4-1

New study: Pfizer COVID shot converts into DNA in human cells!

Art Moore March 1 2023

Contrary to the CDC's claim that the mRNA COVID-19 vaccines do not "change or interact with your DNA in any way," a new Swedish study finds Pfizer's shot goes into liver cells and converts to DNA.

It's the first time that researchers have shown in vitro – or inside a petri dish – how an mRNA vaccine is converted into DNA on a human liver cell line, the Epoch Times reported.

It's precisely what health experts and fact-checkers said for more than a year could not occur.

Dr. Peter McCullough, an internist, cardiologist and epidemiologist who is one of the leading critics of the COVID vaccines, said the findings have "enormous implications of permanent chromosomal change" that could drive a "whole new genre of chronic disease."

The CDC assures Americans that the mRNA and the spike protein it produces in COVID-19 vaccines to create an immune response "don't last long in the body." On its website, the agency states: "Our cells break down mRNA and get rid of it within a few days after vaccination. Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks."

Further, the CDC says on a web page titled "Myths and Facts about COVID-19 Vaccines" that the "genetic material delivered by mRNA vaccines never enters the nucleus of your cells."

However, the researchers at Lund University in Malmö, Sweden, found that **the mRNA vaccine enters human liver cells and triggers the cell's DNA in the nucleus to increase the production of the LINE-1 gene expression to make mRNA.**

The whole process occurred rapidly, within six hours, concluded the study, which was published by the university's Department of Clinical Sciences.

Pfizer did not comment on the study's findings, the Epoch Times reported, stating only that its mRNA vaccine does not alter the human genome.

"Our COVID-19 vaccine does not alter the DNA sequence of a human cell," a Pfizer spokesperson told paper in an email. "It only presents the body with the instructions to build immunity."

Earlier this month, as WND reported, a **peer-reviewed study published in the prestigious journal Cell by researchers at Stanford University found that the spike protein created by the COVID vaccines remains in the body much longer than believed and at levels higher than those of severely ill COVID-19 patients.**

The Stanford researchers tested the duration of the protein in the body for 60 days and found that it lasted at least that long.

Dr. Robert Malone, the key inventor of the mRNA technology platform that later was used in the Pfizer-BioNTech and Moderna vaccines, described the implications of the Stanford study as a potential "health public policy nightmare" in an analysis on his Substack page.

The Swedish researchers also concluded the spike proteins expressed on the surface of the liver cells through the vaccine could target the immune system and possibly cause autoimmune hepatitis. They noted "case reports on individuals who developed autoimmune hepatitis" after getting the Pfizer shot.

The authors of the study cited the case of a healthy 35-year-old female who developed autoimmune hepatitis a week after her first dose of the Pfizer COVID-19 vaccine. The researchers said there is a possibility that "spike-directed antibodies induced by vaccination may also trigger autoimmune conditions in predisposed individuals."

5-1

Shocking Study Out of Australia Shows up to a 26 Fold Increase in Excess Mortality in 2021 and 2022. Consistent With American Insurance Companies Findings.

Brian Lupo March 14, 2023

A pre-print study published in February 2023 by Dr. Wilson Sy shows an incredible analysis of excess mortality data in Australia. Based on his research and analysis of the data, Dr. Sy concluded that there is an excess death rate in 2021 that is 7-fold higher than than 2020 and 14-fold in 2022. The 2022 data was only available up to September 2022. Dr. Sy predicts the final months of 2022 could amount to a 19-fold increase overall for that year.

Yes, you heard that right: a 7-fold and potentially 19-fold increase in excess mortality in 2021 and 2022, respectively, over 2020, the "year of the pandemic".

To be clear: Dr. Sy is not a medical doctor, but as you will see, his research and analysis is based solely off of data provided by the Australian Bureau of Statistics (ABS) and requires minimal, if any, medical expertise.

Dr. Sy began analyzing excess mortality data ranging back to 2015 through September 2022. He was able to draw concerning conclusions based on the ABS data:

10.Conclusion

Australian health policy has been based on misinformation from flawed COVID-19 data which are scientifically unsound. Based on sound mortality data, the Australian COVID-19 pandemic did not begin until the advent of mass mRNA injections in 2021. It is ironic that mass injections which were introduced to mitigate a non-existent pandemic, created a real iatrogenic pandemic. This study, backed by a Bradford Hill analysis, has shown that more injections administered to reduce the pandemic, had the opposite effect of causing more excess deaths to increase the pandemic.

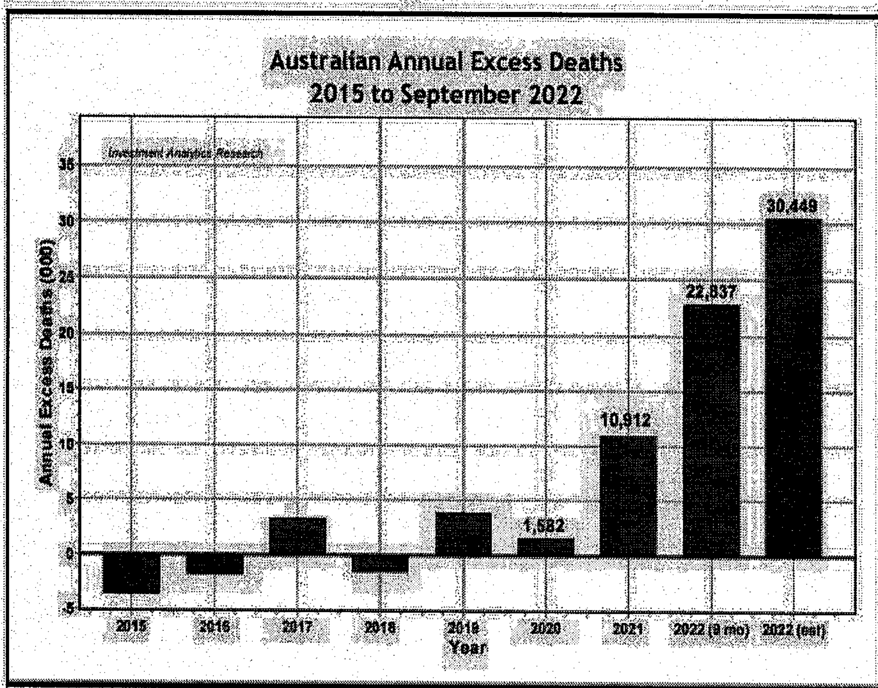
The very large excess deaths observed from the data imply that the mortality risk/benefit ratio from COVID injections is very high. That is, the harm or risk realized has far outweighed any benefit from COVID injections.

This study has introduced a very simple, but robust, methodology, which should be used by other countries, particularly those in Figure 10 which appear to have adequate data, to replicate and investigate the likely iatrogenic origins of their own pandemics. Billions of lives in the world are at stake from the potential findings of the research.

Based on the data Dr. Sy analyzed, he was able to conclude that excess deaths increased from **1,582** in 2020 to **10,912** in 2021 and **22,837** in 2022 (thru September). He estimates the 2022 final number will be around **30,449**, or more than **19 times** the "pandemic year" of 2020.

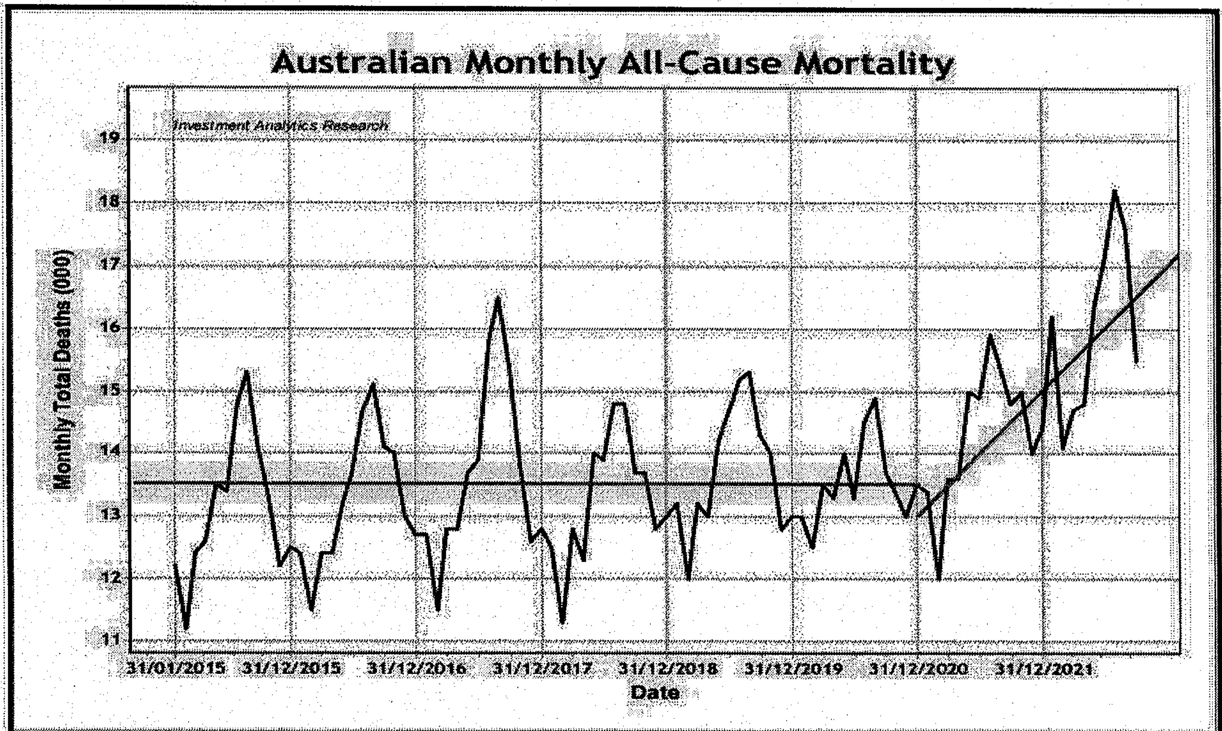
5-2

Figure 2



He also concluded that "All Cause Mortality" began to significantly trend upward in 2021 as evidenced in the chart below:

Figure 1



5-3

According to Dr. Sy, Australia "moved the goal posts" for 2022: they changed the baseline definitions for calculating excess mortality by taking the average excess deaths of only four years, 2017-2019 and 2021, skipping 2020, rather than the "normal" baseline of the previous five consecutive years:

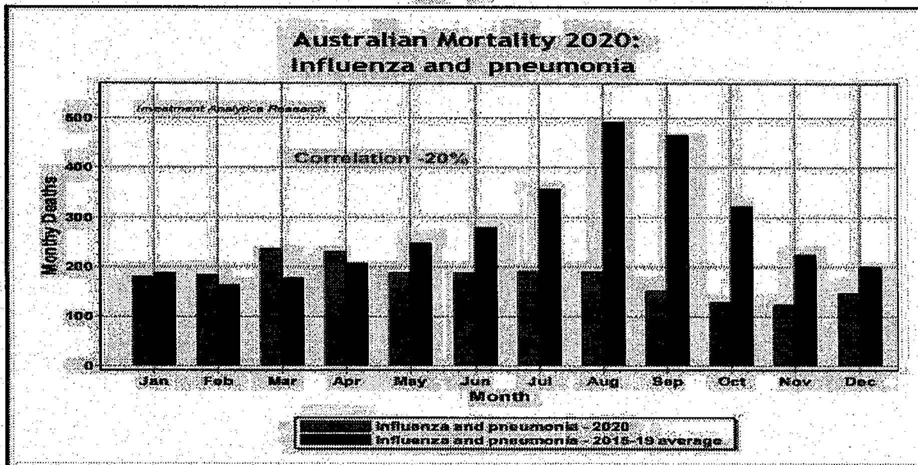
> The above raw data is used to calculate excess mortality in this paper, instead of simply accepting the official excess mortality data published by the ABS. The ABS has changed its baseline definitions (moved the "goal posts") for calculating 2022 excess mortality in an inconsistent manner, without providing adequate justification.
>
> Normally, the baseline for calculating excess mortality is the average of the previous five years, but the baseline for 2022 has been defined by the ABS as the average of four years, 2017-2019 and 2021, without adequate reasons [10].
>
> > Throughout this report, counts of deaths are compared to an average number of deaths for previous years. In this report, data for 2021 is compared to an average number of deaths recorded over the 5 years from 2015-2019 as was the case in previous publications. Data for 2022 is compared to a baseline comprising the years 2017-2019 and 2021. ***2020 is not included in the baseline for 2022 data because it included periods where numbers of deaths were significantly lower than expected.***
>
> Page **5** of **22**

Why would the Australian authorities change the baseline definition by excluding 2020? And why was 2020 "significantly lower than expected" in certain periods despite the on going "pandemic" that destroyed the middle to lower class with draconian lockdowns and mandates?

One of the interesting observations from this report is that flu and pneumonia mortality in Australia dropped drastically in 2020. Dr. Sy notes that this could potentially be due to misdiagnosis of COVID-19 rather than influenza based on a **CDC "Lab Alert"** that suggests the RT-PCR tests cannot differentiate between the COVID virus and the influenza virus. The CDC alert suggests labs "consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses."

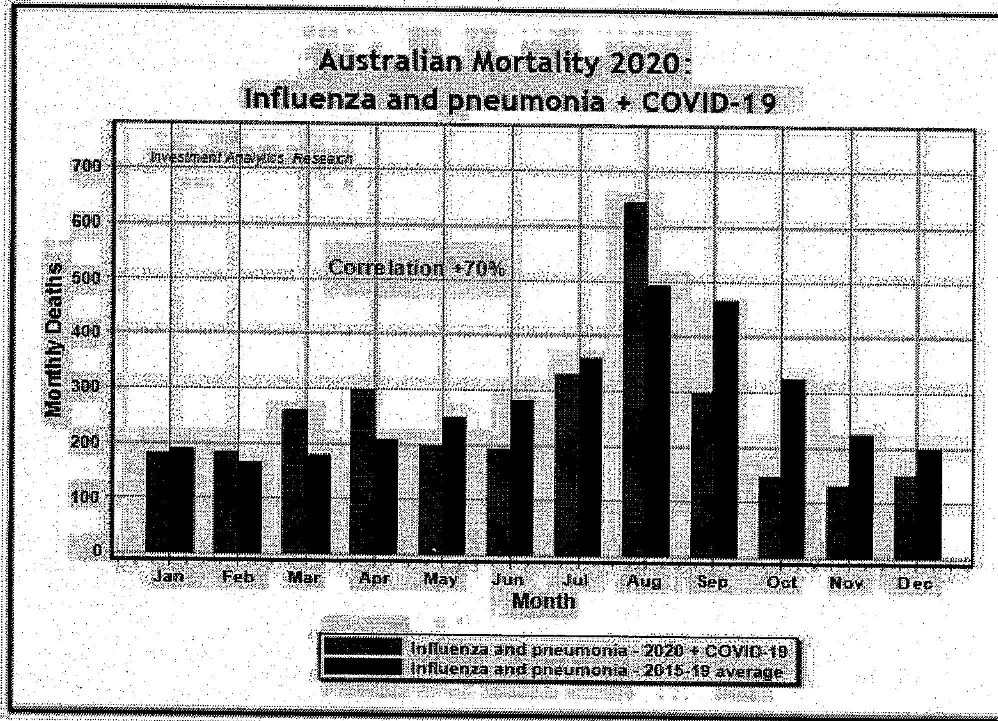
In the chart below, the blue bars represent the 5-year average of Influenza and Pneumonia deaths. The red bars depict the 2020 death rates:

Figure 4



When you factor in COVID deaths, however, the months with the most dramatic differences shown above take a wild turn:

Figure 5



These conclusions are supportive of a claim made by J Scott Davison, the CEO of OneAmerica Insurance Company, back in January 2022. Davison joined an Indiana Chamber of Commerce roundtable discussion on the impacts of COVID-19. In this discussion, he revealed their group life insurance was seeing **"the highest death rates they've ever seen in the history of this business"**. He says this increase of 40% excess mortality over pre pandemic levels is consistent throughout the industry and that it is primarily working aged people that are 18-64 that are dying. Davison emphasizes that a "3-sigma or 1 in 200 year catastrophe would be a 10% increase over pre-pandemic, so a 40% [increase] is just unheard of. And what the data is showing us is that the deaths being reported as COVID deaths greatly understate the actual death losses among working age people from the pandemic. It may not all be COVID on their death certificate, but deaths are just up huge huge numbers."

The findings shared by Davison are also consistent with an age breakdown of excess mortality in Australia, according to a **substack by Steve Kirsch.** Kirsch found that the deaths in those aged 0-64 are significantly higher than other age demographics:

5-5

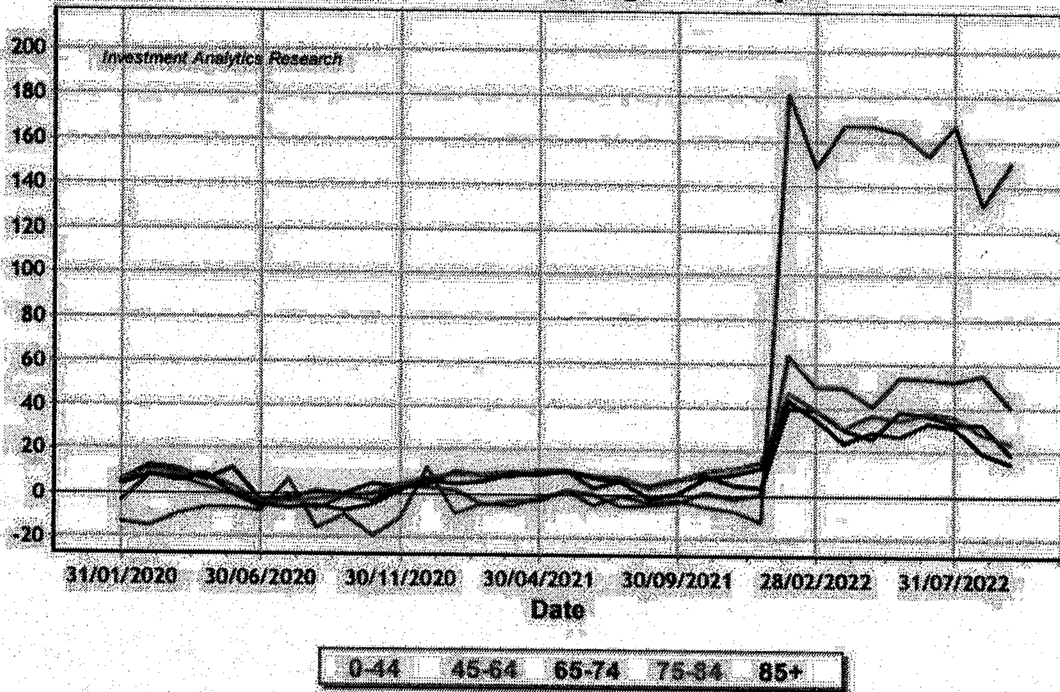


Figure 3. If you plot excess mortality on a percentage basis over baseline for that age group, you find that the 0-44 age group has an excess mortality increase that is difficult to explain if it isn't the COVID vaccine. Not only is it elevated, but it remains elevated. This is problematic because COVID comes in waves and it disproportionally affects the elderly. So something is killing young people and it started at the same time they rolled out the boosters in Australia. I wonder what it could be?

6-1

Australian COVID-19 pandemic: A Bradford Hill analysis of iatrogenic excess mortality

Link to article in index

Wilson Sy*

Abstract

Australian official mortality data show no clear evidence of significant excess deaths in 2020, implying from an older WHO definition that there was no COVID-19 pandemic. A seasonality analysis suggests that COVID-19 deaths in 2020 were likely misclassifications of influenza and pneumonia deaths. Australian excess mortality became significant only since 2021 when the level was high enough to justify calling a pandemic. Significant excess mortality was strongly correlated (+74%) with COVID-19 mass injections five months earlier. Strength of correlation, consistency, specificity, temporality, and dose-response relationship are foremost Bradford Hill criteria which are satisfied by the data to suggest the iatrogenesis of the Australian pandemic, where excess deaths were largely caused by COVID-19 injections. Therefore, a strong case has been presented for the iatrogenic origins of the Australian COVID-19 pandemic and therefore, the associated mortality risk/benefit ratio for COVID injections is very high.

1. Introduction

On 11 March 2020, the World Health Organization (WHO) declared [1] the COVID-19 pandemic based on 4,291 deaths, by 118,000 cases in 114 countries, with an average of about 1,000 cases in each country. Based on this very small sample, the WHO assumed that the COVID-19 disease is highly infectious and has an infection fatality rate (IFR) of at least 0.4 percent. Therefore, the COVID-19 pandemic was declared based on expectation and not on fact, as the WHO had previously defined for an influenza pandemic [2]:

> An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with ***enormous numbers of deaths*** and illness.

Emphasis added. A pandemic should be justifiably declared only if there are "enormous numbers of deaths", for otherwise seasonal influenza or even the common cold of the Rhinovirus could be declared as pandemics, i.e., just based on numbers of cases of infection. By now, it is abundantly clear that the number of cases defined by the PCR tests may be grossly inflated (see section 2).

By assuming "cases" would lead to "enormous deaths", the WHO declared a pandemic based on supposition, not on scientific fact. The presumption of sound science by governments has

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*Revised 27 March 2023, PhD, Director, Biotechnology Unit, Investment Analytics Research. Lex Stewart and Jeremy Beck are thanked for useful comments. The author has no financial or political conflicts of interest and is not funded by external sources. Paper to appear in the *Journal of Clinical and Experimental Immunology*.

7-1

Why isn't the CDC warning parents that masking their kids creates unacceptably high levels of CO2?

Steve Kirsch March 11, 2023

Del Bigtree was right. The CO2 levels in masks worn by kids rises to over 13,000 ppm. This is above the normal 1,000 ppm level, and significantly above the 2,000 acceptable level. The CDC is silent.

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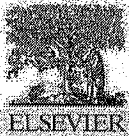

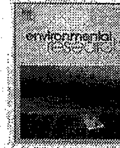

Carbon dioxide rises beyond acceptable safety levels in children under nose and mouth covering: Results of an experimental measurement study in healthy children

Harald Walach[a,*], Helmut Traindl[b], Juliane Prentice[c], Ronald Weikl[d], Andreas Diemer[e], Anna Kappes[f], Stefan Hockertz[g]

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Executive summary

Del Bigtree was right: CO2 levels have been confirmed to rise to unacceptable levels in kids in a paper published in September 2022.

The CDC refuses to warn parents of the danger, even after the paper was published.

So it's our job to warn since everyone else (mainstream medical community, mainstream press, and CDC) are remaining silent.

The original Highwire demo

Here is the original video of Del and his son Ever.

The fact check

Even the AFP Fact check admits that 2,000 ppm is problematic and that 13,000 is very problematic:

1,000 to 2,000 ppm	Complaints of drowsiness and poor air
2,000 to 5,000 ppm	Headaches, sleepiness, and stagnant, stale, stuffy air. Poor concentration, loss of attention, increased heart rate and slight nausea may also be present
5,000 ppm	Workplace exposure limit (as 8-hour TWA) in most jurisdictions
> 40,000 ppm	Exposure may lead to serious oxygen deprivation, resulting in permanent brain damage, coma and even death

Conclusion of the paper

6. Conclusion

In conclusion we have produced experimental data that show that carbon dioxide content in inhaled air rises on average to 13,000 to 13,750 ppm no matter whether children wear a surgical or an FFP2 mask. This is far beyond the level of 2,000 ppm considered the limit of acceptability and beyond the 1,000 ppm that are normal for air in closed rooms. This estimate is rather on the low side, as we only measured this after a short time without physical exertion. Decision makers and law courts should take this into consideration when establishing rules and guidance to fight infections.

Summary

So now you know.

Following the CDC's advice to mask your kids is going to impair your child's ability to learn and they never even warned you.

You really can't trust the CDC on anything, can you?

And you can't trust the mainstream medical community or mainstream media to let you know the truth either. They aren't going to contradict the CDC, no matter what the science says.

8-1

CDC Director Walensky Says Child Masking Policy "Doesn't Really Change with Time" – After She Is Confronted with New Study That Proves Masking is Worthless in Preventing Spread of COVID (VIDEO)

Jim Hoft Feb. 14, 2023

In late January the **Cochrane Study** was released. This was one of the largest and most comprehensive studies on masking that found masks do almost nothing to prevent the spread of respiratory diseases.

Before 2020 all doctors knew this was a fact. Then came Dr. Evil, Tony Fauci, and his half-truths and lies. In 2020 Fauci decided masks should be worn to prevent the spread of COVID even on healthy people. And, sadly 99% of the medical community went along with this madness.

The Cochrane Study found that masks were worthless in preventing the spread of COVID.

The Washington Free Beacon reported:

The **study** reviewed 78 randomized control trials—experiments that have long been considered "the gold standard" for medicine—which assessed the effectiveness of face masks against flu, COVID-19, and similar illnesses. It found that wearing masks "probably makes little or no difference" for the general public, no matter what kind of mask is used. Even N95 masks, considered the most effective at filtering airborne particles, showed no clear benefit for health care workers.

The study was published on January 30 by the Cochrane Library, a world-renowned medical database that is famous for its high-quality evidence reviews. It comes as a battering ram to the recommendations of the U.S. public health establishment, which urged children as young as two to wear masks throughout the pandemic.

"This amounts to the scientific nail in the coffin for mask mandates," said Kristen Walsh, a clinical professor of pediatrics in Morristown, New Jersey. "I just can't wrap my mind around the fact that some schools are still actively forcing children to wear masks, much less children who need to see faces to learn."

Though most Western countries **opted against masking** kids—in part due to concerns about speech and social development—many blue school districts mandated face coverings for toddlers, citing guidance from the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

On Tuesday Rep. Cathy McMorris Rodgers confronted CDC Director Rochelle Walensky during congressional testimony on the COVID pandemic.

McMorris Rodgers asked Walensky if the CDC will revise its guidance on masking in schools now that the Cochrane review found they are worthless in the spread of the disease.

The CDC is the only national and international organization that demands masking of 2-year-old children. This is abuse.

Walensky refuted the international study responded, "Our guidance for school-based masking is related to our COVID-19 community levels. Unfortunately, we're in a place now in this country where most of our country is in green or yellow. Has low to moderate transmission communicable levels. And in those communities we don't recommend masking. We recommend it for high level communities... **Our masking guidance doesn't really change with time.** It changes with the disease."

9-1

Crushing COVID Claims: Scientific Review Challenges 'Fact' That Masks Reduced Transmissions

Jonathan Turley ,FEB 15, 2023

A new scientific review raises additional questions over the science behind the mask mandates imposed on the population for years.

The new scientific review by 12 researchers from leading universities found little support for the claims that masks reduced Covid exposures.

My interest in the story, as usual, focuses on free speech.

Numerous experts were suspended or banned for challenging these very claims and the media labeled any such critics as dangerous or fringe figures.

Regardless of your ultimate conclusions on the efficacy of masks, there was clearly a scientific basis to challenge the mask policies. Yet, many people were routinely censored on Twitter and other platforms for daring to challenge the official position on masks.

The Centers for Disease and Control Prevention (CDC) initially rejected the use of a mask mandate. However, the issue became a political weapon as politicians and the press claimed that questioning masks was anti-science and even unhinged. In April 2020, the CDC reversed its position and called for the masking of the entire population, including children as young as 2 years old. The mask mandate and other pandemic measures like the closing of schools are now cited as fueling emotional and developmental problems in children.

The **closing of schools and businesses was also challenged by some critics** as unnecessary. Many of those critics **were also censored**. It now appears that they may have been right. Many countries did not close schools and did not experience increases in Covid. However, we are now facing alarming drops in testing scores and alarming rises in medical illness among the young.

Masks became a major social and political dividing line in politics and the media. Maskless people were chased from stores and denounced in Congress. Then-CDC Director Dr. Robert Redfield said during a Senate hearing that "face masks are the most important powerful health tool we have."

However, the new publication reaffirms earlier studies and states that "a new scientific review suggests that **widespread masking may have done little to nothing to curb the transmission of COVID.**" It added that "wearing a mask may make little to no difference in how many people caught a flu-like illness/COVID-like illness (nine studies; 276,917 people); and probably makes little or no difference in how many people have flu/COVID confirmed by a laboratory test (six studies; 13,919 people)."

9-2

It also found little evidence of a difference from wearing better masks and **that "wearing N95/P2 respirators probably makes little to no difference** in how many people have confirmed flu (five studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (five studies; 8407 people), or respiratory illness (three studies; 7799 people)."

Again, I expect that these studies will be debated for years. That is a good thing. There are questions raised over the types of studies used and whether randomized studies are sufficient. The point is only that there were countervailing indicators on mask efficacy and a basis to question the mandates. Yet, there was no real debate because of the censorship supported by many Democratic leaders in social media. To question such mandates was declared a public health threat.

The head of the World Health Organization even supported censorship to combat what he called an "infodemic."

A lawsuit was filed by Missouri and Louisiana and joined by leading experts, including Drs. Jayanta Bhattacharya (Stanford University) and Martin Kulldorff (Harvard University).

Bhattacharya previously objected to the suspension of Dr. Clare Craig after she raised concerns about Pfizer trial documents. Those doctors were the co-authors of the Great Barrington Declaration, which advocated for a more focused Covid response that targeted the most vulnerable population rather than widespread lockdowns and mandates. Many are now questioning the efficacy and cost of the massive lockdown as well as the real value of masks or the rejection of natural immunities as an alternative to vaccination. Yet, these experts and others were attacked for such views just a year ago. Some found themselves censored on social media for challenging claims of Dr. Fauci and others.

The media has quietly acknowledged the science questioning mask efficacy and school closures without addressing its own role in attacking those who raised these objections. Even raising the lab theory on the origin of Covid 19 (a theory now treated as plausible) was denounced as a conspiracy theory. The science and health reporter for the New York Times, Apoorva Mandavilli, even denounced the theory as "racist."

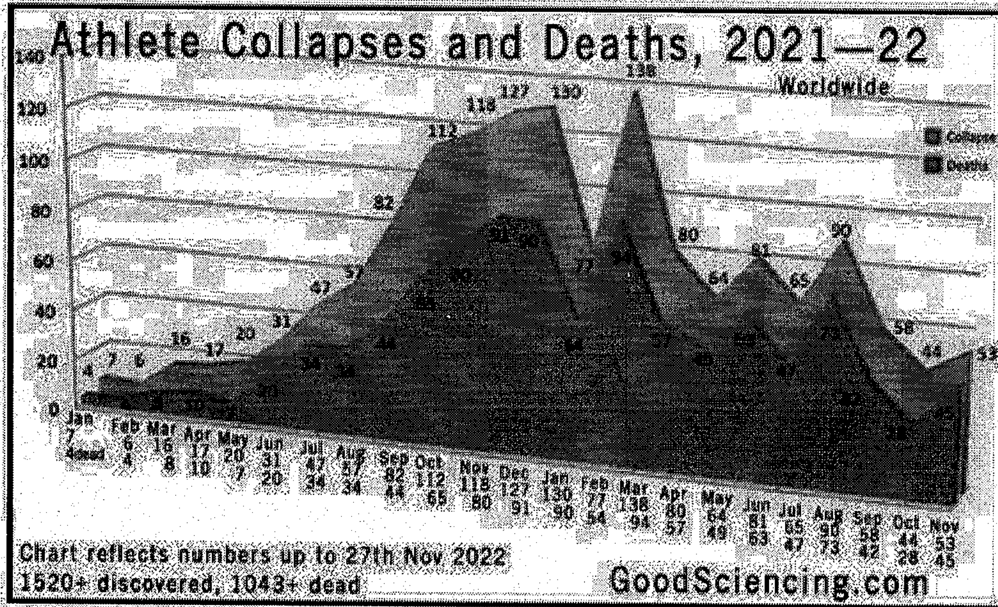
In the meantime, California has moved to potentially strip doctors of their licenses for spreading dissenting views on Covid.

The latest review will not conclusively answer the scientific questions around mask efficacy, but it should answer any lingering questions over the harm of censorship. We never had a serious debate because of the government-corporate-media alliance to snuff out dissenting views on pandemic policies. The result may have been avoidable emotional, economic, and social harm to the population as a whole.

10-1

Gee, What Changed? 300,000 NON-Covid Excess Deaths in US Since 2020

Jim Hoft January 25, 2023



Unexpected athlete deaths are up to record levels since the onset of COVID for some reason.

Late last year Ed Dowd joined Steve Bannon on The War Room on Frank Speech to discuss **the excess mortality rates** we are witnessing following two years of the COVID vaccine mandates.

Ed Dowd, an equity investment executive, joined The War Room back in March with **an explosive report** on the excess number of deaths recorded in the US since the introduction of the experimental vaccines. Back in March Dowd said that U.S. millennials, aged 25-44, experienced a record-setting 84% increase in excess mortality during the final four months of 2021.

It's still happening! According to Ed Dowd, the latest numbers from August show an excess mortality rate of 36% for millennials.

And now this...
A new study by US government found that there were 300,000 excess

deaths in the US since 2020 that cannot be explained.
What changed?

The Daily Mail reported:

The US has suffered nearly 300,000 more deaths than usual in more than two years of the pandemic that cannot be attributed to Covid, with researchers blaming lockdowns and delays to healthcare.

Latest official data shows there were 1.26million excess deaths between February 2020 and the end of 2022, of which around 295,000 did not have Covid as their main cause of death on their death certificates.

These are thought to be mostly made up of surges in deaths from cancer, heart disease, drug overdoses and firearms during the pandemic, however, a full analysis by the Centers for Disease Control and Prevention (CDC) is still likely weeks away.

The article goes on to describe, without any facts to back it up, how the COVID lockdowns actually saved lives.

So, the government report is not yet available but is coming soon. Does anyone out there believe this government will tell the truth about these mysterious deaths?

Save this article for future reference.

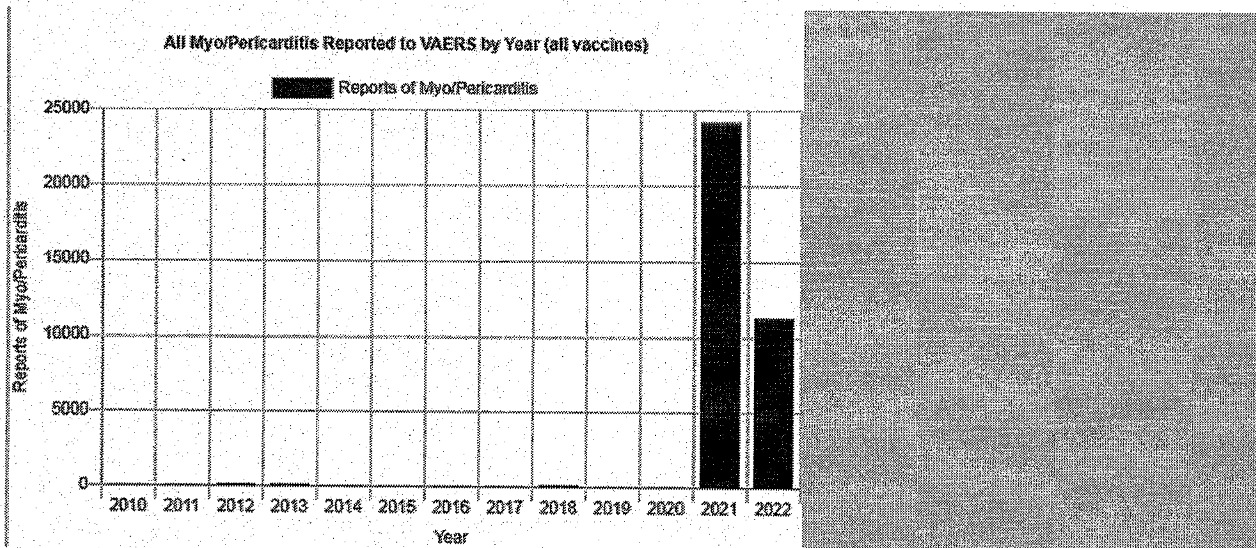
11-1

Horowitz: VAERS myocarditis already 47% f 2021 in just first 2 months

DANIEL HOROWITZ MARCH 11, 2022

One of the most criminal aspects of the COVID regime was the decision to pressure low-risk teens into getting a shot that was known to cause cardiac inflammation. Myocarditis used to be a rare disorder discussed mainly in academic literature, but now it is everywhere. What have we done to a generation of young hearts, and what is being done to detect, diagnose, and treat the problem? Unless we can find an angle that ties in to Ukraine, our politicians, media, and medical establishment don't care.

We are over a year into the known safety signals of this vaccine for myocarditis, and yet the shots still have not been pulled, even for younger males. In fact, it's still a requirement in many colleges. Yet reports of myocarditis and pericarditis are so prevalent now that just in the first eight weeks of 2022, we're already at 47% of the total VAERS submissions for 2021. There were 24,177 reports of pericarditis/myocarditis submitted to VAERS in 2021. In 2022, just through Feb. 25, there were 11,289 reports, which is nearly half of last year's total. Here is the graphic presentation from Open VAERS:

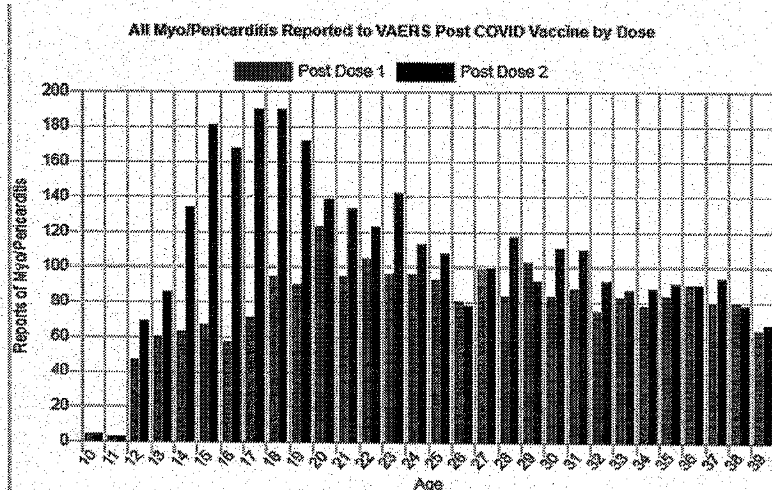


The reporting to VAERS is very disturbing because the trend line of vaccination, especially for the younger people more prone to this heart inflammation, has halted to a trickle in recent weeks. So why are there so many more reports this year? There are likely two possible explanations. Either more people and doctors know about VAERS and know to look for myocarditis, or there is a time bomb with many more people now realizing they have heart problems months later. Either way, this means that the initial estimates of case prevalence were just the tip of the iceberg, and we are likely to see young hearts damaged for years to come.

What is so shocking is that several weeks ago, the CDC recognized the problem and attempted to get ahead of it by suggesting that "an 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years." But historically, if we recognized even a fraction of heart problems from a shot, it would have been pulled from the market entirely! Yet here they are still recommending it, despite the fact that the virus poses low risk for this age group, notwithstanding the fact that the shot doesn't stop transmission and that it is now outdated for the current strain of the virus!

If the reporting of myocarditis and pericarditis continues at this rate, we'll see over 73,000 cases this year. And even if more people have become aware of VAERS, it is still woefully underreported.
It's not acceptable (and never was) for the media and the pharma-paid "fact checkers" to automatically dismiss VAERS. It is our main pharmaco-surveillance tool and was put in place precisely to serve as the consolation to the public for Congress absolving vaccine manufactures of liability. Also, the data complements what we've learned universally from all the myocarditis vaccine studies – that it targets teens and early 20s more than other age groups and is more potent after the second dose. Here is the age breakdown of the VAERS reporting:

11-2



The CDC's own researchers published a study in JAMA in which they clinically confirmed most of the myocarditis submissions to VAERS. As such, they concluded, "Given the high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated."

Moreover, now we have documents released via FOIA showing that Pfizer admits VAERS is a robust and legitimate safety signal reporting tool. In a document from March 2020 titled, "WAIVER REQUEST FOR FDA-DESIGNATED SUFFIX FOR BIOLOGICS," Pfizer responds to an FDA consideration that the shots might need a new adverse event monitoring system by advocating that "Pfizer believes that an additional suffix for COVID-19 mRNA Vaccine (nucleoside modified) would be burdensome and redundant as the US Department of Health and Human Services (HHS) has existing methods to ensure safe dispensing and optimal pharmacovigilance of vaccines." They referred to the existing methods as "robust" and listed VAERS as one of the tools.

Thus, Pfizer can't have it both ways. If VAERS was a good enough system to support its licensure agreement, then it must be held accountable for the blaring safety signals emanating from the existing system. We also now know that Pfizer knew of over 1,200 fatalities early on, adverse events in 23% of the trial group, hundreds of categories of severe adverse events, understood the injection does not stay in the injection site, and was aware of the fact that 16% of the lipid nanoparticles are deposited in the liver. Pfizer also lied and stated that the shots provide "Active immunisation to prevent COVID-19 caused by SARS-CoV-2," as if it were a fully sterilizing vaccine. They also conceded early on in the newly released document (p. 24) that the inflammation increases with the second and third doses.

In other words, all this paints a picture that there is zero safety net for the public, and the sky is the limit in terms of the scope and severity of adverse events we will see in the coming months. The public already knows this, at least subconsciously, because we are now seeing warnings about cardio surveillance programs for athletes, as numerous athletes continue to drop suddenly.

For this academic year, the Orange County, California, public school system put out a new warning for its athletics department to now *mandate* electrocardiogram (ECG) screenings for *all* high school students signed up for athletic programs. The reason? "ECG screenings help identify athletes who are at risk for sudden cardiac arrest which is the leading cause of death in athletics." Why beginning in 2021-2022? What changed? And why won't they identify those who got the shots as the culprits? Well, some of these same California schools are stilling *requiring* this shot!

Unfortunately, electrocardiograms are often insufficient to detect myocarditis early on, according to several cardiologists I've spoken to who have been treating vaccine-induced cardiac injury. Cardiac MRIs are needed to detect scabbing, but insurance companies don't want to pay for them. Our government has a responsibility to pay for cardiac MRIs in young males who've received the shots, so they can detect latent heart inflammation before it's too late.

In 1999, when our government still cared about human beings, the RotaShield vaccine for rotavirus was pulled from the market after just 10,000 infants received it because of a suspected potential 1/2,500 risk of intussusception, a rare disorder causing the blockage of the intestines. At the time, the CDC strongly encouraged the use of VAERS to surveil the extent of the problem. Now, with hundreds of potentially dangerous ailments, they won't stop the vaccine even for those at the lowest risk for COVID and the highest risk for myocarditis – even after the pandemic was declared over and even for a vaccine that no longer works.

11-3

Just how prevalent is myocarditis? In one emergency room at the University of Tel Aviv Medical Center, there were eight cases of myocarditis in a small age group after having received the shots, according to a study published in Circular. This was in February and March 2021, before practitioners were even on alert for this safety signal. In another study published in the Journal of the Pediatric Infectious Diseases Society, eight adolescents presented over the course of 36 days to Nicklaus Children's Hospital in Miami with perimyocarditis. These were just the people who presented *within 4 days* of receiving a dose of the Pfizer shot, shortly after it was approved for this age group.

Ironically, the longer we go on promoting and mandating the shots, instead of pulling them from the market – despite the dreadful degree of safety problems – the more it acclimates the public to the new normal of "sacrifice" and tolerance for an even greater degree of risk in order to "do the right thing." Which raises the bar even further so that anything short of proving with the scientific method that 50% of people will die from it will be insufficient for pulling the gene therapy. We are like frogs in boiling water.

Nobody explained it better than Stefan Oelrich, head of Bayer's pharmaceutical division, at the 2021 World Health Summit (at 1:37:25). Gleefully trumpeting the future of "cell and gene therapy," Oelrich touted the mRNA shots as the first triumph of this technology. "If we had surveyed two years ago the public if you were willing to take gene or cell therapy and inject it into your body we would have probably had a 95% refusal rate," said Oelrich with a twinkle in his eye. "I think this pandemic has also opened many people's eyes to innovation in a way that maybe was not possible before."

Indeed! The new normal. Just wait until the next mRNA and you will heartily embrace the taste of innovation.

12-1

Pfizer lied, COVID Vaccinated Germans developed AIDS, & then 1 million died in less than a year according to Secret German Government Data

THE EXPOSÉ ON JANUARY 25, 2023

Official Data shows Germany recorded just under 1 million deaths between week 1 and week 49 of 2022. This sadly resulted in the country suffering over 102k excess deaths.
This represents a 276% increase on the number of excess deaths recorded in the year 2020, which was the alleged height of the Covid-19 pandemic, and prior to the emergency use authorisation of Covid-19 injections.

Does this prove that the COVID Vaccinated did go on to develop Acquired Immune Deficiency Syndrome as predicted in an official report published by the 'Robert Koch Institut?

Unfortunately, the evidence strongly suggests this is the case.

Pfizer lied, causing fully vaccinated Germans to develop Covid-19 vaccine-induced AIDS, which then contributed to 976,838 Germans losing their lives.

As the German government published data in January 2022, concerns about the effectiveness of the COVID-19 vaccine began to rise.

Wöchentlicher COVID-19-Lagebericht vom 30.12.2021

Klinisch-epidemiologische Daten

Zu den im Meldesystem vorliegenden Omikronfällen sind zum Teil Zusatzinformationen bekannt. Für 6.788 Fälle wurden Angaben zu den Symptomen übermittelt, es wurden überwiegend keine oder milde Symptome angegeben. Am häufigsten wurde von Patientinnen und Patienten mit Symptomen Schnupfen (54 %), Husten (57 %) und Halsschmerzen (39 %) genannt. 124 Patientinnen und Patienten wurden hospitalisiert, vier Person sind verstorben. Für 543 (5 %) Fälle wurde eine Exposition im Ausland angegeben. 186 Patientinnen und Patienten waren ungeimpft, 4.020 waren vollständig geimpft, von diesen wurde für 1.137 eine Auffrischimpfung angegeben. Auf Basis der übermittelten Daten wurden unter allen übermittelten Omikron-Infektionen 148 Reinfektionen ermittelt, zu keiner der von Reinfektion betroffenen Person wurden Vorerkrankungen übermittelt. Abbildung 9 zeigt die Verteilung der bisher übermittelten Omikronfälle in Deutschland. In allen Bundesländern wurden Omikronfälle nachgewiesen.

Source

The data suggested that most of the individuals who had been fully vaccinated would develop full-blown vaccine-induced acquired immunodeficiency syndrome by the end of the month.

Furthermore, **the data confirmed that the immune systems of the fully vaccinated had already degraded to an average of minus 87%.**

Translation

"Additional information is known to some extent for the Omikron cases in the reporting system. for 6,788 cases were provided with information on the symptoms, mostly none or mild symptoms indicated. It was most common by patients with symptoms
Runny nose (54%), cough (57%) and sore throat (39%) mentioned. 124 patients were hospitalized, four people died. Exposure abroad was reported for 543 (5%) cases. 186 patients were unvaccinated, 4,020 were fully vaccinated, of these, a booster vaccination was reported for 1,137. On the basis of the transmitted data 148 reinfections were found among all transmitted Omicron infections, none of them Previous illnesses were reported to the person affected by reinfection. Figure 9 shows the distribution of the Omikron cases reported so far in Germany. Omicron cases have been detected in all federal states."

- 186 unvaccinated cases
- 2,883 double vaccinated cases
- 1,137 triple vaccinated cases
- 4,020 fully vaccinated cases

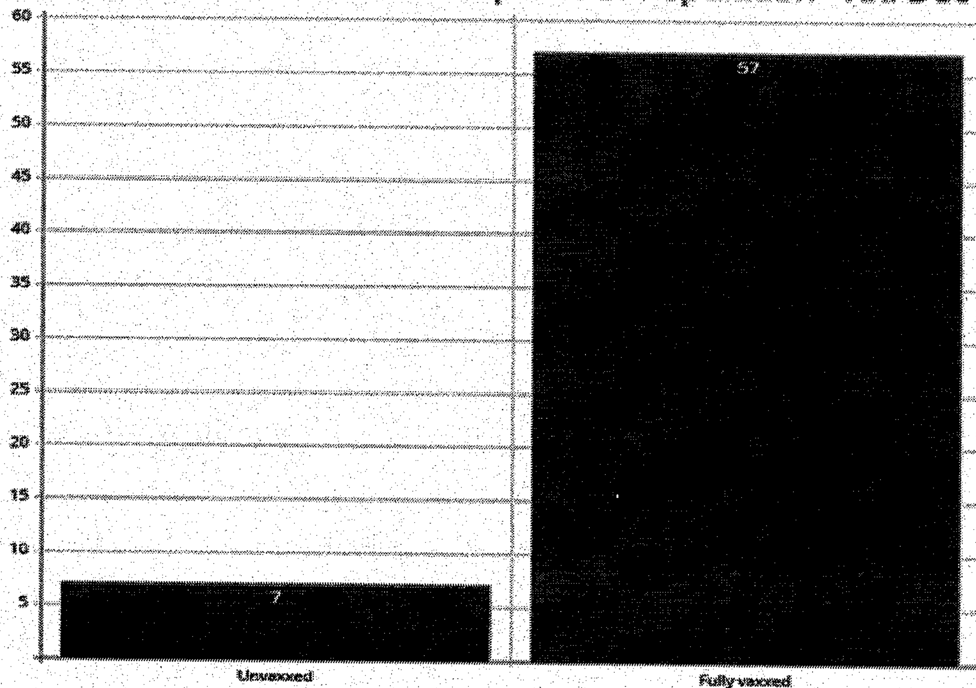
12-2

In Germany at the time, 70.53% were fully vaccinated, 2.97% were partially vaccinated and 26.5% were unvaccinated– https://ourworldindata.org/covid-vaccinations

So the unvaccinated had 186 cases out of 26.5% of the population. While the fully vaccinated had 4020 cases out of 70.53% of the population.

So the vaccinated Omicron case incidence was 57 per 1 per cent of the population (830,000 is 1% of the 83 million German population)
While the unvaccinated Omicron case incidence was just 7.02 per 1 per cent of the population.

So the vaccinated were (57.0/7.02 =) **8.12x** more likely to be infected with Omicron than the unvaccinated in Germany.



The Koch Institut failed to produce its normal vaccine effectiveness table in its December 30 weekly report.

Vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipient's immune system performance compared to the immune system performance of an unvaccinated person.

Vaccines allegedly help develop immunity by imitating an infection. Once the imitation infection induced by the vaccine goes away, the body is left with a supply of "memory" t-cells and antibodies that will remember how to fight that disease in the future.

So, when the authorities state that the effectiveness of the vaccines weakens over time, what they really mean is that the performance of your immune system weakens over time.

Thankfully, we were able to help the Germans out with the information The Koch Institut failed to produce by simply doing the calculation for them using Pfizer's vaccine effectiveness formula.

Vaccine effectiveness = immune system effectiveness = (1-8.12)/8.12 = -7.12/8.12 = minus-87.7%.

Therefore, at the beginning of January 2022, fully vaccinated Germans had an 87.7% lower immune response than the unvaccinated had to Omicron.

12·3

This means that the average German was down to the last 12.3% of his or her immune system for fighting certain classes of viruses, bacterial infections, and certain cancers, etc.

Panic among the Government of Germany

Further analysis showed that the average fully vaccinated German would reach minus-100% immune system degradation by the end of January 2022.

As the data and death tolls continued to cause public concern, the German government was under pressure to address the situation.

In an effort to quell the growing unrest, the government announced at the end of January that the initial data had been "incorrect" and that there had been a "mistake" in the analysis. They claimed that the fully vaccinated individuals were not at risk of developing AIDS and that the immune systems of the fully vaccinated had not degraded to an average of minus 87%.

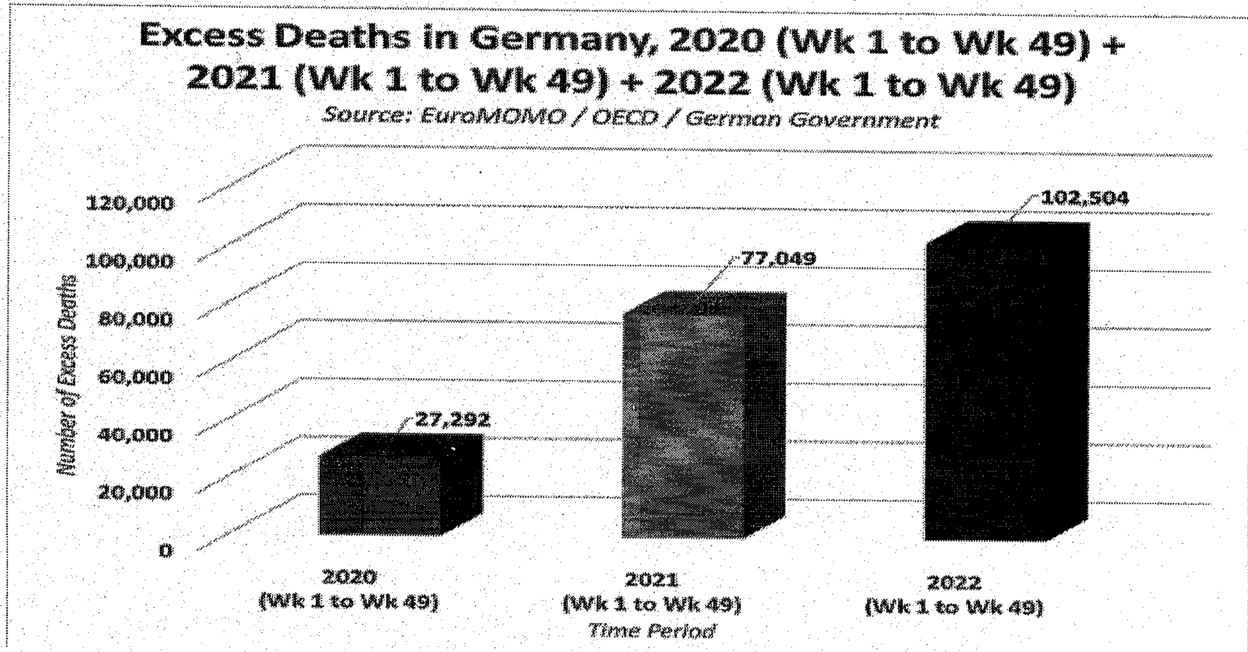
However, many were skeptical of these claims and accused the government of attempting to cover up the truth. Critics pointed out that the sudden alteration of the data without any clear explanation or transparency raised suspicions of a cover-up.

Despite the German government's efforts to reassure the public, the damage had already been done. The incident had shaken public trust in the government and the pharmaceutical industry, and many were left wondering what the true impact of Covid-19 vaccination really was.

As the weeks passed, the situation in Germany continued to worsen.

According to official German Government data, by week 49 of 2022, the country had suffered over 102,000 excess deaths, a staggering increase from the 27,291.6 excess deaths reported by week 49 of 2020.

This represented a **276% increase in excess deaths in 2022**, despite the roll-out of a vaccine that was supposed to lower deaths due to the alleged Covid-19 pandemic.



Source Data

12-4

These figures alone should make the public question whether the vaccine had had the opposite effect and if fully vaccinated Germans did indeed develop AIDS by the end of January 2022.

The government and pharmaceutical companies will of course continue to deny any responsibility and insist that the vaccine is safe and effective.

However, this data proves that you must remain sceptical and continue to demand further research and investigations into the consequences of issuing an experimental mRNA gene therapy to millions of people for the first time, and numerous times.

Because as the death toll continues to rise, it has become clear that something is not right and that the true impact of the Covid-19 injections needs to be fully understood.

And if Covid-19 injections causing acquired immunodeficiency syndrome in early 2022 are not to blame for Germany recording a 276% increase in excess deaths in 2022 compared to 2020, then the German government needs to urgently explain to the public what on earth is.

13-1

"Vaccine-Induced AIDS" - Military Records 500% Increase in HIV after COVID-19 Vax

HAL TURNER 01 MARCH 2023

The Armed Forces of the United States recorded a five hundred percent (500%) increase in AIDS after administering the COVID-19 Vaccine to US Troops. The COVID-19 Vaccine is implicated.

White Blood Cells (WBC) fight-off infection in the human body. NORMALLY, the level of White cells in blood is usually about 5,000 cells per milliliter. During an infection, that level jumps - perhaps as high as twenty-thousand (20,000) -- until the body kills the invading bacteria or virus. Once the invader is dead, the WBC count returns to the normal range of about 5,000.

After getting the COVID-19 "vaccine" many (very many) people started noticing they were becoming sick more often, and taking far longer to fight-off whatever bug they caught. Moreover, people with Cancer that had been in remission, suddenly found the cancer was not only back, but had metastasized and spread everywhere.

Doctors performing routine tests on people began noticing the level of WBC was lower than usual. Instead of having 5,000 WBC as a baseline, Doctors began seeing patients with 4,000, or 3,000, and some as low as 2,000 WBC. At those levels, the human body does not have enough of its front-line troops to fight-off infection very well.

When the level drops below 1,000, a person gets sick from their own natural gut bacteria, which gets out into the blood stream and they become Septic. This leads to death.

Now, US military Doctors are seeing AIDS-like levels of WBC in our troops. They cannot fight off infections. Doctors are calling this **"Vaccine Acquired Immune Deficiency Syndrome "VAIDS."**
It turns out that the COVID-19 "vaccine" contains three proteins found in the HIV virus!

So it now appears that those who got the COVID-19 "vaccines" gave themselves AIDS and will die from it.

The British Boradcasting Corporation (BBC) did a special TV show in the United Kingdom last year about this. In that show, they revealed that a segment of HIV *** WAS *** used to manufacture the vaccine! Here is that segment:

So they knew. They actually KNEW they were giving a part of the HIV virus to everyone who got their "vaccine."

14-1

Renowned MIT Professor and Drug Safety Analytics Specialist Calls for Immediate Suspension of all mRNA COVID Vaccines

Jim Hoft Jan. 30, 2023

The number of health professionals and experts calling for the immediate suspension of COVID mRNA vaccines is growing, and yet governments still turn a blind eye to one of the most atrocious crimes against humanity.

Late Sunday night, Prof. Retsef Levi from the Massachusetts Institute of Technology (MIT) warned about the risks associated with experimental mRNA COVID vaccines.

Prof. Levi has been a faculty member at MIT in Cambridge, Massachusetts since 2006. **MIT** is one of the top private universities in Cambridge, United States. It is ranked **#1** in QS World University Rankings 2023.

"I have more than 30 years of experience as a practitioner and an academic in using data and analytics to assess and manage risk, particularly in the context of health systems health policies, as well as the management of safety and quality of manufacturing of biologic drugs," said Levi.

Levi claims that neither governments nor big pharmaceutical companies have been able to deliver on their efficacy claims.

It can be recalled that Pfizer's President of International Developed Markets, Janine Small, **admitted** that the vaccine had never been tested on its ability to prevent transmission, contrary to what was previously advertised.

Levi added that the risks outweigh the benefits.

"I'm filming this video to share my strong conviction that at this point in time, all COVID mRNA vaccination programs should stop immediately," he said.

"They should stop because they completely failed to fulfill any of their advertised promise regarding efficacy. And more importantly, they should stop because of the mounting and indisputable evidence that they cause unprecedented level of harm, including the death of young people and children," he continued.

14-2

Levi presented some damning information from a variety of studies showing that the vaccine is both unsafe and ineffective.

"I believe that the cumulative evidence is conclusive and confirms our concern that the mRNA vaccines indeed cause sudden cardiac arrest as a sequel of vaccine-induced myocarditis. And this is potentially only one mechanism by which they cause harm," he said.

"Data from the UK, Scotland, and Australia replicate the data from Israel. Additional data from Israel indicates that in 2021, the EMS in Israel conducted more than 3,000 more resuscitations compared to 2019, which amounts for an increase of 27%. Two prospective studies from Thailand and Switzerland in which vaccinees were tested before and after they received a vaccine, indicate that the rates of heart damage are likely to be significantly higher than the rates detected by clinical diagnosis. This is exactly the same finding that the US. military found in 2015 when it conducted a similar study on the smallpox vaccine."

He continued, "Another study from the Harvard Medical School detected in the blood of children with vaccine-induced myocarditis, an entire spike, which is another indication of the underlying mechanism of harm, but in fact has even broader implications about the safety of the vaccine given the repeated evidence that we have that the mRNA and the lipids are actually penetrating the blood system."

"And finally, autopsies of people that died closely after they received the vaccine indicate that in a large number of cases, there is strong evidence that the death was caused by vaccine-induced myocarditis. So presented with all of this evidence, I think there is no other ethical or scientific choice but to pull out of the market these medical products and stop all the mRNA vaccination programs. This is clearly the most failing medical product in the history of medical products, both in terms of efficacy and safety," he said.

15 -1

Drug Safety Expert Calls For Immediate Suspension of COVID Shots: Causing 'Deaths of Young People and Children'

Jamie White January 30, 2023

MIT professor Retsef Levi says "mounting and indisputable evidence" shows experimental COVID mRNA vaccines causing "an unprecedented level of harm."

MIT professor and drug safety expert Retsef Levi called for the immediate suspension of the experimental COVID vaccines, claiming they not only fail to prevent COVID, but are also causing "unprecedented harm" in young people.

"I'm filming this video to share my strong conviction that at this point in time, all COVID vaccination programs should stop immediately," Levi said in a video statement on Monday.

"They should stop because they completely failed to fulfill any of their advertised promise regarding efficacy. And more importantly they should stop because of the mounting and indisputable evidence that they cause an unprecedented level of harm, including the deaths of young people and children."

BREAKING:

Eminent MIT Prof & expert on drug safety analytics **@RetsefL** calls for immediate suspension of all covid mRNA vaccines

'They should stop because they cause an unprecedented level of harm including the death of young people and children'

This is huge 🔥**@elonmusk** **pic.twitter.com/U7svYnAXsW**

— Dr Aseem Malhotra (@DrAseemMalhotra) **January 30, 2023**

Levi explained that he became "concerned" about the COVID vaccine's safety profile in mid 2021 when cases of myocarditis began to explode.

"Since myocarditis is known to be hard to diagnosis, because it often has vague symptoms and can even be sub-clinical with no symptoms," he said. "It's also known to be a frequent cause of out-of-the-hospital sudden cardiac arrest, especially among young people. I was very concerned that it would not be detected by the existing vaccine safety surveillance systems."

Levi explained that upon examining data from Israel's National Emergency Medical Services (EMS), he found a **25% spike in emergency medical services** for heart problems in young adults ages 16-39 in 2021 compared to 2019.

"Moreover, we also detected a statistically significant temporal correlation between the number of the Pfizer vaccine doses administered to this population and the number of EMS calls with cardiac arrest diagnoses," he said, adding that he could not find a similar correlation with the number of COVID-19 infections during that period.

Levi claimed that this alarming data point and recommendations to suspend the COVID shot were presented to Israel's Health Ministry, which they ignored.

15-2

"By now, I believe the cumulative evidence is conclusive and confirms our concern that the mRNA vaccines indeed cause sudden cardiac arrest as a sequel of vaccine-induced myocarditis," he said.

"Presented with all this evidence, I think there's no other ethical or scientific choice but to pull out the market these medical products and stop all mRNA vaccination programs."

"This is clearly the most failing medical product in the history of medical products, both in terms of efficacy and safety," he continued, adding "we need to investigate and think hard: how did we end up in a situation that it's also the most profitable medical product in the history of medical products."

Professor Levi isn't the only expert who's recently called for the COVID shot to be suspended.

Clinical scientist Dr. Joseph Fraiman also **called for the mRNA shots to be pulled from the shelves** this month after his study found a high correlation between vaccination and severe adverse side effects.

"Now we have **multiple autopsy studies that find essentially conclusive evidence that the vaccines are inducing sudden cardiac deaths,** yet the rate of these vaccine-induced deaths remains unknown," he said.

BREAKING:

Lead author of peer reviewed research re-analysing Pfizer & Moderna trials on mRNA vaccine **@JosephFraiman** calls for immediate suspension of jab due to serious harms.

'We have conclusive evidence that the vaccines are inducing sudden cardiac death'

This is huge 👇 **pic.twitter.com/bS3A1ui561**

— Dr Aseem Malhotra (@DrAseemMalhotra) **January 9, 2023**

Renowned cardiologist Abdullah Alabdulgader this month also **called for the suspension of the COVID injection** and a thorough investigation into the shot.

"I think anything related to the mRNA products should be reviewed critically and in view of the cardiovascular complications of this type of vaccination, I think this type of vaccine should be suspended until it is fully investigated," he concluded.

Norwegian clinical psychologist Dr. Silje Schevig also **called for the suspension of the COVID shots** earlier this month.

BREAKING:

Double vaxxed respected Norwegian clinical psychologist **@Silje_Schevig** calls for complete suspension of the covid mRNA jabs because of clear evidence of more harm than good.

'We've all been fooled but we must show kindness to each other despite previous disagreements' **pic.twitter.com/beD7543cj2**

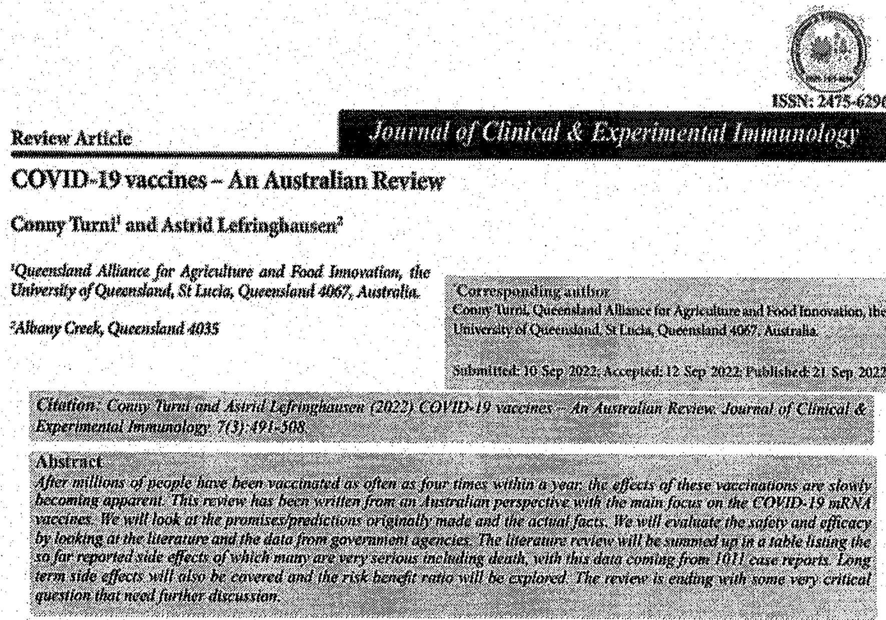
— Dr Aseem Malhotra (@DrAseemMalhotra) **December 29, 2022**

16-1

Now published in the peer-reviewed scientific literature: "The mRNA vaccines are neither safe nor effective, but outright dangerous"

Steve Kirsch March 3, 2023 The paper was published Sept 21, 2022

In case you missed it. Every health authority in the world should be warning the public about this.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Review Article

Journal of Clinical & Experimental Immunology

COVID-19 vaccines – An Australian Review

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Abstract
After millions of people have been vaccinated as often as four times within a year, the effects of these vaccinations are slowly becoming apparent. This review has been written from an Australian perspective with the main focus on the COVID-19 mRNA vaccines. We will look at the promises/predictions originally made and the actual facts. We will evaluate the safety and efficacy by looking at the literature and the data from government agencies. The literature review will be summed up in a table listing the so far reported side effects of which many are very serious including death, with this data coming from 1011 case reports. Long term side effects will also be covered and the risk benefit ratio will be explored. The review is ending with some very critical question that need further discussion.

Figure 1. "Not safe or effective"

COVID-19 vaccines – An Australian Review was published in the peer-reviewed scientific literature on Sept 21, 2022.

Here's the two sentences from the paper that everyone should read:

A worldwide Bayesian causal Impact analysis suggests that COVID-19 gene therapy (mRNA vaccine) **causes more COVID-19 cases per million and more non-Covid deaths per million than are associated with COVID-19** [43].

An abundance of studies has shown that **the mRNA vaccines are neither safe nor effective, but outright dangerous**.

Other key insights from the paper
If you don't have time to read the entire paper, here are some of the highlights.
Here are some other direct quotes from the paper:

1. COVID-19 vaccines cause more side effects than any other vaccine
2. Not only does spike protein produce unwanted side effects, but mRNA and nanoparticles do as well.
3. Never in vaccine history have we seen 1011 case studies showing side effects of a vaccine (https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal).
4. Again, it is inconceivable why it would be impossible to go through the study data in a few months, when it took the CDC less than 4 weeks to give the injections emergency use authorization - unless you want to entertain the idea that the study data were never actually read and scrutinised, a frightening perspective.
5. The official public message is that the mRNA vaccines are safe. However, the Therapeutic Goods Administration (TGA), the medicine and therapeutic regulatory agency of the Australian Government, states quite clearly on their website that the large-scale trials are still progressing and **no full data package has been received from any company**.

16-2

6. The mRNA vaccines were supposed to remain at the injection site and be taken up by the lymphatic system. **This assumption proved to be wrong.** During an autopsy of a vaccinated person that had died after mRNA vaccination it was found that the vaccine disperses rapidly from the injection site and can be found in nearly all parts of the body [1]. ... Research has shown that such nanoparticles can cross the blood-brain barrier and the blood-placenta barrier.

7. Despite not being able to prove a causal link with vaccines, **as no autopsies were performed**, they still believed that a link with vaccination is possible and further analysis is warranted.

8. In summary, **it is unknown** where exactly the vaccine travels once it is injected, and how much spike protein is produced in which (and how many) cells.

9. The S1 subunit of the SARS-CoV-2 spike protein when injected into transgenic mice overexpressing human ACE-2 **caused a COVID-19 like response.** It was further shown that the spike protein S1 subunit, when added to red blood cells in vitro, **could induce clotting.**

10. The authors found consistent **alteration of gene expression following vaccination** in many different immune cell types.

11. Seneff et al (2022) describe another mechanism by which the **mRNA vaccines could interfere with DNA repair.**

12. It is an amazing fact that natural immunity is completely disregarded by health authorities around the world. We know from SARSCoV-1 that natural immunity is durable and persists for at least 12-17 years [17]. Immunologists have suggested that immunity to SARS-Cov-2 is no different

13. Immunity induced by COVID infection is robust and long lasting.

14. mRNA vaccines seem to suppress interferon responses. A literature review by Cardozo and Veazev [26] concluded that COVID-19 vaccines could potentially worsen COVID-19 disease.

15. Natural immunity is still not accepted as proof of immunity in Australia.

16. A study at the University of California followed up on infections in the workforce after 76% had been fully vaccinated with mRNA vaccines by March 2021 and 86.7% by July 2021. In July 2021 **75.2% of the fully vaccinated workforce had symptomatic COVID.**

17. Acharya et al. (2021) and Riemersma et al. (2021) both showed that the vaccinated have very high viral loads similar to the unvaccinated and are therefore as infectious.

18. Brown et al. (2021) and Servelitta et al (2021) suggested that vaccinated people with symptomatic infection by variants, such as Delta, are as infectious as symptomatic unvaccinated cases and will contribute to the spread of COVID even in highly vaccinated communities.

19. Countries with higher vaccination rates have also higher caseloads. It was shown that the median of new COVID-19 cases per 100,000 people was largely similar to the percent of the fully vaccinated population.

20. Multiple recent studies have indicated that the vaccinated are more likely to be infected with Omicron than the unvaccinated. A study by Kirsch (2021) from Denmark suggests that people who received the mRNA vaccines **are up to eight times more likely to develop Omicron than those who did not [40]**. This and a later study by Kirsch (2022a) conclude that **the more one vaccinates, the more one becomes susceptible to COVID-19 infection** [41].

21. This has to be seen in context with the small risk of dying from COVID-19... The chances of someone under 18 years old dying from COVID is near 0%. Those that die usually have **severe underlying medical conditions.** It is estimated that children are **seven times more at risk to die from influenza than from COVID-19.** [Editor's note: so why do colleges mandate the COVID vaccine instead of the influenza vaccine?]

The paper is 18 pages long and those were just excerpts from the first 3 pages. Get the picture?

16-3

Excerpts from the Conclusion

1. **Never in Vaccine history have 57 leading scientists and policy experts released a report questioning the safety and efficacy of a vaccine.** They not only questioned the safety of the current Covid-19 injections, but **were calling for an immediate end to all vaccination**. Many doctors and scientists around the world have voiced similar misgivings and warned of consequences due to long-term side effects. Yet **there is no discussion or even mention of studies that do not follow the narrative** on safety and efficacy of Covid-19 vaccination.

2. Medical **experts that have questioned the safety of these vaccines have been attacked and demonized**, called conspiracy theorists and have been threatened to be de-registered if they go against the narrative. Alternative treatments were prohibited and people who never practised medicine are telling experienced doctors how to do their job. AHPRA is doing the same here in Australia to the detriment and in ignorance of science.

The final paragraph sums it up

As scientists we put up hypotheses and test them using experiments. If a hypothesis is proven to be true according to current knowledge it might still change over time when new evidence comes to light. Hence, sharing and accumulating knowledge is the most important part of science. The question arises when and why this process of science has been changed. No discussion of new knowledge disputing the safety of the COVID-19 vaccines is allowed. **Who gave bureaucrats the means to destroy the fundaments of science and tell scientists not to argue the science?**

I was very impressed with this paper. The authors were very thorough.

The paper has been in public view since September 21, 2022 which is more than enough time for scientists to question it.

As far as I am aware, there have not been any mistakes that have been called out that would change the statements or the conclusions of the paper.

How do you resolve conflicts in scientific papers?

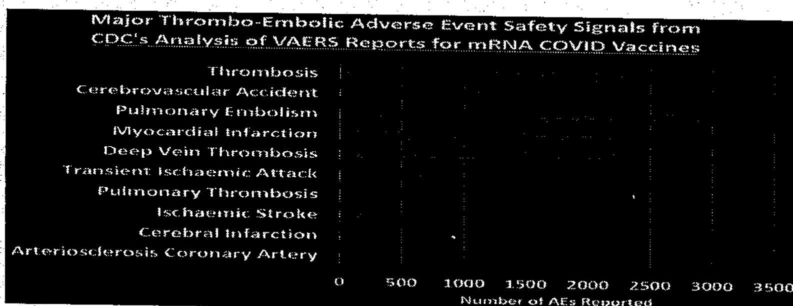
Of course, there have been many papers saying the COVID vaccines are life-saving.

Published papers are often completely wrong.

One of my all-time favorites is the Barda paper published in the NEJM because it was used at an ACIP meeting where they showed Figure 3. When I saw that it showed that the vaccine dramatically cut your risk of pulmonary embolism, I couldn't believe that anyone took this paper seriously.

Let's be clear: there is no possible mechanism of action that can *reduce* your risk of pulmonary embolism.

In the X-factor analysis I published long ago, the reporting rate of pulmonary embolism was 954 times higher than baseline. There is no way that can happen if the vaccines reduce the rates of pulmonary embolism.
The CDC itself knows that "pulmonary embolism" has triggered a "safety signal" in VAERS, but they never investigated it. The rates of pulmonary embolism with the COVID vaccines are off-the-charts compared with any other vaccine.



16-4

Pulmonary embolism was just one of over 700 safety signals in VAERS reported by the CDC in a FOIA request. They never bothered to warn the public about any of these safety signals (including "death") because they didn't want to create vaccine hesitancy.

Generally, review articles are considered the most definitive papers. So when papers disagree, we can often turn to the review articles for guidance since these papers look to resolve conflicting evidence.

The current paper was a review paper!

So we have to ask: is there a more comprehensive paper that reviewed the same body of literature which came to the opposite conclusion?

There was a Cochrane review that appeared after this paper (in Dec 2022) entitled **Efficacy and safety of COVID-19 vaccines**. But it was simply a review of the randomized trials and, unlike the current paper, it did not review any of the adverse event data outside of the main trials. Nor did it question the quality of the trials.
If you restrict your view to just the trial data and ignore all the evidence of tampering, the vaccines look good. It is absolutely stunning how the Cochrane review completely missed all the anomalies with the trials, isn't it? See these two articles: Adverse events in Pfizer trial may have been underreported by 8X or more and Pfizer Phase 3 clinical trial fraud allegations that should be immediately investigated by the FDA. They didn't even mention that in the limitations sections that they basically assumed that the drug companies were honest and that they decided to ignore all the obvious data that the trials were gamed. Evidence of gaming has been in full public view for a long time. Cochrane ignored it.

However, the Cochrane review noted that "There is **insufficient evidence regarding deaths** between vaccines and placebo (mainly because the number of deaths was low)."

In short, even in the view of the most supportive paper, **there is no evidence that the vaccines did anything to reduce mortality.**

Furthermore, there were more deaths in the vaccine group than the placebo group in the Pfizer trial. There were 4X as many cardiac deaths in the treatment group. How do we know for sure that none of those deaths were caused by the vaccine? Has any health official anywhere in the world asked Pfizer to show us the histopathology that was done on the people who died in their trial that proves that the vaccine didn't kill anyone in the treatment group? Of course not. **When I asked Pfizer for that data, they ghosted me.**

Since there is not a more recent, comprehensive review paper, then the precautionary principle of medicine suggests that this paper should be controlling until such time as it is shown to be incorrect.

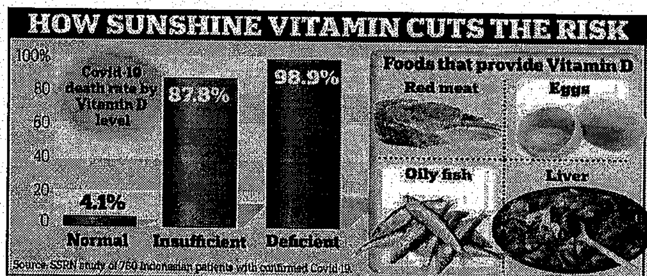
That's how science is supposed to work.

Every health authority in the world should inform the public about this study NOW

Unless they can cite a newer, more comprehensive review paper which reached the opposite conclusion, every health authority **(including the CDC)** should let everyone know about this paper.

I'm sure they will all do this immediately, right? Just like they let the public know about the benefits of maintaining normal levels of Vitamin D.

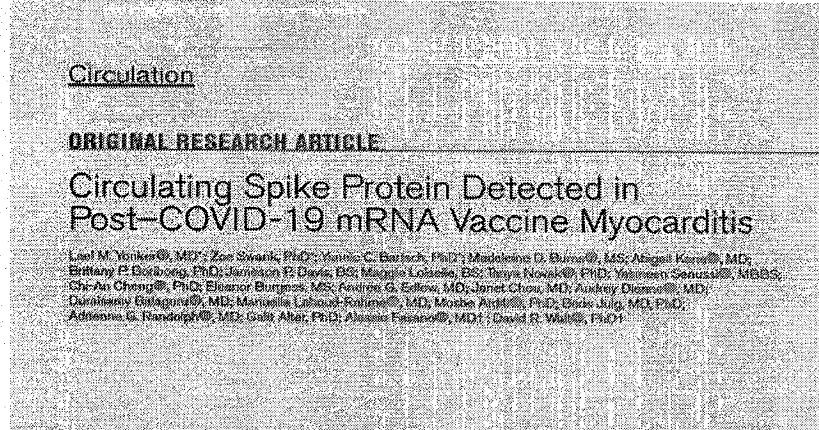
If you have inadequate levels of vitamin D, you can reduce your risk of getting COVID substantially by fixing the deficiency.



17-1

435,897,435,897 Free Roaming Spike Protein Molecules After COVID Vax Booster - Their Hearts Will NEVER Fully Recover from the "Vax"

HAL TURNER 18 JANUARY 18, 2023



Circulation

ORIGINAL RESEARCH ARTICLE

Circulating Spike Protein Detected in Post–COVID-19 mRNA Vaccine Myocarditis

Lael M. Yonker, MD*; Zoe Swank, PhD*; Yannic C. Bartsch, PhD*; Madeleine D. Burns, MS; Abigail Kane, MD; Brittany P. Boribong, PhD; Jameson P. Davis, BS; Maggie Loiselle, BS; Tanya Novak, PhD; Yasmeen Senussi, MBBS; Chi-An Cheng, PhD; Eleanor Burgess, MS; Andrea G. Edlow, MD; Janet Chou, MD; Audrey Dionne, MD; Duraisamy Balaguru, MD; Manuella Lahoud-Rahme, MD; Moshe Arditi, PhD; Boris Julg, MD, PhD; Adrienne G. Randolph, MD; Galit Alter, PhD; Alessio Fasano, MD†; David R. Walt, PhD†

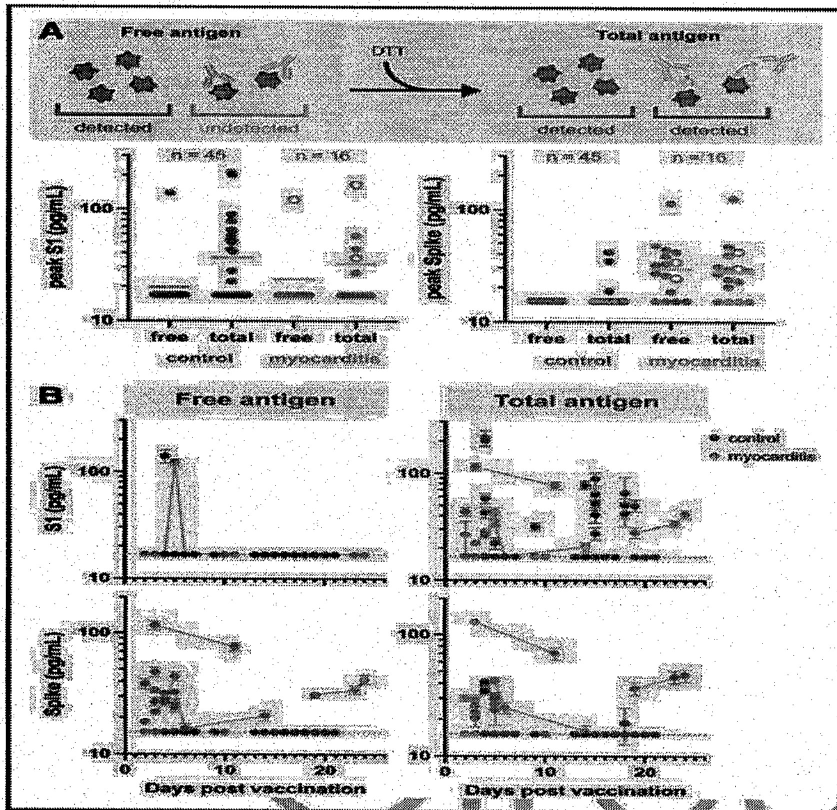
There's a new peer-reviewed research paper out regarding the COVID Vax. It's bad. How bad? I've shown it to two physicians so far. One said he "had a seizure" reading it. The other said something worse.

Long story short: 436 BILLION copies of spike protein are found circulating freely in blood plasma, a month after the COVID (Gene therapy) vaccine.

In kids.

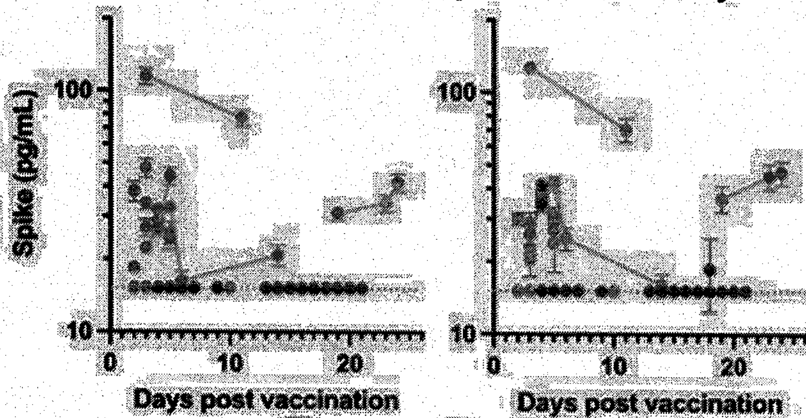
Their hearts, screeching in pain with Myocarditis, will ***never*** fully recover.

You knew that, didn't you? But there is more than that . . . The graphic below, from this new study, shows the medical and scientific evidence:

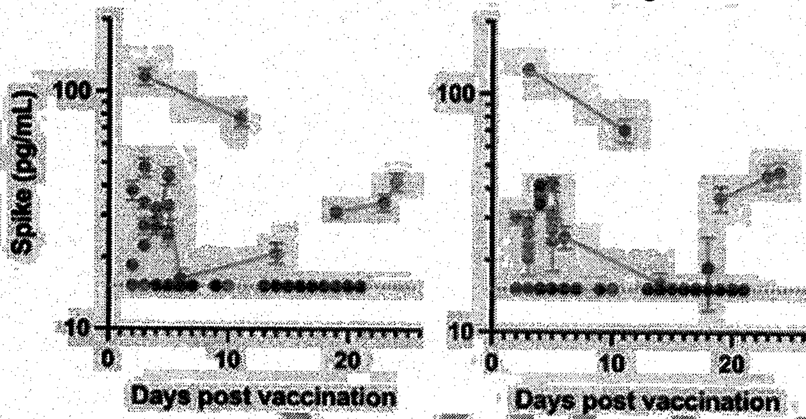


17-2

Below is the damning part of the graphic. The vertical scale is a log scale. The line at about 15pg/ml is the limit of detection, which is why the blue dots are there. **There are still up to 100 billion molecules of spike in those patients - 20 days later.**

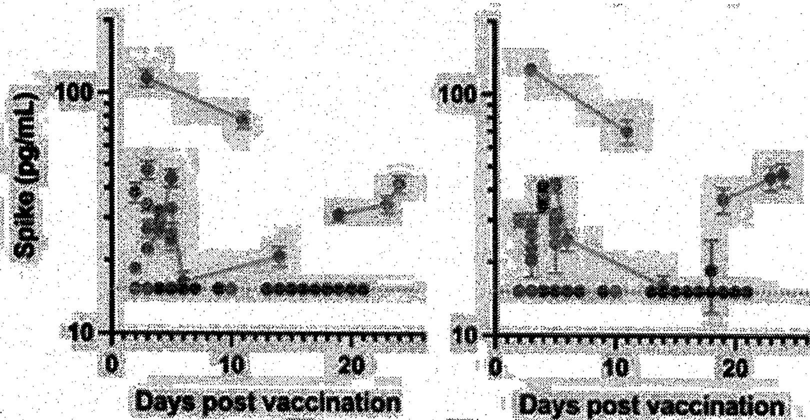


But in some of these cases the concentration of spike is **RISING** 20 days after vaccination (see the red lines going up), so we have no idea how much is actually circulating. **Spike is toxic, particularly to the heart.** If it's not toxic why do we need a "vaccine" against it?



The authors of this new peer-reviewed study claim that the mean serum level of free spike protein in the patients with myocarditis was 34pg/ml. (There was less in the non-affected patients, but there was still a lot) How many molecules is that? Well there is about 3000ml of plasma in a 70kg male...
And the molecular weight of a spike protein monomer is 141kDa. That's 2.34 e-19 grams. So 34pg/ml x 3000ml is a total of 102ng (102e-9) of spike. Divide by 2.34e-19 gives you... 435,897,435,897 molecules.
Of a toxic protein. Circulating in a young adult.
It's worth noting also that the blue dots in the graphic don't indicate "no spike" - they are the lower limits of detection at 15pg/ml. That's a lot of spike.

17-3



BUT... There are two other things that have come out of this paper.
The first is that the amount of spike protein circulating in the PLASMA (when we were told it didn't leave the arm, remember) weeks after the injection is shocking. So this . . . was a lie:

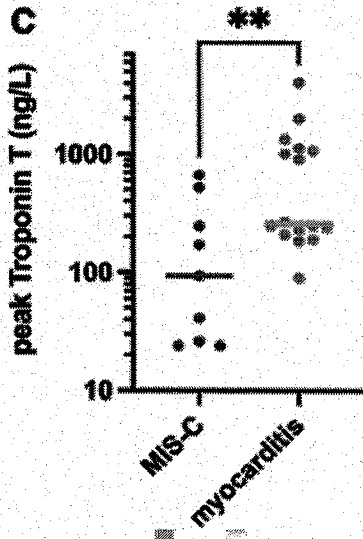
> **What about the spike protein?**
>
> While the vaccines themselves are rapidly removed, what then happens to all the spike proteins that are produced as a result?
>
> They're identified as foreign by the immune system and destroyed – teaching the cells to recognise the coronavirus in the process.
>
> The spike proteins are fully cleared from the body after a few weeks. In this time, they don't appear to leave the vaccination site (most often your upper arm).
>
> But antibodies specifically targeting the spike protein produced by your immune system remain in the body for many months after vaccination.

Yes, what you see above . . . what we were all TOLD . . . **was a L I E.**
The whole article in Conversation.edu from their "Researcher" @vassssso was in fact a lie, so we've archived it. **The claims in that article made by the authors have likely resulted in deaths of young adults.** Look at the "partners" for the article - including RMIT again.
In fact @ConversationEDU has been pushing propaganda regarding COVID for at least two years

LINK HERE TO ORIGINAL LYING ARTICLE [Everything is archived]

But the worst thing about this new peer-reviewed myocarditis study is this - and you might not have realized. The study showed, beyond a shadow of doubt, that **the COVID "vaccine" was causing myocarditis,** with elevated troponin (confirming heart damage).

17-4



Troponin is an enzyme given off by cardiac cells when they are injured or dying. That's how Doctors can tell if a person is having a heart attack over a panic attack. If its an actual heart attack, there will be measurable Troponin in the blood. In cases of myocarditis, Troponin also occurs as heart cells are severely damaged -or dying - by the Spike Proteins.
You know, sometimes people have to do something BAD, to achieve something good. And this is no exception. You see, when the people doing this new peer-reviewed study saw the first few cases of Myocarditis, they should have STOPPED the study and sounded the alarm right away. You see, that was their duty. It was a duty as medical officers and as research officers. But to our knowledge they said nothing and kept recruiting for the study!
What mattered (to them) was finishing the study so they could publish. Of course, from the home of the #surgisphere authors, what else would you expect?
This is the environment they operate in:

of directors. Dr Walt's interests were reviewed and are managed by Brigham and Women's Hospital and MassGeneral Brigham in accordance with conflict of interest policies. Dr Alter has been employed by Moderna since October 2022; her contributions to this article preceded her employment by Moderna. Dr Alter is also a founder and equity holder of Seromyx Systems, a company developing a platform technology to profile antibody immunity. Drs Julg and Alter are employees and equity holders of Leyden Labs, a company developing pandemic prevention therapeutics. Their interests were reviewed and are managed by Massachusetts General Hospital and MassGeneral Brigham in accordance with their conflict of interest policies. Dr Randolph received funding (to Boston Children's Hospital) from the US Centers for Disease Control and Prevention to study COVID-19 complications in children outside of this work. The other authors report no conflicts.

For those who want to read the ORIGINAL, full, complete, unedited peer-reviewed study, you can get it HERE

17-5

I have copied and inserted that original below:

WHAT THIS MEANS

First, this study was done and submitted for "peer-review" on May 26, 2022. It was ACCEPTED for publication (after peer-review) on November 23, 2022. So the world has known, as a matter of scientific research, these details, since May of last year. Yet no one . called for Vaccines to be HALTED.

They had scientific proof the vaccines were causing heart damage . . . myocarditis . . . which, incidentally, has a **FIFTY PERCENT mortality rate** within five years, and they said . . . nothing.

Want to know why? MONEY.

They can't admit it's potentially harmful and deadly.

They can't suddenly stop the shots; To do so would be an admission of guilt.

So they'll continue, pretending everything's fine. In other words, doubling down on stupid

All those kids coming down with Myocarditis, have a fifty-fifty chance of DYING within the next five years. Oh, and the rest who took the vaccine and at least the first booster, the way things look right now, most of them (statistically) will be dead by the year 2027.

18-1

BREAKING: Confidential Pfizer Documents Reveal Pharmaceutical Giant Had 'Evidence' Suggesting 'Increased Risk of Myocarditis' Following COVID-19 Vaccinations in Early 2022

MARCH 16, 2023

- "There is evidence that suggests patients who receive a COVID-19 vaccine are at an increased risk of myocarditis."
- "Onset was typically within several days after mRNA COVID-19 vaccination (from Pfizer or Moderna), and cases have occurred more often after the second dose than the first dose." [PAGE 19]
- "The reasons for male predominance in myocarditis and pericarditis incidence post COVID-19 vaccination remain unknown." [PAGE 28]
- "The pattern of cases conform, as per the label, to a pattern of myocarditis cases occurring in majority of young males below 29 years of age within the first two weeks postvaccination..." [PAGE 19]
- "Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults (CDC 2021)." [PAGE 18]
- "Myocarditis events were defined as encounters with a billing or encounter diagnosis consistent with an ICD10-CM or SNOMED CT code for myocarditis which fell within two weeks of receiving dose 1, 2, or 3 of the Pfizer COVID-19 vaccine."
- "Incidence rates of myocarditis were measured for each vaccine dose with denominator signifying the total number of patients receiving that dose and numerator signifying the total number of patients meeting the above criteria for an encounter for myocarditis following that dose."

[NEW YORK – Mar. 16, 2023] Project Veritas published confidential Pfizer documents today showing that the company was aware of the potential risk of myocarditis for individuals who received doses of their COVID-19 vaccine.

18.2

MYOCARDITIS/PERICARDITIS AFTER mRNA COVID-19 VACCINE ADMINISTRATION: POTENTIAL MECHANISMS AND RECOMMENDED FUTURE ACTIONS

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25 years of age (6% of that age group [3 out of 48 individuals]) (Table 6). The inflammatory cell infiltrates were primarily lymphocytic, with some mixed inflammation. These lesions were not associated with edema, fibrosis or myocyte hypertrophy. In another review of the incidence of myocarditis as an incidental finding at autopsy in men aged 15-25 years revealed 4 of 27 individuals had subclinical myocarditis (Claydon, 1989). The inflammation between individuals was variable and ranged from primarily lymphocytic to primarily neutrophilic and included one individual with lymphocytes, neutrophils, eosinophils, macrophages, and plasma cells. All individuals had some degree of myocytolysis (Claydon, 1989). These data indicate that subclinical myocarditis is a common finding in men under 30 years of age. Because most of the sudden death due to trauma cases were males, there was no discerning a sex difference in subclinical myocarditis from autopsy specimens.

Table 6. Incidence of Myocardial Inflammation at Autopsy in Different Age Groups from Individuals Dying of Traumatic Injuries. (81% Males, 19% Females with No History of Myocarditis)

Age Groups	<15 y	16-20 y	21-25 y	26-30 y	31-35 y	36-40 y	Total
None	3	12	8	7	5	2	36
Scant	1	5	13	14	9	6	48
Mild	1	1	2	[illegible]	4	3	13
Moderate	[illegible]	1	1	0	0	0	3
Total	6	19	23	25	18	11	100

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3.4. mRNA Vaccine Clinical Trial and Post-Authorization Experience Relative to Myocarditis/Pericarditis

Within the participants 16 years of age and older from the Pfizer clinical trial dataset, two cases of pericarditis were reported through the data cut-off date of 18 June 2021. These cases originated from the Phase 3 clinical study C4591001 and both were deemed not related to study treatment by the investigator. There were no cases of myocarditis reported as serious adverse events through the data cut-off date of 18 June 2021 (US Pharmacovigilance Plan for the BLA 28 July 2021).

Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults (CDC 2021). There has not been a similar reporting pattern observed after administration of the Janssen COVID-19 Vaccine (Johnson & Johnson) (CDC 2021).

Cases of Myocarditis and Pericarditis are assessed internally as per Brighton Collaboration (BC) criteria Version 1.5.0, 16 July 2021 and Version 1.0.0, 15 July 2021), respectively. In summary, [illegible] criteria [illegible] diagnostic tools such cardiac biopsy, cardiac MRI, echocardiography and electrocardiogram, as well as blood [illegible] elevated troponin. Until [illegible] period 30 September 2021, only less than 10% of the Myocarditis and Pericarditis cases reported through Pfizer's spontaneous reporting database were assessed as BC level 1 or confirmed Myocarditis and Pericarditis. The pattern of cases

18.3

conform, as per the label, to a pattern of Myocarditis cases occurring in majority of young males below 29 years of age within the first two weeks postvaccination, and recovering with standard treatment.

In most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms. Reported cases have occurred predominantly in male adolescents and young adults ≥16 yo. Onset was typically within several days after mRNA COVID-19 vaccination (from Pfizer or Moderna), and cases have occurred more often after the second dose than the first dose. The CDC and its partners are investigating these reports of myocarditis and pericarditis following mRNA COVID-19 vaccination. The severity of myocarditis and pericarditis can vary. For the cases reported after mRNA COVID-19 vaccination, most who presented for medical care have responded well to conservative medications and rest.

Based on these data and those from other geographic regions including Israel and the EU, and at the request of Health Authorities, the product labels were updated to include the following:

The USPI and EUA Fact Sheets now include the following statement in Warning and Precautions: Postmarketing data demonstrate increased risks of myocarditis and pericarditis, particularly within 7 days following the second dose of the 2-dose primary series (USPI revised 12/2021). The observed risk is higher among males under 40 years of age than among females and older males. The observed risk is highest in males 12 through 17 years of age. Although some cases required intensive care support, available data from short-term follow up suggest that most individuals have had resolution of symptoms with conservative management. Information is not yet available about potential long-term sequelae. The CDC has published considerations related to myocarditis and pericarditis after vaccination, including for vaccination of individuals with a history of myocarditis or pericarditis (CDC 2021).

The European Union (EU) Summary of Product Characteristics (SmPC) was updated to include myocarditis and pericarditis as adverse drug reactions in Section 4.8, as well as to Section 4.4 Special warnings and precautions. In addition, at the request of the Pharmacovigilance Assessment Committee (PRAC), a Direct Healthcare Provider Communication (DHPC) was distributed in all EEA countries to ensure that healthcare providers (HCPs) are aware of the potential for myocarditis and pericarditis associated with COVID-19 mRNA vaccine use. Myocarditis and pericarditis were also included as an important identified risk in the EU RMP Version 2.4 (dated 04 August 2021, ongoing procedure) and in the US PVP Version 0.6 dated 28 July 2021.

Additional post-authorization/post-marketing studies to assess risks of myocarditis and pericarditis, including longer term follow up, are being undertaken.

3.2. Nonclinical Safety Data on mRNA COVID-19 Vaccines

BNT162b2 nonclinical data reveal no special hazard for humans based on conventional studies of repeat-dose toxicity and reproductive and developmental toxicity. Rats

... Myocarditis Analysis May 2022

The CDC's Incidence of Hospitalization for myocarditis following COVID-19 vaccination

19-1

BREAKING: FDA confirms Graphene Oxide is in the mRNA COVID-19 Vaccines after being forced to publish Confidential Pfizer Documents by order of the US Federal Court

THE EXPOSÉ APRIL 2, 2023

The Covid-19 vaccines have been at the centre of a heated debate since their introduction, with many questions and concerns raised about their safety and effectiveness.

Speculation has also been rife that the Covid-19 injections may contain traces of Graphene Oxide, a highly toxic and conductive substance.

Medicine regulators, with the support of the Mainstream Media, have repeatedly denied these claims.

But they were lying to you.

Because recent evidence has emerged that confirms the presence of Graphene Oxide, a highly toxic and conductive substance, in the Pfizer vaccine. And it has come from the US Food and Drug Administration (FDA) which has been forced to publish the confidential Pfizer documents by order of the Federal Court in the USA.

The FDA had initially attempted to delay the release of Pfizer's Covid-19 vaccine safety data for 75 years, despite approving the injection after only 108 days of a safety review on December 11th, 2020.

However, a group of scientists and medical researchers sued the FDA under FOIA to force the release of hundreds of thousands of documents related to the licensing of the Pfizer-BioNTech Covid-19 vaccine.

In early January 2022, Federal Judge Mark Pittman ordered the FDA to release 55,000 pages per month, and since then, PHMPT has posted all of the documents on its website as they have been published.

One of the most recent documents published by the FDA, saved as 125742_S1_M4_4.2.1 vr vtr 10741.pdf, confirms the use of Graphene Oxide in the manufacturing process of the Pfizer Covid-19 vaccine.

The document is a description of a study carried out by Pfizer between April 7th 2020 and 19th August 2020, with the objective being "to express and characterize the vaccine antigen encoded by BNT162b2."

The study conclusin is as follows-

PF-07302048: Structural and Biophysical Characterization of SARS-CoV-2 Spike Glycoprotein (P2 S) as a Vaccine Antigen
VR-VTR-10741, Ver. 2.0

5. CONCLUSION

We demonstrate that the BNT162b2 RNA sequence encodes a recombinant P2 S that can authentically present the ACE2 binding site and other epitopes targeted by SARS-CoV-2 neutralizing antibodies.

Binding of cell surface expressed P2 S to human ACE2 receptor and a panel of human neutralizing mAbs was confirmed in cells using flow cytometry. Protein expressed from DNA with the BNT162b2-encoded P2 S amino acid sequence was confirmed to be in the prefusion conformation by cryo-EM. This analysis showed that the antigenically important RBD can assume the 'up' conformation, with the receptor binding site, rich in neutralizing epitopes, accessible in a proportion of the molecules (Zost et al, 2020). The alternative states observed reflect a dynamic equilibrium between RBD 'up' and 'down' positions (Cai et al, 2020; Henderson et al, 2020). Binding of expressed and purified P2 S to ACE2 and a neutralizing monoclonal antibody further demonstrates its conformational and antigenic integrity.

Source – Page 12

19-2

In layman's terms, the study was conducted to determine how the vaccine works. The study found that the vaccine used mRNA to instruct your cells to produce a protein (called P2 S), which is the Spike protein of the alleged Covd-19 virus.

The millions of spike proteins then bind to a receptor called ACE2 on the surface of your cells, inducing an immune system response.

But what is most interesting about the study is that it confirms on page 7 that **reduced Graphene Oxide is required to manufacture the Pfizer Covid-19 vaccine because it is needed as a base for the lipid nanoparticles.**

Pfizer states on page 7 of the study in section 3.4 the following –

3.4. Cryo-EM of P2 S

For TwinStrep-tagged P2 S, 4 μL purified protein at 0.5 mg/mL were applied to gold Quantifoil R1.2/1.3 300 mesh grids freshly overlaid with graphene oxide. The sample was blotted using a Vitrobot Mark IV for 4 seconds with a force of -2 before being plunged into liquid ethane cooled by liquid nitrogen. 27,701 micrographs were collected from two identically prepared grids. Data were collected from each grid over a defocus range of -1.2 to -3.4 μm with a total electron dose of 50.32 and 50.12 $e^-/Å^2$, respectively, fractionated into 40 frames over a 6-second exposure for 1.26 and 1.25 $e^-/Å^2$/frame. On-the-fly motion

Source – Page 7

This is most peculiar because medicine regulators with the help of the Mainstream Media, have denied for months on end that Graphene Oxide is an ingredient of the Covid-19 vaccine. They've been able to say this because those who've proven and speculated Graphene Oxide is in the Pfizer Covid19 injection have been asking the wrong question.

What everyone should have been asking is, 'is Graphene Oxide used in the manufacturing process of the Pfizer Covid vaccine?'

Because as this document, which the FDA attempted to keep confidential and sealed the 75 years, shows, Graphene Oxide is indeed used in the manufacturing process of the vaccine because it is vital in helping to make the vaccine's lipid nanoparticles stable.

Therefore, trace amounts or large amounts, depending on the batch, of reduced Graphene Oxide inevitably make their way into the Pfizer Covid-19 injections.

What are Lipid Nanoparticles?

The Pfizer Covid-19 vaccine uses tiny particles called lipid nanoparticles to deliver the vaccine's genetic material (called messenger RNA, or mRNA) into cells in the body. These lipid nanoparticles are like tiny "bubbles" made up of fats and other molecules that can surround and protect the mRNA until it reaches its destination inside the cells.

The mRNA in the vaccine provides instructions to the cells to produce a protein (called spike protein) that is found on the surface of the Covid-19 virus. When the immune system detects this spike protein, it can recognize it as foreign and mount an immune response against it,