

AFFIDAVIT OF DR. JUDY A. MIKOVITS
REGARDING SARS-COV-2

I, the undersigned, hereby declare under oath and penalty of perjury, after having been warned that I must tell the truth, and that should I not do so I will be liable to the penalties set out by law, hereby state in writing as follows:

1. My name is Judy A. Mikovits, Ph.D.
2. I am legally able to make this affidavit because I am over the age of 18 years old and legally competent in every way to swear to these facts.
3. I make this affidavit from within the territory of the United States of America under the laws of the State of California.

Summary of Conclusions

4. I have carefully reviewed the scientific data and research on the SARS-CoV-2 coronavirus that has been presumed to cause the disease COVID-19.

5. My conclusions and recommendations based on actual science that I have uncovered as are in the best interests of peoples' health including even my own husband's. Whereas the medical research community has billions of dollars of profits influencing its misinterpretation of evidence, my motivations are purely for the health of real people.

6. My own husband is an 81-year-old man with Chronic Obstructive Pulmonary Disease (COPD) who would be at elevated risk of developing COVID-19 if exposed to SARS-CoV2.

7. From my experience and expertise, I have determined that SARS-CoV-2 is an artificially manipulated virus bred in China, almost certainly in the Wuhan Institute of Virology, which is only about 20 miles from where the COVID-19 pandemic began.

8. From my experience and expertise, I have determined that SARS-CoV-2 was

artificially manipulated with the cooperation and encouragement of U.S. medical officials including Dr. Anthony Fauci of the National Institute of Allergy and Infectious Disease at the National Institutes of Health. U.S. facilities provided China with Vero E6 cell lines, which were used by U.S. and Chinese researchers to manufacture SARS-CoV2 from Ft. Detrick in the United States.

9. It is admitted, official public record that Dr. Fauci and the NIAID at NIH provided a total of \$7.4 million of funding to the Wuhan Institute of Virology for this purpose of researching then-existing coronaviruses,¹ including the most recent round of \$3.7 million from NIH to the Wuhan Institute of Virology, as reported in the New York Post.²

10. SARS-CoV-2 is too advanced and too great an evolutionary leap as a later generation from past SARS viruses and other coronaviruses.

11. SARS-CoV-2 is clearly not a natural evolution of coronavirus.

12. SARS-CoV-2 exhibits increased functionality, including multiple pathways for the spread of the infection. Primarily the ability to infect T cells and monocytes because of HIV GP120 and gag sequences in the virus. Thus, expanding the disease to include micro-vascuature dysfunction and development of Acquired Immune Deficiencies/dysfunction (AIDS). This expanded cell host range allows the virus to persist in human cells.

13. These multiple “gain of function” alterations between SARS-CoV-1 and SARS-CoV-2 directly result in a far more virulent virus able to spread more easily from human to human and cause much more persistent dangerous disease than an upper respiratory Infection. That is, COVID19 is a contagious AIDS and spread by coughing aerosolized droplets during social interactions in public areas, and including probably via bodily proximity of sexual

¹ <https://timesofindia.indiatimes.com/world/us/top-us-health-advisor-dr-fauci-backed-controversial-wuhan-lab-for-risky-coronavirus-research-report/articleshow/75449844.cms>

² <https://nypost.com/2020/04/29/dr-fauci-backed-controversial-wuhan-lab-studying-coronavirus/>

relations, and quite probably through the sharing of drink and or sharing eating utensils, glasses, etc.

14. A major issue with COVID-19 is the unfortunate and unusual ease with which SARS-CoV-2 can spread from human to human and persist to cause AIDS. The resulting “asymptomatic” carriers of COVID19 has never occurred with SARS (or any other Coronavirus as those are cleared from the body of healthy individuals).

15. The tremendous rapidity and ease with which SARS-CoV-2 can spread from human to human stands in stark contrast to the government of China’s and the World Health Organization’s (W.H.O.) (as China’s puppet) claims that there was no evidence of human to human transmission of the virus, as W.H.O. tweeted out on January 14, 2020.

16. When discussing these actions by the government of China, we in the scientific, medical, and public health communities should remember and recognize the heroic efforts of individual doctors and researchers in China who were arrested or “disappeared” trying to share the truth within China and with the rest of the world.

17. Many individual Chinese were threatened and seemingly tortured to force them to issue retractions – just as I document has happened here in the United States to medical researchers when the results of research do not serve the interests of the powerful.

18. Because China was the source of SARS-CoV2 and information was being suppressed and experts in China arrested, silenced, and/or disappeared, those statements from the W.H.O. took on especially powerful weight in the absence of other sources of information aside from China.

19. W.H.O.’s and China’s claims were not retracted until around January 21, 2020, after the celebration of the Chinese New Year with massive public celebrations and events in

Wuhan City and throughout China.

20. We should remember that China released only a paper description of SARS-CoV-2 on January 11, 2020, but not an actual sample of the virus.

21. Furthermore, as discussed above, SARS-CoV-2 contains sections of the DNA sequences for several other dangerous diseases, so that it can function as a carrier or delivery vehicle for them, including components of HIV such that clinical symptoms of COVID-19 include AIDS and allow the contagious transmission of AIDS.

22. The resulting COVID-19 disease characteristically is dramatically different with respect to effects and responses, from almost unnoticed infection or light symptoms in most persons to catastrophic “cytokine storms” in the susceptible population which includes at least 6% of the US population.

23. A large part of my career has included investigating why viruses can produce significantly different responses in different patients, including the role of overall health and the strength of one’s immune system and the interactions between viruses and the like, including how previously-administered vaccines (which are actual viruses at least partly deactivated) or the effect of them on cells may interact with a later infection of a different live virus.

24. Here, we've got a Coronavirus that normally would only affect the epithelial cells in the airway and now can infect critical immune cells and persist for the life of the host. Normally a Coronavirus is cleared by the immune system. SARS-CoV2 is not cleared rather it must be silenced by these critical immune cells.

25. Now there is a big problem for 6% (25 million Americans) of U.S. population. Many are immune compromised and can neither silence nor clear this virus. The next exposure or hyperimmune activation (cytokine storm) such as that elicited by any vaccine can kill those 25

million Americans.

26. However, these very different effects could be a result of different sections of the gene composition of the virus being expressed in different victims.

27. SARS we should recall stands for Severe Acute Respiratory Syndrome.

28. COVID-19 first came to our attention outside of China as early reports of pneumonia cases with unexplained causes – among the worst symptoms of the disease.

29. On January 5, 2020, the CDC issued [a Health Alert Network advisory](#)³ asking U.S. physicians to watch for and report any unexplainable cases of pneumonia among U.S. citizens or residents who had recently returned from China.

30. That is, COVID-19 first emerged on the scene as a respiratory disease, in the nature of SARS, and respiratory dysfunction remains its most severe acute effects.

31. Whereas, Coronaviruses usually have only mild effects on humans, deaths associated with COVID-19 often occur from a so-called cytokine storm in which cascading cell death is triggered by an extreme auto-immune response. Sensitive membranes like the lining of the lungs can be damaged to the point of compromising respiration.

32. This damage to the lung's oxygen-gathering tissues may not be pneumonia, although pneumonia can always develop as a common condition in severe illness.

33. As a result, treatments like respirators I believe are not the correct treatment and may actually weaken rather than strengthen COVID-19 patients, compared with an oxygen rich local environment or hyperbaric chamber without intubating the lungs.

34. Based on my 40 years of research, persons previously infected with the Xenotropic Murine Leukemia Related Virus (XMRV) and HIV retrovirused may end up getting

³ <https://emergency.cdc.gov/han/han00424.asp>

far more serious COVID-19 infections.

35. The interaction with XMRV may explain why some persons suffer very serious COVID-19 infections and death, including cytokine storms, while large majorities of infected persons have only mild symptoms or even no noticed symptoms at all.

36. Most of the reasons for the public health concerns about COVID-19 – although the ease and rapid spread of SARS-CoV-2 is disturbing – is the small percentages of COVID-19 patients who suffer the dramatic death spiral believed to involve cytokine storms.

37. We are building an entire world-wide regimen of economic disruption around these very rare but severe responses rather than focusing directly on those responses specifically by preventing any kind of vaccination or immune suppression (wearing masks) in those infected with XMRV, HIV and asymptomatic carriers (antibody positive) of SARS-CoV-2.

38. I reach these conclusions fully aware of the energetic attempts to hide, conceal, and disguise these truths and the public relations efforts to hide these truths.

39. Almost immediately after China finally and begrudgingly disclosed that a new variation of the SARS coronavirus was spreading in Wuhan City and surrounding Hubei Province, it immediately became received wisdom that SARS-CoV-2 undeniably came from bats, or maybe some other animal, being sold for food at the Wuhan Seafood Market.

40. This rush to judgment is suspicious in part because such an instantaneous belief could not be based upon sound, careful scientific analysis and empirical laboratory research. We should question such immediate claims as sounding like propaganda because of the speed with which they are offered. This is another example of those like Dr. Anthony Fauci who dismiss sound science when it suits his agenda as being merely “anecdotal” but then engage in untested rumor and “anecdotal” supposition when it advances his big Pharma / profit-seeking medical

research community agenda.

41. Careful reading of these stories rushing to excuse and defend China's experimentation with dangerous viruses shows that the footnotes, citations, and sources used to support these articles confidently asserting that COVID-19 is a natural phenomenon actually say that much more research is needed and that the researchers do not yet know the origins SARS-CoV-2, its transmissibility or causation of COVID-19. It is important to read through to the supporting citations in an article, not just the headline which is often agenda-driven.

42. In fact, we have since learned that no actual bat specimen or other animal specimen was ever identified as a source, the type of bats likely to carry coronaviruses are found about 1,000 miles away from Wuhan, no such bats are natural to Hubei Province, it is disputed whether any bats were ever sold at the Wuhan Seafood Market, and the early victims of COVID-19 in Hubei Province have no discovered connection to that market.

43. Growth and replication of viruses through animal populations actually would be likely to pass through monkeys who have tissues which are more suitable for development of viruses ultimately transmitted to humans.

44. The supposition of an animal to human transmission of SARS-CoV-2, offered as speculation of eating those animals for food, is not supported by any actual evidence.

45. As for a laboratory origin (or pathway passing through) of SARS-CoV-2, the artificial manipulation of viruses in a laboratory should not be confused with the false straw man argument of a completely alien appearing virus.

46. Strains of naturally-occurring viruses can be intentionally bred through breeding and/or manipulation so that new strains of a virus are developed, steered by researchers.

47. I do not like to say a virus is engineered, however the SARS-CoV-1 virus has

clearly been manipulated to develop SARS-CoV-2 simply by its large-scale manufacture in VERO E6 cell line.

48. The resulting virus may be described in appearance as seeming to have experienced greatly-accelerated natural evolution, although steered in certain directions by researchers.

49. Attempts in public discussion to deflect from the evidence of laboratory creation of SARS-CoV-2 falsely presupposes that a created virus would have to look radically artificial or alien, but that is not what one would necessarily see.

50. On the contrary, natural (and random) evolution of SARS COV-2 from SARS could take centuries. However, clearly the non-natural use of the intermediate host cell line VERO-E6 (which obtains from USAAMRIID, Ft. Derrick, Frederick Maryland) to grow viruses from bat tissues accelerated the evolution of SARS-Cov2 and directly resulted in the rapid emergence of this novel pathogenic strain.

Summary of Pertinent Credentials and Qualifications

51. I, Dr. Judy Mikovits, co-authored the books. Plague and Plague of Corruption: Restoring Faith in the Promise of Science, by Judy A. Mikovits, Ph.D., and Kent Heckenlively, J.D., published by Skyhorse Publishing, 307 West 36th Street, 11th Floor, New York, New York, 10018, Copyright © 2019 by Kent Heckenlively and Judy Mikovits.

52. Plague of Corruption is available at Healthy Traditions, ⁴ as well as Amazon and almost everywhere.

53. Plague : One Scientist's Intrepid Search for the Truth about Human Retroviruses and Chronic Fatigue Syndrome (ME/CFS), Autism, and Other Diseases is available at

⁴ <https://healthytraditions.com/products/https-healthytraditions-com-healthytraditions-books-alternative-health-books-plague-html>

ThriftBooks ⁵ as well as Amazon and almost everywhere.

54. In this affidavit, I summarize under oath and penalty of perjury some points also described in said book as a work derivative to my book, for the use with my permission in this lawsuit concerning the COVID-19 Coronavirus while preserving all rights in the book.

55. I entered professional science from the University of Virginia with a Bachelor of Arts degree in chemistry on June 10, 1980.

56. I began as a protein chemist for the National Cancer Institute (NCI) working on a life-saving project to purify interferon: the first immune therapy for cancer and infectious disease.

57. I was part of the team that developed immunotherapy interferon-alpha. That therapy was on the cover of Time Magazine, March 31, 1980 as the big "If", a magic bullet to cancer. Can we take our own biological response modifiers and our own immune system and reeducate it to prevent or treat infectious disease?

58. At the time that was just before the discovery of HIV AIDS but after the discovery by my lifelong mentor, Dr. Francis Ruscetti, who in 1980 isolated the first cancer-causing human retrovirus, HTLV-1.

59. I am a biochemist and molecular biologist who worked in top government laboratories developing treatments for Ebola, HIV, and coronaviruses like SARS.

60. I have worked professionally for 40 years in immunology and virology.

61. I was recognized by colleagues and superiors in this work for high-quality work and consistent flashes of insight they described as genius. At NCI, on June 6, 1983. I began what would become a thirty seven-year collaboration with Dr. Frank Ruscetti, who was a pioneer in

⁵ https://www.thriftbooks.com/w/plague-one-scientists-intrepid-search-for-the-truth-about-human-retroviruses-and-chronic-fatigue-syndrome-mecfs-autism-and-other-diseases_kent-heckenlively_judy-mikovits/13551712/item/18731732/

the field of the study of human retroviruses.

62. In 1999, I reached the apex of the then male-dominated world of scientific research, when I was chosen to direct the Lab of Antiviral Mechanisms in the Screening Technologies branch of the NCI's Division of Cancer Treatment.

63. Part of my research – similar to the challenges of COVID-19 today – involved the biological response modifiers in 1983 and literally from that day one studied from the patient level why people got sick -- why some got AIDS from HIV and other people could be perfectly healthy, never knowing they even had the infection.

64. My PhD. thesis in 1991 changed the treatment paradigm of HIV. It was a subset of immune cells known as monocyte macrophages, which had to be targeted with drug therapy.

65. I did that as part of the team developing peptide T. Peptide T, of course, is the subject of the movie, the Dallas Buyers Club. That's a non-pathogenic immune modulator that prevents the interaction between monocyte/macrophage the T-cell, which was dying from HIV infection.

66. They were called bystander effects. We didn't know why the T-cell was dying because only one in 10,000 T-cells was infected. That work led to my PhD. It told everybody that the orchestrator of the disease was a dysregulated monocyte macrophage.

67. While working the laboratory of Robert Gallo in 1980, Ruscetti made scientific history by co-discovering with Bernie Poiesz the first human retrovirus, designated HTLV-1 (human T-cell leukemia virus).

68. A retrovirus operates in effect as a “stealth virus” that – like HIV – enters the host without alerting and activating the host's immune systems.

69. A virus, of course, replicates by hijacking the machinery of the cell so that the cell

begins to manufacture more copies of the virus. A virus does not have all of the functions of a single-cell organism and does not have the ability to reproduce directly but parasitically tricks cells into copying the viruses.

70. Some retroviruses could lay dormant for years without causing harm.

71. Before a retrovirus actually kills a person, the retrovirus will usually destroy their immune system.

72. My collaboration with Dr. Ruscetti greatly improved scientific understanding of retrovirus behavior and Mikovits' award-winning Ph.D. thesis from George Washington University in 1991 changed the paradigm of HIV / AIDS treatment. This collaboration and research changed the disease from a death sentence into a manageable condition.

73. Dr. Ruscetti and I were part of the team that first validated Nobel Laureate Luc Montagnier's isolation and discovery of HIV as a possible causative agent of AIDS.

74. We isolated that virus from saliva and blood of Montagnier's patients. We wrote a manuscript and had it in press, in publication, which Dr. Anthony Fauci stalled and disrupted.

75. During my postdoctoral studies, part of those studies was at Fort Detrick in USAMRIID, which was literally right across a baseball field from my laboratory in the National Cancer Institute.

76. The next step of my journey was to understand how a pathogenic strain of Ebola (known as the Zaire strain) is different from the totally non-pathogenic Reston strain, not on a sequence level, but on an immune response level.

77. The relevance to COVID-19 should not be missed: Just as the Zaire strain and Reston strain of Ebola show very different severity of responses in actual infected humans and laboratory monkeys, the dramatically inconsistent responses we are seeing among different

humans infected by SARS-COV-2 must not be overlooked.

78. What I did there was discover through the work that the difference was a cytokine storm like we've been seeing with Covid-19.

79. Then, later, after leaving the National Institute of Health, I worked for Upjohn, leading a project to prove the safety of the company's blockbuster Bovine Growth Hormone.

80. When I discovered the company's formula could cause precancerous changes in human cell cultures, I refused direct orders from my boss at Upjohn to hide those discoveries.

81. My discovery suggested the possibility that ubiquitous presence of the hormone in milk could lead to breast cancer in women who drank it.

82. My refusal to hide these results led to my parting company with and my departure from Upjohn.

83. I returned to the National Institutes of Health and graduate school.

84. Upjohn eventually abandoned BGH perhaps as a result of my efforts to reveal the truth.

85. However, the most daunting obstacle to my career advancement was putting devotion to science ahead of personal self-promotion and ambition.

Experiences Preliminary to this Controversy

86. I never meant to wade into a public health controversy.

87. I never envisioned myself as a renegade or revolutionary, just a scientist.

88. I believed in the bedrock American principles of hard work, respect for authority, and above all telling the truth.

89. In 2009, I led a team with Dr. Ruscetti, which isolated and characterized for the first time a new family of human disease causing retroviruses and discovered a strong association

between this previously described retrovirus and myalgic encephalomyelitis, commonly known as chronic fatigue syndrome (ME/CFS).

90. Our ongoing research also discovered that a human's infection with the newly-identified retrovirus family was also linked to certain blood cancers, neurodevelopmental neurodegenerative diseases.

91. The retrovirus had been designated Xenotropic Murine Leukemia Related Virus (XMRV) when found sequences were detected in prostate cancer patients with a defect in an immune pathway, which degraded RNA Viruses.

92. Contradicting a longstanding trend in the medical research community to ascribe ME/CFS to purely psychological factors, I found evidence for the retrovirus in approximately 67 percent of women afflicted with ME/CFS. (This measurement might not be inconsistent with higher actual infections without detection so far.)

93. On October 8, 2009, Ruscetti and I published these findings in the journal *Science* reporting the first ever isolation of the recently discovered retrovirus XMRV and its association to ME/CFS.

94. My revelations about ME/CFS immediately triggered angry reactions from cancer research and treatment institutions, who were hostile to any suggestion that cancer and/or neuroimmune diseases could be attributed in part or in whole to viruses.

95. A tremendous lobbying effort, as we are seeing now, attempted to pressure researchers into falsifying data by retracting our findings. Not unlike Gallileo, we refused to hide the truth merely to please the powerful.

96. My revelations also showed that many of the female patients afflicted with XMRV had children with autism.

97. Suspecting that XMRV might be passed from mother to child, as with HIV, my team tested seventeen of these children/families. Fourteen showed evidence of the virus acquired through their mother. Other family members were asymptomatic carriers who subsequently developed cancer

Vaccines are Too Important to be Made With Dangerously Poor Quality

98. Many respond to misrepresentations of my findings with straw man arguments.

99. For those engaged in public debate, it is necessary to actually understand my findings and those of others before undertaking to respond to them.

100. For example, attempts to characterize these experimentally-proven, empirical, scientific discoveries as “anti-vaccination” are a gross distortion approaching a lie.

101. I am not opposed to vaccines or vaccination.

102. Indeed, most of my career has been focused on finding treatments that prevent, kill, slow, or stop the replication of diseases or lessen the effects on the human body, which necessarily includes the role of vaccines, adjuvants or immune therapies and medications.

103. However, I am opposed to the lack of adequate safety and efficacy studies in the development, manufacture, and growth of specific vaccine products which has led to the medical research community injecting millions of people with contaminated vaccine products developed and grown in animal tissues, fetal tissue, etc.

104. For those supporting vaccines, there is no excuse for tolerating poor quality in the development and mass production of specific vaccination products.

105. The Food and Drug Administration and other public health agencies were created on the belief that medications and medical science are too important to tolerate bad quality.

106. However, U.S. law providing blanket immunity to vaccine manufacturers has

encouraged carelessness and disregard for quality because pharmaceutical companies are immune from any legal consequences if they put profits ahead of patient health.

107. For executives with a legal duty to maximize shareholder profits but Congress has removed any duty to patients by granting them immunity, their choice is clear.

108. Congress and President Trump must end the legal protection for bad quality.

109. Opposing unacceptably bad quality in the manufacture of specific vaccination injections is not the same as opposing vaccination in general.

110. Vaccines are simply a version of an actual infectious organism, which is deactivated or weakened to limit the ability to cause disease in a human body, but is just enough to kick-start the body's immune response, so that if the person is then later exposed to the infectious agent, their body is prepared in advance to defeat the infectious agent before it can cause the full-blown disease.

111. A vaccine gives a human body a head start in killing, slowing, blocking, or preventing the replication of the virus, so that the body more easily wins the battle of killing off the virus when exposed to it by having a head start in the immune response.

112. Ideally, a vaccinated human body kills off the virus so quickly and effectively that the person may be unaware they were ever exposed to the live virus, although technically the body has become very potent at clearing the virus out of the body or silencing the virus in the case of retroviruses.

113. The concept of stimulating the human immune system to respond more quickly and strongly to the actual, live, full-strength disease is not the problem.

114. The problem is with irresponsible management of the process of refining and manufacturing the vaccines, with careless and even sloppy techniques.

115. As a result, vaccines over many decades have been contaminated with animal tissues, fetal tissue, other cell cultures used to create the vaccines, antibiotics and chemicals used to manufacture and mass-produce the vaccine, and preservatives for storage of the vaccine.

116. Because of the way that animal tissue cultures, such as monkey kidney cells, are used to cultivate mass production of vaccines, including long “lines” (generations) of such cultures, we can't clean an antigen away from the cellular debris without starting over at great expense. We could solve the problem, but at the expense of profits. At least pharmaceutical companies don't have to fix the problem because there's no liability under federal law that gives those companies immunity.

117. We know the Zika outbreak is associated with a vaccination program and a spraying over Brazil for a release of mosquitoes.

118. But the process for developing and multiplying the virus using animal tissues and human placental tissues means that the vaccine version has often accumulated contamination and cellular debris through that process over generations of cell lines.

119. Furthermore, large amounts of the human population have already received contamination from vaccinations which can then interact with other, later viruses and vaccines.

120. We are told that SARS-CoV-2 exists because of strains that evolved in animals crossing over to humans.

121. Xenotransplantation is anytime you mix the human and animal tissue, whether a surgery procedure or an injection by vaccine. When you're mixing animal and human tissue, you have the opportunity to have a novel virus emerge that otherwise would not have infected humans for millions of years, if ever.

122. Coronaviruses don't typically cause the type of diseases and injuries we're seeing

as a medical research community.

123. However, some strains of coronaviruses have sequences of HIV in them. Gp120 is that envelope, the part that attaches to the cell. Gp 41 transmembrane domain that inserts itself into the cell membrane. The portion that sticks or pokes into the cell and sticks it there forever, allowing the viruses, the particles, to enter the cell and be taken up by the cell. Those particles then take over the cell machinery and grow.

124. Also, developing a vaccine for retroviruses has proved impossible to date more difficult, and presents a greater risk that the vaccine version of immunodominant pieces of retrovirus not only does not confer immunity but can enhance the pathogenic effects of the infected.

125. And the scientific evidence shows that certain vaccines – there is an interaction between retroviruses and adventitious agents (other microbial agents and viruses) which instead of producing antibodies tends to enhance the infectivity of retroviruses and other RNA viruses ability to both infect and cause disease in the human body.

126. These empirical facts cannot be dismissed by caricatures such as being in favor or opposed to vaccination.

**Unprecedented Widespread Use of Masks is
Ineffective and Actually Harmful**

127. Similarly, I have warned in detail that wearing masks under these conditions may make people sicker rather than protecting them.

128. It is curious that Dr. Fauci and other inner circle public health officials love to toss about – false – allegations of actual experimental evidence being only anecdotal, or not, alternately, to advance their agenda. Yet I cannot recall any time in human history when nearly universal use of masks throughout society has successfully controlled the spread of disease

throughout a society. The data actually support the opposite. That is, the masks suppress the immune system and render the most vulnerable to infection resulting in the amplification of more virus in the compromised who not only become victims but further spread the disease among family and close contacts.

129. We should remember that these public health recommendations are openly advertised as only slowing, not stopping, the world-wide spread of the COVID-19 pandemic.

130. "There's no reason to be walking around with a mask," infectious disease expert Dr. Anthony Fauci told 60 Minutes on March 8, 2020 ⁶ "While masks may block some droplets," Fauci said, "they do not provide the level of protection people think they do. Wearing a mask may also have unintended consequences: People who wear masks tend to touch their face more often to adjust them, which can spread germs from their hands." Dr. Fauci said.

131. One might notice that in hospitals, patients do not wear masks. Doctors and nurses sometimes do around certain patients, but the patients do not. Thus, the idea that an entire society wearing masks would control disease has no precedent or proof.

132. Those who need reading glasses or eyeglasses in general can test for themselves that their glasses can fog up while wearing commonly-available masks. Even with the metal strip inside the mask bent firmly around the nose, their breath is escaping from the top of the mask and blowing into their eyeglasses... tangible evidence that their breath is not passing through the filters of the mask but escaping around the edges.

133. As noticed by You Tube health reporter Peggy Hall, the Occupational Health and Safety Administration (OSHA) publishes guidance warning that "Cloth face coverings ... Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of

⁶ https://www.youtube.com/watch?v=PRa6t_e7dgl

seal or inadequate filtration.”⁷

134. On February 27, 2020, the Centers for Disease Control and Prevention (CDC) advised against the widespread wearing of face masks by the general public. ⁸

135. On May 29, ABC News reported “CDC and WHO offer conflicting advice on masks. An expert tells us why. The two organizations have different takes on when to wear one.” ⁹ The article reports ““If you are [healthy](#), you only need to wear a mask if you are taking care of a person with COVID-19,” the [WHO guidelines](#) read.”

136. The CDC’s information page promises “Your cloth face covering *may* protect them. Their cloth face covering *may* protect you.” (*emphases added*)¹⁰ Notice “may.”

137. But by June 5, 2020, the “anti-anecdotal evidence” Dr. Anthony Fauci was practically accusing Americans who don’t wear those same masks of causing the deaths of other Americans.” In CNBC’s story “Dr. Anthony Fauci says Americans who don’t wear masks may ‘propagate the further spread of infection’” ¹¹ Dr. Fauci explained on national television: “White House health advisor Dr. Anthony Fauci said he has ‘no doubt’ that Americans who aren’t wearing face masks, especially in large crowds, are increasing the risk of spreading the coronavirus. ‘When you have crowds of people together and you have the lack of wearing a mask that increases the risk of there being transmissibility. I have no doubt about that,’ he said during an interview Friday on CNBC’s ‘Halftime Report’” ‘When we see that not happening, there is a concern that that may actually propagate the further spread of infection.’”

⁷ <https://www.osha.gov/SLTC/covid-19/covid-19-faq.html>

⁸ <https://twitter.com/CDCgov/status/1233134710638825473>

⁹ <https://abcnews.go.com/Health/cdc-offer-conflicting-advice-masks-expert-tells-us/story?id=70958380>

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

¹¹ <https://www.cnbc.com/2020/06/05/dr-anthony-fauci-says-americans-who-dont-wear-masks-may-propagate-the-spread-of-infection.html>

138. So our public health officials are confidently certain of X and not X.

139. But in the midst of this confusion, public health officials are studiously ignoring concerns that masks can actually be harmful and spread disease.

140. While the body is trying to clear the virus, including someone who has received only a small quantity of the virus and is not experiencing symptoms, the mask can hold the virus recycle it back into the body, suppresses the front line immune defenses, sicken the wearer and spreads the infection. As with the problem of being shut-in in an enclosed space under lockdowns, as opposed to going outside to the beach or walking in a park, re-introducing the virus back into the body while the body is trying to kill it off in as-of-yet small quantities can actually help the virus grow and gain a strong foothold in infecting a human body.

141. Furthermore, the masks weaken the body making the virus' job easier.

142. Masks – unless a particular mask is completely ineffective -- reduce the intake of oxygen and trap the exhaling of carbon dioxide at the mouth and nose so that the body's ability to fight off infection can be diminished.

143. As explained well by Dr. Jim Meehan, MD ¹² [*cloth*] “Medical masks are single use devices designed to be worn for a relatively short period of time. Once the mask becomes saturated with moisture from breath, which, if properly fit, takes about an hour, they should be replaced. The more moisture-saturated the mask becomes, the more it blocks oxygen, increases re-breathing of carbon dioxide, re-breathing of viral particles, and becomes a breeding ground for other pathogens.”

144. Dr. Meehan further explains, as I have been saying for years and agree and hereby testify to as my knowledge as well:

¹² <https://www.meehanmd.com/blog/2020-06-12-healthy-people-should-not-wear-face-masks/>, See June 14, 2020, entry

Mask wearers frequently report symptoms of difficulty breathing, shortness of breath, headache, lightheadedness, dizziness, anxiety, brain fog, difficulty concentrating, and other subjective symptoms while wearing medical masks. As a surgeon, I have worn masks for prolonged periods of time in thousands of surgeries and can assure you these symptoms do occur when surgical masks are worn for extended periods of time. The longer a surgical mask is worn, the more saturated with moisture it becomes, and the more significantly it inhibits the inflow of oxygen and outflow of carbon dioxide.

In fact, clinical research shows that medical **masks lower blood oxygen levels**[R] and **raise carbon dioxide blood levels**. [R] The deviations in oxygen and carbon dioxide may not reach the clinical criteria for hypoxia (low blood oxygen), hypoxemia (low tissue oxygen), or hypercapnia (elevated blood carbon dioxide), but they can deviate enough to cause even healthy individuals to become symptomatic, as occurred with the surgeons studied and published in this report:

See: [Preliminary Report on Surgical Mask Induced Deoxygenation During Major Surgery](#) ¹³

At the same time masks inhibit oxygen intake, they trap the carbon dioxide rich breath in the mouth/mask inter-space. Thus, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle.

Masks force you to re-breathe a portion of your own breath, including all the stuff (infectious viral particles) the lungs were trying to remove from the body (more on this later).

As medical masks lower oxygen and raise carbon dioxide in the blood, the brain senses the changes and the risk they pose to the maintenance of normal physiology. Thus, the brain goes to work to bring things back in order. To obtain more oxygen and remove more carbon dioxide, the brain tells the lungs to increase the rate (frequency) and depth of breaths. [R] Unfortunately, struggle as they may, your brain and lungs cannot fully compensate for the negative effects of the mask. Some may even suffer the **symptoms of carbon dioxide toxicity**.

145. The error here and throughout is viewing COVID-19 as a single cause of a single disease, and not understanding the many factors strengthening or weakening the body's functioning and immune-response leading to an overall state of health.

146. Thus, while the body is fighting off a virus like COVID-19, diminishing oxygen

¹³ <https://pubmed.ncbi.nlm.nih.gov/18500410/>

intake breathing through a mask while concentrating and recycling a variety of germs, viruses, allergy triggers, etc., leaves the body weaker while actions that strengthen the body and immune system are more important and should not be neglected.

147. Thus we are making ourselves sicker wearing masks, and when someone encounters SARS-CoV-2 the body is weaker when fighting off the COVID-19 disease that the virus can cause.

148. I have been attacked as saying that masks “trigger” COVID-19. Again, much of my career has been on studying the difference between a human body’s exposure to a virus as opposed to the resulting experience of the body being affected by it as a disease. So one can be exposed to HIV but not contract the AIDS disease. One can be exposed to SARS-CoV-2 but not experience COVID-19 as a disease. The disease experience can be very mild or very severe.

149. Thus, casual and uniformed observers are failing to understand how a weakened body provides an improved breeding ground for RNA viruses including coronaviruses and retroviruses to flourish and attack the body more readily, more quickly, and more severely.

150. The discussion of these diseases is erroneous in failing to consider the total body response to the effects of a virus, the very thing much of my research has focused on for 40 years. What counts is how a human body is damaged from the replication and persistence of a virus, not the mere presence or exposure to a virus. The public debate is misguided by focusing on the virus alone rather than how the body responds to it.

151. The difference between a person who survives a virus and one who dies from it can involve a great many factors beyond just exposure to the virus, including other bacterial or viral infections occurring simultaneously in the same patient.

152. That is what I was researching long ago with regard to the important mystery of

HIV causing full-blown AIDS in some patients but not in others.

153. Treatment for general health, as I have advised, is improved by the outdoors. I criticized beach closings as being a pointless and burdensome reaction by public health decision-makers. The analysis is not – as absurdly offered in response – that anything in the beach environment is a direct cure to COVID-19, but that we are forgetting the importance of the body’s overall health when fighting off and defeating a particular infection.

154. But such distortions are offered to distract the public from the evidence. The weakness and desperation of attempts to deflect from the hard science and empirical facts should help tell people which side is correct.

**Dr. Anthony Fauci and U.S. Conspiracy to Delay Treatment of Pandemics
for Industry Profits, Patents, and Stolen Scientific Credit**

155. The advice being given to President Donald Trump and the nation by Dr. Anthony Fauci and Dr. Blix and Dr. Redfield is absolutely the wrong advice for the mitigation and treatment of the COVID-19 pandemic. All three know it is wrong as these three individuals made similar mistakes were in the mitigation and treatment of HIV resulting in the deaths of millions from AIDS.

156. We are slowly seeing unveiled in public the Dr. Fauci I have encountered, who manages to say whatever will seem popular at the moment.

157. Dr. Fauci is now complaining that he is fighting “anti-science” beliefs. But he is resisting the actual science and hard data; using flawed models and manipulating the scientific process for profits of his benefactors.¹⁴

158. CNN reported on June 18, 2020, that Fauci said "anti-science bias" in the country

¹⁴ <https://www.cnn.com/2020/06/18/politics/anthony-fauci-coronavirus-anti-science-bias/index.html>

can be problematic. "One of the problems we face in the United States is that unfortunately, there is a combination of an anti-science bias that people are -- for reasons that sometimes are, you know, inconceivable and not understandable -- they just don't believe science and they don't believe authority," Fauci said.

159. Of course any true scientist recognizes that "authority" and "science" are incompatible because truth revealed by empirical evidence is the only authority a true scientist recognizes.

160. Dr. Fauci has held the same position in government for 36 years since 1984, which could show one's success and quality or could also indicate diplomatic expertise in trying to please everyone by saying whatever people want to hear. For example, as I work on finalizing this affidavit now, Dr. Fauci has suddenly decided that economic "lock downs" are not required after all. ¹⁵ Following whatever is the popular opinion of the moment is not science nor helpful advice for public policy. Just saying what people want to hear is not science.

161. The experiences and conclusions from my 40-year career demonstrate the deep corruption within the medical research community (in terms of government experts, regulation, and research, academic research dependent upon grants and misdirected recognition, and the pharmaceutical industry) sacrificing the health of humans around the world in favor of profits.

162. In general terms at first, these players have used inappropriate diagnostic tests giving 80% false positives delayed appropriate serology testing, pre-exposure prophylactic treatment that could have been deployed with low cost medication or therapies and instead allowed people to suffer and even die who could have been saved by earlier intervention with existing medications or treatments to allow for researchers and pharmaceutical companies to

¹⁵ <https://m.washingtontimes.com/news/2020/jun/18/anthony-fauci-widespread-lockdowns-no-longer-need/>

patent new drugs that they can sell at far greater prices.

163. The lay person may need to be informed that new inventions like medications or vaccines can be patented to grant the inventor (or the company to whom the patent is sold) the world-wide exclusive right to manufacture, sell, and control the new medication, but only for a limited period of time. Once the patent expires, anyone in the world can manufacture and sell the medication, subject of course to country-specific regulation as to quality of manufacture.

164. I have seen devastating examples in which a medication is patented, but not produced and withheld from the marketplace by the patent holder, so that the medication is not available to anyone. This can be part of the corruption which leaves diseases untreated or under-treated to drive up the price and demand for a later, patentable, more-expensive medication.

165. It may also be meaningful for the lay person to understand that the laws of many countries permit, to varying degrees and in various ways, something called “compulsory licensing” in which the government may acquire the patented invention for itself or for the public need or public interest subject to paying the patent holder full price at market value for a license. This is similar to eminent domain upon payment of compensation, although the patent holder retains ownership and the right to use the patent in parallel, but the government is deemed to have entered into a license agreement for the patented invention, with payment required.

166. Of course, the invention, development, and massive testing of new medications and vaccines requires significant expense which we want to encourage.

167. However, the United States political world has not used the tools available to strike the right balance and make sure that medications are available to people who need them.

168. When I developed a drug 30 years ago, a patient should be able to buy that drug for pennies. They're off patent (the patent rights have expired), yet it costs \$8,000 a dose.

169. The small company I've consulted with making a safe natural product proved in a clinical trial in 2011 that that drug was safe. We proved it in people severely ill with cancer. It's a safe natural product that targets those disease signatures and normalizes your immune response and boosts your immunity. I developed these therapeutics that for less than \$200 a month, every American could get right now and would work for COVID-19 and retrovirus associated cancer.

170. The FDA won't approve it unless it makes big money for the industry. That company's CEO passed away a few weeks ago literally with the drug never making the market. Candace Pert, who discovered and developed peptide-T almost 35 years ago, could have made a huge impact, not only on HIV, but here again on Covid-19 and on SARS-Cov-2, and with the HIV sequences, which Luc Montagnier reported in the last few days publicly, are part of the virus.

171. It is an undeniable fact that the National Institute of Health's National Institute of Allergy and Infectious Disease division, headed by Dr. Anthony Fauci, directly contracted with and funded the Wuhan Institute of Technology's research and manipulation of previous SARS and coronavirus strains in Hubei Province.

172. From my over 35 years professional acquaintance with Dr. Fauci and familiarity with every aspect of this research and the subject matter, I conclude that Dr. Fauci with others off-loaded to China research on Coronaviruses that would be illegal for him to undertake within the United States, much like the CIA after the 9/11/2001 terrorist attacks maintained prisons in other countries to be outside of U.S. jurisdiction.

173. The current coronavirus pandemic is driven by SARS-CoV-2, which quite obviously is a strain of SARS / coronavirus subsequent to SARS.

174. I conclude from my expertise and experiences and research currently into these

circumstances, that the U.S. medical research community (as defined above) provided samples of dangerous viruses contained in the cell line VERO E6 to the Wuhan Institute of Virology and Dr. Fauci paid the Wuhan Institute of Virology to conduct research including increasing the dangerous nature, virulence, functions, transmission capability, and morbidity of SARS which could not be legally undertaken within the territory of the United States.

175. Such “gain of function” research – that is, enhancing the functionality or potency of a virus through breeding and refinement (not necessarily through actual gene splicing, but perhaps) is prohibited research.

176. I conclude from my 40 years of experiences and research that the medical research community has been trying to cover up decades of spreading contaminated vaccine products and actions allowing the proliferation of diseases, especially autoimmune diseases and cancer, to maximize the profits of those involved.

177. I conclude that the development under contract from NIH at the Wuhan Institute of Technology of SARS-CoV-2 containing elements of other problematic diseases serves to overlap and thereby mask the prevalence of other diseases that have been spread throughout the human population by contaminated or poorly-designed vaccines and mistakes of the medical research community and to attempt disguise these problems by creating alternative explanations for the spread of those disease throughout humans.

178. When I was working at the National Cancer Institute decades ago, one day Dr. Ruscetti was out of town. Dr. Fauci called on the phone. I was Dr. Ruscetti's only employee technician. So I answered the phone.

179. I was asked by Dr. Tony Fauci, who had with him on the line Dr. Robert Gallo. Dr. Gallo worked in the National Cancer Institute where I worked.

180. Dr. Fauci was then as now the head of the National Institute of Allergy and Infectious Disease (N.I.A.I.D.), which is a different division of NIH.

181. Dr. Fauci asked me for a copy of the manuscript, which was in press. I refused because it was confidential. It was highly unethical to give it to him.

182. He became enraged on the phone and threatened to fire me for insubordination.

183. He told me he was the boss. I didn't care. I'm 24 years old and I never really cared about threats from authorities trying to manipulate the truth.

184. Notably, Dr. Fauci was not my boss. Typical of his misuse of authority, the NIAID is not part of the NCI, and Dr. Fauci had no authority over our office. But this illustrates how Fauci wields influence beyond his actual job.

185. When Dr. Ruscetti came back to town from his meeting, he was bullied and finally gave in. Unfortunately, he gave the manuscript to Dr. Fauci.

186. Dr. Fauci then held up publication of our manuscript by interfering with the journal, literally leading to further spread of the virus for several months that might have been avoided.

187. Then Dr. Gallo copied our work and published it as his own work.

188. As arranged by Dr. Fauci, Dr. Gallo literally stole and plagiarized our work, retracing out steps and redoing our research using different samples, reverse engineering out work to make it look like his own.

189. Dr. Fauci's and Dr. Gallo's scam resulted, as you'll remember from HIV, in a war between who discovered HIV either Montagnier in France, who clearly did discover it as LAV, lymphadenopathy virus.

190. Because of the delays in delivering therapeutic treatments caused by this conflict,

HIV spread around the world, not only to the immediately affected populations at the time, but then later to non-susceptible populations as well.

191. What people outside of the scientific community don't understand is that we have what's called peer review. However, it is not peer review. It's competitor review. It is a veto over any deviation from popular opinion.

192. If somebody doesn't want a paper published at the highest levels of government -- everybody has to check off on it -- those papers are rejected or held up and effectively censored, again, while perhaps millions more die.

193. We had tried to publish several papers on our work from '87 to '91. One of the peer reviews we got when we tried to submit my PhD thesis work was, "I didn't believe your last paper either. It's contamination." That's not a review. That's not a scientific review.

194. Since 1984, Zika, Ebola, swine flu, bird flu, the Ebola of 2014 that killed 21,000 Americans, Tony Fauci has led the way to scare administrations and populations into vaccine strategies and into the Vaccine Injury Compensation Act of 1986 where all liability was removed from manufacturers of unsafe untested vaccines.

195. Dr. Fauci drove research and development of AIDS therapies toward the T-cell because he had the patent, while Dr. Frank Ruscetti discovered interleukin-2.

196. Dr. Fauci admitted all of this on tape.

197. The lay reader may need to recall that the virus HIV is not the same as the disease AIDS, and that persons infected with HIV do not always suffer the disease AIDS. My research at that time focused on trying to answer this puzzling question, "Based on your molecular theory of causation and treatment strategy, will he or will he not get AIDS?"

198. When Magic Johnson seroconverted -- that is made an antibody -- meaning he

was absolutely exposed to the virus because it got into his immune system, and he made an immune response, he became HIV positive on a serology antibody tests.

199. I predicted at the time, "He'll never get AIDS, but he has to change everything about the treatment strategy."

200. Of course, that is what has played out to now. We're like, "Wait a minute, what happened to AIDS?" Applying the correct treatment strategy that was actually targeted successfully worked.

201. This year, we watch Tony Fauci say, "How can you say that? It's anecdotal." He's been saying that for decades for treatments, for cures for cancer, for energy therapies, for natural products, Chinese herbs, the things you just mentioned, everything the FDA says you can't make those label claims.

202. Except Fauci can make a claim on a vaccine that's never had a single test. Really? Where's the dichotomy there? Where's the conflict of interest? These are revolving doors.

203. Dr. Fauci uses shifting and inconsistent standards as to what is acceptable to steer research and prospects as desired. He and others dismiss hard empirical evidence as (falsely) being anecdotal when they don't want to confront the science, but then embrace preliminary results that do not meet those standards when it suits his bureaucratic political interests.¹⁶

I declare under penalty of perjury under that the foregoing is true and correct to the best of my knowledge and belief.

// Dr. Judy Mikovits, PhD.

¹⁶ Referring here to office or bureaucratic politics and winning supporters and alliances not political partisanship

Date: July 21, 2020

E-mail: jaMikovits@gmail.com

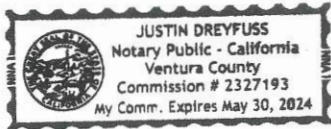


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 3rd
day of August, 2020, by Judy A. Mikovits

_____ ,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature _____

