

Witness Name: A Karpas
Statement No: WITN0684019
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Dated: September 2020

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF DR ABRAHAM KARPAS

I, Dr Abraham Karpas, will say as follows:-

Section 1. Introduction

My name is Dr Abraham Karpas, my date of birth is **GRO-C** 1937 and my address is known to the Inquiry.

- I make this statement to supplement and expand on the information provided in my First Written Statement dated 2 January 2020 on which I continue to rely.
- I am an expert in some aspects of Medical Virology and from 1969 to 2005 was Assistant Director of Research in the Haematology Department at Cambridge University.
- A copy of my CV and a synopsis of my main original research contributions are exhibited at **WITN0684020**.

Section 2. The Emergence of AIDS

- At the time the AIDS epidemic began I was working in Cambridge. There were no cases of AIDS in Cambridge then; the first was reported in 1984.
- The first scientific articles about the discovery of the infectious agent which caused AIDS were published in the American journal *Science* in 1983. The *Science* issue dated 20 May 1983 contained an article from French scientists at the Institute Pasteur in Paris claiming that they had isolated a new virus they named LAV (later renamed HIV). In the same issue of *Science* Dr Robert Gallo's group at the National Institutes of Health (NIH) USA, claimed that HTLV, a virus involved in the development of Adult T-cell leukemia (ATL) was involved in the development of AIDS. Their article entitled *Isolation of T-cell leukemia virus in AIDS* is exhibit **WITN0684021/022**.
- ATL is a malignant proliferation of T-cells first recognized in 1977 as a distinct form of leukemia by Japanese scientists (and for which Robert Gallo wished to claim credit), and thereafter was found to affect also blacks of African origin. By 1981 the Japanese had published studies of HTLV in which they documented that only 1% of the infected individuals develop ATL many years after infection, estimating that there were approximately a million infected individuals in the country. Despite the high incidence of infection no case of AIDS was ever mentioned in the endemic area of south west Japan (Kyushu).
- The 20 May 1983 issue of *Science* also contained a second paper from Dr Gallo's group entitled "*Proviral DNA of a retrovirus, human T-cell leukaemia virus, in two patients with AIDS*" seeming to lend further support to the involvement of HTLV in AIDS. A copy of this article is exhibited at **WITN0684023**.

- The first paper from the Institute Pasteur team did not contain conclusive evidence that LAV, their new virus, was the cause of AIDS.
- It was their second paper, submitted for publication to the journal *Nature* in May 1983 as a collaboration with Dr David Klatzmann, medical immunologist from the hospital Pitie-Salpetriere in Paris, that contained the compelling evidence. LAV was found to be a new human virus. The paper showed for the first time that LAV preferentially infected and killed the CD4+ T-cells, white blood cells essential for generating immunity, and thus explained the development of AIDS. Excellent electron micrographs in the article revealed the virus to have a bullet-shaped core that contrasted with HTLV's round-shaped appearance.
- LAV/HIV and HTLV are both retroviruses but belong to distinct sub-groups: HTLV belongs to the oncogenic subgroup, where it can cause malignant transformation and uncontrolled proliferation of infected T-cells (i.e. leukemia); LAV/HIV belongs to the lenti subgroup and kills infected T-cells.
- The second French paper should have been published without delay because it supplied the evidence of a new human virus, the first lentivirus to infect man; and it explained how AIDS developed. Unfortunately after submission Drs Montagnier and Klatzmann did not hear from the editorial office of *Nature* for over 4 months, as confirmed by the email from Dr Klatzmann to Mr Milburn of the Inquiry Team dated 25 August 2019 exhibited at **WITN0684024**. I was first made aware of the delay to the publication of the second French paper in 1984 when I spoke to Dr Montagnier in Japan. He told me that when he was eventually contacted it was a rejection, based on the reports from two referees.
- It is usual for any paper submitted to a journal for publication to be sent to two independent referees for consideration before any decision is taken whether or not to publish. When I spoke to Dr Montagnier he gave me copies of the two referee reports that he had been sent by *Nature* and told me that he suspected both reports had been authored by the same person, Dr Robin Weiss in fact. At the time, even before reading the content of the reports, the similarity of the typeface in the two reports struck me. Acting upon this suspicion I had the reports examined. The examiner told me that they had been typed on a Royal typewriter; and apparently this was the same make of typewriter that Dr Weiss had in his laboratory at the relevant time. Subsequently the then editor of *Nature*, Dr. John Maddox, told the Pulitzer prize-winning journalist John Crewdson (who wrote a book about Dr Gallo's role in the discovery of AIDS called *Science Fictions*) that the sub-editor of *Nature*, Peter Newmark, allowed Dr Weiss provide both referee reports and that he [Dr Maddox] had fired Peter Newmark for doing so but, by then, a whole year was lost to AIDS research and introduced delay in the development of AIDS testing.

Section 3. My Attempts at Research

- When the first scientific reports appeared in May 1983 about a new virus or viruses having been isolated I was keen to work on this. However, we had seen no AIDS in Cambridge at that time and it was suggested to me to contact Dr Tedder at the Middlesex Hospital where there were many cases. On Dr Tedder's prompting I wrote to ask for some blood samples from AIDS patients at the Middlesex Hospital. Dr Tedder wrote back and said that his collaborator Dr Robin Weiss, who was at the time at the Chester Beatty laboratory, was opposed to my request because he did not want any more collaborators. (I have Tedder's letter conveying Dr Weiss' objection). My head of department, Prof Hayhoe, advised me then to write back and request blood samples on a non-collaborative basis, but my letter never received a reply.
- In May 1991 I was in contact with Dr N Byrom, lecturer at the haematology department of the Charing Cross and Westminster Medical School, concerning a research assistant who had worked for both of us. In incidental conversation he spoke to me about his past (1980s) unpleasant experience with Dr Weiss and I asked him to put this in writing. On 31 May 1991 he wrote: "...Dr Charles Farthing (who was an AIDS doctor) and I had gone to see the Professor to

discuss how we might obtain research moneys to further our research in HIV disease. We were told not to bother to apply for funding for research in any area of activity where Professor Weiss was involved, because he would make sure we didn't get any support"...

Section 4. Lost Year

- Drs Weiss and Tedder were both equipped with spacious laboratories and access to a large number of AIDS patients from 1980 onwards but did not succeed in isolating the virus responsible. After Dr Gallo's laboratory claimed in April 1994 to have done so, Weiss asked Montagnier for the French virus and sent his associate Mrs Cheng Popov to the Institute Pasteur in Paris to learn how to grow the virus, as recounted in a letter that Dr Montagnier sent me. After receiving the French virus, Weiss claimed to have isolated his own virus which he named CBL-1. Thereafter he licensed it to the firm Wellcome Diagnostics.
- At the time it was not known that every new and independent isolate of HIV is distinct as if it has its own finger print, which can be identified by molecular studies. Once this was established, it was determined that both Gallo's and Weiss' so-called independent virus isolates were the very same French virus they had received from Montagnier's Paris laboratory. Dr Gallo was obliged to leave the National Institutes of Health in consequence of this discovery; Weiss somehow managed to be elected FRS.
- More recently I have had emails from Dr Klatzmann in which he also recounted that Weiss visited him in the summer of 1984 after Montagnier told Weiss that Klatzmann was working on the CD4 antigen, which Klatzmann considered to be the receptor for LAV (HIV) on the surface of T cells. On hearing of these results, Weiss claimed to have had similar ones; and being *Nature's* principal referee on retroviruses, he offered to publish Klatzmann's results alongside his own in the journal *Nature*. Innocently Klatzmann gave Weiss his manuscript. Publication was delayed by several months; Weiss did not submit the paper to *Nature* until 18 October 1983; it must have been kept in Weiss' office. Dr Klatzmann's view was that Dr Weiss deliberately delayed submitting the paper to give himself time to re-create the results in his own laboratory and enable both sets to appear with the same date of submission (18 October 1984) next to each other, making Weiss a "co-discoverer" of the cellular receptor for HIV. Copies of both articles are exhibited at **WITN0684025**.
- It is important to emphasise the unprecedented control that Weiss was allowed to exercise at the time in this most important scientific journal. As Klatzmann wrote to me, he never submitted his manuscript to *Nature*, never received any referees' reports, yet his manuscript appeared in the journal following Weiss' manuscript. Yet in contrast his seminal May 1983 manuscript was kept by Weiss for over 4 months and then rejected utilising two so-called referees' reports. That led to a lost year of AIDS research and screening, which must have resulted in hundreds of thousands of HIV infections and deaths world-wide as outlined in my 2019 internet journal article "*How the seminal French manuscript with the evidence that their HIV was the cause of AIDS was deliberately blocked, resulting in hundreds of thousands of infections and deaths worldwide*". A copy of this is exhibited at **WITN0684026**.

Section 5. Delay to HIV Testing

- A further 6 months' delay occurred in the introduction of tests for HIV infection in the UK and was reported in the 8 August 1985 issue of the journal *New Scientist* in an article entitled "*Ministers Delayed Launch of AIDS test*". The first commercial test for HIV infection, developed by the American company Abbott laboratories, received FDA approval in March 1985 and was introduced in many countries, but not in the UK. Officially the reason was that it took Dr P Mortimer's virus laboratory 6 months to evaluate the Abbott test; but when my test was evaluated in that laboratory the results of the evaluation were returned to me in the post within a week. According to Abbott laboratories, as outlined in the *New Scientist* article, the delay was in order to allow time for Wellcome Diagnostic to complete the development of their own test with the so-called CBL-1 HIV which they were licensing from Weiss. When the Wellcome test was ready the Abbott test was also approved. It so happens I know that both Dr

Weiss and Tedder were friends of Dr Mortimer; and Dr. Mortimer had sole responsibility for deciding which tests to approve and which not. The Wellcome test went into use nationally in September 1985 in the UK, 6 months after the Abbotts' test was licensed by the FDA and available for use. It was a gross defect in the government of the day to have placed such an important decision affecting life and death for thousands of people in the hands of a single individual.

- More importantly, if the 1983 seminal French manuscript of Klatzmann and Montagnier research groups had been published by *Nature* in 1983 one could have started testing the preparations of Factor 8 for HIV even before commercial tests were developed. That would have led to a significant reduction of HIV infection and deaths among the haemophiliacs. In fact when I wrote to David Klatzmann about the ongoing UK Infected Blood Inquiry he wrote on May 8 2019:..."*Had this paper been published in summer 1983, it would have changed the way the scientific community looked at LAV as a causal agent of AIDS*"
- Overall I believe these issues caused an 18 month delay. In my view testing for HIV in the UK – if not actually commercial testing – could have been started in the summer of 1983. A commercial test could probably have been available by early 1984.

Section 6. Passive Immune Therapy.

- In 1985 I found that AIDS patients had very low levels of antibodies against HIV and were devoid of antibodies capable of neutralizing the virus; while in contrast HIV-infected individuals who were healthy had high levels of both. This led me to starting a trial of Passive Immune Therapy (PIT) in Cambridge, which was reported in our 1985 *Lancet* paper. But we could not offer the treatment to a large number of AIDS patients because in Cambridge there were only a few known HIV-infected individuals. At a meeting in 1986 in the Royal London Hospital I encountered Dr D Bainbridge, who was the consultant in immunology with responsibility for the AIDS diagnostic service at the hospital and naturally interested in PIT, offering the possibility of treating a larger number of AIDS patients because in London there were far more healthy HIV-infected individuals, prepared to donate their antibody-rich plasma on a regular basis. Later Dr S Ash, a consultant at Ealing General hospital with a large number of AIDS patients, also became interested in PIT and over several years provided PIT to an increasing number of AIDS patients. With their experience both Dr Bainbridge and Dr Ash became convinced that PIT was to the benefit of their patients, improving their wellbeing and possibly extending their life-expectancy. We wished to conduct placebo-controlled trials, but our repeated applications for financial support were always rejected. It was likely due to Weiss' influence, the rationale probably being that both Weiss and Gallo's group had published in 1985 in *Nature* articles claiming no difference in the quality of antibodies between healthy HIV-infected individuals and AIDS patients. We eventually had to abandon the treatment we had up till then been offering on a compassionate basis. However in the USA and France two subsequent studies provided double-blind control evidence that PIT was indeed beneficial.
- I believe that had we had more support and funding to investigate the effects of this treatment properly, more people with HIV could have lived longer, perhaps long enough to benefit from the antiviral drug therapies that came later.
- In April 2020 I published an article on passive immune therapy entitled "A strategy to defeat Covid-19 with Passive Immunotherapy". A copy of the same is exhibited at **WITN684027**.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed...

GRO-C

20-9-20