

COVID-19 Vaccination: Experimental Gene Therapy Under the Guise of Immunity?

A Special Interview With Judy Mikovits, Ph.D.

By Dr. Joseph Mercola

Dr. Mercola:

Welcome, everyone. It's Dr. Mercola, helping you take control of your health. Today, we are in for a mind-blowing, unbelievable connection, reconnection, with Dr. Judy Mikovits who we last interviewed, believe it or not because it just seems like it was the other day, but it was a full nine months ago. And at that time, her book had just been published. I don't think it had skyrocketed, but it achieved a very rare feat of being the number one most purchased book in the entire United States by the – was it the New York Times? Did you [[crosstalk 00:00:44](#)]-

Judy Mikovits:

And Amazon.

Dr. Mercola:

And Amazon.

Judy Mikovits:

USA Today.

Dr. Mercola:

USA Today and Wall Street Journal. So congratulations for that. That was an amazing feat, and that was despite the mainstream media suppressing this information and basically removing you from every platform that it had the opportunity to do so.

Dr. Mercola:

So that was amazing achievement, and a lot has happened since then. We really want to focus today on this incredible introduction of the COVID-19 vaccine and to call it a vaccine is a misjustice of the language because it in no way, shape or form even comes close to the legal definition of a vaccine. It does not improve your immune response to the infection. It does not limit you from getting an infection. This is a gene therapy, an experimental gene therapy, that has the potential to prematurely kill large amounts of the population and disable exponentially more.

Dr. Mercola:

So we are going to dive deep today to give you the information, the ammunition you need to be motivated to not only avoid this dangerous therapy for yourself but for all of those who you know and love.

Dr. Mercola:

So welcome back and thank you for joining us again.

Judy Mikovits:

Thank you, Mike, Dr. Mercola. It's a pleasure to be here, and thanks to Mike for setting this up. I'm just actually literally beside myself with anger over this gene therapy, this synthetic, as you mentioned, gene therapy chemical poison and what they're doing worldwide. They're already not just the potential to kill but, in fact, we're already seeing the victims of the deaths from this shot that it's not only – it's illegal. It shouldn't be done. It should be stopped right now. It should've never been allowed to happen, and yet we see it being forced on the school populations. That's what I have to do, is I have to go talk at school board, talk at churches, talk at meetings. Do everything we can to stop the innocent victims who are being lied to in this fraud perpetrated even further than the fraud of SARS-CoV2 and what really COVID-19 is.

Dr. Mercola:

Yeah, I think the media's going to do everything they can to suppress the truth, and the truth is that people are starting to drop like flies. In those people, you're going to see celebrities and prominent people in the news media. We have baseball legend Hank Aaron who passed away, no question, two weeks after getting the experimental gene therapy. When his obituary was published in New York Times not a microgram of any mention of that vaccine connection was ever made. And then we had Larry king just die two days ago. It's unclear, but it appears that he may have gotten it. So we're in a process of compiling all of this data together or coordinating or collaborating with sites that have already done it because it's going to start piling up quickly as we're into about a month into the administration of this therapy.

Dr. Mercola:

So, lots of questions.

Judy Mikovits:

Right.

Dr. Mercola:

So one burning question that I had, this is a messenger RNA vaccine, and you are a molecular biologist and a virologist. So there are very few people who are more qualified to give their insights and commentary on this. And I'm wondering, it's unclear from the literature to me, but it's been a long time since I took genetics. Even if I had taken it yesterday, I don't even know if it's known how long messenger RNA lasts in the delivery system. And this is not regular messenger RNA. This is messenger RNA that's encapsulated with nanoliposomes that are attached to something called PEG, polyethylene glycol, which is used to allow it to survive the transmission – not the transmission, but the injection into the body, which in itself is probably causing a lot of the complications.

Dr. Mercola:

But how long does messenger RNA last in the body?

Judy Mikovits:

Well, in fact, this isn't even messenger RNA from nature. This is actually synthetic. Normally messenger RNA is not in the body, free in the body, because the danger signal. So as a molecular biologist, the central dogma of molecular biology is that our genetic code, which is DNA, is transcribed, written into RNA, the messenger RNA. That messenger RNA is translated into protein or used in a regulatory capacity, not translated into protein and used to regulate gene expression in cells.

Judy Mikovits:

So taking a synthetic messenger RNA, making it thermo-stable, that is making it not break down. We have lots of RNases and DNases. Those are enzymes that degrade free RNA and DNA because again, those are danger signals to your immune system, and they literally turn on the flame or drive inflammatory diseases. And as you just mentioned, now you've got it with PEG, pegylated, and polyethylene glycol and in lipid nanoparticle that will allow it to enter every cell of the body and change the regulation of our own genes with this synthetic RNA that actually is the message, synthetically, for the gene syncytin, the ERVW (endogenous retrovirus group W member 1), the endogenous envelope virus that we have, everyone has in their genome. So now you're putting a synthetic syncytin.

Judy Mikovits:

We know that if syncytin – it's a gamma retrovirus envelope, and we know if it's expressed aberrantly in the body in different places in the body, for instance, in the brain, which these lipid nanoparticles will go, then you've got multiple sclerosis. So the expression of that gene alone enrages microglia, literally inflames, and dysregulates the communication between the brain microglia, the critical for clearing toxins and pathogens in the brain, and the communication with the astrocytes that dysregulates not only the immune system but the endocannabinoid system, which is the dimmer switch.

Judy Mikovits:

So there we've already seen in the clinical trials, we've already seen multiple sclerosis as an adverse event, and we're being lied to. “Oh, those people had that.” No, they didn't. And we also see as we know myalgic encephalomyelitis, inflammation of the brain and the spinal cord, which is what we associate the exogenous gamma retrovirus is, the XMRVs (xenotropic murine leukemia virus-related virus). So now you have the aberrant expression, the mouse viruses in many of the vaccines, including the polio vaccines, which we know from our studies.

Judy Mikovits:

At the end of the day, between 4% and 6% of America, the so-called control group, were infected with the gamma retroviruses, and now you're going to inject and drive myalgic encephalomyelitis. We're seeing that already. We're seeing – you've got an envelope of HIV (human immunodeficiency virus) expressed in that synthetic gene therapy. So you're expressing HIV gp120, which again, is the surface unit that can cause immune dysregulation.

Dr. Mercola:

I thought it was just a spike protein, but it's also this HIV protein?

Judy Mikovits:

Yeah. The spike proteins of SARS-CoV-2 contain HIV and syncytin -

Dr. Mercola:

Oh okay.

Judy Mikovits:

So you put all three. You put the ACE2 receptor from a coronavirus, you put HIV, and you've expressed the gamma retrovirus envelope protein that is cross-reactive with our human syncytin. So this is why people are testing positive as you expressed that gene aberrantly under stress, as you wear the mask and cripple your immune system and change the expression of our genes. This is a nightmare. It's beyond – I'm angry at this point and time because it should never be allowed.

Dr. Mercola:

Your previous work in your last book focused on this XMRV, which you referenced, and it's a fascinating story. If you're interested in it, I definitely would encourage you to pick up “Plague of Corruption,” which really goes into it in great detail. But is it your premise or hypothesis that those who are most susceptible to dying or developing severe neurological side effects are those who have been previously infected with the XMRV virus?

Judy Mikovits:

Yeah, absolutely. Absolutely. That's one of our hypotheses, but also anyone with an inflammatory disease like rheumatoid arthritis, Parkinson's disease, chronic Lyme disease, anybody with an acquired immune deficiency from any pathogens and environmental toxins, those are the people who are dying and who will be killed, murdered by this vaccine. And Dr. Tony Fauci knows it.

Judy Mikovits:

I understand he was on the “CBS This Morning” news show yesterday whining because I called him a criminal. He is a criminal, and he should literally be tried for treason and murder and crimes against humanity because it is very clear after he destroyed my career and covered up XMRVs and the damage that they had done by a heavily contaminated blood supply for 30 years and that contaminated vaccines. What he did to these families. So he began immediately after 2012 when he stopped the so-called Lipkin replication study, which was fraud. He started immediately creating COVID-19.

Dr. Mercola:

It's a fascinating story, and I really would encourage people to listen to our previous interview. We go in great detail on that. But you had mentioned that those with preexisting autoimmune disorders should not get this vaccine. And I'm so glad that the vaccine companies, Pfizer and Moderna acknowledged that and put that as a severe black box warning because if you have those, you should not get the vaccine.

Judy Mikovits:

If you have cancer, if you have rheumatoid arthritis, if your-

Dr. Mercola:

That was a joke. That was sarcasm. It's not a black box warning.

Judy Mikovits:

Oh, there's nothing on there?

Dr. Mercola:

No. There's no warning. Anyone can get this vaccine.

Judy Mikovits:

They're mandating it. They're killing people.

Dr. Mercola:

It's not governmentally mandated. It's mandated in certain circumstances if you're worker in a health care system. In those situations, typically that's required. But it's just crazy. It's a very clever marketing scheme if you think about it, and I've studied marketing. They've introduced this scarcity model. They don't have enough vaccine for everyone, so they make it be like this prestigious, this badge of honor. If you could only get the vaccine that's going to save you. It's just a powerful catalyst for human behavior to obtain something when they think they can't get it.

Judy Mikovits:

Wow.

Dr. Mercola:

Yeah. It's very clever, very sophisticated, and they're using these tools – the tools in themselves are not intrinsically good or bad, but the way they're using them, certainly you can qualify it as perniciously evil.

Judy Mikovits:

Yeah.

Dr. Mercola:

So getting back to the messenger RNA, what's your guess on the range of the time that is maintained within the body causing your cells to produce this aberrant protein?

Judy Mikovits:

Well, because they changed, because it's synthetic, and because it's in an adenovirus vector, and they changed the cleavage sites, that means-

Dr. Mercola:

Okay, wait, wait. That's a pretty important piece of the puzzle, and I don't understand what that means. So how is the messenger RNA integrated into an adenovirus vector?

Judy Mikovits:

Oh well, it's synthetically put into the vector. In molecular biology, you put it in an expression vector, and then you wrap it in this nanoparticle. And you change the normal cleavage sites so that those RNases and DNases can't break it up. It's literally gene therapy. These are the gene therapy vectors [[crosstalk 00:14:00](#)]-

Dr. Mercola:

That's right. That's what they use for CRISPR technology. So that adenovirus allows it to penetrate all the cells, and the nanoliposome lipid envelope allows it to escape metabolism or degradation by the body's normal circumstances. So you think it might stay in there for weeks or months?

Judy Mikovits:

Yeah or forever in certain circumstances.

Dr. Mercola:

Oh my gosh. That's crazy.

Judy Mikovits:

Yeah. And in some of the small animal models with others of these, they follow it with the luciferase gene, which lights it up, and you can track it. And you can see it stay in the spleen, and you can see that it goes to the brain. So you've hit to the heart of your white blood cells of your ability to make immune responses. So I can see this and then those of course with chemokine, cytokine signaling the inflammatory cytokine storm you're going to get when you inject this synthetic. It can traffic everywhere in the body. For me, I can't even sleep just how evil this is. This is just so deadly. I can't scream it loud enough from the rooftops.

Dr. Mercola:

It's interesting. Previously the largest vaccine manufacturer in the world I believe was Merck. As we're recording this, I believe the day before yesterday, the day that Larry King died or the day after, they reported that they were discontinuing their efforts for a COVID-19 vaccine. Now they didn't take the messenger RNA route. They did a more traditional route, but they realized it just failed miserably. They were unable to produce these antibodies. But certainly Pfizer and Moderna did. But-

Judy Mikovits:

Well, they're not vaccines.

Dr. Mercola:

I know they're not vaccines. I get that, but I wanted to say but going along the traditional vaccine route, coronavirus – this is not the first coronavirus. It's been around for a long time, and there's

been more than 10 years of efforts to develop coronavirus vaccines, and all of them failed. It was worse than failed. They produced this paradoxical immune reaction, which essentially immunized animals that they didn't. Remember, animal studies were not done. They were eliminated. They bypassed that. And when they did the animal studies for the previous coronavirus vaccines, they developed immunity. But the next time they were exposed to the coronavirus, most of the animals died because of this paradoxical immune reaction.

Dr. Mercola:

So it's a miserable failure. It's probably one of the reasons why they didn't go to this route. It's really a pretty clever system where you can just get the specific – tell your body [to] produce this specific protein that's responsible for it, and then shut off that signal because to have it continue for months or years is just insane. They're turning their bodies into this protein production factory, which we have no consequence and no safety studies at all to understand what this is going to do.

Judy Mikovits:

Absolutely. And again, I think there are enough studies to show over the last 20 years, as you mentioned, with SARS (severe acute respiratory syndrome), with MERS (Middle East respiratory syndrome), even with HIV. They've been trying to make for other RNA viruses like HIV. So why would you express the envelope protein in a synthetic form in every cell of the body and not expect it to cause AIDS, which is what is going to happen. These 20-32. I have a slide. Let's see. I have a slide in this slide show I sent you last week. The population susceptible. There are probably 35 diseases on that.

Dr. Mercola:

We're going to include that list in the article in a nice table. So thank you for sending that.

Judy Mikovits:

Yeah. And things like ITP, idiopathic thrombocytopenia. That was the last disease before my career was ended. I presented work showing 30% of all idiopathic thrombocytopenia, which is a deadly bleeding disorder, which that 58-year-old doctor in Florida died of after he got the vaccine. Literally, again, two weeks later. So we had shown, in a blinded study, with a world's expert that the XMRVs were associated with the development of ITP. So now when you're expressing syncytin and HIV envelope and the ACE2 receptor binding domain in every cell in the body, it's just beyond comprehension, the damage it's going to do and those 32 diseases, cancer patients. I have a 41-year-old daughter-in-law with a very aggressive colon cancer. I mean, these kids have cancer, neuroendocrine tumors. We're just seeing an explosion of chronic disease, and these patients are not being discouraged from getting the vaccine. In fact, they're being scared by physicians into doing that just as they're driving their disease with the masks.

Judy Mikovits:

So the last book we wrote last year was the case against the masks, "10 Reasons Why Mask Use Should Be Limited." And people are wearing masks and getting these shots, which is going to drive [inaudible 00:19:49]. That book's so heavily censored. Nobody can buy it. I don't even have a copy. I'm sitting here with two copies of the other books, but I can't even buy it. So what

the booksellers did like Amazon is just buy them all up from Skyhorse, the publisher, and now they won't ship them out of the warehouse. How do we educate people? How do we wake people up? Is it going to take millions of Americans and people worldwide dying? Will Hank Aaron dying help the Black community?

Judy Mikovits:

I've done at least three shows and all the way back in – not even a show, December 18th. I was called along with RFK, Robert F. Kennedy Jr., Dr. Neuwander, Dr. James Lyons-Weiler. We were called by the honorable minister Louis Farrakhan to his Chicago office, if you will, and called to inquire as to the data that showed this will be deadly for Black populations. And we did that in a day-long meeting with those three doctors and showed them that all the way back to December 18th that the Black community would in fact be adversely effected more than the white community and killed, and we see it now in Hank Aaron. And got that call by a sobbing Atlanta reporter who's been trying to wake up the Black community Saturday morning or whatever, two days ago.

Dr. Mercola:

Yeah, yeah.

Judy Mikovits:

We know the mechanisms. We know that the Blacks can't degrade RNA viruses. We know that from the studies all the way back to MMR (measles, mumps and rubella). The MMR vaccine is associated with ITP. The MMR says it right there on the package insert. So people having had these vaccines and already with an inability that was that where the viruses were doing damage with the XMRV. If you have a single nucleotide polymorphism in one of those RNases called RNase L, we knew that RNase L, you were more likely to get aggressive breast cancers and prostate cancers and other cancers from an XMRV infection. And that was the data that built upon the hypothesis that we had a few years later and more than a decade ago. So we absolutely know the molecular mechanisms that people, the communities, people with defects in the Type I interferon pathway.

Judy Mikovits:

In the slide show I gave you, I showed solutions, which is what we're always trying to do and show a technology called "breakthrough genomics," which this company used machine learning to look at full-length, full-genome sequences, not just proteins but looking at introns where you can see who's going to be most susceptible in the entire type one interferon pathway, who's going to be most susceptible with certain single nucleotide polymorphism in ACE2 receptors. We can, we do have the technology to see who's susceptible from severe effects. It will be a huge part of the population, and again, one size clearly doesn't fit all in any vaccine strategy. But forcing a chemotherapy and a gene therapy on an entire population where millions of Americans, millions of people worldwide will die and will get these deadly diseases like ITP. We know this. The scientific community knows this, and not only is it being censored but our careers or our lives are being destroyed if we dare talk about this.

Judy Mikovits:

[crosstalk 00:24:16]-

Dr. Mercola:

We're going to get this-

Judy Mikovits:

-solutions.

Dr. Mercola:

We'll get this information out. We'll definitely want to focus on solutions, which is the primary reason why we wanted to connect with you is because unfortunately this message that is going to be communicated in this interview will not be received by most of the people who need it, and it's going to be too late for them. So we need to focus on what they can do after they get it. But let's talk now about some of the symptoms because these videos are starting to appear from people who've gotten the vaccine that are reporting their side effects. Some of them are neurological, they have severe dyskinesia, ataxia, stumbling around. It's just shocking, and almost equally shocking but not surprising is that very quickly after these videos are posted, they're taken down because it violates community policy.

Judy Mikovits:

Correct.

Dr. Mercola:

So what is causing this? I mean, you mentioned earlier the connection with MS. This is not an MS. It's an MS-like symptom, but it's much more acute. So why don't you discuss some of those and some of the other complications that we're seeing now.

Judy Mikovits:

Well, the neuro-inflammation. So what is causing this is the neuro-inflammation. It's the brain on fire. As you mentioned, you're going to see the tics. You're going to see Parkinson's disease. You're going to see ALS (amyotrophic lateral sclerosis). You're going to see things like this developing at extremely rapid rates. It's the inflammation of the brain. It's the dysregulation primarily of the innate immune response and the crippling – and this again, this is what's happening with the masks.

Judy Mikovits:

You're crippling your antioxidant machinery, particularly glutathione, with the masks, and then you're crippling your Type I interferons because those are the interferons that are going to be at your mucosal surfaces. So just the sheer quantity, just expressing that, those three envelope proteins, those binding domains in every cell of the body is just going to overwhelm. It's going to disrupt the endocannabinoid receptors, the communication, the dimmer switch on the immune system, which we talked about at great length. I mean, everything we talked about in May with the epigenetics, the DNA methylation. It's literally – we've known this. We've known this for two decades, especially you and I, as we've tried to stop this. So it's the brain inflammation.

Judy Mikovits:

I show you there a 2014 paper in that slide show, and right in that slide show is a paper from a review article published October 2014. And I've got the reference right on the slide. But it shows you that inflammatory cytokine storm. So trauma, infection, toxic metabolites, nuclear cytosolic proteins, tangling prions, LPS. Just the quantity of toxins in our world, we already, everybody in this world already has a brain that is at least at some level on fire. That's the inflammatory cytokine storm.

Judy Mikovits:

So that immune insult systemically results in what is called pathogenic priming, and we call the term now pathogenic priming of the M1 macrophage. And you'll get it to the macrophage can't do its job. It turns ramified. I mean, I've been showing these slides for two decades courtesy of Dr. Frank Ruscetti's wife Sandy because she has been doing research for – she had been doing research for 30 years into how these animal viruses cause disease, and it's at the level of the priming, the pathogenic priming of the glial cells. And that turns up the flame, the TNF alpha, the IO-1 beta, the IL-18, the IL-6. In all TH2 cytokines, IL-4, IL-10 that'll turn into an immune suppressive effect. It's everything we've seen in vaccine injury, and I hate to say it, but then on steroids because we just ramped it up 100 times. So the brain's on fire.

Judy Mikovits:

You've already got neuro-inflammation going on, and stress is the most powerfully immune suppressive. So the mask is causing fear, stress, everything, and so we are primed, literally, to have that wherever sites of tissues injury are. But it's going to be at the level of the brain, and we're seeing it, literally, cardiac arrests. We've seen this in vaccine court, in influenza vaccines. So the very people who should never be given a shot are being – and it includes health care workers because the nosocomial spread.

Judy Mikovits:

We, as lab workers, as health care workers, people who have been making these gene therapy vectors, we knew back in 2011 that these XMRVs from mice cells and everything we worked with, all the animal tissues in the lab. We knew that these were being spread in aerosols. These were being spread exactly the way the mask is actually concentrating those things. It's not stopping the spread. It's actually exacerbating the spread. We never wore a mask in a lab, but now we know these were contagious cancers, contagious disease. Many of my colleagues died well before 60 of cancers associated with the expression, the aberrant expression of these genes and the inability to turn off the flame. You can't regulate the macrophage. We see mass cell activation syndromes, and we see essentially all of this so that clinical symptoms are going to be the inflammatory diseases. Everything you're talking about.

Judy Mikovits:

Certainly we hear everybody calling it long-haul COVID. The extreme, profound, crippling fatigue, the inability to produce energy from your mitochondria. If we already have the crippled mitochondria in most everyone who's been injected, so you're seeing that. It's not long-haul COVID. It's exactly what it always was that Dr. Tony Fauci's been covering up for since HIV-

AIDS. Myalgic encephalomyelitis, inflammation of the brain and the spinal cord, and that's what they're intentionally doing is killing off that population.

Judy Mikovits:

And I'm sorry, you can't see it molecularly any other way. In any other way can you see this, and Dr. Tony Fauci knows very well the molecular biology behind this. And this is the kill switch to cover it all up, call it SARS-CoV-2. It absolutely is not the result of a natural infection. It's a result of these injections. And we knew flu shots drove it and so now this vaccine is going to kill those populations who have gotten flu shots, worn masks. That's what we're seeing. We saw the picture of Hank Aaron getting the flu shot wearing the masks. So he already has a brain on fire. He's already driven those molecular pathways.

Judy Mikovits:

Again, that single paper won a case in vaccine court of the vaccine causing SIDS (sudden infant death syndrome), causing a sudden infant death in a 6-month old Black baby. We've known this. We've known this for at least a decade, and as you said, for two decades, we've known that it's not possible to make vaccines against coronaviruses, against RNA viruses, retroviruses like HIV, like the XMRVs. We know that. We know we can't do that without causing this type of pathogenic priming.

Judy Mikovits:

And there's an antibody-dependent enhancement, completely other mechanisms. The antibody-dependent enhancement, which in Blacks, they make twice the antibodies just given their genetic background. They have different vitamin D receptors. Their vitamin D receptors control 300, at least, immune reactions. So there are differences in different populations. So if you already make two times an antibody signal, by nature, then you're going to have antibody-dependent enhancement anytime you see these RNA viral vaccines. So when they're constructed in such a way that you give them to the most susceptible, this what we're seeing.

Judy Mikovits:

So Blacks, Hispanics, they're not more susceptible to RNA viruses. There's not – the NIH (National Institutes of Health) article or that CNN talk that I put a quote of in that slide show under the guise of racial justice. Johns Hopkins laid out that plan a few months ago to vaccinate the ethnic minorities and mentally challenged first. So if your brain's already on fire, if you already have a neuro-inflammatory disease, why in the world would you inject this neuro-inflammatory toxin, this chemotherapy, gene therapy [crosstalk 00:34:36]-

Dr. Mercola:

There's a good answer to that. They're culling the herd.

Judy Mikovits:

Well, yeah. You're killing the people who are the most susceptible.

Dr. Mercola:

Yeah, yeah.

Judy Mikovits:

Yeah.

Dr. Mercola:

So you had mentioned, this is intriguing because I wanted to discuss this with you, the long haul syndrome, which is a result of the SARS-CoV-2 infection. Clearly we're seeing that. But is it your belief that the gene therapy intervention that's being promoted will also cause a long haul syndrome?

Judy Mikovits:

Absolutely.

Dr. Mercola:

Okay.

Judy Mikovits:

And it's not SARS-CoV2 that's causing this. It's the XMRV envelopes and the HIV envelopes. We knew that. That's what happened in AIDS. You get AIDS. You get T cell abnormalities. ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome) came up in AIDS. We know it's associated with XMRVs and the XMR [crosstalk 00:35:25]-

Dr. Mercola:

Let me stop you there because just so I'm clear on it and everyone watching this is clear. So when you say it's the AIDS, this is most likely due to the HIV protein that was integrated, we believe, by genetic technology, which you talked about, to the initial SARS-CoV-2 that originated from Wuhan. This is what's causing it, and this is the same protein that's integrated into the experimental gene therapy?

Judy Mikovits:

Correct, and XMRV envelope and syncytin . The surface unit. When the envelope alone [crosstalk 00:35:58]-

Dr. Mercola:

What is syncytin? Why don't you help us understand what that is because I'm a little bit confused on it.

Judy Mikovits:

Okay. So yes. So syncytin is the name given to the endogenous gamma retrovirus envelope.

Dr. Mercola:

Okay. All right.

Judy Mikovits:

So we have in our genes an envelope. We have the viral envelope protein of the gamma retrovirus known as HERV-W (human endogenous retrovirus-W). It's not a beta retrovirus. It's not HERV-K (human endogenous retrovirus-K). It's not what you've been lied to. It's not how our data were corrupted back in 2011, and Dr. Tony Fauci himself said, "Oh, it's just the endogenous retrovirus." No, you don't dysregulate the expression of your gamma retrovirus HERV-W. Syncytin is a viral envelope that's encoded in the human genome. So again, everybody's going to test positive in the PCR test because not only is HIV constructed into this SARS-CoV2, which is not just the coronavirus. It's a weapon. You've now got syncytin being expressed in this gene therapy, and it is in the SARS-CoV-2 viral strains, and it's in your human genome.

Judy Mikovits:

So when you express a synthetic or another animal gamma retrovirus like the mouse, like the monkey, like the cow, all the way to lizards, have syncytin. It's encoded in the genome. It's in the human genome. So if you activate syncytin, the protein, in biology, in virology, syncytia are the fusions. So what these envelope proteins do is fuse your cells together, and it is syncytin that allows us to have a placenta in the uterus fused together. So that's the expression of this in a good way allows us-

Dr. Mercola:

I was going to ask you about that. I thought it was more highly expressed in the placenta. So does that also contribute to the projected or observed effects on fertility?

Judy Mikovits:

It will. Yeah, because that allows implantation. So if you can't implant because what you're going to do when you're injected with a synthetic one and we know this from being injected with the animal ones, this was the monkeys, the mouse retroviruses, the families, Moloney murine leukemia viruses. Those were all those things we found in people with ME/CFS, with cancers, with CLL (chronic lymphocytic leukemia), with multiple myeloma. So when you express these aberrantly in the body and in the wrong place, you literally destroy autoimmune reaction against – of course, that's not cell. That's non-cell. So you attack your own syncytin, and the microglia I mentioned, the macrophages, you'll get inflammation-induced disruption of those cytokine storms of reactive oxygen species.

Judy Mikovits:

That's exactly a model that was presented that was in our original all the way back in 2007. Dennis Taub, Ph.D., who is the author of the paper I showed in that slide show from 2004 in nature when we realized that when you express aberrantly this viral envelope that's in everybody's genome, encoded in the genome in the brain, in the wrong place, that it's strongly associated with the development of multiple sclerosis. So we knew this. That was the proposal that we wrote. It was all the way back in 2007, the first one that was awarded between Dennis Taub, Frank Ruscetti at the Institute on Aging and at the National Cancer Institute.

Dr. Mercola:

Now one of the other side effects of this gene therapy intervention is our allergic reactions, even up to anaphylactic reactions. It's interesting that I think one of the very first nurses to get this who was on a national broadcast, she literally passed out from a syncopal episode. So many more reports from that. What do you believe is the trigger for this allergic reaction? Is it the PEG, the polyethylene glycol?

Judy Mikovits:

Yeah, it's almost certainly the PEG. Almost 70% of America will have such an allergic reaction, and it can be severe to the point of death from the polyethylene glycol. We know this. I mean, my colleagues in the field are looking at this saying, "What do you mean you're putting that in there?"

Dr. Mercola:

I know. It's just like shocking.

Judy Mikovits:

And this is what we saw. This is again another virus-like particle or lipid nanoparticle is used in the Gardasil vaccine, and we see the same thing in Gardasil injury. So that young woman almost certainly got the Gardasil vaccine. So she's got a pathogenic priming event, and now young women – these nurses we saw that severe case of the CNA, the certified nursing assistant who just had the Chorea-like, couldn't stop the movements of her body anywhere as Dr. Neuschwander discussed the neurology behind it on The HighWire a few weeks ago with Del Bigtree. So we're seeing all of these things, and I believe the PEG is causing a lot of it along with the expression of other things. But these instantaneous effects are almost certainly the PEG and that lipid nanoparticle, the toxic particle that's being injected.

Dr. Mercola:

That makes sense. So what is your projection for some of the other symptoms that will develop as a result of administration of this therapy, an experimental therapy? It's never been proven to be effective, and it's never, ever been shown or even suggested that it prevents infection with SARS-CoV-2. It doesn't, which is kind of a moodish [inaudible 00:42:19]. But it doesn't prevent infection. So it's just kind of shocking that they could justify this type of intervention.

Judy Mikovits:

Well, they don't need to justify it because you're simply – there's no science behind any of it. There wasn't any [crosstalk 00:42:34]. There's no justification for shutting down the country. There's no scientific basis for wearing the masks. There's no basis for killing the millions you've already killed with the masks. So it's like, "Hey, full steam ahead." Nobody's listening to us. Nobody cares about us. They just censor us, and they're murdering millions of Americans. So yeah. It's bad.

Dr. Mercola:

Yeah, it's definitely a challenge. So what is your projection for the onset of some of the new symptoms that will develop over time? Because we know that with traditional vaccines, I mean, you have the acute reactions but then you have the longer-term ones, which will be weeks,

months down the road, maybe even years. So what is your projection that we should anticipate? So this neuro inflammation symptoms get worse as it builds with time?

Judy Mikovits:

I think we're going to see severe headaches, migraines. I think tics. The tics and the shaking, the Parkinsonian shakes. I see the microvascular disorders because that's what the angiogenesis, the problems in microvascular disorders which the expression of the envelope alone, syncytin can cause, can drive prostate cancers. I think we're going to see tumor development, a lot of it, and expansion of those with tumors. I can't even fathom as I said sitting down here that a doctor, an oncologist, is encouraging cancer patients to get this. Just like they sat cancer patients in a mask. Have they not heard of hypoxia-inducible factor 1-alpha, which is like throwing a blowtorch on a cancer.

Judy Mikovits:

So again, you're going to see the symptoms ontology, the pain, severe pain syndromes like fibromyalgia, like rheumatoid arthritis. I think we're going to see that severe, severe pain. We're going to see the kinds of things we've seen in vaccine injury with Gardasil. We're going to see bladder problems. These kids with Gardasil injury are in diapers, and I don't mean kids. I mean 21-year olds and young adults. We're going to see kidney disease. We're going to see kidney cancer, bladder cancer. We're going to see, again, just the inflammatory diseases.

Dr. Mercola:

You don't think it will progress to like with symptoms like those on the autism spectrum disorder? So it won't go to that level?

Judy Mikovits:

Oh, I think it will, and you see, but that's what we see in that particular slide I was discussing earlier. That's what you see in the psychosis. No, it's psychosis. So in adults, it's going to be the rage, the anger, the psychosis, the inability just to sleep, the sleep disorders. I think you're going to see narcolepsy as we see in Gardasil. I think we're going to see neurodegenerative diseases. I mean, we have kids, lots and lots of kids with Lou Gehrig's disease. I think you're going to see it in the athletes. I think we're already seeing it in the athletes, the injuries on the football field because that's trauma. Again, cancers. Those are acquired immune dysfunction deficiencies. And we're seeing all of that now, and those will be the first to die.

Judy Mikovits:

But now we'll see that accelerated in younger and younger people. And again, we out in the field of doing these cases in vaccine court, we're going to see all of that. We're going to see these pain syndromes to the severity that we see in the movie "Vaxxed." We're going to see the kids dying as we saw in "Vaxxed II." It's going to look just like that.

Judy Mikovits:

Now they say this shot isn't going to be given, this chemotherapy isn't going to be given to people under 16. But again, they're giving 9-year-olds Gardasil, and those commercials haven't stopped on TV. Nobody saying, "Oh, wait a minute." You've seen some of the cancer

chemotherapies, some of them targeting chemotherapies, and it says, "Oh, well don't get this Ozempic," or whatever, "for your pain. You're going to see the skin lesions, the dermatitis that everybody's got." Not everybody, all the heavily vaccinated populations. So I think we're going to see all of the things that we've been seeing in vaccine court. We're going to see-

Dr. Mercola:

Speaking of vaccine court, your publisher and person who wrote the forward to your book "Plauge of Corruption," Robert Kennedy Jr. I don't know if he understood it at the time, but he certainly understood it within the last year.

Judy Mikovits:

Right.

Dr. Mercola:

He has severe dysphonia, as anyone's listened to him knows, and he realized as he was preparing a case for a vaccine court or maybe it wasn't vaccine court specifically but it was for some vaccine litigation that he was involved with, realized that he himself had the flu vaccine shortly before he developed dysphonia. So he's pretty convinced that's what caused it.

Judy Mikovits:

Correct. And we see that quite a bit. You're absolutely right. And we'll see polyps on vocal chords. We see a lot of cystic, polycystic ovary disease. So we mentioned the sterilization, these are the things we're seeing. Severe ovarian dysfunction, huge increase in ovarian cancers, again, in younger and younger people. So yeah, those are flu vaccines. So what have we done this year in particular, is "Oh, this year more than ever, get that flu shot. Yeah, this year more than ever, help us out, folks. It's so much easier if you kill yourself. Then we don't have to kill you."

Dr. Mercola:

Now hopefully, we provided enough, more than enough information to make any serious objective person be concerned about ever getting this experimental gene therapy. Don't get it. That's the best, single strategy. I've written a lot about it, done many, many videos on the different things that you can do to build up your immuno-resilience so that you don't get the SARS-CoV-2 infection or any other viral infection. And radically lower your risk for almost every chronic degenerative disease. But what I'd like to focus on now, because it's a real unusual niche. I don't think there's anyone more qualified in the world than you to answer this question is say someone has failed to understand this, and they've got this experimental gene therapy. And they're coming down with symptoms. Is it the same set of strategies that we would implement to prevent SARS-CoV-2, or is there something different or additional that needs to be implemented?

Judy Mikovits:

Yeah, I think it's the same set of things. And we have to think about detoxing metals. So I think everything that Stephanie Seneff has said over the years, we have to think about glyphosate. We really have to think about all the pathogen-associated molecular patterns and all the disease-associated molecular patterns and prevent – so again, SARS-CoV-2 is not the disease. COVID-

19 is the disease. So we have to prevent the inflammation at all tissue sites. We have to keep our immune system healthy. We have to particularly and, as I mentioned early, the breakthrough genomics technology.

Judy Mikovits:

We have the technologies to know in the individual what is their single nucleotide polymorphism? What are their sites of tissue injury? What are their biggest single issues? We can really get this down to personalized medicine. So yes, you're going to want things like quercetin, berberine. You're going to want to be burning ketones instead of [sugar] for the neuro-inflammation. So you're going to want to get into ketosis and take the stress off the mTOR pathway. We're going to have to look at – it's literally everything we've all been doing for decades for these vaccination populations.

Dr. Mercola:

Those are great recommendations, Judy, and I just wanted to add something to that because I recently interviewed Dr. Seneff, and she's going to be on after our interview because this was a little higher priority. And we discussed that very issue about the use of glycine, and you had mentioned that glycine is certainly in glutathione. But it's in there in small amounts. You're talking milligram amounts. And you need much larger levels of glycine if you're going to use that as an effective inhibitory blocker of glyphosate because glyphosate of course, the central molecule in glyphosate is glycine. That's where the gly- comes from. And if you take it in larger amounts, like 3 grams, like a half a teaspoon a few times a day, that should be sufficient.

Dr. Mercola:

Now ideally the best thing is to avoid all non-organic food because it potentially could be contaminated with glyphosate. So that's the number one thing. But it would be wise to take glycine as a supplement.

Dr. Mercola:

Then two other things once you mentioned the pH diet. That certainly is good. You can go plant-based or you can go carnivore, but I think – and I'm more of a fan of carnivore, but I think optimizing the pH is really crucial and it's very simple and easy to understand how to do that and assess it for yourself individually. The way you do that is you get some litmus paper. You can get it easily on Amazon or anywhere else. It's inexpensive, and you dip it in your urine. And it should be about 7.

Dr. Mercola:

Now if you're not doing anything specific to address your pH, I can almost guarantee you it's going to be 6 or 5 or even 4. The lower it is, the more acidic you are. You don't really want to go much above 7. You don't want to be 8, 9 or 10. So somewhere between 7 and 8. Then if you're at that level, then your pH is optimized because your body's pH is about 7.4.

Dr. Mercola:

The easiest, simplest way to do this is with bicarbonate, and you can do it one of two ways. The inexpensive, cheap way is baking soda, which is sodium bicarbonate. It tastes pretty terrible, but

if you put a quarter of a teaspoon, you don't need large amounts of it, a quarter to a half a teaspoon a few times a day and figure out what dose you use to turn your urine pH. You can test it yourself and you can see if you're taking too much or not enough. And you just find the right dose for you.

Dr. Mercola:

Now once you found the right dose, you typically don't have to retest your urine because it's going to be about the same, but that's a simple, easy way to improve it. And it will not only improve your pH, your resiliency for your immune system but also protects your bones from mineral loss. Because when your pH is acidic, you have to extract minerals like calcium, magnesium from your bones to nullify or neutralize those acids. So it helps you retain the minerals in your bones and decreases your risk of osteoporosis.

Dr. Mercola:

So a simple thing, you could also use potassium bicarb. Maybe alternate between the two is another option.

Dr. Mercola:

And then finally, with respect to increasing glutathione, I couldn't agree more. But I'm not a big fan of supplements because I believe the body's intuitive wisdom is best. That's why I like to activate a specific pathway called NRF2. NRF2 is a gene system that activates. It's a transcription factor. When it's activated by knocking off key one or key two proteins, it goes to the ARE, which is the antioxidants response elements in your DNA, in your nucleus, and causes them to make not only glutathione but catalase and superoxide dismutase and a wide variety, I think dozens, if not hundreds of other antioxidants that help improve your ability to reduce oxidative tyrosine and decrease that.

Dr. Mercola:

So that if you don't have this oxidative assault, then you won't be making more of glutathione. Providing your body with something that's good that you don't need is not a good strategy. So rather than take glutathione, I like to activate it. My favorite activator is molecular hydrogen. So that is just absolutely terrific. I take it every day. Look at my previous videos with Tyler LeBaron who is the expert in the U.S. and probably the world on this topic, and it's not something you want to drink all day long. You want to take it in a high cyclical boost or burst, and the way you do that is just by taking two, three, four sometimes once a day, and that's all you have to do rather than drinking it all day long.

Dr. Mercola:

So those are great strategies that should hopefully not only improve your resilience against SARS-CoV-2, but should you have made the mistake of getting this experimental gene therapy, then it will help your body detoxify.

Dr. Mercola:

With respect to ketosis, 90% of the population is not going to be able to do that. So it's a long, slow strategy. You could use things like MCT (medium-chain triglyceride) oils or caprylic acid,

C8. You could even use ketone esters. Do you think that there's a benefit – see, ketone esters, I'm not sure if you're familiar with it, but they get into the system. They will raise your serum ketones rapidly. They're expensive. Could be \$10, \$20, \$30, \$40 a dose, but do you think that there's a benefit to putting someone, to raising those high levels of ketones as a potent neuro anti-inflammatory, would that be valuable in someone who's acutely symptomatic?

Judy Mikovits:

Well, yes, maybe. But I don't like to do that. I like to use some of the formulations of quercetin and cinnamon bark and therapeutics that we made in the laboratory over the last decades.

Dr. Mercola:

But what about gamma interferon? I mean, you'd recommended that for SARS-CoV2 previously.

Judy Mikovits:

Well, I recommend alpha interferons.

Dr. Mercola:

Oh, I'm sorry. Yeah. Alpha interferons.

Judy Mikovits:

Yeah, absolutely. Absolutely the gamma interferons are very important because many of those pathway defects, when we've looked at some of the most severely with COVID-19 – again, it's not SARS-CoV-2 causing this, and so within COVID-19, we've look at the most severe. So we've used quercetin, berberine. We've used this Type I interferon. It's a spray that you can spray directly into your nasal passages, your throat, your nose, and that will give you the protection you need so that the virus doesn't ever make a particle. It degrades it right away. So you can keep – so one of the big problems in these-

Dr. Mercola:

Is it also good for the gene therapy? Because we know-

Judy Mikovits:

Yeah.

Dr. Mercola:

-it's good with the virus. Okay.

Judy Mikovits:

Yeah, because what we're going to do is we're going to activate the dormant viromes. You're going to see [[crosstalk 00:58:26](#)]-

Dr. Mercola:

Oh.

Judy Mikovits:

-CMV (cytomegalovirus), just like you saw with HIV-AIDS. So everything we've learned in HIV AIDS is going to help. Peptide tea, calm the interaction between the macrophage. I see a new industry, peptide tea never made it for therapy, but we've talked to Dr. Mike Ruff, the late Candace Pert.

Dr. Mercola:

Along those lines, would it make sense for nebulized hydrogen peroxide therapy?

Judy Mikovits:

Oh, absolutely. There's a-

Dr. Mercola:

Wow. Wow. That is so great.

Judy Mikovits:

Oh, absolutely, should you feel the cough or the fever, the headaches. So you immediately up your Type I interferon. Take a couple of sprays of that a day prophylactically as well, and that will keep the viral load down. We know this isn't a virus. We know this is synthetic. But it's the same thing. It'll calm the expression. It'll degrade the RNA for those who can't degrade the RNA and that's the job of Type I interferon to have your microphages because these little Pac-Mans that simply degrades the RNA, and then your dendritic cells, the plasma cytoid dendritic cells usually make 97% and 98% of all the Type I interferon in your body. I just say alpha and beta because now we're seeing epsilons and a lot of different ones.

Dr. Mercola:

Sure.

Judy Mikovits:

Just say let's just say the Type I, the primary active source of interferon, alpha and beta, is the plasma cytoid dendritic cell. Well, we know that's dysregulated in people with HIV, with XMRVs, with aberrant retroviral expression. Those people can't make interferon.

Dr. Mercola:

Just what I was looking for. Precisely what I was looking for. What's on your plate now for the upcoming near future? Just going to continue to spread the message? Got events throughout the country or writing a new book?

Judy Mikovits:

It's called "Ending Plague: A Scholar's Obligation in an Age of Corruption." I show the cover there on-

Dr. Mercola:

I see it. So when is that going to be out?

Judy Mikovits:

That should be out in late spring. So we're almost finished with that. I'd say another month or so. The lead author on that will be Dr. Ruscetti and then Kent Heckenlively and I are writing [crosstalk 01:00:52]-

Dr. Mercola:

Well, send me a copy and we'll get you on again.

Judy Mikovits:

Oh, great. Yeah. Soon as I get one is-

Dr. Mercola:

Well no. Just send me the draft, electronic. This way I can read it.

Judy Mikovits:

Oh sure. I don't have it yet. But when we're finished, I absolutely will get it to you and we can discuss [crosstalk 01:01:06]-

Dr. Mercola:

Thanks so much.

Judy Mikovits:

Because this is called "A Scholar's Obligation in an Age of Corruption." So what do we do other than just get angry and throw pillows [crosstalk 01:01:16]-

Dr. Mercola:

Yeah. Be positive

Judy Mikovits:

We have to be positive. And since we have the solution, since I think the good news of this is the ability. We can network. We are networking. We have the solution. So you, Joe, are going to be very, very busy because you've had the solutions for decades. So now all I'm going to be doing is going around doing everything I can to stop everyone from wearing the mask and taking any shot every again because that – otherwise a lot of people [crosstalk 01:01:49]-

Dr. Mercola:

That's my new passion now is to educate people about this because it's such an acute challenge. There are millions of lives on the line now. Not only from acute death but permanent disability. I mean, this is an emergency. This is an absolutely emergency catastrophe that we have to address.

Dr. Mercola:

Everyone watching this should understand that, digest this, learn it, understand it and share the information with those you love so that we don't have to have those people injured because it's shocking, absolutely shocking how many smart people have succumbed to the propaganda and are rushing to get immunized. Not immunized. Experimental gene therapy.

Judy Mikovits:

Yeah. Rushing to get shot. I used to say, "Don't let anybody shoot you."

Dr. Mercola:

Yeah.

Judy Mikovits:

Just don't. It's really not a good idea.

Dr. Mercola:

Well, I can't thank you enough. You're here virtually, but if you were here physically, I would just embrace you with a giant hug because you deserve it. You're an angel. You're just a gift to everyone. I just can't thank you and appreciate you for everything you've done and will continue to do. You're just amazing.

Judy Mikovits:

Well, thanks so much. I appreciate that. I really need that big hug now because I'm really discouraged.

Dr. Mercola:

Yeah, yeah. Well, we're going to hang in there. We're going to do it because – and we can't reach everyone, but we can reach an important number of people. And those will be the ones who need to be reached. And you're doing a great job of helping us understand why this is. You came through like a champ. I knew there was only one person who could explain this at a level that makes sense. I mean, this is all experimental stuff. You got to be a molecular biologist to figure this thing out. I mean, regular science, Ph.D.'s just don't understand it. So you did it. You knocked it out of the park. You provided us with the explanation we needed. So again, you are amazing.

Judy Mikovits:

Thanks. Thanks, Joe. You are as well. Thank you. I appreciate it.