impossibility”?

Bauer wrote: “...the crucial insight that the “HIV” test was really an AIDS test.”

Is the “HIV” antibody test an AIDS test because:

- (1) by definition, for a person to be diagnosed with AIDS, he or she must (in most cases) test positive? If this is the case, then AIDS is not the only clinical syndrome diagnosed using serological tests. In fact they

are numerous and constitute the principal workload of serology departments.

- (2) as the Perth Group has repeatedly pointed out, the antibody tests were introduced by Gallo and Stanley Weiss by substituting AIDS for HIV as a gold standard?

Bauer claims that no gold standard for the HIV antibody test exists. The only supporting evidence he provides is a quote by Stanley Weiss: “[i]n the absence of gold standards, the true sensitivity and specificity for the detection of HIV antibodies remain somewhat imprecise”.

There is only one gold standard for the HIV antibody tests: HIV. Anyone who claims that no gold standard exists must also accept that no proof for the existence of HIV exists. This is not the case for Weiss.

Bauer wrote: “**Conclusions**

There is no gold standard for HIV tests. Current practice is to take positive tests as proof of active infection even though the antibody tests have not been shown to be specific for HIV antibodies, and even the presence of HIV antibodies has not been proved to signify active infection by HIV rather than past exposure and acquired immunity”.

On the one hand Bauer claims the antibodies are not specific and have not been shown to signify active infection, while on the other they signify “past exposure and acquired immunity”.

The only gold standard for the HIV antibodies is HIV itself. The only way to claim “There is no gold standard” for the HIV antibody test is to prove HIV has not been proven to exist. However, Bauer (a) is a co-author of a paper in which it is claimed that HIV exists and HIV antibodies exist. In fact, they assume such importance they neutralise the virus. Consequently HIV becomes a harmless passenger virus;⁸ (b) repeats that HIV exists in his current paper.⁹ This means that HIV is present *in vivo* and thus there is a gold standard for the HIV antibody tests.

At the HIV/AIDS Skepticism website Bauer wrote:

“Nothing in my article claims to be original, except putting together quite a range of things that have not been put together before and that all reinforce one another:

Unproven tests (Perth Group; Gallo papers and patent)

Known false positives (Christine Johnson)

CDC from “probable detection of antibodies” to “proof of infection” (Rodney Richards)”.

Nothing in this paper is original.

Finally, Bauer's title is a paradox. "HIV tests are not HIV tests" means a positive antibody test is not caused by HIV antibodies. Yet Bauer claims that the antibodies prove infection with a passenger virus. Can anyone reconcile the title with the claim?

Publishing contradictory and unproven claims benefit neither the *Journal* nor the dissidents.

REFERENCES

1. Bauer H. Incongruous Age Distributions of HIV Infections and Deaths from HIV Disease: Where Is the Latent Period Between HIV Infection and AIDS? *Journal of American Physicians and Surgeons* 2008;13:77-81. <http://www.jpands.org/vol13no3/bauer.pdf>
2. Papadopulos-Eleopulos E, Turner VF, Papadimitriou JM, Alfonso H, Page BAP, Causer D, et al. *Mother to Child Transmission of HIV and its Prevention with AZT and Nevirapine*. Perth: The Perth Group, 2001. <http://www.theperthgroup.com/MONOGRAPH/MTCTAugust2008.pdf>
3. Papadopulos-Eleopulos E, Turner VF, Papadimitriou JM. Is a positive Western blot proof of HIV infection? *Biotechnology* 1993;11:696-707. <http://www.theperthgroup.com/SCIPAPERS/biotek8.html>
4. Bauer H. HIV Tests Are Not HIV Tests. *Journal of American Physicians and Surgeons* 2010;15:5-9. <http://www.jpands.org/vol15no1/bauer.pdf>
5. Schüpbach J, Popovic M, Gilden RV. Serological analysis of a Subgroup of Human T-Lymphotropic Retroviruses (HTLV-III) Associated with AIDS. *Science* 1984;224:503-505.
6. Gluschankof P, Mondor I, Gelderblom HR, Sattentau QJ. Cell membrane vesicles are a major contaminant of gradient-enriched human immunodeficiency virus type-1 preparations. *Virology* 1997;230:125-133. <http://leederville.net/links/Gluschankof.pdf>
7. Bess JW, Gorelick RJ, Bosche WJ, Henderson LE, Arthur LO. Microvesicles are a source of contaminating cellular proteins found in purified HIV-1 preparations. *Virology* 1997;230:134-144. <http://leederville.net/links/Bess.pdf>
8. <http://hivskeptic.wordpress.com/2010/03/09/press-release-a-positive-routine-hiv-test-is-likely-to-be-a-false-positive-scientist-explains/#comment-5605>
9. Duesberg PH, Nicholson JM, Rasnick D, Fiala C, Bauer HH. WITHDRAWN: HIV-AIDS hypothesis out of touch with South African AIDS - A new perspective. *Med Hypotheses* 2009. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19619953