Possible Adverse Biological Reactions From COVID-19 Vaccinations: A Special Interview With Judy Mikovits, Ph.D., and Stephanie Seneff, Ph.D.,

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. Dr. Mercola, helping you take control of your health. And today we've been able to put together the dream team when it comes to the coronavirus vaccine. So last week I interviewed Dr. Stephanie Seneff and it was a really well-received expansion of the paper she wrote, probably the finest paper on exposing what the vaccine is doing. And we had nearly 500,000 views. And this week we're going to double that with Judy Mikovits joining us. This is her third time I believe we're connecting and she's going to help us put all the pieces together and refine and expand on this devastating issue with the vaccine. I can't believe it's been almost a year since we last connected, but in that interview, you discussed specifically the concern about these vaccines that were going to really dramatically affect fertility rates through this spike protein-generated antibodies to the syncytium. And we're seeing that.

Judy Mikovits:

Yeah.

Dr. Joseph Mercola:

We're not only seeing that; we have the CDC (Centers for Disease Control and Prevention) literally, weeks ago, recommending pregnant women get the vaccine, and then they decrease the age down to 12 to 15, the kids get this vaccine. So it's just crazy. Well, welcome everyone, and thank you all for joining us. So maybe you can respond to that right off the bat because to me this whole issue with the vaccine, the whole pandemic seems to be targeted towards essentially giving everyone the vaccine. And you can support this assertion because anything that disputed the vaccine was censored and disengaged. Even drugs, drugs like ivermectin, hydroxychloroquine. Not even just natural nutrients. They forced me with personal threats to take all the information about nutrients and COVID vaccine off my site. So this is leading the way to have everyone get the vaccine. We've got almost a quarter of a billion doses of vaccines have been administered in the United States. As we recorded this, by the time this is viewed, we're nearly 5,000 deaths from the vaccine, 5,000 deaths. There are so many more statistics going but Judy, let's start with you. It's been a while. We just talked to Dr. Seneff last week and what's your latest take on what's going on because we're really interested in it.

Judy Mikovits:

Well, I guess our latest take on what's going on is exactly what we expected or unfortunately anticipated at the molecular level because the spike protein causes the disease. The SARS COV-2 infection never was what they said it was. There was no infection asymptomatically. It's a monkey virus coming out of a monkey cell line and that's the problem, but the spike protein is

clearly the disease. So you just injected the envelope of HIV (human immunodeficiency virus), XMRV (xenotropic murine leukemia virus–related virus) if you will, syncytin gammaretrovirus envelope, and SARS ACE2 receptor binding domain. That's not a vaccine as we've been saying. It is the disease-causing agent. It's a bioweapon. So now your cells are all producing that bioweapon and you're going to take out the innate immunity and NK cells and dendritic cells as we know with the HIV and the syncytin domains. You're going to disrupt your white blood cells, your immune response. You're going to turn on anti-inflammatory cytokine signature in every cell of the body and exhaust your natural killer cells' ability to determine infected cells. It's the nightmare we predicted.

Dr. Joseph Mercola:

Yeah. So have you had a chance to read Stephanie's paper?

Judy Mikovits:

No, I haven't.

Dr. Joseph Mercola:

All right. Well, we can go over that in detail but-

Judy Mikovits:

That would be fun since I tried to, but I thought it would be fun.

Dr. Joseph Mercola:

It's definitely an incredible paper. It's like 40 pages.

Judy Mikovits:

Well, I thought it'd be fun to see what I think without knowing.

Stephanie Seneff:

Learn it from me.

Dr. Joseph Mercola:
It took me two days to read.

Judy Mikovits:

I am going to open it up right now.

Dr. Joseph Mercola:

One of the things that she exposed and it was just fascinating is that this spike protein that they're causing our body to produce, if you indeed received the vaccine, is that this spike protein is not the same spike protein that the SARS COV-2 virus has. It's completely genetically engineered. They substituted the nucleotides in the messenger RNA for methyl-polyuridine instead of just uridine or uracil.

Stephanie Seneff:

Methyl, pseudo. Methyl-pseudo.

Dr. Joseph Mercola:

Pseudomethyl. Yeah, sorry about that. And then they've got these tags on there. So Stephanie, why don't you review that because you're the expert, you wrote the paper and just remind us what this spike protein is and how it differs. And then Judy can respond to that.

Stephanie Seneff:

Yeah, it was just really as I was reading the actual papers who were written by the people on Moderna who were describing their vaccine product my eyes got bigger and bigger because I was so shocked by what I was seeing. And they have a single-minded goal of getting the vaccine to go straight to the spleen, those germinal centers, and get those guys on fire, spewing out spike proteins and reacting to them and making antibodies. It's a single-minded goal of the industry to make this happen. And they will take every step they need to assure that's what happens, which is really a very bad idea because the last thing you want is all these antibodies to spike protein. Plus, the spike protein itself being expressed by your own cells and in some cases never turning off because as Judy knows, it can get into the DNA in which case you can sustain it for life.

Stephanie Seneff:

You'd probably pass it on down to your offspring. So that is just really, really disturbing. But the thing is that they modified the RNA to make it really sturdy so the enzymes can't break it down. They've got it all locked inside this lipid particle that's designed to look like an LDL particle, so it's a small nanoparticle. Those are really very dangerous in general, but this small nanoparticle containing this RNA that has been engineered to be very sturdy so that you can't break it down. Normally, your enzymes that are in your system would just break down that RNA, it's very fragile, but they've made it sturdy by putting in PEG (polyethylene glycol), by adding this lipid membrane and then the lipid is positively charged, which causes the cell to be very upset when that goes into the membrane of the cell.

Stephanie Seneff:

But then I think maybe the most disturbing thing to me is they actually modified the code so that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting. So the spike protein binds to the ACE2 receptor once it's produced by the human cell, according to the vaccine instructions. But it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear. And because of this redesign, it can't do that so it sits there on the ACE2 receptor exposed.

Stephanie Seneff:

And of course, this makes it much easier for the antibodies to be produced because I mean it can't hide its underbelly because it's been engineered to keep itself open. And that allows the immune cells to produce antibodies specific to that place where it should be fusing with the cell, the fusion domain. It messes up the fusion domain, keeps the protein open and prevents the

protein from getting in, which means the protein and my guessing, it'll just stick there on the ACE2 receptor disabling it. And when you disable ACE2 receptors in the heart, you get heart failure. When you disable them in the lungs you get pulmonary hypertension. When you do it in the brain you get stroke. I mean, there are lots of nasty things that happen from disabling ACE2 receptors. So their body's going to be producing all these spike proteins in the spleen and then shipping them out and then they're going to get into the circulation and cause lots and lots of trouble, I would predict. And I don't know if Judy would agree with that.

Dr. Joseph Mercola:

Well, let me just insert something here before she responds and that these are shipped out in particle sizes that are between 20 and 40 nanometers, these exosomes, and they easily penetrate the cell membranes at that size. One more question for you, Stephanie. It just occurred to me, is the messenger RNA that's obviously been genetically altered to help produce the spike protein, the code that it's designed to produce, is that for the spike protein with the extra prolines that keep the protein open when it's attached to the receptor?

Stephanie Seneff:

Yeah. It's in the RNA code. And the other thing they've done with the RNA is they've stuck in a lot of extra Gs and Cs, which makes it much better able to make proteins. So they've redesigned the actual RNA of the virus in many ways. We mentioned the methyl-pseudouridines, but also everywhere they can, they're putting a G or C, and GC-enriched RNA is much better at making proteins. So it's turned up the game on the natural virus by a thousandfold, making the RNA much more willing to make a protein. So it'll make a lot more spike protein than you would've had from a natural RNA virus.

Dr. Joseph Mercola:

Okay. Yeah. So, Judy, with that information, this has got to be almost exponentially worse than you initially predicted a year ago. So maybe we can have your comments on it now.

Judy Mikovits:

Well, yeah, exactly with that information, it makes it exponentially worse because all we're thinking is that, okay, one, the serious problem is that lipid nanoparticle as we said, but we've seen that in Gardasil and some of the newer hepatitis B vaccines, we've seen similar of those lipid nanoparticles. So we've got an idea of how to break those down, but when the RNA as Stephanie said, is not the RNA of a natural virus, they remove cleavage sites so it breaks down. And then you've got RNA as a danger signal expressing those GC-rich areas can look like patterns of bacteria and virus at the same time. So we use poly(I:C) [polyinosinic:polycytidylic acid]to signal the cell to turn on the type I interferon pathway. And because this is an unnatural synthetic envelope and you're not seeing poly(I:C), you're not getting the type I interferon pathway, that you've bypassed the plasmacytoid dendritic cell, which combined with IL-10 talking to the regulatory B cells decides what subclasses of antibodies to put out.

Judy Mikovits:

So you've bypassed the communication between the innate and adaptive immune response so you've missed the signaling of the endocannabinoid receptors with those lipid nanoparticles

being 30 to 50 nanomolars is about half to a third the size of the natural viral particle. And this is how we always determine the difference between exosomes and viruses because viruses are about 100 nanomolars. You still can't filter them away from it easily.

Dr. Joseph Mercola:

Is it nanometers, not nanomolar?

Judy Mikovits:

Yeah. Sorry, nanometers. Yeah, nanometers. So the size of the virus is like one-third of the normal virus. So this is how on an electron micrograph we distinguish exosomes, extracellular vesicles. It's not that they're not there and the diseases and interestingly, they carry these defective messages. That's one of a large part of Dr. [Francis] Ruscetti and my work over the last 30 years is to say you don't need an infectious transmissible virus, these defective viruses all the way through HIV and everything we're seeing, just pieces and parts of these viruses are worse as Stephanie is saying because they also turn on danger signals. They act like danger signals and pathogen-associated molecular patterns. So it synergistically just leaves that inflammatory cytokine signature on that spins out of control your innate immune response. It just cannot keep up with the myelopoiesis. So you see a skew away from the mesenchymal stem cell towards a TGF-beta regulated hematopoietic stem cells. So you could see the bleeding disorders on both ends. You can't make enough firetrucks to send to the fire, whether it be eosinophils, all your innate immune response can't get there, macrophage subsets, so can't do it. And then you've just got a total train wreck of your immune system.

Dr. Joseph Mercola:

Yeah.

Stephanie Seneff:

This makes so much sense. And in fact, I'm really excited to hear Judy talk about some of this stuff because I was just reading over the weekend about this type I interferon, which I think is actually very, very interesting with respect to these vaccines because we are seeing several different kinds of evidence of herpes and varicella infection, shingles, people getting shingles right after the vaccine or getting herpes or getting a cold sore, herpes flare-ups. So basically you've got these latent viruses that are not bothering you at all until your immune system gets completely distracted by this crazy thing going on in the spleen with all this messenger RNA and all these spike proteins. The immune cells are distracted from their other job of keeping these viruses in check. And so you get these other conditions showing up and there are several. Facial palsy, for example, Bell's palsy, there are like over 1,200 cases of Bell's palsy reported after the vaccine in the Vaccine Adverse Event Reporting System. And Bell's palsy, when you look at the research of what causes that, they really point to the herpes virus and the varicella virus as being the source of Bell's palsy. So what you're seeing I think is a suppression of that. And I'd like to hear Judy's take on that. And type I interferon system is what you need to keep these guys in check.

Stephanie Seneff:

And so those viruses are getting enabled and they're causing symptoms. And then that is actually a very bad sign. I've looked over the weekend, I looked at a lot of data to see that if a woman who's pregnant has a herpes flare-up during pregnancy, she has a twofold increased risk of producing an autistic son. And also people who have Parkinson's disease, they had a study on 200 Parkinson's patients compared to 200 age-matched, gender-matched controls, six of those Parkinson's patients had at least one episode of Bell's palsy in the past, whereas none of the controls had. So it looks to me like the Bell's palsy is an indicator of a future risk of Parkinson's disease. And if you get a herpes flare-up in pregnancy, and of course, they've done experiments with mice, they know they can cause the offspring of a pregnant mouse to become autistic just by giving immune flare-up.

Stephanie Seneff:

And it's a well-known way to produce autism in the offspring is to have an acute immune response by the mother mouse during pregnancy. So I think we're asking these pregnant women to go get this vaccine, not only have the potential to abort the baby, potentially not being able to have another child after that is a real possibility, I think, or to end up with a child with autism or maybe some other kinds of problems because of that intense immune flare-up during pregnancy, which is a very dangerous thing for the baby, I think.

Dr. Joseph Mercola:

Yeah. So there's not much better person to address this than Judy because interferon, as I understand from reading your most recent book, is the catalyst for her going into science once you saw it discussed in the front cover of Time Magazine. And she addressed a big portion of her initial scientific career studying it. So why don't you take it from here, Judy?

Judy Mikovits:

Yeah, exactly. Type I interferon and it's interesting because we're always talking about type I versus type II responses. And unfortunately in the field, the language the clinicians call type I and type II are very different things than the research immunologist people because of course type I is not the innate immune interferon. Type I responses are adaptive and the gamma interferon. So the innate immune interferon is your whole frontline. And we know from my initial work, remember AIDS patients, people who got AIDS from HIV had a dysregulated type I. So they could make gamma interferon, rather it was skewed towards TH-2, IL-4, IL-5, towards parasites, worms, helminths. That's a type II response and isn't it curious that we have that ivermectin and anti-parasitics work.

Judy Mikovits:

There's a paper that I used and probably have used it, Dr. Mercola, in all of our talks and I know Stephanie and I usually put it on the screen, it has to do directly with what she's saying again about another family of viruses, the herpes viruses. And the paper's called “War and Peace Among the Microbes.” So what we always saw in AIDS patients, and this was the age-old argument of “Is it herpes viruses causing AIDS, HHV-6 causing ME/CFS?” that were long associated. And it's not until the virus families partner up, the retroviruses take out the type I interferon pathway as does Borrelia as they dysregulate the plasmacytoid dendritic cell. Then the HIV sequences do most of their damage to the monocyte, macrophage, where Stephanie just said

it's kept latent. So she mentioned GC-rich regions in the sequences. Those regulate DNA methylation pathways, which then silence the virus.

Judy Mikovits:

So at multiple levels, you cut out your frontline troops, you direct the responses, as Stephanie said in the beginning, directly to the spleen, send everybody to the spleen for the explosion, but you bypassed the mucosal surfaces and the resident stem cell monocyte, macrophage. So every single tissue like alveolar macrophages in the lung, Kupffer cells in the liver, that was my Ph.D. thesis, is if you kept the viruses latent then they don't stimulate those cascades, which can be organ system-specific. And this is what we saw caused AIDS. HIV did not cause AIDS. You needed more than one pathogen to take out natural killer cells in the case of Borrelia. And then think about mycotoxins and the part, so you're damaging, you're synergizing the ability to dysregulate the innate and the adaptive, and then you dysregulate the activation of your endogenous viruses, your endogenous syncytin, and your gammaretrovirus envelope is expressed.

Judy Mikovits:

You're seeing synthetic or non-self or in the back. And then again, you're seeing the sequences from activating the latent viruses like herpes viruses, which are also in part regulated by DNA methylation. So they tether to the inside against the nuclear membrane. So you've got herpes virus coinfected cells with HIV or retrovirus because you've got your gp120 sequences on the spike protein in these sequences. And you've got the XMRV gammaretrovirus sequences, which are syncytin. So syncytin is like Velcro, so anywhere syncytin is around, you're sticking cells together so that causes inflammatory responses. You break down, sorry, the megacarrier sites. So you break down your platelet responses. It's just an explosion of a nightmare of crippling every area of your immune response.

Dr. Joseph Mercola:

Yeah. So just to backtrack a bit for those who may have not watched your earlier interviews where we discussed this, but the SARS Cov-2 spike protein that we're talking about very clearly now has been shown to be engineered. This is not something that spontaneously mutated. And it's evidenced by the fact that you have this HIV protein integrated into that. So can you confirm that and give more details on it? And did you also say the XMRV protein is within that?

Judy Mikovits:

Yeah, because the gammaretrovirus, our endogenous gammaretrovirus is called HERV-W (human endogenous retrovirus type W). And HERV-W is all the way back in genesis in our original endogenous genome. So HERV-W expresses only Human Endogenous Retrovirus-W, it's the gammaretrovirus that expresses only the envelope. That envelope protein is called syncytin because in retrovirus envelopes the envelope alone is enough to cause the disease. They're calling it the spike protein, just to throw us all off. And as we know, if you culture it using the Baric-Shi Zhengli “no-see-um” method, what did we do? We introduced a mutation into an infectious molecular clone. We grew it in a cell line, Vero E6 monkey tissues that have SIV and other gammaretroviruses because those are the cell lines we've been using in Fort Detrick and Wuhan since the mid-1990s mixed with a lot of [inaudible 00:23:29] tissues.

Judy Mikovits:

So when you introduce a faster-growing strain and virus into the cell line, it's called “no-see-um” because as it replicates really fast without editing functions, the virus can't go back and fix the mistakes like our DNA polymerase does. So it goes right through it, makes mistakes and you have a recombinant in every fermentation process. So the spike proteins then in a method you can't detect, you're going to change the expression of the protein. So syncytin is the gammaretrovirus, it cross-reacts with the mouse and monkey gammaretroviruses. Monkeys, mice, all have syncytin. And then so your endogenous viruses express especially during hormonal cycles. And when it's expressed in the wrong place, like in the brain and the spinal cord, it's long been associated with the inflammatory disease and the destruction of the myelin sheet in multiple sclerosis.

Judy Mikovits:

So syncytin expressed in the wrong place gives you the multiple sclerosis diseases, the paralytics diseases. We know, as Stephanie just said, Parkinson's associated with type I interferon responses. Kent Heckenlively wrote a book with Joe Cummins about type I interferon. We've dug into it a lot more in “Ending Plague,” hopefully, our last book. We're now starting to appreciate really that there is a low-level expression of our endogenous virome all the time and that in our innate immune response it's trying to shape and educate our type I interferon pathways. And at least there are alpha, beta one, two, three. There are a lot of type I interferons that really fine-tune the innate immune response to keep the flame, I say the dimmer switch, on. Inflammation is now at the heart of all of these diseases.

Judy Mikovits:

So it's absolutely fascinating, and the final problem that is the biggest problem is these exosomes because as we've mentioned, your body's exosomes are like your cells' response to express its regulatory RNAs, small inhibitory RNAs, long-chain non-coding RNAs, which Dr. Ritchie Shoemaker has long associated with people with chronic Lyme and ME/CFS and the TGF-beta I pathway. Remember I just said, TGF-beta 1, that's the master switch to turn on which type I, which myelopoiesis. We see cancers younger and younger accelerated so it's just accelerated death. But these exosomes are packaging not only RNA that you're making, but now you've dysregulated the methylation machinery so you've woken up your endogenous virome and then those RNAs like syncytin are going to be expressed.

Judy Mikovits:

And that's why we're seeing older and older women saying, “Oh, there’s menstrual cycles.” And remember in ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome), you saw the problems magnified at puberty and menopause. So when those hormones change and you've crippled your liver Kupffer cells or they have to manufacture, they lose latency of the viruses and just continue to totally disrupt the type I interferon pathway. So it's actually diabolical and sinister as we appreciate going back to our friend, Dr. Tony Fauci. What did he do?

Dr. Joseph Mercola:

Your friend.

Judy Mikovits:

Yeah, no, I don't think he's anybody's friend, but it doesn't really matter to me if he knew how little we thought of him. Anyway, so at any rate, so we're interested, these problems are fascinating. What Dr. Toni Fauci did when he said, oh, XMRVs, gammaretroviruses have nothing to do with ME/CFS.

Judy Mikovits:

What we knew was the envelope protein alone caused disease. So all you had to do was express your endogenous. So when I was locked out of the lab, all the data removed and all the clear evidence – what did everybody say I fabricated at the meeting, September 26, 2011? Oh, the figure that had to do with use of 5-aza-cytidine, decitabine, a drug we used in cancer to terminally differentiate tumor cells and restore the balance. Oh, why? Because we restored the methylation machinery. We restored everything. So every avenue of what we found in HIV AIDS, the pathways of synergies, and what we found in disease. So Dr. Tony Fauci said, "Oh, it's an endogenous virus." As if your endogenous virome forgets how to be expressed. No, God gave us that delicate communication orchestration of these immune responses [inaudible 00:29:14]. So he says ME/CFS and chronic Lyme disease and autism clearly associated with dysregulation of type I interferon. Why did Ampligen work? What was Ampligen? Oh, Poly(I:C) to stimulate that pathway.

Dr. Joseph Mercola:

There's so much we can talk about and we are going to discuss this further in our next interview of your upcoming book, "Ending Plague," but I want to stick and focus on the COVID-19 vaccine first. One of the reasons I wanted you on was that Stephanie discovered or learned exactly how this virus, not that how this virus; how the spike protein messenger RNA can actually be converted through the reverse transcriptase enzyme embedded in our DNA and converted to DNA and then integrated into the genome. And this is something you're very familiar with. You've been working on this type of research for decades. So I really wanted you to share your insights on that specifically.

Judy Mikovits:

That is that pathway. So when your genome is waking up, when you activate latent and defective viruses, you turn on reverse transcriptase, you turn on the virome. So how are retroviruses silenced? DNA methylation. You throw in a lot of GC-rich regions. You've got that synthetic viral particle. You've woken up your herpes viruses, they're silenced, DNA methylation. As our soil is depleted in minerals, S-adenosylmethionine. We have people with all of these methylation defects. So yeah, so you've got all of the viruses activated, latent and other. You have recombinant events and you basically destroyed – this is why I said the first people who are going to die are people with inflammatory conditions, those 32 people. I've even shown you that slide from the very beginning.

Judy Mikovits:

And Stephanie knows we've been showing that slide in autism 1. This is how Dr. Klinghardt and others, this is why Jeff Bradstreet, using GC maps, who's going to die first? The people with the cancers from the vaccine injuries as the vaccines have been contaminated with animal

gammaretroviruses for years. So those people are the ones most likely to sustain the quick injury because they already have at the heart, all the way back, Dr. Jonathan Kerr, the first things I did in 2006 is get that type I interferon pathway on and restore DNA methylation. So dimethylglycine right now as a supplement along with glutathione because you've got to keep the flame turned down so that the pathway doesn't get further. So everything about this vaccine goes back. This is why people with HIV-1 infections, this is why people with diseases that look like that, that inflammatory signature disease, multiple sclerosis; anybody with these genetic pathways epigenetically dysregulated by the toxins, that's why aluminum, everything we know in vaccine injury is translatable to this problem and we can fix it.

Judy Mikovits:

So yes, it's a problem, but you, Joe, Stephanie, we've been addressing this problem for at least in my life, the last 15 years. So the solutions make sense. They're the same solutions, ivermectin, hydroxychloroquine, low-dose antiretroviral therapy, rather natural product or otherwise so we can educate our immune systems. Type I interferon, peptide Ts, cannabis, all those things we've been talking about for the last three years. We predicted the problem. And now that the problem is, yes, it's far worse than we expected, but I don't see gloom and doom. I see an opportunity, but we have to make it evident that we appreciate the mechanisms.

Dr. Joseph Mercola:

What I want to understand is a deeper level too because we are giving these messenger RNA vaccines and in a moment I want you to give your impression of how the Johnson & Johnson adenovirus vaccine differs from that. But essentially we're giving this messenger RNA, which is being converted back to DNA and integrated into the genome. So essentially these people who are immunized are essentially producing these genetically altered spike proteins on a regular basis, in many cases for the rest of their lives. And what you mentioned about the GC-rich residues activating the latent viruses, when these viruses are activated, do these sequences also get integrated in our genome?

Judy Mikovits:

They can, but it depends on the defective levels that you need. You need an integrase gene along the same time. So the answer is yes. And even if a portion gets in, but you won't integrate in the genome because the sequences won't be expressed unless a cell is dividing. So when you're at homeostasis in your immune system. So the people at most risk are people with cancer or with inflammatory diseases because by definition cells are dividing. As Stephanie said in the beginning when you start to see wounds and skin lesions and things where it's clear a herpetic infection is going on, what you have to do is restore the balance to the playing field. Go use a combination of drugs to enhance methylation like dimethylglycine. That's not even a drug, that's a nutrient. You can use dimethylglycine, betaine.

Dr. Joseph Mercola:

I'm assuming trimethylglycine would work too.

Judy Mikovits:

Both. Yes.

Stephanie Seneff:

That's betaine. I think that is trimethylglycine, betaine.

Judy Mikovits:

Yeah. Betaine is trimethylglycine.

Stephanie Seneff:

B10 and betaine, oh, that's good. It's interesting that it's glycine too because I have a feeling that relates to glyphosate.

Judy Mikovits:

Correct, because you're crippling your [inaudible 00:35:52] so I've been encouraging and we've been looking at, keep the playing field level. All of the viruses are activating and this is what we've known. We've always seen the bigger problem is the extracellular vesicles packaging all that RNA because the only time under electron microscopes where you can – and this is always the argument of Kaufman and others who say, "Oh, it's just the extracellular vesicles and there aren't viruses." No, the extracellular vesicles are there, but they can package defective viruses. They can pick up all that RNA because that's their job.

Judy Mikovits:

The macrophages are going to take that and then drive it into, and then the cells are going to send the firetruck to the fire. So we never see a disease like let's just say autism, CFS, AIDS, everything we saw, under the electron microscope you see 10 times more exosomes in these patients, even if you don't find any virus at all. And so the virus in the signaling pathways are totally dysregulated. So those people have to be protected because they already have membrane problems, cholesterol diseases. Then you're going to crank up and further dysregulate ACE2 receptors in those and [inaudible 00:37:24]. So I see the problem, almost worse with the synthetic lipid nanoparticles.

Dr. Joseph Mercola:

Sure. Stephanie, I'll give you a chance to respond because [crosstalk 00:37:34].

Stephanie Seneff:

Yeah, this is all very fascinating.

Dr. Joseph Mercola:

What's your take on that?

Stephanie Seneff:

Yeah. I want to say that I told Judy, sometime ago that I was really, really determined to try to get her stuff and my stuff to merge. And I think we're a lot closer to that now than we were a year ago. I hope Judy agrees with that, but I got really hung up on this prion angle towards the end of our paper. We knew about some hints about a spike protein being a prion. And at the time we decided maybe it's too immature, we'll leave it out of the paper. And then one of our

reviewers luckily said, “You need to cover this.” And so we went back to the drawing board and looked deeper and I think we dug out a gold mine.

Stephanie Seneff:

I mean, it's absolutely terrifying to me. And I'm now thinking that maybe the worst aspect of these message RNA vaccines because they're producing this abnormal spike protein that doesn't want to go into the membrane. Prion proteins are known to be typically membrane proteins in the membrane. They're alpha-helices in the membrane and then they misfold and become beta-sheets in the cytoplasm, and that's what leads to the prion problem. They form like a crystal that draws in other proteins and makes this big mess of these and builds these fibrils and whatnot that are things like Alzheimer's plaque. The main prion protein is PrP, which is in Creutzfeldt-Jakob disease, which is the human form of mad cow. And we had all that mad cow stuff going on with the cows in the U.K.

Stephanie Seneff:

Everyone knows about that. It's a sort of protein source infection. It's quite wild because there's no DNA involved, no RNA involved, just protein. But the thing is when you have produced a version of messenger RNA that knows how to spew out tons of a prion protein, the prion proteins become problematic when there's too many of them and the concentration is too high in the cytoplasm. And these spike proteins that these messenger RNA vaccines are producing, first of all, they're producing many because they've manipulated the RNA to make it better able to make protein. And they're making this version that isn't able to go into the membrane, which I think is going to encourage it to become even more likely to become a problematic prion protein. And then when you have inflammation, it upregulates alpha-synuclein, which isn't a prion protein.

Stephanie Seneff:

So you're going to get alpha-synuclein drawn into misfolded spike proteins into a mess inside these dendritic cells in these germinal centers in the spleen. And they're going to package up all this crud into these exosomes and release them. And they're going to travel along the vagus nerve to the brainstem and cause things like Parkinson's disease. So there's actually a very well-known story around Parkinson's disease that's exactly that. It starts in the spleen and people can have the alpha-synuclein misfolded in the spleen long before they have evidence of Parkinson's disease. Eventually, it makes its way to the brain and it goes there along the vagus nerve. All of this has been shown in multiple papers that talk about Parkinson's disease. So I think this is a complete setup for Parkinson's disease. And what may happen is that because they got this vaccine, they get Parkinson's disease five years earlier than they would have gotten it otherwise is basically what I'm thinking.

Stephanie Seneff:

It's going to push forward the date at which someone who has a propensity towards Parkinson's is going to get it. And it's probably going to cause people to get Parkinson's who never would have gotten it in the first place because of this vaccine. And especially if they keep getting the vaccine every year, is what it's looking like now. Every year you do a booster, you bring that date that you're going to get Parkinson's ever closer to the present every time you get one of

those vaccines. That's what I'm guessing from this, just very, very logical. And it really matches incredibly well with the Parkinson's story that's well-known.

Dr. Joseph Mercola:

That's good information. Let me go back just to tie up the loose ends on these vaccines. The Johnson & Johnson vaccine is adenovirus, it's not specifically a messenger RNA vaccine, some people believe it's more dangerous and I'm wondering what your views are on it and maybe explain the differences between the two vaccines.

Judy Mikovits:

Well, as you've just mentioned, it's an adenovirus vector expressing the protein. So you're already expressing the HIV and the XMRV envelope and the syncytin, the HERV envelope, and the ACE2. So you're already expressing those in the vector. So that's a classic gene therapy vector. And it goes through a couple of rounds of replication. So with respect to the previous conversation and the RNA component, it's less dangerous because you're not going to see much of the mechanisms we've been talking about the last few minutes with respect to the RNA vaccines and those pathways. But with respect to the fact that these vaccines, these adenovirus vector protein-producing things are grown in the aborted fetal tissue cell line, PER, so now you've got human syncytin.

Judy Mikovits:

You've got that entire 8% of the human genome of another human. So now again, looking at the endogenous, the communication that has to regulate your type I interferon response is going to give you, I look at it like autoimmunity. “Here you go, attack, attack, attack, attack,” all different things. So you still spun it out of control, but it expresses for a number of rounds. So in immune-compromised people, it's going to continue to express and that will give you a live infection and you already have your firetrucks over fighting another. So you can't fight a war on three fronts. I always say that, well, you only need one shot because it's the most toxic. So it's the most toxic in that. We have so many mechanisms to degrade the RNA.

Judy Mikovits:

And we can restore methylation machinery. We have things to go on, very difficult. And many, many, many of my friends who worked in the gene therapy space died of multiple different kinds of cancers. This was in our old book, “Plague of Corruption.” I guess it's not old, it's only a year old, but we're seeing this space in the story we're writing now and Stephanie knows, we've interviewed a great length of that chapter. So we've been looking at the different scientists and all that we saw in vaccine injury court and who got sick as did why. So I really believe we can protect people and it's a nightmare, but I believe our immune system can break it down. And I believe that we have the technologies to turn it around, see who's most susceptible and protect them. And that's why this is politics and not science.

Dr. Joseph Mercola:

I wanted to finish with what we can do to address this and provide safety for those who've been immunized and those who choose not to, but I'm still seeking to understand some elements of the vaccine program. So there's a concern about this viral shedding. Although it's called viral

shedding, it can't be viral shedding less with respect to Johnson & Johnson and AstraZeneca vaccines.

Judy Mikovits:

It's transmission, yeah. Johnson & Johnson will shed and the RNA vaccines, it's considered transmission.

Dr. Joseph Mercola:

Transmission. So it's not technically shedding with the Moderna and the Pfizer.

Judy Mikovits:

Right, because that's a virus term.

Dr. Joseph Mercola:

The shedding is actually the spike proteins and the spike proteins can be toxic themselves, but they can't replicate and multiply like a virus.

Judy Mikovits:

The transmission is the exosomes and exactly what you just said, replicating, multiplying, virus. Yeah. They don't do that. But again, if your exosome looks like your immune system to a virus, if that synthetic nanoparticle is a virus-like particle and they're literally self-assembling cages, you've got your synthetic nightmare.

Dr. Joseph Mercola:

Yeah. So again, which vaccine do you think is the more dangerous? The adenovirus-vectored ones or the messenger RNA?

Judy Mikovits:

I'm getting to be quite the politician.

Dr. Joseph Mercola:

That's a good answer.

Judy Mikovits:

It depends on the person you're giving it to. I think to those with chronic Lyme disease, to those with any inflammatory diseases associated with an abnormal host immune response, whether it be you pop shingles, viruses, you're that population, cancer. For those people, the most dangerous is the J & J and the AstraZeneca. Women who get Gardasil because they already have a problem with that synthetic lipid nanoparticle in Gardasil, those are the people we are seeing get the Parkinsonian shakes and those Huntington-like diseases that we've seen. And as we saw on the HighWire a few weeks ago, what is the government doing? Oh, conversion disorder. All of a sudden you're crazy again. Well, they did that to those three nurses. And this is what we see. This is the value really of that. So I think different components, but the most dangerous to the

population of those with existing inflammatory diseases, those who are the most susceptible to COVID. For those it's J & J, kill them quick, you only need one shot.

Stephanie Seneff:

One thing I wonder is whether the children will be more susceptible to the vaccine just because they have had so many other vaccines in their lifetime because we give so many vaccines to children these days. And all those retroviruses, whether that's going to cause them to be more likely, for example, to convert the RNA vaccines into DNA and end up with a permanent problem. I don't know if you can comment on that.

Dr. Joseph Mercola:

This is especially important because Dr. Fauci, a few weeks ago, stated that his target is to have this vaccine approved for 6 months old.

Stephanie Seneff:

It's terrifying to me. Very, very, very disturbing.

Dr. Joseph Mercola:

It's disturbing in light of the fact that they're virtually no risk. Children are not dying from this disease.

Stephanie Seneff:

It's just unbelievable. I don't understand how they can be doing this.

Judy Mikovits:

Yeah, absolutely the most dangerous to the children are the RNA vaccines because we think about the whole last 45 minutes of conversation, their whole focus, their immune system is growing, growing, growing, growing. You introduce or you turn on a fire, what happens? All the mesenchymal, your stem cells that are important for growing, growing, growing, you've got to OPG, and NF-kappa B, it's called RANKL, receptor of activated NF-kappa B ligand. And that says, okay, all is calm in the immune system, go build bone, go build higher brain cells, go do the pruning with the macrophages. You can't have your macrophages clearing all the viruses. So yes, the RNA viral vaccines, and you will see those integrations. Yes, reverse transcriptase is on, it's expressed in telomeres.

Judy Mikovits:

You're growing. That's the whole idea of everything. All the brakes are off. Same thing in pregnancy. That's why we don't do anything in pregnancy because you've got to stay unmethylated in order to respond to your environment, that endogenous genome of the virome. That's your type I interferon responses. So we've messed everything up from the beginning, the balance of the Th2, you won't make Th9, the follicular stem cells, [inaudible 00:50:17] suppressed, totally on with TGF-beta. Totally on, [inaudible 00:50:22]. So you don't want myelopoiesis, you want embryonic development. We're going to see the kinds of things like Down syndrome that we saw with vaccine injury. Why would you have more Rett syndrome?

That's DNA methylation in little girls who aren't appropriate. So yeah, for the kids, the worst thing in the world is the RNA vaccines.

Dr. Joseph Mercola:

All right. So I would definitely like your insights as to the projections of the danger and the damage that is going to be a result from this vaccine. We've already seen close to 5,000 deaths in the VAERS database. We know clearly that the VAERS database is underreporting by anywhere from 99% to 90%, which means that 5,000 that's 50,000 to 500,000 already, six months into this mess of starting the vaccine program. So my guess is they will kill more than truly died from COVID. And then secondarily, probably more than the Germans killed in World War II. And so how many deaths and the second part of the question is, is that the biggest cause or are we really going to potentially decimate the population by its effect on fertility rates? I mean, we are below replacement numbers at this point in the United States. The only thing that's holding it up is immigration. So what are your comments on that? Judy, you can start first.

Judy Mikovits:

Again, it's a combination of everything. So you're going to see the sterility. We already saw it starting in Gardasil, in those who had injury from Gardasil. We knew those mechanisms. So now you've got to consider the kids have this as well, 12- to 15-year-olds now. That critical part of doing this in puberty is going to cause more damage. So where is your immune system susceptible in time? So I think it's the synergy of everything that's diabolical and accelerated cancers, death, death, death. I think we already see again, through that, we're seeing AML, acute myelogenous leukemia. That's a disease of 80-year-olds. We had one case of that in vaccine court in a 15-year-old girl. So younger and younger and younger cancers. Our 41-year-old daughter-in-law, colon cancer, all kinds of cancers, liver tumors, pancreatic, neuroendocrine tumors, accelerated Parkinson's-like diseases. Huntington's, Down syndrome.

Dr. Joseph Mercola:

And this will never be connected to the vaccine. Never.

Stephanie Seneff:

Right. That's the sad part.

Dr. Joseph Mercola:

They'll dispute it and say it's just a coincidence.

Judy Mikovits:

Yeah. That's happened through the five we've experienced vaccine court, but that's why this has to end forever and that National Vaccine Injury Compensation Act be repealed completely and liability restored and this never happens again.

Dr. Joseph Mercola:

Which lifetime is that going to be in?

Judy Mikovits:

You know I'm an optimist.

Dr. Joseph Mercola:

So Stephanie, what's your projections on this?

Stephanie Seneff:

Similar. I mean, I think we're going to see an increase in all these autoimmune and neurodegenerative diseases, Alzheimer's, Parkinson's, ALS, that's Lou Gehrig's disease. And then all these autoimmune diseases, rheumatoid arthritis, and celiac disease, and Hashimoto's thyroiditis because this spike protein has pieces of it that are molecularly similar to many different human proteins that are associated with all these autoimmune diseases. So they're really making you make antibodies to the spike [protein] and those antibodies are going to be dangerous to cause a lot of immune diseases. And then you're going to have the spike protein itself causing damage to the brain through this mechanism I mentioned. Yeah. And then, of course, cancer comes along as well. So you've got all these awful diseases going up in prevalence. So people will be more crippled and they won't be able to think. I mean, all of these different long-term suffering kinds of living, but not sure it's worth living kind of situation. Many people are just going to be sick for a long time before they die prematurely.

Judy Mikovits:

I think it won't be sick for a long time. So we have evidence in the HTLV-1 associated myelopathy that these things go from long latency periods to in HTLV-1 you can get that disease that looks like multiple sclerosis that would have you in a wheelchair in 10 years, will have you in a wheelchair in six months. So all these other toxins combined hitting you, now it's not going to be the live and suffer forever. It's going to be suffer, as my mom did, five years and die. And she was solid as a rock when they gave her the Prevnar and then you bleed them out with Eliquis. So you have to think about, oh, we created AFib and so, oh, your heart's beat – so you're at higher risk of stroke. And then they throw that in and they bleed you out with congestive heart failure. It's similar to in COVID, you throw a mask on it and you can get [inaudible 00:56:02] too and you can accelerate it because you've crippled the immune system even further. So I think it's all accelerated. So yes, all the people that already [crosstalk 00:56:12].

Dr. Joseph Mercola:

They killed your mother from Prevnar vaccine?

Judy Mikovits:

Prevnar and flu shot on the same day. It was right after I got out of jail and she didn't want to bother me so they bullied her into it. And then she died in 2019. She got a horrible paralysis. Six months she was sick from that shot and nobody told me because as she said, I had enough trouble there. So this is the kind of damage these iatrogenic – and of course, we've seen this, it's just accelerated. Every one of us has experienced that in our families, in our patient population this 30-year plague of corruption with respect to AIDS. It's just, “Hey, wait a minute, you don't have to die with an HIV infection.” We knew that 6% of the country is asymptomatic for the XMRVs, for the gammaretroviruses and all the other garbage Borrelia, Babesia, mycoplasma,

mold and these shots. So let's just accelerate the immune dysfunction by totally crippling it in one shot. This is the kill switch for those they injured. And yes, as Stephanie said, the kids who are higher vaccinated, they're ticking time bombs. They've got all this right there and their healthy immune system so let's just put them in masks, isolate them, and then go ahead and inject them with that time bomb and accelerate their aging in death and blame it on whatever.

Dr. Joseph Mercola:

Okay. All right. So thank you for sharing all the information about the current vaccines and now we want to add some hope, enlightenment, and encourage people. We've got the population divided into essentially two groups, pretty much equal, but clearly, it appears the majority have been vaccinated. So there are two strategies, one is for those who haven't vaccinated and second for those who haven't been and are exposed to people who have been, which is going to be virtually impossible to do. You're not going to be able to avoid them because it's the majority of people out there. So what can we do? From my perspective, one of the most important things to do is build up your innate immune system. So become metabolically flexible and optimize your diet, use time-restricted eating to move yourself to eating within a six to eight-hour window. Avoid all vegetable oils, avoid processed foods, make sure your vitamin D level is optimized.

Dr. Joseph Mercola:

These are all things that can upregulate your innate immune system which is every bit, if not more important as your adaptive immunity, the ability to create antibodies, which these vaccines purport to do. But what do we do against the toxicity? In Stephanie's paper, she discusses the strategy of optimizing autophagy to digest and remove these spike proteins. So I'm wondering if you can comment on that, because I think it's a really vital or important approach if it works and you can do that by fasting, by using time-restricted eating and also by using exposure to a high-temperature sauna, can all activate autophagy. So I want your opinion on that and then other items that we can do to protect those who haven't been vaccinated and those who are exposed to this so-called shedding for people who have been vaccinated.

Stephanie Seneff:

Well, I'm really big on sulfur. And so eating a lot of sulfur-containing foods is important. And I think eating a lot of herbs and spices because they have a lot of interesting molecules that will help to keep your mitochondria healthy. I think you need to keep your mitochondria healthy and you need to keep your lysosomes healthy. The organelles that digest food inside your cell, both of them, the mitochondria and the lysosomes are really important for mitochondrial health and for the ability to clear cellular debris, which includes these spike proteins for example. You need to be able to break these things down. And the sauna's good, keeping your food in a narrow time window, eating absolutely only certified organic. When you go shopping at the grocery store, look for that certified organic label, non-GMO is not enough.

Stephanie Seneff:

You need to minimize your glyphosate exposure. You need to stay away from cities and highways because I think there's glyphosate in the air in those places. And in fact, a study in Brazil showed that there was higher levels of glyphosate in the nanoparticles in the air in the city compared to the nanoparticles in the air in the areas where they were growing foods using

glyphosate. So in other words it's concentrating in the cities and I think that's because they're putting the glyphosate into the biofuels. Brazil is very big on bioethanol. And I think that the glyphosate is getting into the air on the highways in the cities. And I think that's a contributor to COVID-19 because the glyphosate is disrupting the lungs' immune system and that's what's critical. The innate immune system in the lungs is absolutely critical for being able to keep that virus at bay. So sulfur-containing foods, certified organic foods, and sunlight. Sunlight is a big part of what I push for. I also like Epsom salt baths and the use of hot water. I love to take a really, really hot bath with Epsom salts. And I think that is a very effective program for helping to get sulfate in particular into your system.

Dr. Joseph Mercola:

Okay. Well, thank you for that. And then Judy, your take now.

Judy Mikovits:

Yeah. Fabulous. Everything she said I agree with completely. Interesting, we just drove back from Yuba City. I'm in Ventura. That's a seven-hour drive through the Dust Bowl. So that's that alveolar macrophages Stephanie just said in the lungs. So everything both of you said is correct. And I'm going to add the one thing that probably in this world only I can say, is never get another shot. We knew the flu shot would drive the disease. It's the combinations. With the flu shots, old people get them and they're like, oh, I'm fine. Now you have to think that's a ticking time bomb sitting there in every cell. So never get another vaccine. Yes, as Stephanie and you just said, go in all of your medicine, be very careful about what drugs you're taking that compromise your immune system, enhance your immune system.

Judy Mikovits:

For instance, if you have to take blood pressure medicine and I'm not a practicing physician, I'm just saying what I do in my own home. My husband has COPD (chronic obstructive pulmonary disease), that means by definition he's not functioning with his alveolar macrophages, are choked out. So he takes a budesonide inhaler, which we all know works in this disease. And we do everything we just said, but he cannot get another shot because when I first met him, he had this COPD from a bacterial lung infection and his doctor would say, “Oh yeah, you, you have to get Prevnar because you're more susceptible to lung disease. No, the answer is don't hyper-immune activate. Don't eat GMO. Don't ingest it and don't inject it. And on your skin, don't put it on your skin. Don't use toxic [inaudible 01:04:03], that's your immune system.

Judy Mikovits:

Use essential oils, use tea tree oils, use antimicrobials. I just attended the ozone therapy meeting. Dr. Sherri Tenpenny and I got back from Dallas a week or so ago. And we're adding the immune system, ozonated balms and creams, cannabis balms and creams. Normalize that skin that is your immune system. Sunlight, everything. I tell everybody we know how to fix this. AIDS is not HIV. It was in the ‘80s. In the ‘80s HIV caused AIDS. Now it doesn't because we keep the immune suppression for people, steroids, and natural products. So at every level, we can fix this. So as you mentioned, autophagy, yes, it's a metabolic process where starvation because you gobble up all that synthetic stuff and the sick cells. So you help your natural killer cells only gobble up sick cells and virus-infected cells and cancer cells.

Judy Mikovits:

Well, the vaccine is going to look like a virus infecting your cells because that's that signal, the Poly(I:C). All you need is that signal in the RNA. So again, you can induce autophagy, strengthen your natural killer cell component with everything we've said here and only eat certain times. I do the intermittent fasting so I came home with my XMRV infections on fire, my inflammatory pathways because I was taking in all that dust driving through the farm fields from Ventura to Yuba City. So this morning I could hardly stop coughing before I got on this because I already have the lung disease because it goes all the way back to our books. We know that Tony Fauci infected all the lab workers, contagious cancer, contagious Ebola, contagious HIV, and XMRVs. So there you go. But we know how to fix it. We cured AIDS. The hope is we've already solved this. Stephanie, you, I, we've been looking at these patients for the last 15 years in my case, in your cases a lot longer. So we know antidotes, quercetin, luteolin, and silymarin, type I interferons. We can get those in nasal sprays. We can enhance our-

Dr. Joseph Mercola:

Can you hold on there because that's sort of your specialty since you've been studying it for so long? Talking about the gamma interferon type I, so what is the dose, where do you get it and what is the-

Judy Mikovits:

[crosstalk 01:06:56] for interferon.

Dr. Joseph Mercola:

Oh, you're coming out with one soon?

Judy Mikovits:

I said I'm talking alpha.

Dr. Joseph Mercola:

Oh, alpha. I'm sorry.

Judy Mikovits:

Type I, gamma is on the other.

Dr. Joseph Mercola:

So the type I alpha interferon, when is it appropriate to use in someone who's been vaccinated, or is it only when they're having symptoms? If they're asymptomatic it's not necessary, or what would your recommendation be?

Judy Mikovits:

I mean, strengthening in your type I interferon pathways, you can do that with cannabinoids. You can do it with a nasal spray if you already have defects, if you already have an ongoing infection, like say a temperature of 99 [degrees Fahrenheit], if you have COPD like me where the definition of myelopoiesis is you activate that endogenous virome, you activate latent viruses, in

my case, the XMRVs, having HIV right now. I didn't get that one from the lab. So the type I interferon pathway, yes, I use this spray called Paximune developed by Joe Cummins, who actually has Parkinson's right now because we know those of us who work around these viruses, that's the nosocomial spread. So I can keep myself well by that combination. So Paximune, P-A-X-I-M-U-N-E, it's one of these things sold by doctors. And again, you can use other natural products to upregulate your type I interferon pathway. Ampligen, you remember very well Ampligen from... I forgot the name of the company, but I talked 15 years ago. I said, "Make a nasal spray." But of course just a nasal spray and saline. You can stimulate the type I interferon pathways in your mucosal surfaces. On the skin, a cannabis balm on the skin. And if you ozonate that, that'll break apart the lipid particles.

Dr. Joseph Mercola:

Would it be better if it was nebulized with the nebulizer or would that break apart the protein particles?

Judy Mikovits:

You could do both. You could do both, but I'm not good enough at nebulization. I've done more formulations on balms in my lifetime. So ingesting, protect all your mucosal surfaces with a different always low dose. That's what happened with the interferons in the 1980s. So it's the combination of applying low dose interferons, stimulating your own immune system. Using silymarin or milk thistle in the liver could keep those liver macrophages clearing and use natural things like dexamethasone peptide to block the interaction. So this is what we've done our entire lives. It's just that they use the drugs, either the synthetic drugs, the herbal drugs they wouldn't let us use, the herbal support of the immune system, but we've done it over and over again. Again, we know nobody gets HIV/AIDS. They get pre-exposure prophylaxis, they get low dose of things that silence the expression, keep their viruses dormant, and then at the same time strengthen the immune system.

Judy Mikovits:

But we know if you vaccinate at all, even if you're on anti-HIV drugs to keep the transcription down, you'll get AIDS anyway. So there's a lot going on that we don't understand. So for me, the single most important thing I can tell everybody is the way those of us who have these diseases associated with dysregulation, remember it's acquired immune dysfunction and it accelerates every time you add an immune activation event. So if the entire world never again took another shot, even the most susceptible populations, they could stay well. And there are simple solutions as you've just said, and we've been developing them for four decades. We know how to do it, but we got to get the corrupt FDA (Food and Drug Administration) out of the way because they won't us stay well.

Judy Mikovits:

But for healthy people, never get another shot. If you got the first vaccine, don't get the second one. Don't let them scare you into a booster, strengthen your immune system. Booster, booster, booster. We knew they were going to drive it with the flu vaccine in the wrong time. We see the commercials. If you can stand to turn on the TV, Gardasil, Gardasil, Gardasil. We saw the damage on the combination. They don't give a seventh-grader just Gardasil, they give them

DTaP. They sometimes give them MMRs. It depends on the state. So we really have to say, “No more shots” because they're the single biggest toxin to anyone and immune dysregulator.

Dr. Joseph Mercola:

I couldn't agree more and in fact, to talk about turning on the commercials, I know I don't watch TV, and many people watching this do, but I am told that the federal government has paid somewhere between $3 and $4 billion to advertise these vaccines. So it's a free marketing tool for the drug companies, which Pfizer alone is estimated to make almost $30 billion this year from these vaccines. There's nothing to say about the newer vaccines for the variants that are going to come out just like the flu vaccines and the booster. So the key messages here, you just got to avoid these vaccines and share with your friends and family who are in the vaccine-hesitant group, still deciding this information and the information we had last week with Dr. Seneff's interview and the paper she wrote. So there's more than enough scientific evidence to support this position. More than enough.

Dr. Joseph Mercola:

And we need to exercise the precautionary principle. So thank you to both so much for joining us this week and helping us take a deeper dive into understanding why we need to stay away from these vaccines and the specific details so people can vigorously and correctly defend themselves against those who might think otherwise. So, Judy, we'll be connecting again very soon for your new book, “Ending Plague,” which comes out very soon. So look forward to that. And with your mentor, Frank Ruscetti, I love that guy. You talk about him so much. He is such a delight to read. He's really good.

Judy Mikovits:

He's an amazing, interesting, fun man. And it's interesting, Stephanie and I have to talk to each other because it got delayed a little bit because I simply haven't had time to finish and every day we learn more. So it's like, wait a minute, I've had that to the part of that. [crosstalk 01:13:53]. It's like, oh no, and then [inaudible 01:14:01] more information on type I interferon. This is going to be a really fun book.

Dr. Joseph Mercola:

Yeah. That's why I never wanted to write a book and I've wound up writing almost 20 of them just because it changes all the time. It's always changing. So anyway, thank you. We look forward to reconnecting and people are going to love this. Now, just as a final caution, I'm going to say this at the beginning too. There's so much information here. It's just like trying to drink from a fire hydrant. There's no way unless you're a superhuman being that you could have learned and digested everything that was said. You've got to watch this, not once, not twice, at least three times, and maybe four or five. And don't speed it up. Normal speed or even lower. So that will give you the ammunition. You need to defend your position and help convince others that they do not want to take this vaccine. So thanks, everyone. We'll be back soon.

Stephanie Seneff:

Thank you.

Judy Mikovits:
Thank you.