

Why Are Influential Virologists Insisting on the 'Natural' Origin of SARS-CoV-2?: A Special Interview With Dr. Meryl Nass

By Dr. Joseph Mercola

Dr. Mercola:

Welcome everyone. This is Dr. Mercola helping you take control of your health. Here today, we are joined by Dr. Meryl Nass. This is her third appearance. Previously she joined us in 2011, nine years ago and then two years later in 2013. And today she's going to share her wisdom and what she's been working on for decades and how it relates to this current pandemic. So welcome and thank you for joining us today.

Dr. Meryl Nass:

Thank you for inviting me.

Dr. Mercola:

So you were recently interviewed previously for your experience with anthrax. And many may recall the last scare that we had in this country, was the 9/11 scare, the terrorism crisis that we had. And shortly after that they launched these anthrax spores, which you had quite a bit of experience with. So, and as a result of that, and I would definitely want you to relate the details because many of our memories are faded on this, it's almost two decades ago now.

Dr. Mercola:

But as a result of that crisis, one of the most severe compromises of our personal freedoms was initiated with the PATRIOT Act. And it's many people's concern that they're going to use this crisis to take even more freedoms away. And there's strong evidence to support that's precisely what's going on now. So before we get to that, why don't you refresh our memories on this anthrax component?

Dr. Meryl Nass:

Okay. That's a hard one because I could talk for hours.

Dr. Mercola:

Oh, yeah, then well, let's condense it because we've got a lot of things to talk about today.

Dr. Meryl Nass:

Yeah. So it might be better if you ask me specific questions. In any event, anthrax spores were sent in a series of letters to the media and to members of Congress, specifically two Democratic senators who were holding up the PATRIOT Act. It had just come in, it was very large. I don't think anyone had even read it all. And it had been written quite a while before the 9/11 problems, but never let a crisis go to waste.

Dr. Meryl Nass:

So you bring in your rather questionable, controversial legislation when the country is in a crisis and you can make an excuse that the legislation is necessary. And that is what was done at that time. A few weeks after the 9/11 planes hit, these letters were sent and also people who worked in post offices and a very tiny number of other individuals who didn't work in a post office, it wasn't clear how they received anthrax spores, died of anthrax.

Dr. Meryl Nass:

So, it was only about 11 deaths in the whole country and about 20 some cases. 44% died mostly because they weren't diagnosed early enough. So once everybody realized what was happening and they started treating people appropriately for anthrax, it became much less of a problem. But the country was panicked because they didn't know if there would be anthrax spores in their mail and they didn't know when another letter was going to come.

Dr. Meryl Nass:

And so this went on for about a month and created quite a hullabaloo. I was interviewed multiple times a day and it was on television. It was a big deal. And then it disappeared. But in the wake of these two crises, of course, Congress has only one way to approach any problem and that is to spend money on it. So, Congress appropriated a lot of money for bioterrorism, which is conjoined with pandemic planning. So the same pot of money that goes into pandemics goes into biological defense. And biological defense, much of it is duly used, research performed in high containment, BSL-3 and BSL-4 labs.

Dr. Meryl Nass:

So that we don't call it biological warfare, but when you're designing pathogens, microorganisms to be more virulent than the originals in nature. And because the tools that are available through genetic engineering today make it possible to design almost anything, essentially biological warfare research gets done. Now things are called biological warfare if the intent is to create a weapon, things are called biological defense if the intent is to design a bad bug so you can come up with defenses against that bug. What has happened is that a lot of money was spent to develop new high-containment labs. Many, many more high-containment labs.

Dr. Meryl Nass:

These are labs where you have to have your own air supply. The person working in the labs cannot breathe the same air as the air in the lab because there may be aerosolization of pathogens. So this seemed to be an easy way to spend a lot of these billions of dollars, about six and a half billion dollars a year ever since 2011 has been designated for this bio-defense. So what we wound up with is hundreds of bio-defense labs that have to be used and thousands possibly 15,000 newly trained bio-defense researchers. So now we have cadres of people who are experts in coronaviruses or avian flu viruses, Ebola, Lassa, et cetera.

Dr. Meryl Nass:

And what most of that money, six and a half billion dollars a year, has been spent on, has been researching these pathogens. Even though the money was supposed to be spent on developing countermeasures and stockpiling countermeasures, to a great extent, that did not happen. When there was a countermeasure available, like an anthrax vaccine or a smallpox vaccine and companies existed who were skilled at getting sweetheart deals, then we bought supplies of anthrax and smallpox vaccine

for the stockpile or a smallpox drug. But in general, the bulk of the effort was put into research that was not directly designed to produce countermeasures. As a result, we know a lot about highly virulent coronaviruses that have been created in labs around the world as well as in the U.S. and China, and we have absolutely no countermeasures that have been developed for coronavirus.

Dr. Mercola:

Now, how does this relate to the two papers you wrote about 30 years ago in 1991 about biological warfare?

Dr. Meryl Nass:

Okay. So in 1941, scientists came to President Roosevelt and said, "You know what, we're fighting the Germans and we should get into biological warfare too. We should consider that as one of the arrows in our quill." And it was agreed and Fort Detrick was established. Other institutes were established and scientists were brought in to start doing research on pathogens that might be used for biological warfare. You'll probably be surprised to know that Arthur Guyton, very famous author of a physiology textbook used by every student in the country when I went to med school, was one of these scientists who was in the military, called up for World War II and worked on biological warfare [in] Fort Dietrich.

Dr. Meryl Nass:

So we had a program, we researched, we had organisms and we stockpiled them. We also had toxins. We also had chemical warfare agents. And that program persisted from 1941 until 1969. At that point, for a number of different reasons, one of which was our own use of chemical weapons in Vietnam that was getting a lot of pushback because there is a Geneva Convention that says we're not supposed to do that. And the loss of over 6,000 sheep in Utah when a chemical warfare test went awry and killed the sheep of a rancher. Nixon said, "Look, we're going to end biological warfare. We're going to get rid of our stockpiles. We're not going to do the research and we're going to encourage the rest of the world to come along with us and we're going to initiate a Biological Weapons Convention."

Dr. Meryl Nass:

Now, some say that was done because it was felt that the science was at such a place that the United States did not have an advantage over other nations in biological warfare. It was the poor man's atomic bomb. Anybody with a lab and a graduate degree could make the same things. Be that as it may, the United States did initiate a treaty that was signed by over 100 countries and we destroyed our stockpiles to the best of our knowledge of biological weapons. And there was supposed to be only defensive research after that.

Dr. Mercola:

Was that the 1987 treaty that Francis Boyle drafted?

Dr. Meryl Nass:

So, it was actually the 1972 treaty. Came into force in '75 and Fran Boyle wrote enabling legislation to put it into law in the United States.

Dr. Mercola:

Okay.

Dr. Meryl Nass:

So he made it a federal crime to use biological weapons. So things seem to be good for a while, but the United States realized that actually the science had now advanced and we probably did have an intellectual advantage against other nations. And maybe this wasn't just the poor man's atomic bomb. And so there were a gradual encroachments on the treaty and re-interpretation of the treaty such that gain-of-function research became acceptable. Gain-of-function is a funny term, which means putting more virulent features into pathogens. So you can take a microorganism that causes disease, but then you can make it more virulent. You can make it go to different kinds of tissues or cells. You can make it transmissible by aerosol. You can make it more stable in the environment. There are many different features one could theoretically add to a pathogen to make it more nasty.

Dr. Meryl Nass:

And I would call that more of a weapon. But, we're not supposed to say it's a weapon because it's being done so that we can test our defenses against it. So that started to happen and more and more of it went on. After 2001, we built all these labs, we trained all these new scientists and the field just expanded. And of course, appropriately the rest of the countries of the world did the same thing. And so now we have a biological defense arms race slash biological warfare.

Dr. Mercola:

Okay. So these biological safety labs, BSL labs come at different levels of security. The 3 and 4 are the most secure.

Dr. Meryl Nass:

Yes.

Dr. Mercola:

And the purpose of these labs, according to Francis Boyle, is exclusively for the development of offensive biological warfare weapons. And I'm wondering what your views are on that.

Dr. Meryl Nass:

So. Yeah. In the late '90s, the Federal Government created a program called the [Federal] Select Agent Program and they assigned all the bad bacteria, viruses, fungi, et cetera, that could cause significant harm to the United States, either livestock plants or humans. And there's about 60 of them right now that the number changes. And if you work on any of those designated select agents, it has to be done in a high containment lab.

Dr. Meryl Nass:

So some of them are at the BSL-3 levels, some are at the BSL-4 level, so that appropriate, for example, agricultural research, could be done on agricultural pathogens. That has to be done in a high containment lab. Now you also have the potential to do research that could make a pathogen worse and knock out somebody's rice crop or wheat crop. But basically all research on these 60 or so living organisms and some of them are not living but are toxins, is required to be done in these high containment labs within the United States by law.

Dr. Mercola:

Okay. So you don't believe that some of them could be offensive biological weapons, but you don't believe that's true for all of them?

Dr. Meryl Nass:

I guess what I'm saying is you're looking at hundreds, probably at least 600 BSL-3 labs in the United States. You're looking at more than-

Dr. Mercola:

Is that 3 and 4 or 1, 2, 3 and 4?

Dr. Meryl Nass:

That's 3 and 3 only.

Dr. Mercola:

Well, think about just hundreds of BSL-3s.

Dr. Meryl Nass:

Yes.

Dr. Mercola:

Wow.

Dr. Meryl Nass:

And at least a dozen, BSL-4s.

Dr. Mercola:

Okay.

Dr. Meryl Nass:

Many of which are owned by the federal government. Plus you have researchers that don't necessarily do one thing at a time. So they may be doing some very appropriate research, but doing something that could be creating a weapon at the same time in the same lab.

Dr. Mercola:

Okay. All right. So why don't we transition to 2020 or 2019.

Dr. Meryl Nass:

Yes.

Dr. Mercola:

And we have the SARS-CoV-2, and there's quite a controversy and debate of whether this was acquired, not acquired, but develop naturally through zoonotic transfer and transmission or was facilitated through human hands. And I'm wondering if you could share your perspective on that.

Dr. Meryl Nass:

Okay. Like everybody else in the world, I wondered at the beginning of this, whether this was a natural, a jump from a bat or some other animal virus to humans and scratched my head about it. Wasn't sure, I'm not a virologist, I can't read the detailed virology literature and understand it, But I do have an extensive background in biological warfare and I know what kinds of things have been created in the past, what it takes, where they may be made and how it has been done. So, I remained curious. And then in the end of February, the later part of February, a group of scientists wrote a piece that was published in The Lancet and it was a very curious piece to me.

Dr. Meryl Nass:

It didn't make sense. Yeah. And these were very prominent people, including the former head of the National Science Foundation, one of the former top people at CDC and other very prominent people. What they said is, "We need to quash the rumors of the fact that this came from a lab. That is conspiracy theory and we need to get rid of it. We have to stand with our colleagues in China. We all need to work together. We can't start problems with the Chinese basically." And so what this group was doing in a very short, less than a page, brief letter, was conflating the idea that this might've come from a lab with the fact that that would interfere with the US-China relationship. And we couldn't interfere with that because we needed China's information and maybe China's products to fight the coronavirus.

Dr. Meryl Nass:

So we had to put this idea aside. Well, I scratched my head and said, "That doesn't really make sense, but okay, these are political people." Then a couple of weeks later, an article came out in Nature Medicine, which said, "Here we have the scientific proof that this did not come from a lab. That there are certain things about this virus." And they talked about the two things that have been identified by others as the most problematic. These two sites on the spike genome, which seemed to enhance the tropism and the binding. So it just makes it easier for the virus to get into human cells. And they took these two areas and said, "Look, these mutations that are found in the new CoV-2 virus, which are not seen in any of the other bat viruses anywhere near it must have come from the wild because these weren't created in the ways that we virologists would have created it.

Dr. Meryl Nass:

We already have ways to create these things, and it wasn't done that way. And two, we did some computer imaging and designing and we decided that based on the computer model, this was not the ideal spike formulation. And so if a geneticist, a virologist was doing this, they would have used the computer model and they didn't and therefore this must have come from the wild. Well, that was a really crazy argument because it didn't make any scientific sense, it was a lot of hand-waving assertions, but the evidence was not there because clearly if you understand that those were two highly virulent mutations that could well have been added to a preexisting coronavirus, you would know that in fact each of those could well have been added in a lab by a variety of techniques including the old passage technique, which is what Pasteur used to make vaccines in 1880.

Dr. Meryl Nass:

So, passage has been around for a long time, but it is still used and there's a good possibility that it was used in this case. Because if you take cells that are not – if you take, sorry, viruses that are not particularly adapted to the human ACE-2 inhibitor but are adapted to another animals is ACE-2 inhibitor and passage them in human tissue culture with the ACE-2 receptor. Over time, they will develop

improved, receptor binding. So it's actually a likely way that this coronavirus might've been produced. So anyway, I read that article and I said, "This is complete nonsense. I can't believe Nature Medicine published it." And the two groups of authors, the one from the Lancet and the one from Nature Medicine have consistently referred to each other as they've been interviewed.

Dr. Meryl Nass:

Science Magazine did a short piece on the Lancet article. USA Today did a piece on the Nature of Medicine article. And then the actual head of the National Institutes of Health, Dr. Francis Collins wrote a blog post or somebody wrote it for him saying, "Now we have the scientific answer. This piece in Nature Medicine has put to rest any thoughts that this could be a lab construct. That's a conspiracy theory. We have no room for conspiracy theories. This is the end of discussion."

Dr. Meryl Nass:

So I wrote a couple of blog posts about that and I said, "Well, this is really curious." Now the first thing I thought about the Nature Medicine article was, "Did these people actually write it?" Because it's such a piece of scientific nonsense that any real scientist reading it, if you can read the language, would not accept it, would dismiss it out of hand. So were they asked to place their names on those piece of junk in order to get it into a journal and create this smokescreen around the fact that this is a naturally occurring coronavirus.

Dr. Meryl Nass:

If you look at the names, there were five authors, I knew of a couple of them. One was a fellow named Robert Garry, who I have had some interactions with over the last 22 years, another one was Ian Lipkin. And I happened to show this piece to a friend of mine, Ed Hooper, who wrote a well-known book called, "The River: A Journey to the Source of HIV and AIDS." And he noted that the three other authors had all challenged – This book, The River, is about the origin of AIDS. How did AIDS jump into the human population?

Dr. Mercola:

Fantastic book.

Dr. Meryl Nass:

Yeah. And so, although the claim is that it's due to Africans eating bush meat, Ed makes a very strong case and has put out additional evidence in the intervening 20-plus years since he wrote it, that it's much more likely that the jump into humans was because an oral polio vaccine was grown on monkey kidneys in the Belgian Congo. And that those monkey kidneys probably had the precursor to HIV.

Dr. Meryl Nass:

So it is interesting that three of these authors had actually challenged him on his AIDS origin theory and now they're challenging the coronavirus origin theory, which made me wonder, "Are these people who have Ph.Ds but can be pulled out by the political medical establishment to try to push theories or ideas that are politically desirable." So I guess I'll stop there.

Dr. Mercola:

All right. So, well, thank you for addressing that because those are the papers, primarily the Nature Medicine article that almost every scientist is using to substantiate the fact that there is no human intervention in this virus. And it's just a bunch of hogwash. Then there are other components that another article published in Medium, which is really a book. I mean, it takes you about an hour just to read the article. But it goes into really quite deep science as to some of the reasons – And he's not a conspiracy theorist, he doesn't even suggest that it is manmade but provides strong evidence that one needs to consider before coming to the conclusion that this is of natural origin. And do you want to go into that in some detail because it's an incredible article.

Dr. Meryl Nass:

Yeah, a little detail. So an author named Yuri Deigin, D-E-I-G-I-N, did his own research and published a massive discussion of all the coronavirus research that has gone on since 1999 that is relevant to that SARS-CoV-2, and he particularly discusses these two mutations. One, the furin cleavage site and the other is the receptor binding area. And he talks about all the research that's been done on that and the different ways you can make changes and how changes like what we're seeing now have in fact been done by corona researchers over the past 20 years.

Dr. Meryl Nass:

And he analyzes everything very, very finely. It's like Ed Hooper's book. He sort of goes in and out and around and discusses every aspect. And when you finish reading that article, you are convinced that it's almost certain that, well in my mind, maybe not in yours, that these two mutations were put there deliberately. Whether they were done by passage, whether they were done by CRISPR or whether another method was used, scientists did know the implications in terms of increasing virulence of both of these mutations. So, I invite you to read that piece.

Dr. Mercola:

Just block a large amount of time. It's deep science for sure. Well, we'll put a link to the article in the notes. So, but it does provide some compelling evidence, pretty strong compelling evidence and research that suggests that this was manipulated in some way and not of natural origin. So do you have any other thoughts on its origin and how it might have entered the population? Because it seems somewhat odd that it could spread so quickly if it was just zoonotically transmitted. It almost instantaneously traveled throughout the entire world.

Dr. Meryl Nass:

Right.

Dr. Mercola:

Which epidemiologically doesn't seem to make sense. Not epidemiologically but...

Dr. Meryl Nass:

No, you're right. It came on us suddenly.

Dr. Mercola:

Yeah.

Dr. Meryl Nass:

Last month, ABC News said that back in November, the intelligence community was noting a lot of things that were different about Hubei and Wuhan. Whatever signals they were looking at, cell phone messages, people going to work, whatever, that they had a warning that something was going on there. So I think that's interesting, if that is true, that ABC News said they had four sources for the story and then someone in the administration the next day denied that they had been given this intelligence. So I don't know. So if we have to push back the date of when this started, there are more possibilities. I don't want to say any more about the Wuhan [sic] World Games except that they occurred in October and ended at the end of October.

Dr. Meryl Nass:

And there were military members competing in military Olympics from at least 40 or 50 countries in the world in Wuhan. The other thing I want to say is, just because an epidemic appears to have started in Wuhan, doesn't mean that it came from a lab in Wuhan. And let me give you a couple of other examples. There was a sudden amazing instantaneous outbreak of cholera in Peru in January of 1991. There had not been cholera in the Western hemisphere for almost 100 years at that point. And it started just about simultaneously in three coastal towns in Peru. There was a Navy medical research center in Lima, Peru at that time. Those particular NAMRU research centers have been accused of having a biological warfare as well as a biological defense purpose, I don't know.

Dr. Meryl Nass:

But just to say, there was a U.S. biological lab, military biological lab in Peru when this outbreak started. Nobody pointed to that U.S. lab and said, "The cholera came from that lab." When there was the Ebola outbreak in West Africa, again, more than 1000 miles from where any Ebola cases had ever been reported in 2014, maybe '13, guess who had a lab in Kenema, Sierra Leone, right where the outbreak started? Robert Garry. The same Garry who was a co-author of the Nature Medicine paper, who also had sort of fought with me back 20 years ago regarding the nature of the problems with anthrax vaccine.

Dr. Meryl Nass:

He and another person – even though he's a virologist, suddenly he got into the bacterial antibody and vaccine issue. And he did an experiment and said that the problem with anthrax vaccine was there was squalene in it. Squalene is a natural product, but it can cause autoimmune effects. It is one of the precursors to making cholesterol. So we all have squalene in our bodies, but where it is, is controlled. He said, "Look, there was some-" and squalene can be added to vaccines as an adjuvant to make them stronger so that you need to lose less antigen in the vaccine. He said, "Look, the problem with the anthrax vaccine, both in 1998 and back in the Gulf War was that they had added squalene to it and that's what made everybody sick."

Dr. Meryl Nass:

And a book called "Vaccine A," was written about that. And I was harassed by the author of the book who wanted me to accept this hypothesis. That the whole problem with anthrax vaccine was that squalene had been added. Now, thing is, I'm no fan of squalene in vaccines, adjuvants have side effects in some people. And so I have nothing against that theory, it's just that there was other evidence that showed it was wrong. For example, people who actually got anthrax from the anthrax letters had a

complicated group of symptoms in a way similar to this complicated group of symptoms the coronavirus sufferers have now.

Dr. Meryl Nass:

And their symptoms resembled in many ways the symptoms that people have from anthrax vaccine. Okay? The people who got anthrax from the anthrax letters, there was no squalene in it, they just got anthrax spores. The vaccine contained many different anthrax products. Products made – it's a very dirty vaccine. Anthrax vaccine is not processed extensively. So basically RNA, DNA and proteins, all sorts of molecules were in the vaccine and each batch was different than every other batch. And I believe that some of those products were what were making the soldiers ill.

Dr. Meryl Nass:

I think Garry came up with this theory because the idea was, if that theory was accepted that squalene was the whole problem, well then the government could just say, "Okay, we're not going to make any anthrax vaccine with squalene and now you'll have to be happy. We've taken out the bad ingredient and now, roll up your sleeves." And, so that was my experience with him. Ed Hooper had a different experience. He actually made an arrangement to meet with Ed Hooper talking about original AIDS cases. And then he didn't show up for the appointment. And when Ed went back to his hotel room, Garry shows up at the hotel room saying, "This is a cloak-and-dagger thing and I had to test you and that's why I'm here now."

Dr. Meryl Nass:

So, Garry is an unusual individual, like I said, Ebola, AIDS, anthrax, he's somehow, he's a virologist, but he's somehow into all these highly controversial organisms. And seems to want to push the government line on whatever it is he's doing. Like, "My lab had nothing to do with the Ebola outbreak in Kenema, Sierra Leone."

Dr. Mercola:

Okay. Well, thanks. Let's transition back to the funding for the coronavirus research, which really literally goes back over two decades. And I think that's an important point to discuss because it gives us some insights as to whether or not there is a violation of the Federal Treaty [inaudible 00:34:52] agents.

Dr. Meryl Nass:

Yeah.

Dr. Mercola:

So the U.S. was funding this research. I mean, they really were up until 2014, Obama stopped it. And it was stopped for three years and then it was it was [inaudible 00:35:07] again in 2017. But during that time in 2014, I believe the funding shifted to China, the Wuhan Virology Institute. So from the classic 2015 University of North Carolina paper with Baric and Dr. Shi Zhengli, all that was funded with essentially, the U.S. funding. So I'm wondering if you can give us your perspective on that.

Dr. Meryl Nass:

Okay. coronavirus research over the last 20 years has been done in many countries in Europe, in many labs in the U.S. in Japan, Singapore, China, and probably other places. And it has often been funded by

multiple funders. So funders have included the Australian Government, different branches of NIH, but primarily Fauci's NIAID, the National Science Foundation and USAID, surprisingly because you would think USAID is an aid agency. There have also been organizations like the EcoHealth Alliance, which have served as pass-throughs for the funding so that NIAID or USAID would give money to EcoHealth Alliance and then EcoHealth Alliance would dole it out to the BSL-4 lab in Wuhan and other places and would participate with them in research.

Dr. Meryl Nass:

And most of the most prominent researchers have gone back and forth. It's very complicated. There's a lot of back and forth. And Europe has funded this research too. So, Dr. Shay – I don't know how to pronounce her name exactly, Zhengli Shi, has worked in the United States and our researchers have worked in China, Ian Lipkin has a post in China. And he was an expert who advise the Saudis on MERS, which is another cousin of SARS and advised the Chinese on SARS. And he was over in China at the beginning of this epidemic doing something regarding SARS too. So Ed Holmes works with them. So these people work together, they're funded... The Chinese, the Australians, the Europeans and the Americans fund all this work.

Dr. Meryl Nass:

I can't explain to you why that happens and what are the underlying goals. What I can say is that there may be interest on the part of all these countries to be able to keep an eye on what everyone else is doing. So that by encouraging scientists to work in these different labs, they think and develop friendships, personal relationships and all of this joint funding. Some of this research is funded by five different institutes from three or four different countries. I assume that that may be part of it. So getting back to what you said about the research funding and then being cut off, gain-of-function research has been controversial since it began being discussed. In 2014 in the United States only and for NIH only, there was a pause on gain-of-function research for three organisms only. And those were MERS, SARS and avian flu. Probably because they were getting to a point where these things had been developed to be aerosolized and more virulent. And there was a lot of controversy in the scientific literature.

Dr. Meryl Nass:

However, even though, I don't know, about 20 research projects were stopped, a number of them, maybe half, were then given permission to continue. And Ralph Baric's work with the Chinese researchers was one of those that was given permission to continue during this three-year slowdown. And back at the end of 2017, the slowdown was taken away and everybody was allowed to go back and do whatever gain-of-function research they wanted.

Dr. Mercola:

Okay. Well thanks for that clarification. I suspect you've reviewed Judy Mikovits' thesis in her new book "Plague of Corruption: Restoring Faith in the Promise of Science," which is now the no. 1 bestselling book in the whole country. It has gained great attention. Her large numbers of interviews that she's given have mostly been censored and taken down, at least from the conventional platforms like YouTube. So it's her contention that the SARS-CoV-2 is not the sole arbiter, not arbiter, but cause of the COVID-19 but it's actually a coinfection with, and she believes that preexisting infection with a gammaretrovirus from mouse XMRV or mice, is necessary. And she uses, as a support for that thesis that the cytokine storm signature of COVID-19 is not consistent with the coronavirus, but very

consistent with the gammaretrovirus. In fact, one that she characterized. So I'm wondering if you could share your perspective on that.

Dr. Meryl Nass:

Joe, I watched her interview with you and I saw she made your head spin.

Dr. Mercola:

Thank you. Well, she's got a lot of information and it seems she is sincere.

Dr. Meryl Nass:

Yes, [crosstalk 00:41:30].

Dr. Mercola:

At least I believed her. And she's very bright. She's a profoundly knowledgeable molecular biologist, absolutely committed and not a micro-doubt in my mind that she has integrity and would never do something knowingly that violated them.

Dr. Meryl Nass:

Right. So, what she says is very interesting. Some of it I think is incorrect and some of it is correct and there's so much of it that it's very hard to separate. I think it's certainly possible that the XMRV coinfection is necessary for various illnesses and that... I mean, I've worked on chronic fatigue for decades and nobody understands that. And if XMRV is the answer, that'd be great. And she says she treated Whittemore's child and that child got better. If that's true, I'm not sure why she's holding back on what the treatment is.

Dr. Mercola:

I don't think she's holding back, she's mentioned it before as a protocol. And part of it, I think it's the interferon.

Dr. Meryl Nass:

Yeah. So, alpha and beta interferons are being trialed in this infection mostly in other countries, mostly because the alpha interferon, the primary alpha interferon being used comes from China and now there's a – not China, Cuba. And there's a China-Cuba collaboration that's making some alpha interferon now. So, it may be hard in the United States to find out how well that works. But, overall I guess I want to say that you can make it – even though she says coronaviruses don't do X, Y and Z, this is a very new coronavirus. This has some unique features. What we've talked about so far is only relevant to the spike protein, which is only 13% of the genome. We haven't even begun to explore changes that may have occurred in the rest of the genome. So, I don't think we have the evidence yet to say that this coronavirus alone can't do what it seems to be doing.

Dr. Mercola:

Well, from my understanding, there are only two other or three other modifications. One relates to the HIV envelope protein Gp141, which has to do with the infectivity, the fact that it was aerosolized and there's the chairman of the department of Harvard, Charles Lieber, who was arrested actually in connection with this. And then the other part is what you mentioned was the furin cleavage site, which

has to do with infectivity. So it seems like almost all the other manipulations were related in infectivity, not pathogenicity. So you just are just using it as [crosstalk 00:44:35]

Dr. Meryl Nass:

Well, see, I don't know enough, but some people are saying there are two or three or four small, six to 10 amino acid segments that look like bits of HIV and that they're inserted in different places, they may have effects on the immune response. I don't know. I think that information will gradually appear.

Dr. Mercola:

Okay. So is that the primary concern you have with what she's saying? Or are there other areas you have contention with?

Dr. Meryl Nass:

Like you, I think Judy Mikovits is very sincere and so I don't... People, you know, everyone's asking everyone now, "Please tell us what's right and wrong about her statements." And I just don't think it's my role to get into that. I think there's already been lots and lots of articles trying to make her seem like a crazy person.

Dr. Mercola:

No. There's a massive discreditation campaign going on-

Dr. Meryl Nass:

Right.

Dr. Mercola:

- from mainstream media. I mean, everything I've even heard that YouTube has inserted ads into the mid – left some of her videos up and inserted ads discrediting her right in the middle of the video.

Dr. Meryl Nass:

Exactly. So, I'm not going to do that. And I think I've got to spend some more time reading the book, not just listening to the interviews and seeing what the data show and understand. I mean, in my own research I have found, Anthony Fauci to be a hypocritical fraud, who pretends he knows nothing about coronaviruses and he's funded over 100 million dollars of coronavirus research out of NIAID. So, there he is, he looks so gentle and he doesn't give you any details about anything, but he knows a lot of details. So I think, I'd like her to be right on those areas.

Dr. Mercola:

Okay. Well, you've done research in vaccines before, certainly with the anthrax vaccine. And I'm wondering what your take is on this new fast track vaccine, which everyone was saying was going to be taking 18 months and even that was beyond fast-

Dr. Meryl Nass:

Yes.

Dr. Mercola:

- and really aborting any safety precautions. But it's beyond far beyond worse than that because they are already doing human trials with a vaccine that they anticipate to have in the next three to four months.

Dr. Meryl Nass:

Yes. And started in March. They're doing human trials of at least two vaccines in the U.S. now. So I'll tell you what I know, first of all, the first one. The Moderna was an mRNA vaccine. We haven't had an mRNA vaccine before, so we don't know what that's going to do in people and therefore it seems unconscionable to give it to people before you put it in animals so that you can at least have some idea what the side effects might be. There are about 80 vaccines in development that I've read about, all sorts of vaccines. There were many trials, not just the trial at Galveston with Dr. Peter Hotez where they tried four different types of vaccines against coronaviruses and they all failed, but there have been other types of vaccine platforms that have been used that also failed.

Dr. Mercola:

Can we just stop there for a moment?

Dr. Meryl Nass:

Yeah.

Dr. Mercola:

Because I believe Robert F. Kennedy Jr. went over one of those trials and it was worse than failed. They gave the vaccine to ferrets, I believe, and they got incredibly great humeral antibody response. But then when they were exposed to natural infection, they all died.

Dr. Meryl Nass:

Yes. And Hotez also says in their animal experiments, the animals were worse when they were exposed to the disease than if they had not gotten the vaccine, or vaccines. Hotez also says that that reminds people of experiments that were done in the 1960s with an RSV vaccine, which was given to children and several of the children died, again, with this same sort of cytokine storm problem, arising. So I think there's – this is a vaccine you should tread very lightly with and should never have been given to people before it was given to animals.

Dr. Meryl Nass:

I want to talk about the methods in the United States for doing human subjects research. So, used to be there were IRB – the federal government set up an IRB system. Every university had one of these and faculty members and an ethics person and maybe a community member would be part, and they would have to sign off on all the human trials before they were done. They had to get permission. And that kept most of them honest, not all of them. And there were often conflicts of interests because the university might have a financial stake in the outcome.

Dr. Meryl Nass:

But then the United States allowed commercial IRBs, so you can just go to a company and ask them to approve your clinical trial. And then the United States government allowed commercial clinical trial companies, so you don't have to get anywhere near an academic to perform a trial in human beings. All

you have to do is go to commercial IRB in a commercial research organization, and there are many of them that are particularly prevalent in the South and in poor places where subjects can earn a little money by agreeing to be human subjects. And so these actually become large companies with many sites. And it is these types of organizations that are used for the most, potentially heinous clinical trials.

Dr. Meryl Nass:

And we have no idea what they're telling people when they sign them up to be subjects. So I think it's a real problem. Before you agree to be a subject in any clinical trial, you should really discuss it with other people. Be sure you know exactly what you're getting into. In general, even if you are injured, disabled or die in a clinical trial, you're not subject, you are not eligible for any federal payments. There've been attempts to try to make that happen, but they have failed. So people take a lot of risks when they get into a clinical trial, particularly a clinical trial like the ones that are going on now at a high speed before there are even animal trials and probably very limited Phase 1 trials. I would just warn your listeners, be very careful about agreeing to join a trial.

Dr. Mercola:

Thank you for your caution. And I would add that it should be extended beyond just participating in experimental vaccine trials, but also to pretty much almost every interaction with the conventional medical system because they have abandoned the true meaning of informed consent and full disclosure of the entire consequences of engaging in many of these interventions is hardly ever given. And if they do, it's just the tiniest tip of the iceberg. So I couldn't endorse that caution more thoroughly. So extending beyond that though, I'm wondering what your thoughts are and thanks for summarizing these trials. I mean it looks like the vaccine, this SARS-CoV-2 vaccine is coming out this year. So your thoughts on whether you think it will be, and it's probably beyond your scope of expertise. [crosstalk 00:53:08]

Dr. Meryl Nass:

Right. We can't imagine if we don't know what it's going to be. I'll just point out Ralph Baric who is the top corona researcher in the United States at the University of North Carolina said himself in an interview a couple months ago that vaccines aren't going to work in the older population for which this disease is most risky.

Dr. Mercola:

That's a really profound pearl. Thank you for sharing that. The top expert in the United States states that it will not work. Yet they're not listening to him even though he's part of the cabal.

Dr. Meryl Nass:

In the elderly, yes.

Dr. Mercola:

That was the question, in the elderly and that's clearly their target population. That's where 70% to 80% of deaths are occurring.

Dr. Meryl Nass:

Right.

Dr. Mercola:

So do you have any other thoughts about the vaccine coming up? But that was a good one. That was a really good one. I'm going to give you that one.

Dr. Meryl Nass:

Well, having dealt with many people who've died or developed tissue disorders, all sorts of terrible complications from anthrax vaccine and smallpox vaccine and sometimes other vaccines, I try to do a careful risk-benefit analysis before recommending a vaccine to any patient. I mean, sometimes I think it makes sense for people to be vaccinated, but that their own situation, where they live, their age group, who they're exposed to, where they're traveling to are all important features that would help you to create that risk-benefit assessment. And I don't think vaccines should be looked on as risk-free. They're clearly not risk-free. Medical interventions should be done thoughtfully. Oh, let me also point out that talking about these characters that I discussed earlier, Ian Lipkin, one of the authors of the Nature Med piece, has been used to publish about chronic fatigue syndrome and autism. And he spent 10 or more years looking for an infectious cause of autism, excess weight in the mother or maybe in the father, all sorts of things but not vaccines.

Dr. Meryl Nass:

So, again, I think he is likely – When you look at what these folks investigate, Lipkin or Bob Garry in particular, you'll see that they just jump from one thing like vaccines to Ebola, to SARS, to Gulf War syndrome. I mean, they're jumping from one highly controversial subject to the next and always pushing the government line on what that is and usually, the line that there is no treatment. So, yeah, I totally agree with you. Vaccines are – once you inject a vaccine, you can't take it out. At least with drugs, for most of them, the effect wears off in a short time.

Dr. Mercola:

Yeah. Well, Judy helped me understand, what I got from interviewing her is that most of these vaccines are created in cell cultures. That they require nutrients to grow and to scale up their volume so they can be commercialized. And the process of incubating them in these animals' cell cultures is that they are likely to inquire whatever viruses were present in that animal. As you mentioned in the book in "The River" where these monkey and chimpanzee cells were used to culture smallpox virus. But it was contaminated-

Dr. Meryl Nass:

No. Polio. Oral polio.

Dr. Mercola:

I'm sorry polio, that was contaminated with SIV, simian immunodeficiency virus.

Dr. Meryl Nass:

And God knows what else.

Dr. Mercola:

So, and that's just one example. Yeah, that's just one example. Who knows what other retroviruses or contaminants were in that, that we haven't even yet begun to understand or characterize. So that's a

danger. It's an unknown risk. We have no complete understanding or clue as to what's in these things because of the way that they're being created. Now you could create them in a different way, but they're choosing not to do that for whatever, most likely financial. So-

Dr. Meryl Nass:

Right. So, I want to give you another pearl that I have to go to my computer because on the FDA website, there is a page that talks about the problem of growing vaccines in cells that may have oncogenes or cancer-causing viruses and what kind of research they're trying to do to deal with this. So they acknowledge that that goes on, on the FDA website.

Dr. Mercola:

Yeah. It's just crazy. And you've mentioned Lipkin a few times and that is the scientist who was used to discredit Mikovits-

Dr. Meryl Nass:

Yes, exactly.

Dr. Mercola:

- and her research and basically allow her to get her 2009 science paper retracted. And she was forced to be a co-author on the paper that Lipkin authored, even though she was essentially in lockdown and couldn't go to the lab and participate in doing the research.

Dr. Meryl Nass:

Yes. And Lipkin also has been involved with Peter Daszak. Lipkin has given Daszak a position in his little organization at Columbia. And Daszak is transferring funds, but Lipkin is also getting lots of funds from NIAID but Daszak is transferring funds to do all of this corona research around the world as well as NIH directly funding and others.

Dr. Mercola:

Yeah. He got a \$30 million grant after publishing the paper that discredited Mikovits.

Dr. Meryl Nass:

Yes.

Dr. Mercola:

So, a pretty generous reward for him. But the craziness goes on. So, do you have any other insights you'd like to share with us? Because you've been doing this a long time and you really are a credible source of solid information that's based in reality. So...

Dr. Meryl Nass:

Well, 30 years ago when I was writing papers about the potential risks of biological defense research, we had a lot less biological defense research going on. And the risks were significant. Everybody agrees that these labs leak. I told you there were maybe 600 or more BSL-3s in the United States and hundreds others around the world. So, let me actually give you a few examples from a paper by Dr. Martin Furmansky who is a physician who looked at lab escapes. He pointed out that there was a lab in England

and there were several smallpox escapes from that lab to a room below. And that two people died. And after the second one happened, I think it was around 1980, the lab director killed himself.

Dr. Meryl Nass:

That there were huge outbreaks of Venezuelan equine encephalitis, thousands and thousands of people in Latin America. And it turned out all to be due to improperly inactivated vaccines. So the disease they were vaccinating all these livestock for was actually giving them the disease and giving it to humans also, thousands and thousands. You don't hear about that. He points out that the 1977 H1N1 outbreak, every year there's a flu pandemic. And in 1977 the pandemic started in China or Russia, probably from vaccine that had been defrosted because that particular strain, H1N1 had not been around in the world for 21 years. And genetically it looked almost identical to the strains that were around in the late '40s and 1950s, early '50s. So that whole pandemic was a lab escape.

Dr. Mercola:

Is that the pandemic that actually caused the catastrophic swine flu vaccine and had lots of complications Guillain-Barre Syndrome?

Dr. Meryl Nass:

So, no. It wasn't the same. It was because it started in the borderland of Russia and China. We made our own, but it was probably done in the expectation that we were going to have an outbreak. And so they were trying to, whoever took it out of the freezer was probably, that's the implication, trying to make a vaccine for 1977. Our swine flu was 1977. It was I think '76 where the recruit died at Fort Dix and then all the machinery of the United States government and the manufacturers got together to create very rapidly, a swine flu vaccine to save the United States. And-

Dr. Mercola:

Abysmal failure.

Dr. Meryl Nass:

Abysmal failure. First of all, there was no outbreak. So had the people at the CDC and HHS been honest with the American public, they would have told them, "Hey, there's no outbreak. We're just going to cancel the vaccine program. You don't need it." But it had developed a life of its own. Harvey Fineberg, I believe, co-authored this fabulous book about it for the National Academy of Sciences, that the next DHHS secretary had requested. And I recommend, I mean it's a fabulous read because he was working under the Secretary of Health and Human Services, he was able to interview everybody in government. And he tells you the inside story of what went on during that year. All the infighting, all the different reasons why a vaccine was made for disease that didn't exist. And then given and then found to cause Guillain-Barre and 4,000 people applied for money back from the government.

Dr. Meryl Nass:

This was the first time the government gave a liability waiver to vaccine manufacturers. And I think it was what gave them the idea that in the future they could get liability waivers for all their vaccines.

Dr. Mercola:

Yeah. And eventually got passed in 1986 and it serves as the foundation for their insulation from any liability for damages with the product that they're providing.

Dr. Meryl Nass:

So if your vaccine is on the childhood schedule, according to CDC, you have your liability waived. But as of the 2016, 21st Century Cures Act, if the CDC recommends any vaccine for a pregnant woman, liability is waived for that vaccine. And you can license a vaccine using real-world evidence and you don't necessarily have to do clinical trials to license vaccines according to that act, which was passed and signed by Obama in December 2016. And as soon as every new vaccine is licensed, the CDC is required to put it in front of the Advisory Committee on Immunization Practices at their next meeting, for consideration to be added to the childhood schedule.

Dr. Meryl Nass:

So we can look forward perhaps to many more vaccines being waived. And also there's a special waiver program for pandemic and emergency vaccines and drugs. So all the vaccines, all the drugs that are designated for use during this pandemic will have a waiver of liability. And as far as I know, this hasn't changed. The maximum a person can get is \$250,000 for the government, even for a death or permanent total disability.

Dr. Mercola:

That's if they're successful in court which is a significant hurdle.

Dr. Meryl Nass:

And it's not the vaccine court. You don't go to vaccine court for this, you actually have to apply to HHS. So HHS pays you, HHS is a judge and the jury, and there is no appeal. I know it boggles the mind.

Dr. Mercola:

This is dystopian science fiction in reality. It's just crazy. So I'm wondering if you think an effort to shut down the 600 BSL-3 and BSL-4 labs in the U.S. is an overambitious goal.

Dr. Meryl Nass:

Well, I don't know if you need to shut all of them down. I think probably there is plenty of valid research that can be done in them, but I think there needs to be oversight. There needs to be an end of gain-of-function research. I think maybe if this is better – if the people realize, if the population understands that this is what your Congress and your scientists have given us, just because everyone was trying to do a CYA. The Congress was trying to throw money at a problem. Nobody was doing oversight. And all these agencies, agencies at the level of secretaries like the VA, HHS, Homeland security, FEMA, there's eight different agencies that are responsible for doing some pandemic preparedness. And 15 other organizations within the Federal Government.

Dr. Meryl Nass:

But much of this was spent just buying things like anthrax and smallpox vaccine that are probably unnecessary, very expensive, would never be used and not buying personal protective equipment and things that should be used. There's about \$200 million or \$300 million a year designated for hospital preparedness in these funds but it doesn't get spent on the things we would normally consider it should

be spent on. So, I think that if all the countries of the world got together because all their populations are so angry about what has happened, and said, "We don't want any more of this." And everybody can inspect everybody else's labs, we can all make sure that what you're doing is actually going to be pro-life instead of anti-life, we would be a lot better off.

Dr. Meryl Nass:

And maybe that's possible. And you don't have to shut them down. You have to reduce the numbers all over. And, I'm sorry, there may be virologists without a job. But that's happened before when the U.S. biological warfare program was shut down. There were scientists without a job, but maybe there shouldn't be dead scientists.

Dr. Mercola:

Yeah. That reminds me to cover some question earlier, a question I had for you. It's out of context now, but still relevant is the fact of employment, especially connected with the anthrax vaccine. This speculation that the person who was incriminated for doing this was a former employee in the anthrax program who was terminated and he was doing this as a result, speculated to get his job back.

Dr. Meryl Nass:

Right.

Dr. Mercola:

And then same course, coming back to this, other people are speculating that it was maybe not accidentally released at all, but was maybe released by one of the virologists or employees at Wuhan who was out of a job and recognizing that they – sort of creating a market for their services and become re-employed again, I'm wondering what your thoughts on that speculations.

Dr. Meryl Nass:

Okay. I can't say about Wuhan but as far as the anthrax attacks go, the person who was ultimately accused after he died, after he was driven to his death by the FBI was Bruce Ivins who was a friend of mine. And the FBI actually never had any proof that Ivins had done it, nor that the anthrax actually even came from the flask that they said it came from, that was in Ivins' possession, but was available to over 100 other people. So when the National Academy of Sciences report came out a year after the FBI decided to close the case, and they did that because they knew they didn't want to deal with what was going to be in that report, the National Academy of Sciences group said, "We can't say where this anthrax came from."

Dr. Meryl Nass:

So who was the perpetrator or what group was the perpetrator? And the United States Government did have stores of anthrax. It probably had a store that it had retained in 1975 after it had a hidden in Becton Dickinson. After the biological weapons program was shut down, they selectively saved some toxins and bad things and put them in private hands. That's been documented in a congressional hearing. And I cited that in a congressional testimony I gave in 2001.

Dr. Meryl Nass:

And we also had anthrax that had been made during a probably illegal program during the Clinton Administration. And certainly there could have been other anthrax made here or in other countries. And a cabal got it and used it to perpetrate the anthrax letters. So, it's easy to blame – I mean the FBI needed somebody to blame. Bruce Ivins was the third or fourth different person that they had decided to focus on because they kept losing their earlier people. They tried to set up a number of people to take the blame for that case. So I don't know about Wuhan, I tend to think that these big things are probably done by big organizations rather than individual lone nuts.

Dr. Mercola:

Yeah. That would make more sense. More of a coordinated sophisticated plan.

Dr. Meryl Nass:

Yes.

Dr. Mercola:

What's interestingly was the title of Judy's interview that made her, really catapulted her to fame was "Plandemic." Interesting play on words, implying that this was intended and it wasn't happening spontaneously. And events like 201 which happened six weeks before the infection would lend support to that since it was funded by the World Economic Forum, Johns Hopkins and the Bill and Melinda Gates Foundation.

Dr. Meryl Nass:

Right.

Dr. Mercola:

Yeah. All right. Any other insights you'd like to share with us today?

Dr. Meryl Nass:

I think I'm burned out.

Dr. Mercola:

Okay. All right. Well, we really appreciate you for sharing your wisdom that you've acquired over this last three decades in this important area because there's so much confusion and I think you really helped clarify some issues for many of us, so thank you for that.

Dr. Meryl Nass:

Thank you too. Take care.