

WHAT LIES BENEATH (THE JAB. HINT: IT AIN'T PRETTY).

Part 8 in an on-going series on the greatest scam this side of the Crab Nebula

In the end, all corruptions will come about through the sciences.

- Soren Kierkegaard



At the risk of going outside the Overton window (range of permissible ideas to bring up) here is one *science* question that also has not been addressed, but needs to be by scientific community: is the virus the actual one responsible for the deaths attributed to it? The objective, scientific simple question is this: the virus has never been isolated according to either Koch's or River's Postulates. [Makia Freedman tells us](#) that "the virus has never been isolated, purified, sequenced, characterized and proven 100% to exist." Famed reported Jon Rappoport deals with the same question [here](#) and [here](#), reviewing Dr. Andrew Kaufman and Dr. Tom Cowan comments. [Dr. Michael Yeadon, PhD and former VP at Pfizer also says no one has an isolated sample of the virus](#) - "No one's got any virus" are his words. This is a deep rabbit hole beyond the scope of this paper, but is worth asking out of simple scientific honesty. Of course, if this thesis is true, everything else here is moot! Personal communication with one MD trained agrees with Yeadon, noting about Koch's hypothesis that the "DNA or RNA sequences may have been identified ("isolated"); however, that does not mean those sequences belong to SARS-CoV-2. Our bodies contain myriad viruses; to know that we have isolated any particular one is not simple. Further, etiology, i.e. cause and effect must be demonstrated before anyone can say for certain that a particular organism causes disease." Currently, this MD believes, "there is no good evidence that standard, rigorous cause-and-effect clinical research has been performed. It has not. That is my bone of contention with this entire "COVID" hoax. If someone can produce those papers (i.e., the studies that have been conducted proving cause and effect) then there

might be a leg to stand on. Currently, there is none. Until that time, we should not believe the narrative. Regardless of what the media and "experts" (including research PhDs and MDs) say. No one can simply say "this causes this" without providing adequate evidence. Not saying so for sure; but, according to most medical-school curricula, Coronaviruses are benign, benign, benign." David Icke also discusses this issue of if and how the virus exists further [here](#). I will leave this for your review, as rather than following the science – where all questions are to be examined – asking this will just put this paper outside the pale. This is exactly the issue Thomas Kuhn wrote about in his seminal The Structure of Scientific Revolution, but for the purposes of this paper, my only concern is limited to masks and the "vaccine."

To be honest, I have not addressed the isolation of the virus because the consensus is that the virus is real. But I say that with the FULL recognition that science has NOTHING to do with consensus, but rather verification through experimentation. We have already gone through that game with the faux global warming scam. But, as noted per the Overton Window people simply won't *want* to listen to what science is supposed to be doing – be skeptical. Similarly, the possible anthropogenic source of Covid is outside the scope of this paper, other than noting that U.S. deputy national security adviser Matthew Pottinger has stated in the NY Post, Jan. 2, 2021, *"There is a growing body of evidence that the lab is likely the most credible source" of SARS-CoV-2,* while David Asher, former lead investigator for the U.S. State Department's task force that looked into the [origins of COVID-19](#), and told Sky News on March 21, 2021 that the data they collected *"made us feel the Wuhan Institute (not those bats the flew 600 miles and accidentally landed in someone's wonton soup) was highly probably the source of the COVID pandemic."* Under Investigation's roundtable of expert Nikolai Petrovsky, professor of endocrinology at Flinders University College of Medicine in Adelaide, Australia, who insists *"we cannot exclude a laboratory origin for the virus."* The process is simply, per Dr. Raina Macintyre, in [YouTube 60 Minutes Australia April 14, 2021](#) – one simply repeatedly passes the virus through a live animal host. She says *"You're basically speeding up nature. You're speeding up evolution by hundreds of thousands of years."* There is the not-so-little issue of the senior Chinese counterintelligence officer who defected and has exposed the whole scam. But to be fair, many other scientists feel the exact opposite, so while this writer believes the virus was lab created, the content of this paper dealing with the vaccine is not impacted either way.

But what do real doctors say about the so-called vaccine? [Here are 12 doctors interviewed in their own words on Covid](#) by Lew Rockwell. Similarly, here is Dr Lee Merritt, the past president of the American Assn of Physicians and Surgeons, and former board member of the AZ. Medical Assn (that is, *she is NO lightweight*, full bio is Bitchute, which is massive), and her full take on the Covid crisis by New American at <https://www.bitchute.com/video/d64sdCyMdi3h/> (Nope, not on Youtube... because google thinks it knows more than the doctors (and if you just put up the "informed consent" verbiage on Facebook, you will be taken down). No one cares what I think... nor should they. But I assume people *do* – or at least should - care what someone like Merritt thinks! Some quotes from her: We are seeing the *"weaponization of medicine"*; *"we have never successfully made it through an animal study with this type of virus, we have never done this to humans before (Chinese may have),"* and *"we don't really have a track record of success"* when it comes to vaccines like this. Covid fatality rate per Dr. Merritt? You have a

99.991% chance of NOT dying. Regular seasonal flu is 99.992. Still concerned? Vit. D - above 30 ng/mL means you have a 4% of dying, counting just those being admitted to hospital. As noted above, Merritt says this is not a vaccine, but rather gene therapy. She also states that viruses become less virulent, by definition, as they progress. *“As soon as this (virus) came out, they used it to create fear; and fear is an incredible psychological manipulator of populations; they’ve taken down our economy, they’ve down a generation of children with these stupid masks...”* She also states that we do, in fact, have treatment that works, such as with lysosotropic agents like Ivermectin, and notes the shot, by the manufacturers own admission, does not stop transmission (see 13 min mark), we also have both treatment and prevention, including Vit D3. The Bitchute discussion is simply a “must listen to” for any one concerned about health – theirs, their loved ones, the country’s and the world’s.

Ivermectin, by the way, [has had multiple studies showing its effectiveness](#), and although billions of doses have been used in the past few decades, suddenly Merck has the temerity to suddenly tell us there is a “lack of safety data” and WHO says it may create “false confidence” (y’know... false confidence as in “wearing useless masks, where there the virus is a thousand times smaller than the pores in the masks). WHO itself had one study that showed Ivermectin – which has been used for 30 years in animals (do NOT use animal version, as dose could be significantly higher than for human use) could reduce Covid deaths by 75%.... yet suddenly, after 30 years of use, and WHO’s own commissioned report that Ivermectin could [reduce deaths by up to 75%](#), they seem to have cherry picked data and Merck now says there is a lack of safety data and WHO says it could create “false confidence” (yeah.... as if we have a shred of confidence in WHO, Fauci or Biden anymore). Dose cost ranges from \$17 to \$77 per prescription. [NoQ report summarizes](#) the Ivermectin issue, which I quote a length due to the importance of its report:

In June 2020, researchers published¹⁴ an in vitro lab study demonstrating ivermectin effectively reduced the viral load in cell culture 5,000-fold. The information quickly triggered dissent within the scientific community. One group believed the levels of ivermectin used in the lab were too high to achieve results in humans without triggering significant side effects. Others were willing to use ivermectin at safe dosages without clinical trials demonstrating its effectiveness. One paper¹⁵ reported the results of a discussion of senior physicians from the Academy of Advanced Medical Education. The doctors concluded the antiviral properties of ivermectin made it a potential prophylactic and treatment approach that may effectively reduce the burden of COVID-19 based on availability, safety, good tolerability and cost effectiveness. Other groups of doctors and researchers began studying the safety and effectiveness in the treatments of COVID-19. The results proved promising... In one study,¹⁶ 400 symptomatic and confirmed COVID-19 patients received ivermectin and reported early and substantial recovery documented by laboratory results. Another study found patients treated with ivermectin had a lower mortality rate, including those with severe pulmonary involvement.... Interestingly, the mortality rate was significantly lower in the group receiving ivermectin, although most also received hydroxychloroquine and azithromycin. While researchers were testing ivermectin against severe disease, another group published results¹⁸ finding there was no difference in patients who received a placebo or ivermectin... A retrospective study¹⁹ of 325 consecutive people with COVID-19 infection showed ivermectin induced rapid clearance of the virus indicating the drug

limited viral spreading and controlled the course of the disease, lowering the mortality rate and shortening hospital stays... News organizations, the NIH and the World Health Organization are repeating information that appears to fit their agenda — that the dose of ivermectin must be dangerously high to achieve results. Yet, the standard human dose given in the studies above were effective in lowering the viral load, shortening hospital stays and reducing mortality rates. Although ivermectin is commonly used in animals, it's important to remember that the drug has been used in humans for over 30 years. It is important not to use ivermectin manufactured for veterinary use, since these formulations are highly concentrated for large animals and the dose is significantly higher than is safe in humans.

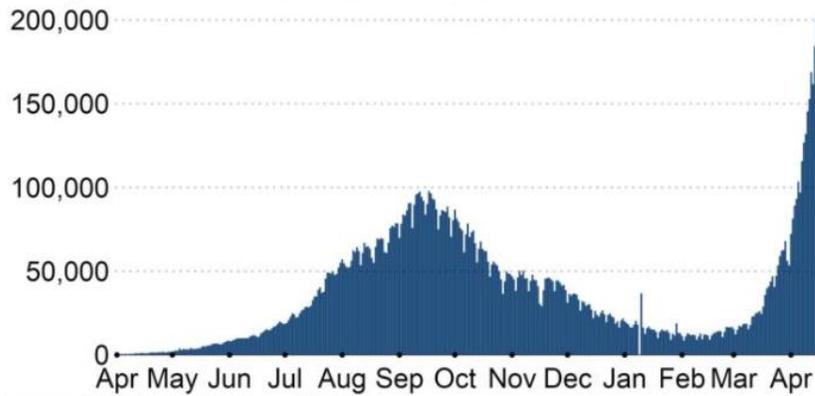
The FDA admits to not having reviewed the Ivermectin data. Yet, Merck has also donated the drug for human use for river blindness (onchocerciasis) under the Mectizan Donation Program. What Big Pharma has done to Ivermectin is the exact same Vaudeville act they did to diss hydroxychloroquine. As they used to say in the gold rush days, “Thar’s BIG money up in them thar big pharma hills.”

In fact, Ivermectin, along with HCQ, had tremendous success in India – that is, until they were forced to start administering vaccines. [Matthew Maavak tells us](#) “Throughout 2020, its COVID-19 mortality figures were moderate by global standards due to the efficacy of low-cost treatment protocols. Hydroxychloroquine (HCQ) was sanctioned for early stage treatment from [March 2020](#) onwards; while a few months later, India’s most populous state of Uttar Pradesh (population 231 million) replaced HCQ with ivermectin (an anti-parasitic drug). The results were highly encouraging. As the [TrialSiteNews \(TSN\)](#) reported on Jan 9 2021: By the end of 2020, Uttar Pradesh — which distributed free ivermectin for home care — had the second-lowest fatality rate in India at 0.26 per 100,000 residents in December. Only the state of Bihar, with 128 million residents, was lower, and it, too, recommends ivermectin. Despite having the coronavirus situation under control, New Delhi was under immense pressure from various international lobbies and their local proxies to roll out a mass vaccination campaign.” And then Big Pharma forced the vax on them and the results (up to April, 2021) are predictable:

If you want Ivermectin for your own, America’s Frontline Doctors allows you to contact one of their doctors and get that, or hydroxychloroquine. See [here](#).

As the goal of vaccinating 300 million people by August 2021 neared the midway mark, however, the number of COVID-19 cases surged accordingly. The graph below broadly charts this anomaly.

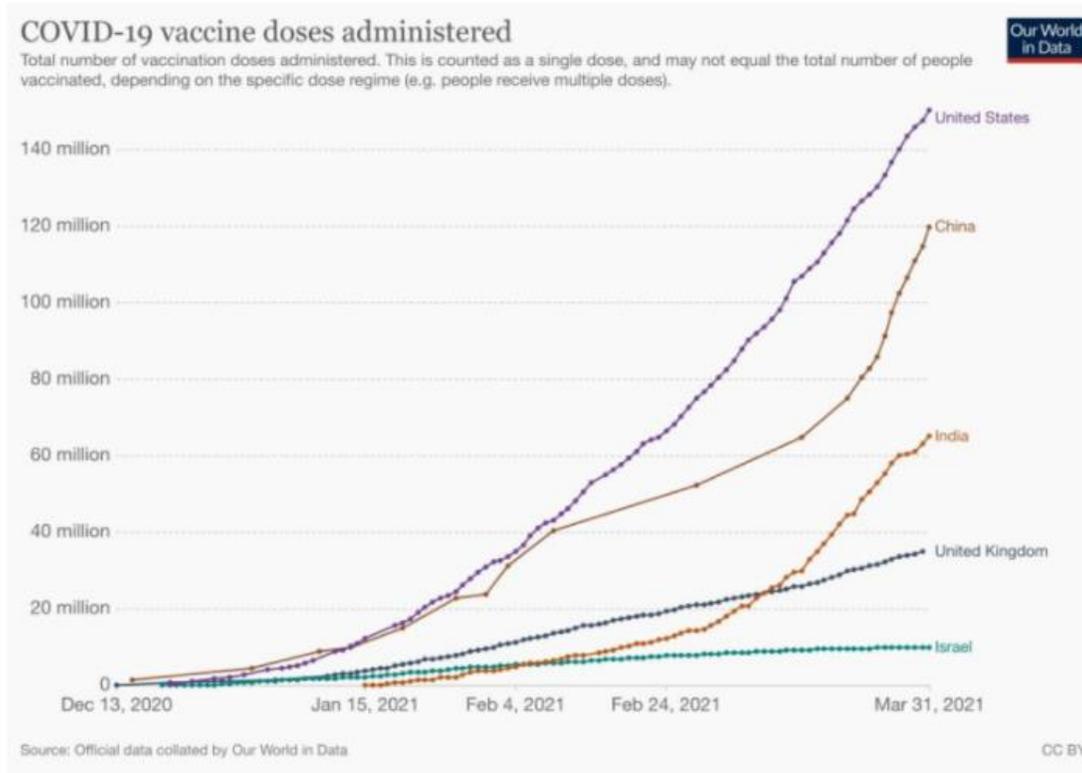
Daily COVID-19 cases in India



Source: World Health Organization

Not only has India's COVID-19 cases surged in tandem with increased vaccination, the trajectory of infections and inoculations can be neatly superimposed as the following graph suggests.

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Can one infer that there may be a correlation between increased vaccinations and infections? This is not the first time that gene-based therapies ended up creating new **viral chimeras**. The World Health Organisation (WHO) recently admitted that a Bill & Melinda Gates Foundation (BMGF)-backed vaccine program was responsible for a new **polio outbreak** in Africa. The **usual suspects** were also behind a vaccination-linked polio surge in Pakistan and Afghanistan.

As noted, Dr. Merrit does NOT call this a vaccine, but rather “experimental biologics”: vaccines are where, e.g., you grow measles in, say, eggs. You then attenuate/weaken it with an adjuvant, and inject the weakened version in a person; Covid injection does not do give you an attenuated version of the bad guy; rather, they program mRNA (which makes proteins) to do the job. Here, the mRNA will start creating a part of that famed Covid spike protein to create immunity. But here’s the problem. There have been four animal studies, including a famed one published in the Journal of Virology. They tried to create a vaccine after SARS and again after MERS (all coronaviruses) but during full testing, **ALL THE ANIMALS DIED –NOT of the vaccine**; rather, they died of “antibody dependent enhancement” So... you get the “vaccine” and most folks are ok (though a small percentage die). The problem is, when *the host is re-challenged, it created a hyperinflammatory response, and EVERY one of the animals died*. I.e, when you get a similar virus again, the virus enters the body like a trojan horse, unseen by the immune system, and replicates like wildfire, killing the cat, ferret, whatever animal being tested. Story is on

PLOS at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421> or PubMed: <https://pubmed.ncbi.nlm.nih.gov/22536382/> [Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus](#) Chien-Te Tseng, Elena Sbrana, Naoko Iwata-Yoshikawa, Patrick C Newman, Tania Garron, Robert L Atmar, Clarence J Peters, Robert B Couch

What is the gene therapy in these shots? [Dr. Mercola states](#) that *"mRNA are snippets of genetic code that carries instructions for cells to produce proteins. The definition of genetic is 'relating to genes' and genes contain instructional code that tell the body what proteins to make. Therapy is the medical treatment of disease, so mRNA vaccines are very clearly gene therapy."* David Martin, Ph.D., added at www.davidmartin.world that Moderna's SEC filings specify that its technology is a "gene therapy technology," originally intended for cancer treatment. Its mechanism of action also confirms it to be gene therapy. So, it's gene therapy. Mercola then concludes that the Covid shots don't even meet the medical definition of what a vaccine actually is, where the CDC tells us at [CDC.gov Immunizations: The Basics, Definition of Terms](https://www.cdc.gov/immunizations/the-basics-definition-of-terms) that a vaccine is *"a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease."* Of course, immunity is defined as "Protection from an infectious disease," meaning that "If you are immune to a disease, you can be exposed to it without becoming infected." Neither Moderna nor Pfizer claim 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. The sole purpose of these products is to lessen clinical symptoms associated with the S-1 spike protein, not the actual virus. Has anyone told you this? Have you seen this in the fake news at CNN?

Will we have the same response as the cats and ferrets who died in the studies above? Well, *maybe* you'll be ok. However, we do not really know, says Dr. Merritt, what that mRNA is actually programmed to do – neither do the doctors; rather, it's just the top folks at Pfizer, etc. who do. Could there be something later released or occur in nature that hooks onto this mRNA created spike protein? In this case, no one actually dies of the vaccine, but rather when this later "part two" (think binary weapon here) is released, people will die, and no one will think anything more of it, as it will be attributed to "Covid 24" or maybe even those darned anti-vaxxers.

Conspiracy theory? Maybe. But then maybe these types of people ought to ask why they followed that zillion dollar Mueller fake Russia gate conspiracy which has been *proven* to be a scam first. Merritt also stated that *"perhaps there never was a viral outbreak, that it was a bioweapon release of a spike protein subunit of the spike protein that could be passed on tactilely and spread in an area, maybe aerosolized; think Wuhan, Lombardi and New York City. We saw a standard flu season curve; everything was going down until they started the inoculation program. With the injection, they're literally giving you the material to build the spike protein in your body in all cells. It goes throughout your body and produces the actual pathogen in your system. And then, it apparently can potentially shed."*

Is Merritt alone? Dr. Simone Gold, doctors is a board-certified emergency physician and founder of America's Front Line Doctors (AFLD). Her concerns are well articulated, in ["The Truth About the COVID-19 Vaccine,"](#) I personally have found her well-educated, well-spoken, sincere and knowledgeable. Well worth a listen.

Dr. Sherri Tenpenny, mentioned elsewhere in this paper, goes down the same path as Merritt and Gold. Tenpenny's incredible discussion on the Covid "vaccine" is [here](#). Can you say "self-replicating vaccine mutation factory" in each vaccinated person's body? And as if on cue shortly after this report, the San Jose Mercury news came out with this headline March 21, 2021: [California's new COVID-19 strain reduces immune response - The dominant strain in Bay Area counties, now a 'variant of concern,' is more transmissible and resistant to drugs used.](#) The article states *"California's more infectious strain of the COVID-19 virus is now the dominant variant in the state and has been proven to thwart protective antibodies used in vaccines and therapeutics, according to a new UC San Francisco study."*

If Tenpenny is correct, she has mapped out mechanisms whereby the mRNA vaccine could kill you [here](#). In sum, she says *"1.) it directly attacks lung tissue and breaks it down 2.) it inhibits M2 anti-inflammatory macrophages to cause massive cytokine storms; 3.) when the mRNA makes an antibody to the spike protein, you start permanently replicating – basically an on button with no off, 4.) the anti-spike protein, attacks the [astrocytes](#) and the [oligodendrocytes](#), which are two different kinds of cells in your brain. Two different kinds of central nervous system [cells]. It attacks the inner mitochondria membrane, in two different mechanisms and it attacks this neurofilament protein, which are the motor nerves, which suddenly –we've seen those people [with strong tremors], it's because the spike protein antibody is affecting their motor neurons and their central nervous system...the spike protein antibody attacks the mitochondria and it attacks the [GAD 65](#), which is the intracellular antigen inside of your mitochondria and it can also attack you pancreas. 5.) If you're diabetic, it'll make your diabetes worse. If you're not diabetic, it can cause you to have diabetes, [stiff-person syndrome](#), [cerebellar ataxia](#), which is what thing that you're watching [massive tremors]; people not able to walk; 6.) Unless you have an anaphylactic reaction – probably to the polyethylene glycol– unless you have an immediate reaction to it, the delayed reaction is going to start – it takes a while – I talked to a bunch of epidemiologists in Europe and they said that it takes about 48 weeks to really see the most profound effects of autoimmune disease....So, yes, 48 weeks – so it's somewhere between 48 weeks, so it's about a year and 6 to 7 months and a couple of years into the future."*

Is Tenpenny right? Here's a better question: Why, exactly, would you risk your life on even a five percent chance that she is right, for a virus that has somewhere over a 99.997% survival rate if you are young, and almost the same if you are 70? Meanwhile, Dr. Sucharit Bhakdi, a German microbiologist and professor who studied at the Universities of Bonn, Gießen, Mainz and Copenhagen, and at the Max Planck Institute of Immunobiology and Epigenetics in Freiburg agrees with Tenpenny, stating mRNA vaccines are, not only loaded with poisons, they also alter the natural immune system in such a way that it will greatly overreact when the victims are exposed later to almost any pathogen including the common flu. In other words, they will be attacked by their own immune system, which attacks could be more deadly than Covid itself

(assuming you buy into the faked numbers). He is concerned about this being a vector for depopulation. Video of Bhakdi [here or on Youtube here until they, Goebbel-like, remove it](#). His main concerns are, in addition to blood clots and cerebral vein thrombosis, that the now famed spike protein binds to the ACE2 receptor on platelets. The subsequent [activation](#) of the platelets can lead to disseminated intravascular coagulation (DIC), i.e., a pathological overstimulation of your coagulation system [resulting in abnormal blood clotting, thrombocytopenia \(low platelet count\) and hemorrhaging](#). Re. clots and thrombosis, Bhakdi, along with a number of doctors and scientists formed Doctors for COVID Ethics, sent a letter, [here](#), to the European Medicines Agency (EMA). Their questions – not answered of course, but probably flagged for deletion by some sociology major “fact checker” at YouTube or Facebook - ask whether the vaccine will enter the bloodstream, or worse, taken up by endothelial cells. From their letter, they also asked *“it must be expected that during expression of the vaccines’ nucleic acids, peptides derived from the spike protein will be presented via the MHC I – pathway at the luminal surface of the cells, and that many healthy individuals have CD8-lymphocytes that recognize these kinds of peptides — either due to previous COVID-19 infection, or cross-reaction with other coronaviruses responsible for the common cold. We must assume that these lymphocytes will mount an attack on the respective cells,”* they noted, *unless there’s evidence to exclude this probability. If lymphocytes do mount an attack on cells, “it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue,”* adding that reduced platelet count and the appearance of D-dimers in the blood is also to be expected, as are *“myriad ischemic lesions throughout the body including in the brain, spinal cord and heart,”* followed by *“profuse bleedings and hemorrhagic stroke.”* To Bhakdi, the Pfizer, Moderna and J&J vaccines are all equally risky.

Bhakdi thinks the vaccine mRNA or DNA is being taken up by the endothelial cells that line your blood vessels, which then start producing the SARS-CoV-2 spike protein in the blood vessel wall. Says Bhakdi: *“This is a disastrous situation because the spike protein itself is now sitting on the surface of the cells, facing the bloodstream. It is known that these spike proteins, the moment they touch platelets, they activate them [the platelets], and that sets the whole clotting system going. The second thing that should happen, according to theory, is that the waste products of this protein that are produced in the cell, are put in front of the ‘door’ of the cell ... and is presented to the immune system. The immune system, especially the lymphocytes, recognize these and will attack the cells, because they don’t want them to make viruses or viral parts. And the viral parts are now being made in locations where viral parts would never, ever reach [naturally], like the vessel wall in your brain ... If that ‘tapestry’ of the wall [i.e., the lining of the blood vessel] is then destroyed, then that is the signal for the clotting system to [activate], and create a blood clot. And this happens with all of these vaccines because the gene [the instruction to make spike protein] is being introduced to the vessel wall.”*

Platelets are specialized cells that stop bleeding. As Bhakdi explains, you basically end up with so many blood clots throughout your vascular system that your coagulation system is exhausted, resulting in bleeding (hemorrhaging). Interestingly, thrombocytopenia — low platelet count — has been reported in severe COVID-19 cases and vaccinated individuals alike, suggesting the spike protein may be a causative agent.

Dr. Lee Merritt, cited elsewhere in this paper, also has concerns about thrombocytopenia. She checked VAERS and saw there were 160 cases of this rare disorder **thrombocytopenia**, a condition in which you have a low blood platelet count. Platelets (thrombocytes) are colorless blood cells that help blood clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries. However, she explained that this is killing Covid “vaxed” people in spite of aggressive medical treatment, which generally doesn’t happen. A mother took her second vaccine and was breastfeeding her one-month-old baby, and the baby died of thrombocytopenia. Dr. Merritt said, “That alone should have caused a stoppage in this.” But of course it didn’t. Why should it? There’s Big Bucks and Big Control to be had here!

Andreas Greinacher at Univ. of Griefswald in Germany, as reported in the WSJ May 13, 2021, Bojan Pancevski, and his team are also concerned about human derived proteins and the preservative EDTA in the AstraZeneca and J&J vaccines:

“Prof. Greinacher and his team has ... identified more than 1,000 proteins in AstraZeneca’s vaccine derived from human cells, as well as a preservative known as ethylenediaminetetraacetic acid, or EDTA. Their hypothesis is that EDTA, which is common to drugs and other products, helps those proteins stray into the bloodstream, where they bind to a blood component called platelet factor 4, or PF4, forming complexes that activate the production of antibodies. The inflammation caused by the vaccines, combined with the PF4 complexes, could trick the immune system into believing the body had been infected by bacteria, triggering an archaic defense mechanism that then runs out of control and causes clotting and bleeding ... The type of clotting observed is known as vaccine-induced immune thrombotic thrombocytopenia, or VITT. Peer-reviewed studies by Prof. Greinacher’s group, as well as from teams at the University of Oslo and University College London have independently confirmed its existence.”

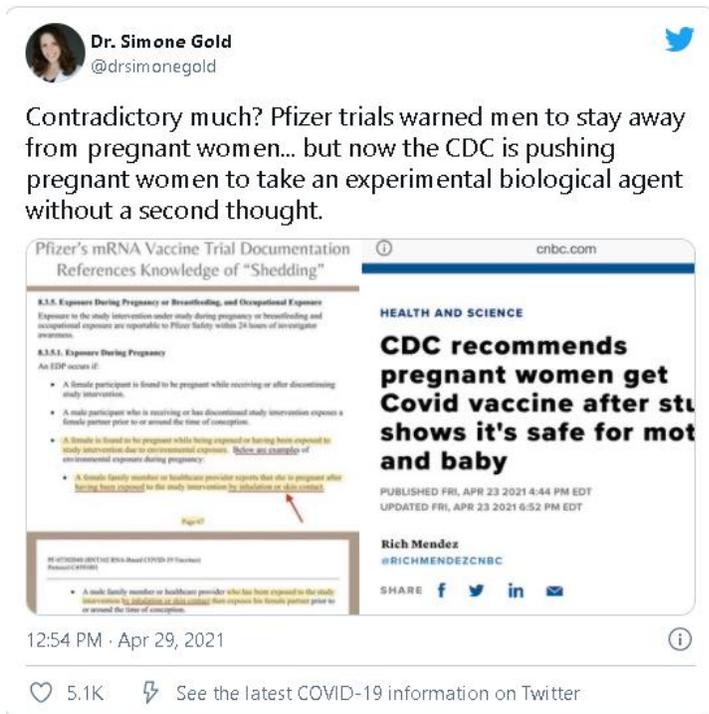
Dr. Steven Hotze, MD, founder of Hotze Health and Wellness, [talks in detail about](#) how this shot is not a vaccine, and doesn’t really work at that, noting *“The panic and mass hysteria created by the propaganda of government health bureaucrats, left-wing media, and politicians is all about control, power and money.”* Hotze adds that “British Medical Journal (BMJ) Associate Editor Peter Doshi, who had the opportunity to review the available data, pointed out the inconsistencies and weaknesses of the pre-approval trials. He concluded that rather than the widely publicized 95% effective rate, these “vaccines” are, at best, 19% effective. “

[Natural Health summarizes Hotze’s talk](#) as follows:

- Shots for COVID-19 don’t provide immunity against COVID-19 — which explains why the FDA and CDC warn it’s still possible for people to get and spread SARS-CoV-2 even if they’ve gotten the jab. Indeed, these unapproved “vaccines” — which were authorized for use without any long-term data nor published animal studies — do not meet the CDC’s own definition of a vaccine. (You may notice that even Dr. Hotze inaccurately refers to the vaccines as having been “approved” by the government — goes to show you how blurry the lines truly are surrounding these drugs.)

- What these experimental gene therapy drugs are actually designed to do is minimize your symptoms if you do become infected. Of course, unless you are elderly and have two or more co-morbidities, your risk of dying is about the same as seasonal flu.
- By law, pharmaceutical companies are not liable for vaccine-related injuries or deaths. According to Dr. Hotze, this explains why Moderna and Pfizer (with the support of the US government) are deceptively marketing their drugs as vaccines, in order to preemptively protect themselves against future litigation.
- Meanwhile, mRNA gene therapy has never before been tested in humans, “because of its failure in previous animal studies.”

Is Hotze nutty? Well, I thought we were ceremoniously told that “consensus” makes science (of course, it does not – experimentation and hypothesis testing do, as any intelligent person knows, but let’s play along here). If so, [here are fully 57 leading scientists, doctors and public policy experts calling for an immediate halt to the Covid shot](#). A day later a prominent molecular biologist, Dr [Janci Chunn Lindsay – Ph.D in biochemistry and molecular biology at U. of Texas, and works at MD Anderson Cancer Centre with over 30 years’ experience in toxicology and mechanistic biology- went on record as stating the Covid vax campaign is a ‘massive clinical trial’ using you, dear guinea pig, as the test subject](#). Her concerns cited were fertility, blood clotting and immune escape – until she was cut off while testifying at the meeting April 23 at the CDC’s Advisory Committee on Immunization Practices held a meeting in Atlanta, Georgia. She actually helped create a human contraceptive vax in the 1990s, that didn’t work, causing “unintended autoimmune ovarian destruction and sterility in animal test models,” even though the models did *not predict this*. Her three-minute vid discusses the fertility issue [here](#) where she adds this shot could “potentially sterilize an entire generation’ including impaired spermatogenesis and menses irregularities, as well as “could induce cross-reactive antibodies to syncytin (note to reader: Syncytin-1 is a cell-cell fusion protein whose function is best characterized in placental development.), and impair fertility as well as pregnancy outcomes.” These vaccines – all of them - also cause coagulopathy. Finally, she notes there is “strong evidence for immune escape...” but she was cut off at that point. Dr. Chunn Lindsay is also interviewed [here](#) by Canadian Patriot, particularly re. blood clotting and fertility... and that the Covid shots are not the only “nostrum” at our disposal, prophylactically and after diagnosis.



Gee... I'm surprised Gold is still not banned yet by the fiasco-Marxists at Twitter! Y'know, this "speaking the truth to power thingy only works when the fiasco-Marxists use it. Lindsay was on [YouTube](#) as of May 10, but probably will be gone by the time you see get this, so try Bitchute or Rumble (Jennifer Margullis has a revealing take on the censorship [here](#)).

Dr. Karladine Graves also has a detailed explanation of what makes these vaccines so dangerous in this presentation [here](#). In a nutshell, she notes *"What they have done is, they have taken a piece of genetic material—it's RNA—and they basically, they have made it so that it is a synthetic. Now, a synthetic to our bodies is not natural. It's foreign."* Dr. Graves explained it in layman's terms by comparing the injected materials in the so-called vaccines to eggs. *"The 'yolk' part is like the mRNA, messenger. The messenger RNA has a 'recipe,' as Dr [Sherri] Tenpenny calls it. I call it like a code. And it is carried with a lipid, and that's the white part of the egg. "You have that outer white part and that's the lipids that's holding that mRNA in, so, in order to get it transported you have to have the lipids, or the shell. So, you put the shell around it and then you have it encapsulated so to speak."* The problem is, per Graves, the "shell" if the "egg" is Polyethylene Glycol. Big pharma knows ~70% of people have some type of adversity to polyethylene glycol," she said. "They are allergic to it. And that can of course cause anaphylaxis or a reaction. *"To me these injections are kind of like playing Russian Roulette. You never know what's going to come up; you might get by, you might not. But, there's no promises."* Graves then notes once vaccinated, *"the cells will take up this product. This (is a)synthetic product that they have placed in the body, and the body is going to make an antibody, and then that antibody is going to trigger the cell to make a protein – it's going to make a spike protein – but, remember this is not a natural spike protein."* But here's the rub, per Graves: *"It is a synthetic and the body realizes that this is something that is foreign. It's not of nature and so it's never*

been seen before. And so, we are an experiment to see what the body is going to do. Now, the theory is that it will make an antigen, and then it will make this protein, and then this protein is going to make this spike protein.” In theory, it could all work. The problem is we have no idea at this point if it will. There’s a reason we went from zero to “vaccines” in such a short period of time. They’ve been working on this for nearly two decades with previous coronavirus strands. What they won’t tell us is that they have never been able to demonstrate through clinical trials that it actually works.”

Dr. Ryan Cole, CEO and Medical Director of Cole Diagnostics, one of the largest independent labs in Idaho, which has conducted over 100,000 Covid tests and who has treated over 350,000 patients during his long career also destroys the Covid narrative [here](#), particularly discussing how Vitamin D – which now even the British government has recognized as critical - is paramount. And here are a dozen or so MD’s from around the world – Norway, UK, Holland, US, etc. who all have *strongly* spoken out about the vaccine, and explained why. See [here](#) for the Brighteon video.

Dr. Michael Yeadon from a few months ago also weighed in. This is the man who was a VP at Pfizer (y’know.... one of the Covid vaccine manufacturers!), with a PhD in pharmacology and CEO of a biotech he founded, Ziarco (later acquired by Novartis): He says: *“All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been... in development for more than a few months.”* Yeadon then went on to declare, *“If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent. This is because there are precisely zero human volunteers for...whom there could possibly be more than a few months past-dose safety information.”* (See [here](#) for source) [And of course, as of Dec. 16th, Albert Bourla, the CEO of Pfizer, had not yet taken his own vaccine yet!](#) This may have changed by now (or not), but his contention was that he wanted it to get out to other people first. Maybe that is true, maybe it isn’t. But certainly two shots out of many, many millions produced was not going to tip any scales. At best, this does not inspire confidence, and underscores Yeadon’s contention. [Yeadon has also stated about the vaccine](#) *“‘Look out the window, and think, ‘why is my government lying to me about something so fundamental?’ Because, I think the answer is, they are going to kill you using this method. They’re going to kill you and your family.”* Some other salient comments from Yeadon are in the hyperlinked article, which one would think might at least warrant consideration from the public, where he addresses what he calls “demonstrably false” propaganda from governments, including the “lies” of all those supposedly dangerous variants, as well as the totalitarian issue of vaccine passports, and even the fact that there might be some type of collusion that could lead to more deaths than we saw in the wars of last century . LifeSite News lists his main points:

1. There is “no possibility” current variants of COVID-19 will escape immunity. It is “just a lie.”
2. Governments are repeating this lie, indicating that we are witnessing not just “convergent opportunism,” but a “conspiracy.” Meanwhile media outlets and Big Tech platforms are committed to the same propaganda and the censorship of the truth.

3. Pharmaceutical companies have already begun to develop unneeded “top-up” (“booster”) vaccines for the “variants.” The companies are planning to manufacture billions of vials, in addition to the current experimental COVID-19 “vaccine” campaign. Regulatory agencies like the FDA and the European Medicines Agency, have announced that since these “top-up” vaccines will be so similar to the prior injections which were approved for emergency use authorization, drug companies will not be required to “perform any clinical safety studies.”
4. Design and implementation of repeated and coerced mRNA vaccines “go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, [injecting] some superfluous genetic sequence for which there is absolutely no need or justification.”
5. Why are they doing this? Since no benign reason is apparent, the use of vaccine passports along with a “banking reset” could issue in a totalitarianism unlike the world has ever seen. Recalling the evil of Stalin, Mao, and Hitler, “mass depopulation” remains a logical outcome. [Here is Yeadon on BrandNewTube.com in his own words](#) on the topic. (And while there, [listen to famed rocker Bruce Clapton say “I should never have gone near the needle.”](#) No, not heroin, but the Covid jab; and he asks “where have all the rebels gone?” (Certainly, the “rebels are not comprised of folks like Marxist BLM founder [Patrice Cullors, who just moved into her \\$1.4 million dollar mansion](#) in nearly all white Topanga Canyon, CA. And nope, *that* won’t be on CNN any time soon!) Clapton noted he had severe adverse reaction to the AstraZeneca COVID-19 vaccine, with the first dose leaving him shaking, with fever and chills, and “out for the count for about a week”; the second dose led to a significant worsening of his peripheral neuropathy, leaving him in “pain and agony” and unable to use his hands for about three weeks. Here he is in his own words: <https://youtu.be/4OHmMKrVbNk> (until they ban it).
6. The fact that this at least *could* be true means everyone must “fight like crazy to make sure that system never forms.”

Here is Yeadon in his own words, which I am going to quote at length from <https://www.lifesitenews.com/news/exclusive-former-pfizer-vp-your-government-is-lying-to-you-in-a-way-that-could-lead-to-your-death>, because each word is critical:

“But in the last year I have realized that my government and its advisers are lying in the faces of the British people about everything to do with this coronavirus. Absolutely everything. It’s a fallacy this idea of asymptomatic transmission and that you don’t have symptoms, but you are a source of a virus. That lockdowns work, that masks have a protective value obviously for you or someone else, and that variants are scary things and we even need to close international borders in case some of these nasty foreign variants get in.

“Or, by the way, on top of the current list of gene-based vaccines that we have miraculously made, there will be some ‘top-up’ vaccines to cope with the immune escape variants.

“Everything I have told you, every single one of those things is demonstrably false. But our entire national policy is based on these all being broadly right, but they are all wrong.”

“But what I would like to do is talk about immune escape because I think that’s probably going to be the end game for this whole event, which I think is probably a conspiracy. Last year I thought it was what I called ‘convergent opportunism,’ that is a bunch of different stakeholder groups have managed to pounce on a world in chaos to push us in a particular direction. So it looked like it was kind of linked, but I was prepared to say it was just convergence.”

“I [now] think that’s naïve. There is no question in my mind that very significant powerbrokers around the world have either planned to take advantage of the next pandemic or created the pandemic. One of those two things is true because the reason it must be true is that dozens and dozens of governments are all saying the same lies and doing the same inefficacious things that demonstrably cost lives.

“And they are talking the same sort of future script which is, ‘We don’t want you to move around because of these pesky varmints, these “variants”’ — which I call ‘samiants’ by the way, because they are pretty much the same — but they’re all saying this and they are all saying ‘don’t worry, there will be “top-up” vaccines that will cope with the potential escapees.’ They’re all saying this when it is obviously nonsense.”

“I think the end game is going to be, ‘everyone receives a vaccine’... Everyone on the planet is going to find themselves persuaded, cajoled, not quite mandated, hemmed-in to take a jab.

“When they do that every single individual on the planet will have a name, or unique digital ID and a health status flag which will be ‘vaccinated,’ or not ... and whoever possesses that, sort of single database, operable centrally, applicable everywhere to control, to provide as it were, a privilege, you can either cross this particular threshold or conduct this particular transaction or not depending on [what] the controllers of that one human population database decide. And I think that’s what this is all about because once you’ve got that, we become playthings and the world can be as the controllers of that database want it.

“For example, you might find that after a banking reset that you can only spend through using an app that actually feeds off this [database], your ID, your name, [and] your health status flag.”

“And, yes, certainly crossing an international border is the most obvious use for these vaccine passports, as they are called, but I’ve heard talk of them already that they could be necessary for you to get into public spaces, enclosed public spaces. I expect that if they wanted to, you would not be able to leave your house in the future without the appropriate privilege on your app. “But even if that’s not [the] true [intent of the vaccine campaign], it doesn’t matter, the fact that it could be true means everyone [reading] this should fight like crazy to make sure that [vaccine passport] system never forms.”

“[With such a system], here is an example of what they could make you do, and I think this is what they’re going to make [people] do. You could invent a story that is about a virus and its variations, its mutations over time. You could invent the story and make sure you embed it through the captive media, make sure that no one can counter it by censoring alternative sources, then people are now familiar with this idea that this virus mutates, which it does, and that it produces variants, which is true [as well], which could escape your immune system, and that’s a lie.

“But, nevertheless, we’re going to tell you it’s true, and then when we tell you that it’s true and we say ‘but we’ve got the cure, here’s a top-up vaccine,’ you’ll get a message, based on this one global, this one ID system: ‘Bing!’ it will come up and say ‘Dr. Yeadon, time for your top-up vaccine. And, by the way,’ it will say ‘your existing immune privileges remain valid for four weeks. But if you don’t get your top-up vaccine in that time, you will unfortunately detrimentally be an “out person,” and you don’t want that, do you?’ So, that’s how it’ll work, and people will just walk up and they’ll get their top-up vaccine.”

I don’t know what Vanden Bossche is about. There was no possibility at all, based on all of the variants that are in the public domain, 4000 or so of them, none of them are going to escape immunity [i.e. become more dangerous]. Nevertheless, politicians and health advisers (to loads of governments) are saying that they are. They’re lying. Well, why would you do that? Here’s the other thing, in parallel, pharmaceutical companies have said, several of them, it will be quite easy for us to adjust our gene-based vaccines, and we can hasten them through development, and we can help you.

“And here’s the real scary part, global medicines regulators like [the U.S. Food and Drug Administration] FDA, the Japanese medicines agency, the European Medicines Agency, have gotten together and announced ... since top-up vaccines will be considered so similar to the ones that we have already

approved for emergency use authorization, we are not going to require the drug companies to perform any clinical safety studies.

“So, you’ve got on the one hand, governments and their advisers that are lying to you that variants are different enough from the current virus that, even if you’re immune from natural exposure or vaccination, you’re a risk and you need to come and get this top-up vaccine. So, I think neither of those are true. So why is the drug company making the top-up vaccines? And [with] the regulators having got out of the way — and if Yeadon is right, and I’m sure I am or I wouldn’t be telling you this — you go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, some superfluous genetic sequence for which there is absolutely no need or justification. And if you wanted to introduce a characteristic which could be harmful and could even be lethal, and you can even tune it to say ‘let’s put it in some gene that will cause liver injury over a nine-month period,’ or, cause your kidneys to fail but not until you encounter this kind of organism [that would be quite possible]. Biotechnology provides you with limitless ways, frankly, to injure or kill billions of people.

“And since I can’t think of a benign explanation for any of the steps: variants, top-up vaccines, no regulatory studies... it’s not only that I cannot think of a benign explanation, the steps described, and the scenario described, and the necessary sort of resolution to this false problem is going to allow what I just described: unknown, and unnecessary gene sequences injected into the arms of potentially billions of people for no reason. “I’m very worried ... that pathway will be used for mass depopulation, because I can’t think of any benign explanation. If I can show you that one major thing that governments around the world are telling the people is a lie, you should take my 32 years of experienced opinion that says, most of it, if not all of it, is a lie.”

“The most different variant is only 0.3% different from the original sequence as emailed out of Wuhan in ... January 2020. 0.3% [is] the one [variant] that is the most different on the planet so far. And now another way of saying it is, ‘all of the variants are not less than 99.7% identical to each other.’ “Now, you might be thinking, ‘hmm, .3%, is that enough [to escape immunity and become more dangerous]?’ The answer is no. Get away, ya know, get out of here ... The human immune system is a thing of wonder. What it does is when it faces a new pathogen like this, you’ve got professional cells, they’re called professional antigen-presenting cells — they’re kind of rough tough things that tend not to succumb to viruses. And their job is to grab foreign things in the near environment and tear them limb from limb [inside the cell]. They really cut them up into hundreds of pieces. And then they present these pieces on the surfaces of their cell to other bits of your immune system, and amazingly, because of the variability that God and nature gave

you, huge variability to recognize foreign things, and your body ends up using 15 to 20 different specific motifs that it spots about this virus. They're called epitopes, basically they're just like little photographs of the details about this virus. That's what they do. And that is what is called your repertoire, your immune repertoire is like 20 different accurate photographs, close-ups, of different bits of this virus. Now, if a tiny piece of the virus changes, like the .3% I've just described, if you are reinfected by that variant, your professional cells tear into that virus and cut it into pieces, present them again, and lo and behold, most of the pieces that you have already seen and recognized, are still there in the variants.

"There is absolutely no chance that all of them will fail to be recognized and that is what is required for immune escape, to escape your immunity. It must present to you as a new pathogen. It must be sufficiently different that, when it is cut up by your professional checker cells, it won't find mostly the same thing it has seen before. And that is just absurdly impossible when you have only varied .3%, so it is 99.7% (similar). You can go and check that by looking at papers by a person called Alison Tarke. There is also Shane Crotty, and all of the other co-authors. And before them, coming from my theoretical understanding of multi-locus immunity, which is what I just badly tried to describe, to what actually happens ... If your [immune system] is presented with something that contains even half of those similar pieces, there is no way your body will say, 'that's a new pathogen.' "And, so, the idea that 0.3% could even have a chance of getting around immunity is just a lie. It's not [even] like an opinion difference.

"I don't think 3% would be enough. That's 10 times more variation than has occurred in 16 months [with this virus]. I don't even think 30% difference would be enough. So, I'm saying that 100 times more variation than has actually happened, would still leave me putting a big bet on the human immune system not being fooled that these are new pathogens. I've chatted this over with several professors of immunology and they agreed with me, it's like, 'why are you asking me this?'

"So, I think that what I've just said is that governments and their advisors in multiple countries are lying about variants. That's a massive thing! You should check it out. Your readers should check it out. If it's true, don't you think it's terrifying?! It was when I realized it. So, they're lying about variants, and then, of course, since [the variants] are not really different, you do not need a 'top-up' vaccine. Now you should be getting the hairs on the back of your neck up, because they are making them right now!" They are making billions of vials of it. And they will be available by the end of the year. And I think they'll require people to first, be on the vaccine passport one-world database, and then it will roll up into the top-ups, and if it takes a

bit longer it will take a bit longer. But this is not going away. It won't go away until enough people, if they ever do, say 'you're a bunch of frauds and we are taking our freedoms back, so you can just stop doing this.'

"Because one person shouting into the wilderness and all of the other academics looking the other way, will have us just going down this pipe maybe a week later than if I hadn't said anything, but we're still going down to hell. So, that's why I'm frightened. The variants aren't different. I call them 'samianths'... they're pretty much the same. They're not different. Therefore, you don't need a top-up vaccine, so don't go near any of them."

'Why is my government lying to me?' Because 'they are going to kill you.' [And if you recognize that our governments are involved in a major verifiable lie], don't just turn your computer off and go to supper. Stop. Look out the window, and think, 'why is my government lying to me about something so fundamental?' Because, I think the answer is, *they are going to kill you using this method. They're going to kill you and your family.*

"The eugenicists have got hold of the levers of power and this is a really artful way of getting you to line-up and receive some unspecified thing that will damage you. I have no idea what it will actually be, but it won't be a vaccine because you don't need one. And it won't kill you on the end of the needle because you would spot that.

"It could be something that will produce normal pathology, it will be at various times between vaccination and the event, it will be plausibly deniable because there will be something else going on in the world at that time, in the context of which your demise, or that of your children will look normal. That's what I would do if I wanted to get rid of 90 or 95% of the world's population. And I think that's what they're doing."

"Now I don't know [for certain] that they're going to use that [system] to kill you, but I can't think of a benign reason, and with that power they certainly could harm you, or control you, so you should object [and strenuously oppose it]. "It's become absolutely clear to me, even when I talk to intelligent people, friends, acquaintances ... and they can tell I'm telling them something important, but they get to the point [where I say] 'your government is lying to you in a way that could lead to your death and that of your children,' and they can't begin to engage with it. And I think maybe 10% of them understand what I said, and 90% of those blank their understanding of it because it is too difficult. And my concern is, we are going to lose this, because people will not deal with the possibility that anyone is so evil..."

“But I remind you of what happened in Russia in the 20th Century, what happened in 1933 to 1945, what happened in, you know, Southeast Asia in some of the most awful times in the post-war era. And, what happened in China with Mao and so on. We’ve only got to look back two or three generations. All around us there are people who are as bad as the people doing this. They’re all around us. So, I say to folks, the only thing that really marks this one out, is its scale. But actually, this is probably less bloody, it’s less personal, isn’t it? The people who are steering this ... it’s going to be much easier for them. They don’t have to shoot anyone in the face. They don’t have to beat someone to death with a baseball bat, or freeze them, starve them, make them work until they die. All of those things did happen two or three generations back and our grandparents or great grandparents were either victims of this, or they were actually members of it, or at least they witnessed it from overseas. That’s how close we are. And all I’m saying is, some shifts like that are happening again, but now they are using molecular biology. And the people going along with it, I think they would probably say, ‘I was only following orders,’ which we have heard before.

“But I know, because I have talked to lots of people, and some of them have said ‘I don’t want to believe that you are right, so I’m going to just put it away because if it is true, I can’t handle it.’ And I think ... all you need to do is find a good reason to tell people, ‘Don’t take the vaccine unless you’re a medical risk of dying from the virus!’ That seems to me a pretty good line!

“I’m a scientist, and I can tell you, talking to non-scientists, using science as a tool, will not work. It will fail.

“So, we need philosophers, people who understand logic, religion, something like that, [they have] got to wrestle with this, and start talking in a language people will understand. Because if we leave it with scientists, people like me, even though I’m well-intentioned, I’m a gabbling alien as far as most people in the street are concerned. They won’t believe the government will lie to them, they don’t believe the government would ever do anything that will harm them, but they are [doing such things].”

Finally, in an email correspondence, Dr. Yeadon concluded, “I have latest taken to signing off with ‘May God save us’, because I think we need God now more than at any time since WW2.” Read more on Yeadon’s concerns [here](#).

Yeadon also notes elsewhere that THE most different variant as of April 2021 (think all those “scary” South African, Brazilian, ad nauseam “variants” is 0.3% different from the original Wuhan virus which he says is irrelevant to the human immune system’s attention. To confirm this, he notes the 2003 SARS-Cov2 virus is fully 80% different, and those that had this form of

SARS from 2003 STILL had excellent immune memory and cross-immunity! The human immune system takes “snapshots” when it has something, and recognizes other variants as something it has seen before. Yeadon says he “knows for certain” that those pushing this other variants agenda is “a lie.” [See here, 45 min](#) mark.

Also re. variants, Sunetra Gupta, who is professor of theoretical epidemiology in the Department of Zoology at the University of Oxford, and a Royal Society Wolfson Research Fellow says in a YouTube February 17, 2021: “... *some of these variants could be more transmissible, but the truth is ... even with a marginal increase in transmissibility ... that does not have much of a material effect or difference in how we deal with the virus. In other words, the surge of the virus cannot be ascribed to a new variant ...*

The other question is are these variants more virulent, and the truth is we don't know, but it is unlikely because the data don't seem to say so despite the scary headlines ... Pathogens tend to evolve toward lower virulence ... because that maximizes their transmissibility ... It is much more probable that these strains will not be materially so different that we would have to alter our policies.” In other words, even if the new strains of COVID are more transmissible, it is highly unlikely that they are more lethal. Diagnostic pathologist Clare Craig added on Twitter, Feb. 9, 2021 that “SARS-CoV-2 genetic sequence has ~30,000 letters. Alterations in a handful of letters will not change it's shape much — if it did it wouldn't function properly anyway. Fear mongering about immune escape is not needed and is irresponsible especially when no evidence to support the claims.” And Yeadon then adds – and I quote at length due to his qualifications –

“The idea is planted in people's mind that this virus is mutating in such a way as to evade prior immunity. This is completely unfounded, certainly as regards immunity ... (that is) gained naturally, after repelling the virus ... It's important to appreciate that upon infection, the human immune system cuts up an infectious agent into short pieces. Each of these short pieces of protein are presented to other cells in the immune system, like an identity parade ... These have a range of functions. Some make antibodies & others are programmed to kill cells infected by the virus, recognized by displaying on their surface signals that tell the body that they've been invaded. In almost all cases ... this smart adaptive system overcomes the infection. Crucially ... this event leaves you with many different kinds of long-lived 'memory' cells which, if you're infected again, rapidly wipe out any attempt at reinfection.

So, you won't again be made ill by the same virus, and because the virus is simply not permitted to replicate, you are also no longer able to participate in transmission ... The general 'direction of travel' (for viruses) is to become less injurious but easier to transmit, eventually joining the other 40 or so viruses which cause what we collectively term 'the common cold.' What generally doesn't happen is for mutants to become more lethal to the hosts (us). But the key point I wanted to get across is just how large SARS-COV-2 is. I recall it's of the order of 30,000 letters of genetic code which, when translated, make around 10,000 amino acids in several viral proteins. Now you can see that the kinds of numbers of changes in the letters of the genetic code are truly tiny in

comparison with the whole. 30 letter changes might be roughly 0.1% of the virus's code. In other words, 99.9% of that code is not different from the so-called Wuhan strain.

Similarly, the changes in the protein translated from those letter code alterations are overwhelmed by the vast majority of the unchanged protein sequences. So your immune system, recognizing as it does perhaps dozens of short pieces ... will not be fooled by a couple of small changes to a tiny fraction of these. No: your immune system knows immediately that this is an invader it's seen before, and has no difficulty whatsoever in dealing with it swiftly & without symptoms. So, it's a scientifically invalid ... even if mutations did change a couple of these, the majority of the pieces ... of the mutated virus will still be unchanged & recognized by the vaccine-immune system or the virus-infected immune system & a prompt, vigorous response will still protect you."

Yeadon thinks the rationale is, frighteningly, they are lying in order to dupe more people into getting injected with a substance that will either render them infertile, cause them great bodily harm or kill them outright. Make your own decision on this, [but Yeadon says](#):

"The eugenicists have got hold of the levers of power and this is a really artful way of getting you to line-up and receive some unspecified thing that will damage you. I have no idea what it will actually be, but it won't be a vaccine because you don't need one. And it won't kill you on the end of the needle because you would spot that. It could be something that will produce normal pathology, it will be at various times between vaccination and the event, it will be plausibly deniable because there will be something else going on in the world at that time, in the context of which your demise, or that of your children will look normal. That's what I would do if I wanted to get rid of 90 or 95% of the world's population. And I think that's what they're doing."

Yeadon thinks the follow up scam of asymptomatic is being used to spread fear and ensure us poor, unwashed masses stay in line, while he believes only those who have clear, observable symptoms pose any real threat to other. The reason? to be an efficient source of infection, you need a high viral load, meaning your immune system is fighting back and always induces symptoms. But no matter! Asymptomatic spread means lockdowns, passports, wearing masks, while walking outdoors in parks *alone* (which I see all the time!), destroying your small or mid-sized business, and no more freedoms for you, dear serf. Oh yes... they will also now need, under the guise of this scandemic and the economic destruction is has greated, to usher in the Great Reset Agenda 2030, where your status as permanent serf to the Emperor Palpatines (Gates, Bezos, Soros) in ratified. But of course, the only ratification needed is by them – you are irrelevant; and besides, as Obamacare Zeke Emanuel wrote in Atlantic magazine, at age 75 you should just go away and die anyway. See his article "Why I Hope to Die at 75" [here](#). Not only is the gambit right out in the open, they are rubbing the noses of the population in their hubris, who are either too dense, or too gullible to do something as simple as read the article. Better to be entertained by *panem et circenses* (Roman bread and circuses) [Here are five other doctors](#) who also think the shot is actually some form of a bioweapon, another story [here in State of the Nation](#) of a similar vein, which states, in part "This rapidly evolving international criminal

conspiracy to foist an extremely hazardous 'vaccine' upon the entire planetary civilization is completely without precedent. But what makes it a truly genocidal crime wave washing over the planet is the extraordinary intention to enforce such a comprehensive and complex cover-up of the never-ending crime spree. To date, there are countless proven cases of deaths, injuries and illness which have occurred right after people have received the different Covid jabs. Despite the overwhelming evidence of the lethality of the so-called COVID-19 vaccines, nations everywhere proceed to kill and/or injure their citizens, and then cover up these medical events known euphemistically as iatrogenic death and illness."

Yeadon concluded [by noting](#) *"I'm in favor of all modes of new medical treatments, whether they're biologicals or vaccines, small molecules, creams, sprays, ointments, whatever, but I'm fervently against unsafe medicines or medicines used in an inappropriate context. Some of the things I'm going to say are not favorable to the current crop of gene-based vaccines and it's [because] they're being inappropriately used. I don't think they have a sufficient safety profile to be used as a sort of wide-spectrum public health prophylactic ...A few things have allowed me, I think, to spot what's going on in the world at the moment. One, I've loved biology since I was little. I've been continuing to learn and to apply biology broadly, whether it's pharmacology, biochemistry, molecular biology [or] toxicology. I've got a very broad grounding in all things to do with life science, in terms of health and disease. [Secondly], one of my former supervisors said that I had a remarkable facility that stood out above the sort of ordinary things you'd have to do to be a vice president or a CEO. He said I was able to spot patterns in sparse data earlier than my peers. So, when there's not enough data for most people to judge what was going on, I would often be able to see it. I could see a pattern forming when there wasn't quite enough information ... On this occasion, it allowed me, quite quickly, to work out that what we were being told about this virus and what we needed to do in order to stay safe was simply not true.*

Incidentally, for those interested in the relative death toll from doctor fallibility is below. This despite the fact that the vast, vast majority of doctors got into the field to help, and take the Hippocratic Oath seriously. The point being, is that doctors are not perfect, and science – which should be based on experimentation and skepticism, not knowledge lockdowns by Twitter, Facebook and Google, should be key. After all, it was less than 150 years ago that doctor Ignaz Semmelweis was drummed out the medical profession by insisting his doctors wash their hands between patients, and phrenology (the study of bumps on the head) were standard fare medicine.

Below, cited from <https://pharmadeathclock.com/> The point being is that I see my allopathic doctor regularly. But I bring my own intelligence and research to the table, and not just expect the government to take care of my every need, including, apparently with much of the culture today, expecting the government to come in and – sorry for the crudity – wipe their derrieres (presumably with their “stimmy” cheques and universal basic income... something, e.g., our forebears like mountain men John Coulter, Jedidiah Smith, Kit Carson and the like would not even waste the saliva to spit on).

Chemotherapy 21,497,195		Iatrogenic Deaths 16,852,425	Hospital Errors 9,458,766
Drug-Resistant Tuberculosis (MDR) 4,514,411	Bedsore 2,472,177	Hospital Malnutrition 2,338,894	Adverse Drug Reactions 2,278,702
Medical Error 2,106,725	Hospital Infections 1,612,289	SSRIs 859,887	Surgery-Related 687,910
SuperBugs 494,435	Prescription Drugs 489,426	Drug-Resistant Streptococcus Pneumoniae 472,938	Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) 354,703
Opioids (pain relievers) 349,006	Clostridium Difficile (C.diff) 300,960	Methicillin-Resistant Staphylococcus Aureus (MRSA) 242,595	Benzodiazepines 149,899
Anti-Depressant Overdoses 83,602	Anti-Epileptic and Anti-Parkinsonism Drugs 36,910	Extended Spectrum - Lactamase (ESBL) Producing Enterobacteriaceae 36,545	Systemic and Hematological Drugs 34,202

Anti-Psychotic and Neuroleptic Drugs 29,042	Vancomycin-Resistant Enterococcus 27,946	Acetaminophen-Related Deaths 21,067	Drug-Resistant Salmonella Enterica Serovar Typhi 16,337
Carbapenem-Resistant Enterobacteriaceae (CRE) 12,898	Multi-Drug Resistant Acinetobacter 10,748	Respiratory Drugs 10,469	Drug-Resistant Non-Typhoidal Salmonella 9,673
Clindamycin-Resistant Group B Streptococcus 9,458	Multidrug-Resistant Pseudomonas Aeruginosa 9,458	Cardiovascular Drugs 7,610	Barbiturates 6,363
Autonomic Nervous System Drugs 5,653	Anesthetics and Therapeutic Gases 4,191	Erythromycin-Resistant Group A Streptococcus (GAS) 3,439	Hormones, Insulins and Glucocorticoids 3,160
Anti-Infectives 2,450	Diuretics and Other Drugs, Medicaments, and Biological Substances 1,203	Drug-Resistant Shigella 859	Topical Drugs 730
Legal Abortions 214	Unintended Retention of Foreign Objects 34		

Can it get worse? Let it to the Great Reset fasco-Marxists, and tune in for the next article!