

AIDS – The End of Dogma and Taboo!



Nothing is harder and needs more character,

As to be in open dissent with your time and to say: No!

(Kurt Tucholsky, German writer, 1890-1935)

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All Truth goes through three stages:

First, it is ridiculed

Then it is violently opposed

Finally it is accepted as self-evident”

Arthur Schopenhauer (philosopher)

Why I want to write this book

There are probably more than a dozen books concerning opponent positions to the official theory on AIDS, caused by a virus called HIV (Human Immunodeficiency Virus). However, much more has been posted on the Internet, including my scientific papers (attached at the end) and other contributions in free journals and on “You Tube”.

Science has always been my favourite subject since I received a book concerning science and nature at the age of seven. Both parents had a scientific background, my mother studied pharmacology and my father chemistry, mineralogy, zoology and botany. Together with my two siblings, I was encouraged to ask questions and read books. Visiting museums was a pleasure for us. On Sundays, we used to do excursions into the heart of nature and my father showed us plants, birds and other animals. We collected herbs, mushrooms, berries and nuts. Watching animals and not disturbing them was a rule that we observed eagerly. Until today, I have respected and loved nature and I am eagerly reading books.

The way I do research is based on the scientific methods, which are accepted by the “Scientific Community”. In addition to reductionist methods, I have a holistic perspective, based on complexity and interaction of components of what is called a living creature. A cell, which is the smallest complete unit of life, already shows a diverse communication network which has not yet been discovered for its secrets. The “Genetic Code” that was said to be a

“fingerprint” for each person is changing. This has been called “The Fluid Genome” by author Mae-Wan Ho. Epigenetic research is a much more enlightening science than genetics alone. We have to accept that the environment is not only influencing the individual but also the generations. Culture becomes “heritable” by influencing gene-expression and seems to be hereditary in certain aspects.

Therefore, everything in science is changing, but also the conditions for publishing and open discussions have changed. Never before more scientific articles have been published than during the past years. The amount of papers increases at present, but the reviewers have to follow censorship, which is obvious concerning the official view on health and disease, specifically concerning AIDS, cancer and vaccination. These three top subjects should not be questioned as if they were sacred. **Science is no longer free it has become religion!**

I was trained to ask questions and search for answers, specifically in science. On the other hand, I know and feel that life is a wonder that should be respected, protected and saved. There is a big pressure on myself, not to discuss the AIDS-truth. Moreover, many “AIDS-victims” had or have to suffer from this scientific error.

I feel ashamed for what we call now human rights, democracy and freedom of speech!

I want to encourage other people. I hope to spread the truth and to promote a good and healthy life to those who suffer. For me, this is enough motivation to write this book.

Vienna, 2012-08-24

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Science is undermined for political and economical games.

Nancy Turner Banks, MD, Author of AIDS, Diamonds and the Empire

Violation of Human Rights:

The Unbelievable Story of the Seebald Family in Austria

*Familie Seebald - eine Geschichte
über das Leben, die Liebe und die Lüge HIV !*

The Seebald family – a story about life, love and the lie of HIV!



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(A short version of the story is described below.)

The Hippocratic Oath is trampled under foot in this case:

Barbara Seebald, a mother of 4 children and in her beginning forties, was tested HIV positive about 20 years ago. When she took AZT as the doctors had told her, she became sick and fell ill. Her decision to stop taking the medication prescribed helped her to recover totally. She became healthy living young women who lived a sane life. After giving birth to her fourth baby, Muriel, Barbara and her husband came into trouble. The public authorities kidnapped her one-year-old daughter! How could this happen?

When Muriel had a cold, the physician called an ambulance to bring her to the paediatric clinic in Graz for an X-ray of the thorax. When they found out that B. Seebald had been tested HIV positive when she was young, they insisted on giving her baby the toxic AZT-medication because they stated a HIV-positivity in Muriel because of breast-feeding by her mother, but without having tested the child. Testing is not possible before the age of eighteen months, she was told by the clinic, because of “testing positive” by the maternal antibodies from nursing. By the way, when B.S. was pregnant with Muriel, a HIV-test was made without her permission, which stated that she tested HIV-negative. In her mother / child documentation card, the status was termed HIV-negative. Nevertheless, the clinic with the responsible physician Dr. Zenz (who did the Penta-HIV-study/ Penpact 1 on HIV medications together with his colleagues K. Pfurtscheller and B. Zöhrer from the Univ. klinik für Kinder- und Jugendheilkunde, Graz/ Austria) insisted on giving antiretroviral medications to the baby although the status of her mother was HIV-negative. Barbara S. and her husband Leonhard, who had informed themselves about the missing scientific proof for a virus and the negative consequences and “side-effects” (which seem to be the main-effects) of the “AIDS-drugs”, specifically AZT (Azidothymidine), knew about the toxic effects of these medicines. They

were forced by the “POWER of the GODS in WHITE” to poison their baby. By the way: All of the three elder children of the couple have always tested HIV-negative!

B. Seebald was forced to change the HIV-status in her medical passport from negative to “unchanged” by these “GODS”, without a new test!

On the 22nd of December 2009, the parents were forced to bring Muriel into the hospital.

Muriel got a lung endoscopy of which she nearly died. Barbara and her husband Leonhard were treated like maniacs because they did not agree to these “treatments”. Concerning their critical statements on AIDS, they were charged by the clinic for grievous bodily harm. On the 27th of January, the situation escalated: When the mother, who stayed in the hospital with her child asked a nurse to look after Muriel while she wanted to take a shower, the child was abducted without any warning! After entering the room where Muriel and the nurse had stayed, she now registered that her baby was gone. Two police officers, without uniform stood in front of the balcony door and three more in front of the room. In addition, the chief officer of local government Müller and social worker Mrs. Schrak from the Kinderklinik Graz, who is always present during abduction of children, were in the room. The parents did not get any information concerning the stay of their baby and did not know any details for more than two months.

Muriel was transferred to the SOS-Kinderdorf Hinterbrühl where she gets the medications regularly. Meanwhile Barbara’s husband Leonhard had disappeared and she was informed by a clinic that he had died by a lung-infection. The media wrote that he had died from AIDS. She believes that he had died because of stress and grief concerning the treatment of the family. She was not allowed to have her children participate in the funeral, because she had denied signing a declaration that she will not “infect” them with “HIV”. How could she infect them, as this is called a “sexual transmissible disease”, and the children lived in this very nice and responsible family, testing negative over years!

The children were not given back to her from the foster family that had taken care for some weeks while the parents were so very busy in defending the family from unwarranted serious accusations. Barbara S. has been fighting now for nearly two years, has lost her husband, who died under unknown dubious circumstances and has lost the family life with her four children. She is only allowed to see them from time to time and has to watch how her daughter Muriel, who is now called “Pauli” by the attendants of the SOS-Kinderdorf Hinterbrühl, is forced to take medication and vaccination shots, she does not accept because they are harming the child. The three siblings have not seen Muriel since she has been taken away! They were hindered to say good-bye to their father. They are not allowed to live with their mother. Barbara has had many trials and none of her arguments was taken seriously. She has debts (costs for the lawyer) and fights for the right to live with the rest of her family. She has to stand this situation while her baby is loosing the binding to her mother.

Do you think this could happen in a democratic state in the middle of Europe?

In a petition, most of the well-known Austrian politicians were informed about the case of Barbara Seebald and her family. Nobody even responded! Why?

Is there no responsible and bold person with stamina that protects the Human Rights in this “Democracy”? Didn’t we learn from the history of the Second World War where physicians misused the weakest persons for their experiments? Pharmaceutical companies finance the studies for HIV medications (PENPACT), which in this case is Glaxo Smith Wellcome.

We need free politicians not depending on the industry but serving the citizens!

This case shows that the ethical situation is not acceptable in our so-called democracy!

<http://www.alpenparlament.tv/playlist/329-staatliche-willkuer-wegen-virusleugnung-der-fall-seebald>

Please inform yourself, write to officials, politicians of the EU and other organizations, and force them to react concerning the facts. Insist on applying human rights in this and similar cases!

At present, a jurisdiction allows Mrs. Seebald and all children to see one another and be together from time to time.

PPS: Three of the four children now (June 2012) live together with their mother Barbara, who did not get back the custody of her children.



B. Seebald / Prof. Duesberg in

Vienna on the alternative AIDS-conference (AIDS – Cui bono?) on July 16 and 17, 2010.

“Power is the capacity to restructure actual situations. Influence is the capacity to control and modify the perception of others“

I. C. Macmillan

Introduction

For more than 25 years, I have been preoccupied with the matter of AIDS. It was sometime in the eighties when I lived in Bremen/Germany and listened to a lecture of Stefan Lanka and Karl Krafeld who talked about AIDS and AIDS tests with no proof. I was interested but had not much time and opportunity to follow on all news.

I am a Biologist and studied Medical Microbiology, Biochemistry and other subjects as well as Philosophy/Ethics. I taught chemistry, biology and ethics to students at Colleges. At the Inter American Medical University in Corozal / Belize (Central-America), I taught the following subjects for medical students: Microbiology, Cell Biology, Biochemistry, Genetics, Evidence Based Medicine, Problem Based Learning and Ethics. At that time –from 2005 to the end of 2007 - I did a lot of scientific research concerning AIDS.

The title of the paper I finished there in July 2006 is:

Reconciliation between Pure Scientists and AIDS-Dissidents

Could an ancient retrovirus, RNA-interference and stress be the answer to the divergent opinions?

Back in Vienna to my home country Austria I began to give power point presentations for the public concerning AIDS, health and epigenetic and continued to do research. In the year 2010, I finished my second scientific work on AIDS with the title:

Humans In Variety / Adapted Immune Developmental Symbiosis

This paper has been included in most parts into the Doctoral Thesis of Chiara Matteuzzi from the University of Florence:

[http://www.omsj.org/2010/TESI Chiara Matteuzzi.pdf](http://www.omsj.org/2010/TESI%20Chiara%20Matteuzzi.pdf)

The outcome is that there is no infectious virus. The so-called “HIV-genes” are Human genes. Gene expression and stress play important roles in health and disease. There is no sexual transmission of a virus.

Although – or may be because- I have scientific proof for my statements concerning HIV/AIDS I have no chance for writing and publishing my findings in scientific magazines, newspapers or other media. Nearly all newspapers in Austria and many German magazines received my work but did not answer. Even they are even not open minded enough to discuss the matter and the facts. The “Scientific Community” has to follow rules how to examine research results but they keep silence. Why should they be afraid of divergent statements? Science has been always the basis of truth for the critical reflecting humans who studied nature and creature as well as the laws of nature. If this has changed in order to promote the economy, we must fight for truth and humanity. We cannot accept that disease is feeding some parts of the world, while the others have to suffer for the welfare of a minority.

This book contains not a complete assumption of the knowledge about “AIDS”, but includes my scientific proof for the abolishing of the virus hypothesis!

It is the End of Dogma and Taboo!

To say it with the words of the British/Austrian philosopher **Karl Popper**:

“Let theories die instead of Humans.”

There are some remedies that are worse than the disease.

Publilius Syrus

1. Progress and Errors in Science and Medicine

There has been a long tradition in the development of science and medicine. Many new inventions and techniques have been detected over the time. The Nobel Prize of 1901 for **Karl Landsteiner**, who found the blood groups of the erythrocytes (the red blood cells), was the reward for one of the most important scientific laboratory works. This helped to prevent counter-reactions in the blood-receiver, promoted health, and saved lives.

However, already more than hundred years earlier, the “real breakthrough” had begun with a medical doctor. **Edward Jenner** was born in 1749 and died in 1823.

This is the official story:

It is said that his great gift to the world was his vaccination against smallpox. This disease was greatly feared at that time as it killed one in three of those who caught it and badly disfigured those who were lucky enough to survive after catching it. Edward Jenner was a country doctor in England who had studied nature and his natural surroundings since childhood. The rural old wives` tales that milkmaids could not get smallpox had always fascinated him. He believed that there was a connection between the fact that milkmaids only got a weak version of smallpox – the non-life threatening cowpox – but did not get smallpox itself. A milkmaid who caught cowpox got blisters on her hands and Jenner concluded that it must be the pus in the blisters that somehow protected the milkmaids. Jenner decided to try out a theory he had developed. A young boy called James Phipps would be his guinea pig. He

took some pus from cowpox blisters found on the hand of a milkmaid called Sarah. She had milked a cow called Blossom and had developed the telltale blisters. Jenner ‘injected’ some of the pus into James. This process he repeated over a number of days gradually increasing the amount of pus he put into the boy. He then deliberately injected Phipps with smallpox. James became ill but after a few days made a full recovery with no side effects. It seemed that Jenner had made a brilliant discovery.

He then encountered the prejudices and conservatism of the medical world that dominated London. They could not accept that a country doctor had made such an important discovery and Jenner was publicly humiliated when he brought his findings to London. However, what he had discovered could not be denied and eventually his discovery had to be accepted – a discovery that was to change the world. Jenner's discovery was so successful, that in 1840 the government of the day banned any other treatment for smallpox other than Jenner's.

Jenner did not patent his discovery, as it would have made the vaccination more expensive and out of the reach of many. It was his gift to the world. A small museum now exists in his hometown. In the museum are the horns of Blossom the cow. The word vaccination comes from the Latin “vacca” which means cow – in honour of the part played by Blossom and Sarah in Jenner’s research.

The impact of Jenner's vaccination can be seen in its impact in London in 1844:

Smallpox was a major killer before Edward Jenner's vaccination that was to change medical history. Whilst Jenner’s vaccination did not eradicate smallpox, it had a marked impact on fatality rates in large and dirty cities such as London.

Though these figures appear high – 8048 for the year – they were a sign of the way the fight against smallpox was going. However, as medical treatment was far too expensive for the poor (and it would be the poor who lived in the least hygienic areas) it would be many more years before smallpox were finally eradicated from Britain. The irony is that Jenner gave his

cure to the world free rather than patent it for himself, though doctors could charge their patients for services rendered.

In 1980, the World Health Organisation declared that smallpox was extinct throughout the world.

This was the official story.

What is necessary to talk about is that many people died after having been vaccinated or had serious side effects and that there were loud voices claiming for banning the vaccines. As there was no patent on the vaccine, the officials decided to stop vaccination for smallpox. The empowering of hygiene had stopped the smallpox and thus they were declared as eradicated!

The pox-vaccine has beside the polio-vaccine the highest amount of injury, harm and deaths.

One can find supplementary information on vaccine safety (Part 2: Background rates of adverse events following immunization – WHO 2000). Code: WHO/V&/00.36

There is a remark concerning “Vaccine-associated paralytic polio” (VAPP).

For more information, see www.who.org

<http://www.dawn.com/2010/12/22/incidence-of-polio-among-vaccinated-children-alarms-govt.html>

Activists /German: www.efi-onlone.de www.aegis.at www.aerzte-ueber-impfen.org

Nevertheless, some see **Hippocrates** as the father of modern medicine even though he did most of his work some 430 years before Christ. Hippocrates made such an impression on medical history that his name is still very much associated with medicine today. All newly qualified doctors take what is called the “Hippocratic Oath”.

Greek doctors had started to look at the issue of poor health and disease by using a process of reasoning and observation. At that time, this was unknown. The most famous of these doctors was Hippocrates. He is thought to be born in Cos in 460 BC. Hippocrates and other Greek doctors believed that the work done by a doctor should be kept separate from the work done

by a priest. They believed that observation of a patient was a vital aspect of medical care. Ancient Greek doctors did examine their patients but Hippocrates wanted a more systematic period of observation and the recording of what was observed. Today, we would call this 'clinical observation'. Such ideas have led to Hippocrates being called the 'Father of Medicine'. In the book "On Epidemics", doctors were told to note specific symptoms and what was observed on a day-to-day basis. By doing this, they could make a natural history of an illness. The ideas of Hippocrates and others spread in the eastern Mediterranean. Hippocrates and other doctors worked on the assumption that all diseases had a natural cause rather than a supernatural one. Priests believed that the gods caused an illness such as epilepsy. Hippocrates believed that with all other illnesses it had a natural cause.

Ignaz Semmelweis was born on July 1st 1818 near Budapest. His father was a wealthy wholesale grocer. In 1837, Semmelweis studied Law at the University of Vienna before changing to Medicine in 1838. In 1844, Semmelweis got a doctorate in Medicine. At the end of his training Semmelweis decided to specialise in obstetrics. His first medical position came in 1846 when he was appointed assistant in a maternity ward at Vienna General Hospital. He was a Hungarian obstetrician who disproved the belief that post-operation deaths were caused by 'poisoned air' in a hospital ward. Semmelweis was able to remove puerperal fever from the maternity units he worked in. His colleagues and superiors derided his work while he was alive but antiseptic surgery drastically reduced post-operation fatalities.

The explanation he was given by experienced workers in the ward was that the women were victims of a 'poisonous gas' that had got into the ward. This was a very commonly held belief and one that had been around for many years. This 'miasma' was invisible and for some fatal. Semmelweis was not prepared to accept such a belief and he spent time researching the issue. He found that in 1846, 451 women died in Maternity Ward No 1 after giving birth but in the nearby Maternity Ward No 2, only 90 women had died. Semmelweis would not accept that

somehow the miasma that was so destructive in Ward No 1 did not get to the corridor of Ward No 2 that was close by and more crowded. He believed that there had to be another reason. Semmelweis believed that the cause of so many deaths in Ward No 1 was the nearby post-mortem room. Ward No 1 was the preserve of doctors and trainee doctors while Ward No 2 was where only midwives learned their profession. At the Vienna General Hospital, it was very common for obstetricians to carry out autopsies in the morning and then carry on with their other work in Ward No 1 after that. Midwives did not do autopsies.

Semmelweis believed that there had to be a link between the work done in the post-mortem room and the obstetricians coming into Ward No 1. On the one hand, the hospital had a maternity ward next to a post-mortem room and in that ward, post-birth deaths were high. On the other hand, the hospital had another maternity ward, which was staffed by midwives who did not go into the post-mortem room, and in that ward, post-birth deaths were much lower. In 1847, a colleague of Semmelweis, Jakob Kolletschka, died from septicaemia. He had been cut with a scalpel during an autopsy. Semmelweis attended his colleague's autopsy and noticed that the lesions on his body were very similar to those on many of the women who had died in Ward No 1. Semmelweis believed that it had been the scalpel that had transferred the 'miasma' from the corpse to his former colleague.

Semmelweis ordered that all medical staff in Ward No 1 had to wash their hands in chlorinated lime before visiting a patient and that the ward itself had to be cleaned with calcium chloride. The mortality rate in Ward No 1 dropped dramatically and by 1849, just 2 years after the death of his colleague Kolletschka, death from 'miasma' had all but disappeared. Semmelweis provided his evidence to the medical elite of Vienna. He stated that cleanliness was the way to defeat 'poison air' and backed this up with the statistics he had gathered. His views were not part of the general medical beliefs of the time and he was immediately attacked by most senior medical figures – three did support him but none of them

had a background in obstetrics. Semmelweis was dismissed from his position at the Vienna Krankenhaus and went to live in Budapest.

In Ward No 1, doctors went back to their old ways and fatality rates immediately increased to their level pre-1847.

Semmelweis got employment at the St. Rochus Hospital in Budapest and applied his findings there. The death rate in the maternity units there dropped drastically.

In 1861, Semmelweis published, “Die Aetiologie, der Begriff und die Prophylaxis des Kindbettfiebers” (Etiology, Concept and Prophylaxis of Childbed Fever) – “which stands as one of the epoch-making books of medical history” (History of Medicine by Roberto Margotta) .The work was filled with a mass of statistics and proved difficult to read. It was met with hostility by the medical profession and many simply mocked its findings. It took another twenty years before his findings were universally accepted. For years, many of Europe’s leading medical practitioners believed that childbed fever was a disease of the bowel and that purging was the best medicine for it.

The years of rejection by his colleagues in medicine almost certainly took its toll on Semmelweis. He suffered from severe depression and may have suffered from premature dementia as he became very absent-minded and when in public invariably turned all of his conversations into ones concerning childbed fever. After the effective rejection of his 1861 work on puerperal fever, he wrote a series of “Open Letters” to his main critics in which he openly called them “ignorant murderers”.

In 1865, he was tricked into visiting a mental asylum. When he tried to leave Semmelweis was forcibly restrained and put in a strait jacket. The injuries were such that they became infected and he died two weeks later.

Ignaz Semmelweis died in 1865. He was buried in Vienna. Very few people attended his funeral. In 1891, his body was transferred to Budapest. Only a statue was erected to him and his achievements in 1894, nearly thirty years after his death. He was a martyr of medicine

who was murdered by the neglect of science and the arrogance of his medical colleagues. At present, the discoveries of hygiene are accepted as standards in medicine.

This is the official story on **Robert Koch**, who was born in 1843. Koch worked on anthrax and tuberculosis (TB). Koch came from a poor mining family and it took him a lot of determination to get a university place where he first studied mathematics and natural science and then studied medicine. Koch was a medical doctor and he had a detailed knowledge of the human body – something that Pasteur, as a research scientist lacked - . He was also skilled in experiments, the result of his work in natural sciences. Qualities that also proved to be important were his ability to work for long periods and his patience. In 1872, Koch became district medical officer for a rural area near Berlin. He started to experiment with microbes in a small laboratory he had built for himself in his surgery. The first disease that Koch investigated was anthrax. This was a disease that could seriously affect herds of farm animals and farmers were rightly in fear of it. Other scientists had also been working on anthrax. In 1868, a French scientist called Davaine had proved that a healthy animal that did not have anthrax could get the disease if *it was injected with blood containing anthrax*. Koch developed this work further and for three years, he spent all his spare time finding out what he could about the disease, including its life cycle. Koch found out that the anthrax microbe produced spores that lived for a long time after an animal had died. He also proved that these spores could then develop into the anthrax germ and could infect other animals. After this, Koch moved onto germs that specifically affected humans. Koch gathered round him a team of researchers in Berlin in 1881 and began to work on one of the worst diseases of the nineteenth century – tuberculosis (TB).

The TB germ was much smaller than the anthrax germ so the search for it was difficult. Using a more specialized version of his dye technique, Koch and his team searched for the TB germ. In May 1882, Koch announced that his team had found the germ. His announcement caused

great excitement. It also generated what became known as ‘microbe hunters’ – a new generation of young scientists who were inspired by the work of both Koch and Pasteur. One of those who were inspired by Koch was Paul Ehrlich. What was Koch’s legacy? He had finally changed the belief that ‘bad air’ caused disease. Semmelweis did not have the same success, although he detected that septicemia was causing disease before Koch did it. His ignorant medical colleagues martyred him. Koch had inspired many other younger researchers to build on his work. He detected the germs of two feared diseases – anthrax and TB. He developed research techniques that others could use throughout the world. By 1900, twenty-one germs that caused diseases had been identified in just 21 years.

And what is the other side of the medal?

There are no scientific publications that prove the protecting effect of vaccinations. The “reports of success” are created by financial dependency or they come from the pharmaceutical industry, which gets profits from its own products. Thus, they are not independent. The authorities do not promote studies that compare vaccinated and unvaccinated children concerning disease and health. Thanks to the “critics of vaccination”, who collected and evaluated data. According to them there are many side effects coming from vaccinations, which the doctors do not collect. Infants have even died. Anyway, it is stated that children who are not vaccinated are healthier specifically concerning allergies than those that have been vaccinated. In addition “sudden infant death syndrome” as well as autism, hyperactivity and even the diseases the vaccination should be protective to, are in suspect of being caused by them. The studies, which are claimed by the media, refer only to the antibody titer (concentration) in blood but not to infections with or without having been vaccinated. It is known that each living creature – including humans – contains microorganisms in the body, most of them living in the gut where they promote health. For humans these are about five kilograms of germs or ten times more as the amount of the body’s cells. The ingredients of vaccines are often poisonous like formaldehyde, mercury, nano-particles and (genetically

modified) nucleic acids as well as components of cells. Some vaccines are given for many diseases together like “Hexavac” the vaccine given to babies before it was taken from the market because of severe side effects. There are long lists of side effects (harm) reported by parents but neglected from the press.

"Vaccines produce chronic brain inflammation, leading to ADHD, autism, schizophrenia and set you up - later in life - for chronic brain degeneration. This is the thing that is well demonstrated in the scientific literature, particularly the neuroscience literature, but being totally ignored by the media, by health authorities, by regulatory agencies, by the people promoting vaccines - they're completely keeping this silent and away from the general public, so that mothers and people getting these multiple vaccinations do not know the danger that is inherent in this practice."

Dr Russell Blaylock MD

<http://www.youtube.com/watch?v=rX1LsQI-MCk&feature=related>

“Asthma, hay fever and neurodermatitis are seen very frequently today. A recent German study with 17461 children between 0-17 years of age ([KIGGS](#)) showed that 4.7% of these children suffer from asthma, 10.7% of these children from hay fever and 13.2% from neurodermatitis. These numbers differ in western countries, i.e. the prevalence of asthma among children in the US is 6% whereas it is 14-16% in Australia (Australia’s Health 2004, AIHW)

The prevalence of asthma among unvaccinated children in our study is around 2.5%, hay fever 2.5% and neurodermatitis 7%.

According to the KIGGS study more than 40% of children between the ages of 3 and 17 years were sensitized against at least one allergen tested (20 common allergens were tested) and 22.9% had an allergic disease. Although we did not perform a blood test, around 10% stated that their children had an allergy.”

www.vaccineinjury.info

Abbildung 3: Impfquoten nach Impfung und sozialer Schicht – vaccination quota in relation

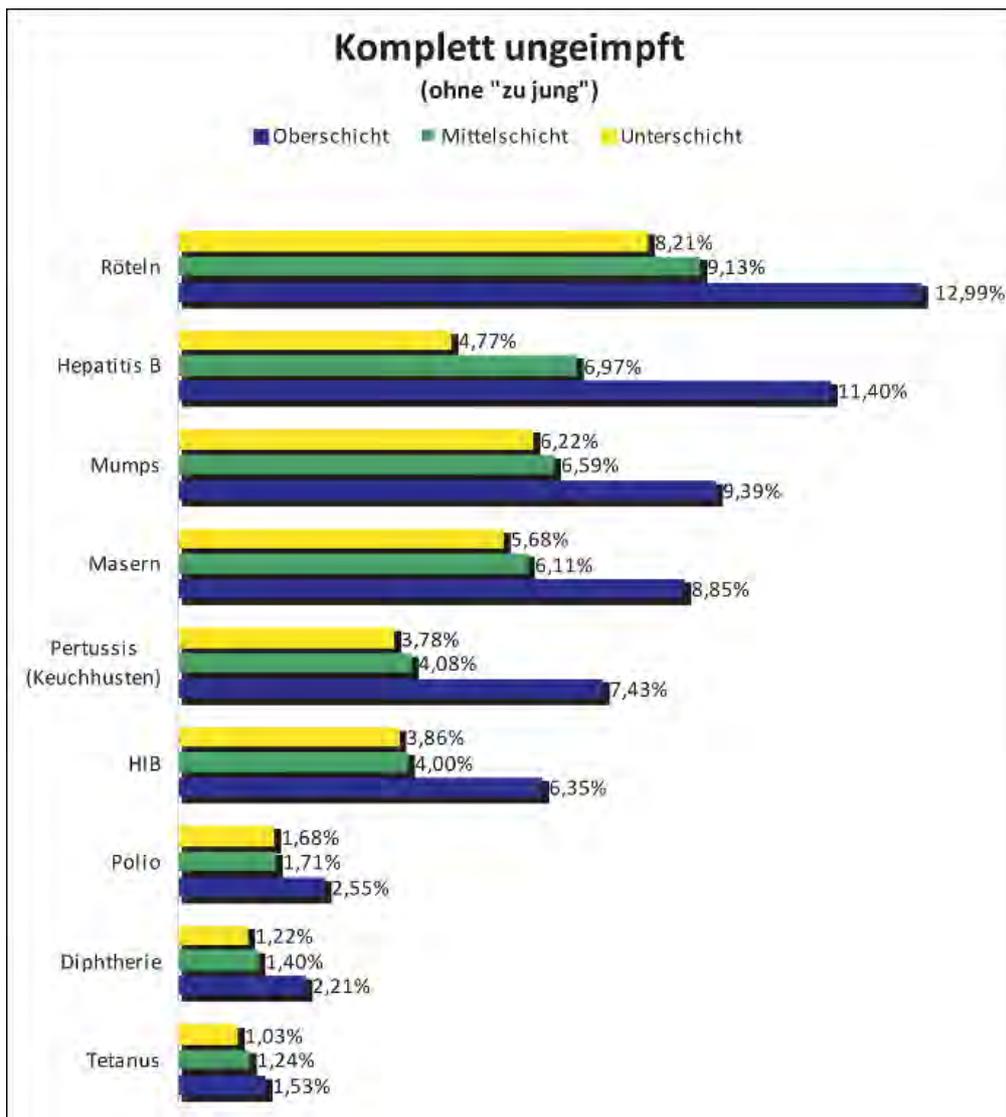
to social status (Angelika Kögel-Schauz Interessengemeinschaft EFI Eltern für

Impfaufklärung)

www.efi-online.de www.kent-depesche.com

Absolutely NOT Vaccinated

Blue: upper Green: middle Yellow: lower class



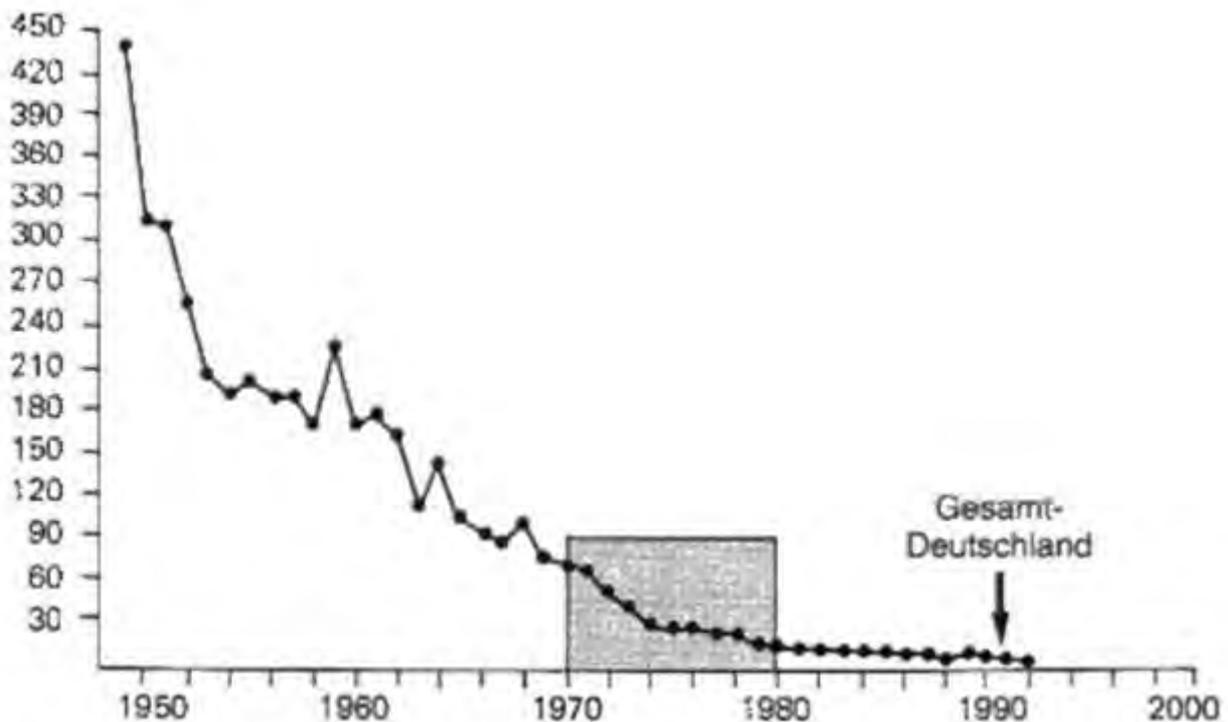
Will our great grand children wonder about our mistakes and stupidities of today?

How could an error in such an important subject occur? Is it like with “Contergan” and “Hygiene” that later generations have more knowledge? Will information like the next example be general knowledge?

...that many plagues have been diminished before the implementation of vaccination?

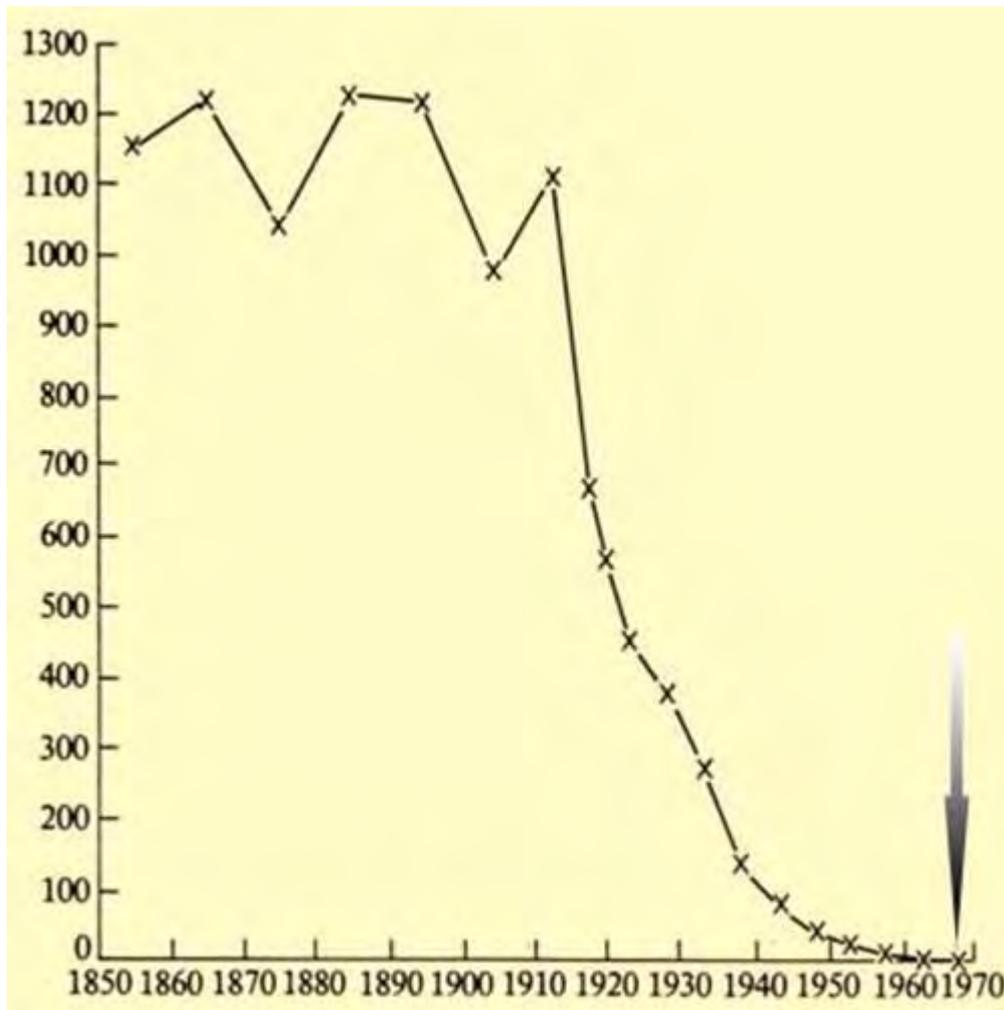
The graph from Dr. Buchwald’s` book shows the number of deaths from Tetanus since 1949.

Mass vaccinations have been carried out during the time marked by the grey rectangle.



... and that infant mortality of measles had been reduced long before the beginning of vaccinations?

The graph shows the mortality rate of children under the age of 15, who died from measles (in England). Vaccinations started in 1970 (see arrow).



What are the consequences?

Both graphs show very impressive, that already before start of vaccinations the events of death were highly significant reduced. Thus, the improvement was achieved by other factors for example by better conditions of the environment and nutrition. On the other hand, in Germany, the disease statistics increased after the first diphtheria vaccination in 1939 from 11.400 cases before to 150.000 children patients after inoculation.

(E. McBean „Vaccines do not Protect” and Franz Konz, „Der Große Gesundheits-KONZ“, 4.edition, April 1999 / German)

<http://www.kent-depesche.com/archiv/impfen/broschuere/index.html>

Alexander Fleming discovered what was to be one of the most powerful of all antibiotics – penicillin. This drug was to change the way disease was treated in medical history. One of the most important medical advances in history began by accident. On the morning of September 3rd, 1928, Professor Alexander Fleming was having a clear up of his cluttered laboratory. He was sorting through a number of glass plates that had previously been coated with staphylococcus bacteria as part of research Fleming was doing. One of the plates had mould on it. The mould was in the shape of a ring and the area around the ring seemed to be free of the bacteria staphylococcus. The mould was penicillium notatum. Fleming had a life long interest in ways of killing off bacteria and he concluded that some substance that had come from the mould had killed off the bacteria around the ring on the plate. Further research on the mould found that it could kill other bacteria and that it could be given to small animals without any side effects. However, within a year, Fleming had moved onto other medical issues and it was ten years later that Howard Florey and Ernst Chain, working at Oxford University, isolated the bacteria-killing substance found in the mould - penicillin. Since that time, many antibiotics have been extracted or synthesized. They were sometimes helpful but also misused by adding them to the food of cattle, to retain water in the body for a higher weight.

Howard Florey got an American drugs company to mass-produce penicillin and by D-Day (June 6th 1944), enough was available to treat all the bacterial infections that broke out among the troops. Penicillin was nicknamed "the wonder drug" and in 1945 Fleming, Chain and Florey were awarded the Nobel Prize for medicine. Post 1945 was the era of the antibiotics.

Antibiotics were given with some success for attacking bacteria but on the other hand, they attacked also the good ones in the gut. They are also thought to destroy mitochondria, which are cell organelles that are former symbiotic bacteria and that are necessary in cell oxidation processes for gaining energy in the cell. It is the balance in metabolism that affects the cell and the health of the individual.

Nowadays we have to find new substances because many bacteria have become resistant to known antibiotics. This is a good example for evolution that never ends. It is our responsibility not to use antibiotics too much - for instance in animal treating by veterinarians. Otherwise, we obtain resistant germs like MRSA (Multi Resistant Staphylococcus Aureus). This is a real problem in nosocomial infections (hospital acquired infections).

The Tuskegee syphilis study was an infamous clinical study conducted between 1932 and 1972 in Tuskegee, Alabama by the U.S. Public Health Service to study the natural progression of untreated syphilis in poor, rural black men who thought they were receiving free health care from the U.S. government. The study participants suffered from syphilis without having been told of their illness. It was a forty- year- study which raised ethical standards because penicillin which was known as an effective cure was not used for patients' treatment. The study continued, under numerous US Public Health Service supervisors, until 1972, when a leak to the press eventually resulted in its termination. The victims of the study included numerous men who died of syphilis, wives who contracted the disease, and children born with congenital syphilis. Revelation of study failures by a whistle-blower led to major changes in U.S. law and regulation on the protection of participants in clinical studies. Now studies require informed consent (with exceptions possible for U.S. Federal agencies which can be kept secret by Executive Order), communication of diagnosis, and accurate reporting of test results.

The **Cutler study** will be done by the Guatemalan government who has vowed to do its own investigation into the medical experiments. A spokesman for Vice President Rafael Espada said the report should be done by November 2011. What is the background for this investigation? A presidential panel disclosed shocking new details of U.S. medical experiments done in Guatemala in the 1940s, including a decision to re-infect a dying woman in a syphilis study. The Guatemala experiments are already considered one of the darkest episodes of medical research in U.S. history, but panel members say the new information indicates that the researchers were unusually unethical, even when placed into the historical context of a different era. "The researchers put their own medical advancement first and human decency a far second," said Anita Allen, a member of the Presidential Commission for the Study of Bioethical Issues.

From 1946-48, the U.S. Public Health Service and the Pan American Sanitary Bureau worked with several Guatemalan government agencies to do medical research – paid for by the U.S. government – that involved deliberately exposing people to sexually transmitted diseases. The researchers apparently were trying to see if penicillin, then relatively new, could prevent infections in the 1,300 people exposed to syphilis, gonorrhoea or chancre. Those infected included soldiers, prostitutes, prisoners and mental patients with syphilis. The commission revealed that only about 700 of those infected received some sort of treatment. In addition, 83 people died, although it is not clear if the deaths were directly due to the experiments. The research came up with no useful medical information, according to some experts. It was hidden for decades but became known last year, after a Wellesley College medical historian discovered records among the papers of Dr. John Cutler, who led the experiments. President Barack Obama called Guatemala's president, Alvaro Colom, to apologize. He also ordered his bioethics commission to review the Guatemala experiments. For example, seven women with

epilepsy, who were housed at Guatemala's Asilo de Alienados (Home for the Insane), were injected with syphilis below the back of the skull, a risky procedure. The researchers thought the new infection might somehow help cure epilepsy. The women each got bacterial meningitis, probably because of the unsterile injections, but were treated. Perhaps the most disturbing details involved a female syphilis patient with an undisclosed terminal illness. The researchers, curious to see the impact of an additional infection, infected her with gonorrhoea in her eyes and elsewhere. Six months later she died. Dr. Amy Gutmann, head of the commission, described the case as "chillingly egregious." The Guatemalan participants – or many of them – received no such explanations and did not give informed consent, the commission said. **Civilizations can be judged by how they treat their weakest members!** This is from Dr. Amy Gutmann.

Lunatic asylums began to appear in the Industrial Era. **Emil Kraepelin** (1856–1926) introduced new medical categories of mental illness, which eventually came into psychiatric usage despite their basis in behaviour rather than pathology or aetiology. In the 1920s, surrealist opposition to psychiatry was expressed in a number of surrealist publications. In the 1930s several controversial medical practices were introduced including inducing seizures (by electroshock, insulin or other drugs) or cutting parts of the brain apart (leucotomy or lobotomy). Both came into widespread use by psychiatry, but there were serious concerns and much opposition on grounds of basic morality, harmful effects, or misuse.

Very remarkable is the „**Symposium on the History of the NS-Euthanasia** in Vienna“, Austria which was held in January 1998 and tried to elucidate the past of the „Psychiatrisches Krankenhaus Baumgartner Höhe“.

On the ground of the former „Heil- und Pflegeanstalt der Stadt Wien Am Steinhof“ there was a division, where children and young people had been killed during the NS-time. The murdering of the patients during National Socialism began by implementing the obligation to

register for disabled children on the 18. 08. 1939 and by setting-up the „Reichsausschuss for scientific recording of hereditary and congenital heavy sufferings“ in Berlin. By directions of the “Reichsausschuss“, the children that were estimated not „worth to live“ had to die by means of medications or by deprivation of food. On 24. 07. 1940 a department for children on the ground of the already existing „Heil- und Pflegeanstalt der Stadt Wien Am Steinhof“ was set up in Vienna. The medications (often barbiturates – sedatives) were administered with the food leading to weakness of the children and ending in a „natural death“, for example by pneumonia or gastro enteritis. Another aim was the realization of projects in scientific research. Nowadays one can find at the „Psychiatrisches Krankenhaus der Stadt Wien Baumgartner Höhe“ (former: „Spiegelgrund“) a documentation, which tries to consolidate the incidences of that time. Today, the Psychiatry is a part of the now „Otto-Wagner-Spital“ called clinic complex, which also serves the section for pulmonary diseases and had – at least till July 2011 the medical care of the „Österreichische AIDS-Gesellschaft“. The “Sozialmedizinisches Zentrum Baumgartner Höhe (Otto-Wagner-Spital, Wien) is also located there.

In the 1950s new psychiatric drugs, notably the antipsychotic chlorpromazine, were designed in laboratories and slowly came into preferred use. Lobotomy was used until the 1970s to treat schizophrenia. This was denounced by the anti-psychiatric movement in the 1960s and later.

The psychiatric drugs are now sold for billions of \$ in the U.S., Europe and other parts of the world because of increasing diagnosis for mental disorders including depression, dementia, Alzheimer’s disease and hyperactivity. There are predictions from estimations of experts that these diseases might increase in the European Union to about 40% in future. You have to ask: Why? Is it the society itself that creates illness? Do we want such a society for our children and grandchildren or do we prefer the financial outcome, which is the result of the companies’

that take profit from diseases and include safety of these jobs depending directly or indirectly on them? Do we have to change the whole system in a way that it promotes the quality of life in context with the society? By technology, the economic output per working hour has increased. This achievement has been transformed into higher and higher material values, by rising of share prices and simultaneous release of the employees. Do we need a reduction in working hours, so that humans can find a job that is not awkward and enables to have a family life in dignity? In the end, we cannot omit the question, which values we would like to promote in our society! Is the quality of a human being comparable to a share in dependence of the fluctuation of the market or does the inalienable human right for the pursuit of a life that is free from fear and arbitrariness count? The Human Rights must not be negotiable!

Psychiatry is one of the most sensitive parts of medical error and specifically misuse, as it was documented after the Second World War; it is of major concern. We have to control the controllers of our mind by independent entities, which means that all of us have to be aware of the protection of ethical standards and the Human Rights.

Beriberi is a nervous system ailment caused by a **thiamine deficiency** (deficiency of vitamin B₁) in the diet. Before the detection of this knowledge many people in Asia, who had eaten most common polished white rice, which lacked the vitamin of the coat, had died. Eijkman and Hopkins were awarded the 1929 Nobel Prize for Physiology or Medicine for the discovery.

Pellagra is a vitamin deficiency disease most commonly caused by a chronic lack of niacin (vitamin B₃) in the diet. In the early 1900s, pellagra reached epidemic proportions in the American South. 100,000 people were affected in this region in 1916. At this time, the scientific community held that a germ or some unknown toxin in corn probably caused

pellagra. By 1926, Goldberger established that a balanced diet or a small amount of brewer's yeast prevented pellagra.

Today **Scurvy** is known to be caused by a nutritional deficiency, but until the isolation of vitamin C and its direct link to scurvy in 1932, numerous theories and treatments were proposed, often on little or no experimental data.

These three examples should make the scientific community wondering about thinking!

In 1953, the pharmaceutical company Grünenthal found a new sedative substance that they called **Thalidomid**. They tested it on rats, mice and even dogs and found no side effects. They called the substance “**Contergan**” and exploited it commercially from October 1957 till the end of 1961. In addition, pregnant women ingested it and delivered infants with deformities of limbs and ears. It is said, that about 10.000 children with abnormalities were born worldwide. The 27th of November Grünenthal draw Contergan back from the market. Until 2009, Grünenthal put 50 Millions of Euro into a foundation for those who had suffered from the drug.



Thalidomide is back with great success as prescribed drug against leprosy. In third World Countries like in parts of South America, it was sometimes mistaken as a contraceptive pill, because of the sign in the packet that showed a pregnant woman crossed out.

Rofecoxib is a non-steroidal anti-inflammatory drug (NSAID) that has now been withdrawn over safety concerns. It was marketed by Merck & Co. to treat osteoarthritis, acute pain conditions, and dysmenorrhoea. Rofecoxib was approved by the Food and Drug Administration (FDA) on May 20, 1999, and was marketed under the brand names **Vioxx**, **Ceoxx**, and **Ceeoxx**. Rofecoxib gained widespread acceptance among physicians treating patients with arthritis and other conditions causing chronic or acute pain. Worldwide, over 80 million people were prescribed rofecoxib at some time. On September 30, 2004, Merck voluntarily withdrew rofecoxib from the market because of concerns about increased risk of heart attack and stroke associated with long-term, high-dosage use. Rofecoxib was one of the most widely used drugs ever to be withdrawn from the market. In the year before withdrawal, Merck had sales revenue of US\$2.5 billion from Vioxx.

Avastin is one of the latest examples concerning the prescription against a certain type of breast-cancer. In the United States, it is now withdrawn from the market but in the European Union it is still on the market due to expansion. Why? What reasons exist that European woman should take a pill for the same purpose that US women are forbidden to take. How can the patient be convinced that medicine is a science with ethics?

What are the consequences from the past? Although there are many efforts in science and medicine, we have to be aware of the difficulties in finding exact and correct answers to the questions we put on nature and health. It is not only the aim that counts but also the way that is chosen to reach it. This includes the topic of population development.

The matter has to serve the human being and not the reverse order!

The failures and errors of today will create the bad history of tomorrow.

Christl Meyer

2. The Conflict of Gallo and Montagnier

Robert C. Gallo, who was born on 23rd of March 1937 in Waterbury, Connecticut to a working-class family of Italian immigrants is an American biomedical researcher. His grandparents had emigrated from Italy. He is a Medical Doctor who was a researcher for cancer at the National Institute of Health (NIH). His main interest was leukaemia, as his sister had died from it. In the year, 1974 Gallo proved the first T-cell leukaemia virus, a retrovirus (Human T-Cell Leukaemia Virus) HTLV in humans. At a press conference on the 23rd of April, 1984 Gallo announced that he had found the cause of AIDS (Acquired Immune Deficiency Syndrome) in the proof of the retrovirus called HTLV- III which he proofed to have isolated before.

This acclamation conference took place before the publication of the scientific work, which is not the standard in scientific integrity.

On May 4, 1984, Gallo and his collaborators published a series of four papers in the scientific journal *Science* demonstrating that a retrovirus they claimed to have isolated, called HTLV-III, in the belief that the virus is related to the leukaemia viruses of Gallo's earlier work, was the cause of AIDS. A French team at the Pasteur Institute in Paris, France, led by

Luc Montagnier, had published a paper in *Science* in 1983, describing a retrovirus they called LAV (lymphadenopathy associated virus), isolated from a patient at risk for AIDS.

Gallo was awarded his second Lasker Award in 1986 for "determining that the retrovirus now known as Human Immunodeficiency Virus, HIV-1 is the cause of Acquired Immune Deficiency Syndrome (AIDS).

A dispute arose concerning the detection of the virus and Gallo had to find a test-system that proved the relationship between HIV and AIDS. At that time, nearly all of the so called AIDS patients were drug addicts from the "gay community". AIDS was claimed as a "homosexual disease". Nowadays the focus of "infection" is on women in their reproductive age and on their embryos and babies.

Gallo even was accused of fraud and had to find proof for his findings. The so-called HIV antibody test was created by R. Gallo. In 1987, the two governments of the US and France agreed to split equally the proceeds from the patent, naming Montagnier and Gallo co-discoverers. In the November 29, 2002 issue of *Science*, Gallo and Montagnier published a series of articles, one of which was co-written by both scientists, in which they acknowledged the pivotal roles that each had played in the discovery of HIV.

In 2008, the Nobel panel decided not to award Gallo for the discovery of HIV. The rules say only three people can share a Nobel Prize. Moreover, the Nobel committee chose to split the award for physiology between the HIV and papilloma virus discoveries rather than include Gallo in a singular HIV prize.

Luc Montagnier was born on August 18th 1932 in Chabris, France. He is a French virologist who had won the 2008 Nobel Prize in Physiology or Medicine together with Françoise Barré-Sinoussi for the detection of HIV and Harald zur Hausen who got the price for papilloma virus in relation to cervical cancer. This is the official version:

In 1982, Montagnier was asked for assistance with establishing the possible underlying retroviral cause of a mysterious new syndrome, AIDS. Jean-Claude Chermann played a vital role in the discovery as well. By 1983, this group of scientists and doctors, headed by Montagnier, had discovered the causative virus, but did not know whether it caused AIDS. It was named lymphadenopathy-associated virus, or LAV. A year later, a team led by Robert Gallo of the United States confirmed the discovery of the virus and that it caused AIDS, and renamed it human T-lymphotropic virus type III (HTLV-III). Montagnier's research was conducted at the Pasteur Institute in Paris. Whether his or Gallo's group was first to isolate HIV was for many years the subject of an acrimonious dispute. The controversy arose, in part, from the striking similarity between the first two human immunodeficiency virus type 1 (HIV-1) isolates, Lai/LAV (formerly LAV, isolated at the Pasteur Institute) and Lai/IIIB (formerly HTLV-IIIB, reported to be isolated from a pooled culture at the Laboratory of Tumor Cell Biology (LTCB) of the National Cancer Institute), compared with the high degree of variability found among subsequent HIV-1 isolates. In 1993, the scientific journal *Nature* concluded that Gallo's virus had come from Montagnier's lab, which had sent a sample to Gallo, who contaminated his cell cultures with it. Today it is agreed that Montagnier's group first isolated HIV, but Gallo's group is credited with demonstrating that the virus causes AIDS and with generating much of the scientific procedures that made the discovery possible, including a technique previously developed by Gallo's lab for growing T cells in the laboratory.

When Montagnier's group first published their discovery, they said HIV's role in causing AIDS "remains to be determined."

The question of whether the true discoverers of the virus were French or American was more than a matter of prestige. The two scientists continued to dispute each other's claims until

1987. It was not terminated until President François Mitterrand of France and President Ronald Reagan of the USA decided to share the incomes of the tests for both.

Montagnier is the co-founder of the World Foundation for AIDS Research and Prevention and co-directs the Program for International Viral Collaboration. He is President of the Houston-based World Foundation for Medical Research and Prevention. In 2008 Montagnier received the Nobel Prize for Medicine for the discovery of HIV together with his colleague Françoise Barre'-Sinoussi.

In 2009, Montagnier published two controversial research studies which, if true, "would be the most significant experiments performed in the past 90 years, demanding re-evaluation of the whole conceptual framework of modern chemistry."

They were published in a new journal of which he is the chairperson of the editorial board, allegedly detecting electromagnetic signals from bacterial DNA (*M. pirum* and *E. coli*) in water that had been prepared using agitation and high dilutions, and similar research on electromagnetic detection of HIV DNA in the blood of AIDS patients treated by antiretroviral therapy.

On 28 June 2010, Montagnier spoke at the Lindau Nobel laureate meeting in Germany, "where 60 Nobel prize winners had gathered, along with 700 other scientists, to discuss the latest breakthroughs in medicine, chemistry and physics.

By evaluation of the publications concerning a proof for HIV discovery there has been no virus isolation as claimed by the scientific standards, which ask for purification.

THE HIV GENOME

- „ ...analysis of the proteins of the virus demands mass production and purification... I repeat, we did not purify.“

LUC Montagnier, Pasteur Institute, July 18th 1997

- From: Eleni PapadopulosEleopulos Biophysicist, Department of Medical Physics, Royal Perth Hospital, Perth, Western Australia

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The freedom of the Human Being is not based on doing what he wants, but in not having to do what he does not want to do.

Jean-Jacques Rousseau

3. HIV-Tests: Cui bono? (Whose profit?)

As already explained Robert Gallo invented the HIV-Test under the pressure of finding a proof for HIV causing AIDS, because of claims of fraudulence against him. He needed many years and still was not successful as long as he did not highly dilute the blood serum of the human test subjects. The test searches for antibodies in the human blood, which are produced against the “virus-antigens”. This is the so- called **ELISA-Test** (Enzyme Linked Immune Sorbent Assay).

All probes tested positive if not diluted. Therefore, he chose a dilution of 1:400, which guaranteed, that only high concentrations of the so-called antibodies led to a positive test result. This means that everybody has antibodies against the named “HIV- antigens” and only the concentration varies. The income for the patent is shared between Robert Gallo and Luc Montagnier and very big pharmaceutical companies like Abbott and Roche, to name only two of the biggest ones that get a big profit from the worldwide testing, which is eagerly recommended by the politicians, lobbyists, “social activists” and the companies themselves. However, if everybody tests positive how can it be an exogenous virus that is normally transmitted by sexual contact? Already in the beginning of the so called “epidemic outbreak” of the new disease one could not ignore, that the test was not validated, as the same blood probes tested sometimes positive and another time negative, depending on the various test-systems and interpretations of the test outcomes. Nowadays and in earlier times, the companies warned in the package insert, that there is no proof for the test result:

Abbott AxSYM system test (HIV-1 and HIV-2 Recombinant Antigens and Synthetic Peptides):

Sensitivity and Specificity:

At present there is no recognized standard for establishing the presence or the absence of antibodies to HIV-1 or HIV-2 in human blood.

Those who take the test will never see the little sheet with the important information but may get frightened to death by a positive test result. As it is known, that the tests can cross-react with more than 70 agents, there is a certain possibility to produce the amount of antibodies that are needed for the reaction. It is proved that one can test positive after a vaccination because the aim of this procedure is to enhance the immune reaction, which yields in antibody production. Many countries take only this test as a proof for “infection with HIV”.

Some other more advanced countries add other tests like the “Western Blotting” and the “Virus Load”, which I will explain:

The “**Western Blotting**” looks for “bands of virus proteins”, found in gel-electrophoresis (segregation of a mixture of proteins by direct voltage). They are visualized as lines on a paper strip.

The standards for these interpretations vary from continent to continent and from country to country. This means that you can be tested positive in Africa or Germany and take your positive test result with you when flying to France or Australia and be claimed HIV-negative in those countries without a new test because of the variation of the test interpretation. This is playing Russian roulette with the life of the test person and has nothing to do with science and ethical standards that have to be applied in medicine. The “**Nocebo-Effect**” (opposed to the better-known “Placebo-Effect”) which can frighten people to death, and the poisonous medications they might get (HAART – Highly Active Antiretroviral Therapy), despite the fact that the indication was wrong, might lead to disease and even death. This is of very serious concern and therefore we need to discuss our policy of testing and scientific standards.

The so-called “Virus Load” is looking for a molecule named “Reverse Transcriptase”, which is supposed to be specific for HIV. We know from scientific research that this molecule belongs to the normal equipment of a cell and is not a proof for a virus. It has to be searched (copied) by a method named PCR (Polymerase Chain Reaction) which was invented by the Nobel Price Winner of 1993, Cary Mullis, who himself criticizes the method in this procedure as not suitable.

So who are the winners and the losers in these concerns?

The financial profit goes to the pharmaceutical companies that produce the tests and to those that apply them like laboratories and AIDS supporters who propagate testing.

The negative consequences like fear and medical maltreatment as well as social exclusion will tangle the poor people that take the tests that have no scientific evaluation and ethical standards. As we will later see, pregnant women and their babies might more often test positive because of the change of activity in the immune system in these specific situations.

Last but not least: Having antibodies in all other “diseases” is a sign of being protected against the agent (virus, bacteria) and this is what the “vaccination industry” claims: Get vaccinated and you will be safe through the production of antibodies! Only with AIDS a high antibody concentration is claimed to be a sign of disease!

How can we believe, that medicine is following the exact guidelines of correct science?

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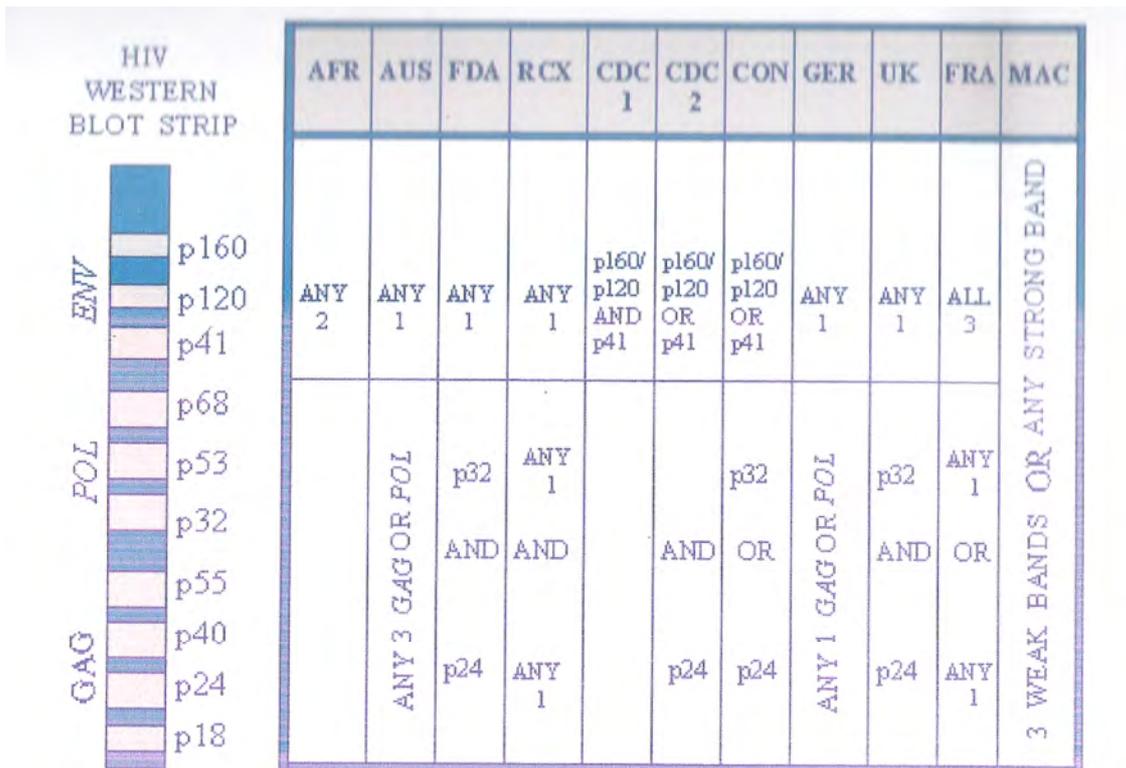
HIV-1/HIV-2

**Human Immunodeficiency Viruses (HIV-1/HIV-2):
(Recombinant Antigens and Synthetic Peptides)**

SENSITIVITY AND SPECIFICITY

At present there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood.

Specificity is based on testing of random blood donors and hospitalized patient populations (serum and plasma specimens)



AFR = Africa; AUS = Australia; FDA = US Food and Drug Administration; RCX =

US Red Cross; CDC = US Center for Disease Control; CON = US Consortium for Retrovirus Serology Standardization; GER = Germany; UK = United Kingdom; FRA = France; MACS = US Multicenter AIDS Cohort Study 1983-1992.

Source: Val Turner

While in Africa or Germany you test already HIV-positive with two bands, in Australia and France four bands are needed.

What does this mean?

If you are tested HIV-positive in Germany or Africa, you can fly to Australia or France with your Western-blot test result and be claimed HIV-negative only because of the different standards that are applied.

The biggest enemy of truth is cowardice not lie.

Walter Ludin

4. What is AIDS? Does a Virus exist?

It was in the 1980s, that a new disease was found among the participants of the “gay community” in the United States. Many of the individuals exhibited cancer of the very seldom species named “Kaposi Sarcoma”. The disease spread within the group of young men and the Medical Complex did not know how to interpret the symptoms to the ground laying disease. As explained before, it was Robert Gallo, who claimed the virus from the cell tissue probes of Luc Montagnier as the cause of the new disease among male homosexuals. However, it had never been studied, if there was only a correlation instead of causation between the “new virus HIV” and the illness and death of those young men. The life style of the “gay community” was not very healthy, because at that time they practised sex with many partners and with a high frequency of intercourses. This meant that in order to avoid harm and for sexual stimulation, they needed drugs. The most preferred drug was “Poppers” (amylnitrit, nitropentanol) which sets the gaseous NO molecule free thus supporting the blood flow. The side effects on health are tremendous but this was not discussed officially. In Europe, many drugs are forbidden but the substance is used for cleaning (i.e. bicycles) and magazines offer it in bottles officially for gays. There seems to be no interest in clarification and “Poppers” is still in use causing symptoms of disease. On the other side, cannabis, which is said to have some healing properties, when used in certain cases, like some cancers, is not available legally everywhere.

At present, AIDS is not called a disease but a syndrome, this means that a bunch of already well-known diseases are put together and called “Acquired Immune Deficiency Syndrome” if the person had taken a “HIV-test“, got the result “positive” and falls ill later.

To take a “HIV-test” means to play “Russian Roulette” as there are no approved scientific standards and the consequences could be fatal. The drugs, given at that time were so poisonous that they harmed and killed most people that were claimed to have died from AIDS. AZT (Azidothymidine) is a “reverse transcriptase inhibitor”, the molecule “reverse transcriptase” is searched for “viral load” in the blood of the tested person. Without testing “HIV positive” and the signs of Tuberculosis, Malaria or Leprosy you will be treated against these diseases. Nevertheless, if you have in addition a positive test result you will be treated differently with AZT or HAART (Highly Active Anti Retroviral Therapy) which means that you don’t get the appropriate treatment instead you get poisonous medication cocktails and even might be frightened to death. AZT was a drug against cancer before it was “re-invented” as a cure to treat “AIDS”. At that time, it had been already removed from the market, because it was too poisonous. It got a new permission in “HIV-diagnosis” and influenced the pharmaceutical market.

So, which are the more than 70 factors, which are responsible for a “HIV positive test” result?

The following list includes only some of them:

- Naturally occurring antibodies
- Passive immunization
- Leprosy
- Tuberculosis
- Mycobacterium avium

- Systemic lupus erythematosus
- Flu
- Flu vaccination
- Hepatitis B vaccination
- Malaria
- Rheumatoid arthritis
- Organ transplantation
- Hepatitis
- Blood transfusion
- Haemophilia
- Pregnancy (in multiparous women)
- Autoimmunity
- Allergic reactions (to sperms)
- Receptive anal sex

And many more (from Nancy T. Banks, AIDS... altered)

Therefore, AIDS does not exist by scientific proof but there are many well-known diseases that can be treated by altering the conditions. For example, hygiene and pure drinking water as well as nutrition factors and safer sex practise are in some cases of most importance.

Concerning the quality of condoms they are produced as preservatives which have pores that range from 5 to 50 Micrometers (μm) in width. The diameter of HIV is stated with 0,1 Micrometers, which equals 100 Nanometres (nm). Therefore, condoms cannot protect against such a virus. However, they prevent the transfer of bacteria, microbes, (blood) - cells and

other particles. Thus it is very important to stop misuse of hard drugs like poppers and heroine to name only some of those that attack health and harm the immune system.

However, what about the other options? Pregnancy is not a disease and vaccination should not lead to false interpretations concerning health and the immune system.

I will explain these very interesting conditions later. First, we have to clarify the situation of the missing virus!

As to L. Montagnier, who got the Nobel Price in 2008 for the detection of “HIV”, he himself did not claim to have ever purified a blood fraction for virus isolation, which is the “Gold Standard” for scientific proof. It is necessary to have only particles of a special diameter in a fraction of a density gradient after centrifugation. There exist some photographs from “Virus particles” which come from cord-blood but have nothing to do with the cause of a disease. On the other hand, particles spreading out of cells are normal in cell communication and metabolism. They are of absolute importance in pregnancy, where the placenta has to be formed for the development of the embryo.

HIV can not be the cause of AIDS – it is a genetic factor in evolution

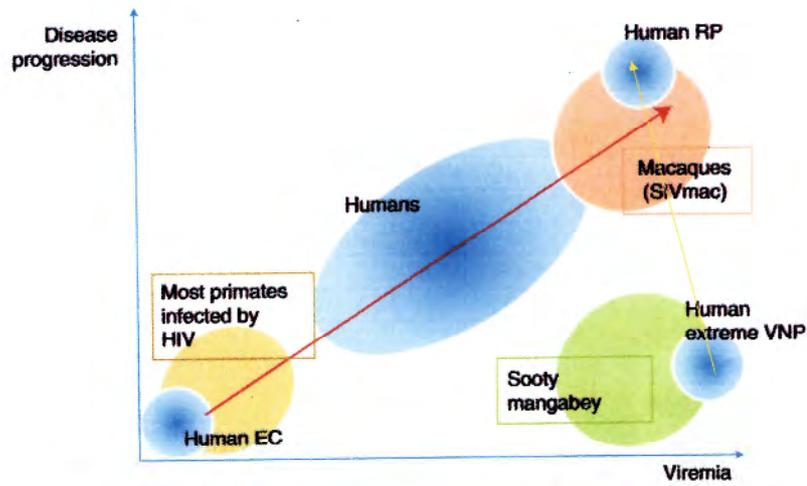


Figure 2. Schematic representation of the parallelism between human and nonhuman primate (NHP) models of HIV/SIV pathogenesis. EC, elite controllers; RP, rapid progressors; VNP, extreme viremic nonprogressors. (Adapted, with permission, from Guido Silvestri 2010.)

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“All truth goes through three stages: First it is ridiculed, then it is violently opposed. Finally it is accepted as self-evident.”

Arthur Schopenhauer

5. Retrovirus, Research, Revision

Human endogenous retroviruses (HERVs) have long time been estimated to be part of the genome and are replication incompetent. What are retroviruses? We are not sure if they really exist, because our knowledge of these tiny particles is increasing by the addition of new research results. Viruses depend in their replication upon the machinery of a host cell. They have a molecule named DNA (Desoxy Ribo Nucleic Acid) or RNA (Ribo Nucleic Acid) as genome. They can enter the genome of the host cell, but in the case of RNA, it is necessary to transcribe the molecule into DNA that fits into the genetic structure of the living organism they have entered. Thus, an enzyme is necessary that can transcribe the information. It is called “reverse transcriptase”. The problem is that there are two main points in scientific knowledge that have to be revised because of new information gained in the last years: First, (nearly) all living creatures have huge amounts of so-called “retroviruses” in their genomes, which lead to a fundamental change in the assessment of their impact on the living cell. **John M. Coffin, Professor of Molecular Biology and Microbiology, Tufts University: “There is more provirus in us than there is us in us.”**

Second, the enzyme “reverse transcriptase” was thought to be virus specific but at present, we are aware that the molecule is a tool of the living cell, thus working as “telomerase” in mitosis

(Cell division) and in many processes that need a transfer from RNA-molecules into DNA, which is a normal process in cell metabolism.

For a long time most parts of the genome were called as “junk DNA”, as they were considered to be of ancient origin with no duty. This Dogma of science had to be abolished because these sequences are now estimated as regulating sequences that are of great importance for metabolism and the survival of the cell most of them are called micro RNA or RNA interference. The detection of new variants, that seem to be expressed, is continuously ongoing.

In addition, the number of genes has changed from former over 100.000 to about 25.000 at present. The picture we have of what comprises a gene is changing nearly every month. We have not finished in establishing a final architecture of this interesting component. In former times, our imagination was more constant and mechanistic and we thought to know the architecture of a gene as a constant construct over the time with changes only by mutations that take part as seldom events, normally deleterious or sometimes neutral. Now we have to establish a more divergent model something one might call a “fluid genome” as scientist **Mae Wan Ho** does in her publications and books concerning “organic science revolution”.

These mobile elements of big influence for health and disease are called “transposons” and they were detected by The Nobel Price Winner of 1983 for Physiology and Medicine **Barbara Mc Clintock**, who found these “jumping genes“ in maize. They are now detected in all organisms. These mobile genetic elements are able to cut themselves out and paste themselves into another place. They can also make copies of themselves this means duplication of a gene. Gene duplication is thought to be a motor in evolution specifically of humans and their ancestors in connection with primates like chimpanzees and other great apes. These new genes can get new functions in a different context than before and might have huge implications on two “learning systems” of the body:

The nervous system and the immune system. The link between the two is conducted by biochemistry. Many molecules like neurotransmitters and other messengers, for example the inflammation regulatory interleukin substances, are shared between both.

Learning implicates flexibility, which is a result of a genome that is not a fixed construction but can respond to stimuli of the environment or milieu, which gives more flexibility for life.

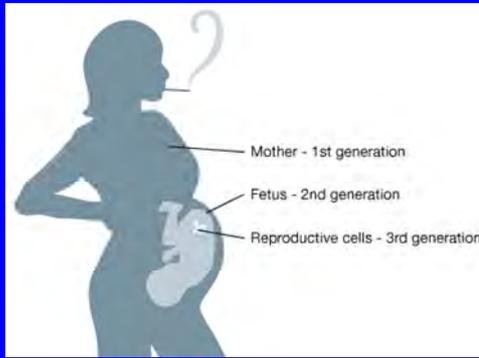
This could be an advantage, specifically in a fast changing background.

So, what are the consequences of the new scientific findings?

Our view of life has changed tremendously!

The knowledge of (Quantum)-Physics will become more important, as the genome (the cell) reacts as a holistic entity, which can be compared to an orchestra or a swarm of birds. May be oscillations and resonances play a major role? Then each living creature – including Human Beings – would create their own field of oscillations, which permanently varies. Interesting are the research results from the physicists Fritz Albert Popp and Alexander Popp concerning Bio-photons as well as Bruce Liptons papers and books concerning Molecular Biology and Epigenetic.

pregnancy



feelings and stress

„ ...analysis of the proteins of the virus demands mass production and purification... I repeat, we did not purify.“

LUC Montagnier, Pasteur Institute, July 18th 1997

6. The Human Genome Project and HIV

The new scientific results in research have changed our mind tremendously. Humans and chimpanzees, which diverged from a common ancestor some 5 million years ago, differ in their genome sequences only about 1-2%. About 3% of the human genome is called “coding” in the original meaning. Researchers were not aware of the variability of the genes. Nobel Price Winner Christiane Nüsslein-Volhard, who is a geneticist and researcher for developmental processes, states in an interview that scientists were not aware of the complexity of gene interactions before recognizing the results of the Human Genome Project. “Traits depend on many genes and a gene does not predict a trait.” (There exist few exceptions.)

<http://www.nobelprize.org/mediaplayer/index.php?id=436&player=2>

Our conception about genes has to be extended. This is a natural process in science that always develops. Genes are composed of exons and introns, which includes the cutting of information out of the transcript from DNA into RNA in smaller pieces that are actively translated into proteins that consist of amino acids. These proteins may be folded in a certain manner by other molecules, called chaperones thus gaining specific functions for cell metabolism like enzymes that could be involved in degradation of cell detritus. However

about 8 % of the human genome was said to consist of ancient retroviruses, in the case of HIV called pro-viruses. Concerning the scientific literature about HIV is nearly exclusively based on the provirus, which is about the integrated DNA into the human genome. Remember, HIV is said to be a virus with an RNA genome and an enzyme called reverse transcriptase. As already mentioned this enzyme is found in all living cells.

To clarify the situation, a virus has never been purified and isolated and there is no proof for it referring to the scientific gold standard of re-infection. Photographs are not made from patients' blood, as there are no whole viruses found in the probes.

However, what about the research on HIV? Where do the viruses come from? The answer is very simple. A great number of companies, who deal with gene technology, offer "HIV" and its so-called compounds in catalogues for order. One can get all components that are produced by gene-technology in cells of bacteria (very often in *E. coli*) because retroviral particles are used in scientific research for a long time as "gene vehicles" for gene transfer concerning gene alterations. The three main genes of HIV are gag, pol, env and some more genes like nef, tat and rev. Where do these genes originate from?

We have to go back to the ambitious "Human Genome Project" that was completed by two different groups, one of which was under the responsibility of Craig Venter with the scientific theoretical and laboratory help of more than a hundred members of his group. They published in the journal "Science". The other report was printed in "Nature" in October 2003. The publication "The DNA sequence and analysis of human chromosome 6" is of high importance for **clarifying the background of the question concerning the HIV genes.**

The answer is that the so-called HIV genes are human genes comprising a major part of our immune system, which is also known as "Major Histocompatibility Complex" (MHC) or "Human Leukocyte Antigen" (HLA). The system includes a high variety of polymorphisms and more than 240 gene variants of the "HIV Nef-gene" that are encoded by HLA. The same variability can be found for the other "viral" genes.

How did this variability occur? Research concerning rhesus macaques, chimpanzees and humans indicates that gene duplication events and reshuffling of elements created the multi-gene family of the immune system. There is a non-random distribution of these transposons, indicating a self-organizing effect of adaption in the evolution of the genes for more variability in response to a changing world of microbes.

These interactions might be of different types: sometimes the interaction can be in a symbiotic way, leading to integration of foreign sequences. In a different context, the strange substances (molecules like genes and proteins) might be attacked. This is promoted by the variability of the genetic tools, producing antibodies that bind and remove the offender or destroy the cell within the invader.

What are the consequences? We are now able to clarify many questions that were so confusing concerning HIV and AIDS:

- Why did the virus mutate so frequently so that no two persons could be found to have the same modification?
- Why do South African people test “HIV-positive” to a very high percentage?
- Why was mutation higher in patients that received medications like HAART (Highly Active Anti Retroviral Therapy)?
- Why were the antibodies found in the blood of HIV positive subjects not protective against the “virus” as it is normally found in other “infections”?
- Why had the blood serum for the HIV-test to be highly diluted?
- Why was medication not solving the problem?
- Why is it not possible to get rid of the virus, as it is normal in other diseases?
- Why was the US patient Timothy Ray Brown still able to get rid of the virus by receiving a bone-marrow transplantation?

The answers are genial and simple too:

An active immune system has to be flexible, which means it is reacting to stimuli of the ever-changing milieu in our body and the one surrounding us. As the life of each person differs at least a little bit from that of another person, even if they are twins, the consequences are changes in the adaptive immune system reacting to nutrition, germs and substances it gets in touch with. You cannot get rid of a “virus” that is mistaken as a germ instead of being identified as genes of your own human body as the Human Genome Project had proofed. Variation is not evenly distributed across the genome. Certain regions of the HLA (Human Leukocyte Antigen) -region of our immune system show high rates of variation whereas others are highly conserved.

HIV-positive US Citizen Timothy Ray Brown, who had been diagnosed with leukaemia, was treated in the Charite' in Berlin / Germany by Professor Eckhard Theil director of the Medical Clinic for Haematology and Oncology. The leukaemia was cured through transplantation and he became also HIV negative, which is due to the stem-cells of the bone-marrow, that produce the blood cells. By this procedure that part of the immune system was genetically newly established new, which will in future produce blood cells and the leukocyte population with its receptor-system. If a mutation of the normal “HIV-receptor” CCR5, which was the cause for the change to the status „HIV negative“ might also include other consequences or even disadvantages for health, future research will have to clarify.

The HIV-1 vpr-protein could give rise to positive effects in cancer patients, as it is involved in apoptosis (cell decrease), which has been proofed by the work of Nanono, Hashimoto et al. (literature No.64 in my paper „Humans in Variety“ attached at the end of this book).

In an organ transplantation matching of the HLA-system of donor and recipient are of utmost importance. Falsely the media report of a “HIV-infection” instead of an immune reaction concerning mismatch. The correct information includes the gene-variants and expression

conditions including epigenetic factors instead of a virus infection. Otherwise, we had to declare our complete genetic nature as a threat because virus means poison in Latin.

Protein-allergy or rejection is no infectious disease! In Asia, people of the age of 80 and even more than 90 years, who were healthy, were tested HIV-positive! This makes clear that the test cannot prove a virus nor confirm a disease!

Concerning the “Out of Africa-Theory” the human evolution is backed to our African ancestors who show a greater diversity in African populations compared to other ethnic groups like Europeans or Asians. Populations with African ancestry contributed the largest number of genetic variants. Those variants are called “Indels” and “SNPs” (Small Nuclear Polymorphisms). Thus, gene expression and antibody production is high and variable in populations with diverse genes that live in a fast changing world, which means many germs and much stress (living and working conditions as well as a high fertility rate with changing sexual partners and many pregnancies). Disease or at least immune activation means evolution and without change, there is no evolution. On the other hand, if the pace is too fast or not equivalent to the situation of a person, the living conditions contribute to the individual (genetic) equipment and diseases and reduced life span will follow.

In HIV-tests, auto-reactive (self-reactive) antibodies are a good indication for autoimmune and allergic reactions. Self-reactive cells are eliminated normally in the early development of the immune system in the first months of life; the exact term is “clonal deletion”. Sometimes not all Auto-reactive T-cells and their receptors have been removed by apoptosis (cell-death). Drugs like AZT (Azidothymidine) and HAART (Highly Active Anti Retroviral Therapy) – the “AIDS-Cocktail” are registered by the body’s immune system as “poison”, thus reacting with the production of new variants of immune responses. This is called an “escape mutation” which is a life saving answer that enables the cell from being paralysed in its actions. Falsely, these mutations are classified as a “highly mutating virus” and new “HIV-variations”.

With it a Darwinian mechanism of evolution takes place: New mutations occur and form variants of the enlarged gene-pool, which by environmental conditions of selection (milieu of the cell) contributes to altered cell populations (receptors, antibodies, exo- and endosomes). As the immune- and the nervous system, share molecular messengers (interleukins) the nervous system (brain, autonomic as well as peripheral system) are involved in this process. As a result, mind and feeling are involved in this process. Research concerning stress has given rise to many results but the future will contribute to more scientific findings. In this context, it is interesting to recognize, that factors of the milieu can be heritable (Epigenetic). Therefore, a “renaissance” of the Lamarckian theory takes place as acquired traits become bequeathed.

Everybody's immune system has to express the variable and special HLA (HIV) genes to some extent. Therefore, the blood serum of everybody tests “HIV-positive” if it is not diluted highly. We will not shed gens of our immune system; therefore, we will not loose the “virus”. The expression products have also communication skills in and between cells; therefore they can be called endo- and exosomes. Their role in metabolism has to be discovered more exactly in future. They are no free entities that can float in blood. Composition and size are variable and thus they cannot be purged and concentrated in a density gradient within a standardized band as the diameter of “HIV” is stated about 100 nanometres in scientific literature. They do not cause a disease. They might be the consequence of a disease but this is not absolutely sure.

The particles do not fulfil the criteria of a virus.

In HIV the so called memory cells are of importance. The more activity the immune system generates, the more are stored in the bone marrow. There is no sense for a gene-therapy. The causes of the overreaction (endogenous and / or exogenous factors) have to be eliminated.

This leads us to another interesting point: The self-regulation and the intrinsic stimuli of the creature to an exogenous world. This is also called “Autopoesis”, which means that we create

ourselves. In interaction with the “others”, symbiotic mechanisms may take place. Evolution is not the “Blind Watchmaker” as the French Nobel Price Winner Jacques Monod wrote in his famous book, but our role in evolution is active. We are responsible through our actions and culture for the evolution and prosperity of the future generations. Of course, we should not play the role of a God. There are some natural forces of the climate and nature that we do not understand. Nevertheless, we should try to understand one another and enhance our communication skills for a better world in freedom and peace!

The GAG „viral protease“ is under positive selective pressure

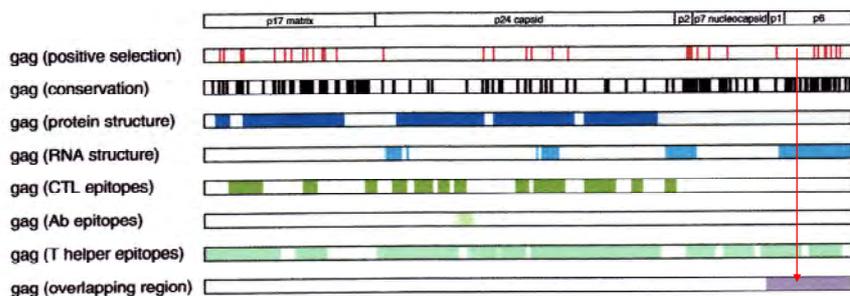


Figure 3. Multilayer representation of HIV-1 clade B Gag. The various information layers align the sites under positive selective pressure (red), conservation scores (<90% conserved, black), the structured domains at the protein (dark blue), and viral RNA level (light blue) (Watts et al. 2009), the position of CTL (dark green), antibody (light green), and T helper epitopes (turquoise) compiled in the Los Alamos HIV database, and the Gag region overlapping with the viral protease (purple).

Cite this article as *Cold Spring Harb Perspect Med* 2012;2:a007203

13

Interesting information is contributed by the latest research on the transcriptome:

Transcriptome survey reveals increased complexity of the alternative splicing landscape in Arabidopsis.

[Marquez Y](#), [Brown JW](#), [Simpson C](#), [Barta A](#), [Kalyna M](#).

Max F. Perutz Laboratories, Medical University of Vienna, Vienna, Austria.

[Genome Res.](#) 2012 Jun;22(6):1184-95. Epub 2012 Mar 5.

Somebody who does not know the truth is an idiot.

Somebody who knows the truth and calls it a lie is a criminal.

Berthold Brecht

7. Gene Expression instead of HIV: Epigenetics and RNA

Concerning the new insight of our genome, which are astonishing, it is not an unchangeable mechanistic system with alterations only in rare cases that we call mutations. We have to be aware of the dynamics and interaction of genes and the environment that lead to changes in the architecture. Most important for solving the problem concerning “HIV” is the process of gene expression. The chromosomes of humans (we have 22 pairs called autosomes plus a pair of sex chromosomes which include XX chromosomes for females and XY for males) are extremely coiled and protected by basic proteins, that are called histones. They stabilize the structure mechanically but act also against acidic attack, which could lead to fractures. Acid conditions occur in many diseases. Various molecules most of which are named transcription factors, promote gene expression. For example the amino acid methionin, which contains the element sulphur, is involved in generating Methyl-groups that can shut down gene expression. This leads to the silencing of genes and therefore a reduction in the concentration of molecules might occur. On the other hand, the process of histone or DNA acetylating might activate genes in the presence of other factors or co-factors. These are components of nutrition like vitamins that include substances called antioxidants. Molecules can be damaged by “Free radicals”, which have unpaired electrons that are highly aggressive for living cells. Antioxidants protect the cell components from alterations. (Poisonous molecules and radiation

can generate free radicals and antioxidants are components of “coloured fruits and vegetables”.)

Thus, our nutrition but also the hormonal disposition is involved in gene expression. What is the role of hormones in the organisms? Hormones are messengers that are transmitted by the blood circulation system. The environmental influence on our genome will be examined later.

Some molecules that are working together in the regulation of gene expression or inhibition, specifically of T-cells are factors that are known to be involved in normal and pathogenic conditions. They include different RNA molecules called micro RNA and RNA interference. The Nobel Prize for Physiology and Medicine of 2006 was awarded to C. Mello and A. Fire for their breakthrough in research concerning RNA interference in the small nematode (worm) *Caenorhabditis elegans*. The cells contain a high amount of RNA molecules and proteins that can be attached to each other thus forming particles that take part in information processes or building of cell structures. They are sometimes called “infosomes”. On the other hand, we find similar structures in degradation of components of the (dying) cell. Turnover of organelles is a regular metabolic process of the cell and needs a cascade of ordered reactions that are promoted by gene regulation. . The former structure of the genome that was thought to be silent and unnecessary was called “junk DNA” as already mentioned. These “introns” are active parts of the chromosomes that create the various small RNA molecules. Ordered “packaging” of molecules within the cell is the cause for small virus-looking-like particles. They can be named endo- or exosomes depending on their place of action. It was already mentioned that they are active in the immune system. They might be involved during pregnancy in placenta development and perhaps in many more processes we are not yet aware of now. Scientific research is an ongoing process.

Epigenetics is a new very interesting theme that shows something that was unthinkable in the Darwinian Theory: the heritability of traits that are not (only) genetically based. In the context of gene expression nutrition can generate methyl groups that change gene expression and

might be transferred into germ cells to the next generation. If expressed in the individual this means that an acquired trait is genetically heritable. There is proof that this is possible in living creatures like plants, animals and humans. This explains also the high speed of evolution that was not understandable before. It is an adaption to the environment, which promotes survival under changing conditions.

Primum nil nocere"

„First: Do no harm!"

Hippocrates

8. Pregnancy, Nursing and Positive Testing

As mentioned earlier, the genes of the immune (HLA)-system of a human being are exclusive. There are more possibilities of gene variation than people that have ever lived. Thus, the immunologists are aware of a very special situation of compatibility of cells that come from another individual. The beginning of life is created by the fusion of two cells: The bigger egg and the faster sperm form a diploid cell, which contains 50% of genetic material from each parent. The mother normally adds some mitochondria (for energy production) which add some more DNA.

We know a lot of couples, that try to get a child over many years with or without medical help and who might not be successful at all. Many problems can cause the infertility even psychological problem. A biochemical reason is seen in the discord of the protein match, which is due to membrane proteins on all cells and specifically on white blood cells that might tangle the immune acceptance of the partner. If a fertilized egg has settled in the uterus, the pregnant woman has to accept the “alien element” as 50 % comes from the paternal site. Nevertheless, nature has found a wise answer during the long time of evolution: Her immune system normally switches from Th1 to Th2. What does this mean? The immune status of the women shifts from cell-mediated immunity toward humeral immunity. The consequence is a reduction in attacking foreign structures and molecules specifically protein variants which are

an integrated component of the cell membrane. Instead of destroying foreign cells, the production of “antibodies” is enforced, which detect free bacteria or viruses. These antibodies will pass the umbilical cord and reach the foetus. After delivery, they are found in the breast milk and promote the health of the newborn if the mother is breastfeeding. At the beginning of life outside the mothers’ body, these adapted antibodies serve the health of the child in the first months.

When a child is born, it has an innate immune system. This means, that there is an unspecific reaction to pathogens that might invade the body. By natural mode of delivery through the vagina, the baby gets some germs from her mother into the womb by contact of the mouth. In Caesarean Section, the quality of germs differs. Thus from the beginning of birth and in pregnancy, differences can be placed depending on circumstances.

However, what is known about the growth of the placenta and pregnancy success?

“Human endogenous retroviruses” now acting as normal genes, are involved in the growth of the placenta tissue. These activated genes produce a protein called “syncytin”, which forms particles looking like viruses. They are components of the fusion process and act like “glue”. Without activation of these specific genes that are found in mammals, pregnancy inside the womb could not be successful.

Therefore, testing a pregnant women or her baby for HIV is not only controversial but also scientifically wrong because of the activation of those genes, which promote a successful life development but might give a positive test result.

What are the consequences? Testing is never justified because of lacking scientific background.

The mothers are put to fear which might have negative consequences for the pregnancy success. They might be offered drugs, which could be harmful for themselves and for the developing life. She might be forced to “Caesarean Section” although this is no advantage.

Her baby might be put on drugs after giving birth to it, which will have negative consequences for growth and development. She might be discriminated with negative consequences for job and income.

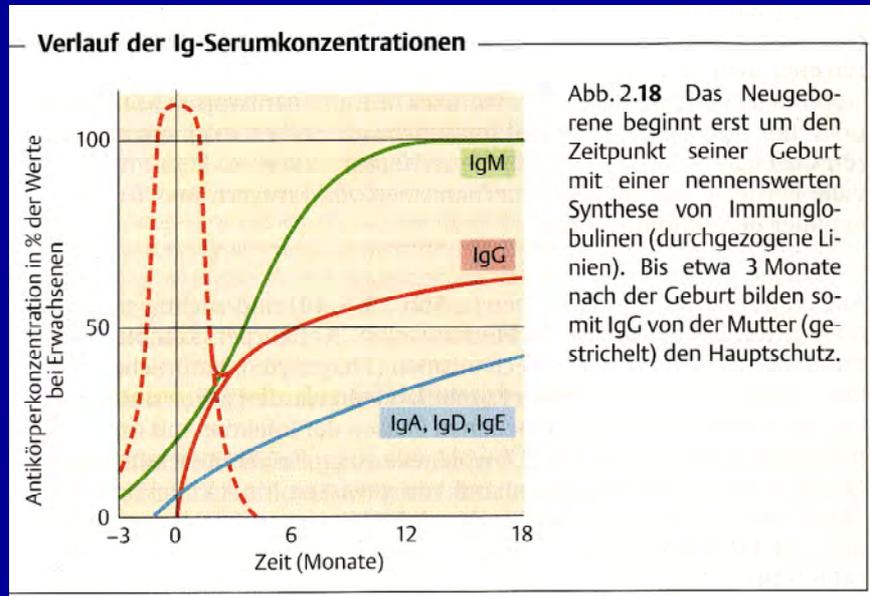
The society has to pay for this wrong assessment and the psychological consequences for the lives of these poor maltreated creatures are so hard, that we have to act in responsibility and apply ethical standards for preventing doing harm!

Finally yet most important, the person might be frightened to death by what is well known as the

“Nocebo-Effect”.

You are what you believe. Never let yourself frighten by bad influences, words, pictures, believes, prophecies, people, signs, symbols and your own images and thoughts!!!

Why it is so important that mothers breastfeed their babies:



- The antibodies of the mother protect the child from infections.
- The emotional relationship and the primal sense of trust are strengthened.

Christl Meyer

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Wien, den 27. Juli 2011

An das

Landesgericht für Strafsachen Graz / Barbara Seebald

C.v.Hötzendorf-Str. 41

A – 8010 GRAZ

zu Händen

Richter: Mag. Günter Sprinzel

Sehr geehrter Herr Mag. Günter Sprinzel,

betreffend den Fall Barbara Seebald weise ich als Mikrobiologin (Virologie) darauf hin, dass seit der Entschlüsselung des menschlichen Genoms vor etwa 10 Jahren den Wissenschaftlern bekannt ist, dass die sogenannten „HIV-Gene“ normaler Bestandteil des menschlichen Erbgutes, vorwiegend auf dem Chromosom Nr. 6, sind (Human Leukocyte Antigen / HLA). Sie variieren in vielen hundert Spielarten, was die Vielfalt des angeborenen Immunsystems unterstützt.

Siehe die an der Universität von Florenz veröffentlichte Doktorarbeit von Chiara Manteuzzi, die meine wissenschaftliche Arbeit von den Seiten 25- 37 enthält. (einschließlich wissenschaftlicher Literaturangaben): [http://www.omsj.org/2010/TESI Chiara Manteuzzi.pdf](http://www.omsj.org/2010/TESI%20Chiara%20Manteuzzi.pdf)

(speziell Seite 27:)

“II. The MHC/HLA System and its Origin

Most interesting is the study from the Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, Cambridge CB10 ISA, UK published in Nature/Vol 425/23 October 2003 “The DNA sequence and analysis of human chromosome 6” (Nature Vol. CDXXV, 2003 Oct. 23. The Wellcome Trust Sanger Institute, Genome Campus, Hinxton, Cambridge CB10 ISA, UK; J. of Vir. 1996 Dec;9064:9068).

This chromosome constitutes about 6% of the human genome and harbors 1,557 genes and 633 pseudo-genes. Within the essential immune loci of the major histocompatibility complex, HLA-B was found to be the most polymorphic gene. Among these are genes directly implicated in diseases like cancer and autoimmunity. Having a look at the supplementary tables, which give **full lists of HLA allele-associated HIV polymorphisms in Protease, Reverse Transcriptase, VPR and Nef, they show that more than 240 gene variants of Nef are encoded by HLA. There are also tremendous variants for the other genes.** The main effect of Nef is to block transport of MHC-I molecules to the cell surface, leading to accumulation in intracellular organelles (Virology, Vol. CCLXXXII, No.2, 2001 Apr 10;267-277).”

Daher ist es unmöglich, Frau Seebald wegen „Übertragung einer Infektion“ zu verurteilen, da das eine Verurteilung wegen genetischer Anlagen bedeuten würde. Dies kommt einem rassistischen Urteil gleich, wie es in einem Rechtsstaat undenkbar, da verboten ist.

Die Tests messen alle keine ganzen Viren, sondern nur Eiweiße oder Nukleinsäuren, die normaler Bestandteil jeder Zelle sind (Seiten 38 ff.).

Die HLA-Gene sind allen Menschen eigen, nur werden sie unterschiedlich stark aktiviert, je nach Umweltbedingungen, weshalb man nach einer (Grippe)-Schutzimpfung positiv testen kann.

Eine Gabe anti-retroviraler Medikamente ist daher gegen die Gene des Patienten gerichtet und führt zu vermehrter Mutation (fälschlicherweise als neue Virenmutanten deklariert).

Ein Mensch, der von diesen Tatsachen Kenntnis hat, begeht eine Straftat, wenn er einen anderen aufgrund seiner Gene benachteiligt: GENOZID, wenn dies viele Menschen betrifft, sonst schwere Körperverletzung!

Als Bürgerin von Österreich weise ich darauf hin, dass Frau Seebald deshalb nicht wegen der gegen sie erhobenen Anschuldigungen verurteilt werden darf:

STGB § 85- Körperverletzung mit schweren Dauerfolgen

STGB § 178 - Verbreitung einer übertragbaren Krankheit

STGB § 297(1) Verleumdung

Es ist meine Pflicht, Ihnen diese Tatsachen zur Kenntnis zu bringen! Die logische Folge ist also ein Freispruch, um dem Rechtsstaat zu entsprechen.

Für Nachfragen stehe ich gerne zur Verfügung!

Mit freundlichen Grüßen,

(Christl Meyer)

Mother-to-child transmission of HIV data and statistics

Twenty low- and middle-income countries with the highest estimated numbers of pregnant women living with HIV in need of antiretrovirals to prevent mother-to-child transmission of HIV and numbers of children in need of antiretroviral therapy, 2008

Rank by number of pregnant women living with HIV	Country	Estimated number of pregnant women in need of antiretrovirals in 2008 [range]	% of the total in low- and middle-income countries	Estimated number of children in need of antiretroviral therapy in 2008 [range]	% of the total in low- and middle-income countries
1	Nigeria	210 000 [110 000-300 000]	15%	110 000 [57 000-160 000]	15%
2	South Africa	200 000 [120 000-280 000]	14%	94 000 [53 000-130 000]	13%
3	Mozambique	110 000 [50 000-180 000]	8%	45 000 [24 000-67 000]	6%
4	Kenya	110 000 [53 000-160 000]	8%	49 000 [25 000-71 000]	7%
5	United Republic of Tanzania*	... [40 000-130 000]	6%	40 000 [20 000-66 000]	5%
6	Uganda	82 000 [44 000-120 000]	6%	42 000 [23 000-60 000]	6%
7	Zambia	70 000 [38 000-96 000]	5%	34 000 [18 000-47 000]	5%
8	Malawi*	... [32 000-82 000]	4%	... [17 000-45 000]	4%
9	Zimbabwe	53 000 [29 000-73 000]	4%	37 000 [22 000-50 000]	5%

If the human being is active and free, it acts from itself.

Jean-Jacques Rousseau

9. The Immune System and AIDS

Taking a test for HIV cannot clarify a certain question: “Is there a proof for being or not being infected with a certain virus?” As stated in the chapter on HIV-tests the “ELIZA-test” and all its varieties like “Quick-test” and others are based on the detection of antibodies against compounds of HIV. Where do these compounds originate from?

As a whole virus could never be proved in human blood samples but only different entities, that are claimed to be components of the virus, the test dishes are served by artificial products that can be ordered from gene technology companies. They contain proteins or fragments of the Nucleic Acids, which are called “viral”. The “Human Genome Project” proved them to be of human origin with a great number of variability as they are components of our HLA (Immune)-System and therefore each person has a unique “equipment”. The “pictures” of HIV are computer animations that are composed by the addition of fragments the scientists called parts of the virus. The photographs are particles spreading from cell cultures after adding stimulating substances. Some are detected in cord blood, which is a normal condition, as has already been mentioned. HIV is no free virus but a very small component in the cell or between cells, which is of different size, and composition. It can be called endosome or exosome. These particles serve in various functions as communication particles, which is proofed for an outside formation of syncytia. The white blood cells, some of which are called T-cells, differ in their receptors. CD4+ T cells and co- receptors CXCR4 and CCR5 are the most prominent of them. The T-cells communicate with B-cells, which are involved in

antibody production. Monocytes and dendritic cells are prominent in the immune system.

(Nobel price for Medicine 2011 to the Immunologists B. Beutler, J. Hoffmann and R. Steinman)

In addition, many biochemically reacting molecules, called cytokines are involved in inflammatory processes and in particle degradation that occurs in normal cell turnover as well as in deletion of infected cells called apoptosis.

Our immune system consists of the innate and the adapted immune system. When a baby is born, it has already immune cells that produce antibodies that are “pre-adapted”. What does this mean? A process called “clonal deletion” establishes immune tolerance to self-antigens. It takes place in T- and B-cells that undergo deactivation, after having presented receptors for a variety of antigens some of which are “self-antigens”. This occurs before development into immunocompetent lymphocytes. By this process, antibodies that will not bind to “self” but are expressed can be mixed up by “HIV-testing”. This can occur with or without exposure to foreign glyco-proteins of human or non-human (plant) origin like sperms, white blood cells or pollen.

In the normal cell metabolism, everybody will activate the genes involved in these processes to a certain extent. The differences occur because of the huge genetic variety of the components of our immune (HLA)-system and because of the differences in our living conditions. These include nutrition, vitamins and minerals, purity of drinking water, sanitary conditions, vaccination status, ingestion of legal (antibiotics) and illegal (heroin, poppers...) drugs, (oxidative) stress and hormonal status (corticoid steroids), as well as psychological and social conditions including job and partnership. Not each factor mentioned has the same importance but in addition they might change the balance in the immune system and change gene expression in a manner that shifts the T(H)1 and T(H)2 components. T1 enhancement means that the cellular response is increased; T2 will lead to a higher antibody production.

One might observe a decrease in T-cells or a high antibody concentration and RNA production, which will falsely be interpreted as T-cell decline in the first case and a high “Virus load” in the other one.

Why is it necessary to test blood donors, if there is no virus?

The answer is very similar to the findings of C. Landsteiner, who detected the blood groups on the cell membrane of red blood cells (erythrocytes) and named them A, B, AB, and 0 which occurred more than one hundred years ago. The blood groups are certain different proteins and so are the markers on the white cells (leukocytes) and most of our cells (human and animal). They contain Glycoproteins that give a unique marker to the cell. A different organism might not tolerate it, thus reacting with adverse effects. Before the detection of the blood groups by Landsteiner, many people died by blood transfusion. This maltreatment could be reduced and nearly stopped by the new insights. Later the Rhesus factor, known from Rhesus monkeys was also detected in humans and reduced wrong transfusions again to a smaller amount. Now the knowledge of the human genes, coding for the Major Histocompatibility Complex (MHC) and the Human Leukocyte Antigen (HLA), proofed by the Human Genome Project, extend the knowledge of molecular equipment concerning individuals and evolutionary aspects of ethnic groups. In blood transfusions only the right blood group and Rhesus factor are transmitted and the white blood cells will not be given, they have to be eliminated before – for the purpose called “HIV”. However, there exists no deadly virus coming from outside, it is only our specific human “make-up”, which means cell-membrane components.

One would not claim red blood cells as “deadly bacteria or viruses” although they can have deadly consequences if recognized and attacked in a foreign body.

The same arguments occur with blood products for haemophiliacs. The scandal, which occurred in the eighties, was related to proteins that contaminated the clotting factor products.

If you make one mistake, do not make another just to hide the first. Science will always change and we have to be aware that this process is never ending. The earth is no disk and there is no exogenous transmittable virus that we have to be afraid of.

I do not believe that I was born to follow others blindly!

Charles Darwin

10. Stress and Disease

What about the millions of people that are suffering worldwide from AIDS?

What about the high amount of people that become “infected” every day?

Why is AIDS “spreading so much?

Why do so many people die from AIDS?

As already mentioned the first cases in the USA were homosexuals claimed to have AIDS.

They all belonged to a group with frequent intercourse, which means with a high load of different (glyco)-proteins that could lead to adverse reactions in the body. If they were (intravenous) drug users (heroin, poppers...) the immune system might have been suppressed and reactions like “Kaposi-Sarcoma”, a specific cancer occurred. Specifically after the “Poppers-Era”, this type of “AIDS” was reduced.

As to the sexual transmission by heterosexual contact, there is no proof that in couples of whom one partner was testing positive and the other not a transmission occurred. Even prostitutes did not become HIV-positive if they did not take drugs.

AIDS in Africa is the very old problems mixed with new ones of bad lifestyle.

Number 1 is just claiming for AIDS by suspect.

Number 2 is nutrition: Hunger and malnutrition as well as a lack of vitamins and selenium lead to diseases.

So does No 3: Contamination of drinking water and a lack of sanitation. The multitude of bacterial and viral as well as fungal infections and worms weaken the immune system. With or without taking a test one might be claimed HIV positive.

Number 4 is testing of pregnant women who might test positive specifically when they already had other children.

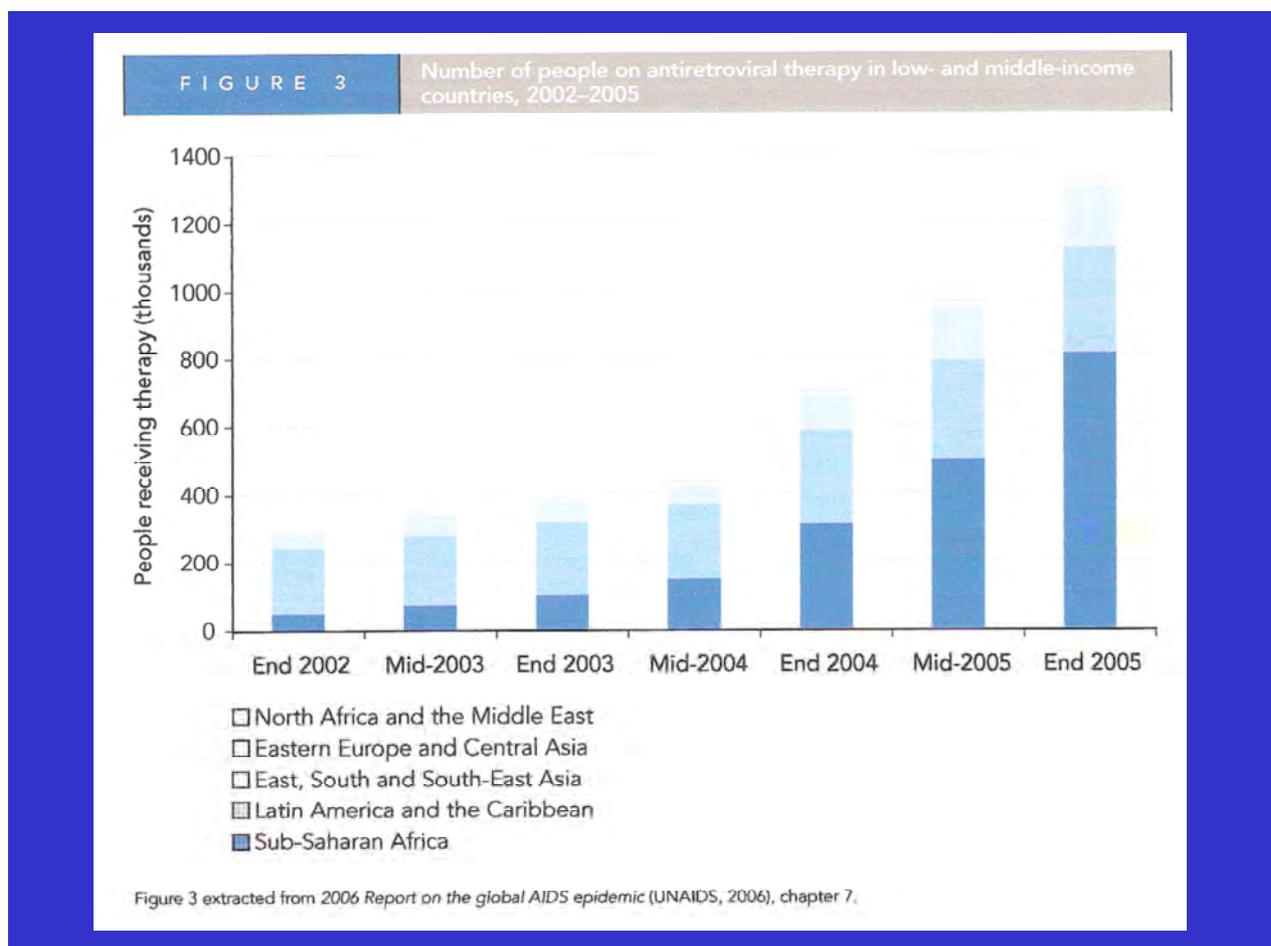
No 5: Tuberculosis, Malaria, Diarrhoea and infections of the lung as well as sexual transmitted diseases like syphilis and Chlamydia should be treated in a proper way.

Number 6: HAART medications that are not promoting health but show big side effects that might even end deadly. Very often failure of liver function occurs as stated on the package insert.

The so called “AIDS-orphans” are often without parents because of the terrible working conditions in mines or due to civil wars. The pollution of air and the contamination of soil and water that are caused by the oil and other industries, also contribute to slow down the immune system.

In Eastern Europe, many children and young adults live in the streets after the “cold war” had been terminated. There is a lack of security and jobs and many of those that are not integrated into the society take drugs. They have no health care system and no home. In addition, with the HIV-positive diagnosis they got falsely, they have no hope. This is a bad mixture for their immune system and their life expectancy.

To say it short: AIDS is well-known diseases plus social and psychological conditions, if we enclose the “Nocebo-Effect”, which means, “frighten people to death” by diagnosis of “HIV-positivity”.



Nevertheless, there are also people with a positive test result that will never get ill. They did not take the recommended drugs but lived a healthy life style. I will describe some of the cases later. Why did they get a positive test-result?

As I mentioned earlier - in chapter 4 – there are more than seventy different cases why one could test positive. The body produces antibodies, which might not be specific in many conditions, which could include vaccination or a cold. Some people produce antibodies in allergic reactions to the partners' proteins or to ragweed pollen, which can render the test positive. Therefore, allergy might be confused with a virus. On the other hand autoimmune reactions as in lupus erythematosus or other conditions can give positive test results and

change the life of a person dramatically in a negative manner. Sometimes autoimmunity is only observed over a time when the person is much stressed.

Stress is a main factor in health and disease. The HPA-axis (Hypothalamus Pituitary Adrenal-axis) is very well studied for hormonal reactions that are the background for reactions that modulate gene expression and thus metabolism of the cell. The hormones transport messages from the glands by blood circulation to the cells of certain organs where the receptors act as receivers. An information cascade can take place, which has an impact on the nucleus where the chromosomes are protected by proteins (basic histones). Activation or inhibition occurs through methyl-or acetyl groups and transcription factors begin to work in a certain context. Genes can be transcribed and controlled. This might result in protein biosynthesis, enzymes and antibodies as well as communication particles, which give contact between cells and help to fuse them resulting in tissues. If photographed they might be called “viruses” as scientists are not aware of their real mission.

Stress and gene expression might alter the balance of the body and the cell and help to solve problems if only acting a short time but might have serious implications if they are long lasting.

We have to find ways to diminish the stress levels that are harmful. The good stress means eagerness, interest, joy and positive activity. Nevertheless, our bodies also need regeneration in having enough hours for sleep and appropriate living conditions.

A big problem is fertility and social systems. In many countries, women who have no income and no social security give more birth to children than in developed countries with higher incomes and pension systems as well as those with health and social security systems. Birth control by contraceptive is not well accepted in the poorer countries. Condom use is often refused by men. Thus, population growth is contributing to the malnutrition and social standards. Without education for all but specifically for women, the problems will not be solved.

In Europe that now claims to suffer from birth reduction, we had high birth rates only two generations before. As education, social prosperity and emancipation grew, the number of children decreased.

Why is this important in this context?

The population and the individuals suffer from those conditions and the health problems of those mothers who have many births increases with each child. Energy has to be invested in each pregnancy and this might reduce fitness of all participants. Many children need more food and education and as long as the system does not promote a decent life this will lead to health problems anyway. We have to promote education and self-responsibility. This is only possible if peace, freedom and justice are implemented in a truthful system.

The worldwide drug abuse and trafficking is also a big problem for democracy. How can we help young people not to become addicted? Addiction no matter what from, is a problem of self-esteem and the feeling of acceptance and love. Pregnancy, breast-feeding and caressing are of high importance for a positive basis in life. It is the role model of the loved ones (normally the parents) and their justice and treatment in love and with respect as well as chances in life that promote a life-style without drugs. In the age of puberty, the peer group (friends) also influences the habits. Nutrition has an impact on growth and stability of the immune system as well.

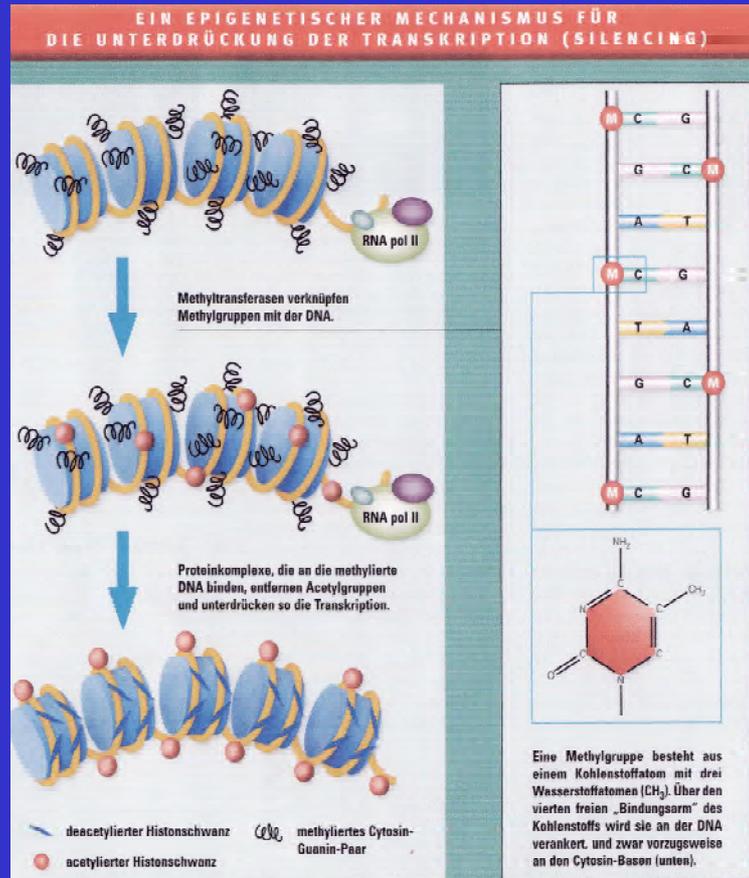
Health is not an object you can get just through a pill it is a long-term investment.

An investment that is sustainable and wise.

Peace is a result of people who are at least content with their situation and there will be no peace as long as we tolerate injustice in the world. I do not mean that we are able to eliminate it, but there should be the will to refuse to it.

Realization of health is easier in peaceful systems.

Man weiß, daß Gene durch Methylierung und Acetylierung an- und abgeschaltet werden können:



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An Epigenetic Mechanism by Methylation and Acetylation in Gene Expression and Silencing.

You never know what is enough, until you know what is more than enough.

William Blake, Proverbs of Hell

11. Medication and Vaccination

The first medication for people, who tested HIV-positive, was AZT (azidotymidine) a substance that was retrieved from the pharmaceutical market after former significance that it was too poisonous in cancer (leukaemia) therapy. As a chain terminator for DNA it was thought to stop “virus replication” in AIDS patients. This drug might have helped in the beginning because of two effects:

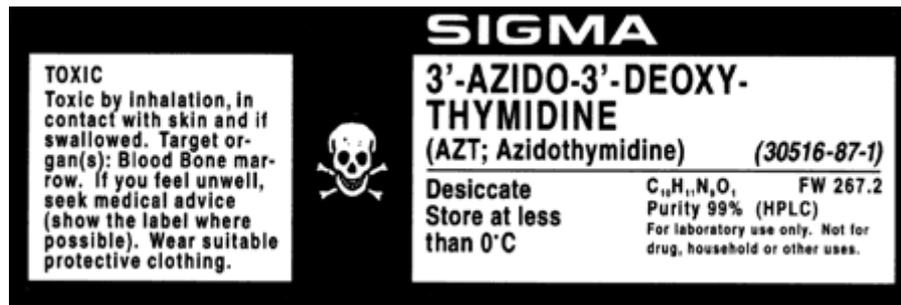
The placebo effect, which stimulated hope in those that were frightened to death by believe in a “deadly virus” following diagnosis.

The reduction of growing of cancerous cells in Kaposi-Sarcoma, if the drug was not taken too long.

Nearly all people who were treated with AZT in earlier days died if they consumed the drug for a long time. They had horrible outcomes of “AIDS” that were claimed as “AIDS” deaths.

The original AZT bottle has a skull and warnings concerning poison on the label.

THE AZT LABEL



THE AZT LABEL

This is what the patient never sees, an actual copy of an AZT label. This label has appeared on bottles containing as little as 25 milligrams, a small fraction (1/20 to 1/50) of some patients' daily-prescribed dose.

"**WARNING:** RETROVIR (ZIDOVUDINE) [AZT] MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV-DISEASE. PROLONGED USE OF RETROVIR [AZT] HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS. RARE OCCURRENCES OF LACTIC ACIDOSIS IN THE ABSENCE OF HYPOXEMIA, AND SEVERE HEPATOMEGALY WITH STEATOSIS HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES, INCLUDING RETROVIR AND ZALCITABINE, AND ARE **POTENTIALLY FATAL**

(SEE WARNINGS)." - From Glaxo Welcome AZT product information.

Which person, who has read the information, would take the drug on its own free will?

Nowadays, the new medications that are less poisonous claim the same deadly side effects. However, if one has a look at the drug package insert it says, that the side effects like liver failure and acidosis themselves can lead to death.

Why should one take the risk of deadly drug side effects instead of living with a so-called "deadly disease" and prefer a normal conduct of life?

In the Second World War the victims of the "Concentration Camps" like Roma, Sinti, Jews, disabled and poor persons had to suffer from medical experiments in eugenic research.

This practise was revealed in the judicial processes of Nurnberg. However, this was not the end of misleading practices in the medical system. The City of New York with its Administration for Children's Services and the Incarnation Childrens' Center worked together and separated orphans or children from their families for experiments with poisonous AIDS drugs. Children were forced to take drugs even if they refused to take them. Many of them died why those who escaped survived. This is a crime done by officials. The film can be viewed on You Tube. <http://www.youtube.com/watch?v=NQRISObQlz0&feature=related> There exist also reports from newspapers.

Why did the medical system claim that the new drugs like HAART (Highly Active Anti Retroviral Therapy) were saving patients' life? The answer is very simple: The drugs were less poisonous than it was AZT in the formerly given high concentration. Thus, the deadly side effects were reduced and fewer patients died.

The money spent on AIDS medications in 2009 worldwide was 12 Billions (12.000.000.000) of US \$. The most profiting companies came from the US and the EU. There is a big list of pharmaceuticals and the biggest global market players are "Gilead" and "Glaxo Smith Kline". ViiV Healthcare is GSK and Pfizer united for AIDS medications. Abbott is powerful concerning HIV testing.

Studies concerning "sexual transmission" of the "virus" were and are studied in different designs. The early tests claimed no sexual transmission in heterosexuals in a ten-year study (Nancy Padian, UCSF, California). The actual studies (like HPTN052) test antiretroviral medications in disconcordant partners (one is HIV-positive and the other is not) and the transmission rates. They claim protection for the partner if medication is taken from the positive one. Testing is now based on nucleic acids. What does this mean? By sexual contact, one can receive nucleic acid from the partner. This seems to be a normal event which is evolutionary established. The same mechanism occurs when genetically modified crops

contaminate other plants with their genes. The difference is the nature of the genes and the context in which they appear.

Concerning a vaccine the studies with recruited people from all over the world continue specifically in South Africa, Brazil, India and Indonesia as well as in the US and Europe although it is consensus, that HIV has never been isolated. As antibodies to the so-called “HIV components” do not neutralize nor “protect”, a vaccination makes no sense and this was the outcome of the first studies. The vaccine sera always needed additional components of well-known viruses like adenovirus, canary pox, cytomegalovirus or others. As HIV is no virus but encodes genetic components of our immune system, as proved by the “Human Genome Project”, the theory of a HIV vaccine has no basis. The genes are involved in fighting infections and keeping microbial balance as well as cleaning the body from destroyed structures in apoptosis (cell-death). We are not allowed to vaccinate against the bodies own structures. The neglecting of normal reactions and autoimmune overreactions as well as allergic reactions to the (sexual) partners proteins on cells and even concerning sperms, have nothing to do with a fight against a “deadly virus”.

In addition, another very serious “side-effect” of the vaccination is that the person will test positive if taking a HIV-test. So why vaccinate a person if there is no reason and the outcome is dangerous? A vaccination renders HIV positive, which means producing patients that are offered medications by frightening them with a virus that does not exist and claim to act ethically by unethical practises that bring money to the companies and sadness and grief to the one who pays.

The industrial complex does not want to give up the big business for the sake of humans used as guinea pigs. The medical complex has never been so unethically in a global context as it has been for the last thirty years.

By vaccination, we stop normal evolution and might interfere seriously with the normal cell metabolism we do not understand actually.

I will discuss later the allergic reactions against the partners' proteins or the autoimmune reactions concerning the own cell proteins (as proofed by cross-reactions from antibodies to lupus erythematosus).

Other treatments could improve an imbalance of the immune system.

A vaccination against HIV means an attack against the own structures of the body, and therefore is contraindicated!

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The greatest medicine is love (Paracelsus)

It requires a great deal of faith for a man to be cured by his own placebos.

John L. McClenahan

12. AIDS – Latest Findings that should not be kept Secret

(The following text is a translation from my article written originally in German and published on the internet in 2010.):

<http://www.wahrheiten.org/blog/2010/07/09/aids-neue-erkenntnisse-die-man-nicht-verschweigen-darf/>

For more than 25 years I have been dealing with the theme of AIDS and for 3 ½ years intensively. The result of my research, most of which are original literature and scientific publications, which nearly exclusively come from the “Scientific Community”, has been ignored or attacked by these persons.

The following conclusions which are of high importance for health, life and Human Rights of the world’s population should not be withhold from them and at least be discussed in the media:

1. 1984, April 23rd Robert Gallo announced at a press conference that the virus (LAV) detected by Montagnier (Institute Pasteur / France) is a retrovirus which is responsible for AIDS. He called it HTLV III and later HIV (Human Immunodeficiency Virus). This announcement has been made before a publication concerning the ground lying facts. The publication in the scientific journal “Science” was from 1984, May 04. This procedure does not follow scientific rules.
2. There has never been a proof of a virus called HIV concerning scientific standards.

3. The “HIV-tests” are not standardized and thus are not validated. Molecules that are normal components the cells are proved. Additional, the test-standards in different regions and organisations vary. Thus the test result “HIV-positive” will render to “HIV-negative” just by using different standards.

This is not only unscientific but also criminal, as

4. The fear that is caused can become a self-fulfilling prophecy. (We talk about the “Nocebo-Effect” in contrary to the better-known “Placebo-Effect”). The diagnosis leads to the disease which it claims to have proofed by testing. From Haiti, which is one of the poorest countries in the world with a high percentage of people who believe in the “Voodoo-traits” (condemnation and social exclusion) we know that the “AIDS-ratio” and mortality is extremely high.
5. If the blood-serum for testing is not highly diluted, then everybody tests positive.
What does this mean?
6. An elevated concentration of antibodies or molecules like the “reverse transcriptase”, a standard enzyme of the cell, can be found after vaccination and with so-called “oxidative stress”. This status will be found in under- and malnutrition, drug abuse, environmental poisoning, malaria, tuberculosis, infections and numerous other situations of impairment including psychological stress.
7. Oxidative stress leads to activation and thus to transcription of genes and to production of molecules that are of self-origin which do not occur in elevated concentration normally. (These genes might be silenced ancient retroviruses originated from evolution, which now act as genes by gene-expression.) The products might promote testing HIV-positive.
8. Pregnant women produce many molecules that are necessary for pregnancy success but on the other hand protect the newborn by breast-feeding. These substances might lead to a positive test result.

9. Some traits that are acquired are hereditary. This plays a certain role in dispositions concerning probabilities of diseases but also influences in a positive way. The interaction of genes and environment and perhaps a “cytoplasm hereditary” (compounds in the eggs and sperms that are not from the nucleus) might be the cause.
10. Homosexuals have no protecting mucous membrane at the anus and thus the possibility of getting infections concerning sexual transmitted diseases (STD) is elevated. This status might as well contribute to positive testing.
11. In addition, all individuals who have a high frequency of sexual partners and who have receptive sex get more proteins that are of non-self origin, which means that they have a higher immunologic burden in metabolism. This can lead to allergic reactions.
12. Sexual transmission of a HI-Virus has never been proofed. Nevertheless, condoms protect against STDs like syphilis and gonorrhoea as well as Chlamydia. They make also sense for birth control.
13. That HIV destroys T-cells has never been proved. In inflammations, they occupy the lymph nodes and thus they cannot be found in the blood.
14. Blood donations have to be tested as foreign proteins are attacked by the body.
15. Concerning medications we have to be aware that the extreme poisonous AZT (Azidothymidine) causes the exact symptoms that are claimed to be “AIDS-symptoms”. Most of the patients treated by AZT die of liver failure. AZT has been used to cure leukaemia and finally prohibited as it was realized to be too poisonous. It served for destruction of cancer cells.
16. The reduction in “AIDS-deaths” is related to the increase in hope by the “better” medications (Placebo Effect) and in the decrease of “side-effects”.

Conclusions:

1. We have to stop testing for HIV. (Human Rights concerning living!)
2. There has to be an open discussion in the media.
3. The repression of science and scientists has to end if we insist in democracy.
4. With antioxidants and selenium as well as other trace supplementations many symptoms that are caused by oxidative stress can be cured. This is also true concerning cancer. A positive psychological environment is also necessary.
5. A healthy life-style (pure drinking water, clean sanitary conditions, natural, healthy nutrition including vitamins, no drug abuse, good living conditions which includes psychosocial conditions) will vitally contribute to health. This is proved by sufficient scientific studies. This acquired health can be inherited to a certain point.
6. Politics have to become independent from opinion-makers of any “colour” and from economic and financial dependencies.
7. Many scientists (including many Professors and Nobel Price Winners), are also suppressed in research and publication as well as freedom of expression. This is also true for many “HIV-positives”, which have made up their own mind.
8. The big media systematically ignore even Nobel Price Winner Luc Montagnier (Nobel Price for Medicine 2008 for the “detection of HIV”). He has to post on “You Tube”:

<http://www.youtube.com/watch?v=WQoNW7lOnT4&feature=related>

Let Us Change This Shame!

We fight for compliance of the human rights worldwide!

Amnesty International

13. AIDS-“Dissidents”

What is a dissident? Having a look up at the German “Duden” from 1980 (the “pre AIDS era”) one can find that the origin comes from Latin “dissidere” which means to disagree with someone, specific “to sit apart from someone”. The explanation is that a dissident stands outside of a governmental accepted religion or someone who deviates from the official political opinion. The 1998 dictionary from Bertelsmann for the origin of words claims a dissident to be someone who deviates from the ruling ideology.

Therefore, AIDS dissidents are apart from Religion, Political Opinion and the Ruling Ideology! Are they apart from Science?

Not all dissidents are scientist but many are. Some are good in statistics, some do excellent media research and others rejected AIDS medication. Many are scientists and even Medical Doctors or University Professors. There is a big list on the internet of more than 2600 people that are opponent to what is called the “AIDS Dogma” from the “Scientific Community”:

http://www.gnhealth.com/doubters_list.html

Who belongs to the “Scientific Community” and why is there such a dispute about the theory concerning what is called “HIV/AIDS”?

The word “Dogma” is related to clerical absolute believes. However the scientific method is based on experiments that are reproducible under defined conditions. Moreover, the argumentation has to be logical. However, what is the basis for the virus and infection theory?

As already explained there is

1. No virus proof (purification and isolation, which is “Gold Standard”).
2. No pictures (only in cord blood and stimulated cells).
3. No reliable tests for antibodies (ELIZA), as claimed by the producer themselves.
4. No test standards for Western Blotting Tests (variation of positivity depending on region and interpretation).
5. No “Virus load” in blood (PCR-Polymerase Chain Reaction which is used, does not prove a virus only the molecule “reverse transcriptase”, which is obligatory in (human) cells). The PCR is not the accurate method in this case says Nobel Price Winner K. Mullis who has invented it.
6. No proof for sexual transmission.
7. No proof for disease if testing positive.
8. AIDS related diseases (tuberculosis) with or without testing positive.
9. Bangui definition: Claimed to be an AIDS-patient by various symptoms without testing.
10. WHO statistics which are mostly based on “estimated numbers”.
11. “AIDS orphans” definition variety by not implementing orphans of civil war.
12. Ignoring poisonous effects of medications specifically of AZT.
13. Statistics of “depopulation” of Africa that are not scientifically proved.
14. Ignoring the effect of drugs like poppers, heroine and others on “AIDS”.

15. Ignoring scientific publications on the positive influence on substances like selenium, vitamin A and antioxidants for improving health.
16. Ignoring the outcomes of the Human Genome Project concerning the HIV genes comprising Human genes of our immune (HLA)-system on chromosome 6.
17. Doing genome research and claiming it HI Virus research.
18. Using humans as guinea pigs for AIDS and vaccine research.
19. Remove babies from their families (Cases: Muriel Seebald / Austria, the New York “orphans”: Incarnation Children’s Centre)
20. Accusing people of having others “infected” which has judicial consequences for them (Barbara Seebald/ Austria, Nadja Benaissa/ Germany, “AIDS-prisoners” in USA.
21. Using products from “Gene companies” for research, as there is no isolated virus from humans.
22. Doing (vaccine) research by using genetic manipulated transfecting agents.

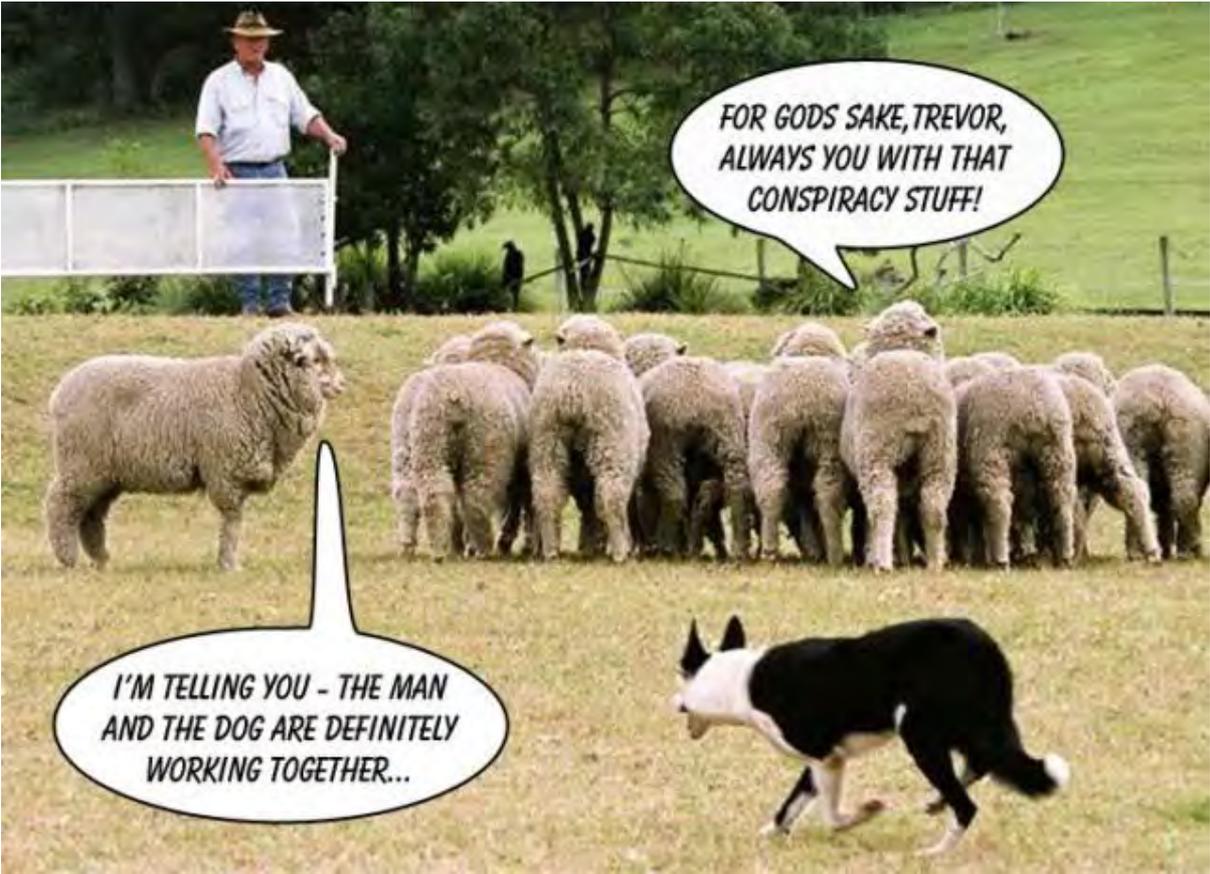
Who are the courageous persons that are called “Dissidents” by ignoring the sincere background of their movement? I am going to name some of them because it is not possible to mention all of them:

1. Prof. De Harven, Specialist in Retrovirology / France
2. Roberto Giraldo, Medical Doctor / Brazil
3. Peter. Duesberg, Professor of Molecular and Cell Biology from the University of Berkley/ California / USA
4. Professor J. Yiamouyiannis, who worked as a scientific director for the National Health Federation of the USA
5. Dr. med. Heinrich Kremer, author / Germany

6. Karl Kraefeld / Research in Health / Germany
7. Dr. Stefen Lanka, Biologist / Germany
8. Dr. med. Ryke Geerd Hamer, Physician, Theology /Germany/ Italy/ Norway
9. Nancy Turner Banks, Medical Doctor (Harvard Medical School) Maryland/USA
10. Dr. med. Klaus Koehnlein / Medical Doctor /Germany
11. Dr. med. Christian Fiala / Medical Doctor/ Austria
12. Mae Wan Ho, scientist and author/ London/ UK
13. Eleni Papadopulos, Professor of Biophysics /Perth/ Australia
14. Valendar Turner ,Scientific writer, journalist / Australia
15. David Crowe / Researcher /USA
16. John Lauritsen / Harvard / journalist and scientific writer / USA
17. Dr. David Rasnick, PhD in organic and biochemistry, Scientist / USA
18. Henry Bauer, Professor emeritus of chemistry and science studies / USA
19. Joan Shenton, awarded television producer / UK
20. Marco Ruggiero, M.D./PhD/ Professor of Mol. Biology / Florence / Italy
21. Dr. med. Uta Santos König, physician /Vienna /Austria
22. Dr. med. Juliane Sacher, physician / Germany
23. Maria Papagiannidou , HIV positive tested, author / Greece
24. Barbara Seebald, HIV positive? Her children were taken away from her, victim of justice / Austria
25. Lindsey Nagel, HIV positive tested as child / Romania / USA
26. Karri Stokely , HIV positive tested, victim of Medical Errors / USA

What was the merit of those people? They all had to fight against established opinions and suffer from consequences for not submitting to the mainstream. You will be harshly offended

if you are in contradiction to the official “AIDS-theory” even if you are a respected scientist or if you quitted medication and are doing well or even better without it. The HIV-AIDS-Dogma is as strong as the “earth being a disc”-dogma in the medieval ages. Over thirty years the scientific community and the pharmaceutical complex are not willing to give up their belief, that has never been proofed. Instead, there are no open discussions and a worldwide censorship exists. It is not only about money it is also about power over people!



I believe that co-factors like lack of nutrition are the cause for the epidemic in Africa.

Luc Montagnier, Nobel Price for Medicine 2006

14. Epigenetics: About Environmental influence on the Genome

Another Dogma of science has to be removed: The stability of the human genome over lifetime. Our DNA is not a fixed entity over the period of living that receives random mutations as causing errors that have to be repaired in some way. As with the scientific author Mae Wan Ho from the UK, we have to talk about a “Fluid Genome”.

What does this mean?

1. Our genome is not constant over the whole lifetime in all regions.
2. Our genome is not only altered by random events but also non randomly (self-organizing processes?).
3. Not all cells must have the *exact* same genetic information.
4. The environment influences gene stability and its expression
5. The acquired information can be transferred to germ cells and become inherited.
6. Inheritance of mitochondria (organelles for acquiring energy) and other molecules, specifically of RNA and proteins is important for health.

Evolution is an ongoing process and the speed of generating new species cannot be explained by random mutations only. Eva Jablonka, a scientist from Israel has published her famous work on epigenetic transmission in several journals. What we also have to be aware is the influence of transposons – jumping genes –, which were proved by Barbara Mc. Clintock, who was awarded the Nobel Price in Physiology and Medicine in 1983. The locations of those “hotspots of mutations” are well-known and seem to be not randomly distributed. They belong often to the immune system and many of them can be found on chromosome No. 6

where they are involved in the HLA (Human Leukocyte Antigen)-system for generating (new) antibodies. The immune system is permanently learning and thus has to have a certain variability in response to the ever-changing microbes of the environment. The system is connected by biochemical reactions and molecules to our nervous system and the brain. The interleukin family (the molecules are biochemical agents in the immune response) is involved in both entities. The synapses that connect cells in the nervous system have a related structure in the immune system, which is called “immune synapse”. Therefore, learning and communication are the main responsibilities of the nervous and the immune system. Adaption to environmental stimuli means learning. Infection and adaption by generation of antibodies might lead to disease and lead to new information about the “outside”. This process can be accompanied by fever and malady. The result is a “learning process” that might include genetical changes in soma or even germ cells. How can a change happen in germ cells which should be a very seldom event? By the action of the molecule, “reverse transcriptase” which is a normal tool of the cell but falsely claimed to belong originally to the “HI-Virus” and by activation of the enzyme DNA-polymerase, the transcription from RNA to DNA and vice versa can be realized easily. Germ cells absorb RNA and reverse transcriptase as has been demonstrated by different scientists one of whom is Ted Steele an Australian born immunologist. Specific changes to germ line DNA had resulted from exposing the organism to foreign antigens.

This is an inheritance of acquired information (traits).

Actually, if we suppress all diseases we prevent the cell from learning. Disease means learning and evolution. The evolution in developed countries has changed because of multiple vaccinations that have been given together and in a short time span. This can cause too much strain on the nervous system and thus lead to vaccination complications like encephalitis, hyperactivity and autism.

If such complications do not occur, allergies might also be some consequences, because the body is missing a “real fight” against germs, specifically when the exposition to bacteria and “dirt” is very low because of strict hygiene. On the other hand, some populations suffer from not having access to pure drinking water and hygiene. If the nutrition is not healthy or sufficient and they lack vitamins and minerals, the immune system will act permanently and then slow down because of being exhausted. This means evolution in a high speed with a lot of transposing mutations and high antibody concentrations. This might be falsely claimed as “mutating viruses” leading to immune escape. Different diseases, which are entitled as “AIDS”, might follow. Medication might slow down this process but will not abolish the cause of the changed immune status. Glutathione, which helps to stabilize the balance of the cell concerning the oxidative stress, that occurs in these situations, is not available for those who need it. The AIDS-medications like HAART, which destroy the immune system, will be paid by many health insurances but vitamins and glutathione that help to improve the health status are not.

What we see in South Africa, the Eastern European Countries and other places is an evolution that is too fast (too many communicable diseases) because of the over challenge of the immune system. Drug addiction is another component in this tragedy of Russia and other “Eastern Countries”. The drugs come depending on the special situation, which is caused by the war in Afghanistan that has increased the production and distribution of opium and heroine. The autoimmune reactions and allergies of the “Western Countries” are a reaction to a suppressed immune system. This might be caused by vaccinations, artificial food-additives and excessive white sugar uptake, which might cause vitamin deficiency. Therefore, we live in a world that is in imbalance concerning nutrition, microbes, hygiene and disease.

No evolution without infection!

Modern societies might become “degenerated” as cancers occur with an energy block that leads to chromosome mutations or breaks and poor societies compensate for increased death

rates with high reproduction quotes. The fertility in the societies that are affected by pollution decreases. The mutation rate increases by incidences like radiation and pollution. What are the consequences?

There is no personal advancement for the Human Being without learning.

When does learning begin? It begins in the mothers' womb during pregnancy at the latest. Evolution itself represents a learning process. By the stimuli of the environment, the cells learn and the genetic information possibly becomes modified. The embryo is able to listen to the voice of his mother and he gets her hormones that are produced during her feelings like joy, love or grief. Hormones might change gene expression and influence the processes for development of the brain and the organs. After delivery, the baby needs body-contact to her mother (or another reliable person) which leads to binding. This process is promoted by breast-feeding which stimulates the immune system as the mother is giving antibodies to the child that is not able to produce them itself in the first months. If the child is vaccinated (too early), this might do harm to the body, which cannot react properly to the stimulus. The additives could lead to controversial reactions specifically those concerning the brain. This might alter gene expression and initiate reactions and mutations (transpositions) that are not wanted. On the other hand, the warm care of the mother establishes trust and stability to the self of the child. This leads to reliance in later life and might be a very strong disposition that can be hardly changed. Human beings are social creatures, which need others for their development. As learning changes the metabolism and gene expression and might lead to mutations, we have to be aware of our responsibility for the empowerment of families and the education system as well as the character of our societies that are role models for all of us but most for the youngest ones.

“Stronger together”.

The motto of the mega congress on AIDS in Vienna 2010

15. Media and the Freedom of Expression

From The very first beginning, the HIV/AIDS-story was promoted by media. It was not science it was policy that claimed the new virus. Margret Heckler the US health minister announced the virus at a press conference on the 23rd of April 1984. The publication in “Science” dated on May 4, 1984. The virus that Robert Gallo claimed to be the cause of AIDS was named HTLV-III, later it was called HIV. Up-to-now, there exists no proof for virus isolation. As the former German Minister of Health Ulla Schmidt stated on the 5th of January 2004 (nearly twenty years later): “The Human Immunodeficiency Virus is accepted - by an international consensus - as being scientifically proofed.” This answer shows that Science was sacrificed for Politics.

This is the same mode of action, which had been applied more than four hundred years ago by the Catholic Church in Rome, which gave the power for scientific truth to the Pope forcing Galileo Galilei to retract his theory on the earth not being a disc but a sphere. Now Science has become a religion forced by politics and by the power of money that is spent on new research projects. In addition the big pharmaceutical companies earn billions of \$ by testing for HIV and by selling poisonous medications like HAART.

From the beginning the “AIDS-Dissidents” like the “Perth Group”, Prof. Peter Duesberg and Dr. Stefan Lanka as well as M.D. Roberto Giraldo, to name only a few of them, who doubted the theory were harshly attacked. It was even hard for them to publish, as the prestigious scientific magazines like “Nature” and “Science” did not accept publications that were

opponent to the mainstream. Medical doctors and scientists had to fear loss of their positions at the institutions for which they worked. The magazines “Continuum” and “Medical Hypothesis” were the alternatives for printing opposite research results. When the editor of “Continuum” Hugh Christie died in, the possibilities for a freedom of scientific expression did shrink enormously. The mass media like “Spiegel” in Germany and nearly all media worldwide did not print opponent opinions. The advertisement for condoms in television spots was present in the evening program over years. AIDS was claimed a “deadly disease” and testing was and is recommended. Billions of Dollars are spent for filling us up with information concerning the “Spread of HIV”. Fear was and still is a pollution of minds. A whole generation is frightened by the “under cover” of media and medical acclamations concerning condoms, testing and sexual transmission. The normal growing up and a youth free of worry were wrecked by the greed of money.

There were and are people whom we might call “AIDS-victims”. Like Nadja Benaissa in the media of Germany and Austria and Barbara Seebald, whose case was falsely described as HIV-positive there were many prominent or not so famous persons that had to suffer from what the media wrote by ignorance or by submission to the global censorship. Pop stars like Freddie Mercury or actors like Rock Hudson and ballet dancer Victor Nurejew, who “died of “AIDS”, were victims of the hysteria from the “deadly disease”. They might have died of AZT and the Nocebo effect.

Although the “AIDS-Dissidents” as they were called by defamation, tried to spread the truth, they had big problems that led to ignorance or attack. Only in very small magazines like “die Strassengazette in Austria” or by founding an own company the articles could be published and distributed to a minority. Later, the Internet was the main source for spreading the truth. There are blogs that people use for that type of communication, which is not possible over other media.

The big organisations like WHO, UNAIDS and UNICEF operate with “estimated numbers” which means that the “AIDS-statistics” are false. They recommend antiretroviral drugs to pregnant women for stop of “mother to child transmission of the virus”. The media do not talk about the wrong statistics but make big letters on the front cover, as they are submissive to the mammoth organisations that manipulate the minds of the world population by their power. Democracy and freedom of journalism is something that we have given up by ignoring our rights of opposition. Only a small minority is still counteracting. We have to be aware: “Democracy use it - or loose it”!

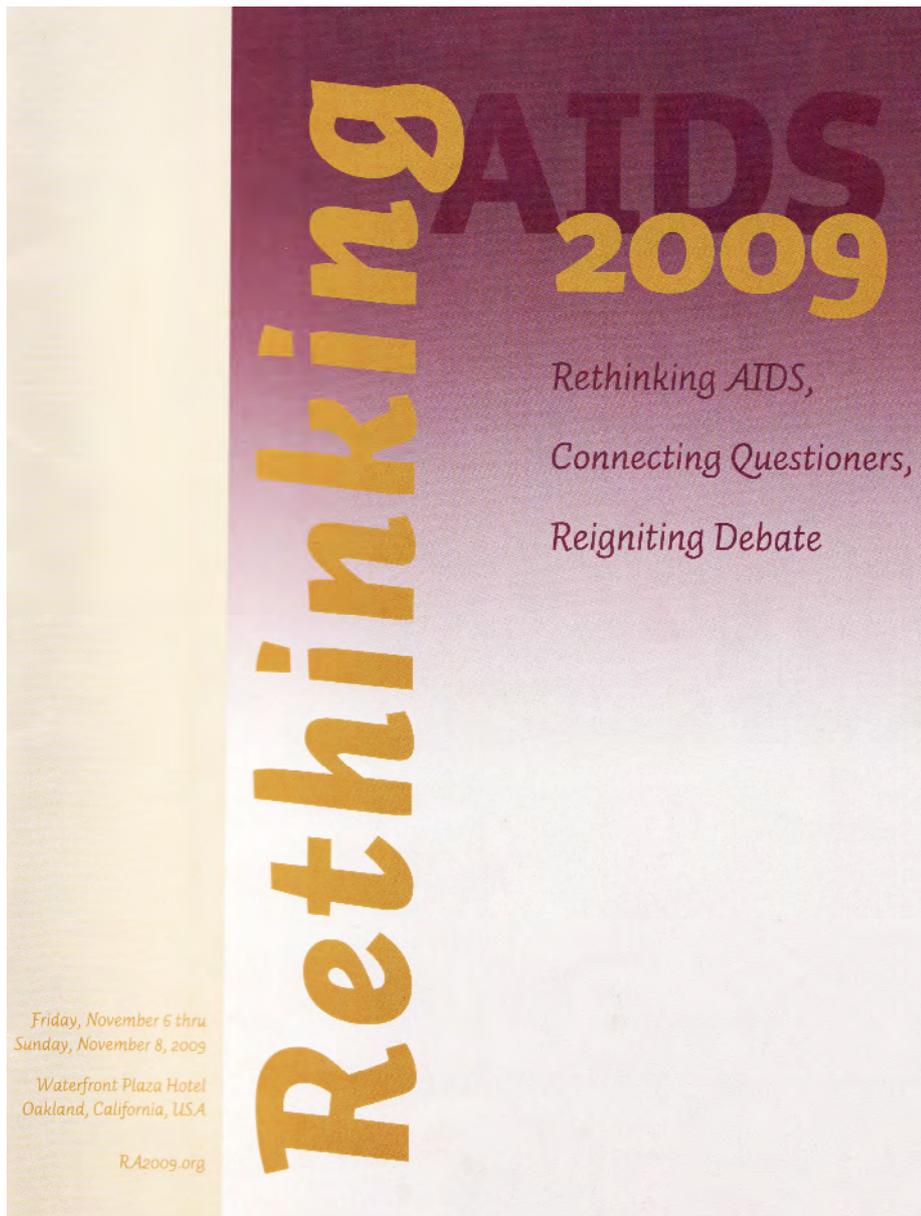
Even the Nobel Price winner in Medicine and Physiology of 2006 for the “HI-Virus”, Luc Montagnier, now has to use the Internet for telling his findings concerning the immune system and “getting rid of the virus”. The film from Brent Leung “House of Numbers” is very impressing concerning the original statements of scientists talking about AIDS. Luc Montagnier has - together with other researchers from France, Italy and Germany - entered new fields of research concerning life, DNA and electromagnetic waves in high aqueous dilutions. This is not suitable for the mainstream research of the scientific community! As to my own case, it was and is very hard for me to publish or to have discussions or giving lectures, concerning my research. I would like to give an overview on my troubles and efforts, which I was confronted with in the last years:

- In July 2006, when I worked as a lecturer at the “Inter American Medical University” in Corozal /Belize / Central America, I gave a lecture in Microbiology concerning retrotransposons and retroviruses, which doubted the existence of a HI-Virus.
- On the 5th of November 2006 I wrote an article to the “Cornerstone”- magazine (run by “AIDS-activists”) in Belize, which had published an article:” HIV-test: Yes or No?” I never got an answer.
- In November 2007 I finished my scientific work concerning HIV and stress:

Reconciliation between Pure Scientists and AIDS-Dissidents:

Could an ancient retrovirus, RNA-interference and stress be the answer to the divergent opinions?

- Back to my home-country Austria I gave lectures on AIDS one of which was on the 21st of January 2009 at the “Club Logischer Denker” in Vienna.
- The following months I tried to publish my work in “Plos Medicine”, Plos One, Nature, Medical Hypothesis and the Indian Journal of Medical Sciences. I got answers from the editors. One objection for not publishing my work was raised from the editor of “Plos Medicine” claiming that they were “...looking for papers...which would lead to a substantial advance in management or public health policy.” What could change more the public health policy than the recognition of HIV- tests that give false results leading to wrong diagnosis and medications? What could abolish the “Nocebo-effect” better than the knowledge of stress having a big influence on health and disease?
- The professors I wrote to in Vienna, and Prof. Duesberg in California gave a response. I also got an answer from Switzerland.
- I sent my work to the “Bill and Melinda Gates Foundation” and got a formal answer that they cannot respond to every statement they receive.
- Some professors from Switzerland or the United States did not answer. They were geneticists or immunologists.
- Some professors from different countries that I talked to gave some hints to me and admitted to my scientific statements.
- From Nov. 6th to 8th, 2009 I visited the “Rethinking AIDS” conference in Oakland/California, which was organized by the famous scientist David Rasnick.



- On the 1st of March 2010 an article was printed on the Internet at “Wahrheiten.org.”, concerning a baby, Muriel Seebald, that was abducted by the authorities out of the hospital without telling her mother Barbara Seebald where the child was for some months.
- On the 9th of June 2010, two news papers wrote articles about Barbara Seebald: The “Kronen Zeitung” and “Österreich”. The first journal stated, that the mother had

infected her baby with “AIDS”, the second wrote about a drama concerning the “AIDS-child”. It also mentioned that a process against the mother had started.

- Concerning Amnesty International, which I am a member of, I never got an answer concerning my emails. When I talked to Heinz Patzelt, the leader of the Austrian Section, he denied any irregularities concerning the case Barbara Seebald.
- The newspaper “Der Standard” from Austria wrote on the 7th of July 2010 about the “Judgement concerning the HIV-child” and that the judge had found the mother guilty concerning bodily harm.
- The 2nd of August 2010 I and many other persons who followed the process of Barbara Seebald wrote a petition to the “Provincial Court of Graz” concerning the reversal of the sentence because of disregard of the proofs of the accused B. Seebald and because of no scientific confirmation of the claimed state of affairs by the judge.
- The petition was rejected!
- Completion of my second scientific work concerning AIDS:
Humans In Variety / Adapted Immune Developmental Symbiosis
By Christl J. Meyer, Biologist, Vienna/ Austria, 2010-06-27
- Ninth of July 2010: **AIDS – new findings that should not kept silent!**

<http://www.wahrheiten.org/blog/2010/07/09/aids-neue-erkenntnisse-die-man-nicht-verschweigen-darf/>

- The weekly journal “Profil” No.27, 5th of July 2010; Citation of Luc Montagnier, the Nobel Price Winner on the AIDS-problem: “I believe that co-factors like lack of nutrition are the cause for the epidemic in Africa.”
- July 16th and 17th 2010 an alternative AIDS-conference in Vienna took place at the Hofstallungen in the “Museums Quartier”. “AIDS- cui bono? Between Science and Dogma” www.science-and-aids.org

- The only newspaper that announced the congress in Vienna was “Der Standard”, but the announcement was too late, had the wrong date, led to defamation and was a spread of fear.
- On the other hand, the “big congress” “The 18th International AIDS-Conference in Vienna” was announced in all newspapers, journals and magazines over weeks and took place from the 18th to the 23rd of July 2010.
- The 16th of August 2010 I wrote a letter to the German feminist and editor of the magazine “Emma” concerning the case “Nadja Benaissa” of Germany who was accused of having infected a man with “HIV”. The title of my letter was: “Hexenverfolgung”(witch-hunt). (see the letter attached)
- August 17th 2010 the newspaper “Österreich” wrote about a confession from the German singer Nadja Benaissa concerning AIDS.
- August 19th, I sent the letter (from the 16th of August) to 24 journals and magazines.
- I did not get an answer from anyone.
- On the 21st of August 2010, the newspaper “Die Presse” wrote about the process concerning the “AIDS-victim” Nadja Benaissa from Germany who was accused of having infected a man with the “HI-virus” by sexual intercourse.
- Next project was the video documentation together with Barbara Seebald at the TV “Alpenparlament” in Switzerland :
<http://www.alpenparlament.tv/playlist/329-staatliche-willkuer-wegen-virusleugnung-der-fall-seebald>
- There will also be a film concerning “AIDS-victims” from Anne Blumenthal, a moviemaker from Germany, including some statements of mine:
<http://www.youtube.com/watch?v=eJM4pmy6KPI>
- On the 21st of October 2010, I received an email from Professor Marco Ruggiero who wrote the following:

It is with great pleasure that I attach the doctoral thesis quoting your work. As I had told you before, we quoted a great deal of your work in this thesis that has been discussed and approved today with maximum marks. Your work is quoted alongside the papers of Professors de Harven and Yamamoto. The thesis is now publicly available. I hope that this will give visibility to your valuable considerations. ...Very truly yours, marco ruggiero 21. 10. 2010

[http://www.omsj.org/2010/TESI Chiara Matteuzzi.pdf](http://www.omsj.org/2010/TESI%20Chiara%20Matteuzzi.pdf)



UNIVERSITÀ DEGLI STUDI DI FIRENZE

Facoltà di Scienze Matematiche, Fisiche e Naturali

Corso di Laurea in Scienze Biologiche

Dipartimento di Patologia e Oncologia Sperimentali

**ENDOGENOUS RETROVIRUSES AS CONFOUNDING FACTORS IN THE
PATHOGENESIS OF AIDS**

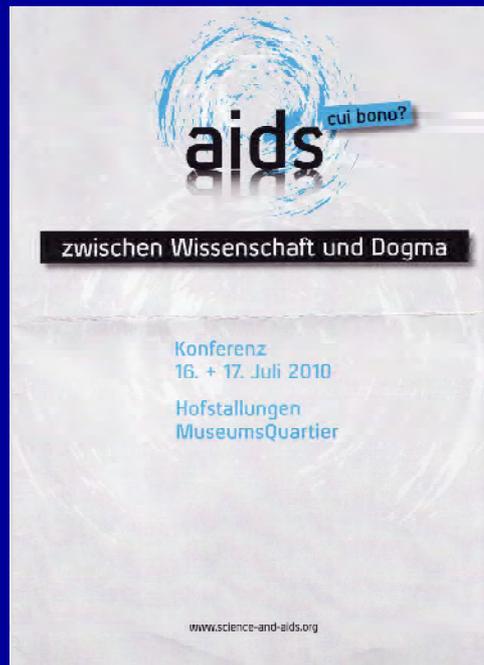
Tesi di Laurea di:

Chiara Matteuzzi

Relatore: *Prof. Stefania Pacini*

Correlatore: *Prof. Marco Ruggiero*

Anno accademico 2009-2010



Christl Meyer

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B. Seebald at the „Cui bono“- Congress in Vienna 2010



My two letters to the media - in original German and translated into English:

Sehr geehrte Medienleute,

heute schreibe ich an Sie, weil ich annehme, dass Sie eine bessere Hintergrundinformation zum Thema AIDS haben als der Durchschnitt der Bevölkerung. Außerdem kennen Sie die Mittel der medialen Angstverbreitung, Fehlinformation und Anbiederung an Machtinstrumente.

Heute appelliere ich an Ihre Pflichten als schlichte Menschen, Demokraten und Staatsbürger, die vielleicht auch ein Gewissen haben. Ich weiß aus leidvoller eigener Erfahrung, wie schwer es ist, Wahrheit und Recht zu unterstützen in einer Welt, die auf genau dem Gegenteil beruht und sich auch noch den Schein von Wohltätigkeit gibt, wo sie Unrecht tut. Bitte hören Sie endlich auf mit dem papageienartigen Wiederholen einer "HIV-Infektion" wo es kein Virus gibt und Sie es sowieso wissen. Sie sollen aufklären und nicht wissentlich verdummen! Das ist Beteiligung an einem Genozid, den Sie gebetsmühlenartig zum Glück ja ablehnen, soweit es die Vergangenheit betrifft. Wieso das Morden in der Gegenwart besser ist, leuchtet mir nicht ganz ein. Ich bin selbst als Biologin mit meinen beiden wissenschaftlichen Arbeiten unter Druck (Anhang) und weiß, dass das weltweite Netz von Lügen schwer zu durchbrechen ist, aber man darf nicht länger warten, denn es wird immer schlimmer und ihre Kinder und Enkel (so Sie welche haben) bzw. die nächste Generation muss in dem zunehmenden Lügenkokon überleben, was immer schwerer wird, da die gleichen Kräfte auch dafür sorgen, dass die Arbeitsplätze immer weniger und schlechter bezahlt bzw. unwürdiger werden. Auch die sogenannten "Menschenfreunde" sind es nicht immer. Für die miesesten Arbeitsplätze geht die Industrie entweder in entsprechende Länder oder lässt die Menschen aus Ländern, in denen es schlechtere Arbeitsrechte als bei uns gibt, diese Posten "dankbar" annehmen. So muß man die Pseudodemokraten auch einmal sehen: Unter dem Deckmantel der Offenheit

gegenüber allen Menschen holen sie sich diejenigen, die damit zufrieden sind, gerade am Verhungern vorbeizuschrammen, statt dass sie genug bezahlen, damit der "Drecksjob", den sie selbst nie machen würden, anständig bezahlt wird und dann auch zur Reduktion der Arbeitslosigkeit im eigenen Land beitragen würde. Dem Argument, dass dann der Verbraucher mehr zahlen müsste kann ich nur bedingt zustimmen, da in erster Linie schlicht weniger in den eigenen Taschen landen sollte, in einer Gesellschaft, die diese unheilvolle "Schere" nicht will, da sie zu ihrer Zerstörung beiträgt. Und die Politik hat dem Bürger zu dienen und nicht der Industrie, die dann angeblich nicht überleben kann. Sind denn alle Politiker gleich blöd und korrupt? Wieso leben die nicht von 700 Euro im Monat? Und wieso brauchen wir qualifizierten Zuzug aus anderen Staaten aber zu wenig Geld für Bildung im eigenen Land? Wenn alle Angst haben, ob sie zukünftig normal leben können, wird die zentrale Diktatur von oben einfacher!

BILDUNG; BILDUNG; BILDUNG! AUFKLÄRUNG UND OFFENHEIT! Aber bitte nicht eintrichtern von dämlichster Aids-Aufklärung, die noch mehr verdummt!

http://www.kleinkleinmedia.de/mediadownload/index.php?option=com_rokdownloads&view=folder&Itemid=59

Wie schallt es Mantra-artig aus den Medien: AUS DER VERGANGENHEIT LERNEN! Und was Machen Sie? VERDUMMUNG UND LÜGE!

Ich bin ein freundlicher Mensch, aber irgendwann muss man auch böse werden, angesichts dessen, was weltweit mit den Medien passiert. Es kann doch nicht sein, dass ALLE ANGST HABEN vor diesen Gelddespoten, die niemand mag, aber alle hofieren.

Wir brauchen eine geistige Wende, die dazu führt, dass wir wieder miteinander kommunizieren und zwar offen! Das dämliche Theater dauert schon viel zu lange an und hat die Welt nur immer enger gemacht und es macht krank - geisteskrank und körperlich - genau das was manche wollen, maximaler Profit aus maximalem Leid - weltweit!

Wenn Sie so weitermachen, haben Sie die ganze nächste Generation auf Ihrem Gewissen. Lüge und Unrecht müssen wieder so genannt werden dürfen, es kann nicht sein, dass "Ärzte ohne Grenzen", die TEILWEISE am Genozid durch Gabe toxischer Medikamente beteiligt sind, auch noch als human hingestellt werden und dass Journalisten nach "Gerechtigkeit" für "AIDS-Kranke" rufen mit dem zynischen Hilferuf nach mehr und billigeren Medikamenten für die Armen, damit sie geheilt werden aber in Wirklichkeit endlich abkratzen. Noch nie in der Geschichte wurde Mord so übereinstimmend als Wohltat bezeichnet. Löchern Sie die Wissenschaftler mit unbequemen Fragen und bestehen Sie auf Antworten, z. B. zum Virusnachweis!

Das Gleiche mit Krebs: Wann bekommen endlich diejenigen wissenschaftlichen Stimmen einen Raum, die zeigen, dass andere als die üblichen harten Therapien viel sinnvoller sind und z. B. im Privaten sowie in Staaten wie Israel bereits mit sehr gutem Erfolg eingesetzt werden? Im Herbst findet ja zu diesem Thema dort eine große Konferenz statt!

Vielleicht besinnen wir uns einmal wieder der wahren Werte, nämlich einer lebenswerten Zukunft in demokratischen Verhältnissen.

Ich selbst konnte kein Recht in Deutschland bekommen, als ich es bezüglich einer medizinischen Angelegenheit einfordern wollte. Alle Anwälte waren unisono erstarrt vor Angst, nur kein falsches Wort zu sagen. Es war noch schlimmer: Es gab KEINEN Anwalt, der meinen Fall bearbeiten wollte. Das soll eine Demokratie sein? Überall hat man mich gejagt, auch in Österreich und Belize. Wo steht eigentlich das Rechtssystem? Es geht nicht nur um die großen Fälle, gerade die Kleinen verdienen Beachtung. Wie sollen wir uns denn wehren und zu unserem Recht kommen, wenn ihr den Fokus nur dort habt, wo eh immer laut geschrien wird und man nichts wirklich riskiert?

Tut Euch ALLE zusammen und informiert noch mehr! Redet alle zugleich und laut - nicht hinter vorgehaltener Hand! Informieren Sie Ihre Kollegen von der Zeit, dem Spiegel und der Furche sowie der Wienerzeitung und allen anderen, deren Email ich gerade nicht zur Hand

habe. Gebt dem Druck nicht nach, den Ihr jetzt spürt! Werdet offen und laut, es ist EUER Recht! Das Tuscheln hat nichts gebracht, jetzt wird mal geredet. Kritisiert die AIDS-Hilfen, sie sind erbärmlich feige oder noch besser, helft Ihnen, dass sie selbst ehrlich aktiv werden. Ich will nicht aufwiegeln sonder stärken! Die Wissenschaft kann doch nicht so schwach sein, obgleich natürlich viele Arbeitsplätze durch die AIDS-Gelder gesichert werden. Aber AIDS-Gelder von Tests und Medikamenten sind das Gleiche wie die wenigstens teilweise diskutierten Blutdiamanten.

Wenn Ihr Herz und Hirn habt tut etwas, verhaltet Euch nicht wie verschreckte Kaninchen und zensiert Euch nicht ständig selber!

Ich habe mich zensiert bezüglich meines juristischen Falles, damit ich nicht z.B. durch ein "Unglück", aus dem Verkehr gezogen werde. Diese verschlüsselten Drohungen sollen nicht länger wie ein Damoklesschwert über uns hängen, das geht aber nur, wenn wir reden, reden, reden. Ich habe keine "Feindbilder" ich orientiere mich am Positiven. Die Weltbevölkerung schrumpft ganz natürlich mit Bildung (der Frauen), Sicherheit im Alter und einem Leben, das Gerechtigkeit und Perspektiven bietet. Krieg und Krankheit führen nur zu mehr Leid. Das Leben wehrt sich gegen seine Bedrohung!

FRIEDEN KANNST DU NUR HABEN, WENN DU IHN GIBST!

Manchmal muss man eben umlernen, auch wenn man schon ziemlich alt ist. Aber besser jetzt als nie! In Hoffnung auf positive Veränderungen und vielleicht sogar eine ANTWORT

Christl Meyer

Sehr geehrte Frau Schwarzer, sehr geschätzte Emma!

Heute möchte ich Sie auf ein wichtiges Thema zu den Menschenrechten aufmerksam machen, das leider in den Medien nur einseitig, verzerrt oder reißerisch behandelt wird. Es geht um das Thema AIDS, das trotz vieler Erkenntnisse seit über 25 Jahren nur einseitig dargestellt wird. Eine andere als die von der Scientific Community und insbesondere der Gesundheitsindustrie dargestellte hat nahezu keine öffentliche Stimme.

Warum schreibe ich Ihnen?

Ich bin Biologin und habe 2 wissenschaftliche Arbeiten zu AIDS verfaßt (Anhang), eine in der Zeit als ich in Belize (Lateinamerika) Medizinstudenten in Science (siehe Lebenslauf und Curriculum Vitae im Anhang) und Ethik unterrichtete. Ich habe selbst eine Ausbildung in medizinischer Mikrobiologie (Arbeit an Viren und Antikörpern) und beschäftige mich seit den Anfängen in den 80er Jahren mit dem Thema AIDS.

In Österreich (Wien), wo ich derzeit lebe, halte ich gelegentlich Vorträge zu den Themen AIDS, Epigenetik und Gesundheit.

Wer wie Sie offene Antennen hat, dem kann es nicht entgangen sein, dass vermehrt Frauen, insbesondes Schwangere ihre demokratischen Freiheiten immer mehr verlieren, da sich die Medizin ihrer bemächtigt. HIV-Tests werden oft ohne vorheriges Fragen und eine schriftliche Einwilligung durchgeführt, was die Rechte derjenigen verletzt. Dann gibt es noch Zwangsmedikationen für Babys und das geht bis zur Wegnahme von Kindern mit polizeistaatlichen Methoden. Zu Ihrer Information: www.seebald.at in Österreich und ein weiterer Link

<http://www.bewusst.tv/politik-geschichte/zerrissene-familie>

Nun gibt es auch noch in Deutschland ein aufgeblasenes mediales Verfahren an Nadja Benaisa von den No Angels. Sie scheint nicht mehr als die üblichen medialen Darstellungen

zu AIDS zu kennen. Bei Frau Seebald aus Österreich ist das anders. Sie ist informiert und hat vom Gericht einen wissenschaftlichen Beweis verlangt, der zeigt, dass HIV die Ursache von AIDS ist. Dieser konnte bisher von niemanden - auch nicht in der wissenschaftlichen Literatur - erbracht werden.

Alle Stimmen, wie z. B. Professor Duisberg aus Californien werden unterdrückt. Jeder der etwas gegen die etablierte Meinung sagt wird angefeindet und eingeschüchtert.

Sogar der Nobelpreisträger L. Montagnier, der sehr viel Hoffnung machte:

www.youtube.com/watch?v=WQoNW7lOnT4

wird unterdrückt. Ein Artikel, der im Profil noch vor der großen AIDS-Konferenz in Wien im Sommer erschien, wird von der Medizinlobby nicht dankend aufgegriffen sondern wenig beachtet. Auch ein alternativer AIDS-Kongreß, der 2 Tage vor dem in den Medien ausführlich beachteten Hauptkongreß stattfand wurde gar nicht oder eher negativ erwähnt. Es scheint als wolle man keine Lösung des AIDS-Problems. Dies kommt einem weltweiten bewußten Genozid gleich, zu dem fast alle schweigen, wie es in der Geschichte schon öfter vorgekommen ist. Ich bin sehr für die Aufarbeitung vergangener Fehler gerade deshalb, um nicht wieder in so tiefe Schuld zu geraten, wie es möglich ist, wenn die Presse gleichgeschaltet ist und die staatlichen Behörden schweigen oder noch schlimmer, mitmachen.

Warum rede ich von Hexenverfolgung? Die Art und Weise, wie die beiden von mir genannten Frauen (und viele Unbekannte, die ebenfalls keine Stimme haben) in Österreich und Deutschland sowie anderswo behandelt werden ist zutiefst inhuman und verletzt alle demokratischen Werte auf das Größte. Frauen sollen durch ihre Sexualität schuld an einer Krankheit sein, die es nachweislich gar nicht gibt! Alle AIDS zugeschriebenen Krankheiten gab es auch schon vorher und so sollte man sie auch behandeln. HIV-positiv kann man auch bei Proteinallergie oder nach Impfungen sowie Drogen und vielen weiteren Gründen testen. Das ist allerdings kein Hinweis auf eine ansteckende Krankheit. Einen Virusnachweis hat es

nie gegeben. Die existierenden Bilder stammen nicht von HIV-Positiven sondern aus Nabelschnurblut und stellen deshalb keinen wissenschaftlichen Beleg dar. Babys werden frühkindlich geschädigt, indem man den Müttern das Stillen verbietet (Urvertrauen und Antikörper) und stattdessen werden sie mit schwer schädigenden Medikamenten behandelt, wodurch die Gesundheit und das Leben gefährdet werden. Wenn nun Krankheit oder Tod eintreten, so wird die Diagnose AIDS verbreitet, das ist nicht nur unwissenschaftlich sondern auch ein Verbrechen.

Es geht wie so oft in der Geschichte um Dämonisierung, Angstmache, (und) wissenschaftliche Überheblichkeit, Kontrolle und Demokratieverlust. Diese Phänomene nehmen immer mehr zu und haben eine patriarchale (NICHT männliche, da Männer auch betroffen sind) autoritäre, hetzerische, lebens- und lustfeindliche Grundlage und werden von verschiedenen gesellschaftlichen Interessen befördert oder toleriert. Bitte nehmen Sie sich des Themas in Verantwortung an und informieren Sie sich auch bei den angegebenen und anderen unterdrückten Quellen.

Ich hoffe, dass Sie frei von Vorurteilen recherchieren und genug Rückgrat und Stamina haben, um sich dieser aktuellen menschenverachtenden Causa anzunehmen ohne dass irgendeine politische, religiöse oder weltanschauliche These ihr Nachdenken behindert. Meine Richtlinien sind die Menschenrechte, die Wahrheit und die Mitmenschlichkeit. Außerdem bin ich ein neugieriger Mensch, der sich selbst informiert und sich nicht mit Mainstream Aussagen zufrieden gibt.

Zur Beantwortung weiterer Fragen stehe ich gerne zur Verfügung.

Meine Kontaktdaten entnehmen Sie bitte dem Anhang.

Mit freundlichen Grüßen

Christl Meyer

Dear people of the media,

Today I write to you because I suppose that you have a better background information concerning AIDS than the majority of the population. In addition, you know the mechanisms of spreading fear, disinformation and how to ingratiate to the instruments of power through the media.

Today I appeal to your duty as simple human beings, democratic persons and citizens that might have a conscience. From my own painful experience, I know how difficult it is to promote truth and justice in a world, that is based on exactly the opposite and that tries to shine in charity, while it is doing injustice. Please stop repeating like a parrot about a “HIV-infection” where there is no virus and you know it anyway. You should elucidate and not stultify intentionally! This is participation in a genocide that you fortunately decline permanently, as far as it concerns the past. I do not see really, why the murdering at present is better. I am myself - as a biologist with my scientific works (attachment) - under pressure and I know that the worldwide net of lies is hard to snap, but we are not allowed to wait longer because the situation is getting worse and your children and grandchildren (as far as you have some) or rather the next generation has to survive in this cocoon of increasing lies, which becomes more difficult, as the same forces take care of the jobs that decrease, become worse paid and include less dignity. The so called philanthropists are not always what they seem to be. For the lousiest jobs the industry moves either to certain countries or it lets people come to us from countries, where the rights for labour are worse compared to us and let them accept those jobs with gratitude. One has to see the “Pseudo-Democrats” under the cover of being “open-minded” towards all human beings they recruit those that are content with not dying of starvation, instead of paying enough, so that the ugly job they would never do, would be paid decent and would reduce the unemployment in their own country. The argument that the consumer

has to pay more I can agree only in parts, as in the first line there should be less money in their own pockets in a society that does not want this disastrous gap that contributes to destruction. Politics has to serve the citizen and not the industrial companies that cannot survive as supposed. Are all politicians dumb and corrupt? Why don't they live with 700 Euros a month? And why do we need qualified influx from other states but too less money for education in our own land? If all people are afraid if they could live normally in the future, the central dictatorship from above will be easier!

EDUCATION, EDUCATION, EDUCATION! ENLIGHTENMENT and SINCERITY!

But no drumming of idiotic AIDS –education that stultifies even more!

http://www.kleinkleinmedia.de/mediadownload/index.php?option=com_rokdownloads&view=folder&Itemid=59

The “Mantra” from the media sounds: Learning from the past! Moreover, what do you do? Stultifying and lying!

I am a kind person, but sometime you have to become angry concerning what is happening to the media all over the world. It is not possible that all humankind is afraid about these despots of money, whom nobody likes but whom all court their favour.

We need a turning point in our minds that leads to an open communication with one another! This dumb performance is much too long lasting and it has turned the world into a place that gets shorter of space. And it creates illness of body and mind. This is what some people want: Maximum profit from maximum grief – worldwide!

If you continue to do so, you will have the whole next generation on your conscience. Lies and injustice have to be named as what they are. It is impossible that “Physicians without Borders”, that contribute in parts to a genocide by donating toxic medications, are addressed as human and that journalists claim for “justice” for “AIDS-patients” with the

cynical cry for more and less expensive medications for the poor people for healing in reality this means dying! Never in history was murder so unanimous claimed as blessing.

Pester the scientists with inconvenient questions, i.e. for virus proof!

The same is concerning “Cancer”: When will those scientific voices be heard that show that other therapies than the conventional ones, which are already applied in privacy and in states like Israel show very good effort?

In autumn, a big conference concerning this matter will take place!

Possibly, we change our mind and promote the real values, democratic conditions in a future that is worth to live!

I myself couldn't get justice in Germany, when I tried to demand it concerning a medical affair. All of the lawyers were altogether paralysed in fear of not saying a wrong word. It was even worse: There was no lawyer that wanted to take over my case. This is democracy? All over the world, I was chased even in Austria and Belize. What is the position of the system of justice? Not only the big cases are of concern the small ones also need observance. How can we defend ourselves and get justice if you only put your focus to the loud voices yelling where there is not a real risk?

Come together and give more information! Talk loud and all together – and say it off the record! Inform your colleagues from the magazine “Zeit”, “Spiegel”, “Furche” as well as the “Wienerzeitung” and all the others, of which I do not have their email address now.

Resist the pressure that you encounter now! Become open acting and loud, it is your right!

The whispering behind the backs was not successful now talking has to begin. Criticise the AIDS-cooperations they are miserable coward. Alternatively, even better try to help them so that they become sincere and active. I do not want to stir up but I want to strengthen! Science cannot be so weak, although many jobs are safe by the AIDS money. However, the money from tests and medications are the same like the “blood-diamonds”

that are partly discussed. If you have a heart and a brain do something and do not behave like frightened rabbits and don't do always your own censorship!

I censored myself concerning my legal case, so that I might not be eliminated i.e. by an "accident".

Those coded threats should no longer hang over you like a sword of Damocles. This is only possible if we talk, talk talk.

I have no bogeyman I orient myself towards the positive. The population of the world decreases naturally with the education (of women), security in the late years of life, and a life that offers justice and prospective. War and disease leads to more suffering and grief. Life offends its own threat!

You will only have peace if you give it to others!

Sometime you have to change your ideas, even when you are quite old. Better now than never!

Hoping for positive changes and perhaps for an answer,

Christl Meyer

Dear Mrs. Schwarzer, Dear “Emma”!

Today I would like to draw your attention to an important matter concerning the “Human Rights”, that unfortunately the media do only present from one point, sensational or distorted.. It is concerning AIDS, which r is despite many findings in the last 25 years only presented partial. Another version as that presented from the Scientific Community specifically from the Health Care System has no public voice.

Why do I write this letter to you?

I am a biologist and I have written two scientific papers concerning AIDS (attachment), one of them when I taught medical students in Belize (Central America) in science and ethics (see my Curriculum Vitae in the attachment). My university training is including Medical Microbiology (laboratory and scientific work concerning virus and antibodies) and since the beginning of the 80th, I am occupied with the matter of AIDS.

In Austria (Vienna) where I am living now, I give lectures concerning AIDS, epigenetic and health.

An open-minded person like you will not have missed the fact, that an increased number of women particularly pregnant women, loose their democratic rights more and more, as the Medical Complex is seizing them. HIV-tests are often carried out without oral or written permission, which is a violation of their juridical rights. There are also forced ingestions of medications for babies and even removal of children with police and governmental forces. For your information: www.seebald.at in Austria

In addition, another link:

<http://www.bewusst.tv/politik-geschichte/zerrissene-familie>

In Germany there is also a “bubble media” legal action concerning Nadja Benaissa from the band “No Angels”. It seems that she does not know more than the usual presentations

from the media concerning AIDS. Mrs Seebald in Austria is different in her perception. She is informed and has questioned the court of law for a scientific proof that shows that HIV is the cause of AIDS. Since today, nobody was able to testify this even not in scientific publications.

All voices, like Prof. Duesberg in California are suppressed. Everybody who counteracts to the official opinion is offended and intimidated.

Even Nobel Price Winner Luc Montagnier , who tried to spread hope:

www.youtube.com/watch?v=WQoNW71OnT4

is oppressed. An article of the journal “Profil” that was published before the big AIDS-conference in Vienna, is not taken up thankfully by the “Medical Lobby” but is only little observed. An alternative AIDS-congress, which took place 2 days before the main congress that was remarked extensively by the media, was not or rather negatively mentioned. It seems as if a solution to the AIDS problem is not wanted. This is a worldwide genocide and nearly everybody remains silent, as it did happen repeatedly in history. I am very concerned about reappraising of the past mistakes specifically for not being blamed again as it is possible when the media are brought into conformity and the administrative body keeps silent – or even worse – goes along with them.

Why do I talk about witch-hunt? The way the two women I mentioned (and many unknown that do not have a voice either) in Austria and Germany and elsewhere are treated is deeply inhumane and violates the democratic values roughly. Women are accused by their sexuality to cause a disease that does not exist by proof. All AIDS defined diseases existed even before and this is how they should be treated. Testing HIV-positive is possible with a protein allergy or after vaccination as well as with drug intake and by many other reasons. This is no reference for a communicable disease. There has

never been a virus proof. The existing pictures do not origin from HIV-positive people but from blood of the umbilical cord and therefore they are no scientific proof. By prohibiting mothers to breastfeed their children (primal sense of trust, antibodies), babies are impaired in their first months. They are receiving very harmful medications, which endangers their health and life. If disease and death occurs the diagnosis AIDS is spread, which is not only an unscholarly way but also a crime.

As so often in history demonizing, spread of fear, arrogance, control and loss of democracy is established. These phenomenons increase and they have a patriarchal (not male, because men are also affected) authoritarian, inflammatory, life- and desire attacking basis and are tolerated and promoted by different interests of the society. Please take care of the subject in responsibility and inform yourself through the above-mentioned and other suppressed sources.

I hope that you have enough stamina and backbone doing research in this actual, cynical affair without being impeded by any political, religious or ideological thesis in your thinking. My guide-lines are the Human Rights, the truth and the humanity.

In addition I am a curious human being, who informs itself and who is not content with main-stream statements.

I would like to answer your questions.

You will find my contact data in the attachment.

Yours sincerely

Christl Meyer

The longer we run along with, the harder it is to stop the run.

The longer we run along with, the harder it is to recognize

That the run along should have never begun.

Helmut Seethaler, Vienna

16. Forces that Suppress the Truth

This chapter will uncover how money, fanatical ambition, power and ideology can change human behaviour in a way that leads to the disregard of ethics and democracy in a way the world should be ashamed of.

Money is generated from Parliaments and funds like the US, EU, WHO, UNAIDS, AmfAR (American Foundation for AIDS Research) and others. The yearly mega-event, the AIDS-Ball in Vienna called “Life-Ball” also recruits money for research, testing and social projects. It is a “charity event“, which is glamorous and is promoted by many sponsors. The reliable person is Gery Keszler, who wants to promote minority groups like homosexuals and coloured people. Thus in the year, 2010, prominent guests were Bill Clinton and Janet Jackson, who works for AmfAR. The event took place on May 21st at and in front of the “Wiener Rathaus”, the city hall. In the official announcement, the organizers claim 25 million people having died from AIDS in the 30 years since the discovery of the “virus”. A big “red ribbon” was placed in front of the town hall and some trams were covered with big advertisements concerning AIDS. The cost for a ticket concerning the gala at the “Hofburg” was more than 2000 Euro. A necklace with diamonds, which had a value of at least 160.000 Euro, was auctioned. Moreover, there is always a fashion show. If you think about the pictures of “AIDS-victims” who are victims of lacking pure drinking water, appropriate nutrition, vitamins and minerals

or who are addicted to drugs this spectacle seems to be cynical. Could you imagine such a scene or party in front of those who suffer from their living conditions? We would be ashamed! This is degrading by hiding the real causes of this tragedy!

In history, this period has to be as remarkable as other atrocities. It is genocide by genotype, specifically as scientists know that the 20% of South Africans that are stigmatized to be “HIV positive” have a special genotype of their HLA-system, which is marked falsely as being “infected“ by a virus and suffering from AIDS. Margaret Chan, the director of WHO, states that 80% of all new HIV-infections are by sexual transmission. As genes are transferred by sexual intercourse this is nothing new: Life is transmitted by sexuality, and genes are the components of our cells. Some variants of the HLA-system, as HLA-DR are more common in Africans and less in Semites like Jews and Arabs. In addition, the tradition of circumcision in these cultures leads to less transmission of white blood cells and proteins, which reduces adverse reactions of allergy that could lead to a positive test result. As the under-privileged countries suffer a faster grade of evolution (mutations) because of the stressing conditions, the “virus” (the HLA-genes) escapes specifically when antiretroviral medications (HAART) are given, which force the body cells to escape-mutations as they are known for many decades for antibiotics against bacteria. The long time uptake of drugs leads to death by “AIDS” – a self-fulfilling prophecy.

Why do the WHO and so many other potent organizations act in this manner? There could be different answers: One is, that the population reduction is wanted, it is an aim for “the leaders of the world”, some of whom do not care about the ethics of the method.

However, profit is as much important. The CDC (Center of Disease Control) is financed by the US congress annually with about 2 Billion \$. Let us have a glance at the AmfAR, the Foundation for AIDS Research. Financial Information: amfAR is a New York State not-for-profit corporation and is exempt from federal income tax under section 501(c)(3) of the U.S. Internal Revenue Code.

AmfAR's accomplishments are made possible by the generous support of corporations, foundations, and individuals. The Foundation's support totalled \$22.9 million in 2009.

UNAIDS Press Office assesses for the years 2006 -2008 Needs for AIDS resource of 55,1 US\$ billion (55 100 000 000).

The power of controlling people by doing HIV-tests is that of controlling life, health and mortality by earning much money and be praised for "saving lives". In addition, the persons involved are really acting unethically by selling toxic drugs that lead to escape mutations and cause liver-failure and all the other "side-effects" that are those claimed to be of AIDS-origin. The society pays their own murderers and calls them heroes for saving lives. The health-system is corrupt. They want to prevent HIV by the use of condoms and inject particles HIV-like (retrovirus) by vaccinations. Next project against democracy could be forcing people to take vaccinations they don't want, take HIV-tests they don't want, take poisonous antiretroviral drugs while waiting for the death of millions of people and being paid millions of dollars for this genocide. We have to wake up and fight against those "dinosaurs" that want to control the planet. We want our freedom back; we want to live a reasonable life under democratic conditions. Politicians have to show stamina in counteracting those forces of a destabilized economic system. A world controlled by big companies that also try to poison our food by GMOs (Genetically Modified Organisms) and destroy the ecosystems of the planet is very dangerous. They might invent the genetically modified pathogen and the cure against it in the same company and use the global media that are controlled by them, for dissemination of fear and their deceit.

Most time of my life, I have believed in the good of science. Most members of my family were scientists and I was convinced of the advantage for the public in doing scientific research. It is not I, who dissociated from science; it is dishonesty in application of science by some people and organisations that occurred in the last decades, resulting in giving up candour. However, the greed for money and power of some persons and companies is like

drinking water from the sea: The thirst cannot be stopped. Now we have to fight stultification all together. We must get back freedom of information and speech. On the other hand, the increasing population of the world is a problem we have to face. Moreover, the inequality of the life-standard should be under our observation and be reduced.

The one, who knows nothing, has to believe everything.

Marie von Ebner-Eschenbach

17. Consciousness, Freedom and Responsibility

How can we solve the problems we face on our planet? First, we have to be aware what our problems are. Our consciousness is poisoned by public information concerning “AIDS”, “terrorism”, and all the other anxieties that are promoted by a press and other media that are worldwide under pressure. I will try to enumerate some of the problems that I find to be on the top:

1. violence (whether in war, families or the society)
2. social injustices
3. hunger and malnutrition
4. decrease of (pure drinking) water
5. pollution of nature and lack of sustainability
6. population increase
7. deficiency in education / learning and culture
8. The suppression of ethics and the Human Rights by increasing religious fanaticism and ideologies as well as egoism and claims to power
9. imbalance of health and health systems
10. lack of solidarity between people and societies
11. use of techniques without responsibility
12. Fatalism that is caused by feelings of no power

In addition, the basis of all is a financial system that is neither sustainable nor intelligent!

These problems cannot be discussed separately, as they influence one another. The population increase is an outcome of social injustice a lack of education and learning in a world of globalization. The world is changing in a way that leaves the former colonized countries in the hand of corrupt systems that are promoted by global companies that are interested in big economy instead of democracy. For instance in South Africa poor families are destroyed by husbands that are working far away from their families in mines living under horrible conditions that lead to a dishonest life that is only endured by drinking alcohol, taking drugs and with extensive promiscuity. Sometimes those working poor see their families only twice a year. They die often at early ages because of the impairments they have to suffer from. There is a lack of social security and violence among the youth, who is without chances and jobs, increases. The “homelands” like Cape Town, where many of them live, have no sanitation and nutrition and pure drinking water is not sufficient and healthy. As a result of cultural traditions, male claim of power and a lack of education, the women do not take contraceptives that would ameliorate the situation. The old culture believes that men who have many women and children are potent. As there are no other possibilities to retain their dignity nothing will change as long as the situation does not improve in a way the modern democratic countries solved that problem without forcing people. The responsibility of women should be stirred up by telling the truth to reduce fertility. Lying about a sexually transmitted deadly virus, which condoms can stop, gives the power back to the male population, which is not really willing to solve these problems as I have already mentioned. By training women in how to use contraceptives and giving them micro-credits for their own small businesses as well as initiation of education and social security many problems could be diminished. The belief in AIDS converts a whole continent into resignation instead of hope. We have to give back hope to Africa and other people and societies that are claimed to be infected by a virus. Anxiety

and fear specifically in societies that believe in traditional medicines where healers are talking about ancient condemnations and of ghosts, have to be abolished. Concerning Haiti the situation is similar and even worse, because of the earthquake that struck the region not long ago. In the Eastern European countries, the drug import from Afghanistan that increased under the US war leads to problems specifically for the youth living in the streets of Russia, Bulgaria and other countries. These social problems are called “an increase in HIV/AIDS infection”. The never ending “war on terror”, announced by former President of the United States George W. Bush brings money and testing of arms to the big defence industry and death, harm and injury to the poor people that have no rights. The big pharmaceutical companies earn billions of dollars by testing for HIV and by selling poisonous drugs. When they give the drugs cheap or for free they are claimed noble, although the consequences are “side-effects” that might reduce the world population in an undemocratic unethical way. A good health-care system will provide support to people to reduce illness and mortality and cure diseases by giving a correct diagnosis. Tuberculosis, lung-infections and diarrhoea that are the most widespread diseases can be treated effectively. On the other hand, many pregnancies are challenging the health of the women in an overwhelming way. The diminishing of the body’s resources is a consequence, which might lead to weakness and social disparities. We have to seek discussions with those, who are hit by these problems. Discussion and offering options as already mentioned might convince the females who have the task of education. The husbands suffer from their situation in living conditions whether they have a (badly paid) job or when they are out of work. The coloured populations have been suffering from the aftermath of slavery until today and although racism has been stopped by legislation of the government, corruptions in association with economic forces enhance it. Moreover, the scientists and politicians who talk about the Holocaust in the Second World War are not willing to avoid the new Genocide. Some politicians hold shares of the weapon-

and pharmaceutical industry and earn money from illegal drugs as well. Where has democracy gone?

Some of the leaders of the world, called Elite, think they are God. For them the world is a game they always win. They are very intelligent in tricking others but are not so successful in reaching their goal, because they think that people are stupid and use them like marionettes. Nevertheless, the societies are changing and they will not keep their mouths shut when democracy and freedom of speech vanish.

The big forces that want us to eat GM (gene manipulated) cereals instead of natural food attack the “Bio Scene”, to whom many individuals belong. The “Code Alimentarius” which takes freedom from people in the USA and the EU countries by implementing laws concerning nutrition, has not even been discussed in the media who are controlled by those that want us to live an artificial and unhealthy life lacking vitamins and accept total vaccinations and (gene)-testing. There are forces that we have to stop immediately. They want to privatize everything including the drinking water in some countries. You might even pay if you collect water from rainfalls. I wonder how long it will take until we have to pay for breathing and pay carbon dioxide tax because we do emit it. The individual life does not count for some people except their own one! They are not held responsible by the society for what they do or neglect.

The media write that technology will solve our problems. Nevertheless, technology also produces problems like for instance the nuclear power whose waste we do not know how to store it over millions of years. The catastrophes in Sellafield, Tchernobyl and Fukoshima as well as many of those that have never been discovered officially, show some difficulties in dealing with techniques. On the other hand, we produce more goods per unit of time than before and this leads to problems and unemployment of people. Without reduction of working hours, we will not have enough jobs for those who want to work and we should not produce more working poor by not paying sufficient wages for a decent life in families. The inequality

in money and chances might lead to social problems that end in dugs, violence and destruction of families and societies. As long as big companies prosper from disease and war, the world cannot be cured. It seems as if the middle-classes become abolished while the Elites are establishing a new slavery of poor and working poor. Concerning the misery they cannot escape those might want – after all sufferings - strong leaders to solve the problems. Thus totalitarianism instead of democracy could occur! Therefore, we have to fight for freedom and should not forget that we are held responsible for the future specifically for the next generations.

The financial system, which has been founded on high interests, destroys the sustainability of the resources of the earth, like nature and mineral resources as can be seen in Nigeria where the oil industry has poisoned the soil and water and made the regional inhabitants poor in a rich country. The corrupt politicians share the profit with the big companies and leave the people behind. The great disparity in income, living conditions, learning, education and chances leads to prosperity for the ones and to sorrows and suffering for the others. However, as the earth is a living planet injustice cannot solve the problems. Instead of giant companies, we need local encouragement and education as well as micro-credits and legislations that force the companies to accept responsibility for the sustainability of the planet and its ecosystems. Perhaps the established world finance system, which includes an unjust zero-sum game, has to be abolished. Solidarity can be improved by establishing democracy and human rights as well as by living them so that the young ones can learn from the examples and role models of the elder generation. Our heart and mind (or soul) is the leading force of the world and not techniques and politics alone. For families it might be best if men and women have the equal possibility to share job and family work by reduced working hours of about 25 to 30 hours a week as full time job because the children could profit from both father and mother. This implies a role model for the boys who miss male examples. They have none of their own sex, as the teachers in kindergarten and primary school are normally female. Pregnancy and

the first months and years are very important for trust and self-confidence of a human being. Psychology and behavioural sciences teach us, that people without trust and self-esteem might be a big future problem for the society specifically as they try to compensate, by acquiring positions with power over people or by decisions of importance. No emancipation of women without emancipation of men!

Voluntary responsibility in education of the children for both partners could be an aspired aim, if possible! We never should forget the youth. Specifically the female population has to be trained to defend their own rights and not to suffer from (sexual) violence in societies that turn the rights around by punishing the victim instead of the offender of being responsible for the crime. The male youth has to be educated in a way, that they acquire self-esteem hope for the future and chances that give them good feelings, when they refuse violence. Young men have a huge potential of energy that could be exposed for destruction if it is not focussed into a positive aim. Drugs and/or depressions are the consequences of gaining no possibilities to develop a meaningful life. We have to defend Human Rights and Democracy instead of neglecting our responsibility for people and the problems of our planet. As different ethnic groups test with high frequency “HIV-positive” without being sick, this renders South Africans i.e., (HLA-DR class II –genes / falsely “HIV”) as being “infected” without scientific proof. This is “Genocide by Genotype” as I have stated in former discussions in Austria, my home country. Concerning the “Holocaust”, the media are open minded enough, to discuss the horrible period in the history of medicine. In those days, experiments with human beings were carried out. On the other hand, the not existing HI Virus is not discussed in the media and those who fight for the truth are harshly offended and discriminated as “Dissidents” or “being esoteric”. There is a worldwide censorship on truth and it seems the “rulers” are claiming themselves as “friends”, who try to save lives by testing and giving more medications to “the poor” but do harm as the pills lead to “AIDS-symptoms”. A positive example is Kerala in the South of India. Of all federal states of India Kerala has the highest Percentage of literacy

(men: 96 percent, women 93.9 percent). The whole Indian average is 74.0 percent (Numbers are generated from the census of 2011. Kerala has seven universities. The birthrate is under 2 children per woman and the social standards lead to more equality which results in more justice. Actually, it is not intelligence that is the most wanted trait of humans. The preservation of a sense of decency in combination with intelligent acting and ethics might help to solve future problems hopefully.

Freedom of the individual should be in the focus of our attention instead of an authoritarian „Health Policy“, which is going to run our lives, pretending „to do the best for us“ by withdrawing our self- determination. More tests do not render us healthier, but they give data to those, who are interested in abuse of power. These data, that are obtained by “scientific methods” are by their alleged “importance” able to restrict our choice of “free life pattern” (husband, partner, children, family, job).

For millions of years there is a passing of acquired traits by horizontal and vertical transfer of different molecules. This is part of the normal evolution. We will not agree to totalitarianism, neither from government nor from private profiteers, which want to control our genes, pretending it is for the benefit of the population. The **Declaration of Human Rights** (articles 3, 16, 25) guarantees freedom of health already today.

Nothing in Biology Makes Sense Except in the Light of Evolution.

Russian Orthodox Christian Theodosius Dobzhansky

18. The Future: Truth, Wisdom and Love

So, what is AIDS?

It is the outcome of the Nocebo-effect by being tested positive; it is old diseases with a new name, it is wrong diagnosis, it is (oxidative) stress and often malnutrition, lack of pure drinking water, drugs, social and psychological stress-situations, vaccination and it is symptoms of the antiretroviral medications that might cause even a lethal outcome by their “side-effects”.

And AIDS is, like most diseases just evolution, which is much too fast by the challenge of the environment, that leads to gene-over expression, transposition, mutation and the imbalance of the immune system.

What are the consequences?

We just have to change the situations and we have to accept, that diseases are a normal consequence of life experience and development of our being as well as evolution of the species. The allergy to human sperms and glycoprotein is like an allergy to pollen (plant’s sperms), as it is well known from ragweed. It should not be diagnosed wrongly as being an infection with a virus called HIV.

Without accepting new genes, nucleic acids, different RNAs, (glyco)-proteins and other molecules, evolution would never have happened in the way it is presented to us. For many decades scientists, specifically geneticists and evolutionists wondered how evolution could be so fast if it was only genetic recombination (between egg and sperm) and random mutation.

Now, as we are aware of hotspots of mutation that are non-randomly distributed, it is priority to find out what mechanism is involved in the process that seems to be self-organized. In some specific life processes, there is no “blind clockmaker” working, as French scientist and Nobel Price Winner of 1965, Jacques Monod wrote in his famous book. A holistic view of processes in networks including visualization of the consequences might become a future model for a more specific understanding.

The mind might stimulate molecular evolution of the individual and by heritage (epigenetic interactions) the progeny. Many molecules like the interleukins are shared between the nervous and the immune system, which proves a connection between mind (soul, reason) and health! Thus, we have to take responsibility on our own, the society and for the planet as a living organism sometimes called “Gaia” like Lynn Margulis, the famous evolutionist did in her book. We take part in the evolution of all species that contribute to a horizontal transfer of heritable molecules from nutrition and microbes and sometimes become part of our own genes as it is proved. This is a natural process, which has occurred over millions of years successfully. Acquired nucleic acids are characteristics of each organism by being transported to germ cells, where they contribute to the altered heritage of the next generation.

Erwin Chargaff, the famous scientist who was involved in the detection of DNA bases, remarked that science in former times was “purified” by itself in a process of scrutinizing the scientific papers by experiments that were repeated. Nowadays there is no retake with fatal consequences: There might be mistakes or false reports without detection over long periods. Moreover, criminal actions for gaining reputation can enhance. The “Scientific Community” has changed to an “Economic Community” which is a tragedy, as disease has become a key for prosperity of the market instead of prosperity of people. The economic system establishes the value of a human not in social or ethical standards but in its economic worth. Health products like pharmaceutical goods can be transferred into shares that pay for pension. This is the end of humanity in the Medical and Health Care System if it has to yield profit. As to PhD

Gary Null “The Leading Cause of Death In The U.S. is The Health Care System”. The Health Care System causes nearly 1 Million of deaths yearly in the US! However, he does not blame the doctors for this situation. The entire system has to be changed.

On the other hand, it is my request, to stress that many very decent people who work fair and hard try to do their best for the patient, in whatever health system they are working traditional or alternative medicine and research. The system has to be changed for the good of all participants no matter if they are working for science and health or they are receiving treatments and paying as patients. The patient personally has to be free in his choice of being treated or not and in which way for his health and disease.

I hope that the future will be transformed by truth.

If we act in wisdom, we have to have the next generations on our mind. The cultural and the biological evolution are two sides of the same medal. The exploitation of the goods of our planet and the exploitation of the human beings will not lead to peace and prosperity nor for us or for the future generations. We have to discuss population growth with those people who are touched by the problem and find solutions that will be promoted by themselves. It is not in harmony with the human rights to act on people without their agreement, for example by applying GMO, vaccinations or poisonous medications.

There is no warrant for “Genocide by Genotype. To compare the medical cruelties of World War II with the application of our scientific knowledge that can kill people and destroy the planet by scientific “progress” is a necessity. The worldwide migration is a consequence of colonialism and exploitation of mineral resources, which do not promote the development of the country and their people but the local political leaders and the financing agencies. The laws concerning the global market and the agricultural subventions of the rich countries end in dependency of help for those that could feed themselves if there was a world of justice and respect.

What are the political consequences? We need wisdom instead of knowledge. Fairness and respect for nature and creatures should be obvious. We need both for the survival of the planet and the prosperity of the next generations!

AIDS is a symptom of having lost the contact to both.

Like cancer and many other diseases, it is a signal of imbalance that should be treated also in a holistic way by trying to reduce environmental harm as well as anger, fear, worries and anxiety that are man-made. Solving problems by ourselves is easier with self-confidence, education, learning and opportunities.

The right pace and the right balance, responsibility for us and the “living planet”, which undergoes a permanent evolution, will help us to save the spirit for a future that is modified by the transformation to more humanity and love, which means a better life!

Everything is connected to everything.

(Buddhist proverb)

Literature

My scientific papers:

Reconciliation between Pure Scientists and AIDS-Dissidents:

Could an ancient retrovirus, RNA-interference and stress be the answer to the divergent opinions ?

By Christl J. Meyer, Biologist, Vienna, Austria / InterAmerican Medical University /

Corozal Town / Belize / Centralamerica

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Summary:

In this article, based on scientific publications, I present a new theory on the cause of AIDS.

The latest scientific research is combined with well known facts and put into a new context.

The outcome is that there is no infectious HI-Virus.

The provirus, described in scientific publications, seems to be an ancient retrovirus, established during evolution in our genome, normally acting as a nearly suppressed part of the genome that can be partly activated under certain circumstances like oxidative stress and malnutrition leading to T-cell decline and disease.

Aids diagnosis is a vague statement and testing for HIV is not evidence based and thus disapproved.

But if we all work together we can improve the situation for the people who are suffering from health problems.

Overview:

I. Introduction: Testing for HIV

II. What evolution teaches us

III. The regulation of the provirus genome

IV. About molecular response to oxidative stress

V. Combining stress response with provirus gene activation or

“Do not mix up the cause and the outcome”

VI. Pregnancy

VII. How to avoid getting ill.

VIII. If we all work together

I. Introduction: Testing for HIV

Since the claim that HIV is the cause of AIDS in the 1980th there is a never stopping discussion between “AIDS dissidents” and scientists. Why?

The answer is that there are many facts that make it difficult to believe, that there is a virus that causes the multiple various symptoms of AIDS. I will only try to give an answer to scientific reasonable doubts:

1. The ELISA test for HIV antibodies has a high sensitivity and a low specificity as claimed by the company , Abbott, themselves. [1] Thus they recommend a second test in case of positive testing.

2. The test serum of patients tested for HIV has to be highly diluted which differs from other laboratory tests for infective diseases like Measles, Varicella, Mumps, Cytomegalovirus and Epstein-Barr Virus.

If the test serum of patients tested for HIV is not highly diluted than everybody tests positive! [2] Due to Giraldo this outcome could mean:

- Everybody has a HIV infection?
- Everybody has antibodies to HIV?
- The test is not specific for HIV?

Indeed the test kit reacts at least with 50 more “substances”. [3]

3. The second test – done in some countries after a positive result in the ELISA test for HIV is the “Western Blotting “ test. The interpretation of the test results varies in different regions of the world. That means, having a positive result in one part of the world and travelling with the blotting test result to another part of the world would declare you healthy in that other country. [4,5,6]

4. Concerning to L. Montagnier, one of the 2 scientists that are named the discoverers of HIV, he himself does not claim to have ever purified the virus [7] which is in fact the “gold

standard” in virus proof in scientific work. [8]

As a result of the afore mentioned we have no test standards, no virus proof and no evidence.

THAT’S WHY WE SHOULD STOP TESTING FOR AIDS !

IN ADDITION: A POSITIVE TEST RESULT COULD FRIGHTEN PEOPLE TO DEATH!

The Nocebo-effect is due to involvement of the cholecystokinin-system. [8a]

5. Concerning the high number of people said to suffer from AIDS all over the world, but specifically in Africa and the fast developing countries, most people are not tested at all.

The WHO “Bangui definition” is sufficient to be diagnosed for AIDS due to criteria of having symptoms like itching, coughing and diarrhea for more than 1 month.

6. In Africa most tested persons are pregnant women, because they are the ones that visit hospitals during pregnancy and those institutions are capable of testing says Christian Fiala, physician in Vienna, Austria. Pregnant women express more antibodies as other humans due to the changed situation in the body, fighting against foreign antigens of the fetus. [9]

For more explanations concerning positive HIV tests in pregnant women, newborn babies and multiple mothers see the chapter V of this article on pregnancy .

The conclusion is that we have no standards for diagnosing AIDS.

II. What evolution teaches us

The new scientific results in research concerning the human genome have changed our mind tremendously. Humans and chimpanzees, which diverged from a common ancestor some 5 million years ago, differ in their genome sequences only about 1 – 2 %. We are aware that only about 3% of our genome is coding. The other 97% were long named “junk “ DNA. As to Jamil Baccha they are “spam from the dark age”. [10] All living creatures from plants to humans comprise a big quantity of proviruses fixed in our germ lines and providing us with a fossil record of viruses long extinct in the population. [11, 39]

In humans, there are about 80.000 proviruses and their remnants many of them ancient retroviruses, comprising about 6-8% of the genome, or about twice as many as genes.

John M. Coffin, Professor of Molecular Biology and Microbiology, Tufts University:

“ There is more provirus in us than there is us in us.” [12]

The former “junk” DNA is now investigated for these sequences, which are dedicated to gene regulation processes, promoter sequences, transposons, jumping genes (Barbara Mc Clintock won the Nobel Price in 1983 for her discoveries in maize), micro RNAs and RNA interference and may be more research in the future will lead to new discoveries we are still not aware.

The “Central Dogma of Biology”, which states that DNA is transcribed to RNA and then translated to proteins can now be extended because of the various amounts of RNA that are translated from the DNA of our genome regulating cell processes without being translated into proteins. In addition we are aware of a process which transcribes RNA into DNA which is used by Retroviruses.

III. The regulation of the genome of the provirus

The scientific literature – concerning HIV – is nearly exclusive based on the **provirus, which is about the integrated DNA into the human genome.** “The provirus might have been a former virus, derived from a chimpanzee virus progeny, that gave rise to a virus, that could infect humans. It might have lost down regulation of the NEF-gene, which made it more infectious”. [13]

The 3 main genes of the provirus are gag, pol, env and some more genes that are due to recombination of parts of the integrated DNA thus comprising more possibilities for coding. TAT for instance is a provirus transcription activator and the LTR (long terminal repeat) is a binding site in provirus activation for RNA synthesis.

Some of the molecules that are working together in the regulation of gene expression in the Tcells

are **host factors:** Nuclear factor Kappa Beta (NFMB) and his inhibitory unit p50, Histone deacetylase1 (HDAC1 also known as sirtuin 1), RNA polymerase II, small hairpin RNAs. The Nobel Price for Medicine of 2006 was awarded to C. Mello and A. Fire for their breakthrough in research concerning RNA interference in *Caenorhabditis elegans*. [14]

The publication from S. A. Williams et. al. claims that activation by NFMB p50 promotes HIV latency through histone deacetylase recruitment and repression of transcriptional initiation. Knockdown of p50 expression with specific small hairpin RNAs reduces HDCA1 binding to the latent HIV LTR and induces RNA polymerase II recruitment, but only short virus transcripts are generated. [15] Synthesis of full-length viral transcripts can be rescued by additional expression of TAT.

Having a closer look to NFMB shows that this molecule is very well known for being activated in inflammatory processes of the cell and transported into the nucleus for binding.

[16] The histone deacetylases, like Sirtuin, lead to repressive changes in heterochromatin.

[15, 17] RNA interference and micro RNAs can trigger gene expression or inhibition.[18,19]

As to Alexander Spirin, Moscow, RNA molecules, embedded in protein particles called “informosomes” are found in many cells of the body, including germ-cells. [20] They might imitate particles similar to viruses. The RISC - RNA- Induced Silencing Complex - might also elucidate more details [21,22] concerning m-RNA which is attached to proteins. It is a ribonuclein paricle composed of a single-stranded short interfering RNA (si-RNA) and an endonucleolytically active Argonaute protein, capable of cleaving m-RNAs complementary to siRNA. RNA interference can be a hereditary molecule, that means it might be transported via germ cells and involved in regulating processes in the next generation.[23,24] Thus small RNA molecules and attached proteins might explain the false pretences for HIV. But even the latest scientific research from Nolwenn Jouvenet, Paul D. Bieniasz & Sanford M. Simon in “*Nature* advance online publication 25 May 2008 [24a], gives new suspicion for particles produced inside the cell and transported to the surface : “...Here we describe quantitatively the genesis of individual virions in real time, from initiation of assembly to budding and release. We studied fluorescently tagged derivatives of Gag, the major structural component of HIV-1—which is sufficient to drive the assembly of virus-like particles⁶—with the use of fluorescence resonance energy transfer, fluorescence recovery after photobleaching and totalinternal- reflection fluorescent microscopy in living cells....”

IV. About molecular response to oxidative stress

Oxidative stress is caused by Reactive Oxygen Species (ROS). They are generated mainly by two processes: 1. The oxygen dependent pathway of microbial killing by myeloperoxidase, an enzyme which produces free radicals for the destruction of bacteria. 2. The mitochondria produce ROS during electron transport for the generation of energy as ATP. ROS can cause damage to mitochondria and other components of the cell like the nucleus thus leading to energy deprivation and chromosomal damage resulting in mutations. [25] The balance of the cell is depending on a balanced oxidation/reduction status which includes a normal pH of 7.4. For promoting the stability there are molecular redoxsystems in the cell like katalase superoxiddismutase, and the Thioredoxin system. This system is provided by another system called Glutathione. Both systems comprise a pair of oxidized and reduced molecules called Thioredoxin Tr (the oxidized form) and TRX (the reduced state) and in addition we have Glutathione which forms a dimer GSSH if oxidized and occurs as GSH if reduced. These redoxmolecules are selenoproteins and therefore Selen is an indispensable component of the cell. [26] The dismutases are dependent on Cu/Zn in the cytosol and Mn in mitochondria. The glutathione system is involved in the promotion of telomerase activity, an enzyme which contains a reverse transcriptase that is responsible for cell division in fast dividing cells like germ cells, white blood cell progenitors, some stem cells and cancer cells. For a healthy organism there has to be a balance in this system. If the GSH concentration is too high this could lead through activation of telomerase to cancer. If the GSSH concentration is too high this will result in damaging cell components due to destruction by free radicals. [27,28,29]

V. Combining stress response with provirus activation or

Don't mix up the cause and the outcome

In response to T-cell activation by stimuli like ROS [30] NFMB is transported into the nucleus. This process is promoted by several other factors like TRX1 [31], the Mitogen activated kinase (MAPK, JNK) [32], Tumour Necrosis Factor (TNF) [33], and other molecules that are involved in the process. NFMBp50 binds to the LTR of the provirus thus regulating gene expression via HDCA and small RNAs. [15]

Small RNAs coded by the provirus might inhibit HDCA binding and induce transcription of m-RNA resulting in translation of proteins. [34] HIV-TAT down regulates telomerase activity in the nucleus of human CD4+ T-cells. TAT is released by actually infected T-cells either in vitro or in vivo. **Picomolecular concentrations, promote the growth of activated endothelial or CD4+ T cells. Micromolecular concentrations of extracellular Tat are instead capable of inhibiting antigen-driven T-cell proliferation.** [35] The results show that expression of the provirus genes is sensitive to activation of TAT and the concentration of the TAT protein. In contrast anti provirus medications would be molecules targeted against Pol II and TAT. [36] **HDCA inhibitors are developed as antineoplastic drugs** in cancer thus promoting apoptosis. [37,38] To summarize the afore mentioned: We should expect that everybody expresses to some extent the integrated silenced proviral genes.

VI. Pregnancy

Pregnant women have to fight against the foreign antigens of the embryo / fetus in their body as 50% of the genes come from the paternal site. It is estimated that for avoidance of these problems, the immune status of the women shifts from cell-mediated immunity toward humoral immunity. [39] This would explain the diminished amount of T-cells and the high concentration of antibodies in the ELISA-Test. They are normally produced from the B-cells during pregnancy. There is evidence that females might fight male transposons through RNA interference in studies concerning *Drosophila*. [40]

Cracken et al. [41] state a downregulation of NFMB in T-cells of pregnant women, which is essential for the maintenance of the cytokine profile required for pregnancy success. Thus pregnant women and their fetus or women who have delivered and their newborn babies who test HIV positive might follow the normal biological requirements of an evolutionary process. [42] This means being tested HIV positive is a sign for applying a biologically successful tool in the interaction of mother and child survival in the uterus.

VII. How to avoid getting ill

Referring to the afore mentioned the cause of activation of the endogenous retroviral genes that now contribute to our entire genome is oxidative stress. [43] Oxidative stress is often caused by infections and an impaired metabolism, because of malnutrition, missing vitamins and micronutritional elements . They are needed for the normal biochemical reactions in the cell which is well documented in textbooks used for teaching in Medical Universities. Selen is part of the selenoenzymes of the glutathione and thioredoxin complex. Thus nutrition and good sanitary conditions as well as pure drinking water and improved living conditions are on

the top of the list for preventing diseases specifically in poor regions of the world. Much too high concentrations of vitamins could counteract health because the natural induction of expression of the thioredoxin system depends on a low dosis of ROS [44].

Concerning AIDS diagnosis we have to be aware that most “AIDS patients” might just suffer from glucose deprivation which means hunger [45,46], malnutrition, diarrhoea, tuberculosis, malaria and sexually transmitted diseases like chancre and infections by clamydia. Stressful conditions must also be avoided by birth control and use of condoms. Legal and illegal drug abuse as well as some chemical substances like specific pesticides, that are not used in the “Western World” any longer but are exported to “3rd World Countries” are also counteracting to a good health status. As to the WHO- report “What are the key health dangers for children?“ Nearly 10 million children under the age of five die each year – more than 1000 every hour – but most could survive threats and thrive with access to simple, affordable interventions. ...Malnutrition contributes to more than half of the deaths. ... Over 90% of children with HIV are infected through mother- to child transmission, which can be prevented with antiretrovirals as well as safer delivery and feeding practises. ... About 20 million children under five worldwide are severely malnourished, which leaves them more vulnerable to illness and early death. About two-thirds of child deaths are preventable through practical, low-cost interventions. WHO is improving child health...”. [47]

So think about what might promote the life of mother and child and what might do harm!

VIII. If we all work together

Scientists are eagerly discovering the main tools for gene regulation specifically the biology of small RNAs is on the top of concern and might give better insights to gene and cell functions and metabolism. This might help fighting diseases, specifically chronic diseases. The Nobel Prizes in Medicine of 2006 and 2007 are due to these outstanding scientific research results. But we are aware, that science can also be prone to error. Thus the freedom of discussing new insights in science and medicine has to be promoted by government, scientists and also the industry for more acceptance.

The *Pharmaceutical Industry* is more challenged because of the big variety of diseases that are a threat to human beings.

AIDS committees could teach people in practising a healthy lifestyle and birth control and make the use of condoms more accepted.

People who are diagnosed with AIDS should not trust any test result and not believe in a fate. They should try to improve their health by avoiding “stress factors” and claim for medical care for any disease, which should be provided to everyone. Abuse of legal and illegal drugs are counteracting to health.

Organizations and governments should help to improve the life of poor and under- or malnourished people by enforcing their power. They should also spread the truth.

We are no longer living in the mediocre and the earth is no disc. No reactions like those Galileo Galilei or Giordano Bruno had to suffer from should be possible after the century of enlightenment. We should expect, that the truth is disseminated with joy. And we are obliged to use freedom and responsibility for generating more satisfactory conditions for the life of all people. Scientific knowledge - specifically of medicine - has to be more openly discussed for everybody.

We are responsible for what we do and what we neglect. Spreading anxiety and fear is

beneath a democratic and humane society and the main difference between animals and humans is responsibility. We should be proud of the evolution of our character. To combine knowledge with love is the most noble-minded trait we can show.

People should begin to trust more in their own power to improve a healthy life style – also in the “Modern World” and they should start being more interested in creating their own thoughts and decisions for an informed but autonomous way of health and life.

So: Who won the fight? The answer is: All mankind!

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Humans In Variety / Adapted Immune Developmental Symbiosis

By Christl J. Meyer, Biologist, Vienna/ Austria, 2010-06-27

Abstract/ Summary

In this paper I will demonstrate a new prospective insight on the evolution of the Immune System of Humans. The Human Genome Project which discovered our genetic background by reducing the amount of protein coding genes to approximately 20.000 and augmented the RNA transcriptions, assumes vast proportions for future research which is centred on health and disease.

Thus the MHC-complex and the HLA-system give new insights on the co-evolution of the species particularly of mammals (and primates) with microbes. We have to take in account that evolution is an ongoing process which renders creatures susceptible to diseases in connection with environmental stimuli –specifically stress- leading to insights in the causes of many complex diseases like malaria, diabetes, lupus, multiple sclerosis, rheumatoid arthritis, many infections, influenza and cancer.

The HIV/AIDS- hypothesis will be dismantled specifically the sexual transmission of a virus. Instead an evolutionary adaption of ancient retrovirus established in the human genome renders viruses in a symbiotic interaction with the host genes of the immune system to participants in cell communication.

The ethics of the 21st century make us responsible for not prolonging a not wanted genocide by underestimating weaker voices in science. Instead we have to focus our scientific view on the latest research and apply the results for a life in dignity for all humans.

- I. Introduction: The New Scientific Projects
- II. The Genetic Diversity of Humans
- III. The MHC/HLA-System and its Origin
- IV. Sperm Proteins, Pregnancy and Protection of Health
- V. Auto-, Alloreaactions and Diseases
- VI. Evolution Never Ends
- VII. About Testing, Responsibility and Ethics

I. Introduction

As previously shown in my paper “Reconciliation between Pure Scientists and AIDS

Dissidents:

Could an ancient retrovirus, RNA-interference and stress be the answer to the divergent opinions ?“

there is evidence , that HIV is an ancient retrovirus acting as a gene that can be influenced by environmental stress and small RNAs. The Human Genome Project (HGP) gave us the information about less protein coding genes than we were aware before. Instead we are now eagerly discovering the Human Epigenome (HEP), looking for the methylated genes [1,4] and as to Jenuwein and Allis [2] histones of the DNA because of the big importance of gene expression in the different cells and tissues of our bodies[3].

The Human Microbiome Project (HMiP) tries to specify the genes of the microbes living on and in our bodies [5]. We have 10fold more microbes than we have cells in one person and the genes of our symbioses, which contribute to our digestion, vitamin supplementation and gene activation are of high interest for research. The co-evolution of bacteria and their viruses gives new information about the acceleration of evolution [6, 8] and lateral (horizontal) gene transfer from microbes to their hosts [7]. The Human Protein Project (HPP) and the Human Metabolom Project (HMP) will give additional information on the complexity of life and evolution.

II. The Diversity of Humans

“The genetic structure of the indigenous hunter-gatherer peoples of southern Africa, the oldest known lineage of modern human, is important for understanding human diversity “[9]. These hunter-gatherers, known as Khoisan, San, or Bushmen, are genetically divergent from other humans. In term of nucleotide substitutions, the Bushmen seem to be, on average more different from each other than, for example, a European or an Asian. There is also a discontinuity between local hunter-gatherers and central Europe’s first farmers [10]. By analyzing ancient DNA of neolithic hunter-gatherer and contemporary Scandinavians, Malstrom et al. revealed a lack of continuity [11]. Humans underwent an adaption process which was influenced by geography [12]. This resulted in differences including the immune system. People of African descent show reduced neutrophil count due to a regulatory variant [13]. There is also an extensive genetic diversity in the HLA class II region of Africans from Gambia and Malawi. This diversity is twice as extensive as found in northern Europeans [14]. In consequence we find differences in humoral responses between Ethiopian and Swedish persons who are claimed to be “infected” by HIV [15]. Therefore it is necessary to investigate the nature and biological background of the immune system which is responsible for cell activation, receptor and antibody generation and the communication between all partners involved in the immune response.

III. The MHC/HLA-System and its Origin

Most interesting is the study from the Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Hinxton, Cambridge CB10 ISA, UK published in Nature/Vol 425/23 October 2003 “The DNA sequence and analysis of human chromosome 6” [16, 30] . This chromosome constitutes about 6% of the human genome and harbours 1,557 genes and 633 pseudo-genes. Within the essential immune loci of the major histocompatibility complex, HLA-B was found to be the most polymorphic gene. Among these are genes directly implicated in diseases like cancer and autoimmunity. Having a look at the supplementary tables, which give full lists of HLA allele-associated HIV polymorphisms in Protease, Reverse Transcriptase, VPR and Nef, they show that more than 240 gene variants of Nef are encoded by HLA. There are also tremendous variants for the other genes. The main effect of Nef is to block transport of MHC-I molecules to the cell surface, leading to accumulation in intracellular organelles [23a].

This study and the report from Brumme et al. “Evidence of Differential HLA Class I Mediated Viral Evolution in Functional and Accessory/Regulatory Genes of HIV-1” [25] confirms the nature of HIV – showing that it is of endogenous origin – part of our genome and constituted by the high variability of the genes, which elucidates the variability of the HIV-variants and the immune escape. As Hedrick already stated in 1994 there is a high heterozygosity, reaching over 60% at some amino acid sites with primary function. In some populations there is an observed deficiency in homozygotes. There seems to be a balancing selection in the MHC region related to the function for protection against microbes. Probably there is a selection at the MHC involved in non-random mating and maternal-foetal interactions in pregnancy [17].

The Mexican cohort [27] and the ANRS Genome Wide Association 01 Study [28] conclude that HLA/MHC controls HIV-reservoir and replication.

Gyllenstein et al. declared an allelic diversity that is generated by intraexon sequence exchange at the DRB1 locus of primates [18]. In correspondence Doxiadis et al. state a phylogenetic evidence that supports the notion of the generation of new HLA- DRB genes as a dynamic and steadily ongoing process. This is due to the presence of indels (insertions/deletions), mainly mapping to intron. The research compared a large number of full-length sequences of rhesus macaques, chimpanzees and humans. As no evidence was found for convergent evolution, the combination of these observations indicates that ancient peptide binding motifs are frequently reshuffled among duplicated members of the HLA-DRB multigene family [19]. Oosterhout stated in his review on population genomics and epidemiology the concern of transposons in the MHC of the vertebrate immune system. Transposons constitute a large proportion of the vertebrate genome, and on average more than 40% of the mammalian genome consists of these parasitic elements. TEs have a non-random distribution throughout the genome, and they show an increased density in the MHC in a wide range of vertebrates [20].

Genetic drift may play an important role in the population genetics.

John, Moore, James and Mallal from the Centre of Clinical Immunity and Biomedical Statistics, Royal Perth Hospital and Murdoch University, Western Australia published a paper “Characteristic **non-synonymous mutation** in HIV-reverse transcriptase sequence encoding an HLA-B7 restricted CTL epitope is associated with increased viral load”. Characteristic mutations in HIV RT are evident at a population level. For-example, the presence of HLA-B7 in the Western Australian HIV Cohort Study is strongly associated with non-synonymous mutation at position 135 of HIV RT which is an anchor residue of a HLA B51 restricted CTL epitope. This mutation allows escape from the host CTL response. These results are important because of the occurrence on drug induced mutations [21].

Among the many host cell-derived proteins found in HIV-1, HLA-II appears to be selectively incorporated onto virions. [21a]. The genetic diversity of the envelope glycoprotein from

HIV-1 isolates from 8 countries in Africa is studied by Louwagie et al. The data confirm the existence of several genetic subtypes and broaden the genetic variability observed for envelope subtypes. The geographic spread of different subtypes was shown to be substantial [21b]. “Rapid Evolution of Major Histocompatibility Complex Class I Genes in Primates Generates New Disease Alleles in Humans via Hitchhiking Diversity” The diversity created by single nucleotide variations (SNV) was not evenly distributed. It was rather concentrated within the gene-clusters HLA-A and HLA-B/C. These polymorphisms seem to be species specific. They might have been selected in adaptation to the constantly evolving microbial antigenic repertoire [26]. The Mexican cohort [27] and the ANRS Genome Wide Association 01 Study [28] find that HLA/MHC controls HIV-reservoir and replication.

Clerici and Shearer [22] present a model “The Th1-Th2 hypothesis of HIV infection: new insights” where they claim activation-induced, cytokine modulated, programmed cell death as a major factor in the pathogenesis of HIV infection in AIDS. Immunoregulatory cytokines are also produced by non T-cells, including monocytes/macrophages, natural killer cells and Bcells.

So the authors prefer the terms type 1 and type 2 responses. They suggest an endogenous imbalance in the immunoregulatory cytokine network. HIV resistance in female sex-workers in Northern Thailand seems to be influenced by synergistic impact of HIVspecific cytotoxic T lymphocytes, HLA-A11, and chemokine –related factors [23].

Transcriptional analysis for host factors required by HIV-1 was performed by RNA interference. More than 250 HIV-dependency factors were identified. These proteins participate in cellular functions. Transcriptional analysis revealed that these genes were enriched for high expression in immune cells [24]. In addition HIV incorporates HLA-DR which is a cell-surface protein in big quantities. Other proteins that have been found are HLA class I and various cell adhesion proteins as well as proteins from inside the cell like cyclophilin A, actin and ubiquitin [29]. Thus HIV is not a virus.

Conclusion: HIV is an evolutionary adapted and partly active variable and heritable gene construct of our immune (MHC/HLA)-system.

IV. Sperm Proteins, Pregnancy and Protection of Health

The influence of human semen on immunity is of importance for estimating the impact on reactions concerning sexuality and child development. Jeremias et al. claim that human semen is both an inducer of an anti-inflammatory TH2 immune response and an inhibitor of TH1 cell mediated immunity. The induction of interleukin 10 and 70 kDa heat shock protein gene transcription and IFN- γ was examined [31]. Virus-encoded (ORF) homologs of cellular interleukin-10 range in sizes for cellular Il-10 proteins [32]. The result in both cases is a shift from T1 to T2 immune response which protects cells from immune attack an absolute necessary prevention for the fetus which could be otherwise attacked by maternal response to paternal antigens in the womb. There is a cross-reactivity of sperm and T-lymphocyte antigens that results in higher titers of antibodies in couples with antisperm immunity as compared with “normal” couples [33]. A number of studies have suggested that an immune response to human leukocyte antigen HLA alloantigens may contribute to protection against HIV infection [34]. Infectivity for HIV through heterosexual transmission is low, and sexual transmitted diseases (STDs) may be the most important cofactor for transmission [35]. Heterosexual and homosexual monogamous partners practising unprotected sex develop CD4⁺ and CD8⁺T cell proliferative responses to the partners’ unmatched cells and a minority may be tolerated. These together with other research results suggest that allogeneic immunity

may play a significant role in HIV [36]. HIV-1 gp120 is an immunoglobulin superantigen which can bind to pre-immune serum Ig. The level of pre-immune anti-gp120 IgG is a polymorphic population trait, and low levels are a potentially specific and significant factor in homosexual transmission of HIV infection [37].

HIV-1 binds and enters normal sperm and can transfer HIV-1 like particles to normal human oocytes [38]. Already in 1991 at the AIDS conference in June Calarco and Whitmer showed that HIV-1 expression can occur during early mammalian development [39].

Background maternal (rather than paternal) allergy confers stronger allergy risk for the offspring. Maternal responses to fetal antigens were related to fetal immune responses and subsequent allergy. The number of previous pregnancies was associated with stronger maternal responses to fetal alloantigens [40].

Conclusion: HIV is a natural product in sperms which has its origin in the HLA and protects the fetus from maternal rejection of paternal antigens by shifting T1 to T2.

Heterosexual transmission of HIV is only suggested with additional pathogens in STDs.

Homosexual transmission is due to rejection of alloantigens. Allogeneic immunity protects from infection but can be related to allergies also in the offspring.

V. Auto-, Alloreaactions and Diseases

Concerning to the afore mentioned HIV is a regulatory and even life promoting element of the immune system which has evolved in millions of years as a symbiotic partner that interacts in health and disease. Multiple interactions in cell communication are proofed concerning HIV specifically in GALT (gut associated lymphoid tissue) which makes sense for protecting the body from strange invaders. Mehandru et. al. from the Mount Sinai School of Medicine, and the Aaron Diamond AIDS Research Center emphasize that the gastrointestinal tract - associated lymphoid tissue constitutes the largest immune compartment in the body. More than 60% of the bodies total lymphocytes is estimated to be T-cell associated with the small intestinal epithelium [45]. Dissemination of virus to GALT is mediated by an integrin and Gp 120 leading to the formation of virological synapses, which facilitate efficient cell-to-cell spreading of HIV-1 [41]. Retroviral assembly is driven by Gag release which is promoted by clathrin adaptor complex AP-1 to intracellular sites of active budding – the machinery that forms intraluminal vesicles of the multivesicular body MVB. Protein sorting is critical for diverse cellular functions, like receptor down-regulation, degradation of membrane proteins and lysosome like organelles, which includes attachment of ubiquitin to cargo proteins [42]. Teis et al. state that a certain complex (ESCRT) is required for cargo sequestration and vesicle formation during MVB sorting [43]. In addition direct cell-cell communication mediated by plasma membrane-spanning gap junction (GJ) channels is vital to all aspects of cellular life. Cells internalize GJ in response to various stimuli. In this process clathrin, dynamin (GTPase) and other proteins are involved in internalizing double-membrane vesicles into cells [44]. Exosomes correspond to the multivesicular body and are released upon exocytic fusion with the plasma membrane. They function in intercellular communication during the immune response. They might be involved in tissue developmental processes and seem to be of ancient origin [46]. Stephen J. Gould has created the “Trojan exosome hypothesis” in which he and

his colleagues propose that retroviruses exploit a cell-encoded pathway of intercellular vesicle traffic, exosome exchange and last but not least that alloimmunity is a central component of antiretroviral immunity [47]. Antibodies against HLA neutralize HIV-1 in vitro. This was proved by alloimmune sera from polytransfused patients [50]. An Article from Frank P. Ryan published in the Journal of The Royal Society of Medicine from 2004 talks about “mutualistic symbiosis” and HERVs in our genomes that have lost the ability to survive independently, but their removal from our genome would also make us extinct” [48].

The American Society of Microbiology regards the subject of viral contribution to host evolution as so important that it has commissioned Luis Villareal to write a book to educate the next generation of scientists (Viruses and the evolution of life) [49]. The envelope glycoprotein of HIV-1 gp120 has been identified as a member of the Immunglobulin superantigens (Ig-SAg) which bind selective to an unusually high proportion of **endogenous nonimmune Ig**, that are members of the VH3 Ig gene family [51]. The importance for diseases might be that the up-regulation of expression of endogenous retroviral superantigens has substantial implications for understanding the pathology of virus infections i.e. Epstein-Barr virus [52]. SAgS seem to be involved in allergy and autoimmune diseases [53]. Thus they might be used as a therapeutic agent in the treatment of cancer. The light chain subunits of antibodies cloned from patients with systemic lupus erythematosus bind and hydrolyze gp120 sAg [55]. Already in 1990 research on other lupus patients stated about one third of them produced antibodies to the p24 gag protein of HIV-1 as demonstrated in Western blotting [56]. In a study concerning HLA class I and II antigens in South African Blacks with Grave’s disease there was a significant increase in the frequency of HLA-DR3 in patients compared to control subjects, and a relationship in the DRI locus [54]. Grave’s disease is due to autoimmunity. A study from multiple sclerosis patients provides “direct proof” that HTLV-I, which is similar to HIV, is involved in MS disease process [57]. Approximately 25% of severe haemophilia A (HA) patients develop antibodies to factor VIII protein, which is due to

impact of polymorphisms of the MHC complex class II and other factors like interleukin-10 [58]. As antibodies to blood products were defined as HIV contaminated in previous studies [59] the reported data from 2009 may now be interpreted as gene expression of distinct SNPs. There is also a relation of HIV-1 acquisition to hormonal contraception and to herpes simplex virus type 2 among Kenyan women [60]. The genetic predisposition to type 1 -diabetes is associated with genes of the HLA system, specifically with HLA-DR and –DQ [61]. Research concerning transgenic mice resulted in activation of gene expression in HIV by Mycobacterium tuberculosis and suppression after antimycobacterial chemotherapy [62]. This proves the bystander function of HIV in tuberculosis. As a result HIV is not the cause of the disease but tuberculosis is the disease and HIV is part of the communication system and part of an active immune system. Gene regulation is subject to hormone control specifically to corticosteroids in retroviral systems and to pregnancy in women [63]. This might indicate stress and placental involvement of testing HIV positive. The HIV-1 VPR-protein might be protective against cancer by inducing apoptosis in tumour cells [64]. Cell surface MHC class I-like proteins are up-regulated upon cell stress, including viral and bacterial infection and tumour transformation and are recognized by NKG2D a C-type lectin- activating receptor [65]. Stress and depressive symptoms are associated with decrease of protective NK and CD8+ T lymphocytes in HIV-infected men [66]. Individuals from Central Africa have a higher level of immune system activation compared with non-African populations that might be due to multiple and frequent exposures to viral, bacterial and parasitic antigens [67]. By comparing medical treatment for “HIV-infection” resistance to zidovudine was significantly higher in individuals with disease progression than in those from the control group [68]. The variable region (V3) of the gp 120 surface envelope glycoprotein of HIV-1 is a highly variable disulfide-bonded structure which triggers cell infection and escape from antiviral drugs, specifically entry inhibitors and is a target for neutralizing antibodies [69]. After effective highly active antiretroviral therapy (HAART) people with HIV might

experience an “immune restoration syndrome” which is established by lymphocyte recovery period and might be manifested by infectious agents such as cytomegalovirus or mycobacterium avium intracellulare or a sudden onset of sarcoidal granulomatous reactions. An uncontrolled Th1 response as a result of cytokine alterations via Il-2 is the causative mechanism [70] as the authors of this study claim. In HIV Il-1 is increased which shifts the reactions to Th2 response. Reuse, Calao Kabeya et al. from Belgium propose a synergistic activation of HIV-1 expression by deacetylase inhibitors and prostratin as implications for treatment of latent infections. This might reduce the size of latent HIV-1 reservoirs in HAART-treated patients [71]. A study from 2008 found an inactivation of HIV-1 by modification of nucleocapsid zinc fingers [72].

Conclusion: HIV is a symbiotic agent in GALT and other tissues, thus protective against microbes due to nutrition. Exosomes are produced and function in cell communication processes. Gp 120 is active as a superantigen that increases Th2 related antibody production in infections as a “booster” and might be due to allergy and autoimmunity. Stress is involved in gene expression. HIV is protective to cancer. Medications and HAART might have different (negative) impacts on the balance of the Th1 / Th2-system.

VI. Evolution Never Ends

Human endogenous retroviruses (HERVs) have been estimated to be part of the genome and are replication incompetent. HERV-W encodes a highly fusogenic membrane glycoprotein within functional retrovirus genes which has been proposed to play a role in normal placental development not only in humans but also in simian and pig cells. The HERV-W entered the genome of primates approximately 25 million years ago. They are replication defective because of mutations within functional retrovirus genes. The existence of individual open reading frames corresponding to gag, pol and env have been shown to encode proteins in some cases. HERVs could be potentially assembled into infectious virions through transcomplementation with virion proteins encoded by different HERVs [73].

This research from 2000, published in the Journal of Virology 2001, by Dong Sung An et al. from UCLA AIDS Institute, Los Angeles, California was done before the Human Genome Project was published and the tremendous occurrence of HERVs were detected in the Human genome specifically in the MHC/HLA. The authors also claim that a functional envelope glycoprotein would confer the ability to be transmitted vertically and / or horizontally. Kumar et al from All India Institute of Medical Sciences, New Delhi, India revealed a two fold higher expression of CXCR4 mRNA in early as compared to term human placenta. Chemokines and their receptors may play a crucial role in angiogenesis and proliferation in cell function. The receptor expression may be developmentally regulated and its role in the early stages of pregnancy is implicated when embryogenesis and organogenesis takes place [74]. They suggest that CXCR4 may not have a direct role in HIV infection, as only 1-2% of the placental transmission of HIV takes place in the early placenta. Allogeneic stimulation in early pregnancy improves pre- and postnatal ontogenesis by activation of the female immune system and enhancement of rise of plasma progesterone. The dissimilarity of mother and foetus induces stress resistance in the progeny of BALB/cLac mice [75]. This evolutionary

development acts also as a mechanism for creating phenotypic diversity [77]. In seropositive children a well known cross-reactivity between HLA-DR and gp 120 is marked [76], [78].

Conclusion: These research results indicate an evolutionary effect of HERVs and cell receptors and other proteins of the immune system and an allogeneic stimulation in pregnancy which is protective for life.

VII. About Testing, Responsibility and Ethics

What is the conclusion from the scientific research all together?

1. HIV does not exist. It is gene expression from the HLA-system for generating immune molecules in and between cells or a laboratory gene construct in experimental design.
2. People have differences in their MHC/HLA genes and their products thus South Africans test naturally most often HIV positive, which is of evolutionary purpose.
3. To test HIV positive does not mean to be infected with a virus.
4. A positive test result in mother and child is a normal biological process, as the mother fights the allograft (fetus) and the child gets the antibodies. Pregnancy is not a disease!
5. White blood cells have a genetic marker on the cell membrane which can stimulate allergic reactions through transfusion of blood products and by sexual contact with body fluids. Homosexuals and drug users have problems with allo reactions (allergy) and stress but not with an exogenous virus! Other sexual transmitted diseases might be a problem, thus condoms are effective.
6. The HLA (HIV)-genes are protective in other diseases (some cancers).
7. We have to discuss the terms “Virus” , “Exosomes” , “Endosomes” and “Genes” as evolution applies horizontal gene transfer and communication particles in normal

biological processes like pregnancy and T1/T2-balance and in diseases [79] [80].

8. Stress might lead to dysbalance of the immune system and thus to disease.

9. Evolution is still going on. Thus we will find new “HIV-mutants” (transposition). The diversity of the MHC/HLA-system is granting co-evolution with microbes and is due to symbiogenesis.

10. We have to stop testing because the tests are not scientifically proofed and give false results. Testing for HIV is absolutely unethical!

11. Testing leads to fear and stress (nocebo effect) and might induce disease.

12. Treating with antiretrovirals might be harmful and even kill people. Drugs induce mutations and lead to disease. There is no specific disease that could be called AIDS.

AIDS does not exist without testing. We have to be responsible for the living conditions of people, like food, vitamins, selenium and minerals as well as pure drinking water, drug prevention and (oxidative) stress reduction.

We are responsible for what we do and what we neglect.

Later generations will judge on our behaviour in science and ethics.

We have to stop this wrong assessment immediately!

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You are what you do, not what you say!

Severn Cullis Suzuki at the UN Earth Summit Conference, 1992

The Universal Declaration of Human Rights

PREAMBLE

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1.

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2.

- Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3.

- Everyone has the right to life, liberty and security of person.

Article 4.

- No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5.

- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6.

- Everyone has the right to recognition everywhere as a person before the law.

Article 7.

- All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8.

- Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9.

- No one shall be subjected to arbitrary arrest, detention or exile.

Article 10.

- Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11.

- (1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
- (2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12.

- No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13.

- (1) Everyone has the right to freedom of movement and residence within the borders of each state.
- (2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14.

- (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15.

- (1) Everyone has the right to a nationality.
- (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16.

- (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17.

- (1) Everyone has the right to own property alone as well as in association with others.
- (2) No one shall be arbitrarily deprived of his property.

Article 18.

- Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19.

- Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20.

- (1) Everyone has the right to freedom of peaceful assembly and association.
- (2) No one may be compelled to belong to an association.

Article 21.

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2) Everyone has the right of equal access to public service in his country.
- (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22.

- Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23.

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24.

- Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25.

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26.

- (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
- (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
- (3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27.

- (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
- (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28.

- Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29.

- (1) Everyone has duties to the community in which alone the free and full development of his personality is possible.
- (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.
- (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30.

- Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Universal Declaration on the Human Genome and Human Rights

11 November 1997

UNESDOC - (PDF) English - French - Spanish - Russian - Chinese - Arabic

The General Conference,

Recalling that the Preamble of UNESCO's Constitution refers to 'the democratic principles of the dignity, equality and mutual respect of men', rejects any 'doctrine of the inequality of men and races', stipulates 'that the wide diffusion of culture, and the education of humanity for justice and liberty and peace are indispensable to the dignity of men and constitute a sacred duty which all the nations must fulfill in a spirit of mutual assistance and concern', proclaims that 'peace must be founded upon the intellectual and moral solidarity of mankind', and states that the Organization seeks to advance, 'through the educational and scientific and cultural relations of the peoples of the world, the objectives of international peace and of the common welfare of mankind for which the United Nations Organization was established and which its Charter proclaims',

Solemnly recalling its attachment to the universal principles of human rights, affirmed in particular in the Universal Declaration of Human Rights of 10 December 1948 and in the two International United Nations Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights of 16 December 1966, in the United Nations Convention on the Prevention and Punishment of the Crime of Genocide of 9 December 1948, the International United Nations Convention on the Elimination of All Forms of Racial Discrimination of 21 December 1965, the United Nations Declaration on the Rights of Mentally Retarded Persons of 20 December 1971, the United Nations Declaration on the Rights of Disabled Persons of 9 December 1975, the United Nations Convention on the Elimination of All Forms of Discrimination Against Women of 18 December 1979, the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power of 29 November 1985, the United Nations Convention on the Rights of the Child of 20 November 1989, the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities of 20 December 1993, the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction of 16 December 1971, the UNESCO Convention against Discrimination in Education of 14 December 1960, the UNESCO Declaration of the Principles of International Cultural Co-operation of 4 November 1966, the UNESCO Recommendation on the Status of Scientific Researchers of 20 November 1974, the UNESCO Declaration on Race and Racial Prejudice of 27 November 1978, the ILO Convention (No. 111) concerning Discrimination in Respect of Employment and Occupation of 25 June 1958 and the ILO Convention (No. 169) concerning Indigenous and Tribal Peoples in Independent Countries of 27 June 1989,

Bearing in mind, and without prejudice to, the international instruments which could have a bearing on the applications of genetics in the field of intellectual property, inter alia the Berne Convention for the Protection of Literary and Artistic Works of 9 September 1886 and the UNESCO Universal Copyright Convention of 6 September 1952, as last revised at Paris on 24 July 1971, the Paris Convention for the Protection of Industrial Property of 20 March 1883, as last revised at Stockholm on 14 July 1967, the Budapest Treaty of the WIPO on International Recognition of the Deposit of Micro-organisms for the Purposes of Patent Procedures of 28 April 1977, and the Trade Related Aspects of Intellectual Property Rights

Agreement (TRIPs) annexed to the Agreement establishing the World Trade Organization, which entered into force on 1 January 1995,

Bearing in mind also the United Nations Convention on Biological Diversity of 5 June 1992 and emphasizing in that connection that the recognition of the genetic diversity of humanity must not give rise to any interpretation of a social or political nature which could call into question 'the inherent dignity and (...) the equal and inalienable rights of all members of the human family', in accordance with the Preamble to the Universal Declaration of Human Rights,

Recalling 22 C/Resolution 13.1, 23 C/Resolution 13.1, 24 C/Resolution 13.1, 25 C/Resolutions 5.2 and 7.3, 27 C/Resolution 5.15 and 28 C/Resolutions 0.12, 2.1 and 2.2, urging UNESCO to promote and develop ethical studies, and the actions arising out of them, on the consequences of scientific and technological progress in the fields of biology and genetics, within the framework of respect for human rights and fundamental freedoms,

Recognizing that research on the human genome and the resulting applications open up vast prospects for progress in improving the health of individuals and of humankind as a whole, but emphasizing that such research should fully respect human dignity, freedom and human rights, as well as the prohibition of all forms of discrimination based on genetic characteristics,

Proclaims the principles that follow and adopts the present Declaration.

A. Human dignity and the human genome

Article 1

The human genome underlies the fundamental unity of all members of the human family, as well as the recognition of their inherent dignity and diversity. In a symbolic sense, it is the heritage of humanity.

Article 2

(a) Everyone has a right to respect for their dignity and for their rights regardless of their genetic characteristics.

(b) That dignity makes it imperative not to reduce individuals to their genetic characteristics and to respect their uniqueness and diversity.

Article 3

The human genome, which by its nature evolves, is subject to mutations. It contains potentialities that are expressed differently according to each individual's natural and social environment, including the individual's state of health, living conditions, nutrition and education.

Article 4

The human genome in its natural state shall not give rise to financial gains.

B. Rights of the persons concerned

Article 5

(a) Research, treatment or diagnosis affecting an individual's genome shall be undertaken only after rigorous and prior assessment of the potential risks and benefits pertaining thereto and in accordance with any other requirement of national law.

(b) In all cases, the prior, free and informed consent of the person concerned shall be obtained. If the latter is not in a position to consent, consent or authorization shall be obtained in the manner prescribed by law, guided by the person's best interest.

(c) The right of each individual to decide whether or not to be informed of the results of genetic examination and the resulting consequences should be respected.

(d) In the case of research, protocols shall, in addition, be submitted for prior review in accordance with relevant national and international research standards or guidelines.

(e) If according to the law a person does not have the capacity to consent, research affecting his or her genome may only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law. Research which does not have an expected direct health benefit may only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and if the research is intended to contribute to the health benefit of other persons in the same age category or with the same genetic condition, subject to the conditions prescribed by law, and provided such research is compatible with the protection of the individual's human rights.

Article 6

No one shall be subjected to discrimination based on genetic characteristics that is intended to infringe or has the effect of infringing human rights, fundamental freedoms and human dignity.

Article 7

Genetic data associated with an identifiable person and stored or processed for the purposes of research or any other purpose must be held confidential in the conditions set by law.

Article 8

Every individual shall have the right, according to international and national law, to just reparation for any damage sustained as a direct and determining result of an intervention affecting his or her genome.

Article 9

In order to protect human rights and fundamental freedoms, limitations to the principles of consent and confidentiality may only be prescribed by law, for compelling reasons within the bounds of public international law and the international law of human rights.

C. Research on the human genome Article 10

No research or research applications concerning the human genome, in particular in the fields of biology, genetics and medicine, should prevail over respect for the human rights, fundamental freedoms and human dignity of individuals or, where applicable, of groups of people.

Article 11

Practices which are contrary to human dignity, such as reproductive cloning of human beings, shall not be permitted. States and competent international organizations are invited to co-operate in identifying such practices and in taking, at national or international level, the measures necessary to ensure that the principles set out in this Declaration are respected.

Article 12

(a) Benefits from advances in biology, genetics and medicine, concerning the human genome, shall be made available to all, with due regard for the dignity and human rights of each individual.

(b) Freedom of research, which is necessary for the progress of knowledge, is part of freedom of thought. The applications of research, including applications in biology, genetics and medicine, concerning the human genome, shall seek to offer relief from suffering and improve the health of individuals and humankind as a whole.

D. Conditions for the exercise of scientific activity Article 13

The responsibilities inherent in the activities of researchers, including meticulousness, caution, intellectual honesty and integrity in carrying out their research as well as in the presentation and utilization of their findings, should be the subject of particular attention in the framework of research on the human genome, because of its ethical and social implications. Public and private science policy-makers also have particular responsibilities in this respect.

Article 14

States should take appropriate measures to foster the intellectual and material conditions favourable to freedom in the conduct of research on the human genome and to consider the ethical, legal, social and economic implications of such research, on the basis of the principles set out in this Declaration.

Article 15

States should take appropriate steps to provide the framework for the free exercise of Research on the human genome with due regard for the principles set out in this Declaration, in order to safeguard respect for human rights, fundamental freedoms and human dignity and to protect public health. They should seek to ensure that research results are not used for non-peaceful purposes.

Article 16

States should recognize the value of promoting, at various levels, as appropriate, the establishment of independent, multidisciplinary and pluralist ethics committees to assess the ethical, legal and social issues raised by research on the human genome and its applications.

E. Solidarity and international co-operation Article 17

States should respect and promote the practice of solidarity towards individuals, families and population groups who are particularly vulnerable to or affected by disease or disability of a genetic character. They should foster, inter alia, research on the identification, prevention and treatment of genetically based and genetically influenced diseases, in particular rare as well as endemic diseases which affect large numbers of the world's population.

Article 18

States should make every effort, with due and appropriate regard for the principles set out in this Declaration, to continue fostering the international dissemination of scientific knowledge concerning the human genome, human diversity and genetic research and, in that regard, to foster scientific and cultural co-operation, particularly between industrialized and developing countries.

Article 19

(a) In the framework of international co-operation with developing countries, states should seek to encourage measures enabling:

(i) assessment of the risks and benefits pertaining to research on the human genome to be carried out and abuse to be prevented;

(ii) the capacity of developing countries to carry out research on human biology and genetics, taking into consideration their specific problems, to be developed and strengthened;

(iii) developing countries to benefit from the achievements of scientific and technological research so that their use in favour of economic and social progress can be to the benefit of all;

(iv) the free exchange of scientific knowledge and information in the areas of biology, genetics and medicine to be promoted.

(b) Relevant international organizations should support and promote the initiatives taken by states for the above-mentioned purposes.

F. Promotion of the principles set out in the Declaration

Article 20

States should take appropriate measures to promote the principles set out in the Declaration, through education and relevant means, inter alia through the conduct of research and training in interdisciplinary fields and through the promotion of education in bioethics, at all levels, in particular for those responsible for science policies.

Article 21

States should take appropriate measures to encourage other forms of research, training and information dissemination conducive to raising the awareness of society and all of its members of their responsibilities regarding the fundamental issues relating to the defence of human dignity which may be raised by research in biology, in genetics and in medicine, and its applications. They should also undertake to facilitate on this subject an open international discussion, ensuring the free expression of various sociocultural, religious and philosophical opinions.

G. Implementation of the Declaration

Article 22

States should make every effort to promote the principles set out in this Declaration and should, by means of all appropriate measures, promote their implementation.

Article 23

States should take appropriate measures to promote, through education, training and information dissemination, respect for the above-mentioned principles and to foster their recognition and effective application. States should also encourage exchanges and networks among independent ethics committees, as they are established, to foster full collaboration.

Article 24

The International Bioethics Committee of UNESCO should contribute to the dissemination of the principles set out in this Declaration and to the further examination of issues raised by their applications and by the evolution of the technologies in question. It should organize appropriate consultations with parties concerned, such as vulnerable groups. It should make recommendations, in accordance with UNESCO's statutory procedures, addressed to the General Conference and give advice concerning the follow-up of this Declaration, in particular regarding the identification of practices that could be contrary to human dignity, such as germ-line interventions.

Article 25

Nothing in this Declaration may be interpreted as implying for any state, group or person any claim to engage in any activity or to perform any act contrary to human rights and fundamental freedoms, including the principles set out in this Declaration.

ADDITIONALS

Genocide by Genotype

The variability of the genes of people with African decent is higher than that of others. Therefore those people most often tend to test “HIV positive”. There is no correlation to a virus infection. This renders the test and the treatment to a medical intervention that acts against the Human Rights.

On the other hand homosexuals have no anal barrier against the foreign proteins that might enter their blood circulation by sexual intercourse. Thus they can get allergic reactions due to the overload in proteins. You would not stigmatize someone who is allergic to pollen or meat from pigs or against fish or nuts!

By using “poppers” a chemical called “Amylnitrit” or “Nitropentanol” as a drug for pain relief, the health might be damaged and thus the immune system becomes “over-activated”. Other drugs, like Heroine, used in Eastern Europe, that are produced in Afghanistan or those drugs, that are used in the United States and the whole American Continent (like Cocaine) have similar outcomes.

The common cause is oxidative stress, which should be avoided. There are cures known for people suffering from this failure of the cell metabolism. Antioxidants (vitamins) and minerals (selenium, zinc and others) should be promoted.

Respect people and their genotype instead of frightening them by tests that are not scientifically proved. Change the conditions for a better life-style and education in drug-prevention. Make children strong by promoting the families!

Transposons and Horizontal Gene Transfer

We have to be aware, that genes are not only passed on from the ancestors (parents to the child) but that the evolution of the species was accelerated through the recruitment of microorganisms from the environment which entered the gut and other "channels". This can happen for example by nutrition and sexuality. Some people might get symptoms depending on the chemical and informational difference of the transmitted information. Thus the body responds by adequate reactions that could include gene integration of the invaded genes into the own DNA equipment.

These transposons or "jumping genes" were detected by Barbara Mc Clintock, who found these elements in maize. She was awarded the Nobel Price for Medicine in 1983, about 40 years after her scientific detection, which was not believed by the Scientific Community of her time. The transposition can be performed between species or by these "invading elements" and may continue in the acceptor cell. They might disturb genes or create new possibilities in evolution, if they act in a "symbiotic way", as Lynn Margulis stated in her lifelong work. **Disturbing these transformations by sterilization and disinfection of the nature, will render the process of evolution to a different more static state!**

On the other hand, humans suffer by contaminated drinking water and the lack of hygiene as well as by insufficient nutrition and stress. Their immune system has to deal with conditions that strain the body. In addition, an undisturbed cell communication, specifically that of the immune and the nervous system, can contribute to the stabilization of health. Thus, learning and conscience are of great importance. Self- perception and adequate life conditions promote health and chances of survival.

As the latest scientific research from Austria states, even lately accepted transposons in *Drosophila* were found:

Published **January 26, 2012** in PLOS Genetics (Open Access)

Sequencing of Pooled DNA Samples (Pool-Seq) Uncovers Complex Dynamics of Transposable Element Insertions in *Drosophila melanogaster*

Robert Kofler., Andrea J. Betancourt., Christian Schlötterer

Institut für Populationsgenetik, Vetmeduni Vienna, Wien, Austria

A proof for mosaic cells in the nervous system, which is – like the immune system – a learning system, is given by this publication from the United States:

Nature **435**, 903-910 (16 June 2005) | doi:10.1038/nature03663;

Somatic mosaicism in neuronal precursor cells mediated by L1 retrotransposition

Alysson R. Muotri, Vi T. Chu, Maria C. N. Marchetto, Wei Deng, John V. Moran & Fred H. Gage

Conclusion: Horizontal gene transfer is a natural process of Learning and Evolution!

Medical tests and Human Rights

HIV is no communicable disease! Genetic testing has to respect the freedom of decision of the person and must include total transparency. Discrimination is not allowed and false statements have to be forbidden.

Thus all the regulations concerning pregnancy, Caesarean section, breastfeeding, medications for mother and child can only be a proposal of the health industry by respecting the free will and choice of the mother. Forcing and political or judicial pressure would mean a violation of the HUMAN RIGHTS!

A Democracy cannot tolerate such behaviour!

Genvariationen im HLA-System des Menschen auf Chromosom 6: Nef, PR, RT, VPR...

Supplementary Table 1a: Full list of HLA allele-associated HIV polymorphisms in Nef

Gene	Codon	HLA	Reference	Gene	Codon	HLA	Reference	Gene	Codon	HLA	Reference	Gene	Codon	HLA	Reference
Nef	1	A11	E	Nef	65	B31	D	Nef	87	B04	L	Nef	26	A26	S
Nef	7	B07	R	Nef	66	B40	E	Nef	88	B16	F	Nef	26	B01	C
Nef	7	B07	R	Nef	66	B41	E	Nef	88	B17	F	Nef	26	B02	C
Nef	8	A02	C	Nef	67	C01	D	Nef	89	C14	F	Nef	26	C14	C
Nef	8	A24	N	Nef	71	A53	K	Nef	91	C01	I	Nef	33	A24	T
Nef	9	Q04	L	Nef	71	B07	R	Nef	92	A11	I	Nef	33	A30	T
Nef	11	A68	A	Nef	71	B14	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	B07	R	Nef	71	B15	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C04	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C05	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C06	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C07	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C08	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C09	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C10	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C11	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C12	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C13	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C14	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C15	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C16	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C17	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C18	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C19	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C20	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C21	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C22	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C23	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C24	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C25	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C26	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C27	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C28	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C29	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C30	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C31	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C32	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C33	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C34	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C35	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C36	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C37	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C38	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C39	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C40	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C41	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C42	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C43	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C44	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C45	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C46	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C47	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C48	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C49	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C50	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C51	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C52	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C53	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C54	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C55	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C56	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C57	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C58	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C59	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C60	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C61	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C62	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C63	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C64	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C65	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C66	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C67	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C68	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C69	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C70	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C71	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C72	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C73	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C74	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C75	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C76	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C77	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C78	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C79	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C80	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C81	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C82	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C83	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C84	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C85	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C86	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C87	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C88	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C89	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C90	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C91	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C92	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C93	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C94	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C95	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C96	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C97	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C98	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C99	R	Nef	92	B03	K	Nef	33	B03	I
Nef	11	C02	A	Nef	71	C100	R	Nef	92	B03	K	Nef	33	B03	I

Supplementary Table 1b: Full list of HLA allele-associated HIV polymorphisms in Protease, Reverse Transcriptase and VPR

Gene	Codon	HLA	Reference	Gene	Codon	HLA	Reference	Gene	Codon	HLA	Reference
PR	10	B15	I	RT	11	B40	R	VPR	28	B40	I
PR	12	B51	A	RT	11	C02	R	VPR	32	B07	K
PR	12	B52	A	RT	35	B07	R	VPR	32	C01	K
PR	14	A68	R	RT	102	B48	K	VPR	33	C02	K
PR	14	B01	R	RT	102	C08	R	VPR	37	B01	A
PR	14	C14	R	RT	123	B03	E	VPR	37	C14	T
PR	14	C15	M	RT	123	B03	E	VPR	48	A35	T
PR	15	B01	V	RT	123	C04	D	VPR	53	A35	T
PR	15	B04	D	RT	134	A24	V	VPR	63	A26	T
PR	15	B08	D	RT	135	A26	T	VPR	63	B08	V
PR	15	C16	S	RT	135	A02	V	VPR	64	A2	

What is important concerning Blood?

Humans and animals differ in their blood. That is why we should not receive transfusions, as it was in former times, from other species. Many people died, when this was done with the blood of sheep, goat or from dogs given to patients. It was Karl Landsteiner who detected the blood groups and got the Nobel Prize in 1901. Later the Rhesus factor (concerning a protein on the red blood cells) was found in addition. Since that time, nearly all people who got a transfusion survived. Some religious groups like the Mormons refuse to have blood from other people given into their circulation.

Why is this so important? All species (including humans) have differences in their bodily material like glycoprotein, protein and other molecules. The blood groups are named A, B, AB and 0. In addition we possess the Rhesus factor or we do not.

When we get a transfusion we can only get blood groups that do not interfere with our blood that consists of cells and plasma. The plasma contains serum and fibrinogen, which is responsible for coagulation. We receive only the washed erythrocytes, no plasma or serum. Why?

The donated plasma could react with our cells and make clots.

On the other hand our plasma will clot the donated cells if they belong to the wrong group. This is why we can only accept antigens (molecules) that we will not destroy. In all cases these are the cells from the zero group and those from our own group. This means:

0	can get only	0
A	can get	0 or A
B	can get	0 or B
AB	can get	0 or A or B or AB

People who have the Rhesus factor (said to be rhesus positive, Rh + or Rh or D) can receive blood that is Rhesus positive or negative. People who are Rhesus negative (rh- or rh) can only tolerate blood that is rhesus negative. But best is the own factor.

In addition there are many under-groups like A1, A2, M, N, MN and others. All cells have markers on their surface that are now intensely in the focus of research. They are called Major Histocompatibility Complex (MHC) and Human Leukocyte Antigens (HLA): There are hundreds and even thousands of different markers, so everybody has its personal "Make up". Thus a blood transfusion is similar to an organ transplantation. One has to find the right organ (blood type) for transplantation (transfusion).

Since the Human Genome Project we know, that the so called "HIV-genes" are our own human genes of the MHC / HLA system that are expressed under certain circumstances. A positive HIV-test is not due to an infection, it might just be gene expression of our genes producing some molecules in different situations.

The Red Cross and the laboratories have to test all blood samples because we have so many markers that could interfere with somebody else's blood or other cells.

A transfusion is similar to an organ transplantation that lasts for about four months. After that time the foreign cells will be degraded and replaced by the body's own cells which are produced by the bone marrow.

About Cell Communication

How do the genes know when their products for the cell are needed?

Which amount of a substance should be produced or digested?

How do the cells of an organ synchronize?

Which modes of transportation exist?

There is a simple and sophisticated program that includes particles for communication and transportation as well as receptors and messengers. The nucleus and the cell membrane exprime receptors for molecules like hormones (insulin for the sugar import) and T-receptors for interactions of the immune cells (B- and T-cells) to support the production of interleukin molecules and antibodies or the interaction with the cell-cycle, leading to acceleration or diminish of the amount of immune cells. They communicate with the nervous system, which shares substances with the immune system.

Both are reacting to the stimulation of the environment (i.e. nutrition, social interactions).

The transport and the communication is done by small particles, which are called endosomes if they are acting inside the cell and exosomes if they are transported through the cell-membrane to another cell. There has never been given a proof for full “virus particles” that

satisfy the “ computer model of HIV” in the blood of humans. The so called “virus load” refers to some DNA or RNA of a person which is a normal entity of the cell metabolism.

As we comprise different genes referring to our genetic “Make up”, and the living conditions, we will express different amounts (concentrations) of these molecules.

Is Pregnancy a Disease?

For a successful pregnancy of those animals that have a placenta, the expression of ancient “retroviral genes” which are now registered as normal genes of the species, is necessary. Thus the contact between those cells, that have to form a so called “syncytium” (cells that fuse) is formed by gene expression. **The pregnant mother has to tolerate the paternal genes which comprise 50% of the foetus in the mother’s womb. Thus there is a shift of the immune system from attacking cells to the accelerated production of antibodies.**

These antibodies are also a component of the milk produced by the mother for breastfeeding. As the child is not able to produce antibodies during the first months of its life, they are also protecting the child from microbes. On the other hand they might lead to allergy. But allergy is no deadly disease that has to be diagnosed for giving strong medications, that lead to a reduction in the production of molecules by turning down gene expression. Most children who got these drugs like AZT and protease inhibitors develop slow (because of the lack of protein production, which the fast growing body of a child is dependent on). The “side-effects” are even worse. Acidic metabolism might lead to liver failure and even to death, which is documented in many package inserts.

Thus the diagnosis of “HIV-infection” might lead to developmental and psychological complications and even to death by prescription!

By the way: children that were breast-fed develop more self-confidence and internal trust!

Phenomena instead of Causation?

What we call the „AIDS” syndrome is nothing else than already well known diseases. We don’t need a new test and introduction of altered definitions of what is known as gene expression by environmental stimuli like (oxidative) stress (nutritional deficits, legal or illegal drugs) or autoimmune and allergic reactions.

The causation of the positive “HIV-test” result has nothing to do with an “infection” by a virus. The “virus-RNA” is encoded as DNA in our genes since millions of years and might be translated and multiplied under various circumstances, as the genes are part of our immune system and are encoded on chromosome 6 as a part of the Human Leukocyte Antigens.

The AIDS phenomena can also be caused by the medications specifically by AZT (see package leaflet for instance severe liver failure).

Science – Curiosity or big Money?

And till Human Beings will really understand, that science is not any longer driven by curiosity but by money, big money of the government or by private institutions, as soon as they recognize and realize that all they hear from the scientific establishment is to be taken as an advertisement. ... the people do not get it at the moment.

(Dr. Kary Mullis, Nobel Price winner for the detection of the PCR misused as “virus proof”)

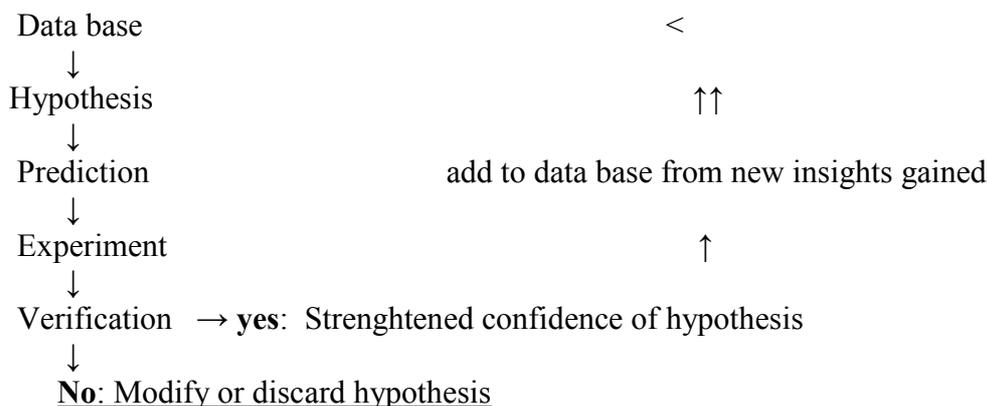
Und bis die Menschen wirklich verstehen, dass Wissenschaft nicht mehr von Neugier angetrieben wird, sondern von Geld – großem staatlichen Geld, großem privaten Geld – sobald Menschen beginnen das zu erkennen und zu realisieren, dass alles was sie vom wissenschaftlichen Establishment hören, als Werbeanzeige zu verstehen ist...die Menschen verstehen das im Moment nicht.

(Dr. Kary Mullis, Nobelpreisträger für die Entdeckung der PCR, die als „Virusnachweis“ missbraucht wird)

The Principles of General Science

1. The Principle of Objectivity
2. Tentativeness
3. Consistency
4. Causality
5. Parsimony
6. Materiality
7. Relativeness
8. Dynamism
9. Continuous Discovery
10. Social Limitation

The Cycle of Proof



Responsible Research

Fields of research, which are of scientific importance, include the research on the genes, genome, transcriptome, proteome, metabolome and the microbiome of humans. Epigenetic concerns to heredity of traits, which are not caused by a change of the genes but from the environment, which produces new switches on the genes by altering their expression. On the other hand “horizontal gene transfer” (the transfer from foreign genetic information into the own genetic equipment) like nutrition, genetically modified species (microorganisms or gene-food), vaccinations, microbes and other species as sources of evolution, symbiosis or disease are more in the centre of our focus.

The living organisms are closer connected to one another as we believed before. The genes are not as rigid as we thought and the environmental milieu (including our system of belief) has a bigger impact on our life and health as it was suggested before.

In addition evolutionary biology and with her population genetics get more important. In the focus of Biology the human being is an evolutionary adapted relative of mammals and primates (chimpanzee, bonobo, orang-utan and gorilla).

From the ethical point of view, research should not only include Biology. The Human Being is a mental and spiritual creature, which is extremely depending on the social situation that he himself produces or just comes across. Thus he is malleable by imprinting and learning. This means that we all together are responsible for his development.

In consequence the financial and human resources have to be distributed also to these areas, which lead to more knowledge and yield to progress. This will positively influence the societies.

The outcome is more social peace.

„Transmissible Diseases“

People are forced to be tested for „Transmissible Diseases“ in the case of HIV although there is no scientific proof for a virus that causes the “AIDS-Syndrome”.

On the other hand there is proof for transmission of foreign material by NUTRITION (see rice-study), and most important by genetically modified plants like corn, rice and other crops.

By vaccination, foreign DNA and RNA are transmitted!

This is much more important for investigations concerning transmission of diseases as many cases show negative reactions including the suspect of autism, sudden infant death and other damages to the nerve system in babies that had received vaccines.

It seems that administering foreign material into the blood circulation is the most dangerous way of transmitting diseases.

Many anti age-creams claim to apply DNA for a younger skin structure. Are the companies that produce them prosecuted?

In many allergic reactions (pollen, milk) we produce antibodies to foreign material.

While the industry is forcing us to accept foreign material that can damage health, the politics, that are influenced by money and pressure from big companies are no longer independent and not promoting the people. They try to diminish our freedom and the Human Rights by testing whom they want to be tested and putting into jail whom they want to get rid off.

The so called “Social institutions” recruit babies for institutions, family mothers and pharmaceutical studies, which is comparable to the historic times of slavery that should have been banned.

This is for recruiting jobs for people and honour for scientists as well as money for the pharmaceutical industry and power over people for those that want to rule the world.

Science as a prostitute? Is this what we call humanity?

The Nocebo Effect or Anxiety Kills

In Haiti and some other cultures people believe what their spiritual leader predicts. Sometimes, this might lead to health, if the prognosis is positive. With the rise of hope and a positive imagination the nervous system and the brain stimulate the body in a healthy way. Stress hormones decrease and the immune system improves, as both systems share molecules. But if the prognosis is bad, this might lead to disease and even death. The anxiety influences the production of stress hormones and impedes the immune reactions. The mind influences the body and thus health and disease.

The trust in the scientific quality of the HIV-test can influence the life and may become a fate!

Being threatened to death and believing in a fatal disease one might put all hope in the poisonous pills. After a certain time one might feel better because of the “expensive drugs” or by some laboratory markers. It might happen that your health decreases by the negative “side-effects” of the drugs like severe liver failure. They will tell everybody that the death was caused by AIDS.

Science or Consensus?

Concerning HIV a virus has never been proved. The process of research and falsification has been given up to a consensus of those who give the money for research and want to give orders to people by the health industry. **A part of the “Scientific Community” has become a worldwide network of people who make their living and profit by unethical actions that put power or at least opinion over truth! If one tries to resist to the pressure put on him he has to fear consequences that might cost his job, family life or health. You are expected to put censorship on yourself.**

No freedom of speech or publication is guaranteed for those, who try to explain their arguments. It is not possible to publish controversial scientific papers, because the editors of the magazines are under control of the pharmaceutical companies.

You can write several articles and books (even Bestsellers) concerning the “Mafia” and you will be invited to give interviews. You will be protected by the police and get a new identity. It is not possible to testify the crime of the health industry and get the same treatment. Instead you even will have problems to get an answer from a journalist. You will be ignored or slandered! They hinder you wherever they can. They lie and try to frighten people. They act in a criminal manner.

Science in some cases has become a crime.

Scientific Progress: The Cognitive Approach to the Feature of a Virus

What is the definition of a virus?

A virus is a small entity of DNA or RNA that is packed into a core of proteins.

It is transmissible from one member of a species to another. So it is “infectious”.

Most viruses have a size between 40 – 200 nano-meters. The medical perception is, that they do harm.

To prove the existence of a virus, the “Scientific Community” itself has established rules for purification and for verification that include the mode of infectivity!

For HIV these standards have never been approved! Photographs show particles that cannot be defined. They derive from cord-blood or from cell cultures.

From HIV-positive individuals with AIDS symptoms they can not be isolated. The so called “virus load” is measured through nucleic acids belonging to the cell, that are multiplied by a technique called PCR (Polymerase Chain Reaction).

A positive “virus load” has no relation to an infection, because the molecules derived from the persons’ own gene expression under certain conditions from stimuli of the inside or outside of the body.

In his book “Denying AIDS” Psychologist Seth Kalichman claims,

that the majority – also known as consensus – believes that HIV

exists, attacks cells and causes AIDS. Believe is theological faith.

Faith and believe have nothing to do with science or evidence.

Even if there is only one scientific proof for a certain statement,

then the hypothesis falls, if it turns out not to be based on

evidence.

This has already often promoted progress in Science!