SULAN J

NO.65/2006

R V ANDRE CHAD PARENZEE

TUESDAY, 19 DECEMBER 2006

RESUMING 2.05 P.M.

MR BORICK: I will just give you a further update in terms of what has happened in relation to disclosure. This morning, eventually, some time after 11.30 when the court was, in fact, due to resume, we were provided with a number of the outstanding articles and studies. On my counting, there are still 12 that have not been provided to the prosecution.

Clearly, I haven't had time to read those studies and digest them but in the spirit of moving this along, I'm prepared to start cross-examination today. I just want to flag that in case we get to a point where some difficulty arises.

HIS HONOUR: All right. We will do that, Ms McDonald.

MR BORICK: There is just one other matter which I raise. I notice Dr Turner is in court. As I understand it, my learned friend is proposing that he remain in court during the other witness's evidence. Whilst I accept that Dr Turner is a medical practitioner, it is

unusual for an expert witness for one side to be present during the cross-examination of another expert witness for that same side. Unless there is something unusual about this case, in my submission, he should not be present in court for the cross-examination of his colleague.

HIS HONOUR: Mr Borick?

MS MCDONALD: I think there is a lot unusual about the case and I would like him here for practicable purposes to assist with the projector as needed and to help me if documents are produced. They have been collaborating together for over 25 years and I don't think anything is

going to change, as far as their views are concerned, in the course of the cross-examination. I have seen it happen before because experts certainly from another side have been able to sit in.

HIS HONOUR: It is not unusual that the opposition experts will sit in and listen to evidence when it has been given in chief. I think perhaps, Mr Borick, Dr Turner ought to wait outside and we will see how we go if there are some difficulties arising for you. If there are some difficulties, then I will permit him to come in.

MS MCDONALD: What about the other convention? For example, can I talk to him about the evidence in order to get instructions?

HIS HONOUR: Ms McDonald, I think Mr Borick ought to be entitled to speak to Dr Turner -

MR BORICK: Yes.

HIS HONOUR: - in order for Mr Borick to be able to understand or get instructions.

MR BORICK: Yes, I don't have an issue with that because Mr Borick, of course, is bound by his professional obligations to the court.

HIS HONOUR: All right.

We will have Ms Eleopulos in the box please.

+ELENI PAPADOPULOS-ELEOPULOS CONTINUING

HIS HONOUR REMINDS WITNESS SHE IS STILL UNDER OATH

+CROSS-EXAMINATION BY MS MCDONALD 27

Q. I want to start off by asking you some questions about your current position. 28 29

A. Yes. 30

Q. Can you just remind us, what is your current position. 31

A. I'm working as a physicist in the Department of Medical Physics. I have - do this, continue to do this, and research and development. 32 33 34

Q. Do you hold any particular title or work at any particular level as a physicist in that department. 35 36

A. No, as I said, I'm a physicist with the research and development and has certain duties. I have no 37 38

administrative position and never wish to have them.

Q. What are your routine duties.

A. My routine duties are to test people for sensitivity to ultravirus radiation and to develop and treat skin cancers with - for the therapy.

Q. So is that the routine part of your duties or the research part that you have just told us about.

A. We do routine and development. The treatment is at the routine and development stage. We do routinely but we also develop. We try to develop different ways, better ways of applying it.

Q. And you hold that position at the Royal Perth Hospital.

A. Yes, I said, the Royal Perth Hospital, the Department of Medical Physics.

Q. Do you have the backing of your employer as to the views you have expressed here in relation to HIV.

A. A part of my research duties, or if you can call them duties, but part of the research, yes, a small part of it, about 50% of my research allowance is on HIV and AIDS.

Q. To make it quite clear, the question is simple: do you have the backing -

A. Simple, I said it. It is, in my duty, 30% is research and development of which, according to my head of department, I can use about 50% of it in HIV AIDS, but my research in HIV AIDS is mostly done in my private

time.

Q. Do you have the backing and support of your employer in terms of the views you have expressed in this court about HIV.

A. I am expressing this as Eleni Eleopulos, not as a -

Q. Are you in any way associated -

A. One second. One second please. Let's explain, your Honour, what is going on here, how these things were sorted out. In 1998 -

HIS HONOUR

Q. No, I don't really want a history. Mr Borick can tidy that up in due course. What I would like you to do is

to listen to the questions of Ms McDonald.

A. Yes.

Q. And to answer those questions.

A. Yes.

Q. They are quite specific questions. If they need expansion or explanation, then in due course Mr Borick can ask you and you will have an opportunity to do that.

XXN

Q. Are you in any way associated with the University of Western Australia.

A. No.

Q. Do you have any sort of professorial role. Are you a professor of any sort.

A. No.

Q. Have you held yourself out as a professor.

A. No.

Q. Have you been written to by the Vice-chancellor of the University of Western Australia about that.

A. Professor John Moore, who is a very strong advocate of the HIV adversarial phase, has a web site which is called 'AIDS Truth', and they have a whole section on the HIV disease which are in part, and mostly, his attack was on me and Peter Deusberg. Here, there he said a few things which are totally untrue about me, including he wrote to the University of Western Australia, vice-chancellor, and he said that I claim

that I am a professor of the university, which is totally untrue.

Q. Let's take this step-by-step.

A. Yes.

Q. Were you written to by the vice-chancellor -

A. Yes, I was written and I responded and I said I never claimed, I never been and I never claim to be.

Q. Are you aware of a web site called the VirusMyth web site.

A. Yes, I am aware.

Q. Tell us about that.

A. I don't know. I never looked at it but I know that it

exists.

Q. There is a whole feature on you.

A. It may be. People can do anything. There are so many web sites where my name is and I am called all kinds. If you do a Google search, you will find it. There are many web sites and I am in many, many web sites and people call me all kinds of things, like Professor Moore calls me all kinds of things. I cannot respond to anyone. I don't respond to anyone. I don't need to respond to anyone, no matter what they call me.

Q. On the virus web site, isn't there a big post picture of you.

A. There could be. They could get pictures. I never want pictures. They found some picture of me and they put it there. I did not give that picture.

Q. Looking at this document, is that a copy of the letter that was sent to you.

A. Yes, and that is the letter I responded to. In fact, I can get the letter. I haven't got the letter with me because I did not think this would come up. I thought this would be all about science, but if you want I will give you my letter of response.

EXHIBIT #P1 LETTER DATED 20/7/2006 FROM PROFESSOR ALLAN ROBSON TO DR PAPADOPULOS-ELEOPULOS TENDERED BY MS MCDONALD. ADMITTED.

Q. Were you also aware that at about the same time you were written to about allegedly holding yourself out as a professor, that Dr Turner was written to by the vice-chancellor of the university.

A. I don't know about Dr Turner.

Q. So you never saw a letter sent to him.

A. No, I never saw a letter sent to Dr Turner.

Q. Are you aware that these letters were written as a result of a complaint from Sir Gustav Nossal about you holding yourself out to be a professor.

A. No.

Q. In fairness, I will show you this document.

A. I don't know about that. I never saw Sir Gustav do that because he never asked me if I am a professor or if I claim to be a professor.

Q. Have you ever seen that letter.

A. No.

Q. Just take a moment to read it.

A. No, never seen this.

MFI #P2 LETTER FROM ALLAN ROBSON, OFFICE OF THE VICE-CHANCELLOR OF THE UNIVERSITY OF WESTERN AUSTRALIA TO PROFESSOR MARKED FOR IDENTIFICATION.

Q. What is your understanding of your role as an expert in this court.

A. I have studied HIV and AIDS from the first day; that is 1981. At the time when the first AIDS cases were reported I was doing cancer research, and the main disease in AIDS was Kaposi's sarcoma, and that is how I became interested in AIDS, and I knew a lot about some of the factors to which AIDS patient is exposed, or precisely gay men were exposed, and I thought I would be able to solve that problem because by then I had already published my theory of theorial function in the theory of cancer and I thought I would be able to answer the problem of AIDS more or less straightaway, and I did write a paper before anyone claimed the existence of HIV. That is before Mortimer's paper was published, but

before I published the paper I gave to professor to read it and he said - that was in 1983, and he said 'Look, now there just came some papers out in science where they say they have a virus which may be the cause of AIDS and you have to talk about the virus because if you not talk about the virus nobody will publish the paper'. So then I started to study HIV more or less immediately after Montagnier published his paper and Guhl published the paper and then I started immediately and I realised that what Montagnier was claiming to be evidence for the existence of a new retrovirus in humans was not proof.

Q. You understand that you are being held out here in this

court as an expert.

A. I think I am an expert because as I said, I studied the HIV in AIDS for 25 years. There are not many more people who have done that, and I have published extensively in reputable journals.

Q. When was the last time you published in a reputable journal; the last time.

A. The last time I published I think was last year where we were asking Montagnier in the title to respond, and we have another paper published in emergency medicine where again we are questioning the evidence for the HIV antibodies. We have two papers published recently.

Q. Sorry, I will digress for a moment. I will come back to your publication shortly. Putting aside what you personally or individually have done, what is your understanding of the role of an expert witness in the court. What are you here today.

A. I think what an expert witness has to say is to present the evidence, the scientific evidence regarding HIV and AIDS.

Q. And here, for you to present what you say is scientific evidence that HIV has not been proved to have existed.

A. Yes.

Q. It is not just to assist the court.

A. Sorry?

Q. Your role isn't to assist the court.

A. To assist, that's what I'm saying. To assist the court in understanding the science. That's what it is. It is not for me to decide if this case - it is not for me to, of course, definitely. I know very little about law. In fact, I thought I know very little until a few months ago and I now know that that little, in fact, is zero.

Q. Are you aware of the Supreme Court Rules of this State for experts giving expert-spirit witness -

A. I beg your pardon?

Q. Are you aware of the Supreme Court Rules in this State for experts giving evidence.

A. No.

Q. Were you involved in any way in the decision to post Dr Turner's affidavit in this case on the Internet.

A. No, and he did not give it and I have not done it. Somebody else has done it.

Q. Firstly, are you part of a group of people who refer to themselves as the Perth Group.

A. I am the leader of what is called the Perth Group which is a group of scientists - medically qualified people, scientifically qualified persons, people. I am the leader, yes. The Perth Group is not what we called, somebody else did.

Q. You have, that is the Perth Group, have your own Internet site.

A. We have a web site, yes.

Q. And on that web site has not Dr Turner's affidavit prepared for this court been posted.

A. I think - I am - I have very little to do with the technical side of our web site, that is the truth. Now, as far as I know that affidavit was posted in some other web site before Val decided to put it there.

Q. Do I take it from the end of that answer you just gave us that you were aware that Dr Turner had decided to put his affidavit for this court on the Internet.

A. No, and I am not aware of many other things that are put in our web site. The scientific papers we publish are put there but I - you know, is Val who looks after that

side.

Q. So we have this quite clear before I move on, is it your evidence that up until today as you have been asked questions, that you had no knowledge that Dr Turner's affidavit was on the web site of the Perth Group that you lead.

A. I think - I knew - after it was put, yes, I knew that was there.

HIS HONOUR

Q. Who authorised it to go on the web site.

A. Sorry your Honour?

Q. Who authorised -

A. I did not. I did not put it there.

Q. I understand that, but who did authorise.

A. I think Val decided to put it there because someone else put -

Q. Who.

A. Dr Turner.

XXN

Q. Did you have any discussion with Dr Turner.

A. No, I did not have a discussion on this, no.

Q. Prior to giving evidence, have you seen for yourself the affidavit posted on the web site.

A. Of course I have seen the affidavit because I agree with it, we wrote it together. I read it and I agreed it, that is what is in my affidavit.

Q. I probably didn't ask the question very clearly. What I am asking you is prior to court today have you seen that affidavit for yourself on the web site.

A. I did not read it on the web site, no, I have not seen it on the web site.

Q. But you knew it was there.

A. I knew it was there.

Q. Did you think that was appropriate to have an affidavit from a current court case posted on a web site.

A. I don't know. As I said, I know nothing about legal matters.

Q. Did you get some legal advice on that.

A. No, I did not know it was there - so - I said no, I did not get - I did not know - I did not know that was put.

Q. Isn't the truth of the matter that that affidavit appears on your web site because this is all about getting publicity for your group, the Perth Group, your theories about HIV.

A. We have many things on our web site which are publicity of our theory of HIV/AIDS. All our papers are there and that is what they are there for, for people to read them. That is what everybody else has on their web site. At least in our web site we welcome people to respond. In fact we ask people to respond. On the

other hand on the AIDS truth web site, from which I have some of your items, people, scientists, are not allowed to respond. The HIV expert claims that they have the truth and the only truth and nobody else got any question or respond to their claims on that web site. On the other hand, we beg for people to tell us, anyone, to tell that we are wrong.

Q. Isn't it the case that on the very front page of your web site you in fact indicate that a way to get your message across is to have this issue, that is in relation to HIV, agitated in the courts.

A. Agitated in the courts, no, I am not aware. No, I am not aware.

Q. Looking at the document produced, four pages, looking at that first page for the moment headed 'HIV/AIDS Debate' -

A. On this one, this first page, we say what it is, we don't say anything about the affidavit.

Q. Not on the front page, just listen to my questions please.

A. Sorry.

Q. Firstly, do you accept that front page we see is the home page or the first page on the Perth Group web site.

A. If it is from there, it is, I agree. I haven't read -

Q. You must -

A. No, I said this is the technical side - is always done by Dr Val Turner. I am busy with my - Dr Turner works

only two days - two to three days a week. I work every day and I have a lot of routine work. I do most of the AIDS scientific work on my private time, Saturday, Sunday and nights, and I have not got time to look at the web site. So that part is mainly conducted by Dr Turner but I fully agree with what he does.

Q. Is your evidence that you are not familiar with the front page or the home page of the web site of the group that you lead.

A. Yes, I know of what we have there, but I don't know letter by letter, word by word.

Q. Let me take you to some particular words.

A. Yes, please do.

Q. The last paragraph commencing 'the third', is in the context of ways described as resolving the debate.

A. Yes.

Q. Is it suggested that the third is for HIV sero-positive individuals to have evidence for their diagnosis of HIV infection examined in courts of law.

A. Yes. I read that.

Q. Is that your view.

A. Part of it, yes.

MS MCDONALD: I tender that.

HIS HONOUR: Any objection?

MR BORICK: No.

A. We said that is because -

HIS HONOUR: No. No, I have just got to get this onto the transcript.

EXHIBIT #P3 DOCUMENT HEADED 'PERTH GROUP: THE HIV/AIDS DEBATE' DATED 26/10/2006 TENDERED BY MS MCDONALD. ADMITTED.

A. As you see there, I am sure that - there is the last option - and the last option is because the HIV expert, no matter how much we publish and how much we plead, even if our titles are in scientific papers, they never respond. So something, this problem, some way, has to be solved. Ultimately you will use any - any ways, if you don't respond, you have to do something.

Q. Like give evidence in this case.

A. We have to give evidence here, yes. Scientific evidence.

Q. You have just mentioned publications.

A. Yes.

Q. I want to go back to that topic. You mentioned before there have been a couple of recent publications.

A. Yes.

Q. I would like you to take us through what those have been.

A. Sorry?

Q. Take us through what your recent publications -

A. Two recent publications was one asking Montagnier to respond to our many publications where we present evidence that he did not prove the existence of HIV.

Q. Where was that published.

A. Medical Hypothesis.

Q. When.

A. I don't know the exact date, but I will give you the paper.

Q. Approximately this year, last year.

A. Last year.

Q. What form did that publication take.

A. That was a letter.

Q. A letter.

A. A letter - one second please - a letter, which is a full blow up of an article, we expect Montagnier to respond because in the title we ask him to respond. He did not respond after one year, so then we wrote a letter and asked why he doesn't respond. Scientists have an obligation to respond to anybody. The Perth Group is not anybody. They are scientists and medically qualified people, including a Professor of Pathology.

Q. Are letters peer reviewed or assessed in any way by the journal.

A. Beg your pardon?

Q. Are letters peer reviewed or assessed in any way.

A. No. No journal will peer review the letters.

Q. So that what you have referred to as a 'publication' is simply a letter to an editor that was never peer reviewed.

A. That is one letter which was followed, an article. This is not the only thing we have published.

Q. Let us move on, what other recent publications.

A. I think the list of publications are there. Can't remember each. We have published many many. I will give you a list of publications. We gave you the list of publications.

Q. We might leave it like that overnight and if you could bring to court tomorrow for us a list.

A. Again the list of publications -

Q. And, in particular, your publications in the last five years.

A. The list of publications?

Q. Yes.

A. Not in the last five years, I will bring you my whole publication on HIV and AIDS, all my publications, and also the list of publications or the lists of articles which have been sent to journals and have been rejected by HIV experts.

Q. They have been rejected by the editor of the journals.

A. No - yes, I will give you one example of how the HIV editors are - they have to reject when an experts tells them that this is not the correct science. The editors have no choice. It is the experts - and when you send - unfortunately when we send our publication on HIV/AIDS to a journal, the editor - this is the peer review system and everybody knows now and everybody complains and everybody knows that it is wrong, but nobody knows how to solve it, so you send the scientific paper to a journal and then the editor is obliged to send it to an expert in the field and the experts unfortunately they have to choose from is the people who believe in the HIV/AIDS, they are not independent scientists, and they will reject it straightaway. In fact sometimes they don't even read it. In fact I will give you an example

tomorrow when we have the projector going of how our papers are rejected.

HIS HONOUR

Q. You regard yourself as an independent scientist.

A. Sorry?

Q. Do you regard yourself as an independent scientist.

A. No, I am - I am like all scientists, no matter what they are subjected - they come from an individual point of view.

Q. Thank you.

A. I put my theoretical theory of AIDS from a bioethics position, from my understanding of biological - of

cellular understanding, from my understanding of cancer, Montagnier and Gallo put their theory of HIV, of AIDS, from their understanding of cancer because for ten years they are doing cancer research on viruses, they are trying to prove in 1971 President Nixon declared war on cancer and the money was unlimited and Montagnier Gallo and a group of other people who are today known as retrovirologists, a small group of people including Peter Deusberg, were trying to prove that cancer is caused by viruses. But, they did not manage - in fact, it was a total failure. Then, in 1981, when AIDS was diagnosed and Kaposi's sarcoma was one of the two diseases in AIDS patients, it then switched to AIDS.

XXN

Q. We have moved on a long way from Montagnier and Gallo, it has been many years since some of their initial findings were debated.

A. There are no better - there are hundreds of thousands of publications, but there is not one single study with better evidence as it is, with better evidence than Gallo's and Montagnier's for the existence of HIV.

Q. Since that time there are been massive advances in molecular biology.

A. Molecular biology does not help HIV, to the contrary. Molecular biology means HIV, DNA and RNA. That did not help HIV. In fact, up to 1987 - and I have a slide

which I am going to show you here with your permission - that Gallo in 1994 admitted that they could never find HIV DNA, whatever you call, it HIV DNA, in Kaposi's sarcoma. They could never find it in Kaposi's sarcoma or T4 cells, which HIV meant to infection. The molecular side of HIV was salvaged by the discovery of polymerase chain reaction by Kamullis, scientist, which is presently one of the most well-known HIV/AIDS dissidents, he is strongest critique of the HIV theory of AIDS or one of the strongest. So, A, even today nobody has proven the existence of what is called the HIV genome, the whole HIV genome in the fresh T4 cells,

not even one single AIDS patient.

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.VJF...00405 207 E. PAPADOPULOS-ELEOPOULOS XXN

Q. Isn't it the case now that as a matter of course routinely an individual's HIV DNA profile can be established.

A. There is not a profile. What it is - one moment please, let me explain. What is happening, first of all, you have to have a HIV genome. How did you obtain a HIV genome? The only way to obtain the HIV genome is to purify it. If you say that this hair belongs, well came out from me, in the hairdresser, you have to have evidence that she cut it from my hair. The same thing: if you say that the DNA or, in fact, HIV has an RNA, if you say that this RNA is HIV RNA then you must have evidence that it came from an HIV particle. Since that is not possible then the best next thing is to have it from a mass of material which will contain nothing else but HIV particles and this is not what we are saying. You supplied us with this document and with your permission I will read how this is done.

Q. Are you responding to the question now or are you just going off on a tangent.

A. I am not. You say that everybody now has HIV DNA profile. To have a DNA HIV profile you have to have the HIV DNA. The question is how you obtain the HIV DNA and I said that we obtain the HIV DNA by purifying the virus, by obtaining a massive particle which has nothing else but particles or at least nothing else which

contains RNA and this is not what we are saying. This document which was supplied by you, if, with your permission, I will read what it says. How you purify and how you obtain the genome, that is the DNA or RNA from a virus.

HIS HONOUR

Q. What is the document you are referring to.

A. The document is 'Medical Virology' by David White and Frank - it's not very clear here.

HIS HONOUR: Ms McDonald you might help us. Do you know what document it is?

MS MCDONALD: Yes.

HIS HONOUR: Would you identify it for the transcript?

MS MCDONALD: Yes. The witness is referring to a textbook 'Medical Virology' Third Edition by a White and Fenner and the witness has in front of her a chapter entitled 'Structure and Classification of viruses'.

HIS HONOUR

Q. What page number.

A. On p.9 there is a sub-chapter called 'Chemical Composition of Viruses' and straightaway under is 'Method of purification'. Shall I read this?

XXN

Q. I don't ask you to read it, but if you think you need to read something to fully answer the question I won't stop you.

A. Thank you. They say there an -

HIS HONOUR: Have you got a spare copy for me?

MS MCDONALD: Yes, I wasn't going to get to that topic but I will get a copy for your Honour.

HIS HONOUR: Rather than have the witness read it into the transcript it might be easier. How many pages?

MR BORICK: It's only two sentences, I think.

A. What I want to read there is a few sentences.

MS MCDONALD: If it is going before the court I will tender that chapter from the publication and we will come back to it in due course. Perhaps the reporter can have my marked copy and your Honour can have the plain

copy.

EXHIBIT #P4 THIRD EDITION 'MEDICAL VIROLOGY' DAVID O. WHITE AND FRANK J. FENNER CHAPTER ONE 'STRUCTURE AND CLASSIFICATION OF VIRUSES' TENDERED BY MS MCDONALD. ADMITTED.

HIS HONOUR

Q. Are you looking at p.9, is it.

A. Yes. The 'Methods of Purification'. There they say 'An essential prerequisite for the chemical analysis of viruses' - that means to determine the viral proteins and viral RNA or DNA - 'has been the development of

adequate methods of purification. Special problems are created by the close association of viruses with the cells they parasitize; it is not an easy matter to free virions of associated cell debris, or even from viral proteins synthesized in excess in the infected cell.' Now on p.10, it says 'Physical Methods of Purification'. There 'After partial purification and concentration by chemical methods, or even without any preliminary treatment, virus particles can be separated from soluble contaminates by centrifugation. Differential centrifugation consists of alternate cycles of low and high speed centrifugation to deposit first large contaminating particles, then virions. Rate zonal centrifugation through a preformed gradient of a dense solute such as sucrose forces virions to sediment through the gradient at a rate determined by their sedimentation coefficient'. Then, without reading all this, at the end of that part it says 'After prolonged ultracentrifugation at very high gravitational forces the virions will come to rest in a sharp band in that part of the tube where the solution has the same density as the virions, usually within the range of 1.15 to 1.4'. So in this document you supplied us it is saying exactly what we have been saying for the last 24 years. You've got to purify the virus particles and the method is this, this is the only method, the best ever method

for viral purification, to be able to say what is the HIV RNA and what are the HIV proteins. Gallo - XXN

Q. I'm going to interrupt you because you're here to answer questions and not go through your PowerPoint and if you think you've fully answered the question, I would like to move on.

A. Okay.

Q. I want to move to some general questions and I'm going to come back to these particulars in relation to DNA profiles and so forth in due course.

A. But, as I say, you have to have that and this never

happened for HIV AIDS. Nobody today has presented any evidence, there is not one single electron micrograph in their vast literature to HIV which has a picture showing purified virus particles.

Q. In the area of virology where is it set out that there needs to be a picture of a virus before it's proved to exist. Where do you get this criteria from.

A. You agree that this is criteria for purification?

HIS HONOUR

Q. What you are being asked is where do you -

A. Where is the criteria for purification.

XXN

Q. You say a criteria is a photograph to be taken of it to prove it exists. Where do you say that criteria comes from

A. When you purify the virus and you obtain the band that is what it says here at the end, it said viruses band, the density, which is the same with their density. The gradient, the band, the density, retroviruses in sucrose density -

HIS HONOUR: Ms McDonald you might go back and just set the basis for the question. The premise, as I understand it, from which Mrs Eleopulos works is you need to isolate.

MS MCDONALD: No, more than that.

HIS HONOUR: You put the premise and then ask the

question upon what basis does she make that analysis, upon what basis does she regard that premise as being vital to identifying HIV.

MS MCDONALD: Yes.

MR BORICK: I think that my friend had moved on to refer to the topic of the photograph electron photograph in the question. We will have to come back a little way and then come back to it again.

MS MCDONALD: I will deal with this topic in the order that I was going to.

A. Excuse me, do I understand the question: why do we need an electron micrograph?

Q. The question was you have time and time again said that in order to prove that this virus exists one needs to see a photograph.

A. Yes.

Q. Where do you get that criteria from.

A. Could you please tell me when you purify a virus, when you say this band is a virus, is a purified virus, what other way there are apart from obtaining a picture? How else are you going to prove that the 1.16 gram per mil band contains viruses, pure viruses or impure viruses or any virus at all? How are you going to prove that unless you look at it? Seeing is believing and since you cannot see it with the naked eye you have to use an electron microscope, that is the condition, which in fact tomorrow I will bring - no, you have there - no, sorry. You have on your paper. The principal authors of the 1983 paper, the paper which proves the existence of HIV, which is accepted to be the first evidence for the existence of HIV, the principal authors are Barre-Sinoussi and Chermann, the first and the second author. In 1973 the institute they organise, in fact the secretary was Chermann, they organise a meeting of viral purification. They were discussing how to purify viruses and other things, but among them viruses, in fact Barre-Sinoussi and Chermann presented a paper, in

that paper they are saying, they say you must have an electromicrograph, that is a picture taken with the electron microscope to show that the band contains nothing else but particle of the same physical characteristic. So, yes, they, the HIV expert, the discoverer of HIV, they are the ones that put that. It is natural. You can't do it in any other ways.

Q. Do you agree that in 2006 about 39.5 million people were diagnosed as living with HIV in the world.

A. No.

Q. Were you given last night by Mr Borick a UNA and World Health Organisation publication.

A. Yes, I have, you show me that. I got that, yes. One moment. Is this the document?

Q. Yes.

A. Let me give you a general thing -

HIS HONOUR: No, just answer the questions.

EXHIBIT #P5 00/12/2006 PUBLICATION HEADED 'AIDS EPIDEMIC UPDATE OF THE WORLD HEALTH ORGANISATION' TENDERED BY MS MCDONALD. ADMITTED.

XXN

Q. The pages aren't very well numbered, I want to take you to the first page with the number on it p.1, it's actually about four or five pages in -

A. Yes.

Q. - with the heading 'Global Summary of the AIDS Epidemic December 2006'.

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A. Yes, it is a global summary of AIDS epidemic -

HIS HONOUR: You need not read it, just so you have the same page, you need not read it back.

XXN

Q. You will see that the current estimate, at that time, was 39.5 million people.

A. Yes.

Q. That had been diagnosed as living with HIV.

A. No, to estimate that first of all -

HIS HONOUR

Q. The question is: do you see -

A. I see, yes I see that.

Q. The answer to the question is 'yes'.

A. I see, yes sorry, sorry I do.

XXN

Q. Did you agree with that.

A. Yes.

HIS HONOUR

Q. You disagree with that.

A. Yes.

XXN

Q. On what basis.

A. First of all, this is an AIDS epidemic and it is all epidemiology. This document, it may be legal, but I don't know because, as I say, I know nothing about legal matters, but it can't be a scientific document. If you

read the second page, the last paragraph, it says 'AIDS in WHO do not warrant that the information contained in this publication is complete and correct and shall not be liable for any damage incurred as a result of its use'. So - and the document is unsigned. There is no authors. Nobody ever publish a scientific paper without authors. If you go and read a medical textbook you find in front of the textbook a few editors, then you open inside and each chapter there are at least one or two authors for each chapter. So everybody is responsible for what is said there. And these days they give you an email address and you can ask for information on

anything you want. They may respond or may not respond, but you have the people who are responsible for it. For this document nobody is responsible.

Q. If we want to deal with documents that people are prepared to put their name to, can I ask you some questions about the Chermann declaration, what do you understand the Chermann declaration to be.

A. The Chermann declaration, I must have - I must have the Chermann declaration - I must have a slide there to show how the Chermann declaration came to be. With your permission for Mr Turner?

Q. I'd like you to give your evidence from the witness box. Do you understand what the Chermann declaration is.

A. I understand it is a declaration which was signed by about five thousand people.

Q. Not just five thousand people, it was five thousand specialists from around the world.

A. No, sorry not five thousand specialists and if I read - as I said, you have to give me permission, and I may be able to find it, all right, here. Can I do it here?

HIS HONOUR

Q. Yes, take your time.

MR BORICK: I think your Honour wants the witness to answer questions without the use of slides.

HIS HONOUR: I would like her to answer the questions if she can understand. If she needs something to

assist.

A. I do need it.

HIS HONOUR

Q. What do you need.

A. A slide which you have, the Chermann declaration because if I say it -

Q. If you need something to assist you.

A. I won't be believed because I need Dr Turner because he knows the way it is. If he comes to this -

MS MCDONALD: I have a real issue just putting up power point slides to answer questions. A number of them are based on documents that can't be found. This witness

should be treated like any other expert and give her evidence from the box.

MR BORICK: I think I can help, what she wants to look at is a note which would help you say what is in the Chermann declaration, how many people signed.

HIS HONOUR

Q. Who prepared this document.

A. It is just for them.

MR BORICK: Is that the one that you are referring to?

A. No.

HIS HONOUR

Q. The short answer is that you can't answer that question without reference to a document.

A. No. Now I'll roughly answer it and then give the exact thing.

Q. Answer the question as best you can, if you can't answer it without a document you say so.

A. Yes. No, because - I think it is so - people won't believe me if I don't call exactly the person who organised this declaration. He was Hobson, Wayne Hobson from the Pasteur Institute. He sent a letter to as many people as he could and he asked them to send this letter to as many people as they can and they asked as many people as possible to sign this declaration which had HIV and HIV is the cause of AIDS and they did not have

to know, they did not have to work in the HIV and AIDS area. They heard enough from the press to know that HIV is the cause of AIDS, but to be prestigious we have to be - it has to be signed only by the people who have higher degrees. Even if they don't know nothing about HIV AIDS.

XXN

Q. These were thousands of people around the world who were prepared to put their name, to say that HIV exists and is sexually transmitted and is a world-wide epidemic.

A. Yes, they knew as they said. That is the only prerequisite, to know what it was in the press, nothing

else, no. This is not a scientific document. In fact, I have somebody who worked for ten years who got a PhD in mathematical biology and I would like - that is another slide to which I would like to say what she thinks of the Chermann declaration. Is not what I think, it is what other people think of the Chermann declaration.

HIS HONOUR

Q. Truly, it is what you think because you are the one that is giving the evidence.

A. It is nothing, it is a consensus of specialist people who don't know anything about the subject. It is not a scientific proof because - scientists, not politics. It is not democracy.

Q. Can I ask you one question before you move on. Would you look at the Exhibit P5, that's the AIDS update. That's the one. I understand you say that you can see no basis for the material that is contained in that report; is that right.

A. Nobody is responsible for it.

Q. Well, would you look at p.69, you'll see there there is a heading 'bibliography'.

A. Yes -

Q. One moment. And that bibliography contains reference to numerous publications.

A. Yes.

Q. Do you agree that the document AIDS epidemic update provides as its source material the articles and journals etc., that are referred to in the bibliography.

A. No, because most of these articles, if you have a glance at them -

Q. I'm not asking you to talk about them, that's another issue, I think your evidence was that you didn't know upon what basis this document had been prepared.

A. I said nobody is responsible for this document.

Q. All right there is no author of the document.

A. There's no author.

Q. But the document, does it not, purport to be a document

upon which the information and conclusions are based upon the material contained in the articles which are set out in the bibliography.

A. Most of the articles are not published scientific papers.

Q. Maybe so but I'm just - I don't want to get into the detail, but I want to ascertain if you accept that the publication, P5, has, as its foundation, the material which is contained in the bibliography or purports to do so.

A. I accept that there is a bibliography there but I do not accept that these are scientific articles.

Q. I understand, thank you.

XXN

Q. Just whilst back on that document, do we take it from your evidence that those purported 39.5 million people said to be living with HIV, none of them have HIV.

A. There is no proof because all this, all this is based, all this studies are based on an HIV anti-body test. Now tell me please, give me one scientific paper where the specificity of the anti-body test of the so-called HIV anti-body test has been proven. There is not one. In fact, HIV experts, themselves, like Blutner - this is a big name in HIV, Blutner and Mortimer, accept that it is not possible to prove it. The manufacturers of the anti-body test kits they say that it is not possible to

prove the specificity so how can you use a test whose specificity is not to be proven, to say that there are 39 million people. In fact, that is the first thing you have to show because most of this document says that they are sexually transmitted. The first thing to show is that there is heterosexual transmission, where is the evidence to the heterosexual transmission?

Q. We will come back to that.

A. Good because there is none.

Q. What do you think is wrong with these 39.5 million people.

A. If you have just a small glance of this, now HIV existed

or AIDS existed for 25 years, HIV existed for more because they claim it was in the population even before 1980, right, and it is sexually transmitted. Why, even today, this virus, if you go through the document, you'll find out that this virus is still only restricted to blacks or to, say, Africans and Asians; why? What's happened? We live in a global village. People are moving left right and centre.

Q. Did you suggest that HIV is restricted to blacks.

A. If you look through the document - let me go to Europe. Where's Europe, let's go to Europe.

HIS HONOUR

Q. Can I just take you to p.53.

A. Yes, it's p.53.

Q. North American and Central Europe. 'It starts in two regions, the total number of people living with HIV continues to increase and a great part to the life-prolonging anti-viral therapy, a relative steady number of HIV infections each year in North America and an increase in the number of new HIV diagnoses in western Europe since 2002'.

A. No, your Honour let me -

Q. The question was - I think are you suggesting that HIV does not exist for people living in North America, western central Europe.

A. On this basis -

Q. That's the question.

A. Your Honour you are right, what we have to solve here is - I think, as I said, I may be totally wrong, but the problem here is Mr Parenzee is infected with a virus and did he transmit it to a lady? Now, for this to happen HIV has to exist, one, and, secondly, he would have to have some tests which we can use and prove infection.

XXN

Q. I want to go back to the answer that you gave a moment ago. HIV is only present amongst the blacks -

A. I did not say it was a proven story. You totally misinterpret me.

HIS HONOUR

Q. Just allow Ms McDonald to ask her question.

A. Yes, sorry, I apologise.

Q. You listen carefully and then you answer it.

A. I apologise.

Q. That will assist me.

XXN

Q. Was your evidence to this court that HIV is only alleged if you like, I use the word 'alleged', to exist amongst the black and Asian population.

A. No, first of all I never said that AIDS may exist between blacks and Asians or between Africans and Asians. Secondly, this document doesn't say that. What I'm saying, if you read the evidence here, you'll see that the vast, vast majority of people who are reported in this document to be HIV infected are African and Asian, including in Europe, including in Europe. If you read the part, the p.53 your Honour, and there is some small summary there and exactly they say two sorts. Two sorts in England and two there, they are in the heterosexual population, migrants, migrants.

Q. Can we go back to the page, p.53, which relates to North America, western central Europe.

A. Yes.

Q. Do you have that page.

A. Yes.

Q. The next paragraph following on from where his Honour was reading commences 'World-wide only seven countries are estimated to have more people living with HIV than the United States of America' and then it goes on to give some figures.

A. Yes, estimates.

Q. Just let me finish please. 'Based on data from the 35 States and areas with long-term confidential name based HIV reporting, this is the United States, the most common risk factor of HIV remains unsafe sex between men accounting for 44% of HIV related cases reported in 2001 to 2004, followed by unprotected heterosexual

intercourse'.

A. Yes.

Q. '34% of cases'.

A. 4%.

Q. '34% of cases'.

A. Yes.

Q. 'Use of non sterile drug injecting equipment, 17%'. Now I will pause there. Firstly, do you agree that I first accurately put what appears in that paragraph.

A. You read it, I couldn't, you read it as accurate. I say that there is no evidence that this people are infected with HIV. You have to prove the existence of HIV before you prove -

HIS HONOUR

Q. Your evidence, I assume, and please correct me if I am wrong, is that nobody in the world has been proved to be infected with HIV.

A. I agree.

XXN

Q. What do you say is wrong then with the 39.5 million people who are diagnosed as having HIV.

A. There are many more than 39 million people who is wrong with them. You know Africa is full of people who are dying. In Africa you have haemorrhoids, about 47% of people test positive. This is not my data, this is the HIV experts' data.

Q. Let's move away from third world countries, what about in excess of 17,000 Australians who have been diagnosed with HIV positive, what's your view about what is wrong with them; haemorrhoids.

A. Sorry? First of all, no. They have been diagnosed. What do you mean by diagnosed? You mean an anti-body test? The anti-body test does not prove HIV infection.

HIS HONOUR

Q. The question is, and you may not be able to answer it, but the question is put aside your views about whether HIV exists, the question is what about the in excess of 17,000 Australians who have been diagnosed as having

HIV, what do you think or what is your view as to what is wrong with them. That's the question.

A. But if we say 'diagnosed', do we say HIV?

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Q. I know you don't accept -

A. I don't accept that.

Q. I know you don't accept that HIV exists. You are being asked though, and you may not be able to answer it, I don't know, 'If it is not HIV, what is it? What is wrong with those 17,000?'.

MR BORICK: With the greatest of respect, I think the assumption is that there is something wrong with each of the 17,000 people. All you have got is a diagnosis of HIV. You have got no other information at all about those people.

HIS HONOUR: You object to the question?

MR BORICK: I can only protest.

HIS HONOUR: It is not my question. I was trying to put Ms McDonald's question. It wasn't my question, Mr Borick, and I didn't intend it to be mine, so I will allow you to object to it.

MR BORICK: It is on that basis. There is an objection to the question.

MS MCDONALD: In my submission, it is a proper question. This witness has said it hasn't been proved there is such a thing as HIV and it has gone further.

HIS HONOUR: Mr Borick's objection is it has not been established that there is anything wrong with any of the 17,000.

MS MCDONALD: The witness can answer in those terms

then but I'm testing the extent.

HIS HONOUR: It does work on the premise those 17,000 people have something wrong with them and the difficulty about that is, I suppose, that if you don't accept the premise that HIV exists, unless you can somehow or other either group them or put them into having certain symptoms, then you don't necessarily establish that there is anything wrong with them. It is all a bit circular, Ms McDonald. That's the problem.

MS MCDONALD: Let me put this to the witness.

HIS HONOUR: It is a very difficult proposition and I'm not sure she can answer the question anyway.

MS MCDONALD: I just want to know if this witness has an alternative theory as to why so many people are dying after being diagnosed with HIV. Perhaps I will ask that question.

MR BORICK: You see, that again carries with it the assumption that people are dying of HIV. People are simply dying of AIDS. The two assumptions come into it. Perhaps let my friend put the question first.

MS MCDONALD: Let me ask another question.

HIS HONOUR: You put the question.

XXN

Q. Do you accept that half of the 17,000 people who have been diagnosed as being HIV positive in this country have died of AIDS-related illnesses.

A. What do you mean by HIV?

OBJECTION: MR BORICK OBJECTS

MR BORICK: Which half are we talking about: the 17,000 who are currently diagnosed or some other half of some other group? If the 17,000 have got it today, they are certainly not dead.

HIS HONOUR: No. Ms McDonald, there is something in that objection because I understood you were talking about 17,000 living people who had been diagnosed with HIV.

MS MCDONALD: No, of 17,000 diagnosed in Australia.

HIS HONOUR: Over what period?

MS MCDONALD: Since the beginning of the epidemic.

HIS HONOUR: Since the early 1980s?

MS MCDONALD: Yes, the 1980s.

HIS HONOUR: And of those 17,000 who have been diagnosed -

MS MCDONALD: Half have died.

HIS HONOUR: Put that assumption to Ms Eleopulos for starters and then we will take the next question as we go.

XXN

Q. First, do you accept that that is the case.

A. I don't know if - I don't know if 8,000 or 9,000 -

HIS HONOUR

Q. Assume for -

A. Let's assume -

Q. Let's assume that there are 17,000 people who have been diagnosed with HIV, and this is since the early '80s, and let's assume for the moment that about half of them have died.

MR BORICK: From just pure old age.

A. Is that the question or the diagnosed?

HIS HONOUR: Ms McDonald, we have got those assumptions.

MS MCDONALD: I'm going to move on to another topic.

HIS HONOUR: I'm not stopping you from developing this if you want to develop it.

MS MCDONALD: Not at the moment. I will move on.

XXN

Q. I want to move on to deal, as we have been, with the Durban declaration. You have in front of you a two-page document. Have you been shown that prior to coming into court.

A. Yes.

Q. Amongst the papers which were provided to you by Mr Borick.

A. Yes, I have been provided, yes.

Q. Are you familiar with the Nature publication.

A. With this publication?

Q. With the Nature publication.

A. The Nature, yes. I'm familiar with the Nature, yes.

Q. It is a very prestigious scientific publication.

A. It is a very prestigious and scientific journal, one of the most prestigious and scientific journals.

Q. Doesn't this article indicate that the Durban declaration came about as a result of the situation in South Africa.

A. The Durban declaration came about because just before the AIDS conference -

HIS HONOUR

Q. Ms Eleopulos, I don't want to stop you because you will

have an opportunity to give this evidence but the question was: does this article refer to what the article says. There is a simple answer to that. Either yes, the article does, or no, the article does not. All right.

A. Yes.

HIS HONOUR: Can you put the question again?

MR BORICK: With respect, it would help if we got on the transcript the date of the Durban declaration and the date of this document and just not get them confused because I happen to know what the witness will be saying.

HIS HONOUR: Ms McDonald, I'm just trying to get the evidence out in some form. Can you just ask your question again?

XXN

Q. Do you agree that this article indicates that the Durban declaration came about as a result of the situation with HIV and AIDS in South Africa.

A. No.

Q. So you don't agree that's what the article -

A. This is accepted, that this declaration came about because President Mbecki did not accept that HIV is the cause of AIDS in South Africa or, in fact, that there is so much AIDS in South Africa, whatever they call AIDS in South Africa, and this came out as a response to

President Mbecki's objection.

Q. In the context of what was seen to be a massive epidemic in South Africa.

A. There is no massive epidemic in South Africa. There is a massive epidemic of HIV testing and of positive tests but there is no massive epidemic of HIV infection because nobody has proven in.

HIS HONOUR

Q. Look, you don't need to keep repeating, Ms Eleopulos. I'm not making any judgment about it at the moment but I understand your evidence. I accept your evidence is that there is no such thing as HIV. I understand that.

Your evidence is that it has not been proved that there is such a thing as a HIV virus.

A. Yes.

Q. I accept that. You are being asked a number of questions which are being put to you, and I understand where your evidence comes from, but I would ask you to try and respond to the question rather than go back to always saying 'Well, I don't accept'.

A. Yes, but I've been asked - I may be wrong but I think I have been asked there is a massive epidemic, or in fact, I'm being told there is a massive epidemic in South Africa.

Q. And your answer is 'I do not accept that'.

A. Massive epidemic of what?

Q. It was HIV, I think.

A. Anyway, I think that was made clear.

XXN

Q. My question was: do you accept that this article suggests that the Durban declaration arose as a result of what was occurring in South Africa. Not what you think, but do you accept that's what this article suggests.

A. Yes, it suggests that, yes, I agree.

Q. And it was in that context that 5,000 or so people in the world came to sign their names to a declaration saying that HIV exists, it is sexually transmittable and

it is a worldwide epidemic.

A. But this is a consensus of people who, first of all, a consensus doesn't matter of who those people are.

HIS HONOUR

Q. The short answer to that question is yes or no. The question does not ask for a comment.

LAST QUESTION READ BY REPORTER.

HIS HONOUR

Q. That is the question. 5,000 people - it doesn't even say what their status is - signed a declaration with those three elements. Do you accept that that is correct.

A. I accept that 5,000 people signed this declaration which made those claims.

XXN

Q. Doesn't this article suggest that amongst those 5,000 people there were Nobel Prize winners, and if I can draw your attention to a particular paragraph, it is the top left-hand second paragraph beginning with the words 'The declaration'. Do you see that.

A. Yes.

Q. I will go back. The question is: do you agree this article that was published on AIDS said 'The declaration has been signed by over 5,000 people, including Nobel Prize winners' - plural.

A. Yes.

Q. 'Directors of leading research institutions'

A. Yes.

Q. 'Scientific, academic and medical scientists, notably the US National Academy of Science, the US Institute of Medicine, Max Planck Institutes, the European Molecular Biology Organisation, the Pasteur Institute in Paris, the Royal Society of London, the AIDS Society of India and the National Institute of Virology in South Africa'.

A. Yes.

Q. In addition, thousands of individual scientists and doctors have signed, including many from the countries bearing the gratest burden of the epidemic. Signatures

are of MD, PHD level or equivalent, although scientists working for commercial companies were asked not to sign. Firstly, do you agree that's what it says in this article in the prestigious Nature publication.

A. I agree. I agree.

Q. These just aren't any other people who happen to read about it in the media, are they.

A. But people who come in, they made many, many consensus in medicine to date, and even Nobel Laureates are accepted to be wrong. So this is nothing - yes, there are many consensus in medicine in the Nature publication. So just because it is a consensus, it

doesn't mean that it is right but I would like, your Honour, if possible, to give as evidence how this - as I said, to give this evidence, how this Durban declaration came about.

HIS HONOUR: I'm sure you will get an opportunity to do that. We have got plenty of time.

EXHIBIT #P6 DOCUMENT ENTITLED 'DURBAN DECLARATION', VOLUME 406 OF THE NATURE MAGAZINE OF 6/07/2000, TENDERED BY MS MCDONALD. ADMITTED.

MR BORICK: I still don't think we have got the date of the Durban declaration in the transcript itself.

MS MCDONALD: We are just checking that.

A. The date should be 2000, June, somewhere around there.

MS MCDONALD: I think at this stage we will leave it as 2000. We can clarify that in due course.

HIS HONOUR: It says the list of signatories up to 29 June and it must be 2000.

A. It is 2000.

HIS HONOUR: Up to 29 June 2000 can be found on Nature's web site.

MR BORICK: And that document is dated?

HIS HONOUR: 6 July 2000.

XXN

Q. Have you ever looked at the list of signatories of those who are prepared to put their name to that global study.

Looking at this document, just to be fair to you, that is the list of the 5,000 or so signatories to the Durban declaration. Have you ever seen that list before.

A. No.

Q. Have you ever been curious.

A. No.

MS MCDONALD: I tender that. My learned friend consents to it at this stage.

MR BORICK: I'm not because to me, consensus is no t proof. I'm not a scientist. I don't look for science, I don't look for consensus, especially considering how this consensus was obtained.

EXHIBIT #P7 LIST OF SIGNATORIES TO THE DURBAN DECLARATION TENDERED BY MS MCDONALD. ADMITTED.

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Q. Are you aware that after that Durban declaration came into existence there was a United Nations General Assembly, a special session in relation to what was seen as the worldwide epidemic of HIV and AIDS.

A. No.

Q. So you weren't aware that in June 2001 there was a special session of the United Nations General Assembly relating purely to the question of HIV and AIDS.

A. No.

Q. At which a resolution was passed in relation to HIV and AIDS to which every nation in the world was a signatory.

A. Yes. No, I'm not aware.

Q. You are just not aware of that.

A. No, I'm not aware because this is not science. I look for science. This is a political document and I'm not interested in any political document.

Q. Did you ever hear of a United Nations General Assembly special session at which there was one of the very few unanimous votes or agreements ever in relation to HIV and AIDS.

A. But they are all politicians. The politician will look at what the scientist told them. When pallegra was

sought to be called by - to be called an infectious agent, the documents were stating all kinds of measures. In fact, there are asylums in America, many which them were put there because it was thought they were infectious because the scientist was telling them this, this, this was caused by a virus and the virus was transmittable, so we have to take measures for it, and the politicians, and rightly so, were doing everything possible to protect the rest of the population and as I said, we don't have - I mean, initially we have, at least in Cuba, people are put in confinements, the HIV infected people, so-called infected people. Now, they

think we don't have that but then we had it. The governments do whatever is told to them. Politicians try to do their best to protect us. The question is: is the basis of their actions correct?

Q. Going back to the question I asked you.

A. Yes.

Q. Is your answer not, despite the 20 to 25 years of interest you have had in this subject, you are not aware that there was a special session of the United Nations General Assembly at which every nation in the world agreed that HIV exists, it causes AIDS and it is a threat to world health.

A. The politicians agree with what the scientist told them, what the HIV expert told them. The politicians have no time and no expertise to go and find out if that is right or wrong.

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It is a duty of us, the scientists, and medically qualified people to come up with the right answer.

Q. Regardless of how it came about, my question is about your knowledge. Are you saying that you were not aware that there had been this special sitting of the UN.

A. No, I repeat, I was not aware.

Q. Were you aware that resulting from that a global fund amounting to billions of dollars was earmarked for the treatment of HIV/AIDS.

A. I know that there was some funds which were, I think most of them, were given by President Bush and some were in Europe. Again there was a meeting where funds were given for HIV/AIDS but I am not familiar with the details.

Q. Looking at the document produced of 11 pages -

A. As I said these are political documents and I am not interested in any of them.

Q. I take it from your previous answers you have never come across this UN declaration of commitment on HIV and AIDS.

A. No.

Q. Sub-headed 'Global crisis, global action'.

A. No.

EXHIBIT #P8 DOCUMENT HEADED 'DECLARATION OF COMMITMENT ON HIV/AIDS GLOBAL CRISIS, GLOBAL ACTION' TENDERED BY MS MCDONALD. ADMITTED.

Q. Before I move on to the next topic I just want to finish off with some further questions about your qualifications and expertise. Do you have any formal qualifications in biology

A. No.

Q. Microbiology.

A. No.

Q. Virology.

A. No.

Q. Epidemiology.

A. No.

Q. Medicine.

A. No.

Q. Have you been subjected to any form of examination or thesis review in relation to any of these areas.

A. No.

Q. Have you published any of your own studies in relation to HIV.

A. My own studies - I thought I am publishing.

Q. What I suggest you publish is critiques of other people's works. Have you ever published -

A. No, sorry. No, sorry, science is not experiment - I need my - I have to - your Honour, here there are two problems. One: can't a physicist contribute to biology. A physicist, without any formal studies in biology medicine, can't contribute to biological science. And the second is, could I, have I, Eleni Papadopulos-Eleopoulos contributed to biological science. I could answer to both of these yes, very very strongly.

Q. My question actually was have you published any work in relation to your own studies in relation to any aspect of HIV.

A. You - if you - science is not experiments. In fact, the science - the best science is conducted in theories. Science progresses only by theories, does not progress by experiments. Experiments are conducted by

technicians, by technology. Experimental work is technology. Science is theory and this is not I say - this - could you please truly give me physics - I have to have these documents because I have the documents - Val is not here to do the projection, I cannot respond to this.

HIS HONOUR: All right. Respond as best you can and, if necessary, then we will throw to the slide. You can look at the slides later. Ms McDonald.

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Q. Do I take it from that your response is no.

A. Beg your pardon?

Q. Do I take it from that answer you just gave us your response is no, you have not published any of your own studies in relation to HIV.

A. I have published many of my own studies in relation to HIV and AIDS, yes, many. My question is - yes, I did publish.

Q. Those will be included in the list of publications you produce overnight.

A. Yes.

Q. Have you undertaken any of your own laboratory work in relation to HIV.

A. I have - we have started laboratory work.

Q. Have you undertaken.

A. One moment, we have started. That is what I am saying. Yes, in 1980s and early 1990s we have communicated - that is Dr Turner and me - communicated and arranged to do experimental work with Professor Martin French on HIV/AIDS. We did not have any money to do the actual experiments and Dr Turner's father gave us $10,000 to begin our experiment, to start, to do a protocol study to develop the actual instruments and methods to do the experimental work and once we establish the testing procedure Professor Martin French agreed to collaborate with us and gave us samples from the AIDS patients to do our pilot study. The pilot study had very encouraging results in proving one of the predictions of my theory.

Unfortunately the money was not there. So, I ask Professor McDonald who at that time was responsible for giving the HIV money to people and he was kind enough to come to my office and to discuss the whole thing. We did discuss it and then he said 'Unfortunately I cannot give you any money because they are not my monies. You have to put an application for the money and then I will have to send to people to agree to give this money to you', as usually is done with government. But he said 'I will advise you not to waste your time, because if you put an application, I have to send it to the people who are HIV - in the HIV field, because they are the

experts. They are considered to be experts and they will reject it' and that is how our test, our experiments unfortunately did not finish, but many others have proven my prediction.

Q. When do you say you did the laboratory tests that you have just told us about.

A. Beg your pardon?

Q. When did you do the laboratory tests you have just told us about.

A. In the beginning of the 1990s, I don't know exactly that. I have all the documents there, I can give them to you.

Q. Have you done any laboratory work at all since that time in relation to HIV.

A. No.

Q. Have you ever received any sort of research grant in relation to your work.

A. As I said Professor McDonald advised me never to ask for them because nobody will give them to me and I will waste my time if I put in the applications.

Q. Back to the question, a 'yes' or 'no' answer will do: have you ever received a research grant.

A. What - no.

Q. Research grants are very prestigious in the scientific world, aren't they. It is a matter of some prestige if given a grant to further your work.

A. Yes, not prestigious, this is a known fact. As I said I couldn't receive because this grant - these applications have to be given to people to approve and the people who are given to approve it are the people against me, so how can I - why shall I waste my time. As I said, I followed Professor McDonald's advice and I did not waste my time.

Q. Didn't Professor McDonald you the reason he wouldn't fund your proposal was because it was scientifically invalid.

A. Beg your pardon?

Q. Didn't Professor McDonald tell you the reason he would

not fund your proposal was because it was scientifically invalid.

A. No, definitely not. Definitely not. He said even if I allowed to give you some - I think I remember word by word, 'you have new ideas, different ideas', but, I mean I remember even when he told me it was when he was going out - went through a long corridor. When in my office he said 'I cannot give you this money, it is not mine', I repeat this is word by word, 'If you put in for a grant, I have to give it to the experts and the experts are the HIV people and you will waste your time'.

Q. I don't know if your Honour is thinking of taking a short afternoon break.

HIS HONOUR: It has been two hours, I am happy to take a break.

MR BORICK: Are you prepared to go all the way to 5.30 or would 5 o'clock be sufficient.

HIS HONOUR: No reason why we can't go until 5.30. If we have a ten minute break that will be satisfactory.

ADJOURNED 3.57 P.M.

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RESUMING 4.12 P.M.

MR BORICK: Your Honour, I just want to clarify the position about Dr Turner.

HIS HONOUR: Yes.

MR BORICK: So far the questions, what I call the political questions, which have been asked Dr Turner is fully aware of. There hasn't been a great deal of science to date, but I've seen nothing in what's been put so far which, in my submission, would be embarrassing at all that Dr Turner shouldn't be here, because he knows what the answers are going to be and he has a fair idea of what's happening.

Second, Dr Harding is in the courtroom. When it went back to the van Beelen case, he was a defence witness that sat in for the purpose of assisting counsel.

The third thing is I'm going to need to talk to Dr Turner to give him some idea of, not what the answers have been but what the cross-examination is about so he can help me with some of the re-examination. So, for lots of reasons, could he come back in?

HIS HONOUR: Ms McDonald, is there really any reason why Dr Turner shouldn't be here today?

MS MCDONALD: Already today a couple of things were being pointed to Dr Turner for various things.

MR BORICK: They will be pointed at him anyway.

HIS HONOUR: I assume that he is being put forward as an expert, Ms McDonald, and he will either accept whatever is pointed out was his responsibility or he won't accept it and, if he doesn't accept it, well then, that can either be further investigated or not, and if he does accept, it can be further investigated. You are not dealing with lay witnesses. These people have been engaged in this debate for many years.

MS MCDONALD: In my submission, this whole process in some respects has been unorthodox as it is. My learned friend hasn't indicated that there was anything during this morning's session that he needed to get advice on.

There is a solicitor and there are instructors in the court and other helpers in the court. If your Honour is firmly of the view that Dr Turner should be in here, then I won't stand in the way.

HIS HONOUR: I'm not firmly of any view, but I'm inclined to allow him in because I don't know that your position is going to be prejudiced by him being here.

MS MCDONALD: Yes. I won't waste time with this.

MR BORICK: Thank you, I'm grateful for that.

XXN

Q. Are you aware of what hepatitis C is.

A. Sorry?

Q. Are you aware of what hepatitis C is.

A. Yes.

Q. What is it.

A. It's a disease which you can get, a liver disease; that's all I know. I don't know anything about hepatitis C. All I know is that as far as the virus is concerned, about ten years ago I have been contacted and had a lot of correspondence, I had a lot of correspondence which an infectious disease doctor from Italy; it was more on HIV and AIDS. He was asking me all kinds of questions and in most cases he agreed with me.

Q. I'm going to interrupt you because my question was quite specific: do you know what hepatitis C is, and you've

told us you know it's a disease.

A. I know very little of the disease and I know even less about the virus.

Q. It is a virus.

A. But -

Q. It is a virus though, isn't it.

A. That's what I'm trying to explain to you. And this doctor who is an infectious disease specialist at one stage stopped communicating with me and I didn't know what happened and I rang him and I said 'Fabio, what is going on, why don't you communicate with me?'. He said 'I send you the paper I wrote about hepatitis C and I

thought because you did not give me a response back, I thought you think that I have plagiarised your work' and I said 'Why do you think that you plagiarised my work?' and he said 'Because I used the same logic you are using for HIV to show that at present there is no evidence for the existence of hepatitis C'. This is an infectious disease doctor in Italy, that's all I know about the disease.

Q. Let's turn back to -

A. And the virus.

Q. - not what other people have told you and little chats -

A. I know nothing.

HIS HONOUR

Q. Let Ms McDonald ask the questions.

A. Sorry.

XXN

Q. Don't worry about what conversations you've had. What I'm asking you is are you aware that hepatitis C is a virus.

A. Hepatitis C can't be a virus.

Q. Why not.

A. Hepatitis C is a disease. The virus is hepatitis C. Are we talking about the virus, are we talking about the disease?

Q. I'm confused. Are you saying -

A. I'm saying are you talking about the disease or are you

talking about the virus because you said 'disease' and 'virus' so what are you talking? Are we talking about the virus or are we talking about the disease?

Q. Are you aware there is a virus hepatitis C.

A. I'm aware they say there is a virus hepatitis C but I do not know, I did not study the virus.

Q. And -

A. And I'm not interested in the virus.

Q. It's been classified as a virus, are you aware of that, that there is a classified virus called hepatitis C.

A. As I said, some physicians say it is and here they have another physician who says there is no evidence.

Q. Do you accept -

A. And I'm not interested in it.

Q. Do you accept that hepatitis C is classified as a virus in all the basic virology textbooks.

A. Maybe.

Q. You see, hepatitis C has never been photographed, has it.

A. I don't know and I'm not interested. As I said, here you have an infectious disease doctor who said there is no evidence for its existence, but I'm not interested in it. You cannot prove the existence of it Professor Robert Wise from London, renown HIV expert says, 'Yes, it is true, you cannot prove the existence of one virus by proving the existence of another virus'.

HIS HONOUR

Q. That's not the question. The question is: are you aware that the hepatitis C virus, and I accept that you don't necessarily accept -

A. I'm not -

Q. Listen to the question. Are you aware that what is called the hepatitis C virus has never been photographed.

A. No.

Q. You're not aware.

A. No.

XXN

Q. I ask you to assume a couple of things for a moment, so just assume these things. You're not agreeing they are true. Assume there is a virus that's called hepatitis C and it's never been photographed. Based on your criteria, you would say that it hasn't been proved to exist, is that right.

A. I don't know - these are not my criteria. What I'm talking about in the HIV is not my criteria. That is the criteria of Barre-Sinoussi, of Montagnier, of Gallo -

HIS HONOUR

Q. No, you're being asked about your opinion, not somebody

else's opinion. Your opinion may be based on a number of things; it may be based upon your reading, it may be based upon your own work, it may be based on a variety of things. What the questioner is asking you is your opinion. It is no good telling me that there are a hundred scientists that you read who have said certain things. I want to know. You are an expert in this court, you are giving evidence as an expert, I want to know what your opinion is. If someone then questions your opinion and says upon what possible basis can you say something then you might then refer to the material upon which you base your opinion but at the moment the questioner is asking you what is your opinion and I think the question was - and could you repeat it. No, can I ask a question. If a so-called virus has not been photographed is it your opinion that it has not been proved to be a virus.

A. Well, viruses are particles and you have to have a picture to show that it is a particle. If you don't have a picture -

Q. Then you do not have a virus, is that your opinion. If you do not have a picture of a particle -

A. You have to have a picture.

Q. - then you do not have a virus.

A. That's what I know. But I think the question was are these criteria, by your criteria, that's what it was,

that was by my criteria then the hepatitis virus doesn't exist. These are not my criteria.

Q. No, it's your opinion, based upon what you believe, it is the correct criteria.

A. Yes, what I believe is mine and they are the correct criteria. But I have to repeat, the people who started the hepatitis C virus may come with some other evidence which I'm not aware of, but what I know for sure is what are the criteria you need to prove the existence of HIV.

CONTINUED

Q. Let's talk about any virus.

A. I don't know, I'm not interested about other viruses.

Q. No, but I am, so I would like your opinion about - is it basic to your opinion that in order for a virus to be identified one needs to be able to photograph the particle.

A. Certainly for a retrovirus.

XXN

Q. Why retrovirus and not other viruses, is there a distinction that you make.

A. Yes, there is a big distinction between retrovirus and other viruses. All other viruses come from outside. If you find a virus in a person, apart from a retrovirus, the virus has to come from outside. You can find retroviruses in people which did not come from outside. Our genome, that is our DNA, about 8% of our DNA is information, potential information for the synthesis of retroviruses and under the right condition, if you have the right condition, this retrovirus will be expressed. So it is a totally different matter, you never will find in our genome the DNA coming from our parents for other viruses, but it is there and comes from our parents from retroviruses, so there is a big difference between retroviruses and all the other viruses.

Q. Can I move to HIV and ask you some questions about it. I suggest to you that HIV has been isolated many times

since the days of Montagnier and Gallo.

A. They are claimed for isolation but if you look at what isolation is meant by it is the detection in cultures, in cultures. If you put cells and you put culture in these cells and you put many chemicals there and you go and search for reverse transcription they call it isolation.

Q. The viruses have been regularly cultured, haven't they. HIV has been cultured, it is a common procedure these days.

A. You don't isolate the virus, you don't claim isolation of a virus if you detect reverse inscription there.

Reverse transcriptase is present in all of our cells. In fact, according to the latest books on molecular biology and according to one of the discoverer of reverse transcriptase, Baltimore, 50% - about 50% of our DNA is obtained by reverse transcriptase of our DNA so just reverse transcriptase, especially in a culture with all this chemicals in, certainly is not proved for isolation or for any retrovirus, much less of HIV. The other method they are using today for, called HIV isolation is to take an anti-body, to the P24 protein, that is a protein which Montagnier found in his pure - called purified virus which - so a protein called P24 which Montagnier found in his purified, so-called purified virus and he called it HIV, but then in 1997 in his interview to the French investigative journalist Djamel Tahi, he repeatedly said, in fact he used the word 'I repeat we did not purify'. In fact he said that - what they call purified virus, they could not see even retrovirus -

HIS HONOUR: That's my phone because it is my PA.

MS MCDONALD: I thought that was the case, that's why I was smiling.

HIS HONOUR

Q. I have to make a call in a minute. Go on.

A. In the very material he called purified virus. In 1997 he accepted and admitted that in large material he did

not have, even retrovirus like particle, anything looking like retrovirus much less HIV. That is it. You cannot get a better scientific proof that the best known HIV protein, P24, is the cellular protein. There is no better scientific way to prove it that it is a scientific protein.

XXN

Q. We have moved on many steps -

A. You have asked me about isolation. I will explain what isolation is if I may. What they do now, they take an anti-body to this P24 protein and this anti-body, they bring up with material with proteins which are in the

culture and if they find a reaction between that protein, a cellular protein and some proteins, that anti-body and some proteins found in the cell, then you call that isolation.

Q. Isn't it the case that we go one step further now in that in this State at least every single person who has those anti-body reactions then goes on to have the genome type of their virus determined.

A. How it is the genome type determined? To have a genome type it means to have the virus.

Q. Do you accept that it has now been established that there are six genes that have been identified as being completely unique to HIV.

A. No.

Q. They are not found elsewhere in the protein of the body.

A. In the protein?

Q. They are not found elsewhere in the body.

A. They can't be in the protein.

Q. No, that was a slip of the tongue, they are not found elsewhere in the body.

A. No, they are not found - one moment - first of all, as I'm repeating and you gave me here, we have prepared this evidence, to prove the existence - to call, to make profiles, to make genome type, you have to have HIV DNA and the only way to prove its existence, as I say, is here in your document, is to purify the virus part cells

and this has never been done for HIV. What they have done or the Montagnier group and the Gallo group did in 1984/1985 is to find in their purified, so-called purified virus and in the case of Montagnier, which had only cellular fragments, and in the case of Gallo we still don't know what it had, is to find a special RNA called poly RNA. They said that this poly RNA is HIV RNA because this type of RNA is found in retroviruses. This was proven in 1972 by Gallo and Peter Duesbeck.

HIS HONOUR: Can we go back to the question. Can you ask the question again.

XXN

Q. Do you accept that it has now been established that there are five genes that have been identified that are unique to the HIV.

MR BORICK: There is a difference in the question. There was six. My friend made a slip of the tongue.

HIS HONOUR: Six or five?

MS MCDONALD: Six.

A. In fact they are saying 10.

MR BORICK: This is not an objection, but it might help if my learned friend defines what she means by genes in this context.

MS MCDONALD: We supposedly have an expert here, I would assume that she knows what is meant by genes much less a gene that produces a protein in the body.

HIS HONOUR

Q. Do you accept that -

A. No.

XXN

Q. Do you accept that there have been any unique genes identified in relation to HIV.

A. No.

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RESUMING 4.42 P.M.

Q. Are you aware of Smallpox.

A. Smallpox?

Q. Yes.

A. Yes, I know. I've heard of the disease.

Q. It is a virus, isn't it.

A. Yes.

Q. And wasn't Smallpox classified as a virus before electromicrographs were even invented.

A. It may be. It may be. There aren't any pictures of Smallpox. It may be. They realised the Smallpox was an infectious disease. It was transmitted from one person to another person, so they may have concluded that it was an infectious disease, and rightly so.

Q. Is that the case here: HIV is an infectious disease that is transmitted from person to person.

A. No, HIV is not transmitted. It is not infectious disease. You can acquire it by sexual practices. Certain sexual practices you can acquire a positive test which is said to prove HIV infection, but AIDS is not an infectious disease. Certainly it is not a sexually transmitted disease.

Q. I want to go back to where we left off and that was talking about the HIV genome or genetic structure.

EXHIBIT #P9 7-PAGE DOCUMENT HEADED 'HIV STRUCTURE AND GENOME' TENDERED BY MS MCDONALD. ADMITTED.

Q. Do you have that document in front of you.

A. Yes.

Q. Have you had a chance to read this document before you commenced giving evidence today.

A. I have had a glance at it, yes. I had a look at it.

Q. Did you read it.

A. As I said, I looked at it. I did not read it carefully but - I did not have time because against last night, all the times, there wasn't so much time. There were many documents and I didn't have time to carefully read all of them.

Q. Doesn't that set out some of the proteins that have been said to be HIV proteins that you have talked about. Say at p.7, we see that.

A. Well, this is a document from Wikipedia.

Q. I'm taking you to p.3 and I'm simply putting to you, do you see there a reference to some of those proteins.

A. Yes.

Q. That have been said to be HIV proteins.

A. Yes.

Q. P 4, p6 and the like.

A. Yes.

Q. Then, if we look above that.

A. Above that?

Q. I'm perhaps taking this out of order but persevere. If you go back to the previous page, p.2.

A. Yes.

Q. We see a heading 'Genome Organisation'.

A. Yes.

Q. And do we see there that it sets out that 'HIV has several major gene codings for the structural proteins'.

A. Yes.

Q. And so forth.

A. Yes.

Q. And it goes on to say 'and non-structural genes that are unique to HIV'.

A. Yes, it says that.

Q. And then it sets out those various genes.

A. Yes.

Q. GAG, for example, which is said to be a code for the protein p24.

A. Yes.

Q. So the article is saying that these are the genes that make some of these proteins that you have been telling us about already.

A. That's what it says.

Q. And that's further since the days of Montagnier when they just looked at the proteins, isn't it. They have actually gone back now and looked at the actually genes

that make the proteins.

A. But you don't have an HIV protein. The Montagnier evidence is beyond doubt that this protein, the p24 protein, is not HIV. So, you can make all kinds of speculation and say that this is coded by the genome. If you don't have evidence of the proteins, it is an HIV structural protein, this is all an assumption.

Q. I suggest to you that it is now accepted by the scientific community that there are genes unique to HIV that have been identified. They are not found anywhere else in the human body.

A. Now, I cannot but explain how you can prove that these are the claims but there is no proof, and I say, when you gave me the document, it is for you how you can prove the existence of the HIV protein and the viral proteins, including HIV, and how you prove the existence of the viral genome in that gene. This is here, in your document, medical virology.

HIS HONOUR: P4.

A. It is there, and no such thing exists in the HIV protein or for the HIV genome.

MR BORICK: All we have got at the moment is it is from Wikipedia, the encyclopaedia. Can we have some name for this, some evidence for it?

MS MCDONALD: There will be some evidence from the prosecution witnesses.

HIS HONOUR: We don't have an author for it. It has got references but it is not authored.

MR BORICK: I can see that. On the basis we are going to hear more, I have no objection to it.

XXN

Q. I will just go back to this issue of isolation. I put to you before that HIV has been isolated many times since the days of Montagnier and Gallo. I want to put to you now just a couple of real examples of where I suggest that has occurred. Looking at these two documents, one is one page, the other is two. The one page document is from the Journal of Virology, July

2005, headed 'The replicative fitness of primary human immuno-deficiency virus type 1' and so on. The two-page document is headed 'A study of two procedures of HIV 1 isolation from whole blood cultures' by a number of authors, beginning with Shen.

HIS HONOUR: Do you tender those?

MS MCDONALD: I do.

EXHIBIT #P10 ONE-PAGE DOCUMENT HEADED 'REPLICATIVE FITNESS OF PRIMARY HUMAN IMMUNO-DEFICIENCY VIRUS' TENDERED BY MS MCDONALD. ADMITTED.

EXHIBIT #P11 DOCUMENT HEADED 'A STUDY OF TWO PROCEDURES OF HIV 1 ISOLATION FROM WHOLE BLOOD CULTURES' TENDERED BY MS MCDONALD. ADMITTED.

HIS HONOUR

Q. Do you have those documents.

A. Is this one of them?

Q. That is P11, yes.

A. And is that the other one?

Q. That is P10.

A. Right.

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Q. I don't want to spend long on these. Perhaps deal with P10 first.

HIS HONOUR

Q. Theone page document first.

A. I don't have this one. I didn't have - I am not aware of this one. I have to read it tomorrow and respond to it.

XXN

Q. We will come back to that tomorrow, we will give you a copy to look at overnight. Looking at the other one, P11, do you accept that is there a study in relation to two procedures of HIV isolation of whole blood cultures.

A. Yes, I read those.

Q. There seems to be isolation there.

A. That is what they said. Let us see what they mean by 'isolation'. By 'isolation' and they say 'from whole blood isolation of HIV, from whole blood and by two methods'. 'Two methods' is just different ways of culturing the whole blood with cells but the measure of determining is one and the same. That is they use antibody to P24 and they try to see if there is a reaction with proteins, with proper proteins, which proteins - proteins which are found in these cultures. If they find a reaction between the antibodies to P24, and any of the proteins which aren't in the culture with

the whole blood, they call it isolation. Now, there is a problem with this. First of all, isolation or, as I understand it - granted English is not my language - 'isolation' means to separate something from everything else. Isolation of HIV as far as I interpret it means to obtain HIV separate from everything else. This is not isolation the way I understand it. This is detection at most. If it was in the protein, was HIV and P24 was HIV, and if antibodies to these proteins react specifically with proteins which are present in the culture, and this is not the case, P24, everything has been proven to be in HIV protein and in fact there

is a paper published in 1997 which said 'promiscuity' in the title.

Q. You told us about that in your power point presentation.

A. We did not have that in our power point presentation. The paper, the actual paper, and I will give it to you if you don't have the paper, it says 'Promiscuity of the HIV antibodies'. These authors from Germany publish in 1997.

Q. Isn't it the case that HIV now has been purified, the nucleic acid has been analysed and that has been used to prepare vaccines.

A. That is what I am saying: never, never released anywhere, any publication. In 1997 researchers from both the USA and France and Europe had disputed that there is no HIV purification. They are the best experts from Europe and from America. They say, not us - and they are the people in America, they are the ones who are involved in vaccine - they accept that HIV has never been purified. These two groups, as I presented it in our October session, these two groups try to purify HIV and both groups were totally unsuccessful and in fact in the France or German study the picture which is meant to represent purified fibres is labelled 'Purified micro vesicles'. Micro vesicles are cellular fragments. Since then, nobody else has purified the virus, nobody. There is no, anywhere, any evidence for HIV

purification. You cannot go - we cannot ignore this fact.

Q. I suggest to you that things have developed so far these days that one can look at the genotype of an individual's virus and compare it with someone else's to determine how close they are to see one may have given it to another.

A. To compare - to compare something, to compare your DNA with my DNA, we have to have you and to have me and to carry the DNA from you and from me. This never happen in HIV. We haven't got the HIV genome. Here it is, as I said - this is your document and here it is stated how

you obtain the HIV. They don't talk exactly about HIV in it, how you obtain the genome of a virus. You need purification, there is no escape.

Q. Let us go to particular examples. Looking at the document produced headed 'Intrafamilial transmission of HIV infection from individuals with unrecognised HIV infection' -

HIS HONOUR: Are you going to tender this document.

MR BORICK: This is P12, is it?

HIS HONOUR: It will be P12.

EXHIBIT #P12 DOCUMENT HEADED 'INTRAFAMILIAL TRANSMISSION OF HIV 1 INFECTION FROM INDIVIDUALS WITH UNRECOGNISED HIV 1 INFECTION' BY MARTIN FRENCH AND OTHERS TENDERED BY MS MCDONALD. ADMITTED.

XXN

Q. Firstly a preliminary question before we go to the details of this particular study: do you accept that there is now evidence of different strains of HIV, HIV 1 as compared to HIV 2, for example.

A. How can I explain? How can I accept there are different strains when we don't have one of them - much more, ten strains.

Q. Let us go to this particular case study. Are you familiar with this case study.

A. This, no, I am not, I have not read this paper.

Q. This is what is known as the Russian sailor case.

A. This paper?

Q. Yes. Have you heard about that colloquially.

A. Your Honour is it possible for me to read this paper tonight and respond tomorrow?

HIS HONOUR

Q. Certainly, but you are being asked a question at the moment and the question is: do you know or have you heard of the Russian sailor case. Have you heard of it.

A. Russian?

Q. Russian like in Russia. Sailor like in sailor. Russian sailor.

A. Sorry, I didn't hear.

XXN

Q. Martin French is an expert who is in Western Australia, based in Western Australia like yourself.

A. Of course I know him. I know him. We have been in two different camps with regard to HIV. He has always been, like many HIV experts, he has always been very polite. From 1984 we agreed to disagree that HIV exist and is the cause of AIDS but we have been always - like many HIV experts, he has been always very polite. As I said, we try to collaborate and do experimental work together.

Q. Putting aside having actually read the case or read this article for a moment, did you hear, given your proximity to Dr or Professor French in Western Australia, about some work he was doing on a case in which a very unusual strain of HIV turned up as a result of some donation of blood at a blood bank. Does that ring a bell for you.

A. No. No.

Q. When further epidemiological studies were done it was traced back to an affair that a young woman had with a Russian sailor. That's not ringing a bell.

A. No.

Q. Perhaps read that article overnight and we will talk about it in the morning.

A. Yes, thank you.

MR BORICK: That was P12, was it.

HIS HONOUR: P12, yes Mr Borick.

MR BORICK: Could I have a look at that so I can just identify it if you don't mind.

COPY OF P12 HANDED TO MR BORICK

XXN

Q. Are you aware that HIV has been grown and vaccinated in monkeys.

A. There is no HIV. How could HIV be vaccinated in monkeys?

Q. Then the monkeys have developed certain symptoms.

A. The monkeys never developed - there is no - any, in 1984, and this is nothing which - something unusual -

but in 1984 and in 1985 Montagnier said that the only way to prove that HIV is the cause of AIDS is to have an animal model.

HIS HONOUR

Q. Do you understand, or have you heard of something being injected into monkeys, whatever we call it.

A. In chimpanzees?

Q. Chimpanzees I understand, something having problems with - have you heard of experiments where something has been injected into monkeys who have developed certain symptoms. You see, you won't acknowledge it is HIV so we will call it 'something'. All right. Have you heard of that.

A. Yes, I heard of experiment and experiment can be done with chimpanzee and have been many chimpanzees which are injected with -

Q. Something.

A. Something, HIV, what is called HIV, and this chimpanzee - I think they have been with this injection for ten or 15 years, none developed AIDS, and in fact they don't know what to do with them because there are 150 I think and they cost a lot of money and they don't know how to get rid of them.

XXN

Q. Let us look at the yellow baboons rather than chimps. Looking at the document produced headed 'HIV causes

AIDS: Coch's postulate fulfilled' Coch, O'Brien and Goedert -

EXHIBIT #P13 DOCUMENT ENTITLED 'HIV CAUSES AIDS: COCH'S POSTULATE FULFILLED' PUBLICATION OF CURRENT OPINION IN IMMUNOLOGY TENDERED BY MS MCDONALD. ADMITTED.

XXN

Q. Could I take you to some of the paper, the page numbered 615.

A. 615, yes.

Q. We see reference to the accidental infection of

laboratory workers and the Florida dentists case.

A. Yes.

Q. I will come back to those later when we deal with transmission. If we we go over the page, we see a heading 'HIV Causes Aids in Baboons'.

HIS HONOUR: P.616. Do you see that.

XXN

Q. The page number is in the top left-hand corner of this page.

A. 615, 616, 'HIV causes AIDS in baboons', yes.

XXN

Q. Firstly HIV 2, do you understand that - again accepting that you don't believe HIV exists -

A. Yes.

Q. Some people believe that is another strain of HIV different to HIV 1.

A. Is another type, yes, another group. It is another group.

Q. It is described as a less pathogenic strain of HIV in humans.

A. Yes.

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Q. Then the article reads that certain strains of HIV 2, a less pathogenic strain of HIV in humans, limited to West Africa and India, replicates and establishes persistent viraemia when inoculated in yellow baboons. In a recent report three of five HIV 2 infected baboons showed a depletion of CD4+ cells and AIDS-like pathology. These observations provided, prima facie, for the pathology to an animal model of human HIV strain. The first question: do you accept what is written in the article.

A. No -

HIS HONOUR

Q. Do you accept.

A. Yes, it's written sorry.

XXN

Q. These are a bit different to the chimpanzees that we've been talking about. If we accept that what is written in the article, this accepts the baboons have developed an AIDS pathology, and a CD4+ count -

A. Nowhere is the evidence that they have. We don't have a reference there that they develop pathology; an AIDS-like pathology is not AIDS. Secondly, viraemia is not AIDS, and the decrease in CD4 cells - you can go and lie on the beach for a few hours and have an increase in CD4 cells. So CD4 cells are not caused only - an increase in CD4 cells is not only caused by HIV. As I say, you can go and lie on the beach for a few hours and

have an increase in CD4 cells.

Q. Like these animals, by lying on the beach.

A. Yes, lie on the beach, stay there for a few hours. Go in a solarium and expose yourself to that radiation, when you get out you have an increase in CD4 cells. This is not what I said, this is what is published in Lancet for example.

Q. Then is there a further example in relation to HIV causing immune deficiency in SCID mice.

A. Immune deficiency CD4 increases, as I said you can increase CD4 cells, many, many things can induce the increase in CD4 cells.

Q. Again we have mice now infected with HIV 1 here, and they also get the reduced CD4 count, if we accept what is in this article, which is reporting on studies that have been done.

A. First of all, as I said, keeping in, increasing CD4 cells is nothing specific to HIV. You can inject many things and you can decrease it, so that is not proof that it is caused by HIV. The only animal model there is for AIDS, the only animal model for AIDS is a non-infection model. It is what we call the Israel model; it was conducted in Israel. And what the people did there, it was to mate mice with different strains and then to inject them with lymphocytes with cells from the other strain, and they developed AIDS, including Kaposi's sarcima like this, and they developed particles just by injected, developed an increase in CD4 cells. Just by inject, just by making them, and by injecting them with cells. The best model; non-infectious.

Q. I want to move on to a different topic, still relating to HIV of course. I want to ask you some questions about your understanding of what the international system is for classifying and speciating viruses.

A. Sorry?

Q. What is your understanding of the international system that is used for classifying and specifying.

A. Specifying different specio taxonomy?

Q. What is the international system used. How is it a virus comes to be classified as a virus.

A. They look at the morphology and the pattern of the morphology; they classify in different Taxes.

Q. Do you accept that the classification of retroviruses used internationally now includes HIV; HIV has been classified as a retrovirus by international standards.

A. Yes, it's one of, it's - when using the morphology the question is nobody knows what is the HIV morphology.

Q. In fact, in all the basic tests in virology, HIV is classified as an international retrovirus.

A. In Harrison you have a whole chapter on HIV and AIDS.

Q. I want to produce to you a different chapter, it's one we have given you already, it's the chapter of a book named 'Virology Volume 2' by Brian Mahy and Volker Ter Meulen. It's the 10th edition.

MS MCDONALD: I tender this, the witness already has a copy.

EXHIBIT #P14 TENTH EDITION TOPLEY & WILSON'S MICROBIOLOGY AND MICROBIAL INFECTIONS CHAPTER 58 HEADED 'RETROVIRUSES AND ASSOCIATED DISEASES IN HUMANS' TENDERED BY MS MCDONALD. ADMITTED.

Q. You accept that is one of the basic virology texts.

A. Yes.

Q. Standard reference for virologists.

A. I accept it is the virology book, is a copy, well -

Q. Could I take you to p.1285.

A. Sorry, chapter 58 -

Q. The second page of writing.

A. On the second page, okay.

Q. On that page is a heading 'Human T-lymphotropic virus type 1 and human T-lymphotropic virus type 2'. If we follow down over the page there is a table incorporated.

A. There is a table?

Q. Yes, marked 'Table 58.1 Retroviridae family'; do you see that.

A. Yes.

Q. So that's the retroviruses.

A. Yes.

Q. And then there is a heading 'Genus'.

A. Next page?

Q. Same page. So in the dark coloured box under where it says 'Table 58.1'.

HIS HONOUR

Q. On the top of the page, on the left, you see 'Genus'.

A. Yes.

XXN

Q. Underneath there, go down to 'Lentivirus'. We see there: 'Human immunodeficiency virus type 1, HIV 1'.

A. Yes.

Q. The host is humans.

A. Yes.

Q. Growth in human cells in vitro.

A. Yes.

Q. Mode of transmission to humans, mother to child, sexual transmission, and blood.

A. Yes.

Q. And under the heading 'Human disease or infection' it has the words 'AIDS'.

A. Yes, okay.

Q. Isn't that the sort of standard entry that appears in every current virology textbook used around the world.

A. No.

Q. Classified HIV as a non-recognised antivirus.

A. Antivirus. But if you - everything except the Montagnier proven existence of HIV, and if you look at his answer and if you read the second page of his page, on the left corner, nearly at the bottom, he says that these particles, they are typical type-C particles. The typical type-C particles do not belong to Lentiviruses, they belong to the oncovirus family of the viruses. What it is? What did Montagnier have? Did Montagnier prove the existence of HIV or did he - did he prove that there cannot be HIV because HIV, what he seen there was a typical type-C particle. Now we are told here, on the

one hand we are told Montagnier proved the existence of HIV and on the other hand we are told that HIV is a Lentivirus. But is it oncovirus. Here we are told it's Lentivirus. What should we accept?

HIS HONOUR: Is 9.30 convenient?

MS MCDONALD: Yes.

HIS HONOUR: We'll adjourn until 9.30 tomorrow.

ADJOURNED 5.22 P.M. TO WEDNESDAY, 20 DECEMBER 2006 AT 9.30 A.M.