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Video: The Well-Known Hazards of Coronavirus Vaccines. Robert F. Kennedy Jr. Interviewed by Dr. J. Mercola

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Robert F. Kennedy Jr.,[1] son of Sen. and Attorney General Robert F. Kennedy and nephew of U.S. President John F. Kennedy, both of whom were tragically murdered, has continued in the footsteps of these famously courageous men by standing up for the truth.

He co-founded Waterkeeper Alliance — the world's largest clean water advocacy group — and provides legal counsel for the Natural Resources Defense Council, which help protect organic producers. He has also fought legal battles on behalf of the Informed Consent Action Network, founded by Del Bigtree, and chairs the board of directors of the Children's Health Defense.[2]

Kennedy wrote a brilliant foreword to Judy Mikovits' book "Plague of Corruption," in which he quotes his father saying, "Moral courage is the rarest species of bravery … rarer than the physical courage of soldiers in battle or great intelligence." His father believed "moral courage was one of the most vital qualities required to change the world," Kennedy says.

While Kennedy was referring to Mikovits' moral courage, the same can be said for Kennedy himself, whose career as an environmental attorney and activist is built on defending those who cannot defend themselves.

This includes children who are being harmed by vaccines that have yet to be tested for safety, especially when given in combination with other vaccines. In September 2018, Kennedy proved the U.S. Department of Health and Human Services (HHS) violated its mandate for safer childhood vaccines as stipulated in the Vaccine Injury Compensation Act.[3]

What Happened to Trump's Vaccine Safety Commission?

When President Trump was elected, he contacted Kennedy and asked him to run his Vaccine Safety Commission. Unfortunately, the Safety Commission never got off the ground:

> **"I agreed to do it, but immediately after that, Pfizer wrote a $1 million check to his inauguration committee. He then appointed a Pfizer lobbyist, Alex Azar, to run the HHS, and he handpicked a Pfizer insider, Scott Gottlieb, to run the U.S. Food and Drug Administration. As soon as they got in there, they shut down the Vaccine Safety Commission and any other questioning of vaccines,"** Kennedy says.

> **“I think a lot of people were telling him, ‘You shouldn’t be doing this,’ and [Bill] Gates was one of them. But I think once he took the money from Pfizer and put in their guys, [the commission] was dead in the water.”**

Coronavirus Vaccine Development Has Failed for Decades

Kennedy goes on to share some of his insights and take on what Judy discusses in her book, the potential relationship between the flu vaccine and COVID-19, and his views on the COVID-19 vaccines currently being fast-tracked. With regard to the COVID-19 vaccine, he says:

> **“We’re all waiting for a vaccine, and if they come up with a vaccine and they’ve actually done real safety testing on it, and the vaccine works, I would be happy to have the vaccine. But the problem is they’re not [safety] testing it at this point …**
>
> **People have tried for many years — for three decades — to create a coronavirus vaccine. The coronavirus can be super virulent, super deadly and super transmissible, or it can be mild, like a cold. The Chinese have been trying to [develop a vaccine] … and when you try to create a vaccine, what you do is you accelerate evolution.”**

How to Accelerate the Evolution of a Virus

As explained by Kennedy, the way they accelerate evolution is by taking the coronavirus from the anus of the bat and replicate it in animal tissue such as pangolin kidney tissue. Next, the grown viruses are placed on feral monkey kidney cells, followed by mouse brain tissue.

Each time you transfer the virus to another animal tissue, you increase the risk of zoonotic animal virus contamination in addition to mutations. According to Kennedy, six years of evolution can be accomplished in a matter of days using this accelerated evolution process. Through this process, extremely viral forms of the virus can be rapidly created. Typically, milder forms are used to create a vaccine. As explained by Kennedy:

> **“You can take a mild form and give a person that mild form, and they don’t really get sick. They develop the antibodies, and that’s the theory [behind vaccination]. But there are reasons that they like to create those super viral forms. One is, most of the labs where they do it, like Fort Detrick in [the U.S.] and Wuhan lab in China, are not only vaccine labs but they’re also military labs.**
>
> **“So, they want to mess around and look at these viruses that they may be able to weaponize. Not only that, the people who are creating vaccines like to create super viral forms. They give them to mice who have been genetically engineered to have a human immune system, essentially. Then they try to cure them.**
>
> **“Those experiments were going on in the United States until 2014. They were Dr. Anthony Fauci’s projects. President Obama ordered that to stop because they had a lot of lab escape problems in 2014 from three different labs …**

> **“Instead of stopping as he was ordered, Fauci moved those operations to the Wuhan lab in China and continued to do those experiments right up until the time that the coronavirus [pandemic occurred]. In fact, [infectious disease expert] Ian Lipkin was doing those experiments over there when [COVID-19] exploded. And I’ll tell you exactly what happened because it’s very suspicious.”**

Was SARS-CoV-2 Released to Safeguard Continued Research?

Kennedy continues telling the story of how the COVID-19 epidemic may have been generated — by releasing the virus — to ensure that dangerous coronavirus research would continue and receive fresh funding:

> **“When President Trump came in, Obama had an office in the White House for pandemic defense, for pandemic security. They were involved in funding [coronavirus research projects in Wuhan] through Fauci. President Trump ended all funding for that office September 20, 2019. So that was the last paycheck any of those scientists got.**
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> **“On September 30 [2019], a whole lot of scientists were laid off in Wuhan. October 1 is when the first case of [COVID-19 was reported]. So, it’s suspicious because it looks like there’s a possibility — and I’m speculating here; I want to make that clear — but there’s a possibility that somebody who lost their job in that lab … could have released the virus.**
>
> **“Because, immediately, it created an instantaneous market for people with that particular skillset, which is to study how to make a coronavirus vaccine. So, you could go from unemployed to highly employed almost overnight if you released one of those microorganisms they were creating in that lab. I don’t know if that happened, but that’s something that needs to be [investigated].”**

Most Journalists Now Act as Pharmaceutical Reps

An even broader agenda appears to be the introduction of a far more authoritarian regime, along with the transfer of wealth from average people to the richest through a planned economic collapse.

> **“Of course, that’s speculation,” Kennedy says, “and it’s stuff that if we were living in a true democracy where there was a free press that was actually permitted to ask those questions and speculate on that, then we would be doing an investigation of those questions. We have a right to know and we all ought to know the answer.**
>
> **“Unfortunately, journalists today are no longer journalists, they’re pharmaceutical reps … You’re a huge threat to them because you are not part of the pharmaceutical [establishment].**
>
> **“You’re telling people the truth, which is that there are problems with germ theory, and that the [first line of defense] we have against illness of all kinds, including infectious disease, is a really strong immune system. And that our immune system functions in an evolution-intended [way], which is to fend off billions, hundreds of billions of infectious viruses every single day.”**

Kennedy goes on to summarize the history of coronavirus vaccine development, which began after three SARS epidemics had broken out, starting in early 2002.

> **"The first one was a natural epidemic that had moved from bats to human beings. The second two were lab-created organisms where people were experimenting with the coronavirus … That's noncontroversial. Everybody accepts that.**
>
> **"The Chinese, the Americans, the Europeans all got together and said, 'We need to develop a vaccine against coronavirus.' Around 2012, they had about 30 vaccines that looked promising. They took the four best of those and … manufactured the vaccines. They gave those vaccines to ferrets, which are the closest analogy when you're looking at lung infections in human beings.**
>
> **"The ferrets had an extraordinarily good antibody response, and that is the metric by which FDA licenses vaccines. Vaccines, as you know, are never tested in the field. They never give 5,000 people the vaccine, 5,000 people a placebo vaccine, and then tell them to go out and live life and watch what happens to those people. That never happens.**
>
> **"The way that vaccines get licensed is that FDA gives people a vaccine or the industry gives them the vaccines, and then they do a serological response [test to] see 'Did you develop in your blood antibodies to that target virus?' The ferrets developed very strong antibodies, so they thought, 'We hit the jackpot.' All four of these vaccines … worked like a charm.**
>
> **"Then something terrible happened. Those ferrets were then exposed to the wild virus, and they all died. [They developed] inflammation in all their organs, their lungs stopped functioning and they died.**
>
> **"Then those scientists remembered that the same thing had happened in the 1960s when they tried to develop an RSV vaccine, which is an upper respiratory illness very similar to coronavirus.**
>
> **"At the time, they did not test it on animals. They went right to human testing. They tested it on I think about 35 children, and the same thing happened. The children developed a champion antibody response, robust, durable. It looked perfect, and then the children were exposed to the wild virus and they all became sick. Two of them died. They abandoned the vaccine. It was a big embarrassment to FDA and NIH …**
>
> **"Those scientists in 2012 remembered that, and they said, 'This is the same thing that happened [back then].' So, they look closer and they realize that there are two kinds of antibodies that were being produced by the coronavirus. There are neutralizing antibodies, which are the kind you want, which fight the disease, and then there are binding antibodies.**
>
> **The binding antibodies actually create a pathway for the disease in your body, and they trigger something called … a paradoxical immune response or paradoxical immune enhancement. What that means is that it looks good until you get the disease, and then it makes the disease much, much worse …**

> **"Coronavirus vaccines can be very dangerous, and that's why even our enemies, people who hate you and me — Peter Hotez, Paul Offit, Ian Lipkin — are all saying, 'You got to be really, really careful with this vaccine.'"**

Dengue Vaccine Led to Criminal Prosecution

According to Kennedy, the same thing happened in 2014 with the **dengue vaccine DENVax**, which Fauci owns the patent on. "They knew from the clinical trials that there was a problem with paradoxical immune response," Kennedy says, but they gave it to several hundred thousand Filipino kids anyway.

They got a great immune response from the vaccine, but those exposed to wild dengue got horribly sick and 600 of the children died. "Today, the Philippine government is prosecuting criminally a bunch of the people locally who were involved in that decision," Kennedy says.

Coronavirus Mutates Rapidly

Another problem with coronavirus vaccines is that coronaviruses mutate very rapidly. Kennedy cites a recent Chinese study[4] — "Patent-Derived Mutations Impact Pathogenicity of SARS-CoV-2" — which was also reported in the New York Post[5] April 21, 2020, in which they looked at the coronavirus strains found in hundreds of patients. They identified more than 30 different strains, 19 of which had previously not been seen. According to the authors:[6]

> **"Current genomic survey data suggest that single nucleotide variants (SNVs) are abundant … Here we report functional characterizations of 11 patient-derived viral isolates, all of which have at least one mutation. Importantly, these viral isolates show significant variation in cytopathic effects and viral load, up to 270-fold differences, when infecting Vero-E6 cells.**
>
> **"We observed intrapersonal variation and 6 different mutations in the spike glycoprotein (S protein), including 2 different SNVs that led to the same missense mutation. Therefore, we provide direct evidence that the SARS-CoV-2 has acquired mutations capable of substantially changing its pathogenicity."**

As noted by Kennedy, the question is, if you vaccinate against one of those strains, will it protect against the rest? Or might the coronavirus act more like the **influenza virus**, where the vaccine will only give you a narrow band of immune response and/or might actually enhance injury from other strains?

> **"The World Health Organization and the British Medical Services are now saying there is no evidence that even getting an infection from the coronavirus equips you with antibodies that will protect you in the future.**
>
> **"They're seeing a lot of reinfection of people who got COVID-19, got better, and then got [sick from] coronavirus again. If that's true, then it's unlikely that any vaccine will work because natural infection always [gives you] a wider band immune response than a vaccine."**

Mikovits has strong beliefs on this issue, as she doesn't believe COVID-19 is due to SARS-CoV-2 alone but, rather, that the virus may serve to activate latent XMRV retroviral infection. She points out that **retroviruses**, not coronaviruses, are what cause the characteristic cytokine storm signature observed in COVID-19. Mikovits suspects that in people who do not have retroviral infections, SARS-CoV-2 causes no or only mild symptoms.

Like Mikovits, Kennedy cites a Pentagon study[7] published in the January 10, 2020, issue of the Vaccine journal, which found you're 36% more likely to get coronavirus infection if you got the influenza vaccine in 2017 or 2018. As noted in this study, titled "Influenza Vaccination and Respiratory Virus Interference Among Department of Defense Personnel During the 2017-2018 Influenza Season":

> **"Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as virus interference. Test-negative study designs are often utilized to calculate influenza vaccine effectiveness.**
>
> **"The virus interference phenomenon goes against the basic assumption of the test-negative vaccine effectiveness study that vaccination does not change the risk of infection with other respiratory illness, thus potentially biasing vaccine effectiveness results in the positive direction.**
>
> **"This study aimed to investigate virus interference by comparing respiratory virus status among Department of Defense personnel based on their influenza vaccination status. Furthermore, individual respiratory viruses and their association with influenza vaccination were examined."**

Results were mixed. Interestingly enough, while seasonal influenza vaccination did not raise the risk of all respiratory infections, it was in fact "significantly associated with unspecified coronavirus (meaning it did not specifically mention SARS-CoV-2) and human metapneumovirus" (hMPV).

Those who had received a seasonal flu shot were 36% more likely to contract coronavirus infection and 51% more likely to contract hMPV infection than unvaccinated individuals.[8]

Looking at the symptoms list for hMPV[9] is also telling, as the main symptoms include fever, sore throat and cough. The elderly and immunocompromised are at heightened risk for severe hMPV illness, the symptoms of which include difficulty breathing and pneumonia. All of these symptoms also apply for COVID-19. Again, while this study did not look at SARS-CoV-2 specifically, it did look at coronaviruses, so "It's a red flag," Kennedy says, adding:

> **"That study is not alone. We've found — and I've posted these on my Instagram — at least 10 other studies that say, 'If you get the flu vaccine, you're much more likely to get a non-flu respiratory viral infection.' The risk goes up, in some of those studies, about 600%. In some other of those studies, less than that — 200%, 300%, 400%.**
>
> **"But virtually all of these studies show that the flu vaccine actually**

makes you more susceptible to coronavirus, and there may be reasons for that. It's been speculated that there may be coronavirus contamination in the flu vaccines … [or] it could be the XMRV.

"You're getting that paradoxical immune response because you've been inadvertently inoculated with the coronavirus when you get the flu vaccine. So, we don't know, but the observed effect is very well documented …

"In Northern Italy, right before the outbreak of [COVID-19], there was a mass vaccination [using] a very powerful flu vaccine … But it's anecdotal. There's no proof of [a correlation]."

Mikovits believes one of the reasons older Italians got hit so hard in northern Italy is because the vaccine given there was grown in dog kidney cells, which she claims are contaminated with coronaviruses.

Can Flu Vaccination Trigger a Positive SARS-CoV-2 Test?

What's more, Mikovits claims that anyone who has received a **flu vaccine** is likely to register as positive for SARS-Co-V-2 using a PCR test, for the fact that most flu vaccines in the U.S. are made in chicken cells or dog kidney cells, which her research shows are contaminated with coronaviruses. In our interview, she explained:

"[The vaccines] are grown in animal cells and … have some of the same host viral proteins and lock and keys. As they're floating through the laboratory where they're growing large stocks of these cells, aerosolizing them, it contaminates and cross contaminates through the air …

"This is what we found in 2011. The big 'Oh my God,' was, we can't afford to retrofit our laboratories and manufacturing facilities toward biosafety level 3 and 4 to protect the lab workers who are spreading these viruses and getting infected. And now the [retroviruses] are aerosolized … All the cell lines are contaminated …"

Mikovits' research showed that the contamination occurred during the original creation of the cultured cell lines used to then grow the vaccine in. In other words, the cells in which many vaccines are grown are already infected. That's how the retroviruses get into the vaccine, and is then spread via injection. She doesn't believe the contamination of vaccines with retroviruses was an intentional act. But the cover-up certainly is.

"The message of 'Plague of Corruption' is that we cannot mix animal and human tissues. Not just coronaviruses, but the infectious retroviruses [are spread this way]. We are injecting lots of animal tissue, fetal tissue, into humans, and we're creating novel viruses all the time, even within the individual or family," she says.

Could Type 1 Interferon Be Used Against SARS-CoV-2?

According to Mikovits, the existence and function of XMRVs is highly relevant as it pertains to COVID-19. There are many coronaviruses in the natural world, but according to Mikovits, they're not highly pathogenic because they don't cause this inflammatory signature of

disease that suggests the immune system is out of control and causing massive cytokine storms.

> **"This was our work for the last four decades … We were led down a path where we learned in 1991 that you could have HIV and never get AIDS.**
>
> **"If you employ the right treatment at the right time, then you stop the replication of the virus, you stop the reservoirs, you stop the immune destruction, and that could easily have been done in the case of SARS-CoV-2 with simple Type 1 interferon at a very low dose, which has 40 years of research [behind it].**
>
> **"I was part of the team that first used the immune therapy, a purified Type 1 interferon alpha, as a curative therapy for a leukemia. That research has proceeded for decades, [yet] the Food and Drug Administration said, 'You can't use that in preventing coronaviruses from jumping from animals [to humans].'**
>
> **"[Type 1 interferon] is a simple food. It's a simple spray. We have it on the shelf now, made by Merck, [yet] Merck discontinued its use. Why would you do that if that was the frontline … prevention? Interferon alpha is your body's own best antiviral against coronaviruses and retroviruses."**

Understanding Interferons

One of Mikovits' primary treatment recommendations is interferon 1 alpha, sold under brand names such as Alferon and Roferon, to shut down the replication of RNA viruses, including retroviruses and coronaviruses. She believes it might be beneficial to take twice a day for the duration of known exposure. Although a bottle costs around $600, one only needs small amounts and a bottle can treat 1,000 people for a week.

Interferon alpha Type 1[10,11] is a type of beneficial cytokine released by your body as one of its first line of defense against viral infections. In a nutshell, it interferes with viral replication. It's also been shown to suppress certain types of tumors. As part of your immune system, it stimulates the infected cells and those nearby to produce proteins that prevent the virus from replicating within them.

Interferon alpha and beta also help regulate your immune response. As noted in a 2018 paper[12] on the dual nature of Type 1 and Type 2 interferons, "both antiviral and immunomodulatory functions are critical during virus infection to not only limit virus replication and initiate an appropriate antiviral immune response, but to also negatively regulate this response to minimize tissue damage."

Like Mikovits, Dominic Chan, a Doctor of Pharmacy who recently updated an article on interferon on Medicinenet.com., proposes using interferons against COVID-19. The earlier article, written by Eni Williams, Pharm.D. and Ph.D., before she died in 2017,[13] says:[14]

> **"Interferons modulate the response of the immune system to viruses, bacteria, cancer, and other foreign substances that invade the body. Interferons do not directly kill viral or cancerous cells; they boost the**

> **immune system response and reduce the growth of cancer cells by regulating the action of several genes that control the secretion of numerous cellular proteins that affect growth …"**

She goes on to list a number of interferons that are commercially available, including Intron-A (interferon alfa-2b), Betaseron (interferon beta-1b) and many more. In April 2020, Chan added:

> **"Interferon beta-1a, currently in use to treat multiple sclerosis, and interferon alfa-2b are both under investigation as potential treatments for people with COVID-19 coronavirus disease …**
>
> **"Interferon Beta 1a, specifically, activates macrophages that engulf antigens and natural killer cells (NK cells), a type of immune T-Cell … The theory is, interferon may be able to make the immune system stronger by turning on dormant parts and directing them toward the defense against SARS-CoV-2's assault."**

It's worth noting the warnings, however. According to Chan, if you already have flu-like symptoms and take interferons, the symptoms are likely to get worse before they get better, as your immune system ramps up. "If someone is already on a ventilator and symptoms are about to overwhelm them, giving them an interferon-based medicine could be catastrophic," he says.

How to Make a Safe Vaccine

Mikovits also proposes a novel vaccine for weaponized viruses like this that involves the alpha interferon, small amounts of the virus and peptide T, which will block the interaction of the virus and keep your T cells from getting infected.

Unlike conventional vaccines, which are mostly injected, this would be oral and would only stimulate antibody humoral responses. Her version would also cause innate cellular immunity from the T cells.

To learn more about Mikovits' research and conclusions, see "**Could Retroviruses Play a Role in COVID-19?**" You'll find the full interview with her at the bottom of that article. To summarize some of the key take-home messages Mikovits delivers in that interview:

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

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

- Blood products and vaccines are contaminated with XMRVs that can damage your immune system and cause CFS, cancer and other chronic diseases. The

viruses spread within laboratories as they have adapted to become aerosolized and contaminate cell lines used in vaccine production and other viral research, including research on coronaviruses.
- Flu vaccines have spread a host of dangerous viruses around the world, which can then interact with SARS COV-2.
- It is possible to develop safer oral vaccines, and interferon alpha could be a valuable treatment alternative against COVID-19. Aside from interferons, other treatment strategies discussed in our interview include hyperbaric oxygen therapy, cannabinoids (CBD), peptide T and antioxidant support.
- SARS-CoV-2 is more dangerous and virulent than typical coronaviruses because it includes sequences of HIV, SARS and another virus, which enable it to infect more than just your respiratory epithelium. It can also infect blood cells and hematopoeitic organs such as the spleen.

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