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Editorial

Covid-19 pandemic: What is the truth?

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ABSTRACT

The ongoing "pandemic" involving the severe acute respiratory syndrome coronavirus 2 virus (SARS-CoV-2) has several characteristics that make it unique in the history of pandemics. This entails not only the draconian measures that some countries and individual states within the United States and initiated and made policy, most of which are without precedent or scientific support, but also the completely unscientific way the infection has been handled. For the 1st time in medical history, major experts in virology, epidemiology, infectious diseases, and vaccinology have not only been ignored, but are also demonized, marginalized and in some instances, become the victim of legal measures that can only be characterized as totalitarian. Discussions involving various scientific opinions have been eliminated, top scientists have been frightened into silence by threats to their careers, physicians have lost their licenses, and the concept of early treatment has been virtually eliminated. Hundreds of thousands of people have died needlessly as a result of, in my opinion and the opinion of others, poorly designed treatment protocols, mostly stemming from the Center for Disease Control and Prevention, which have been rigidly enforced among all hospitals. The economic, psychological, and institutional damage caused by these unscientific policies is virtually unmeasurable. Whole generations of young people will suffer irreparable damage, both physical and psychological, possibly forever. The truth must be told.

Keywords: China virus, Covid-19, Pandemic, Severe acute respiratory syndrome coronavirus 2

THE PANDEMIC

This pandemic, and the draconian response to it, never seem to go away, perhaps by design. However, because so much is at stake, people need to hear all the critical available data.

I have never seen such an enormous effort by government, medical bureaucracies, media, private institutions, and even medical institutions to prevent dissenting views from being openly discussed — even the opinions of highly qualified scientists in every field of medicine from epidemiology, infectious disease, virology, pathology, and protective equipment engineering. This includes removal of dissenting physician's licenses, loss of hospital privileges and retraction of peer-reviewed, published articles from the medical literature.[34,36] Science, as any true scientist should know, can only advance by an open discussion of all points of view — especially dissenting viewpoints. Science advances by challenging hypotheses and prevailing theories. Institutionalized views stifle scientific advancement and will, especially in clinical medicine, ultimately harm people. These rigid viewpoints become ideological in that any dissent from the particulars of the orthodoxy constitutes a cause for a vicious attack and shunning.[17]

At the core of all medical practice is the concept of informed consent. No prescription, procedure, surgery, or vaccine is to be given or performed without advising the patient, as

regards the possible risks and benefits. According to the principle of informed consent, a patient - or in this case, the public at large — must be informed of the indications for the treatment, the efficacy of the treatment, possible available alternatives to the proposed treatment, and most importantly, all the potential side effects and complications, whether acute or long term. This is especially so for new and relatively untested procedures. For example, it has been estimated that for a new type of vaccine or especially genetic treatment, a minimum of 10 years of testing are required.

WHAT IS INFORMED CONSENT: THE VACCINE, AND THE IMMUNE SYSTEM?

The most common cause for medical malpractice lawsuits is a doctor or institution not providing informed consent before initiating treatment. Not only are we now being denied informed consent, but also a war has been launched by powerful people and institutions, even governments, to prevent vital information from being disseminated.[29]

Unfortunately, the major institutions are purposefully hiding essential data and altering the data available within official circles to convince the public that there is only one solution to this so-called pandemic: Vaccination with virtually untested biological agents.

The blackout of essential information has become so intense that highly respected virologists, infectious disease specialists, and even the person who developed the technology of messenger RNA (mRNA) "vaccines," have been banned from social media, the news media, and other sources of contact with the public at large.

The effort by vaccine promoters has become so intense that reputations are being ruined, careers destroyed, and even death threats received - as happened to the former head of the Centers for Disease Control and Prevention (CDC), Dr. Robert Redfield.

No dissenting voice is allowed, no matter how well-qualified, and supported by hard scientific data. One thing that keeps the pubic in the dark is that most people have virtually no understanding of the complex subjects of immunology, virology, epidemiology, or infectious disease pathology. To people untrained in these areas, it all seems quite simple: There's a disease outbreak, you make a vaccine against the disease, people become immune, and all is well.

Unfortunately, because of the incredible complexity of the immune system, it does not always work like that. In fact, we are now learning that vaccines, under certain conditions, can make things much worse for the vaccinated.[65,91,94] However, these COVID shots are not actually vaccines — they are genetic biological agents that to this day remain largely untested. (They were tested for only 2 months before given Emergency Use Authorization [EUA] approval for public use.) That means if you take them, you become the guinea pig.

Some will respond that Pfizer did test its vaccine before being released. According to their information, over 11,000 people were given the vaccine and carefully followed. Afterward they announced the vaccine as 95% effective and quite safe. Senator Ron Johnson (R-Wisconsin) interviewed several women who participated in the so-called pre-release study.[76] They each in turn had similar stories — Pfizer would not return most of their calls when they experienced serious side effects. They also stated that they signed an agreement that stated should they experience complications Pfizer would assume all cost of their medical care. Several of the ladies stated that Pfizer did not pay a cent of their medical expenses, which ran into the hundreds of thousands of dollars. Despite the recommendation by the Food and Drug Administration (FDA) that these companies should test the vaccine for at least 2 years, this suggestion was ignored by Pfizer and Moderna.

WHAT IS A MRNA VACCINE AND HOW DOES IT WORK?

As noted, these new products are not in the strict sense traditional "vaccines," which use either a part of a whole virus or bacteria combined with very powerful immune stimulant compounds called immune adjuvants.

The mRNA vaccines, first developed in the 1980s by Dr. Robert Malone, utilizes a complex technique that employs an artificially constructed mRNA molecule. The idea is that the RNA produces the desired antigen. In this case, it produces the spike protein of the severe acute respiratory syndrome coronavirus 2 virus that causes COVID-19 infection. Ironically, that is the very part of the virus that causes damage in people, in particular acting as a neurotoxic molecule.[39] However, injecting mRNA by itself won't work because the body contains an enzyme that would quickly destroy it.

To prevent this, Dr. Malone created a nanolipid carrier that is basically like a nanosized sac that contains the mRNA (resembles an artificial exosome).[50] This special carrier sac is incredibly small — about the size of the virus.[63]

We've been told that the carrier sac (the nanolipid carrier) is destroyed within a few days, thus preventing the body from continuously producing the deadly spike protein. Keep in mind, the principal way the virus itself causes damage is through its spike protein — the same one being reproduced in large amounts all over a person's body by the mRNA in the vaccine. However, the truth is that the makers of these biological agents added polyethylene glycol to protect the

nanolipid carrier so it would last much longer in the body — thus allowing the mRNA to produce far more spike protein for a much longer period. In fact, we don't know how long the nanolipid/mRNA package lasts. The generated spike proteins may last months, years, or even a lifetime.

To summarize: The "vaccines" consist of artificially synthesized mRNA encapsulated within a protective sac (nanolipid carrier). The mRNA within the sac produces and releases an increasing amount of the destructive spike protein into your body — anywhere the nanolipid carrier is deposited. This is the critical part of the story. We were told that this sac of mRNA remains at the injection site in the person's arm, continuously producing the spike protein. Theoretically, your body then can make antibodies against the spike protein, supposedly protecting you from COVID-19 infection.

Dr. Malone and others discovered that Pfizer had secretly conducted a biodistribution study, to see where the nanolipid carrier went after being injected into the limb of the recipient of the vaccine. A Freedom of Information lawsuit was used to obtain a copy of this study performed secretly by Pfizer. The results were quite revealing and very frightening.

They discovered that rather than remaining at the site of the injection (usually the arm-deltoid region), these mRNA-containing nanolipid carriers rapidly entered the bloodstream and were distributed all over the body, including the brain.[49]

The highest concentration of the injected nanolipid carriers was found in the ovaries of women.[75] The second highest concentration was within the bone marrow. High concentrations were also seen in the liver, lymph nodes, and spleen. In fact, the studies that demonstrated the nanolipid carriers were distributed among a number of tissues and organs, including:

- Lungs
- Heart
- Blood vessel lining
- Muscles
- Spinal cord
- Brain
- Kidneys.

THE SIDE EFFECTS OF THE GENETIC VACCINES AND EARLY TREATMENTS

This distribution could explain some of the devastating complications being reported involving several organ systems in people who have received the COVID vaccines. For example, infiltration of the heart explains the rising number of cases of myocarditis (inflammation of the heart muscle) being reported. More than 2,700 cases of vaccine-induced heart inflammation (myocarditis and pericarditis) have occurred among all age groups.[68] Among ages 12–17 years, there have been 520 reports of myocarditis and pericarditis. These young people face progressive heart failure, arrhythmias, and other cardiac problems later in their lives. During this same period, there were 16,310 deaths reported, an increase of 373 over the previous week. These numbers are far higher than are seen with the viral infection itself or associated with other vaccines.

Because the spike protein-producing nanolipid carriers are lodged within organs and tissues, the immune system is unable to respond efficiently to prevent damage and may be responsible for much of the damage as a bystander injury effect. For the vaccines using two injections, the priming effect of the first dose would almost assure a magnification of the damage, possibly by immunoexcitotoxicity.[15,16]

With some of these nanolipid carriers now lodged within the cells, any attempt by the immune system to neutralize them will cause considerable damage not only to those cells, but to a wide zone of cells around them. This is referred to as "bystander damage."

Essentially, once people are vaccinated, they will have the spike protein being produced everywhere in their bodies. Moreover again, recent studies confirm that it is the spike protein that causes COVID damage. That is, it's toxic.

Of course, we now know that very few people actually die from infection by the virus itself; they die from a dramatic immune system overreaction — the so-called cytokine storm, which can occur in any organ or tissue. The CDC recently admitted that only 10,500 people in the United States were actually killed by the virus itself. Most have died from complications of their chronic medical condition or in relationship to obesity.

In fact, studies have shown that even when the number of viruses in the body is high, most people infected with COVID either have few symptoms or have a moderate reaction — similar to other viral infections. Within eight to 11 days, they get better.

By this time, most, if not all the viruses, are no longer viable.[40,86,98] However, the dead viruses remain within the tissues, mainly in the lungs, where they stimulate the immune system to overreact — a mechanism, as stated, we refer to as a cytokine storm. Dead viruses can stimulate the immune system just as well as live viruses.

Studies of patients at this cytokine storm stage have shown that their breath contains no live viruses. Thus, wearing a mask is useless, and it impairs the patient's ability to get sufficient oxygen. Ironically, putting these patients on a ventilator (respirator) dramatically increases the death rate. It's thought that by using positive pressure to force the lung to work, the ventilator further damages the already severely damaged lungs.

The greatest success in saving such patients occurs when strong anti-inflammatory medications — such as high-dose

corticosteroids, intravenous vitamin C, and Ivermectin are used.[45] In fact, in 27 studies conducted all over the world, Ivermectin drastically cut the death rate from COVID-19, even in the most severe and advanced cases.[4]

VACCINES MAY INCREASE THE SEVERITY OF COVID SYMPTOMS AND OVERREACTION OF THE IMMUNE SYSTEM

The difference between getting infected with the virus and exposure to the vaccine is that in the former case only people with age-related frailty, several chronic illnesses, immune deficiencies, and people with other immune-suppressing disorders are at any substantial risk from COVID-19. That is no more than 5% of the population.

Severe disease or death in a healthy person below age 40 is extremely rare, occurring <0.01% of the time. But unlike natural infection, the vaccine — while still dangerous to those who are immune-suppressed — also does serious damage to young people, even if they're healthy. The majority of deaths associated with the vaccines are among the aged population, with the average age being 73.1 years.

As noted, we've seen a dramatic rise in cases of myocarditis in the vaccinated young, along with other serious injuries and deaths. This is happening because the nanolipid carrier of the mRNA travels directly to the heart, triggering intense inflammation in their heart muscle.[59] As also noted, this process could result in the production of the spike proteins for months, years, or even for a lifetime. The nanolipid carrier has been shown to enter the brain, liver, spleen, lymph nodes, and kidneys. Another reaction to these vaccines is what's called antibody dependent enhancement (ADE), a common reaction observed with other types of vaccines.[46,92] With ADE, exposure to the wild-type virus in the vaccinated person can trigger a much more pathological damaging effect than in the unvaccinated person.

Because the COVID vaccines trigger a dramatic increase in antibody production, ADE becomes much more likely. Not only does this result in an increase in severity of symptoms if a vaccinated person is exposed to the natural virus in the future, but the virus also reproduces faster and becomes more pathogenic, meaning the severity of a vaccinated person's illness is worse.

The H1N1 flu vaccine increased the risk of death for those who were vaccinated when they were exposed to the flu virus.[6] We see the same phenomenon with these COVID "vaccines," and many other types of vaccines. It may be that some of the hospitalizations and deaths now being seen are not due to a so-called "Delta variant," but rather are caused by the vaccines themselves.[55,89,90]

ARE THE NEW WAVES OF INFECTION REAL? IS TESTING FOR COVID-19 ACCURATE?

The majority of the testing for COVID infection has been performed using what is called a polymerase chain reaction (PCR) test in which a person's nose or sometimes throat is swabbed for evidence of viral genetic material. The inventor of this test stated that no clinical infection can be diagnosed using the PCR test alone. Yet the CDC used this test to imply that tens of millions of Americans were infected with COVID-19.

We have now learned that the test does not identify the whole virus, just a segment. In addition, many other viruses, bacteria, and even some things that are not microorganisms at all can yield a positive test. For instance, the president of Tanzania secretly had a sheep, a goat, and a pawpaw (a type of fruit) tested using PCR by his health department.[60] The goat and the pawpaw both tested positive.

Recently, the CDC announced that the PCR test would no longer be used because they discovered that it cross-reacts with the influenza virus, meaning virtually all influenza infections in the last flu season could have been diagnosed as COVID-19. This explains why there were only a few hundred flu cases reported in the entire U.S. this past season — a number unprecedented in modern times. (The CDC claims that each year there are about 30,000 deaths from the flu and over 300,000 hospital admissions).

Cycles of the PCR test are run to amplify its sensitivity, and it is known that doing more than 30 cycles increases the likelihood of the test being falsely positive. Yet the CDC recommended that all labs perform 40 or more cycles, which would have meant that around 97% of positive tests were, in fact, negative. That is, the person tested most likely did not have a COVID infection.

Combined with the lack of specificity of the PCR test, fear mongering by the media and the CDC greatly exaggerated the impact of the first wave of the COVID outbreak. The same is almost certainly true with the new Delta variant. Virologists emphasize that the more people who are vaccinated, the more variants will appear.[20] However, while the variants are more contagious, they are less harmful. This is the nature of virus mutations.

WHO ARE THE SUPERSPREADERS OF THE VIRUS?

In fact, based on the observation that the vaccinated have very high titers of virus in their nasopharynx, according to mRNA technology developer Dr. Robert Malone, it is the vaccinated who are more likely spreading the new variant, as they remain asymptomatic longer than an unvaccinated person.[47] Viral titers (concentrations) were found to be

very high in the noses of vaccinated as well as infected unvaccinated people. If the "vaccine" worked, they should have found none or extremely small amounts of the virus.

The average age of death from COVID-19 is around 75 years (95% occurred over age 65 years). Moreover, the highest death rate among vaccinated people is in the same age group — the very ones the vaccines are supposed to protect.

The most egregious form of this fear mongering is to imply that the Delta variant infections are all in the unvaccinated. This is not true. A study in Scotland, for example, found that 87% of Delta variant cases occurred in the fully vaccinated.[27] Similar findings were reported in the United Kingdom and Israel. Moreover, a recent report released by the CDC found that 74% of the cases in a Cape Cod, Massachusetts cluster were among vaccinated individuals.[54] Most of these people were reported to have the Delta variant.

WHAT ARE THE TRUE NUMBERS?

The vaccines for COVID-19 stand to make more money for their developers than any other vaccines at any time in history. Those same companies also wield enormous financial power and influence in the media, medical journals, medical societies (such as the American Medical Association), hospitals, research institutions, and government bureaucracies (such as the National Institutes of Health [NIH]). Moreover, of course, they donate vast sums to elected officials.

We are witnessing an unprecedented attack on free speech directed at anyone who challenges pro-vaccine propaganda, including virologists, infectious disease specialists, epidemiologists, and pulmonologists. Dr. Michael Yeadon, ex-chief science officer for Pfizer; a whistleblower from Moderna; Dr. Robert Malone, the developer of the mRNA vaccine technique; and other highly qualified scientists have been banned from social media and the mainstream news outlets for speaking out. Why? Because they might convince people that these vaccines are dangerous, and that they should be halted immediately.

There is growing evidence that government agencies are hiding the true number seriously injured and killed by these vaccines. A lawsuit has been filed in Alabama federal court by attorney Thomas Renz based on sworn testimony of a government whistleblower. This person testified under oath that, according to actual government records from the Centers for Medicare and Medicaid Services, 45,000 people have died after getting the vaccine.[5]

This refers to data from just one government system reporting to the Vaccine Adverse Event Reporting System (VAERS). The real number of dead could be much higher.

Recall that at the height of the "pandemic," about 50% of all deaths occurred in nursing homes and that government officials in several states had deliberately placed infected patients in these high- risk facilities.

Where are the highest rates of vaccine-related deaths now occurring? Nursing homes and among the elderly — the very ones we are supposed to be protecting. In some places, nursing home death rates secondary to the vaccines (most of which occur within 2 days of being vaccinated) equal or exceed the rate of deaths caused by the virus itself. Some nursing homes have reported vaccine-related death rates of 30% or higher. The vaccines were meant to protect the most vulnerable, but now those individuals are the ones dying and being injured by the vaccine itself.

ATTACKING THE REAL CURES

As bad as all this is, what's worse in the alignment of forces being used to prevent safe methods from being used to stop this virus. When it was revealed that early use of hydroxychloroquine could significantly reduce the severity of the disease and prevent the need for a ventilator, reports immediately surfaced from government agencies declaring that the drug was of no use, was dangerous, and should not be used. This occurred despite reports of hydroxychloroquine's benefits from doctors actually treating patients. In some states, prescriptions for hydroxychloroquine were banned. We see the same thing with Ivermectin, another highly effective and safe medication.[45]

Every time a treatment was discovered that improved COVID patients' outcomes or prevented transmission of the virus, forces stepped in to prevent the treatment from being used.

A growing number of natural treatments that could have prevented the spread of this virus, including most of the serious infections, have been blocked by these controllers. Incredibly, a law was passed that prevented clinical physicians from even suggesting such treatments. Curcumin, baicalin, apigenin, luteolin, EGCG, myo-inositol, ashwagandha, magnesium, docosahexaenoic acid/eicosapentaenoic acid, high dose IV vitamin C, Vitamin D3, melatonin, astragalus, beta-glucan, mushroom extracts, and ashwagandha all enhance a person's immunity, thus preventing infection.[2,8,12,13,28,35,37,42,48,51,52,61,67,69,70,73,80,84,87,88,96,97]

As I have written, curcumin has been shown to dramatically reduce damage to the lungs caused by cytokine storms in experimental animals of a sepsis model. Nano- curcumin, being far better absorbed, should be even more effective.

Numerous studies have shown that the primary immune weapon against all viruses is the cytotoxic T cells. Astragalus significantly enhances the body's production of these immune cells.[24,31]

I recently published an article on how immunoexcitotoxicity plays a major role in cytokine storm reactions.[14] Basically,

the inflammatory cytokines activate NMDA glutamate receptors within the lung epithelial and endothelial cells as well as immune cells, leading to severe destruction of lung tissue and gross leakage of serum into the alveoli. In the article, I noted that the typical American diet contains very high levels of glutamate and other excitotoxic additives.[14] In addition, the tube feeding solutions used in hospitals contain high levels of glutamate. This fact is completely ignored by physicians treating COVID patients.

Dr. Pierre Kory, a founder of the Front Line COVID-19 Critical Care Alliance (FLCCC), made a number of discoveries that dramatically improved the survival of patients with serious COVID-19 cases. Unlike many of the vaccine-only proponents, Dr. Kory has spent his professional life treating some of the sickest in intensive care unit (ICU) settings, including hundreds of COVID patients. But each discovery he made was intensely resisted and rejected by the medical elite and bureaucracies, at least until the proof became so overwhelming that they could no longer deny it. In the interim, thousands died as a result of the elite controller's intransigence. There is evidence that early treatment, before deterioration occurs, can reduce hospitalization by 85 percent.[53]

THE STRANGE CASE OF IVERMECTIN

Dr. Kory also discovered that Ivermectin, a medicine used to treat parasitic infections, was perhaps one of the most powerful weapons we possess in the battle against COVID-19, reducing the death rate of even very sick patients to such a degree that it has been called a medical miracle.[9,21,41,44]

Dr. Kory and his colleagues — all highly respected and frequently quoted pulmonary and infectious disease experts — put together a protocol using this safe, inexpensive medicine and other compounds. (FLCCC Alliance. www.flccc.net.) Their protocol has now been used around the world but not in the United States. Deaths and cases requiring hospitalization in countries that have used Ivermectin — including Mexico, India, Brazil, Slovakia, the Czech Republic, Paraguay, Peru, Argentina, Zimbabwe, and major cities in other countries — have been dramatically and rapidly reduced. In addition, recovery times have been shortened, patient deterioration has been prevented when the drug was used early, and mortality has been reduced among severely ill ICU patients.

In fact, when taken once a week, Ivermectin has been shown to dramatically prevent COVID infection, even in hospital workers who are around many sick patients.[12,14] Ivermectin has been studied and shown to be highly effective in 27 carefully controlled trials that included 6,612 patients; 16 trials were randomized, prospective, controlled trials of the highest quality. Yet, the medical establishment — the vaccine-only promoters — has rejected even considering this safe, inexpensive medication for treatment or prevention of COVID.

Worse, doctors, as well as the general public, are warned by medical associations, the FDA and the CDC not to use Ivermectin.[93] In some states, doctors can lose their license should they write a prescription for this lifesaving medication, one that has been used safely for the past 40 years all over the world as a treatment for parasitic infections.[33,58] Besides being a powerful anti-inflammatory and suppressing viral replication Ivermectin has been shown to inhibit a major form of excitotoxicity seen in the face of chronic inflammation and microglial activation.[3]

THE ROLE OF THE PHARMACEUTICAL COMPANIES IN COVID-19 TREATMENTS AND FEAR

It seems to me, and others, that the pharmaceutical companies making these vaccines don't want a rival treatment that would cut into their profits. In my opinion, these experimental vaccines are being distributed to the public under a false pretense. According to the EUA act, an experimental treatment cannot be used except in a proven national emergency (pandemic), and only if there are no other available treatments for the condition. Keep in mind that the FDA did not approve the drug presently being used by Pfizer — it is still under EUA regulations as an experimental "vaccine."

COVID-19 never satisfied the criteria for a pandemic, which requires that the infection must affect a large number of people around the world and have a high mortality rate. This pandemic definition has been used for decades — until this outbreak. The World Health Organization changed the criteria for this "pandemic," dropping the need for a high death rate.

For the majority of people, the death rate from COVID-19 is lower than that of a mild to moderate flu season. For those under age 40, the death rate is 0.01%; 99.99% of those infected will fully recover. For all ages, the death rate is 0.26%; 99.74% will recover. Those numbers do not justify mandatory vaccination.

On the other hand, eight clinical trials have shown a significant reduction in transmission of COVID-19, even among healthcare workers, with the use of Ivermectin. (FLCCC data).[32] Three of those studies were randomized clinical trials — research of the highest order. Based on these studies, the emergency authorization should be revoked, and vaccination should be stopped before more people are hurt.

MORE NATURAL PROTECTIONS AGAINST COVID

There are a number of other natural treatments and preventatives that could be used by anyone wanting to protect themselves from COVID. The basis for all of these treatments is reducing inflammation, and several natural compounds also restore immune balance. Others are beneficial because they reduce immunoexcitotoxicity, a possible mechanism for cytokine storms.

These compounds include:

- Nano-curcumin
- Nano-quercetin
- N-acetyl-L-cysteine
- Intravenous Vitamin C (high dose)
- Melatonin
- B-complex vitamins
- Hesperidin
- Pterostilbene
- Apigenin
- Magnesium
- Taurine
- Baicalin.

Immune stimulants should only be used during the first 8 days of a COVID infection to prevent aggravating hyperimmune symptoms. This 8-day period is the period when the virus is reproducing very rapidly in the lungs. After 8–11 days, all the viruses are dead, and then the danger is from a hyperimmune reaction to those dead viruses. At this stage the idea is to target inflammation and excitotoxicity, as live viruses are no longer the chief danger in most cases.

Recent studies have shown that a significant number of fully vaccinated people are contracting (supposedly) COVID-19 infections as in Israel, where virtually everyone has been vaccinated. In a carefully conducted study in Vietnam hospitals, it was shown that the vaccinated medical care workers were spreading high levels of viruses to fellow workers, patients, and visitors.[23] A majority of medical centers and hospitals in the United States have mandated vaccines for all employees, even those not in contact with patients. These studies suggest that the medical staff is now a major source of Covid-19 transmission and are acting as superspreaders.

More than 80% of the COVID-variant cases are in fully vaccinated people, and the latest reports indicate the vaccines are ineffective against variants — hence the call for renewed masking. (CDC report).[83] Ivermectin as a preventive measure has a success rate of around 80 to 85% against COVID-19. Some studies have reported no infections in hospital workers taking Ivermectin.

Fear remains the vaccine makers main weapon. The latest strategy is to convince the public that second and third waves of new variants will restore the dangers that have subsided since the original appearance of this virus. All these preventive measures should work against any and all variants. And natural immunity to the original virus appears to give a person full protection against the so-called Delta variant.

This type of cross-immunity occurred with the outbreak of the much deadlier SARS virus, 2002–2004, even with 30% viral mutation variance. The Delta variant differs from the original COVID virus genetically by a mere 1.3%.

UNKNOWN LONG-TERM COMPLICATIONS

These vaccines were allowed to be used via the EUA even though only very short-term safety studies (2 months) had been conducted by the manufacturers. Several people who participated in these safety trials stated in a forum held by Senator Ron Johnson (R-Wis.) that Pfizer representatives promised them that any medical expenses they incurred as a result of the vaccines would be taken care of by the company. According to this testimony — Pfizer did not follow through on that promise.

Several women suffered serious and apparently permanent damage from taking the test vaccines. Several of these participants, as stated earlier, confirmed that Pfizer representatives would not return their calls, and never paid a cent of their incurred medical expenses. The VAERS data indicates that between December 14, 2020 and October 1, 2021 there were 111,921 reports of serious injuries following the COVID-19 vaccinations, which adds credence to the claims of the pre-release study group as far as a high incidence of serious complications before these vaccines were release upon the public.[68]

The FDA recommended a 2-year intensive study of those who had been vaccinated. The pharmaceutical companies rejected that recommendation. Congressional inquiries have shown that essentially zero studies have been conducted on the millions of American citizens who have taken these vaccines. (As noted in a letter from Senator Johnson to Francis Collins, director of the NIH; Rochelle Walensky, director of the CDC; and Janet Woodcock, acting commissioner of the FDA on July 13, 2021).

So far, we've only seen the short-term side effects of these vaccines, which are terrifying enough. However, long-term effects can occur years or even decades following vaccination.

VACCINES AND PREGNANCY

Because the biodistribution study (noted above) demonstrates that the highest concentration of the mRNA-containing nanolipid carrier per gram of tissue in women occurred in the ovaries, meaning every vaccinated woman of reproductive age must now worry about possible infertility or a higher risk

of ovarian cancer. (The nanolipid mRNA induces chronic inflammation, the principal cause of most cancers). Data from a corrected preliminary study of vaccinated pregnant women reported in the New England Journal of Medicine demonstrated that pregnant women vaccinated during the first trimester of their pregnancy (20 weeks), had an 82% chance of losing their baby.[78] Yet the American Academy of Obstetrics and Gynecology announced, as did the CDC, that these vaccines were safe to take during pregnancy. It is known that immune stimulation during the third trimester dramatically increases the risk of the child becoming autistic or developing schizophrenia later in life.[56,64] An extensive literature demonstrates the danger of immune stimulation during pregnancy.[10,11,18,19,62]

We will not know if women vaccinated during their third trimester will have children with a higher risk of becoming autistic for at least 6 years, the usual time span for symptom appearance. Moreover, we will not know if a similarly vaccinated woman will have a schizophrenic child until that child reaches adolescence, which is the usual time of first symptom appearance for that condition.[43] As far as I know, no women or their husbands were warned of this real danger to their children.

No one knows what may happen in the future to these children. By their own admission the vaccine manufacturers conducted no studies with pregnant women prior to the release of these vaccines.

SERIOUS THREAT OF LONG-TERM NEUROLOGICAL COMPLICATIONS: OTHER WAYS THE VIRUS CAN INFECT CELLS IN THE BODY

I have written several articles in peer-reviewed medical journals on the effects of excessive vaccination on brain development.[16,18] As noted, immune stimulation during pregnancy can alter how the child's brain develops. We know that the adult brain is also at risk following excessive immune stimulation.[66,70] One obvious risk is the induction of autoimmune diseases such as lupus, autoimmune encephalomyelitis, and multiple sclerosis. Neurodegenerative disease are also a real possibility based on careful research linking peripheral inflammation and central nervous system microglial/macrophage priming and activation.[25,57,74] There is some evidence that the spike protein may be able to trigger several neurodegenerative diseases, such as Parkinson's disease, amyotrophic lateral sclerosis, and most frightening Creutzfeldt-Jakob disease.[95] Recently, neurologists have classified at least two cases of neurological disorders in women post COVID-19 vaccination, which they classified as "functional" neurological disorders, suggesting a psychiatric causation. While this could be true in some cases, we must keep in mind that the medical establishment also classified fibromyalgia, chronic fatigue syndrome, and autism spectrum disorders all as "functional" until real neurological explanations were forth coming. In a recent review Stephanie Seneff and Greg Nigh reviewed a number of possible unintended consequences associated with the mRNA vaccines with strong scientific reasoning.[77] There is also evidence that the mRNA being released can enter the cell nucleus thus altering the DNA of the cell.[81] This would open the possibility of a vertical transfer to offspring.

CROSS REACTION WITH OTHER HUMAN TISSUES: AUTO IMMUNITY

Studies by Dr. James Lyons-Weiler and others have confirmed that components of the COVID vaccines cross-react with more than 11 human tissues, meaning autoimmune diseases can develop involving one or all those tissues. The biodistribution study demonstrated that the mRNA-containing nanolipid carrier entered the brain and spinal cord.

USING OTHER VIRUS CARRIERS IN THE BODY TO REACH THE CELLS: EXOSOMES

New studies have demonstrated a very frightening possibility. We are all being told that the virus enters cells using principally the angiotensin-converting enzyme 2 receptor. But in truth, there is another mechanism: exosomes.[30,38,85] Exosomes are much like the nanolipid carrier used in the vaccines. They are microscopic sacs that contain various components — such as RNA and DNA fragments — that can leave the cell, travel to other cells, enter them, and pass along genetic information. Exosomes are a cell-communication mechanism.

Unfortunately, many viruses can hijack these exosomes, insert their genetic information, and then exit the infected cells and travel to surrounding cells or even distant cells and enter them, thus spreading the infection. Infections by viruses cause the infected cell to produce a tremendous number of exosomes — all containing the viruses' genetic information. The scary part is that the mRNA "vaccines" are essentially artificial exosomes, each carrying the very part of the virus (the spike protein) that does harm to the body. We have, in essence, traded a natural infection for an artificial one that could be far worse.

OVERREACTION OF THE IMMUNE SYSTEM STIMULATED BY THE VIRUS; CYTOKINE STORM (IMMUNOEXCITOTOXICITY IN THE BRAIN AND SPINAL CORD)

A recent study demonstrated just how dangerous it is when infected exosomes enter the brain.[57] These exosomes

entered microglia, the brain's special immune cells and the main source of excitotoxins. The exosomes caused the microglia to start generating very high levels of inflammatory cytokines and other immune mediators. These inflammatory substances are then released and do considerable harm to surrounding brain structures. This all occurs with the first injection.

We say that these microglia are "primed," meaning they are in a state of hyperreactivity, but have not fully released their destructive cytokines and excitotoxins yet. The second injection of the mRNA COVID vaccine activates this primed microglia, putting them into an extremely destructive state in which they release high concentrations of inflammatory cytokines and excitotoxins. This explains why people have worse reactions to the second vaccine dose.

The fear is that these vaccines could very well trigger neurodegeneration within specific brain areas, each causing a particular neurological disorder such as Alzheimer's disease, Parkinson's disease, ALS, or even a totally new neurological disorder never seen before.[22]

These vaccines can also trigger seizures, strokes, and even neuropsychiatric disorders. Keep in mind that in some cases these disorders do not appear for years or even decades. Dr. Peter McCullough, a professor of internal medicine and cardiology, cited a case in which a woman lost all memory after receiving the first vaccine dose.[26] He also told of a fully vaccinated woman who lost her baby after breastfeeding. The child died of a thrombotic/hemorrhagic episode.

It has been shown that the nanolipid carrier does pass into the mother's breast milk and can be transmitted through the placenta.[1,79,82] Studies have now shown that the COVID-19 spike protein can induce Parkinson's disease in humans.[26] The vaccine, in essence, releases massive doses of the spike protein within the body, including in the brain and spinal cord. Importantly, the release, because of the widespread distribution of the nanolipid carriers, is directly within each involved tissue, thus maximizing the damage. This is a disaster in the making.[4,7] In my opinion, these vaccines should be stopped now before many more are seriously hurt or even killed.[71,72]

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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