GUINEA PIGS OF THE WORLD UNITE! YOU HAVE NOTHING TO LOSE BUT YOUR HEALTH. AND FREEDOM!

Part 5 in an on-going series on the greatest scam this side of the Crab Nebula

"The Pfizer and Moderna vaccines actually scare me. These are a completely new type of vaccine, an mRNA vaccine. Do I want to be a guinea pig from a new type of, never-before-used, vaccine which is being trialled on something as deadly as a Coronavirus? … And Facebook taking posts down saying there's no evidence of a connection, to me is rather like claiming there is no proven connection between someone in a car crash dying 24 hours later of a brain haemorrhage"

- Oxford biochemist Chris Woolams, founder of the UK's largest cancer charity

(What the World Economic Forum actually thinks of you)

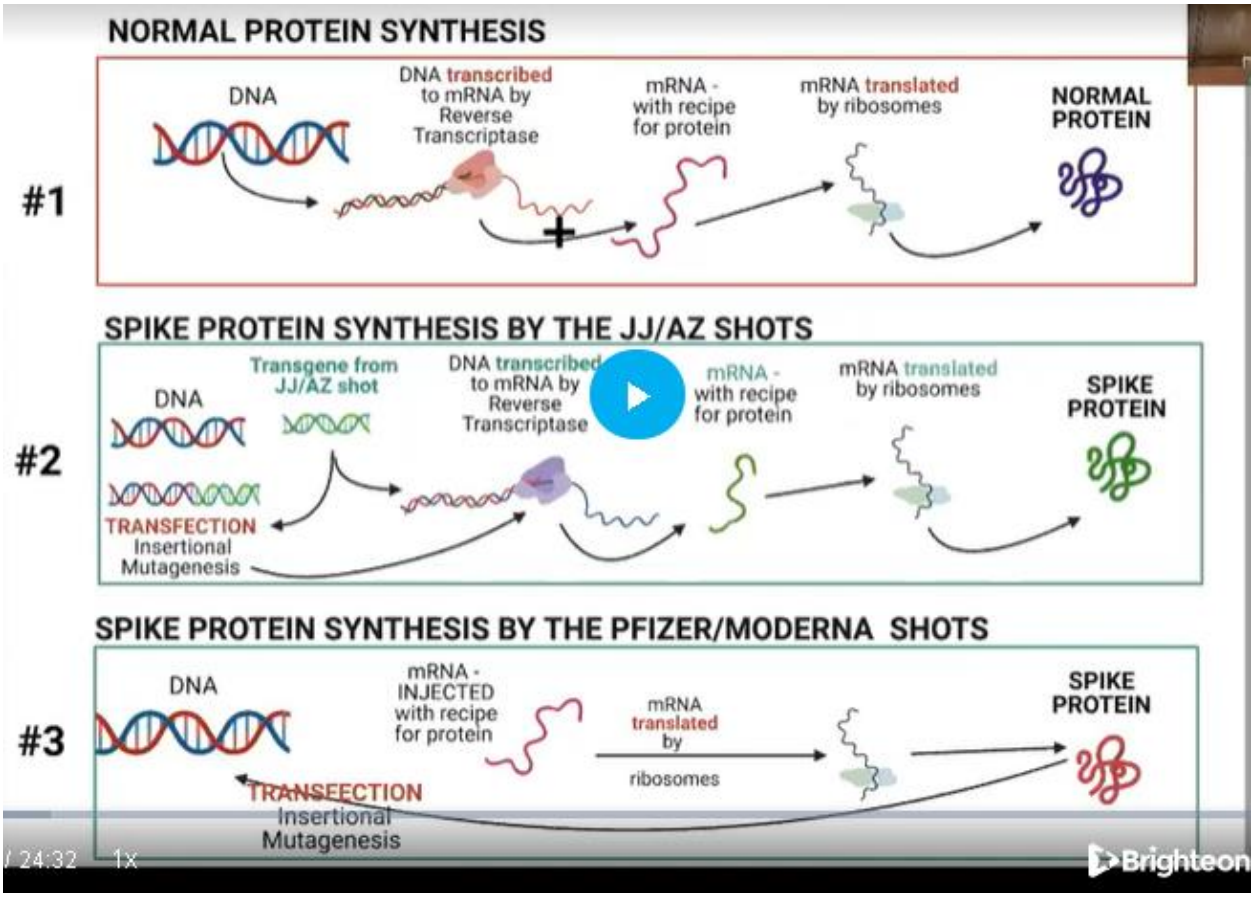
Did you know you signed up for a Phase IV clinical trial with the vaccine? Relative to FDA approved, clinical trials are ongoing until October 27, 2022, for Moderna, the NIH study until January 2, 2023, for Johnson & Johnson, and April 6, 2023, for the Pfizer-BioNTech. As you might expect, the from the usual fake news gaslighting. Reuters at one point that "fact checked" an article, claiming it is *not true* Covid shots are experimental, while of course the U.S. Food and Drug Administration (FDA) itself has *formally* and frequently referred to these shots as "investigational." "Fact checking" brought to you by the people that reported all those fake votes for fake Pres. Biden. And in an October 2020 publication from the FDA titled "Understanding the Regulatory Terminology of Potential Preventions and Treatments for COVID-19," they state clearly that *"[a]n investigational drug can also be called an experimental drug."* Their words, not mine. The FDA itself has elsewhere formally and frequently referred to the Covid shots as "investigational.

But the more important question is: Why is this humble writer aware of the vaccine still being in Phase IV trials, but major news outlet Reuters not? Or are they aware and bought out? Or perhaps hiring graduates of schools where 2+2 does not equal 4. The truth is, as Natural Health points out, *"All of these COVID shots are currently considered experimental medical injection, so long as they remain under the auspices of an Emergency Use Authorization (EUA). And given that millions of people around the world are now participating in a mass drug trial, drugmakers and policymakers must be held accountable and ensure that due diligence is being taken to protect the well-being of the public they claim to serve."*

Of course, the COVID injectable is not FDA-approved as a vaccine, and Moderna refers to its injectable as "an operating system" (another story by Health Impact News on the operating system aspect here). Unlike FDA-approved flu vaccine package inserts that disclose trial data and adverse reactions, the COVID injectable package insert is blank. Of course, their "research" always showes "there is no evidence that they (flu vaccines) affect complications, such as pneumonia, or transmission." Yep, and the "cheque's in the mail," too…

So… with a couple of the shots utilizing mRNA, what the heck is that? For a primer, see here. And then the vaccines create a spike protein like the one in the virus, to create antibodies. How do spike proteins work? First, the virus is more than just a single spike protein – there are actually four proteins that make up the structure surrounding the RNA: envelope (E), a membrane (M) and a nucleocapsid (N), in addition to the spike (S). Your immune system recognizes all four of these proteins. Researchers have discovered humans make more antibodies to the N protein than the S protein. Mercola writes that while it seemed counterintuitive to address the N protein since this is found inside the structure with the viral RNA. Therefore, any antibodies your body makes against the N protein will not block the virus from entering the cells. However, it is now understood that once the N protein antibodies get inside the cell they are recognized by an antibiotic receptor, TRIM21. This antibody receptor shreds the N protein, which then reaches the surface of an infected cell. Your body's T cells recognize the fragments and kill the cell along with any virus. This has suggested to researchers that inducing N protein antibodies may be another way of stimulating the immune response against SARS-CoV-2. Another benefit of focusing on the N protein is that it has a lower mutation rate.

Another doctor, Sherri Tenpenny explains more on how the spike proteins here or as below on Mike Adams' Brighteon channel:



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A "vaccine?" Mercola, who has a full discussion on the gene therapy nature of the Moderna and Pfizer shots, also says the Moderna and Pfizer shots *"…are gene therapies. They fulfill all the definitions of gene therapy and none of the definitions for a vaccine. This matters, as you cannot mandate a gene therapy against COVID-19 any more than you can force entire populations to undergo gene therapy for a*

cancer they do not have and may never be at risk for….SARS-CoV-2 has not even been proven to be the cause of COVID-19. So, a gene therapy that instructs your body to produce a SARS-CoV-2 antigen — the viral spike protein — cannot be said to be preventive against COVID-19, as the two have not been shown to be causally linked." In fact, Mercola notes "*Since mRNA therapies do not render the immunized person immune, and do not inhibit transmission of the virus, they cannot qualify as a public health measure capable of providing collective benefit that supersedes individual risk, and therefore cannot be mandated. In other words, they won't keep you from getting sick with SARS-CoV-2; they are only supposed to lessen your infection symptoms if or when you do get infected. So, getting vaccinated protects no one but yourself. Since you're the only one who will reap a benefit (less severe COVID-19 symptoms upon infection), the justification to accept the risks of the therapy "for the greater good" of your community is blatantly irrational."*

Dr. David Martin has gone on record, as well, also stating this is not a vaccine, but a medical device. Martin is corroborated by the Moderna Chief Medical Officer Tal Zaks himself stating this jab changes your genetic code at a TEDx Beacon Street talk from 2017 that some enterprising you sleuth uncovered here. This video is also on Banned.video as well. He also says we are "hacking the software of life." Sure hope these techo geeks technology works out better than the Microsoft all too common blue screen of death, or those "There was an unknown error: message I get almost daily on my computer.

Let me flog this gene-therapy-not-a-vaccine horse a little further. Moderna itself describes their mRNA jab as "gene therapy technology" in its own SEC filing, while BioNTech's SEC filing also states in the U.S. and Europe, mRNA therapies are classified as "gene therapy medicinal products." The shot is not supposed to alter one's *DNA* permanently, but some experts wonder mRNA injections might be able to *reverse-transcribe* into your genome and in fact alter your DNA on a more permanent basis. In fact, a study by MIT and Harvard scientists illustrated that segments of RNA from SARS-CoV-2 are reverse-transcribing into the human genome, likely becoming a permanent fixture in human DNA. This has been thought impossible for the same reasons used to assure us that vaccine RNA cannot alter DNA.

Mercola states "*The difference between vaccine mRNA and your natural mRNA is that your natural mRNA resides in the nucleus of the cell where your cellular DNA resides — it can be likened to a reverse photocopy of your DNA — and exits the nucleus when a protein needs to be made. This is in stark contrast to mRNA from vaccines, which is synthetic and enters the cell from the outside and is not designed to enter the nucleus. Additionally, your own mRNA is rapidly degraded by enzymes, but the one from the vaccine is protected in a liposome that will protect it from degradation and keep on producing spike proteins. How long? No one knows because it has never been tested…However, some doctors still worry that mRNA injections might be able to reverse-transcribe into your genes and alter your DNA on a permanent basis. One is Dr. Richard Urso, an ophthalmologist, who shared his concerns on a December 2020 episode of The Shepard Ambellas Show. He claimed the mRNA of retroviruses (which are part of our genome) have been shown to have the ability to transcribe into your DNA, and if it can do that, vaccine mRNA might be able to do this as well. According to Urso, if this turns out to be correct, the result of mRNA vaccination might be lifelong COVID-19."*

Dr. Doug Corrigan, from a March 16, 2021, blog reviewing recent research shows SARS-CoV-2 RNA can reverse-transcribe into the human genome:

"In my previous blog, 'Will an RNA Vaccine Permanently Alter My DNA?'8 I laid out several molecular pathways that would potentially enable the RNA in an mRNA vaccine to be copied and permanently integrated into your DNA. I was absolutely not surprised to find that the majority of people claimed that this prospect was impossible … After all, we've been told in no uncertain terms that it would be impossible for the mRNA in a vaccine to become integrated

into our DNA, simply because 'RNA doesn't work that way.' Well, this current research which was released not too long after my original article demonstrates that yes, indeed, 'RNA does work that way'… Specifically, a new study9,10 by MIT and Harvard scientists demonstrates that segments of the RNA from the coronavirus itself are most likely becoming a permanent fixture in human DNA. This was once thought near impossible, for the same reasons which are presented to assure us that an RNA vaccine could accomplish no such feat. Against the tides of current biological dogma, these researchers found that the genetic segments of this RNA virus are more than likely making their way into our genome. They also found that the exact pathway that I laid out in in my original article is more than likely the pathway being used (retrotransposon, and in particular a LINE-1 element) for this retro-integration to occur. And, unlike my previous blog where I hypothesize that such an occurrence would be extremely rare (mainly because I was attempting to temper expectations more conservatively due to the lack of empirical evidence), it appears that this integration of viral RNA segments into our DNA is not as rare as I initially hypothesized … To be fair, this study didn't show that the RNA from the current vaccines is being integrated into our DNA. However, they did show, quite convincingly, that there exists a viable cellular pathway whereby snippets of SARS-CoV-2 viral RNA could become integrated into our genomic DNA. In my opinion, more research is needed to both corroborate these findings, and to close some gaps."A January 2020 Phys.org article,11 "Modified RNA Has a Direct Effect on DNA," also notes that "it has now been revealed that RNA has a direct effect on DNA stability," and this too may or may not play a role in mRNA therapy for COVID-19."

In sum, once this shot is given, there is no going back. I get it that CDC says, in its Myths and Facts about Covid-19 Vaccines that shot does not enter the nucleus of the cell, where our DNA is, so it supposedly works with our natural defenses to develop immunity, but we have concerns. This is the same CDC that told us we didn't need masks, then later that we *required* one, then we only needed to bend the curve for a month, then we would end lockdowns once a vaccine arrived, then we needed to wear a mask, then it became multiple masks, then we need to wear masks long term even after the vaccine. Which is it? In fact, it has gone down the Orwellian memory hole now, but a year or so ago, the no-so-inerrant Nial Ferguson's computer models told us that there would be 2.2 million US deaths by now. This is, of course, the author of that other memory-holed prediction about bird flu in 2005, where 200 million were supposed to die (instead, it was in the hundreds). Yes, they *bank* on you forgetting all this fake science. Why then *ex cathedra* pronouncements that seemingly change all the time? As JunkScience.co.uk observed, *"Politicians don't understand science and change their minds at the drop of a needle, causing confusion, mistrust and conspiracy theories."* Just so.

The truth is, Covid has NO significant effect on age-adjusted death rates, and the mortality profile, per Swiss Policy Research, is virtually identical to the normal mortality profile. In other words, once you adjust for the yearly growth in population *there have been ZERO excess deaths that would necessarily be there were there a real pandemic killing people*. The *only* other possible explanation is that, yes, we have had a lot of deaths from Covid, but people suddenly simply stopped dying from heart attacks, cancer, strokes, etc. Johns Hopkins agrees with the Swiss, noting, per author lead Genevieve Briand, *"Surprisingly, the deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. In fact, the percentages of deaths among all age groups remain relatively the same. "The reason we have a higher number of reported COVID-19 deaths among older individuals than younger individuals is simply because every day in the U.S. older individuals die in higher numbers than younger individuals."* Briand also noted that the reported 50,000 to 70,000 deaths seen both before and after COVID-19 among the elderly, indicate that this number of deaths was

normal long before COVID-19 emerged. Therefore, according to Briand, not only has COVID-19 had no effect on the percentage of deaths of older people, but it has also not increased the total number of deaths.

Another problem, this time involving reverse transcription: Dr. Doug Corrigan, citing research by scientists at Harvard and MIT, suggests the mRNA vaccines could penetrate the cell nucleus and permanently alter our DNA, using reverse transcriptases, where RNA gets into DNA. In fact, over 40% of the mammalian genome is made up of reverse transcription per this report. In fact, the upshot of this is that there could be severe immune responses such as cytokine storms, insertional mutagenesis, autoimmune issues and cell death. Cytokine storms? In other words, the next Covid outbreak could result in deaths not from that season's Covid, but rather from the nasty stuff the *vaccine* has done to the human cells…only it will be blamed on the virus. Also, the vaccine RNA has been "beefed up," so it hangs around longer, further increasing the probability of getting into the DNA. One other problem with Corrigan's report that is very revealing. When you do a search for Corrigan, suddenly what shows up is a passel of links *dissing him* at the top of any search. Good ol' "First, let's only do evil" Google! Maybe these links are right, maybe not. But science is, by definition, *supposed* to welcome inquiry – which the disgusting big tech fasco-Marxists do *not* want. Question is: Why not? Can we not examine Dr. Corrigan's question about reverse transcription, where RNA might actually get *into* the nucleus of the cell and permanently alter our DNA? This is yet another question that science needs to definitively verify, not just tell us to shut up. Children's Defense Fund is one site delves into this further at https://childrenshealthdefense.org/defender/science-mrna-vaccines-alter-dna/ as does Mike Adams' Brighteon video at https://www.brighteon.com/bac10525-5993-4242-b617-527bc761a831, starting around the 30 minute mark. Dr. Seneff also discusses reverse transcriptase, which converts RNA back into DNA, and is already in our DNA

Dr. Richard Fleming, a pro-vaccine physicist-nuclear cardiologist, also questions the Covid jab saying that we are dumping a larger load of material into people to self-make the non-naturally occurring spike protein, which creates an inflamothrombotic response even in those who are in good health. Fleming is interviewed on the subject by Steve Bannon here. Fleming also discusses here the data submitted to FDA that confirms, *from the data submitted to the FDA from the manufacturers themselves,* that there is no statistical difference between those vaccinated or not and whether these people then come down with Covid – the partial exception being the J&J jab, which at 14 days is better in terms of the number who came down with Covid, but not at 28 days – *using the EUA data the manufacturers submitted to the FDA themselves.* In his words, "the vaccine makes no difference in the number of people that will come down with Covid 19." However, we DO have risks with the inflamothrombotic issues noted above, precisely because their immune systems DO work. Worse, effects could take up to a year and a half to manifest and could cause severe inflammation; this could cause cardiovascular issues, and have "no statistically significant benefit," though it could cause CJD type symptoms as well. Stories are here, here, or here. In fact, it was Fleming who in the 1990s discovered inflammation causes cardiovascular disease, and found that man-made spike proteins in the vaccines also cause inflammation. Of course, deaths from the vaccine will be attributed to something else – say, a heart attack – even though it was originally caused by the vaccine. In fact, in June, 2021 even the CDC was forced to admit that there is a correlation between the jab and heart inflammation. TheHill.com reported in June, 2021 "*Men under the age of 30 may face heart complications after being fully vaccinated, Tom Shimabukuro, deputy director of the CDC's Immunization Safety Office, said during a Food and Drug Administration advisory group, NBC News reported. Although it has not been officially confirmed to be an associated problem, the agency is investigating 226 cases of myocarditis, the*

inflammation of the myocardium in the heart, and pericarditis, the inflammation of the pericardium, among young, vaccinated men."

Meanwhile, Dr. Fleming is also concerned, from animal models, about this spike protein is crossing the blood brain barrier, causing what is the functional equivalent of spongiform encephalopathy (commonly known as cow disease or CJD); there is also the risk of Lewy bodies being developed in the brain, which cause Alzheimer or other neurological ailments (will take a year and a half to develop). Fleming has more information at his site, Flemingmethod.com

In a similar vein, Dr. Stephnie Seneff, senior research scientist at MIT for over five decades, also question the safety of the shot, including a suspicion that within the next 10-15 years, we could well see spikes in prion diseases, autoimmune diseases, neurodegenerative diseases at younger ages, and blood disorders such as blood clots, hemorrhaging, stroke and heart failure. Whatever happened to the "first do no harm" oath? But that is, IF we even get to the 15-year mark. In those over 60, there are 15x higher the number of deaths among those who have been vaccinated versus those who have not. Here's a graphic representation of the deaths; https://youtu.be/xSrc_s2Gqfw?t=25 . Seneff says the possibility of the spike protein being a prion ""*It's absolutely terrifying to me… "I'm now thinking that may be the worst aspect of these mRNA vaccines, because they're producing this abnormal spike protein that doesn't want to go into the membrane. Prion proteins are known to be membrane proteins. They're alpha-helices in the membrane and then they misfold, becoming beta-sheets in the cytoplasm, and that's what leads to the prion problem. They form a crystal that draws in other proteins and makes this big mess and builds fibrils and Alzheimer's plaque. The main prion protein is PrP, which is in Creutzfeldt-Jakob disease, the human form of mad cow disease. It's a sort of protein-source infection. It's quite wild because there's no DNA involved, no RNA involved, just protein .But the thing is, when you have produced a version of mRNA that knows how to spew out tons of a prion protein, the prion proteins become problematic when there's too many of them and the concentration is too high in the cytoplasm. And the spike proteins that these mRNA vaccines are producing … isn't able to go into the membrane, which I think is going to encourage it to become a problematic prion protein. Then, when you have inflammation, it upregulates alpha-synuclein [a neuronal protein that regulates synaptic traffic and neurotransmitter release].So, you're going to get alpha-synuclein drawn into misfolded spike proteins, turning into a mess inside the dendritic cells in the germinal centers in the spleen. And they're going to package up all this crud into exosomes and release them. They're then going to travel along the vagus nerve to the brainstem and cause things like Parkinson's disease. So, I think this is a complete setup for Parkinson's disease. What may happen is that because they got this vaccine, they get Parkinson's disease five years earlier than they would have gotten it otherwise. It's going to push forward the date at which someone who has a propensity towards Parkinson's is going to get it."*

And it's probably going to cause people to get Parkinson's who never would have gotten it in the first place — especially if they keep getting the vaccine every year. Every year you do a booster, you bring the date that you're going to get Parkinson's ever closer.""

Her comment on the shot, published in the International Journal of Vaccine Theory, Practice and Research, under the title Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19, published in collarboration with Dr. Greg Nigh (see also International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2(1): 38-79), was:

"To have developed this incredibly new technology so quickly, and to skip so many steps in the process of evaluating [its safety], it's an insanely reckless thing that they've done," she says. "My instinct was that this is bad, and I needed to know [the truth]. So, I really dug into the research literature by the people who've developed these vaccines, and then more extensive research literature around those topics. And I don't see how these vaccines can possibly be doing anything good. When you weigh the good against the bad, I can't see how they could possibly be winning, from what I've seen." Her take, in part, is that the shot is made worse when glyphosate is added into the equation, but either way, in the end the "vaccines" will not only kill more people than the Covid itself, but make the disease far worse as well. And there could well be, she says, long term consequences to *children* as well. Interestingly, she cites one cancer patient who also had Covid, where the antibody cocktails didn't work, and then after he died, the found the predominant SARS-CoV-2 variant in his body had a dozen different mutations in the spike protein. Somehow, his body figured out how to evade the antibodies (see JAMA article here). Yep, "Even God Himself couldn't sink her" comes back to mind yet again. "I think the vaccines are doing the same thing," Seneff says, adding that, among the immune compromised, only 17% of vaccinated individuals actually produce antibodies. Seneff also discusses whether the spike protein is a prion (think CJD, or "mad cow disease) in the link above in the International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2(1): 402-444. Seneff is not alone in this regard: America's Frontline Doctors also report that, unlike conventional vaccines, these spike proteins, along with "lipid nanoparticles" have the capacity to pass through the "blood-brain barrier" which provides special protection for these sensitive areas of the body. "*There simply has not been enough time to know what brain problems and how often a brain problem will develop from that,*" the document warns…. according to AFLDS. They continue, "*the spike proteins are pathogenic ('disease causing') just like the full virus*." Furthermore, these "*spike proteins bind more tightly than the fully intact virus*" and thus cases around the world of "*pericarditis, shingles, pneumonia, blood clots in the extremities and brain, Bell's Palsy, vaginal bleeding and miscarriages have been reported in persons who are near persons who have been vaccinated."* Such shedding also "*appears to be causing wide variety of autoimmune disease (where the body attacks its own tissue) in some persons*." Finally AFLDs adds that penetration from spike proteins into the brain have other issues, including "Risks from such (brain) penetration include "*chronic inflammation and thrombosis (clotting) in the neurological system, contributing to tremors, chronic lethargy, stroke, Bell's Palsy and ALS-type symptoms. The lipid nanoparticles can potentially fuse with brain cells, resulting in delayed neuro-degenerative disease. And the mRNA-induced spike protein can bind to brain tissue 10 to 20 times stronger than the spike proteins that are (naturally) part of the original virus*."

Seneff's paper, further discusses the issue in her Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19, which available for you to read here. One issue is that the spike protein may be toxic – at the very time your body is permanently producing them… and you do not make the same spike protein that you see pictures of, but one that has been genetically modified and *far more toxic*! She writes "*They have done studies where they only expose the [animal] to the spike protein, showing it was toxic in the brain and the blood vessels*," Seneff said, "*So, it's causing immune reactions all by itself that is damaging to the tissues*." In a Cliff Notes version of her paper, she writes: "*The picture is now emerging that SARS-CoV-2 has serious effects on the vasculature in multiple organs, including the brain vasculature … In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences. These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature … Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components. Follow-on papers showed that the spike protein S1 subunit*

suppresses ACE2, causing a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality … The 'in vivo studies' they referred to … had shown that SARS coronavirus-induced lung injury was primarily due to inhibition of ACE2 by the SARS-CoV-2 spike protein, causing a large increase in angiotensin-II…In an in vitro study of the blood-brain barrier, the S1 component of the spike protein promoted loss of barrier integrity, suggesting that the spike protein acting alone triggers a pro-inflammatory response in brain endothelial cells, which could explain the neurological consequences of the disease. The implications of this observation are disturbing because the mRNA vaccines induce synthesis of the spike protein, which could theoretically act in a similar way to harm the brain. The spike protein generated endogenously by the vaccine could also negatively impact the male testes, as the ACE2 receptor is highly expressed in Leydig cells in the testes … Prion diseases are a collection of neurodegenerative diseases that are induced through the misfolding of important bodily proteins, which form toxic oligomers that eventually precipitate out as fibrils causing widespread damage to neurons …"

And most frighteningly , Seneff adds: "*They modified the RNA to make it really sturdy so the enzymes can't break it down … Normally, enzymes that are in your system would just break down that RNA. RNA is very fragile, but they've made it sturdy by putting in PEG [polyethylene glycol], by adding this lipid membrane, and the lipid is positively charged, which causes the cell to be very upset when that goes into the membrane of the cell. But I think maybe the most disturbing thing is they actually modified the [RNA] code so that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it, side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting. So, the spike protein binds to the ACE2 receptor once it's produced by the human cell … but it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear. Because of this redesign, it can't do that, so it sits there on the ACE receptor, exposed … That allows the immune cells to produce antibodies specific to that place where it should be fusing with the cell, the fusion domain. It messes up the fusion domain, keeps the protein open, and prevents the protein from getting in, which means the protein will just stick there on the ACE2 receptor, disabling it. When you disable ACE2 receptors in the heart, you get heart failure. When you disable them in the lungs, you get pulmonary hypertension. When you do it in the brain, you get stroke. Lots of nasty things happen when you disable ACE2 receptors … The other thing they've done with the RNA is they've stuck in a lot of extra Gs (guanine) and Cs (cytosine), which makes it much better at making proteins. It's turned up the gain on the natural virus 1,000-fold, making the RNA much more willing to make a protein. So, it'll make a lot more spike protein than you would've had from a natural RNA virus."*

Basically, the RNA is acting as a warning sign inside your body, putting it on high alert as long as the RNA is active -which is forever. And, as noted, where the Covid shots have been implemented, *overall death rates have* increased (with the exception of a few areas; those using glyphosate appear the worst hit), and research showing death FIFTEEN times higher two weeks after the first injection for those over age 60 – see the Seneff article noted elsewhere in this paper, at the International Journal of Vaccine Theory, Practice and Research. Ezekiel "Please die at age 75" Emanuel must be pleased from his perch in the DC swamp. We also may well see a spike in the next decade or so in prion, autoimmune, neurogenerative diseases, as well as blot clots, hemorrhages, strokes and heart failure. By why should potential death be an issue? The faux vaccine pushers are the same group that want to starve the Amazonian rainforest of its food main plant food, C02, and even, per Bill Gate's SCoPEX, *block the freaking SUN,* as ClimateScienceNews discusses here.

Dr. Judy Mikovits adds to the equation:

"They modified the RNA to make it really sturdy so the enzymes can't break it down … Normally, enzymes that are in your system would just break down that RNA. RNA is very fragile, but they've made it sturdy by putting in PEG [polyethylene glycol], by adding this lipid membrane, and the lipid is positively charged, which causes the cell to be very upset when that goes into the membrane of the cell. But I think maybe the most disturbing thing is they actually modified the [RNA] code so that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it, side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting. So, the spike protein binds to the ACE2 receptor once it's produced by the human cell … but it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear. Because of this redesign, it can't do that, so it sits there on the ACE receptor, exposed … That allows the immune cells to produce antibodies specific to that place where it should be fusing with the cell, the fusion domain. It messes up the fusion domain, keeps the protein open, and prevents the protein from getting in, which means the protein will just stick there on the ACE2 receptor, disabling it. When you disable ACE2 receptors in the heart, you get heart failure. When you disable them in the lungs, you get pulmonary hypertension. When you do it in the brain, you get stroke. Lots of nasty things happen when you disable ACE2 receptors … The other thing they've done with the RNA is they've stuck in a lot of extra Gs (guanine) and Cs (cytosine), which makes it much better at making proteins. It's turned up the gain on the natural virus 1,000-fold, making the RNA much more willing to make a protein. So, it'll make a lot more spike protein than you would've had from a natural RNA virus." Also, "

Now, you *also* get the added benefit of latent viruses going crazy inside your body, as the immune cells, which were keeping things like shingles or Bells palsy in check, are now "distracted" by the injection ingredients.

What's not to like? Turns out, a LOT. Which we will discuss next article.