How are the COVID Vaccines Different from Other Vaccines on the Market & the Unexpected Gift of Monsterism & AIDS?

The COVID vaccines are mRNA (messenger RNA) vaccines, which are completely new. No mRNA vaccine has ever been licensed for human use before. There are no other therapies or prophylactics on the market that use the same approach, despite a handful of efforts.

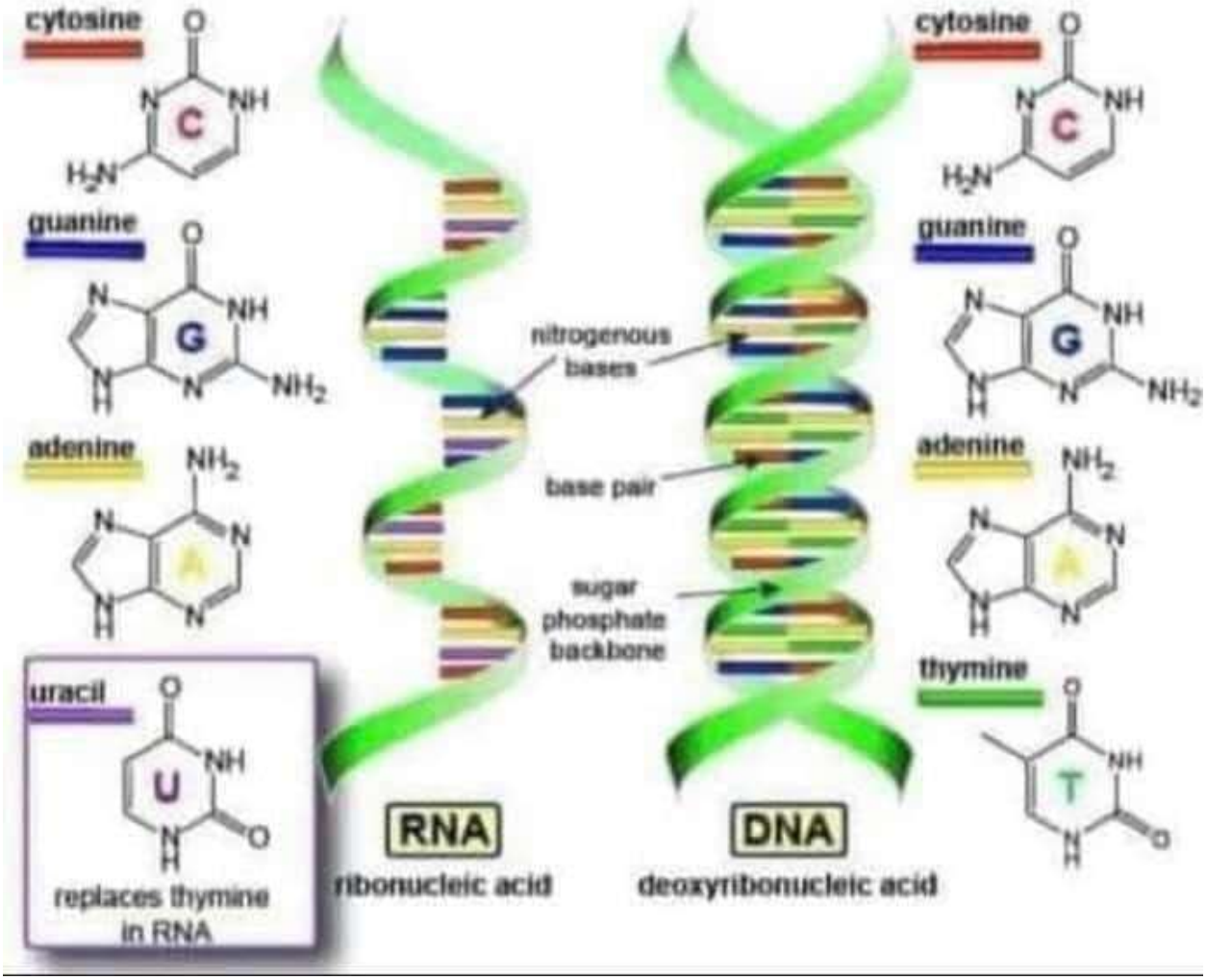
Traditional vaccines introduce pieces of a virus ("live" or inert), as well as adjuvants such as aluminum and mercury, to stimulate an immune reaction. The new mRNA vaccine is completely different. It actually injects (transfects) molecules of synthetic genetic material from non-human sources into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a foreign protein that supposedly teaches the body to destroy the virus being coded for. So the vaccine is hijacking the protein-makeup machinery.

Note that these newly created proteins are not regulated by our own DNA, and are thus completely foreign to our cells. What they are fully capable of doing is unknown. The Moderna vaccine is given in two doses, 28 days apart. The Pfizer vaccine will require two shots, three weeks apart.

The Pfizer and Moderna vaccines also include the traditional toxic adjuvants.

What are safety concerns?

The new vaccine for Covid–19 will be the first of its kind EVER. It will be an mRNA vaccine which will literally alter your DNA. It will wrap itself into your system. You will essentially become a genetically modified human being.



Antibody Dependent Enhancement: "Exaggerated Immune Reaction"
The vaccines that have been brought to market are adding a third strand of DNA to the recipient of the Covid-19 vaccine. The obfuscation, mis-information, and deception speak to a larger issue that every person will have to decide for themselves.

A major concern being voiced by scientists and physicians (including the ex-Pfizer head of respiratory research Dr. Michael Yeadon and the lung specialist and former head of the German public health department Dr. Wolfgang Wodarg) has to do with the potential for antibody-dependent enhancement (ADE), a phenomenon documented in humans, non-human primates, and ferrets in connection with the coronaviruses linked to SARS and MERS. In ADE, vaccines can cause antibodies present in a person's body to act like a Trojan horse for wild viruses. As such the manufacturers of these vaccines cannot say what will happen to anyone who is vaccinated.

In the case of individuals receiving COVID-19 vaccines, ADE could not only end up enhancing disease severity but could also lead to organ damage. Of concern, COVID-19 vaccine trials are not designed to detect ADE. It is not known what proportion of the U.S. population might suffer pathogenic priming or ADE after receiving a COVID-19 vaccine, but the estimated 15 to 24 million Americans who already have an autoimmune disease could be particularly susceptible. The CDC has indicated that individuals with high-risk medical conditions — individuals excluded from the Phase I trials — are one of the proposed groups for early vaccination.

The Risks of Overriding Our DNA
The vaccine trials have not ruled out whether the new genetic material they will insert into human bodies are homologous (the same) as other genetic sequences in the body. If homologous sequences are present, the body will be "taught" to attack itself.

If this seems an unlikely occurrence, consider these facts. A BLAST search is a way to search the compiled genetic data bank for all human and microbial sequences. A BLAST search for one of the sequences (called the Rd-Rp sequence) being used in the RT/PCR tests (which are being used to diagnose the presence of the coronavirus) reveals that there are 99 human genetic sequences with a 100 percent sequence-identity match. Another sequence (called the Orf1ab sequence) being used in the PCR test returns 90 results with a 100 percent sequence-identity match.

In addition, doing a BLAST search reveals 92 microbes identical to the Or1ab sequence and 100 microbes identical to the RdRp sequence. These sequences are being used in the PCR tests because they are identified as being part of the coronavirus. It's logical to assume that these genetic sequences — as well as others — are in the vaccines as well. The response could be either an acute inflammatory response or, later in life, the development of an autoimmune disease.

(Side note: That the PCR tests are searching for genetic sequences innate in the human body means that the PCR testing for the SARS CoV2 virus has no scientific validity as it is not testing for any sequence that is UNIQUE to any virus. This explains

why so many people test positive and have few or no symptoms of illness).

Infertility
The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It has not been ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1. Such an immune reaction would cause infertility of indefinite duration in vaccinated women. The trials are too short in duration to assess this outcome, and were not designed to assess this outcome.

PEG
The mRNA vaccines from Pfizer and Moderna contain polyethylene glycol (PEG). That may not register with you, but are you familiar with antifreeze you put in your radiator during winter weather? The reason is that the mRNA molecule is vulnerable to destruction. To protect the fragile mRNA strands while they are being inserted into our DNA, they are coated with PEGylated lipid nanoparticles. This coating hides the mRNA from our immune system, which ordinarily would kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several drugs for years. Because of their effect on immune system balance, they have been shown to induce allergies and autoimmune diseases, according to several studies. Additionally, PEGylated lipid nanoparticles have been shown to trigger their own immune reactions, and to cause damage to the liver.

PEG is not only a potential allergen, it is also a suspected carcinogen. Moderna's 2018 corporate prospectus acknowledges that "there can be no assurance that our LNPs (lipid nanoparticles) will not have undesired effects," including reactions that "could lead to significant adverse events."

Media outlets are reporting that two individuals who received the Pfizer-BioNTech COVID-19 mRNA vaccine developed severe anaphylactic reactions following the injection. Reuters reported on Dec. 10 that an investigation into the anaphylactic reactions has identified PEG as the likely culprit. It was also reported that PEG is not in other types of vaccines.

According to these news reports, documents published by the two companies showed that people with a history of severe allergic reactions were excluded from the clinical trials. Therefore, this life-threatening adverse safety signal did not appear in their clinical trial safety data.

Although the FDA has labeled PEG as "biologically inert/inactive," investigators are now questioning its biocompatibility and warning about PEGylated particles' promotion of tumor growth and adverse immune responses that include "probably underdiagnosed" life-threatening anaphylaxis. These undesirable responses have, on occasion, halted clinical trials. As a result, some scientists argue that it is time to develop alternatives to replace PEG.

American and Dutch researchers declared in 2013:
"[T]he accumulating evidence documenting the detrimental effects of PEG on drug delivery make it imperative that scientists in this field break their dependence on PEGylation."

A 2016 study in *Analytical Chemistry* reported detectable and sometimes high levels of anti-PEG antibodies (including first-line-of-defense IgM antibodies and later stage IgG antibodies) in approximately 72% of contemporary human samples and about 56% of historical specimens from the 1970s through the 1990s. Of the 72% with PEG IgG antibodies, 8% had anti-PEG IgG antibodies > 500ng/ml., which is considered extremely elevated. Extrapolated to the U.S. population of 330 million who may receive this vaccine, 16.6 million may have antibody levels associated with adverse effects.

The researchers confessed that the results were entirely unexpected. The authors concluded that:

The population's increased exposure to PEG-containing products makes it "natural to assume" that anti-PEG antibodies will continue to be widespread.

Moderna documents and publications indicate that the company is well aware of safety risks associated with PEG and other aspects of its mRNA technology. In the corporate prospectus supporting Moderna's stock market launch in late 2018, the company was frank that its technical approach has numerous risks.

Specifically, Moderna acknowledged the potential for its proprietary lipid nanoparticles (LNPs) and PEG to produce "systemic side effects," given the scientific literature's documentation of these types of side effects for other LNPs. In comments not generally seen by the public, Moderna stated (p. 33):

[T]here can be no assurance that our LNPs will not have undesired effects. Our LNPs could contribute, in whole or in part, to one or more of the following: immune reactions, infusion reactions, complement reactions, opsonization reactions, reactions, antibody reactions . . . or reactions to the PEG from some lipids or PEG otherwise associated with the LNP. Certain aspects of our investigational medicines may induce immune reactions from either the mRNA or the lipid as well as adverse reactions within liver pathways or degradation of the mRNA or the LNP, any of which could lead to significant adverse events in one or more of our clinical trials.

Addressing the efficacy side of the equation, a mid-2019 study by authors who "are or have been employees of Moderna, Inc. and receive salary and stock options from Moderna, Inc." further admitted that anti-PEG antibodies "present significant challenges to the clinical efficacy of PEGylated therapeutics and will require strategies to overcome [their] effects."

Cancer Risk

The Vaccines and Related Biological Products Advisory Committee (VRBPAC) is the U.S. Food and Drug Administration's (FDA) internal panel that licenses new vaccines as "safe and effective," and that approved the Pfizer vaccine for emergency use.

In a 2012 VRBPAC meeting, panelists voted unanimously to allow use of human **tumor** cells in vaccines. The FDA allows both human fetal cells and adult human tumor cells in vaccines. Both types have cancer risks. While both Pfizer and Moderna tested their mRNA vaccine using fetal cells, there are no fetal cells, cell debris or DNA in their final products.

However, according to company documents, Johnson and Johnson (Janssen) and Altimmune's COVID vaccines are manufactured in the human fetal cell line PER-C6, and thus the final vaccine products will contain cellular debris and DNA fragments from these cells. Researchers harvested these cell lines from the eyeball of an 18-week-old human fetus aborted in 1985, and then rendered them immortal by making them cancerous.

The AstraZeneca, Cansino, Gamayela, Vaxart, LongComm and Upitt vaccines are manufactured in the human fetal cell line HEK293, and thus the final vaccine products will contain cellular debris and DNA fragments from the fetal HEK-293 cell line. Scientists harvested this cell line from the kidney of a female Dutch fetus legally aborted in 1973 and then immortalized the cells by rendering them cancerous.

According to FDA's "The Pink Sheet" dated Nov. 29, 1999, for two decades the agency has been acutely aware of the inherent risks of using immortalized cell lines for vaccine development. The FDA Center for Biologics Evaluation and Research Director Dr. Peter Patriarca explained that continuous cell lines are used for their ability to self-propagate, making them an ideal substrate on which to grow viruses. **"The worst thing we are concerned about is ... malignancy, because some of these continuous cells have the potential for growing tumors in laboratory animals."**

Patriarca further conceded that "the technology to make these vaccines actually exceeds the science and technology to understand how these vaccines work and to predict how they will work." **This dire "black box" conundrum that Patriarca described in 1999 is even more acute today with the urgent pressure to develop COVID vaccines before manufacturers have tested them in animals or subjected them to long-term safety studies.**

Risk Reduction

Moderna announced an effectiveness rate of 94.5 percent for its vaccine. How did the company come to that number?

It's called risk reduction. Moderna's trial included 30,000 total participants, so approximately 15,000 participants were in each section of the trial (the vaccine section and the placebo section). Moderna reports that in the "vaccine" arm of the trial, only five people (0.03 percent) got symptoms on Day 14 (Note: The trial was designed only to

assess symptoms on Day 14 after receiving the vaccine or the placebo - not whether the vaccine prevented infectivity or transmission.)

In the "placebo" arm, 90 people (0.6 percent) got symptoms on Day 14. Therefore, the actual symptom-reduction benefit of this injected drug is 0.57 percent (0.6 percent minus .03 percent equals .57 percent).

Where did they get the headline of 94.7 percent reduction, passing the magic threshold of 90 percent for fast-track approval? They added five (from five vaccine participants who had symptoms) to 90 (90 placebo participants who had symptoms) to get 95. Ninety is 94.7 percent of 95, so with the magic of risk reduction, we have a successful "vaccine" trial.

Pfizer's effectiveness rate was reported as both 90 percent and 95 percent. These numbers were calculated in the same way at Moderna's number. Astonishingly, all drugs' effective rates are calculated in this way, rather than in absolute numbers. Again, the absolute number for the Moderna trial indicates that the experimental vaccine — subjected to no long-term studies — was only .57 percent more effective than the placebo at reducing or preventing symptoms of illness at Day 14 after injection. It's unclear whether the symptoms that were reported had anything to do with COVID or with side-effects of the vaccine.

About the Trials

The studies are *not* designed to detect a reduction in outcomes such as severe illness, hospitalization or death. For individuals who develop severe symptoms, the vaccine is not a remedy.

Participants in every Covid-19 vaccine trial have reported adverse reactions including high fever, chills, muscle pains and headaches. Some have even reported severe reactions that required hospitalization and invasive treatment. According to the FDA, potential long-term effects may include Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis, convulsions and seizures, stroke, narcolepsy, shock, heart attack, autoimmune disease, arthritis and joint pain, multisystem inflammatory syndrome in children, and death. Again, some UK health workers have experienced anaphylactic shock after receiving one dose of the approved vaccine.

The vaccines aren't designed to prevent COVID. An FDA Pfizer briefing paper published December 10, 2020, revealed 43 percent more suspected cases of Covid-19 in the vaccinated group than in the placebo group within seven days of vaccination. They will also not end restrictions. Dr. Anthony Fauci of the National Institutes of Health acknowledges that the vaccines may prevent symptoms but will not block spread of the virus, so vaccine recipients will still need to wear masks, practice social distancing and avoid crowds.

Given these issues, is the vaccine even necessary? According to the CDC's current best estimate, the "infection fatality rate" (IFR) for Covid-19 is less than 1 percent for

people age 69 and younger, including a .003 percent IFR for children and adolescents.

Vaccine Makers Can't Be Held Liable for Injuries or Death
The National Childhood Vaccine Injury Act (NCVIA) of 1986 was signed into law by United States President Ronald Reagan as part of a larger health bill on November 14, 1986. NCVIA's purpose was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims to ensure a stable market supply of vaccines. By 1985, vaccine makers were having trouble getting insurance coverage because of risks associated with the DPT vaccine, so they appealed to Congress for help. This act is the result. Therefore, if you or anyone you know is injured or killed by the vaccine, you or they or family members can't sue the manufacturer.

However, **these companies profit richly from these vaccines while being sheltered from paying for any failures. Even more astonishing, the Moderna vaccine is using hundreds of millions in taxpayer monies for research and will keep whatever profits they make.**

No Long-Term Safety Studies
Absolutely no long-term safety studies have been conducted on any of these vaccines. The following numbers come from the FDA's Vaccines and Related Biological Products Advisory Committee in its meeting on Dec. 10 to review the Pfizer vaccine:

Less than 2.1 percent of the safety study cohort had been followed for more than three months as of the Nov. 14 cutoff date. This is inadequate to determine any long-term effects of the vaccine. If the manufacturers allow vaccination of the placebo group after six months, longer follow up of the early cohorts will be lost.

Only 2.1 percent and 1.8 percent of the study cohort included patients 75 years old and older with pre-existing medical conditions, for the vaccinated and the placebo groups, respectively. There were only 41 total African Americans older than 75 in both arms of the Pfizer vaccine study. These are insufficient samples on which to base broad recommendations for these very important and vulnerable segments of the population.

Even pro-vaccine doctors are expressing serious doubts:

In November 2020, Dr. Peter Jay Hotez said of the new mRNA vaccines: "I worry about innovation at the expense of practicality because they [the mRNA vaccines] are weighted toward technology platforms that have never made it to licensure before."

Hotez is a major proponent of vaccines and is a Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children's Hospital Center for Vaccine Development.

Michal Linial, PhD is a Professor of Biochemistry. Because of her research and forecasts on COVID-19, Dr. Linial has been widely quoted in the media. She recently stated, "I won't be taking it [the mRNA vaccine] immediately - probably not for at least

the coming year. We have to wait and see whether it really works. We will have a safety profile for only a certain number of months, so if there is a long-term effect after two years, we cannot know." (Is "two years" really sufficient time to assess a "long-term effect"?)

It's also worth noting that Moderna's preliminary safety data suggested that patients in the mRNA-1273 trial were more likely to experience systemic adverse events — clinical-trial lingo for "difficult side effects" — after a second dose of the vaccine. Again, vaccine-trial candidates are screened for any chronic health issues, such as asthma, allergies, autoimmune diseases — they are the healthiest people in the population at large. How will people who do have chronic issues, even mild ones such as allergies, respond to these vaccines?

Moderna and Pfizer History

Moderna has never successfully produced a medicine of any kind. Established in 2010, it has never brought a product to market, nor gotten any of its nine or so vaccine candidates approved for use by the FDA. It has also never brought a product to the third and final phase of a clinical trial. Moderna's scientific approach to vaccine development has never been successfully implemented in humans.

The company's insiders have made high-profile exits from their stock positions.

The CEO, chief financial officer, chief technical officer, president, and chief medical officer of Moderna have sold tens of millions of dollars of the company's stock over the last five months in a slew of pre-planned trades. Could this be a sign they don't have confidence that the company's future stock price will be higher than what it is now?

Pfizer was ordered to pay **the largest health care fraud settlement in history** in 2009. The company had to pay $2.3 billion to resolve criminal and civil allegations that the company illegally promoted uses of four of its drugs, including the painkiller Bextra, according to the U.S. Department of Justice. At the FDA's request, Pfizer pulled Bextra off the market in April 2005 because its risks, including a rare, sometimes fatal, skin reaction, outweighed its benefits.

The FDA

We would all like to trust that governmental agencies act with integrity and transparency. We would especially hope that the FDA, entrusted to examine and review pharmaceutical products, has the highest standards of integrity. However, over time, such agencies - including and especially the FDA - have acted in ways that do not engender trust. **A whole separate paper could be written on the dangerous drugs they approved that had to be recalled. Here are sample quotes from people who have insider experience with the FDA.**

"If the American people knew some of the things that went on at the FDA, they'd never take anything but Bayer aspirin." — Len Lutwalk, FDA scientist

"The FDA, by spinelessly knuckling under to every whim of the drug companies, has thrown away its high reputation, and in doing so, forfeited our trust." — Drummond Rennie, deputy editor of the *Journal of American Medical Association*

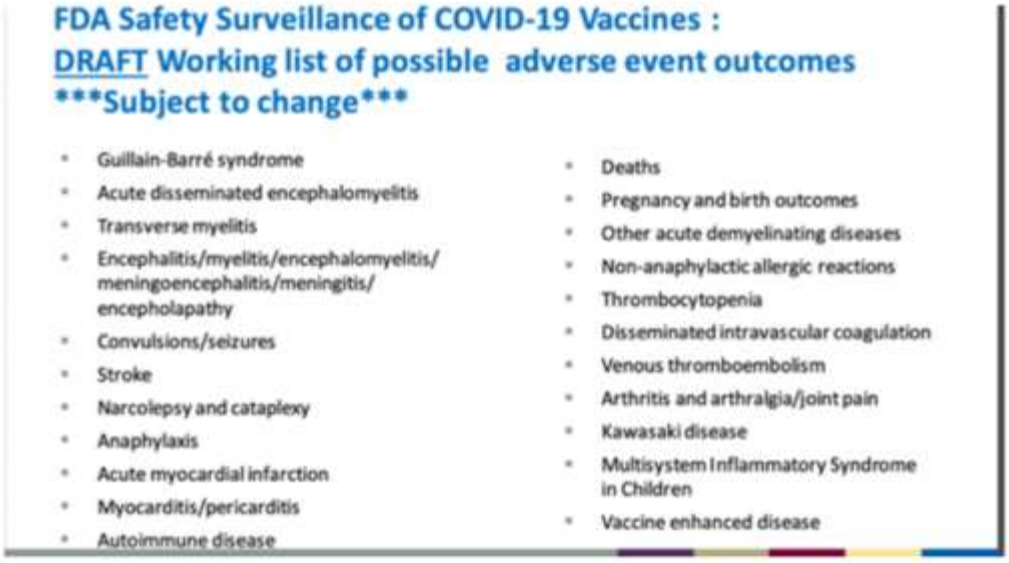
"[The] honest employee fears the dishonest employee. There is also irrefutable evidence that managers at CDER (Center for Drug Evaluation and Research of the FDA) have placed the nation at risk by corrupting the evaluation of drugs and by interfering with our ability to ensure the safety and efficacy of drugs. While I was at FDA, drug reviewers were clearly told not to question drug companies and that our job was to approve drugs ... If we asked questions that could delay or prevent a drug's approval — which of course was our job as drug reviewers — management would reprimand us, reassign us, hold secret meetings about us or worse ... When you are able to dig in, if you found issues that would make you turn down a drug, you could be pressured to reverse your decision, or the review would then be handed off to someone who would simply copy and paste whatever claims the company made in the summary document ... I believe I also have documentation of falsification of documents, fraud, perjury and widespread racketeering, including witnesses tampering and witness retaliation." — Ronald Kavanagh, Ph.D., pharmacist who reviewed medications for the FDA from 1998 to 2008

FDA Plans to Monitor COVID Vaccine Injuries

The FDA is formulating its surveillance methodologies for tracking injuries from the COVID vaccines. The following list of possible "Adverse Event Outcomes" from the vaccines is from a presentation that's on the FDA website.

In addition, CNBC reports that the FDA's staff recommends monitoring people who get either the Pfizer or Moderna vaccines for possible cases of Bell's palsy, saying it's not necessarily a side effect but worth watching out for after a handful of trial participants got the condition, which causes half the face to droop.

Please note: **One of the other "adverse outcomes" they'll be tracking is death.**



The evidence available suggests that you are a guinea pig, a human experiment, and so if you die or are seriously injured, you become a statistic. Nobody is going to see that you or your family will be compensated for your loss or your family's loss as a consequence of getting your third strand of DNA. The vaccine is an experiment, and that's the bottom line here.

January 1, 2021
All of this data is extracted from the CDC, WHO, Johns Hopkins, White House task force press conferences, and scientific studies. All direct source links are cited below the list of statistics. 90% of Covid-positive individuals are asymptomatic. This is the most significant and meaningful statistic of all.

1. Asymptomatic Covid-positive have a spread rate of only 0.7% – less than 1%. They are NOT super spreaders.

2. Survival rate of ages 0-69 is 99.82%. Survival rate of age 70+ is 94.6% with high comorbidities and other causes of death.

3. Dr. Deborah Birx and state health officials confirmed that all Covid-positive individuals who die from other causes are being counted as a Covid death, including, but not limited to: car accidents, gunshot wounds, 1-week to live in hospice, drowning, dementia, and alcohol poisoning. Most people did not die "FROM" or were "KILLED BY" Covid, they died "WITH IT."

4. Only 6% of death certificates show Covid-19 as the only cause of death, which includes "assumed cause." On average, there are 2.9 comorbidities to documented Covid deaths. That number increases significantly in nursing homes.

5. The CDC is grouping pneumonia, influenza, and covid deaths together as “PIC”, while discontinuing reporting on influenza hospitalizations because “the number is too low” despite being in the middle of the flu season.

6. 38% of all Covid-related deaths have taken place in nursing homes & long term care facilities, accounting for over 129,000 of deaths reported, in which 43% of those deaths were attributed to influenza and pneumonia, and 31% were age 85+.

7. The masks being mandated to wear, are scientifically proven to not work against viruses, according to studies, the WHO, and Dr. Anthony Fauci, in addition to 10 months of people wearing them, showing no better rate of cases than states and countries that have not worn them, plus 85% of people who tested positive were mask wearers. The CDC also reported: “no significant reduction in influenza transmission with the use of face masks,” hence they do not work for Covid either.

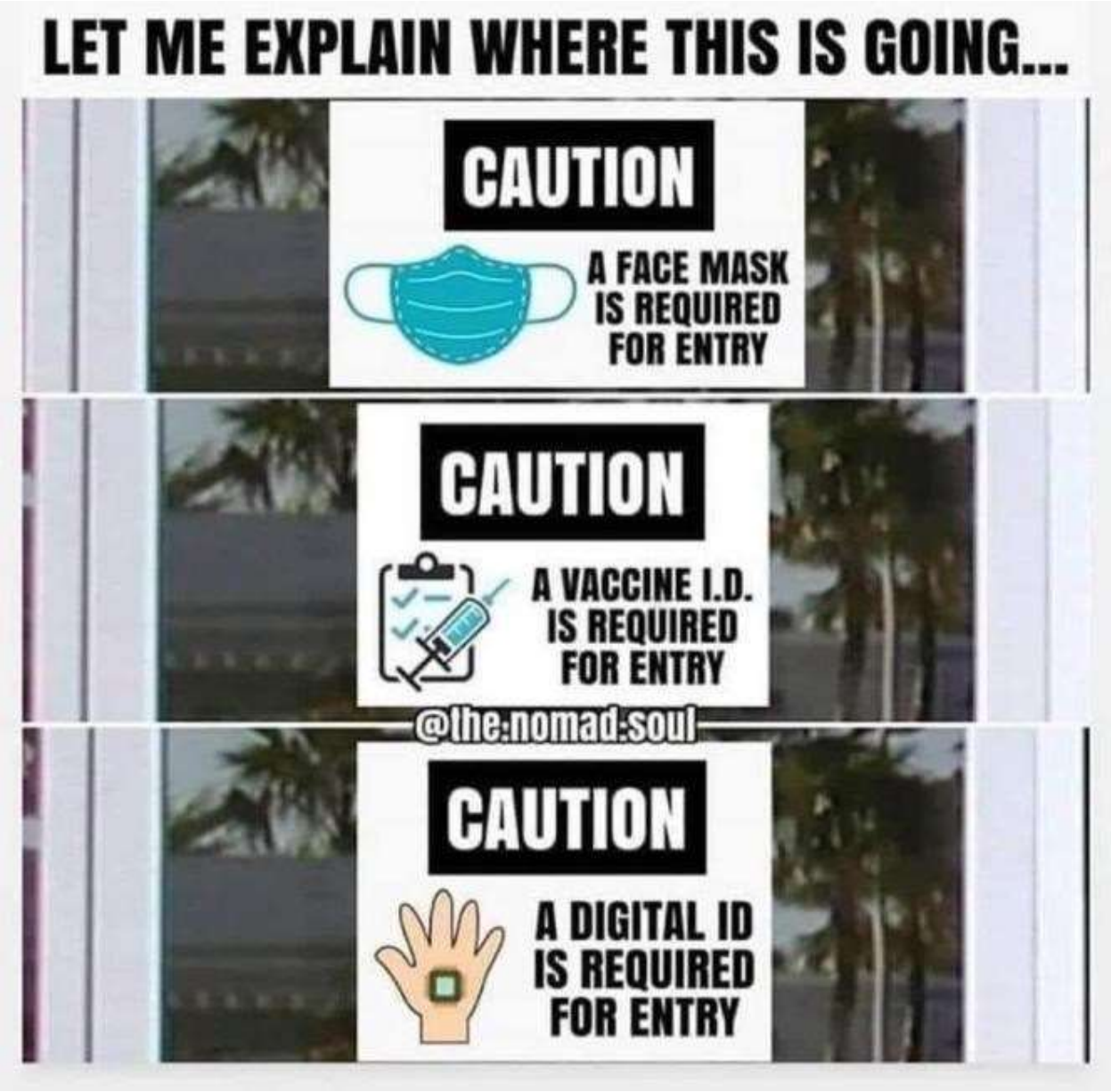
8. In the 2017-2018 Flu season, there were 810,000 hospitalizations, far surpassing Covid hospitalizations for the entire year. Over 61,000 people died. There were 195 pediatric deaths due to influenza, far greater than what has been reported for Covid-related pediatric deaths. No lockdowns, restrictions, social distancing, or masks were required.

9. There has never been a sample specimen of SARS-CoV-2 isolated and purified, and the inventor of PCR and other scientists have always said that PCR should not be used for medical diagnostics – it will produce false/positives. Dr. Fauci confirmed that the cycle threshold on the tests is too high which creates false/positives.

10. The vaccines have already shown terrible side effects, and they don’t know if it will cause infertility. Doctors all across the world have been warning about these vaccines that were rushed through in record time without long term clinical trials.

I have followed this issue going back further than most, when the World Military Games were held in Wuhan, China, when men in their prime of physical health were getting sick and collapsing with the symptoms referred to as the Coronavirus. With that said, in my educated opinion, I will never accept any of the alleged vaccines. The Covid-19 virus does not exist, has never existed, and no public health facility in the world has produced a legitimate sample that met the standards of the Koch Postulates. I have cited this fact in numerous articles. I will not submit to be an experiment for the CDC, NIAID, NIH, WHO, or any government agency pushing the Warp Speed agenda. There is ample evidence to suggest that this is part of the “Depopulation” agenda. Since 1968, with the publishing of Paul Erhlich’s book *‘The Population Bomb’* world leaders were focused on the issue of “Depopulation” and to obtain “Silent Weapons for Quiet Wars!”

Keep in mind God gifted the human body with the finest and most sophisticated Immune System one could create to protect human life. It has worked well for nearly six thousand years, and had it not become a trick by Dr. Edward Jenner, a Jesuit-trained doctor in England, we would never have had need for vaccines today.

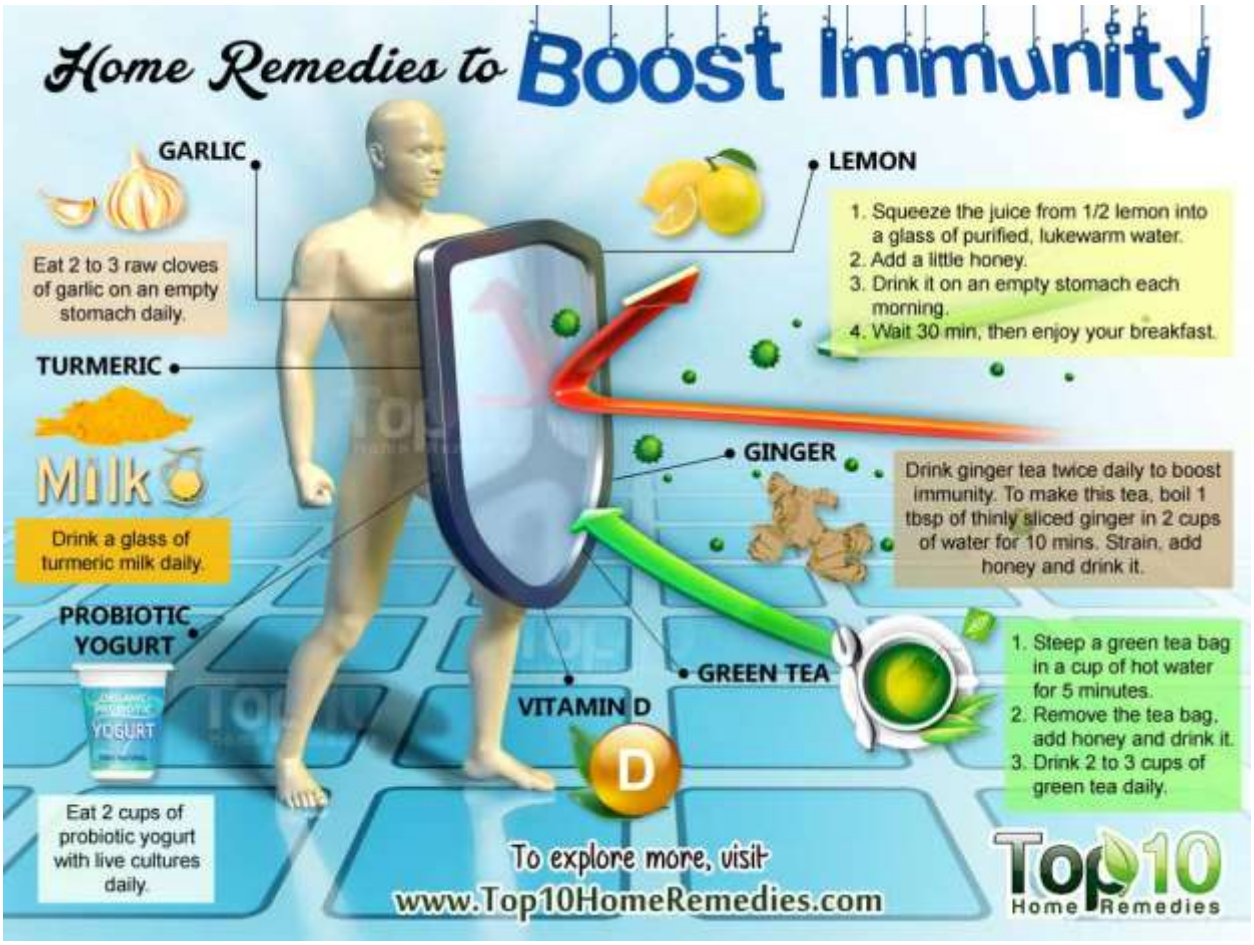


Our immune system is comprised of a unique grouping of cells, designed by God, and given the task of identifying and destroying these foreign invaders ("bad guys") before they can do significant harm to the body. We have no need for vaccines.

God, in his infinite wisdom, realized that this human physical body He created, would come in contact with "bad guys," while on its earthly journey germs, viruses, bacteria,

fungi, and parasites. In order to protect His human creation from these “bad guys,” God built into the physical body something to protect it: the immune system.

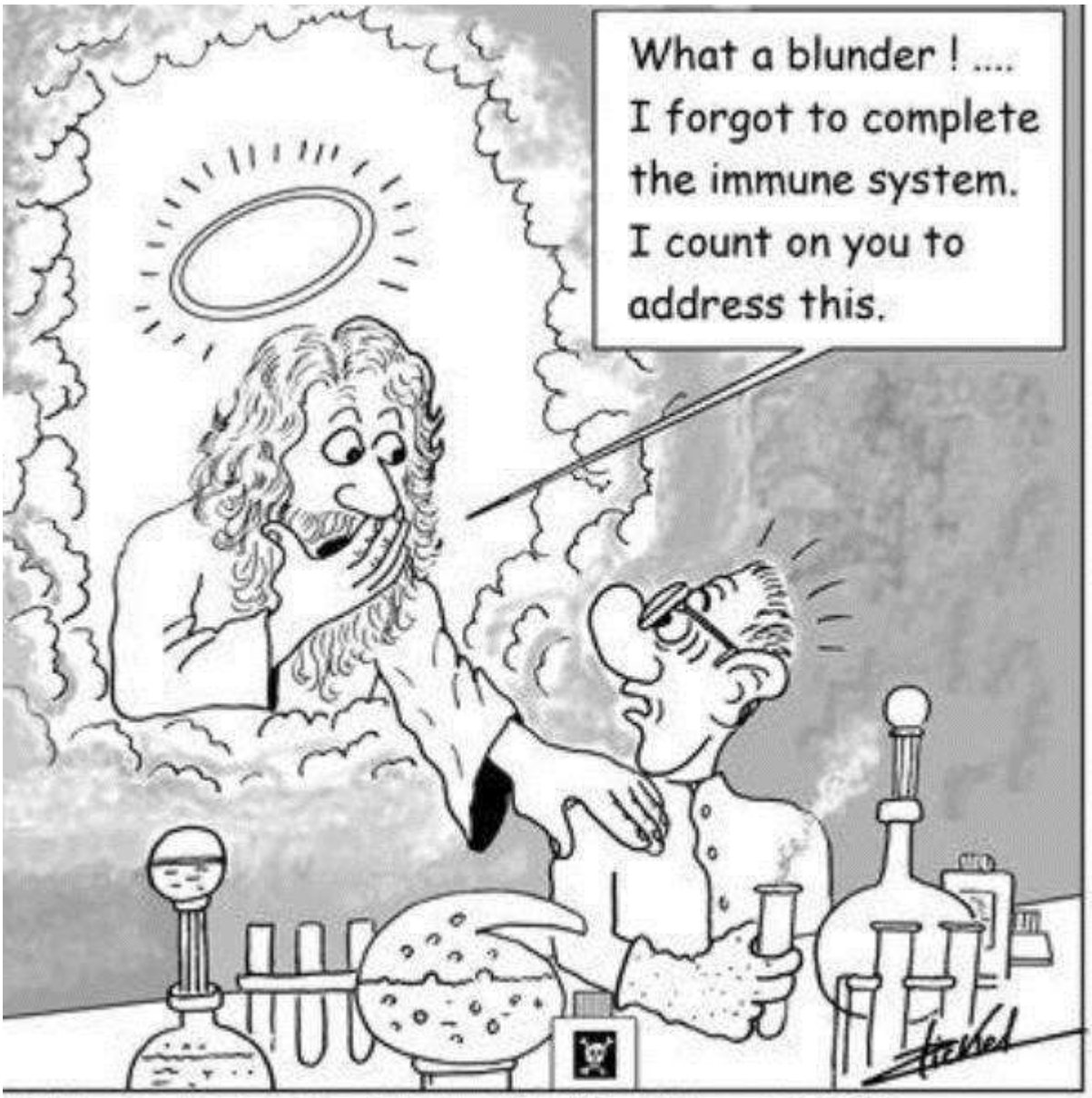
Our immune system is comprised of a unique grouping of cells, designed by God, and given the task of identifying and destroying these foreign invaders (“bad guys”) before they can do significant harm to the body. Disease-causing organisms such as those listed above are detected by the immune system, tagged for destruction, and then annihilated by these hungry immune system cells when it is kept strong and healthy and functioning at optimal levels.



The immune system God placed into this physical body He created was also designed to recognize cancer cells, also “bad guys,” as abnormal and unwelcome. A strong, healthy immune system will seek out cancer cells and destroy them before they can multiply. The specific cells assigned with the task of destroying cancer cells are called “T” cells.

After God had created the human physical body, with a self-protecting system, God had done His part in providing us with a body that would efficiently handle these harmful germs, viruses, bacteria, fungi, parasites, cancers, etc. But now we come to man’s part!

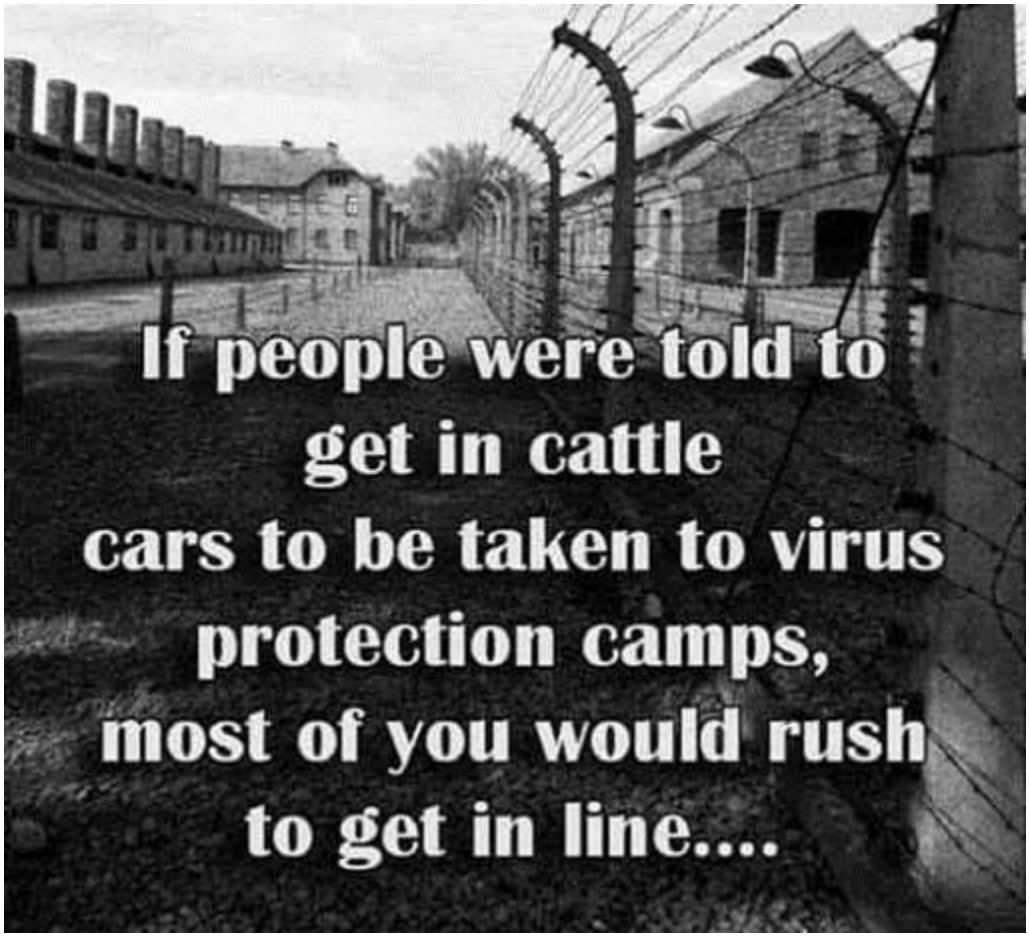
It is the responsibility of every man, woman, and child (the child is the parents responsibility until old enough to take control, of course) to so nourish that immune system that it remains strong and healthy, so that it is capable of fulfilling the task of protecting each of our physical bodies from the “bad guys.”



) Béchamp, Antoine, The Blood and its Third Element [1912]

Our daily diet and lifestyle determines whether our immune system is strong and healthy, working at optimal levels, or weak and ineffective, and thus unable to fulfill the intended function God gave it. When functioning at optimal levels, the immune system can recognize, seek out, and destroy all of the “bad guys” in our body.

But if our diet and lifestyle is poor, then our immune system will become weak and compromised, and thus unable to fulfill its God given task of protecting us from the “bad guys”.



Why Did a COVID Vaccine Turn HIV Tests Positive?

Dr. Joseph Mercola days ago presented perhaps the single most cogent reason to take a pass on the new mRNA vaccines, which present a great many potential problems as to their safety as well as efficacy, since many doctors have stated that getting a vaccine does not stop the virus from spreading.

Story at-a-glance -

- In the race to produce a viable vaccine for COVID-19, one developed at the University of Queensland, Australia, was scrapped when scientists found participants developed a false positive test for HIV after vaccination
- Researchers who had used recombinant adenovirus type 5 (Ad5) vector 10 years ago for an HIV-1 vaccine warned against using the same process for the development of a COVID-19 vaccine as it raised the risk of an HIV infection

- It is notoriously difficult to develop a vaccine for coronaviruses as the process has always backfired in the past, raising the risk of severe disease when exposed to the virus
- Current data show a mass vaccination mandate is not necessary; pharmaceutical companies are shielded from liability from vaccine injury. Weigh your personal risks and benefits before deciding

There are several COVID-19 vaccines in development, and some have reached human trials. One of the recently revealed challenges of some forms of the vaccine is a connection to human immunodeficiency virus (HIV) — either triggering a false positive test for it or potentially increasing the risk of an HIV infection.

HIV triggers acquired immune deficiency syndrome (AIDS). HIV is a **retrovirus**, which some experts believe is at the heart of several chronic diseases, including myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and autism. While some retroviruses can infect your germ cells, and therefore pass to your offspring, it's not believed that HIV has that capacity.

The first HIV case was reported in 1981. Over the next 35 years, the infection created panic in some communities, raised the risk of death and triggered multiple public health programs. As scientists grew to have a better understanding of the infection, they developed better treatment methods for those who are infected.

By 2019 surgeons at Johns Hopkins Medical Center had performed the first living donor kidney transplant in the U.S. from an HIV patient to an HIV recipient. It was time, effort and science that brought treatment modalities to the point where HIV is now thought of as a chronic disease and not a death sentence.

Australia Abandons Vaccine After False Positive HIV Tests

In the race to produce a viable vaccine for COVID-19, one developed at the University of Queensland, Australia, was scrapped when scientists found participants developed a false positive test for HIV after vaccination. This affected a $750 million planned order for the vaccine.

The vaccine was developed in a collaboration between the university and biotech company CSL and was one of several using a protein that prompted a response from the **human immune system**. These types of vaccines have been in use for years and have a known track record, as compared to the newer mRNA vaccines in development. Examples of protein-based vaccinations include those given for pertussis, Haemophilus influenzae type B and hepatitis B. Scientists have also used genetically engineered viruses to prompt the immune system to create antibodies against a pathogen. The technique of modifying the adenovirus has been in development for nearly three decades across several vaccines.

The problem with the COVID vaccine was with two HIV protein fragments that scientists used to produce a molecular "clamp" on the coronavirus spikes. The clamp was meant

to stabilize the virus, allowing an individual's immune system to effectively develop antibodies after exposure to the **vaccine**.

While researchers thought there was no risk from the vaccine of directly infecting the volunteer with HIV, the clamp caused trial participants' bodies to produce antibodies that HIV tests recognized as a positive response.

Even though they felt the vaccine appeared to be safe and effective, they thought the false positive testing for HIV would undermine public trust. In order to continue the development and use of this vaccine, it would have required the current HIV test to be re-engineered to differentiate between those testing positive from the vaccine and those who had the virus. Prime Minister Scott Morrison spoke with reporters, saying:

"We can't have any issues with confidence and we are as a nation now, with a good portfolio of vaccines, able to make these decisions to best protect the Australian people."

The New York Times calls this a "misstep" "that can inevitably occur when scientists, during a pandemic … rush to condense the usual years-long process to develop vaccines into a matter of months."

Warning: Modified Virus Vaccine May Increase the Risk of HIV
Currently, the idea is to modify the adenovirus, which normally causes a common cold, with genes from SARS-CoV-2. This tricks the immune system into thinking it has been infected and then producing antibodies against the infection.

Researchers believe the adenoviruses are excellent vectors with several advantages over other viruses for this type of research, including the ease of genetic manipulation and the ability to induce robust T cell and antibody responses. However, there have been major drawbacks using adenoviruses in gene therapy and vaccines.

Researchers who had used recombinant adenovirus type 5 (Ad5) vector 10 years ago for an HIV-1 vaccine warned against using the same process for the development of a COVID-19 vaccine. Published in The Lancet, they outlined the challenges they had faced in two human trials with Ad5 vectored HIV-1 vaccine.

Data from both studies suggested the vaccination could increase the risk of acquiring HIV from the environment more easily than before. The mechanism for this increased susceptibility was not determined, but further exploratory studies suggested the Ad5 vaccine promoted HIV replication in CD4 T-cells, which could potentially make you more susceptible to an HIV infection.

The results from the Step trial demonstrated the risk of acquiring HIV was higher in uncircumcised men having unprotected anal sex with an HIV-seropositive partner. The data from the Phambili study suggested that vaccinated heterosexual men also had a consistently higher increased risk of infection.

The results were compelling enough that in 2014 the National Institutes of Health acknowledged recombinant Ad5 vaccines may have a major problem as they could "increase susceptibility to HIV infection. This also raised the question of whether the problem extends to some or all of the other recombinant adenovirus vectors currently in development or to other vector-based vaccines."

The lead author of this paper was Dr. Anthony Fauci, who went on to recommend "against further use of Ad5 as a vector in HIV vaccines," as reported by Forbes Magazine. These concerns were also reiterated by the researchers of the original HIV-1 vaccine studies, who wrote in The Lancet:

"On the basis of these findings, we are concerned that use of an Ad5 vector for immunisation against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) could similarly increase the risk of HIV-1 acquisition among men who receive the vaccine.

Both the HIV and COVID-19 pandemics disproportionately affect vulnerable populations globally. Roll-out of an effective SARS-CoV-2 vaccine globally could be given to populations at risk of HIV infection, which could potentially increase their risk of HIV-1 acquisition."

Emergency COVID Vaccines May Trigger Massive Side Effects

In the past, efforts to vaccinate against other coronaviruses have revealed serious concerns. Vaccines developed for severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV) and respiratory syncytial virus (RSV) tended to trigger antibody-dependent enhancement (ADE).

This means that for some who received the vaccine, it has a paradoxical effect that increases your risk of severe infection if you are exposed to the virus. In other words, the vaccine enhances the virus' ability to get inside your cells, which results in more severe disease.

This process may manifest in different ways, which include ADE and allergic inflammation caused by Th2 immunopathology. Given what is currently known about the virus and behavior in the body, some scientists have argued that ADE is only one immune enhancement pathology that may cause a dysregulated and potentially dangerous response to a COVID-19 vaccine.

In May 2020 I interviewed Robert Kennedy Jr., during which he described the **well-known hazards of coronavirus vaccines** and summarized the history of coronavirus vaccine development. In 2002, following three consecutive SARS outbreaks, vaccine research had begun. Ten years later in 2012, Chinese, American and European scientists were working on a SARS vaccine and had about 30 promising candidates.

Of those, the four best vaccine candidates were then given to ferrets, which are the closest analog to human lung infections. While the ferrets displayed robust antibody response, which is the metric used for vaccine licensing, once they were challenged with the wild virus, they all became severely ill and died.

The same thing happened when they tried to develop an RSV vaccine in the 1960s. RSV is an upper respiratory illness that is very similar to that caused by coronaviruses. At that time, they had decided to skip animal trials and go directly to human trials. Kennedy recounts the experiment, saying:

"They tested it on I think about 35 children, and the same thing happened. The children developed a champion antibody response — robust, durable. It looked perfect [but when] the children were exposed to the wild virus, they all became sick. Two of them died. They abandoned the vaccine. It was a big embarrassment to FDA and NIH."
Even Pfizer acknowledges in their clinical protocol that COVID-19 disease enhancement is a real risk following certain vaccinations. Despite years of research and alternative development strategies, ADE concerns remain, and, as explained by Kennedy, coronavirus vaccines remain notorious for creating paradoxical immune enhancement.

Coronaviruses Produce Two Types of Antibodies
Coronaviruses produce more than neutralizing antibodies. Instead, they trigger two antibody responses in your body. This difference may be at the heart of why vaccines to prevent coronavirus infections have thus far been ineffective, and sometimes dangerous:

- Neutralizing antibodies bind to the virus in a way that blocks the ability of the pathogen to infect your cells.
- Binding antibodies (also known as nonneutralizing antibodies) are produced during an infection but are unable to prevent a viral infection.

Binding antibodies can also trigger an abnormal immune response. Another way to look at this is, instead of protecting you, the vaccine triggers an abnormal response, which causes your immune system to backfire so you develop a severe disease from the infection.

Many of the COVID-19 vaccines currently in development are using mRNA to trigger an immune response by instructing cells to make the SARS-CoV-2 spike protein. The idea is to create the spike protein so your body produces antibodies, without making you sick in the process. The key question is: Which of the two types of antibodies are being produced through this process?

Weigh a Personal Risk-Benefit Ratio Before You Decide
Regardless of how effective or ineffective COVID-19 vaccines are, it is likely that several will be released to the public in relatively short order — all while racing through a process that normally takes years to ensure some measure of safety.

Ironically, current data no longer support a mass vaccination mandate, considering that the lethality of COVID-19 is lower than the flu for those under the age of 60. If you're under the age of 40, your risk of dying from COVID-19 is even lower, at just 0.01%, or a 99.99% chance of surviving the infection — and you could improve that further if you're metabolically flexible and have optimal levels of vitamin D.

Unfortunately, participants in current COVID-19 vaccine trials are not being told that by getting the vaccine they may end up with more severe COVID-19 disease once they're infected with the virus. The speed at which the vaccines are being produced and released may create a second wave of severe disease and death from medical interventions.

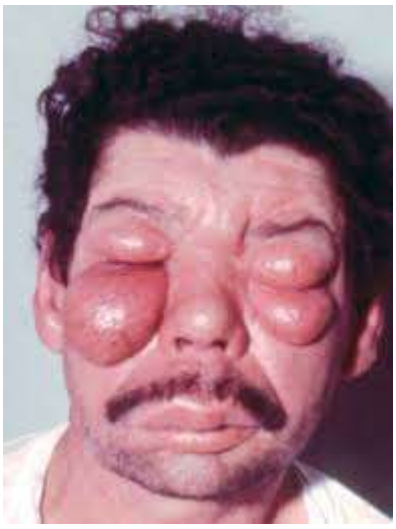
In the meantime, as health officials pushed them to develop "warp speed" vaccines, the pharmaceutical companies were unwilling to move ahead unless they were shielded from liability if the vaccine were to produce injuries. As one senior executive at AstraZeneca said: "This is a unique situation where we as a company simply cannot take the risk …"

The industry is already protected by the 2005 Public Readiness and Emergency Preparedness (PREP) Act that prohibits claims against companies that develop and release products for a public health emergency. Plus, the Supreme Court has also upheld rulings that protect vaccine makers, without any seeming regard for the citizens who are injured.

Your decision to vaccinate or not for COVID-19 is currently a personal choice. Before making your decision, consider balancing your risks and benefits, evaluating the research and results of the vaccine and the danger of fatality in your personal circumstances. Also, consider taking significant steps to improve your **metabolic flexibility** and **optimizing your vitamin D levels** to lower your risk of severe disease.

Moderna Covid-19 Vaccine Causes "Monsterism"

Moderna's Covid-19 vaccination, which the Food & Drug Administration (FDA) approved on 18 December, may cause recipients to experience an extremely rare but potentially lethal side effect—Monsterism, a degenerative disease that ravages a victim with physical and mental deformities. A Moderna whistleblower speaking under condition of anonymity for fear of retaliation said 3 of the 30,000 trial candidates began showing symptoms of the horrible disease shortly after receiving the second dose of the two-part vaccination. Since half of all volunteers were given a placebo, the true number of afflicted was 3 in 15,000, or 0.02%, and while that figure might seem statistically insignificant, it is critical because, our source said, Moderna concealed the unintended side effect from both the FDA and the volunteers who had not yet received the second inoculation. The US government sponsored Moderna's vaccine to the tune of one billion dollars.



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The first symptomatic victim telephoned Moderna two days following the vaccination. He complained of headaches, nausea, unusual body hair growth, and upper abdominal post-prandial extensions; a Moderna representative assured him the symptoms were "normal and nothing to worry about," but instructed him to seek medical attention at a local emergency room if symptoms persisted into the next morning. "The patient—I'll call him James—rushed to the ER the next morning. He was fucked. His head had grown three times its normal size, and his face was covered in warts that oozed a gelatinous, green puss. On top of that, every tooth in his mouth literally exploded. He was rushed to a COVID-19 isolation ward, where over the next several hours he grew fur from head to toe. He looked like Chewbacca," our source said.

French Billionaire and Moderna CEO Stephan Bancel refused to believe his company's vaccination was responsible for James's "sudden transformation," and allegedly told clinicians that medical screening must have missed an underlying condition. He decided at once to strike any mention of the incident from public record and cautioned employees against violating signed non-disclosure and non-disparagement agreements. Bancel "donated" an undisclosed sum of money to several hospital administrators in exchange for their silence, promising that James's case would be an isolated incident.

But two weeks later it happened again. A thirty-two-year-old woman checked herself into a local ER after coming down with a case of the fits after getting her second injection. While under observation, the female patient grew tufts of hair on her back and boils on her face, and days later her cranium doubled in size, leading physicians to believe she had contracted a rare tropical disease.

“When her fingernails fell out and she grew talons, the staff knew they had a serious problem,” our source said. “The woman got violent. She could no longer speak, not as we understand speech, and began clawing at hospital staff. They restrained her, but not before a nurse was grievously wounded. The woman was flown to the same place as the first victim. I believe they’ve expired, though I’m not certain.”

Moderna’s upper echelons, he added, concluded that a potential side effect of the vaccine is biological regression, or “Monsterism,” an irreversible process by which a homousian devolves into a Cro-Magnon or Neanderthal. The 28-billion-dollar pharmaceutical conglomerate has buried evidence of Monsterism to prevent its stock—which has quadrupled in value during the pandemic—from tanking.

Blessings,

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