

Why the Covid Vaccines are Dangerous

by Jeremy James



Alex Kingston interview with Sucharit Bhakdi.

Blackmail is a nasty business. A person is faced with a threat of some kind and agrees to hand over a sum of money in order to have the threat lifted.

We see it mainly in situations where the victim has already compromised himself in some way and cannot rely on law enforcement to come to his aid. It is unusual to find it in a setting where the victim is engaged in perfectly normal activities and could call the police at any time to intervene. One of the most brazen instances of this was the *claque* system which plagued Italian opera after World War II. A noted soprano or tenor was contacted by the *chef de claque* before the season began and asked to hand over a sizeable sum of money or be forced to endure a spate of heckling and unsettling noises during their performance. Seemingly all the great singers, such as Callas, Tebaldi and Gobbi, paid the sums sought by these racketeers. During a notorious incident in Naples, after Caruso had refused to pay, he was hissed and booed during his rendering of a famous aria by Donizetti.

Today, a worldwide form of blackmail and extortion is under way. Millions of innocent people are being forced to stop working, take vaccines, wear masks, and abase themselves in the most abject way in order to appease the pharmaceutical industry and its nasty puppet organizations, such as the WHO and the CDC. The government of each country acts as the *chef de claque*, extorting the response required in return for the promise of renewed normality. In effect they are saying, *Do what we tell you or we'll make your life unbearable.*

Like the Italian *claquers*, their numbers are small but their malicious racket is very effective, largely because most of the population – ‘the audience’ – are unable as yet to detect the extortioners in their midst.

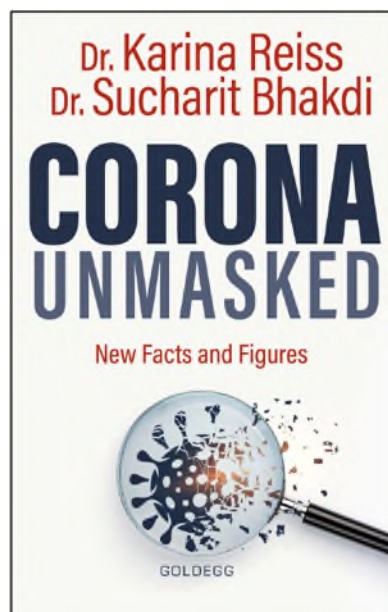
Explaining the dangers

Those who dare to challenge the official narrative are vilified in the media. We are fortunate that a few highly qualified insiders, with an in-depth knowledge of epidemiology, have continued to sound the alarm. There is no doubt that, by their outspoken condemnation of this racket, at least two – Dr Sucharit Bhakdi and Dr Mike Yeadon – are in the crosshairs of the criminal masterminds who have engineered this worldwide Covid deception.

In our last paper (#269) we gave several quotations from a sterling interview which Dr Yeadon gave to *Lifesite News* on 7 April. In this paper we wish to draw attention to an extremely informative interview which Dr Bhakdi gave to Alex Newman of *The New American* on April 20th -

Link: https://brandnewtube.com/watch/microbiologist-sucharit-bhakdi-quot-largest-experiment-ever-performed-in-the-history-of-mankind-qu_yt2E8l79M79Wt3E.html

We would urge readers who have any doubts about the dangers posed by these vaccines to listen to Dr Bhakdi’s interview. To help disseminate his views we have set out in the following pages a summary of his main points. We also include a chapter from his forthcoming book, *Corona Unmasked*, which was co-written in German with his wife, Dr Karina Reiss. The chapter has been made available by the publisher in an English translation. However, since the translation appears to have been hastily prepared and is difficult to follow, we have made a revised version for our readers – see **Appendix C** attached.



(For readers who would prefer to read the publisher’s version, it may be found at [https://www.goldegg-verlag.com/titel/corona-fehlalarm/.](https://www.goldegg-verlag.com/titel/corona-fehlalarm/))

We will start with a few quotations from Dr Bhakdi which reveal his attitude generally to the Covid ‘pandemic’:

“I think the pandemic is a fake. It was based on a PCR test that was dangerously inaccurate, giving false positive data that was, unfortunately, taken as the main diagnostic criterion.”

“This Covid-19 business is completely crazy. People who are not ill, who have no symptoms, are tested with a test that is lying most of the time.”

[Regarding the quarantines, masks, social distancing etc]:

“It’s absolutely ridiculous nonsense.”

Why the Covid test is bogus

Dr Bhakdi gives a very helpful analogy from the financial world to show why the PCR test is meaningless when it is used for diagnostic purposes. If you start out with just one dollar and double the amount every minute, how many minutes does it take to reach \$1m? The answer: 20 minutes.

Start instead with just 1c. How many minutes are needed to turn that one cent into a million dollars by the same process? The answer: 27 minutes.



Laurel and Hardy explain how their Covid test works.

[Tip: It’s better than the one recommended by the WHO.]

Now, the dollar corresponds to the virus. The PCR test runs through 20 cycles to produce enough viral material to show that the virus is present and the person is infected. However, one cent buys nothing. It corresponds to a piece of the virus, a fragment that will never pose a threat to anyone’s health. By amplifying it through 27 cycles in the PCR test, we have not learned anything and we have definitely not proven that the virus is present.

The cycle threshold is a crucial factor in the test. If the threshold is 20 or below, the virus is present, but if one has to run through additional cycles above 20, the virus is not present. Therefore the PCR test can work only when the cycle threshold is (a) known and (b) not exceeded. Unfortunately, as Dr Bhakdi exclaims: “This threshold was **never** set for the so-called Covid-19 PCR test!”

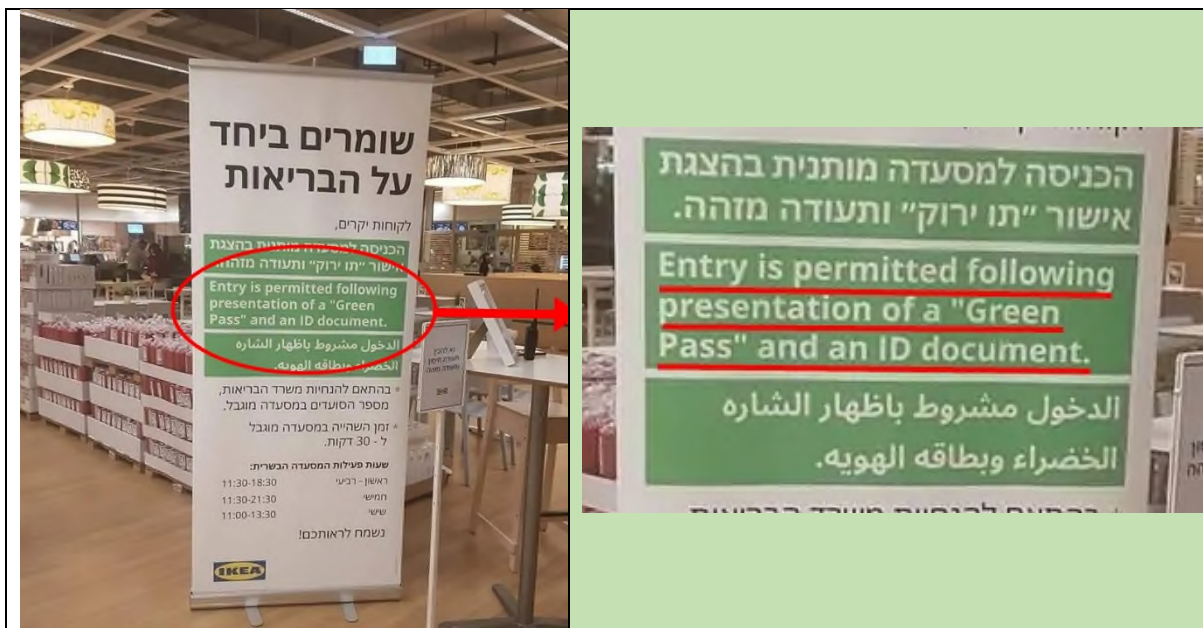
The countless false positives produced by the test are caused by cycle thresholds above 20 [or the critical number which has never been specified] which detect only part of a coronavirus, including those which did not originate with Covid-19. As he says, the test “lights up” for all the wrong reasons.

He then explains where this is leading:

“If American doctors have not forgotten [their basic medical training], then why on earth don’t they stand up and say this is nonsense?”

“You [Americans] are heading for the greatest catastrophe in your history.”

“Israel has been turned into a living hell...My birth country, America, is [also] going to be a living hell.”



A vaccine passport (“Green Pass”) is required for entry to an IKEA store in Israel.

Certain forms of infection cannot be prevented

He made a number of points, based on proven medical science, to show why the approach being taken by our governments and the World Health Organization is completely irrational:

1. The vaccines are designed to spur our immune system to produce antibodies which will attack and neutralize the virus. Unfortunately most of these are in our bloodstream. The infection itself comes via our airways and attacks our lungs: “It is virtually impossible to prevent an infection that comes from the airways.” The invading virus attacks the cells in our lungs and does its destructive work there without facing any opposition from the vaccine-induced antibodies in our bloodstream. To think otherwise “is completely naïve.”



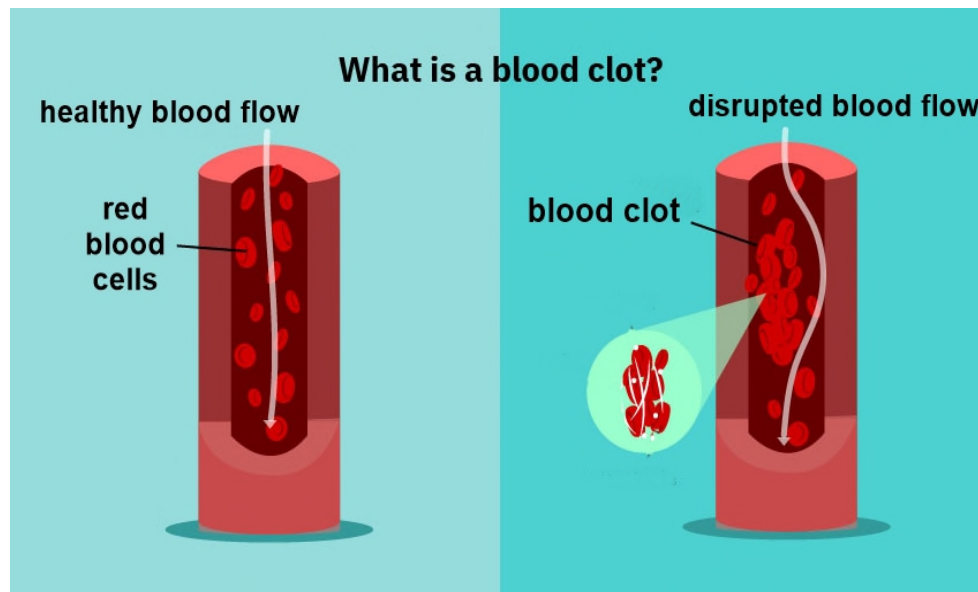
2. “If you are under 70 years of age and you don’t have a pre-existing condition, you are going to have a really, really difficult time dying from Covid-19. It is virtually impossible.” Among every 10,000 people who get the virus, a maximum of 5 will die. This is a proven fact: “It is not a killer virus.”

So how can the industry possibly claim that the vaccine is efficacious? In order to do that the fatality rate must fall below 5 in 10,000. “Believe me, no clinical trial can be designed to show it.” You would have to vaccinate tens of millions of people and have a control group of similar size of non-vaccinated people. Then you would have to show that there was a higher number of fatalities in the non-vaccinated group than in the group that was vaccinated. This cannot be done.

3. The only group that could possibly benefit from the vaccine (if it were efficacious, which it isn’t) are elderly people with an existing illness. But these are precisely the people who are dying from the vaccines! Reports from numerous care homes show this to be the case. What is more, it was never tested on the elderly before being given emergency use authorization: “This is criminal.”

The vaccines will cause deadly clotting

Dr Bhakdi then proceeds to show why the vaccines are not only useless but dangerous. He draws attention to the very large number of adverse reactions that have already been reported. These may show up after the first shot but more usually after the second. The symptoms commonly reported are headaches, nausea, vomiting, dizziness, loss of consciousness, paralysis, loss of motor control (e.g. jerky movements), and muscular pain. They all have a common denominator, he says: “These are typical signs that the blood is clotting in the veins of your brain.”



Under normal circumstances such clotting is extremely rare: “The incidence of cerebral venous thrombosis is one in a million per year. This would mean that, in the normal course, there would be about 300 such cases in America in a year.” Incredibly, both the EMA (European Medical Agency) and the FDA acknowledge that this may be happening. However the EMA declared, “But the benefits of this vaccination far outweigh the risks.” The FDA is now saying the same thing.

According to Dr Bhakdi this attitude is insane. For every person who has already died from thrombosis in the brain as a result of taking the vaccine, a hundred more will have suffered injury and may die later as a result: “Every clot formation is potentially lethal...You can have blood clots forming in your leg veins which, if they get released, can become pulmonary embolisms that will also kill you...Why don’t people think about this?”

In his forthcoming book he explains why clotting is inevitable – see **Appendix C**. We set out in the following section our understanding of what is involved, drawing substantially on the case made by Dr Bhakdi:

The “vaccines” are not vaccines

The “vaccines” are not vaccines in the proper sense. Normally a vaccine introduces into our body a complete or intact virus which can attack the cells to which it is attracted, releasing its genetic material into each cell and turning it into a virus factory. However, in these Covid vaccines, only the information for a small part of the virus, the so-called spike protein, is encoded.

A natural respiratory infection (which is caused by a whole virus) typically affects only the respiratory tract itself. If, at worst, cell death occurs, the damage is local and can be repaired relatively easily. However, the viral genetic information from a Covid vaccine is injected into the muscle. For this reason many mistakenly believe that the viral genes remain at the site of injection, namely in the muscle itself. These viral genes should only be taken up – it is said – by cells at the injection site, with the result that most of the “virus factories” would be created at the injection site. Therefore temporary side-effects such as swelling, redness and pain would be expected at the injection site only. But this reasoning is seriously wrong and a fatal mistake has been made!

It is standard medical knowledge that all soluble substances injected into muscle tissue enter the bloodstream and are distributed throughout the body within a very short time. This is why therapeutic substances that are intended to act immediately are injected into the muscles.

Injected gene packets will enter the bloodstream

Injected gene packets, like the type used in the Covid vaccines, will also enter the bloodstream. We need to know which cell types will take them up, process them, and produce the virus protein. Unfortunately we do not know the answer.

All coronavirus infections produce “molecular garbage.” Our lymphocytes or white blood cells have a long-term memory and are able to identify what this garbage looks like. Coronavirus garbage looks pretty much the same no matter which member of the coronavirus family it came from. Our immune systems have been trained over time, through earlier infections, to recognize coronaviruses from the garbage they produce.

During the initial confrontation, when a virus attacks the immune system, the lymphocytes in our blood will respond. However, additional troops are on standby in our lymphoid organs and can be mobilized at short notice. They will swarm out to fight the enemy. Their main task? – to exterminate the virus factories. They will kill the cells in our body which are producing the virus particles.

The crucial point to note here is that they will kill **all** such cells, no matter where they are in our body.

Deadly implications

Let's look at the implications that this will have for the Covid vaccines. The injected gene packets will be taken up locally in muscle cells (at the injection site), but a large number will reach, first, the local lymph nodes and, after passing through them, the bloodstream itself.

When the viral gene is taken up by any of the cells in our lymph nodes, production of the spike protein gets under way. The spike protein is the molecular marker which tells our immune system that a potentially harmful virus has just arrived. The corona-killing lymphocytes in our lymph nodes will then spring into action and the battle begins! They will attack and kill the cells in the lymph node which have the spike protein, causing lymph node swelling and pain. The lymphocytes then emerge en masse from the lymph nodes and seek out other cells that contain the marker, namely cells anywhere in one's body which have the newly produced spike proteins.

This is where the real nightmare begins. Once the gene packets in the vaccines enter our bloodstream, they will circulate indefinitely within the closed network of our blood vessels, alongside our blood cells. Many will enter the endothelial cells which form the lining of our blood vessels and set up a "virus factory" in every cell they enter. This will occur most readily where the blood flow is slowest, namely in the capillaries (small, narrow blood vessels), where the gene packets will touch the endothelial lining.

After absorbing the gene packets, the endothelial cells will then produce the viral spike protein and place the waste products from this process at the 'door' of the cell next to the bloodstream. When our white blood cells arrive to remove the waste, the killer lymphocytes (which reside in our white blood cells) will detect the presence of the spike protein from the garbage left at the 'door.' Since they regard the spike protein as an alien invader which must be eliminated, they will attack and kill the cell itself.

Blood clots are certain to form

We are faced with the horrifying prospect that, when a large number of endothelial cells are killed off in this way, clots will form along the lining of the blood vessel.

Given that the gene packets will be carried throughout the body via our bloodstream, "virus factories" are certain to be established in endothelial cells located anywhere in our vascular system. The killer lymphocytes will attack and kill such cells wherever they are. This includes our brain or, in a pregnant woman, the placenta which protects her unborn child. Injury to the placenta could cause severe harm to the child or trigger a miscarriage [*Note: We will examine real-life examples of this below.*]

Clearly this is something that could happen at any time to anyone who is vaccinated – tomorrow, next week, or next year.

Lymphocytes have a memory like an elephant. Virus-infected cells produce garbage which the lymphocytes are able to recognize. They can also recognize pieces of garbage that are common to several coronaviruses. When they do they will attack those cells as well. And this is of very great concern. Why? Because lymphocyte-induced exacerbation of disease progression could arguably occur with any infection from a related virus.

As it happens, several common but mild respiratory illnesses are caused by members of the coronavirus family which circulate all the time in the community. A person who has received the Covid vaccine could become infected at a later date with one of these otherwise harmless coronaviruses and experience a serious or fatal auto-immune reaction.

If this mechanism ever comes into play – and there is every reason to believe that it will – then the Covid vaccines are certain to kill or injure tens of millions of people.

Healthy young people will die

Dr Bhakdi warns that, paradoxically, this process will be more pronounced in a person with a strong immune system. The intensity of the reaction and the extent of the damage it inflicts will depend on one’s lymphocytes. Someone with a very strong immune system will have lymphocytes that will respond more aggressively when they detect the waste matter produced by the spike protein. Younger people are going to get more severe symptoms. On the other hand, elderly people without a pre-existing condition, whose immune system is much more passive, will incur less damage.

This phenomenon is known as “immune enhancement of disease.” As a person receives additional shots of the vaccine, his lymphocytes are going to be stimulated even more, which will result in greater adverse effects: “That’s why the second vaccine [the booster] always turns out to be worse than the first...Don’t get a third, or a fourth, or a fifth because, if you do that, you are going to contribute to the decimation of the world’s population.”

Recent comments by Dr Yeadon

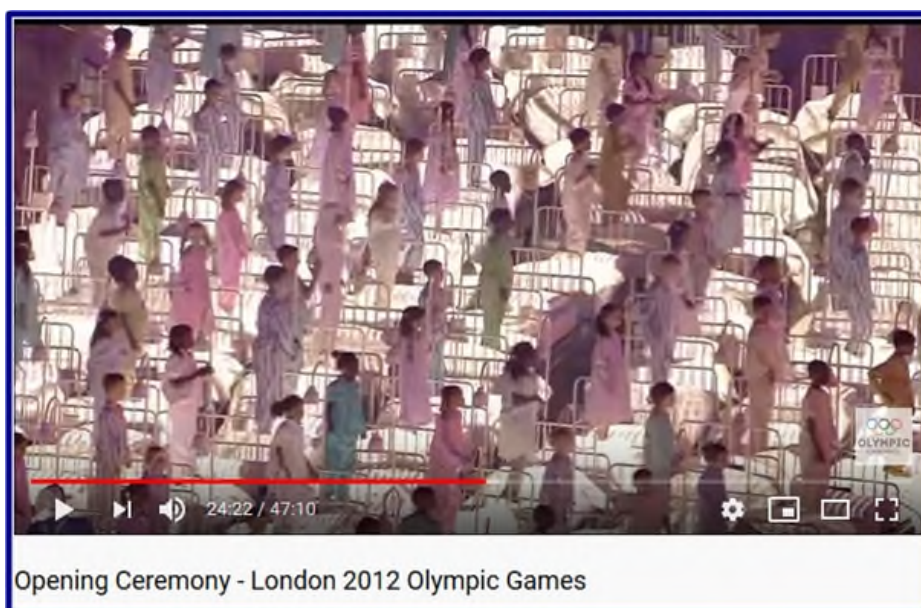
Is the emerging situation really as dangerous as Dr Bhakti says? Another highly qualified scientist with extensive experience in virology is equally alarmed by the potential death toll. In an interview on 21 April [bitchute.com/video/dbNjNS3Lfclo/] Dr Yeadon asked a question which he believes everyone must ask at this time: “Can you think of a benign explanation for why you would want to give an experimental emergency-use-authorized vaccine to tens of millions of people who could not possibly die if they ran into the virus?”



His answer is emphatic: You can't. There is nothing benign about this. He says "criminal people working for or around the government" have made it very difficult to obtain approval to use alternative forms of treatment such as ivermectin, hydroxychloroquine, vitamin D, and cortico-steroids, all of which are known to be safe and effective. This is proof that the agenda is malign and that a much larger goal is being pursued. "It's all a lie. I don't think a single fundamental driving factor about this epidemic has been represented correctly."

The governments of the world are working together to impose a totalitarian system of social control. The vaccine passports will be the central element in this system, enabling every form of human activity to be regulated in some way by the government.

The vaccine passport system is nonsense, he says. If you are vaccinated you are protected and do not need to know the vaccination status of anyone around you. And if you are not vaccinated no-one who is vaccinated needs to know your vaccination status: "Something very bad is happening, and it's getting darker."



The opening ceremony at the London 2012 Olympics included a symbolic enactment of a medical disaster involving large numbers of children. See our papers #231, #234, and #246.

He condemned as completely bogus the whole notion of 'asymptomatic transmission.' A person is only infectious if he has a large amount of the virus in his system (known as 'viral load'). And if you have a high viral load, "it is impossible not to have symptoms." A person with a low viral load cannot infect anyone.

**"...because thou hast rejected knowledge, I will also reject thee..."
- Hosea 4:6**

He also denounced the claim that Covid ‘variants’ pose a threat to public health. The so-called variants are “nonsense.” These differ from the original virus by such a small amount that our immune system can easily recognize them. It retains 20 or 30 images of a new virus and can detect it when it comes along decades later in a slightly different form. So, if the pharmaceutical industry is manufacturing a massive new batch of vaccines to deal with these so-called variants, what exactly are they manufacturing? “I am terrified by this,” he said.

What is more, the drug companies are actually exempt from conducting any safety studies on these ‘new variant’ vaccines because they are so similar to the earlier vaccine from which they are derived: “Billions of people could end up taking a vaccine which has undergone no safety testing whatever.”

The killing of unborn children

The CDC operates what it calls a “v-safe” database which records adverse reactions to the Covid vaccines. It differs from the VAERS database (which is overseen by the CDC and the FDA) in that reporting is mandatory. Under the ‘emergency use authorization’ which enabled the Covid vaccines to be administered before being properly tested, all cases involving an adverse reaction must be reported.

A team of scientists took a copy of all data recorded on the v-safe database in respect of women vaccinated between 14 December (2020) and 28 February (2021). Among these it identified 827 cases of women who were pregnant at the time they received the vaccine and who then gave birth (“completed the pregnancy”) shortly afterwards. (The study is vague as to the percentage of women in each trimester at the time they received the vaccine. It is also opaque as regards the criteria used to select the final group of subjects for closer study.)

The NEW ENGLAND JOURNAL of MEDICINE [April 2021]

ORIGINAL ARTICLE

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., Ashley N. Smoots, M.P.H., Caitlin J. Green, M.P.H., Charles Licata, Ph.D., Bicheng C. Zhang, M.S., Meghna Alimchandani, M.D., Adamma Mba-Jonas, M.D., Stacey W. Martin, M.S., Julianne M. Gee, M.P.H., and Dana M. Meaney-Delman, M.D., for the CDC v-safe COVID-19 Pregnancy Registry Team*

What proportion of these completed pregnancies resulted in the live birth of a healthy baby? Please pause for a moment and ask yourself how many births, out of 827, you personally would expect to fall into this category. Would 820 sound normal? Or 810, perhaps?

The study showed that only 712 of these pregnancies resulted in a live birth. Of these 16 had major congenital abnormalities. In addition, among the 712 live births, 60 were preterm (premature) and 23 were small for their gestational age.

By any reckoning these results are extremely disturbing. Out of 827 completed pregnancies, 115 babies died (mostly, it appears, from miscarriages). How many of these unfortunate mothers knew they were taking part in a lottery? How many were informed before taking the vaccine that it might adversely affect their unborn child?

“We could potentially sterilize an entire generation.”

– Dr J C Lindsay

[See Appendix A]

One would have thought that the 21 scientists who conducted the study would have described it, at minimum, as a medical disaster that warranted official investigation. The results were published a few weeks ago in the prestigious *New England Journal of Medicine* under the title *Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons*. Incredibly, while they recognized that these results were unusual (to say the least), the authors only saw fit to comment as follows in their ‘Conclusions’ section:

“Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.”

How can they say there are no obvious safety signals? This is unbelievable! We need to remind ourselves that the pharmaceutical industry owns and controls influential medical journals like the *NEJM* and is able, when it wants, to ignore or misrepresent research results which conflict with its agenda.

Comment on NEJM study by Dr Mercola, 3 May 2021

“A hint that an enormous amount of data concerning pregnancy outcomes are being overlooked or hidden can be discerned by the fact that the paper only looked at 11% of the total number of pregnancies reported to V-Safe. While they state that a total of 35,691 pregnant women were included in the analysis, they actually only looked at 3,958 of them. Here’s how the paper reads:⁹

“A total of 35,691 v-safe participants 16 to 54 years of age identified as pregnant ... Among 3,958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester).”

If there were 35,691 pregnant V-Safe participants, why are they looking at just 11% of them?”

– Dr Mercola, *CDC Officially Recommends COVID Jab for Pregnant Women*, 3 May 2021

<https://articles.mercola.com/sites/articles/archive/2021/05/03/>



A ‘disease demon’ chases terrified children – London Olympics 2012.

The paper in the NEJM was published just after the interviews given by Dr Bhakdi and Dr Yeadon, so they were not in a position to refer to its findings. This grisly death toll among so many unborn children, confirmed by a team of research scientists and published in a leading medical journal, is proof that the dire predictions made by Dr Bhakdi and Dr Yeadon are coming to pass.

CONCLUSION

For the last fifty years or more, the west has drifted so far from godly values and become so deeply immersed in immorality that only a tiny percentage of the population can discern clearly between good and evil. This leaves society wide open to deception, where wicked schemes can be concealed behind cloaks of respectability and false professions of sincerity. The Enemy no longer needs to launch a frontal attack on civilization in order to enslave mankind but can work away quietly behind the scenes, like a swarm of termites eating slowly through the spars and joists, the beams and bars, that hold our society together.

The work of disintegration will remain largely unseen until the critical hour when the entire thing comes crashing down. This is what we are witnessing today, where seemingly rational people listen with gormless passivity to the sickening lies told by tyrants and imagine they are hearing the soothing words of a caring mother.

For those who have studied the Book of Revelation, the scenario unfolding before us is not unexpected. We may not have known when the events foretold would finally arrive, but we knew they were coming down the tracks. When we study what the Word of God says about the End Time, we must use a literal hermeneutic (method of interpretation). The events it describes are real events. The ruthless tyrants are real; the plagues are real; the wars are real; the technology is real; and the massive death tolls are real. It behoves all who love God to study this book carefully, with diligence and humility.

Who can say how much harm the initial vaccine roll-out will cause? Moreover, when the death toll rises, how many will connect the immune-disrupting properties of these vaccines with the multiplicity of illnesses which they are sure to cause? Once the whole world is on this medical treadmill – receiving a fresh vaccine dose every 6-12 months, doing all they are ordered to do by their governments on penalty of losing the ‘privileges’ which vaccine compliance bestows, and having their every movement and all of their financial transactions tracked in real-time by powerful computers – the Satanic system of enslavement will be almost complete. The only part missing will be a war big enough to topple the United States and destroy any remaining pockets of resistance within western society.

We thank Dr Bhakdi and Dr Yeadon for speaking out. We also thank Dr Mercola for his fine article of 3 May. In it he states that, if the miscarriage rate is normally 5% and declining after Week 6, then a miscarriage rate of 13.9% [V-Safe] or 29% [VAERS] before Week 13 is “clearly excessive.” In his view, what the CDC is doing when it claims the vaccines are safe for pregnant women, is “reprehensible beyond words... I have little doubt we’ll end up with a second Nuremberg Trial over this at some point in the future.”

Finally, we draw attention to a short presentation which Dr J C Lindsay made to the CDC on 23 April. Here is Dr Mercola’s report on the grave warning issued by Dr Lindsay:

Toxicology expert calls for immediate halt of Covid vaccines

“The featured video at the top of this article is the recording of a public comment by Janci Chunn Lindsay, Ph.D., director of toxicology and molecular biology for Toxicology Support Services LLC, given to the CDC Advisory Committee on Immunization Practices (ACIP), April 23, 2021.

“Lindsay’s expertise is analysis of pharmacological dose-responses, mechanistic biology and complex toxicity dynamics. In her comment, Lindsay describes how she aided the development of a vaccine that caused unintended autoimmune destruction and sterility in animals which, despite careful pre-analysis, had not been predicted.

“She calls for an immediate halt to COVID-19 mRNA and DNA vaccines due to safety concerns on multiple fronts. She notes there is credible concern that they will cross-react with syncytin (a retroviral envelope protein) and reproductive genes in sperm, ova and placenta in ways that may “impair fertility and reproductive outcomes.”

- Dr Mercola, *CDC Officially Recommends COVID Jab for Pregnant Women*, 3 May 2021

[<https://articles.mercola.com/sites/articles/archive/2021/05/03/>]

*We attach in **Appendix A** a transcript of Dr Lindsay’s short presentation. Her testimony alone provides a sufficient basis to immediately terminate the Covid vaccine program.*

[Footnote: Dr Mercola informed his readers on 4 May that he is being forced to withdraw all of his Covid-related articles – see his report in **Appendix B**: “They’ve moved past censorship...These lunatics are dangerously unhinged.”]

These vaccines are dangerous. They have been developed and imposed by some very evil people to weaken and if possible eliminate all resistance to the coming New World Order. A society tracked by microchip technology, sapped by fear, mired in a trough of socio-economic decay, weakened by disease and population collapse, will be putty in the hands of the well-dressed totalitarian thugs who masquerade as our ‘governments’.

**“They break in pieces thy people, O LORD,
and afflict thine heritage.
They slay the widow and the stranger,
and murder the fatherless.
Yet they say, The LORD shall not see,
neither shall the God of Jacob regard it.”
- Psalm 94:5-7**

But their hour will come! We can be sure of this – **“for it is written, Vengeance is mine; I will repay, saith the Lord.” (Romans 12:19)**

**Jeremy James
Ireland
May 4, 2021**

- SPECIAL REQUEST -

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2020 may also be downloaded in one or more files from www.archive.org (Use search term ‘Jeremy James’).

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- jeremypauljames@gmail.com.

For further information visit www.zephaniah.eu

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APPENDIX A

Presentation by Dr Janci Chunn Lindsay before the CDC on 23 April, 2021

VIDEO: <https://www.youtube.com/watch?v=6Vj3xGT6izE>



About Dr. Janci Chunn Lindsay

Dr. Janci Chunn Lindsay is the Director of Toxicology and Molecular Biology for Toxicology Support Services, LLC. She holds a doctorate in Biochemistry and Molecular Biology from the University of Texas Graduate School of Biomedical Sciences, M.D. Anderson Cancer Center-Houston. Dr. Lindsay has extensive experience in analyzing the molecular profile of pharmacologic responses. Her expertise centers on evaluating the complex dynamics of toxicity, such as toxicant pharmacology, exposure route, host metabolism, and subsequent cellular effects as they relate to the contribution of specific substances to impairment, health and fertility risk, and human disease.

Hi, my name is Dr Janci Chunn Lindsay. I hold a doctorate in biochemistry and molecular biology from the University of Texas and have over 30 years of scientific experience, primarily in toxicology and mechanistic biology. In the mid-1990s I aided the development of a temporary human contraceptive vaccine which ended up causing unintended autoimmune ovarian destruction and sterility in animal test models – despite efforts against this and sequence analyses that did not predict this.

I strongly feel that all gene therapy vaccines must be halted immediately due to safety concerns on several fronts.

First, there is credible reason to believe that the GTs [gene-therapy vaccines] will cross-react with the syncytin and reproductive proteins in sperm, ova, and placenta and lead to impaired fertility and reproductive outcomes.

Respected neurologist Dr Bill Gallagher has made excellent arguments as to why you would expect cross reaction due to beta sheet conformation similarities between spike proteins and syncytin-1 and syncytin-2.

I have yet to see a single immunological study which disproves this, despite the fact that it would literally take the manufacturers a single day to do these syncytin studies to ascertain this.

It's been over a year since the assertions were first made that this would occur.

We have seen 100 pregnancy losses reported in VAERS as of April 9. And there have been reports of impaired spermatogenesis and placental findings from both the natural infection, vaccinated, and syncytin knockout animal models that have similar placental pathology, implicating a syncytin-mediated role in these outcomes.

Additionally, we have heard multiple reports of menses irregularities in those vaccinated. These must be investigated.

We simply cannot put these GTs in our children, who are at 0.002 risk for Covid mortality, if infected, or any more of the child-bearing-age population without thoroughly investigating this matter.

We could potentially sterilize an entire generation.

Speculation that this will not occur and a few anecdotal reports of pregnancies in the trials are not sufficient proof that this is not impacting on a population-wide scale.

Secondly, all the gene therapies are causing coagulopathies [blood clotting problems]. This is not isolated to one manufacturer and this is not isolated to one age group. We are seeing coagulopathy deaths in healthy young adults with no secondary comorbidities. There have been 795 reports related to blood clotting disorders as of April 9 in the VAERS reporting system, 338 of these being due to thrombocytopenia.

[Transcript up to 2.25 of a 3-minute presentation. The remainder gives further technical evidence that the vaccines are causing dangerous blood clots.]

Article on Dr Mercola's website, 4 May 2021

https://articles.mercola.com/sites/articles/archive/2021/05/04/removing-articles-related-to-vitamin-d-c-and-zinc.aspx?ui=8d2aae124eccafe41b9af9c97b47e032c7d654a83118df3e0179243db34ca466&sd=20201115&cid_source=dnl&cid_medium=email&cid_content=art1HL&cid=20210504_HL2&mid=DM867149&rid=1148644688

Why I'm Removing All Articles Related to Vitamins D, C, Zinc and COVID-19

Analysis by Dr. Joseph Mercola

May 04, 2021

Story at-a-glance

- Over the past year, I've been researching and writing as much as I can to help you take control of your health, as fearmongering media and corrupt politicians have destroyed lives and livelihoods to establish global control of the world's population, using the COVID-19 pandemic as their justification
- Through it all, I have refused to succumb to these relentless attacks. I have been confident and willing to defend myself in the court of law
- Unfortunately, threats have now become very personal and have intensified to the point I can no longer preserve much of the information and research I've provided to you thus far. So, effective immediately, much of the information on my website will be permanently removed

Over the past year, I've been researching and writing as much as I can to help you take control of your health, as fearmongering media and corrupt politicians have destroyed lives and livelihoods to establish global control of the world's population, using the COVID-19 pandemic as their justification.

I've also kept you informed about billionaire-backed front groups like the Center for Science in the Public Interest (CSPI), a partner of Bill Gates' Alliance for Science, both of whom have led campaigns aimed at destroying my reputation and censoring the information I share.

Other attackers include HealthGuard, which ranks health sites based on a certain set of "credibility criteria." It has sought to discredit my website by ensuring warnings appear whenever you search for my articles or enter my website in an internet browser.

Well-Organized Attack Partnerships Have Formed

HealthGuard, a niche service of NewsGuard, is funded by the pharma-funded public relations company Publicis Groupe. Publicis, in turn, is a partner of the World Economic Forum, which is leading the call for a “Great Reset” of the global economy and a complete overhaul of our way of life.

HealthGuard is also partnered with Gates’ Microsoft company, and drug advertising websites like WebMD and Medscape, as well as the Center for Countering Digital Hate (CCDH) – the progressive cancel-culture leader with extensive ties to government and global think tanks that recently labeled people questioning the COVID-19 vaccine as a national security threat.

The CCDH has published a hit list naming me as one of the top 12 individuals responsible for 65% of vaccine “disinformation” on social media, and who therefore must be deplatformed and silenced for the public good. In a March 24, 2021, letter¹ to the CEO’s of Twitter and Facebook, 12 state attorneys general called for the removal of our accounts from these platforms, based on the CCDH’s report.

Two of those state attorneys general also published an April 8, 2021, op-ed² in The Washington Post, calling on Facebook and Twitter to ban the “anti-vaxxers” identified by the CCDH. The lack of acceptance of novel gene therapy technology, they claim, is all because a small group of individuals with a social media presence – myself included – are successfully misleading the public with lies about nonexistent vaccine risks.

“The solution is not complicated. It’s time for Facebook CEO Mark Zuckerberg and Twitter CEO Jack Dorsey to turn off this toxic tap and completely remove the small handful of individuals spreading this fraudulent misinformation,” they wrote.³

Pharma-funded politicians and pharma-captured health agencies have also relentlessly attacked me and pressured tech monopolies to censor and deplatform me, removing my ability to express my opinions and speak freely over the past year.

The CCDH also somehow has been allowed to publish⁴ in the journal Nature Medicine, calling for the “dismantling” of the “anti-vaccine” industry. In the article, CCDH founder Imran Ahmed repeats the lie that he “attended and recorded a private, three-day meeting of the world’s most prominent anti-vaxxers,” when, in fact, what he’s referring to was a public online conference open to an international audience, all of whom had access to the recordings as part of their attendance fee.

The CCDH is also partnered with another obscure group called Anti-Vax Watch. The **picture below** is from an Anti-Vax Watch demonstration outside the halls of Congress. Ironically, while the CCDH claims to be anti-extremism, you’d be hard-pressed to find a clearer example of actual extremism than this bizarre duo.⁵



AntiVaxWatch @AntiVaxWatchOrg · 3h

Ahead of today's hearing, we're out reminding Congress to urge tech CEOs to remove the Disinformation Dozen and #StopAntiVaxxers from spreading disinformation. bit.ly/39dZIWd



Gates-Funded Doctor Demands Terrorist Experts to Attack Me

Most recently, Dr. Peter Hotez, president of the Sabin Vaccine Institute,⁶ which has received tens of millions of dollars from the Bill & Melinda Gates Foundation,^{7,8,9} – with funds from the foundation most recently being used to create a report called “Meeting the Challenge of Vaccine Hesitancy,”^{10,11} – also cited the CCDH in a Nature article in which he calls for cyberwarfare experts to be enlisted in the war against vaccine safety advocates and people who are “vaccine hesitant.” He writes:¹²

“Accurate, targeted counter-messaging from the global health community is important but insufficient, as is public pressure on social-media companies. The United Nations and the highest levels of government must take direct, even confrontational, approaches with Russia, and move to dismantle anti-vaccine groups in the United States.

Efforts must expand into the realm of cyber security, law enforcement, public education and international relations. A high-level inter-agency task force reporting to the UN secretary-general could assess the full impact of anti-vaccine aggression, and propose tough, balanced measures.

The task force should include experts who have tackled complex global threats such as terrorism, cyber attacks and nuclear armament, because anti-science is now approaching similar levels of peril. It is becoming increasingly clear that advancing immunization requires a counteroffensive.”

Why is Hotez calling for the use of warfare tactics on American citizens that have done nothing illegal? In my case, could it be because I've written about the theory that SARS-CoV-2 is an engineered virus, created through gain-of-function research, and that its release was anticipated by global elites, as evidenced in Event 201?

It may be. At least those are some of my alleged "sins," detailed on page 10 of the CCDH report, "Disinformation Dozen: The Sequel."¹³ Coincidentally enough, the Nature journal has helped cover up gain-of-function research conducted at the Wuhan Institute of Virology, publishing a shoddy zoonotic origins study relied upon my mainstream media and others, which was riddled with problems.^{14,15}

So, it's not misinformation they are afraid of. They're afraid of the truth getting out. They're all trying to cover for the Chinese military and the dangerous mad scientists conducting gain-of-function work.

You may have noticed our website was recently unavailable; this was due to direct cyber-attacks launched against us. We have several layers of protective mechanisms to secure the website as we've anticipated such attacks from malevolent organizations.

What This Means for You

Through these progressively increasing stringent measures, I have refused to succumb to these governmental and pharmaceutical thugs and their relentless attacks. I have been confident and willing to defend myself in the court of law, as I've had everything reviewed by some of the best attorneys in the country.

Unfortunately, threats have now become very personal and have intensified to the point I can no longer preserve much of the information and research I've provided to you thus far. These threats are not legal in nature, and I have limited ability to defend myself against them. If you can imagine what billionaires and their front groups are capable of, I can assure you they have been creative in deploying their assets to have this content removed.

Sadly, I must also remove my peer reviewed published study¹⁶ on the "Evidence Regarding Vitamin D and Risk of COVID-19 and Its Severity." It will, however, remain in the highly-respected journal Nutrients' website, where you can still access it for free.

The MATH+ hospital treatment protocol for COVID-19 and the iMASK+ prevention and early outpatient COVID-19 protocol – both of which are based on the use of vitamins C, D, quercetin, zinc and melatonin – are available on the Front Line COVID-19 Critical Care Alliance's website. I suggest you bookmark these resources for future reference.

It is with a heavy heart that I purge my website of valuable information. As noted by Dr. Peter McCullough during a recent Texas state Senate Health and Human Services Committee hearing, data shows early treatment could have prevented up to 85% (425,000) of COVID-19 deaths.¹⁷ Yet early treatments were all heavily censored and suppressed.

McCullough, in addition to being a cardiologist and professor of medicine at the Texas A&M University Health Sciences Center, also has the distinction of having published the most papers of any person in the history of his field, and being an editor of two major medical journals. Despite that, his video, in which he went through a paper he'd published detailing effective early treatments, was summarily banned by YouTube in 2020.

“No wonder we have had 45,000 deaths in Texas. The average person in Texas thinks there’s no treatment!” McCullough told the senate panel.¹⁸ Indeed, people are in dire need of more information detailing how they can protect their health, not less. But there’s only so much I can do to protect myself against current attack strategies.

They’ve moved past censorship. Just what do you call people who advocate counteroffensive attacks by terrorism and cyberwarfare experts? You’d think we could have a debate and be protected under free speech but, no, we’re not allowed. These lunatics are dangerously unhinged.

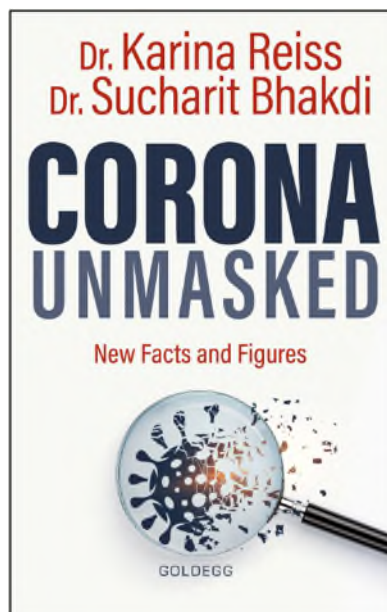
The U.S. federal government is going along with the global Great Reset plan (promoted as “building back better”), but this plan won’t build anything but a technological prison. What we need is a massive campaign to preserve civil rights, and vote out the pawns who are destroying our freedom while concentrating wealth and power.

[End of Article (footnotes not included)]

APPENDIX C

This is the pre-publication chapter of the forthcoming book, *Corona Unmasked*, by Sucharit Bhakdi and Karina Reiss.

The English text has been edited by Jeremy James to improve its clarity and intelligibility.



THE VACCINATION CRAZE

Will good things come only to those who wait?

Until now, most of the public has accepted and supported the development of vaccines without doubt or hesitation. And rightly so, since vaccinations can save lives. But no vaccination will ever be perfect and free of side-effects. Useful vaccines must meet two important requirements: (1) The vaccine must offer protection against a serious or life-threatening disease; and (2) Its side-effects must be within tolerable and acceptable limits.

On balance, the benefit must be much greater than the risk. This sounds logical, doesn't it? After all, who would get vaccinated against a common cold if this meant taking on the risk of severe side-effects?

Furthermore, not every vaccination needs to be taken by everyone. Living in Germany, for example, we do not need a vaccination against yellow fever because it does not occur here.

We already know that COVID-19 puts a clearly defined group of people at risk – namely, those over age 70 with serious pre-existing conditions. For these people, vaccination against SARS-CoV-2 might possibly make sense. Of course, before such vaccinations could begin, the vaccine's efficacy and potential dangers would need to be examined very carefully. Alas, the clinical studies conducted thus far have excluded precisely this group of patients (those over age 70), so that the efficacy and risks remain unknown even as the vaccine is being rolled out.

Does the “killer coronavirus” justify exceptions?

In mid-October 2020, the President of the Robert Koch Institute, Lothar Wieler, told the Phoenix television station: “We all assume that vaccines will be approved next year. We don't know yet exactly how they will work, how well they will work, what they will do; but I'm very optimistic that there will be vaccines.” He was right about everything. The vaccines are here, and they are being given to everyone – and yet we don't know if they work, how well they work, or what they do!

That is why the vaccines have not been given regular approval by the EU, but only a “conditional approval” for emergency use. Over the next two years a review will be conducted to determine whether or not the benefits outweigh the risks. Every person who gets vaccinated now is part of this huge experiment. And, of course, the experiment is without any liability for those who profit from it! Under emergency rules, the manufacturers offer no guarantees whatsoever. In all cases of serious reactions, including death, the pharmaceutical industry is free from any liability.

Where a novel, gene-based vaccine is concerned – such as the mRNA vaccines against SARS-CoV-2 – it is especially important that a careful study of the possible risks be carried out, according to the current state of scientific knowledge, since a variety of severe side-effects is conceivable.

It is astonishing, therefore, that meaningful studies on the efficacy and safety of these novel vaccines do not exist! Nevertheless, huge quantities of the vaccines have been pre-ordered by European governments for their respective populations. The experts claimed it was not feasible to conduct meaningful studies within the short time available.

Three pharmaceutical companies were at the forefront of the mad race for the highly lucrative emergency approval: Biontech/Pfizer and Moderna with their mRNA vaccines and AstraZeneca with its DNA vector vaccine. On December 21, 2020, the EU Commission approved the Biontech/Pfizer vaccine, followed shortly thereafter on January 6 with approval of the Moderna vaccine. The AstraZeneca vaccine received EU approval on January 29.

While careful clinical testing of a new vaccine was previously known to take at least 7–10 years, the whole process has now been shortened to mere months. Could reliable data be made available in such a short time, thus allowing the public to weigh the risks against the benefits? Of course not. Nevertheless, everything was accepted and bought, sight unseen, by the authorities in Europe. In contrast, the Indian health authorities said ‘No!’ to the Biontech/Pfizer vaccine because the safety of their population was not guaranteed.

Do current vaccines protect against severe SARS-CoV-2 infection?

When the vaccine manufacturers tried to test the vaccines on monkeys, they faced a major problem. None of the monkeys infected with Covid-19 became seriously ill. This meant it would not be possible to test the severe or life-threatening aspects of the disease using monkey models.

The manufacturers decided to conduct human trials instead.

Alas, the mainstream media spread the information provided by the pharmaceutical companies in their press releases without asking any critical questions. We were told by a jubilant media that the protection afforded by the vaccines was exceptional – for example, the level of protection from the Biontech/Pfizer vaccine was supposed to be 95 percent!

However, healthy people very rarely get life-threatening COVID-19, so how were these numbers compiled? On closer examination we find that of the 40,000+ test subjects in the Biontech/Pfizer study, only 170 COVID-19 “cases” occurred (about 0.4%)! Of these, 8 were among the vaccinated group.

Considering the very small number of cases overall, the claim that the vaccine would provide protection to 95% of the general population is plainly ridiculous. From a scientific point of view the absolute risk reduction was less than 1%.

We must also ask how the study defined a “COVID-19 case”? Seemingly from symptoms like coughing, a cold, hoarseness, and a positive RT-PCR test, which is extremely unreliable, as everyone knows by now. So, what we have in reality is a vaccine that might possibly prevent coughing, a cold, or hoarseness in less than 1% of vaccinated people.

The situation is no better with the other vaccines. Accordingly, Professor Peter Doshi, writing in the prestigious *British Journal of Medicine*, complains: “None of the studies currently underway are designed to detect a reduction in severe outcomes in terms of hospitalization, admission to intensive care units, or death.”

So, how great *is* the benefit of vaccination, especially for the group most at risk from infection? The answer: No one knows. And this is disturbing. Conditional approval requires that the prevention of serious outcomes be clearly demonstrated, but this did not happen. As events transpired, conditional approval of these highly experimental gene-based vaccines was granted without any clinical justification whatever!

The human vaccine trial continues, and everyone who takes the vaccine is part of this trial.

Does the vaccine prevent infection and thus the spread of the viruses?

A widely proclaimed goal of vaccination is, not only to prevent COVID-19 disease in vaccinated persons, but also to prevent the spread of the virus in the general population. Already, in kindergartens and elementary schools, children are being told that they could unknowingly kill their grandparents because they carry the virus, even though they are not sick themselves. To prevent this, we are told, everyone should be vaccinated, including the children.

Does this make any sense? Can vaccination prevent infection in this way?

Let us start with the first question: Does it make sense to try to prevent the spread of a virus that is of little danger to most people in order, supposedly, to protect a small group of people who are believed to be at risk?

To answer this we must look at some basics. Did you know that 90% of Germans carry *herpes* viruses around without realizing it? The viruses only become noticeable when the immune system is weakened, for example by fever, stress or another infectious disease. The truth is that we all carry an astonishing number of possible pathogens, both on and inside our bodies – and yet we are healthy! It is known that coronaviruses can be carried around by people for decades without causing symptoms. In the past, these people were called “healthy,” and nobody paid any attention to them. Today, they are deemed “asymptomatically infected” and a danger to others. But there is simply no justification for this since people without acute symptoms of SARS-CoV-2 cannot spread the disease.

When we develop symptoms, it is a sign that the virus has found a chance to become active. It is also a sign that our immune system has entered the battle. If there is no cough, cold, hoarseness, etc., then we know our body has been keeping the virus at bay from the start. The viral load that an asymptomatic person can release into the outside

world is much too small to endanger other people. Therefore, the plan to vaccinate the entire population is a delusional and insane undertaking.

Let's now turn to our second question: Could the vaccines prevent the spread of SARS-CoV-2? The prestigious Robert Koch Institute says this question is still completely unresolved. To find the answer, one would have to establish (1) whether vaccinated people can still carry the infection and, if so, (2) whether the viral load they carry is sufficient to infect others.

AstraZeneca made headlines with the news that vaccinated people were significantly less contagious. However, it is blindingly obvious – yet again! – that no data exist to support this conclusion.

The study looked at only part of the question, namely, how many people get an infection after the vaccination? Once again we must ask, how was this checked?

The only criterion was a positive RT-PCR test. Now, even the World Health Organization says the PCR test, by itself, *cannot* be used to diagnose an infection. So when AstraZeneca claimed that vaccinated people “were significantly less contagious” they were speaking utter nonsense.

Anyone who has the slightest idea about infections and immune defense also knows that the mechanistic concept for the SARS-CoV-2 vaccination, as presented to the public, is both amateurish and naive from the start. The antibodies induced by the vaccination will circulate for the most part in our bloodstream. Now the virus comes into our lungs through the air we breathe and attaches itself to a cell in our lung. The antibodies cannot hinder that process. They can *only* take action when the intruder is already in the cell. Their task then is to prevent the intruder from spreading further through the bloodstream.

From this we can see that there is **no** primary protection or barrier against an attack on our lungs from the air we breathe. And that is precisely why there is no truly effective vaccine protection against respiratory infections, including influenza!

If the benefits are questionable, what about the risks?

We read in the mainstream media that mRNA vaccines are not new after all. That is true, but they have **never** been used on humans to fight a viral infection. Furthermore, humans have **never** been inoculated with recombinant viral genes, in the form of either DNA or mRNA.

Accordingly, these vaccines were under a cloud from the start. Disturbing immediate side-effects were noted with all three – but carefully hidden from public knowledge. These included severe swelling and pain at the injection site, high fever and chills, severe headache, limb and muscle pain throughout the body, diarrhea, nausea, and vomiting. Many vaccinated people were so sick that they were unable to work. In the AstraZeneca study, the side-effects were so bad that the study protocol had to be changed halfway through – which is contrary to accepted practise. In the later stages, study participants received high doses of the pain-relieving and fever-relieving drug *acetaminophen* in order to make the vaccination reasonably tolerable! Such changes of protocol in the middle of a study are simply not permitted, so why was an exception made here?

But that is not all. The AstraZeneca study was interrupted in July and September 2020 because an extremely rare autoimmune disease, *transverse myelitis*, which affects the spinal cord, was detected. This serious disease is associated with paralysis and normally occurs at a very low frequency – approximately 3 per year in every million of the population. It is *very* surprising, then, that 2 such cases happened to occur among a relatively small number of vaccinated individuals.

Within days AstraZeneca was urging everyone to calm down. They claimed the first person had incipient multiple sclerosis and the second was purely an unfortunate coincidence. As they say, “The show must go on!” And it did. AstraZeneca continued to forge ahead.

Similar episodes occurred with their competitors. Some of the volunteers with Biontech/Pfizer and Moderna also suffered severe general side-effects. The vaccine produced by the former caused acute facial paralysis in four participants, while the Moderna vaccine caused two, but no explanation was offered in any of these cases. The prevailing attitude, apparently, was broadly as follows: “Why bother with such details in a race to save humanity?”

Such a variety of immediate side-effects has **never** been observed with any other vaccine. In America, when a comparison was made of the number of reported side-effects of different vaccines over the last two years, the COVID-19 vaccines came out on top, even though they had just been approved and in use for only a few months.

Is the mRNA vaccine dangerous?

The answer we are all hearing to this question is ‘No!’, but these “vaccines” are not vaccines in the proper sense. Normally a vaccine introduces into our body a complete or intact virus which can attack the cells to which it is attracted, releasing its genetic material into each cell and turning it into a virus factory. However, in these Covid vaccines, only the information for a small part of the virus, the so-called spike protein, is encoded. This means there is no complete or intact virus to propagate.

So, can we say there is no problem here? **Far from it.** A natural respiratory infection (which is caused by a whole virus) typically affects only the respiratory tract itself. If, at worst, cell death occurs, the damage is local and can be repaired relatively easily. However, the viral genetic information from a Covid vaccine is injected into the muscle. For this reason many mistakenly believe that the packaged viral genes remain at the site of injection, namely in the muscle itself. These viral genes would only be taken up – supposedly – by cells at the injection site and this is where most of the “virus factories” would be created. Therefore side-effects such as swelling, redness and pain would be expected at the injection site only. These are relatively harmless and would disappear after a few days.

But this reasoning is wrong and a **fatal mistake** has been made!

The virus genes in the Moderna and Biontech/Pfizer vaccines are packaged in so-called nanoparticles – which can be thought of as tiny packages with a fat-like coating. This fat coating protects the nanoparticles and makes it easier for them to be absorbed by the cells in our body.

As it happens, the packaging itself is known to cause severe allergic reactions at a rate many times higher than for conventional vaccines. This is why people with allergies are now being warned not to get vaccinated as they might risk a life-threatening reaction (called anaphylactic shock). In fact, such dangerous side-effects did occur in some vaccination volunteers and required emergency treatment.

In addition to this, nanoparticles themselves can cause harmful side-effects when they interfere with the functioning of our blood cells and clotting system.

All of this is bad, but it gets worse.

It is standard medical knowledge that **all** soluble substances injected into muscle tissue enter the bloodstream and are distributed throughout the body within a very short time. This is why therapeutic substances that are intended to act immediately are injected into the muscles.

It is known also that injected gene packets, like the type used in the Covid vaccines, will also enter the bloodstream. So we must ask a crucial question: **Which** cell types will take them up, process them, and produce the virus protein?

Unfortunately the answer is not known with certainty.

We are now witnessing a large-scale experiment on humans. This is absolutely irresponsible, especially since there was reason for caution from the beginning. The potential dangers from the “packaging” were already known. More significantly, however, alarming antibody-dependent enhancement – where the antibodies actually enhance the uptake of the virus into the cells rather than prevent it! – has been observed in animal studies on SARS and other coronaviruses. In the decades-long, yet futile effort to develop vaccines against SARS and MERS, this enhancement effect was repeatedly observed.

In light of this, animal studies should very obviously have been conducted to clearly rule out this effect for SARS-CoV-2!

It is not even known whether inoculation with viral genes could trigger other novel immune-related enhancement effects! Clearly, very elementary things like this should have been considered and tested beforehand.

Physicians who do not alert those who are willing to be vaccinated to the risk that the vaccine could make the disease *worse*, not better, are in violation of their legal and moral duty to seek informed consent.

All coronavirus infections produce “molecular garbage.” Our lymphocytes or white blood cells have a long-term memory and are able to identify what this garbage looks like. Coronavirus garbage looks pretty much the same no matter which member of the coronavirus family it came from. Our immune systems have been trained over time, through earlier infections, to recognize coronaviruses from the garbage they produce. For example, we all have lymphocytes that will recognize SARS-CoV-2 garbage.

People lacking an in-depth knowledge of virology may have read that these cross-reactive killer lymphocytes were detected in only 40% - 70% of old blood samples and reacted weakly to SARS-CoV-2. However, it is known that only a small proportion of our lymphocytes are in our bloodstream at any given time. The rest reside instead in our lymphoid organs and lymph nodes and can be called into action when required.

We note also an exciting finding. In April 2020, Swedish researchers reported that they had discovered something truly remarkable: Activated and combat-ready T lymphocytes were detected in the blood of everyone (100%) infected with SARS-CoV-2, regardless of the severity of the disease.

This finding is a clear and unmistakable warning! Let’s see why.

First, the context: During the initial confrontation, when a virus attacks the immune system, the lymphocyte response will be sluggish. However, strong, rapid reactions, such as those documented by the Swedish team, reveal that forewarned troops are already on standby and can be mobilized at short notice. They will swarm out of the lymphoid organs to fight the enemy. Their main task? – to exterminate the virus factories. They will kill the cells in our body which are producing the virus particles.

The crucial point to note here is that they will kill **all** such cells, no matter where they are in our body.

Let's look at the implications that this will have for the Covid vaccines. The injected gene packets will be taken up locally in muscle cells (at the injection site), but a large number will reach, first, the local lymph nodes and then, after passing through the lymph nodes, the bloodstream itself. The lymph nodes are where our lymphocytes reside, the combat troops which tackle all infections. When the viral gene is taken up by any of the cells in the lymph nodes, production of the spike protein gets under way.

The spike protein is the molecular marker which tells our immune system that a potentially harmful virus has just arrived.

The corona-killing lymphocytes in our lymph nodes then spring into action and the battle begins! They attack and kill the cells in the lymph node which have the spike protein, causing lymph node swelling and pain. The lymphocytes then emerge en masse from the lymph nodes and seek out other cells that contain this marker, namely cells anywhere else in the body which have the newly produced spike proteins.

Initially they head for the muscle cells at the injection site and attack them fiercely! This leads to redness, swelling and considerable pain at the injection site.

Alas, this is where the real nightmare begins.

Once the gene packages in the vaccines enter our bloodstream, they will circulate indefinitely within the closed network of our blood vessels, alongside our blood cells. A small number will be absorbed by our white blood cells. The rest will enter the endothelial cells which form the lining of our blood vessels and set up a “virus factory” in any cell they enter. This will occur most readily where the blood flow is slowest, namely in the capillaries (small, narrow blood vessels), where the gene packages will have close contact with the endothelial lining.

Having absorbed the gene packages, the endothelial cells would then produce the viral spike protein and place the waste products from this process at the ‘door’ of the cell next to the bloodstream. However, when our white blood cells arrive to remove the waste, the killer lymphocytes (which reside in our white blood cells) will detect the presence of the spike protein from the garbage left at the ‘door.’ Since they regard the

spike protein as an alien invader which must be eliminated, they will attack and kill the cell itself.

We are faced with the horrifying prospect that, when a large number of neighboring endothelial cells are killed off in this way, blood clots will form along the lining of the blood vessel. Given that gene packages will be carried throughout the body via our bloodstream, “virus factories” are certain to be established in endothelial cells located anywhere in our vascular system. The killer lymphocytes will attack and kill such cells wherever they are. This includes our brain or, in a pregnant woman, the placenta which protects her unborn child. Injury to the placenta could cause severe harm to the child or trigger a miscarriage.

Is there evidence that something as serious as this is actually happening? **Yes, there is!**

Some of the subjects in the clinical trials were found to have a rare blood disorder. Apparently the possibility of a link between this and the vaccine is being investigated. Of great concern, however, are reports of patients in whom a sharp drop in blood platelets was observed. This is highly significant since blood platelets (or thrombocytes) are employed by the body in clot formation. A sudden drop in their number in the bloodstream is a sign that a large portion of them have just been redeployed (withdrawn from the bloodstream) to aid in clot formation.

Is there a way to check whether our hypothesis is correct?

Yes. Lab tests could quickly show whether blood clotting was under way, while autopsies could establish whether or not clots had formed in the smaller blood vessels. As far as treatment is concerned, consideration could be given to the administration of anticoagulants to patients as a preventive measure. Cortisone preparations to dampen lymphocyte activity might also be worth considering.

Fatal adverse effects

Currently we have a continuous stream of reports from around the world of deaths occurring not long after vaccination. Of course, local officials deny that the vaccination had anything to do with these deaths. At present most of the fatalities are among older people with pre-existing conditions. Generally speaking these are people who would soon have departed this world anyway. If that is the case, then why on earth were these unfortunate people inoculated with an experimental, poorly characterized vaccine such a short time before their natural deaths? How can any normal person believe that this is either rational or humane?

If there is a causal connection between the vaccine and the deaths of elderly persons only hours or days after receiving it, we are obliged to consider what it might be. There are three possibilities:

1. Stress caused by the vaccine itself, such as an allergic reaction.
2. Autoimmune attack: In an elderly person with a pre-existing disease, the lymphocyte attack on the “virus factories” could be the straw that breaks the camel’s back.
3. Simultaneous infection: The matter becomes more complicated when another infection, in addition to the SARS-CoV-2, is involved.

In several nursing homes COVID-19 outbreaks have seemingly occurred just days after residents were vaccinated. Up until that point there had been hardly any cases in the home and all necessary hygiene measures had been followed. In some instances, Covid-19 outbreaks occurred even after the second injection, which is a clear indication that these vaccines do not protect against infection.

It would seem that most of the patients who are now dying from SARS-CoV-2 have been vaccinated. Could this be due to the immune-related exacerbation of disease which we have just been discussing? In all such cases, the fatal outcomes are due to activated killer lymphocytes.

Clearly this is something that could happen at any time to anyone who is vaccinated – tomorrow, next week, or next year.

Lymphocytes have a memory like an elephant. Virus-infected cells produce garbage which the lymphocytes are able to recognize. They can also recognize pieces of garbage that are common to several coronaviruses. When they do they will attack those cells as well. And this is of very great concern. Why? Because lymphocyte-induced exacerbation of disease progression could arguably occur with any infection from a related virus.

As it happens, several common but mild respiratory illnesses are caused by members of the coronavirus family which circulate all the time in the community. A person who has received the Covid vaccine could become infected at a later date with one of these otherwise harmless coronaviruses and experience a serious or fatal autoimmune reaction.

If this mechanism ever comes into play – and there is every reason to believe it will – then the Covid vaccines are certain to kill or injure tens of millions of people.

Conclusion

Gene-based vaccines received emergency approval at lightning speed to combat a virus that is no more dangerous than influenza. There is now clear evidence – based on the trials and reported side-effects among those who have already received the vaccine – that people can become severely ill and die from these Covid vaccinations. Furthermore, no real-world benefit from these vaccines has ever been demonstrated. **Until reliable and convincing data are available, this high-risk human experiment must not be allowed to continue.**

[End of Chapter]