

INTERVIEW WITH

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October 7, 2007

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THIS INTERVIEW WAS PUBLISHED BY THE GREEK NEWSPAPER OF ATHENS, GREECE, "PARASKEVI+13", DECEMBER 7<sup>th</sup>, 2007, UNDER THE TITLE "AIDS: A WORLD SCANDAL!", AND THE SUBTITLE: "DRUGS AND VACCINES DO NOT CURE!"

It is human to accept as fact that which is often repeated. The power of habit subverts critical thinking. "If you say something and repeat it often, something from the meaning of what is being said will remain." So said Joseph Goebbels, Adolph Hitler's propaganda minister. Alas, the courage, the vigor and the progress of a culture is judged by its will and its ability to examine and to re-examine, to question the status quo. If this approach constitutes the basis of dialogue between one human being and another, in science--which constitutes the foundation of a dialogue between man and his existence--such an approach is crucial. Science itself demands it, providing it takes place within an appropriate ethic. Unfortunately, the deontology of scientific dialogue is trampled more often than we imagine. The history of a partly sexual pandemic is a shattering example of what can result.

When AIDS was introduced to humanity during the decade of the 80's, humanity was seized with panic and turned to its vanguard, the scientists, for answers and for protection. That was the proper thing to do. The problem is that the justifiable sense of urgency generated a rush within the scientific community to come up with answers. Money, lots of money was devoted to finding both culprit and cure. Glory, lots of glory awaited the scientists who could solve the mystery. AIDS, in some respects, became for researchers an El Dorado, a gold fever with the added lure of a Nobel Prize. Society demanded a quick fix. But as is often the case, haste is the mother of all errors. This might well explain in large part what has occurred in the field of AIDS research. Initially, relying on questionable data, scientist Dr. Robert Gallo introduced what he termed "his own" HLTV-1, a virus associated at extremely low frequency, with rare forms of human leukemia. Shortly thereafter, searching in the same field of retrovirology, Gallo announced that he had found the cause of AIDS.

Once again, Herbert Spencer would be proved right: "Men believe to be true what they prefer to be true." And men prefer to believe that science is a tower of certitude with an air of papal infallibility. And yet, in science the degree of uncertainty is always larger than that of certainty. A true scientist is one who identifies with the Socratic proverb: "I know one thing: that I don't know anything." This is the sine qua non of scientific advancement. Data is collected, examined and re-examined. It is subjected to a rigorous process of investigation and reason. According to Karl Popper, disproof is an essential criterion in determining the validity of a theory. Where is disproof in the case of HIV-AIDS? Is it a scientific certainty? Or is it pseudo-scientific dogma with almost theological

undertones? Nevertheless, the scientific community has embraced it. And this is a powerful argument in the eyes of society.

Then again who said that science is democratic--that what has been proven scientifically is commonly acceptable? In his era, Einstein's theory was attacked as wrong. Barry Marshall became a laughing-stock among his colleagues when he proposed the *Helicobacter pylori* as a cause of the gastric ulcer. Now Marshall has a Nobel Prize on his fireplace mantle to help him forget the barren years of ridicule and humiliation. Even winners of the Nobel Prize are subjected to ridicule by some in the scientific community. The Nobel Laureate Kary Mullis who invented PCR, and Walter Gilbert strongly objected to the idea that evidence had been presented that "HIV" had been shown to cause AIDS.

Science however is not affected by the consensus of the many, as history has proven time and again. Science cannot be absolute; it is always relative. It is not theology; it is not a God-given 10 Commandments. It is the product of data collection and examination by perspicuous minds, to be accepted or rejected by specialized social mechanisms. If its foundation is flawed, its structure is baseless. This is what science is all about. In the final analysis science is a social product created by human beings and like anything else is prone to error. When science ceases to be self-critical and chooses instead self-selection, it is at a loss to pinpoint errors. In the interest of self-protection, scientists-barons effectively drown dissent, sharing only their own conclusions. Like feudal lords of old, they exile those who question their findings. They lay down the law, dismissing discussion and denigrating dispute or open discussion.

Today, fellow countryman and distinguished scientist Andrew Maniotis has dared to dispute the cause and the treatment of an epidemic the mainstream scientific community has cast in stone. His discipline allows it; the dialectic of science demands it. Society is obligated to hear it. The possibility that millions of individuals around the world might be misdiagnosed with AIDS and prescribed unnecessary and evidently harmful medications is frightening enough. And precisely because it is frightening, and stigmatizing, the issue must be discussed. The wax of propaganda must be removed from our ears. We owe it to ourselves to hear dissenting views of scientists Andrew Maniotis, Peter Duesberg, Kary Mullis, Walter Gilbert, Eleni Papadopulos-Eleopulos, to name a few. They have the courage to speak out against the status quo. We are obliged to listen to what they have to say.

LAMBROS PAPANTONIOU

## TAPE TRANSCRIPTION

### PROCEEDINGS

MR. PAPANTONIOU: Dr. Maniotis, first of all, thank you very much for your time to provide this exclusive interview on the crucial issue of HIV/AIDS for publication in the Greek and international press.

For the record, can you tell us about your personal background: who you are, what you do, and how you came to deal with the issue of HIV/AIDS?

DR. MANIOTIS: Well, thank you very much, Lambros, for allowing me this chance to speak about this important issue. And I would like to dedicate this interview to all of those that have died of the syndrome called AIDS since the AIDS era began in the 1980's, and to those who are still suffering.

I obtained my undergraduate degree in Physical Anthropology at Washington University in St. Louis, and then had the good fortune to become trained as a lab technician in several well-known neurobiology labs at the medical school. During this time, around 1981, dire warnings were given to us because we handled a lot of human blood. We were repeatedly warned that there might be a new kind of infectious agent that was deadly, called prions, or what was characterized as "slow viruses devoid of nucleic acid," which didn't follow the rules of other known pathogens, and which could not be killed by heat, or sterilizing chemicals. One of my bosses there, who was a famous neurobiologist named Richard Bunge, invited the framer of this hypothesis, D. Carlton Gajdusek, the Nobelist to give a talk about this work. As a young scientist looking for a science to master and a role model to emulate, I saw Gajdusek as a role model, and I perceived that his synthetic contribution that merged anthropology with medicine as something I would someday like to emulate, and I met him when he gave his talk.

In that same lab, I also met Viktor Hamburger, a famous neurobiologist who was given an office there toward the end of his career. He used to come into the culture room where I would be growing Schwann cells and neurons to produce myelin in vitro, and he'd come behind me and say, "Andy. Ya know, there isn't any causality in biology." Hamburger was the famous embryologist that made it possible for Rita

Levi-Montalcini and Stanley Cohn to get the Nobel for their discovery of nerve growth factor, as he made it possible for Montalcini to flee from the Nazi-occupied Italy and he guided her studies in neurobiology.

After several years as a lab technician, I decided to go to Berkeley, California, to obtain a Ph.D. in cell biology. During my graduate studies there, I met Peter Duesberg at a talk that he gave in our department about his concerns regarding how retroviruses may or may not cause cancer or AIDS.

And, at the time, he was very concerned about the fact that everything that he had studied about retroviruses and cancer for some 20 years – for which he had been well rewarded by the medical establishment- was being ignored by those proposing the “HIV=AIDS” hypothesis.

When it was pronounced by Margaret Heckler that "HIV" was a variant of a known cancer virus and that "HIV" causes AIDS" in 1984, Peter Duesberg spoke up and said that much of what had been learned about retrovirology could not possibly explain the syndrome that was beginning to be reported in LA, San Francisco, and New York.

I began studying the issue at that time because I, of course, was interested in cancer. And, as I believed Duesberg to have a valid argument against “HIV” causing AIDS because of his scholarship and because of an enormous, encyclopedic review article that he wrote and published in Cancer Research, in 1987, called "Viruses as Carcinogens and Pathogens: Expectations and Reality." It was in this article that Duesberg debunked the hypothesis that there can be "slow viruses" that cause cancer years after infection, and also, it seemed clear to me that the virus-cancer establishment, and perhaps also, the prion hypothesis both were mistaken regarding how a virus or virus-like agent could cause disease after years of no symptoms. And in a virus lab that I worked in after my PhD. I learned that Professor Hamburger's warnings about causality in general, and with respect to viruses and "multiplicities of infection" in particular, at least, had merit, and were worth exploring. I felt, in addition, that Duesberg had a very strong case about the fact that HTLV-1, HTLV-II, HPV, HBV, or what was then called LAV and HTLV-III (now called “HIV”) could not cause either cancers or immune suppression years after infection, because it was not in the nature of or proven that any known retroviruses cause cancer or immune suppression in healthy populations of animals or humans, or sit dormant in a cell for years before transforming them into cancerous cells.

So, I exhaustively studied and eventually accepted Duesberg’s arguments on cancer retroviruses and “HIV” for about six years, until I arrived at Harvard, where I worked with Donald Ingber, Judah Folkman, and other people there who were experts in

angiogenesis (the growth of blood vessels) and tumor angiogenesis (the growth of blood vessels around tumors).

Now, at that time, tumor angiogenesis, and the biology of endothelial cells, were thought to be at the root of all tumor growth and consequently, important to understand in the context of one of the first so-called AIDS-defining illnesses, which was Kaposi's sarcoma. I became aware that Dr. Robert Gallo, the co-discoverer of "HIV's molecular signature, had contacted our lab director, Dr. Judah Folkman, to ask him to help explain how "HIV" could possibly cause Kaposi's sarcoma.

It finally was determined later that "HIV" could not possibly cause what was thought to be one of the first two types of AIDS-defining illnesses, Kaposi's sarcoma, or "the Gay cancer" as it was called at that time, or other cancers.

The building I worked in at Harvard was called "The John Enders Building" because the famous John Enders who had been so instrumental in growing the virus associated with polio in Human cell cultures made his discoveries there. During the polio era, Bernice Eddy, Maurice Hilleman of Merck, and others at the Fox Chase Cancer Institute in Philadelphia had discovered that a putative cancer virus that had contaminated the polio vaccine from non-human primate cell cultures and named SV-40, had inadvertently been given to about 300 million human beings on several continents by accident during the Salk and Sabin polio vaccine campaigns of the 1950's and early 60's. It was feared that entire nations would come down with cancers due to the polio vaccine crusades, jokes were made that the Soviets would lose the 1964 Olympic Games because they all would come down with cancers, and even Merck decided to stop its polio vaccine program. John Enders tried to correct this problem by growing the virus associated with polio in Human cell cultures, so that future putative contaminating "cancer viruses" or other viruses from non-human primate cells wouldn't again be injected into hundreds of millions of children in future vaccine crusades.

I became aware that although it was shown that the contaminating simian SV-40 cancer virus that came from monkey and chimp kidney cell cultures could transform hamster and other animal cells by Bernice Eddy, Maurice Hilleman, and others, I was always impressed by the fact that in this vast Human experiment in which attenuated or live poliovirus was injected or administered along with the putative SV-40 cancer-causing virus into hundreds of millions of unsuspecting children didn't cause cancer epidemics.

Carefully controlled studies conducted for 35 or more years have failed to show that SV-40 when injected directly into millions of children, has led to an increase in cancer. I suppose it could be argued that

the 35 year post-polio vaccine mortality studies, initiated because the so called potent cancer-causing primate virus, SV-40 was inoculated into more than 300 million Human beings, along with the polio virus, has not been long enough to determine if SV-40 is contributing to escalating cancer rates. However, one couldn't ask for a more convincing experiment that a virus that can cause cancer in animals may not be able to do so in Humans, even as potentially devastating as this mass Human experiment could have turned out if this animal cancer virus has caused cancer in Humans.

Indeed, the thirty-five year mortality study on people now in middle age following receipt of SV40 simian (cancer) virus-contaminated polio vaccine show that out of 1073 newborns that were vaccinated and carefully followed for 35 years (which the authors claim is not really long enough), there has been no apparent increase in cancer above the expected background incidences in this carefully followed subgroup, according to Carroll-Pankhurst et al., in the British Journal of Cancer. Scientists in Australia, however, believe there has been an increase in brain cancer and mesotheliomas due to the SV-40, but their studies aren't as long-term as Pankhurst's.

I then stumbled upon writings from a group of scientists from Australia who were at The Royal Perth Hospital who had formed "The Perth Group," particularly the papers of Eleni Papadopulos-Eleopulos, a biophysicist, Valendar Turner, who was a senior consultant in emergency medicine at that hospital, John Papandimitriou, Professor of Pathology at the University of Western Australia and others. Their scholarly writings in *Genetica*, and other noted peer-reviewed journals were the first to question whether or not "HIV" had been properly isolated, and they had accumulated an impressive amount of evidence that the test kits for "HIV" were flawed, because the molecular probes that are used to detect "HIV" could only be as good as the purity with which "HIV" had been isolated free of cellular debris. Also, I began reading papers and listening to the views of other very well-respected scientists throughout the world about "HIV/AIDS:" Dr. Heinz Sanger, Professor of Molecular Biology and Virology, Max-Planck-Institutes for Biochemistry in Munich, who said, "there is no evidence for the existence of HIV;" Kary Mullis, the Nobel Laureate who developed PCR which was and is still used against his warnings and criticisms to test for "HIV's viral load;" Walter Gilbert, another Nobelist, who invented DNA foot-printing; Dr. Alfred Hassig, a former Professor of Immunology at the University of Bern, and former director of the Swiss and European blood banks who believed AIDS was a syndrome caused by profound physiological stress and not due to a virus; Dr. Joseph Sonnabend, one of the first New York Physicians that treated AIDS patients, and founder of the American Foundation for AIDS Research (AmFAR) until he quit because of his reservations about the false "heterosexual AIDS explosion" and the wisdom of giving his patients AZT, who said, and I believe this is an exact quote: "The marketing of HIV, through press releases and statements, as a killer virus

causing AIDS without the need for any other factors, has so distorted research and treatment that it may have caused thousands of people to suffer and die;" Dr. Donald Abrams, who was a Professor of Medicine at San Francisco General Hospital, who said, he had a large population of HIV-positive patients who chose not to take any anti-viral drugs because they saw all of their friends take the anti-viral drugs and die.

There were many other established scientists and physicians, in addition, that I read or heard speak at that time who expressed doubts that "HIV" was the cause of AIDS, that anti-retrovirals could delay progression of immune collapse, or that viruses could cause cancer in Humans.

Instead, many were saying that "HIV" could not possibly be the sole cause of AIDS, or even a cause of AIDS, and that Duesberg's ideas and arguments were very important. I became more and more fascinated with the subject.

MR. PAPANTONIOU: Professor Maniotis, a direct question, because it is very important: Have you seen the HIV retrovirus in your laboratory or in any other laboratory across the country? Yes or no?

DR. MANIOTIS: The answer is no. No, I haven't seen it.

MR. PAPANTONIOU: Did you try?

DR. MANIOTIS: Have I tried to see it? I have tried to "see it" in the indirect ways that are usually used to try to detect it.

"A Roman effort of work" was undertaken by Luc Montagnier when he tried to see it in the early 1980's, and in interviews he has said that what was then called "HIV" was notoriously difficult to photograph in the very beginning.

In 1997, a group in Washington, D.C. led by Bess et al., who were trying to make an "HIV" vaccine and who also tried to see purified "HIV," published in the *Journal of Virology* I believe it was that microvesicles are a source of contaminating cellular proteins found in purified "HIV" preparations. And also in 1997, a French-German collaboration, Gluschankof et al. also published a papers in The Journal of Virology claiming that cell membrane vesicles are a major contaminant of gradient-enriched human "HIV" preparations.

In the Bess et al. paper, cellular debris was not distinguishable from any other object in the EM micrographs. These preparations published by both the Gluschankof et al., and Bess et al. groups, used the best techniques at that time for the isolation and characterization of "HIV's" molecular components, including its nucleic acids, but yet nothing that looked like a virus could be discerned in sucrose gradient-derived electron micrographs of "HIV." Cellular actin, extrin, and cytoskeletal proteins (proteins that are made by cells and not viruses) were also found inside the vesicles or virus-like particles. Non-infected

but activated human immune cells in Petri dishes were also shown to produce microvesicles or viral-like particles that incorporated cellular proteins.

In addition to containing cellular proteins, the "HIV" microvesicles were also shown to contain both RNA and DNA, and a huge amount of cellular RNA and DNA were found in these vesicles that were thought to be retroviral particles. For example, as much as 10ug of RNA and 4  $\mu$ g of DNA were found per mg of protein. I also remember them stating that the major RNA species in microvesicles were ribosomal 28S and 18S subunits and some low molecular species, and tRNA. These were cellular nucleic acids. These authors said that all future experiments that attempted to purify "HIV" "viruses" must be carefully controlled to account for the effects of contaminating cellular antigens present in microvesicles or "HIV's" virus-like particles. Numerous other cellular proteins since these reports also have been identified in purified preparations of "HIV." It is not known if these are physically associated with "HIV" virus-like particles and, if so, whether or not that they have a role in the development of immune suppression. But it only stands to reason that the proper isolation, identification, characterization, and most importantly, complete separation of cellular proteins and cellular nucleic acids that are associated with "HIV's" molecular signature is a prerequisite to identifying "HIV" as a unique, exogenous virus that causes Human illness. Only then can "HIV" be said to be "isolated," and then injected in pure form into an animal model to show that it can cause disease, or be used to evoke seroconversion and immunity in Human vaccinees.

In other words, when scientists have tried to see "HIV" in culture dishes or in humans, all anyone has been able to do state of the art technologies has been to isolate a large amount of cellular debris -- or what is the "garbage of cells," or their secretions, that is characteristic of certain diseased states, or bad viral isolation.

MR. PAPANTONIOU: Do you think that HIV causes AIDS?

DR. MANIOTIS: No, I don't. I haven't thought so since I heard Duesberg first give his lecture on the subject 20 years ago, and for me the evidence is overwhelming now that the virus-like particles thought at one time to represent "HIV" virus particles cannot possibly cause AIDS. For instance, there have been more than 30 completed vaccine trials that were described in the 1995 Congressional Records of "HIV" vaccine adverse reactions, and in other papers about other failed "HIV" vaccine trials. The remarkable thing about all of these trials is -- not they have not protected a single person from acquiring immune suppression, because they haven't, but that they haven't even evoked "HIV's" supposed molecular signature in vaccinated human beings. This makes no sense at all if "HIV" or any of "HIV's" components are non-self, and had been properly isolated, and shown to be the cause of AIDS.

Now, if the components of and "AIDS virus" had been properly isolated and defined, scientists or physicians should be able to inoculate these components into a population, and then antibodies against these components would be generated in most people, just as though they had a real viral infection. When they inject "HIV's" components into animals, they do sometimes get antibodies that correspond to part of "HIV's" molecular signature, but no animal (or Human) injected by purpose or by accident to date has acquired AIDS from "HIV," and who has been shown to not have other reasons for developing profound immune suppression.

In fact Merck just announced last month that its newest and most promising "HIV" vaccine utterly failed, once again, in Humans. Indeed, the non-vaccinated group exhibited *less* "HIV" seroconversions than did the "HIV-vaccine" group. For me, what is most distressing about Merck's admission of failure is not that only 24 of the vaccinated group out of more than 700 vaccinated later showed seroconversion to "HIV's" molecular signature than the non-vaccinated participants, and that this vaccinated arm showed more seroconversion than the control non-vaccinated group. What is disturbing to me and should be to everyone else who is familiar with the principles and theories of immunization is that the recorded rate of seroconversion in both groups may simply represent mere "HIV" testing artifacts or non-specific reactions, because the placebo group in this trial had even a lower rate of seroconversion than did the vaccinated group. The results of this trial may have nothing to do with "HIV" at all.

The doctors and scientists who conducted the trial even said, and I quote it from memory because it was so shocking to me:

"The ultimate fear among researchers is that the whole theory underlying the Merck vaccine might be flawed, which, if true, could doom an entire class of experimental vaccines."

In my opinion, it may be more appropriate to say that the whole theory of "HIV=AIDS" is flawed, because there is no evidence that an exogenous (coming from outside the body) "AIDS virus" has been isolated or photographed from a single AIDS patient said to have viremia or even in patients that exhibit a "viral load" of one million or more, as determined by PCR. And no "HIV isolate" that I am aware of has been shown to evoke an antibody response in Human vaccine recipients without the use of adjuvants that non-specifically boost non-specific immune responses, or cause disease in either an animal model or a Human being.

The 2004 VAXGEN trial reported the same failed result that Merck just reported when they tested their GP120 vaccine, and, as is typical when the "AIDS establishment" repeatedly fails to deliver anything based on the hypothesis that "HIV" causes "AIDS," they are handsomely rewarded for failure. Donald Francis, the leader of the 2004 GP120 VAXGEN trial and who was a former head

of the CDC's AIDS lab-- his company, VAXGEN, was said to have received more than \$877 millions to scrap their "HIV" vaccine development, and begin making an anthrax vaccine for the military, at taxpayers expense. Repeated failure in AIDS research always seems to be rewarded with a perpetual stream of money, instead of a re-examination of hypotheses and fundamental assumptions.

I think that this kind of tax-payer money would be better spent on providing support such as a new food called "plumpynut"-a peanut based food supplement presented by Doctors Without Borders on 60 minutes, who complained that there were problems finding funding for the plumpynut program in Africa and elsewhere. Doctors Without Borders vociferously argued that the plumpynut nutrient mixture was reversing wasting and bringing back countless children from the jaws of death due to malnutrition, and that it is more important to provide this cheap and life-saving mixture than even antibiotics. \$877 million dollars worth of plumpynut would go a long way in saving countless African lives, according to these doctors interviewed on 60 minutes.

Yet Stephen Lewis, UN Secretary-General's Special Envoy for HIV/AIDS in Africa, would disagree with these Doctors Without Borders. He said that other things are more important for Africans than food and water. After looking into Lewis's impressive credentials, I noticed that in a speech Lewis gave at the closing session of the XVI International AIDS conference in Toronto, he presented a list of issues on AIDS in the world and especially in Africa. In his speech, Lewis spent some time vilifying The South African Minister of Health for advocating foods that are important for nutrition and health.

He advocated instead that food and clean water are 6<sup>th</sup> in importance, preceded by more important practices such as smearing microbicides on the genitals of Africans, drug-roll-outs, etc. I was surprised that it didn't occur to Mr. Lewis that these impoverished people at least should be given clean water and some food to wash down their drugs with, and first establish protein sufficiency, which they clearly lack.

MR. PAPANTONIOU:

What is the meaning of the molecular signature of "HIV" in a healthy person who tests "HIV-positive?"

DR. MANIOTIS: Because the components of a retrovirus that is supposed to cause immune suppression haven't been isolated as I stated before, nor shown to cause immune suppression in humans or animals, it can be safely stated at this point that the meaning of the molecular signature of "HIV" has not been found. Similarly, just as with Hepatitis B where no viremia or cell destruction was seen in the liver of chimps or mice injected with hepatitis B virus, when they tried injecting chimpanzees with sera from AIDS patients or what they believed was purified "HIV," chimps didn't get sick, nor could viremia be demonstrated in the so-called organs that the virus was supposed to attack.

In the case of the “HIV” chimp trials, they have built the chimps retirement homes where they now live comfortably and disease-free 25 years after being exposed to the blood or “HIV-isolates” of AIDS patients.

When they did studies on Human sexual couples, one of which was positive and the other one was negative -- a famous study known as the Padian study -- they found **zero** conversions out of 175 pairs of so-called “discordant couples” where one was positive and one was negative. They all had varying degrees and frequencies of sex, one assumes, and among many couples, it was not “protected” sex either.

Yet Dr. Padian herself argues that her study does nothing to belie the official model of “HIV” being sexually transmissible, or even highly transmissible. This is absurd on the face of it. There were zero seroconversions in the Padian study, among sexually active sero-discordant couples, studied over a ten-year period. Many other smaller studies have shown the same lack of seroconversion among serodiscordant couples. If Human beings cannot transmit the virus sexually to one another, how could transmitting “HIV’s” molecular signature to people with a vaccine evoke either seroconversion or immunity?

There are so many different types of examples why the “HIV=AIDS” hypothesis fails to explain anything about immune suppression, and why all these vaccine trials have failed. For instance, when they launched the anti- breast-feeding programs and they warned all these African women not to breast-feed because they might pass on the AIDS virus through their breast milk, they found out -- just this year -- that the women who were dissuaded from breast-feeding their infants, had a far higher rate of death among their babies, because the infants were not achieving the proper protective immunity or nutrition that goes along with normal breast-feeding in these extremely poverty-stricken places.

If women can’t pass the virus to their offspring through breast milk, even in populations that are supposed to have high rates of “HIV’,” and have a much higher death rate of their infants if they don’t breast feed, then how could it be even considered a possibility that vaccine makers could inject some component(s) of “HIV” into a human and induce protection from immune suppression, or, in the case of the failed Merck trial mentioned before, evoke “HIV’s molecular signature in any significant number of vaccine recipients? In one arm of the recent Merck trial, for instance, I believe it was reported that among 778 male volunteers, only 21 of those receiving the vaccine exhibited “HIV’s” signature compared with 9 in the placebo group. Most or all of the vaccinated should have at least shown

seroconversion if "HIV's" components had been isolated and are immunogenic in Human beings.

What this failure implies to me and many other students of AIDS, is that the so-called template for the protein molecular signatures of "HIV" may derive from endogenous DNA sequences (coming from cellular origin instead of viral origin). These cellular proteins are expressed under certain conditions by normal uninfected yeast, insects, dogs, rhesus monkeys, chimps, and humans. "HIV" is said to have 9150 base pairs, but again, this template has not been purified without contaminating cellular nucleic acids. So, it is likely in my view that "HIV's" molecular signature could represent a HERV (Human Endogenous Retrovirus) nucleic acid sequence, or more likely, what is called a 'retroid' of one kind or another. That these hypothesis are possible has been shown again and again to be likely from studies on HERVs such as "the Phoenix viruses," that can be produced by infecting cells with certain sequences of DNA, which then is packaged by the cells into viral-like particles.

Also, any modern analysis of the Human Genome Database will reveal more than 120, 000 full-length retroids containing reverse transcriptase transcripts. Although "HIV=AIDS" proponents are always saying the "HIV virus's" reverse transcriptase sequence is mutating when patients die on anti-retroviral drugs that supposedly target this enzyme, genomic analyses show that reverse transcriptase is among the most stable transcripts that make up these retroids, and it is the sequence stability rather than the instability or mutability of the reverse transcriptase sequence itself that make these 120,000 retroids possible to classify.

What is also remarkable about this is that reverse transcriptase was once thought by all working in AIDS research to be specific to retroviruses, and this is the enzyme they first measured, and indeed some labs continue to measure, as evidence of "HIV infection." However we are all made up partly of retroviral components, it is part of us. What they call "HIV" and what they have successfully branded as the most dangerous and infectious virus known to man, is (and can be evoked) in many of us, and what we have been mistaking for the "virus" are the technologies for detecting it, without any of the sober analysis of what those tests are actually detecting or what "HIV's" molecular signature means for a Human being. In my mind, the probable "cause of "HIV" are retroids and/or endogenous HERV sequences, that can be evoked, under stress conditions, or which may become expressed in healthy persons as part of a relatively rare genetic polymorphism. Genomics experts such as Australia's George Miklos of Secure Genetics are in a far better position to describe these as yet unknown sequence expressions and in papers he has written, for instance, he raises much doubt regarding the tacit assumption and arrogance that we know all there is to know about the human genome, or under what circumstances we may express novel but perhaps steryotypic gene sequences.

There may indeed be a relationship between “HIV’s” molecular signature and immune disorder in some individuals, but the ten million dollar question science has not been permitted to ask about these individuals is: Like Viktor Hamburger warned me about once, which comes first? Which is cause and which is effect, and what is the meaning of the molecular signature of “HIV” in a healthy person who tests “HIV-positive?”

Now I have to get technical again for a moment: Other so-called “HIV-specific” sequences, such as those that give rise to the so-called GAG, PR, RT, ENV molecules are also found in the normal Human genome database. In gene bank searches, one can find 16 samples of spuma virus transcripts, 6 examples of snakehead virus, 16 samples of FIV (feline immune deficiency virus), 60 examples of detecting one or more HBV (hepatitis B virus) genes, and at least 11 cases of “HIV” sequences that are said to be scattered throughout the normal Human genome, according to the analyses of McClure and other Human Genome Database analysts.

Although Dr. Gallo and others have claimed that in a stadium full of "HIV-negative" people, not one molecule of "HIV" will be present, the DAIDS (Division of AIDS) culturing manual says that if "HIV-infected" cells from human blood express more than 30 units of “HIV-specific” p24 protein on 2 or 3 separate tests (30 pg/ml), one is considered “HIV-positive,” and if one sleeps with somebody without telling them they have these 30 or more units, one can be tried for attempted murder, one can’t obtain health insurance, one might be fired from his or her job, one might commit suicide, if pregnant one may be frightened into aborting her baby. If your cells express less than 30 units of this protein 2 or 3 separate times (pg/ml), then one is considered non-"HIV-infected" and is home free-one can donate blood, sleep with anyone he or she wants, without telling them his or her “less than 30 status,” etc. How could this be possible if there isn't one molecule of "HIV" in a stadium full of "HIV-negative" people? Its an arbitrary measurement of a molecular signature that may have nothing to do with a virus or immune suppression that is arbitrarily being measured at more than 30 units for an "infected" person, and less than 30 units for a non-infected person.

P24, by the way, which supposedly is an essential "HIV" protein, is also found in the thymus gland cells of non-infected “HIV-negative” children.

The confusing thing may be that some of these endogenous cellular DNA or RNA sequences are only expressed rarely, or in response to physiological stresses: they aren’t infectious, and they may represent as much a 17% of the normal human genome according to some scientists.

“HIV’s” molecular signature may have nothing to do with a specific virus: the molecular signature thought to be a virus may in fact be generated also in response to previously latent real viruses that at some point of physiological stress provokes a new and complex immune response, which is read as “HIV’s” molecular signature. The immune system of a person so infected by multiple or numerous latent real viral infections could be perpetually generating new

immunogens, which is read by AIDS scientists as an ever changing and mutating "HIV." In theory, such an immune chain reaction caused by multiple real viral or bacterial or fungal infections would be progressively more debilitating for the stability and effectiveness of immune function, and, a vaccine against any specific virus or other pathogen would be ineffective against the development of AIDS. If this hypothesis is correct, then an experimental animal model of AIDS should be induced in laboratory animals by infecting them at a low multiplicity with a very large number of diverse viruses, as was suggested one by Nobelist, and PCR-inventor, Kary Mullis, in a *Genetica* paper he wrote in 1995.

MR. PAPANTONIOU: Professor Maniotis, what was found back in 1983 by Dr. Robert Gallo and his French counterpart?

DR. MANIOTIS: Luc Montagnier?

MR. PAPANTONIOU: Yes.

DR. MANIOTIS: Well, actually, Montagnier had a patient come to him -- to the Pasteur Institute -- with swollen lymph nodes, and he didn't have all the hallmarks of what we now call "full-blown AIDS." This "Patient One" had sought medical consultation for swollen lymph nodes, muscle weakness without fever or weight loss, and for at least two episodes of gonorrhea. He had had multiple herpes infections. He also tested positive for cytomegalovirus. The year before, he was treated for syphilis. However, for many decades, syphilis has been known as "the great imitator" because secondary or tertiary syphilis patients (and AIDS patients) both exhibit a decline in the lymphatic system, thymus, and in their entire system of immunity, which includes a decline in T-helper cells and the ratio with T-suppressor cells is reversed. Other symptoms of both secondary syphilis and AIDS include such symptoms as fever, headaches, malaise, vertigo, sweating, insomnia, nausea, weight loss, aching in the bones and joints, swollen liver, swollen spleen, meningitis, and this stage of syphilis is often confused with such conditions as infectious mononucleosis, neuroretinitis, lichen planus, cancer, dementia, and lymphomas. These are the exact same symptoms said to afflict many AIDS patients.

So it was from this patient that Luc Montagnier isolated lymphocytes and serum, and tried to infect other healthy lymphocytes in culture dishes that were derived from human umbilical cords that are now known to contain virus-like particles such as HERVs (Human Endogenous Retroviral Particles) as I described before. And when Montagnier's group placed the isolate from Patient One (who had had all these different diseases prior to his visit to The Pasteur) on healthy Human lymphocyte cultures, they did detect a very high reverse transcriptase signal (not "HIV"), and with electron microscopy, they showed the presence of "virus-like particles," which in all likelihood, came from the HERVs added from the healthy cord lymphocytes, or perhaps were contaminants from Patient One's multiple other viral infections, or perhaps these HERVs were a

stress response from the lymphocytes due to foreign protein stress on the cells, or due to the chemicals added to "activate" the cells, such as IL-2, or interferon antibody.

Consequently, the Pasteur group believed and published that they had found a new retroviral signature they called "LAV" associated with, but not necessarily causal of, this pre-AIDS condition known as ARC, in Patient One's "isolate." As I mentioned before, one might wonder how the Pasteur group could separate the reverse transcriptase signal thought at that time to be specific to retroviruses, from the other 128,000 retroid full-length reverse transcriptase signals now known to exist in the human genome?

Now, Robert Gallo's group, working in Bethesda, had been working for a long time to try to show that retroviruses cause human cancer, and a year later (in 1984), Gallo published 4 landmark papers describing the same magnesium-sensitive reverse-transcriptase-positive "HIV" signature that Montagnier's group detected in Patient One's sera. In one of those papers, "HIV's" molecular signature was detected I believe in 48 out of 119 patients, or approximately 1/3. The Bethesda group believed that when 1/3 of the people they tested showed the same molecular signature, that the signature was not only associated with AIDS, but was **causal** for AIDS.

But in that landmark paper, I believe it was emphasized that HTLV-III ("HIV") was detected in only 13 of 43 adult AIDS patients with Kaposi's sarcoma, and in only 10 of 21 adult AIDS patients with opportunistic infections. In my mind, these kinds of numbers are insufficient to demonstrate that "HIV's" molecular signature was the cause of the AIDS symptoms, or immune deficiency. One would expect most or all of the Kaposi's patients (if Kaposi's were an AIDS-defining illness which we now know that it's not) to test positive, not 13 out of 43 patients, or expect that most or all of the patients with opportunistic infections should have tested positive instead of only 10 out of 21 or approximately half. If anything, the study demonstrated that "HIV's" molecular signature was not associated with what are considered AIDS patients very often, not to mention a plausible **cause** of AIDS. If I drop a ball 100 times, and it falls up two-thirds of the time, or half the time, and down one third of the time, or only half the time, I wouldn't feel comfortable saying that gravity causes things to fall down, if you see what I mean.

The failure to detect "HIV's" molecular signature in sicker patients while detecting it frequently in patients with no clinical symptoms in the Bethesda group's studies could have been interpreted differently.

In cancer diagnostics, it is believed that as cancer cells become more malignant or "disease causing," it is known that they can lose certain tumor-specific markers that define what the cells are, such as S-100 if they are highly invasive melanomas. As melanoma cells become more malignant, they lose this

characteristic melanoma and neural crest marker, but always seem to express it when the melanoma cells are not so invasive.

Similarly, the Bethesda's group's failure to detect "HIV" in these "sicker" (Kaposi's, opportunistic infection-presenting) patients may instead have been due to the fact that "HIV's molecular signature is also the result of a changing gene expression pattern of cells as patients become sicker, and not because of some increasing or decreasing "viral load." In other words, because "HIV's" molecular signature is detected less frequently in sicker patients, "HIV's" molecular signal may be simply be the result of changes in the cells over time that produce the signal as patients become sicker, and **not** because of an increasing or even decreasing presence of retrovirus particles.

Nevertheless, the Bethesda group published that they thought that they had found the etiologic agent -- the cause of AIDS -- in a third to one half of this small group of individuals they tested. This is the basis of the hypothesis that "HIV" causes AIDS.

But these kinds of data should be compared to others who have claimed they found a potential and compelling cause of AIDS. For example, in 1989-1990, a series of articles published by Shyh-Ching Lo of the Armed Forces Institute of Pathology, who presented evidence that a microbe called *Mycoplasma incognitus* was found in the thymus, liver, spleen, lymph node, or brain of 22 of 34 persons who had died of AIDS. The patients who were selected for this autopsy study had all had evidence of organ failures. In another study, mycoplasma was found in seven of ten persons with AIDS. Also, a much earlier study had found *Mycoplasma incognitus* in blood lymphocytes of 12 of 23 living persons with AIDS — but in none of 22 healthy blood donors used as controls. The mycoplasma was also found in six "HIV-negative" patients with no sign of AIDS from different parts of the world, who had died in one to seven weeks of an undiagnosed infection. When four monkeys were injected with *Mycoplasma incognitus*, they all died in seven to nine months. The organism was found in the spleens of all the monkeys, and in some other organs as well. It was not found in a fifth monkey tested as a control. Electron-microscope examinations, PCR tests and immunologic tests all showed that the organism was concentrated in lesions in affected organs, and *Mycoplasma incognitus* is unusual in that it often infects and kills tissue without causing an inflammatory reaction, suggesting that it disables or evades part of the immune system. Indeed, in a much earlier study, Montagnier's group also reported that mycoplasma removal agent changed the dynamics of their "LAV" expression, signifying that this micro-organism may also have been present in "Patient One" as well as syphilis, gonorrhea, herpes, CMV, and perhaps other pathogens.

Michael Gottlieb, the first physician to describe "The AIDS syndrome" in L.A. in 1981, it should also be mentioned, found cytomegalovirus in 100% of his first two cohorts of patients he reported, but felt that CMV was opportunistic and not causal for the syndrome his patients had.

MR. PAPANTONIOU: Do you think HIV is transmitted sexually, Professor Maniotis? And what about the use of condoms as a preventative measure?

DR. MANIOTIS: In theory, condoms can be crucial in preventing pregnancy and many STD's, and I believe people should be taught about them at a young age. However, in practice, there is no evidence that "HIV" is transmitted sexually (or through breast milk as I discussed earlier). In fact, there is a lot of evidence that it is not, because -- especially in the condom crusades that have been given throughout the world, especially in Africa, doctors reported that condoms and especially microbicides increase the rate of genital ulcers, which leads to venereal diseases and infections of all kinds, and so condom crusades and microbicide crusades have not been a success. The evidence suggests that it has been of no use to push these condoms on people, as shown by statistics of pregnancies that occur despite the fact that couples were wearing condoms, or not wearing them, as in the Padian study I mentioned earlier showed, and which showed zero seroconversions amongst sero-discordant couples, despite the fact that as many as a fourth admitted to not using condoms. Circumcision crusades have been initiated and reported from results obtained largely at STD clinics according to a conversation I had recently with Dr. Bailey from my University who led one of the largest circumcision studies, and again, the numbers don't add up, especially if African statistics are used.

With respect to microbicides, two full- scale microbicide trials were stopped this year because they found that smearing these noxious chemicals on the genitals of Africans actually increased the rate of the appearance of "HIV's molecular signature in these Africans, which was simply a repeat of past failures. For example, in 2000, a large full-scale trial showed that another microbicide, nonoxynol-9, was judged to be unsafe when it had been expected to be effective. Subjects in that trial exhibited a higher incidence of "HIV's" molecular signature, presumably through ulcers caused by chemical irritation.

But then again, the AIDS establishment is always rewarded for its failures, and hundreds of millions keep flowing for these experiments on Africans and other groups of people in Asia based on a failed hypothesis that has not produced a single hopeful result in 25 years.

MR. PAPANTONIOU: Have you ever had the opportunity to discuss with Dr. Robert Gallo the crucial issue of the existence of HIV?

DR. MANIOTIS: Yes, I have. As a matter of fact, recently we had some discussions about it, and I have presented my concerns in a direct way to him regarding the rules to establish that a virus causes disease. These rules are known as Koch's postulates. And he and I

agreed that Koch's postulates don't apply to a lot of microorganisms, so there is no way anyone should think that "HIV" has fulfilled, should fulfill, or can fulfill any of Koch's or even Hill's postulates. If "HIV" were a real virus, it could in principle, be extremely difficult to detect, like secondary syphilis that forms so-called dormant round-bodies, that are observable, but which are very difficult to isolate according to experts who study spirochetes like Lynn Margulis and others. However, I believe syphilis always can be isolated from everyone (and treated most successfully) in the primary stage.

But simply because other so-called pathogenic microorganisms haven't been definitively isolated or characterized either, doesn't mean we should go about setting up global health policy programs as if they were properly isolated and characterized, simply because one believes its better to do something than nothing. This is not science. It's a faith-based belief system. Yet Dr. Gallo still believes that the culprit for AIDS is "HIV," and he knows that I have serious reservations regarding the isolation issue, or as he put it, "Andy you have very unorthodox views about HIV/AIDS."

In another recent phone conversation, I asked him to provide us with a picture of the virus from his laboratory notebooks that he claims to have stored away since 1984. And I told him that all he would need to do is publish that picture, done a special kind of way, which is called a sucrose density gradient isolation, or even better, from the blood of a patient who is said to have a "high viral load" as measured by PCR. But he told me that he doesn't need to do that, or that it would be trivial, and that nobody in the "AIDS establishment" would accept it anyway because they don't use direct evidence of viral isolation anymore as proof of viral isolation, and that amplification of "HIV's" molecular signature in cancer cell lines as he achieved using interleukin II and lectin stimulation, as his group achieved in 1984, is sufficient to prove causality. I also politely suggested to him at some point during this conversation that if you start with cellular garbage or junk, and amplify that cellular junk, what you will be left with is simply a lot more cellular junk, not a proper isolate where the thing itself, the "HIV" virus, has been isolated away from all other objects in the universe.

What is being amplified, I told him, might simply be poorly characterized cellular nucleic acids, proteins, and lipids from both diseased, or healthy individuals or from endogenous retroviruses or retroids that all exhibit components of "HIV's" molecular signal, and for reasons that are not yet clear scientifically, but that deserve further study.

But Dr. Gallo and others in the "AIDS establishment" insist that they trust indirect methods of isolation-a process known as molecular

cloning, but they don't realize -- in my opinion -- that before you can clone anything, first you have to separate it from the thing that it is infecting.

And they don't believe that isolation to the point of purity or near purity is necessary. I think it is necessary. And until they do that, there will be -- in my viewpoint, no evidence that "HIV" either exists or that it causes AIDS.

If a molecular signature can be used to determine the future of a person's life or a nation's or planet's health, one must be sure that that signature is not due to complex immunological changes that occur for instance in many women after multiple pregnancies, or in patients with autoimmune syndromes such as lupus, and 70 other syndromes that are known to generate positive "HIV" signatures that aren't AIDS. But "HIV's" molecular signature is commonly expressed by these people.

Most importantly, the nature and plasticity of potentially steryotypic signals of especially the immune cell's or cancer cell's genomes under various stressful and even normal states are not yet known. Despite "AIDS establishment" claims that the whole Human genome has been sequenced and is known, and that "HIV's" molecular signature isn't found in the normal human genome, or in stadiums full of "HIV-negative" people, the nature of some immune cells is their unique ability to re-arrange their genomes to produce antibodies to new agents. Therefore, all possible or even steryotypic re-arrangements of the genomes of immune cells is not yet sequenced, because, these re-arrangements have not yet occurred because the antigens that will evoke them have not yet plagued Mankind yet, or, more likely, such novel sequences may only be assembled or evoked in immune cells when certain stresses are placed on the individual, and presumably, the Human Genome project didn't sequence these individual's genomes, or indeed the Human genome that is in every subgroup of Human beings. Only "representative" genomes have been sequenced: not every individual's who lives in the Human population. And we have no idea regarding what most of these so-called genes do, or how they function.

MR. PAPANTONIOU: How do you explain the fact that from 1983 to the present, scientists have not been able to find a vaccine to cure or to prevent this deadly disease?

DR. MANIOTIS: Well, to make a vaccine, as Pasteur successfully did with anthrax, with rabies, and with chicken cholera with only two lab technicians and without the \$800 million dollar support that VAXGEN received after the failed AIDSVAX vaccine, and without the dollars that Merck invested in its failed "HIV" vaccine this month, first you need to isolate the microbe that causes the disease.

The first step is to find and purify a microbe, and then inject it into non-infected animals to show you can cause the same illness. And as I mentioned before, when they thought they did that to chimps with "HIV" -- our closest relatives to man -- they didn't get sick, they didn't even acquire a cold. Nothing happened.

"HIV" researchers will say that they have animal models using "SIV," or "Simian Immune Deficiency Viruses," but this is not "HIV," and you should ask them why they believe that "SIV" is a better model than "HIV," and why they can't get "HIV" to cause AIDS in any experimental animal.

Among Humans, there have been no hospital cases of AIDS reported in a number of different countries, in which patients who test "HIV-positive" have been definitively shown not to have other known reasons for immune-suppression. If "HIV" were infectious, wouldn't you at least expect a few out of the thousands and thousands of health care workers who come in contact with AIDS, to contract AIDS and who could be shown not to have other reasons for acquiring immune suppression?

These are all examples why, since 1983, I believe there has been no forthcoming evidence that "HIV," or its molecular signature represents a public health threat, and why none of the more than 30 vaccine trials have evoked "HIV's" molecular signature in Humans or protected a single Human being from acquiring immune suppression.

MR. PAPANTONIOU: Since we are discussing the virus, do you think that the HIV virus could have been created by someone. In other words, could it be synthetic?

DR. MANIOTIS: No, there is no evidence that it is a synthetic virus or the result of any sort of conspiracy because, first of all -- as I mentioned before -- if it were, it would be a real virus. You could isolate it. You could make a vaccine against it. You could photograph it without cellular debris and you could infect animals with that pure isolate and produce a disease.

And since you can't do any of these things with "HIV," there is no reason to suspect that-- as Boyd Graves and other people have advanced the idea--it was a manufactured virus.

Nor is there any reason to believe, in my opinion, that it came from the polio vaccination era in Africa in the 1950s, as has been proposed by others. Despite the fact that the polio vaccine was first made in African green monkey kidney cells (and perhaps illegally in the kidneys of chimps as some claim), and then inoculated into a continent of Africans during the 1950's and 60's for the so-called preventative polio campaigns, doesn't mean that "HIV" derived from these early polio preparations.

MR. PAPANTONIOU: There is talk that the U.S. government—actually, the Bush Administration— may be pressing for legislation requiring mandatory HIV testing for Americans between the ages of 3 and 80? What is your opinion on the matter?

DR. MANIOTIS: I think that is the biggest mistake that the U.S. could make -- the most costly mistake and the most damaging mistake for the largest amount of people possible because when you test populations of people that are considered what the "AIDS establishment" says are "low risk," you are going to get a huge number of false-positive test results, which is essentially going to ruin the lives of tens of thousands or perhaps as many as hundreds of thousands of people.

Let me give you an example. For instance, in 1992, the Russians reported that out of 20.2 million HIV tests done in Russia, only 112 were confirmed and about 20,000 were false positives. In 1991 there were some 30,000 false positives out of 29.4 million tests, with only 66 confirmations...in 1991 alone some 8000 false-positive results were reported in pregnant women, with only 6 confirmations.

112 "confirmed "HIV" molecular signatures out of 20 million negative ones in one year, or 30,000 or so false positives out of 30,000,000 the year before don't constitute numbers that signal a major AIDS pandemic. The numbers could arguably constitute statistical artifact, or, the several who seroconverted may represent the presence of some kind of auto-immune condition in those who test positive, like psoriasis, or warts, or physiological stress, a genetic polymorphism, or, testing error.

If a ball falls up 19,999,888 times, and falls down 112 times, I wouldn't be to confident that gravity causes objects to fall. Moreover, these kinds of numbers among "low risk" individuals does not constitute a global AIDS pandemic, nor can it account for the some 15,000 immune suppression-associated deaths per year in the U.S. which takes up more of the biomedical budget than cancer, diabetes, and heart disease combined, although these diseases, such as cancer, kill 500,000 or more a year in the U.S.

Many other similar studies indicate, in addition, that you are going to get a number of people who really are not sick in any way, shape or form, to test positive. And they won't be able to get health insurance. They may be fired from their jobs. The stigma of having AIDS causes suicide, as it did with David Acer, the dentist whom the CDC later exonerated (after his suicide), because the CDC could find no evidence after he committed suicide that the dentist's 5 "HIV-positive" patients contracted their "HIV" signatures from him. There is evidence, however, that countless others who have been given the diagnosis of an "HIV infection," in addition to Dr. Acer, have chosen to end their lives upon getting an "HIV-positive" test result.

Since expanding the AIDS definition in 1993 to include "HIV positives" with no clinical symptoms of disease, the majority of all new AIDS cases in America are diagnosed in healthy people with none of the opportunistic infections or Kaposi's sarcoma previously used to define AIDS. Epidemiology reports from around the US reveal that for the past 14 years, non-illness is the leading reason for an AIDS diagnosis in America, and depending on the region, 45% to 75% of all AIDS cases reported since 1981 were counted in clinically healthy HIV positives. Across the border in Canada where the AIDS definition still requires actual illness, AIDS cases per capita are 18 times lower than in the US.

MR. PAPANTONIOU: Taking into consideration what you are saying, what would you then advise people to do should the US government demand of doctors, "You must test all the patients for HIV"?

DR. MANIOTIS: Write to your senators and public health officials about the fact that universal "HIV" testing is a violation of the Nuremberg Code, the Helsinki Accord. It is a violation of human rights to accuse persons of having a so-called communicable or a reportable virus that has not been isolated or that really has not been shown to cause illness. It is the world that George Orwell described. I believe this recommendation is in part due to the 2005 Biodefense and Pandemic and Vaccine and Drug Development Act—a bill borne of the fear mongering tactics of big pharma's marriage to the Bush administration to amend the Public Health Service Act to enhance biodefense dollars and so-called pandemic preparedness activities, to use untested vaccines, drugs, medical products, or security countermeasures without any liability for claims for loss of property, personal injury, or death.

Another principal issue to reconcile before universal testing is implemented is that the makers of the test kits used to measure "HIV" or progression to "AIDS" are themselves aware of these issues, because they all claim their ELISA, Western Blot, and PCR-based kits can't really detect "HIV" virus.

For example, Abbott Laboratory's ELISA HIV test kit package insert says that ELISA testing alone **cannot** be used to diagnose AIDS.

Which other test do you need and why do you need it if they are so accurate? Perhaps the most important statement on Abbott's insert says that:

"At present, there is no recognized standard for establishing the presence or absence of HIV antibody in Human blood."

Epitope's Western Blot test kit insert says, **do not** use this kit as the sole basis for diagnosing HIV infection.

Why not?

Roche's PCR amplicor HIV monitor test says that it **is not** intended to be used as a screening test for HIV, **nor as a diagnostic test** to confirm HIV infection.

If it isn't a screening or diagnostic test, then what kind of test is it? A lie detector to see if you've been sleeping around?

The NucliSens HIV assay says that **is not** intended to be used as a screening test for HIV, nor used as a diagnostic test to confirm the presence of HIV-1 infection.

So, you can't screen with it or diagnose anybody with it? Do you see what I mean?

"COBAS AmpliScreen HIV-1 test says that it **is not** intended for use as an aid in diagnosis."

What's it intended for then?

The Cambridge Biotech's HIV Western Blot Kit insert says that the clinical implications of antibodies to HIV in an asymptomatic person are "not known." This caveat on the package insert is actually a printed concession that it is not known whether HIV is the cause of AIDS. It's right there in the HIV test kit itself.

We are constantly told by the media and government that the clinical significance of the antibodies meant that you were going to die of AIDS eventually. How can they give drugs to millions on other continents or to infants, or to anyone else, without knowing what the clinical significance of testing positive is?

The OraSure HIV Western Blot kit is not intended for use with blood, serum, plasma, or urine specimens, or for screening or reinstating potential blood donors.

Who is left to test then? Why should the molecular signature of "HIV" vary from fluid to fluid in the body, or why can't you test a blood donor but you can test a health care worker or someone else? Do you think it matters to any of the "AIDS establishment" that a single Orasure ELISA without a confirmatory WESTERN blot was used in 2001 in the Nelson Mandela study in South Africa to show that 4.8 million people are infected?

These are not typos on the package inserts of these tests: they are caveats written on the test kits that free the test kit manufacturers from liability. Rapid tests have been shown to be fraudulent and have even been banned and confiscated by the FDA. Why? Because none of these test kits has been validated against the isolation of a virus, "HIV."

MR. PAPANTONIOU: What do you think about AIDS medications, Professor Maniotis? How do you explain the fact that the pharmaceutical companies have produced over 32 drugs to fight the disease and that the proponents of the paradigm say they "save lives?"

Dr. MANIOTIS: I think it has been shown that at certain doses, some of the drugs act as powerful antifungals for example, and

therefore may be effective against a syndrome in which yeast overgrowth is a huge factor. Because it is known that AZT, for instance, and other drugs are toxic to mitochondria as was found by Marinos Dalakas, it is possible that these drugs may have potent antibacterial effects on some patients as well. Having said that, it is always important that one should carefully read the package insert of any drug you take for your own assessment of the risks and benefits. I tell that to everybody, no matter what drug they take. Read the adverse reactions and the post-marketing experience for the side effects. All of them are available on the internet.

The first AIDS drug, as I mentioned, was AZT, which was passed in a record four months in an FDA trial that was shown to be fraudulent. John Lauritsen wrote a devastating account about this trial. Through obtaining records through the Freedom of Information Act, he documented how certain arms of the Fischl trial such as the Boston arm were going to be thrown out because they mixed up the patients, they gave some patients in the control group the drug, and the study became unblinded because AZT is so toxic at the doses given in the Fischl trial.

Approval for the drug's use in AIDS patients was passed because 19 patients died in the so-called non-treated group, and one patient died in the AZT-treated group. But what was found later -- the group that had been given the AZT actually needed life-saving transfusions and other medical interventions during the trial to stay alive. If they hadn't been given these interventions, there would have been about 30 people in the AZT-treated group that would have died during those 4 months compared to the 19 in the non-drug-treated group. At four months, all the patients were placed on AZT because the "AIDS Establishment" doesn't know how to run a complete experiment with control groups, and several years later, I believe, most of the patients were dead. Great drug!

A European collaboration a couple of years later, repeated the AZT trial at similar dosages in much longer and larger trial called the Concorde trial, where it was found that AZT did no good, and it had no benefit.

When the Veterans Administration did an AZT trial, they actually found that it harmed patients who were healthy more than it helped patients who were very sick.

And Dr. John Hamilton's (of the Department of Veterans Affairs) conclusion was that AZT particularly harmed Blacks and Hispanics and had no significant effect on Caucasians. Now, in recent years, HAART (Highly Active AntiRetroviral Therapy) has been given with the protease inhibitors, and you can read it for yourself in The New England Journal of Medicine and the Journal AIDS, that the leading cause of death these days from AIDS is liver failure, heart problems, and that the

protease inhibitors can kill normal healthy lymphocytes. Liver failure and cardiovascular diseases are not AIDS-defining illness. It is an effect of toxic medications.

And why should these drugs affect “races” differently, despite the fact that there really is no such thing as race in humans as measured genetically?

MR. PAPANTONIOU: Professor Maniotis, do you know of HIV-diagnosed patients who have refused to take medication and yet are living today?

DR. MANIOTIS: Yes, I know quite a few of them, actually, because they have contacted me over the years.

They are very courageous people, and, you know, I give them complete support for what they are doing because --

MR. PAPANTONIOU: How do they live?

DR. MANIOTIS: I can give you examples. Even opposite types of examples, where there have been people who never really tested positive, but they were told by doctors they tested positive, and then they put them on the medications and they acquired AIDS-defining illnesses.

I know a woman who I have been helping for a number of years with that scenario. In other words, they failed to tell her she had a negative HIV test, she got drunk and crashed a car because she was so upset about the “HIV” death sentence she had received. She then was arrested, put into prison, and they put her on 4 toxic medications. She developed debilitating persistent diarrhea, weight loss, asthma, persistent vaginal bleeding, thrombocytopenia, heart problems, fibrosarcomas of the breasts, she had her uterus removed because of persistent bleeding due to the drug. Because the Department of Child and Family Services thought she might somehow infect her daughter, her twelve-year old daughter was taken away from her by the state and institutionalized, where the child was sexually assaulted and acquired 2 STD’s. Nine years later, the mother found out after taking 6 consecutive ELISA tests that she never had had an “HIV-positive” ELISA test. It was a mistake. Over the 9 years of her mistaken “HIV” diagnosis, it may be of some interest that her T-cells never fell below about 800, despite almost 9 years of continuous HAART treatment including Bactrim.

Although she stopped the medications on her own, she continued to exhibit profound thrombocytopenia, and she developed bruises all over her legs, cardiovascular problems increased, and she has fought a daily battle to maintain her weight because her intestines don’t work any more to absorb food, and she is still plagued by constant diarrhea. Persistent diarrhea, anemia, and thrombocytopenia are classic

AIDS-defining illnesses, but they are also the result of DNA chain terminating drugs like AZT.

Other people are the opposite. They refused to take the medications from the very beginning. They still test "HIV-positive" 12, 14, 19, 23 years later, and they live perfectly healthy and happy lives.

So, these are two polar opposites, the extremes.

And, you know, there is everything in between. I have been talking to an "HIV-positive" man recently -- I can't tell you names, but he stopped the medications on his own in 2000. And this is a heartbreaking, repeated story. Although stopping the medications on his own in 2000, he developed liver cancer last year, and died of it a few nights ago. He will be listed as an AIDS death, but, liver cancer is not an AIDS-defining illness.

Another woman took AZT and the HAART for about 12 years, and got to a point where she couldn't write a check, or walk around her bed or take a shower because of peripheral neuropathy due to the medications. Now she can dance and swim, and hasn't suffered a single day since she stopped HAART earlier this year.

All of these stories are fascinating, because, as a cancer biologist, I am absolutely stunned at the resiliency of the Human body when it is toxified with cell-division and other life-disrupting poisons, while the AIDS doctors marvel at the fact that these folks when they take these toxic drugs stop producing parts of the molecular signature(s) of "HIV" and they think they have quelled "HIV."

In all likelihood, these toxic drugs merely block the production of the protein and nucleic acid debris associated with "HIV's" molecular signature, because they so severely inhibit the cells of the body from producing these proteins, nucleic acids, and lipids, as long as the drug is taken. They can also stimulate T-cell counts for a while, because T-cells become stimulated, like all cells, when they are given toxins, like growth factors. Nerve Growth Factor is a good example of a toxin that stimulates cells. It stimulates peripheral neurons to grow, and, it was originally derived from snake venom. Cholera toxins are used routinely in the lab to stimulate all kinds of cells to divide. Why should an immune suppressive drug like AZT or Saquinavir be any different. They both are toxic to immune cells, and the body tries to adjust, for awhile, until the drugs eventually take their toll and render the progenitors of these cells in the bone marrow and elsewhere too sick to produce immune cells or other types of cells any more. I have heard these same kinds of stories dozens and dozens of times from different people.

And I also know of people who did take the medicines that are living today and claim that they don't have any side effects, like that champion against Apartheid, Judge Cameron of South Africa, who wrote

a book about his experience called, "Witness to AIDS." In his book and in other things he has written, he calls all of those of us who have reservations about the "HIV/AIDS hypothesis, "Holocaust deniers" because he believes everybody should have the same response to the drugs that he did, and anyone who doesn't, or anyone who has scientific questions about "HIV/AIDS," he calls irresponsible "Holocaust denialists."

I resent the term because my direct ancestors did more than most countries in Europe to protect the Jews for 11 months during the Nazi occupation, and arguably, because they warded off the Germans for that long, the Russians were able to prepare for the winter assault, and then with the combined forces Hitler was defeated! I resent anyone calling me a "denialist" because it is in insult to the blood that was lost in Greece to protect the Jews and to resist the Nazis.

Drug responses are complicated. There is no one outcome. There always are always a spectrum of responses that are impossible to predict. Either patients stop taking their medications and they do fine -- depending on how long they have taken the medications. Often, how long they have taken the medications will determine how well they do after they stop. I am aware of several "drug holiday" studies that say the opposite (drug holiday means stopping the AIDS drugs), but these are short term and flawed studies. If they have taken the ARVs for a short period of time, chances are they can recover quite well from the drug's toxic effects after they stop them. Long-term usage of these drugs, however, is problematic.

MR. PAPANTONIOU: Professor Maniotis, how do you respond to those who characterize HIV/AIDS as a black and gay disease? Do you agree?

DR. MANIOTIS: The way I respond to those who characterize HIV as a black disease is that I remind them of the history, first, of how Dr. Gallo claimed to have found HTLV-1, and HTLV-II, which were supposed "cancer viruses," in a population of Japanese and very poor Caribbean black people, which was the paradigm and technology upon which the idea that "HIV" could cause AIDS was based.

In a particular region of Japan 175 miles from Nagasaki, Dr. Gallo believed that HTLV-1's molecular signature was a more likely cause of leukemia than the atomic bomb dropped on that civilian population by the United States some 50 years ago.

And somehow, through "the slave trade," as Dr. Gallo imagined it -- he used the words "slave trade," I believe, if you read his writings -- he thought "HTLV-1" was a Human "cancer virus" that was carried from Africa throughout the world along with the Black slaves, until it arrived also on the Southern region of these Japanese islands. But later

"HTLV-1's" molecular signature was subsequently found in other regions of the world as well that weren't along the routes of the so-called "slave trade."

Similarly, "HIV" was supposed to have come from black Africa, from persons who either played with dead monkeys or who ate their meat as it was once published in *The Lancet*, or who, in the white colonialist's mind perhaps, had some kind of close unspeakable contact with these non-human primates. Somehow, from Africa, "HIV" supposedly arrived in the Caribbean, where it was advanced in the 1980's that gay men vacationing from San Francisco supposedly picked it up from black men there by having sex with them.

Having studied physical anthropology in college, it isn't difficult for me to see a failure to separate science from racism. Blacks just can't be responsible for every infectious disease of Mankind: from "HIV," to Hepatitis B (it's molecular signature was first found first in the blood of a Black Australian aboriginal), West Nile virus (supposedly found first in a Black woman in "the Nile district" in 1937, who had a cold), "HTLV-1" and "HTLV-II" from the Blacks imported during "the slave trade," etc.

The problem with designating "HTLV-I" or "HTLV-II" or "HIV" as "Black diseases," or to say that they came from Black people, is that there is no evidence that "HTLV-I or II" played any role whatsoever during the "slave-trading" events Dr. Gallo imagined, or in the case of "HIV," there isn't a shred of evidence that "HIV" could have been transmitted by dead monkeys to Black African children "lacking toys" as it was proposed, or by adults eating of monkeys and chimps. First of all, neither virus has been shown to cause either cancer or AIDS, and as far as I am aware, you can't pick up "HIV" through your digestive tract by eating a McDonald's hamburger that somebody who is supposed "HIV-positive" just took a bite of, or even from uncooked meat. Blacks, after supposedly killing, eating, or playing with dead monkeys or chimps, as was written once in *The Lancet*, couldn't have either. "HIV's" molecular signature isn't transmissible, as far as I know, through eating food or playing with objects.

Furthermore, "HIV" cannot be discriminating of race or even sexuality if it were a transmissible syndrome. No other STD discriminates between the sexes or races. Another problem of course, is that to advance the idea, for instance, that "HTLV-1" causes leukemia in 6 out of 10,000 persons who live 175 miles from Nagasaki, or that "HIV" can only be acquired and cause AIDS on average after thousands of sexual acts according to "AIDS establishment figures, is like saying (in the case of the HTLV-1 "cancer virus"):

"I have 20,000 birds. 10,000 of these birds molt once a year. The other 10,000 molt 3 times a year. Now, none of the 10,000 birds that molt once a year died by hitting their head into utility poles.

However, 6 of the 10,000 birds that molt 3 times a year died by hitting their head into utility poles. Therefore, among these birds, their molting 3 times a year CAUSED them to hit utility poles and die. Molting 3 times annually --> hitting utility poles --> death." "HTLV-1" causes cancer. "HIV" causes AIDS. The statistics work out much the same.

If you believe the rate of "HTLV-1" 'infection' to be 5% instead of 0.06% as some claim, the same argument applies, only the number of birds changes. It would mean that 95 birds that molt 3 times a year don't die from hitting utility poles because they molt 3 times/year, while none of another group of 100 birds that molt once a year hit utility poles.

Therefore, molting 3 times a year causes 5 out of 100 birds to crash into utility poles. These are mere associations without a basis in biological fact, and the whole "HTLV-1" causes cancer and "HIV" causes AIDS arguments are purely hypothetical, because there aren't any controlled studies on HTLV-I or HTLV-II that demonstrate experimental transformation into metastatic cancer that I am aware of, using purified HTLV-I or HTLV-II. Similar arguments can be made with "HIV's molecular signature(s) causing seroconversion in minute numbers of persons out of millions, and for the exact same reasons.

Therefore, "HIV/AIDS" is not a Black disease. It is largely a statistical disease, that doesn't have a biological basis, like the birds and the molting and the hitting utility poles I described before. It is a statistical argument that has been targeted, or selectively biased against Blacks. But with respect to the biology of it, real immune suppression has no more affinity for Africans, African Americans, Caucasians, or Asian people. Profound immune suppression appears in those with defined and well-known risk factors, such as malnutrition, autoimmune diseases, or excessive toxic drug use. Immune suppression is especially and quite frequently caused by doctors when they give transfusions, cancer chemotherapy, corticosteroids, and many other drugs.

Now, with gays, it is a little bit more confusing because it was at first noted by Gottlieb in L.A., when he first described the first men that had so-called AIDS when he reported them to CDC, that 100% of them had cytomegalovirus, as I mentioned before, and other opportunistic infections to varying degrees-- and this was before "HIV" was even a thought on somebody's blackboard.

But what was not realized, and what is still overlooked is that it's not the sexuality of a person that determines if they acquire immune suppression. It's the overall toxic load these individuals experience, in

addition to factors like: drug use, malnutrition, sleep habits, numbers and frequency of sexual partners, medical interventions, and foreign proteins from transfusions.

There is nothing biologically unnatural or unhealthy about homosexuality. What I am saying is that it is the frequency with which these things I mentioned above occur which can -- in some few individuals -- perhaps lead to immune suppression, but it is decisively not a gay disease either. Its just that gays, like Blacks, have been selectively biased by "HIV" testing.

MR. PAPANTONIOU: Professor Maniotis, in the 1980s when the mortality rate was so high, AIDS doctors viewed it as evidence that they died from HIV infection. Do you believe that?

DR. MANIOTIS: I don't believe that because the doctors who were there on the front lines have told us so. In San Francisco, for example, a whole horde of -- some of the first AIDS patients that were found, the ones that did not participate in "the fast track" party-never stops life-style, or who refused to take AZT after it came on the scene are still alive, and these individuals have been documented in films such as "The Other Side of AIDS," describing this era, as well as in books by other noted gay authors who described this phenomenon that was ignited by the gay liberation movement, and the post-Vietnam drug era. In these accounts, it is clear that the men who engaged in constant heavy drug use, prophylactic use of antibiotics, methamphetamines, ecstasy, heroin, crack, amyl nitrate (which is a mutagen at high doses), or who in addition followed the AZT protocol at a gram .6 per day died, as witnessed by Dr. Abrams from San Francisco, and by others who were on the front lines.

Also, it should be emphasized that If a person struggles with drug abuse, chronic heroin or crack addiction, alcoholism, and syndromes like these, profound malnourishment is almost inevitable, and malnutrition itself is the quickest, most reliable, universal, hundred-percent perfect way, of inverting the helper T-cell ratio and to lead to an immune system collapse. Needle programs have not been a success not because a transmissible viral agent continues to travel down the injection needles, but because the drugs that are self-administered, especially the opiate derivatives, are among the most immune suppressive drugs known, when given long-term or chronically.

If people also have, on top of this, multiple STDs, which many of the first groups did (as indicated by Gottlieb's first reports and Montagnier's Patient One), incompletely-treated syphilis, gonorrhea, herpes, all kinds of viruses concomitantly and concurrently, then it is very likely that the immune system could crash. And once that happens, it is very difficult to reconstitute their immune systems.

MR. PAPANTONIOU: Dr. Maniotis, you are saying -- and you told us earlier -- that the HIV virus does not exist. Do you mean that it doesn't exist in any segment of our society, including blacks, gays, straights or bisexuals?

DR. MANIOTIS: It has not been shown to be an exogenous, immune suppressive retrovirus, and as such, it hasn't been shown to exist as an exogenous retrovirus that causes immune suppression anywhere on the planet, okay? It has been shown by the standards of science to exist as an exogenous virus no more than ghosts have been shown to exist, in my opinion, okay? It was a mistake. There are complex molecular signatures called "HIV" that are associated with certain disease states, but these signatures are also found in healthy people, and in people who are normal and will never acquire immune suppression.

MR. PAPANTONIOU: Mm-hmm.

It wasn't a conspiracy. It was a mistake, and there have been many other similar mistakes in medicine because it is so difficult to tie causality to a single agent in any disease. Pellagra was such a mistake, again blamed on poor Blacks in the South and which was shown to be caused by nutritional deficiency of vitamin B. SMON was such a mistake in Japan caused by a toxic drug. Polio may be such a mistake.

There are many other assumed virally-induced or pseudo-virally-induced diseases, such as "hepatitis B" and "hepatitis C," as well as the so-called prion diseases that are supposedly caused by an "infectious protein" devoid of a nucleic acid template that also constitute molecular signatures that don't necessarily correspond to or predict a disease state, but which may be merely signatures associated with disease, or not associated with disease in healthy animals or humans.

The slaughtering of the cattle industry because of "Mad Cow" disease is the result of believing that a "slow viral-like agent" called a prion, causes disease years after incubation in an organism. Scrapie in sheep, Kuru and Creutzfeldt-Jacob disease are thought to require years of prion incubation before illness appears, and this idea served as a precedent for the "slow-cancer virus" and the slow "HIV virus-AIDS" hypotheses. All of them derive from the idea that assumed infectious agents cause these illnesses years after infection, when in fact underlying genetic, autoimmune mechanisms, or still unknown factors such as toxic chemicals in the environment, may be largely responsible in each of these diseases. Prions ingested by the Fore Papua New Guinea tribesmen were thought to generate a Parkinsonian-like encephalopathy 20-40 years after these indigenous, highly genetically-inbred aboriginals ate prions from the brains of their dead relatives in ceremonies that Gajdusek first witnessed. Similarly, "HTLV-I" and "HTLV-II" are molecular signatures

thought to cause cancer as many as 40 years of incubation in a human as Gallo first proposed, although SV-40, shown to cause true cancers in animals (along with polyomavirus "factor" and perhaps Rous sarcoma extracts in chickens and papilloma in rabbits harboring warts), when injected into hundreds of millions of humans, SV-40 has not yielded an increase in Human cancer in 35 years as mentioned before, which is really not long enough to make that claim according to the authors. The hepatitis B virus signature (HBsAG), is also said to affect 300 million people worldwide, and is said to cause liver cancer 40-60 years after infection. Human Papilloma virus is said to cause cervical cancer 20-40 years after it is first acquired in about 1 in 10,000 women who express the ill-defined and non-validated HPV 16 or 18 DNA sequences, etc. It still baffles me how the "AIDS establishment" or slow-virus "cancer establishment," or "prion disease establishment," or hepatitis B "establishment," or HPV "establishment" can accept this idea that an infectious agent can cause disease years after exposure. It makes no sense biochemically: a virus or viral-like agent doesn't "KNOW" that it's lipids, proteins, or nucleic acids are not supposed to interact biochemically with the host that it infects for 20 or 40 years, and then suddenly become pathogenic. In June of this year, in fact, the "HIV-infection" theory itself was challenged by scientists because a mathematical model of the process by which T cells are supposedly produced and eliminated can't account for the slow pace of depletion that occurs in immune suppressed patients said to have AIDS.

But misplaced causality has always been a huge problem in medicine, and is a major problem in every type of infectious disease model that fails to take into consideration the fact that any communicable illness is the result of the interplay between a suspected pathogen, and the resistance of the host population to disease. How else could you explain the fact that thousands of humans or animals could test positive for some molecular signature, such as the HBsAG antigen, while only a few of those humans or animals will ever develop a certain disease thought to be caused by that agent?

MR. PAPANTONIOU: What is your advice to someone who has tested HIV-positive?

If you do believe in the HIV/AIDS hypothesis, then I would recommend that you get at least three confirmatory tests of different kinds to assure yourself that you are carrying the molecular signature that people associate with immune suppression in about 1/3 of "AIDS" patients.

MR. PAPANTONIOU: Professor, would you advise using today's medication as therapy for the HIV virus? And are those drugs beneficial to the immune system?

DR. MANIOTIS: That is a complicated question. I would have to answer it in two different ways.

To say that a drug helps somebody -- and when we devise and develop new treatments for cancer-- you have to have a hypothesis as to how the body works. Now, there are some ways of thinking about the body which are not typically taught in medical schools, but yet, anybody who has used a vaccine, for example, is giving a little bit of poison to the body. Vaccinations derive from homeopathic "law of similars," and they indirectly induce the organism to mount an attack against an invading pathogen by providing in advance, something or some components or reagents that are "similar" to that invading organism or pathogen.

Anti-retrovirals, penicillin, and cancer drugs are based on an allopathic theory borne during the German dye making era of Virchow's and Koch's era called the "law of contraries," in that drugs or reagents are supposed to attack or neutralize the disease agent directly, by binding to it somehow as a dye does to a fabric, or interfering with it directly.

Now, when you give a poison to the body similar to that presented to the body by a real poison or virus, the body is then alarmed or alerted to the fact, and then it overcomes the poison whenever that poison is encountered in the future. This is the principle of vaccination. There are some studies with the antiretrovirals that show that due their toxic nature, they somehow wake up the immune system for a short while, and then you can defeat opportunistic infections and this sort of thing.

However, to my knowledge, there is no evidence that any antiretroviral drugs attack or interfere with any virus directly. In all likelihood, antiretrovirals modulate the immune system into either waking up, producing more antibodies or, in some cases -- in high-dose regimens, they actually kill bacteria, mycoplasmas, and fungi, that may be present in a immune suppressed patient. At higher doses or during long-term usage, these drugs also modulate your cells, and eventually, kill the cells of the immune system and other organs.

It makes no sense at all to use these highly toxic drugs -- owing to their chemical nature -- for life, because, for example, if you use them for life, then you have to explain to the cancer patient -- who uses the same or similar drug -- why he or she has to be taken off the drug after two weeks or four weeks. Because if they are not, their bone marrow goes away, their intestines don't work -- they slough off. Their skin falls off. They develop all types of blood and immune disorders. That is what a cancer patient would do if given the same drug at the same

dosage that it has been given to AIDS patients with immune suppression. AZT was originally designed as a leukemia drug.

MR. PAPANTONIOU: My question is simple: Are you against using those drugs for HIV/AIDS?

DR. MANIOTIS: Yes. The largest study of HAART contradicts claims that these drugs extend life. Some 22,000 previously treatment-free HIV positives that began medications between 1995 and 2003, and the authors of that study discovered that "viral response" improved ("HIV's molecular signature became more difficult to read), but such "improvement" has not translated into a decrease in mortality. The "AIDS establishment, however, will again be rewarded for this failure.

Scientists and physicians from Pittsburg recently reported that in a study of 5,700 "HIV positives," it was determined that since the advent of HAART, the most common current cause of death among people with HIV is liver failure. Authors warned that monitoring of liver enzymes is needed to save lives, an economic impossibility for people in Africa and other developing areas of the world taking toxic anti-HIV drugs. I think that this failure will also be rewarded.

MR. PAPANTONIOU: Professor Maniotis, since you are opposed to the use of AIDS drugs, is it your opinion as a scientist that an individual with HIV/AIDS will be harmed or will develop the symptoms you mentioned earlier by their use? What should such an individual do in order to be safe?

DR. MANIOTIS: The Fawzi study in Africa published in the New England Journal of Medicine has shown that vitamin regimens, a clean, healthy diet, with plenty of nutritional supplements and support and exercise will reverse immune suppressions of various sorts. There are now other clinical trials of nutrient supplementation that appear to be able to reverse an immunosuppressive crash, non-toxically. In another study, 40 AIDS patients said to have full-blown AIDS were given food supplements, together with oligouronic acid.

In all cases, it was reported that diarrhea resolved and the bodyweight normalized. Although some of the profoundly immune-suppressed patients died, 8 patients improved in both their health status, as well as CD4+ and "viral load" signatures. Six months after the start of the trial, 19 patients were well enough to return to normal work.

If immune suppression is due to foreign protein damage and an autoimmune disease develops, that can be more difficult to reverse, but long-term nutritional therapies, exercise, vitamin supplements, and regimens that treat opportunistic infections directly -- without giving people toxic medications -- are probably the best way to pull someone out of an immune-suppressive crash. At this point, we really don't know how

to reverse profound immune system collapse any more effectively than we know how to reverse a malignant melanoma, and anybody who says they do know is arrogant about the little knowledge we do have about these disorders.

MR. PAPANTONIOU: Dr. Maniotis, if an individual is on medication, what should he do to protect himself from the chemicals, which, in some cases, are taken on a daily basis, and often total as much as a quarter of a pound?

DR. MANIOTIS: The best thing, I believe, is to stop all immune-suppressive acts first of all, if at all possible.

Next thing is to, at the same time, take food and supplements that make the immune system stronger, live a life that is not immunosuppressive in any way, and exercise.

MR. PAPANTONIOU: How do you explain the fact that most AIDS doctors and pharmaceutical companies nowadays are focusing on the African continent?

DR. MANIOTIS: Well, I will give you a good example, and that's Nevirapine. Nevirapine was discontinued in its use in the United States because it was too toxic. Another failure that went unrewarded.

And so, when a manufacturer makes a drug like that, what are they going to do? Well, they are going to dump it on countries that don't have our legal regulations, and that is exactly what Max Essex's group from Harvard did in Africa. According to Lockman et al. who was the lead author of this study, 875,000 mother-infant pairs were given the black-box label drug, and the results of this vast human experiment on African mothers and their infants was published in 2007.

When they gave them a single dose of Nevirapine that they didn't want to give to white people in the United States anymore because the manufacturer thought it may be too toxic, the so-called "mutation rate" of "HIV" went up 41.7 percent in those people that were given one dose of the drug. In other words, according to "HIV=AIDS" advocates, 41.7% more people who took one dose of Nevirapine should now go on to develop untreatable drug-resistant "HIV infections" that they wouldn't have developed, had they not taken the drug.

But this kind of result isn't unusual in AIDS science: whenever an AIDS patient develops AIDS or dies while on AIDS medications, the "AIDS establishment" blames it on "the virus's ability to mutate," which breaks all the rules of genetics and genetic invariance established over the past 100 years. Is chickenpox different than it was 200 years ago or is it mutating in every patient? Does it mutate every time it infects a child? In my view, this is damning evidence that a distinctive pathogenic virus, "HIV," hasn't been isolated, especially if its molecular sequences are said

to change over time in nearly every person it infects, especially after a single dose of even a black box label drug.

Even high dose radiation doesn't mutate things that quickly. And of course there is no evidence that mutations of a virus are occurring—they are reading changes in the molecular sequences kicked out of people's cells in the presence of a black-box label drug. These kinds of studies simply suggest that, in these vast Human experiments with either Nevirapine or "HIV" vaccines, microbicides, condom crusades, and other antiretroviral combos such as HAART, that in each case, as many or frequently even more people are showing molecular signatures called "HIV" or are showing morbidity precisely because they were experimented on with these ill-defined drugs, vaccines, or microbicides, than people who are left alone.

I think it is the worst kind of ethical violation, especially against Africans, African Americans, people who are gay, or anyone else who becomes entrapped in the "HIV=AIDS" hypnotic trance, without being provided alternative hypotheses if they do test positive, or exhibit immune suppression, or any of the 48 so-called "AIDS-defining diseases."

Also, what is worrisome about Nevirapine is that Edmond Tremont, a program leader in the NIH's AIDS program, admitted that he changed the safety reports on Nevirapine, for which he was rewarded by keeping his directorship at the NIH.

Some of the safety data were said to have been washed away in a flood, and upon learning that Joyce Ann Hafford, a Black Nevirapine-treated woman in the U.S. had died because of Nevirapine, Tremont said "oops, nothing we can do about dumb docs" or something to that effect. Of course her death was not the fault of the drug, or his fault, that he rewrote the safety data, because only "he knew of the real issues regarding African AIDS."

But there is a long history of this kind of deception when so-called infectious diseases are involved because of unfounded fears of contagion, unbridled faith in vaccines, and the imagined and highly publicized threat to public health policies, and pharmaceutical profits should there be a breakdown in fear of germs, or "gay plagues," or "gay cancers," such as Kaposi's, which was among the first "AIDS-defining illness." There may be other darker and politically motivated and deceptive reasons why these infectious disease paradigms aren't questioned and exposed for what they are in the mainstream press, and then changed.

For instance, it is well known that the originator of the prion hypothesis, a Nobelist, my early role model as a anthropologist-scientist-physician, and a program head at the NIH, D. Carlton Gajdusek, plead guilty of child sexual abuse a few years ago, because he was caught

importing and sexually abusing those young boys and men from Papua New Guinea to his home in Maryland. His "animal model" to prove his hypothesis consisted of placing a 10% brain homogenate from diseased persons into the craniums of primates, and a few of them became ill—probably due to the foreign protein antigens placed directly into the brains of these animals. During the 1980's Laura Manuelidis of Yale vociferously contested Gajdusek's hypothesis and attributed the illness in the animals to foreign protein reactions, especially because there was no evidence that prions contained any nucleic acid template. Others attributed the syndrome to genetic inheritance because the syndrome appeared to run in families in England and elsewhere where they didn't eat the brains of their dead relatives, or smear blood over their cuts, as did the New Guinea tribesman, or their children, that Gajdusek became so enamored of.

But instead of his Nobel Prize-winning prion hypothesis being questioned or challenged, or instead of the reservations of Laura Manuelidis being tested and explored by others, whole herds of cattle have been destroyed based on a molecular signature that may or may have nothing to do with the development of spongiform encephalopathy, a brain syndrome characterized by a lack of inflammation, and another Nobel was given out to Stanley Prusiner for discovering the molecular signature(s) of prions in healthy and a few sick hamsters, and for proposing a new twist on the prion hypothesis.

But critics of these "emerging infectious diseases" and "global health threats" aren't rewarded with Nobel prizes or even a tolerant audience. For example, a gifted journalist, Celia Farber wrote a huge investigative article about the Nevirapine scandal I described, for Harper's. For her excellent work, she was viciously attacked by the "AIDS establishment." A pharmaceutical activist named Nathan Geffen working for the ARV promoting, incredibly well funded TAC (Treatment Action Campaign) in South Africa, wrote and disseminated a document claiming she had made at least 56 errors in her article, which was totally untrue. The article was fact checked for over three months and every line and word was corroborated by Harper's fact-checkers through original documents. A total line-by-line refutation of the TAC attack is online at the Rethinking AIDS website. Harper's understandably, did not yield to the baying AIDS activists who were demanding resignations of Harper's staff, and a 15 page article written and fact checked by their operatives in the following issue. When they failed to intimidate Harper's, they set up a smear campaign against Ms. Farber with a website called AIDSTRUTH.com, where Farber is attacked in hysterical terms, likening her to Ku Klux Klan. This "AIDS establishment" cabal has lost all touch with reality. But the worst thing is, these pharmaceutical industry funded attackers of journalism were assisted by mainstream media, outlets like

The Nation, The Columbia Journalism Review, The New York Times, and others, who are invested through 20 years of poor reportage, in the "HIV=AIDS" paradigm as infallible. A reporter for the New York Times assigned to address the "outcry" over the article, even admitted she never read Ms. Farber's article before placing her calls to Harper's. The mainstream media is like a programmed robot. Like The Manchurian Candidate—ordered to kill.

Another example of this phenomenon is John Moore, an "HIV" researcher in New York Medical College, and a creator of this AIDSTRUTH website used to smear Ms. Farber, me, and many others who ask questions about the "HIV=AIDS" paradigm. He works on the development of "HIV" microbicides to smear on the genitals of Africans. Just last month, in Johannesburg, South Africa, the rate of the detection of "HIV's molecular signatures in Africans whose genitals were smeared with his microbicide were more frequently discovered than in those not given the microbicide, so there seems to be strong motives for these attacks on Ms. Farber, myself, and others who are critical of the "HIV=AIDS" paradigm. For several years now, Moore's AIDSTRUTH website associates have launched letter writing campaigns to my deans and chairman and University President to get me fired, withhold promotions or tenure, and they have done this to others who have dared ask scientific questions, or who have been critical in any way of the "HIV=AIDS" hypothesis, because their science isn't working, they are continuously awarded for the most horrific failures and dangerous medical programs that have even been foisted on Human beings, and we keep reminding them of that fact.

For instance, in that same news release last month about the failure of John Moore's microbicides, it was announced that according to the AIDS establishment, the Merck Vaccine actually also has been a source of increased rates of "HIV positive" tests in South Africans who received the vaccine compared to controls who didn't. But this so-called increase is always seen in vaccines dating back to the last century. I have written a lot about this phenomenon and the piece I wrote is used by the Doctors for Emergency Preparedness, and the piece is available on line and it is called, "How to predict epidemics." Essentially it is a timeline showing how vaccine trials throughout history are always associated with an increase, not a decrease in the infectious diseases the vaccines are made to prevent.

So, it is essentially what I call the "Constant Gardener" syndrome. I mean, the pharmaceutical industry and these "infectious disease scientists think that Third World countries are often the best experimental laboratories to test new things out on human experimental "rats" or "guinea pigs" because they believe that the lives and futures of these people really don't matter, compared to the importance of a

discovery they might make, that will put their picture in the medical dictionary next to some new infectious agent.

A good example of this phenomenon is the polio vaccine. The most vaccinated countries to date in the world are Nigeria -- and India. And precisely as Salk testified before Congress in 1972 that the only source of polio in the U.S. was the vaccine, Nigeria and India are the countries with the most polio following the 15-year vaccine campaigns there.

It is a way of making money, and at the same time, you can look like a humanitarian because you can lower the prices and say you are giving some drug or intervention to hundreds of thousands of people at a reduced cost.

In those situations where there are patent rights still in place, you don't give it to them at lowered costs. Instead, you just make the taxpayers pay for these programs through one type of government and pharmaceutical company sponsored experimental program or another.

I think it is the height of human ethics violations, myself.

MR. PAPANTONIOU: Dr. Maniotis, do you believe that throughout medical history blacks in this country and blacks in Africa were subjects of experiments on viral diseases, including HIV/AIDS?

DR. MANIOTIS: Yes, I do, but it's not my belief. It is quite well documented.

Now, if you recall, in the beginning of the AIDS era, Haiti was targeted -- the blacks of Haiti -- the poorest nation in this hemisphere. And these people are suffering from a number of endemic diseases of poverty, and they were accused of having the first AIDS cases.

Of course, in the inner cities, there have been numbers of programs that have been set up to specifically bias Blacks.

MR. PAPANTONIOU: Including Chicago?

DR. MANIOTIS: Including Chicago. -- They specifically bias people who live nearby inner-city hospitals and who are on public assistance. They specifically bias gay persons. They mandate them to automatically undergo HIV testing. They automatically put these children into foster care, just like they did at The Incarnation Children's Center in New York -- where they actually took children away from their parents or their guardians and put them in the care of the state -- without proper representation, mind you, which is illegal -- and then they inserted G-tubes if the children refused the medications, so they could actually dump as many as 7 black box label drugs directly in their stomachs.

This crime was called to the attention of the world through the investigative reporting of Liam Scheff, and a documentary was made by it by the BBC. The "AIDS" establishment consisting of people like John Moore, Marc Wainberg, and others then protested to the BBC that they should remove the film from their archives. Other "HIV/AIDS" question askers and I then wrote letters to the BBC urging them to maintain the movie they made in their archives, which was then aggressively countered by the "AIDS establishment." Now the BBC is being threatened by the "AIDS establishment" to remove the documentary and apologize for showing it, even though the film exposed this crime against Black orphaned children. The BBC has even apologized to, once again, pharmaceutical funded AIDS "activists" like Jeanne Bergman, for allowing sources to say AIDS medications would have made those orphans very "unhappy" without splicing in commentary from a doctor who thinks the drugs are great. These squads of pharma-funded "activists" and "researchers" are like the Stasi of AIDS drugs. They never rest. They are everywhere, rooting out and attempting to punish deviance from party line of HIV/AIDS. It is McCarthyism, pure and simple. Countless careers have been destroyed and the culprits are never brought to justice. Failure is repeatedly rewarded. It is never even noted that they are directly and generously funded by not one but several of the drug companies producing the drugs they so ardently defend. It's insane. Scientific critics like me are labeled "denialists" to destroy all sense that we can decipher objective truth. But the paid shells, they are considered "activists" and "researchers."

In this Orwellian world of AIDS, of inverted morality and values, it is still an open question whether it was good or bad to force orphans to take black box label drugs through surgically-implanted G-tubes. According to Institutional Review Board Rules that all biomedical scientists must follow, even children need to give their assent for a medical procedure-- not just have consent from the parents (or legal guardians), but assent -- that means the child has to nod his head in favor of taking the medication, especially when the medications are so toxic that they make the child have constant diarrhea, stomach problems, cramps, headaches, nausea, vomiting, stunted growth, death, et cetera. In the case of ICC, we know that the children pleaded not to have to take the drugs. We know that they ran, jumped, scrambled, hid, cajoled, and begged some more, even to be allowed to miss a single dose. We know this from the nurses whose job it was to administer the drugs. We know that some of the children died as a result of the drugs.

This is illegal. It is immoral. And these people who are doing it or like Moore and Bergman and others who defend these Goebbels-like experiments, we have warned them and we are going to

make sure that this crime doesn't go unanswered, like every other crime and gross error in the history of AIDS.

MR. PAPANTONIOU: What is your opinion of the AZT drug? Is it safe?

DR. MANIOTIS: AZT is a failed cancer drug that was deemed too toxic for human use because it caused too many tumors in rats.

It should not have ever have been taken back off the shelf and given to human beings. Never.

MR. PAPANTONIOU: You talked with Dr. Robert Gallo, who studied the whole issue. Since you had the opportunity to discuss the matter with him on a number of occasions and recently, how do you explain the fact that Dr. Gallo has thus far avoided explaining how he and his counterpart in France isolated the HIV virus?

DR. MANIOTIS: Well, that issue was extensively discussed by Dr. Gallo and me recently, and my opinion of the whole affair, despite what a lot of my colleagues think, is that there was no wrong-doing. There was no cover up. There was no collusion, and there was a sincere attempt by both groups to understand and isolate the molecular signature associated with immune-suppressive illness, ARC, and then AIDS.

And John Crewdson, the Dingell Commission, and the Health and Human Services, which came after them for fraud, did the world a disservice. The Dingell Investigation and the investigation by the Department of Health and Human Services that focused quite severely on a contaminant that impeded defining "HIV's" molecular signature-a mistake which can happen in any lab, but which was rectified by Gallo and Montagnier years later in 1991 with PCR, served to confuse the issue for at least 5 years, because they took the issue away from the biology of immune suppression and made it, instead, an issue for Chirac and Reagan and the patent officers, and the state, the moral majority, the Christian Right, the haters of homosexuals, and Blacks, and others. Contaminations of cancer cells and viruses happen frequently in all kinds of biological labs, and they are caught by quality control tests periodically, but when the future health and patent rights of nations is based on a molecular signature thought to cause infectious and fatal disease in everyone it infects, then the stakes are quite a bit higher, and politics, rather than science, rules.

Instead of focusing on the biology of the illness or illnesses, the focus was placed on protecting the blood supply in order to continue to give immune-suppressive transfusions, and the attention instead was

placed on who was getting money for the test kits, who was going to benefit from an AIDS test kit, and who would get the patent rights, and -- if so, then, whose intellectual property was the first "HIV" test kit.

These kinds of issues, rather than science, made it possible to launch a 5-year investigation to determine if one lab may be stealing the ideas or the materials, such as the virus, from another, when in fact, that did not occur.

Gallo shepherded through the paper that Montagnier wrote the year before. And when a scientist shepherds a paper through it means he helps them to get it published. He is not trying to foil them from getting it published. So, I don't believe that there was any wrong doing among either the Pasteur or the Bethesda groups. Their association of "HIV" with immune suppressed patients, and their belief that it was causal of immune suppression was just a simple mistake that should have been discovered and which would have probably been, had the Reagan administration, and the greed of patent possibilities, not been involved.

MR. PAPANTONIOU: Professor Maniotis, is there any correlation between CD-4 cell counts and viral load?

DR. MANIOTIS: Well, the two most recent studies regarding this issue claim that there is no correlation. Long-term studies now show that more and more AIDS researchers are seeing that there really is not a reliable indicator between the so-called viral load, which is a test given through a technology called PCR, whose inventor, Kary Mullis, warned cannot detect HIV, as I mentioned earlier, and the levels of CD4+ T-cells in a patient.

I know of one little girl, for instance, who tragically died from a rare amoxicillin late adverse reaction but which the "AIDS establishment" claims died of AIDS-related PC pneumonia, and AIDS-related encephalopathy, although no "HIV" test was ever performed on her, no inflammation was detected in her lungs that was consistent with PC pneumonia, and although her mother never consistently tested "HIV" positive, had never consumed AIDS or illegal drugs, and had been healthy for more than 12 years. At the time of her death, the little girl's total T-cell count was measured at 10,800 cells/microliter, which is nearly twice the normal number of lymphocytes in a normal healthy child, according to surveys done by the WHO on total lymphocyte counts. So no, T-cell counts have nothing to do with AIDS if you seriously consider this case.

Nevertheless, the "AIDS establishment," attempted to cause incarceration of the little girl's occasionally "HIV-positive" mother, and her seronegative and thus serodiscordant father, through a concerted mainstream media smear campaign that was launched because the parents had publicly expressed alternative views about HIV/AIDS and had refused to test or drug their children prior to the amoxicillin tragedy. The L.A. Times, ABC primetime, and other "AIDS establishment" backed media outlets wrote that in the little girl's case, despite her

gaining weight at the end of her life, and despite complete health throughout her 3 years of life, and her good progress at pre-school, that the little girl died of AIDS.

Therefore, to answer your question, in her case, the "AIDS establishment" feels that AIDS can present as a disease of not only too few lymphocytes, but also a disease of too many lymphocytes. In the tragic aftermath of losing a small child, the parents ultimately avoided incarceration by DCFS and the police for criminal negligence, and were able to keep their other "HIV-negative" child without him being removed by The State, and so the "AIDS establishment" lost this one, even though the couple had challenged their paradigm publicly prior to the little girl's tragic death, so there is hope.

MR. PAPANTONIOU: As a scientist, how do you explain the fact that almost all of the AIDS doctors today have seen the HIV virus only in pictures, and yet are still prescribing those strong and deadly medications?

DR. MANIOTIS: Well, as I described earlier, they are not seeing it in pictures, either. What they are "seeing" are HERVs, retroids, virus like particles, other viruses, membrane-bound vesicles, or cellular garbage. Nobody has shown that this debris causes AIDS, as I said before.

A positive "HIV" test should only be regarded as a molecular signature that may have nothing to do with a virus, with infection, or with disease. It's signature is found in the placentas of healthy pregnant women, for example -- and even more frequently in women who have had more than two children. The signature is found in alcoholics -- late-stage alcoholics tend to test positive. Not all of them, not a majority of them, but a few of them. Heroin abusers tend to test positive. Harry Haverkos of the CDC said that long-term heroin addicts should not be considered AIDS patients because long-term heroin use causes immune suppression. The list goes on and on. Hemophilia. People who have had transfusions will test positive because they have been given foreign proteins in the form of factor concentrates, not because they are sexually promiscuous or obtained the "HIV virus" through factor concentrates. There are about 70 reasons that people have been found to test positive that have nothing to do with HIV and have nothing to do with AIDS.

So, until you differentially diagnose somebody by excluding 70 other reasons that are known to be associated with low T-cell numbers or inverted T-cell ratios, you cannot assume that they have a virus called "HIV" or a syndrome called "AIDS."

MR. PAPANTONIOU: How do you evaluate the decision in 2000 by President Mbeki of South Africa not to allow the use of AIDS

drugs in his country, choosing instead to defer to the Hippocrates dogma, "Let the food be the medicine, and the medicine the food?"

DR. MANIOTIS: Well, the Reappraisal of the HIV/AIDS Hypothesis Group advised Mbeki to hold an open debate to hear the views of the "AIDS establishment" and our side with our reservations. And President Mbeki is a very, very intelligent man, and he heard all the evidence and he concluded that it was not a good idea to dump experimental toxic cancer drugs, or liver-failure-causing drugs, or other unproven drugs on his people.

Instead, he thought -- and he appointed an also very forward-thinking woman to be his health minister -- to instead provide the infrastructure in his society, especially after a long Apartheid movement that took place in South Africa where people were placed into abject poverty and extreme social strife.

It all came down to a very humane decision to nutritionally support people. You know, "the food to be the medicine, and the medicine the food," as you mentioned. But also --

MR. PAPANTONIOU: Hippocrates, not me.

DR. MANIOTIS: Well, the Hippocratic Oath taught to medical students is to "first, do no harm," and these medicines and these medications have not been around too long, and their long-term side effects are not known, just like the effects of Thalidomide weren't known, although the "AIDS establishment" has even given Thalidomide to orphan children at Incarnation Children's Center in New York, as mentioned earlier. It was given to a generation of women and then their children had little fins for arms, all kinds of birth defects. Is Thalidomide good for growing infants and children?

We don't know all of the side effects of these drugs yet, but we do know that they do cause some horrible side effects in babies, in infants.

And Mbeki was simply protecting the people of his country, the proud women of South Africa, and their families by not allowing the big interests of the pharmaceutical companies and the Bush Administration to come in there and test their drugs on them as if they were rats. The pharmaceutical companies supported by The Bush Administration, working through pharma shill organizations like TAC (Treatment Action Campaign) and others are now putting extreme amounts of pressure on Mbeki and others to do the drug roll-outs, as they are called, which are nothing more than mass human experiments without a scientific basis, without an ethical basis, without a rational basis, without a medical basis, or a basis in simple common sense.

So, Mbeki made his decision in 2000 based on the most humane and, I believe, well-studied, well-considered decisions that a president could make for his people.

MR. PAPANTONIOU: What do you think about the case of the five Bulgarian nurses and an Israeli doctor of Palestinian origin who allegedly infected 426 children in the Children's Hospital in Benghazi, Libya with the HIV virus? They were liberated most recently after the involvement of the new president of France, Nicolas Sarkozy and his wife. Many of those children died apparently from the use of AIDS medications.

DR. MANIOTIS: Again, that is a good example of a question you asked earlier about, "Is HIV a Black disease or an African disease," because it wasn't only the President of France and his wife who helped in freeing these health care workers, but it was the recommendations of Luc Montagnier and other people in the "AIDS establishment" to release these people and not have them shot by Qaddafi.

First of all, it is impossible to get a cluster of that many nosocomial "HIV" infections -- that is to say hospital-induced infections -- in a single place over such a short period of time.

So, the AIDS establishment did what they always do, and that is they pinned it on the presence of Black people in the hospital.

In a statement that Montagnier made -- and if I am not mistaken -- he said, when asked the same question, "How do you explain those 426 cases," Montagnier said, "Well, it probably has to do with the infusion of health care workers from Sub-Saharan Africa" -- were the exact words, I believe, that you can find he said. A euphemistic way of saying,

"It's the fault of the Black people from South Africa who worked in the hospital. They gave the 426 children AIDS somehow."

Which makes no sense medically. It makes no sense scientifically. And certainly, it's a racist thing to say, and at best it impugns the Sub-Saharan health care workers who have come to Libya and elsewhere to try and find jobs, and it also punishes the Africans and African-Americans -- Africans wherever they live in the world because it is assumed that because of their skin color and culture, that they have a higher incidence of AIDS.

I wrote an article recently with an African scholar who had spend 35 years of his career studying and going to Africa, named Charles Gesheker, where we presented documentation showing that the populations of Africa have been increasing during the last 20 years, not decreasing because of some killer viral epidemic, despite the fraudulent and downright politically motivated and economically motivated statements to the contrary by the World Health Organization, the Bush

Administration, and others. African statistics for AIDS in all forms come to an astonishing 2.3 percent of the population will typically test positive.

It has been reported, in addition, that prison populations in South Africa, have a "HIV-positive" testing rate of about 2.3 percent, and one prison official I quoted in this article said he'd only seen one or two cases of full blown "AIDS" in 7 years in his prison.

In this context, "HIV's" molecular signature may represent merely a low frequency molecular signature amongst people living in Africa and elsewhere in the world. If this is the case, at least some "HIV-positive" tests could be similar to those first described for Hepatitis-B, that was found first in the blood of an Australian aboriginal, it's claimed, but through further testing, they found it in Micronesians and Asians at a low frequency, and in about 1/3 of Down children and 10% of leukemia patients.

What do these groups have in common? A communicable virus? A genetic polymorphism? Stress-induced immune cell gene recombination and expression in stereotypic ways? We understand little about the causes of the frequency distributions of these molecular signatures in the Human population, other than the fact that they can occur in both healthy and "sick" or diseased individuals. But if you are found to have such a molecular signature without clinical symptoms, you are presumed to be "infected"- "a healthy sick person" as I call it.

MR. PAPANTONIOU: Dr. Maniotis, in conclusion, and keeping in mind what you said in this interview, what do you plan to do to terminate this highly deadly protocol prescribed by AIDS doctors?

DR. MANIOTIS: Well, the only thing we can do is to continue to educate people as to the biology of immune-suppressive illnesses, and cancers, and try to understand the link between immune modulation and cancer, since "HIV's" molecular signature is said to be associated with six different cancers.

We can continue to have discussions, although "AIDS establishment" researchers-either privately or publicly refuse to discuss anything with us "denialists." I frequently am interviewed by medical documentary journalists and people like that, as I was recently in a series of hour-long interviews on INTIMETV, where I present the kind of information I have presented here in 6 hour-long segments entitled, "On The Edge," and which was created by one of my students. In one of the segments, I presented at least 15 hypotheses that could account for the immune suppression seen in "AIDS patients" that have nothing to do with "HIV," and that actually have more promise in some cases, for explaining these immune-suppressive illnesses, than the molecular signature of "HIV."

How do you convince the medical establishment of anything? I mean, it took many years after the polio era to actually get the information disseminated that the polio vaccine caused polio in California, Idaho, the South, in Chicago, and elsewhere, because doctors are hemmed in by protocols, and failure to treat a patient according to protocol results and disciplinary action, loss of license, et cetera. It took nearly five years to convince vaccine makers to discontinue the lots because of the discovery that SV40 had contaminated the vaccine given to hundreds of millions of people, and that it caused cancer in animals.

These issues need to be discussed openly, and all of the different arguments should be presented without presuming anything is correct, before public health policies are set in stone. Now that we have so much more negative data than we had in the 1980s—and science fundamentally is a way of asking questions and disproving hypotheses, we know more surely than ever, that Marc Wainberg who is supported by GlaxoSmithKline for his toxic AIDS drug 3TC, and his cabal of drug promoters, were wrong when they said the constitution should be amended to put people like Duesberg, or “denialists” like me, in jail.

Every aspect of AIDS prevention and treatment, from breast-feeding to microbicides, to antiretrovirals, AZT, Nevirapine, 3TC, protease inhibitors, HAART, to the vaccine failures of just a week ago, announced by Merck, have all been utterly devastating examples of a false and failed hypothesis, that "HIV=AIDS."

This problematic mind-set can best be recognized through a comparison of how hypotheses about diseases other than AIDS are regarded by us, in the Biomedical Establishment. If someone has cardiovascular disease, and one group believes that it is likely caused by old age, and another group believes it is because of the accumulation of "bad" cholesterol deposits, it is quite absurd for the pro-age group to call the cholesterol group "age-denialists." Cancer is the same way...you have your garden variety oncogene advocates. You also have your run-of-the-mill extracellular matrix deregulation proponents like me. It would have little meaning and accomplish nothing if the advocates of the oncogene hypothesis should call those that believe in an extracellular matrix hypothesis, oncogene “denialists,” don't you agree? Calling people names does nobody any good, and one should not categorize persons anyway, because humans are so complex and often have conflicting viewpoints that are subject to revision. This is especially true in science.

To emphasize this point, in metastasizing cancer (neoplasia), there are many hypotheses regarding the origin, progression, and pathogenesis of the disease. If you are a cancer biologist, and you don't believe, for example, that the deregulation of oncogenes completely, or even partially explains cancer, you are not called a "Holocaust denier," or worse perhaps, a "flat-earther," "irresponsible," or "criminal."

If you think I am critical of the "AIDS Establishment," I think it would pale in comparison to my criticisms the "cancer establishment," and as a scientist, I feel it my responsibility to point out weaknesses or flaws in these hypotheses in order to help improve the science, and eventually, improve the treatment of both people with immune suppression and cancer.

For instance, our findings about a decade ago challenged the underlying premise of the tumor angiogenesis hypothesis by demonstrating that malignant solid tumors can generate their own blood vessels. Dr. Folkman's entire paradigm has not translated into the meaningful improvement of cancer patients, despite numerous attempts with various toxic and non-toxic approaches. Nevertheless, the testing and playing out of the tumor angiogenesis hypothesis laid the foundation(s) for better hypotheses and opened up new directions that would not have been possible had the hypothesis not been rigorously tested, and honestly evaluated. In the vasculogenic mimicry and tumor biofilm hypotheses now being promoted by my group and which was advanced to explain how tumor cells can generate their own vascular channels, genes only play a secondary role to the glycoproteins and the extracellular matrix in the environment of the tumor. But the extracellular matrix was also a key element of the tumor angiogenesis hypothesis that I have borrowed and elaborated upon.

Because Dr. Folkman and other pioneers were investigating these important molecules, we were then able to observe them in new contexts, and perhaps, like the Wright Brothers, as Folkman used to tell me, someday extend the flight distance from those recorded at Kitty Hawk, toward the distance and speed now traversed by modern jets. Medicine and science are much the same in this regard, as Dr. Folkman used to teach.

For instance, we know now, that despite the cancer establishment's love affair with genes and "genetic causes of cancer," it appears more certain than ever that genes or genetic mutation may play little if any role at all. When cancer cells are placed into embryos, where these molecules are made in abundance, all kinds of genetically mutated and deadly cancer cells that would kill an adult are transformed into normal tissues, and their DNA is changed by the environment, as we showed recently in one example that was on the cover of The American Journal of Pathology with breast cancer cell reversion into normal cells. No genetic mutation is required: genetics aren't required. Cancer cells don't cause cancer, under certain conditions. "HIV" doesn't cause AIDS under any conditions that have been convincingly demonstrated. Genes appear to be controlled in the case of cancers, by the extracellular environment, as Dr. Folkman and others suspected, but could not fully realize. No irresponsibility here, no "Holocaust denying," no "flat-earthing," or "criminal behavior." All of these various hypotheses and many others are actively being researched and funded in order to understand the pathogenesis of cancer, and to advance the biology and understanding of cancer and the non-toxic and rational treatment of cancer patients.

"AIDS" is different. We have been pelted by the non-productive monotheistic hypothesis that "HIV" causes "AIDS," except of course in idiopathic AIDS (ICL-AIDS as it is called)-a disease in which "HIV" cannot be detected although AIDS-indicator diseases are present, or in "Long-Term Non-Progressors" or "Elite Controllers," as they are called, and of course as mentioned earlier, "HIV" doesn't cause one of its first two AIDS-defining diseases: Kaposi's sarcoma. Nobody knows about the link between the immune system and cancer. If they say they do, they are arrogant about what they think they know.

So, time will probably rectify this colossal mistake, although, you know, it's been going on for a century or more in different guises: The idea that you can have healthy sick people.

Another direction that we are pursuing is continued work on viruses and cancer: not how viruses cause cancer in Humans because there is no evidence since the SV40 fiasco that they do, but how they might cure it. We reported recently experiments that explored how herpes viruses might cure melanomas, but also how three-dimensional melanoma tissues resist viral infections. In doing these experiments, we realized, and published, for example, that we know very little regarding how viruses behave in the context of real tissues, or pseudo-tissues we make in the lab. They act quite differently than one would expect they would given results in flat Petri dishes. We soon hope to use these viruses to test if we can cure naturally occurring cancers in people's pets who develop cancer, before we try or even suggest trying it out on a human being.

MR. PAPANTONIOU: Dr. Maniotis, once again, thank you for giving of your time and expertise to discuss so important a health issue.

DR. MANIOTIS: My pleasure, Lambros. Thank you very much too.