“HIV’S” MOLECULAR SIGNATURE IS REAL, AND ORIGINATED FROM THE HUMAN GENOME, NOT FROM TOYS, FOOD, OR BIZARRE AFRICAN SEXUAL PRACTICES.

Presented at Ekaterinburg, Russia for the Russian Parent Assembly, May 29-30, 2008, by Andrew Maniotis, PhD.

Abstract:

A likely explanation of the origin of “HIV’s” molecular signature comes not from racist notions, but from recent studies in genomic research that suggests 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). It is known that 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 this template has not been purified without contaminating cellular nucleic acids. “HIV’s” molecular signature could represent a HERV (Human Endogenous Retrovirus) nucleic acid sequence, or, what is called a ‘retroid’ of one kind or another. A retroid is a special kind of mobile gene associated with diseases such as multiple sclerosis, and with normal biological functions involving the placenta. That these endogenous human genetic elements exist and are important has been shown again and again to be likely from studies on HERV's such as "the Phoenix viruses," that can be produced by infecting cells with certain sequences of DNA, which then is replicated and packaged by the cells into virus-like particles. 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 “life saving” 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 128,000 retroid sequences possible to classify. What is also remarkable about new data regarding retroids and HERV’s 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.” We are all made up partly of “retroviral” components, they are 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. The probable "cause

of "HIV" could be these 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.

Why there is no animal model of AIDS.

--150 chimps were inoculated with AIDS -patient sera 24 years ago and now live in 27 million dollar retirement homes, without one of them ever acquiring AIDS or any immune suppression as measured by lab tests.

This is why "simian immune difficiency virus or "SIV," a different "virus" than "HIV" has always been a better model of "HIV" than "HIV."

--Wild African Green monkeys that are *infected* throughout their lives with HIV-like simian immunodeficiency virus (SIV) never get sick.

--Studies by Sodora et al. (Journal of Immunology, pp. 3026-3034, 2008) provided evidence, using the sooty mangabey "SIV" natural host, that CD4 T-cell depletion, by itself, is not sufficient to induce AIDS in a natural host.

"When we first observed the dramatic CD4 depletion in all the tissues we examined in these monkeys, we were concerned that they might begin to exhibit clinical signs of AIDS," said Jeffrey Milush, Ph.D., lead author on the paper. "But after more than six years, we are sure that CD4 depletion by itself does not necessarily result in progression to AIDS".

This is no surprise. As early as 1985, the co-discoverer of "HIV," Dr. Robert Gallo wrote:

***"The association of Kaposi's sarcoma with AIDS deserves special mention. This otherwise extremely rare malignancy occurs predominantly in a restricted group, that is, the homosexuals, and can occur in the absence of any T-cell defect in the patients. "* (Flosie Wong-Staal Robert C. Gallo, Nature Vol 317, 3 Oct 1985).**

Also regarding animal models:
--Strandstrom et al., found that 50% of dog sera contain antibodies which recognize human immunodeficiency virus structural proteins, but dogs don't develop AIDS (Cancer Res 1990 Sep 1;50 17 Suppl :5628S-5630S).

"Fifty percent of dogs exhibited "HIV" structural proteins but did not develop "AIDS."

--In 1992, it was reported that "HIV gene sequences" exist in the DNA of "unifected" humans, chimpanzees, and rhesus monkeys (Horwitz MS, Boyce-Jacino MT, Faras AJ. Novel human endogenous sequences related to human immunodeficiency virus type 1. J Virol. 66 (4):2170-9, 1992.

--Reverse transcriptase (RT) was once thought to be a specific enzyme that indicated the presence of "HIV." However, if RT were unique and specific marker for "HIV," then why is reverse transcriptase found in the uninfected cells of bacteria, spirochetes, yeasts, insects and mammals (Varmus H, 1987. Reverse transcription Sci. Am. 257:48-54)?

Therefore, RT is not specific for retroviruses. More recently, other investigators have claimed RT is important for telomere replication at the tips of normal chromosomes, and that telomere replication requires endogenous (cell manufactured rather than and virally encoded) RT (Ghori A. et al., Colorectal Disease,, vol. 2, no. 2, pp. 106-112, 2000).

-- The Center For Biologics Evaluation and Research Advisory Committee on Vaccines and Related Biological Products stated in November, 1998, in a chapter regarding the Update On Reverse Transcriptase Activity In Chicken Cell Derived Vaccines, by Dr. Arifa Khan (pages 13-15), that:

"Initially Boni et al. (1996) published that low level reverse transcriptase activity was detected in ALL chicken cell derived vaccines using a highly sensitive PCR-based reverse transcriptase assay called PERT, which can detect one to ten virions which was reported to the WHO, and then additional studies were done by several laboratories in Europe, as well as the U.S., including the NIBSC, the CDC, as well as labs in the FDA to confirm this initial finding."

--Sheep, goat, and cow milk induce the p24 antigen ("HIV's supposed capsid protein) and yet those that test positive do not develop any AIDS-defining syndromes (Willman et al., Heterophile Antibodies to Bovine and Caprine Proteins Causing False-Positive Human Immuno-deficiency Virus Type 1 and Other Enzyme-Linked Immunosorbent Assay Results. Clinical and Diagnostic Laboratory Immunology, p. 615-616, Vol. 6, No. 4, July 1999).

Why there is no culture model of AIDS or "HIV" infection.

--Extracts thought to contain "HIV," when cultured with lymphocytes or cancer cells:
A. Kills the cells.

B. Doesn't kill the cells.
C. Fuses cells together.
D. Doesn't fuse cells together.
E. Can't "infect" cells without toxic chemicals being added.
F. Is affected by mycoplasma removal agent.
G. Kills cells before virus production is maximal, although all viruses require cells for their propagation.
H. In 1997, The DAIDS official "HIV" culturing manual was published presenting a series of standard protocols for culturing "HIV." from the Reporting Results Section (section VII), a rationale was presented to unequivocally identify "non-HIV-infected" cells as truly "HIV-negative" by "HIV" cell culturing labs if the "HIV" capsid protein, p24, is measured at values less than 30 pg/ml (picagrams/milliliter), and truly positive at readings of more than 30pg/ml.

Although Dr. Robert 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 shown described above 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 and convicted for attempted murder, one can't obtain health insurance, one might be fired from his or her job, one might be driven to 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 (30 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 itself, which supposedly is an essential "HIV" protein, is also found in the thymus gland cells of non-infected "HIV-negative" children Dura WT; Wozniewicz BM; Expression of antigens homologous to human retrovirus molecules in norm and severely atrophic thymus. Thymus. 1994; 22(4):245-54:

Abstract: An immunopathologic study of normal and severely atrophic thymuses (STA) w undertaken in order to evaluate the expression of human retrovirus (envelope and core) molecules in thymic epithelial cells (TEC) in HIV negative children. ***Both normal and ST thymuses disclosed p19, p24, p39, p45 and p55 viral core proteins as well as gp46 gp63 glicoprotein of envelope origin.*** *No evidence of gp160, gp120 and gp41 molecu were observed in TEC which suggested endogenous lack of receptor molecules for HIV. The results are discussed in the context of possible thymus oriented autoimmune reactio*

in HIV and non-HIV bearing patients and in consequence, severe injury of TEC forming microenvironment.

In 1997, two teams of investigators, one consisting of a French-German collaboration, and another whose investigators were involved in the AIDS Vaccine Program, SAIC, National Cancer Institute-Frederick Cancer Research and Development Center, Maryland, reported that PHA (phytohemagglutinin) and IL2 (interleukin-2) stimulated healthy cells to produce Human Immunodeficiency "viral like particles" and the molecular signatures of "HIV" only when stimulated with oxidizing agents that are toxic to cells like PHA and IL-2. They also claimed that microvesicles were a source of contaminating cellular proteins found in "purified HIV-1 preparations." As their titles of their papers suggest, even the "HIV" experts have published that "effective purification systems for {HIV} viruses free of host components are lacking:

*Gluschankof P, Mondor I, Gelderblom HR, Sattentau QJ. Cell membrane vesicles are a major contaminant of gradient-enriched human immunodeficiency virus type-1 preparations. Virology 230(1):125-33, 1997***.**

Bess JW Jr, Gorelick RJ, Bosche WJ, Henderson LE, Arthur LO. Microvesicles are a source of contaminating cellular proteins found in purified HIV-1 preparations. Virology, 230(1):134-44, 1997**.**

Others have reported the same result:

"Cellular proteins bound to immunodeficiency viruses: implications for pathogenesis and vaccines." **[**Arthur et al., Science 258: 1935-38,1992**].**

If the cell's cytoskeletal proteins, actin, exrin, and other proteins are located INSIDE or on the virions as these and other authors have claimed, how can one tell if p24, for instance, or other molecules thought to represent the specific molecules of "HIV," aren't also proteins of cellular origin?

Why there are no human examples of exogenous "HIV" transmission or seroconversion.

--When they did studies on human sexual couples, one of which was positive and the other one was negative for "HIV's" molecular signature -- a famous study known as the Padian study -- they found <u>zero conversions</u> out of 175 pairs of so-called "discordant couples." These discordant couples all had varying degrees and frequencies of sex, one assumes, and among many couples, it was not "protected" sex either [Padian, et al. Heterosexual Transmission of HIV in Northern California: Results from a Ten-Year Study." American Journal of Epidemiology. August, 1997].

--There have been numerous other similar non-transmission studies.

--The wives of hemophiliacs don't acquire "HIV" or AIDS.

--There have been no documented AIDS cases in hundreds of thousands of health care workers who have directly cared for AIDS patients.

-Condom crusades, smearing microbicides on the genitals of Africans, and breast feeding dissuasion campaigns have increased the incidence of "HIV infection" in highly publicized "HIV-transmission" studies instead of decreased the incidences.

The most damning evidence, however, for non-transmission of "HIV" has been from more than 60 failed "HIV-vaccine trials. According to what was believed two decades ago about the human immune system, it was assumed that a vaccinated individual would develop antibodies against molecules that are foreign to the human body. This would mean, in the case of an "HIV/AIDS" vaccine, that if vaccinated with components of "HIV," the vaccinated would need to carry around a letter to prove their "HIV-positive status" was caused by a vaccine, rather than from "risky" behavior, or from being in an "at risk" group (from sex, dirty needles, exposure at the time of birth, breast-feeding, transfusions, being of African decent, being gay, being a drug addict, being pregnant, from having an autoimmune disease, or for dozens of other reasons).

But after more than as many 30 vaccine up until 1995, and perhaps as many as 60 "HIV" vaccine trials to date, letters as proof of "HIV" vaccination have not been needed.

Although the tiny fraction of those who have exhibited an "HIV-positive" test result after vaccination that registered negative before vaccination have been told their "HIV-positive" status was due to their own recent "risky" activities (sex), the failure to produce an appropriate immune response in most of the vaccinated (conversion from a negative to a positive "HIV" test result) or the failure to acquire protection from immune suppressive illnesses after so many "HIV" vaccine trials strongly suggests some measure of urgency or alarm is in order regarding the belief that "HIV" molecules are foreign molecules in the vaccinated.

Failure to seroconvert to a positive "HIV" test result after vaccination means that the principles underlying immunology, biochemistry, genetics, epidemiology, virology, cell biology, pharmacology, neonatology, and cancer biology don't apply to "HIV/AIDS." Or it means that the hypothesized "HIV" causation of "AIDS," and the imagined molecular biological causal basis of AIDS AND several other "molecular diseases" have generated catastrophic disasters that require our immediate attention.

All that would be needed to prove that what I am saying is wrong, is to show us the virus in the blood of someone with a "viral load" of 1,000,000 as measured by PCR. But the AIDS establishment won't do that after 25 years.

“Merck HIV vaccine fails, trials halted.”

“Trials of the most promising HIV vaccine to date have been halted following news that the vaccine did not protect against HIV infection, according to a press release issued on Friday by developer Merck.The STEP study (HVTN 502, Merck V520 Protocol 023) was a multicenter, randomized, double-blind, placebo-controlled phase II test-of-concept clinical trial. The trial enrolled 3,000 HIV-negative volunteers from diverse backgrounds between 18 and 45 years of age at high risk of HIV infection.”

*“The vaccine did not prevent infection: in volunteers who received **at least one** dose of the three-dose vaccine series, **24** cases of HIV infection were observed in the **741** volunteers who received vaccine and **21** cases of HIV infection were observed in the **762** participants in the placebo group.”*

*“In the subgroup who had received **at least two** vaccinations and who were HIV negative for at least the first 12 weeks of the trial, **19** cases of HIV infection were observed in the **672** volunteers who received vaccine and **11** cases were observed in the **691** volunteers who received placebo.”*

Also in the context of "HIV vaccine"-making, in 2004, AIDSVAX's CEO, former head of the CDC Donald Francis's 120 million dollar attempt to produce an "HIV" vaccine with his company VAXGEN, failed to generate antibodies against "HIV," or prevent a single case of "AIDS," casting doubt on claims that a virus, "HIV," has been isolated to Pasteur's standards developed for rabies, cholera, or anthrax more than 130 years ago. After this failure was announced, the U.S. Government rescued Francis's company by providing them with an 870 million dollar contract to make anthrax vaccine.

Why there is nothing specific or foreign to the human body (exogenous) regarding "HIV's" molecular signature.

--Simonsen L, Buffington J, Shapiro CN, et al. published that "Multiple false reactions in viral antibody screening assays [are detected] after influenza vaccination. [Am J Epidemiol 141:1089-1096,1995].

How could flu virus antigens stimulate an "HIV" reaction if there were anything specific about "HIV" or the molecules from the flu virus?

--It is also known that hepatitis B vaccines induce a positive "HIV" test, as do tetanus vaccines. Perhaps there are others?

How can flu virus molecules, hepatitis B molecules, or tetanus molecules share molecular similarity with the molecules of "HIV?" This would be like saying someone was vaccinated against yellow fever, and then generated antibodies against rabies.

--In 2006, it was announced that "viral load is only able to predict progression to disease in 4% to 6% of HIV-positives studied, challenging much of the basis for current AIDS science and treatment policy" for any individual who tests "HIV" positive. Rodriquez B, Sethi AK, Cheruvu VK, et al. Predictive value of plasma HIV RNA level on rate of CD4 T-cell decline in untreated HIV infection. JAMA 296(12):1498-506, 2006.

So the question becomes, how could some 33 million people in the world be said to be "infected" and walking around with specific molecules of "HIV" in their bodies, or with molecules generated by the body's response to "HIV," while only a tiny fraction of those vaccinated individuals in 60 vaccine trails seroconvert to "HIV's molecular signature, even after injecting these same molecules twice directly into their bodies by route of a vaccine? For that matter, how could less placebo-vaccinated individuals consistently seroconvert than "HIV-vaccinated individuals? This is non-sense.

This paradox suggests that perhaps the injected components of "HIV," or the antibody responses to these components have nothing to do with an "HIV" virus that is foreign to the human body or that has anything to do with immune suppression, and that these are mere testing artifacts.

Why no test to date can detect "HIV."

Even from the beginning of "HIV" testing, it has been known that none of the tests detect "HIV" virus particles directly, and that a positive antibody test may occur for 70 reasons that have nothing to do with "HIV" or "AIDS. The first ELISA tests showed for instance, that out of 1.2 million applicants for military service (the Burke study), there were 10,000 out of 12,000 false positives.

The "viral load tests" are based on the polymerase chain reaction (PCR) amplification of supposedly specific "HIV" gene sequences, but PCR tests are known to sometimes generate false-positive signals between 40-100% of the time, which is absurd if you consider what this really implies.

Someone with a high "viral load" should have their blood teaming with viral particles, and not be in need of any PCR amplification at all to detect this exponentially high quantity of viral gene sequences. Perhaps this is one reason why the inventor of the PCR technique, the Nobelist, Kary Mullis, once said there is no evidence that "HIV" is the cause of AIDS years ago. A patient with high "HIV" viral load should be able to walk into a physician's office, have their blood drawn, the doctor should be able to send that blood to a lab, and it should be loaded with hundreds of thousands or millions of "HIV" virus particles. But this has not been the case with "HIV." This is the reason why PCR amplification of "assumed" "HIV" viral gene sequences is measured biochemically rather than directly. Chemical amplification of "HIV" gene sequences has to be employed using PCR precisely because there are no detectable viral particles in the blood or tissues, nor have there ever been, in someone who is said to harbor the molecular signature(s) of "HIV" genomic sequences.

The plausibility of false positive readings in the STEP trial participants in the vaccine trial described above accounting for the few who were accused of becoming "HIV-infected" because of their behavior after vaccination is supported by a study conducted in 1992, in which a seroservey of out of 20.2 million "HIV" tests done in Russia, only 112 were confirmed and about 20,000 were false positives (Voevodin A. *Lancet. 339:1548, 1992)*.

112 "confirmed" "HIV" molecular signatures out of 20 million negative ones doesn't constitute the kind of numbers that signal a major AIDS pandemic in Russia. The numbers could represent statistical artifact, or, in the several who seroconverted and showed a positive test result may represent the presence of some kind of auto-immune condition, like psoriasis, arthritis, or warts, or physiological stress, or a genetic polymorphism (human genetic variability).

In 2004, the American Red Cross reported that even after repeated "HIV" testing using different test kit types, that "low-risk" populations, such as blood donors (or military recruits or nuns) will typically yield 12 (PCR) positive or 2 (ELISA) positive results out of 37,000,000 million units of blood, which means that 10 out of 12 were false positives. In a follow-up analysis of this Red Cross study, it was then claimed that 6 of the 12 PCR-positive subjects tests seroconverted within several months, thereby obtaining a "HIV" molecular signature in 8/12 cases, out of 37 million negatives. Again, these numbers could represent statistical artifact, or, the several who seroconverted may represent the detection of some kind of auto-immune condition in those who test positive, like psoriasis, arthritis, warts, or physiological stress, or a genetic polymorphism.

Abbott Laboratory's ELISA test kit package insert says*:*

"ELISA testing alone cannot be used to diagnose AIDS." ***(Abbott 1997).***

Epitope's (the maker for one of the Western Blot kits) package insert says:

"Do not use this kit as the sole basis for HIV infection." ***(Epitope 1997).***

Roche's "Amplicor test kit's insert states:

"The amplicor HIV-1 monitor test is not intended to be used as a screening test for HIV, nor as a diagnostic test to confirm the presence of HIV infection." (Roche 1996).

Then what in God's name are these tests used for? Perhaps as lie detectors?

Presumably, as grave as an "HIV" or "AIDS" diagnosis is, one might expect there should be awareness generated about the lack of a gold standard (virus isolation) disclosed to the public. Or one might minimally expect, if the test kits predict progression to an "AIDS-defining illness," at least one test kit type or brand available of the 33 or more on the market, that by itself, can serve as a gold standard to identify individuals who carry specific antibodies against the "HIV" virus, or components of the "HIV" virus itself.

But this is not the case Assuming that these conditional statements on the "HIV" test kits aren't typos, and are stated as they are by the manufacturers for a reason (if they were typos Abbott's should say *"Elisa testing can be used alone to diagnose AIDS,"* Epitope's should read, *"Use this kit as the sole basis for HIV infection,"* and Roche's should read, *Amplicor HIV-1 monitor test can be used as a screening test for HIV, and as a diagnostic test to confirm the presence of HIV infection"),* we must assume there is yet no gold standard for virus identification.

Some other test kits have the following qualifications:

NucliSens(R) HIV-1 QT -- HIV QT Nov. 13, 2001
http://www.fda.gov/cber/pmalabel/P0100010LB.pdf:

"The NucliSens(R) HIV-1 QT assay is not intended to be used as a screening test for HIV-1 nor is it to be used as a diagnostic test to confirm the presence of HIV-1 infection."

COBAS AmpliScreen HIV-1 Test, version 1.5
Approval Date: 12/19/2003
http://www.fda.gov/cber/label/hiv1roc121903LB.pdf:

"This test is not intended for use as an aid in diagnosis."

Procleix(R) HIV-1/HCV Assay -- IN0076-01, Rev. A
Approval Date: 6/4/2004
http://www.fda.gov/cber/label/hivhcvgen060404LB.pdf:

"The Procleix HIV-1 Discriminatory Assay may be used as an aid in the diagnosis of HIV-1 infection."

GENETIC SYSTEMS (TM) rLAV EIA
http://www.fda.gov/cber/sba/hiv1gen062998S.pdf:

"The rLAV EIA is intended to be used as a screening test for donated blood or plasma and as an aid in the diagnosis of infection with HIV-1."

VIRONOSTIKAT(R) HIV-1 PLUS O MICROELISA SYSTEM
http://www.fda.gov/cber/pmalabel/P020066LB.pdf:

"System is intended for use as an aid in diagnosis of infection with HIV-1. It is not intended for use in screening blood."

Defer et al. in a paper entitled, "Multicentre quality control of polymerase chain reaction [viral load] for detection of HIV DNA" (AIDS 6: 659-663, 1992), reported tha

"False-positive and false-negative results were observed in all laboratories (concordance with serology ranged from 40 to 100%").

Busch et al., in a paper entitled, "Poor sensitivity, specificity, and reproducibility o detection of HIV-1 DNA in serum by polymerase chain reaction. (The Transfusion Safety Study Group. J Acquir Immune Defic Syndr; 5 (9):872, *, pages 874-875* 1992 reported that:

PCR-DNA tests on 151 ELISA-negative people found that 18.5% (28 people) had positive PCRs. Furthurmore, only 25.5% of people diagnosed HIV-positive had positive PCR's.

What are the successes of the "HIV equals AIDS" hypothesis?

Instead of mutation, in biology the nature of life suggests that genetic invariance (non-change of genetic identity) governs the characteristics of a species, a bacterial strain, or, a viral strain. The stability of the genetic code, largely because of the strong molecular material it is made out of, assures a continuance of distinctiveness of form and function in cells, organisms, and viruses.

Genetically, for “HIV’s” protein coat to change rapidly and often means that "HIV" is capable of continuously reshuffling its tiny sinister genome like a card deck, to produce proteins that are perpetually novel and unrecognizable to the immune system, but which paradoxically have remained unchanged and diagnostic on the “HIV” tests of millions of people for two decades in more than 33 million “infected” folks.

It has been said that "HIV's" genome is more complex than most retroviruses because it has more than just the typical number of gag, pol, and env genes to facilitate its supernatural ability to mutate every time it is analyzed.

However, this juxtaposition of what is known as genetic invariance (non-change) in one context (two decades of "HIV" testing) and "HIV's" imagined ability to constantly mutate its genetic sequence in another context (in vaccine recipients, patients treated with HAART and who fail the "life-saving AIDS drugs" like nevirapine), violates what is known about the ability of the structure and chemistry of genetic material to maintain non-change over the geological time periods of hundreds of millions of years. During similar time frames, non-living things such as mountain ranges, or even continents, come and go. Therefore, it is without scientific basis to imagine that "HIV's" molecular signature has remained detectable with the same molecular probes on the more than 33 test kits in 33 million people for over a period of two decades, while at the same time, it mutates in almost each and every anti-retroviral drugged patient who dies. It is like a bad science fiction movie when we are told that “HIV” mutates in 41.7% of 875,000 black women who were told to imbibe a single dose of nevirapine, or when we are told that its genetic structure can change in the time it takes the vaccine maker to make and ship off the vaccine in a truck until it arrives in your doctor's office, during which time, the clever "HIV" "mutates."

In support of "HIV's" molecular sequence or signature being a stable phenomenon, among the human population, there has been no measured change in sequence or structure of supposedly specific and diagnostic “HIV” molecules such as p24 that are detected today, and the p24 molecules the test kits supposedly detected at the beginning of the AIDS era.

Reverse transcriptase, another supposedly imported "HIV" gene, is known for its stability (and its stable and important long history within the genomes of organisms throughout Nature), not its mutability [1]. A person that would test positive for p24 protein in 1984, would test positive for the same p24 molecules today.

Therefore, it is unlikely that an unstable process such as mutation is the reason for “HIV’s” touted ability to evade the immune system after vaccination.

Nor can mutation account for how “HIV” can evade drugs like AZT, HAART, or nevirapine by allowing “HIV” to form what has imaginatively been called “escape mutants.” Chicken pox, small pox, and rabies supposedly have the same or very similar genomes and proteins today as they did centuries ago, and they cause the same collection of symptoms as they have in the past.

A person bitten by a rabid dog in Pasteur’s day 150 years ago who acquired rabies would have the same symptoms as a person bitten last year in North Carolina who acquired rabies from a rabid dog. If the virus were analyzable during Pasteur’s day, it would likely have had the same genes, and proteins.

The distinctiveness of the leper’s lesions described during in antiquity would likely exhibit the same appearance as they do today, and are associated with the same Mycobacteria. Like gives rise to like, and if doesn’t because of mutation, then it becomes something else that usually doesn’t work. This is the overwhelming lesson that genetics teaches regarding mutation, and genetic invariance.

That the vaccine failures, breast feeding dissuasion disasters, and anti-retroviral induction of escape mutants, don't represent simply carefully selected pieces of “cherry picked” evidence in favor any particular viewpoint, other failures of the hypothesis that have become evident only recently, also serve to undermine the "HIV equals AIDS" hypothesis, and demonstrate how this molecular hypothesis of disease has been stretched beyond the limits of genetics or the germ theory, and now constitutes a quasi-religious series of heart-felt beliefs.

Some of these failures not only include the failure of “HIV” vaccines, but also the failure to isolate “HIV” and explain or predict the confusing molecular signatures that are detected in healthy drug-naïve persons.

The failure to consistently sequence the “HIV” genome or identify specific proteins that are <u>not</u> also found in normal, non-infected contexts.

The failure to block transmission of “HIV” or AIDS in mother to child transmission studies (MTCT), which show increased rates of nevirapine in 20 to 69% of women and 33 to 87% of infants after exposure to a single, peripartum dose of the black box label drug nevirapine.

The failure of ARV’s (anti-retrovirals) to prevent "AIDS syndromes" while silencing “HIV’s” molecular signature.

The failure to observe predictable changes in “HIV” and “AIDS” prevalence and incidence statistics, which according to epidemiologists have been manufactured from The WHO's “best guess estimates,” or biased because numbers are based on STD clinics or perinatal clinics.

The "HIV=AIDS" hypothesis has also failed to explain how latency makes sense from a biochemical point of view.

It has failed to explain why there are no consistent in vitro models to detect "HIV" infection.

It has failed to explain why an "HIV/AIDS" animal model cannot be developed or found in Nature.

It can't explain why prostitutes and sex workers don't acquire "HIV's" molecular signatures or develop "AIDS" unless they are also chronic drug abusers.

It cannot account for why human transmission studies have failed to show "HIV" or "AIDS" transmission between serodiscordant couples, or among health care workers accidentally inoculated with "HIV-tainted" blood.

It cannot explain why the spouses of "HIV-positive" hemophiliacs and "HIV-negative" partners have failed to seroconvert or develop "AIDS" after numerous exposures to their "HIV" positive spouses.

It offers no explanation why on February 14th, 2008, in San Diego, California, the local county health department made quite a big press release because all sexually transmitted diseases in their local gay community have risen by an astounding 800 percent since 2003, including syphilis, gonorrhea, and Chlamydia, except for "HIV infection rates, which have miraculously dropped since 2003 in the very same gay community.

It cannot account for why there are large numbers of so-called "Long-Term Non-Progressors," or "Elite Controllers" who never acquire any illness, although they may test positive for "HIV's" molecular signature for more than two decades.

Why some AIDS patients test negative for "HIV" but are thought to have "AIDS."

How decreases or increases in various T-cell subsets don't indicate and cannot predict any effect of a viral presence or infection in drug-naïve patients.

Why viral load has been aggressively monitored by doctors despite the fact that no virus has ever been observed in the blood of a so-called "HIV-positive individual harboring high "viral load" as measured by PCR (polymerase chain reaction).

And, why none of the more than 33 "HIV" test kits claim they can detect "HIV," and continue to state on their package inserts that the significance of "HIV's" molecular signature is not known.

THE MEANING OF "HIV'S" MOLECULAR SIGNATURE

Because the components of a retrovirus that is supposed to cause immune suppression haven't been isolated, because they can't induce seroconversion in significant numbers of the vaccinated, or been shown to cause immune suppression in humans or animals, it can be stated at this point that the meaning of the molecular signature of "HIV" has not been found.

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, or the blood, where there are supposed to be millions of copies, but no photographs.

There are so many different types of examples why the "HIV=AIDS" hypothesis fails to explain anything about transmission, immune suppression, or disease, or why all these vaccine trials have failed, that it cannot possibly be cherry picking of data to criticize the "HIV=AIDS" paradigm.

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 twenty times greater rate of death among their babies than infants of mothers that breast fed, 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 where human experiments are typically tried out first, before they are implemented in the countries whose inhabitants matter in the world.

If infants have higher infant mortality rates following the wisdom of The AIDS Establishment not to breast feed, even in regions of the world that are supposed to have high rates of "HIV," then how could it be even considered a possibility that vaccine makers could inject some component(s) of "HIV" directly into a human vein 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? 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.

These kinds of data that do not support an "HIV=AIDS" hypothesis, should be compared to 15 other hypotheses that 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.

An incredible book has just been published, in French, by Luc Montagnier, the co-discoverer of "HIV", under the title of "Les Combats de la vie", JC Lattès,editor, 2008, Paris, readily available via Amazon.

The book says that "HIV" is not the only cause, and that mycoplasma should be looked at. Montagnier was co-discoverer of "HIV."

"HIV'S" MOLECULAR SIGNATURE IS REAL, AND ORIGINATED FROM THE HUMAN GENOME, NOT FROM TOYS, FOOD, OR BIZARRE AFRICAN SEXUAL PRACTICES.

There have been many theories regarding the origins of "HIV's" molecular signatures. Most are based on racist ideas of a virus jumping from either monkeys or apes to black people who lived in Africa. How transmission took place has been fraught with equally racist notions. Supposedly poor Africans don't have enough food (so they are now given toxic chemotherapy drugs instead of food and clean water), but there is no basis for the belief that "HIV" can be transmitted through "eating the dead carcasses of monkeys hunted for their meet" by starving Africans, or because Africans can't afford toys for their children, so their parents give them dead carcasses of "HIV" infected monkeys. More egregious were notions put forth involving African sexual practices (From Rosalind Harrison-Chirimuuta and Richard Chirimuuta (http://www.virusmyth.net/aids/data/rcafrica.htm):

"Researchers had originally proposed that AIDS was an "old disease of Africa" that had reached the West via recent intercontinental travel, a rather curious notion given the enforced intercontinental travel of up to 100 million Africans in previous centuries (32). As this hypothesis become increasingly untenable attention was diverted to the possibility of a monkey origin of the virus. Such ideas cohabit easily with racist notions that Africans are evolutionary closer to sub-human primates. Dr. Robert Gallo and his co-workers were among the pioneers of this line of research, both for HTLV-I and HTLV-III (later renamed HIV).(5,33,34) Two of Gallo's colleagues, Kanki and Essex, reported the isolation of a virus similar to HTLV-III in macaque monkeys

who were suffering from an AIDS-like illness, and labeled it simian T-lymphotropic virus type III (STLV-III) of macaques.(35) For those who were arguing an African origin of the AIDS virus, an Asian monkey like the macaque was not a suitable source, but less than six months later the same researchers reported finding the virus in "wild-caught" African green monkeys from Kenya and Ethiopia.(36) This research, like most other research on AIDS in Africa, was motivated only by a desire to prove an African origin of the disease, and was greeted with enthusiasm by the Western scientific community. Discussion quickly moved on to the question of how the virus crossed the species barrier, and two AIDS "experts" from St Mary's Hospital in London even offered this explanation:

Monkeys are often hunted for food in Africa. It may be that a hunting accident of some sort, or an accident in preparation for cooking, brought people in contact with infected blood. Once caught, monkeys are often kept in huts for some time before they are eaten. Dead monkeys are sometimes used as toys by African children."

"Are we seriously to believe that African parents are so desperate for toys for their children that they give them putrefying carcasses of dead animals? More fantastic suggestions were published in The Lancet:

Sir: The isolation from monkeys of retroviruses closely related to HIV strongly suggests a simian origin for this virus... Several unlikely hypotheses have been put forward... In his book on the sexual life of people of the Great Lakes area of Africa Kashamura writes: "to stimulate a man or a woman and induce them to intense sexual activity, monkey blood [for a man] or she-monkey blood [for a woman] was directly inoculated in the pubic area and also the thighs and back." These magic practices would therefore constitute an efficient experimental transmission model and could be responsible for the emergence of AIDS in man."

A more likely explanation of the origin of "HIV's" molecular signature comes instead not from racist notions, but from recent studies in genomic research that suggests 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). It is known that 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. "HIV's" molecular signature could represent a HERV (Human Endogenous Retrovirus) nucleic acid sequence, or, what is called a 'retroid' of one kind or another. A retroid is a special kind of mobile gene associated with diseases such as multiple sclerosis, and with normal biological functions involving the placenta [3]. That these endogenous human genetic elements exist and are important has been shown again and again to be likely from studies on HERV's such as "the Phoenix viruses," that can be produced by infecting cells with certain sequences of DNA, which then is replicated and packaged by the cells into virus-like particles.

Also, any modern analysis of the human genome database will reveal more than 120, 000 full-length retroids containing reverse transcriptase transcripts [1]. Although "HIV=AIDS" proponents are always saying the "HIV virus's" reverse transcriptase sequence is mutating when patients die on "life saving" 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 128,000 retroid sequences possible to classify.

What is also remarkable about new data regarding retroids and HERV's 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."

We are all made up partly of "retroviral" components, they are 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. The probable "cause of "HIV" could be these 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.

Yet there still persists after decades of data to the contrary, many researchers who still advocate the tacit assumption and arrogance that we know all there is to know about the human genome, or that the circumstances in which the genome may express novel but perhaps steryotypic gene sequences have all been discovered.

There may indeed be a relationship between "HIV's" molecular signature and immune disorder in some individuals, but the hundreds of billion dollar question science has not been permitted to ask about these individuals is: 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?"

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 modern human Genome Database analyses [1].

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.

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, the antigens (foreign molecules from outside the organism) that would evoke new antibodies have not yet plagued Mankind yet, or, such novel sequences may only be assembled or evoked in immune cells when certain stresses are placed on the individual. The human genome project didn't sequence all human genomes, or even genomes from different "representative individuals." We have no idea regarding what most of these so-called genes do, or how they function.

Yet recently, the U.S. government acting through the directives of the Bush Administration is pressing for legislation requiring mandatory "HIV" testing for Americans between the ages of 3 and 80. This proposal is the biggest mistake that the U.S. could make -- the most costly mistake and the most damaging mistake for the largest number of people possible. When you test

populations of people that are considered to be 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.

Many 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 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.

It is concluded that global health strategies for AIDS, like any other public health activities, should be based on evidence instead of racist notions regarding sexual behavior. Many of the basic assumptions regarding the probability that "HIV" leads to "AIDS" are clearly wrong, contradictory, and defy common sense, to the extent that the "HIV/AIDS" hypothesis should be retracted, and a full examination of where we went wrong, conducted, so we can learn from "mistakes."

Consider the following example:

Although six health care workers in Libya were recently about to be executed due to the mistaken belief they transmitted "HIV" to 426 children, they were freed because Montagnier said the 426 children they supposedly infected were infected instead by "sub-Saharan health care workers" (read Black people) working in and around the Libyan hospital. Perhaps the individuals in leadership roles in our own government who press release these kinds of distortions and propaganda, or who direct these trials and distort data, who must be held legally, and criminally responsible?

REFERENCES

1. Marie Dewannieux, Francis Harper, Aurelien Richaud, Claire Letzelter, David Ribet, Gerard Pierron, and Thierry Heidmann. Identification of an infectious progenitor for the multiple-copy HERV-K human endogenous retroelements. Genome Res. Oct. 31, 2006.

2. Bannert N, Kurth R. Proc Natl Acad Sci U S A. 2004 Oct 5;101 Retroelements and the human genome: new perspectives on an old relation. Suppl 2:14572-9. Epub 2004 Aug 13.

3. McClure MA, Richardson HS, Clinton RA, Hepp CM, Crowther BA, Donaldson EF. Automated characterization of potentially active retroid agents in the human genome. Genomics. Apr;85(4):512-23, 2005.

Andrew Maniotis, Ph.D.
Program Director in the Cell and Developmental Biology of Cancer
Departments of Pathology, and Bioengineering,
University of Illinois at Chicago, Chicago, IL 60607
Email: amanioti@uic.edu
Office: 312-996-4838
Cell: 773-960-9084
Fax: 312/996-7586