COVID-19

Vaccine Side Effects

Table of Contents

COVID-19 Vaccine Side Effects 3
Myocarditis and Pericarditis 4
COVID-19 mRNA Shots Are Legally Not Vaccines 5
New Delta Virus Variant Escalates Lockdowns 13
U.S. Now Has 150 Million Fully "Vaccinated" Americans 22
Survival Dan 101 Newsletter 24
Pfizer COVID-19 vaccine linked to rare blood disease - Israeli study 26
The Government Is Not Being Transparent 28
New Hypothesis: Blood Clots and Magnetism Very Likely Related in Subjects of COVID Gene Therapies 33

COVID-19 Vaccine Side Effects

July 1, 2021

Since the COVID-19 appeared in March 2020, I have been following the debate about the effect of this biological warfare agent created in the Wuhan laboratory in China. I remember the initial cry for a vaccine and how President Trump initiated a search for a vaccine that he wanted done with "Warp Speed." I am not sure that he understood the difference between a vaccine and a gene therapy agent that would attack the COVID-19 and make people "immune" to it. I realized this subject would take a lot of time to research. I did not have the time to nor did I know enough about virology and immune therapy. I asked one of our church members to compile a comprehensive report for the people in our ministry on the dangers of the so-called COVID-19 vaccine.

In these copied documents, I have not included all the different footnotes since I did not intend for the documents to be studied like an academic term paper. This is simply what exists and I want to expose you to the data. I do not expect most people to read through all the material, but I wanted to give our cyber members the opportunity to see the research and select how much they want to learn. There are thousands of pages available on the internet and these are the best researched articles I found. All this information will be sanitized from the internet in the future as the world slowly enters the beginning of what will become the global kingdom of the Antichrist.

Yours in Christ,

John S. Torell

Myocarditis and Pericarditis

On June 23, 2021 the Center of Disease Control and Prevention announced they had received 1,200 reports of heart inflammation following vaccination with ether the Pfizer or Moderna COVID-19 vaccines.

A chart released by the agency Wednesday graphs out reports of myocarditis and pericarditis following the first and second doses of the vaccine which were reported to the Vaccine Adverse Event Reporting System (VAERS).

Myocarditis is the inflammation of the heart muscle, while pericarditis is the inflammation of the membrane surrounding the heart.

According to the chart, released ahead of a CDC Advisory Committee on Immunization Practices meeting, the "rare" heart issues seem to be mostly affecting younger vaccinated members of the population, primarily people aged 16 to 24 after their second dose.

"Men under 30 make up the bulk of the cases, the CDC said," reports *CNBC*, "and most cases appear to be mild. Of the 295 people who have developed the condition and have been discharged, 79% of them have fully recovered, according to the presentation. Nine people were hospitalized, with two in intensive care as of June 11, according to the CDC."

While the correlation between the vaccines and heart issues appears to be strongly evident, the CDC is still inexplicably hesitant to blame the vaccines.

While the correlation between the vaccines and heart issues appears to be strongly evident, the CDC is still inexplicably hesitant to blame the vaccines.

However, *CNBC*[1] reports: "The CDC's vaccine safety group said Wednesday data available to date suggests there's likely association of myocarditis with mRNA vaccination in adolescents and young adults."

Now the CDC is consulting the Food and Drug Administration, which gave emergency use authorization for Pfizer to administer their vaccine to children aged 12 to 15 last month, in a last minute effort to defend the integrity of their precious experimental mRNA jab. Meanwhile, the FDA has held off on granting similar approval to Moderna for children aged 12 to 17.2

[1] CNBC is the world leader in business news and real-time financial market coverage.
[2] www.infowars.com/posts/cdc-reports-over-1200-cases-of-heart-inflammation-after-covid-vaccine/

COVID-19 mRNA Shots Are Legally Not Vaccines

By Dr. Joseph Mercola March 5, 2021

Did you know that mRNA COVID-19 vaccines aren't vaccines in the medical and legal definition of a vaccine? They do not prevent you from getting the infection, nor do they prevent its spread. They're really experimental gene therapies.

I discussed this troubling fact in a recent interview with molecular biologist Judy Mikovits, Ph.D. While the Moderna and Pfizer mRNA shots are labeled as "vaccines," and news agencies and health policy leaders call them that, the actual patents for Pfizer's and Moderna's injections more truthfully describe them as "gene therapy," not vaccines.

Definition of 'Vaccine'

Neither Moderna nor Pfizer claims this to be the case for their COVID-19 "vaccines." In fact, in their clinical trials, they specify that they will not even test for immunity.

Unlike real vaccines, which use an antigen of the disease you're trying to prevent, the COVID-19 injections contain synthetic RNA fragments encapsulated in a nano lipid carrier compound, the sole purpose of which is to lessen clinical symptoms associated with the S-1 spike protein, not the actual virus.

They do not actually impart immunity or inhibit the transmissibility of the disease. In other words, they are not designed to keep you from getting sick with SARS-CoV-2; they only are supposed to lessen your infection symptoms if or when you do get infected.

As such, these products do not meet the legal or medical definition of a vaccine, and as noted by David Martin, Ph.D., in the video above, "The legal ramifications of this deception are immense."

As explained by Martin, 15 U.S. Code Section 41 of the Federal Trade Commission Act[2] is the law that governs advertising of medical practices. This law, which dictates what you may and may not do in terms of promotion, has for many years been routinely used to shut down alternative health practitioners and companies.

> *"If this law can be used to shut down people of good will, who are trying to help others," Martin says, "it certainly should be equally applied when we know deceptive medical practices are being done in the name of public health."*

COVID-19 Vaccines — A Case of False Advertising

Now, if the COVID-19 vaccine really isn't a vaccine, why are they calling it that? While the CDC provides a definition of "vaccine," the CDC is not the actual law. It's an agency empowered by the law, but it does not create law itself. Interestingly enough, it's more

difficult to find a legal definition of "vaccine," but there have been a few cases. Martin provides the following examples:

•Iowa code — "Vaccine means a specially prepared antigen administered to a person for the purpose of providing immunity." Again, the COVID-19 vaccines make no claim of providing immunity. They are only designed to lessen symptoms if and when you get infected.

•Washington state code — "Vaccine means a preparation of a killed or attenuated living microorganism, or fraction thereof …" Since Moderna and Pfizer are using synthetic RNA, they clearly do not meet this definition.

Being a manmade synthetic, the RNA used is not derived from anything that has at one point been alive, be it a whole microorganism or a fraction thereof. The statute continues to specify that a vaccine "upon immunization stimulates immunity that protects us against disease …"

So, in summary, "vaccine" and "immunity" are well-defined terms that do not match the endpoints specified in COVID-19 vaccine trials. The primary endpoint in these trials is: "Prevention of symptomatic COVID-19 disease." Is that the same as "immunity"? No, it is not.

There Are More Problems Than One

But there's another problem. Martin points out that "COVID-19 disease" has been defined as a series of clinical symptoms. Moreover, there's no causal link between SARS-CoV-2, the virus, and the set of symptoms known as COVID-19.

How is that, you might ask? It's simple, really. Since a vast majority of people who test positive for SARS-CoV-2 have no symptoms at all, they've not been able to establish a causal link between the virus and the clinical disease.

Here's yet another problem: The primary endpoint in the COVID-19 vaccine trials is not an actual vaccine trial endpoint because, again, vaccine trial endpoints have to do with immunity and transmission reduction. Neither of those was measured.

What's more, key secondary endpoints in Moderna's trial include "Prevention of severe COVID-19 disease and prevention of infection by SARS-CoV-2." However, by its own admission, Moderna did not actually measure infection, stating that it was too "impractical" to do so.

That means there's no evidence of this gene therapy having an impact on infection, for better or worse. And, if you have no evidence, you cannot fulfill the U.S. Code requirement that states you must have "competent and reliable scientific evidence … substantiating that the claims are true."

Why Are They Calling Them Vaccines?

As noted by Martin, you cannot have a vaccine that does not meet a single definition of a vaccine. So, again, what would motivate these companies, U.S. health agencies, and public health officials like Dr. Anthony Fauci to lie and claim that these gene therapies are in fact vaccines when, clearly, they are not?

If they actually called it what it is, namely "gene therapy chemotherapy," most people would — wisely — refuse to take it. Perhaps that's one reason for their false categorization as vaccines. But there may be other reasons as well.

Here, Martin strays into conjecture, as we have no proof of their intentions. He speculates that the reason they're calling this experimental gene therapy technology a "vaccine" is because by doing so, they can circumvent liability for damages.

You're being lied to. Your own government is violating its own laws. They have shut down practitioners around the country, time and time again, for violating what are called 'deceptive practices in medical claims.' Guess what? They're doing exactly that thing. ~ David Martin, Ph.D.

As long as the U.S. is under a state of emergency, things like PCR tests and COVID-19 "vaccines" are allowed under emergency use authorization. And as long as the emergency use authorization is in effect, the makers of these experimental gene therapies are not financially liable for any harm that comes from their use.

That is, provided they're "vaccines." If these injections are NOT vaccines, then the liability shield falls away, because there is no liability shield for a medical emergency countermeasure that is gene therapy.

So, by maintaining the illusion that COVID-19 is a state of emergency when in reality it is not, government leaders are providing cover for these gene therapy companies so that they can get immunity from liability.

Under the Cover of 'Emergency'

As noted by Martin, if state governors were to lift the state of emergency, all of a sudden the use of RT PCR testing would be in violation of 15 U.S. Code FTC Act, as PCR tests are not an approved diagnostic test.

> *"You cannot diagnose a thing [with something] that cannot diagnose a thing," Martin says. "That a misrepresentation. That is a deceptive practice under the Federal Trade Commission Act. And they're liable for deceptive practices."*

Importantly, there's no waiver of liability under deceptive practices — even under a state of emergency. This would also apply to experimental gene therapies. The only way for these gene therapies to enjoy liability shielding is if they are vaccines developed in

response to a public health emergency. There is no such thing as immunity from liability for gene therapies.

Propaganda and Vaccine Rollout Run by Same Company

Martin brings up yet another curious point. The middleman in Operation Warp Speed is a North Carolina defense contractor called ATI. It controls the rollout of the vaccine. But ATI also has another type of contract with the Department of Defense, namely managing propaganda and combating misinformation.

So, the same company in charge of manipulating the media to propagate government propaganda and censor counterviews is the same company in charge of the rollout of "vaccines" that are being unlawfully promoted.

> *"Listen," Martin says. "This is a pretty straight-forward situation. You're being lied to. Your own government is violating its own laws … They have thrown this book [15 U.S. Code Section 41] on more people than we can count.*
>
> *They have shut down practitioners around the country, time and time again, for violating what are called 'deceptive practices in medical claims' … Guess what? They're doing exactly that thing."*

Martin urges listeners to forward his video to your state attorney, governor, representatives and anyone else that might be in a position to take affirmative action to address and correct this fraud.

Defense contractors are violating FTC law, and gene therapy companies — not vaccine manufacturers — are conducting experimental trials under deceptive medical practices. They're making claims of being "vaccines" without clinical proof, and must be held accountable for their deceptive marketing and medical practices.

CDC Owns Coronavirus Patents

On a side note, the CDC appears to be neck-deep in this scam pandemic, and is therefore wholly unsuitable to investigate the side effects of these experimental COVID-19 therapies. As noted by Martin, it's like having a bank robber investigate its own crime.

Details about this came out in the documentary "Plandemic," in which Martin explained how the CDC has broken the law — in one way or another — related to its patenting of the 2003 SARS virus.

Martin is a national intelligence analyst and founder of IQ100 Index, which developed linguistic genomics, a platform capable of determining the intent of communications. In 1999, IBM digitized 1 million U.S. patents, which allowed Martin's company to conduct a review of all these patents, sending him down a proverbial "rabbit trail" of corruption.

In 2003, Asia experienced an outbreak of SARS. Almost immediately, scientists began racing to patent the virus. Ultimately, the CDC nabbed ownership of SARS-CoV (the virus responsible for SARS) isolated from humans.

So, the CDC actually owns the entire genetic content of that SARS virus. It's patented under U.S. patent 7776521. They also own patents for detection methods, and for a kit to measure the virus.

So, the CDC actually owns the entire genetic content of that SARS virus. It's patented under U.S. patent 7776521. They also own patents for detection methods, and for a kit to measure the virus.

U.S. patent 7279327,[5] filed by the University of North Carolina at Chapel Hill, describes methods for producing recombinant Coronaviruses. Ralph Baric, Ph.D., a professor of microbiology and immunology who is famous for his chimeric Coronavirus research, is listed as one of the three inventors, along with Kristopher Curtis and Boyd Yount.

According to Martin, Fauci, Baric and the CDC "are at the hub" of the whole COVID-19 story. "In 2002, Coronaviruses were recognized as an exploitable mechanism for both good and ill," Martin says, and "Between 2003 and 2017, they [Fauci, Baric and CDC] controlled 100% of the cash flow to build the empire around the industrial complex of Coronavirus."

How the CDC Broke the Law

The key take-home message Martin delivers in "Plandemic" is that there's a distinct problem with the CDC's patent on SARS-CoV isolated from humans, because, by law, naturally occurring DNA segments are prohibited from being patented.

The law clearly states that such segments are "not patent eligible merely because it has been isolated." So, either SARS-CoV was manmade, which would render the patent legal, or it's natural, thus rendering the patent on it illegal.

However, if the virus was manufactured, then it was created in violation of biological weapons treaties and laws. This includes the Biological Weapons Anti-Terrorism Act of 1989, passed unanimously by both houses of Congress and signed into law by George Bush Sr., which states:[6]

> *"Whoever knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon, or knowingly assists a foreign state or any organization to do so, shall be fined under this title or imprisoned for life or any term of years, or both. There is extraterritorial Federal jurisdiction over an offense under this section committed by or against a national of the United States."*

So, as noted by Martin in the documentary, regardless of which scenario turns out to be true, the CDC has broken the law one way or another, either by violating biological weapons laws or by filing an illegal patent. Even more egregious, on May 14, 2007, the CDC filed a petition with the patent office to keep their coronavirus patent confidential.

Now, because the CDC owns the patent on SARS-CoV, it has control over who has the ability to make inquiries into the Coronavirus. Unless authorized, you cannot look at the virus, you cannot measure it or make tests for it, since they own the entire genome and all the rest.

> *"By obtaining the patents that restrained anyone from using it, they had the means, the motive, and most of all, they had the monetary gain from turning Coronavirus from a pathogen to a profit," Martin says.*

Dangers of mRNA Gene Therapy

I've written many articles detailing the potential and expected side effects of these gene therapy "vaccines." If all of this is new to you, consider reviewing "How COVID-19 Vaccine Can Destroy Your Immune System," "Seniors Dying After COVID Vaccine Labeled as Natural Causes" and "Side Effects and Data Gaps Raise Questions on COVID Vaccine."[3]

In the lecture above, Dr. Simone Gold — founder of America's Frontline Doctors, which has been trying to counter the false narrative surrounding hydroxychloroquine — reviews the dangers discovered during previous Coronavirus vaccine trials, and the hazards of current mRNA gene therapies, including antibody-dependent immune enhancement.

Antibody-dependent immune enhancement results in more severe disease when you're exposed to the wild virus and increases your risk of death. The synthetic RNA and the nano lipid it is encased in may also have other, more direct side effects. As explained by Mikovits in our recent interview:

> *"Normally, messenger RNA is not free in your body because it's a danger signal. The central dogma of molecular biology is that our genetic code, DNA, is transcribed, written, into the messenger RNA. That messenger RNA is translated into protein, or used in a regulatory capacity … to regulate gene expression in cells.*
>
> *So, taking a synthetic messenger RNA and making it thermo stable — making it not break down — [is problematic]. We have lots of enzymes (RNAses and DNAses) that degrade free RNA and DNA because, again, those are danger signals to your immune system. They literally drive inflammatory diseases.*

[3] https://www.mercola.com/

Now you've got PEG, PEGylated and polyethylene glycol, and a lipid nanoparticle that will allow it to enter every cell of the body and change the regulation of our own genes with this synthetic RNA, part of which actually is the message for the gene syncytin …

Syncytin is the endogenous gammaretrovirus envelope that's encoded in the human genome … We know that if syncytin … is expressed aberrantly in the body, for instance in the brain, which these lipid nanoparticles will go into, then you've got multiple sclerosis.

The expression of that gene alone enrages microglia — literally inflames and dysregulates the communication between the brain microglia — which are critical for clearing toxins and pathogens in the brain and the communication with astrocytes.

It dysregulates not only the immune system, but also the endocannabinoid system, which is the dimmer switch on inflammation. We've already seen multiple sclerosis as an adverse event in the clinical trials … We also see myalgic encephalomyelitis. Inflammation of the brain and the spinal cord …"

Making matters worse, the synthetic mRNA also has an HIV envelope expressed in it, which can cause immune dysregulation. As we discussed in previous interviews, SARS-CoV-2 has been engineered in the lab with gain-of-function research that included introducing the HIV envelope into the spike protein.

Mikovits' hypothesis is that those who are most susceptible to severe neurological side effects and death from the COVID-19 vaccines are those who have previously been injected with XMRVs, borrelia, babesia, or mycoplasma through contaminated vaccines, resulting in chronic disease, as well as anyone with an inflammatory disease like rheumatoid arthritis, Parkinson's disease or chronic Lyme disease, for example, and anyone with an acquired immune deficiency from any pathogens and environmental toxins.

Many of the symptoms now being reported are suggestive of neurological damage. They have severe dyskinesia (impairment of voluntary movement), ataxia (lack of muscle control), and intermittent or chronic seizures. Many cases detailed in personal videos on social media are quite shocking. According to Mikovits, these side effects are due to neuroinflammation, a dysregulated innate immune response, and/or a disrupted endocannabinoid system.

Another common side effect from the vaccine we're seeing is allergic reactions, including anaphylactic shock. A likely culprit in this is PEG (polyethylene glycol), which an estimated 70% of Americans are allergic to.

Experimental Gene Therapy Is a Bad Idea

Circling back to where we began, COVID-19 vaccines are not vaccines. They are experimental gene therapies that are falsely marketed as vaccines, likely to circumvent

liability. World governments and global and national health organizations are all complicit in this illegal deception and must be held accountable.

Ask yourself the question Martin asked in his video: Would you agree to take an experimental chemotherapy gene therapy for cancer you do not have? If the answer is no, then why would you even consider lining up for an experimental gene therapy for COVID-19 — a set of clinical symptoms that haven't even been causally linked to SARS-CoV-2?

These injections are not vaccines. They do not prevent infection, they do not render you immune, and they do not prevent transmission of the disease. Instead, they alter your genetic coding, turning you into a viral protein factory that has no off-switch. What's happening here is a medical fraud of unprecedented magnitude, and it really needs to be stopped before it's too late for a majority of people.

New Delta Virus Variant Escalates Lockdowns

By Dr Joseph Mercola 6-23-2021[4]

STORY at-a -GLANCE

- The emergence of a new SARS-CoV-2 variant from India, called "Delta," may result in a new round of lockdowns around the world, including the U.K. and Chile
- Chile has one of the highest COVID-jab rates in the world; 58% of the population have received two doses and 75% have received their first dose. Santiago locked down as of June 10, 2021, after the capital reported the highest COVID-19 case numbers since the beginning of the pandemic
- Research by Public Health England (PHE) suggests two doses of Pfizer's mRNA COVID shot is 88% effective against the Delta variant, while AstraZeneca's DNA injection appears to be 60% effective. After a single dose, either of the shots was only 33% protective against symptomatic illness
- PHE claims the Delta variant is 64% more likely to transmit within households than the Kent (Alpha) variant that had previously dominated, and that it's 40% more transmissible outdoors and more likely to affect younger people
- Variants are unlikely to pose significantly differing risk to people with natural immunity compared to the original, as resistance is primarily based on your T cells, which have been shown to recognize and attack variants that are up to 80% dissimilar. SARS-CoV-2 variants are at most 0.3% dissimilar from the original, which means T cell immunity will easily recognize and protect against them

According to the regional director of the European office of the World Health Organization, Hans Henri Kluge, a new Coronavirus variant called "Delta" (its scientific name being B.1.617.2 and originating in India) is "poised to take hold" in Europe, which may necessitate renewed lockdowns.[1]

In a June 10, 2021, article, The Hill reported that the SARS-CoV-2 Delta variant "can spread quickly and infect those who have received one of two vaccine doses at higher rates than the fully vaccinated."[2]

According to Kluge, Europe is facing the same situation as they did back in the winter of 2020, when cases rapidly rose, resulting in "a devastating resurgence, lockdowns and loss of life." "Let's not make that mistake again," Kluge said during the press conference.

[4] https://articles.mercola.com/sites/articles/archive/2021/06/23/covid-delta-variant-lockdowns.aspx

Indian Variant Refuels Fear

The Delta variant is now the dominant strain in the U.K., where a surge in cases, supposedly, has occurred predominantly among younger people between the ages of 12 and 20.3

Research by Public Health England (PHE) suggests two doses of Pfizer's mRNA COVID shot is 88% effective against the Delta variant, while AstraZeneca's DNA injection is "supposedly" 60% effective. After a single dose, either of the shots was only 33% protective against symptomatic illness.

However, while single-dose recipients are said to be at greater risk than those having received two doses, more fully "vaccinated" people have actually died from this variant. According to the PHE, of the 42 Britons who had died with the Delta variant as of mid-June 2021, 12 had received two doses of gene therapy, compared to just seven single-dose recipients.[6]

More importantly, a June 11, 2021, PHE report[7] shows that as a hospital patient, you are six times more likely to die of the COVID Delta variant if you are fully vaccinated, than if you are not vaccinated at all.

The information shows up in Table 6 of the 77-page document, which are labled as the attendance to emergency care and deaths by vaccination status and confirmed Delta cases from February 1, 2021, to June 7, 2021.

Of 33,206 Delta variant cases admitted to the hospital, 19,573 were not vaccinated. Of those, 23 (or 0.1175%) died. But, of the 13,633 patients who were vaccinated with either one or two doses, 19 (or 0.1393%) died, which is an 18.6% higher death rate than for the unvaccinated patients. Seven of the 5,393 patients who were partially vaccine with one dose died, or 0.1297%.

Of the 1,785 patients who had both vaccine doses 14 days or more before admission, 12 (or 0.6722%) died. This death rate is 5.72 times higher than that for unvaccinated patients. Put another way, if all 33,206 patients had been fully vaccinated, there would have been 223 deaths.

The PHE also claims the Delta variant is 64% more likely to transmit within households than the Kent (Alpha) variant that had previously dominated, and that it's 40% more transmissible outdoors.[8]

Knowing what we now know about how science and statistics are being manipulated to give the appearance of a serious problem where there is none, I take these statements and data with a grain of salt. World leaders, however, are using the data to impose yet more restrictions. British Prime Minister Boris Johnson is now considering keeping lockdown rules in place until spring of 2022.[9]

Similarly, Chile, which has one of the highest COVID-jab rates in the world, with 58% of the population having received two doses and 75% having received their first dose, authorities announced a blanket lockdown across the capital of Santiago, June 10, 2021. The lockdown came in response to the highest COVID-19 case numbers since the beginning of the pandemic.[10]

Why Was a Disgraced Disease Modeler Relied on Yet Again?

In the U.S., Delta accounts for about 10% of cases and is doubling every two weeks, according to the former Food and Drug Administration commissioner Dr. Scott Gottlieb, who spoke about the variant on a "Face the Nation" broadcast June 13, 2021.[11,12]

According to Gottlieb, Delta is likely to "spike a new epidemic heading into the fall."[13] Showing just how crazy a repeat this is, Gottlieb is again citing data from Neil Ferguson.

Yahoo! News calls Ferguson a "prominent British epidemiologist" but in fact, the man is beyond untrustworthy and has been thoroughly — and publicly — disgraced.

His only prominence is that of a failed statistician whose models have been repeatedly proven faulty to a ridiculous degree. The fact that Gottlieb is again using Ferguson's models ought to set off warning bells that this is fear propaganda to justify even further COVID jabs and nothing else.

It was Ferguson's Imperial College model[14] that predicted the death of 2 million Americans and 500,000 Britons unless draconian lockdown and social distancing measures were implemented. A major flaw in his model was that he didn't account for the fact that the susceptible population is only ever a small portion of people, never 100%.[15]

Ferguson was also the source of the December 2020 prediction that the Alpha variant B117 — the so-called "Kent" strain that became the predominant strain before Delta — would be 50% to 70% more contagious than previous variants circulating in the U.K., and would infect children and teens to a greater extent than previous variants.[16]

Well, what happened? PHE data reveal the rolling average of infections (i.e., positive tests, which may be symptomatic or asymptomatic) sharply declined starting in January 2021, from a high of 68,053 cases in early January to a low of 1,649 cases in early May 2021.[17]

Daily hospitalizations also dropped, as did the number of daily deaths, which plunged from a high of 1,610 in January 2021 to a low of eight on June 13, 2021.[18] Apparently, the much-feared and "far more infectious" B117 strain didn't unleash a mass-death cascade after all.

In the U.S., CDC data show a total of 204 teens — aged 12 to 17 — were admitted to hospital for COVID assessment between January and March 2021. These are hardly catastrophic numbers. Fewer than one-third required intensive care and none died.

Meanwhile, there are at least four reported deaths among 12- to 17-year-olds following COVID "vaccination," along with several hundred adverse effect reports, including dozens of cases of heart inflammation.

What's more, the fact that mainstream media and health authorities have not highlighted the number of children infected or hospitalized is a clear hint that children really weren't at great risk from B117 either. They just wanted you to fear the possibility of it being so.

In the U.S., Centers for Disease Control and Prevention data[19] show adolescent hospitalizations for COVID-19 peaked at a rate of 2.1 per 100,000 hospital admissions in early January 2021. By mid-March, that had declined to 0.6 per 100,000. In April, it rose a little again, to 1.3 per 100,000. In actual numbers, we're talking about a total of 204 teens — aged 12 to 17 — being admitted to hospital for assessment between January 2021 and March 2021.

These statistics are indeed quite far from catastrophic. Fewer than one-third required intensive care and none died. Meanwhile, there are at least four reported deaths among 12- to 17-year-olds following COVID "vaccination," along with several hundred adverse effect reports, including dozens of cases of heart inflammation.[20]

As Ferguson's calamitous predictions for Alpha variant B117 having failed to come to fruition, it appears the same fearmongering narrative has now simply shifted over to the Delta variant.

Clearly, they want us to fear for our children, as this will improve compliance with freedom-robbing measures and boost vaccine uptake. Right now, they're having a really hard time explaining why children, whose risk of serious complications or death from COVID-19, and who aren't a primary disease vector, would need to participate in an uncontrolled gene therapy experiment.

After a year and a half of lies and disinformation, it seems clear the technocrats pushing for a Great Reset are more than willing to make things up as they go, simply to keep the pandemic going. According to Kluge, the way out of this new phase of the pandemic is "a combination of public health measures and vaccination, not one or the other."[21]

This despite the fact that we already know that none of these strategies actually work. As noted by pathologist Dr. Roger Hodkinson[22] in a May 27, 2021, Last American Vagabond interview,[23] masks, social distancing and lockdowns did not work and never will, and the COVID jabs are too dangerous to pursue.

In the interview above, Hodkinson reviews the very real concerns surrounding vaccine-induced spike proteins and their potentially devastating effects on health and human reproduction,[24] seeing how Pfizer's own research demonstrates free spike proteins are disseminated throughout your body within hours of injection.25,26,27

I detailed this research in "Researcher: 'We Made a Big Mistake' on COVID-19 Vaccine," which featured an interview with Canadian immunologist and vaccine researcher Byram Bridle, Ph.D. I've also explained the mechanics of why the SARS-CoV-2 spike protein is so dangerous and toxic in "The Many Ways in Which COVID Vaccines May Harm Your Health."

Anti-Vax Hater Predicts Nightmare Summer

In a June 11, 2021, Daily Beast article,[28] Dr. Peter Hotez — a rabid anti-vax hater — is now saying that children living in conservative "red" states, where COVID jab refusal tends to be higher, face a dangerous "nightmare summer."

Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, has in the past called for violent suppression of vaccine safety information, bullying parents of vaccine-injured children29 by calling them "anti-vaxxers" even though they're discussing their children's injuries that occurred as a result of vaccination, not because they didn't vaccinate them.

In 2018, Hotez classified vaccine safety and pro-informed consent advocacy groups such as the National Vaccine Information Center as "hate groups" that "hate children,"30 and said we must "snuff out" (a term typically reserved for gangster style murder) the "anti-vaccine" movement.31,32 He's also stated that vaccination "is not a choice; it's a responsibility."33 Not surprisingly, Hotez has very strong ties to the vaccine industry.

During a March 23, 2019, appearance on the Joe Rogan show, Hotez suggested Amazon, Facebook, Twitter, Google, Reddit, Instagram and other online platforms should hire chief scientific officers to manage, filter and regulate content.34 Hotez has also called for the use of cyberwarfare tactics against people who dare discuss potential vaccine problems, including yours truly.

No doubt, he's loving the current Dark Age of online censorship that arose with the COVID pandemic.

> *"The only way to prevent these variants from gaining a foothold is to step up the pace of vaccinating everyone over the age 12 (and hopefully children younger than that by the fall)," Hotez writes in his Daily Beast article.*
>
> *But in these robust pockets of vaccine resistance, it's hard to imagine getting anywhere close to full coverage of young people. For example, more than 50 percent of 12- to 17-year-olds are vaccinated (received at least one dose of vaccine) in Massachusetts and Vermont, whereas less than 10 percent of those in this same age group have been vaccinated in Alabama, Louisiana, and Mississippi.*
>
> *Here's what might happen if we don't fully vaccinate the South. First, the number of cases could accelerate in July and August, just as they did last year … In addition, we*

might see the new variants rise in frequency and disproportionately affect children, adolescents, and young adults, possibly including a multisystem inflammatory syndrome of children or MIS-C.

Some children's hospitals in the region may already be seeing an acceleration in hospitalizations and ICU admissions. In fact, the CDC just reported on rising hospitalization rates among adolescents this spring."

Hotez Overstates Risk to Children and Teens

Here, Hotez cites the CDC data[36] I discussed earlier, and the way he does it ends up misrepresenting the trend. To repeat, no teenagers have died from COVID-19. And the uptick in hospitalization he's talking about is an uptick from the mid-March low. But the April 2021 hospitalization rate for teens is still only about half the January 2021 rate (1.3 per 100,000 hospitalizations compared to 2.1 per 100,000). We are not looking at a doomsday trend here.

"The nation has to be fully and evenly vaccinated if we are to have any hope of navigating our way out of this epidemic. It's also the surest way to protect young people in this region," Hotez writes.[37]

I disagree. Already last year, in 2020, data suggested the vast majority of the global population already had full or partial natural immunity. Initially, experts estimated that 70% of the population or more would need to be exposed and develop immunity before natural herd immunity would be achieved.[38]

By mid-October 2020, more than a dozen scientists claimed the herd immunity threshold is actually somewhere between 43% and 9%, which means a vast majority of the global population — by then — were already at very low risk of serious illness.[39,40,41,42,43] Data from Stockholm, Sweden, which didn't shut down during 2020, showed a herd immunity threshold of 17%.[44]

Contrast that to the COVID jabs, which do NOT actually make you immune. You can still contract the illness and spread the virus. The vaccine makers admit the design of the shots mean they will only lessen your symptoms if or when you get infected. Theoretically, this will prevent or lower your risk of hospitalization and death.

However, on the flipside, scientists have fervently warned that the COVID shots may trigger antibody-dependent enhancement (ADE), making vaccinated individuals far more prone to serious complications and death when encountering the wild virus.

Children and teens also are not dying from COVID-19 in droves. In fact, they're not dying from it at all, so the idea that they are in dire need of gene therapy is simply not true.

Is there cause to be concerned about the new Delta variant? Or any other variant for that matter? According to Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, the answer is a firm "no." In the interview above, which is part of the full-length documentary "Planet Lockdown,"[45] Yeadon explains why.

> *"Basically, everything your government has told you about this virus, everything you need to do to stay safe, is a lie," Yeadon says. "Every part of it … None of the key themes that you hear talked about — from asymptomatic transmission to top-up vaccines [i.e., booster shots] — not one of those things is supported by the science.*
>
> *Every piece is cleverly chosen adjacently to something that probably is true, but is itself a lie, and has led people to where we are right now."*

When it comes to your susceptibility to variants, mutated versions of SARS-CoV-2, your resilience is not dependent on antibodies as much as it's dependent on your T-cell immunity, also known as cellular immunity. Yeadon explains:

> *"You've got four or five different arms of the immune system: innate immunity, mucosal, antibody, T-cells and compliment[ary systems]. There are all of these different wonderful systems that have integrated, one with another, because it needs to defend you against all sorts of different threats in the environment.*
>
> *What I'm telling you is that the emphasis on antibodies in respect of respiratory viral infections is wrong, and you can establish that quite easily by doing some searching …*
>
> *I'm not saying antibodies have no role, but they're really not very important. This has been proven. There are some people in whom a natural experiment has occurred. They have a defect and they actually don't make antibodies, but they're able to fight off COVID-19, the virus SARS-CoV-2, quite well.*
>
> *That's how you defend yourself against a virus. So, all of these mentions of antibody levels, it's just bunk. It is not a good measure of whether or not you're immune. It does give evidence that you've been infected, but their persistence is not important as to whether you've got immunity …*
>
> *We've known this for decades. We've known about T-cells for decades. They were clearly in my undergraduate textbooks. And we've known about their importance in defending you against respiratory viruses since probably the 1970s, certainly the 1980s …*
>
> *It's quite normal for RNA viruses like SARS-CoV-2, when it replicates, to make typographical errors. It's got a very good error detection, error correction system so it doesn't make too many typos, but it does make some, and those are called 'variants.'*

It's really important to know that if you find the variant that's most different from the sequence identified in Wuhan, that variance … is only 0.3% different from the original sequence.

I'll say it another way. If you find the most different variance, it's 99.7% identical to the original one, and I can assure you … that amount of difference is absolutely NOT possibly able to represent itself to you as a different virus. [So] when your government scientists tell you that a variant that's 0.3% different from SARS-CoV-2 could masquerade as a new virus and be a threat to your health, you should know, and I'm telling you, they are lying."

To recap, what Yeadon is saying is that a virus cannot mutate into a version that is so dissimilar from the original that your body cannot identify it. If you have T cell immunity, your immune system will recognize the mutated virus and take care of it, just as it would with the original version of the virus.

He explains how, earlier in the pandemic, scientists obtained blood from patients who had been sickened with the SARS virus 17 or 18 years ago. SARS-CoV-1, responsible for that SARS outbreak, is only 80% similar to SARS-CoV-2. They wanted to know if the immune systems of these patients would be able to recognize SARS-CoV-2 — which they did. They still had memory T-cells against SARS-CoV-1, and those cells also recognized SARS-CoV-2, despite being only 80% similar.

Now, if a 20% difference was not enough to circumvent the immune system of these patients, why should you be concerned with a variant that is at most 0.3% different from the original SARS-CoV-2? And why would we need booster shots for these near-identical variants?

Booster Shots, a Trojan Horse?

Yeadon is extremely suspicious of the intentions behind booster shots for different variants, saying:

"You should be terrified at this point, as I am, because there's absolutely no possible justification for their manufacture. There's no possible benign interpretation of this. I believe they [the booster shots] are going to be used to damage your health and possibly kill you. Seriously. I can see no sensible interpretation other than a serious attempt at mass depopulation.

This will provide the tools to do it, and plausible deniability. They'll create another story about some sort of biological threat and you'll line up and get your top-up vaccines, and a few months or a year or so later, you'll die of some peculiar inexplicable syndrome. And they won't be able to associate it with the vaccines.

That's my belief — that they're lying to you about variants so they can make damaging top-up vaccines that you don't need at all. I think they will be used for malign purposes…"

Reject the 'New Normal' and Reclaim Your Life

Until or unless someone in the know steps up to the plate with a confession, we have no way of knowing whether depopulation is actually an intended outcome of these shots. Still, even if there's no ill intent behind them, the real-world outcome may still be a mass-casualty event.

What seems clearer is that world leaders are sowing fear that is wildly disproportionate to the actual health threat of this virus and its variants, and the most logical reason for this is because they need this pandemic to continue in order to usher in the Great Reset.

The Great Reset, in turn, is part of a parallel agenda built around transhumanist ideologies, ideas and ideals, where man is merged with machine and biologically controlled through the use of nanotechnology and digital surveillance.

If I'm correct, then the COVID pandemic narrative will continue to be spun, not for the next several months but years. The fear mongering will persist until permanent tracking has been implemented, getting regular gene therapy injections have become the norm and no one does anything unless government says it's OK. In other words, until life has been permanently turned into a hell fit for robots alone.

U.S. Now Has 150 Million Fully "Vaccinated" Americans

By Mac Slavo June 22, 2021[5]

The United States hit a new milestone. Over 150 million Americans are now fully "vaccinated" with the COVID-19 jab, according to the White House.

Perhaps the fear-mongering over the "delta variant" has worked to convince some holdouts, or perhaps that number is up as the U.S. begins giving shots to children as young as 12. Either way, we are quickly approaching the halfway mark.

Roughly 46 percent of U.S. residents have completed their vaccination schedule, but that's still not good enough for the ruling class. That's way below the 70 to 90 percent inoculation rate that Dr. Anthony Fauci, the nation's top infectious disease expert, has said is needed to achieve herd immunity, according to a report by the Washington Post.

If this "vaccine" (which isn't a vaccine by the legal and real definitions) is so great, why is there a 24/7 propaganda campaign to convince people it's so great? Wouldn't we be able to see how great it is? But the rulers say the vaccination rate needs to keep rising because of all of the dangerous variants out there. In fact, they are now trying to say it is the unvaccinated people that will be dying this fall if they continue to refuse to take this experimental gene therapy.

If this "vaccine" (which isn't a vaccine by the legal and real definitions) is so great, why is there a 24/7 propaganda campaign to convince people it's so great? Wouldn't we be able to see how great it is? But the rulers say the vaccination rate needs to keep rising because of all of the dangerous variants out there. In fact, they are now trying to say it is the unvaccinated people that will be dying this fall if they continue to refuse to take this experimental gene therapy.

COVID-19 mRNA Shots Are Legally Not Vaccines

The transmission of the more contagious delta variant in the United States could spur a fall surge in Coronavirus infections if only 75 percent of the country's eligible population is vaccinated, former Food and Drug Administration chief Scott Gottlieb said Sunday.

Although Gottlieb cited one projection forecasting an increase in infections reaching as high as 20 percent of last winter's peak, he called that an "aggressive estimate," saying he doesn't "think it'll be quite that dire." **But he said states with low vaccination rates already are showing a concerning rise in cases with the spreading of delta, which is up to 60 percent more contagious than earlier variants.** –*The Washington Post*

5 www.shtfplan.com/headline-news/u-s-now-has-150-million-fully-vaccinated-americans

Gottlieb also pushed for another massive and ongoing "vaccination" campaign in the fall when people will be going back to school. He says that could be a good time to try to convince people they need to take the jab. The newest push is using the fear of "brain tissue loss" after getting COVID. Check this out:

Those who had developed the illness experienced noteworthy tissue loss after infection in areas of the brain associated with the sense of taste and smell, the researchers said.

> *"It's very concerning because it does suggest that the virus could be having a direct effect on certain portions of the brain," Gottlieb said.*
>
> *"I think what it suggests is that the balance of the information that we're accruing does indicate that COVID19 is a disease that could create persistent symptoms," he said. "So, this isn't a benign disease. This is something you want to avoid. And the bottom line is, we have the tools to avoid it through vaccination." –The Washington Post*

However, there was no link to the actual study conducted, it was only stated that UK Biobank was the one who performed the "brain loss" study. Since they did this AFTER everyone got the alleged COVID, how can they know what these people's brains looked like before? Maybe they never had that brain tissue, to begin with. But there's no reason why Gottlieb would invent data or "lie with statistics" is there?

Gottlieb, who serves on the board of directors of pharmaceutical giant Pfizer, also expressed hope that the Biden administration's recent announcement of $3.2 billion in funding for antiviral medications could accelerate development of effective treatments for covid-19. –The Washington Post

The goal is to keep the phony scam of a pandemic going as long as possible and continue to roll out scarier variants to convince people the rulers are telling the truth.

Stay alert. This is not the end. We could be at the very beginning of this scam.

Survival Dan 101 Newsletter[6]

Posted on July 1 by Melissa Lane

Warning: Long Term Effects of Myocarditis and Pericarditis from Covid Vaccines are 'Unclear'

The CDC does not concern itself with potential long-term effects of myocarditis and pericarditis, but they do warn about potential "long-term health problems" of the Wuhan Coronavirus. So, let's add a new long-term side effect to the never ending list.

Myocarditis and pericarditis diagnoses have been linked to the mRNA vaccine. Moderna and Pfizer vaccine fact sheets were updated accordingly. The Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) is downplaying the diagnoses as "extremely rare," and reiterating that the "benefits of vaccination far outweigh any harm."

> *"As physicians, nurses, public health and health care professionals, and, for many of us, parents, we understand the significant interest many Americans have in the safety of the COVID-19 vaccines, especially for younger people. Today, the CDC Advisory Committee on Immunization Practices (ACIP) met to discuss the latest data on reports of mild cases of inflammation of the heart muscle and surrounding tissue called myocarditis and pericarditis following COVID-19 vaccination among younger people.*
>
> *"The facts are clear: this is an extremely rare side effect, and only an exceedingly small number of people will experience it after vaccination. Importantly, for the young people who do, most cases are mild, and individuals recover often on their own or with minimal treatment. In addition, we know that myocarditis and pericarditis are much more common if you get COVID-19, and the risks to the heart from COVID-19 infection can be more severe.*[7]

According to the CDC, "Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart." Symptoms of myocarditis and pericarditis include chest pain, shortness of breath, and a rapid heartbeat.

---

6 https://survivaldan101.com/warning-long-term-effects-of-myocarditis-and-pericarditis-from-covid-vaccines-arSurvival Dan 101

7 Recommended reading: Pine Needle Tea: Potential Antidote for Transmission of Spike Protein Sweetgum: A Medicine Tree w/ Shikimic Acid to Halt Viral Replication and PITS: Post-Injection Transmission Syndrome

The CDC assures people that "most patients with myocarditis and pericarditis who received care responded well to treatment and rest and quickly felt better."

Despite the reassurances, it the long term effects of the myocarditis and pericarditis diagnoses are "unclear."

Similar to Morphine: The Best Natural Painkiller that Grows in Your Backyard

Wild Lettuce is also Known as Opium Lettuce. For a good reason. While it doesn't contain any opiates, it has similar side effects when used – it acts directly on the central nervous system (CNS) to lessen the feeling of pain, just like morphine.

A CDC safety panel has determined there is a 'likely association' between the Pfizer and Moderna shots, which both use mRNA technology, and cases of myocarditis and pericarditis in vaccine recipients, according to an analysis presented at the meeting Wednesday…

The FDA warning likely will note that there may be a risk of developing myocarditis or pericarditis within a week after receiving the second dose of either the Pfizer or Moderna shots and that most cases appear to resolve themselves, he said. Long-term effects, however, are still unclear.

The CDC does not concern itself with potential long-term effects of myocarditis and pericarditis, but they do warn about potential "long-term health problems" of the Wuhan Coronavirus. According to their website, the "**CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older**, given the risk of COVID-19 illness and related, possibly severe complications, such as long-term health problems, hospitalization, and even death."

To put everything above in a few simple words, you get the vaccine and you end up with serious long-term problems. But they don't care…they just want you to take it anyway despite the numerous sides effects or even death. No thank you!

Ending this article, I highly recommend this book to everyone. 300 pages, color, paperback. The Lost Book of Remedies is helping Americans achieve medical self-sufficiency even in the darkest times using the time-tested methods of our grandparents (not unapproved human trials)without spending lots of money on toxic drugs and without side effects. A great asset when doctors and hospitals won't be available anymore given the current situation. You may not be Claude Davis, but you can make use of his procedures and techniques to increase your chances of survival!

Pfizer COVID-19 vaccine linked to rare blood disease - Israeli study[8]

By MAAYAN JAFFE-HOFFMAN, JUNE 24, 2021

A spokesperson from Shamir Medical Center stressed that the study of the Pfizer Coronavirus vaccine's connection to a rare disease should not deter vaccinations.

The Pfizer Coronavirus vaccine has been linked to an increased chance of developing thrombotic thrombocytopenic purpura (TTP), a rare blood disorder, Israeli researchers said Monday.

TTP is an autoimmune disease that causes blood clots to form in various organs of the body. According to the National Institutes of Health, these clots can limit or block the flow of oxygen-rich blood to key organs like the brain, kidneys and heart, resulting in serious health problems.

Researchers from the Institute of Hematology at Shamir Medical Center said they were alerted to the problem after seeing a sudden increase in TTP in the country – four cases detected in one month compared to two or three cases per year.

The medical team said they found a "chronological connection" between the vaccination of the patient and the onset of symptoms of the disease. They stressed that these are both new patients and patients whose disease flared up after a long period of remission.

The Health Ministry is currently evaluating the research and until the evaluation is complete, the doctors were asked not to interview.

As a result of their research, the medical team, led by Dr. Maya Koren-Michowitz, head of the Hematology and the Translational Hemato-Oncology Laboratory, recommended that people who have had TTP only get vaccinated with special permission from their doctor – and if they do vaccinate, to have a follow-up clinical evaluation.

> *"Physicians and patients need to be alert to the clinical symptoms: weakness fatigue, neurological disorders, hemorrhage and chest pain," the team said in a release.*

They also called on "healthy people" who are vaccinated to be vigilant and seek medical help immediately if symptoms appear. Early diagnosis and modern treatments have increased TTP patient survival rate from 10% in the past to 80% today.

8 www.jpost.com/health-science/pfizer-covid-19-vaccine-linked-to-rare-blood-disease-israeli-study-671694

A spokesperson from the hospital stressed that this study, which was very small, should in no way deter people from vaccinating and encouraged anyone who has not yet been inoculated to get the jab.

The Government Is Not Being Transparent

By Christopher Eberhart at the Daily Mail.com

'The government is not being transparent about the risks': Inventor of MRNA vaccines says people should not be forced to take experimental COVID vaccines because risks aren't known and under 18s and those who've had virus shouldn't take it.

- Dr. Robert Malone, inventor of mRNA technology that's used in the COVID vaccine, said young adults and teens shouldn't be forced to get the vaccine
- He told Fox's Tucker Carlson that there isn't enough risk-benefit analysis data for that age group
- Earlier today, a CDC advisory group said there is a 'likely link' between rare cases of heart inflammation in that age group and the COVID-19 vaccine
- The inventor of mRNA vaccines said 'the government is not being transparent about the risks' of the COVID-19 vaccine after YouTube deleted a video where he discussed potential risks for young adults and teens.
- Dr. Robert Malone, who invented the mRNA technology that's now being used in the COVID-19 vaccine, told Fox's Tucker Carlson on Wednesday night that there isn't enough data about the risks for these age groups and doesn't believe they should be forced to get vaccinated.

I don't think the benefits outweigh the risks in that cohort,' said Malone, referring to people in the 18 to 22 age bracket, 'but unfortunately the risk-benefit analysis is not being done.'

'My concern is I know there are risks but we don't have access to the data,' Malone said. 'And so, I am of the opinion that people have the right to decide whether to accept vaccines or not, especially since these are experimental vaccines.'

Malone shared his concerns the same day that an advisory group for the Centers for Disease Control and Prevention say there is a 'likely link' between rare cases of heart inflammation in adolescents and young adults and the Pfizer/BioNTech and Moderna COVID-19 vaccines.

The Moderna and Pfizer vaccines use mRNA technology, and the Johnson & Johnson vaccine uses the more traditional virus-based technology.

Malone says on his website that he invented the field of messenger mRNA therapeutics in 1988.

'His discoveries in mRNA non viral delivery systems are considered the key to the current COVID-19 vaccine strategies,' his biography says.

His warnings come as a presentation was released earlier Wednesday: The COVID-19 Vaccine Safety Technical (VaST) Work Group discussed nearly 500 reports of the heart inflammation, known as myocarditis, in vaccinated adults under age 30.

The group of doctors said the risk of myocarditis or pericarditis following vaccination with the mRNA-based shots in adolescents and young adults is notably higher after the second dose and in males.

Malone pioneered 'in-vitro RNA transfection' and also 'in-vivo RNA transfection' in 1987 and 1988 at the Salk Institute, according to his biography. He did that on frog embryos and mice.

Conventional vaccines are produced using weakened forms of the virus, but mRNAs use only the virus's genetic code.

An mRNA vaccine is injected into the body where it enters cells and tells them to create antigens. These antigens are recognized by the immune system and prepare it to fight Coronavirus.

No actual virus is needed to create an mRNA vaccine.

This means the rate at which it can be produced is dramatically accelerated. As a result, mRNA vaccines have been hailed as potentially offering a rapid solution to new outbreaks of infectious diseases.

The findings were presented in a paper in the Proceedings of the National Academy of Sciences, which is the official journal of the US National Academy of Sciences and has been published since 1914.

But Malone said the federal government is recommending COVID vaccines for everyone over 12 without the research to back that up.

'Young adults in the prime of their lives are being forced to take the vaccine because Tony Fauci said that,' Carlson said during Wednesday night's show, adding that Malone 'has a right to speak,' given his expertise.

Malone was a guest speaker on a podcast that included Bret Weinstein, who is an evolutionary biologist, and Steve Kirsh, an American serial entrepreneur who has started seven companies.

The podcast was uploaded to YouTube which was flagged as sharing misleading information about the COVID-19 vaccine and removed.

In particular, YouTube flagged statements about how the 'spike protein' used in the COVID-19 vaccine, which is how mRNA vaccines work, are toxic.

During the podcast, Malone said he sent 'manuscripts' months ago to the U.S. Food and Drug Administration claiming the spike protein used in the COVID-19 vaccine posed a health risk.

'And their determination was that they didn't think that that was sufficient documentation of the risk that the spike was biologically active,' he said.

The study comes as the amount of US cases are just below 33.6 million and the number of COVID-related deaths are at 602,836.

To be sure, COVID-19 vaccines made by Pfizer and Moderna reduce the risk of getting sick from the virus by 94 percent, according to real-world data form the largest Centers for Disease Control and Prevention (CDC) study to-date, as of May.

Only six percent of COVID-19 cases among more than 1,800 health care workers were in people fully-vaccinated with one of the two mRNA shots, according to the new study, released Friday. No one included in the study had had the Johnson & Johnson vaccine.

The study was only designed to test whether the vaccines prevented people from getting symptomatic COVID-19, but the fact that only a small fraction of the group who tested positive were fully vaccinated suggests that the shots likely prevent infection and transmission - not just illness.

The study drew upon a network of more than 500,000 health care workers.

Its data was whittled down to 1,843 participating nurses, doctors and hospital staff, all of whom were likely exposed to COVID-19 on the job.

Among the group, there were a total 623 people who had tested positive for COVID-19 and had at least one symptom of the infection, and 1,220 people who tested negative.

Only 40 out of the 623 people who tested positive had been fully vaccinated.

In other words just three percent of people who tested positive had been fully vaccinated, compared to 15 percent of people who tested negative.

That suggests (but doesn't prove) that fully vaccinated people are five times less at-risk of getting COVID-19, and translates to a vaccine effectiveness of 96 percent.

However, the study did not include people who tested positive for Coronavirus but never showed any symptoms, so it can't prove that the shot prevents infection.

An advisory group for the Centers for Disease Control and Prevention say there is a 'likely link' between rare cases of heart inflammation in adolescents and young adults and the Pfizer/BioNTech and Moderna COVID-19 vaccines.

In a presentation released on Wednesday, the COVID-19 Vaccine Safety Technical (VaST) Work Group discussed nearly 500 reports of the heart inflammation, known as myocarditis, in vaccinated adults under age 30.

The group of doctors said the risk of myocarditis or pericarditis following vaccination with the mRNA-based shots in adolescents and young adults is notably higher after the second dose and in males.

It comes as the Advisory Committee on Immunization Practices (ACIP) is set to meet this week to assess the possibility of a link between the heart condition and the mRNA vaccines.

So far, 323 have been confirmed by CDC and 148 are still under review.

In total, 309 patients were hospitalized, of which 295 were discharged and 79 percent have since recovered.

Nine patients are still hospitalized with two in intensive care units. There was no data available for five patients.

Males were much more likely to report heart inflammation after receiving a second dose than women.

As of June 11, there were 9.1 per million reported cases of myocarditis/pericarditis in females ages 12-to-17 compared to 66.7 per million in males of that age group.

What's more, rates among females ages 18-to-24 and ages 25-to-29 were 5.5 per million and 2.6 per million respectively.

Among males, rates were 56.3 per million for the 18-to-24 age group and 20.4 per million in the 25-to-29 group.

This type of heart inflammation can be caused by a variety of infections, including a bout of COVID-19, as well as certain medications.

With more than 90.6 million young Americans under age 30 who have received one or both doses of the Pfizer and Moderna vaccines, it means just 0.000534 percent of people who have been administered the shots have reported such an effect.

The ACIP will discuss the benefits of the mRNA vaccines versus the potential risk to adolescents and young adults from the heart condition, according to the agency's agenda.

The group is not expected to cast a vote on any issues regarding the vaccine rollout, but may issue an update on vaccine safety, the odds of myocarditis and a risk-benefit of analysis of vaccines in teens and young adults.

The CDC earlier this month said it was still evaluating the risk from the condition and did not confirm a causal relationship between the vaccines and the heart issue.

The agency, however, said a higher-than-expected number of young men have experienced heart inflammation after their second dose of the mRNA COVID-19 shots, with more than half the cases reported in people between the ages of 12 and 24.

Dr Tom Shimabukuro, deputy director of the CDC's Immunization Safety Office, said in a presentation that data from one of the agency's safety monitoring systems - Vaccine Safety Datalink (VSD) – suggests a rate of 12.6 cases per million in the three weeks after the second shot in 12- to 39-year-olds.

Pfizer, whose vaccine has been authorized for use in Americans as young as 12, previously said it had not observed a higher rate of heart inflammation than would normally be expected in the general population.

Moderna had said it could not identify a causal association with the heart inflammation cases and its vaccine. Although health officials in Israel have also determined that there is likely a link between vaccination and the heart inflammation, concerns about the more infectious Indian 'Delta' variant have prompted the country to urge 12-to 15-year olds get vaccinated.

New Hypothesis: Blood Clots and Magnetism Very Likely Related in Subjects of COVID Gene Therapies

by Silviu "Silview" Costinescu, June 23, 2021

When I first heard of blood clots in vaccinated people, I instantly recalled of a similar problem occurring while the mRNA platform was in study for a cancer therapy, by Moderna, I think, prior to Covid.

I couldn't find that piece of information again, but during the research I discovered something even more revealing. For coincidence theorists, let me just add that the inventor of transfection is one of mRNA jabs inventors, Dr. Robert Malone.

Scientifically trained at UC Davis, UC San Diego, and at the Salk Institute Molecular Biology and Virology laboratories, Dr. Robert Malone is an internationally recognized scientist (virology, immunology, molecular biology) and is known as one of the original inventors of mRNA vaccination and DNA Vaccination. His discoveries in mRNA non viral delivery systems are considered the key to the current COVID-19 vaccine strategies. Dr. Malone holds numerous fundamental domestic and foreign patents in the fields of gene delivery, delivery formulations, and vaccines.

Dr. Malone has close to 100 peer-reviewed publications and published abstracts and has over 11,477 citations of his peer reviewed publications, as verified by Google Scholar. His google scholar ranking is "outstanding" for impact factors. He has been an invited speaker at over 50 conferences, has chaired numerous conferences and he has sat on or served as chairperson on numerous NIAID and DoD study sections.

Magnetofection basically involves attaching DNA onto a magnetic nanoparticle coated with a cationic polymer like polyethylenimine (PEI) [254,255]. The magnetic nanoparticles are generally made up of a biodegradable substance like iron oxide, and its coating onto the polymeric particle is done by salt-induced colloidal aggregation.

These prepared nano particles are then localized in the target organ by the application of an external magnetic field, which allows the delivery of attached DNA to the target organ, as shown in Figure 3.5. This method also increases the uptake of DNA into target cells as the contact time between the target organ and magnetic nanoparticles increases.
In addition, the magnetic field pulls the magnetic nanoparticles into the target cells, which also helps to increase the uptake of DNA [256,257]. In addition, the standard transfection using viral or nonviral vectors is also increased by the magnetofection.

This is a more powerful method of controlled and targeted delivery for gene therapies, in layman terms.

The problem with it is that it's been proven to be very dangerous for lab animals and it's not authorized for human use.

From Dr. Jane Ruby m as well as from Pfizer and Moderna we find out how these particles are packaged into the injectable concocts:

"Stew Peters interviews Dr Jane Ruby who confirms the magnetic effects that Covid vaxxed people have experienced. She says it is a deliberately made substance added to the vaccines. This shows criminal intent. It was added because it is an aggressive delivery system to get it into EVERY cell of your body. The process is called 'Magnetofection' and is available in scientific literature such as Pubmed. It concentrates the mRNA into people's cells and forces your body to make these synthetic mRNA instructions even in places where they shouldn't be located within the body.

It is a 'forced delivery system' and is called by the acronym of SPIONS – Supramagnetic Iron Oxide Nanoparticles. These particles use a lipid nanoparticle envelope to gain entry into the cells. It is done this way to protect mRNA because mRNA is easily degraded and this is also why the Pfizer vaccines are refrigerated at -70 degrees Fahrenheit as another form of protection.

There is a German company on the internet called 'Chemicell' which sells different chemicals which can make these magnetic fields around your molecules. You can buy 200 microgram vials of their product called, 'Polymag'. These are developed and sold for research purposes only and are not to be used for human diagnostic or as a component of any drug intended for humans.

However at least Pfizer and Moderna are using this substance in their vaccines. Therefore it is vital that anyone thinking of taking a shot, obtain a full ingredient list to have full informed consent and to postpone getting the Covid Jab, as each day brings further information into the public domain. Dr Ruby is asked if this was deliberate by the manufacturers and answers that this substance doesn't occur naturally. It had to be added into the vaccine.

Many have spoken about the Polyethelene Glycol or PEG which enables the vaccines to get through water based cell membranes as this is lipophilic – attracted to fats – but there are other places in the body where 'God and Nature' hadn't intended these substances to be, but by using this delivery system of supra nanoparticles, you are creating a super delivery system which forces these substances into areas where they are not meant to be."

SUPERPARAMAGNETIC IRON OXIDE NANOPARTICLES (SPIONS) MODULATE HERG ION CHANNEL ACTIVITY

Superparamagnetic iron oxide nanoparticles (SPIONs) are widely used in various biomedical applications, such as diagnostic agents in magnetic resonance imaging (MRI), for drug delivery vehicles and in hyperthermia treatment of tumors.

Although the potential benefits of SPIONs are considerable, there is a distinct need to identify any potential cellular damage associated with their use.

Since human ether à go-go-related gene (hERG) channel, a protein involved in the repolarization phase of cardiac action potential, is considered one of the main targets in the drug discovery process, we decided to evaluate the effects of SPIONs on hERG channel activity and to determine whether the oxidation state, the dimensions and the coating of nanoparticles (NPs) can influence the interaction with hERG channel.

Using patch clamp recordings, we found that SPIONs inhibit hERG current and this effect depends on the coating of NPs. In particular, SPIONs with covalent coating aminopropylphosphonic acid (APPA) have a milder effect on hERG activity. We observed that the time-course of hERG channel modulation by SPIONs is biphasic, with a transient increase (~20% of the amplitude) occurring within the first 1-3 min of perfusion of NPs, followed by a slower inhibition. Moreover, in the presence of SPIONs, deactivation kinetics accelerated and the activation and inactivation I-V curves were right-shifted, similarly to the effect described for the binding of other divalent metal ions (e.g. Cd^{2+} and Zn^{2+}).

Taken together, these results support the view that Fe^{2+} ions released from magnetite NPs may represent a cardiac risk factor, since they alter hERG gating and these alterations could compromise the cardiac action potential.

MIT SAYS IT'S NOT JUST SPIONS, BUT ALSO LIONS:

HDT Bio, the biotechnology company in Seattle, has an alternative solution. Working with Deborah Fuller, a microbiologist at the University of Washington, it's pioneering a different kind of protective bubble for the mRNAs. If it works, it would mean that an mRNA vaccine for covid-19 could be stable in a regular fridge for at least a month, or at room temperature for up to three weeks.

Their method: instead of encasing the mRNA in a lipid nanoparticle, they've engineered molecules called lipid inorganic nanoparticles, or LIONs. The inorganic portion of the LION is a positively charged metal particle—so far they've been using iron oxide. The positively charged metal would bind to the negatively charged mRNA, which wraps around the LION. The resulting particle is solid, which creates more stability and reduces the reliance on refrigeration.

A real-world study by the CDC backs up the clinical trial data from both mRNA vaccines—although the rise of the UK variant in the US is a cloud on the horizon.

The cold chain has always been an issue for [the] distribution of vaccines, and it's only magnified in a pandemic."

HDT Bio initially developed LIONs to treat liver cancer and tumors in the head and neck, but when the pandemic hit, they pivoted to trying the particles with mRNA vaccines. Early preclinical trials in nonhuman primates showed that the LION, combined with an mRNA vaccine for covid-19, worked as they'd hoped.

Carter of HDT Bio says that in an ideal situation, LIONs could be sent to clinics worldwide in advance, to be stored at room temperature or in a regular refrigerator, before being mixed into vaccine vials at clinics. Alternatively, the two could be premixed at a manufacturing facility. Either way, this method would make doses stable for at least a month in a regular refrigerator.

Fuller says that some scientists have criticized the need for two vials—one for the LION and another for mRNA before they're mixed together. "But I think the advantages of having an effective product more amenable to worldwide distribution outweighs those negatives," she says.

HDT Bio is applying for permission to start human clinical trials in the US and is looking to start clinical trials in India this spring. In the US, it faces some unique challenges in FDA regulation, since the LION particles would be considered a drug separate from the vaccine. Regulators in Brazil, China, South Africa, and India—where HDT Bio is hoping to launch its product—don't consider the LION a drug because it isn't the active component, says Carter, meaning that there would be one less layer of regulation than in the US.

For now, it's still very much an early-stage technology, says Michael Mitchell, a bioengineer at the University of Pennsylvania who works on drug delivery systems. He stresses that more research should reveal whether the iron oxide causes any side effects.

NOW HERE'S THE BOMBSHELL:

This is no secret to experts, but it's been revealed to me in the video presentation below, made in 2017 by reputed Prof Diana Borca, from Rensselaer Polytechnic Institute, who uses magnetic nanoparticles to treat diseases.

In order to get the magnetic nanoparticles into the right places, scientists like Diana have to figure out what kind of coating the nanoparticles need. Coatings help the nanoparticles get to the cells they want to treat without hurting the healthy cells.
And if the coating of the magnetic particles breaks, the result is "CLOGGING", as Borca explains below. Which can translate as clotting, if in blood.

Who knows what they lead to when in other organs, strokes maybe?

So I think the only thing we're missing from the puzzle is official hard evidence that they used magnetofection or magnetogentic methods.

NANOPARTICLES IN TRANSLATIONAL SCIENCE AND MEDICINE

Akira Ito, Masamichi Kamihira, in Progress in Molecular Biology and Translational Science, 2011

V Conclusion

This chapter highlighted magnetofection, magnetic patterning of cells, and construction of 3D tissue-like structures. Among them, Mag-TE for constructing 3D structures has been extensively studied, and various kinds of other tissues such as retinal pigment epithelial cell sheets,102 MSC sheets,44 and cardiomyocyte sheets,46 have been already generated. Tubular structures consisting of heterotypic layers of endothelial cells, smooth muscle cells, and fibroblasts have also been created.43 In this approach, magnetically labeled cells formed a cell sheet onto which a cylindrical magnet was rolled, which was removed after a tubular structure was formed. If these processes can be scaled up, there is great potential for these techniques in the treatment of a variety of diseases and defects.

In the translational research, toxicology of functional magnetite nano particles is an important issue. The main requisite for a cell-labeling technique is to preserve the normal cell behavior. As for biocompatibility of MCLs, no toxic effects against proliferation of several cell types were observed within the range of magnetite concentrations tested (e.g., human keratinocytes,63 < 50 pg-magnetite/cell; HUVECs,41 HAECs,42 human dermal fibroblasts,41 human smooth muscle cells,43 mouse fibroblast cells,43 canine urothelial cells,43 human MSCs,44 and rat MSCs45 < 100 pg/cell). Moreover, MCLs did not compromise MSC differentiation44,45 or electrical connections of cardiomyocytes.46 In addition, an in vivo toxicity of magnetite nanoparticles has been extensively studied. As an MRI contrast agent, ResovistR was first applied clinically for detecting liver cancer, since ResovistR is taken up rapidly by the reticuloendothelial system such as Kupffer cells of the liver compared with the uptake by cancer cells of the liver. In a preliminary study,103 the authors investigated the toxicity of systemically administered MCLs (90 mg, i.p.) in mice; none of the 10 mice injected with MCLs died during the study. Transient accumulation of magnetite was observed in the liver and spleen of the mice, but the magnetite nanoparticles had been cleared from circulation by hepatic Kupffer cells in the spleen by the 10th day after administration.[103]

In conclusion, magnetic nano particles have been developed into “functional” magnetite nano particles which are highly promising tools for a wide spectrum of applications in tissue engineering. The proven lack of toxicity of the functional magnetite nano particles is expected to provide exciting tools in the near future for clinical tissue engineering and regenerative medicine.

2.2.1 Magnetic Nanoparticles

One of the pioneers using magnetofection for in vitro applications was Lin et al.91 There are various cationic magnetic nanoparticles types that have the capacity to bind nucleotidic material on their surface. With this method, the magnetic nanoparticles are concentrated in the target cells by the influence of an external magnetic field (EMF). Normally, the internalization is accomplished by endocytosis or pinocytosis, so the membrane architecture stays intact. This is an advantage over other physical transfection methods. Other advantages are the low vector dose needed to reach saturation yield and the short incubation time needed to achieve high transfection efficiency. Moreover, with the application of an EMF, cells transfected with magnetic nanoparticles can be used to target the region of interest in vivo.

2.2.1.1 IRON OXIDE NANOPARTICLES

The magnetic nanoparticles most used in magnetofection include the iron oxide nanoparticles (IONPs). IONPs are biodegradable and not cytotoxic and can be easily functionalized with PEI, PEG, or PLL. Poly-l-lysine-modified iron oxide nanoparticles (IONP–PLL) are good candidates as DNA and microRNA (miRNA) vectors because they bind and protect nucleic acids and showed high transfection efficiency in vitro. In addition, they are highly biocompatible in vivo.

Chen et al.92 used human vascular endothelial growth factor siRNA bound to superparamagnetic iron oxide nanoparticles (SPIONs) and it was capable of hepatocellular carcinoma growth inhibition in nude mice. Moreover, Li et al.93 demonstrated that the intravenous injection of IONP–PLL carrying NM23-H1 (a tumor suppressor gene) plasmid DNA significantly extended the survival time of an experimental pulmonary metastasis mouse model.

Another advantage of this kind of nanoparticles is that they can be used as MRI agents. Chen et al.94 bound siRNA to PEG-PEI SPIONs together to a gastric cancer-associated CD44v6 single-chain variable fragment. This bound permitted both cancer cell's transfection and their visualization by MRI.

But those complexes might be used for cell therapies as well. Schade et al.95 used iron oxide magnetic nanoparticles (MNPs) to bind miRNA and transfect human mesenchymal stem cells. As the binding between the MNPs and PEI took place via biotin-streptavidin conjugation, these particles cannot pass the nuclear barrier, so they are good candidates to deliver miRNA, as it exerts its function in the cytosol. They functionalized the surface nanoparticles with PEI and were able to obtain a better transfection than PEI 72 h after transfection. Moreover, they demonstrated that magnetic polyplexes provided a better long-term effect, also when included inside of the stem cells.

4.1.4 Magnetofection

Another attempt to apply magnetic IONPs is the so-called magnetofection (MF) approach. Key factors enabling this method are IONPs that are coupled to vector DNA and guided by the influence of an external magnetic field. By this means, DNA can be transfected into cells of interest. One possibility to enable enhanced binding capabilities of the negatively charged DNA to magnetic IONP beads is the coating IONPs with a positively charged material such as polyethylenimine. The efficiency of the vectors has hence shown to increase up to several thousand times (Scherer et al., 2002). The above depicted engagement of IONPs in MF has shown to be universally applicable to viral and nonviral vectors. This is mostly because it is very rapid and simple. Furthermore, it is a very attractive approach since it yields saturation level transfection at low-dose in vitro (Krotz et al., 2003). Fernandes and Chari (2016) have demonstrated an approach delivering DNA minicircles (mcDNA) to neural stem cells (NSCs) by means of MF. DNA minicircles are small DNA vectors encoding essential gene expression components but devoid of a bacterial backbone, thereby reducing construct size versus conventional plasmids. This could be shown to be very beneficial for the use of genetically engineered NSC transplant populations in regenerative neurology. The aim was to improve the release of biomolecules in ex vivo gene therapy. It could be demonstrated that MF of DNA minicircles is very safe and provided for sustained gene expression for up to 4 weeks. It is described to have high potential as clinically translatable genetic modification strategy for cell therapy (Fernandes and Chari, 2016). The last in vitro application for magnetic nanoparticles to be presented in this chapter will be tissue repair.

4.1.4 Magnetofection

Another attempt to apply magnetic IONPs is the so-called magnetofection (MF) approach. Key factors enabling this method are IONPs that are coupled to vector DNA and guided by the influence of an external magnetic field. By this means, DNA can be transfected into cells of interest. One possibility to enable enhanced binding capabilities of the negatively charged DNA to magnetic IONP beads is the coating IONPs with a positively charged material such as polyethylenimine. The efficiency of the vectors has hence shown to increase up to several thousand times (Scherer et al., 2002). The above depicted engagement of IONPs in MF has shown to be universally applicable to viral and nonviral vectors. This is mostly because it is very rapid and simple. Furthermore, it is a very attractive approach since it yields saturation level transfection at low-dose in vitro (Krotz et al., 2003). Fernandes and Chari (2016) have demonstrated an approach delivering DNA minicircles (mcDNA) to neural stem cells (NSCs) by means of MF. DNA minicircles are small DNA vectors encoding essential gene expression components but devoid of a bacterial backbone, thereby reducing construct size versus conventional plasmids. This could be shown to be very beneficial for the use of genetically engineered NSC transplant populations in regenerative neurology. The aim was to improve the release of biomolecules in ex vivo gene therapy. It could be demonstrated that MF of DNA minicircles is very safe

and provided for sustained gene expression for up to 4 weeks. It is described to have high potential as clinically translatable genetic modification strategy for cell therapy (Fernandes and Chari, 2016). The last in vitro application for magnetic nanoparticles to be presented in this chapter will be tissue repair.

SCIENTIFIC FUNDAMENTALS OF BIOTECHNOLOGY

Aline Do Minh, … Amine A. Kamen, in Comprehensive Biotechnology (Third Edition), 2019

1.26.2.1.7 Magnet-Mediated Transfection

Two methods rely on the application of a magnetic field for gene transfer. Magnetofection uses magnetic nanoparticles coated with DNA in presence of a magnetic field. The nucleic acid-nanoparticle complexes are driven toward and into the target cells by magnetic force application. Gene transfer is enhanced by magnetofection as DNA-loaded particles are guided and maintained in close contact with the target cells. Cellular uptake through endocytosis is thus increased as well. The process has been mainly applied to cultured cells and has been proven more efficient than other chemical methods in some cases.8 The second method is magnetoporation in which membrane permeability is increased, triggered by the applied magnetic field.