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To

Frontiers in Public Health

**Frontiers
EPFL Innovation Park, Building I
CH – 1015 Lausanne, Switzerland**

HIV/AIDS Chief Editors

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CC to

Kamila Makram, CEO of Frontiers

Editorial Office of Frontiers

As PLWHAs, scientists, clinicians and activists we are dismayed at the decision of Frontiers in Public Health to publish an article whose sole purpose is to promote HIV/AIDS denialism: *Questioning the HIV-AIDS hypothesis: 30 years of dissent.*⁽¹⁾

The individuals who developed this piece are associated with a well-known internet based group⁽²⁾ whose ideological purpose is to convince people with HIV/AIDS, and those who are at risk, that the virus does not exist or is harmless, that their diagnosis is a fraud, that HIV/AIDS is not sexually transmissible, and that competent treatment of the disease including the prevention of mother to child transmission is a cruel hoax perpetrated by greedy and foolish doctors, the pharmaceutical industry, governments, and gay activists.

It is difficult to understand how in 2015 a professional journal focused on public health could willingly lend support such a perverse project.

As a work of supposed scholarship, the paper is of manifestly poor quality. Likewise, its call to public health practitioners to take seriously such claims and to engage with them in informed debate is disingenuous: such “debates” have been carried on ad nauseam for decades, and serve only as a tactic to generate sound and fury in order to try to convince the denialists’ target audience that there is genuine uncertainty in the scientific and medical communities about whether HIV exists or causes any human disease.⁽³⁾ Attempting to engage denialists is pointless: they have demonstrated conclusively over the past 30 years that they are impervious to evidence based counterargument, and will simply repeat the same claims over and over despite repeated refutation and painstaking explanation. Invariably such “debates” degenerate into personal attacks, and on a number of occasions to lawsuits.

Clearly, no one familiar with the basic science could take any of this paper’s contentions seriously, but its purpose is not to convince competent scientists or clinicians. Its purpose is to try to lend a veneer of credibility to their argument, when they target their main audience in social media.⁽⁴⁾

Dr. Goodson’s opening argument that “according to established immunology principles” the detection of antibodies necessarily demonstrates a past resolved infection and not a present one will be recognized as nonsense by anyone with basic science literacy, but is calculated to provide false reassurance to people with HIV who are struggling with their diagnosis.

She concludes her argument by blithely dismissing at a stroke the vast epidemiological literature demonstrating the causal relationship between HIV infection and AIDS with the statement that “epidemiological data do not provide evidence for causation”. It beggars belief that someone who teaches public health in a US institution could so profoundly misstate the fundamentals of her field, or that such a statement could pass unremarked on in a public health journal.

In between, she recites a familiar litany of tired falsehoods, misrepresentations and misapprehensions designed to mislead her intended audience into ignoring and dismissing measures to prevent, diagnose and treat a serious infectious disease. Dr. Goodson asserts, for example, that an HIV-1 Western Blot with bands at gp41, p32, and p24 is read as “negative” in Africa and Australia, which is patently false. Citing no less an authority than Dr. Henry Bauer himself she claims that HIV-1 p24 and gp41 are “found in blood platelets of healthy individuals.” which is again untrue. She states that “a retrovirus is nothing more than RNA with an outer protein shell” which “enables it to bind to cells of the type it infects”, ignoring the lipid bilayer envelope and other key components of lentiviruses.

She states incorrectly, that antiretroviral drugs “destroy the immune systems’ healthy T-cells”, and “cause a collapse identical to AIDS”, and that the apparent “miraculous recovery” observed by patients with AIDS using them is nothing more than a temporary illusion created by their broad spectrum antimicrobial effects.

There is nothing in Dr Goodson’s paper that warrants informed debate, nor any insight that could possibly contribute positively to public health.

We cannot understand how such obvious untruths and misrepresentations were able to pass through the filter first of the peer review and later of an investigation which has “sought expert input from the Specialty Chief Editors of the HIV and AIDS section of *Frontiers in Public Health* and *Frontiers in Immunology*”.⁽⁵⁾

Open access publishing is not merely a discourse among scholars but its very accessibility intersects with that of lay social media where it can be open to abuse by interests that seek to borrow the reputation of peer reviewed journals to further agendas inimical to public interest: this creates an enhanced obligation on publishers to be mindful of potential audiences and to avoid causing harm to readers who might lack the background knowledge and skills to evaluate contentious and clearly counterfactual claims, especially where such deliberate misinformation might lead individuals to make poor health decisions.

While it may have been the intention of the publisher that such claims might be conclusively dealt with by open debate on their pages, in reality this has not been possible in the case of HIV/AIDS denialism for many years, if ever. Such “debates” are futile because denialists by their nature are not amenable to reason or evidence, and in reality there is no dispute among informed scientists and clinicians about whether HIV exists and causes disease.⁽⁶⁾

Frontiers’ publisher has possibly misinterpreted the lack of public engagement with Dr Goodson’s absurd paper as approval of, or at least indifference to, its publication. In fact many of us have trusted the good sense of Frontiers’ editors to take appropriate action for such a bizarre submission with obvious adverse implications for public health, and did not wish to add unnecessarily to the publisher’s further humiliation by contentious public criticism in the comments.

Unfortunately our trust in the judgment of Frontiers’ senior editors appears to have been misplaced. The decision to demote the paper to “Opinion Article” will make no difference to the intended lay audience who will see only that Goodson’s claims are published in a peer reviewed journal of some repute, and are therefore credible.

The original publication of the paper was an embarrassing error which has highlighted to readers and potential contributors a significant deficit in the journal’s editorial oversight. In its *Statement of Concern*, the publisher has promised to make public the outcome of its investigation into how this paper came to appear in its journal.⁽⁷⁾ To date this has not occurred.

The decision by Frontiers’ senior editors to support continued publication despite being made aware of the likely public health consequences of such a decision is incomprehensible, and appears to demonstrate indifference to, or a lack of understanding of, the journal’s responsibilities to its readers, contributors and to the wider community.

(1) <http://journal.frontiersin.org/article/10.3389/fpubh.2014.00154/full>

- (2) <http://rethinkingaids.com/>
- (3) <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040256>
- (4) <https://www.facebook.com/groups/RethinkingAIDS/>
- (5) <http://journal.frontiersin.org/article/10.3389/fpubh.2015.00037/full>
- (6) <http://www.ncbi.nlm.nih.gov/pubmed/10894520>
- (7) <http://retractionwatch.com/2014/09/26/publisher-issues-statement-of-concern-about-hiv-denial-paper-launches-investigation/>

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