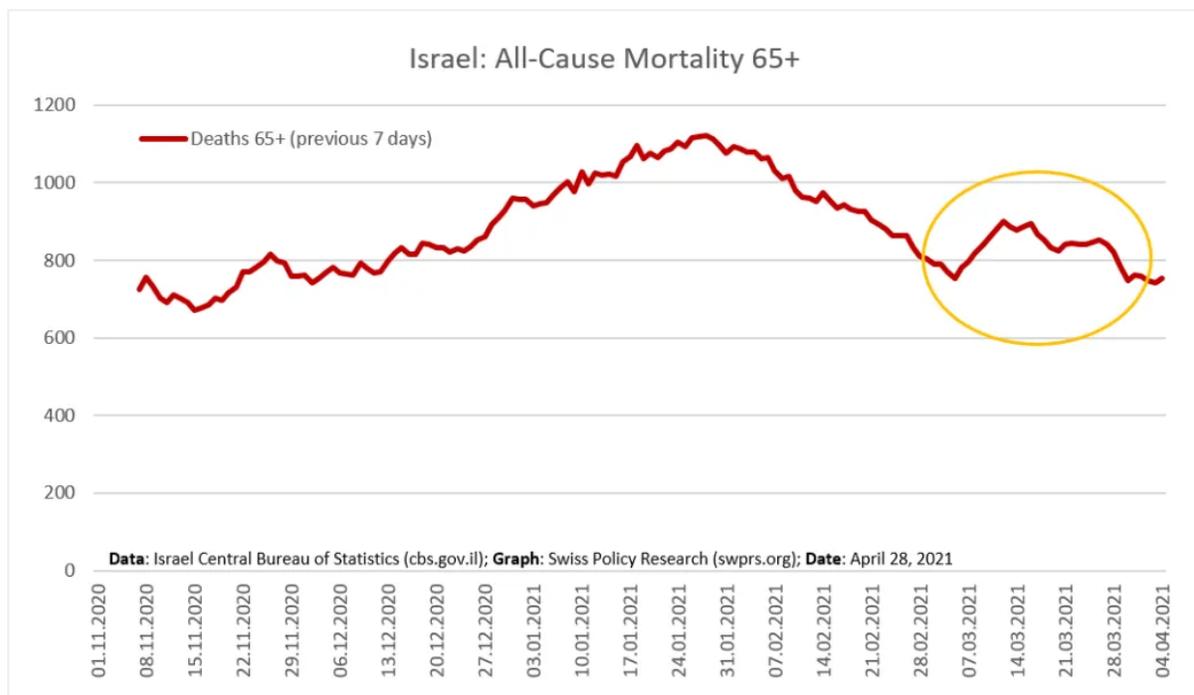


# Swiss Policy Research

## Covid Vaccines: The Tip of the Iceberg



All-cause deaths 65+, previous 7 days (Source: Israeli CBS)

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**The latest on covid vaccine safety and effectiveness.**

## Preface

SPR carefully distinguishes between short-term and long-term safety, short-term and long-term effectiveness, age- and sex-specific aspects, and medical and political questions. Some people might prefer a simpler, more black-and-white assessment, but this would not reflect complex reality.

### A. Vaccine safety

1. The updated chart above shows the [previously reported](#) post-vaccination increase in **Israeli 65+ all-cause mortality**, based on official data up to April 4. There appears to be a complete media blackout on this issue, both inside and outside of Israel, despite the fact that an Israeli hospital director described a [“murky wave of heart attacks”](#) in March. However, in late April Israeli authorities announced [an investigation](#) into cases of post-vaccination heart inflammation and heart attacks, primarily in young adults, where the issue is much harder to explain away. In the US, too, multiple cases of heart inflammation and heart attacks after mRNA vaccines [have already been reported](#) in young adults. The independent Israeli People’s Committee gathered data on about [320 post-vaccination deaths](#) and about 2500 serious adverse events until early May.
2. In the **USA and Europe**, official reporting systems currently show [about 10,000](#) post-vaccination deaths. Based on official case reports, some of these deaths are clearly *unrelated* to the vaccine, but many were clearly caused or triggered by the vaccine. Due to significant underreporting and a massive [reporting backlog](#), SPR estimates that there could be **up to 50,000** post-vaccination deaths in the US and Europe combined. While this is a small number compared to the 1,3 million official covid deaths and the 150 million fully vaccinated people, it is not a trivial number.
3. Health authorities and the media primarily focus on the issue of post-vaccination cerebral venous thrombosis (**CVT**, i.e. blood clots in the brain), simply because CVT is such a rare issue that the post-vaccination increase cannot be explained away statistically. However, CVTs are really just ‘the tip of the iceberg’, whereas the ‘invisible’, **but much larger iceberg** of post-vaccination adverse events consists primarily of severe and fatal cardiac (heart inflammation, heart attack), cardiovascular (blood clots anywhere) and neurological events. Since the background rate of these conditions is much higher, vaccine-related events are easier to ignore or hide.
4. Several countries have already [suspended or stopped](#) **adenovector-based covid vaccines** (AstraZeneca and J&J), arguing that ‘the risks outweigh the benefits’,

especially for young people, and referring only to CVTs (the tip of the iceberg), not cardiac and cardiovascular events in general (the iceberg). In fact, AstraZeneca recently and officially acknowledged that thrombocytopenia (low blood platelet count due to an autoimmune reaction) is a **'frequent (1% to 10%)'** vaccine adverse event, even though it wasn't detected during the vaccine trial.

5. There is still no reliable data on the **long-term safety** of covid vaccines and on the **safety in children and adolescents**. Nevertheless, several countries have already announced 'booster shots' (against new virus variants and to counter antibody waning) and the vaccination of children. This is despite the fact that data from Israel and the UK has shown that the vaccination of adults is sufficient to suppress the epidemic, simply because children **are not drivers** of Sars-CoV-2 infections. Thus, the only (medical) rationale for vaccinating low-risk children, adolescents and young adults could be the **risk of long covid** and PIMS (the latter is **about 0,02%**).
6. In many Western countries, **vaccination rates** seem to level off at about **50% to 70%** of the adult population. Moreover, **about 10%** of people decline the second vaccine dose, likely due to severe adverse events after the first dose.
7. To review **personal case reports** of severe and fatal covid vaccine adverse events, see the **Nashville collection** (18+) and **Covid Legal USA**. In the US, there have already been **several reports** of post-vaccination deaths of healthy children and adolescents. Facebook deleted a group with **120,000 members** reporting and discussing covid vaccine adverse events.
8. There are also several reports of peculiar post-vaccination deaths of **celebrities**, such as box legend **Marvin Hagler** (66), rap legend **DMX** (50), cybersecurity expert **Dan Kaminsky** (42), comedian **El Rissitas** (65), or fashion designer **Alber Elbaz** (59). In the case of fully-vaccinated Elbaz, it was reported that he got infected with the 'South African' coronavirus variant.

## Asian Influenza Vaccination (USPHS, 1957)

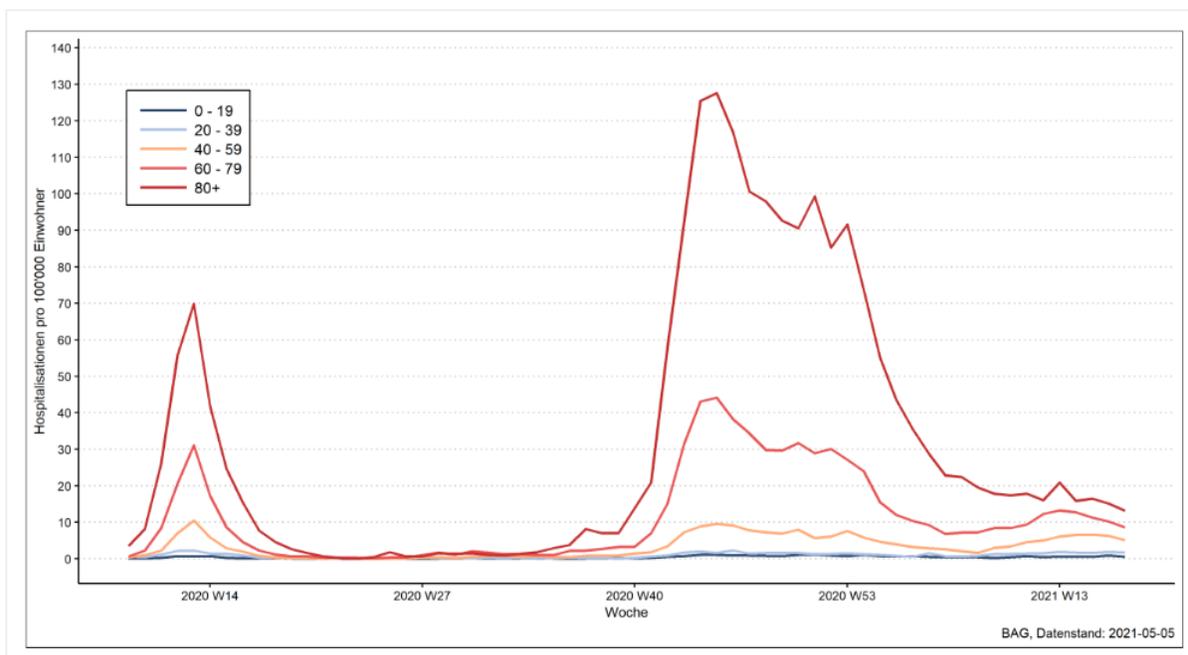


### B. Vaccine effectiveness

A vaccine may be not particularly safe (compared to the highest medical standards) and still be quite effective, at least in the short term. This seems to be the case for most experimental covid vaccines.

1. The **decrease in covid infections** in many US states and European countries since late winter or early spring was driven not primarily by vaccination campaigns, but by **seasonal effects** and other epidemic dynamics (both of which are well-known but poorly understood). This is shown by the fact that infections **decreased simultaneously** and to a similar extent in countries with a rather low vaccination rate.
2. Population-wide data from the **UK and Israel** were **quite difficult to interpret**, as these countries were running their vaccination campaigns in parallel to an ongoing infection wave. As a matter of fact, their decrease in infections **wasn't any faster** than in some countries with a low or very low vaccination rate, such as Portugal and South Africa. However, since about mid-April, the infection rate in Israel and the UK have indeed been lower than in most other countries.
3. Despite these uncertainties, independent cohort studies **do confirm** a (short-term) **vaccine effectiveness** after the second dose of about 90% in people up to 70 years of age and about 65% in care home residents (in the case of the Pfizer vaccine and in terms of infections). The protection against (severe) disease and death may be even higher.

4. A Swedish study found that compared to vaccination, a **prior infection** protects **just as well**, or even somewhat better, against a new Sars-CoV-2 infection (91% vs. 86%).
5. Moreover, European countries that started their vaccination campaign *prior to the spring wave* confirm a very good protective effect even **in people over 80**. For instance, the chart below shows that in Switzerland, hospitalizations in April of people aged 40 to 59 reached almost the level of the second wave, whereas they remained much lower in people aged 60 to 79 and especially in people 80+, who had been vaccinated first (orange vs. red curves).
6. In contrast, multiple countries and several studies **have confirmed** that the mass vaccination campaign can itself **ignite or boost an infection wave**, an effect first described by SPR **in February**. Most recently, this was observed **in the Seychelles**, the country with the highest vaccination rate in the world, that entered into another lockdown (“despite” a mask mandate). Most likely, this effect is a combination of the vaccination campaign spreading the virus (even into high risk groups), and people exposing themselves to higher risks prior to full protection.
7. Given this risk of a post-first-dose infection spike, **early and prophylactic treatment protocols** are **still relevant** even – or especially – during vaccination campaigns.



**Switzerland: Hospitalizations by age group. The difference between the orange curve (40-59) and the red curves (60-79 and 80+) in the second and third waves indicates vaccine effectiveness. (Source: BAG)**

### C. Political aspects

An **Israeli lawyer** [speaks of](#) “increasing coercion, discrimination, marking and division into two civil societies” due to the Israeli “green mark (pass)” system: “Basic activities such as work, education, health and recreation have become a luxury for only vaccinated people. And even then, only temporary.” The Israeli lawyer believes that “Israel is the ‘pilot’ that should serve as an example and justification for the whole world. If they convince the general public that there is ‘success’ here, it will be done all over the world and then it will get worse for all of us.”

#### See also

- [The Global ‘Vaccine Passport’ Agenda](#)
- [Covid Vaccines: Post-Vaccination Deaths](#)
- [Vaccines: Successes and Controversies](#)

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## Doctors for Covid Ethics

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# COVID Vaccines: Necessity, Efficacy and Safety



Doctors for Covid Ethics · 1 day ago · 14 min read

**Abstract:** COVID-19 vaccine manufacturers have been exempted from legal liability for vaccine-induced harm. It is therefore in the interests of all those authorising, enforcing and administering COVID-19 vaccinations to understand the evidence regarding the risks and benefits of these vaccines, since liability for harm will fall on them.

In short, the available evidence and science indicate that COVID-19 vaccines are unnecessary, ineffective and unsafe.



- **Necessity:** Immunocompetent individuals are protected against SARS-CoV-2 by cellular immunity. Vaccinating low-risk groups is therefore unnecessary. For immunocompromised individuals who do fall ill with COVID-19 there is a range of medical treatments that have been proven safe and effective. Vaccinating the vulnerable is therefore equally unnecessary. Both immunocompetent and vulnerable groups are better protected against variants of SARS-CoV-2 by naturally acquired immunity and by medication than by vaccination.
- **Efficacy:** Covid-19 vaccines lack a viable mechanism of action against SARS-CoV-2 infection of the airways. Induction of antibodies cannot prevent infection by an agent such as SARS-CoV-2 that invades through the respiratory tract. Moreover, none of the vaccine trials have provided any evidence that vaccination prevents transmission of the infection by vaccinated individuals; urging vaccination to “protect others” therefore has no basis in fact.
- **Safety:** The vaccines are dangerous to both healthy individuals and those with pre-existing chronic disease, for reasons such as the following: risk of lethal and non-lethal disruptions of blood clotting including bleeding disorders, thrombosis in the brain, stroke and heart attack; autoimmune and allergic reactions; antibody-dependent enhancement of disease; and vaccine impurities due to rushed manufacturing and unregulated production standards.

The **risk-benefit calculus** is therefore clear: the experimental vaccines are needless, ineffective and dangerous. Actors authorising, coercing or administering experimental COVID-19 vaccination are exposing populations and patients to serious, unnecessary, and unjustified medical risks.

## 1. The vaccines are unnecessary

1. Multiple lines of research indicate that immunocompetent people display “**robust and lasting**” cellular (T cell) immunity to SARS-CoV viruses [1], including SARS-CoV-2 and its variants [2]. T cell protection stems not only from exposure to SARS-CoV-2 itself, but from cross-reactive immunity following previous exposure to common cold and SARS coronaviruses [1,3–10]. Such immunity was detectable after infections up to 17 years prior [1,3]. Therefore, immunocompetent people do not need vaccination against SARS-CoV-2.

2. **Natural T-Cell immunity provides stronger and more comprehensive protection** against all SARS-CoV-2 strains than vaccines, because naturally primed immunity recognises multiple virus epitopes and costimulatory signals, not merely a single (spike) protein. Thus, immunocompetent people are better protected against SARS-CoV-2 and any variants that may arise by their own immunity than by the current crop of vaccines.
3. The vaccines have been touted as a means to prevent asymptomatic infection [11], and by extension “asymptomatic transmission.” However, “**asymptomatic transmission**” is an artefact of invalid and unreliable PCR test procedures and interpretations, leading to high false-positive rates [12–15]. Evidence indicates that PCR-positive, asymptomatic people are healthy false-positives, not carriers. A comprehensive study of **9,899,828** people in China found that asymptomatic individuals testing positive for COVID-19 never infected others [16]. In contrast, the papers cited by the Centre for Disease Control [17,18] to justify claims of asymptomatic transmission are based on hypothetical models, not empirical studies; they present assumptions and estimates rather than evidence. Preventing asymptomatic infection is not a viable rationale for promoting vaccination of the general population.
4. In most countries, **most people now have immunity to SARS-CoV-2** [19]. Depending on their degree of previously acquired cross-immunity, they will have had no symptoms, mild and uncharacteristic symptoms, or more severe symptoms, possibly including anosmia (loss of sense of smell) or other somewhat characteristic signs of the COVID-19 disease. Regardless of disease severity, they will now have sufficient immunity to be protected from severe disease in the event of renewed exposure. This majority of the population will not benefit at all from being vaccinated.
5. **Population survival of COVID-19 exceeds 99.8%** globally [20–22]. In countries that have been intensely infected over several months, less than 0.2% of the population have died and had their deaths classified as ‘with covid19’. COVID-19 is also typically a mild to moderately severe illness. Therefore, the overwhelming majority of people are not at risk from COVID-19 and do not require vaccination for their own protection.

6. In those susceptible to severe infection, **Covid-19 is a treatable illness**. A convergence of evidence indicates that early treatment with existing drugs reduces hospitalisation and mortality by ~85% and 75%, respectively [23–27]. These drugs include many tried and true antiinflammatory, antiviral, and anticoagulant medications, as well as monoclonal antibodies, zinc, and vitamins C and D. Industry and government decisions to sideline such proven treatments through selective research support [24], regulatory bias, and even outright sanctions against doctors daring to use such treatments on their own initiative, have been out of step with existing laws, standard medical practice, and research; the legal requirement to consider real world evidence has fallen by the wayside [28]. The systematic denial and denigration of these effective therapies has underpinned the spurious justification for the emergency use authorisation of the vaccines, which requires that “no standard acceptable treatment is available” [29]. Plainly stated, vaccines are not necessary to prevent severe disease.

## 2. The vaccines lack efficacy

1. At a mechanistic level, the concept of immunity to COVID-19 via antibody induction, as per **COVID-19 vaccination, is medical nonsense**. Airborne viruses such as SARS-CoV-2 enter the body via the airways and lungs, where antibody concentrations are too low to prevent infection. Vaccine-induced antibodies primarily circulate in the bloodstream, while concentrations on the mucous membranes of lungs and airways is low. Given that COVID-19 primarily spreads and causes disease by infecting these mucous membranes, vaccines miss the immunological mark. The documents submitted by the vaccine manufacturers to the various regulatory bodies contain no evidence that vaccination prevents airway infection, which would be crucial for breaking the chain of transmission. Thus, vaccines are immunologically inappropriate for COVID-19.
2. **Medium to long-term vaccine efficacy is unknown**. Phase 3, medium term, 24-month trials will not be complete until 2023: There is no medium-term or long term longitudinal data regarding COVID-19 vaccine efficacy.
3. **Short term data has not established prevention of severe disease**. The European Medicines Agency has noted of the Comirnaty (Pfizer mRNA) vaccine that severe COVID-19 cases “were rare in the study, and statistically certain conclusion cannot be drawn” from it [30]. Similarly, the Pfizer document submitted to the FDA [31]

concludes that efficacy against mortality could not be demonstrated. Thus, the vaccines have not been shown to prevent death or severe disease even in the short term.

4. The **correlates of protection against COVID-19 are unknown**. Researchers have not yet established how to measure protection against COVID-19. As a result, efficacy studies are stabbing around in the dark. After completion of Phase 1 and 2 studies, for instance, a paper in the journal *Vaccine* noted that “without understanding the correlates of protection, it is impossible to currently address questions regarding vaccine-associated protection, risk of COVID-19 reinfection, herd immunity, and the possibility of elimination of SARS-CoV-2 from the human population” [32]. Thus, Vaccine efficacy cannot be evaluated because we have not yet established how to measure it.

### 3. The vaccines are dangerous

1. Just as smoking could be and was predicted to cause lung cancer based on first principles, **all gene-based vaccines can be expected to cause blood clotting and bleeding disorders** [33], based on their molecular mechanisms of action. Consistent with this, diseases of this kind have been observed across age groups, leading to temporary vaccine suspensions around the world — The vaccines are not safe.
2. Contrary to claims that blood disorders post-vaccination are “rare”, many **common vaccine side effects** (headaches, nausea, vomiting and haematoma-like “rashes” over the body) **may indicate thrombosis and other severe abnormalities**. Moreover, vaccine-induced diffuse micro-thromboses in the lungs can mimic pneumonia and may be misdiagnosed as COVID-19. Clotting events currently receiving media attention are likely just the “tip of a huge iceberg” [34] — The vaccines are not safe.
3. Due to immunological priming, **risks of clotting, bleeding and other adverse events can be expected to increase with each re-vaccination** and each intervening coronavirus exposure. Over time, whether months or years [35], this renders both vaccination and coronaviruses dangerous to young and healthy age groups, for whom without vaccination COVID-19 poses no substantive risk.

Since vaccine roll-out, COVID-19 incidence has risen in numerous areas with high vaccination rates [36–38]. Furthermore, multiple series of COVID-19 fatalities have

occurred shortly after the onset vaccinations in senior homes [39,40]. These cases may have been due not only to antibody-dependent enhancement but also to a general immunosuppressive effect of the vaccines, which is suggested by the increased occurrence of Herpes zoster in certain patients [41]. Immunosuppression may have caused a previously asymptomatic infection to become clinically manifest. Regardless of the exact mechanism responsible for these reported deaths, we must expect that the vaccines will increase rather than decrease lethality of COVID-19 — The vaccines are not safe.

**4. The vaccines are experimental by definition.** They will remain in Phase 3 trials until 2023. Recipients are human subjects entitled to free informed consent under Nuremberg and other protections, including the Parliamentary Assembly of the Council of Europe’s resolution 2361 [42] and the FDA’s terms of emergency use authorisation [29]. With respect to safety data from Phase 1 and 2 trials, in spite of initially large sample sizes the journal Vaccine reports that, “the vaccination strategy chosen for further development may have only been given to as few as 12 participants” [32]. With such extremely small sample sizes, the journal notes that, “larger Phase 3 studies conducted over longer periods of time will be necessary” to establish safety. The risks that remain to be evaluated in Phase 3 trials into 2023, with entire populations as subjects, include not only thrombosis and bleeding abnormalities, but other autoimmune responses, allergic reactions, unknown tropisms (tissue destinations) of lipid nanoparticles [35], antibody-dependent enhancement [43–46] and the impact of rushed, questionably executed, poorly regulated [47] and reportedly inconsistent manufacturing methods, conferring risks of potentially harmful impurities such as uncontrolled DNA residues [48]. The vaccines are not safe, either for recipients or for those who administer them or authorise their use.

**5. Initial experience might suggest that the adenovirus-derived vaccines (AstraZeneca/Johnson & Johnson) cause graver adverse effects than the mRNA (Pfizer/Moderna) vaccines.** However, upon repeated injection, the former will soon induce antibodies against the proteins of the adenovirus vector. These antibodies will then neutralize most of the vaccine virus particles and cause their disposal before they can infect any cells, thereby limiting the intensity of tissue damage.

In contrast, in the mRNA vaccines, there is no protein antigen for the antibodies to recognize. Thus, regardless of the existing degree of immunity, the vaccine mRNA is going to reach its target — the body cells. These will then express the spike protein and subsequently suffer the full onslaught of the immune system. **With the mRNA vaccines, the risk of severe adverse events is virtually guaranteed to increase with every successive injection.** In the long term, they are therefore even more dangerous than the vector vaccines. Their apparent preferment over the latter is concerning in the highest degree; these vaccines are not safe.

#### **4. Ethics and legal points to consider**

1. Conflicts of interest abound in the scientific literature and within organisations that recommend and promote vaccines, while demonising alternate strategies (reliance on natural immunity and early treatment). Authorities, doctors and medical personnel need to protect themselves by evaluating the sources of their information for conflicts of interest extremely closely.
2. Authorities, doctors and medical personnel need to be similarly careful not to ignore the credible and independent literature on vaccine necessity, safety and efficacy, given the foreseeable mass deaths and harms that must be expected unless the vaccination campaign is stopped.
3. Vaccine manufacturers have exempted themselves from legal liability for adverse events for a reason. When vaccine deaths and harms occur, liability will fall to those responsible for the vaccines' authorisation, administration and/or coercion via vaccine passports, none of which can be justified on a sober, evidence-based risk-benefit analysis.
4. All political, regulatory and medical actors involved in COVID-19 vaccination should familiarise themselves with the Nuremberg code and other legal provisions in order to protect themselves.

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## 8– 2– 2- Former Pfizer Chief Scientist Warns: ‘Your government is lying to you in a way that could lead to your death.’

Wed Apr 7, 2021 - 8:47 am EST— By Patrick Delaney.



MICHAEL YEADON, PH.D.

Dr. Michael Yeadon, former Pfizer's Vice President and Chief Scientist for Allergy & Respiratory Disorders, who spent 32 years in the industry leading new medicines research and [retired](#) from the pharmaceutical giant with "the most senior research position" in his field, spoke with LifeSiteNews in a telephone interview.

He addressed the "demonstrably false" propaganda from governments in response to COVID-19, including the "lie" of dangerous variants, the totalitarian potential for "vaccine passports," and the strong possibility we are dealing with a "conspiracy" which could lead to something far beyond the carnage experienced in the wars and massacres of the 20<sup>th</sup> century.

### HIS MAIN POINTS INCLUDED:

1. There is "no possibility" current variants of COVID-19 will escape immunity. It is "just a lie."
2. Yet, governments around the world are repeating this lie, indicating that we are witnessing not just "convergent opportunism," but a "conspiracy." Meanwhile media outlets and Big Tech platforms are committed to the same propaganda and the censorship of the truth.
3. Pharmaceutical companies have already begun to develop unneeded "top-up" ("booster") vaccines for the "variants." The companies are planning to manufacture billions of vials, in addition to the current experimental COVID-19 "[vaccine](#)" campaign.
4. Regulatory agencies like the U.S. Food and Drug Administration and the European Medicines Agency, have announced that since these "top-up" vaccines will be so similar to the prior injections which were approved for emergency use authorization, drug companies will not be required to "perform any clinical safety studies."

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LifeSiteNews service was originally started by Campaign Life Coalition (CLC), a Canadian national *pro-life* organization headquartered in Toronto, Canada. Campaign Life Coalition, founded in 1978, was one of the first *pro-life* organizations to emphasize the international dimension of attacks on life and family. Along with a few other groups it pioneered *pro-life* lobbying at *United Nations conferences*. LifeSiteNews.com U.S. and Canada are not involved in direct political action and do not support or oppose political candidates or parties, they are strictly a news and information service.

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5. Thus, this virtually means that design and implementation of repeated and coerced mRNA vaccines "go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, [injecting] some superfluous genetic sequence for which there is absolutely no need or justification."

6. Why are they doing this? Since no benign reason is apparent, the use of vaccine passports along with a "banking reset" could issue in a totalitarianism unlike the world has ever seen. Recalling the evil of Stalin, Mao, and Hitler, "mass depopulation" remains a logical outcome.

The fact that this at least *could be* true means everyone must "*fight like crazy to make sure that system never forms.*"

Dr. Yeadon began this interview identifying himself as merely a "boring guy" who went "to work for a big drug company ... listening to the main national broadcast and reading the broad sheet newspapers."

Continuing, he said: "But in the last year I have realized that my government and its advisers are lying in the faces of the British people about everything to do with this coronavirus. *Absolutely everything.* It's a fallacy this idea of asymptomatic transmission and that you don't have symptoms, but you are a source of a virus. That lockdowns work, that masks have a protective value obviously for you or someone else, and that variants are scary things and we even need to close international borders in case some of these nasty foreign variants get in.

"Or, by the way, on top of the current list of gene-based vaccines that we have miraculously made, there will be some 'top-up' vaccines to cope with the immune escape variants."

"Everything I have told you, every single one of those things is demonstrably false. But our entire national policy is based on these all being broadly right, but they are all wrong."

### ● 'Conspiracy' and not just 'convergent opportunism'

"But what I would like to do is talk about immune escape because I think that's probably going to be the end game for this whole event, which I think is probably a conspiracy. Last year I thought it was what I called 'convergent opportunism,' that is a bunch of different stakeholder groups have managed to pounce on a world in chaos to push us in a particular direction. So it *looked* like it was *kind of* linked, but I was prepared to say it was just convergence."

"I [now] think that's naive. There is no question in my mind that very significant powerbrokers around the world have either planned to take advantage of the next pandemic or created the pandemic. One of those two things is true because the reason it must be true is that dozens and dozens of governments are all saying the same lies and doing the same inefficacious things that demonstrably cost lives."

"And they are talking the same sort of future script which is, 'We don't want you to move around because of these pesky varmints, these "variants"— which I call 'samiants' by the way, because they are pretty much the same — but they're all

saying this and they are all saying 'don't worry, there will be "top-up" vaccines that will cope with the potential escapees.' They're all saying this when it is obviously nonsense."

- Possible end game: vaccine 'passports' tied to spending allowances, thorough control

"I think the end game is going to be, 'everyone receives a vaccine'... Everyone on the planet is going to find themselves persuaded, cajoled, not quite mandated, hemmed-in to take a jab."

"When they do that every single individual on the planet will have a name, or unique digital ID and a health status flag which will be 'vaccinated,' or not ... and whoever pos-esses that, sort of single database, operable centrally, applicable everywhere to control, to provide as it were, a privilege, you can either cross this particular threshold or conduct this particular transaction or not depending on [what] the controllers of that one human population database decide. And I think that's what this is all about because once you've got that, we become playthings and the world can be as the controllers of that database want it."

"For example, you might find that after a banking reset that you can only spend through using an app that actually feeds off this [database], your ID, your name, [and] your health status flag."

"And, yes, certainly crossing an international border is the most obvious use for these [vaccine passports](#), as they are called, but I've heard talk of them already that they could be necessary for you to get into public spaces, enclosed public spaces. I expect that if they wanted to, you would not be able to leave your house in the future without the appropriate privilege on your app."

"But even if that's not [the] true [intent of the vaccine campaign], it doesn't matter, *the fact that it could be true* means everyone [reading] this should *fight like crazy to make sure that [vaccine passport] system never forms.*"

"[With such a system], here is an example of what they could make you do, and I think this is what they're going to make [people] do."

"You could invent a story that is about a virus and its variations, its mutations over time. You could invent the story and make sure you embed it through the captive media, make sure that no one can counter it by censoring alternative sources, then people are now familiar with this idea that this virus mutates, which it does, and that it produces variants, which is true [as well], which could *escape your immune system, and that's a lie.*"

"But, nevertheless, we're going to tell you it's true, and then when we tell you that it's true and we say 'but we've got the cure, here's a top-up vaccine,' you'll get a message, based on this one global, this one ID system: 'Bing!' it will come up and say 'Dr. Yeadon, time for your top-up vaccine. And, by the way,' it will say 'your existing immune privileges remain valid for four weeks. But if you don't get your top-up vaccine in that time, you will unfortunately detrimentally be an "out person," and you don't want that, do you?' So, that's how it'll work, and people will just walk up and they'll get their top-up vaccine."

- Gov't lies, Big Pharma moves forward, medicine regulators get out of the way, and possible 'mass-depopulation'

"But I will take you through this, Patrick, because I am qualified to comment. I don't know what [Vanden Bossche](#) is about. There was no possibility *at all*, based on all of the variants that are in the public domain, 4000 or so of them, none of them are going to escape immunity [i.e. become more dangerous]."

"Nevertheless, politicians and health advisers (to loads of governments) are [saying that they are](#). They're lying. Well, why would you do that?"

"Here's the other thing, in parallel, pharmaceutical companies have said, several of them, it will be quite easy for us to adjust our gene-based vaccines, and we can hasten them through development, and we can help you."

"And here's the real scary part, global medicines regulators like [the U.S. Food and Drug Administration] [FDA](#), the Japanese medicines agency, the [European Medicines Agency](#), have gotten together and announced ... since top-up vaccines will be considered so similar to the ones that we have already approved for emergency use authorization, we are not going to require the drug companies to perform any clinical safety studies."

"So, you've got on the one hand, governments and their advisers that are lying to you that variants are different enough from the current virus that, even if you're immune from natural exposure or vaccination, you're a risk and you need to come and get this top-up vaccine. So, I think neither of those are true. So why is the drug company making the top-up vaccines? And [with] the regulators having got out of the way — and if Yeadon is right, and I'm sure I am or I wouldn't be telling you this — *you go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, some superfluous genetic sequence for which there is absolutely no need or justification.*"

"And if you wanted to introduce a characteristic which could be harmful and could even be lethal, and you can even tune it to say 'let's put it in some gene that will cause liver injury over a nine-month period,' or, cause your kidneys to fail but not until you encounter this kind of organism [that would be quite possible]. *Biotechnology provides you with limitless ways, frankly, to injure or kill billions of people.*"

"And since I can't think of a benign explanation for any of the steps: variants, top-up vaccines, no regulatory studies... it's not only that I cannot think of a benign explanation, the steps described, and the scenario described, and the necessary sort of resolution to this false problem is going to allow what I just described: unknown, and unnecessary gene sequences injected into the arms of potentially billions of people for no reason."

**"I AM VERY WORRIED...THAT PATHWAY WILL BE USED FOR MASS DEPOPULATION [EXTERMINATION], BECAUSE I CAN'T THINK OF ANY BENING EXPLANATION."**

- 'Absurdly impossible' variants will escape immunity, 'just a lie'

"If I can show you that one major thing that governments around the world are

telling the people is a lie, you should take my 32 years of experienced opinion that says, most of it, if not all of it, is a lie."

"The most different variant is only 0.3% different from the original sequence as emailed out of Wuhan in ... January 2020. 0.3% [is] the one [variant] that is the *most* different on the planet so far. And now another way of saying it is, 'all of the variants are not less than 99.7% identical to each other.' "

"Now, you might be thinking, 'hmm, .3%, is that enough [to escape immunity and become more dangerous]?' The answer is *no*. Get away, ya know, get out of here ..."

"The human immune system is a thing of wonder. What it does is when it faces a new pathogen like this, you've got [professional cells](#), they're called [professional antigen-presenting cells](#) —they're kind of rough tough things that tend not to succumb to viruses."

"And their job is to grab foreign things in the near environment and tear them limb from limb [inside the cell]. They really cut them up into hundreds of pieces."

"And then they present these pieces on the surfaces of their cell to other bits of your immune system, and amazingly, because of the variability that God and nature gave you, huge variability to recognize foreign things, and your body ends up using 15 to 20 different specific motifs that it spots about this virus."

"They're called [epitopes](#), basically they're just like little photographs of the details about this virus. That's what they do. And that is what is called your repertoire, *your immune repertoire* is like 20 different accurate photographs, close-ups, of different bits of this virus."

"Now, if a tiny piece of the virus changes, like the .3% I've just described, if you are reinfected by that variant, your professional cells tear into that virus and cut it into pieces, present them again, and lo and behold, most of the pieces that you have already seen and recognized, are still there in the variants."

*"There is absolutely no chance that all of them will fail to be recognized and that is what is required for immune escape, to escape your immunity. It must present to you as a new pathogen. It must be sufficiently different that, when it is cut up by your professional checker cells, it won't find mostly the same thing it has seen before. And that is just absurdly impossible when you have only varied .3%, so it is 99.7% (similar)."*

"You can go and check that by looking at papers by a person called [Alison Tarke](#). There is also [Shane Crotty](#), and all of the other co-authors."

"And before them, coming from my theoretical understanding of multi-locus immunity, which is what I just badly tried to describe, to what actually happens ... If your [immune system] is presented with something that contains even half of those similar pieces, there is no way your body will say, 'that's a new pathogen.' "

*"And, so, the idea that 0.3% could even have a chance of getting around immunity is just a lie. It's not [even] like an opinion difference."*

"I don't think 3% would be enough. That's 10 times more variation than has occurred in 16 months [with this virus]. I don't even think 30% difference would be

enough. So, I'm saying that 100 times more variation than has actually happened, would still leave me putting *a big bet on the human immune system not being fooled that these are new pathogens.*"

"I've chatted this over with several professors of immunology and they agreed with me, it's like, 'why are you asking me this?' "

"So, I think that what I've just said is that governments and their advisors in multiple countries are lying about variants. That's a massive thing! You should check it out. Your readers should check it out. If it's true, don't you think it's terrifying?! It was when I realized it."

"So, they're lying about variants, and then, of course, since [the variants] are not really different, you do not need a 'top-up' vaccine. *Now you should be getting the hairs on the back of your neck up*, because they are [making them right now!](#)"

"They are making [billions](#) of vials of it. And they will be available by the end of the year."

"And I think they'll require people to first, be on the vaccine passport one-world database, and then it will roll up into the top-ups, and if it takes a bit longer it will take a bit longer."

"But this is not going away. It won't go away until enough people, if they ever do, say 'you're a bunch of frauds and we are taking our freedoms back, so you can just stop doing this.' "

"Because one person shouting into the wilderness and all of the other academics looking the other way, will have us just going down this pipe maybe a week later than if I hadn't said anything, but we're still going down *to hell!*"

"So, that's why I'm frightened."

"The variants aren't different. I call them 'samians'... they're pretty much the same. They're not different. Therefore, you don't need a top-up vaccine, so don't go near any of them."

- 'Why is my government lying to me?' Because 'they are going to kill you.'

"[And if you recognize that our governments are involved in a major verifiable lie], don't just turn your computer off and go to supper. Stop. Look out the window, and think, 'why is my government lying to me about something so fundamental?' Because, I think the answer is, *they are going to kill you using this method. They're going to kill you and your family.*"

"The eugenicists have got hold of the levers of power and this is a really artful way of getting you to line-up and receive some unspecified thing that will damage you. I have no idea what it will actually be, but it won't be a vaccine because you don't need one. And it won't kill you on the end of the needle because you would spot that."

"It could be something that will produce normal pathology, it will be at various times between vaccination and the event, it will be plausibly deniable because there will be something else going on in the world at that time, in the context of which your demise, or that of your children will look normal."

"That's what I would do if I wanted to get rid of 90 or 95% of the world's population. And I think that's what they're doing."

"Now I don't know [for certain] that they're going to use that [system] to kill you, but I can't think of a benign reason, and with that power they certainly could harm you, or control you, so you should object [and strenuously oppose it]."

- People can't deal with this level of evil, but Soviets, Hitler, Mao show its possibility

"It's become absolutely clear to me, even when I talk to intelligent people, friends, acquaintances ... and they can tell I'm telling them something important, but they get to the point [where I say] 'your government is lying to you in a way that could lead to your death and that of your children,' and they can't begin to engage with it. And I think maybe 10% of them understand what I said, and 90% of those blank their understanding of it because it is too difficult. And my concern is, we are going to lose this, because people will not deal with the possibility that anyone is so evil..."

"But I remind you of what happened in Russia in the 20<sup>th</sup> Century, what happened in 1933 to 1945, what happened in, you know, Southeast Asia in some of the most awful times in the post-war era. And, what happened in China with Mao and so on."

"We've only got to look back two or three generations. All around us there are people who are as bad as the people doing this. They're all around us. So, I say to folks, the only thing that really marks this one out, is its *scale*."

"But actually, this is probably less bloody, it's less personal, isn't it? The people who are steering this ... it's going to be much easier for them. They don't have to shoot anyone in the face. They don't have to beat someone to death with a baseball bat, or freeze them, starve them, make them work until they die. All of those things did happen two or three generations back and our grandparents or great grandparents were either victims of this, or they were actually members of it, or at least they witnessed it from overseas. That's how close we are."

"And all I'm saying is, some shifts like that are happening again, but now they are using molecular biology."

"And the people going along with it, I think they would probably say, 'I was only following orders,' which we have heard before."

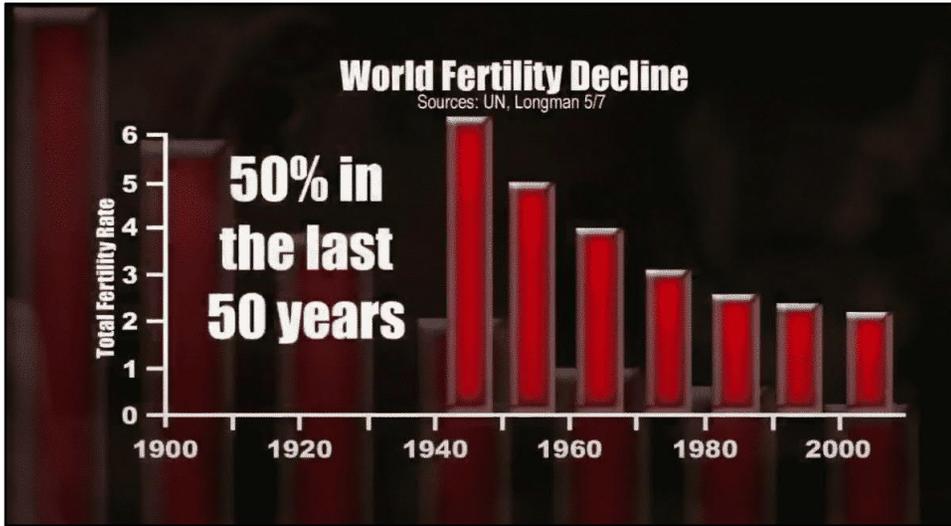
"But I know, because I have talked to lots of people, and some of them have said 'I don't want to believe that you are right, so I'm going to just put it away because if it is true, I can't handle it.' And I think ... all you need to do is find a good reason to tell people, 'Don't take the vaccine unless you're a medical risk of dying from the virus!' That seems to me a pretty good line!"

- Towards a solution – 'We need God'

"I'm a scientist, and I can tell you, talking to non-scientists, using science as a tool, will not work. It will fail."

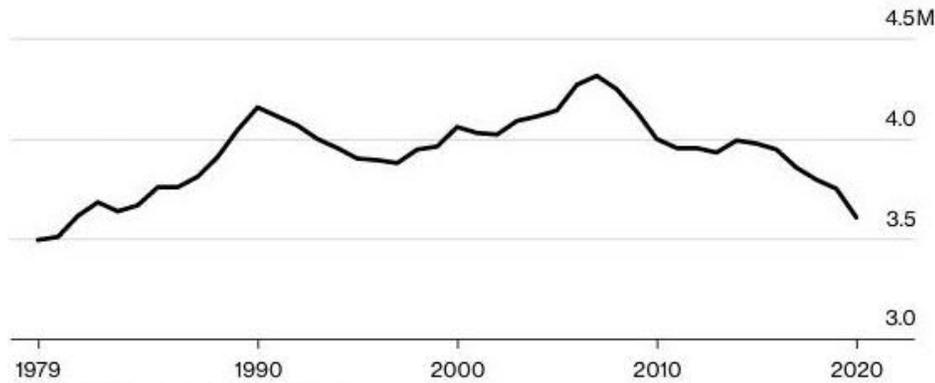
"So, we need philosophers, people who understand logic, religion, something like that, [they have] got to wrestle with this, and start talking in a language people will understand. Because if we leave it with scientists, people like me, even though I'm well-intentioned, I'm a gabbling alien as far as most people in the street are concerned. They won't believe the government will lie to them, they don't believe the government would ever do anything that will harm them, but they are [doing such things]."

Finally, in an email correspondence, Dr. Yeadon concluded, "I have latest taken to signing off with 'May God save us', because I think we need God now more than at any time since WW2."



### Downward Spiral

U.S. births fell in 2020 to the lowest level in a generation



Source: Centers for Disease Control

### Maternal Age

Births declined for women of all age groups between 15 and 40

Age	2020	2019	Change
10-14	1,765	1,787	-22
15-19	157,548	171,674	-14,126
20-24	663,732	704,342	-40,610
25-29	1,022,033	1,078,097	-56,064
30-34	1,067,798	1,089,281	-21,483
35-39	562,833	572,598	-9,765
40-44	120,278	120,152	126
45-54	9,214	9,609	-395

Source: National Center for Health Statistics, National Vital Statistics System, Natality  
 Note: 2020 provisional, 2019 final

## MIMICRY + TRANSMISSION

Pediatrician Larry Pavelskey's Transcript:

**"When studies are done on injections that are thought to be vaccines, we sometimes need 7, 10 or even 15 years to really understand what the injection does to the body and what it does to those around us. And so there's automatically an assumption that when the authorities say these injections are safe, that we actually have data and adequate observational data to understand whether or not these injections are safe. The bottom line is we don't have enough data to understand the safety.**

**The other thing is that we are made to believe in the public eye that this is a vaccine against a viral infection. So the entire world is thinking that this is a vaccine to protect us against SARS-CoV-2 viral infection. And when you have a vaccine that's supposed to be effective as a vaccine, you're supposed to have antibody immunity against the SARS-CoV-2 virus. And that's never been evaluated with these injections, as to whether or not we have antibody immunity to a SARS-CoV-2 virus.**

**Instead, what we have is the genetic information of what is believed to be a piece of the SARS-CoV-2 virus and that piece is called the spike protein. And the technology that's being used is a technology to make this injection that's never been used in vaccine science or methodology before with any kind of success. So we essentially are taking the genetic instructions that make a synthetic spike protein believed to be a part of the SARS-CoV-2 virus and we're giving those sets of instructions into the body and asking the human body to take the genetic instructions of that spike protein and make more of it in our own machinery. And so this messenger RNA technology is delivering the genetic instructions for us to make the spike protein and the problem is that no study has ever been done to test it's safety but also no study has been done to test whether we turn on the production of that spike protein and ever turn it off.**

**And so, spike protein in the naturally occurring SARS-CoV-2 viral infection has been shown to cause brain inflammation and neurological damage, heart attacks and lung disease, liver disease, kidney disease and interacting with the male and female reproduction systems along with affecting blood binding to oxygen and blood clotting. And so we know that the natural occurring disease of SARS-CoV-2 because of the effects of the spike protein, is making people sick with all of these kinds of systemic illnesses. And so now we're taking those spike protein genetic instructions and we're asking our bodies to make more of that spike protein. And so by making more of that spike protein, we are essentially creating the symptoms and the illness of Covid-19 by giving people**

the potential to have brain damage and neurological damage, lung disease, liver disease, kidney disease, heart attack, strokes, blood clotting issues and impairments to male and female reproductive systems.

And there's no study to show whether when the body starts manufacturing this synthetic spike protein, whether or not we ever turn off the production of that spike protein. And so that spike protein is known to be pretty damaging to the human tissue. And so we know that spike protein has been found in saliva. We know that it's been found in the anus and we have to ask the question, is it found in the exhalation molecules that come out of our breathe? Is it found in the skin when we sweat and we smell, do spike proteins come out? And if so, does that impact other people in whom we come in contact? And so what we've been seeing is a massive increase in those who've been given the injection, of blood clotting problems, miscarriages, stillborn, infertility, strokes, heart attacks, auto-immune diseases, and death just to name a few. And that's in those who've been injected.

So certainly there should be a suspicion when you see that people around the injected people who have not been injected, getting the symptoms of Covid, in addition to miscarriages, bleeding, irregular menstrual cycles, it should raise a very, very strong suspicion.

Now, the spike protein is, we are told, just specific to the SARS-CoV-2 virus. So that when your body makes the synthetic spike protein, you're supposed to produce an antibody that's supposed to attack the spike protein. Now, we don't know if that spike protein production keeps going and going and going and that would make the antibody production keep going and going and going as well. And the thing that we are finding is that the genetic instructions of the spike protein are not specific just to the SARS-CoV-2 virus. The genetic instructions of the spike protein are also similar to or the same as many proteins that exist in the body itself. And so therefore, if we're going to produce an antibody against the genetic instructions of the spike protein, those antibodies are going to find every bit of protein tissue around the body that matches the genetic instructions of the spike protein. And that antibody to the spike protein genetic instructions, is going to produce an attack on any of the proteins and tissues in the body that are similar or the same to the genetic instructions of the spike protein.

So, that's why you'll see (an increase of) autoimmune diseases but many months ago there was an article that came out in the European literature where there were several proteins in the male and female reproduction systems that were found to have similar genetic instructions to the genetic instructions of the spike protein.

And the scientists raised the concern that if we inject the genetic instructions of the spike protein into the body and cause the body to make an antibody against that genetic instructions of the spike protein, we will also cause the body to make an antibody against the male and female reproductive systems because those proteins in the male and female reproductive systems had similar instructions to the spike protein. And he raise a very strong concern about it because his concern was that it would basically immobilize and take out sperm from being able to fertilize an egg, and that it would also impair the egg itself and that it would also impair the placenta.

And so the experts around the world did the following. When they heard this scientific concern, the experts around the world said, "oh but the amount of genetic instructions of the proteins in the male and female reproductive systems are so small in similarity to the genetic instructions of the spike protein that it really shouldn't make a difference."

And ladies and gentlemen, that's how we got the science that said there should be no concerns about infertility in men and women, respectively. There were no studies, there was just an opinion that said the genetic instructions of the proteins on the male and female reproductive systems were such small similarities to the spike protein that it shouldn't matter and therefore it didn't matter.

So what we're seeing in women who get the injection is a very large, hundred's of percent increase (500% - 600%) in miscarriages and stillborns of their babies, all being reported to Vaccine Adverse Event Reporting System (VAERS).

And now what we are seeing is women who are around others who've been injected are having the same experience which has to raise the suspicion that not only does that messenger RNA make the body produce spike protein on an ongoing basis but that spike protein is probably shedding out of the breathe, the saliva, the skin and who knows where else in the body it's being shed from. That's only based on what we think we know is in these injections.

Dr. Tenpenny and I have discussed this on numerous occasions that there is potential for other messenger RNA proteins being injected into the body that would cause the body to make all sorts of proteins that we may not be aware of."

# Bizarre Phenomenon: Unvaccinated Getting Sick Being Around the COVID Vaxxed

Published 6 days ago on April 28, 2021

By Makia Freeman

## AT A GLANCE...

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- **THE STORY:** Numerous reports are coming in with an unmistakable theme: unvaccinated people are contracting various ill effects, some quite serious, just by being around those who are COVID vaxxed.
- **THE IMPLICATIONS:** Is the COVID vaccine (which is not a vaccine) having mysterious effects beyond the person directly receiving it? If so, how? Was it designed to be like this?

## In a bizarre turn of events, the COVID vaxxed

are apparently causing ill effects to the unvaccinated around them, as countless reports and anecdotes affirm. The more time goes by, the more horrible effects of the COVID

“vaccine” (which is not a vaccine but a medical device and

experimental gene therapy) come to light. If you thought you’d be safe just by avoiding being **COVID vaxxed**, think again! These reports reveal that the unvaccinated are getting



A truly strange phenomenon has emerged: unvaccinated people are getting sick just by being around the COVID vaxxed. How is this possible?

Loading...

sick or suffering some kind of ill effect just by being in the vicinity of the COVID vaccinated. Women are feeling it most, especially in the reproductive realm. They are coming down with irregular and heavy menstruation, bleeding while pregnant and suffering miscarriages. Other non-vaccinated people are getting migraines, random bruising and sudden nosebleeds just being around those who got the COVID shot. Others report their pet died when touched by someone who got the COVID jab. Is the **COVID vaccine** excreting pathogens? Is this more than **viral shedding**? It is **transmitting disease** in some way? What is going on here?

## **COVID Vaxxed Women Greatly and Negatively Affecting Menstrual Cycles of Unvaccinated Women**

It is well known that, when women live together or spend time in close proximity, their menstrual cycles naturally synchronize. While that is a natural phenomenon, what has been happening recently is decidedly unnatural. Chloe Angeline (“Self-Healing Mama”), who works as a holistic reproductive practitioner and doula, and is in touch with fertility and pregnancy communities, put out this video last week warning people, especially women, to be careful of other women who have been COVID vaxxed. Unvaccinated women have been suffering intense and negative period pain just by being around COVID vaxxed women. She suggests that the COVID vaccine is directly related to **infertility** and **sterilization**. Here is what she said:

*“Women, in their menstruating years and not, are experiencing severe side effects from people around them having received this jab. We’re not quite sure what’s happening here; it’s happening too quick for us to really know ... we’re having women miss their periods, we’re having women have the most excruciating periods of their life to the point where they are bleeding so profusely that it is completely out of character. Women who are in menopause have gotten their period back ... in this community, something that is well known is that if a women bleeds, and she is postmenopausal, that it is cancer.”*

*“This is about standing up for the health of humanity ... something is happening behind the scenes and they are coming after women’s health ... it is significantly dropping men’s sperm counts ... they are trying to sterilize us ... we’ve seen miscarriage go up by almost 400%.”*

There is also this video from a nurse who got reports that COVID vaxxed people have inadvertently killed people’s pets just by touching them. She has collected a lot of info at her website. She says:

*“A lot of people want to call it shedding, but when people think of shedding, they are thinking ... of the weakened viral [vaxxes] but that’s not what this is. This is gene therapy that is causing your body to make these spike proteins, this is mRNA gene therapy, this is ... human experimentation, this is not anything that’s been done before. It is in fact altering the human makeup of the body ... that process starts in the human body and doesn’t stop. It’s coming out in their breath, it’s coming out through their pores, so spike proteins ... this is what is causing reproductive problems in people, this is what is causing sterilization of people.*

*Women ... and men ... who have come into contact with people who have had this [vax] ... have suddenly become covered in strange bruises ... women as young as 10 years old starting their periods early, 11 year olds getting 2 periods in a month, people getting severe migraines ... people having clots the size of their fists, people that were in menopause for years suddenly having severe periods ... men [whose spouse had the vaccine] go to bed and wake up covered in bruises.*

*There’s a risk of people having stillborn or damaged fetuses if they’re around people who have had this [COVID vax] because it can affect and cause miscarriages ... There’s no way of knowing if the human body will ever shut off this mechanism of producing the spike proteins, so the people that get the [vax] may produce them forever ...”*

It certainly is a bizarre phenomenon. These 2 women are not the only ones warning about it; there have also been articles such as this one entitled *Unvaccinated Women Report Miscarriages After Interactions with Vaccinated People* which show that this is becoming a widespread phenomenon. In a recent roundtable discussion, 5 well-known

doctors who have been outspoken in exposing the COVID scamdemic (Dr. Sherri Tenpenny, Dr. Larry Pavlovksy, Dr. Carrie Madej, Dr. Christiane Northrup and Dr. Lee Merritt) analyzed this phenomenon, however there are still more questions than answers. Dr. Tenpenny stated that she believes what is happening is some kind of **transmission** not shedding. Dr. Pavlovksy reminded us that COVID is the clinical presentation *“of the poisoning of the blood”* as can be seen by blood clotting and low blood oxygen levels, not a typical viral infection.

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## **The COVID Vaccine Infertility-Sterilization-Depopulation Connection**

Many doctors are pulling no punches and loudly calling a spade a spade. German microbiologist Dr. Sucharit Bhakdi, who has debunked the official COVID narrative, recently alluded to the role of the COVID scamdemic in the **depopulation agenda** when he said that *“COVID “vaccines” are set to cause a global catastrophe and a decimation of the human population.”* Dr. Michael Yeadon, a former chief scientific officer and vice president at Pfizer, was also bold when he said that *“if someone wished to harm or kill a significant proportion of the world’s population over the next few years, the systems being put in place right now will enable it. It’s my considered view that it is entirely possible that this [COVID vaccine] will be used for massive-scale depopulation.”* Yeadon has launched a petition in Europe along with Wolfgang Wodarg which requests a stay order to suspend all clinical trials involving COVID/SARS-CoV-2 until a study design is produced which addresses the significant safety concerns raised.

One of the issues revolves around the protein **syncytin-1**, an essential prerequisite for a successful pregnancy. As I have documented, there is no SARS-CoV-2, so therefore there is no “spike protein” however, putting that aside for a moment, there is a striking similarity between human syncytins and the alleged SARS-CoV-2 spike protein (even if it is a digital or theoretical model). The significance of this is that antibodies against the alleged SARS-CoV-2 spike protein also act like anti-syncytin antibodies. Therefore, if you get the COVID “vaccine” that induces you into making these antibodies, they could attack and destroy your body’s natural syncytin. For pregnant women, this would prevent the formation of a placenta, thus rendering vaccinated women infertile.

## What Exactly Are the COVID Vaxxed Being Programmed to Do or Become?

We are in the middle of a giant human experiment. No one knows exactly how this is going to turn out. Keep these quotes in mind from the top brass at Moderna:

*“mRNA is like software. You can just turn the crank and get a lot of products going into development.”*

– Moderna CEO Stéphane Bancel

*“So if you could change that ... if you could introduce a line of code, or change a line of code, it turns out, that has profound implications for everything, from the flu to cancer ... We are actually hacking the software of life.”*

– Moderna Chief Medical Officer Tal Zaks

What exactly are the COVID vaxxed being programmed to do or become?

Some believe the New World Order (NWO) only wants to kill people and bring down the population of “useless eaters” up to a certain point. After that point (which I assume would be a certain ratio where they calculate they can easily squash any would-be future rebellion), they are more interested in having people around under their control than dead (remember Brzezinski talking about killing vs controlling?); in other words, they want human slaves. This will not be the old-fashioned idea of slavery (people in ball and chain carrying logs and doing hard labor). The slaves of the future will be **technological slaves**, programmed to love their servitude as Aldous Huxley predicted. If the NWO manipulators get their way, these technological slaves will be barely human, having had their genetics continuously modified to serve the ruling elite.

## Final Thoughts

Women bleeding uncontrollably. 10-year-old girls who have never had a period suddenly getting their first period. Menopausal women suddenly bleeding again. This COVID not-vaccine is clearly targeting and wreaking havoc with our reproductive systems. Since this phenomenon is so new, all we can do at this stage is gather data and ask questions. Who knows the exact mechanism by which the COVID vaxxed are causing unvaccinated people to suffer these strange effects? In closing, I will say that I would not be surprised if it turns out that the COVID not-vaccine, by virtue of re-wiring people's genetic code, is also affecting their physical and energetic fields. Since we live in a holographic universe, this alteration or disruption in the field may be affecting people close by via resonance or frequency, firstly at an invisible level, which later manifests in a disruption on a denser visible level.

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*Makia Freeman is the editor of alternative media / independent news site The Freedom Articles, author of the book Cancer: The Lies, the Truth and the Solutions and senior researcher at ToolsForFreedom.com. Makia is on Steemit and LBRY.*

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# Frequency Change: A Deeper Look at COVID Vax Transmission Phenomenon

Published 1 min ago on May 4, 2021  
By Makia Freeman

AT A GLANCE...

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- > **THE STORY:** What's the deeper reason to explain the bizarre phenomenon of the COVID vax transmission phenomenon?
- > **THE IMPLICATIONS:** Does this connect in with the Synthetic Agenda, the Nanotech Agenda and the Smart Grid? Is this actually about controlling frequency and perception?

## The COVID vax transmission phenomenon

has now become well-known. Many have experienced it. The COVID vaxxed are transmitting something to those around them (including many unvaccinated people) that is causing those around them to

suffer strange symptoms (migraines, nosebleeds, bruising, bloating, period pain, serious irregularity with menstruation, etc.). In my previous article which covered this topic, I ended by offering up a theory that the ultimate cause of this bizarre phenomenon was



What's behind the COVID vax transmission phenomenon, where the unvaxxed are getting sick being around the COVID vaxxed? It's all about frequency.

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resonance or frequency. In this article, I will expand upon this idea some more. It just so happened that David Icke did a recent video (*Human Antenna – Broadcasting The Vaccine Frequency*) where he elaborates upon this subject, and as usual, his ideas are extremely important to consider. What is going on here is unprecedented; never before in history (that I am aware of) has a so-called ‘medicine’ or ‘treatment’ (the COVID non-vaccine) ended up spreading to those who didn’t take it to cause them tangible harm as is happening right now.

## **What’s the Frequency, Kenneth?**

Before we begin with Icke’s take on the subject, it is very appropriate to remember these 2 quotes from scientific genius **Nikola Tesla**:

*“If you want to find the secrets of the universe, think in terms of energy, frequency and vibration.”*

*“The day science begins to study non-physical phenomena, it will make more progress in one decade than in all the previous centuries of its existence.”*

We have to keep this perspective in mind as we analyze this weird phenomenon if we want to get to the root of the matter. Something is happening on an energetic level not just a physical level, and since energy moves in waves, and waves travel at different frequencies, the answer will involve frequency.

## **DNA: The Transmitter-Recevier Antenna**

DNA is short for deoxyribonucleic acid and is considered the master genetic blueprint of the human body. It is arranged in a spiral helix. DNA is also a transmitter and receiver of energy; 2008 Nobel Prize winner Luc Montagnier proved that DNA transmits and receives frequencies in his 2010 paper entitled *DNA Waves and Water* where he showed that

*“bacterial and viral DNA sequences have been found to induce low frequency electromagnetic waves in high aqueous dilutions.”* In other words, DNA is like an antenna. This article summaries Montagnier’s findings:

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*“Using a photo-amplifying device invented by Dr. Jacques Benveniste in the 1980s to capture the ultra low light emissions from cells, Montagnier filtered out all particles of bacterial DNA from a tube of water and discovered that the post-filtered solutions containing no material particles continued to emit ultra low frequency waves! This became more fascinating when Montagnier showed that under specific conditions of a 7 Hz background field (the same as the Schumann resonance which naturally occurs between the earth’s surface and the ionosphere), the non-emitting tube of water that had never received organic material could be induced to emit frequencies when placed in close proximity with the emitting tube! Even more interesting is that when base proteins, nucleotides and polymers (building blocks of DNA) were put into the pure water, near perfect clones of the original DNA were formed!*

*Dr. Montagnier and his team hypothesized that the only way for this to happen was if the DNA’s blueprint was somehow imprinted into the very structure of water itself resulting in a form of “water memory” that had earlier been pioneered by Jacques Benveniste ...”*



DNA acts like an antenna that transmits and receives information.

The article also quotes Montagnier from different interviews:

*“The existence of a harmonic signal emanating from DNA can help to resolve long-standing questions about cell development, for example how the embryo is able to make its manifold transformations, as if guided by an external field. If DNA can communicate its essential information to water by radio frequency, then non-material structures will exist within the watery environment of the living organism, some of them hiding disease signals and others involved in the healthy development of the organism.”*

*“The day that we admit that signals can have tangible effects, we will use them. From that moment on we will be able to treat patients with waves. Therefore it’s a new domain of medicine that people fear of course. Especially the pharmaceutical industry... one day we will be able to treat cancers using frequency waves.”*

## **David Icke’s Perspective on the COVID Vax Transmission Phenomenon**

Icke ties this in to the overall **nanotech agenda** (including things like the **hydrogel biosensor**), stressing that although there may be a chemical element that is being transmitted, the main cause is the energetic element – frequency. He emphasizes that the introduction of **synthetic mRNA** via the non-vaccine is designed to change the DNA antenna inside of us, so that it responds to a new (artificial) command and control center – in other words, it’s literally hijacking our divine connection:

*“It’s not really about shedding some substance so much as a transmission of what is in the vaccine, or what the vaccine is giving off ...*

*Everything in this reality, in its foundation, is about frequency.*

*The body is a receiver-transmitter of information ... DNA is a receiver-transmitter of information ... how that DNA antenna is receiving and transmitting dictates what we are interacting with*

*...*

*[They want to] change the nature of DNA ... so it’s not picking up those [high] frequencies, it’s only picking up the frequencies of [the] technological sub-reality – the Smart Grid. So this nanotechnology, which is in these vaccine potions, is changing the receiver-transmitter antenna nature of DNA ... so our Mission Control is not expanded consciousness, it’s simply the Cloud ... so we receive and transmit only their information.*

*People who ... have had the vaccine are having [their] DNA antenna re-wired so that [they] receive and transmit different kinds of information, and it locks [them] in to this Smart Grid, this Cloud. That’s the foundation; I am not saying there’s not a chemical element to this transmission we’re hearing about, but for me the key area is this frequency. And if you get nanotechnology in the body, and then it starts transmitting its frequency, then obviously that frequency, that substance which is impacting upon the person who’s had it, as it transmits its frequency, it’s going to impact in the same way on others who pick up that frequency, even though they’ve not actually had the*  
*jab.*

*I think this is the foundation of what's going on. They've turned these vaccinated people into antennae, transmitting their frequency."*

## **Final Thoughts**

So, just as with many aspects of the **COVID op**, this subject of COVID vax transmission ties in to the Synthetic Agenda, the Nanotech Agenda, the Smart Grid and so much more. This isn't just about toxic vaccines, gene therapy devices, sterilization, infertility and depopulation, although these are all clear and present components of the operation. This is about controlling the information our DNA can access, because that in turn affects our perception. This is about the larger NWO (New World Order) scheme of **perception control**. Our perception depends upon the information we receive. This bizarre phenomenon is actually about changing Who We Are at a fundamental level, so that our perception becomes so narrow that we become technological slaves, cut off from our magical, unlimited and divine potential.

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*Makia Freeman is the editor of alternative media / independent news site The Freedom Articles, author of the book Cancer: The Lies, the Truth and the Solutions and senior researcher at ToolsForFreedom.com. Makia is on Steemit and LBRY.*

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## 8- 5- THE FED PROMOTES VACCINATION

Why are financial gurus like Jerome Powell, U.S. Federal Reserve chair — a wealthy lawyer and investment banker — also heavy-handedly making the COVID vaccines the centerpiece of their public prognostications?

In a recent 60 Minutes interview, Powell returned to the COVID jabs again and again, trying to make the case that economic recovery depends on everyone getting vaccinated.

Powell's preoccupation with COVID vaccines makes little sense — unless one recognizes the growing convergence of the financial, tech, biopharmaceutical and military-intelligence sectors, as well as the “global policy coordination” being engineered by private central banks.

Pilot programs that bundle biometric digital identity, vaccination and payment systems “into a single cohesive platform,” plus the aggressive worldwide push for “vaccine passports” that would make access to businesses and events contingent on proof of vaccination, provide a

further hint of bankers' ultimate vision: a surveillance-driven totalitarian system that uses new technologies to centralize economic flows — including controlling the ability to transact at the individual level.

Vaccines as operating systems To understand central bankers' aims, it is important to recognize that COVID has furnished a pretext for deploying waiting-in-the-wings vaccine biotechnologies that differ substantially from the already problematic lab techniques used to create earlier generations of vaccines.

This 21st-century vaccine paradigm draws on the exploding fields of biocomputing and synthetic biology, with the latter cheerfully defined as the redesign of an organism's genetic code for “useful purposes.”

Dazzled by the endless vistas opened up by these technologies, proponents envision a rosy future filled with “programmable ‘smart vaccines’” — concoctions that would permit synthetic biologists to become the puppet masters of human biology.

Nowhere is this intention more apparent than in Moderna's description of its messenger RNA (mRNA) technology platform. Moderna openly refers to its technology as an “operating system ... designed so that it can plug and play interchangeably with different programs.” The company even suggests that the unique mRNA sequences it develops for vaccines be viewed as “apps.”

Mixed public reactions to this dispassionate language propelled

Reuters, in February, to publish a fact check claiming that Moderna is referring to operating systems only “in a metaphorical sense, not a literal one.”

However, in a 2017 TEDx talk, Moderna chief medical officer Tal Zaqs’ earnest declaration that “we’re actually hacking the software of life” sounded anything but “metaphorical.” Stating that the genetic instructions transmitted by RNA are “critical information that determines what a cell will actually do,” Zaqs characterized his company’s mission as one of introducing or changing “lines of code” for the purposes of “information therapy.”

Other scientists engaged in “mRNA modifications” agree. However, while describing the approach as “powerful,” “dynamic” and “versatile,” they concede that “many aspects. . . remain elusive.”

In fact, despite the hubristic claims of Zaqs and other scientists that this genetic tinkering has no downside, the long-term risks are largely unknown.

Name of the game: **CENTRALIZATION AND CONTROL.** Vaccine and drug manufacturers have interpreted the U.S. Food and Drug Administration’s (FDA’s) decisions to grant Emergency Use Authorization to the Moderna and Pfizer COVID vaccines as a signal the FDA “is open to broader use of the previously unproven [Mrna] technology.”

As a result, mRNA-focused companies are attracting billions in new capital. Reuters reported at least 150 mRNA vaccines and therapeutics are currently in development globally.

As pleased as these medical-pharmaceutical players may be to accrue additional funding and prestige, they are far from the sole beneficiaries of the new technologies’ rollout. Circling back to the centralizing aims of the world’s central bankers, British writer David O’Hagan said, “The combination of biocomputing within the body and external silicone-based technology is foundational to the implementation of transhumanism, a new data-driven economic system and complete control.”

O’Hagan quotes former investment banker Catherine Austin Fitts, who has warned from the beginning of the pandemic that COVID vaccines are the equivalent of “human ‘operating systems.’”

Paired with the promotion and rollout of related surveillance technologies — including digital tracking devices, vaccine passports, brain-machine interfaces and planet-wide 5G — Fitts views the vaccines as one component of central bankers’ plan to establish a global control grid.

Addressing the topic of vaccine passports, author and tech company CEO Naomi Wolf cautioned their implementation would

mean “literally the end of human liberty in the West.”

In the operating system framework, it is also clear the vaccines are not a matter of “one [or two] and done.” Pfizer’s CEO has already said not only will a third COVID injection “likely” be needed within 12 months of the two initial injections, but that annual coronavirus vaccines are a distinct possibility.

U.S. government contracts (jointly awarded by the U.S. Department of Health and Human Services and the U.S. Department of Defense) for monthly production of up to 330 million prefilled syringes ominously hint at plans for even more frequent “updates” to the operating system.

Unvaccinated individuals — in the U.S. and globally — likely have many different reasons for wanting to take a pass on COVID injections. Recognizing the vaccines have little to do with medicine or health and much more to do with centralization and control is an important step in

pushing back against liberty-suffocating restrictions and central bankers’ vision of an all-powerful on-off switch controlling each person’s participation in the financial system and wider society.