

Dr. Vladimir Zelenko Calls the Covid-19 Vaccinations Government Sanctioned Genocide!



Vladimir (Zev) Zelenko (born 1973)[1] is a Ukrainian-American family physician known for promoting a three drug cocktail of hydroxychloroquine, Zinc and Azithromycin as part of an experimental outpatient treatment for COVID-19 that he has promoted as the Zelenko Protocol.

On March 23, 2020, Zelenko published an open letter to U.S. president Donald Trump where he claimed to have successfully treated hundreds of his COVID-19 patients with a 5 day course of hydroxychloroquine, azithromycin, and zinc sulfate.

Zelenko's treatment protocol quickly gained notoriety with several media figures and various U.S. administration officials promoting it, including Rudy Giuliani, Sean Hannity, and White House chief of staff Mark Meadows. – Quoted from Wikipedia

Transcript

Interviewer's introduction: Dr. Vladimir Zelenko. Dr. Zelenko is a Board Certified family physician for over 20 years. He has been described by his patients as a family member to thousands of families, and he's a medical advisor to the volunteer ambulance courts in Kiryas Joel, New York. Dr. Zelenko developed and is now famous for the *Zelenko Protocol*, which has saved countless lives worldwide. So welcome Dr. Zelenko. Thank you for joining us. And I would like you to comment on our subject, please.

Dr. Zelenko: Thank you so much for having me. Can you hear me?

Interviewer: Yes, loud and clear.

Dr. Zelenko: So I'll just give you quickly my experience, my team has

directly treated successfully 6000 patients. I've trained hundreds of physicians who are now training their students. And as a cumulative group, we've treated millions of patients successfully. President Trump was my patient, Rudy Giuliani was my patient, HaRav Chaim Kanievsky has been my patient, Mr. (Yaakov) Litzman your health minister of Israel, last year, was my patient. I'm just telling you, which people have contacted me for care, including President (Jair) Bolsonaro of Brazil.

Now, my experience has given me a very unique perspective in approaching COVID-19, which is basically keeping people out of the hospital. I would like to describe, regarding children, **the only reason you would want to treat a child is if you believe in child sacrifice**, or even [garbled] if you want [garbled], like a [garbled], there are very good reasons to give them a shot. Otherwise, there's no necessity.

Let me explain. Any time you evaluate any therapeutic, you need to look at it from three perspectives. Is it safe? Does it work? And do you need it? Just because you have a capability doesn't mean that you have to use it. It has to be a medical necessity, there has to be a need for it. You look at the CDC, the statistics for children under the age of 18 that are healthy, the survival rate is 99.998% – survival rate with no treatment, just like Dr. Yeadon said, the influenza virus is more dangerous to children than COVID-19. And he made an estimate that per million, 100 children would die from vaccination. I feel the number would be significantly higher. And I'll explain to you the rationale for it.

So if you have a demographic, can you hear me? **If you have a demographic that has no risk of dying from an illness, why would you inject them with a poison death shot?**

Now, let's see if this thing works. Two countries in the world that have most vaccinated its citizens is Israel, with a high 85% rate of vaccination, and an island nation in the Indian Ocean called Seychelles, also over 80%. Both countries are experiencing a Delta variant outbreak. So let me ask you a question. If you vaccinated the majority of your population, why are you still having an outbreak? That's number one. Number two, why would you even give a third shot of the same stuff that didn't work the first two times? That's whether or not it works.

And let's talk about safety. Now, this is the real issue. There are three levels of safety toward death that we need to look at. One is acute, one is sub-acute and long-term. Acute, I'll define from the moment of injection to three months. The number one risk of the shot is blood clots, just like Dr. Yeadon said, according to the Salk Institute, oh, by the way, everything I'm saying I will defend with documentation. And please don't take my word for it, you should do your due diligence. And I can provide to you, proof of everything that I'm saying.

According to the Salk Institute, when a person gets an injection of these "vaccines", the body becomes a spike producing factory, making trillions of spikes which migrate to the endothelium, which is the inner lining of your blood vessels, and it's basically little thorns on the inside of your

vasculature. As the blood cells flow through it, they get damaged, they cause blood clots. If that happens in the heart, that's a heart attack, if that happens in the brain, that's a stroke. So we're seeing the number one cause of death in the short term is from blood clots. And most of it is happening within the first three, four days. And 40% is happening within the first three days of injection of this **poison death shot**.

Now, the other problem is that it's causing myocarditis or inflammation in the hearts of children, young adults, I'm sorry, in the hearts of young adults.

And the third problem, which is the most disturbing, is according to the New England Journal of Medicine (JAMA) article, their preliminary data, the miscarriage rate, and the first trimester woman gets vaccinated, the first trimester goes from 10% to 80%. I want you to understand what I just said. The miscarriage rate in the first trimester of pregnant women, when they get vaccinated, goes up by a factor of eight. That's preliminary data, it may change with time, but I'm just telling you what it is as of today. That's the smallest of the problem.

The second problem is the sub-acute death issue, which is the following, that the animal studies that were done with these vaccines showed that all the animals responded well, in generating antibodies. When they were challenged, however, with the virus that they were immunized against, a large percentage of them died. And when that was investigated, it was found that their immune system had killed them. It's called antibody-dependent enhancement (ADE), or pathogenic priming, or paradoxical immune enhancement. But the point is that a lot of those animals died. So you can make an argument maybe human beings are different. My answer to you, *maybe*. However, those studies were not done. **You are the study right now**, the Pfizer CEO said, Israel is the biggest laboratory in the world. And so those long-term studies to rule out that, Luc Montagnier who won the Nobel Prize in Medicine for the discovery of HIV, said that **this is the biggest risk to humanity, and the biggest risk of genocide in the history of humanity**. And so the risk of a ADE reaction in human beings, which happens later, has not been ruled out. So my question is, why would I vaccinate someone with a potentially destructive lethal substance without ruling that out first.

And the third component here is the long-term consequences. There is definite evidence that it affects fertility. damages ovarian function, that and reduces sperm counts. Number one, number two, definitely increases the amount of autoimmune diseases. Who knows over time, how that is going to reduce lifespan. And just last week, a paper came out showing that increases the risk of cancer.

Any way you want to look at it, whether it's an acute setting, where it causes blood clots, inflammation of the heart, and miscarriages, in the midterm, sub-acute setting where it can result in a pathological disastrous immune reaction, or in the long term, whether it causes autoimmune diseases, cancer, and infertility. Now, that's a big concern. Actually, I will say it this way. In my opinion, the current Israeli government is as guilty as Josef Mengele. They have permitted, they've committed human experimentation on

their own people.

And, I'm going to tell you, I hope, I hope this space does a little different. Maybe not. But I know I finally understood what I'll say that if you take sort of some close role, you should look at the ??? role in the sector sharpest. [Cannot understand this sentence.] That if you see trouble in the Jewish people, you should look at the rabbinic leadership because if the head is diseased, what do you expect of the body? I beg this base (??) to put the interest of Israel above politics, and anything else that may alter your opinions. I receive daily death threats. I risk my life, my career, my financial life, my reputation, almost my family, everything, just to sit here and tell you what I'm doing.

So I'll just summarize that there is no need for this vaccine. And there's actually no need for anyone and I'll explain. Children I already told you that they have a 99.998% chance of getting better. The young adults from 18 to 45 have a 99.95% of getting better, just according to the CDC, same concept. Someone who has already COVID that has antibodies, naturally, induced immunity is a billion times more effective than artificially induced immunity through a vaccine. So why would I vaccinate someone with a poison death shot that makes inferior or dangerous antibodies when I already have healthy antibodies? And then if you look at the high-risk population that has a 7.5% death rate, so my data, which was the first in the world, which I published in a peer-reviewed journal, which has become the basis of over 200 other studies, and that have corroborated my observations that, if you treat people in the right time frame, you reduce the death rate by 85%. So out of 600,000, Americans, we could have prevented 510,000, from going to the hospital and dying.

And by the way, I presented this information to Bibi Netanyahu directly into his hands by way of [Hebrew word?] in April of 2020. And I informed every single member of your Ministry of Health as well. So my question to you is, **if I can reduce the death rate from 7.5% to less than a half a percent, why would I use a poison death shot that doesn't work, and has tremendous and horrific side effects?**

I'll do one more mind experiment with you. If everyone on the planet were to get COVID and not get treated, the death rates globally, will be less than a half a percent. Now, I'm not advocating for that that's a lot of people, that's 35 million people would die. However, if we follow the advice of some of the "global leaders", let's say like Bill Gates said, last year, 7 billion people need to be vaccinated, the death rate will be over 2 billion people.

So wake up! This is world war three. This is a level of malfeasance and malevolence that we have not seen, probably in the history of humanity.

So I'm against child sacrifice. I'm against [Hebrew word?]. And I really believe that God is testing every human being here. And here's the test.

Are you going to bow down to me, HaShem [God]? Are you going to ask protection from Me? Are you going to take your fears, and ask Me to help? Or are you going to run to the other czar of the vaccine of your governments, of

despots and tyrants, like sociopaths, who want to be deities! There's nothing new under the sun. These people are no different than pero (??). They think they're God. And you're going to bow down to them. If you're going about down to them, that's okay. Let them protect you. Let's see how that's going to work out for you.

I'm seeing fear drive people to do things that are completely irrational, do not make sense and they sacrifice their own children. And yes, your ministry of elders is lying to you. Your statistics are absolutely skewed. If you want to see something real, there's a website called <https://www.worldometers.info/> Go to [Israel](#). And you can see at December 20, there's a huge spike in the curve of deaths in Israel. Do you know what happened in Israel December 20th.? National immunization started. And these are numbers being reported by the Israeli government. They're just too stupid to hide it. There is zero justification, **zero justification for using this poison death shot unless you want to sacrifice human beings.**

I think I'm done.

Interviewer: After these words, the fact I don't think you can ever say you're done. I very much I appreciate your time and effort. Very, definite and very clear. We appreciate that.

Dr. Zelenko: Do you have any questions?

Interviewer: I have many questions. But just as 2 billion would pass out if you gave 7 billion the shot according to what the doctor said, correct?

Dr. Zelenko: Not according to what I said, according to what world experts are saying. That...If you look at Dr. Malone, who invented the mRNA technology, has the original patent for the vaccine. He's saying, "Do not use this. The government is lying to you. The side effects are horrific." Dr. Cahill from Ireland said that, she believes within two years 90% of the people that got vaccinated will be **dead**. When Dr. Michael Yeadon – I hope he can confirm, I hope he's still there – was asked that question, he said, "you wouldn't go that far". So I don't know. Maybe it's not 90%. What is the percentage? And maybe it's not two years, maybe it's three years. And Dr. Luc Montagnier, who is the Nobel Prize winner for the discovery of HIV, saying this is the biggest risk of genocide in the history of man.

[16 minutes transcribed]

[Dr. Roger Hodkinson Warns of](#)

Myocarditis and Infertility from Covid Vaccines



Introduction

Anna Brees is a journalist who used to work as a reporter on BBC. In the video, she interviews Dr. Roger Hodkinson, a noted pathologist who is not an anti-vaxxer but who is sounding the alarm about the dangerous side-effects of Covid vaccinations.

Transcript

Anna Brees: Hello, everyone, it is the 11th of June 2021. And I'm talking to Dr. Roger Hodkinson again, for a third time with a very important message. We were chatting on the phone a few minutes ago, Roger, and I thought it was incredibly important that I got you on this call, because there's a really urgent message isn't there to the public? Tell me first of all, for those who haven't heard about you before, what's your experience? What do you do? Who are you?

Dr. Hodkinson: In summary, I'm a retired pathologist living in Canada. I was trained at Cambridge in the UK in medicine, and then in pathology in Vancouver, British Columbia. I've been an assistant professor of the Faculty of Medicine at the University of Alberta. I've been Chair of the examination committee for general pathology at the Royal College of Physicians and Surgeons in Ottawa, I've been the CEO of a large commercial laboratory. I'm currently the chairman of an American company involved in molecular diagnostics, DNA sequencing for early diagnosis of cancer. So I've had a rather well-rounded career, and I think I'm quite competent to comment upon many aspects of COVID.

Anna Brees: And you're not a lone voice. And I keep saying to people, you know, there are doctors for COVID ethics, you've got PANDA (Pandemics ~ Data & Analysis), you've got heart, you've got the Frontline American doctors. And there may be a few doctors in there, you're not completely so sure about, you know, in terms of ...

Dr. Hodkinson: Well, I'm part of, you might say, the inner circle, there are about twelve of us internationally, that converse on a regular basis offline.

And I did have a conversation by email with Peter McCullough, which we'll talk about in a minute, the preeminent American cardiologist involved in COVID. And so yeah, I'm right in the thick of it. I'm extremely frustrated with what's going on. And I'm sure we'll talk about that.

Anna Brees: When I said at the beginning of this interview, is you have a really urgent message to get out to the public. So what is it?

Dr. Hodkinson: Well, this, of course, is an experimental vaccine. It should have never been released. It was never an emergency, which predicated the development of the vaccine. And as with all vaccines, there are complications, which were predictable with time, but there was never enough time given for the clinical trial, which only lasted four to six months. In particular, complications are now coming out that are very disturbing.

The latest one over the last few days starting off in Israel is the frequency of Myocarditis in young adult males. And getting worse, the younger they are in teenagers. Just so I can translate that, Myocarditis is a medical term for inflammation of the heart. Now, the CDC is calling this reality of a large number of these events – we're now up to well over 200 events in the United States recorded – the CDC is calling us an “unbalanced” realization. Well, **You're damn right it's unbalanced! It's the CDC that's unbalanced!**

Myocarditis is never mild, as they're describing it for the general public, meaning not terribly significant. The heart muscles, the cells that make up the heart muscles **never regenerate**. If one dies, they're done. It's not like the liver or the kidney that regenerates. When a heart muscle dies, it's dead and it's never replaced. Myocarditis means a generalized inflammation of the heart muscle. So muscle cells in the heart will be dying. The number is hard to determine, obviously, because the person is still alive. But I can tell you with categorical certainty, supported by Dr. (Peter) McCullough's conversation with me this morning, that Myocarditis is totally unpredictable in terms of its long-term consequences. It may only present 20 years later, because of the reserve of the heart having been destroyed. We're talking here about cardiac arrhythmias, abnormal heartbeats. We're talking about heart failure, and so on. This is a most worrying, development. And of course, it's exactly the kind of complication that would have come out of a normal clinical trial for a vaccine, which typically takes a number of years.

Anna Brees: Why did you speak to Dr. Peter McCullough? Where do you go at the moment when you're getting all this information and reports from all over the world? You know, you said you're in a group of 12. Where do you go? Where's the expertise? How can we be sure that what you're saying is something for us to take note of?

Dr. Hodkinson: Well, Dr. McCullough has his own group in the United States that I follow very carefully. I mean, communication, he's the lead of it. And I mean, frequent communication with him. In Europe, there are [doctors for COVID ethics](#), which is headed up by Dr. Sucharit Bhakdi, and Dr. Mike Yeadon, and Dr. Michael Palmer, all with substantial reputations in their own fields. And then in South Africa, of course, there's PANDA which is headed up by Nick Hudson, with his own esteemed scientific advisory board. So yeah, I'm as plugged in as anyone can be. We're all in frequent communication with zoom

calls every week. And I'm speaking, therefore, with some authority on this. I'm connected on a daily basis, with the top guys in the world.

Anna Brees: But I need to challenge you here because you want 12 or small groups, but there must be 1000s and 1000s, of doctors who completely disagree with you? Or are there they? Is there something that's keeping them quiet? I mean, why should we listen to you? And why is this so important in your experience with these groups?

Dr. Hodkinson: Let me assure you that the statistics, when the books are written, will be exactly the other way around. I suspect, and it's impossible to confirm because of the intimidation that colleges across the world are putting on individual physicians, including me. I can assure you that **there's a vast number of physicians who do not buy into this idiocy.** Physicians who are well trained can see through this immediately as so transparently stupid. It's medical idiocy of the most grotesque degree that's going on. None of the so-called mandates, first of all, are supported by any scientific consensus whatsoever. If there had been one, we would have used it in previous flu epidemics, and we never did. You simply can't solve these things. By any control, you can't solve the spread of a pandemic, with an upper respiratory tract virus, by any known names to medical science. It's simply not possible.

Anna Brees: What reaches the public that is maybe sitting on the fence? Those are the people I want to reach. What I found interesting is when I've been listening to these doctors, they were actually recommending the vaccination in January, and February, and March and even, you know, I wasn't getting any emails whatsoever. As a journalist who has quite a high profile in this situation. I wasn't getting any stories of adverse vaccine reactions, but something shifted, I would say about six weeks ago. And so these doctors were recommending it to patients. But they've actually changed completely changed their mind and said, "**We must halt this immediately.**" So it's not you're in an anti-Vax movement in any way you were promoting the vaccine. And Dr. Mike Yeadon talked about vaccinating the vulnerable, but over the last, I don't know, two months, they've pulled back and said, "Actually, no, we need to hold back now. We no longer recommend this for our patients."

Dr. Hodkinson: Dr. Tess Lawrie is the most authoritative person on this. And she's just published a devastating analysis of the whole NES (??), with the bottom line being exactly that, that this vaccination of everybody should stop immediately. Remember, please, that the predicate for this vaccine or these vaccines, was the statement that this was a medical emergency of a most sinister global scale. Well, it never was by any definition. And so if you take away that underpinning, requirement, if you take away the emergency, there was absolutely no reason for the development of a vaccine that contravened all the normal safeguards for the introduction of something on such a global scale. There's never been ever in medical history, a vaccination program on this scale involving billions of people with the most minor attention to long-term consequences. And I do want to expand on that because the story is not yet over.

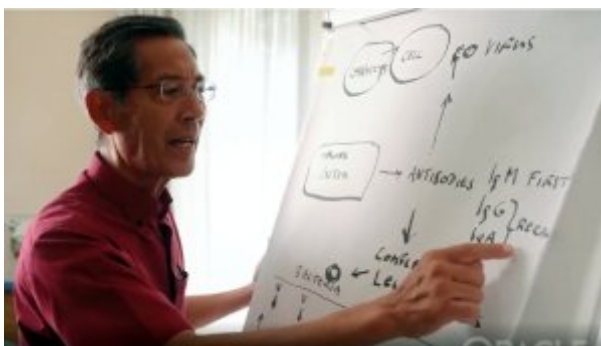
Look, last time I checked, pregnancy takes nine months. You cannot conceivably check for fertility issues, if you're only doing a clinical trial

for four to six months, but never even included pregnant women other than those that got pregnant during the trial, and there were only 40 of them. **There are very serious scientific possibilities here for long-term infertility.** The studies have not been done. We do know for a fact that the placenta and the testis have a very heavy expression of the receptor for the spike protein which is being produced in large amounts by the vaccines. We do know that. We also know that during the SARS epidemic, which was a very similar organism, there were reports of a small number, but then it was a small number of people that came down with it, obviously, it was well contained. But we do know that during the SARS epidemic, there were reports of orchitis, which is a medical term for inflammation of the testis. So what I'm saying is on the male side of fertility, there are serious scientific grounds for worry. Not proven, I'm not being a scaremonger here. I'm not a conspiracy theorist, I'm not an anti-vaxxer da de da, right, I take vaccines myself.

On the female side does equal concern, because it comes out of the obscure Pfizer submission to the Japanese regulatory authority, that the vaccine particles, the little tiny lipid nanoparticles that are part of the vaccine locate very heavily in the ovary. Now, this was a rat study. But it still showed heavy localization most unexpectedly of these vaccine particles in the ovary.

End of the first 12 minutes of the transcript. I hope this inspires you to listen to the rest of the interview if you have not done so.

[Proof Our Immune System Can Protect Us from All Variants of the Coronavirus](#)



The original title to this talk by Dr. Sucharit Bhakdi is

“Proof that puts an end to the Sars-CoV-2

Narrative" | Professor Sucharit Bhakdi

Dr. Sucharit Bhakdi is a retired Thai-German microbiologist. I consider this information important which is why I transcribed the video into text. I hope you watch both the video and read the text to get the message.

A person in Australia wrote saying he gets an error message in the place the video above should be. If you cannot see the video on this page, please go to [https://odysee.com/\\$/embed/Dr.-Sucharit-Bhakdi-Oracle-Films-Message-HD](https://odysee.com/$/embed/Dr.-Sucharit-Bhakdi-Oracle-Films-Message-HD)

Transcript of the video

The good news today is that scientific publications have just appeared that put an end to the whole narrative. What one has been made to believe up to now is that the SARS-CoV-2 virus is so new, that our immune system will not recognize it, and therefore, when the need arises, the immune system will not respond in time with the production of antibodies, that they could save our lives. And that's why we need to be vaccinated. That's why the whole world needs to be vaccinated.

Now, scientific publications that have appeared in the last weeks, as I said, put an end to this narrative, because it turns out that the Corona SARS-CoV-2 virus and its descendants are not so different from the old normal coronaviruses that they would not be recognized by the immune system.

Now, I tried to explain this with this chart here. This is the immune system, and the immune system can make many components. One of them are the antibodies that the immune system will make when it meets a new opponent of virus. Now, depending on whether the immune system recalls that it has seen this virus before or not, the response will be slow. The first response is always slow; takes about four weeks for the antibodies to be made, and these antibodies are called IgM, immune globulin M.

If, however, the immune system has seen this virus before, and remembers it because the immune system has a memory, then it quickly makes other antibodies, which are called IgG and IgA. These are recall antibodies.

these antibodies serve principally two functions. One function is that if it's a virus that the antibodies are supposed to combat, the antibodies can try to prevent the entry of the virus into yourself. This is what the antibodies to Corona are supposed to do. They are called protective antibodies, because they protect the cell from getting infected by the virus.

If however, the cell does get infected, then lymphocytes are there behind the scenes that will come out and recognize that the cell is infected. And these killer lymphocytes have the duty to kill the cell. So once the cell is killed, the virus factory is destroyed, the virus can't be produced any more, and you get up and go back to work.

The other function of antibodies – major function – is that if the antibodies are directed against a bacterium, or a fungal, then these antibodies will bind to the bacteria. And that will cause another arm of the immune system to be activated. This is so-called complement, because it complements the action of the antibodies and leukocytes.

Leukocytes are the cells that eat. These are cells that are in your blood. And they're circulating all the time. And waiting for these bacteria to come to your blood to be coated with the antibodies and they will come and eat them. And thus are you protected by your antibodies against bacteria.

So we have actually two major arms of the immune system, one, the lymphocytes that are directed against viruses and virus infected cells, and the others are leukocytes that are directed against bacteria. It's like the Navy and the Air Force, Air Force, Navy, and both are really deadly. They take care of all the viruses that you are confronted with and all the bacteria normally.

So the question is now, is our immune system really blind to the new so called new SARS-CoV-2 virus?

Now this can be answered very simply. And for that, what one has to do is, one has to inject this virus or the virus gene into the body and see how long the immune system takes to make the antibodies against this gene. And this was done by three independent Americans research groups in the last weeks and published, so everyone can go and have a

look at these papers. And everyone should look at the papers because two questions arise.

First, was the antibody response, fast or slow? This would be fast. And this would be slow. 30 days, 10 days or five days? And if it were fast, did the antibodies carry the correct label IgM, IgA or the wrong label?

So, what do you think? I'm going to ask you, the Americans measured in the blood, the appearance of the antibodies every day. The people who are telling you that you should get vaccinated are going to say, "of course, they were IgM antibodies because this was blind to them. But the fact is the opposite. All groups found out that everyone who had been vaccinated responded with IgG, and IgA antibodies within days after the vaccination, which is absolute proof that it is a recall response to something that the immune system has recognized.

You may ask me, "How can this be?" The answer is very simple. Look, this is the hand, the grasping hand of the virus, this is the spike and the spike is there to grasp the handle of the door to yourself to get in. The antibody comes and forces itself into the jaw, like the crocodile, the mouth is open, it stops the crocodile from closing his mouth. Of course, this is not completely correct. But it will do as a picture for you.

All right. Now, this key that enters into the mouth, of course, it's not a perfect fit. So you could change a finger or two, and it will still go

in. And this is the difference between coronaviruses and influenza viruses. influenza are flu viruses, the real flu, alright, which has really caused pandemics because flu viruses can completely change the whole hand so that the hand looks like this suddenly. Okay. And then your antibodies don't fit into that. But this is something that the Coronavirus can never do. They can't, and so they can only change the shape of the fingers. And that's not enough to fool the immune system. It's that simple. And this applies to all the variants. So forget it, if someone tells you that you are not immune against the variants.

The fact is, of course, that the immune system doesn't splurge. It keeps its antibodies in a locker, just like you have money in the bank, you don't go around throwing your money out of your pocket, you get the money out of the bank when you need it. And that's what happens to the immune system. And wonderfully enough, another publication coming from Denmark, showed that true infections with the SARS-CoV-2 do exactly the same, meaning that everyone who has had an infection, even if he's asymptomatic, you know no symptoms, if the virus just gets into your throat, multiplies a bit and gets thrown out again. But even then, the immune system responds by making IgG and IgA antibodies, meaning that you have the money in the bank.

This means dear fellow citizens, that the herd immunity is already present, but kept under lock and key like a treasure. But it can be mobilized at

any time you want. This is like a dog and his master. The dog, this is the immune system. The master in this case would be the virus. So the moment the virus comes near to the house, gets back, the dog senses that the viruses is coming, begins to wagging his tail, begins barking, throwing out the antibodies to say hello to the master.

So you see, this virus always first enters through the front door goes into your throat and it takes days to multiply and if it multiplies in your throat, it doesn't matter. It only kills you if it gets to your lungs.

But now we know that this is enough time for you and me or anyone, because the Danes showed that over 99% of all people running around, have this treasure, they have the treasure, and they could mobilize the IgG and IgA antibodies, even when the virus was only in the throat. Now, isn't this a piece of wonderful news? I think it causes us to realize, it causes us to realize that we can cast the dread of this pandemic away, and return to a wonderful world, return to our friends, our beloved ones, join hands with them, and rejoice. The pandemic is not existent as a mortally dangerous new disease.

Now, the second piece of news I have for you is that this will not only cause vaccination to be unnecessary, but also says if the vaccination carries any danger whatsoever, it must be stopped because there is no benefit. And if it only

contains danger, then it is the duty of the doctors and the authorities not to undertake vaccination.

Now, let me tell you something very, very alarming. So alarming that this piece of news is just as important as the good piece of news. And this comes also from the publications that have just appeared. So we'll go back to this chart here. And I told you, in the vaccinated, they found that the IgA, and IgA antibodies came immediately. Then they waited for another two weeks or three weeks. And then they gave the people a second shot. What did you see, they saw that the IgG and IgA levels immediately continued to rise, which is what a booster is supposed to do.

However, now, listen very carefully, look at this. This is a vessel wall, this is your blood. It is now known that the genes that are injected into your body will enter the bloodstream. And it is absolutely certain now that these genes are going to enter the cells that line the vessel wall. Because these are the cells that they contact.

Now, what happens when the cells that line the vessel walls begin to produce these spikes? The spikes will then be produced by the cell and protrude from the cell surface into the bloodstream. Alright, now, these cells going to be recognized by your lymphocytes that have been given to you by the Dear Lord to kill those cells that are making the virus or the virus protein, any virus protein. So, these lymphocytes are going to mount the attack on your vessel walls.

This is the first way towards clot formation that as we know is happening all over the place all over the world. Now at the beginning after the first vaccination, this danger is bad and is already terrible in itself if your killer lymphocytes start trying to kill you. But at that time, during the first seven to 10 days, they are still no antibodies. They are not yet any antibodies. However, after three or four weeks, there are masses of antibodies all over the place in your blood. And if you dare to repeat this performance and start to put those spikes out into your blood, God help you because now not only the killer lymphocytes will detect antibodies and complement, and leukocytes are also going to attack thinking that your cells that are producing these spikes are bacteria and they are going to try to eat your vessel wall cells.

Now, this attack of the Air Force and the Navy on a single cell target has never been seen before. There is no situation because either you're combating a virus, or you're combating the bacteria; mixed infections that go through the body are actually virtually unknown. So we have the unique situation that has been created by the vaccination.

That is, in a way, extremely interesting. Because no one knows what the outcome will be. However, the vision is so horrible, and so awful and terrifying, that I, myself, don't really want to know the answer. And I don't want this answer to become known.

I want you to decide to not take the second shot. Not only the second shot, but any shot thereafter is going to place your life in danger. That is what I am convinced of now, especially because of the publications that have just appeared. So I think that was the most important thing I have to say today. And I hope people will sit down, look at these papers, talk about them. And I hope that my colleagues, physicians, and scientists will do the same and get together to see whether this may have a grain of truth. Because if it does, the consequences are absolutely endless or the consequences are very simple. We just have to stop everything now.

(End of transcript.)

The transcript was proofread by Dr. John Gideon Hartnett. Please see his website:

<https://biblescienceforum.com/>

Messenger RNA Vaccines
May Cause Damage to the
Cardiovascular System



Transcript of Dr. Bridle interview on *On Point* with Alex Pierson

Alex Pierson: Talking about a lot of science these days! It's coming out as fast and furious. And a lot of people asking a lot of good questions, you know, the vaccines, are they safe for kids?

Certainly, there's a big push to get kids as young as 12 the shot as soon as possible, but, but everyone's confident about it, even if you're not an anti-vaxxer, there are a lot of parents who are kind of nervous about putting something into their kids.

And then I read that there have been several dozen cases of heart problems in teens and young adults, which Israel is now looking into. And what they're looking into which they'll release the results of are why mostly males, not all, but around 22 years of age and younger, are getting heart inflammation. So one to four days after getting a shot, they get shortness of breath, fatigue, and some very specific chest pain. It's mild, so no one's gotten really sick or died. But you want to know what you don't know if you're going to put something into

your kids.

Let us bring in Dr. Byram Bridle. He's an associate professor of viral immunology at the University of Guelph (Ontario, Canada). Doctor, you've been very, you know, very open on this whole issue. And you know, you're not an anti-vaxxer by any stretch, but what do you think about this inflammation in the heart, and is it an actual threat?

Dr. Bridle: Yeah, thanks for having me on, Alex. Yeah, as you said, I'm very much pro-vaccine, but always making sure that the science is done properly, and that we follow the science carefully before going into public rollout of vaccines. I hope you'll run let me run with this a little bit, Alex. I'll forewarn you and your listeners that the story I'm about to tell is a bit of a scary one. This is cutting-edge science.

There's a couple of key pieces of scientific information that I have become privy to just within the past few days that has made the final link. So we understand now, myself and some key international collaborators, we understand exactly why these problems are happening. And many others associate these vaccines. And the story is a bit of a scary one. So just to brace you for this, but I'm going to walk you through this. The science that I'm gonna be talking about. I don't have the time here to describe exactly the scientific data. But let me assure you that everything that I'm stating here that I'm gonna state right now is completely backed up by peer-reviewed scientific publications,

and well-known and well-respected scientific journals.

I have all of this information in hand, I'm in the process of mildly trying to put it all into a document that I can hopefully circulate widely. So your listeners are going to be the first to hear the public release of this conclusion, and I can vouch for the science. So this is what it is.

The SARS-coronavirus 2 has a spike protein on its surface. That spike protein is what it allows it to infect our bodies. That is why we have been using the spike protein in our vaccines. The vaccines we're using get our cells in our bodies to manufacture that protein. If we can mount an immune response against that protein, in theory, we can prevent this virus from infecting the body. That's the theory behind the vaccine. However, when studying the disease, severe COVID-19, everything that you've just described heart problems, lots of problems with the cardiovascular system, bleeding and clotting is all associated with severe COVID-19.

And looking and doing that research, what has been discovered by the scientific community is the spike protein on its own is almost entirely responsible for the damage to the cardiovascular system if it gets into circulation. Indeed, if you inject the purified spike protein into the blood of research animals, they get all kinds of damage to the cardiovascular system, and it can cross the blood-brain barrier and cause damage to the brain.

Now at first glance, that doesn't seem too concerning because we're injecting these vaccines into the shoulder muscle. The assumption all up until now has been that these vaccines behave like all of our traditional vaccines that they don't go anywhere other than the injection site, so they stay in our shoulder. Some of the protein will go to the local draining lymph node in order to activate the immune system. However, this is where the cutting edge science has come in this and this is where it gets scary.

Through a request for information from the Japanese regulatory agency, myself and several international collaborators have been able to get access to what's called a bio-distribution study. It's the first time ever that scientists have been privy to seeing where these messenger RNA vaccines go after vaccination. In other words, is it a safe assumption that it stays in the shoulder muscle?

The short answer is absolutely not. It's very disconcerting.

The spike protein gets into the blood, circulates through the blood in individuals, over several days post-vaccination. It accumulates once it gets to the blood and accumulates in a number of tissues such as the spleen, the bone marrow, the liver, the adrenal glands. One particular concern for me is it accumulates at quite high concentrations in the ovaries. And, and then also a publication that was just accepted for a scientific paper just accepted for publication that backs this up, looked at 13

young healthcare workers that had received the Moderna vaccine which is the other messenger-RNA-based vaccine we have in Canada. And they confirm this They found the spike protein in circulation in the blood of 11 of those 13 health care workers that had received the vaccine.

What this means is, so we have known for a long time that the spike protein is a pathogenic protein, it is a toxin, it can cause damage in our body if it gets into circulation. Now, we have clear cut evidence that the vaccines that make our bodies, our muscles or the cells in our in our deltoid muscles, manufacture this protein, that the vaccine itself, plus the protein gets into blood circulation. When in circulation, the spike protein can bind to the receptors that are on our platelets and the cells that line our blood vessels.

When that happens, it can do one of two things. It can either cause platelets to clump, and that can lead to clotting. That's exactly why we've been seeing clotting disorders associated with these vaccines, it can also lead to bleeding. And of course, the heart involved. It's part of a key part of the cardiovascular system. That's why we're seeing heart problems.

The protein can also cross the blood-brain barrier and cause neurological damage. That's why also in the fatal cases of blood clots many times is seen in the brain. And also of concern is there's also evidence of a study – this has not yet been accepted for publication yet, this one – they were

trying to show that the antibodies from the vaccine get transferred through breast milk. And the idea was this may be a good thing because it would prefer some passive protection to babies. However, what they found inadvertently was that the vaccines, the messenger RNA vaccines, actually get transferred through the breast milk. So the delivering the vaccine vector itself into infants that are breastfeeding. Also what this note we know spike protein gets into circulation, any proteins in the blood will get concentrated in breast milk. Looking into the adverse event database in the United States, we have found evidence of suckling infants experiencing bleeding disorders in the gastrointestinal tract.

Alex Pierson: So okay, let me pause you there. There are only about 45 seconds left.

Dr. Bridle: Sure, I'll wrap it up this message.

So this has implications for blood donation. Right now Canadian Blood Services are saying that people who have been vaccinated can donate. We don't want the transfer of these pathogenic spike proteins to fragile patients who were being transfused with that blood. This has implications for infants that are suckling. And this has serious implications for people for whom SARS Coronavirus 2 is not a high-risk pathogen, and that includes all of our children.

In short, the conclusion is, we made a big mistake, we didn't realize it until now, we thought the

spike protein was a great target antigen, we never knew the spike protein itself was a toxin and was a pathogenic protein. So by vaccinating people, we are inadvertently inoculating them with a toxin. And some people this gets into circulation. And when that happens in some people, they can cause damage, especially in the cardiovascular system. And I have many other, I don't have time, but many other legitimate questions about the long term safety, therefore, of this vaccine, for example, with it accumulating in the ovaries, one of my questions is, will we be rendering young people infertile, some of them infertile? So I'll stop there. I know it's heavy heading...

Alex Pierson: I'm up against the clock. I need like an hour when I talk to you because you have so much information and of course your one opinion of many, but you know, it's interesting because you have a different look at it. And certainly, the time will tell on this but we'll have you on again because I always get an interesting and different perspective from you. Doctor, thank you.

Dr. Bridle: It was my pleasure. Take care.

[COVID-19 mRNA Injections](#)

are Legally Not Vaccines! – By Dr. David E. Martin



This is a talk by David E. Martin Ph.D. He is the developer of several innovation-based quantitative indices of public equities and the founder of the Purple Bridge Funds and M-CAM International. He has worked closely with the United States Congress and numerous trade and financial regulatory agencies in the United States. Dr. Martin is also a Batten Fellow at the University of Virginia's Darden Graduate School of Business Administration. (Quoted from

<https://z3news.com/w/david-martin-presents-evidence-corona-virus-manmade/>)

Transcript of David Martin's talk

(Dr. Martin:) January 11, 2021, at least got the date, right? We're not in December anymore.

Today, hey, by the way, thanks, everybody, for the

last six weeks that that series has been shared a lot, we've gotten a lot of great feedback. So thank you, everybody, who has been a huge part of our six-week series on the integral accounting view of what's next. That's been a really wonderful experience. Today, we're diving back into some really important stuff. And there are a number of you who have been asking questions about the status of legal proceedings, and so forth. And, and today, I'm going to give give you a little window into a couple of the approaches that are going on in various lawsuits. We're not commenting specifically on lawsuits right now that are active and pending simply because that's just not an appropriate thing to do. Other than to say, there are active and pending cases.

But today is a really weird one, people. And I have to say, you know, back in the early 1990s, I was doing clinical trials at the University of Virginia medical school. And I happened to be working in a very controversial medical technology area called electromagnetic field therapy or EMF. And historically, I mean, if you go back for decades, there's been all kinds of disputes around whether or not that technology works or not.

And so we were doing a multi-center clinical trial for a Japanese company. And I became very aware of 15 US Code Section 41, which is part of the Federal Trade Commission Act, that specifically has to do with advertising that a product or service can prevent, treat or cure human disease unless you possess competent, reliable scientific evidence,

including when appropriate, well-controlled human clinical studies substantiating that the claims are true at the time they're made. So there's a rule under the Federal Trade Commission Act, and it has been used to shut down alternative medicine for years like you know, people who have been naturopaths, people who have been chiropractors, people who have been in any of the what are considered to be kind of alternative medical spaces have become very familiar with this, because it's the way the Federal Trade Commission shuts people down. confiscates materials, confiscates businesses, does some really egregious acts. And it occurred to me that no one seems to be talking about this when it comes to what is being promoted in the current regime!

And so, I thought, we're going to take a look into 15 US Code Section 41 today. And the reason for this is twofold. Number one is because it's important. Number two, is because I think that we need to call out a very important thing. So there's a part of the Federal Trade Commission Act, which also has to do with what's called deceptive labeling practices. It's when you use terms or phrases or words where you know that you are using them with an intent to deceive, deceptive medical practices. And so today, we're going to take apart a couple of the deceptive medical practices, and suggest that if any of you, and this is now a specific challenge, people, listen, we've been doing 39 of these videos.

Somebody who's watching this video knows an elected

official, somebody watching this video knows a prosecutor, whether that's a US Attorney, whether that's an Attorney General in a state, somebody in the viewing of this video knows somebody who needs to listen to this video. And I'm going to really encourage you to share this, because it's actually super important. Listen, if this law can be applied to shut down people of goodwill, who are trying to help other people, it certainly should be equally applied when we know deceptive medical practices are being done in the name of public health. And we're going to get to that.

But Kim, let's start off with both of us worked in hospitals. Both of us worked in medical centers. As a condition of employment, you had to have shots, right?

(Kim:) Yeah, definitely had to have shots that have hep B and a few others. That was a bit way back in the day. But yeah, we had to have, all of us had to have as to be a nurse. You had to have shots done.

(Dr. Martin:) Yeah, I mean, at the Medical Center at the University of Virginia, you know, hep B was a standard. If you didn't have hep B, you know, you had no patient interaction. How about when you were in your own business?

(Kim:) No, not when I was running my own business, because I wasn't employed by a hospital. I did my own assessments of my own group of nurses. And we didn't have to because I was the boss.

(Dr. Martin:) Yeah. But there are people. I mean,

let's be really clear. There are people for whom vaccines and various medical measures are a requirement for employment. And that's a really interesting problem where you get forced into doing something, and that made me think. Somethings troubled me. And the thing that's troubled me is that both Pfizer and Moderna have been promoting what they call a "vaccine".

Now, for those of you who don't really think about it, you have thought about it, because the public thinks that when you say vaccine, one of at least two things is happening. First is, whatever you're getting is going to keep you from being infected by some sort of pathogen. So that's assumption number one. Assumption number two, is that somehow or another, if you get that vaccine, somehow you're doing your public health bit to make sure that you don't transmit it to other people, right? Am I going out on a limb here? The word "vaccine" kind of means that.

And let's let's go back in history a little bit, shall we? Let's go back to 1905, to the very, very, very, very, very famous Jacobson case in Massachusetts (Jacobson v. Massachusetts Ref: https://en.wikipedia.org/wiki/Jacobson_v._Massachusetts), the Supreme Court 1905. And I'm going to read the quote, because I think it's important,

"This Court has more than once recognized as a fundamental principle, that persons and property are subjected to all kinds of restraints and burdens in order to secure the general comfort,

health, and prosperity of a state.”

So what the Supreme Court and Jacobson said was that the police powers the public health powers were legitimate if they secured the general comfort, health and prosperity of the state. That implies that the individual benefit is superseded by a collective benefit, that somehow or another, the individual is not the point when it comes to public health laws, it's about the community, which would then suggest that to meet a vaccine public health standard, and quite frankly, a vaccine public health definition, something about either you are immune from getting a pathogen or and potentially and, you are not going to transmit the pathogen, must be part of what lives inside that definition. That couldn't be more straightforward than the Supreme Court of the United States in 1905, which, by the way, happens to be a decision that I have yet to even meet many attorneys who have bothered reading it. They talk about vaccine litigation. But I haven't heard many that can actually quote the majority opinion out of Jacobson, which is a very dangerous problem that we have.

But here's where it gets more interesting. So when Moderna was started, and if you go back and look at their SEC filings, and we've gone through all their SEC filings, they make a point of saying that their technology is a gene therapy technology, gene therapy technology, you'll notice that they don't say vaccination, they actually say gene therapy technology. And it was set up to be a cancer

treatment. So this is gene therapy, chemotherapy.

Now, let's just stop for a minute. Let's just ask the question. If Anthony Fauci got up and said to everybody, "Hey, we want you to take chemotherapy for the disease that you may or may not ever have." There wouldn't be a single person raising their hand, the prophylactic chemotherapy, you wouldn't be doing it. You know why you wouldn't be doing it? Because it's a dumb idea, that's why you wouldn't be doing it. And, States wouldn't be able to mandate it and employers wouldn't be able to mandate it, no employer would be able to mandate a chemotherapy for a disease that you don't have. That would not be a legal thing to do. But they called their technology, gene therapy technology. They made a big point of saying that this was not investigational new drugs, this was gene therapy technology. This belonged in the Center for Biologics, potentially even the CDRH, the Center for Device and Radiological Health, because let's think about what they actually do. And by the way, this is super important. All the references are going to be in this video on the YouTube channel. And I'm going to put a bunch of the references actually, in the comments section on Facebook Live so that you can go see this yourself.

But what they're doing is they're putting together a synthetic fragment of nucleic acid, it's not mRNA. It's not natural. It's not even a natural component of a fragment. It's a synthetic fragment, it's a technology embedded within a fat carrier, a peg carrier, and that is being introduced into the

cell not to induce a immunity from infection with a SARS COVID virus, and it's not to block transmission of it. It's actually to lessen symptoms associated with the S1 spike protein, not even the virus itself. So it gets better and or worse, depending on your point of view. The fact of the matter is this thing is actually not a vaccination.

Now, why would I say it's not a vaccination? People go, "Dave? Why would you say it's not a vaccination?" Well, let's look at the legal standard for what a vaccination is. And let's start with the Center for Disease Control's own definitions, why not start with the people who run the racket?

Two important operative definitions: Immunity is protection from an infectious disease, protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected. Now, by definition, neither Pfizer nor Moderna even claims that to be the case. That's straight-up, not their definition. So immunity, you can be exposed to a pathogen infectious disease without becoming infected. Not only is that not the case, we're going to get to this in a minute, but in their clinical trials, they specifically say they're not going to test that. So stay with me on that.

And then the CDC says a vaccine is a product that stimulates a person's immune system to produce immunity, see the definition above, to a specific

disease protecting the person from that disease. And then it says vaccines are usually administered through needle injections, but also can be administered by mouth and sprayed in the nose. Now, that's the CDC.

So let's just stipulate for the sake of this conversation, that the CDC has its own definition, and what Pfizer and Moderna are doing, do not match.

And by the way, you should be thinking somewhere in this video, hold on a second. If this isn't a vaccine, why are they calling it a vaccine? That's a question. You should be thinking in your head because we're going to come to that in a second.

But I thought, okay, CDC, CDC is not the law. CDC is an expression of an agency, empowered by the law, but it's actually not the law. So why don't we actually look at the laws where vaccine has been defined? And it turns out, that's a much harder exercise than you would think. Because vaccine The term is actually not a legally defined term in an enormous number of statutes that govern vaccines, which is actually a really interesting thing. But let's look at some examples. And I just pulled a couple examples from the Iowa code. Vaccine, and I'm quoting means a specially prepared antigen administered to a person for the purpose of providing immunity.

Immunity once again, the operative definition, which is to say that when exposed to a pathogen, you are not susceptible. That's the Iowa code. How

about Washington State? You know, the State that has been absolutely tyrannical and all of its interventions around Coronavirus, allegedly the birthplace of the US experience with Coronavirus, State of Washington. Vaccine legally defined term now, this is in the statute, means a preparation of a killed or attenuated living microorganism or fraction thereof, just stop right there, vaccine means a preparation of a killed or attenuated living microorganism. Stop right there. And mRNA synthetically developed by Moderna and Pfizer do not meet this definition. Or a fraction thereof, it's not a fraction of a living thing or a killed thing, because it's neither living nor killed. They are explicitly synthetic gene therapies. They are not vaccines as defined by the statute that upon administration stimulates immunity. There we have it, again, that stimulates immunity, meaning that you do not get a thing when exposed to that pathogen, right? That protects us against disease and is approved by the Federal Food and Drug Administration and safe and effective. Now, that's the State of Washington statute. And by the way across the board, that's the definition of vaccine, which means immunity is a defined term vaccine is a defined term.

But here comes a really big problem. The big problem is that if we look at the clinical trials that were approved for what was called the SARS-CoV2 COVID-19 vaccine program under the operation warp speed, listen very carefully to what the primary endpoint is.

The primary endpoint is the prevention of symptomatic COVID-19 disease. Now, let's pause and unpack that starting with COVID 19 disease.

As you all know, if you've been watching this show at all, you know that in February, the World Health Organization, and the CDC and the Department of Health and Human Services made a very clear distinction. They wanted to make sure that COVID-19, which was a series of clinical symptoms, which included things like fever, muscle pain, aches, loss of smell, certain radiologic findings in the lungs, a whole host of things, there's a laundry list of things that all got subsumed within this thing called COVID-19, which by the way, has been now redefined as to pick which is pneumonia, influenza COVID, as a combined set of things so that we can catch more people allegedly dying of this thing. But COVID-19 disease is actually not a disease, it is a set of symptoms.

And they were very clear on this, by the way. They tried to make a causal statement, they tried to say sorry, COV2 causes COVID-19. But then there was a tiny problem. Most of the people who tested positive using the RT PCR method had no clinical presentation, which means you can't make a causal statement. You can't say the virus causes a disease, because unfortunately, most people with a positive PCR test for a fragment of what was called SARS-CoV-2, didn't have any problem. In fact, well over 80% had no problem. Which then leads us to the question of, okay, so we can't say it's causal, but it's more problematic than this, the primary

endpoint for the vaccine trial was actually not a vaccine endpoint.

A vaccine endpoint has to do with immunity. And a vaccine endpoint has to do with transmissibility. And neither of those were measured, and it gets worse.

And I'm quoting right now straight out of Moderna's own statement. "Key secondary endpoints include prevention of severe COVID-19 disease, and prevention of infection by SARS-CoV-2." But here comes a tiny little problem. By their own admission in their clinical study, it was and I'm quoting, "impractical to measure infection." That's right, you heard me correctly. It's impractical to measure infection. So there is no evidence inside the phase three clinical trials, that any of the gene therapy had anything to do with the infection or not of SARS-CoV-2.

You cannot have a vaccination. It's not under the legal definition of vaccination, you cannot have a vaccination. That is in fact, not meeting either an immune or a transmission standard. And their clinical trial was set up specifically so that it could not measure either of those things.

And then, let's quote, shall we, from *The New England Journal of Medicine*, and from [The Lancet](#) . And this is October, and this is December respectively. And I'm just going to go ahead and read this quote:

"At the time of this writing, no correlate of

protection from SARS-CoV-2 has been established.”
(Ref:
<https://www.nejm.org/doi/full/10.1056/NEJMoa2028436>
)

Maybe you misheard what I just said. As of this writing, no correlative protection for SARS-CoV-2 has been established. In other words, not a shred of evidence from the clinical trials said anything about protection from infection with SARS-CoV-2, which means every single person who has value signaled their vaccination because they're doing their part not to be infected with SARS-CoV-2, and not to get COVID-19, newsflash, you have been violating the Federal Trade Commission Act by deceptive practices. You've been telling people that there is a protection that the data itself does not afford. But maybe that was just one report. So why don't I read from the second report? And I quote, and this is the *Lancet* and *New England Journal of Medicine*, quote,

“No existing vaccines have been shown to be effective against infection with any betacoronavirus, the family that includes SARS-CoV-2, which causes Covid-19.” (Ref:
<https://www.nejm.org/doi/full/10.1056/NEJMe2034717>)

People, this isn't my opinion, this is not me selectively choosing to take a spin on facts. This is in fact, fact. Which then begs the question, Kim. What would motivate Pfizer and Moderna and more importantly felonious Fauci, the unsavory, what would motivate them and CDC and others to lie

to the American people about this being a vaccine, because vaccines in the ordinary course of the use of that term, invokes within the listener, a presumption of protection against infection, and protection against transmission, neither of which have been established at all? Why would they use the term vaccine?

And here's where we have to depart from the facts. And we have to go into conjecture because that's the only thing we have available to us. As recently as 2018, Moderna was insisting that they were not making vaccinations, they were insisting that this is gene therapy technology, and it was cutting edge and it was all this kind of nonsense. And suddenly, courtesy of SARS-CoV-2, it suddenly became a vaccine company. It wasn't a vaccine company before. It's not a vaccine company now, it's a gene therapy technology company with an unproven gene therapy. That's what it is.

So when asked to ask the question, okay, so why, why do we keep hearing about vaccines? Ah, well, here's the reason I think we keep hearing about vaccines. And once again, my opinion here, people, this is not based on information that I have readily available, but it is my opinion. I think that if Anthony Fauci if Moderna and Pfizer, and others, public health authorities around the country and around the world, actually called this gene therapy chemotherapy, number one, people wouldn't want to take it. And they wouldn't want to take it for a good reason. Because experimental gene therapy is a bad idea, no matter who it is, no

matter what it is, no matter where it is. Experimental gene therapy should not be relentlessly and recklessly distributed to a population, that shouldn't happen. So that's number one.

But number two is the 1986 liability exclusion. And this is what I think it really is. See, as long as Mr. Alex M. Azhar, the director or the Secretary of Department of Health and Human Services, as long as Alex Azhar keeps the state of emergency going, as long as every governor and every mayor and every unelected official keeps the state of emergency going under emergency use authorization rules, liability is a shield that's afforded to people like Pfizer and Moderna and others. So they're making billions of dollars on the back of something for which they have no liability. But, if this was not a vaccine, then all a sudden the liability shield would vanish, because there is not a liability shield under the 1986 Act for a medical countermeasure that is gene therapy.

Which means we're probably having governors, and the Health and Human Services and CDC and others, maintaining the illusion of a state of emergency not because there's a state of emergency. They're maintaining it, because it maintains the illusion of the liability shield. Remember that if you suspended the state of emergency today, like, I don't know, if you're the governor of South Dakota, and you ever have anybody who remotely cares about this matter, listening to this video, lift the state of emergency because on the day you do it, RT

PCR can't be used. Because RT PCR is not a diagnostic, it has never been approved, and it does not and cannot diagnose and treat a disease, which means every time Bloomberg, Gates Foundation and Zuckerberg foundation COVID-19 dashboard reports that there is a another case of COVID-19 because of a positive RT PCR test, they are violating the 15 US code Federal Trade Commission Act. You cannot diagnose a thing that cannot diagnose the thing. That's a misrepresentation. That is a deceptive practice under the Federal Trade Commission Act. And they're liable for deceptive practices. Because it turns out, you do not have a waiver of liability under deceptive practices, even in a state of emergency.

So maybe the reason why they're calling it a vaccine is because they can count on the fact that neither you nor I will ever have this video, you and I will never do this independent inquiry you and I will never ask the question, is it possible that the entirety of what operation warp speed was, was nothing but propaganda? Which leads me to my conclusion.

Some of you know this, some of you don't. But operation warp speed has a middleman. And the middleman is a company called at ATI, a defense contractor out of North Carolina. And it turns out that that defense contractor is the one that clears the billions of dollars of orders for vaccines. And that defense contractor is the one that then is supposed to be controlling the rollout of the vaccines, which has been a total train wreck, even

setting aside all of the ethical, legal moral obligations of the things that we just talked about. But ATI also has another contract, also with the Department of Defense, and other government agencies, and that contract is for propaganda and misinformation.

“Hold on a minute! You mean that the company that actually got the contract to officially manipulate public media to officially convey the propaganda of the United States government, you mean that company is also the company in charge of operation warp speed, Dave? Is that what you’re saying?” And the answer is, you got it! That’s exactly what I’m saying. This thing does not stink like rotten fish because I’m making up some sort of stench. It stinks like rotten fish because it is rotten fish. That’s why it smells of rotten fish.

So listen, this is a pretty straightforward situation. You’re being lied to. Your own government is violating its own laws. 15 US code is not my interpretation. They have thrown this book at more people than I can count. They have shut down practitioners around the country, time and time again for violating what are called deceptive practices and medical claims. Guess what? They’re doing exactly that thing. Right now.

You need to send this video to your US Attorney in your state. You need to send this to your attorney general in your state. You need to actually do something with this video. Don’t just share it among your friends don’t preach to the converted.

This is a violation of federal statutes perpetrated by defense contractors by gene therapy companies, not vaccine manufacturers, by gene therapy companies who are doing experimental trials and doing them under deceptive medical practices. That's what this is.

And by the way, every statement that I have made before I went to my opinion, and my opinion is pretty grounded, because if you really examine why I think that the liability shield is the point, look at how many times the Department of Defense wanted to confirm that they were shielded under the immunity act of the emergency use authorization. They would not play this game if they didn't get the liability shield. And that liability shield came from the emergency use authorization.

So we're very, very, very desperately in need right now as a civilization to make sure we interrupt this. And the reason is because real people are being harmed. Real people are actually having significant side effects. Some people may in fact be dying. The doctor in Florida, who two weeks after receiving the vaccine, dropped over dead, very healthy guy, a couple days after he got the vaccine started having splotches and blotches and everything else, and then at the end of two weeks died, his death is being investigated, are you ready for this? By the CDC and by Pfizer! That's like asking a bank robber to investigate their own bank heist. It is beyond insane people. And it's time for each one of you not to just like this, not to just share this, but send it to law enforcement

in your state, because somebody somewhere out there in these 50 states is going to actually care about following the law. Somebody is, or this is not America. It's on you. Do something with this. I'm doing the work. You can help me carry the burden. So make sure you share this and we'll see you again next week. Thanks very much.

Misapplication of the Precautionary Principle has Misplaced the Burden of Proof of Vaccine Safety



The abstract statement below is from a PDF file you can [download](#) It was written by Roslyn Judith (Judy) Wilyman, an Australian anti-vaccination activist

who came to prominence following the award of a humanities PhD titled “A critical analysis of the Australian government’s rationale for its vaccination policy”.

Macfarlane Burnet, (3 September 1899 – 31 August 1985), was an Australian virologist best known for his contributions to immunology.

The “precautionary principle” is a broad epistemological, philosophical and legal approach to innovations with potential for causing harm when extensive scientific knowledge on the matter is lacking. It emphasizes caution, pausing and review before leaping into new innovations that may prove disastrous. (Definition from Wikipedia.)

I added emphasis in bold and *italics*.



Judy Wilyman

Abstract

Vaccination is a medical intervention that comes with a risk for some people. In the expression of infectious diseases, it is known that the pathogen alone does not cause disease: it is a *combination* of the pathogen, environment, and genetic factors that determines expression and severity of the disease in individuals. In 1960 Macfarlane Burnet, Nobel Prize laureate for immunology, stated that genetics, nutrition, psychological and environmental factors may play a more important role in resistance to disease than the assumed benefits of artificial immunity induced by vaccination. He considered that genetic deterioration of the population may be a consequence of universal mass vaccination and he postulated that in the long-term vaccination may be against the best interests of the state. The current belief that much of the burden of infectious diseases can be alleviated if every child, in every geographical location, has access to multiple vaccines, does not consider the influence of genetics and environment on the health of populations. The historical record shows that deaths and illnesses to infectious diseases fell due to public health reforms – and prior to the introduction of most vaccines. Since 1990 there has been a 5-fold increase in chronic illness in children in developed countries and an exponential increase in autism that correlates directly with the expansion of government vaccination programs. Many individuals are genetically predisposed to the chronic illnesses that are increasing in the

population and since 1995 governments have not used mortality or morbidity to assess outcomes of vaccination programs. Human health can be protected in government policies if the precautionary principle is used in the correct format that puts the onus of proof of harmlessness on the government and pharmaceutical industry, and not the general public. This has not been done in current vaccination programs and we cannot rule out the possibility that the increased use of vaccines is destroying the genetic fabric of society as MacFarlane Burnet postulated.