Viral Forensics LLC

The Application of Transmission Electron Microscopy (TEM) for the Forensic Detection of Viral Pathogens in Blood Plasma

David W. Rasnick, Ph.D.
820 Heinz Ave
Berkeley CA, 94710
(510) 384-2591
david.rasnick@viralforensics.com
www.viralforensics.com

Introduction

While the development of biological testing has made many advances in the detection, diagnosis, and treatment of infectious diseases, FDA package inserts that come with the widely used ELISA, Western Blot (WB), and polymerase chain reaction (PCR) tests clearly describe the unreliability of such testing.[1] Further, the use of Flow Cytometry (to count CD4 cells) and phylogenetics (to identify the DNA pedigree of the suspected virus) is still too unreliable for FDA approval.[2] In contrast to these tests, Transmission Electron Microscopy (TEM) has been the "gold standard" for viral detection and characterization since the 1930s. Unlike the ELISA, WB, and PCR tests, the undirected "open view" of TEM provides the rapid, and objective detection, identification, and quantification of any virus present in a person's plasma, pustules, sputum, urine, feces, and tissues.

This white paper presents a concise explanation of TEM and its usefulness in verifying the presence of suspected pathogens reported by less accurate technologies. More importantly, we propose the scientifically indisputable and cost-effective solution of employing TEM to confirm the presence or absence of viral pathogens.[3]

Background

> *This test is not intended for use as a screening device for women under age 30 with normal cervical cytology. The Cobas HPV Test is not intended to substitute for regular cervical cytology screening. The Cobas HPV Test is not intended for use in determining the need for treatment (i.e. excisional or ablative treatment of the cervix) in the absence of high-grade cervical dysplasia."*
>
> Roche Cobas HPV Test High-Risk HPV with 16/18 Genotype

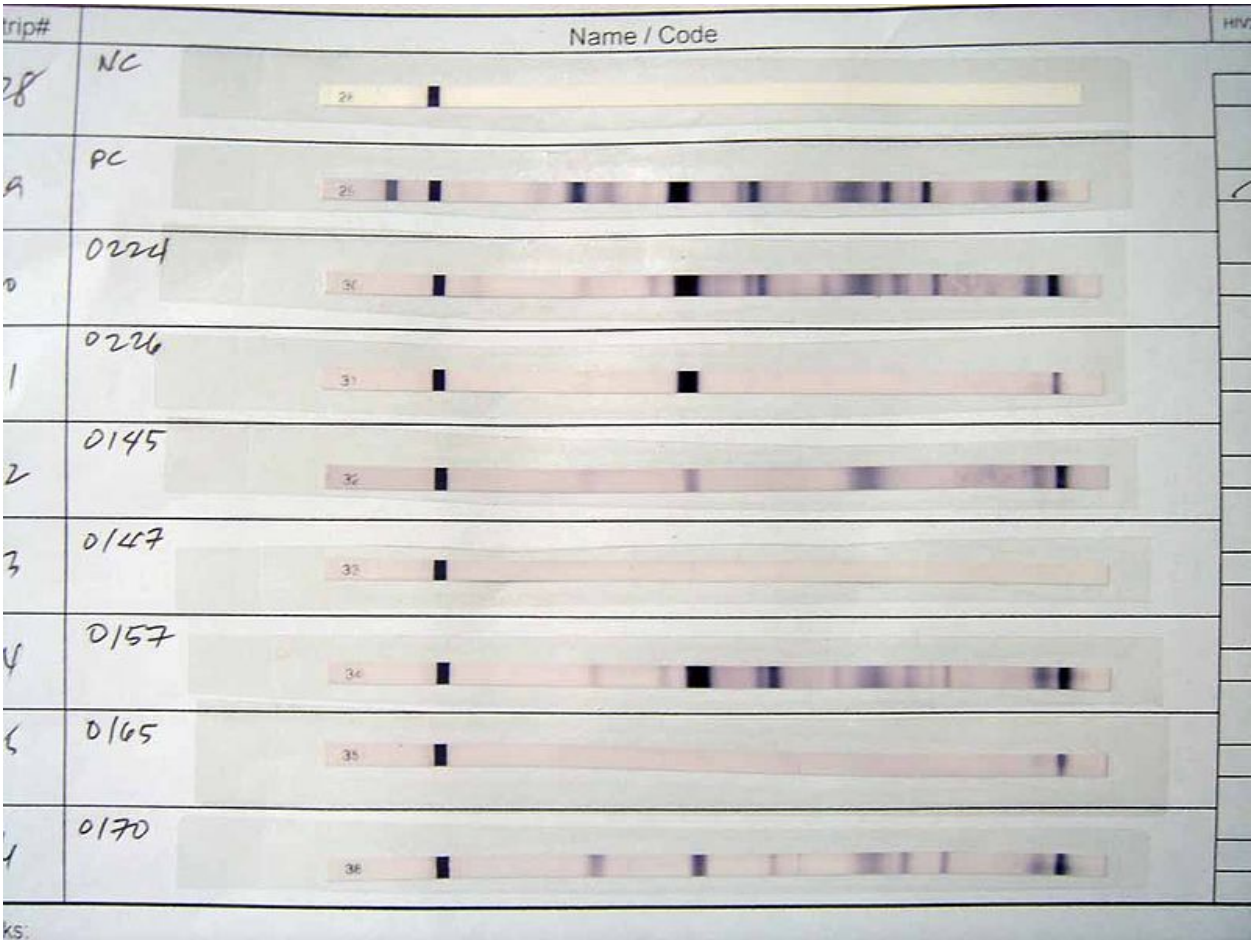
Enzyme immunoassay (ELISA) and Western Blot (WB) tests do not detect the presence of pathogens in blood or tissue. Although these tests only detect proteins common in all healthy humans, ELISA, WB, and PCR are routinely used to diagnose infection with HIV, hepatitis C (HCV), papilloma virus (HPV). When these tests react with the target molecule, they give a color signal visible by eye. However, the color is always visible, whether or not the target molecule is present because the reaction is never absolutely specific. Therefore, a positive result is subjectively determined based on the intensity of the color. Different people looking at the same sample may report different results. Interpretive variations often lead to false positive and false negative results for the presence of the

[1] Although polymerase chain reaction (PCR) is a reliable technology, its application in the detection of so-called "viral load" of alleged pathogens like HIV has more to do with marketing than science. Comments by PCR inventor Kary Mullis PhD explain further at http://www.duesberg.com/viewpoints/kintro.html.

[2] *See* Nancy Banks MD *The Use of Flow Cytometry for CD4+ T Cell Counts in HIV Testing*, THE OFFICE OF MEDICAL & SCIENTIFIC JUSTICE (OMSJ), Jan 2012.

[3] While this White Paper often uses HIV tests as an example, the same technology and limitations applies in the testing of HPV, HCV, Ebola, and other pathogens.

target molecule. Note that ELISA and WB can only indicate the presence or the absence of the target molecules and **do not determine** the actual presence or absence of the viral pathogens. Antibodies often persist after infections are eliminated and do not prove the existence of a current infection.[4]



Western Blot results for HIV test. First two strips represent negative and positive controls followed by actual tests. Which results are positive, negative, inconclusive, and non-reactive?

PCR allegedly amplifies small fragments of nucleic acid (presumed to be unique to the viral pathogen) millions to billions of times in order to be detected as a color product. The amount of viral particles allegedly present in a volume of blood is called the "viral load". PCR is used in an attempt to approximate a true viral load. Unfortunately, PCR estimates may typically be 10,000 to a million times higher than true viral loads. Not surprisingly, **the accuracy of the PCR viral load results is unknown.**

The gold standard method of determining true viral load is visualizing and counting viral particles present in blood and other tissues using TEM. Until recently, true viral load was never determined for HIV, HCV, HPV, Ebola and similar viruses. Because PCR viral load estimates have never been validated by comparison with true viral load, the FDA warns that the PCR viral load results cannot be used to screen for the presence of these viruses or confirm the presence of these viruses following ELISA and WB tests.

[4] For more information about testing, visit http://www.omsj.org/blogs/hiv-tests-explained.

Problem

According to the US Food and Drug Administration (FDA) and the test manufacturers themselves, the results of the ELISA, WB, and PCR tests are unreliable and inaccurate—a fact easily found under LIMITATIONS that are printed in package inserts that come with all of these tests. Although clinicians are warned that "The significance of a positive result in asymptomatic patients is unknown…" and that "diagnoses of HIV (and other pathogens) are **clinically indicated**…", doctors routinely order ELISA and WB screening tests from clinical labs like Quest Diagnostics and LabCorp that typically issue similar disclaimers along with their results. When the test results are reported, "Doctor A" often receives results he doesn't understand and refers the patient to "Doctor B", an "infectious disease specialist." Doctor B then assumes that Doctor A (and the clinical lab) provided the patient's diagnosis, while Doctor A assumes the diagnosis will be made by Doctor B. The clinical lab assumes that the diagnosis will be made by either Doctor A or B. This is the medical standard of care.[5]

> *The COBAS AmpliPrep/COBAS TaqMan HCV Test is not intended for use as a screening test for the presence of HCV in blood or blood products or as a diagnostic test to confirm the presence of HCV infection.*
>
> Roche AmpliPrep/COBAS TaqMan HCV Test

Sworn testimony from criminal and civil cases and a review of nearly 100 medical records by OMSJ[6] reveals that, in nearly every case, no one had actually diagnosed the patient. Without a specific diagnosis, physicians routinely initiated regimens that included **check-ups, viral load testing, and toxic drug cocktails** that compromise liver, kidney, and brain function. If and when these treatments led to injury or death, the treating physician often reported that the patient suffered from the "complications" of AIDS or other (mis)*diagnosed* disease. Based upon these findings and other evidence, OMSJ estimates that more than 90 percent of all "HIV" cases are misdiagnosed. Because similar technologies are improperly used to diagnose HPV, HCV, and other viral infections, we suspect a similar rate of misdiagnosis in those groups as well.

In the case of these viruses, the draconian adherence to the so-called "medical standard of care" further complicates the problem by coercing clinicians into improperly treating a patient simply because "that's what everyone else does." Clinicians who recognize the limitations of the ELISA, WB, and PCR tests and treatment with toxic antiviral drugs risk disciplinary action if they are suspected of deviating from the mandated medical standard. Aware of this, some clinicians find it safer to comply with standard of medical care that may lead to iatrogenic injury.

> *The COBAS AmpliPrep/COBAS TaqMan HIV-1 Test is not intended for use as a screening test for the presence of HIV-1 in blood or blood products or as a diagnostic test to confirm the presence of HIV-1 infection.*
>
> Roche's AmpliPrep/COBAS TaqMan HIV-1 Test

While most patients define "good doctors" and

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[5] In the 2014 case of Georgia v. Craig Lamar Davis, Case № 2012-CR-02618-9, prosecutors called medical doctors (who claimed to have diagnosed Davis) and scientists and technologists from Quest and LabCorp who were responsible for testing blood samples. Under direct and cross examination, Davis' clinicians admitted that their diagnosis relied heavily on the results produced by laboratory experts, who all refuted the claim that their "diagnostic" companies diagnose diseases in patients.

[6] The Office of Medical & Scientific Justice Inc., (OMSJ) is a licensed 501c3 non-profit private investigation agency. Since 2009, OMSJ has forced prosecutors to withdraw or dismiss more than fifty criminal HIV cases based upon their findings. Most recently, the US Court of Appeals for the Armed Forces (CAAF) ruled 5-0 to overturn the conviction of USAF Sergeant David Gutierrez based upon evidence produced by OMSJ.

"good drugs" as those that keep us healthy, too many hospital administrators and pharmaceutical CEOs in effect define "good doctors," "good tests" and "good drugs" as those that generate revenue for shareholders.[7] Unlike companies that lose revenues when their products harm consumers (e.g., Boeing and Ford), the industrial healthcare network often profits from errors, inaccurate tests, ineffective and toxic drugs, complications, and injuries. According to researchers, "**There's no economic incentive for hospitals to reduce errors because they make more money by treating the resulting problems**."[8] The industry has commercialized the role of physicians and undermined their position as independent, trusted advisers to patients.[9] These conflicts of interest permeate the industrial healthcare network.

The Industrial Healthcare Network

The industrial-healthcare network outlined below advocates and promotes the screening of tens-of-millions of people for the presence of viral pathogens using ELISA, WB, and PCR tests of unknown accuracy.

- **Medical and professional boards:** The College of American Pathologists (CAP), for example, certifies clinical labs such as LabCorp and Quest Diagnostics that **do not** "diagnose" a patient's disease. CAP is largely funded and influenced by the manufacturers (including Abbott and Roche) of the ELISA, WB, and PCR tests, which are improperly used to diagnose patients with viral infections. If CAP suddenly certified the use of TEM as the gold standard to "diagnose" patients infected with viral pathogens, the multi-billion dollar ELISA, WB, and PCR industry would likely withdraw its funding, costing CAP millions of dollars in *philanthropic* donations.[10]

- **Government agencies**: The National Institutes of Health (**NIH**) and the Centers for Disease Control (**CDC**) recommend using the ELISA, WB, and PCR tests for detecting the presence of viral pathogens. However, their recommendations **conflict** with the FDA mandated limitations explicitly stated in the package inserts that come with each test.

- **Non-governmental agencies and philanthropies:** Under the belief one can do humanitarian work while ignorant of the science, the AIDS Healthcare Foundation (AHF), UNAIDS, Bill & Melinda Gates, and the Clinton Foundation redirect billions of pharmaceutical marketing dollars to politicians and governments to promote their dangerous drugs and vaccines.[11]

- **The media**: Only the automobile industry spends more on advertising than the pharmaceutical industry.

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[7] J. Scott Armstrong, "Social Irresponsibility in Management," *Journal of Business Research*, 5 (September, 1977)

[8] "Errors still taking lives, *USA Today*, 18 May 2005. See also, "White Paper for Patient Safety", by Gil N. Mileikowsky MD.

[9] "Institutional Corruption of Pharmaceuticals and the Myth of Safe and Effective Drugs", *Journal of Law, Medicine and Ethics*, 2013, Vol. 14, No. 3: 590-610

[10] Abbott Laboratories, Genentech, Seracon, Baxter Healthcare, Bayer Diagnostics, US Labs, Pfizer, Hologic, Ventana, Blue Cross and Roche are just a few donors listed in CAP's 2013 Annual Report.

[11] In April 2015, three AHF managers accused AHF of bilking taxpayers out of millions of dollars in a scheme that paid kickbacks to employees who referred patients with positive results to their clinics and pharmacies. According to their website, AHF cares for more than 400,000 patients in 36 countries and leads a mass testing initiative to test and treat 25 million people.

- **Universities**: The pharmaceutical industry is heavily invested in academic institutions throughout the United States. Professors and their universities lend professorial credibility to the pharmaceutical industry in exchange for massive infusions of capital.

- **Politicians**: The pharmaceutical/healthcare industry contributes heavily to political campaigns. It is the sixth largest lobby in Washington DC.

- **The entertainment industry**: Every day, movies, television, newspapers, magazines, and thousands of websites disseminate pharmaceutical industry propaganda to millions of people around the world.

- **Hazardous industries such as mining**: Dangerous industries have used ELISA, WB, and PCR test results to blame exotic viruses (e.g. HIV and Ebola) for sickness and disease caused by environmental poisons and toxic workplace conditions.

Millions of people in the US and around the world are routinely being diagnosed and treated for diseases and viral infections they don't have. Unfortunately, the ELISA, WB, and PCR tests often mislead clinicians, who fail to recognize 1) whether an infection or disease is actually present or 2) the underlying causes of symptoms presented.

Solution

Viral Forensics LLC offers the only forensic examination of blood plasma samples to confirm the absence or presence of viral pathogens. Being 100 times more powerful than a conventional light microscope, TEM can make any viral pathogen visible. TEM can easily confirm the presence of HPV (50–60 nm), Epstein–Barr virus (120–180 nm), HIV (100–120 nm), Ebola (700–1400 nm), etc. In light of the shortcomings, abuse, and unreliability of ELISA, WB, PCR, Flow Cytometry, and phylogenetic technologies, forensic TEM is available to physicians and patients to visually confirm the presence or absence of viral pathogens before committing to unnecessary regimens of care and toxic pharmaceutical drugs.[12]

Action Plan – Clinicians

Before administering any care or treatment to patients, clinicians are now afforded the opportunity to visually confirm the presence of viral pathogens with TEM before prescribing regimens that may be unnecessary.

Action Plan – Patients

Patients who are told they are infected with a viral pathogen are now afforded the opportunity visually confirm the presence of the virus using TEM before submitting to regimens that may be expensive or toxic.

Contact www.viralforensics.com for more information.

[12] Pharmaceutical critics of TEM counter that HIV is not found in blood, which conflicts directly with marketing claims that PCR tests detect viral particles in blood.