

VACCINES, VACCINES EVERYWHERE, AND NARY A DROP (OF TRUTH) TO DRINK

Part 4 in an on-going series on the greatest scam this side of the Crab Nebula

“A woman has an absolute right to her own body” and “My body, my choice”

- Planned Parenthood... except that this absolute *only* applies for abortions, not for the Covid shot



Before we delve into the Covid shot, let me set the stage with some observations and comments on other trojan horse “gifts” from your technocratic elites, and what is outside the scope of this paper:

It is strange, is it not, mes amies, that people who would never think of buying the very first edition of a new car or unnecessarily volunteer for a first time-ever brain surgery, are lining up for the faux vax that has *not* successfully passed animal trials, and is unapproved for the prevention of Covid except as an emergency authorization – in sum, you *legally an un-named* participant in a Stage 4 FDA Vaccine Trial. Were you aware of that when you signed up? Or did they just look for gullible people who were manipulated by fear? For now, let’s leave aside that, fast coming down the road, [there is now a push to create straight DNA vaccines](#), to literally change your DNA (courtesy of the same technocrats that brought you Microsoft’s “Blue Screen of Death.”). To wit, here is a sentence from an NIAID press release that mentions one of several research approaches: “NIAID Vaccine Research Center scientists have initiated Phase 1/2 studies of a universal flu vaccine strategy that includes an investigational DNA-based vaccine (called a DNA ‘prime’)...” [Technocracy News summarizes](#): “Here is the punchline: “The viruses invade human cells with their DNA payloads, and the synthetic gene is incorporated into the recipient’s own DNA. If all goes well, the new genes instruct the cells to begin manufacturing powerful antibodies.” Read that again: “the synthetic gene is incorporated into the recipient’s own DNA.” Alteration of the human genetic makeup. Not just a ‘visit.’ Permanent residence. And once a person’s DNA is changed, he will live with that change—and all the ripple effects in

his genetic makeup—for the rest of his life.” And these vaccines are *not designed* to prevent infection, or its spread – only to stop the majority from getting a more serious case. Which, of course, sufficient Vit D over 40 ng/mL (and under 100), zinc and quercetin will do... only a LOT cheaper

Paired with tis is self-appointed Einstein heir apparent Tom Knight, professor at MIT’s Artificial Intelligence Lab, [said in 2007](#) that “*The genetic code is 3.6 billion years old. It’s time for a rewrite.*” Might this recall that “Best and the Brightest” cadre that got us into Vietnam? Looks like we have a new replacement crew for them! Knight’s synthetic biology company Ginkgo Bioworks is [using its synthetic biology tech](#) to develop COVID vaccines. Apparently Tom knows more than God, you can be assured. And of course the vile Bill [Gates funded](#) synthetic biologists believe that they can “do better” than nature with “**self-assembling nanoparticles**” that will be injected into your body: “*With all due respect to nature, synthetic biologists believe they can do better. Using computers, they are designing new, self-assembling protein nanoparticles studded with viral proteins, called antigens: these porcupine-like particles would be the guts of a vaccine.*”

To which I have one word. Or make that picture:



Yep, even God Himself (herself? zirsself?) couldn't sink her!

Technocracy News has a lengthy write up on this topic in depth [here](#).

Of course, the current mRNA “vaccine” is NOT a vaccine - which comes from the Latin *vaccinus*, the word for cows, illustrating the first vaccine from Edward Jenner ~1800 used a small amount of cowpox virus to inoculate others. But wait! In line with the Orwellian rule of co-opting of language first and foremost, [Merriam-Webster came out and changed the definition of ‘vaccine’ so Covid ‘vaccines’ can be defined as such](#). As someone with a graduate degree in linguistics, I am outraged at this.... Depending, of course, on how Webster defines “outrage” (or for that matter, male or female, truth, 2+2=4, or perhaps more germane - the word propaganda).

First of all, it is not the virus itself that causes the symptoms, but rather the reaction to the virus – here a hyper-inflammatory response by the body. Note that [the Salk Institute reported](#) in research published April 30, 2021 in [Circulation Research](#) that “shows conclusively” the virus is a vascular disease). The hyper-inflammatory aspect is significant, as this is what is behind the hospitalizations and deaths – and also provides a vector by which we can treat the virus... on our own, if the medical authorities won’t let us have medications that actually work, like Ivermectin, hydroxychloroquine, etc. (As of late June, 2021, 53 studies – as reported by *Epoch Time*, June 23-29,, 2021, page C1 - have shown HCQ can treat Covid effectively.) And of course, these vaccines do not actually prevent one from getting infected or transmitting the virus, only that the FDA’s [Emergency Use Authorization permitted their use with the understanding that this would make infections less severe](#). [LifeSite News adds to this](#), quoting the Pfizer site itself: *“Pfizer-BioNTech and Moderna vaccines are not FDA approved but have been released under Emergency Use Authorization (EUA). These are novel vaccines that use messenger ribonucleic acid (mRNA), which is a molecular portion of the virus’ total genetic information. The clinical trials had followed recipients for 2 months after 2 doses. Long-term side effects are unknown. Neither mRNA nor the lipid nanoparticles have been tested in humans. Vaccines commonly use a weakened or killed virus or part of the virus toxin to inject. This triggers the person’s immune system to make antibodies that would recognize and neutralize an infecting virus. A mRNA vaccine works differently because laboratory-made genetic material coding for a part of the virus (spike protein) is injected. It first relies on the recipient’s cells to read this genetic code and make more of the foreign protein molecule for the spike protein. Then it relies on the immune system to make antibodies to this part of the virus. These antibodies are presumed to inactivate the foreign virus and not attack the person’s own cells.”* (Note: DNA is that double helix you have seen pictures of in high school, whereas RNA is only one strand. Genetic info in RNA is read by ribosomes, which results in the creation of proteins needed by the cell – the LifeSiteNews.com link has a detailed explanation). But key point is that, per biochemist Dianne Irving, Ph.D., *“...while it may be correct to say that the foreign mRNA does not change the DNA structure inside the nucleus, or the DNA structure of the mitochondrial DNA, it does change the functioning of the mitochondrial-bound ribosomes and thus the functioning of the mitochondrial DNA. Mitochondrial DNA is part of the human genome. Therefore, foreign messenger-RNA causes a change in function of mitochondrial-bound ribosomes, and thus in mitochondrial DNA function. This change in function of the mitochondrial DNA is to produce a foreign protein that it would never make naturally. This change in function of the mitochondrial ribosomes can affect all cells...”* And while Dr Fauci tells us the mRNA shot will not impact our DNA, the NIH openly says it does in the article [A novel mRNA modification may impact gene expression](#).

While you may think the vaccine will prevent the spread of the virus, [experts have repeatedly told us that is unknown](#), and we will still need all the lockdown activities as before. Y’know... as if they think we are stupid enough to forget the whole gambit was just to “bend the curve” – which we all dutifully did. Pfizer did tests on monkeys and found that vaccinated animals still got Covid although the duration of infection was shorter. [The Pfizer site tells us](#): *“The clinical vaccine trials did not test for Sars-CoV-2 in all participants so it cannot answer the question of whether the vaccine actually reduces infection or transmission of the virus. The trials only tested*

for presence of the virus if the test subject became symptomatic. 170 of the total 41,135 (0.41%) subjects given two doses of the vaccine or placebo became symptomatic. Of these 170 subjects, 162 were in the unvaccinated group and 8 were in the vaccinated group. From these small numbers of symptomatic test subjects the 90-95% efficacy claims were calculated. The truth is, first the fake news told us [Pfizer and Moderna COVID injections did not prevent infections; then they unsure if it prevented transmission.](#) Then in April 2021 we were told that [variants can still infect vaccinated people...](#) except that a few weeks later the story changed again: [“A new study shows the Pfizer vaccine does prevent transmission.”](#) And of course, as of late April 2021, with 86 million vaccinated, Covid cases are the same as in February two months earlier! Dr. Harvey Risch professor of epidemiology at Yale University, [explicitly said in April 2021](#) that the vaccine companies “provided no information” on their shot stopping the spread of the infection; so if we look at where the vax has been extensively used, Israel, it stops the spread by 50 -60%. This helps herd immunity, but “is not an overnight shutting off of the spread.” This also doesn’t address an *individual’s* risk – where around 60% of the new Covid cases, per Risch himself, being treated *are those who have already had the shot!* Epoch Times – which is the new “newspaper of record” in my books, [similarly told us end of April 2021](#) that “At Least 9,245 Americans Tested Positive for COVID-19 After Vaccination; 132 Dead.” So, that Stasi-like “vaccine passport” means *what* again, exactly??

The need for the vaccine should be predicated on the risk of death one would think. If so, America’s Frontline Doctors White Paper on Experimental Vaccines for Covid-19, using CDC’s own data, reported The Infection Fatality Ratio is 0.003% for Americans under age 19 (in which case, hopefully they can create a vaccine to protect against kids getting hit by meteorites too) to as high as 5.4% for those 70 years of age and above, an 1800x risk difference based upon age! Here are the [fatality rates per CDC stats](#): 0-19 years: 0.00003; 20-49 years: 0.0002; 50-69 years: 0.005; 70+ years: 0.054.

Risks of the Covid jab? Guillain-Barre, which has up to 7% fatality rate, acute disseminated encephalomyelitis, a “rare inflammatory condition that affects the brain and spinal cord,” transverse myelitis, a neurological disorder that inflames the spinal cord, Kawasaki disease, mostly in kids under 5, and other listed outcomes are anaphylaxis, stroke, seizures, heart attacks and death. See [here](#) for full list. Dr. Jack Wolfson, a cardiologist, is also concerned about myocarditis (usually in males), typically within four days of getting the second dose. See [here](#). He reports “About 125 cases of myocarditis following vaccination have been reported to the CDC’s Vaccine Adverse Event Reporting System (VAERS) since January 2021, but public health officials say the relationship between the heart condition and the shots is unclear. At least 17 of the cases reportedly involve members of the U.S. military.”

The issues are so severe that as of March 19, 2021, 19 countries plus Thailand had halted the used of AstrZeneca’s vaccine, either in full or part, due to blood clots, while doctors in Oslo University confirmed three blood clots caused by the vaccine ([in April Children’s Defense Fund reported that the Pfizer and Moderna shots could also cause blood clots](#) as well. Just dandy). Professor Pål Andre Holme, chief physician at Oslo University Hospital, said “Nothing but the vaccine can explain why these individuals had this immune response.” See [March 18, 2012 article in Science Norway](#) for details, but in sum, they think a lot of this is predicated on “a

powerful immune response” to the vaccine. In Germany, March 19, 2021, German Spektrum researchers reported they think clots may be due to an immune response where platelets are activated, stating the vaccine “...activates platelets and thus triggers thrombosis. This preliminary conclusion is being made by a working group made up of Andreas Greinacher from the University Hospital Greifswald.” Perhaps this is why, for example, in CA. and OH. [around half of front line medical staff are refusing the vaccine.](#) Incredibly, [Mashupmd.com reports](#) that fully 15% of *trained, professional* US healthcare workers refuse to take the vaccine. Another report tells us [66% of healthcare workers in L.A.](#) are going to delay or skip the vaccine...maybe they aren't wowed by the rushed science either. I am not a doctor, not did I play one in our high school theatre, but apparently a *lot* of trained medical staff share the same concerns. As a brief sample of a few related stories, see [here](#) via CBS, [here](#) at Forbes, or [here](#) per fake news LA Times. Just the U.S? Mais non. For example, after taking the vaccine, one report I read (and since lost the source) reported: “*The university hospital of Brest in Brittany, Western France saw up to 25 percent of its vaccine recipients call out of work due to severe symptoms like headaches, muscle aches, and high fever. Another report notes that the Hygiene and Safety Committee at the hospital in Périgueux, France reported serious adverse effects occurring in up to 70 percent of their recently-vaccinated healthcare worker.*”

There is also the issue of low platelets as elucidated by freelance medical writer and neurobiology postgrad Shin Jie Yong in a March 19, 2021, [Medium article](#), Dr. Goh Kiang Hua, a consultant general surgeon and Fellow of the Royal College of Surgeons, hypothesized the lipid-coated nanoparticles, which transport the mRNA, may be carrying that mRNA into the megakaryocytes in your bone marrow. Megakaryocytes are cells that produce platelets. According to this hypothesis, once the mRNA enters your bone marrow, the megakaryocytes would then begin to express the SARS-CoV-2 spike protein, which would tag them for destruction by cytotoxic T-cells. Platelets then become deficient, causing thrombocytopenia,” Yong writes, adding, “Of course, he emphasized that these are just speculations.” Great. Question is do you want to “speculate” with your life or health?

Another question: Famed reporter Jon Rappoport, who, like other well-known reporters such as Sharyl Attkisson has “left the reservation,” also questions [here](#) whether the COVID vaccination actually “forces cells of the body to produce not one, but hundreds of DIFFERENT proteins. Some of these proteins launch severe and fatal allergic reactions. Other foreign proteins stimulate the body to produce a powerful and continuing immune response that goes on too long; the person becomes severely ill or dies. Still other proteins, which are inherently needed by the body, are now viewed as evil intruders which must be neutralized.” Just “kinda” important to think about before getting the shot, n’est pas?

The anecdotal list of deaths can never be conclusive of course, and the numbers and stories will change daily, but as of as of April 21, 2021, here is a simple point in time snapshot of deaths in a few news articles from the shot:

[VAERS: Two-year-old baby in Virginia dead six days after second experimental Pfizer mRNA shot](#)

[Darlene Blackwell: 61-year-old South Carolina woman has brain aneurysm, dead 10 days after Johnson & Johnson shot](#)

[Rachel McKinney: 35-year-old British healthcare worker develops multiple sclerosis, dead three months after experimental Pfizer mRNA shots](#)

[India: actor and comedian Vivek dead 48 hours after Covaxin “inactivated virus” shot](#)

[European and U.S. databases show nearly 10,000 total deaths from experimental COVID-19 shots](#)

[18-Year-Old Undergoes 3 Brain Surgeries From Blood Clots After J&J Vaccine](#)

[Jacob Clynick: 13-year-old Michigan boy develops myocarditis, dead three days after second experimental Pfizer mRNA shot](#) (more importantly, here is a whole massive list of others at www.thecovidblog.com)



<https://covidvaccinereactions.com/> also has a great list that is updated regularly. Well, sorta. As of May, 2021, [the US government has scrubbed the statistics on vaccine related deaths](#). Could this be the reason that as of May, 2021 almost [HALF of CDC’s employees at CDC’s Infectious Disease branch had NOT taken the jab?](#) Don’t worry, THAT won’t be in your fake news outlet any time soon...or ever, for that matter.

Natural Blaze tells us [here](#) that “[Based on injury compensation data,](#) the flu vaccine is dubbed as the most dangerous vaccine. In a world where science is king, those who claim to be in charge seem to ignore their own data:

- Published data in the 2011 [Journal of Autoimmunity](#) and the 2012 [J Trace Elem Med Biol](#) shows aluminum adjuvants in vaccines, including the flu vaccine, can induce [autoimmune/inflammatory syndrome,](#) (ASIA), which [include encephalitis, chronic](#)

[fatigue syndrome, macrophagic myofasciitis, subcutaneous pseudolymphoma](#), and siliconosis.

- Adjuvants in the flu vaccine have been associated with an increase in antibodies leading to antiphospholipid syndrome (APS), also known as Hughes Syndrome. The alum-antigen in many vaccines is identical to phospholipids, which form the cell membrane in every cell, it can attack any part of the body – the eye, cardiovascular system, brain, nerves, skin, reproductive system – but is becoming known for causing heart attacks and fetal death ([Journal Lupus. June 2012](#)).
- Children who get flu vaccine are at three times the risk for hospitalization for flu! ([American Thoracic Society](#)).
- The [2010 Cochrane Database Systems Review](#) – a systems review of primary research in human health care and health policy – found “no evidence that flu vaccines affect complications, such as pneumonia, hospitalization transmission of flu between people or death.” Further, claims that the flu vaccine cuts elderly deaths in half were negated: “Due to poor quality data of the available evidence any conclusions regarding the effects of influenza vaccines for people aged 65 years or older cannot be drawn.”
- In the aftermath of the 2009/2010 swine flu scare, a 2010 study in the [British Medical Journal showed](#) that children in England and throughout the world given the Pandemrix flu vaccine had a 1,400 percent increased risk of developing narcolepsy compared to those not vaccinated.
- A 2011 study in the [Journal Vaccine](#), showed inflammatory adverse events, such as preeclampsia and preterm birth, among pregnant women taking the trivalent influenza vaccine.
- A 2011 study in the [Journal of Internal Medicine](#) revealed flu shots result in inflammatory cardiovascular changes indicative of increased risk for serious heart-related events such as heart attack. What about this shot?
- According to a 2012 double-blind, randomized, controlled trial in [Clin Infect Dis. March 15, 2012](#), (the first of its kind) conducted in healthy children 6 to 15 years of age, getting a flu shot was found to increase the risk of other respiratory viral infections over four-fold.
- According to a 2005 study published in the [Archives of Internal Medicine](#), “There are not enough influenza-related deaths to support the conclusion that vaccination can reduce total winter mortality among the U.S. elderly population by as much as half.”
- In response to mandatory flu vaccines for medical staff, a group of medical professionals published [an open 2013 letter](#) in the *Journal of American Physicians and Surgeons*, questioning whether such mandates are medically warranted and ethically correct. They cited that the flu vaccine: 1) is a “statistical gamble” in targeting actual circulating viruses; 2) shows seventy percent of people are already immune at the time of vaccination, according to FDA studies; and 3) shows no evidence that it affects complications of pneumonia or transmission from person to person, as advertised. No answer ever followed.

Of course, does the vaccine even work? (And if not, the vaccine “passports” are bogus, let alone the fact that the CDC has told us we will still shed the virus after getting the vaccine, and thus require masks – that don’t really work anyway). Here is [one report from April, 2021](#): “*In a public statement released on March 30, 2021, the Washington State Department of Health (DOH) acknowledged that 102 “breakthrough” cases of COVID-19 had occurred so far in the Pacific Northwest state — since February 2021 alone. It’s certainly a small amount compared to the 1 million Washingtonians who have already received their two doses. However, of these 100+ people — who all tested positive for COVID-19 at least two weeks after their final dose of the COVID injection — eight required hospitalization, and two died.*” Similarly in MI, [246 fully vaccinated resident in one setting were diagnosed, with three dying; and at the same time](#), MI, which has one of the highest vaccination rate in April 2021 *led the nation in new* per capita Covid cases. Truth is, other shots, including the flu shot, are less effective in people older than 65, as noted by a 2014 review from Nature Immunology; [NaturalHealth365 reports](#) “Of course, neither Pfizer nor Moderna are willing to claim that their injections are 100% effective. Pfizer executives claim their shots are 91.3% effective against symptomatic COVID-19 and 95.3% effective against severe COVID-19. Pfizer does not claim that their injections prevent transmission, reduce the spread of the disease, or even prevent someone from getting infected. They are only claiming that getting a shot will reduce the risk that a person will get symptoms if they end up contracting the virus — a virus that causes only mild or even no symptoms in 8 out of 10 people who come across it...Many other organizations and news outlets will claim that the COVID-19 injection will help reduce the transmission of the virus, even though government officials and Pharma execs readily acknowledge that there’s not enough evidence yet to fully support this contention.

The U.S. Centers for Disease Control and Prevention (CDC) admits to this lack of data on their website using the euphemistic phrase “we are still learning” (aka: they don’t know). Interestingly, the CDC claims on the same webpage that the jab is effective at “keeping you from getting COVID-19” and later revises this as “keeping you from getting sick.” To critics and medic freedom proponents, this isn’t just a matter of semantics. Yes, COVID-19 is the disease caused by SARS-CoV-2, but the two are often used interchangeably, contributing to the confusion. And not getting COVID-19 vs. not getting symptoms of COVID-19 are two completely different outcomes, at least in terms of “slowing the spread.” So tell me again, exactly, what vaccine passports are good for? But to add fuel to the fire above, Dr. Harvey Risch, professor of epidemiology at Yale, reported end of April, 2021 that [60% of New Covid Patients Have Been Vaccinated](#). And as exhibit A, the fully vaccinated NY Yankees baseball team in mid-May 2021 saw “[their starting lineup crippled \(shortstop Gleyber Torres was kept out of Wednesday’s starting lineup during a game against Tampa Bay\) and a number of coaches and staff sidelined due to a sudden flareup of COVID-19](#)”; while on the other side of the planet, in just a single occurrence, India reported 37 previously [fully vaccinated](#) doctors at Sir Ganga Ram Hospital came down with Covid, which [even the co-opted lie-rag NYTimes had to report](#). (don’t worry though... I think it is part of a broader scam to push the “variant” scare to get the game going). Per research at Texas Tech Univ., looking again at the virus at this time, they “[found that cultured human airway cells exposed to both low and high concentrations of purified spike protein showed differences in gene expression that remained even after the cells recovered](#)

[from the exposure. The top genes included ones related to inflammatory response.](#)” As you deal with this issue for your family and yourself, always keep in mind that you need to address *hyperinflammatory issues*.

And if the other concern is that the “vaccine” – which is not, *per dictionary definition*, a vaccine, but rather gene therapy - impacts one’s immune system at a genetic level. Re. the mRNA Moderna and Pfizer/BioNTechA jabs, if they *were* vaccines, they would, by definition, inject a weakened form of pathogen to prompt an immune response; instead, in a mRNA shot, one *permanently* (i.e., *once administered, there is no “off” button*) self-manufactures antibody proteins. Or as the [UK’s Daily Mail says](#), “*The Moderna and Pfizer/BioNTech vaccines use mRNA wrapped in lipid nanoparticles to introduce mRNA coding for a the SARS-CoV-2 spike protein into a person’s own cells to make that protein and thereby stimulate the immune system to react against it.*”

Jim Rickards, who has advised the CIA in financial war gaming among other exploits, explains it thusly: “*These treatments use experimental genetic modification to inject you with mRNA, which is a partial strand of genetic code. That mRNA then enters your cells and orders the cells to construct a spike protein similar to SARS-CoV-2 (the virus that causes COVID). This spike protein then precipitates antibodies that can reduce your reaction to SARS-CoV-2 if you get it. But the “vaccine” does not prevent you from getting COVID, and it does not prevent you from spreading it to others. The spike protein remains with you indefinitely. In effect, you have modified your own genetic make-up to fight COVID without actually gaining immunity and without reducing transmissibility. But these vaccines do not prevent you from being infected or spreading it to others. Studies have not gone on long enough to evaluate long-term side effects. These drugs are not FDA approved; they are being distributed under an emergency waiver to avoid the normal approval process. It’s almost like we’re being used as guinea pigs... It is likely that most people receiving the drugs are unaware of these important differences between the new drugs and traditional vaccines, which raises questions about whether their “consent” is fully informed... As far as vaccines go, mRNA genetic therapy is a brave new world — one that is not well understood.*”

Even Moderna’s own website states “*Typical vaccines for viruses are made from a weakened or inactive virus, but mRNA-1273 is not made from the SARS-CoV-2 virus. It is made from messenger ribonucleic acid (mRNA), a genetic code that tells cells how to make protein, which help the body’s immune system make antibodies to fight the virus.*” Wired Magazine agreed, stating in a Nov. 18, 2020 article “*The active ingredient inside their shot is mRNA — mobile strings of genetic code that contain the blueprints for proteins. Cells use mRNA to get those specs out of hard DNA storage and into their protein-making factories. The mRNA inside Pfizer and BioNTech’s vaccine directs any cells it reaches to run a coronavirus spike-building program.*” You can review what Pfizer itself says on its own website [here](#).

We are just getting started on the Covid gene therapy/non-vaccine scam. Stay tuned for more.