SARS-CoV-2: A Possible Form of Biological Warfare
A Special Interview With Dr. Francis Boyle
By Dr. Joseph Mercola

Dr. Mercola:
Welcome everyone, this is Doctor Mercola helping you take control of your health and we're here today to continue the dialogue about the COVID 19 pandemic and what might have been the actual causal factors. We are joined today by Doctor Francis Boyle who was a previous guest. Doctor Boyle receives his law degree from Harvard and he has two other PhD's there. He's a professor of international law at the University of Illinois currently and he was responsible for drafting the biological weapons anti-terrorism act of 1989. And he also serves as counsel for responsible, as an attorney for the counsel of responsible genetics, which I hold an enormous prestige because they were one of the first organizations that really highlighted the concerns and the dangers of GMO's.

Dr. Mercola:
So welcome and thank you for joining us Doctor Boyle.

Dr. Boyle:
Well thank you very much for having me on Doctor Mercola and my best to you and I do look forward to our continuing dialogue about this matter. You from your area of expertise and me from my area of expertise.

Dr. Mercola:
Your training is in law and you have no formal training in biology but you've been involved in biological warfare agents for quite some time. So, without any specific, so some of the criticism against your previous interview is that you have no formal training in virology. So what is your expertise to comment on that? And I'm not challenging you at all, I just want to preempt some of the concerns that will come up because we're going really deep into a lot of this, the biology. So why don't you just briefly state that and then we'll go into the science.

Dr. Boyle:
Well, for college I went to the University of Chicago, which as you know is one of the top five universities in the country if not the world. And there I took their bio pre med sequence, which was biochemistry, population biology and genetics and got straight A's. I was in there competing with all the University of Chicago bio pre med students for grades and my bio chem lab partner went to Harvard Medical School. And then I won the University of Chicago's Sigma Zi award and prize in biology for my graduating year. They gave out one per year and it usually went to seniors, but in my case they had to make a special exception because I was a graduating junior.
So, yes I'm not a scientist but one of the reasons the council for responsible genetics asked me to get involved was that my knowledge in this field was well known to my life science friends there on the Harvard faculty and that's how I got involved here. I had basic rudimentary training, actually very good training at the University of Chicago and then my professors there, professor friends at Harvard in the life sciences, I guess they vouched for me. So when I was asked to join shortly after CRG was founded in 1983, I agreed to do so and they asked me to handle their biological warfare work. I did not really get involved in their anti GMO work, they had another law professor they worked with on that. And that was fine with me because all that biological warfare work was-

**Dr. Mercola:**

More then enough.

**Dr. Boyle:**

More then enough to keep me busy, although I did keep an eye on their anti GMO work and of course I fully agree. It's interesting doctor, you might not know but Mon Santo, which Franken Foods, when I started out with my biological weapons anti terrorism act, to get it passed I had a meeting with a top official from Mon Santo, headquarters there is in Saint Louis. And I met with him to explain that the biological warfare anti terrorism act was not designed to go after GMO food. And I wanted to assure him of that because I did not want Mon Santo lobbying against me. The official from Mon Santo said, "Fine, we do not plan to get into biological warfare weapons work because this would tarnish our name brand". You don't want to eat Wheaties made with bio warfare lab.

**Dr. Boyle:**

Well doctor, guess what? Years later and as I speak today, Mon Santo set up a VSL4 laboratory in its corporate headquarters in Saint Louis. So breakdown the building there for where they're GMOing your Wheaties, they are working on every type of hideous biological warfare work you could possibly imagine. That's a true story. So Mon Santo has finally united Franken Foods with Nazi bio warfare work, so you too can have some coronavirus on your Wheaties if you want to.

**Dr. Mercola:**

Well, let's be clear there's no indication that they're working a coronavirus, but from our previous conversation you made it really clear that from your viewpoint the only purpose of a BSL4, biological safety laboratory level four lab was a biological offensive warfare agents, is that correct?

**Dr. Boyle:**

That's correct. I mean you're free to disagree with me, but I know of no legitimate scientific or medical reason for a BSL4 or a BSL3, none.

**Dr. Mercola:**

Okay. So let's go to the pandemic now.

**Dr. Boyle:**
Oh by the way I believe Mon Santo was working on Ebola, so you can have Ebola sprinkled on your Wheaties if you want to. But I think that needs to get out to those involved in the anti GMO food movement. And as you know now Mon Santo has been taken over by the unreconstructed Nazi's there at Bayer. So doesn't surprise me at all. This is what we are up against doctor.

**Dr. Mercola:**

Okay, well that's an important but tangential discussion and there's so much to review here with COVID 19. So the primary one is, and you hear this all the time but I think because we're just overwhelmed and there's so much fear going on here, that we tend to really not appreciate what this word means. But it's always called the novel coronavirus, now I want to emphasize novel, novel means new, means it has not been previously known to exist in the human species. That's what this means, novel coronavirus. So it never existed before. The existing and currently held view is that this was transmitted through animals, a term that's call zoonotic transmission, which you heartily dismissed in our last conversation. And we didn't really go into the details, but since our conversation was a paper published in I think Nature that refuted that and one of the authors was one of the people that we're going to be talking about who really started this and probably designed this whole virus over ten years ago.

**Dr. Mercola:**

So, I just want to, with that in mind I'd like to go into a little detail in some of the documentation to establish that this is indeed an engineered synthetic virus that was not, and emphasize not, transmitted from animal species to the humans without human intervention. So along those lines, there was a paper published by some of the physicians who first treated the coronavirus patients in China and it was published in Lancet in January and they showed that patient zero, the one who was believed to start the transmission, was nowhere near the market and there were no bats even close to the sea food market and at least one third of the patients reviewed had no exposure to the sea food market.

**Dr. Mercola:**

So most of the experts seem to use this as solid data to support that this was not zoonotically transmitted and I wonder if you have any comments on that study.

**Dr. Boyle:**

Well doctor I'm not going to review, we had a one hour conversation the last time, I'm not going to go through all that. But now even if you're looking at the mainstream news media, US intelligence agencies are coming around to saying yeah we believe it leaked out of the Wuhan BSL4 lab. But I did go through with you that article published by the University of North Carolina and the Wuhan BSL4 lab virologist establishing without a doubt that this was SARS, which is a weaponized version of the coronavirus, to begin with, that was given, gained a function capabilities and the leading Wuhan scientist took it back there to that laboratory. I also went through the scientific article where the Australian health board working with Wuhan for virologist DNA genetically engineered HIV into SARS. And they had that technology as well.

**Dr. Boyle:**
So, that is all verified in scientific papers. In addition and you and I were going to discuss this, it seems to me that they took that back to the BSL4 and they applied nano technology to it. The size of the molecules are maybe 120 microns, which indicates to me we are dealing with nano technology, which that's what you need to do in a BSL4. Nano technology is so dangerous, people working with it, biological weapons nano technology, you have to wear a moon suit with portable air, otherwise it will kill you. We also know that Wuhan BSL4, one of the cooperating institutions was my dis alma mater Harvard and we also know that the chairman of the Harvard chemistry department was a specialist in nano technology, set up an entire laboratory there in Wuhan where the reports are he specialized in applying nano technology to chemistry and biology.

**Dr. Boyle:**

So my guess is, based on what I've read in all the literature here, that they tried to weaponize all that together. And that is COVID, what we are dealing with now. So it's SARS, which is genetically engineered bio warfare agent to begin with, second it has gained function properties, which makes it more lethal, more infectious. It has HIV in there, that was confirmed by the Indian scientist, we've discussed that before and it looks like nano technology, which is why it literally travels above the air. You have that MIT scientist who did a study and found out that it traveled 27 feet through the air. And that I guess was in lab conditions.

**Dr. Boyle:**

So that I think is why it's so infectious and that is what I believe we are dealing with here. I am not saying that China deliberately released this, shooting itself in the foot there. But it was clear they were developing an extremely dangerous unknown biological weapon that had never been seen before and it leaked out of the lab. And as you see today in the Washington Post, or yesterday, US State Department Officials are already in there and award back to Washington that there were inadequate safety precautions and procedures in that lab to begin with. And we also know that SARS has leaked out of other Chinese biological warfare labs. So right now I believe that is what happened here.

**Dr. Boyle:**

And let me conclude and then we can have your thoughts on it, but I personally believe that until our political leaders come clean with the American people, both at the White House and in congress and our state government and publicly admit that this is an extremely dangerous offensive biological warfare weapon that we are dealing with, I do not see that we will be able to deal with it, COVID, to confront it and to stop it, let alone defeat it.

**Dr. Mercola:**

Yeah I don't share those views, but we'll have that discussion later. I want to focus now on the origin because it wasn't clear to me in our initial conversation, but as I started reading some of the literature it really was shocking because one of the primary investigators on the 2015 paper from the University of North Carolina was she and I'm going to murder the pronunciation of her last name, Zengly.
Correct.

Dr. Mercola:
Zenchenly, but anyway, she was actually published a paper in 2010, which essentially showed, that involved the weaponizing, the SARS because normally coronavirus that's typically in bats is not SARS.

Dr. Boyle:
Correct doctor, you are perfectly correct.

Dr. Mercola:
The infectious agent that is hitting this pandemic is called SARS COV2, SARS being serious acute respiratory infection and CO for coronavirus two. But the coronavirus is normally not a SAR, they manufactured this one to be. And as you said in this 2010, she's been doing this for ten years. So I mean the papers go back and we'll put them in the references if people want to look at them, but then I also wanted time doctor-

Dr. Boyle:
But let me just say I agree with you, that is why I said SARS was a bio engineered warfare weapon to begin with. And that is what certainly at North Carolina and also with the Australian lab, they were trying to make it even more dangerous with the gain of function and the HIV. So I agree with you 100% on that, that SARS was a biological warfare to begin with, it leaked and that is the origins of the SARS epidemic to begin with. I just wanted to say I agreed with that analysis.

Dr. Mercola:
Okay and then the Indian paper you referenced actually showed that rather then nebulously saying it’s just HIV, there’s a specific protein, it's an envelope protein, it's called GP41, that was actually integrated in the RNA sequences of the SARS COV2, the infectious agent that we're dealing with now. And that was discussed in the Indian paper. But I want to tie in the nano technology.

Dr. Boyle:
I wanted to also say that was the conclusion of the scientific article I previously discussed involving, I believe it's the same doctor G there and the Australian Health Board, they've published it and it's clear the DNA genetically engineered HIV into SARS, which is a biological warfare agent to begin with doctor, yes.

Dr. Mercola:
Yes. So it's interesting because you mentioned, I mean you have three degrees from Harvard and the chairman of the Harvard department of chemistry, Doctor Charles Leber, was arrested late last year, early this year by the federal agencies for essentially double dipping. I mean Chinese were paying him, they paid him a million and a half dollars initially and $50,000 a month from 2012 to 2017, this has not been going on since last year. That's eight years ago he started this project and as you mentioned his specific area of expertise is nano science. So I'm wondering if you have any thoughts as to what was specifically, how the technology was integrated into the engineering of this
virus, because normally viral particles already at nano tech size. I mean they're into the nanometer range, typically 100 nanometers or less even. Do you have any thoughts on how that's-

Dr. Boyle:

Sure, the amerithrax attack, that was nano technology there. You had a trillion scores per grams on americthrax. And just like COVID, it floated through the air. And I was able to determine another professor of chemistry spoke working on nano technology, who was also working at the Pentagon at the same time. So I think it was amerithrax and nano technology was behind amerithrax. I think there's a very high likelihood that nano technology was involved here, which again is why the six feet by the CDC will get you killed, it's preposterous. Even doubling that will do you no good. If there is nano technology, it floats on the air.

Dr. Boyle:

I believe that is what accounts for the 27 feet by the MIT scientists here, that we're seeing nano technology that it travels on top of the air and air currents. That's what I believe is going on. That's my educated guess here doctor, I'm trying to put two plus two together. Plus the notion, the cover story here that Harvard didn't know what was going on is preposterous. I spent seven years at Harvard, I have three degrees from Harvard, I spent two years teaching at Harvard. Of course Harvard knew that its chair of the chemistry department had this lab in Wuhan, China where he was working on nano technology with respect to chemical and biological materials. That's been reported, they didn't say what the materials were. And in addition it has now been reported that Harvard was a cooperating institution with the Wuhan BSL4.

Dr. Boyle:

So that's my conclusion doctor.

Dr. Mercola:

Okay so let me just summarize this for those who may be having a challenging time following the science. So we start out with coronavirus, which in this case was found in bats, which is benign to humans, it doesn't even transfer to humans. It was modified by, integrated the spike proteins that hit the ace two receptors and that allows it to be transmitted to humans and actually integrated into human cells. So that's the first modification. The second modification was to integrate an envelope protein from HIV, specifically GP141, which tends to impair the immune system. And then the third one is that the nano technology was integrated into the whole equation to make it very light and easily transmitted much more so then a typically respiratory virus, which is just a few feet, this may go ten, 15 feet, which is more then they're saying.

Dr. Boyle:

And there is a fourth element here that at the University of North Carolina, they gave the SARS gain function properties as well.

Dr. Mercola:

Okay what's the gain of function?
Dr. Boyle:
I think they took the SARS and that's undeniable, they gave it gain of function. So I would say there are at least four elements.

Dr. Mercola:
Well what's the fourth gain of function? I only count three.

Dr. Boyle:
Well it was apparently there at UNC they took the SARS and made it more lethal and more infectious, but they couldn't have used nano technology in a BSL3, it would've killed them.

Dr. Mercola:
Yeah, well I'm curious to what that fourth one, because I haven't found any papers documenting the fourth.

Dr. Boyle:
They took those three elements and then at the Wuhan BSL4 they applied nano technology to it. That's my educated guess as to what happened.

Dr. Mercola:
Okay, so I guess we're pretty much in complete agreement, although I'm questioning the fourth one, it's still a little bit ambiguous to me, but essentially it's an engineered virus that was designed to infect and cause harm to humans. Their full intention of developing and engineering this virus is not known, we don't know, we can only speculate. But no ones claiming to know at this point. What we do know is it has caused havoc and here's where I'd like to have a discussion because I think-

Dr. Boyle:
Well doctor one point here though, we're having a dialogue which is that UNC work was existentially dangerous and they knew it at the time. If you read the UNC scientific article with the Wuhan BSL4 scientist on there, let me repeat it says, "Experiments with the full length and cameric HSHC014 recombinant viruses", so it says recombinant, "were initiated and performed prior to the gain of function research funding cause". So they admit it was gain a function, it was paused by NIH. Why was it paused by NIH? Because there was a circular letter put out by large numbers of life scientists at the time saying this type of gain of function work that first originated out of that Erasmus University, it was first reported, could be existentially dangerous if it got out in the public. And therefore it had to be terminated and stopped.

Dr. Boyle:
So they knew and then let me continue then with the language, "And have since been reviewed". So yes they were aware that this type of work that they were doing was existentially dangerous. Have since been reviewed and approved, so they knew it was existentially dangerous, it was then re approved for continued study by the national institutes of health. The national institutes of health was funding this in the beginning.

Dr. Mercola:
Yeah, can I ask a question there? Because it appears from the documents that the NIH stopped the funding in October 2014, which is the Obama administration, which was prior to the 2015 paper being published, but as everyone knows there's a delayed lag time between doing the study and having it published. So are you saying that the NIH funded it after 2014?

Dr. Boyle:
They funded it from the beginning, that's acknowledged.

Dr. Mercola:
Right but they stopped in 2014, was there additional funding after that?

Dr. Boyle:
My understanding, I did read the letter to University of North Carolina and it was basically saying you have to stop the funding now.

Dr. Mercola:
Yeah that was-

Dr. Boyle:
But then it was re authorized. So I don't believe they gave them additional money. I haven't seen that. Although the other interesting thing, a footnote here doctor, I read the NIH pause letter to UNC and there were two gain of function research projects UNC was doing. The other one was with this Doctor Kowakowa, from the University of Wisconsin who had resurrected the Spanish flu virus for the Pentagon. And he, according to the pause letter, was also there doing gain of function work on the flu virus, one could only conclude it was the Spanish flu virus. It did not say the Spanish flu, but they also put a gain of function pause on that type of deadly research too to give you an example of how dangerous it is.

Dr. Boyle:
I mean we have the Spanish flu and we all know what that is, so imagine giving the Spanish flu gain a function properties, making it even more lethal and more infectious. That's exactly what was going on there at that UNC lab and I suspect the pause on Kowakowa's work was lifted too. I haven't read that, I haven't gotten that far. So this was, I would say again existentially dangerous work that was going on at that UNC lab, everyone knew it, NIH funded it, NIADE under Doctor Fouchi funded it as well. They knew exactly how dangerous this was, they paused it and then they resumed it.

Dr. Mercola:
Okay. Thank you for that. And I liked your comments on the paper that was published in nature that most of the scientific community is using to establish the fact that this was zoonatically transmitted. And guess who was the author of that paper? She, the one who did the research to weaponize it. I mean natures probably one of the most respectable science journals in the world and she got it published there, so I'm wondering what your comments are on that paper. That was published in February.

Dr. Boyle:
Well sure doctor, the problem is that all these, I don't mean any disrespect to scientists, as you know, at Harvard MIT I worked with world class life scientists. My teacher population biology Richard C Louington, the number one professor population biology in the world. Alexander Agassi's research professor of biology and zoology now a meritas. George Wolf, the Nobel prize winner in biology at Harvard. Good friends with him. No longer with us, unfortunately. Ruth Hubbard, his wife and the first tenured professor of biology female at Harvard and a leading force against bio piracy. I mean no disrespect.

Dr. Boyle:

But that being said, these so called prestigious scientific journals, either are slip shot or bought off by ads put in there by the drug industry or something like that. Just to give you one example doctor and that is I was the one who publicly blew the whistle on the fact that the black west African Ebola pandemic came out of the US governments BSL4 lab in Sierra Leone. That went all over the internet, this that and the other thing. So all of a sudden in reaction to me in an attempt to discredit me, there came out an article in the American Association for the Advancement of Science publication Science. I'm sure you're familiar with that. And this article was produced by a researcher, scientist, at the Harvard MIT abroad institute. Apparently a distinguished institute, this that and the other thing, saying, "Oh no, Boyle is wrong. What really happened here, I did a genetic sequencing on bats and what happened was bats hopped, they jumped all the way over from east Africa to West Africa. And that really proves what happened here".

Dr. Boyle:

Now by the way, Harvard MIT abroad was also involved in that US BSL4 in Sierra Leone, along with Tulane University and Fort Dietrich, as well as US AID and CDC. So I was asked to comment on this article that was published in a science magazine by Harvard MIT abroad. And I regret to say that these reviewers just get buffalowed about names. Now in the case of me it was obvious the conflict of interest. So I sat down on a Saturday morning and understand this article was reviewed, obviously by the editor in chief of Science magazine and two outside independent reviewers, that's the way scholarship gets done as you know and all scholarly journals, they all signed off on it. So I sat down here in my bedroom on a Saturday morning wearing my PJ's reclining in bed, sipping some gourmet coffee and I demolished it in seven minutes because in a footnote she had completely made up statistics out of thin air. And it was very clear the whole thing was a set up.

Dr. Boyle:

Well that was the end of that. So, I regret to report that you have a lot of so called scientific articles that basically are junk science that make their way even through prestigious publications like Nature and science magazine that I've dealt with. Yes. That's been my experience. But in this case, in the Ebola case, there you had Harvard MIT abroad, so oh Harvard, MIT, be careful, roll back. Hey I have three degrees from Harvard, Harvard doesn't impress me. And spent two years teaching there. So I did roll over and play dead. But in this case, she was right there. That should've been rejected immediately by their editor in chief, let alone by their two outside scientists doing peer reviews. Someone should've said, "Hey, she's up to her eyeballs in this, how can we possibly accept anything?".
Dr. Mercola:
Yeah, conflict of interest.

Dr. Boyle:
Of course.

Dr. Mercola:
Thank you for reviewing that. Now I'd like to progress into an area where we have some disagreement.

Dr. Boyle:
I mean doctor does that make sense to you?

Dr. Mercola:
No it makes sense, yeah. It is surprising that Nature would've published it considering she's got a ten year history of working in this area and engineering the virus that is well established. So clearly the peer reviewers either ignored it or were unaware of it, I don't know.

Dr. Boyle:
Well could've been doctor that whoever they sent it out for peer review were also taking dirty money-

Dr. Mercola:
Yeah that's another possibility.

Dr. Boyle:
Biological warfare work along these lines and they approved it. Although I don't know, what about the editor in chief there at Nature? That's the problem as I see it. But it could've been a set up that this was put in there for that reason and the reviewers were hand picked for that purpose. I don't know. You don't know who outside reviewers are.

Dr. Mercola:
All right well let me give an update of where we currently are with the pandemic. We are recording this interview on April 15th. At this point it's infected more then two million people in the world, although the basis for that claim is somewhat suspicious because of the testing methods they're using. But that's what the reports are at this point. And of that, I believes there's 200,000 people who have died from that.

Dr. Mercola:
So, how does this compare, I don't disagree with any of your comments that this is an exponentially and I want to emphasis the word potentially, existential threat. Especially in light of previous pandemics, in my view, true pandemics that the world has experienced, like the black plague, which took out 40-60% of the population of Europe. 40-60%. That was a long time ago, that was 700 years ago, around that. More recently, last century, literally 100 years ago was the Spanish flu of 1918, that took out anywhere from 50-100 million people. We had 1.5 billion people on the planet, that translates out
to a 3% decrease in the world population, 3%. This epidemic, pandemic that the World Health Organization has called it, has taken out .003%. I mean this is literally a thousand fold less.

**Dr. Mercola:**

So I am deeply saddened that people had to die from this, but in my view, the major danger, the major threat and I believe the reason why this was engineered was to create this fear, this reaction in the public to control the public because a relatively small amount of people are dying from this. And most of those people have comorbidities. They already have hypertension, they have diabetes, they're obese, they're at risk for developing disease, or they're elderly, they're impaired. Most of the people who died, 80% of the people in China who died from this were over 60 and 70, over 70, 80% over 70 in Italy. So this is taking out, it's like calling the herd in some ways but it's not taking out 3% of the world population, it's not taking out half the world population, which would be an appropriate response, the government response, if it was.

**Dr. Mercola:**

So I just think that the preventive implementations that the public health authorities have implemented worldwide essentially, not the entire world but most of the world, is literally crashing the economy, going to cause enormous financial complications, that's going to lead to psychosocial distress, it's going to literally kill 10-100 times the number of people who actually die from the infection because of the economic consequences. And let alone the shifting of financial assets that's going to result from the enormous manipulation from likely the biggest financial collapse in the history of this country as a result of this pandemic.

**Dr. Boyle:**

Well doctor let me say this-

**Dr. Mercola:**

Thank you for letting me finish that by the way.

**Dr. Boyle:**

Oh sure, I wanted to hear what you had to say. Certainly I believe that governments, including our own, are piggy backing on COVID to promote their own agendas of totalitarian control. I agree 100% with that. However, I do respectfully disagree with the lethality here. Those statistics that you sited are completely unreliable. SARS was reported to have a 15% lethality rate at the end of the day, 15%. And we've already agreed that basically we are dealing here with turbo charged SARS. So I have previously estimated that it's a minimum of 15%, it could go up, someone did a disaggregation of Chinese figures and came up with 16%. A British health, public health person, ran a computer model, he figured 18%. But let's take a minimum of 15% lethality here and I think it's more because we've got, it's turbo charged-

**Dr. Mercola:**

There's an enormous amount of wealth of data out there, recent publications, the data you're citing is from early in the epidemic, that show it's well under 1%. I've listened to
many, more than ten infectious disease experts that clearly acknowledge that the lethality is less than 1%. It's not much-

Dr. Boyle:

Italy is reported to be at least 12% and figures that are even in Italy, even in New York Times admitted, that they have deliberately under counted the 12% in Italy because that 12% is only considering people who died in hospitals and is not considering people who died in nursing homes or at home or in hospices or anything like that. And Lancet did estimate 15%. So I think, with all due respect to you, we are seeing figures put out there that grossly underestimate the lethality of what we're dealing with. As for figures from China, we can't believe anything from China.

Dr. Mercola:

We can't trust, yeah.

Dr. Boyle:

They've been lying on this from the get go, I think 15% sounds about right to me. And even the figures here, the New York Times today reported that even the figures in New York are only people who died in the hospital, they are not counting people who died in nursing homes or at home or in hospices. So again, I think the lethality rate that we are being told, I think is deliberately being underestimated.

Dr. Mercola:

I would disagree and say it's being overestimated and I'll tell you why. First of all I agree with the China, it's shocking to me that when China had the most reported cases of COVID 19 in the world, about 82,000 and the US was far behind, and then the US passed them. China now has 600,000 or so, China is still at 83,000. They have essentially the epidemic has stopped.

Dr. Boyle:

There have now been studies saying that could be off by a figure of anywhere from ten times, a hundred times, we have no idea.

Dr. Mercola:

Yeah, I totally agree. They're just lying and misreporting. But, the same New York Times today reported that they were adding 3,700 cases of COVID that were never diagnosed positively by blood tests, they were just suspected to be COVID 19. And here's my reason why I think the lethality numbers are off, because to get an accurate lethality number, you have to do a randomized survey of the population and do testing and testing has been abysmal, to say it has been abysmal is a serious understatement. But you have to have a good test, you have to test a random sample of the population and then find out how many people had the infection and then how many people died. That has never been done. It's starting to be done now, they're doing the process and when you do those studies you're going to get a much lower number because the studies you're citing, they were testing sick patients. They weren't checking people that's 80% to 87% of the people who were infected who had no symptoms, they weren't going to the hospital.
Dr. Mercola:
So that clearly is going to skew the numbers in the wrong direction. The denominator was wrong.

Dr. Boyle:
Well doctor all I can say is that there is a scholarly book on SARS lethality.

Dr. Mercola:
I don't dispute that it's lethal. I don't dispute that.

Dr. Boyle:
That was published in 2003. Agents of bio terrorism by a professor of microbiology Zoobey at Columbia. They, in retrospect, looked at SARS lethality, after it was all over, taking into account all the statistics, I have the book here, and they flat out said SARS lethality was 15%. So I believe that is what we're dealing with now, at minimum, a base of 15%.

Dr. Mercola:
Well, I mean time will tell. It's clearly the evidence will come out, we will have better testing available, we'll know what the numbers are. And I would bet you dimes to dollars, pennies to dollars even, that this is going to be well under 1%. And when we had this conversation, I think I predicted that less people would die from SARS COV2 in the US then people who died in traffic accidents. That may not be the case, but it's going to be close. And especially-

Dr. Boyle:
Well today we've lost 30,000 and that's a gross underestimate because that's not including nursing homes or hospice or people just dying at home.

Dr. Mercola:
We'll tally up the numbers later of course when they have more time to get out of this thing. But the initial estimates were over 2 million, over 2 million in the US alone. Then they rationed it down to 100,000 to 250,000, then last week it was 80,000 and then last week again they rationed it down to 60,000. That's the current projections.

Dr. Boyle:
Right but they're doing that on purpose. The figure there from the rationing down to 130,000, or to 100,000 the University of Washington, that was all funded by Bill Gates. So you please tell me how reliable any of that is.

Dr. Mercola:
Well I wouldn't believe anything Gates says, but how does that help his agenda? I don't understand how decreasing the, I mean he's all about fear, creating fear so that he can implement a massive worldwide mandatory vaccine program.

Dr. Boyle:
Sure, he funded it. He funded that figure. I haven't read the whole study but when I saw it was funded by Bill Gates, I just figured it fit into his agenda. But again-

**Dr. Mercola:**

I did not know he funded it. I would be curious how you could connect the dots on that one.

**Dr. Boyle:**

What I am saying though is that this study, agents of bio terrorism, Columbia University Press, when they had all the figures in on SARS, concluded it had a 15% lethality rate.

**Dr. Mercola:**

Which SARS? Are you talking SARS COV1 or SARS COV2?

**Dr. Boyle:**

I think it was the SARS COV2, yeah.

**Dr. Mercola:**

Okay, so those numbers change by the day. But the SARS COV1-

**Dr. Boyle:**

Well this is all over for SARS. But again, so I think we have to be very careful of looking at any of these studies, but I think the 15% is the best we have to go on for SARS. But-

**Dr. Mercola:**

We can agree, right. And literally in weeks or months, certainly later this year, we'll know what the number is because it appears that the epidemic is waning and that the stay at home restrictions will be lifted within maybe even by the time this video is released.

**Dr. Boyle:**

Doctor, I again respectfully disagree with you on that. They say it's waning, but it's not going anywhere. Large numbers of people are still dying. And it does not appear it really is under control, especially if you're listening to any of the doctors and nurses as to what is going on. Second, I would say it is clear when President Trump said he wanted to re open the country for business, then all of a sudden we get these studies saying oh don't worry about it, it's only 100,000. And by the way, that University of Washington people, they're now working on Trump's committee to re open the United States for business.

**Dr. Boyle:**

So in my assessment what is going on here is that the plutocrats who run this country and by the way Trump just mentioned who they all are on his committee, they're more then happy to come up with some justification or excuse to send out blue collar, white collar, rural whatever, out there back into an extremely dangerous environment and coming up with whatever statistics they want to justify it.

**Dr. Mercola:**

Let me counter that because there are states, like Colorado, who have implemented severe restrictions versus South Carolina, that's had very similar populations and a wide
disparity in the number of COVID 19 cases and deaths. I mean Colorado has, and I
didn't copy the numbers down, but it was two or three times more deaths then South
Carolina. The only reason for implementing these stay at home restrictions are to flatten
the curve, the term that many people have heard ad nauseum at this time and the
reason that they want to flatten the curve is that we don't exceed the capacity at the
hospitals to take care of these patients. But it has nothing to do with causing the
infection to go away. That is only done by having the infection exposed to healthy
people with a healthy immune system that can develop innate immune responses that
was the way that we’re designed to control infections naturally. And if you’re healthy
you'll do that, if you’re not, it could be highly problematic.

**Dr. Mercola:**

So-

**Dr. Boyle:**

Well doctor, again with all due respect, there is no evidence so far that if you're exposed
and then you develop antibodies that you can't be reinfected. As a matter of fact, these
cases have already been reported in South Korea that people who were exposed, got
over it, came out and it came back. And the second time it came back it was even more
dangerous then the first time. So there’s no evidence to believe that immunity is going to
work. I would agree with you, immunity would work say on measles or mumps or
something like that. But again doctor, we are dealing-

**Dr. Mercola:**

A non bio engineered virus.

**Dr. Boyle:**

Right, we are dealing here with DNA genetically engineered-

**Dr. Mercola:**

Actually it’s RNA.

**Dr. Boyle:**

Virus that we have never seen before and there is no evidence that even if you develop
antibodies after the first infection, it's going to make a hill of beans difference the next
time along the way. We have no evidence to that effect so far, I haven't seen-

**Dr. Mercola:**

Davidson-

**Dr. Boyle:**

Studies are to the contrary and that comes out of South Korea.

**Dr. Mercola:**

When you're dealing with synthetic biology, which is essentially what this is because
natural biology, we know precisely, we have the historical facts and history to
understand how we can approach a natural threat. This is not a natural threat, this is an
unnaturally synthetically laboratory derived threat.
Dr. Boyle:

As a matter of fact, if you read that UNC article, it says exactly it was dealing with synthetic molecules. It's in there in the footnotes. And in my biological weapons anti-terrorism act of 1989, I specifically criminalized, by that name, synthetic molecules. Yes. And that is why at the first, the whole synthetic biology movement, science, was set up by the Pentagons DARPA. They funded the whole thing. And it's DARPA money that is behind synthetic biology, gene drive, all the rest of it. And that is why at the first convention of synthetic biologists, in their final report one of their key recommendations was the repeal of my biological weapons anti-terrorism act because they fully intended to use synthetic biology to manufacture biological weapons. And that was used at that UNC study that is also part of COVID, yes.

Dr. Mercola:

So your a professor of international law, you drafted that international treaty on bio warfare agents and weapons. So and that treaty still is in force right now in the United States and I suspect maybe even China's a signatory to that treaty. So under the current existing law, are there ramifications for violating this treaty? And if so how do those get enforced?

Dr. Boyle:

Sure. I agree that the law still applies. It provides for life imprisonment for everyone who has done this. I resisted pressure from the department of justice with the death penalty in there because I'm opposed to the death penalty for any reason. But all these so-called scientists involved at the University of North Carolina and every one who funded this project knowing that it was existentially dangerous and that includes Nia, Fochi, NIH, and then if you take a look at who were the scientists there, not only was it UNC, Food and Drug Administration, they are now pushing vaccines and opening up the country, someone from Sports Institute of Microbiology, I'm not familiar with them. And then what does it say? The Dana Harvard Cancer Institute at Harvard. Harvard was involved in that UNC Wuhan four SARS data function work. It's right there.

Dr. Boyle:

So of course Harvard knew what was going on out there at the Wuhan BSL4. They were a cooperating institution. And this is also since WHO is in the media, it came out that this is a WHO designated research lab. So ask yourself why was WHO designating an approved BSL4 lab? They knew full well that this lab was-

Dr. Mercola:

Part of the answer to that could be who is the biggest funder of the World Health Organization? It's the Bill and Melinda Gates Foundation.

Dr. Boyle:

That's correct. 8% of their budget, right.

Dr. Mercola:

So now you in the past, I believe it was in the late 1990s maybe the early 2000's, successfully prosecuted international criminals like this. So, how would you prosecute
these individuals you named for violating this treaty? I mean how do you go about it? How do you enact it? How do you get the process rolling?

**Dr. Boyle:**

There are two ways. First, you're going to have to pressure the Department of Justice there to prosecute these people, under bar. That might be very difficult to do. Federal statutes require indictments to be brought by US attorneys. However, just with respect to North Carolina, state law applies there too. And I haven't research North Carolina law, however I was originally hired here to teach criminal law and I taught it for seven or eight years.

**Dr. Mercola:**

At the University of Illinois, right?

**Dr. Boyle:**

Right, college of law. It's a law school. And to have criminal intent, one of the variants of criminal intent is the demonstration of grave indifference to human life. And that is the criminal intent necessary for homicide. So in my opinion, and my advice would be, if we can't get Barr to sign off on prosecuting these people, that the district attorney, states attorney, attorney general out there in North Carolina institute and indict everyone involved in this North Carolina work for homicide. And that could include up to including murder, malice of forethought. Again one of the elements can be manifestation of grave indifference to human life. And it's clear from this article, they knew it was gain of function, they paused it because it was existentially dangerous, it was then re approved and they continued it.

**Dr. Boyle:**

So I think a good case could be made, certainly for indicting these people under North Carolina law by North Carolina legal authorities, if the federal government is not going to do it for us, under my law. But again I want to make it clear, I haven't research North Carolina law.

**Dr. Mercola:**

Okay. Well that's an intriguing opportunity for the future, I think probably now it's not a wise time where people are just scrambling to maintain some sense of sanity and address the fear that's a result of this epidemic. But down the road, I mean we've got to stop these criminals from repeating this again because this is a recurrent theme. These pandemics, these epidemics happen every two years or so. And they've already said this is coming back. This is going to be a new, a seasonal COVID flu or SARS COV2 flu, just like the influenza. Which could be another confounding variable in the fatality rate too, I think a lot of the modalities that we're seeing are being confused with the regular flu. Not all of them certainly, but they're conflating the two disease, just to increase the COVID2, because there's financial incentives through Medicare-

**Dr. Boyle:**

It's all about funds, right.

**Dr. Mercola:**
Yeah. You get a COVID 19 diagnosis, you get $39,000 and then you put them on the ventilator, you get another $13,000.

**Dr. Boyle:**

That is why I said it in our last dialogue, we immediately must shut down all these BSL3’s and BSL4’s. They are all existentially dangerous. It can happen again. And indeed if you have a look at that Nadler and Cohen documentary Anthrax War, I think it was about 2003, and it was about the dangers of BSL3’s and 4’s, I was a consultant on there, I’m repeatedly in there. And at the end of the documentary they have me saying this is a catastrophe waiting to happen. And it is now happened, here we are, it’s staring us in the face doctor.

**Dr. Mercola:**

Yeah. I agree that it’s a catastrophe but for different reasons. I think this is not the catastrophe of the Spanish flu of 1918, this is not the catastrophe of the black death, which was truly an enormous human catastrophe. I mean it was just shocking. And we’re going to do a future article that’s probably going to be on after this interview that compares the Spanish flu and the swine flu and the COVID 19 epidemic. But when the people with the Spanish flu, when they got it, there were healthy people that got it and literally within eight hours, eight hours, they were dead, dead. This thing was incredibly lethal and obviously we had no bio engineering techniques back then, there were no BSL3 or 4 labs.

**Dr. Mercola:**

But, it's just interesting how lethal that infection truly was.

**Dr. Boyle:**

Well okay doctor, I think we’ve covered all the ground.

**Dr. Mercola:**

I agree.

**Dr. Boyle:**

I think we’ve agreed on a lot of things, perhaps we’ve respectfully disagreed on some things.

**Dr. Mercola:**

If we agree on everything it wouldn’t be fun, would it?

**Dr. Boyle:**

No. It wouldn’t. And it wouldn’t be useful if we agreed on everything sure.

**Dr. Mercola:**

Thanks for all your working.

**Dr. Boyle:**

Was to have a dialogue.
Dr. Mercola:
We may be connecting with you in the future to follow up on the prosecution for that treaty that you got enacted.

Dr. Boyle:
I tried to get the word out, I've recommend that the governor out there or even the mayor of Chapel Hill should send either state troopers or police out there and shut down that lab and seal it off as a crime scene, sure. That should be done. But thank you doctor, I have to go. I do appreciate the dialogue we had today. It was I thought very productive. Thank you.

Dr. Mercola:
All right, thank you too. Appreciate it. Bye.

Dr. Boyle:
Sure, bye.