Finally, a multitude of scientists have debunked most so-called "human DNA research" and are calling for a vigorous international debate! The recent article, *Precision medicine's rosy predictions haven't come true. We need fewer promises and more debate*, by Joyner and Paneth, copied in full at the end, notes that the findings of the Human Genome Project "were predicted to transform medical care" -- but that a growing scientific consensus concludes that, "these predictions haven't come to pass." Instead what we have created is referred to as nothing more than an absurd *genetic reductionism*. Collaborators listed in the article include: physicians, physiologists, many other professionals in genetics, cell biology, molecular biology, immunology, microbiology, pharmacology, ontology, physiology, anthropology, epidemiology, cardiology, health psychology, public health, and law.

If the scientific claims about human DNA are erroneous, then all scientific research grounded in that erroneous "science" would be erroneous as well -- not to mention how such erroneous "science" has already impacted and degraded local, state and federal laws and regulations, the drugs/devices industries, human clinical trials involved, etc. This applies to any and all DNA research, including human embryo research, stem cell research, iPS research, genetic engineering, synthetic biology, nanotechnology, various forms of cloning, CRISPR genome editing, most a-sexual human reproductive processes (of which there are many), etc. Mindboggling! Imagine all the good, scientifically accurate, fruitful scientific research that could have been funded over the last 20 years instead ... [See extensive scientific documentation and references covering several of these human DNA research fields in Irving articles, "GENERAL ARTICLES" and "ARTICLES RE INVITED LEGAL, CONGRESSIONAL, GOVERNMENT, OTHER PUBLIC SUBMISSIONS RE: HUMAN EMBRYO RESEARCH, HUMAN CLONING, HUMAN EMBRYONIC STEM CELL RESEARCH", copied after the article at the very end]
the ole philosopher Aristotle wisely noted, "A small error in the beginning leads to a multitude of errors in the end" -- and **what a multitude of errors we now have**. Time to take a long hard look at that **"beginning"**: "The" Human Genome Project" debacle.

II. "The" Human Genome Project Debacle:

As the scientists note in their article, "the deterministic view of the genome that underpinned the Human Genome Project in the 1990s was not settled science"! Well, if it wasn't "settled science", then why has it been allowed to be used as the "scientific" starting point for all that DNA research over the last 2+ decades?? As I and so many others have pointed out over the years, here's just an example of just how "unsettled" that DNA "science" was.

First, note that the accurate science documents that for the human species **the term "genome" includes ALL THE DNA in a human cell, including BOTH nuclear DNA and mitochondrial DNA (in the cytoplasm of the cell):**

  - -- A genome consists of the **entire set of chromosomes for any particular organism**, and therefore comprises a series of DNA molecules, each of which contains a series of many genes. The **ultimate definition of a genome** is to determine the sequence of the DNA of each chromosome. (p. 4)
  - -- Genes not residing within the nucleus are generally described as **extranuclear**; they are transcribed and translated in the same organelle compartment (mitochondrion or chloroplast) in which they reside. By contrast, nuclear genes are expressed by means of cytoplasmic protein synthesis. ... One type of uniparental inheritance is seen in higher animals. Maternal inheritance can be predicted by supposing that the mitochondria are contributed entirely by the ovum and not at all by the sperm. So the mitochondrial genes are derived exclusively from the mother; and in males they are discarded each generation. (p. 81)
  - -- In animal cells, **DNA is found in both the nucleus and the mitochondria**. (p. 10)
  - -- The mitochondria also have ribosomes and a limited capacity for protein synthesis. (p. 18)
  - -- The **human genome is the term used to describe the total genetic information (DNA content) in human cells. It really comprises two genomes: a complex nuclear genome which accounts for 99.999% of the total genetic
information, and a simple mitochondrial genome which accounts for the remaining 0.0005%. ... Mitochondria possess their own ribosomes and the few polypeptide-encoding genes in the mitochondrial genome produce mRMAs which are translated on the mitochondrial ribosomes. (p. 139)

Thus with specific reference to "The" Human Genome Project, the accurate objective empirical facts prove that its "scientific" claims are truly bogus. For example:

- 1. There is no such thing as "the" human genome, as every human being is genetically unique.
- 2. As is well known, even as noted on the official government website for "The" Human Genome Project, even the billion-dollar and decades-old efforts to decode "THE" Human Genome has still decoded only about 15% (if that!) of the genes in "the" human chromosome.
- 3. A single chromosome is composed of genes -- called "introns" (when they compose the middle of the chromosome, constituting up to over 85% of the chromosome) and "extrons" (when they are at either end of the chromosome, constituting roughly 15% of the chromosome). The "extrons" are the only genes they've addressed and tried to "decode".
- 4. They have still not decoded the introns -- the 85% of the human genome that they call "junk DNA" (because they don't know what's there!).
- 5. Also, they decoded only the nuclear DNA of the "extrons" (not the mitochondrial DNA which by definition is also part of the human genome), and
- 6. The various samples used were from multiple people all over the world that were pooled all together. So how, then, could that sample in any way represent "THE" human genome?
- 7. What is now scientifically documented is that all of that "junk" DNA critically REGULATES what the other DNA does, and more!

Why aren't any of these documented empirical facts ever mentioned -- in the research articles, media hype, etc.? Even a high school biology student can figure out that any claims for genuine accuracy in any of this research involving genes are inherently false.

This is critically relevant to all these debates involving "genetics" and "DNA" -- including CRISPR human germ line gene editing, multiple human cloning techniques, those DNA "kits", "regenerative medicine", "stem cell research", genetic engineering/synthetic biology/nanotechnology, etc. -- not to mention all the "foreign" DNA from the "vectors" used (bacteria, viruses, molds, etc.) during the experiment to slip the "desired" foreign DNA into a gene or chromosome. Worse, when such DNA products are inserted into human beings to "cure
their diseases", the human patients' immune system is not so stupid and recognizes these injections as "non-self", thus releasing devastating immune rejection antibodies that cause serious physical damage, even death, to those human patients!

All of these "irregularities" in the claims about human DNA have been known and documented for a long time now. See, for example:

- **Official website of The Human Genome:** (project started in 1990, and was to last for 15 years), at: http://web.ornl.gov/sci/techresources/Human_Genome/project/index.shtml. See especially "How many genes are in the human genome?" and following for their own admissions.
- **See over 589,000 articles on "Junk DNA" on Google at:** https://www.google.com/search?source=hp&ei=x097XKuNOuaH0gL28bKoCw&q=%22junk+DNA%22&btnK=Google+Search&oq=%22junk+DNA%22&gs_l=psy-ab.3..0i10.1979.3427..7469...0..0.174.665.9j1......0....1..gws-wiz.....0..0i131j0i10.oEXJcjI8JBQ
- **"DNA is actually not well understood. 97% of human DNA is called "junk" because scientists do not know its function. The workings of a single cell are so complex, no one knows the whole of it. Yet the biotech companies have already planted millions of acres with genetically engineered crops, and they intend to engineer every crop in the world." Genetic Engineering and "Junk" DNA, Genetic Engineering, at:** http://www.authorstream.com/Presentation/ramyasekaran-1541143-genetic-engineering/
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III. Conclusion:

Long past time that this human DNA research hoax be exposed, as the scientists in the article below assert. Let the genuine debates begin! Put simply, there is no such thing as "precision medicine" any more than there is such a thing as accurate scientific knowledge about "The" Human Genome on which such medicine is supposedly based. The scientific field of genetics has been grossly damaged per se, clinical trial human volunteers are precluded from giving ethically and legally valid "informed consent", thousands of drugs and devices based on this false science are fraudulently sold to millions of consumers, and when inserted into human patients these fraudulent injections cause severe immune rejection responses, even death. Need more reasons?

https://www.statnews.com/2019/02/07/precision-medicine-needs-open-debate/

STAT News
February 7, 2019

**Precision medicine's rosy predictions haven't come true. We need fewer promises and more debate**

By MICHAEL J. JOYNER and NIGEL PANETH

Twenty years ago, Dr. Francis Collins, who was then director of the National Center for Human Genome Research, made rosy predictions in his Shattuck Lecture about the health benefits sure to flow from the Human Genome Project. His, "Medical and Societal
Consequences of the Human Genome Project," published in the New England Journal of Medicine, provided an early template for the precision medicine narrative of the past two decades.

Collins' fundamental idea was that the technology and insights of the Human Genome Project would demonstrate tight causal links between variation in DNA sequences and complex human traits, including the disorders that dominate human illness and death. The findings of the Human Genome Project were predicted to transform medical care (by the year 2010), evoke behavior change in genetically at-risk individuals, generate new drugs, and improve the effectiveness of old drugs by matching them to patients' genes - thoughts later captured in the precision medicine mantra "the right drug for the right patient at the right time." Another prediction was that gene therapy would be used to cure both rare and common diseases.

Although some niche applications have been found for precision medicine, and gene therapy is now becoming a reality for a few rare diseases, the effects on public health are minuscule while the costs are astronomical.

Our Viewpoint article is part of an ongoing - and growing - movement that seeks to articulate scientifically warranted dissent to a culture of thought that, ever since the discovery of DNA, has come to pervade biomedical research: the dominance of gene-centric paradigms.

This emphasis on reducing biomedical explanations to genetic pathways, known as genetic reductionism, comes at the expense of all other molecular, cellular, physiological, and epidemiological approaches. The dissenters have made their voices heard in the popular press and medical journals, such as Viewpoints in JAMA. Most recently, a special edition of the journal Perspectives in Biology and Medicine, titled "The Precision Medicine Bubble," includes contributions questioning genetic reductionism by well-established investigators from genetics, cell biology, immunology, microbiology, pharmacology, physiology, anthropology, epidemiology, public health, and law.

What are the foundational elements of our dissent? Both of us are physicians: one (M.J.J.) a physiologist who studies how humans respond to complex stresses such as exercise, the other (N.P.) an epidemiologist who considers risk, exposure, and causation at the population level. How is it that we and several of our colleagues, each tackling biomedical research from a different perspective, are so unified in our conviction that the massive investment that has been poured into studying the human genome is failing to massively advance human health as predicted by the enthusiasts?
We have seen time and time again that whole-body physiological responses are robust and remain basically intact even when lower-order systems are attenuated, or in modern parlance, knocked out. This leads us to question the deterministic assumption that there is always a "gene for" a biological process.

Epidemiologists recognize that all large-scale human health benefits must ultimately be measured at the population level. Anecdotal evidence of benefits here and there are not sufficient to drive public policy. Genetic associations with disease are not exempt from the problems of confounding and bias. The environmental context in which genes operate is, for most human disease, overwhelmingly important.

After the two of us met and started to collaborate in 2015, investigators from other disciplines joined our effort. They have taught us about many additional concerns regarding the DNA-centric worldview. From geneticist and anthropologist Ken Weiss we learned that the deterministic view of the genome that underpinned the Human Genome Project in the 1990s was not settled science. From cell and molecular biologists Dr. Sui Huang, Dr. Carlos Sonnenschein, and Dr. Ana Soto we learned there were

From public health authorities Dr. Sten Vermund and Dr. Sandro Galea we learned that before embarking on a "transformation-of-everything" narrative, it is has explained how population-wide interventions, often derided by precision medicine advocates as, have led to an 80 percent reduction in cardiovascular mortality in the U.S. over the past 60 years. Epidemiologist and health psychologist Cecile Janssens has reminded us and others that genetic biomarkers are not privileged and need to be rigorously modeled and evaluated like all screening tools.

Beyond these core questions about biomedical research, the dominance of the precision medicine program raises additional worries about whether biomedical science is now advancing appropriately. Cancer biologist Yuri Lazebnik wonders how a fundamentally creative activity like scientific research can succeed when subject to "businessification" or ideological considerations. Does this lead to groupthink and excessive careerism? Microbiologist and immunologist Dr. Arturo Casadevall has noted a major decline in biomedical breakthroughs in recent decades. Is this a sign of blunted innovation in science? Huang has dissected in detail how has described the unsavory effects of hype and overpromising on science. Do these undermine public trust in biomedical research?

While we are occasionally told that we are Luddites or nihilists (generally without much debate of the merits of our position), the most frequent communications we receive have been
along the lines of "I agree with you, but can't speak up publicly for fear of losing my grants, alienating powerful people, or upsetting my dean." This atmosphere cannot be good for the culture of science.

We are calling for an open debate, in all centers of biomedical research, about the best way forward, and about whether precision medicine is really the most promising avenue for progress. It is time for precision medicine supporters to engage in debate - to go beyond asserting the truism that all individuals are unique, and that the increase in the volume of health data and measurements combined with the decline in the cost of studying the genome constitute sufficient argument for the adoption of the precision medicine program.

Enthusiasts of precision medicine must stop evading the tough questions we raise. The two of us have learned enormously from the free and open exchange of ideas among our small band of dissenters, and we look forward to a vigorous debate engaging an ever-larger fraction of the scientific community.

Michael J. Joyner, M.D. is an anesthesiologist and physiologist at the Mayo Clinic. Nigel Paneth, M.D., MPH is an epidemiologist and pediatrician at Michigan State University. The views in this article are their own. We appreciate the valuable comments of Sui Huang, M.D.

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