Is SARS-CoV-2 a Manufactured Virus?
A Special Interview With Judy Mikovits

By Dr. Joseph Mercola

Dr. Mercola:

Welcome, everyone. This is Dr. Mercola, helping you take control of your health, and today we are joined by Dr. Judy Mikovits, who's a legend and is really one of the most skilled scientists of her generation. She's gotten a degree from the University of Virginia, worked at the National Cancer Institute, and is a really skilled molecular biologist. She's going to help us understand some of the serious science that's involved with this pandemic, and she was featured in a recent Epoch Times documentary as one of the primary scientists that was discussing and identifying the engineering of this. So we're excited about that. Judy has noted ... I'm just reading her new book now. I forget the title of it, Judy. What was the title of the book?

Dr. Judy Mikovits:

Plague of Corruption.

Dr. Mercola:

Plague of corruption. Yeah. Your first book was Plague. This is Plague of Corruption.

Dr. Judy Mikovits:

Right.

Dr. Mercola:

There was a magnificent foreword to the book by Bobby Kennedy, who I was interested in interviewing next week. It's like 5% of the book. I mean, that is literally one of the best forwards to a book that I've ever read. It was just magnificent. I'm so glad he wrote it for you.

Dr. Judy Mikovits:

Yeah.

Dr. Mercola:

He describes you as ... This comment from this forward's amazing. "The most daunting obstacle to your career advancement was your scientific integrity. You always placed it ahead of personal ambition," and it's so clear. I mean you, you've led a life of commitment to integrity, and it's cost you dearly. It's cost you great dearly, and partially for that life that you've led, at the 2018 Autism One Conference, you were awarded the Jeff Bradstreet Award for Bravery and Courage. I think it's well deserved. So congratulations for that.

Dr. Judy Mikovits:

Thank you, [inaudible 00:01:54].

Dr. Mercola:

Interesting, I don't know if you're aware of it, but my girlfriend, Erin Elizabeth, who was the founder of Health Net News, was the one who first broke that story. She's since cataloged the nearly ... I think it's over 100 deaths now of other physicians who've passed, some of them homicide, like Jeff, and others not so. But you've done amazing work. So with all that introduction, welcome and thank you for joining us. Is there anything you'd like to add before we begin?

Dr. Judy Mikovits:

No, that's great. It's a pleasure to talk to you again. I guess it was a couple years ago that we talked the first time.

Dr. Mercola:

[crosstalk 00:02:35].

Dr. Judy Mikovits:

So I think this is an important time.

Dr. Mercola:

Yeah. So, as I mentioned, you're a molecular biologist, and you really are well-versed in the science and can help us understand this. I mean, most everyone watching this, actually, most everyone in the country who knows who Dr. Anthony Fauci was. We discussed him on our last interview, and you have a great familiarity with him, because you've worked with him in the past. So maybe you can start there and give us your perspective on the background of what's going on here, because there's a deep philosophical history that I think many people would appreciate knowing.

Dr. Judy Mikovits:

Well, I think the way to think about the background of what's going on right now is to go back to, really, my first interactions with Dr. Tony Fauci when I was a 25-year-old lab technician in the National Cancer Institute. At that time, we had isolated from blood and saliva the lymphadnopothy virus. That was the name given to it by Luc Montagnier, the Nobel Laureate for first isolating and discovering that virus and its association with HIV/AIDS.

Dr. Judy Mikovits:

So in that situation, Dr. Fauci delayed the testing, the serology testing, who was exposed. It was politicized such that the only people that were susceptible to getting infected with HIV was gay men, IV drug users. The country was told not to worry about it. It was only spread through blood and body fluids and shouldn't be a problem for most other people.

Dr. Judy Mikovits:

So while the testing that could have been done wasn't done because of political reasons and the treatments that weren't done because Dr. Fauci had patents, and we didn't know this at the time, the wrong type of treatment was used, and that led to the spread and, really, killing millions worldwide and spreading this human immune deficiency-causing retrovirus.

Dr. Judy Mikovits:

So we see ... and, of course, what doctor Ruscetti, my mentor and colleague of now 37 years, who discovered human disease-causing retroviruses while we were in the laboratory, then confirming Luc Montagnier's work, what Dr. Ruscetti said, "It's ridiculous. Retroviruses don't know if you're a woman, you're a child, you're a" ... Of course, what happened then, the sad thing about what happened then, is we had the realization, Arthur Ash, Ryan White, the hemophiliac child, and the realization that these viruses were spread through a contaminated blood supply.

Dr. Judy Mikovits:

So now and as our work proceeded in looking at other, what were clearly retroviral-associated diseases, like, clear to us, chronic fatigue syndrome, many of the cases of autism, cancers, leukemias, lymphomas associated with retroviruses, and we discovered the first human gammaretrovirus family of retroviruses, known then as XMRVs, and isolated those in 2009. So they're XMRVs because they're xenotrophic. They're not found in mice. They're found in humans. So murine leukemia virus is the M, XM, mouse cancer-causing-related virus. So here you've got something named very badly but not based on its phylogeny, based on where the discoverers, who weren't virologists, found the sequences in aggressive prostate cancers.

Dr. Judy Mikovits:

So we looked for the signature of disease, which is, again, relevant to COVID-19, because we know many, many coronaviruses. There are many coronaviruses in the world, and they're largely non-pathogenic. They're not pathogenic, highly pathogenic because they don't cause this inflammatory signature of disease that suggests the immune system out of control that can't be regulated.

Dr. Judy Mikovits:

So this was our work for the last four decades, Dr. Ruscetti and I. So, again, we're being led down a path where we learned in 1991 that you could have HIV and never get AIDS. So if you employ the right treatment at the right time, then you stop the replication of the virus, you stop the reservoirs, you stop the immune destruction, and that could easily have been done in the case of SARS-CoV-2 with the simple type one interferon at very low dose, which has 40 years of research and more. I was part of the team that first used the immune therapy, a purified type one interferon alpha, and used it as a curative therapy for a leukemia.

Dr. Judy Mikovits:

So that research has proceeded for years, decades and the Food and Drug Administration literally said, "You can't use that in preventing coronaviruses from jumping from animals." It's a simple food. It's a simple spray. We have it on the shelf now, made by Merck, and Merck discontinued its use. Well, why would you do that if that was the frontline treatment for prevention? Interferon alpha is your body's own best antiviral against coronaviruses and retroviruses and others.

Dr. Mercola:

Well, that's interesting. I definitely want to dive deeply into that, but before we go in and focus on it, I just want to clean up your work with XMRV, because that's really what got you into big problems. You published the major paper on this in Science, one of the most prestigious medical journals in the world, which, eventually, I believe got retracted and got you fired and, essentially, a whole panoply of different events that wound up getting you charges. I think you were in thrown in jail, and this is all documented in your book Plague.

Dr. Mercola:

It's just a sad story, but it largely all related to your commitment to the truth and integrity and wanting to do the right thing. It's just an amazing example of scientists who are committed to with this behavior typically wind up getting not ostracized, but penalized from the scientific community and, essentially, ostracized, because now there's no university that will hire you.

Dr. Judy Mikovits:

Right, and there's no research done, so not only me, and really not about me. This is what I know, but worse than everything that was done, when we wouldn't renounce the data, when the data continued to come up to say the XMRVs were not only in people with chronic fatigue, associated highly significantly strong with populations of chronic fatigue syndrome, but then autism, then, again, what it brought up, then cancers, cancers, cancers and autoimmune diseases. Lou Gehrig's diseases are associated with retroviruses.

Dr. Judy Mikovits:

Our work in 2011 said heavily contaminated blood supply, and so then it was clear to other investigators, my former colleagues in HIV, that the most frequently used tissues, where we use mouse and have mouse tissues used in biological therapies, is vaccines. So the vaccines contain animal cell lines. It became clear in 2011 that these viruses had adapted to become aerosolized. That is, you've got a contagious new family. I call them gammaretroviruses, because birds have gammaretroviruses. There are gammaretroviruses in other animals, and some of our work show the many, many, many strains. One of those strains was related to monkeys.

Dr. Judy Mikovits:

So that Vero monkey kidney cell line, from which Fort Dietrich, which was where our National Cancer Institute lab was and where they use [inaudible 00:12:14] facility is that originally gave the Wuhan labs the cell line Vero E6 for growing the coronaviruses. So that cell line listed in that 2015 paper with the North Carolina researchers and everything funded by Tony Fauci, that came from the lab. So you see ... in Fort Dietrich, which is ... and Vero monkey kidney cells are in our polio vaccines. Our original polio vaccines, as you know, and as Bobby relayed so beautifully in that forward, were passed through mice brains. We didn't have cell lines in the '30s.

Dr. Judy Mikovits:

That's chapter five of our original case, of our book Plague, the original cases of chronic fatigue syndrome and autism in America and how this ... We call it nosocomial spread through the lab workers, through the hospital caretakers, when a susceptible individual is infected. That's why the family studies we did in all of this were so important.

Dr. Judy Mikovits:

So yes, the patterns that were coming up, so the answer was always, "No," not "Cover it up." So when we didn't cover it up, in the blood supply in 2010, I presented work at XMRV workshop, held at NIH, where international workers came from around the world, laboratories where they were finding some of those other disease association and the information that the spread was much wider than anticipated. It wasn't just three million people with this disease called chronic fatigue syndrome, which didn't get much attention and was considered, "You're just crazy, and you're tired." One of the worst things you can be in America is tired, and it's so much more than tired, in the pathogenesis, as we know.

Dr. Judy Mikovits:

So, just as in the '80s, "Oh, it's the bad behavior of the gays," in the '80s, when the first cases of chronic fatigue syndrome came up, it was the behavior. It was a cultural stigma to have chronic fatigue syndrome, and it was named that way by the federal government. It's actually myalgic encephalomyelitis, which is a serious inflammation of the brain and spinal cord and absolutely associated with gammaretroviruses and the XMRVs of many strains.

Dr. Judy Mikovits:

So the patterns are the same as far as the science goes, and the patterns are the same as far as the political corruption, the plague of corruption, in covering up that data, because when the blood supply in 1991, at the height of HIV in our country, it was one million Americans. Our work through from 2009 to 2011 after our paper was published for the next two years, it was up to 25 to 30 million Americans had XMRVs, gammaretroviruses, not just XMRVs, but other gammaretroviruses like those monkey viruses that are in the phylogeny. That's too much for this kind of talk, but ... The government couldn't afford it. The lovely forward to The Plague was written, the title of that, by Hillary Johnson, is called a disease to affect the economy of nations.

Dr. Judy Mikovits:

So when I reported it, NIH on September 6th, 2010, September 6th, at the first and last XMRV workshop, Francis Collins sat in the front row, and the negative controls in our study was 4%. He said, "Where'd you get the negative controls?" I said from our colleague, and I won't use his name, in London, from the London blood supplies, because these were samples that were taken from a large disease cohort with ME in London and Ireland and in the UK, largely.

Dr. Judy Mikovits:

So he ordered, he directed Tony Fauci to do a very wide blinded study and determine if these viruses were indeed important and associated with chronic fatigue syndrome. That study literally was ... It was run by Ian Lipkin as the senior investigator, and it was called a multicentered blinded analysis. This was Tony Fauci perpetrated fraud. So the study was actually started not until after I was fired, and my termination and my arrest two months later was the attempt to cover up the data.

Dr. Judy Mikovits:

So my laboratory was shut down, my staff was shut out of it, and all of our computers and data confiscated over 30 years. This was directed by Tony Fauci and the institute where I work, where he funded our studies for almost $5 million in the DOD as well in Gulf War syndrome, though he threatened the withdrawal of all of the funding from the institution, again, because I refused to say nothing. So this study, this multicenter study that Francis Collins directed and the study design was set on the mBio multicentered study, again, it's said, "A multicenter blinded analysis indicates no association of any of the members, the xenotrophic or polytrophic gammaretroviruses."

Dr. Judy Mikovits:

Shyh-Ching Lo and Harvey Alter confirmed our study and found the same family of viruses in CFS and published that, or tried to, in 2010. That publication was held up in press until the CDC could come up with a negative study, which said, "Oh no, it's no problem." They call that study two. So we're seeing the same kind of patterns we saw from NIH and the CDC and corruption with William Thompson and the fraud in autism, MMR doesn't cause autism, with Andy Wakefield in early 2001. These patterns are very

clear, because it's destroyed the investigator. So I was fired, a crime fabricated when I wouldn't renounce the data, when I wouldn't be William Thompson and have a data-burning party and keep my job for 20 years and shut up while statistics were applied to the study to make them go away and the most vulnerable were removed from the study.

Dr. Judy Mikovits:

That's when I was arrested, locked out of my laboratories, all the data taken. That's a long story from the book, but what's important about this multi-center study is Ian Lipkin used the exact same techniques, that is, remove all of the patient populations who were the ones likely to have the virus. So the clinicians in the study weren't allowed to use anyone who had Hashimoto's thyroiditis, who had any other kinds of chronic infections, the kind of opportunistic infections that were clearly associated with the sickest patient populations with XMRV, except for one patient population, and that was Jose Montoya, so at Stanford.

Dr. Judy Mikovits:

Jose Montoya's patient population very much had the right patients, and so when we got positives, when I was locked out of the lab and Tony Fauci said I could participate in the confirmation study, and yet I couldn't go in an NIH lab. I couldn't go in my former laboratory. So I'm doing virology by telephone. So this is the big problem, and then, with all of that, I literally talked to Frank Ruscetti, and he's like, "Is this what I'm supposed to see, Judy?" He's taking pictures from the microscope, and I'm like, "That's it. Harvest it now."

Dr. Judy Mikovits:

Well, what else was done to ... and we're isolating the virus, which is what we did in our original paper. People weren't considered positive unless they had at least two out of three positive assays, proteins, isolation, nucleic acid, PCR, or serology. Do they have an antibody? So it was the most rigorous study ever, and still, there was 67% positive and almost 4%, if the right patient populations were used. This is just huge, because this is what we're seeing now in the COVID-19 and the plague of corruption surrounding it.

Dr. Judy Mikovits:

At any rate, so when we got positive against all odds, as soon as that Stanford cohort, and it was the last cohort to come into the study, Tony Fauci stopped the study, said, "It's all contamination. It's all contamination," and he stopped the study and told Ian Lipkin to stop wasting NIH money. Ian Lipkin applied a statistical program to make the data go away, just as they did in the MMR studies with William Thompson that have been used to cover up tens of millions injured by MMR vaccine.

Dr. Judy Mikovits:

At any rate, so now this paper is published a full year after I'm fired in 2012, and, in 2013, Ian Lipkin admits on tape publicly that, in fact, Jose Montoya's population was 86% positive and up to 7% positive. So we would have found an association, and we were lied to by both Tony Fauci, and my name's on the paper, again, when I could not fully participate, but we were told when they stopped the study that all of the cohorts were equally represented. Yet, in the negative controls, 8% was the control population. So there was 8% in the patients and 8% in control. That's still 30 million Americans, and that study ...

Judy Mikovits:

That's still 30 million Americans. And that study wasn't published as we still have a problem, folks. Even if there's no association, there is a family of gammaretroviruses, most likely contaminated blood supply and vaccines, that are still to this day, almost 10 years later, being injected. We don't need an infectious virus if you inject the blueprint, if you inject the provirus. And I believe and I think there's a lot of data to support COVID-19 is not SARS-CoV-2 alone, and that it's SARS-CoV-2 and XMRVs, HGRVs and including human gammaretroviruses and HIVs. And those are the people that are dying, and those are the symptoms we're seeing.

Interviewer:

We've got to discuss that. So thank you for sharing that background and making it very clear, abundantly clear, that you're one of the most well qualified people on the planet to discuss this. And I definitely want to dive deep into the diagnosis because there's a lot of confusion about the testing with the vast transcriptase, PCRs, and the antibody test, and actually isolating the virus, so hopefully you can clear up some of that confusion. Maybe we can start there now, and I definitely want to dive into the association with XMRV and SARS-CoV-2. Where do you want to start? You want to start with testing or you want to start with the similarities between the viruses?

Judy Mikovits:

Well, I think the place to go is the testing. And the reason for that-

Interviewer:

Okay. And you're still qualified for that, because there's a lot of confusion. So help clear up the confusion on this because... Let me just state that one of the reasons why it's such an important issue is because they're using this to gain the statistics, to scare us, to put fear of God in the population, to use it as a justification for putting everyone under house arrest and shutting down the economy.

Interviewer:

Because they're not doing randomized sample and the test with the fluid test, which you're going to discuss. And so then the denominator is falsely low and they're faking the diagnosis. They're not even using tests. They're just giving directions to physicians to identify people as COVID-19 without any testing. So the numerator is inflated and they're not... It's just crazy. They're gaming it from both angles. So I'll let you have it.

Judy Mikovits:

So that's the start is, and we heard Deborah Birx say, "Oh, we're taking a very liberal approach to this. Yeah right. It helps your numerator as far as that goes. So we're taking a very liberal approach to this, and it really does matter because there are hundreds, if not thousands, of microbial and viral causes of upper respiratory infections. So let's start with the test there.

Judy Mikovits:

So what are we doing in this one? Well, we're taking a swab and scraping some epithelial cells because that's what corona viruses infect. The epithelial cells in the sinuses in the nasal passages as they're the coolest parts of the body, allowing the virus to get into the cell and replicate itself. A virus must have a cell to grow in. So we scrape a few epithelial cells in the throat, we get a little RNA, because it's an RNA

virus, we reverse-transcribe that, meaning write it backwards with enzymes in the lab, and then we amplify it. It's called PCR, polymerase chain reaction.

Judy Mikovits:

We amplify it zillions of times, and we're only taking a piece of the virus, we're not taking the whole virus. And it's just the conserve pieces across corona viruses, and the novel piece of this particular virus. And I'm not privy to what the tests actually look like. So the first thing about that test is, let's just say it was admitted by the FDA and the CDC, that the tests that were put out by the CDC were contaminated.

Interviewer:

The New York Times just ran that article on Sunday. Yes.

Judy Mikovits:

Correct. And when you amplify something a million times, or 10 million times, whatever they do in the 30 cycles or so, they amplify it, it's logarithmic, that RNA then is way overestimated as far as, there's no particle that was identified or isolated from your saliva or from your nasal passages, nobody took the secretions from your nose or your mouth and isolated the viruses. That's why I said that when we first started talking, that's what I did for HIV in 1983. I isolated it from saliva.

Judy Mikovits:

And what you do is you take the virus and you put it, you grow it in any human cell, in a cell line, an appropriate cell line, and you make many copies. That means you have that virus. And then you sequence the whole virus. A PCR can give you a lot of false positives. And really that was at the heart of the complaints and the retraction of our paper, was because Bob Silverman had first described XMRVs as sequences in the genome in prostate cancer patients, with a specific defect in their type 1 interferon pathway, and their ability to grade, to break down RNA viruses.

Judy Mikovits:

So he only had PCR. We isolated the virus. We showed the people that had the infection had antibodies, that they had been fully exposed and it was not a piece of nucleic acid in a prostate biopsy or in their throat or in their nose. That's not a virus. And it's certainly not infectious. So if that RNA is there and in the tiniest amount, I'm not going to cough it on somebody, especially if I'm not coughing. I'm not going to breathe that on somebody because there's no evidence of an infectious virus. So wearing a mask is going to cause more secretions and give more cells a home and amplify any viruses. It's immune suppressive, it's going to take away my type 1 interferons-

Interviewer:

This is what wearing a mask does? There's a negative side effect of wearing a mask? This is never disclosed.

Judy Mikovits:

Absolutely. You're driving the infection in yourself. And you're not preventing the spread, you're amplifying, not just that one, but many others, including your XMRVs, or your influenzas, or other dormant... EBV, dormant viruses. Who keeps those dormant viruses dormant? Your natural killer cells,

your mass cells, your macrophages, that's where you're getting the inflammatory signature. So every virus you amplify is driving the inflammatory signature, and you're going to get sick.

Judy Mikovits:

So it doesn't have to be SARS-CoV-2 at all, you are making yourself sick. And it's insanity, and you're not preventing anybody else from getting infected unless you were, I won't say stupid, unless you were incited or made afraid to get an influenza vaccine. So you're giving yourself at least three live generated influenza viruses, again, depleting your type 1 interferon responses, you're shedding those viruses into a mask, so you're going to get sicker. If you're shedding them into the air, you're going to make somebody else get another upper respiratory infection that's going to allow another corona virus to make you sicker.

Judy Mikovits:

And you will register as positive in any of these tests because the influenza vaccines, the ones in the US were made in chicken cells, the one they used in Italy had four influenza viruses, including H1N1, a highly pathogenic strain. So you're literally telling your immune system to turn away from everything else and go towards getting rid of those influenza viruses, and they're grown in dog kidney cells in the case of the Italian vaccine.

Judy Mikovits:

So why are the Italian so sick? Oh, because they got the super-duper flu vaccine, and dog kidney cells have coronaviruses. So you're bringing in the same thing. So I don't believe it's infection from without, I believe the spread across the 190 countries is from injection. And there's enough evidence to support that, there are at least three papers-

Interviewer:

Injection from what, the flu vaccine?

Judy Mikovits:

Yeah. And there's a paper that showed you're 36% more likely to get corona virus, SARS-CoV-2 infection, if you got the influenza vaccine in 2017 and 18. And that's the paper that was published-

Interviewer:

Wow. You'll have to give me that paper, I have not seen that.

Judy Mikovits:

I will.

Interviewer:

That is crazy, absolutely crazy. This is not known. I've been seeking to diligently review all the material on this, I have never encountered this information, this is breaking information. Do you want to finish up the testing first because there's a lot of material to cover here. So what's your strategy, would you do a culture, would you have some other test for antibodies, what process would you implement?

Judy Mikovits:

What should have been done is test for antibodies. But now I see, politically, how the government and those with conflicted interests are actually skewing the results of those tests. And I know you know enough immunology, it's immunology 101, so what we're told, what should have been done in the beginning and was done in South Korea, is use an antibody test for SARS-CoV-2, and that will give you IgG, meaning it's a past infection, and you've developed a strong immune response, an immunological memory, that if you see that infection again, you will have a response that will keep you from developing severe COVID-19, coronavirus infectious disease, from that infection.

Judy Mikovits:

And so the IgM is a recent infection, not necessarily a memory response, but gives you more information on how long those viruses have been in our country, in our world, and have spread through, because simply the information that the first case came from a seafood market in Wuhan, China, makes no sense at all. And spread to 190 countries overnight or in two months. This is just not epidemiology.

Judy Mikovits:

An epidemiology is not done with PCR. And in fact, Kary Mullis who invented PCR, Nobel Laureate, and others said PCR was never intended for diagnostic testing. So that finishes, puts that to bed? So the government denied, the FDA denied the use of private, independent people. It takes nothing. We all have these... It takes nothing to develop a really good serology test. We had a really good serology test in our original paper and in the patients with XMRV-

Interviewer:

Mechanically, this will take a few weeks? It doesn't take a long lead time to develop that test?

Judy Mikovits:

No. Yeah, few weeks. It's pretty easy because all you do is, the people who have recovered have antibodies. And so you isolate those antibodies, you take their plasma, you purify the antibodies, and then you can grow them up, and then you develop the tests, which shows you... It's usually ELISA or Western Blot. And so it's the protein there and the antibody binds, and you form an immune complex, and you detex it with a dye. You can do that test with a finger stick as-

Interviewer:

So that is the test that should be implemented, if you want to get real data that's the truth?

Judy Mikovits:

Correct. And it should have been implemented-

Interviewer:

It's both the IgG and the IgM.

Judy Mikovits:

Yeah, they in the same test. And it takes 15 minutes to get the answer, almost like a pregnancy test. Well, we had that test available at the end of 2019, and it could have been purchased where, they call it point of care, you can go to the drug store and buy it to see if you're infected. But the FDA then said,"No, you can't do that." And they put it behind the-

Interviewer:

They want to use our contaminated coronavirus contaminant PCR test, which is worthless for this.

Judy Mikovits:

Correct. And more than worthless, it's set for this panic and the fear we discussed earlier.

Interviewer:

My guess and many others' is that this was not accidental, this was intentional.

Judy Mikovits:

Correct. And the FDA has done that intentionally in keeping hydroxychloroquine, in keeping interferon alfas we just discussed, and not doing the correct testing. And the privacy issues. So I wouldn't get any tests right now, I'd simply wash my hands, drink hot lemon water as I always do for any flu season or influenza season because of the privacy issue.

Judy Mikovits:

You can discuss that as people are fearful enough to go get that PCR test where 80% of them were false positives that again cooked the books on the numbers of who's really infected and who's really at risk and spreading infections is a bad thing. So the antibody test should have been done, it wasn't. It is now, but again, most people are still immune and they're misrepresenting that test.

Interviewer:

Thank you for clearing that up. That was huge. But you've uncovered two other massive issues that are areas of awareness that for sure no one understands and we need to dive deeply into those. And that is, let's expand on your presence in the Epoch Times documentary, which was an hour, basically to start reading the backstory of how this virus was engineered. You referenced what we know now, that it has a protein from HIV, I think it's the envelope protein, the Gp41, and then it's also got SARS, which also seems to be engineered.

Interviewer:

And these studies that they cited go all the way back from Dr. Xi in 2010, five years before the 2015 North Carolina study. So Xi has been working on this a long time. Xi is at the Wuhan virology lab. Tell us the story, from your perspective, of how this was put together and then integrate that into the fact that this was put into the previous flu vaccines. You're putting all the pieces together now.

Judy Mikovits:

Right. And it's really just... It's not put together as in cut and paste, which we call, let's see, we call it-

Interviewer:

CRISPR?

Judy Mikovits:

There's CRISPR but there's also simply pseudotyping. That's when you express the envelope of, let's just say HIV because that was where it was found both Gp120 and then later that paper was forced, the

investigators from India were forced to retract that paper that was in that documentary on March 5th, but I knew that our colleague Luc Montagnier, the Nobel Laureate, had similar data and also had found Gp41, which is the transmembrane domain.

Judy Mikovits:

So it's important because people say, "Well, she said Gp41 and the paper said 120." And then it also had the... The folks from India also had GAG, that's structural proteins. So that gives you a little bit of clue that it wasn't a CRISPR technique or a pseudotyping where the envelope was expressed in gene therapy type of way, but what was done, is the virus was acquired as they grew SARS-CoV-2 in Vero-E6 cells, so the monkey kidney cells where you get HIV.

Judy Mikovits:

Semi an immune deficiency virus was the origin, and we were told all the way back in the 80s that somebody forgot to cook their food in Africa and a few promiscuous man spread this virus around the world. So you can see again, the patterns of the lies and of what people believe. So I believe it was simply in the data support because if it were CRISPR, you wouldn't put the GAG sequences in there.

Interviewer:

All right. So, so the technique is not really that crucial, but I'm curious if you could explain why they would want to do that. What purpose does putting an envelope protein from HIV into this virus do? Does it increase the infectivity rate? No, it doesn't increase infectivity rate, but it increases the inferior immune system, which is [inaudible 00:42:38].

Judy Mikovits:

Yeah, absolutely. The first thing is, with SARS-CoV-2, you must grow a virus to make a lot of it. So you grow it in cell lines. They didn't take it from the bat and it jumped into a human. It normally goes through another cell, a monkey, on a smaller animal, a monkey or another species. They call them civets, C I V E T, and I don't know what that, I'm not a zoologist. So a small animal. So the cell line that supports the growth and expansion is a monkey kidney cells.

Judy Mikovits:

So for what purpose? Maybe it's not engineered at all, and it wasn't, I wouldn't use the term "put there." But yes, the end result is now you don't only infect the epithelial cells of the lungs, you infect the white blood cells, you infect the immune cells, we see the splenomegaly in large spleens, we're seeing penias, cytopenias, we're losing cells like HIV kill T-cells, and that's why we started there.

Judy Mikovits:

So it's got, not only an expanded host range, but disease symptoms that make no sense for a coronavirus. Hence we're killing people because they're treating an upper respiratory infection, and you're getting that inflammatory disease signature because you're infecting the very innate immune response, the macrophages, the monocytes, the natural killer cells, the T cells. And it's primarily the T-cells in the macrophages because that's where HIV 120 and Gp41, those are the cells they infect through CCR5 in this CD4 receptor.

Judy Mikovits:

So now you're going to lose your adaptive immune response, you're going to drive the inflammation, the fire hire. And is the fire that does the tissue damage. So to what purpose? Yes, it makes it far more pathogenic.

Interviewer:

There's a lot of other elements to the pathogenicity, and one of them is the construction of those spike proteins, which bind to the ACE2 receptors. So it appears, from the papers in the Epoch Times documentary, that that was engineered. So can you comment on that? And I think you even gave a little comment in the documentary.

Judy Mikovits:

Yes. I did comment on it. Clearly this came from SARS, the original SARS, which also infects through the ACE receptors. And there are some single point mutations there that make it far more infectious, easier to spread. And how those were acquired, nobody really can say because in the studies that had been done so far, and this is where people get caught in the weeds, because we've got an infection that has gone through many different hosts, many different environments, Switzerland, Sweden, 190 countries, where the immune responses are clearly different. There are different susceptibilities and things like that and in different people, which is what we've learned over the decades.

Judy Mikovits:

So those things change a virus. Every time the virus divides and infects a new person, it's by definition changed. I call it the Heisenberg uncertainty principle of biology. When you measure it, you change it, when you grow it, you change it, by definition. So I don't like to say engineered. And at this point, so few viruses had been fully sequenced, and even less so on March 5th, to where you could start saying, "Well it's not bad, it's not bad, and you're crazy," because there is no evidence of that. So until we... And this was also a problem in the XMRVs. And in the last talk I gave, I had a lot of sequences, and I showed the variation, and I showed the protein variation, which changes the host infection.

Judy Mikovits:

And so what science The Journal wrote on September 29 was, "She said she'll have her new sequences in a few weeks." They were in my desk drawer. September 29th was the day my lab was locked down and nobody could ever see those sequences again. So the people that are controlling the conversation are controlling the sequences. And as Dr. Setty said to me last week, "It doesn't matter, we can treat it." So the origins don't matter beyond the corruption and the collusion between...

Judy Mikovits:

And in the documentary it was only said to be the Chinese Communist Party. Well, does that make Tony Fauchi part of the Chinese Communist Party? Because he funded the studies. And so I'm not inciting some kind of hate of China and "let's all go..." I'm not a political person. I guess I should have been a lot earlier in my life or this might not have happened, I might have understood. As [Kenteken Lively 00:00:47:57] calls me, I'm like, Forrest Gump, I just go where the data shows me to go.

PART 2 OF 4 ENDS [00:48:04]

Judy Mikovits:

I just go where the data shows me to go and we don't cover it up. So right now we have treatments and those are being prevented-

Interviewer:

Before we go to the treatments, let's go to the other modification that's been commented on in conjunction with the Chairman of Harvard's Department of Chemistry, Charles Lieber, who was arrested late last year. He was an expert in nanosciences and was given a multimillion dollar grant from China and NIH Grants, or was bring cross paid, which is why the federal government arrested him and he didn't disclose it and Harvard claims they didn't know what was going, which is probably not true.

Interviewer:

But nevertheless, he was there for eight or nine years and literally was getting $50,000 a month as a salary. So his expertise was nanoscience. So how does that fit into the picture? Was it done? How did that integrate into the process? Was it [inaudible 00:48:59] aerosolize it, or for transmission, or what's your thoughts on that?

Judy Mikovits:

Correct. Both aerosolized it for transmission. A lot more transmits than a normal coronavirus. They are aerosolized, but the nano further increases the host range. So now you can go in every cell. So now you can go across the blood brain barrier. That's nano. Now you don't need a receptor. So you've aerosolized it. You can breathe it, it can go into your every cell of the body. You don't need the gatekeeper. You don't need the receptor. You don't need the lock and key.

Interviewer:

Yeah, that makes perfect sense. So now, can you tie this all together and into the amazing fact you revealed earlier where this was actually in the earlier flu vaccines. So how did that connect? Because I've never heard that connection before.

Judy Mikovits:

Because they're grown in animal cells and because they have some of the same host viral proteins and lock and keys. And as they're floating through the laboratory where you're growing up in large stocks of these cells, aerosolizing them, it contaminates and cross contaminates through the air.

Judy Mikovits:

And this is [inaudible 00:50:23] so what do most people get? They get a flu vaccine. So if those vaccines, and this is what we found in 2011, the big oh my God was, we can't afford to retrofit our laboratories and our manufacturing facilities towards biosafety level three and four to protect the lab workers who are spreading these viruses, getting infected, and now they're aerosolized. We've got contagious cancer viruses. All the cell lines are contaminated.

Interviewer:

How do you speculate that coronavirus got into the flu vaccine manufacturing facility?

Judy Mikovits:

If they're using the same cell lines that are used to grow-

Interviewer:

So, the cell lines were contaminated.

Judy Mikovits:

Yeah. The cell lines can contaminate it in papers work that was done, which was what finally they shut us down [crosstalk 00:51:22] because [crosstalk 00:03:25].

Interviewer:

How did those cell lines get contaminated? Was it just-

Judy Mikovits:

By the air. In only two weeks, if you take an incubator and you put one cell [crosstalk 00:51:33] and you put the other, they cross contaminate through the air in only two weeks. So just the act of housing them in the same incubator.

Interviewer:

Okay, so sounds like the problem started when they're creating the cell lines. Where they're not making the vaccines, they're making the cell lines to grow the vaccines that they sell to another company to make the vaccines.

Judy Mikovits:

Correct. [crosstalk 00:03:56].

Interviewer:

Do you speculate this was intentional, or was this accidental?

Judy Mikovits:

I don't think it's intentional. I never did. Because we're not God. But simply, and this is what our book, Plague of Corruption, really the message of it is. So the message of Plague of Corruption is we can't mix animal and human tissues. Not just coronaviruses, but the infectious retroviruses. We are injecting lots and lots and lots of animal tissue, fetal tissue, into humans, and we're creating novel viruses all the time, even within the individual or family.

Interviewer:

Okay. So, let's go back to this original pandemic that the World Health Organization declared earlier this year, which appears to have started in Wuhan. And most people aren't aware, they think that Wuhan is a small city in China or town, but it's bigger than New York City. It's huge.

Interviewer:

So it started there. Obviously, we've previously discussed that it was not zoonotically transmitted. So how do you think it started there? Do you think it was accidental release from the biosafety level four lab in Wuhan accidental? What catalyzed the start of this pandemic?

Judy Mikovits:

I do think the accidental release and the data that supports that is that there were safety violations, both the Ft. Detrick biosafety level four where the research was also being done. The same cell lines are there and Wuhan facility had safety concerns. So released into the water supply is a big one. And there's evidence that there are pieces of the virus, there's evidence of the virus, in some water supply, which of course that's how it could get to a market nearby. And again, most of my work is from Fort Ft. Detrick, which is a similar facility in a not small place. And that lab was [crosstalk 00:54:17].

Interviewer:

Which is also a biosafety level four lab too, right?

Judy Mikovits:

Correct.

Interviewer:

There's not many in the world. There's just a handful, right?

Judy Mikovits:

Correct. It's USAMRIID. Yeah, there are only maybe four or five. I think there are more than that now. But US Army Research Institute of Infectious Disease, that biosafety level four facility, I worked from maybe '94 to '99 with Ebola in that facility. And it's that Ebola that is now contagious, that Zaire strain, that Ebola strain caused the 21,000 Liberians to die in 2014. And it's clear that strain was contagious, now, that is, it could spread the air.

Judy Mikovits:

So the labs had safety violations. So yes, release from the labs. So there was evidence that the labs weren't secure, that things could have escaped.

Interviewer:

And from the time you worked in that lab that you personally observed that there was frequently violations, so it's no surprise that this would happen.

Judy Mikovits:

No. Yeah. It's no surprise that this could happen. I don't know that I personally observed violations in 1999, but a colleague who still works there, the government closed it, that USAMRIID lab, in 2019 for several months. Severe safety. 2019.

Judy Mikovits:

Well, how did this escape to the United States? How did it, as you mentioned Harvard, as you mentioned North Carolina, they're working with it. The way they work with it together is they send the cell line through the mail. That's how we do it.

Interviewer:

In conjunction with Lieber's arrest, there was also some Chinese nationals that were arrested too that were caught with files that they claimed for cancer researchers, which is probably contaminated cells.

Judy Mikovits:

Yeah, they're the cell lines. You're growing the virus. Not contaminated. You're growing it there. And you're not allowed on planes with that stuff. A lot of laws being broken here.

Interviewer:

Yeah. So I guess another issue that I'd like you to comment on, because there's so many different just points, directions, that we can go on this, but this virus appears to be more dangerous than a typical flu virus because we've got a slightly larger number of people dying from it and surprisingly younger people, with admittedly comorbidities like obesity or hypertension, diabetes if they're younger, but most of them still are elderly. But it appears to have attacked more individuals, even factoring out the inflated numbers. So do you have any explanation for that? Is it because of the engineering with the HIV envelope proteins?

Judy Mikovits:

Well, in part that, but worse than that, and I would disagree with you and that's where we go all the way back to the beginning. The first lie is this is the causative agent.

Interviewer:

Okay, listen, I don't claim to know. You're the expert. Not me.

Judy Mikovits:

That's why I'm going back to the beginning. A single cause. It's called SARS-CoV-2, is called the causative agent of COVID-19 [crosstalk 00:57:44] infectious disease. No single virus is a causative agent. And how do we know that? Well, what are we told? There are many people who are infected who get no disease at all, or who get a very mild flu. And so why the pathogenicity? Why the severity of the people? And yes, it's looking like that the HIV sequences have something to do with that. But that's too simplistic an answer because the HIV in sequences aren't necessarily in every strain, and as Luke [Monteney 00:58:27] related last week, the viruses get lose those, because they can go away from the coronavirus.

Judy Mikovits:

So just assuming the infection and the methods that are used, amplify the gamma retroviruses, the XMRVs, they wake them up and now you're sick with another virus causing the disease signature. The disease signature that we published for XMRVs and CFS patients, it's this cytokine signature of disease, and I'll make that one available to you as well as the viral interference paper we discussed for flu vaccines, that signature is exactly the signature of so called SARS-CoV-2.

Judy Mikovits:

So the hypothesis that is supported by a lot of clinical data right now is COVID-19 equals SARS-CoV-2 plus XMRVs, or HGRVs, because it's the wider, the monkey, and again, influenza viruses.

Judy Mikovits:

How about Borrelia? What else is in those cultures? So the chronic Lyme, Babesia, they always travel, as Dr. Klinghardt taught me a few years ago. When you see retroviruses, you always see Babesia. So we know the parasite drugs, why did they work on that? Because there are co-infections. So, what do we do when we treat the co-infections? Ivermectin. We've seen people say [crosstalk 01:00:15] ivermectin is

working. We know the Hydroxychloroquine is great for parasites. We know that Z-Paks are helping the population.

Judy Mikovits:

So it's what's carried into what the person already have. And I will argue that the higher death rate, even with inflating the numbers, is your killing the people with chronic fatigue syndrome, with the most vaccine injury, the Lyme, the cancer patients. I've said it before, we're driving gastrointestinal tumors in some folks.

Judy Mikovits:

So it's waking up. It's AIDS. It's an acquired endocannabinoid immune deficiency because we're driving you. I've heard pain syndromes, the most severe pain I ever had. That's the TRPs, the cannabinoid receptors and some of the neuropathies you see in fibromyalgia pain. It's the dimmer switch on the immune system is the endocannabinoid system.

Judy Mikovits:

So when you open your mind and you aren't kept in this little box and you can actually see that nothing makes any sense for cytopenias, for splenomegaly, for thrombosis, deep vein thrombosis. That's radiation toxicity. That's dehydration. That's red blood cell defects that we've heard about with ferritin. So ferritin in the blood will, again, over 3000, is a biomarker for that cytokine storm that is attributed to SARS-CoV-2.

Judy Mikovits:

So if you don't see the cytokine signature disease, the inflammatory signature of disease, you don't have disease and you may still have the infection, and you've cleared it or developed antibodies.

Judy Mikovits:

So, when you think about what's being attributed to this one virus, that doesn't happen with coronaviruses. You don't have to go back to the structure and find the exact point mutation if you understand the biology of how these families of viruses cause disease and who the patients are.

Judy Mikovits:

So that's the big crime calling everything COVID-19 because the people who are dying first are the XMEVs. And as I mentioned with this paper Ian Lipkin and Tony Fouci, who covered that up, the 25 to 100 million Americans infected with mouse and other gamma retroviruses and other retroviruses acquired from contaminated vaccines and a contaminated blood supply, heavily contaminated, there in 2011. These are going to be the people who die and you're burying them without an autopsy.

Judy Mikovits:

I'd argue very few people around the world actually died from SARS-CoV-2. And I want to see the lungs. I want to see the virus, the electron micrograph, the proteins, the whopping proteins we showed in the paper of the sickest. And so yes, if you've done all those other things and you choke off the upper respiratory and you can't breathe, air hunger is described in chronic Lyme, so you give them oxygen, you use hyperbaric oxygen therapy.

Interviewer:

Far better than ventilators.

Judy Mikovits:

Correct. [crosstalk 01:03:54] far better than ventilators.

Interviewer:

That would probably have saved 95% of the people just [crosstalk 01:04:01] easily.

Judy Mikovits:

Easily. As well as glutathione. Oxidative stress. Why are you more at risk when you're an airplane? You're in up above the ozone later, you're under oxidative stress. So you're waking up those dormant pathogens. You're not getting infections from those people on the place. You're in, radiation, plutonium, all the radiation in our world these days, that looks like some radiation damage that we would see in cancer patients is part of the issue.

Judy Mikovits:

So if you're harboring a tumor right now, somebody calls it CoV-2, or wants to test you before they treat your breast cancer, please just say no. This is the kind of horrific thing that's going on, experimentation with people in this climate, and it has nothing to do with public health.

Interviewer:

All right, so your assertion is that because of the cytokine storm analysis, your suspicion is that this is far more related to XMRV infection, which you've done a lifetime of work on. And that if you were... And I suspect that there are... Are there antibody tests, or are those flawed too? Because I think you go into the story about how the testing for this was... There's a whole [crosstalk 01:05:10].

Judy Mikovits:

The took all the sequences out of the gene bank and the only antibody test that worked was ours and no, nobody's allowed to say XMRV.

Interviewer:

We can't even test for it.

Judy Mikovits:

Correct.

Interviewer:

You could. You can spin it up though, because you just told us earlier, it only takes a few weeks to do this. So if they [crosstalk 01:05:29] wanted the real deal, they could spin up the antibody test. But they can't. It's not commercially available now.

Judy Mikovits:

We made it. It's right there in our original paper, somebody could make it around the world. And of course we could see the sequences and we could see the proteins and that's just as good an analyzer for the viral proteins. We have all of those reagents and all of those abilities. But of course the government's never going to let you do that because it proves every word we've said for the last 10 years.

Judy Mikovits:

And that's why Ian Lipkin was given a $34 million grant as soon as this paper published by Tony Fauci, and as soon as Mikovits in Rossetti were put to pasture so to speak, and careers ruined, everything came out of the gene bank. All the testing was stopped of any kind of tests. So if you're going to use the PCR for coronavirus, why don't you show me the PCR for XMRVs, all of them? And you'll find a good association.

Judy Mikovits:

If we're going to use those tests, I can give you a great test for that as well. And Ian Lipkin funded epigenetic studies done in the Wuhan lab and in that were published in 2017, and again, a patient, Robin, shared that data with me yesterday, patient and friend in our original studies, and again, so they're just reinventing all of our work.

Judy Mikovits:

Coronaviruses don't have epigenetic dysregulation. Retroviruses do. That was my paradigm shifting work of 1994 with Steve Baylin. What does a retrovirus do to the methylation machinery? Why would people with epigenetic or methylation susceptibilities be more susceptible to a coronavirus? They wouldn't. But to a retrovirus, yes. We know that from all of your work and that of many others.

Judy Mikovits:

So, and this was the paper that was published by Dr. [Barrack 00:19:36], the senior investigator, and funded to the tens of millions of dollars by that part of that $34 million that Tony Fauci paid Ian Lipkin for this fraud.

Interviewer:

Okay. So that is just spectacular information and just mind blowing, actually, I was not expecting to learn this today. But you also had shared the surprise information about a treatment, interferon. So can you review what interferon is, how it works, how it's produced and manufactured, and what the treatment strategy would be. And its history because it would be good as a primer.

Judy Mikovits:

So there are many interferons, actually, but the type 1 interferons are part of the very innate immune response to viral infections. And so that's not interferon gamma, which is more a memory interferon response. So what we're thinking of right now is only the type 1 interferons. Interferon alpha, interferon beta, and now they have out to Epsilon. And so we're appreciating different mucosal surfaces make type 1 interferon to shut down the replication. It just shuts down the replication of RNA viruses, including retroviruses and coronaviruses.

Judy Mikovits:

So the instance that I can use from our laboratory studies and why this is important in chronic fatigue syndrome and in COVID-19, if it is an acquired immune deficiency from SARS, SARS is an RNA virus, so it would activate the type 1 interferon pathway. You would produce interferon in your body at your mucosal surfaces, and they would stop the replication of the virus. It simply stops the replication of the virus.

Judy Mikovits:

So the drug known as ampligen is Poly(I:C). So that's the danger signal from the virus that turns on the type 1 interferon pathway. 97% of your type 1 interferon is made from plasmacytoid dendritic cells, a very specialized antigen presenting cell, primarily in your gut, in the bone marrow in your gut, but that plasmacytoid dendritic cells and that interferon actually regulates or signals the B regulatory cells to make different subclasses of antibodies.

Judy Mikovits:

So, the interferons are not only important in shutting down transcription of the virus, but in directing the kind of immune responses, your innate immune responses, the animatic body development. So that first interferon that I purified from humans, they're in the National Cancer Institute in 1980 was manufactured and used in a lot of studies. Used way too high dose. And my new friend Joe Cummins, Dr. Joe Cummins, a PhD and a veterinary doctor did it 40 years of work.

Judy Mikovits:

I didn't do much interferon work until, because I wanted to understand how retroviruses dysregulated that pathway. And I did it at the level of interferon gamma with the hyper methylation of interferon gamma. So you wouldn't get a type 1 response in an infected person, a memory response, so you couldn't clear that level. So my research went in a different direction, but Joe Cummins and many others there worldwide had been for a decade prior to my entry upon the scene, my graduation from college, in animals and the ability of type 1 interferon, at very low dose, to be not only suppress the transmission, the jumping of species of coronaviruses in animals, you could literally put it in their feed and keep your food, your animals...

PART 3 OF 4 ENDS [01:12:04]

Judy Mikovits:

... literally put it in their feed and keep your food, your animals healthy, and stop the expression. It's not the presence of the virus, it's the expression of the virus. That leads to immune dysregulation. Keep it silent. That was my Ph.D. thesis, and that changed everything. Keep the virus dormant by hypermethylation and silence of the promoter, and that's true in XMRVs as well, even more so, and you don't develop disease. That's what changed the paradigm. Treat early, prevent the reservoirs from gaining many, many, and stop the replication.

Judy Mikovits:

So in what I just told you about plasmacytoid dendritic cells in type one interferon, there's a natural adjuvant. I'm telling you it makes B cells make antibodies. It directs. So we could literally make a safe vaccine in a capsule if we put type one interferon, very low dose. This is Joe Cummins' work, and he gave me several beautiful reviews, which I'll send you, last week. I only just met Joe, I would say, a few months ago, because he's got a little advanced Parkinson's Disease. Somebody that works with me in

California is trying to take over, help him with his company so that his work doesn't stop. But at any rate, the FDA stopped him from making that for animals and for humans back in 1980, 40 years ago. So again, we come back to the same bad actors in this story of keeping us from understanding natural immune wellness.

Judy Mikovits:

So here you've got a natural adjuvant in type one interferon. You could take a capsule with cannabinoids. Remember the dimmer switch on that inflammatory pathway is cannabinoid. So you can block the inflammatory receptor known as CB2, cannabinoid receptor two. That's the one that's more in the immune system and not associated with psychosis. Natural products like beta Karrathalin and others, modulate that, and keep down interleukin 6.

Judy Mikovits:

So you could actually take a capsule, just a normal capsule, dissolve it at the appropriate pH in the gut, and use type one interferons at that capsule in very low dose, put concentrated purified virus, coronavirus, retrovirus, any virus you want. Use peptide T, that's the immunomodulator developed by Candace Pert and Frank Vercetti. I helped manufacture some of that in the lab. So peptide T will block the interaction of the virus with CCR 5. It's your natural peptide that keeps the T-cell, the cytopenias, from getting infected. Even if there's HIV there, it doesn't matter, because we block that interaction. We've allowed the replication, but at a pH that only allows a few cycles. So you're going to get a natural infection away from the lungs where it doesn't do the damage into the immune cells, the hematopoietic STEM cells. TGF beta will automatically, through CB2, then, because you're modulating CB2, block, turn off that response, and you've got a memory response because you've got your antibodies. You're being made with sensitivity and specificity. Then there's a publication on this with it with respect to blocking CB2 in the very young and the very old in the compromise. So we could right now manufacture this in a facility, and I volunteered to go isolate the virus because I'm not afraid of a virus.

Judy Mikovits:

I have an immune system [inaudible 00:04:04]. So think what we could do for our vaccine program. No aluminum, no mercury, no polysorbate 80. Purify the virus away from other viruses, away from the retro. We know how to do that. In a capsule, a natural delivery. You're not injecting it by the immune response.

Joe:

You'd activate cellular immunity too, not just [inaudible 01:16:27] vaccine.

Judy Mikovits:

Because you'll get the adaptive immune response, because you won't damage the epigenetic machinery. We know how to do that.

Joe:

Is the interferon approaching, is there a danger of that being denatured through the digestion process?

Judy Mikovits:

Yes, it's a protein. But you only need 50 to 200 units. Very, very, very low dose. So when you encapsulate it, and Dr. Chris Shade has developed a capsule and has a patent pending technology-

Joe:

Yeah, nanoliposome, sure.

Judy Mikovits:

Such that it dissolves exactly where you want it. So it's 100% absorbed.

Joe:

The nanolipsomes prevent the degradation. It goes right into the cells.

Judy Mikovits:

Correct. Correct. He's got a new formulation that's perfect for this situation. But of course, if the government proceeds with its do it real fast and inject a nano, an encapsulated, with scoiling and DOTAP, so that every cell you're injecting the RNA or the DNA blueprint of these viruses. I can't even imagine the damage you can do with the vaccines currently being tested.

Joe:

What type of cannabinoids? You were referring to the CBD primarily?

Judy Mikovits:

Yeah. Yeah. You don't need THC. That's why you modulate CB2. You can use other terpenes and other triterpenoids like mushrooms or triterpenide, some of the extracts. So this is natural products chemistry, and this is what I've been doing in the last seven years, is just forget all that happens to me and just go back to helping people. So now that we're working really hard to end those draconian laws, by the way, the government holds the patents for CBDs and medical marijuana and give millions of dollars overseas, while investigators in the US, again, Tony Fauci, when investigators in the US can't do the experiments with natural product unless it's the one that comes from University of Mississippi that is laced with Roundup and dried with Roundup and glyphosate, which again, that's going to deplete your glutathione. The first pathogenesis of the first areas, oxidative stress. So when you can't make glutathione or when you deplete your levels of glutathione, you're more likely to drive that inflammatory process.

Joe:

For your oral vaccine recommendation for COVID-19, would it also include XMRV and the SARS-CoV-2?

Judy Mikovits:

No, I just put the SARS, and in fact, this is really a plug-and-play, meaning that you no longer have to worry about the epidemic du jour the government wants to unleash on you at any given time. You don't have to worry about that, because you would deliver the virus to the appropriate tissues. For instance, HPV. That's the keratinocytes. You don't need to deliver an HPV. Again, it doesn't cause cervical cancer unless other things are in play. We now know from a leaked document that somebody gave me, literally just this morning, there are gamma retroviruses in the Gardasil shots, and now we're understanding why those are so deadly, causing cancers, myeloid leukemia's, other kinds of cancers, and a lot of other things.

Joe:

It's one of the deadliest vaccines out there.

Judy Mikovits:

Yeah, so we should just simply put a moratorium on all vaccines to remove, President Trump could today repeal the Vaccine Injury Compensation Act that Ronald Reagan signed in 1986 and declared unconstitutional at that time, which said vaccines are unavoidably unsafe. I think I've just shown you that they're not. We've learned a lot in the last 30 years as far as understanding both the innate and adaptive immune response and what's necessary to respond to those, to RNA viruses, including retroviruses. That's evidenced by the fact that we don't hear about HIV anymore. So we're good. AIDS, what we hear about HIV is we have pre-exposure, prophylactic commercials, prep commercials on TV where low dose of these very drugs, people can take for their life if they're infected, prevent transmission.

Judy Mikovits:

So the therapies are all out there. If we completely reorganize our medical system and get rid of the criminals in the system, there's an easy way to get rid of the corrupt old boys network. Take everyone over 65 and retire them. Done. Use new technologies, bring in new blood, the corrupt ones. It's easy. They forced Frank Vercetti into retirement, retired. They can serve Emeritus positions all they want on companies that have full liability, and we can go back to the consumer to take care of their health the way they want to take care of their health.

Joe:

So your speculation is that this would also be the ideal HIV vaccine in addition to every other vaccine that we have out there, and any new ones down the road that they can think of.

Judy Mikovits:

Yeah, plug-and-play. Plug-and-play if you know the biology, because the biology will suddenly change. But yes, peptide T was kept. Candace Pert died a few years ago and never got FDA approval for that. The Dallas Buyer's Club, the movie that talks about the corruption that allowed those men to die with high doses of these drugs, you don't need high doses of the drugs, and therein lies the problem. Merck took the interferon alpha out of production. Why? It's off patent. So these people have the patents, and they can't have patents of naturally occurring substances like CBDs, like vitamin C therapies, the natural products, the energy therapies that we could do to stop these viruses. Even light therapy would stop the activation of expression. We know Jeff Bradstreet's beautiful work in sound therapy to drive some of the things. We know how they criminalize people for the use of Gc-MAF, the activating and modulating factor that is another way to modulate the macrophage population, which is contributing to the pathogenesis.

Judy Mikovits:

We can see the plague of corruption over the last four decades, and all we really need to do is, and President Trump can do it with a few simple steps. The other act that you change is the Bayh-Dole Act. The Bayh-Dole Act is allowed government researchers to patent their work. No, wait a minute. You paid for my education. You turn on the lights, taxpayers. You give me everything I need to travel to meetings to do everything. That drug belongs to the people, and I have no intellectual property. I never paid a dollar for college. I never paid a dollar of graduate school. I worked in a government lab. My government

grants, if I'm in a university, it's funded by government grants. So the other thing to do is take the FDA out of the position of deciding efficacy. Their job is safety and they failed miserably with our food supply and GMOs. They failed miserably. Their job is safety. If I have a test and I have a drug called Anustat that I've consulted with a company and hold a patent in combining natural products, that drug is 15 years in the making and it won't get approval. It had a successful fabulous phase one, phase two clinical trial. The FDA, who's bought and paid for by big pharma, said, no, single drug, single target. That doesn't work.

Judy Mikovits:

We've got 40 years proving that doesn't work. So no, we don't need a vaccine for natural viral infections. Yes, we need help for these unnatural viruses coming out of these laboratories. But yes, we can do that too. That's why we need to stop this tissue research. No more. No more growing cell lines. No more biological therapies made that way, because it's not only the vaccines. Your CAR T-cell therapy, that means chimeric antigen receptor T-cell therapy, which is an adoptive transfer gene therapy, they make them in mouse leukemia virus vectors. So you're literally causing the next cancer when you cure the current one. They didn't want to stop that technology. That's why they shut me down. So all of medicine, and I think this "plandemic" is a perfect opportunity to change all of medicine. Give it back to all practitioners, no mandates.

Judy Mikovits:

People can buy, and if there are insurances, which we don't need, we're consumers. We can afford vitamin C, we can afford sunshine, unless we're stopped from leaving our house, and then we can't breathe air, and they did that. So we don't need it. We choose what kind of car to buy, and we choose how to maintain that car. So we can use natural product therapies. Use our so-called alternative practices. The hyperbaric therapy. No more, the AMA, it's just, everything is broken. I should be covered if insurance is even necessary, because the drugs won't cost that more. Most of these drugs aren't on patent. It's the FDA that says you can't use it another way. That's why they keep this cabal going with the vaccines. Oh, because you can't patent it. That's why you need MMR three, four, five, six, seven, because you need a new thing, or you don't make a zillion dollars.

Judy Mikovits:

So in this case, they created a new disease to cover up the old diseases. That reminds me, the editorial by John Coffin, which accompanied our science paper, said One New Virus, How Many Old Diseases? The last thing I said publicly in a meeting was how many new viruses have we created, John? How many new diseases? The explosion in autoimmune disease, I can only give you the example of Lou Gehrig's Disease. The reason ALS is called Lou Gehrig's Disease is because nobody knew anybody except Lou Gehrig. Now we have bucket challenges. Now we stand up to cancer. Why don't we just cure it? They're all out there, and that's taking care of your immune system. We don't need vaccines. We have natural God given immunity, and we know so much about how to develop it in the immune-compromised, how to maintain it.

Joe:

It sounds like a key for this is the interferon one that you referenced early, and thank you for explaining that. I'm wondering if it's commercially available now, and if it can be obtained for those who are suffering with COVID-19 symptoms to treat them?

Judy Mikovits:

Merck makes it. It's a 50 million unit vile. Costs $600. That would provide 1000 people with two doses a day at 50 to 200 units, at 50 cents a dose for a week. No, it's still off the market.

Joe:

That's great. What's the name? What's its name?

Judy Mikovits:

I think it's called Alferon. A-L-F-E-R-O-N. there's one called Roferon. R-O-F-E-R-O-N. But it's a Merck product, and I'll get you what the bottle looks like.

Joe:

I know Merck has got to be one of your favorite companies. Not.

Judy Mikovits:

Oh, absolutely.

Joe:

But is there any suspicion there's anything wrong with this specific product?

Judy Mikovits:

No, it's a fabulous product. We made it 40 years ago. It works. So they took it off the market, because there's no money in it. Same thing-

Joe:

But they can still sell it. It's still available?

Judy Mikovits:

Sure.

Joe:

Okay.

Judy Mikovits:

Sure. That's where President Trump should say, give it to us. I'll buy it. The government will buy as much as you want. A $600 vile would protect a thousand people for a week.

Joe:

What is the treatment regimen look like? Because you've had experience with it.

Judy Mikovits:

Twice a day. Throw it in your mouth. Twice a day. Spray it in your mouth That's it.

Joe:

That's it?

Judy Mikovits:

Yep.

Joe:

How long does one need to maintain treatment for? A week? Two weeks? A month?

Judy Mikovits:

As long as they're exposed to somebody. They've been quarantining people, what, seven days? 14 days? 14 days.

Joe:

No, but if a person is symptomatic, they're in the hospital, they're in the ICU, they want to ventilate them. What's the dose?

Judy Mikovits:

Don't ventilate them, but I'd use it in combination.

Joe:

I know, but that's what they're doing. I don't recommend it.

Judy Mikovits:

I'd use it in combination with HBOT and oxygen therapies, and a hydroxychloroquine is fine, and a Z-Pak if it's a bacterial component to the disease. But yeah, a week, until [inaudible 00:18:38].

Joe:

Do you have any feedback or clinical experience of any patients with COVID-19 being treated with HBOT?

Judy Mikovits:

I only know that David Brownstein and Dr. Ted Fogarty do.

Joe:

Okay. All right. I'll have to contact David.

Judy Mikovits:

Very successfully in the case of David Brownstein.

Joe:

Yeah, that's good. I'll definitely have to connect with him on that. Wow. This is mind blowing information. This is so radical. Was not expecting this. I knew you-

Judy Mikovits:

You know I'm a radical, but.

Joe:

I know, but this was-

Judy Mikovits:

I'm not a free radical at this point.

Joe:

Well, not all free radicals are bad. They're biological signaling molecules, as you're familiar with, and we need them, and if we suppress them indiscriminately we can cause problems.

Judy Mikovits:

Absolutely.

Joe:

This is great. Wow. Anything else you would care to enlighten us with today?

Judy Mikovits:

No, I think that covers most of what I've been thinking about the last three weeks.

Joe:

Yeah. Yeah. Well, listen. Thanks so much, man. We're going to get this out. My guess is, this may be one of the most popular interviews I've ever done, and I've interviewed Francis Boyle, who I'm sure you're familiar with, and his interview got well over a million, maybe a million and a half views by now. This should go into the millions, multi-millions. Because no one's shared this. This is information, have you shared this with anyone before publicly?

Judy Mikovits:

Not on [inaudible 00:19:59]. Every day I learn more. Not all of it. I didn't know about the papers, I didn't know about the epigenetics, I didn't know about the epigenetic side. There's a lot I learn every single day.

Joe:

Well, the world appreciates you, and if they don't, they should. Especially for all the sacrifices you've made, all the suffering and pain that you voluntarily endure, because you are committed to the truth and integrity. The world owes you a great debt of gratitude. So thanks. Thanks so much.

Judy Mikovits:

Well, thanks so much, Joe.

PART 4 OF 4 ENDS [01:32:43]