NATIONAL DAY of REPENTANCE

The effective, fervent prayer of a **righteous** man avails much.
James 5:16

Oppose the "Equality Act" by Prayer and Repentance

Dear spiritual warriors for Yeshua/ Jesus, those awakening to His seeing us as His Bride,

Franklin Graham and Mat Staver of Liberty Counsel, together with many other ministries are crying out urgently for each of us to contact IMMEDIATELY our representatives in the United States House and Senate to oppose a bill wrongfully called the "Equality Act."

It is a completely wicked bill that directly impacts our religious freedom. Among the features are the following:

This "Equality Act" designates schools, churches and healthcare organizations as "public accommodations." With this, schools, churches and hospitals could be forced to accept the government's beliefs about sexual orientation and gender identity. That alone would be highly intrusive and incredibly far-reaching. It will threaten everyday speech where people can be fined or lose their jobs for using the wrong name or pronouns.

The "Equality Act" will legislate that we allow boys in girls' sports, boys in girls' locker rooms, men in women's shelters, and men in women's prisons. It will force teachers to publicly pretend that a biological male is a female. Schools will be encouraged or mandated to instruct first, second, and third graders that they can choose to be a boy or a girl, or both, making biological sex (and science) and Biblical Truth a relic of the past.

The "Equality Act" will use the force of law across all 50 States to strip Christian and other religious ministries of their rights to hire people of shared faith to pursue a shared mission. Churches will be forced to hire people hostile to the church's deeply held beliefs, teachings, and mission.

The "Equality Act" will strip health professionals of their rights of conscience. It will force doctors and medical professionals who are committed to do no harm, to engage in gender transition treatments such as hormone-blocking, cross-sex hormones, or surgery. It is obvious that a Christian hospital should not have to perform gender transition surgeries that go entirely against what we believe.

The "Equality Act" will be a tool used by the government to deny or threaten accreditation to religious colleges and universities if they do not satisfy the demands of the secular Left to apply sexual orientation and gender identity to dorms, sports, places of privacy, and even teachings. The Act could be used as a weapon to threaten the availability of federal student loans and grants to students at certain disfavored religious schools.

Demand TODAY your Congressman and Senator vote an emphatic NO to this wicked proposal.

And please pray, adding to your prayer, as the Holy Spirit may direct, His intercession. Romans 8: 26-28 tells us : ***"the Spirit also helps in our weaknesses.*** *For we do not know what we should pray for as we ought, but the Spirit Himself makes intercession for us with groaning which cannot be uttered. Now He who searches the hearts knows what the mind of the Spirit is, because He makes intercession for the saints according to the will of God. And we know that all things work together for good to those who love God, to those who are the called according to His purpose. "*

At any point in your prayers, as the Holy Spirit convicts you of any old sin stronghold, you will have the opportunity to confess that sin and repent. **When you repent you will increase in His righteousness, and your prayers will avail much! ~** James 5:16

Thank you and God bless you,

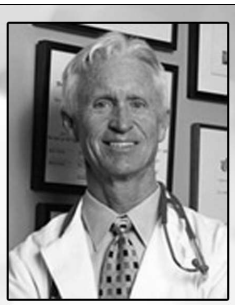
Pastor Jeff

Pastor Jeff Daly
National Day of Repentance
www.repentday.com
pastorjeff@repentday.com

The Nevada Center for Alternative & Antiaging Medicine

Frank Shallenberger, MD, HMD, ABAAM

www.antiagingmedicine.com



Dear Patients and Friends,

Last week I must have been asked 20 times about the new COVID vaccines. Here are my thoughts. Please pass this information onto many as you can. People need to have fully informed consent when it comes to injecting foreign genetic material into their bodies.

1. The COVID vaccines are mRNA vaccines. mRNA vaccines are a completely new type of vaccine. No mRNA vaccine has ever been licensed for human use before. In essence, we have absolutely no idea what to expect from this vaccine. We have no idea if it will be effective or safe.

2. Traditional vaccine simply introduce pieces of a virus to stimulate an immune reaction. The new mRNA vaccine is completely different. It actually injects (transfects) molecules of synthetic genetic material from non-humans sources into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a foreign protein that supposedly teaches the body to destroy the virus being coded for. Note that these newly created proteins are not regulated by our own DNA, and are thus completely foreign to our cells. What they are fully capable of doing is unknown.

3. The mRNA molecule is vulnerable to destruction. So, in order to protect the fragile mRNA strands while they are being inserted into our DNA they are coated with PEGylated lipid nanoparticles. This coating hides the mRNA from our immune system which ordinarily would kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several different drugs for years. Because of their effect on immune system balance, several studies have shown them to induce allergies and autoimmune diseases. Additionally, PEGylated lipid nanoparticles have been shown to trigger their own immune reactions, and to cause damage to the liver.

4. These new vaccines are additionally contaminated with aluminum, mercury, and possibly formaldehyde. The manufacturers have not yet disclosed what other toxins they contain.

5. Since viruses mutate frequently, the chance of any vaccine working for more than a year is unlikely. That is why the flu vaccine changes every year. Last year's vaccine is no more valuable than last year's newspaper.

6. Absolutely no long term safety studies will have been done to ensure that any of these vaccines don't cause the cancer, seizures, heart disease, allergies, and autoimmune diseases seen with other vaccines. If you ever wanted to be guinea pig for Big Pharma, now is your golden opportunity.

7. Many experts question whether the mRNA technology is ready for prime time. In November 2020, Dr. Peter Jay Hotez said of the new mRNA vaccines, “I worry about innovation at the expense of practicality because they [the mRNA vaccines] are weighted toward technology platforms that have never made it to licensure before.” Dr. Hotez is Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children’s Hospital Center for Vaccine Development.

8. Michal Linial, PhD is a Professor of Biochemistry. Because of her research and forecasts on COVID-19, Dr. Linial has been widely quoted in the media. She recently stated, “I won’t be taking it [the mRNA vaccine] immediately – probably not for at least the coming year. We have to wait and see whether it really works. We will have a safety profile for only a certain number of months, so if there is a long-term effect after two years, we cannot know.”

9. In November 2020, The Washington Post reported on hesitancy among healthcare professionals in the United States to the mRNA vaccines, citing surveys which reported that: “some did not want to be in the first round, so they could wait and see if there are potential side effects”, and that “doctors and nurses want more data before championing vaccines to end the pandemic”.

10. Since the death rate from COVID resumed to the normal flu death rate way back in early September, the pandemic has been over since then. Therefore, at this point in time no vaccine is needed. The current scare tactics regarding “escalating cases” is based on a PCR test that because it exceeds 34 amplifications has a 100% false positive rate unless it is performed between the 3rd and 5th day after the first day of symptoms. It is therefore 100% inaccurate in people with no symptoms. This is well established in the scientific literature.

See the attachment (False Positive PCR testing is up to 100%!) for more information on this.

If you go to the CDC site, you can see that the weekly death rates in the US are now lower than they normally are during an average flu season.

11. The other reason you don’t need a vaccine for COVID-19 is that substantial herd immunity has already taken place in the United States. This is the primary reason for the end of the pandemic.

12. Unfortunately, you cannot completely trust what you hear from the media. They have consistently got it wrong for the past year. Since they are all supported by Big Pharma and the other entities selling the COVID vaccines, they are not going to be fully forthcoming when it comes to mRNA vaccines. Every statement I have made here is fully backed by published scientific references.

13. I would be very interested to see verification that Bill and Melinda Gates with their entire family including grandchildren, Joe Biden and President Trump and their entire families, and Anthony Fauci and his entire family all get the vaccine.

14. Anyone who after reading all this still wants to get injected with the mRNA vaccine, should at the very least have their blood checked for COVID-19 antibodies. There is no need for a vaccine in persons already naturally immunized.

Here's my bottom line: I would much rather get a COVID infection than get a COVID vaccine. That would be safer and more effective. I have had a number of COVID positive flu cases this year. Some were old and had health concerns. Every single one has done really well with natural therapies including ozone therapy and IV vitamin C. Just because modern medicine has no effective treatment for viral infections, doesn't mean that there isn't one.

Sincerely,

Frank Shallenberger, MD, HMD

The Nevada Center of Alternative and Anti-Aging Medicine

www.antiagingmedicine.com

775-884-3990

References

Garade, Damien (10 November 2020). "The story of mRNA: How a once-dismissed idea became a leading technology in the Covid vaccine race". Stat. Retrieved 16 November 2020.

Cooney, Elizabeth (1 December 2020). "How nanotechnology helps mRNA Covid-19 vaccines work". Stat. Retrieved 3 December 2020.

Verbeke, Rein; Lentacker, Ine; De Smedt, Stefaan C.; Dewitte, Heleen (October 2019). "Three decades of messenger RNA vaccine development". Nano Today. **28**: 100766. doi:10.1016/j.nantod.2019.100766.

Roberts, Joanna (1 June 2020). "Five things you need to know about: mRNA vaccines". Horizon. Retrieved 16 November 2020.

PHG Foundation (2019). "RNA vaccines: an introduction". University of Cambridge. Retrieved 18 November 2020.

Pardi, Norbert; Hogan, Michael J.; Porter, Frederick W.; Weissman, Drew (April 2018). "mRNA vaccines — a new era in vaccinology". Nature Reviews Drug Discovery. **17** (4): 261–279. doi:10.1038/nrd.2017.243. PMC 5906799. PMID 29326426.

Kramps, Thomas; Elders, Knut (2017). "Introduction to RNA Vaccines". RNA Vaccines: Methods and Protocols. doi:10.1007/978-1-4939-6481-9_1. ISBN 978-1-4939-6479-6. Retrieved 18 November 2020.

Dogan, Ellie (25 November 2020). "COVID-19 vaccines poised for launch, but impact on pandemic unclear". Nature. doi:10.1038/d41587-020-00022-y. Retrieved 30 November 2020.

"Seven vital questions about the RNA Covid-19 vaccines emerging from clinical trials". Wellcome Trust. 19 November 2020. Retrieved 26 November 2020.

Jaffe-Hoffman, Maayan (17 November 2020). "Could mRNA COVID-19 vaccines be dangerous in the long-term?". The Jerusalem Post. Retrieved 17 November 2020.

Eugene Gu (21 May 2020). "This is the hard-to-swallow truth about a future coronavirus vaccine (and yes, I'm a doctor)". The Independent. Retrieved 23 November 2020.

Rowland, Christopher (21 November 2020). "Doctors and nurses want more data before championing vaccines to end the pandemic". Washington Post. Retrieved 22 November 2020.

Thomas, Katie (22 October 2020). "Experts Tell F.D.A. It Should Gather More Safety Data on Covid-19 Vaccines". New York Times. Retrieved 21 November 2020.

Kuchler, Hannah (30 September 2020). "Pfizer boss warns on risk of fast-tracking vaccines". Financial Times. Retrieved 21 November 2020.

Guarascio, Francesco (2 December 2020). "EU criticizes 'hasty' UK approval of COVID-19 vaccine". Reuters. Retrieved 2 December 2020.

Berglund, Peter; Smerdou, Cristian; Fleeton, Marina N.; Tubulekas, Loannis; Liljeström, Peter (June 1998). "Enhancing immune responses using suicidal DNA vaccines". Nature Biotechnology. **16** (6): 562–565. doi:10.1038/nbt0698-562. ISSN 1546-1696.

Garde, Damien (10 January 2017). "Lavishly funded Moderna hits safety problems in bold bid to revolutionize medicine". Stat. Archived from the original on 16 November 2020. Retrieved 19 May 2020.

Jaffe-Hoffman, Maayan (1 December 2020). "Hadassah research head raises questions about mRNA vaccine safety". The Jerusalem Post. Retrieved 1 December 2020.

Doshi, Peter (26 November 2020). "Pfizer and Moderna's "95% effective" vaccines—let's be cautious and first see the full data". British Medical Journal. Retrieved 3 December 2020.

Reichmuth, Andreas M; Oberli, Matthias A; Jaklenec, Ana; Langer, Robert; Blankschtein, Daniel (May 2016). "mRNA vaccine delivery using lipid nanoparticles". Therapeutic Delivery. **7** (5): 319–334. doi:10.4155/tde-2016-0006. ISSN 2041-5990. PMC 5439223. PMID 27075952.

Wadman, Meridith (27 November 2020). "Public needs to prep for vaccine side effects". Science. **370** (6520): 1022. doi:10.1126/science.370.6520.1022. Retrieved 27 November 2020.

Understanding mRNA COVID-19 Vaccines

Updated Dec. 18, 2020

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

Messenger RNA vaccines—also called mRNA vaccines—are some of the first COVID-19 vaccines authorized for use in the United States.

New Approach to Vaccines

mRNA vaccines are a new type of vaccine to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines. Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

A Closer Look at How COVID-19 mRNA Vaccines Work

COVID-19 mRNA vaccines give instructions for our cells to make **a harmless piece** of what is called the "spike protein." The spike protein is found on the surface of the virus that causes COVID-19.

COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the immune cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.

Next, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.

At the end of the process, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.

Facts about COVID-19 mRNA Vaccines

They cannot give someone COVID-19.

- mRNA vaccines do not use the live virus that causes COVID-19.

They do not affect or interact with our DNA in any way.

- mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

COVID-19 mRNA Vaccines Will Be Rigorously Evaluated for Safety

mRNA vaccines have been held to the same rigorous safety and effectiveness standards [332 KB, 24 pages] as all other types of vaccines in the United States. The only COVID-19 vaccines the Food and Drug Administration (FDA) will make available for use in the United States (by approval or emergency use authorization) are those that meet these standards.

mRNA Vaccines Are New, But Not Unknown

Researchers have been studying and working with mRNA vaccines for decades. Interest has grown in these vaccines because they can be developed in a laboratory using readily available materials. This means the process can be standardized and scaled up, making vaccine development faster than traditional methods of making vaccines.

mRNA vaccines have been studied before for flu, Zika, rabies, and cytomegalovirus (CMV). As soon as the necessary information about the virus that causes COVID-19 was available, scientists began designing the mRNA instructions for cells to build the unique spike protein into an mRNA vaccine.

Future mRNA vaccine technology may allow for one vaccine to provide protection for multiple diseases, thus decreasing the number of shots needed for protection against common vaccine-preventable diseases.

Beyond vaccines, cancer research has used mRNA to trigger the immune system to target specific cancer cells.

How do cells divide?

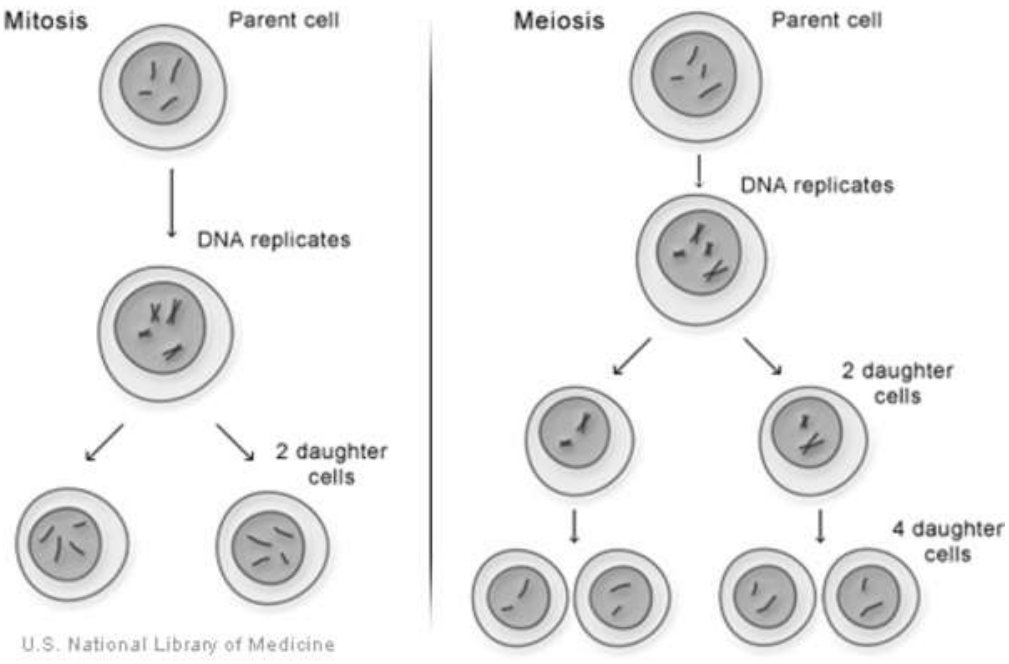
https://medlineplus.gov/genetics/understanding/howgeneswork/cellsdivide/

There are two types of cell division: mitosis and meiosis. Most of the time when people refer to "cell division," they mean mitosis, the process of making new body cells. Meiosis is the type of cell division that creates egg and sperm cells.

Mitosis is a fundamental process for life. During mitosis, a cell duplicates all of its contents, including its chromosomes, and splits to form two identical daughter cells. Because this process is so critical, the steps of mitosis are carefully controlled by a number of genes. When mitosis is not regulated correctly, health problems such as cancer can result.

The other type of cell division, meiosis, ensures that humans have the same number of chromosomes in each generation. It is a two-step process that reduces the chromosome number by half—from 46 to 23—to form sperm and egg cells. When the sperm and egg cells unite at conception, each contributes 23 chromosomes so the resulting embryo will have the usual 46. Meiosis also allows genetic variation through a process of DNA shuffling while the cells are dividing.

Mitosis and meiosis, the two types of cell division.



Credit: U.S. National Library of Medicine

Does Your Body Really Replace Itself Every 7 Years?

By: Gerardo Sison

The human body is constantly renewing itself.

https://www.discovery.com/science/Body-Really-Replace-Itself-Every-7-Years

August 01, 2019

It's a beautiful idea, when you think about it: You can leave the old you behind and become a completely new person every seven years. Unfortunately, it's just not true. Chances are you can't actually remember where you heard this, but the truth is that the seven-year myth isn't even a rough average of every cell's lifespan.

The Birth of a Cell

To understand how often your cells replace themselves, you need to understand how cells come into being in the first place. Your body can make new cells in a couple of ways. First, existing cells can divide via a fairly simple process called mitosis. During mitosis, a parent cell splits into two new cells. These new cells, called daughter cells, are basically copies of the original cells.

The second way that cells are created is from stem cells. These are special cells found throughout the body, although in lower numbers. They're able to not only create copies of themselves via mitosis but also make new "specialized" cells. Specialized cells include blood cells and nerve cells, which can't make copies of themselves.

To control the growth of new cells, old cells also need to die. For example, the spaces between your fingers and toes are partly due to cell death when you are born — this programmed cell death is required in order to prevent you from having webbed hands and feet. After some time, all cells eventually shrivel and die.

Cellular Differences

But not every cell's lifespan is the same. For example, the cells that line your stomach can renew as fast as every two days, since they're often in contact with digestive acid. Cells that make up your skin are replaced every two to three weeks. As the main protection against the environment, your skin needs to be in top shape.

Red blood cells, meanwhile, last for about four months. White blood cells, the main players in fighting infections, can last from a few days to a little over a week. In contrast, your fat cells live a fairly long time — an average age of 10 years. The bones in your body also regenerate about every 10 years.

If you think 10 years is a long time, you haven't seen anything yet. Other parts of your body are just as old as you are. For example, you only get one brain. Brain cells don't regenerate as you age, although recent studies say that cells in your hippocampus, the part responsible for memory, can regrow. Your tooth enamel is never replaced, and the lenses of your eyes are also with you for life.

Your body is made up of different cells, each with different functions and lifespans. Just as you need to replace the tires on a car more often than the transmission, some parts of your body need to be refreshed sooner than others. Even after all this replacement, though, you're never really a whole new you. When it comes to certain cells, you're stuck with them for life.

Inspire Diagnostics
February 23, 2021

Pastor John and Aina Torell
Resurrection Life of Jesus Church
Sheridan CA

Dear Pastor John and Aina Torell,

Thank You for your time. My name is Ashwin Prasad with Inspire Diagnostics, and we are an End-to-End COVID Testing Management Organization. The reason for this letter is due to COVID Closure, and as you know, California Department of Public Health has considered opening California Churches Only if Churches can sustain COVID free cases. Inspire Diagnostic welcomes the opportunity to partner with your Church by providing a complete onsite or personal NO-Cost COVID-19 Testing for your entire staff, pastors, new and current members of your Church.

Since our goal is to help you fully open and remain open, we are able to begin Testing for your entire staff, Pastors and onsite working members who facilitate the sermons. As you prepare to fully open, we'll create a unique online profile link for everyone to confidentially register for Testing.

As a grand first step of reopening your doors, a preference and congregation consensus is requested:

1. For safety and comfort, how many people are open or would like COVID Testing
2. For time, convenience and comfort, would Testing be done onsite during set schedule times, OR would testing be done at home.

Once you state your preference, we would comprise the Testing Packets and ship them FREE of charge to your Church for Onsite Testing or ship them to individual's homes for self-administer. Either way, once testing is complete, the samples are to be sent back in a Pre-Paid Return Envelope to our Testing Laboratory.

If your congregation has Sunday Worship or Sunday Service, we request all registered samples be mailed out three days prior, such as Thursday Afternoon the latest, and everyone would have their results by Saturday. Those with negative results can happily attend Service and once again be inspired.

Now I'd like to briefly address, though one may automatically sway towards politics or opinion, you may agree, now it is more critical than ever to stay focused on truth and on point. Even though The Supreme Court has strike down the ban on California closing Churches, and allowing doors currently open 25% in capacity, singing, chanting and gathering are still not permitted.

Three out of nine Supreme Court Justices believe the .:.ourt may have overstepped boundaries over Public Health Precautions. Though many feel, Freedom of Assembly and Freedom of speech are under attack, more and more people are pushing back and wish to maintain their faith and empowerment.

Although The Supreme Court has granted 25% capacity for congregated worship, California is unusually strict just by even one COVID case. Now I strongly believe it is imperative Churches to open, and stay open. Since having a House of Worship close for a year, many have lost their way, lost their jobs, and may have found companion with drugs and alcohol. Therefore the community needs someone as yourself to guide them back to faith, prosperity, courage and victory. In doing God's work, you may also notice, when people unitedly pray, there is an uplift in spirit and a strong energy that creates miracles to happen. I'll add, due to fear and scarcity communities face, most have forgotten the powers of tithing, and they simply need to be reminded.

Now logically and intuitively, regular testing gives a sense of safety and confidence to a growing community. Moreover, it also instills confidence to State Departments, showing you are opening safely and responsibly.

As you wish to fully open your doors to your community, having the Choir sing, express through hymns or even chanting, you may realize there are numerable benefits to partnering with us. You may intuitively notice transparency, flexibility, and confidentiality as we work with your beat. You may easily find the access to your profile registration link being straight forward. You may simply be at A WE knowing the PCR Testing holds 95% to 99% accuracy. You may happily find, Inspire Diagnostic Testing are painless and extremely simple to use. Or you may graciously realize having unlimited supply of NO-Cost Testing can create growth in your community. I wouldn't know.

On the other hand, it may NOT be suitable, and here's why. Knowing if one's results come back positive could be daunting, and having to confront that uncertainty is gut-wrenching. However, being aware allows one to take the proper measures, because treatment is available. Another reason it may not be suitable is if one is trying to keep a low profile. And if that is the case, one is not enforced to Testing. And since everyone has the right to privacy and confidentiality, as Head, it would be your call to request only those who have tested and be COVID free to attend. However, you would make that call.

As I conclude my message, it is crucial you advise us sooner than later. Since Insurance Companies and The Federal Care Act are funding this program, many public, private and non-profit and Churches such as yours have partnered with Inspire Diagnostics and signed up for the No-Cost COVID-19 Testing. Once the allocated funds are low or utilized, Testing may become very costly. As I'm sending more information, please meet with your congregation and see if this will benefit your Church. Feel free to reach me and share your thoughts, questions, and interest.

Thank You for Your Time Pastor John and Aina.