

Data suggest that 6% of the US population is harboring a retrovirus in their bodies that can develop into an acquired immune deficiency. This is not the well-known AIDS caused by HIV that ravaged the gay community, but Acquired Immune Deficiency Syndrome (AIDS) associated with other retroviruses. These non-HIV retroviruses were unintentionally introduced into humans over the past 75 years.

It began with trials of polio vaccines and yellow fever vaccines given in the early 1930s. This is when the first recorded cases of Chronic Fatigue Syndrome and autism appeared. It involved the use of laboratory mice to prepare vaccines for human use. [1]

20 Million Americans are Now Potentially Infected

Retrovirus exposure intensified in the 1970s as new vaccines and pharmaceutical products were developed. These retroviruses and related infectious agents are now associated with dozens of modern chronic illnesses – perhaps nearly all of them. In these diseases, infection leads to inflammation -- and unresolved inflammation can lead to chronic disease.

The list of diseases stretches from autism to cancer and from Chronic Fatigue Syndrome to Alzheimer's. The diseases cripple the development of the young, steal the productivity and enjoyment of life for adults, and provide a slow and withering death to the elderly.

“An inefficient virus kills its host. A clever virus stays with it.” James Lovelock

The retroviruses being discussed are very clever and very stealthy. They can infect a person and stay with them for their entire lifetime. Sometimes they shorten life substantially. But, they are just as likely to bring a person to total disability and deny people the opportunity for a normal life.

Even though 20 million Americans are likely to be infected, not everyone will develop serious illness. Retroviruses in the human body are like sleeping giants. They are quiet until they are activated in immune deficient people. Once activated, they create diseases such as Myalgic Encephalomyelitis, also called Chronic Fatigue Syndrome (ME/CFS), Chronic Lyme's Disease, Chronic Lymphocytic Leukemia, Autism Spectrum Disorder (ASD), numerous cancers, and a wide range of other autoimmune, neuroimmune, and central nervous system diseases. Please see reference number 2 at the end of this article for a comprehensive list of diseases. [2]

A Perfect Storm of Illness

The retroviruses being discussed here do not directly cause diseases by themselves. A perfect storm of events need to come together to create acquired immune system deficiency (non-HIV AIDS). When conditions are right, the viruses create unrelenting inflammatory processes that disrupt the immune system.

The perfect storm occurs when human DNA is disturbed by retroviruses, when there are co-infections, when there is severe shock or trauma, when hormones are dysregulated, when there are genetically modified organisms and glyphosate in the diet, when there are pesticides and other toxic substances in food and the environment, and when there are genetic susceptibilities.

If some or all of these conditions occur together, then the immune system will be weakened to the point where the perfect storm occurs, and people become ill with some type of modern chronic disease.

Not everyone who has retroviruses in their bodies will develop one of these diseases, but for those who experience a perfect storm the possibility is much greater. The risks increase with age as the immune system naturally weakens.

How Did These Viruses Infect Millions Worldwide?

These viruses were most likely introduced into humans through contaminated vaccines and biological products including GMOs, human blood products, the milk of cows, and human breast milk. These retroviruses can be passed between family members through body fluids. It is not unusual to find a family where everyone tests positive for a retrovirus, but only one person is experiencing a retrovirus-related illness. Symptom free carriers are common in human retroviral infections.

You Probably Haven't Heard Much about the Retrovirus Problem

If you have never heard about the retrovirus problem, then you can thank the CDC, NIH, FDA, and other government agencies for covering up the problem since it was first reported to them in 1991 by American immunologist Elaine DeFreitas. [3] They did not want to alarm you. They didn't want to induce a panic, or a rebellion against the use of vaccines. They didn't want to send shock waves through the conventional medical care system and the pharmaceutical industry that would threaten their profits. They didn't want to risk a public panic among people needing blood transfusions. They didn't want to disturb the resolve of Big Pharma and political leaders working to pass mandatory vaccination laws. They didn't want to interfere with the full implementation of genetically engineered crops. They didn't want to lay the groundwork for numerous class action lawsuits from people who were harmed or who will be harmed in the next 20 to 30 years as the retroviruses continue to multiply in the bodies of infected persons.

Ultimately, government leaders didn't want us to be able to make informed decisions regarding the true risks associated with certain therapies – they preferred to keep us all in the dark. They just wanted to cover up the whole mess and act as if it never happened – but it did happen, and millions of Americans are now suffering from a plague of modern diseases that were once rare or non-existent.

My Sources for this Information

The information that I am sharing in this article came mostly from an interview I did with Judy A. Mikovits, PhD and from the book, *Plague: One Scientist's Intrepid Search for the Truth about Human Retroviruses and Chronic Fatigue Syndrome (ME/CFS), Autism, and Other Diseases*, written by Kent Heckenlively, JD, and Dr. Mikovits.

My article will explain the history of retrovirus contamination and the government cover-up. It will provide an introduction to effective treatments for those who suffer with the illnesses mentioned above. It attempts to do what our government didn't have the political courage to do.

Retrovirus Filtration

Before I go any further, I need to tell you that safeguards most likely were implemented in December of 2014 to clean up retrovirus contaminated blood products and vaccines. The FDA approved technologies developed by the Cerus Corporation on that date that were specifically designed to solve these problems. The problem was well understood by public health scientists and researchers for five years, but the problem was not made public until the FDA approved a solution. The press release from the Cerus Corporation describes some of the problems with the blood supply, and tells us about their new technologies. [4] Dr Mikovits proved that this new technology is effective for inactivating these viruses in blood products, even though as you will soon read, she was viciously persecuted for bringing this problem to light.

Cerus Corporation Press Release:

<http://www.cerus.com/Investors/Press-Releases/Press-Release-Details/2014/FDA-Approves-INTERCEPT-Blood-System-for-Plasma/default.aspx>

This is good news for people who are choosing to take vaccines and for those who need to receive blood products. However, we must not forget the large number of people who were unknowingly infected by retroviruses over the past 20 or 30 years. The Cerus technology will not help them.

How did the Retrovirus Nightmare Begin?

The most recent chapter of the story began in the 1970s. It took place in research laboratories throughout the world where scientists were doing research on diseases such as cancer and HIV/AIDS. These were the same laboratories where they were manufacturing vaccines. These labs work with mice that are genetically engineered to have immune system deficiencies, which made them vulnerable to express certain diseases. In other words, their immune systems have been altered in such a way that they will get a certain disease when exposed to a certain pathogen or toxin.

Research activities involved injecting lab mice with human viruses to attenuate or weaken the viruses. Scientists routinely did these experiments with mice in the same laboratories where they were growing human cell lines. They believed that mouse viruses and human viruses would not interact, or travel from one part of the research facility to another.

In the past, scientists didn't worry about mouse virus contamination, because they believed that these viruses would not harm humans if they actually made their way into a human being. Scientist acknowledged the risks, but maintained the judgment that the benefits of vaccines outweighed the risks. The work of Dr. Mikovits and other scientists challenged their beliefs. They suggested the problem with mouse viruses was already out of control and the cost of the damage could destroy the economies of nations.

Their Warning was Not the First.

Dr. G. Stuart made the same warning in 1953, when he spoke to the World Health Organization. He was talking about the yellow fever vaccine at that time. He stated:

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 may 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. [5]

In 1996, Dr. John Coffin, a leading expert on recombination in viruses, warned against transplanting cells from animals into humans to improve the functioning of the immune system of HIV-AIDS patients. He stated:

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. [6]

Whose Judgement was Correct?

The long held judgement of the majority of the scientific community was proven wrong in 2009 by Dr. Judy Mikovits and other scientists who discovered that something unexpected and very harmful was happening in laboratories throughout America and the world. They discovered that a retrovirus called XMRV (xenotropic murine retrovirus) and other related retroviruses were now present in 6% of Americans

and that this retrovirus was appearing in a very high percentage of people with diseases such as prostate cancer, Chronic Fatigue Syndrome, autism, Lou Gehrig's Disease, treatment resistant Lyme's Disease, and Parkinson's Disease.

The term "xenotropic" indicates that the virus had a non-human origin and it is now able to live and multiply in humans. This retrovirus had an appearance that was similar to mouse virus, but it also had qualities of human virus. It was a chimera – like a mythical beast – part human and part mouse. It was accidentally created in laboratories when a naturally occurring mouse virus recombined with a human virus found in a prostate cancer culture.

This would be confirmed in 2011 by European researchers. Their 2011 article stated:

One of the most widely distributed biological products that frequently involved mouse tissue, at least up until recent years, is vaccines, especially vaccines against viruses ... It is possible that XMRV particles were present in virus stocks cultured in mouse cells for vaccine production, and that the virus was transferred to the human population by vaccination. [7]

These Retroviruses didn't Behave as Expected

What scientists didn't realize was the way they managed their mouse colonies and managed the production of their human cell lines created conditions in laboratories where viruses could unexpectedly mutate and recombine with one another. Even more astounding was the fact that these retroviruses could easily reproduce themselves and travel through the air.

Up until 2009, scientists didn't know that retroviruses could be aerosolized. Retroviruses that were in mice were being released into the air and travelling through their facilities to other labs where human cell lines were being cultivated. Once there, they were able to infect human cultures. They became part of the cells and part of the products that were made from the activity of the cell lines, such as the antigens used in vaccines. The retroviruses also infected lab workers.

Basic Biology of Retroviruses

Retroviruses are a family of RNA viruses. They have a spiral shaped envelope (shell), which binds to a receptor on a human cell. This binding process creates an opening which allows the retrovirus to enter the cell. The retrovirus contains an enzyme called reverse transcriptase that facilitates a reverse flow of genetic information from the RNA of the virus into the DNA of the cell, rather than the usual DNA to RNA flow. The structure that the retrovirus creates in the cell is called a provirus. The newly transcribed viral DNA is then incorporated into the genetic material of the host. It is now ready to serve as the template from which new viral particles (virions) will be made using the cell's transcriptional machinery. The provirus can persist indefinitely in the DNA of the host. [8]

In other words, a retrovirus comes in contact with a human cell, cracks it open, jumps in, and literally changes the DNA in that cell. It adds its genetic material to human DNA. It remains in the cell in an inactive state until stress, shock, heavy metal toxicity, pesticide exposure, hormone alteration, or some other event weakens the immune system and enables the retrovirus to become active and to reproduce through the help of its cellular host. The presence of reverse transcriptase in the blood is a marker that a retrovirus is being expressed.

Government Cover-up and Lies

Thus far, I have provided some very basic information about retroviruses – where they came from and how they facilitate human disease -- but there is much more to the story. We need to explore why the U.S. government doesn't want you to know that many strains of retroviruses exist, and why they don't want you to suspect that they are making you sick.

I recently spoke with Dr. Judy A. Mikovits, PhD, to gather her inside perspective about these questions. Dr. Mikovits has dedicated her life to being a research scientist in honor of her grandfather who died of cancer when she was a teenager. Dr. Mikovits earned her BA from University of Virginia and PhD in Biochemistry and Molecular Biology from George Washington University. In her 35-year quest to understand and discover ways to treat chronic diseases, she has studied immunology, natural products chemistry, epigenetics, virology and drug development. In just over twenty years she rose from an entry-level lab technician to become director of the lab of Antiviral Drug Mechanisms at the National Cancer Institute before leaving to direct the Cancer Biology program at EpiGenX Pharmaceuticals in Santa Barbara, California. There in 2006, she became attracted to the plight of patients with Chronic Fatigue Syndrome and Autism. In only five years she developed the first neuroimmune institute from a concept to a reality and is primarily responsible for demonstrating the relationship between immune-based inflammation and these diseases. She has published over 50 scientific papers. [9]

I asked Dr. Mikovits to summarize the retrovirus controversy and the government's effort to cover-up the existence of certain retroviruses. She stated it this way:

Evidence of retroviruses is found in 6% of the population – 20 million Americans. They were introduced through the blood supply and vaccines into the human population. These viruses are associated with many diseases. So if you look at how they [our government] are going to fix that problem -- they just approved Cerus to clean up the blood supply and they just approved their filtering technology to clean up the vaccines. They want you to believe that gammaretroviruses are all gone... [10]

Dr. Mikovits is not just one of the leading scientists in the area of retrovirus related illness, she stands at the center of a scientific controversy and political battle that has ended her career as a government-funded research scientist. She spoke the truth about the fraudulent use of government research money, the marketing of inaccurate retrovirus tests, Medicare fraud, the contaminated blood supply, and the harm that is associated with vaccines and their schedule of administration. Her research showed how retroviruses are linked to the plague of modern illnesses that are bankrupting the U.S. healthcare system.

The result of her unwavering determination to stick to the truth of her research and to stand up against those who want to keep the truth hidden, resulted in her being taken to criminal court and civil court. She was gagged for four years by fabricated criminal charges in Nevada, and could not speak openly about retrovirus science or the government cover-up without risking further persecution/prosecution.

The Beginning of the Controversy

The unfolding of the saga began in the summer of 2009 when she attended a meeting of scientists from the highest levels of the scientific community. All the government agencies involved with matters of human health were represented. Leaders from various research institutes and universities were present. They were experts in the field of virology and disease prevention and treatment. (See the reference at the end of this article for the list of participants.) [11]

During the time allotted to Dr. Mikovits, she described the results of her most recent research that would soon be published in the esteemed journal, *Science*. She drew an association between the XMRV mouse retrovirus and Chronic Fatigue Syndrome.

Two months later Dr. Mikovits and two other scientists presented evidence to the federal government that a retrovirus might underlie Autism Spectrum Disorder.

When her article about gammaretroviruses and myalgic encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) was published in October of 2009, it did not trigger government health officials to explain it to the public. Instead of acclaim, a vicious attack was launched against the findings of the presence of retrovirus in patients who had ME/CFS.

The attack was largely led by the psychiatric industry. They strenuously objected to a viral association with Chronic Fatigue Syndrome. They believed that ME/CFS was a mental illness without a physical cause. They believed that talk therapy and psychiatric drugs were the only answer for those who were disabled by this retroviral disease. They held to their belief even when patients required oxygen to survive and rarely had the strength to leave their homes because of intense weakness and pain.

A Wake-up Call to the Retrovirus Problem

At the 1st and only International Workshop on the XMRV retrovirus, held in September of 2010, Dr. Mikovits and a group of other scientist presented research that would become the basis for conducting an international multi-center study on XMRV retroviruses.

Among the research discussed at the meeting, was a study involving rhesus macaque monkeys that were exposed to XMRV. This was particularly valuable. It showed that the XMRV retrovirus quickly disappeared from the blood stream after exposure -- presumably going into tissues. As with HIV/AIDS, immune stimulation caused the virus to reappear in the blood, where it could be detected again. The immune stimulant they used was an injection of bolus peptides that mimicked a vaccination. This provoked the virus and caused it to replicate to detectable levels, and presumably cause disease. [12]

Another study presented findings about infectious XMRV in the peripheral blood of children and their parents. The study contained 66 subjects: 37 parents and 29 children. 17 children had autism, a pair of twins had Niemann-Pick Type C (a neurodegenerative disorder), and 10 children were healthy siblings. The families lived in 11 different states. XMRV was detected in 55% of the people in the study. The age range of the infected children was 2 to 18 years. 17 of the children (including the twins) were positive for XMRV (58%) and 20 of the 37 parents (54%) were positive for XMRV. 14 of 17 autistic children were positive for XMRV (82%). They noted that Autism Spectrum Disorder (ASD), ME/CFS, and childhood neuroimmune disorders share common clinical features. [13]

This was earth-shattering news for autism parents, because it supported the theory that their children might have been harboring an undetected retrovirus in their immune cells that could be activated through vaccination. The immune challenge of a vaccination could have offset the body's delicate suppression of the retrovirus, bringing it out of hiding. For other children, a simple fever could have begun the immune cascade that led to autism. [14]

During Dr. Mikovits' presentation, she described her research and the research of others. Her research team found that 67 percent of ME/CFS patients in her study showed evidence of XMRV, and other researchers found that 86.5% of ME/CFS patients had evidence of infection by a broader group of retroviruses that were also linked to laboratory mice. Dr. Mikovits and her team found that 3.7 percent of a healthy population showed evidence of XMRV infection, while colleagues showed that 6.8 percent of a healthy control population showed evidence of infection by a wider group of murine leukemia viruses. This meant that eleven to twenty-one million individuals in the United States were potentially infected by a group of related viruses that came from mice. [15]

Dr. Mikovits detailed how they'd found XMRV in a subset of ME/CFS patients in England, and that there was a need to understand more about replication and pathogenesis. There was also a great need to develop tools for screening and treatments. In response to a question about research controls from Dr. Francis Collins, head of the National Institutes of Health, Dr. Mikovits indicated that 5% of control samples taken from the London Blood Bank were positive for XMRV. [16]

When all the data and all the findings from this conference were put together, it was easy to see that there was a serious problem with retroviruses in the general population of the United States and Europe. The blood supply was contaminated, families were infected, and a very high percentage of people with ME/CFS, autism, and other diseases also had XMRV and similar retroviruses. Many other people had these viruses, but most were not yet sick.

The Multi-Center Retrovirus Study

Based on these findings, Francis Collins, head of the National Institutes of Health, mandated a multi-center study that would be directed by Dr. Ian Lipkin, who was the head of Columbia University's Institute of Infection and Immunity. At that time, Lipkin had been acclaimed the "World's Most Celebrated Virus Hunter." [17]

The Lipkin multi-center study would be a large scale study that on the surface would claim to investigate what was happening with ME/CFS and other neurological disorders in the United States. However, physicians were instructed to use an unusual set of criteria to exclude patients from the study. They excluded patients with evidence of infection with HIV, hepatitis B virus, hepatitis C virus, Treponema pallidum (tape worm), B burgdorferi (the Lyme disease spirochete), medical or psychiatric illness that might be associated with fatigue, abnormal serum characteristics, and thyroid disease. The study excluded the exact groups of patients who were most likely to be infected with the retroviruses. It looked as if the study was designed to fail.

Fired As Research Director

Dr. Mikovits was one of the researchers involved in the multi-center study that took place during 2010 and 2011. She continued her research until the late summer of 2011 when she was asked by the head of the institute that housed her lab to approve fraudulent expenditures of federal research monies from her grant. She also became aware that the retrovirus test, which was being marketed and sold by the owner of the institute, produced inaccurate results. She spoke out about these problems and was fired from her position at the end of September of 2011.

Jailed without a Warrant or a Charge

Dr. Mikovits was arrested 6 weeks later, and held in jail for 5 days without the opportunity for bail as a fugitive from justice. Eventually she was charged with stealing her own research notebooks. These notebooks contained all of her recent research about retroviruses. On the day she was fired, she was locked out of her lab and offices while they were ransacked. They might have taken her notebooks, but a coworker understood what was going on and he temporarily secured Dr. Mikovits' notebooks as well as his own.

A research scientist's notebooks are a precious possession. Their value is equal to his or her professional credibility and personal integrity. The notebooks of Dr. Mikovits are important, because they contained the confidential names and addresses of every patient that had been involved in her gammaretrovirus research. They contain proof of the existence of gammaretroviruses and their connection with ME/CFS that no one could deny. Gammaretroviruses are one of the retrovirus families that cause chronic illness.

I won't go into the details of the court proceedings. But political corruption in Nevada and in the U.S. scientific research community made sure that Dr. Judy Mikovits would be silenced and financially destroyed. She and her husband lost everything. They now live in a rental unit in Southern California.

Results of the Multi-Center Retrovirus Study

Instead of finding that 67 percent of patients with ME/CFS had evidence of retrovirus infection, as Dr. Mikovits found in her study, or finding that 86.5 percent of ME/CFS patients had mouse leukemia type retroviruses as others had found – the Lipkin study found no association with disease. The Lipkin multi-center study, however, did confirm that 6% of the U.S. population is carrying retrovirus infections whether they know it or not. This finding was very significant. The study confirmed the findings from more than two decades of research, which consistently presented evidence of retroviruses in 4-6% of the population. The Lipkin study confirmed that 20 million Americans are carrying retroviruses. [18]

They didn't find an association with disease, because they excluded the groups that were most likely to have the retrovirus.

This multimillion dollar study funded with U.S. tax dollars successfully covered up the relationship between retroviruses and chronic disease, but it was not able to obscure the existence of retroviruses in the general population.

They didn't want to find an association with disease, because the government, Big Pharma, health insurance companies, and the conventional medical system did not want the truth to be revealed. The costs would be staggering if it became public knowledge that the healthcare system itself had infected 20 million people with a virus that was causing chronic illness, disability, suffering, and death.

Destruction of Dr. Mikovits' Work and Career

The publicizing of her unlawful arrest in the journal *Science*, which even included her mugshot, seriously damaged her professional reputation. This was followed by an attack on Dr. Mikovits' previously published work. Her 2009 article about gammaretroviruses was formally retracted by the editors of the journal that published it because she dared show evidence how retroviruses remained hidden from detection, just as her research had shown more than two decades earlier that HIV could remain hidden from detection.

Dr. Mikovits has been unemployed since September 2011. Her career has been destroyed. No one will give her grant money for new research, because the government doesn't want to see any further research into any of the retroviruses that were created in laboratories and introduced into humans in vaccines, biological products, and food.

Suffering but not Destroyed

As you might expect, Dr. Mikovits and her husband have experienced serious financial limitations during these years from the lack of employment income and the tremendous cost of legal fees. Dr. Mikovits has suffered, but her resolve has not been destroyed. She has been crushed economically, but her witness for the truth remains intact. Dr. Mikovits describes her situation this way:

Personally, we don't need much and we don't have much. There aren't many people who live a half block from the beach in the sunshine in a nice place. We are surviving, and [are ready] to do whatever it is the next thing that God wants us to do. So, I consider myself blessed. There were many dark days and I am sure there will be more dark days, but the story is not over and these viruses and diseases are not dead. [19]

Dr. Mikovits continues to conduct research. She doesn't need a lab to keep studying ME/CFS, autism, cancer and other diseases. She continues to provide consultations to patients with ME/CFS, to parents of autistic children, and to physicians who understand the truth of what her research revealed and are willing to act on it.

Never Giving Up

Dr. Mikovits consulted with Dr. Jeffrey Bradstreet, MD, who was one of the leaders in the treatment of autistic children. Dr. Mikovits describes her interaction with Dr. Bradstreet in the spring of 2015, shortly before his death. She had shared her research with Dr. Bradstreet and he had the courage to implement new treatments for his patients based in part on it. Dr. Mikovits stated:

I feel in the deepest part of my soul Jeff Bradstreet was suicided. That is shot in the chest with his own gun and thrown into that river. I saw him within two weeks of his death. We were at the AutismOne conference this year and we were high fiving it. He said, "We are so close to a cure for Autism"

I felt like I was back. I was in a place where I was no longer totally gun shy. I was not ducking every time I walked through a door. I was able to take my hat off. [Her hats were part of the disguise she used to hide.] [20]

Intimidation and Threats

Yes, she and her husband were followed, harassed, and intimidated. Someone tried to give her a gun shortly after she was fired to "protect" herself. She refused to touch it, because she didn't want it to become a tool that someone might use to simulate her suicide as she strongly feels they did to Dr. Bradstreet and others.

Specific Questions for Dr. Mikovits

I posed the following questions to Dr. Mikovits during my interview with her on December 14, 2015.

QUESTION: What would you want to tell people in America who have various neurodegenerative diseases and cancers that are associated with retroviral infection? What is your message for America concerning non-HIV AIDS?

The message is that there are a significant number of people who understand how to treat these diseases and they should understand that they are certainly not crazy and they are not imagining things. It's certainly not genetic and it is not their fault. The most important thing is that so many people blame themselves – "If I had never let them give my kid that shot." Don't go there, because we can fix it.

I won't ever give up. There are a lot of doctors around the world who are trusting us. They have seen the same things themselves and who are energized by our book and by the revelations [that have happened] since. We will keep on addressing the science.

These diseases are certainly not a death sentence. You don't have to suffer forever. We are not giving up. We can end your suffering, and your potential can be used!

Please don't kill yourself because it might seem like forever but we are not going to let it happen. I am not going to let the Lipkins of the world bury the people who were infected with retroviruses between 1975 and 2014. I am delighted that they are cleaning up the blood supply and they are cleaning up the vaccines but I am not willing to let the ones that got hurt die in vain, or have their families die. We care about all the families.

You have to try and realize that there is a bigger plan beyond you, and of course we all know there is a bigger plan beyond us, but it is hard to see sometimes in the insanity.

QUESTION: Please explain how the immune system functions in the presence of a retroviral infection and what has gone wrong when disease results?

The immune system's job is to clear pathogens. So, when the initial infection recedes, the immune system should put on the brakes so that you won't develop autoimmunity. Our immune system enables us to distinguish self from non-self -- that is the whole goal. In cancer, the natural killer cells and cytotoxic T cells can't see the tumor any more. It is as if the tumor has a coat on and it is hiding from the immune system. So, the therapy is to teach the immune system to see the virus infected cell or the cancer cell [so it can do its job]. In those with diseases like ME/CFS and Autism we are helping the immune system and other pathways regain their balance -- their homeostasis.

That is what GcMAF does. It communicates with the macrophages. It's called macrophage activating factor, but in fact it is not really activating. It takes the amoeboid microglia -- the bad guys -- that are producing all the glutamate and inflammatory cytokines, and takes these microglia, and turns them back into ramified surveillance microglia. These are happy cells that are not producing all these toxic intermediates. [This means] GcMAF is actually a deactivating factor.

In the brain, the gammaretroviruses infect the capillary endothelial cells. They don't even infect the microglia. Those infected cells produce factors which activate the macrophages and put them into an angry over-active state. When GcMAF is given it turns the angry macrophage back into a happy quiescent macrophage. This clears the damage even though the infected cells were not cleared, because we didn't target the brain endothelial capillary cells. We just quiet everything down and the virus will either become latent or we will clear it from the body. This works as long as we don't have too many infected cells that crash the entire system, as happens with HIV/AIDS. We learned that if HIV/AIDS patients get treated early enough before their immune systems are too badly damaged [they can have a normal life.]

QUESTION: In your book, *Plague*, you made the statement that as a Christian you felt that God had placed you in the middle of this controversy for a reason. Do you have any more thoughts about that at this point?

I believe in God, I trust in the promises of the Bible, and believe that there is justice from God. Thus, I don't care what anyone says, I know the truth and God knows the truth. Sometimes God places people in situations where you just simply obey. I don't pretend to understand. God did it for a reason and I trust that ultimately that is for good.

I had to see a lot of other things, and a lot of tough things about myself. This has been a very dark time, and you do question everything about your faith. I can't even comprehend the evil of some of what happened and continues to happen. But I try not to go there, I just trust God.

So as far as God goes, I am good with God. I know I am not dead yet and therefore I have a job to do. I have to keep living the horrors that I live every day. Those horrors are just seeing those sick people. I must never give up trying to help them. I get to see the people who can't afford the antiretroviral drugs or any treatments -- people suffering alone in dark rooms. I get to talk with this young woman later today whose entire family is sick. I see this family and this woman who is sick-sick-sick and all someone has to do is try an antiretroviral drug or an immune modulator like GcMAF and maybe she can have a life. I see all that potential wasted, all the suffering. That's why we wrote *Plague*, in hopes

of ending the suffering, not as I always thought I would in a laboratory but using the voice stolen from millions.

QUESTION: Do you do consulting work on an individual basis?

Yes --- MAR Consulting, Inc. We post everything there. We don't charge fees. We do have donation buttons. We put people together with doctors. We put people together with other people who have supplements or therapies that can help. We look at the patient's history. We look for the prime problem for each person, since the diseases are heterogeneous. We put together our knowledge on supplements and therapeutics. If we can, we put them together with a doctor in their area who will work with us. We work with doctors. There are doctors that pay us just to talk with us about difficult cases. They ask us, what would you do in this case? There are patients that ask me to talk with their doctors. I can be busy 24/7.

MAR Consulting Inc.

<http://www.marconsultinginc.com/home.html>

FINAL QUESTION: What is the future for retroviral research?

The real big and sad part is that the field will die. If you don't fund it, it doesn't get done. Our government grants are policed from the beginning by the CDC, NIH, FDA and the various agencies to make sure that nobody says retrovirus. It seems like a case of David and Goliath, but I can sit here and say maybe with arrogance or simply with confidence, we know the truth and we are not going to give it up!

If you need more proof about the existence of retrovirus infection and non-HIV AIDS, and want more proof of government corruption in health research, I invite you to read the book, *Plague*.

Treatment Options

People with Chronic Fatigue Syndrome, autism, and the other non-HIV AIDS diseases have been successfully treated by physicians who step out of the box of conventional medicine and who are willing to take risks on behalf of their patients.

The risks to health care workers are real. Untimely death from unnatural sources is a real possibility. Persecution from medical peers and medical boards are real possibilities. However, it always must be kept in mind that there is evidence of retroviral infection in 20 million Americans. These people have a strong likelihood of developing some form of non-HIV AIDS, and that chance increases with every day they live.

Treatment is focused in two areas. Antiviral substances (natural supplements or pharmaceuticals) are used to reduce the viral population. Anti-inflammatory agents (natural substances or pharmaceuticals) are used to quiet the immune system and restore its normal functioning.

References

[1] *Plague: One Scientist's Intrepid Search for the Truth about Human Retroviruses and Chronic Fatigue Syndrome (ME/CFS), Autism, and Other Diseases*, Kent Heckenlively, JD and Judy A. Mikovits, PhD, Skyhorse Publishing, 2014, ISBN: 978-1-62636-565-0, Chapter Five, ME/CFS and Autism in the Medical Literature.

[2] Retroviruses may be associated with the following diseases. This information was derived from my conversation with Dr. Mikovits and from her slides available from: "PRT 2013 Presentation," MAR Consulting Inc., retrieved 12/ 18/2015. <http://www.marconsultinginc.com/prt-2013-presentation.html>

Cancers : Prostate, Breast, Lymphoma, Chronic Lymphocytic Leukemia, Mantle Cell Lymphoma, Adult T-Cell Leukemia, Hairy Cell Leukemia, Liver, Bladder, Kidney, Pancreas, Colorectal, Ovarian, and Non-Hodgkin's Lymphoma.

Auto-Immune Diseases: Rheumatoid Arthritis, Lupus, Crohn's Disease, Peripheral Neuropathy, Primary Biliary Cirrhosis, Sjogren's Syndrome, Hashimoto's Thyroiditis, Polymyositis, and Bechet's Disease.

Neuro-Immune Diseases: Myalgic Encephalomyelitis or Chronic Fatigue Syndrome (ME/CFS), Multiple Sclerosis, Fibromyalgia, Gulf-War Syndrome, Morgellons Disease, treatment resistant Lyme disease, and idiopathic thrombocytopenic purpura (ITP).

Central Nervous System Diseases: Alzheimer's, Amyotrophic Lateral Sclerosis, multiple systems atrophy, Autism, and Parkinson's.

[3] *Plague*, Foreword, page XVII.

[4] "FDA Approves INTERCEPT Blood System for Plasma," Press Release, Cerus Corporation, 12/16/2014. <http://www.cerus.com/Investors/Press-Releases/Press-Release-Details/2014/FDA-Approves-INTERCEPT-Blood-System-for-Plasma/default.aspx>

[5] *Plague*, page 67.

[6] "Xenotransplantation and Primates - Threats Masquerading as Cures," Dr. John Coffin, September 1, 1996. <http://www.idausa.org/ir/reports/aidsresearch.html>

[7] Antoinette Cornelia van der Kuyl, Marion Cornelissen, Ben Berkhout; "Of mice and men: on the origin of XMRV," *Frontiers in Microbiology*, January 2011. <http://journal.frontiersin.org/article/10.3389/fmicb.2010.00147/full>

[8] Adapted from: "Innate Immune Changes in the Peripheral Blood of Chronic Fatigue Syndrome Patients: Risk Factors for Disease Progression and Management," Deborah L. S. Goetz, Judy A. Mikovits, Jamie Deckoff-Jones, and Francis W. Ruscetti; Chapter VI, 2014 Nova Science Publishers, Inc. <http://www.marconsultinginc.com/nova-chapter.html>

[9] "Judy A. Mikovits, PhD," MAR Consulting Inc. <http://www.marconsultinginc.com/judy-a.-mikovits--phd.html>

[10] Interview of Dr. Judy A. Mikovits, PhD, conducted by John P. Thomas by phone on 12/14/2015.

[11] *Plague*, page 116. "Twenty-two scientists attended the workshop, according to the summary, including many luminaries in the field. The meeting included representatives from the HIV Drug Resistance Program, Columbia University, Tufts University, the Cleveland Clinic, the Fred Hutchinson Cancer Research Center, the University of Utah, the Laboratory of Cellular Oncology (NCI), the Medical Oncology Branch (NCI), the Laboratory of Tumor Immunology and Biology (NCI), the Urologic Oncology Branch (NCI), the Division of Cancer Epidemiology & Genetics (NCI), the Laboratory of Experimental Immunology (NCI), the Laboratory of Cancer Prevention (NCI), the AIDS and Cancer Virus Program (Science Applications International Corporation—a Fortune 500 company with approximately 40,000 employees worldwide), the Centers for Disease Control and Prevention, and the Food and Drug Administration (FDA)."

[12] *Plague*, pages 237 and 270.

[13] *Plague* page 271.

[14] IBID.

[15] *Plague* page 270.

[16] *Plague* page 273.

[17] *Plague*, page 349.

[18] *Plague*, Chapters Twenty and Twenty-one.

[19] Interview of Dr. Judy A. Mikovits, PhD, conducted by John P. Thomas by phone on 12/14/2015.

[20] IBID.