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Judy Mikovits Suggests Retroviruses Play a Role in COVID-19

Analysis by Dr. Joseph Mercola ✔ Fact Checked | September 04, 2022

STORY AT-A-GLANCE

- Cellular and molecular biologist Judy Mikovits, Ph.D., believes COVID-19 — the disease — is not caused by SARS-CoV-2 alone, but rather that it's the result of a combination of SARS-CoV-2 and XMRVs (human gammaretroviruses)
- SARS-CoV-2 also appears to have been manipulated to include components of HIV that destroys immune function along with XMRVs
- Those already infected with XMRVs may end up getting serious COVID-19 infection and/or die from the disease. Mikovits' research suggests more than 30 million Americans carry XMRVs and other gammaretroviruses in their bodies from contaminated vaccines and blood supply
- Mikovits believes 40 years of data suggest Type 1 interferon at a very low dose would be an ideal treatment for COVID-19
- RT-PCR (reverse transcription polymerase chain reaction) testing, currently used to diagnose active infection by detecting the presence of SARS-CoV-2 genetic material, overestimates infection rates. For an accurate account of COVID-19 prevalence, we need to test for antibodies

Judy Mikovits, Ph.D. is a cellular and molecular biologist,[1] researcher and founding research director of the Whittemore Peterson Institute that researches and treats chronic fatigue syndrome (CFS) in Reno, Nevada.

She is likely one of the most qualified scientists in the world to comment on this disease because of her groundbreaking research in molecular biology and virology. Mikovits is absolutely brilliant but, like many gifted researchers, her complex discussions on science are quite challenging for the average lay person to follow.

For this reason, I present her interview in a different format, cutting and splicing pieces together to present a more cohesive and coherent presentation of her many important points. I would encourage you to watch the initial, very short, videos first, so you will be well-grounded, and if you are motivated, watch the entire interview at the bottom of this article.

Because there were so many surprising and important revelations in this interview I will present part 2 next week along with an interview with Bobby Kennedy Jr. which will revolve more on the vaccine issue.

Mikovits Doesn't Believe SARS-CoV-2 Is the Cause of COVID-19

One of the most shocking revelations Mikovits reveals is that she doesn't believe SARS-CoV-2 is the cause of COVID-19 but merely serves to activate or wake up a dormant XMRV infection. To support her assertion, she states that COVID-19 patients have the same cytokine signature as the gammaretrovirus XMRV, which she published many years ago.

XMRV stands for "xenotropic murine leukemia virus-related virus." Xenotropic refers to viruses that only replicate in cells other than those of the host species. So, XMRVs are viruses that infect human cells yet are not human viruses.[2]

The XMRV retrovirus is actually the virus that has the same cytokine storm signature as COVID-19, not coronaviruses, which are far more benign. (I delve into what retroviruses are in another section further below.)

Additionally, there may be other infections that also are contributing to the infection, such as Borrelia and Babesia or parasites, which may be why some of the antiparasite drugs like Ivermectin and hydroxychloroquine are working.

Vaccine Gammaretroviruses Have Adapted and Are Aerosolized

Getting back to the issue of gammaretroviruses, Mikovits' research showed that many of our vaccines are contaminated with them. How did this happen? In short, vaccine viruses were replicated and grown in animal cell cultures that were already contaminated with retroviruses. In other words, the root of the problem stems from the use of contaminated cell culture lines.

Vaccine manufacturing frequently involves the use of animal tissues and many vaccines are grown in animal culture cell lines. As noted in the 2010 paper, "Of Mice and Men: On the Origin of XMRV," published in Frontiers in Microbiology (which Mikovits did not work on):[3]

> *"The novel human retrovirus xenotropic murine leukemia virus-related virus (XMRV) is arguably the most controversial virus of this moment. After its original discovery in prostate cancer tissue from North American patients, it was subsequently detected in individuals with chronic fatigue syndrome from the same continent …*
>
> *The detection of integrated XMRV proviruses in prostate cancer tissue proves it to be a genuine virus that replicates in human cells, leaving the question: how did XMRV enter the human population?*
>
> *We will discuss two possible routes: either via direct virus transmission from mouse to human … or via the use of mouse-related products by humans, including vaccines. We hypothesize that mouse cells or human cell lines used for vaccine production could have been contaminated with a replicating variant of the XMRV precursors encoded by the mouse genome."*

Mikovits goes even further, explaining that, "It became clear in 2011 that these [gammaretro]viruses had adapted to become aerosolized." This is a rather shocking finding, and this, Mikovits says, is what allows the gammaretroviruses to spread in laboratories from one cell line to another.

This could be related to research catalyzed by Charles Lieber, the former head of Harvard's chemistry department, who is a nanoscience expert and was arrested by federal authorities in January 2020 for working with the Wuhan Virology Institute.

Lab workers may also be inadvertently spreading them as they are using cell lines contaminated with retroviruses in vaccine production that could result in the spread of these retroviruses via the finished vaccine. Mikovits suspects COVID-19 may in fact be a type of vaccine-derived or vaccine-induced retroviral infection.

"I don't believe [COVID-19] is infection from without," she says. "I believe the spread across [210] countries[4] is from injection, and there's enough evidence to support that."

SARS-CoV-2 — A Combination of SARS, Gammaretroviruses and HIV

Another of her theories is that SARS-CoV-2 is unlikely to have had a zoonotic origin but is likely synthetically produced. She believes it originated in and escaped or leaked from a biosafety laboratory. Mikovits believes both scenarios might be at play, where a lab-created virus, SARS-CoV-2, is causing serious infection and/or death only in those who have underlying retroviruses in their bodies.

Mikovits suspects that people who do not have retroviral infections, SARS-CoV-2 causes no or only mild symptoms. Another possibility is that the SARS-CoV-2 virus is the result of growing coronaviruses in retrovirus-contaminated cell lines, producing a gammaretrovirus-carrying virus.

According to Mikovits, her 2009 through 2011 work suggested 25 million to 30 million Americans were carriers of XMRVs and other gammaretroviruses. That estimate is over a decade old now so the number is likely far higher.

> *"There is a family of gammaretroviruses, most likely [in] contaminated blood supply and vaccines that are still to this day, almost 10 years later, being injected,"* she says.

"We don't need an infectious virus if you inject the blueprint, if you inject the provirus. And … there are a lot of data to support COVID-19 is not SARS-CoV-2 alone, that it's SARS-CoV-2 and XMRVs (human gammaretroviruses) and HIV."

Might Wearing a Mask Worsen Your Odds of Illness?

Mikovits is also highly critical of the recommendation (and in some places mandate) to wear a face mask or fabric cover such as a bandana around your face. She believes:

"Wearing a mask is going to cause more secretions and give more cells a home and amplify any viruses. [Wearing a mask is] immune suppressive; it's going to limit your body's ability to produce Type 1 interferon.

You're driving the infection in yourself and you're not preventing the spread. [Instead], you're amplifying [replication of] not just [SARS-CoV-2] but also many other [viruses], including your XMRVs, influenza or other dormant viruses.

What keeps those dormant viruses dormant? Your natural killer (NK) cells, your mast cells, your macrophages. That's where you're getting the inflammatory signature.

So, every virus you amplify is driving the inflammatory signature, and you're going to get sick. [The resulting illness] doesn't have to be SARS-CoV-2 at all. You're making yourself sick [by bringing dormant viruses out of dormancy]. It's insanity."

Wearing a face mask after getting a live flu vaccine may further worsen your odds, she says. Why? Because you're injecting three or more live flu virus strains into your body, which lowers your immune function. You're also going to shed the viruses contained in the vaccine. If you wear a mask, Mikovits says, you'll shed those viruses into the mask, which could encourage illness.

On the other hand, not wearing one might jeopardize the health of others. "If you're shedding [the viruses] into the air, you're going to make somebody else get another

upper respiratory infection that's going to allow [SARS-CoV-2] to make them sicker," she warns.

Why PCR Testing Is a Bad Idea

We're also being lied to about the prevalence of infection. At the height of the pandemic, we saw inflated case numbers for the simple reason that the Centers for Disease Control and Prevention stopped requiring doctors to do testing in order to confirm that a patient is in fact infected with SARS-CoV-2 or died from COVID-19. The numbers now include "suspected" and "assumed" cases.

Naturally, without widespread and accurate testing, there's no way to get a clear idea of how prevalent the infection is, and how many actually get sick and die from it. The initial emphasis on PCR testing resulted in massive false positives and greatly inflated numbers of those infected.

As noted by Mikovits, confirming each case through testing matters greatly, as there are hundreds, if not thousands, of microbes that can cause upper respiratory infections, including seasonal influenza viruses. None of those should be lumped in with COVID-19 if we want to understand the true nature and danger of this disease.

What's more, the initial decision to use RT-PCR (reverse transcription polymerase chain reaction) testing instead of antibody testing was an unwise one, as it virtually guaranteed an overestimation of the problem. RT-PCR is now being used to diagnose an active infection by detecting the presence of SARS-CoV-2 genetic material.[5] However, by doing that, you end up with high rates of false positives. Mikovits explains how the RT-PCR test works:

> *"We're taking a swab and scraping some epithelial cells [from the back of the sinuses or throat] because that's what coronaviruses infect … We get a little RNA — because it's an RNA virus — we reverse-transcribe that, meaning write it backwards with enzymes in the lab, and then we amplify it [through a] polymerase chain reaction …*

We're only taking a piece of the virus, we're not taking the whole virus … The first thing about [the PCR] test is, it was admitted by the U.S. Food and Drug Administration and the CDC that the tests put out by the CDC were contaminated.

And when you amplify something a million times, or 10 million times — whatever they do in the 30 cycles or so — it's logarithmic that RNA then is way overestimated … [But] no [viral] particle was identified or isolated from your saliva or from your nasal passages. Nobody took the secretions from your nose or your mouth and isolated the [actual] viruses.

[When I isolated] HIV in 1983, I isolated it from saliva. What you do is you take the virus and grow it in any human cell, in an appropriate cell line, and you make many copies. [Viral replication] means you have [a positive test for] that virus. Then you sequence the whole virus.

A PCR [test, on the other hand] can give you a lot of false positives [by amplifying RNA fragments].

We [also] showed the people that had [HIV] infection had antibodies; that they had been fully exposed and it was not a piece of nucleic acid in a biopsy or in their throat or in their nose. [A piece of nucleic acid] is not a virus. And it's certainly not infectious.

If RNA is there and in the tiniest amount, I'm not going to cough it on somebody, especially if I'm not coughing. I'm not going to breathe that [out and infect] somebody because there's no evidence of an infectious virus."

Better Testing Strategy: Antibodies

Rather than using PCR testing, "what should have been done is test for antibodies," Mikovits says. This is what was done in South Korea. An antibody test will tell you whether you had the infection at some point, and have developed a strong immune

response or immunological memory that will allow you to fight the infection should you encounter it again.

> *"Epidemiology is not done with PCR. In fact, Kary Mullis who invented PCR, Nobel Laureate, and others, said PCR was never intended for diagnostic testing. So that puts that to bed.*
>
> *It takes nothing to develop a really good serology [i.e., antibody] test … [It takes] a few weeks. It's pretty easy because the people who have recovered have antibodies. So, you isolate those antibodies, you take their plasma, you purify the antibodies, and then you can grow them.*
>
> *Then you develop the tests... It's usually ELISA or Western Blot [which check for] the protein and the antibody binds. You form an immune complex, and you detect it with a dye. You can do that test with a finger stick … and it takes 15 minutes to get the answer, almost like a pregnancy test."*

My belief is that the use of PCR instead of a proper antibody test was intentional, as it inflates the case numbers. Mikovits agrees, saying "I wouldn't get any tests right now. I'd simply wash my hands and drink hot lemon water as I always do for any flu season."

Evidence SARS-CoV-2 May Be a Lab-Created Virus

In the Epoch Times documentary, "Tracking Down the Origin of the Wuhan Coronavirus,"[6] Mikovits details some of the evidence supporting the view that SARS-CoV-2 is not a naturally-evolved virus, but rather a laboratory concoction.

One piece of evidence is that the virus contains a protein envelope from the HIV virus. It's also very similar to SARS which, according to bioweapons expert Francis Boyle, is an engineered bioweapon.

As explained by Mikovits, an Indian paper[7,8] detailed the presence of Gp120, a protein envelope from the HIV virus. That paper was quickly retracted due to political pressure.

However, Mikovits colleague, Luc Montagnier, made a similar discovery, finding Gp41 in the SARS-CoV-2 virus, which is the transmembrane domain of the HIV virus.

> *"The folks from India also had GAG. That's structural proteins. That gives you a clue that it wasn't a CRISPR technique or a pseudotyping where the envelope was expressed in a gene therapy-type of way. If it were CRISPR, you wouldn't put the GAG sequences in there.*
>
> *What was done is, the virus was acquired as they grew SARS-CoV-2 in Vero-E6 cells — the monkey kidney cells where you get HIV.*
>
> *Simian immune deficiency virus was the origin, and we were told all the way back in the 80s that somebody forgot to cook their food in Africa and a few promiscuous men spread this [HIV] virus around the world. So, you can see again the patterns of the lies and of what people end up believing."*

The addition of this envelope protein from HIV gives SARS-CoV-2 the ability to impair the immune system. It also contributes to its pathogenicity. Mikovits continues her explanation:

> *"The first thing is, you must grow a virus to make a lot of it. So, you grow it in cell lines. They didn't take [SARS-CoV-2] from the bat and it jumped into a human. It normally goes through another cell [from] a monkey or a smaller animal. The cell line that supports the growth and expansion [of viruses] are monkey kidney cells.*
>
> *Maybe [SARS-CoV-2] is not engineered at all … but the end result is, now it not only infects the epithelial cells of the lungs, it infects the white blood cells, it infects the immune cells. We see the splenomegaly in large spleens, we're seeing penias, cytopenias. We're losing cells like HIV-killing T-cells …*
>
> *So, it's got not only an expanded host range, but also disease symptoms that make no sense for a coronavirus.*

Hence, we're killing people because they're treating an upper respiratory infection, and you're getting that inflammatory disease signature because you're infecting the very innate immune response, the macrophages, the monocytes, the natural killer cells, the T cells. And it's primarily the T-cells in the macrophages because those are the cells HIV 120 and Gp41 infect through CCR5 in the CD4 receptor.

So now you're going to lose your adaptive immune response, you're going to drive the inflammation. And it's the fire [of inflammation] that does the tissue damage."

Another piece that hints at SARS-CoV-2 being a manufactured virus is the construction of its spike proteins, which bind to ACE2 receptors to gain access into the cell. This appears to be an engineering feature. According to Mikovits, it's quite clear that the spike proteins came from the original SARS virus, which also infects through ACE receptors.

There are also "single point mutations there that make it far more infectious, easier to spread," she says, "and how those were acquired, nobody really can say." At least not yet. Nanotechnology may also have been used to aerosolize it for ease of transmission.

"The nano[size] further increases the host range. So now you can go into every cell. Now you can go across the blood brain barrier. That's nano. Now you don't need a receptor. You can breathe it, it can go into every cell of the body. You don't need the gatekeeper. You don't need the receptor. You don't need the lock and key."

Contaminated Cell Line Shared With Wuhan Biolab

According to Mikovits, one contaminated cell line is the Vero monkey kidney cell line called Vero E6, which was given by Fort Detrick — a U.S. Army Medical Command installation that hosts many of our national biological defense programs and houses the National Cancer Institute laboratory where she used to work — to the biosafety 4

laboratory (BSL-4) in Wuhan, China. This cell line is what the Wuhan lab used to grow and study coronaviruses, she says.

The Vero cell line is listed in the 2015 paper,[9] "A SARS-like Cluster of Circulating Bat Coronaviruses Shows Potential for Human Emergence," co-written by University of North Carolina researchers and Dr. Shi Zhengli, a Chinese virologist at the Wuhan lab who in 2010 published a paper[10] discussing the weaponization of the SARS virus.

The contaminated Vero monkey kidney cells were also used in the production of polio vaccines, Mikovits notes. The original polio vaccines were passed through mice brains, as we didn't have cell lines in the 1930s when that vaccine was originally developed. According to Mikovits, the spread of this Vero retrovirus has occurred through laboratory workers and hospital caretakers for decades.

"That's why the family studies we did were so important," she says, referring to studies in which retroviral transmission was tracked to determine how it spread between family members.[11]

Alas, whenever patterns were detected, she was always directed to cover them up. Her refusal to hide the information from the public was what led to her firing in 2011. According to Mikovits, we're seeing the same pattern of sweeping evidence under the rug now during the COVID-19 pandemic.

> *"The patterns are the same as far as the science goes, and the patterns are the same as far as the political corruption, the plague of corruption, in covering up data,"* she says.

Mikovits Pioneering Research in XMRV

In 2009, Mikovits got embroiled in controversy when she wrote a paper reporting that a retrovirus known as **xenotropic murine leukemia virus-related virus may play a causal role in CFS** and other diseases, including autism.

Her career background and past troubles also involved Fauci who, according to Mikovits, is guilty of scientific fraud. She details this in her book, "**Plague of Corruption: Restoring Faith in the Promise of Science**."

According to Mikovits, Fauci does not appear to have changed his stripes, and is still misleading the public and hiding the truth about SARS-CoV-2, just like he did with the HIV virus and retroviral-associated diseases.

> *"I think the way to think about the background of what's going on right now is to go back to my first interactions with Dr. Tony Fauci when I was a 25-year-old lab technician in the National Cancer Institute. At that time, we had isolated — from blood and saliva — the lymphadenopathy virus.*
>
> *[Lymphadenopathy-associated virus (LAV)] was the name given to it by Luc Montagnier, the Nobel Laureate, [who] first isolated and discovered that virus and its association with HIV/AIDS.*[12]
>
> *In that situation, Fauci delayed the serology testing [to find out] who was exposed [to HIV]. It was politicized such that the only people that were [said to be] susceptible to getting infected with HIV was gay men [and] IV drug users.*
>
> *The country was told not to worry about it. It was only spread through blood and body fluids and shouldn't be a problem for most other people. So, the testing that could have been done wasn't done because of political reasons, and the treatments weren't done because Fauci had patents, and — we didn't know this at the time — the wrong type of treatment was used. That led to the spread and [death] of millions worldwide …"*

The Discovery of Human Gammaretroviruses

Ultimately, Mikovits and her colleagues discovered that the HIV virus was spread through a contaminated blood supply. After that, they proceeded to look into other "clearly retroviral-associated diseases," such as CFS,[13] certain kinds of autism, cancers, leukemias and lymphomas.

Gammaretroviruses[14] are viruses that can cause cancer, leukemia and immune deficiencies in various animals. Examples include murine leukemia virus, feline leukemia virus and mink focus forming virus. As explained in a 2011 paper on gamma retroviruses:[15]

> *"Retroviruses are evolutionary optimized gene carriers that have naturally adapted to their hosts to efficiently deliver their nucleic acids into the target cell chromatin, thereby overcoming natural cellular barriers …*
>
> *Retroviral vectors are fascinating and efficient delivery tools for the transfer of nucleic acids. As a hallmark, all retroviruses are capable of reverse transcribing their single stranded RNA genome into double stranded DNA, which will be stably integrated into the host cell genome.*
>
> *As highly evolved parasites they act in concert with cellular host factors to deliver their nucleic acid into the nucleus, where they exploit the host cell's machinery for their own replication and long-term expression occurs."*

The key take-home here is that retroviruses are "integrated into the host cell genome," and infection can result in "long-term expression." In other words, once they're in your body, they can remain dormant, only to reactivate when conditions are favorable. In this regard, they're quite different from your average virus that, when you're exposed, invades your cells, replicates and causes symptoms, and is eventually eliminated from your body through your immune response.

In 2009, Mikovits and her team discovered and isolated the first human gammaretrovirus family of retroviruses, known then as XMRVs. As mentioned earlier, XMRV stands for "xenotropic murine leukemia virus-related virus." Xenotropic refers to viruses that only replicate in cells other than those of the host species. So, XMRVs are viruses that infect human cells yet are not human viruses.[16]

My Entire Interview With Judy Mikovits

To reiterate some of the key take-home messages Mikovits delivers in this interview:

- She believes COVID-19 — the disease — is not caused by SARS-CoV-2 alone, but rather that it's the result of a combination of SARS-CoV-2 (which appears to have been manipulated to include components of HIV that destroys immune function). Previous XMRV (human gammaretroviruses) infection may facilitate SARS-CoV-2 to express the COVID-19 illness.

  Put another way, COVID-19 may be initiated by SARS-CoV-2 but dependent upon a preexisting infection with and awakening of other viruses such as XMRV, gamma retroviruses, possibly Lyme and other coinfections, including parasites, and this is why anti-parasitic medications like hydroxychloroquine and Ivermectin help.

- Blood products and vaccines are contaminated with XMRVs that can damage your immune system and cause CFS, cancer and other chronic diseases. The viruses spread within laboratories as they have adapted to become aerosolized, and contaminate cell lines used in vaccine production and other viral research, including research on coronaviruses.

- Flu vaccines have spread a host of dangerous viruses around the world, which can then interact with SARS COV-2.

- It is possible to develop safer oral vaccines, and interferon alpha could be a valuable treatment alternative against COVID-19. Aside from interferons, other treatment strategies discussed in our interview include hyperbaric oxygen therapy, cannabinoids (CBD), peptide T and antioxidant support.

- SARS-CoV-2 is more dangerous and virulent than typical coronaviruses because it includes sequences of HIV, SARS and another virus, which enable it to infect more than just your respiratory epithelium. It can also infect blood cells and hematopoietic organs such as the spleen.

Last but not least, if this topic intrigues you, be sure to pick up a copy of her new book, "**Plague of Corruption: Restoring Faith in the Promise of Science**." You can also find more information on her website, **plaguethebook.com**.

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