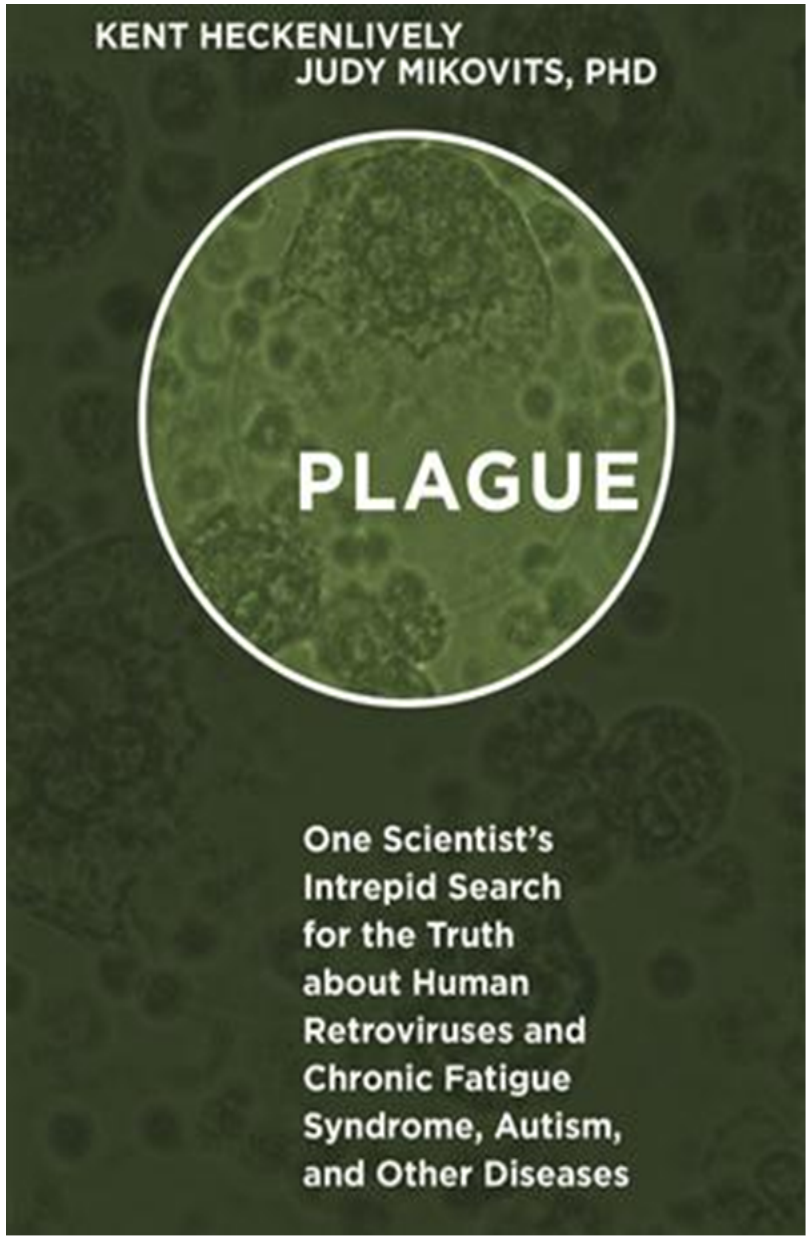

"The best scientist in jail story since Galileo"

Kent Heckenlively

"Well, at least Kent didn't compare you to Giordano Bruno. He did not recant and was treated cruelly for his courage."

Mike Wright

Like the Plague of the middle ages, this is Politics, it is not Science

Frank Ruscetti

Career CDC Employee made Advocacy Organization Head. Never ANY question who she was defending!

Suzanne Vernon: "Agency heads are scared to death...if XMRV works out"

Discussion in 'Action Alerts and Advocacy' started by CBS, Feb 23, 2011.

Page 1 of 4 1 2 3 4 Next >

CBS
Senior Member
Messages: 1,484
Likes: 760

"Agency heads are scared to death of how the patient population will react if XMRV works out." - Suzanne Vernon, September 11th, Lobby of the Salt Lake City Downtown Hilton – During a break at the 2010 OFFER Utah Patient Education Conference

I've been struggling with what I ought to do with this for almost six months. Suzanne Vernon said this during a conversation she was having with me and Cort. She just sort of interjected it. No real need nor was there much of a segue. She said that it should not be repeated. Yet I wondered why I earth she would say something like that to someone she had just met.

I was troubled by Dr. Vernon's words. I wished I had not heard it. I discussed the comment at length with my wife. I've asked Cort about it on a couple of occasions. He responded that he does not recall having heard her say it. And so I approached Jennie Spotila and I asked her what Dr. Vernon might have meant. That conversation took place on December 10, 2010. Jennie said she would check with Dr. Vernon and get back to me. I haven't heard back from Jennie on this topic and so I'm assuming that there won't be a reply. Why can't this be shared with the patient community? Who am I protecting and who is being harmed? I have not felt that it was right to keep this from the patient community.

I was reading Hillary Johnson's recent post about "FRENEMIES". Hillary stated " Whatever these two [Suzanne Vernon and Kim McCleary] tell you they're doing, you can assume it's about one-twentieth of what they're doing behind the scenes and, given the lessons of history, you can bet it's not on your behalf." I was reminded of Dr. Vernon's comments.

XMRV and MLV-Related Viruses (MRV) in Hematopoietic Cells: Detection and Disease Associations

Mikovits March29,2011

Summary/Conclusions

- Data suggest there are different strains of Gamma Retroviruses that can infect humans
- Assays that capture the variation of these viruses in the blood supply are the best i.e. Serology and transmission
- Cerus Technologies can inactivate infectious strains of XMRV/HGRVs in Blood Components
- New Disease associations include leukemia, lymphoma and the platelet/megakaryocyte disorder, ITP
- Need more full length sequencing!!!

“That doesn’t mean there isn’t another gammaretrovirus to be found. I think enough evidence has been presented that maybe another infectious retrovirus is there. These studies will continue to go on, looking for MLV-related viruses.”

John Coffin NIH State of the Knowledge Workshop on ME/CFS from April, 2011

Taken together these data suggest there are
additional human gamma retroviruses which may be involved in the Pathogenesis of neuroimmune disease and cancer!

“The question, which urgently needs to be answered is whether the plague feared by Coffin and Stoye has already arrived, but we do not Recognize it…
THEY SEE WHAT THEY WANT TO SEE AND THAT’S THE ***REAL PLAGUE”***

Plague Chapter 21 p382

This Email Brought a Phone Call and a Threat!

From: Judy Mikovits <jamikovits@gmail.com>
Date: August 31, 2011 8:24:00 PM PDT
To: "Glynn, Simone (NIH/NHLBI) [E]" <glynnsa@nhlbi.nih.gov>
Cc: Frank Ruscetti <fwruscetti@gmail.com>
Subject: Re: SRWG-lab subgroup

That's impossible
I have IRB protected data that I cannot even access until the 6th. I told that to Graham yesterday and he indicated that was fine. Given the complexities and limitations of this study, many of which were not recognized at the time the (flawed) experimental design was agreed upon, to have one day to agree upon a manuscript, a holiday at that, is totally unacceptable. This is NOT good science or the appropriate process. What is the rush?
Afraid the truth??? how many of these viruses were introduced into the human population and are now threatening a lot more than the blood supply ??!because a few declared it "impossible" 40 years ago and JC himself was the most vociferous!
how many XMRVs??
I am sending this to only Simone and Frank because I will make this rush a public relations nightmare for the entire US govt..
I have integration data and variants of many new strains!! Did those arrogant SOBs introduce these into humans and now are trying to cover it up??
And then pedigree the negatives with a test with a cutoff so high it would not find a willing roman in a whore house???
Wonder if anyone will listen to a press conference from me??Asking how many new recombinants from Vaccines? From lab workers?? doctors?
The first ever contagious Human retrovirus???? Spread like mycoplasma?? Are you kidding me???
It happened once!!! How many xenograft cell lines were created?? How many vaccines contained mouse tissue??

These sick people lost their entire lives and this travesty of justice will not be carried out at their expense.. Not again
If we have to write and publish online a dissenting opinion, we will and I will not coauthor any paper that misrepresents our findings..
Not will our data be included .. You can simply say we all found nothing ..totally expected ANC we'll prove them all wrong.
Our assays may not be sensitive or reproducible given the complexity and lack of knowledge of reservoirs etc
Nothing about these data say anything about Lombardi et al of Lo et al
Except that their are likely many strains of XMRVs and only God knows the impact on chronic disease but nothing about this study says anything about our original discoveries
And if this is rushed to print without a fair and balanced discussion of its limitations, I will spend every minute of my life exposing the fraud that has been perpetrated against this patient population.
Judy Mikovits

The 1st (and Last) International Workshop on XMRV, September 6-7, 2010

ARVs provide therapeutic benefit in some patients with autoimmune, Neuroimmune Disease and Cancer.

In this patient population with evidence of human retroviral infection, the benefits far outweigh the risks

NIH Director Collins Calls for Study:

Retroviruses have been implicated in the etiology of various autoimmune diseases and cancer. Evidence for pathogenic role in triggering or maintenance of autoimmunity in these diseases includes: the presence of antibodies which are cross reactive with retroviral gag and envelope: detection of retroviral antigens in un-manipulated tissue/plasma; the occurrence of ME/CFS conditions in HIV patients and HTLV-1 associated disorders. Our knowledge of the overlap in these diseases of "acquired immune dysfunction, chronic inflammatory and autoimmune diseases was a basis for our original hypotheses and continue to be a basis for our research in ME/CFS.

The Multi Study ground rules – Don’t step foot in NCI!

On November 15, 2011, she sent him an email which seemed to set the ground rules for the study.
She wrote to Lipkin, “Thank you for giving me the opportunity to do the replication study in Frank Ruscetti’s lab at the NCI. I understand that no money can be given for these studies but that you can provide resources, such as PCR and culture supplies and sequencing or other services (contracted through a third party). Frank will need to get permission for me to work as a special volunteer from Drs. Fauci and Varmus in order for me to work in his lab.”18 (Anthony Fauci was head of The National Institute for Allergy and Infectious Diseases and Harold Varmus was head of the National Cancer Institute.)
As things eventually shaped up, the agreement for Mikovits’s participation in the Lipkin multi-center study must surely rank as one of the most unusual in all of science. In an email sent on December 1, 2011, to Varmus and copied to Fauci and Ruscetti, Lipkin wrote that Mikovits would be associated with the National Cancer Institute for purposes of the replication study, but she could not step foot on the NCI campus, a prohibition which would be enforced by security. Ruscetti would later call this banning of a scientist from working in a lab and yet wanting to have her name on the ensuing paper, “unprecedented in contemporary American science.” From Plague

Negotiations with Tony Fauci and Harold Varmus NOVEMBER 14th 2011

Ian Lipkin, 03:37 PM 11/21/2011, Re: Replication study

On Nov 15, 2011, at 12:03 PM, Judy A Mikovits wrote:

> Dear Ian
> Thank you for giving me the opportunity to do the replication study in Frank Ruscetti's lab at the NCI. I understand that no money can be given for these studies but that you can provide resources, reagents such as PCR and culture supplies and sequencing or other services (contracted though a third party). Frank will need to get permission for me to work as a special volunteer from Drs Fauci and Varmus in order for me to work in his lab. I will provide a budget for the resources needed today.
> As originally designed, I will do the replication by PBMC culture followed by Western and/or PCR as well as sequencing of PCR products and appropriate contamination assays, Serology by Flow with Western confirmation.
>
> Kind regards,
>
> Judy A Mikovits, PhD

Dear Harold,

Frank Ruscetti and I just spoke. He also spoke to JM.
1. JM is eager to complete the study via a strategy whereby the work is done in Frank's lab.
2. FR and JM understand that JM cannot enter the NCI campus and that security will ensure that she abides by this proscription.
3. I will cover the costs described in previous transmissions.
4. JM and FR will visit Columbia on 16 Dec. JM will arrive NYC on 15 Dec, spend the 16th at Columbia with our staff discussing logistics, consulting agreements, and protocols for experiments. I'm scheduled for a lecture and university senate meeting that day but will see them at the beginning and close of their visit to ensure we are on track to meet milestones. This is the only day i can do meet with them in NYC before 2012. Judy will return to CA on Sat 17 Dec.

Tony-
Cathy Laughlin has been terrific during these negotiations.

All the best,

Ian

Apparently, stopping at Dulles Airport to visit one's mother, ruins the Integrity of NCI studies!

On Dec 2, 2011, at 12:53 PM, "Allison M. Kanas" <amk2203@columbia.edu> wrote:

> Dear Judy,
> In order to maintain this study's integrity, we are unable to support an itinerary that includes a stop in DC. I am happy to book you a direct flight from LAX to NYC. If you will be stopping in Washington DC unfortunately we will not be able to host you at Columbia.
> Regards,
> --
> Allison M. Kanas
> Project Manager
> Center for Infection & Immunity
> Mailman School of Public Health
> Columbia University
> amk2203@columbia.edu
> Direct: 212-304-5689 Main: 212-342-9031
> Fax: 212-342-9044
> www.cii.columbia.edu

Scientific Fraud: Deliberately use wrong patients and changes study AIM "Designed to Fail"

Lipkin Multi-Center Study (2012) – The Great Excluder/Debunker!!!!

1. Medical or psychiatric condition that might be associated with fatigue,
2. Abnormal serum characteristics,
3. Abnormal thyroid functions,
4. Lyme disease spirochette,
5. Treponema pallidium (tapeworm),
6. Hepatitis B or C virus,
7. HIV infection.

CII Press Conference, 9/18/2012 **Multicenter Study on Chronic Fatigue Syndrome/Myalgic Encephalomyelitis**

Lipkin:
"So, almost two years ago now, with support from Francis Collins, Director of the National Institutes of Health; Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases; Harold Varmus, Director of the National Cancer Institute; Thomas Frieden, Director of the Centers for Disease Control; and Peggy Hamburg, Commissioner of the FDA, we initiated a study to look into this question in an absolutely clear-cut fashion."

"*There was in fact a finding of some antibody responses, we don't really know what that means, in about six percent of the controls and six percent of the experimental subjects***.** I don't mean experimental subjects, excuse me, but subjects with disease. But again, there was no association between the presence of those antibodies and disease. And we really don't know the validity of those particular tests because we don't have positive controls here with which to work"

"So what we try to do in designing studies is to look at the likelihood of association of a factor with a disease is to examine the first paper which came out to describe this finding to make sure that we at least have the power to replicate that with a fair margin. But you're correct. I cannot say that there is no person anywhere in the world who is not infected with a retrovirus in some organ that we have not sampled. "

A Multicenter Blinded Analysis Indicates No Association between Chronic Fatigue Syndrome/Myalgic Encephalomyelitis and either Xenotropic Murine Leukemia Virus-Related Virus or Polytropic Murine Leukemia Virus

Harvey J. Alter, Judy A. Mikovits, William M. Switzer, et al. 2012. A Multicenter Blinded Analysis Indicates No Association between Chronic Fatigue Syndrome/Myalgic Encephalomyelitis and either Xenotropic Murine Leukemia Virus-Related Virus or Polytropic Murine Leukemia Virus . mBio 3(5): . doi:10.1128/mBio.00266-12.

Lies Damned Lies and Statistics

Benjamin D'Isrealis

The Tea cup Statistics!

- Initial results were positive!!
- Fauci refuses 3rd sample citing waste of money and time
- The multi center study will be decided by Tea Cup Statistics!!
- OMG

CDC Conference Call Sept 10, 2013

Dr. Ian Lipkin:

“Those of you who may have read that paper that I wrote with Bergitte which had been published in 1999, was one of the first to really draw attention to the fact that people with Chronic Fatigue Syndrome who were diagnosed using the criteria at the time did in fact have a physical condition, but we were unable to find evidence of infection with borna disease virus which was the primary question at that time. We did demonstrate unequivocally that the vast majority of people who met these criteria had polyclonal B cell activation, so they clearly had some form of immune activation. But the question was: Why? And then, three years ago, the Director of NIAID,Dr. Fauci; the Director of NIH, Francis Collins and Harold Varmus from NCI asked me to lead a project where we would examine XMRV and PMLV, which had previously been reported by Judy Mikovits and Harvey Alter and others in association with Chronic Fatigue Syndrome.”

“Let me begin first by talking about the work that we have done with Jose Montoya of Stanford. Now, our role here was to try to look specifically for infectious agents, and as many of you will know, Dr. Montoya is a rigorous clinician. He has been working in this field now for a decade or more, and he sent us a batch of samples. Those we characterized using a method which allows us to detect genetic evidence of infection with a wide variety of bacteria, viruses and parasites.”

“We found retroviruses in 85 percent of the sample pools. Again, it is very difficult at this point to know whether or not this is clinically significant or not, and given the previous experience with retroviruses in Chronic Fatigue, I am going to be very clear in telling you, although I am reporting this at present in Prof. Montoya’s samples, neither he nor we have concluded that there is a relationship to disease. I’ll repeat that one more time. We found retroviral sequences, but their relationship to Chronic Fatigue Syndrome at this point is unclear and, in fact, if I were to place bets and speculate, I would say that they are not going to pan out.”

Transcript was prepared by Patricia Carter for mecfsforums

"*Science* started this and *Science* is going to End This"

John Coffin to Frank Ruscetti November 2010

Failure to Confirm XMRV/MLVs in the Blood of Patients with Chronic Fatigue Syndrome: A Multi-Laboratory Study

Graham Simmons,[1] Simone A. Glynn,[2] Anthony L. Komaroff,[3] Judy A. Mikovits,[4] Leslie H. Tobler,[1] John Hackett Jr.,[5] Ning Tang,[5] William M. Switzer,[6] Walid Heneine,[6] Indira K. Hewlett,[7] Jiangqin Zhao,[7] Shyh-Ching Lo,[8] Harvey J. Alter,[9] Jeffrey M. Linnen,[10] Kui Gao,[10] John M. Coffin,[11] Mary F. Kearney,[12] Francis W. Ruscetti,[12] Max A. Pfost,[4] James Bethel,[13] Steven Kleinman,[14] Jerry A. Holmberg,[15] Michael P. Busch,[1]* for the Blood XMRV Scientific Research Working Group (SRWG)†

12 September 2011; accepted 20 September 2011
Published online 22 September 2011;

Mikovits said she hopes to have full sequences of her new viruses "in a couple of weeks."

–JON COHEN

NEWS&ANALYSIS

VIROLOGY

The Waning Conflict Over XMRV And Chronic Fatigue Syndrome

OTTAWA, CANADA—Less than a day after a new study dealt what many consider a lethal blow to the controversial theory that a newly detected virus, XMRV, is linked to chronic fatigue syndrome (CFS), proponents and skeptics of the theory squared off in a meeting here.

In one corner was Judy Mikovits, research director at the Whittemore Peterson Institute for Neuro-Immune Disease (WPI) in Reno, Nevada, and the main champion of the idea that XMRV and its relatives play a role in CFS. Her opponent, an erstwhile supporter, was heavyweight retrovirologist John Coffin of the Tufts University Sackler School of Graduate Biomedical Sciences in Boston. When Mikovits and Coffin took the stage at the meeting, which was organized by IACFS/ME (an international association devoted to the disease) and attracted 460 researchers and patients, they sat on opposite sides of the lectern. During their introductions, Coffin clasped his hands in front of his mouth, looking like a man in

had asserted—explained the XMRV DNA it found in some patient samples.

In Ottawa, Mikovits came out swinging. But she didn't make the case for XMRV, which stands for xenotropic murine leukemia virus–related virus. Instead, she offered new evidence that people with CFS (known as myalgic encephalomyelitis in some countries) had a virus "highly related" to XMRV.

Unlike the original study that appeared in *Science* that showed entire sequences of XMRV and infection of fresh cells, Mikovits revealed only partial viral sequences that she

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Pro and con. Judy Mikovits (*left*) argued for the link between human gammaretro-

Vaccine contamination risk from mouse Tissue in humans recognized in 1953!

"Two main objections to this vaccine have been voiced, because of the possibility that (i) the mouse brain employed in its preparation may be contaminated with a virus pathogenic for man although latent in mice . . . Or my be the cause of a de-myelinating encephalomyelitis; (ii) the use, as an antigen, or a virus with enhanced neurotropic properties may be followed by serious reactions involving the central nervous system." (Dr. G. Stuart, Presentation to the World Health Organization, 1953.)

Xenotransplantation and Primates - Threats Masquerading as Cures.

September 1, 1996

- **Dr. John Coffin*, a leading expert on recombination in viruses, concluded "the infection is a virtually inevitable consequence" of xenotransplantation and "This is a very serious worry because the animals that have been chosen for doing this -- the baboon and the pig -- are both known to carry endogenous viruses, replication competent, but very poorly studied, that are capable of infecting human cells." He further suggested baboon bone marrow experiments could make the HIV-AIDS infection "worse by spreading the host range."**

- **Despite scientific skepticism, the FDA supported the clinical experiment to transplant baboon cells into AIDS patient Jeff Getty. Prior to this decision, the FDA convened lengthy hearings of the National Academy of Sciences' Institute of Medicine and its own Biological Response Modifiers Advisory Committee. Dr. Marion Michaels*, from the University of Pittsburgh, told the committee that despite rigorous screening, "the donor organ, the tissue or the accompanying hematopoietic cells can also be the source of infection. Most often these infections are latent organisms and are often clinically silent in the donor."**

Isn't Injecting babies and children with mouse viruses capable of infecting human cells the same thing??

Coffin and the establishment pronounced there were no human disease causing retroviruses and retroviral materials found in human cells were contaminants

HAROLD VARMUS, NIH Director starts: FOOD AND DRUG ADMINISTRATION - XENOTRANSPLANTATION SUBCOMMITTEE - OF THE BIOLOGICAL RESPONSE MODIFIERS - ADVISORY COMMITTEE MEETING, January 13, 2000: (John Coffin is a committee member)

"Now, the origins of our proposed policies come from the 1997 meeting of this committee. And at the end of the meeting, the chairperson was asked about deferral for blood donors and their contacts, and he reasoned that although the risks were small, if there were a problem spread through the blood supply, it would be disastrous. If anything were going to get out, this is where it would get out. He therefore recommended on behalf of the committee that xenotransplantation product recipients and their close contacts be deferred from donating blood and plasma. "

Oh my God! You mean all those sequences we saw in the 1980s were real?
—Dr. John Coffin1

Plague - Chapter 8, The Invitation-Only July 22 Meeting

Stoye, JP & Coffin, JM (1995). The dangers of xenotransplantation. Nature Med. 1: 110: According to Dr Jonathan Stoye of the British National Institute for Medical Research and Dr John Coffin of Tufts University School of Medicine, USA, implanting an organ carrying a dormant endogenous retrovirus into a patient is equivalent to injecting the patient with live virus

ANIMAL ORGANS IN HUMANS: uncalculated risks and unanswered questions - 1998

When transferred to a different species (such as a human), viruses may also recombine genetically with a virus already present in the human body, leading to the formation of a novel strain.

Infection of xenotransplanted human cell lines by murine retroviruses: a lesson brought back to light by XMRV

Heidi A. Hempel[1], Kathleen H. Burns[1,2], Angelo M. De Marzo[1,3] and Karen S. Sfanos

Cell line	Origin	Xenografted?±	Virus (Ref.)*
CWR22Rv1	Prostate cancer	Yes	XMRV (Knouf et al., 2009)
LAPC4	Prostate cancer	Yes	*Bxv*-1/N417 MLV, MLV SP(B) 1-2 (Sfanos et al., 2011;Zhang et al., 2011)
VCaP	Prostate cancer	Yes	*Bxv*-1 MLV (Sfanos et al., 2011)
EKVX	NSCLC	Yes	DG-75 MLV (Hue et al., 2010;Sfanos et al., 2011)
DG-75	Burkitt's lymphoma	No	DG-75 MLV (Raisch et al., 2003)
CAK1	Pancreas cancer	Yes	Unidentified XMLV (Zhang et al., 2011)
LX48	SCLC	Yes	Unidentified XMLV (Zhang et al., 2011)
LX47	SCLC	Yes	Unidentified XMLV (Zhang et al., 2011)
NCI-N417	SCLC	Yes	N417 MLV (Zhang et al., 2011)
1065met	SCLC	Yes	Unidentified XMLV (Zhang et al., 2011)
Jurkat J6	T cell leukemia	Unknown	Unidentified XMLV (Takeuchi et al., 2008)
SK-MEL-25	Melanoma	No	Unidentified XMLV (Deichmann et al., 2005)
SK-MEL-28**	Melanoma	No	Unidentified XMLV (Deichmann et al., 2005)
MEL-JUSO	Melanoma	No	Unidentified XMLV (Deichmann et al., 2005)
MML-1	Melanoma	No	Unidentified XMLV (Deichmann et al., 2005)
A2780	Ovarian cancer	No	Unidentified XMLV (Hue et al., 2010)
BHY	Squamous cell carcinoma	No	Unidentified XMLV (Hue et al., 2010)
CoCM-1	Colon cancer	No	Unidentified XMLV (Hue et al., 2010)
Daudi	Burkitt's lymphoma	No	Unidentified XMLV (Hue et al., 2010)
IMR-5	Neuroblastoma	No	Unidentified XMLV (Hue et al., 2010)
MUTZ-1	Myeloid leukemia	No	Unidentified XMLV (Hue et al., 2010)
S-117	Thyroid sarcoma	Unknown	Unidentified XMLV (Hue et al., 2010)
TYK-nu	Ovarian cancer	Yes	Unidentified XMLV (Hue et al., 2010)

±For cell lines that were not xenografted in mice, it is possible that cross-contamination from infected xenografted lines occurred, or that studies involving xenotransplantation were performed with these lines, resulting in XMLV infection.

**Reference given is for viral genome sequence, if available.*

***The SK-MEL-28 cell line was found to be negative for XMLVs in Hue et al. (2010) and Sfanos et al. (2011).*

"However, the group also recommended that further studies be undertaken urgently and internationally to put into perspective the very low levels of RT activity found in the vaccines."

4.1. Initial findings

The discovery in 1995 of reverse transcriptase (RT) activity in marketed measles, mumps and rubella (MMR) vaccine raised concerns that the vaccine was contaminated by an unrecognized avian retrovirus with unknown safety implications.

4.2. Background

The usual flow of genetic information is from DNA to RNA. However, the reverse of that processwas discovered to be mediated by an RNA-dependent DNA polymerase (reverse transcriptase) that some RNA viruses, such as retroviruses, use to reverse-transcribe their RNA genomes into DNA. That viral DNA can then be integrated into the host genome and replicated, resulting in the production of more RNA virus. RT activity has therefore been used as a biochemical marker for the presence of retroviruses. However, the genes that encode RT are widely distributed in eukaryotic organisms and all reverse transcriptases are evolutionarily related. In addition, cellular DNA-directed DNA polymerases can exhibit some ability to use RNA as a template and reverse-transcribe as well.

Biologicals 42 (2014) 223–236

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Review

Adventitious agents in viral vaccines: Lessons learned from 4 case studies

John Petricciani [a, *], Rebecca Sheets [b], Elwyn Griffiths [c], Ivana Knezevic [d]

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[c] 3 The Farthings, Kingston Upon Thames, Surrey KT2 7PT, UK
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ABSTRACT

Since the earliest days of biological product manufacture, there have been a number of instances where laboratory studies provided evidence for the presence of adventitious agents in a marketed product. Lessons learned from such events can be used to strengthen regulatory preparedness for the future. We

2015: If the Vaccines and Recombinant Therapies are not contaminated with XMRVs, Why Clean them up?

Biologicals

Available online 30 August 2015

In Press, Corrected Proof —Note to users

Removal of xenotropic murine leukemia virus by nanocellulose based filter paper

M. Asper[a], T. Hanrieder[a], A. Quellmalz[b], A. Mihranyan[b],

Show more

“There is No Worse Misogyny Than to destroy a woman’s Career and Use her work to Clean up the Problem They Created ”” Frank Ruscetti

Shortly after the publication of her article in the journal *Science* in October of 2009, showing an association between the XMRV retrovirus and chronic fatigue syndrome (ME/CFS), Dr. Mikovits was contacted by representatives from the Cerus Corporation. They had developed the Cerus Intercept System, which involved inserting a molecule into the donated blood material, this molecule then attaches to the DNA or RNA of any potential pathogen, and then when exposed to ultraviolet light the molecule binds to the pathogen and prevents it from replicating. (“The INTERCEPT Blood System Rids Blood Donations of All Pathogens,” *Scientific American*, June 16, 2015) Dr. Mikovits worked on two studies with Cerus, including one that showed the Oakland blood supply was contaminated with XMRVs. Dr. Mikovits even spiked blood with XMRV, subjected it to the Cerus INTERCEPT system and found the system had reduced the XMRV in the the blood below detectable.

SCIENTIFIC AMERICAN™

FDA Approval December 1 2014 of Intercept Blood System

Permanent Address: http://www.scientificamerican.com/article/the-intercept-blood-system-rids-blood-donations-of-all-pathogens/

Health » Scientific American Volume 313, Issue 1 » Advances

The INTERCEPT Blood System Rids Blood Donations of All Pathogens

Blood banks begin using the method in donations this summer as the northward spread of chikungunya continues

By Tara Haelle | Jun 16, 2015 |

Did Other Scientists Think XMRVs Might Have Been Transferred to Humans by Vaccinations?

"One of the most widely distributed biological products that frequently involved mice of mouse tissue, at least up until recent years, are vaccines, especially vaccines against viruses . . . It is possible that XMRV particles were present in virus stocks cultured in mice or mouse cells for vaccine production, and that the virus was transferred to the human population by vaccination." (Frontiers in Microbiology, January 2011)

Retrovirology

BioMed Central

Short report

Open Access

Unintended spread of a biosafety level 2 recombinant retrovirus

Alexander Stang[1], Elisabeth Petrasch-Parwez[2], Sabine Brandt[1], Rolf Dermietzel[2], Helmut E Meyer[3], Kai Stühler[3], Sven-T Liffers[3], Klaus Überla*[1] and Thomas Grunwald[1]

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* Corresponding author

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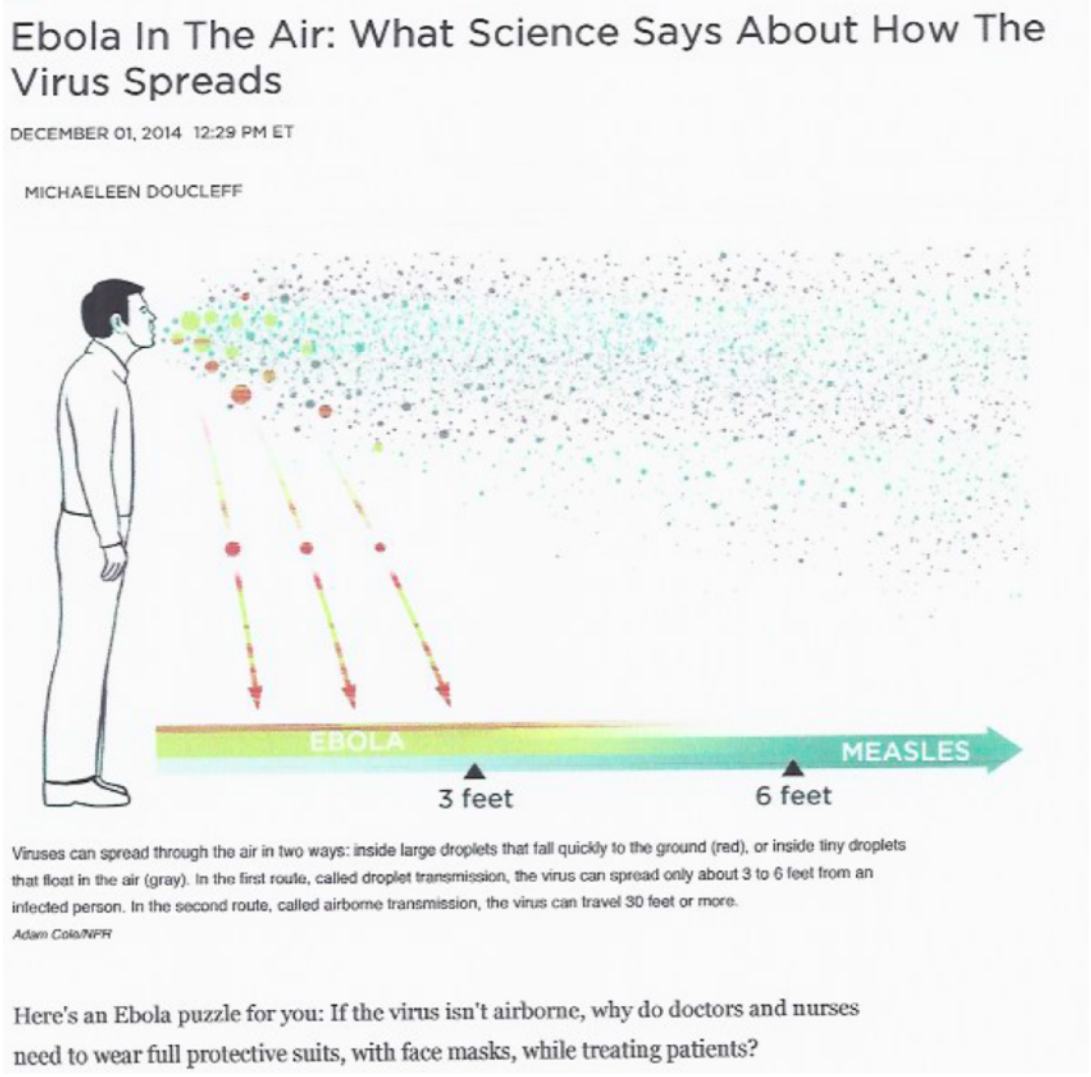

Harold Varmus was NIH Director who implemented the xenotransplantation program in 1999. This included xenografts for cancer research, gene therapy. Varmus also started the NIH Vaccine Research Program.

Many infectious diseases of animals can be transmitted to humans via routine exposure to or consumption of animals (e.g., rabies). Viruses that are not pathogenic in their natural host reservoirs may**, in some cases, be highly pathogenic when transmitted to a new host species.** Several zoonotic viruses have produced significant outbreaks when introduced into human hosts under normal circumstances of exposure (e.g., Ebola, Hanta Virus, Influenza).

Consequently, the recipient of a xenotransplant is potentially at risk for infection with infectious agents already known to be transmissible from animals to humans as well as with infectious agents, which may become transmissible only through xenotransplantation and which may not be readily identified with current diagnostic tools. Infected xenograft recipients could then potentially transmit these infectious agents to their contacts and subsequently to the public at large.

Guidance For Industry - Public Health Issues Posed by the Use of Nonhuman Primate Xenografts in Humans

“Xenotransplantation raises a major public health dilemma: how to balance the potential promise of this emerging technology to alleviate the shortage of live cells, tissues, and organs currently available for transplantation with the risk of potential transmission of infectious agents to the patient, his/her close contacts, and the public at large. Experience with human-to-human transplantation has demonstrated the transmissibility of infectious agents from donor to recipient through transplants (e.g., Human Immunodeficiency Virus (HIV), Creutzfeldt-Jacob Disease, Hepatitis B Virus, and Hepatitis C Virus).”

Xenotransplantation may facilitate inter-species spread of infectious agents from animals to the human host through several mechanisms: a) surgery disrupts the normal anatomical barriers to infection such as skin, membranes, etc.; b) transplant recipients are usually iatrogenically immunosuppressed to facilitate graft survival; and c) patients' underlying disease(s), such as AIDS or diabetes, may compromise their immune response to infectious agents. Consequently, the recipient of a xenotransplant is potentially at risk for infection with infectious agents already known to be transmissible from animals to humans as well as with infectious agents which may become transmissible only through xenotransplantation and which may not be readily identified with current diagnostic tools. Infected xenograft recipients could then potentially transmit these infectious agents to their contacts and subsequently to the public at large. In this regard, infectious agents which result in persistent latent infections which may remain dormant for long periods before causing clinically identifiable disease are of particular concern.(1)

Guidance for Industry - Characterization and Qualification of Cell Substrates and Other Biological Materials Used in the Production of Viral Vaccines for Infectious Disease Indications

The regulations, in 21 CFR 610.13, state in part that - **"Products shall be free of extraneous material except that which is unavoidable in the manufacturing process** described in the approved biologics license application."

In 21 CFR 600.3(r), **purity** is defined as the **-"relative freedom from extraneous matter in the finished product, whether or not harmful to the recipient or deleterious to the product."** Live attenuated viruses, whole inactivated virions, or virus-like particles often cannot be purified as rigorously as viral subunit vaccines; as a consequence, the potential for contamination is greater than that of subunit vaccines. Generation of live viral vaccines often involves cell disruption, which may add cellular components to the vaccine bulk. In addition, such vaccines often are minimally purified and are not subjected to inactivation steps. agents. http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Vaccines/UCM202439.pdf

Lipkin is the topic of a fairly extensive conversation between the CDC Whistleblower, William Thompson, a scientist at the CDC, and the subject of the movie Vaxxed, and autism parent and scientist Brian Hooker, from the transcript :

Brian Hooker, read the transcript for yourself:
Dr. Thompson: Right. Ian Lipkin is one of those…Well, I'll give you an example. When I was trying to hold them accountable… It was funded by the CDC.
Dr. Hooker: Right.
Dr. Thompson: I don't know if you know that.
Dr. Hooker: Right. Right.
Dr. Thompson: It was funded by the CDC; the money was sent to the NIH. It was the worst mismanaged event of federal funds that I've ever seen, um…
Dr. Hooker: Wow.
Dr. Thompson: In terms of how that study was carried out. If you looked at the original study design and the fact that they only ended up with twenty-five Autism cases, it's just insane. So, I took over as project officer in the middle of that. And I kept trying to hold people accountable…
Dr. Hooker: [Affirmative response.]
Dr. Thompson: …for what they were doing with the money and, um, the project officer on their end eventually dropped off the study; she was so fed up and tired with it.
Dr. Hooker: Okay.
Dr. Thompson: In the middle, in the middle of the study, Ian Lipkin was asking for more money and he actually, and I…
Dr. Hooker: [Affirmative response.]
Dr. Thompson: I don't think I kept the email but it's the one email I wish I had kept was where he said he was going to go talk to his Congressman if we didn't uh…
Dr. Hooker: [Affirmative response.] That sounds like Ian.
Dr. Thompson: If we didn't give him more money.
Dr. Hooker: That sounds exactly like Ian Lipkin.
Dr. Thompson: No. I…
Dr. Hooker: Oh my goodness.
Dr. Thompson: So, anyway. That was criminal because they published that study with twenty-five autism cases and the power was like zero…
Dr. Hooker: [Affirmative response.]
Dr. Thompson: …and they tried to give the impression that they did a study of, you know, [UI].
Dr. Hooker: [Affirmative response.]
Dr. Thompson: I don't remember exactly…
Dr. Hooker: They ran PCR in the cases. They ran PCR in the controls. They found measles virus in several of the cases, and they found measles virus in the controls and then they concluded there was no effect. But the actual conclusion of the study should be, "It's a really crappy study. We can't tell anything."
Dr. Thompson: It was the worst study ever.
Dr. Hooker: Thank you.
Dr. Thompson: It was the worst study ever.