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The researchers stressed that the findings don't diminish the health risks of COVID-19 itself, because for the patient to even require a ventilator would mean they were already experiencing respiratory problems from the China Virus.

It's worth bearing in mind that if a patient's requirement for a ventilator to treat COVID-19 complications leads to VAP, this doesn't imply that a COVID-19 infection is less dangerous, nor does it decrease the number of COVID-19 fatalities.

*As the authors **write** in their paper, "The relatively long length of stay among patients with COVID-19 is primarily due to prolonged respiratory failure, placing them at higher risk of VAP."*

But the findings highlight a need for further study and to be cautious when making assumptions about the cause of death in COVID-19 cases. A detailed molecular analysis from the same study should reveal more about what makes the difference between recovering or not from VAP.

The study confirms mainstream media reports from 2020 that approximately **90% of COVID patients who were put on ventilators died.**

The difference is, the media claimed the high mortality was due to preexisting health conditions and the severity of COVID — not ventilator-induced pneumonia.

13-1

COVID-Vaccine Injured Americans File Lawsuit Against Biden Regime Over Censorship

Jim Hoft May. 23, 2023

In a significant legal development, a woman who suffered severe nerve damage after receiving a COVID-19 shot, along with four other individuals with confirmed or suspected vaccine injuries, filed a lawsuit against Joe Biden and his administration, **Epoch Times** reported.

The **lawsuit** was filed on Monday, May 22 in southern Texas.

Aside from Biden, defendants include his top adviser Rob Flaherty, White House communications secretary Karine Jean-Pierre, the Department of Homeland Security, the Centers for Disease Control and Prevention, and Surgeon General Vivek Murthy, and others.

The plaintiffs allege that the Biden regime violated their rights to free speech and peaceful assembly by pressuring big tech to crack down on individuals sharing their adverse reactions following COVID-19 vaccinations.

Brianne Dressen and the other four individuals argue that the government's actions represent an unconstitutional infringement on their rights to express their opinions and to assemble peacefully.

They claimed that the defendants have resorted to threats, pressure, inducement, and coercion to suppress their voices.

"Through threats, pressure, inducement, and coercion, Defendants now work in concert with social media companies to censor content the government deems 'disinformation,' 'misinformation,' and 'malinformation'—a feat that the government could never lawfully accomplish alone," according to the lawsuit.

Epoch Times **reported:**

The five people who experienced serious problems following vaccination are joined by Ernest Ramirez, whose son died after receiving a COVID-19 vaccine. They've repeatedly been censored by platforms like Twitter and Instagram as they tried to share their stories.

Ramirez, for instance, saw a GoFundMe that sought to raise funds for him to travel to Washington to share his son's story taken down. GoFundMe claimed the account

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was removed for violating conduct the company prohibits. GoFundMe did not immediately respond to a request for comment.

Another plaintiff, Nikki Holland, meanwhile, posted videos on TikTok regarding her experiences after being vaccinated, including the injuries she suffered. TikTok said the videos violated guidelines such as one against posting "violent and graphic content."

The other plaintiffs are Shaun Barcavage, a former nurse who has been on disability leave since suffering medical problems after receiving Pfizer's COVID-19 vaccine; Kristi Dobbs, a dental hygienist who suffered "debilitating medical injuries" after a shot of Pfizer's vaccine; and Suzanna Newell, who is also on disability leave due to problems following vaccination.

One Facebook group called "A Wee Sprinkle of Hope" was shut down after Dressen posted an infographic of symptoms people have experienced following COVID-19 vaccination and a link to a press conference at which she had shared about her symptoms.

This case highlights the ongoing discussion about the Biden regime's collusion with big tech to censor and suppress dissenting views.

The Gateway Pundit previously reported in May that Missouri Attorney General Eric Schmitt, along with Louisiana Attorney General Jeff Landry, **filed a lawsuit** (*Missouri v. Biden*) against the Biden Administration, including Biden himself, Anthony Fauci, the Department of Homeland Security, and nearly a dozen federal agencies and Secretaries.

The suit alleges a massive coordinated effort by the Deep State (permanent administrative state) to work with Big Tech to censor and manipulate Americans – from average citizens to news outlets – on issues including the Hunter Biden Laptop from Hell, 2020 Election Integrity, COVID-19 origin and extent skepticism, COVID-19 vaccine skepticism, among other issues.

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COVID Vaccine-Injured Sue Biden Administration Over Censorship

MAY 23, 2023

Zachary Stieber via The Epoch Times

A woman who suffered severe nerve damage after receiving a COVID-19 vaccination and four others with confirmed or suspected COVID-19 vaccine injuries launched a lawsuit against President Joe Biden and his administration on May 22.

Top government officials violated the plaintiffs' rights to free speech and peaceful assembly when they pressured Big Tech companies to crack down on people sharing their experience after receiving the COVID-19 vaccines, Brianne Dressen, the woman, and the other plaintiffs say.

"Through threats, pressure, inducement, and coercion, **Defendants now work in concert with social media companies to censor content the government deems 'disinformation,' 'misinformation,' and 'malinformation'**—a feat that the government could never lawfully accomplish alone," the 124-page suit, filed in U.S. court in southern Texas, states.

In addition to Biden, defendants include Rob Flaherty, a top adviser to Biden; White House press secretary Karine Jean-Pierre; the Department of Homeland Security; the Centers for Disease Control and Prevention; and Surgeon General Vivek Murthy.

Defendants did not immediately respond to requests for comment, or could not be reached.

Dressen hailed the lawsuit as a major development for those reporting to be suffering from vaccine injuries.

"People injured by the COVID vaccines in the United States have not been able to file suit anywhere, under any circumstance," she told The Epoch Times. "So this is a landmark case for Americans injured by the COVID vaccine."

COVID-19 vaccine manufacturers are largely immune from litigation in the United States due to the Public Readiness and Emergency Preparedness Act declaration entered by the Trump administration in early 2020. Most other vaccine manufacturers are also shielded from liability under the National Childhood Vaccine Injury Act.

Censorship

The five people who experienced serious problems following vaccination are joined by Ernest Ramirez, whose son died after receiving a COVID-19 vaccine. They've repeatedly been censored by platforms like Twitter and Instagram as they tried to share their stories.

Ramirez, for instance, saw a GoFundMe that sought to raise funds for him to travel to Washington to share his son's story taken down. GoFundMe claimed the account was removed for violating conduct the company prohibits. GoFundMe did not immediately respond to a request for comment.

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Another plaintiff, Nikki Holland, meanwhile, posted videos on TikTok regarding her experiences after being vaccinated, including the injuries she suffered. TikTok said the videos violated guidelines such as one against posting "violent and graphic content."

"When I really started to share and open up about things, I started to notice that a lot of stuff was being taken down and censored," Holland told The Epoch Times. "That adds a whole new world of questioning to motive and what's really going on because ... why would you censor something you might need to look into to protect millions of others?"

TikTok did not immediately return a query.

The other plaintiffs are Shaun Barcavage, a former nurse who has been on disability leave since suffering medical problems after receiving Pfizer's COVID-19 vaccine; Kristi Dobbs, a dental hygienist who suffered "debilitating medical injuries" after a shot of Pfizer's vaccine; and Suzanna Newell, who is also on disability leave due to problems following vaccination.

The right to peacefully assemble was also violated when Facebook and other big tech platforms disbanded groups where those with suspected or confirmed adverse reactions following vaccination gathered, according to the suit.

One Facebook group called "A Wee Sprinkle of Hope" was shut down after a group member posted an infographic of symptoms people have experienced following COVID-19 vaccination and Dressen shared a link to a press conference at which she had shared about her symptoms.

Facebook's message to Dressen was that the group violated the company's "Community Standards on misinformation that could cause physical harm." Facebook did not immediately respond to a request for an explanation from the group.

The removal of the groups robbed those suffering injuries after a COVID-19 vaccine of key gathering places for the exchange of information as they sought to figure out how to treat their often-debilitating conditions. Dressen said she is aware of multiple suicides as a result, because the censorship sparked feelings of helplessness amid the suffering.

The deplatforming was "devastating, especially when you're being censored and no one's listening to you," Holland said.

Evidence

Evidence unearthed in an ongoing case against the government, as well as internal Twitter documents, underpin the new case.

Discovery in Missouri v. Biden litigation, lodged by the attorneys general of Missouri and Louisiana against the Biden administration, has revealed that officials pressured WhatsApp, Facebook, and other technology companies to censor users talking about problems following COVID-19 vaccination, including posts that accurately outlined the lack of evidence for COVID-19 vaccines among certain populations.

15-1

Peer-Reviewed Study Finds Substantial “Sudden and Sustained” Increase in Excess Mortality in Early 2021

Brian Lupo May. 30, 2023

A **peer-reviewed study** acknowledged a significant spike in excess mortality in Germany during the year 2021 and 2022. According to the paper, 2021 excess deaths were “two empirical standard deviations above the expected number” and “four times the empirical standard deviations in 2022.” The report also draws attention to a spike in stillbirths.

By comparison, the 2020 excess deaths were “close to the expected number with respect to empirical standard deviation.” There were approximately 4,000 excess deaths in 2020.

In 2021 and 2022, however, this number skyrocketed. The year 2021 saw around 34,000 excess deaths and 2022 approximately 66,000. The surge in excess mortality reportedly began around April 2021.

Germany also saw a spike in stillbirths in the year 2021. In the first quarter, stillbirths increased by 9.4%. And in the fourth quarter of 2021, this number had reached 19.4%. Germany changed the definition of a “stillbirth” in 2019, so this data is a little less substantive for a comparison.

The report falls short of specifying what may have caused the sudden but sustained surges in the “vaccine era” of COVID:

Conclusions

These findings indicate that something must have happened in spring 2021 that led to a sudden and sustained increase in mortality, although no such effects on mortality had been observed during the early COVID-19 pandemic so far. Possible influencing factors are explored in the discussion.

However, while the conclusion doesn't explicitly blame any particular variable, it does acknowledge a shocking issue with safety signals regarding vaccinations:

From the perspective of pharmacovigilance, **the simultaneous onset of excess mortality and vaccinations represents a safety signal.** Safety signals such as the observation of a temporal relationship between the administration of vaccines and the occurrence of adverse events do not necessarily imply a causal relationship since there may be potential third variables that influence both the course of vaccinations and the course of excess deaths. Thus, a safety signal does not indicate a causal relationship between a side effect and a drug but is only a hypothesis that calls for further assessment.

In fact, in a study by a research team led by Schirmacher [28], out of 35 bodies found unexpectedly dead at home with unclear causes of death within 20 days following COVID vaccination, autopsies revealed causes of death due to pre-existing illnesses in only 10 cases. From the remaining 25 cases, **in three cases, it was concluded from the autopsies that vaccination-induced myocarditis was the likely cause of death, and in two cases, it was concluded that vaccination-induced myocarditis was possibly the cause of death.** As shown in Supplementary Table 1 published by Schwab et al. [28], vaccination was the cause of death in further cases as well.

Given the temporal relationship between the increase in vaccinations and excess mortality, **it seems surprising that a respective safety signal has not been detected** in the pharmacovigilance by the

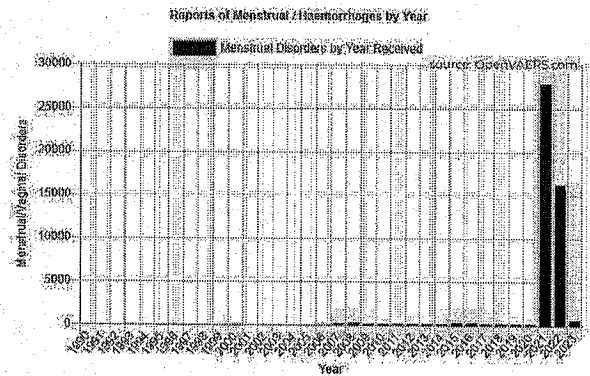
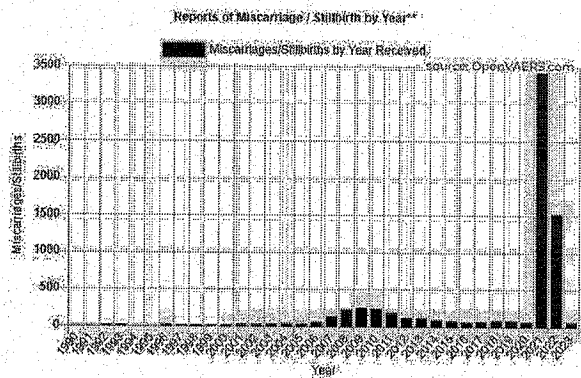
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Paul-Ehrlich-Institut (PEI), which is responsible for the safety monitoring of drugs in Germany. A closer inspection of the methods used by the PEI to monitor possibly deadly side effects of the COVID-19 vaccinations [29] reveals that **a flawed safety analysis is used that will not indicate a safety signal even if a vaccine causes extremely large numbers of unexpected deaths.**

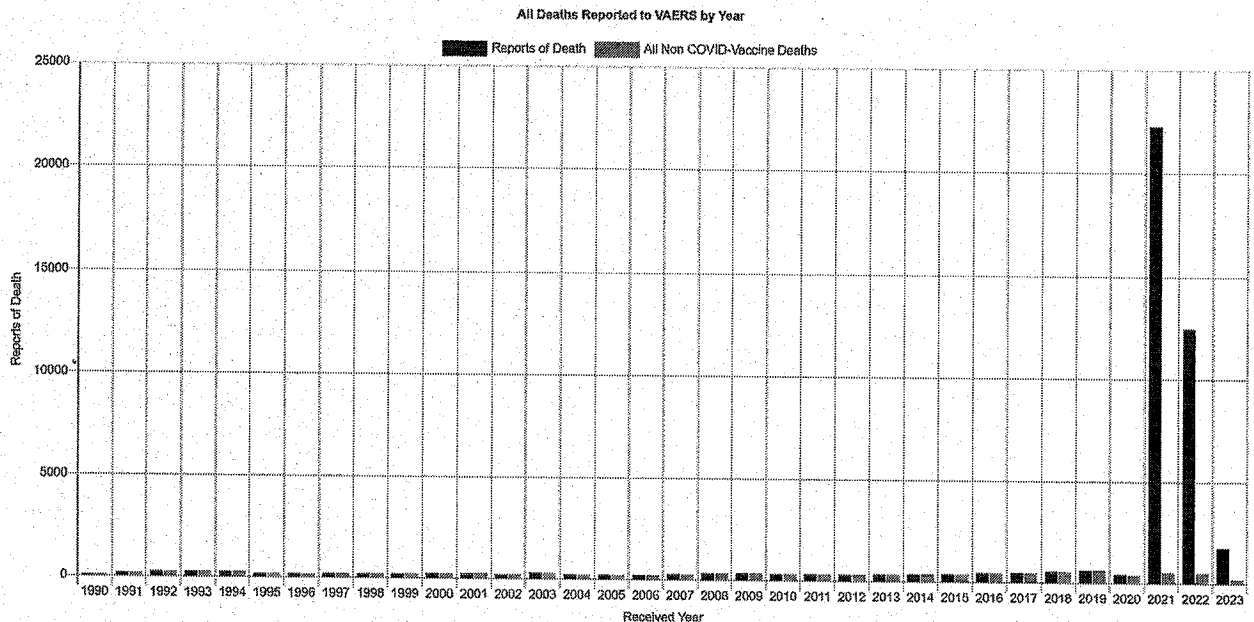
The report does conclude that "this leads to several open questions, the most important being the covariation between the excess mortality, the number of COVID-19 deaths, and the COVID-19 vaccinations."

You can read the full peer-reviewed report [here](#).

Below are charts from **OpenVAERS** pertaining to stillbirth spikes and vaccine related deaths in the US, and excess deaths by age in Australia.



** See chart below for more detailed breakdown of 2005-2021 NON-COVID events



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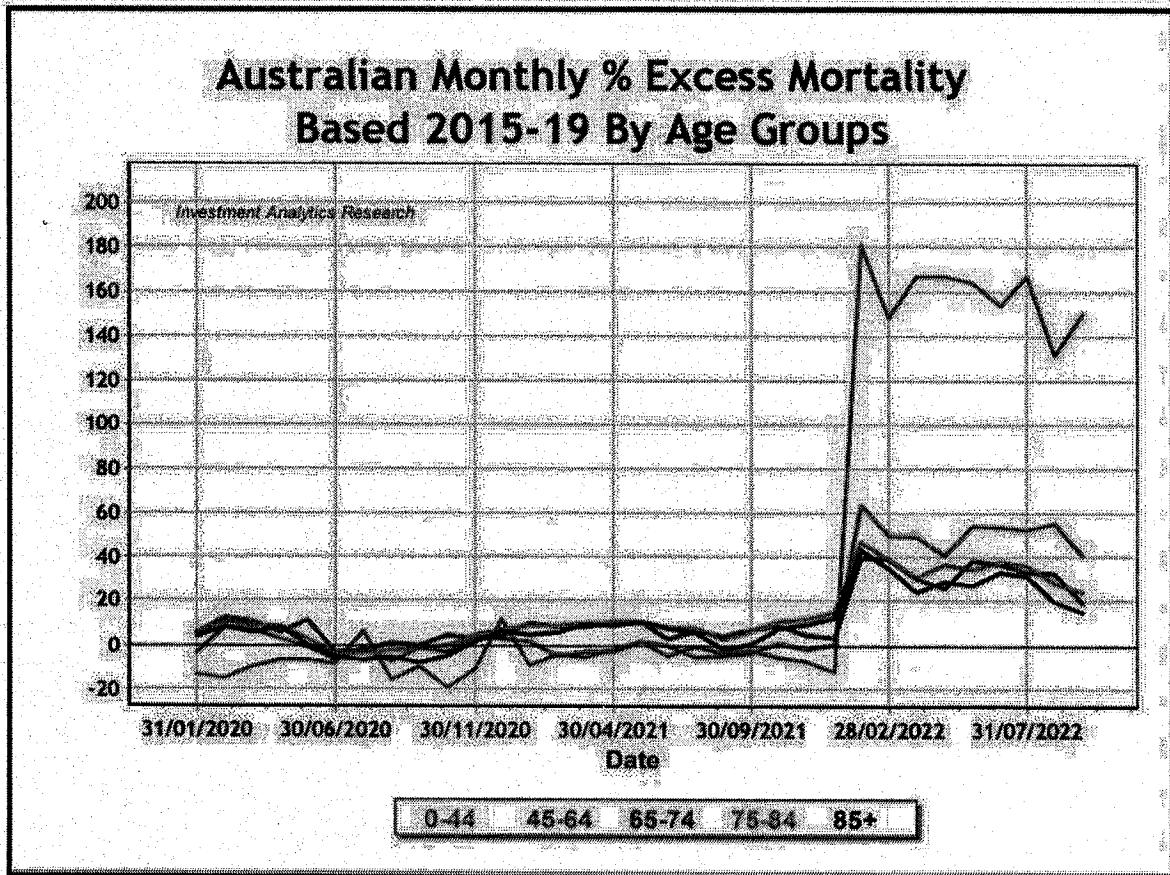


Figure 3. If you plot excess mortality on a percentage basis over baseline for that age group, you find that the 0-44 age group has an excess mortality increase that is difficult to explain if it isn't the COVID vaccine. Not only is it elevated, but it remains elevated. This is problematic because COVID comes in waves and it disproportionately 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?

16-1

Estimation of Excess Mortality in Germany During 2020-2022

Christof Kuhbandner • Matthias Reitzner

Published: May 23, 2023

Abstract

Background

This study estimates the burden of COVID-19 on mortality in Germany. It is expected that many people have died because of the new COVID-19 virus who otherwise would not have died. Estimating the burden of the COVID-19 pandemic on mortality by the number of officially reported COVID-19-related deaths has been proven to be difficult due to several reasons. Because of this, a better approach, which has been used in many studies, is to estimate the burden of the COVID-19 pandemic by calculating the excess mortality for the pandemic years. An advantage of such an approach is that additional negative impacts of a pandemic on mortality are covered as well, such as a possible pandemic-induced strain on the healthcare system.

Methods

To calculate the excess mortality in Germany for the pandemic years 2020 to 2022, we compare the reported number of all-cause deaths (i.e., the number of deaths independently of underlying causes) with the number of statistically expected all-cause deaths. For this, the state-of-the-art method of actuarial science, based on population tables, life tables, and longevity trends, is used to estimate the expected number of all-cause deaths from 2020 to 2022 if there had been no pandemic.

Results

The results show that the observed number of deaths in 2020 was close to the expected number with respect to the empirical standard deviation; approximately 4,000 excess deaths occurred. By contrast, in 2021, the observed number of deaths was two empirical standard deviations above the expected number and even more than four times the empirical standard deviation in 2022. In total, the number of excess deaths in the year 2021 is about 34,000 and in 2022 about 66,000 deaths, yielding a cumulated 100,000 excess deaths in both years. The high excess mortality in 2021 and 2022 was mainly due to an increase in deaths in the age groups between 15 and 79 years and started to accumulate only from April 2021 onward. A similar mortality pattern was observed for stillbirths with an increase of about 9.4% in the second quarter and 19.4% in the fourth quarter of the year 2021 compared to previous years.

Conclusions

These findings indicate that something must have happened in spring 2021 that led to a sudden and sustained increase in mortality, although no such effects on mortality had

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been observed during the early COVID-19 pandemic so far. Possible influencing factors are explored in the discussion.

Introduction

In the last two years, the burden of the COVID-19 pandemic on mortality has been intensively discussed. Since COVID-19 is an infectious disease that is caused by a new virus, it is expected that many people have died because of the new virus who otherwise would not have died. This expectation represents one of the central justifications for the taking of countermeasures against the spread of the virus. Due to this reason, several previous studies have tried to estimate the extent of the mortality burden that has been brought about by the COVID-19 pandemic.

At first glance, it seems obvious to simply estimate the burden of the COVID-19 pandemic on mortality based on the number of officially reported COVID-19-related deaths. However, this has been proven to be difficult due to several reasons.

First; it is not specified whether a reported COVID-19 death was indeed caused by a SARS-CoV-2 infection or whether the deceased person died from some other cause of death with a coincidentally occurring SARS-CoV-2 infection.

There is evidence that the diagnostic problem of counting deaths as COVID-19 deaths although they were not caused by COVID-19 was particularly severe in later phases of the pandemic. For instance, a study from Denmark [1] showed that in 2022, about 70% of the reported COVID-19 deaths were not caused by a SARS-CoV-2 infection. A published analysis [2] of the German COVID-19 autopsy registry showed that until October 2021, at least 14% of the reported COVID-19 deaths were not caused by a SARS-CoV-2 infection. Hence, estimating the burden of the pandemic based on reported COVID-19 deaths may overestimate the true burden due to the erroneous counting of deaths as COVID deaths, which were caused due to other reasons.

Second, even if a person died from COVID-19, this does not rule out the possibility that the person would have died as well even if there had been no COVID-19 pandemic, for example, because of a rhinovirus infection [3] or just because they were highly frail [4]. Accordingly, even if there is a large number of deaths that were caused by a SARS-CoV-2 infection, this would not necessarily mean that all these deaths are additional that would not have occurred if there had been no COVID-19 pandemic.

All-cause mortality: estimating the burden of the COVID-19 pandemic

An obvious way to solve such problems when estimating the burden of the COVID-19 pandemic on mortality is to compare the number of observed all-cause deaths independently of the underlying causes of deaths with the number of all-cause deaths that would have been expected if there had been no pandemic. If there is a new virus that causes additional deaths beyond what is usually expected, the number of observed all-cause deaths should be larger than the number of usually expected deaths, and the

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Conclusions

This study used the state-of-the-art method of actuarial science to estimate the expected number of all-cause deaths and the increase in all-cause mortality for the pandemic years 2020 to 2022 in Germany. In 2020, the observed number of deaths was extremely close to the expected number, but in 2021, the observed number of deaths was far above the expected number in the order of twice the empirical standard deviation, and in 2022, above the expected number even more than four times the empirical standard deviation. The analysis of the age-dependent monthly excess mortality showed that high excess mortality starting from spring 2021 is responsible for the excess mortality in 2021 and 2022. An analysis of the number of stillbirths revealed a similar mortality pattern than observed for the age group between 15 and 80 years.

As a starting point for further investigations explaining these mortality patterns, we compared the excess mortality to the number of reported COVID-19 deaths and the number of COVID-19 vaccinations. This leads to several open questions, the most important being the covariation between the excess mortality, the number of COVID-19 deaths, and the COVID-19 vaccinations.

17-1

DNA contamination and cancer-causing agent SV40 found in Pfizer's covid injections

RHODA WILSON MAY 21, 2023

It's not just the spike protein and the mRNA that are a problem. Both Pfizer and Moderna covid injections also have DNA contamination and Pfizer's covid injection contains SV40 promoters.

Microbiologist Kevin McKernan pioneered research on testing some of the covid vaccine vials and discovered unacceptable levels of double-stranded DNA plasmids floating around. This is DNA contamination. He found the contamination in Pfizer and Moderna vials.

During an [interview with Peter Sweden](#), Sasha Latypova said that DNA contamination is "a huge problem because this is replication competent plasmid, it can then invade human cells, it can invade the bacterial cells that live in your gut. So, they go into the bacteria they replicate there, they replicate antibiotic-resistant genes...it can cause sepsis, it can cause cancer, all sorts of issues."

The [World Council for Health](#) ("WCH") stated that a red line has been crossed. "DNA contamination of mRNA 'vaccines' poses a risk to everyone on the planet," [WCH said](#). "Replicable DNA, so-called plasmids, in both the monovalent and bivalent vaccines, which should not be there at all ... We can only speculate how it will end, but what needs to happen today after the publication of the paper by [McKernan et al \(2023\)](#) is an immediate stop of the 'covid-19 vaccine' program."

In Pfizer's mRNA injection, McKernan also discovered Simian Virus 40 ("SV40") promoters which are tied to cancer development in humans. He emphasised that the SV40 found is a viral piece, it is not the whole virus. However, it still presents a risk of driving cancer.

SV40 or [Simian Virus 40](#) was the 40th virus found in rhesus monkey kidney cells when these cells were used to make the polio vaccine. This virus contaminated both the inactivated polio vaccine ("IPV") and the oral or "live" polio vaccine ("OPV") developed by Dr. Albert Sabin. When it was discovered that SV40 was an animal carcinogen that had found its way into the polio vaccines, [a federal law was passed in 1961](#) that required that no vaccines contain this virus.

[Kanekoa The Great](#) [tweeted](#) two audio/video transcripts. One of a recent interview with McKernan explaining his discoveries and another of a Japanese professor expressing his concerns about these discoveries. We have republished these transcripts below.

DNA Contamination and SV40 Discovered

McKernan joined *Conservative Review* with [Daniel Horowitz](#) on Friday to warn that there is no quality control in the manufacturing process of these vaccines. If his findings turn out to be widespread, it could portend an even greater risk for anaphylaxis, blood clotting, developing resistance to antibiotics, gene integration risk, and long-term production of spike protein within the body. You can listen to an audio of the interview on Apple podcasts [HERE](#).

During the interview, McKernan said:

"It's in both Moderna and Pfizer. We looked at the bivalent vaccines for both Moderna and Pfizer and only the monovalent vaccines for Pfizer because we didn't have access to monovalent vaccines for Moderna. In all three cases, the vaccines contain double-stranded DNA contamination. If you sequence that DNA, you'll find that it matches what looks to be an expression vector that's used to make the RNA..."

"Whenever we see DNA contamination, like from plasmids, ending up in any injectable, the first thing people think about is whether there's any E. coli endotoxin present because that creates anaphylaxis for the injected. And, of course, your viewers and listeners are probably aware there's a lot of anaphylaxis going on, not only on TV but in the VAERS database. You can see people get injected with this and drop. That could be the background from this E. coli process of manufacturing the DNA..."

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“At least on the Pfizer side of things, it has what’s known as an SV40 promoter. This is an oncogenic virus piece. It’s not the entire virus. However, the small piece is known to drive very aggressive gene expression. And the concern that people, even at the FDA, have noted in the past whenever injecting double-stranded DNA is that these things can then integrate into the genome. If you’re not careful with how you manufacture these things, and you have excess amounts of this DNA, your concern for genome integration goes up...

“If you get an SV40 promoter in front of an oncogene, you will end up with a high expression of a gene that can drive cancer, it will be a very rare event, but you don’t need many of these cells to be hit with something like this for it to take off. SV40 actually plagued, granted it was the full viral genome, not just the promoter, but this has plagued previous vaccine programs. The polio vaccine is one of them that they were concerned that this may have contributed to cancer from that vaccine. So, there’s a history of being concerned over SV40.

“Having the promoter inside some of these vectors isn’t necessary. It seems to be superfluous oversight they could have eliminated, yet it’s still there because they ran this out the door so quickly, they didn’t really have time to get rid of superfluous parts of the plasmid. So, that piece of DNA is something we really need to pay attention to. We’ve made quantitative PCR assays to hunt for this. So several researchers around the globe are now running these assays to look for how much of this DNA is floating around after people have been vaccinated.”

Further reading:

- Sequencing the Pfizer monovalent mRNA vaccines also reveals dual copy 72-bp SV40 Promoter, Anandamide (Kevin McKernan), 12 April 2023
- dsDNA variance in Pfizer Docs, Anandamide (Kevin McKernan), 20 May 2023
- McKernan, K., Helbert, Y., Kane, L. T., & McLaughlin, S. (2023, April 10). *Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose*. <https://doi.org/10.31219/osf.io/b9t7m>
- Plasmid DNA is a Known Pfizer Ingredient – NOT a Contaminant, Karen Kingston, 14 April 2023

Japanese Professor Expresses Concern

Japanese Professor Murakami of Tokyo University expressed his concerns over the alarming discovery of SV40 promoters McKernan had made. He said:

“The Pfizer vaccine has a staggering problem. I have made an amazing finding. This figure is an enlarged view of Pfizer’s vaccine sequence. As you can see, the Pfizer vaccine sequence contains part of the SV40 sequence here. This sequence is known as a promoter. Roughly speaking, the promoter causes increased expression of the gene. The problem is that the sequence is present in a well-known carcinogenic virus.

“The question is why such a sequence that is derived from a cancer virus is present in Pfizer’s vaccine. There should be absolutely no need for such a carcinogenic virus sequence in the vaccine. This sequence is totally unnecessary for producing the mRNA vaccine. It is a problem that such a sequence is solidly contained in the vaccine. This is not the only problem. If a sequence like this is present in the DNA, the DNA is easily migrated to the nucleus.

“So, it means that the DNA can easily enter the genome. This is such an alarming problem. It is essential to remove the sequence. However, Pfizer produced the vaccine without removing the sequence. That is outrageously malicious. This kind of promoter sequence is completely unnecessary for the production of the mRNA vaccine. In fact, SV40 is a promoter of cancer viruses.”

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Green Monkey DNA Found in Covid-19 Shots

Dr. Joseph Mercola - May 31, 2023

STORY AT-A-GLANCE

- Microbiologist Kevin McKernan — a former researcher and team leader for the MIT Human Genome project — has discovered massive DNA contamination in the mRNA COVID shots, including simian virus 40 (SV40) promoters
- SV40 has been linked to cancer in humans, including mesotheliomas, lymphomas and cancers of the brain and bone. In 2002, the Lancet published evidence linking polio vaccines contaminated with SV40 to Non-Hodgkin's lymphoma. According to the authors, the vaccine may be responsible for up to 50% of the 55,000 Non-Hodgkin's lymphoma cases diagnosed each year
- The level of contamination varies depending on the platform used to measure it, but no matter which method is used, the level of DNA contamination is significantly higher than the regulatory limits in both Europe and the U.S. The highest level of DNA contamination found was 30%
- The finding of DNA means the mRNA COVID shots may have the ability to alter the human genome
- Even if genetic modification does not occur, the fact that you're getting foreign DNA into your cells poses a risk in and of itself. Partial expression could occur, or it might interfere with other transcription translations that are already in the cell. Cytoplasmic transfection can also allow for genetic manipulation, as the nucleus disassembles and exchanges cellular components with the cytosol during cell division

In the video¹ above, Dr. Steven E. Greer interviews microbiologist Kevin McKernan — a former researcher and team leader for the MIT Human Genome project² — and Dr. Sucharit Bhakdi about the DNA contamination McKernan's team has found in the Pfizer and Moderna mRNA shots.

As it turns out, spike protein and the mRNA are not the only hazards of these injections. McKernan's team have also discovered simian virus 40 (SV40) promoters that, for decades, have been suspected of causing cancer in humans, including mesotheliomas, lymphomas and cancers of the brain and bone.³ The findings^{4,5,6,7} were posted on OSF Preprints in early April 2023. As explained in the abstract:⁸

"Several methods were deployed to assess the nucleic acid composition of four expired vials of the Moderna and Pfizer bivalent mRNA vaccines. Two vials from each vendor were evaluated ... Multiple assays support DNA contamination that exceeds the European Medicines Agency (EMA) 330ng/mg requirement and the FDA's 10ng/dose requirements ..."

As noted by Greer,⁹ this means that governments and drug companies "have misled the world to a far greater extent than previously known." If these findings are correct, it would also mean that "the so-called 'vaccines' are actually altering the

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human genome and causing permanent production of the deadly spike protein," and this internal production of spike protein would, in turn, "trigger the immune system to attack its own cells," Greer says.

In the interview, McKernan explains how the DNA contaminants found in the COVID jabs can result in the genetic modification of the human genome, and Bhakti reviews how and why the shots can trigger autoimmune diseases.

Background: What Is SV40?

In 2002, the Lancet published 10 evidence linking polio vaccines contaminated with SV40 to Non-Hodgkin's lymphoma. According to the authors, the vaccine may be responsible for up to half the 55,000 Non-Hodgkin's lymphoma cases diagnosed each year.

How did this simian (monkey) virus get into the human population? According to the late Dr. Maurice Hilleman, a leading vaccine developer, Merck inadvertently unleashed the virus via their polio vaccine.¹¹ It's unclear exactly when SV40 was eliminated from the polio vaccine. The timing also varies from country to country. For example, SV40-contaminated polio vaccines were administered in Italy as recently as 1999.¹²

As reported in a Lancet book review of "The Virus and the Vaccine: The True Story of a Cancer-Causing Money Virus, Contaminated Polio Vaccine and the Millions of Americans Exposed":¹³

"By 1960, scientists and vaccine manufacturers knew that monkey kidneys were sewers of simian viruses. Such contamination often spoiled cultures, including those of an NIH researcher named Bernice Eddy, who worked on vaccine safety ... Her discovery ... threatened one of the USA's most important public-health programs ...

Eddy tried to get word out to colleagues but was muzzled and stripped of her vaccine regulatory duties and her laboratory ...

[Two] Merck researchers, Ben Sweet and Maurice Hilleman, soon identified the rhesus virus later named SV40 — the carcinogenic agent that had eluded Eddy.

In 1963, U.S. authorities decided to switch to African green monkeys, which are not natural hosts of SV40, to produce polio vaccine. In the mid-1970s, after limited epidemiological studies, authorities concluded that although SV40 caused cancer in hamsters, it didn't seem to do so in people.

Fast forward to the 1990s: Michele Carbone, then at NIH, was working on how SV40 induces cancers in animals. One of these was mesothelioma, a rare cancer of the pleura thought in people to be caused mainly by asbestos. The orthodoxy held that SV40 didn't cause human cancers.

Emboldened by a 1992 NEJM paper that found DNA 'footprints' of SV40 in childhood brain tumors, Carbone tested human mesothelioma tumor biopsies at the National Cancer Institute: 60% contained SV40 DNA. In most, the monkey virus was active and producing proteins.

He published his results in Oncogene in May, 1994, but the NIH declined to publicize them ... Carbone ... moved to Loyola University. There he discovered how SV40 disables tumor suppressor genes in human mesothelioma, and published his results in Nature Medicine in July, 1997. Studies in Italy, Germany, and the USA also showed associations between SV40 and human cancers."

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mRNA COVID Jabs Contaminated With Double-Stranded DNA

With that background, let's get back to McKernan's findings, which in addition to the featured video are also discussed in Daniel Horowitz's podcast above. In short, his team discovered elevated levels of double-stranded DNA plasmids, including SV40 promoters (DNA sequence that is essential for gene expression) that are known to trigger cancer development when encountering an oncogene (a gene that has the potential to cause cancer).

The level of contamination varies depending on the platform used to measure it, but no matter which method is used, the level of DNA contamination is significantly higher than the regulatory limits in both Europe and the U.S., McKernan says. The highest level of DNA contamination found was 30%, which is rather astounding.

As explained by McKernan, when using a typical PCR test, you'll be considered positive if the test detects the SARS-CoV-2 virus using a cycle threshold (CT) of about 40. In comparison, the DNA contamination is detected at CTs below 20.

That means the contamination is a million-fold greater than the amount of virus you'd need to have in order to test positive for COVID. "So, there's an enormous difference here with regards to the amount of material that's in there," McKernan says.

In his Substack article,¹⁴ he also points out that people who argue that double-stranded DNA and viral RNA is a false equivalency because viral RNA is replication competent, are wrong.

"The majority of the sgRNA you are detecting in a nasal swab in your nose is NOT REPLICATION COMPETENT as shown in Jaafar et al.¹⁵ It is just an RNA fragment that should have lower longevity in your cells than dsDNA contaminating fragments," he writes.

In that Substack article, McKernan has also copied a 2009 study discussing how DNA in vaccines can cause cancer and highlighted the most relevant parts. It's a helpful resource if you want to learn more.

Quality Control Is Sorely Lacking

As for how SV40 promoters ended up in the mRNA shots, it appears to be related to poor quality control during the manufacturing process, although it's unclear where in the development SV40 might have sneaked in. Quality control deficiencies may also be responsible for the high rate of anaphylactic reactions we've been seeing. McKernan tells Greer:

"It's in both Moderna and Pfizer. We looked at the bivalent vaccines for both Moderna and Pfizer and only the monovalent vaccines for Pfizer because we didn't have access to monovalent vaccines for Moderna. In all three cases, the vaccines contain double-stranded DNA contamination.

18.4

If you sequence that DNA, you'll find that it matches what looks to be an expression vector that's used to make the RNA ... Whenever we see DNA contamination, like from plasmids, ending up in any injectable, the first thing people think about is whether there's any E. coli endotoxin present because that creates anaphylaxis for the injected.

And, of course ... there's a lot of anaphylaxis going on, not only on TV but in the VAERS database. You can see people get injected with this and drop. That could be the background from this E. coli process of manufacturing the DNA ..."

Regulatory Agencies Knew There Was a Contamination Problem

In a May 20, 2023, Substack article,¹⁶ McKernan points out that Pfizer itself submitted evidence to the European Medicines Agency (EMA) showing sampled lots contained vast differences in the levels of double-stranded DNA contamination.

The concern that people, even at the FDA, have noted in the past whenever injecting double-stranded DNA, is that these things can integrate into the genome. ~ Kevin McKernan

The arbitrary limit for dsDNA that the EMA came up with was 330 nanograms per milligram (ng/mg). Data submitted to the EMA by Pfizer shows sampled lots had anywhere from 1 ng/mg to 815 ng/mg of DNA. McKernan adds:¹⁷

"This limit likely did not consider the potency of this dsDNA contamination if it was packaged in an LNP [lipid nanoparticle]. Packaged dsDNA is more potent as a gene therapy. We now know this DNA is packaged and transfection ready.¹⁸ Even lower limits should be applied if the DNA is packaged in transfection ready LNPs ...

Even with Pfizer being able to cherry pick the data they provided to the EMA for 10 lots, they see a 1 to 815ng/mg variance. If you were to expand this study to 100 or 1000 lots, you'd likely see another order or two of magnitude variance."

Double-Stranded DNA May Integrate Into Your Genome

The presence of double-stranded DNA also brings up another major concern, and that is the possibility of genomic integration.

"At least on the Pfizer side of things, it has what's known as an SV40 promoter. This is an oncogenic virus piece. It's not the entire virus. However, the small piece is known to drive very aggressive gene expression.

And the concern that people, even at the FDA, have noted in the past whenever injecting double-stranded DNA, is that these things can integrate into the genome," McKernan says.

While McKernan's paper does not present evidence of genome integration, it does point out that it's possible, especially in the presence of SV40 promoters:¹⁹

"There has been a healthy debate about the capacity for SARS-CoV-2 to integrate into the human genome ... This work has inspired questions regarding the capacity for the mRNA vaccines to also genome integrate. Such an event would require LINE-1 driven reverse transcription of the mRNA into DNA as described by Alden et al.

dsDNA [double-stranded DNA] contamination of sequence encoding the spike protein wouldn't require LINE-1 for Reverse Transcription and the presence of an SV40 nuclear localization signal in Pfizer's vaccine vector would further increase the odds of integration."

18-5

Manifold Risks

That said, even if genetic modification does not occur, the fact that you're getting foreign DNA into your cells poses a risk in and of itself, McKernan says. For example, partial expression could occur, or it might interfere with other transcription translations that are already in the cell.

Bhakti also points out that the SV40 promoters do not need to be present in the nucleus of the cell for problems to occur. Cytoplasmic transfection can, in and of itself, allow for genetic manipulation, because the nucleus disassembles and exchanges cellular components with the cytosol during cell division.

In addition to having DNA floating around and causing potential problems, the RNA in the COVID jab is also modified to resist breakdown. "So, we have TWO versions of the spike protein floating around that can persist longer than anticipated," McKernan says, and the spike protein, of course, is the most toxic part of the virus that can cause your body to attack itself.

Both McKernan and Bhakti are adamant that ALL mRNA "vaccines" must be immediately stopped, whether for human or animal use, due to the magnitude of the risks involved.

'Alarming Problems'

In the video above, Yusuke Murakami, a professor at Tokyo University, expresses alarm over the finding of SV40 promoters in the COVID jabs. The interview is in Japanese but has English subtitles. I've included it because I think he does a good job of putting the problem into layman's terms:

"The Pfizer vaccine has a staggering problem," Murakami says. "This figure is an enlarged view of Pfizer's vaccine sequence. As you can see, the Pfizer vaccine sequence contains part of the SV40 sequence here. This sequence is known as a promoter. Roughly speaking, the promoter causes increased expression of the gene. The problem is that the sequence is present in a well-known carcinogenic virus. The question is why such a sequence that is derived from a cancer virus is present in Pfizer's vaccine.

There should be absolutely no need for such a carcinogenic virus sequence in the vaccine. This sequence is totally unnecessary for producing the mRNA vaccine. It is a problem that such a sequence is solidly contained in the vaccine.

This is not the only problem. If a sequence like this is present in the DNA, the DNA is easily migrated to the nucleus. So it means that the DNA can easily enter the genome. This is such an alarming problem.

It is essential to remove the sequence. However, Pfizer produced the vaccine without removing the sequence. That is outrageously malicious. This kind of promoter sequence is completely unnecessary for the production of the mRNA vaccine. In fact, SV40 is a promoter of cancer viruses."

Resources for Those Injured by the COVID Jab

18-6

The more we learn about the COVID jabs, the worse they appear. While they suck as vaccines, they're truly masterful bioweapons, as they're capable of destroying health in any number of ways, through myriad mechanisms.

If you got one or more jabs and are now reconsidering, first and foremost, never ever take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your body. Even if you haven't experienced any obvious side effects, your health may still be impacted long-term, so don't take any more shots.

If you're suffering from side effects, your first order of business is to eliminate the spike protein that your body is producing. Two remedies that can do this are hydroxychloroquine and ivermectin. Both of these drugs bind and facilitate the removal of spike protein.

The Front Line COVID-19 Critical Care Alliance (FLCCC) has developed a post-vaccine treatment protocol called RECOVER. Since the protocol is continuously updated as more data become available, your best bet is to download the latest version straight from the FLCCC website at covid19criticalcare.com²¹ (hyperlink to the correct page provided above).

For additional suggestions, check out the World Health Council's spike protein detox guide,²² which focuses on natural substances like herbs, supplements and teas. To combat neurotoxic effects of spike protein, a March 2022 review paper²³ suggests using luteolin and quercetin. Time-restricted eating (TRE) and/or sauna therapy can also help eliminate toxic proteins by stimulating autophagy.

19-1

Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose

April 9, 2023

Full 23 page document: <https://osf.io/b9t7m/>

This is the document the article 'DNA contamination and cancer-causing agent SV40 found in Pfizer's covid injections' is based upon.

20-1

Peer-Reviewed Study: 'The Higher the Number of Vaccines Previously Received, the Higher the Risk of Contracting COVID-19'

BEN BARTEE MAY 30, 2023

The pre-print for this study, prior to the peer review process, came out late last year. It showed, in a nutshell, that more COVID-19 shots correlated to a greater risk of contracting COVID-19.

But the COVIDians predictably, in eternal denial as is their nature, pounced on the fact that the initial paper was a pre-print. They dismissed it for not being peer-reviewed, which is often described as the “gold standard” stamp of approval by The Science™.

Mind you, the corporate state media expresses no such criticism of pre-print studies that say what they want them to say about the alleged efficacy of masking, the wonders of Pfizer’s mRNA injections, etc. It’s only when a study counters the narrative that they pump the brakes.

Via McGill, February 2023:

Recently, some people have been spreading the idea that getting additional doses of the COVID vaccine increases the risk of catching the virus. The suggestion was made in an opinion piece in the Wall Street Journal and repeated recently by Florida Governor Ron DeSantis. The notion seems to stem from a preprint uploaded last December by researchers from the Cleveland Clinic. Opponents of vaccines have been using it to argue their case, worrying a fair number of people, if the emails I have received on the subject are any indication.

Well, now it *is* peer-reviewed, and none of the conclusions have changed.

Via Open Forum Infectious Diseases:

The risk of COVID-19... varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19.

I’m old enough to remember when the official story was that COVID-19 was a “pandemic of the unvaccinated,” and it was totally kosher for the POTUS’ handlers to send him out to the podium to issue barely veiled threats to the unvaxxed.

Pfizer and Moderna, the government, and every corporate state media outlet that deliberately spread vax disinformation should be opened up to lawsuits from every person who received COVID-19 shots (which are not and never were conventional vaccines) and subsequently got sick with COVID-19.

Consumers of sponsored-by-Pfizer media were lied to by all parties involved, and there must be consequences. The pharmaceutical companies’ ill-gotten blanket immunity from damages caused by their products needs to be retroactively revoked because they were granted on fraudulent premises.

21-1

Cleveland Clinic Peer-Reviewed Study Found that the More Vaccines You've Had, the Higher Your COVID-19 Infection Risk

Jim Hoft June 3, 2023

A groundbreaking study conducted by the renowned Cleveland Clinic, ranked as the second-best hospital in the world, has found that a higher number of COVID-19 vaccine doses received increases the risk of infection with COVID-19.

The study was published at Open Forum Infectious Diseases (OFID), wherein the studies are fully peer-reviewed.

The research, conducted with a large sample size within the healthcare system, capitalized on the early recognition of the need to maintain an effective workforce during the pandemic.

Participants in the trial were all Cleveland Clinic Health System employees working at any Cleveland Clinic facility in Ohio on September 12, 2022, the first day the bivalent vaccine was made accessible to staff.

The study, which has undergone peer review and has been published, stated, "The risk of COVID-19 also varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19." (*See figure below*)

Furthermore, the study found that the bivalent vaccines demonstrated an overall effectiveness of about 29% in protecting against infection with SARS-CoV-2 when the Omicron BA.4/5 lineages were the predominant circulating strains. Only 29%. However, this effectiveness decreased when the circulating strains were no longer represented in the vaccine. In the case of the XBB lineages, the study could not establish a significant protective effect.

21-2

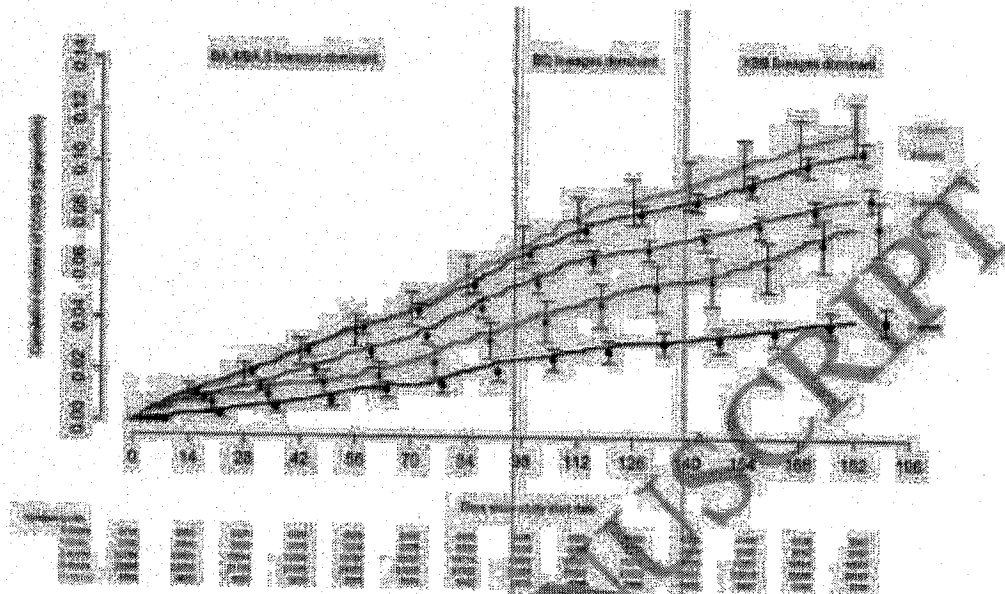


Figure 2. Cumulative incidence of COVID-19 for subjects stratified by the number of COVID-19 vaccine doses previously received. Day zero was 12 September 2022, the day the bivalent vaccine began to be offered to employees. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.

“The multivariable analysis also found that the more recent the last prior COVID-19 episode was, the lower the risk of COVID-19, and the greater the number of vaccine doses previously received, the higher the risk of COVID-19,” the study added.

More from the study:

The association of increased risk of COVID-19 with more prior vaccine doses was unexpected. A simplistic explanation might be that those who received more doses were more likely to be individuals at higher risk of COVID-19. A small proportion of individuals may have fit this description. However, the majority of participants in this study were young, and all were eligible to have received ≥ 3 doses of vaccine by the study start date, which they had every opportunity to do.

Therefore, those who received < 3 doses (46% of individuals in the study) were not ineligible to receive the vaccine but rather chose not to follow the CDC’s recommendations on remaining updated with COVID-19 vaccination, and one could reasonably expect these individuals to have been more likely to exhibit risk-taking behavior. Despite this, their risk of acquiring COVID-19 was lower than that of participants those who received more prior vaccine doses.

21-3

Ours is not the only study to find a possible association with more prior vaccine doses and higher risk of COVID-19. During an Omicron wave in Iceland, individuals who had previously received ≥ 2 doses were found to have a higher odds of reinfection than those who had received < 2 doses, in an unadjusted analysis.

A large study found, in an adjusted analysis, that those who had an Omicron variant infection after previously receiving 3 doses of vaccine had a higher risk of reinfection than those who had an Omicron variant infection after previously receiving 2 doses.

Another study found, in multivariable analysis, that receipt of 2 or 3 doses of an mRNA vaccine following prior COVID-19 was associated with a higher risk of reinfection than receipt of a single dose.

Immune imprinting from prior exposure to different antigens in a prior vaccine and class switch toward noninflammatory spike-specific immunoglobulin G4 antibodies after repeated SARS-CoV-2 mRNA vaccination have been suggested as possible mechanisms whereby prior vaccine may provide less protection than expected. Natural News reported that another study from China stated that getting vaccinated for COVID-19 four or more results in a near-complete collapse of the immune system.

The study, conducted in a mouse model, claims that after receiving the fourth injection (including the two primary jabs and two subsequent boosters), the immune system's efficacy appears to be significantly diminished.

According to a summary of the study:

Multiple vaccine boosters after the conventional vaccination course significantly decreased RBD-specific antibody titers and serum neutralizing efficacy against the Delta and Omicron variants, and profoundly impaired CD4+ and CD8+ T cell activation and increased PD-1 and LAG-3 expressions in these T cells.

Mechanistically, we confirmed that extended vaccination with RBD boosters overturned the protective immune memories by promoting adaptive immune tolerance. Our findings demonstrate potential risks with the continuous use of SARS-CoV-2 vaccine boosters, providing immediate implications for the global COVID-19 vaccination enhancement strategies.

22-1

Repeated COVID-19 Vaccination Weakens Immune System: Study

JUN 03, 2023

Zachary Stieber via The Epoch Times

Repeated COVID-19 vaccination weakens the immune system, potentially making people susceptible to life-threatening conditions such as cancer, according to a new study.

Multiple doses of the Pfizer or Moderna COVID-19 vaccines lead to higher levels of antibodies called IgG4, which can provide a protective effect. But a growing body of evidence indicates that the “abnormally high levels” of the immunoglobulin subclass actually make the immune system more susceptible to the COVID-19 spike protein in the vaccines, researchers said in the paper.

They pointed to experiments performed on mice that found multiple boosters on top of the initial COVID-19 vaccination “significantly decreased” protection against both the Delta and Omicron virus variants and testing that found a spike in IgG4 levels after repeat Pfizer vaccination, suggesting immune exhaustion.

Studies have detected higher levels of IgG4 in people who died with COVID-19 when compared to those who recovered and linked the levels with another known determinant of COVID-19-related mortality, the researchers also noted.

A review of the literature also showed that vaccines against HIV, malaria, and pertussis also induce the production of IgG4.

“In sum, COVID-19 epidemiological studies cited in our work plus the failure of HIV, Malaria, and Pertussis vaccines constitute irrefutable evidence demonstrating that an increase in IgG4 levels impairs immune responses,” Alberto Rubio Casillas, a researcher with the biology laboratory at the University of Guadalajara in Mexico and one of the authors of the new paper, told The Epoch Times via email.

The paper was published by the journal Vaccines in May.

Pfizer and Moderna officials didn’t respond to requests for comment.

Both companies utilize messenger RNA (mRNA) technology in their vaccines.

Dr. Robert Malone, who helped invent the technology, said the paper illustrates why he’s been warning about the negative effects of repeated vaccination.

“I warned that more jabs can result in what’s called high zone tolerance, of which the switch to IgG4 is one of the mechanisms. And now we have data that clearly demonstrate that’s occurring in the case of this as well as some other vaccines,” Malone, who wasn’t involved with the study, told The Epoch Times.

“So it’s basically validating that this rush to administer and re-administer without having solid data to back those decisions was highly counterproductive and appears to have resulted in a cohort of people that are actually more susceptible to the disease.”

Possible Problems

The weakened immune systems brought about by repeated vaccination could lead to serious problems, including cancer, the researchers said. *Read more here...*

23-1

With Pandemic Panic Theater Collapsing, Corporate Media Is Avoiding the Amish Like the Plague

TLD Guest Post • Jun. 4, 2023

“Amish Communities Thrived Amidst Covid, Challenging Mainstream Measures”

In a stark departure from the rest of America, Amish communities chose a different path during the COVID-19 pandemic, opting to reject vaccines and forgo mask-wearing while continuing with their daily routines unaffected.

Initially, the Centers for Disease Control and Prevention (CDC) and mainstream media predicted dire consequences for the Amish population due to COVID-19. However, the reality unfolded quite differently, exposing the fallacies of the prevailing narrative and rendering the entire range of COVID-19 interventions unnecessary.

The remarkable story of the Amish's resilience in the face of the pandemic has largely been overlooked by the mainstream media, as it challenges the established notions. Contrary to the hardships endured by mainstream America, with lockdowns, school closures, and mask-related controversies, the Amish had returned to normalcy as early as May 2020. Yes, you read that correctly.

Surprisingly, the Amish managed to achieve herd immunity even before vaccines were made widely available. With an estimated 90% of their population already infected in 2020, there was little incentive for them to take vaccines, even if they were effective and safe. It appeared illogical and counterproductive for them to receive a vaccine when they had already acquired natural immunity. However, in the United States, individuals were encouraged to get vaccinated irrespective of previous infections, leading to severe consequences for those who chose otherwise.

So, how did the Amish achieve herd immunity at such an accelerated pace? Their approach was in direct contrast to the CDC's recommendations. They refrained from consuming mainstream media, continued their regular lives, prioritized exposure to sunlight (vitamin D), and ensured adequate intake of zinc. Furthermore, they employed treatments like ivermectin when illness struck.

The Amish community feels it is essential to expose the deception that has taken place. They urge everyone to consider the following: even after more than three years have passed, it remains exceedingly difficult to find more than a small number of Amish individuals who succumbed to COVID-19.

It is crucial to acknowledge that the experience of the Amish communities during the pandemic presents an alternative perspective that warrants further exploration and consideration. Their unique approach challenges the mainstream strategies implemented throughout the country and prompts us to question the effectiveness and necessity of certain interventions.



The Science behind the Absence of Autism in the Amish Community: Energetic Immunity

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Editorial

As one MIT researcher, Dr. Stephanie Seneff has already predicted, if the current trend continues unabated and if nothing is done to shift this momentum in a positive direction today, the incidence of Autism would be 1 in 2 children in the U.S by 2025.

The statistics would be similar in other countries too as the accelerated increase in autism incidence and prevalence is being witnessed globally.

This editorial seeks to discuss the underlying science behind the almost complete absence of the prevalence of autism in the Amish community and to highlight the urgency of implementing solutions in autism that are already showing results on the ground.

As far as the science behind the secret to the absence of autism in the Amish community is concerned, what I have chosen to do in this editorial is to present an overview of the factors contributing to this presentation in the Amish population, that can be explained by the cutting-edge emerging scientific disciplines in various fields.

Psychoneuroimmunology

Making a choice not to vaccinate their children is a well-known albeit controversial practice in the Amish population by and large. What has been largely overlooked and misunderstood as to how their immunity is robust without following the vaccination schedule as advised by conventional medicine is the psychoneuroimmunological basis that underlies their choices and hence the positive results they are experiencing as a result of those choices in the form of almost all their children being free from the symptoms of autism.

Psychoneuroimmunology is the nascent scientific discipline that studies the interaction between the mind, body and social systems and how this interaction influences health and healing. The Amish community is world renowned for their way of life that is based on leading life in a manner that honors the intelligence of the cells of the body, trusting the signals that their bodies send that reveal what resonates with well-being and acting on those signals and impulses. Their social system and psychological conditioning therefore prepares the ground for their choice to not vaccinate their children.

This extends onto the widespread belief that most in the community hold on to tenaciously that in fact the opposite is true – vaccination, if they make the choice to do so, causes more harm than good. All the more so since the Amish community has become aware that they have somehow been made “immune” to the usual presentation of autism, because of their “no vaccination” mindset.

This forms the psychological platform on which their immunological protection against not only most of the childhood illnesses the vaccines are supposed to prevent, but also the absence of manifestation of the debilitating symptoms of autism, is based.

Biomedicine

The more obvious biomedical basis for the absence of autism in the Amish community is the fact that throughout many centuries they have rigorously followed organic farming and have been consuming only organic produce grown mostly on their own farms, by themselves. Their food is therefore pesticide free and is consistently sustained as such over many generations. And the Amish continue to maintain the same till today.

This practice reveals what may be interpreted as their belief and understanding of biomedicine as “food being medicine”. This mindset and conditioning is again in alignment with their reverence for the land, respect for the values that they uphold, one such value being living in harmony with the forces of nature and viewing their food as being divine and pure. As the rest of the world is dealing with the rise in the debilitating symptoms in autism at least partially precipitated by genetically modified and pesticide-laden food, the Amish have been protected from the same.

Energetic Immunity

The term “Energetic Immunity” can be defined as the immunity generated by the system/being in response to the chronically aligned state of energies of the individual or system. Quantum physics has discovered that everything in the universe is ultimately made up of energy. And this field of energy includes the mind, body and the ecosystem.

This is the Energy Medicine perspective that provides the (w) holistic understanding of the almost complete absence of autism in the Amish population. The psychoneuroimmunological and biomedical factors discussed above also fall under this umbrella of Energy Medicine.

The Amish beliefs and practices discussed above translate as advantages to their wellbeing that is provided by maintaining a healthy and aligned Energy Field.

More or less chronically or consistently, and this field of aligned energies is both at the micro as well as the macro level, at the molecular level as well as at the clinical level as evidenced by the lack of manifested symptoms of autism.

The scientific community needs to focus more on what is actually working in autism so that more of the same can be replicated.

24-2

What I have discussed above could form the platform for developing a multi-pronged approach in dealing with the symptoms in autism that has its foundation in Applied Energy Medicine that establishes the Energetic Immunity in the individual. So that the people with autism can be free from the limiting symptoms in autism and can thrive with their unique gifts and talents. The additional benefit of establishing such an Energetic Immunity in autism would be the less susceptibility to other infections and conditions that most people with autism usually suffer from throughout their life span. Energetic Immunity being established in the autistic person regardless of the age of the person, using Applied Energy Medicine would thus decrease the morbidity and increase the longevity and the quality of life in the person.

To get a clearer understanding of Applied Energy Medicine, it is recommended that my editorials and articles on this subject are perused at www.intenthealing.com/blog.

What is likely to raise opposing viewpoints would be the all too familiar Autism-Vaccine debate. And that need not interfere in the applying of the method that I am suggesting here, to see the results right away because it can be easily implemented in the already affected children/people with autism who have already completed their vaccine schedule. The solution as suggested in this editorial can be

presented to all and the question of vaccination in the relevant category of children and parents can be left to the individual choice of the parents, in most cases. Because to wait would be a costly mistake. With the present statistics of 1 in 68 children being diagnosed with autism, why wait, when there are solutions in autism that are already working? [1-6].

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25-1

1 in 36 Kids Have Autism, CDC Says

Brenda Baletti, Apr 10 2023

Critics slam agency's failure to investigate causes

One in 36 (2.8 percent) 8-year-old children—4 percent of boys and 1 percent of girls—have an autism spectrum disorder (ASD), based on an analysis of data from 2020, published today by the Centers for Disease Control and Prevention (CDC).

The latest findings, reported in the CDC's Morbidity and Mortality Weekly Report, show an increase from the last report, which found 1 in 44 8-year-olds (2.3 percent) had autism in 2018.

Since the CDC started collecting the data, prevalence estimates have skyrocketed from 1 in 150 in 2000, to today's estimate of 1 in 36 children.

The trend has persisted for decades. Autism prevalence in the 1990s, which was 1 in 1,000 children, already represented a tenfold increase over the condition's estimated prevalence in the 1970s.

Commenting on today's report, Mark Blaxill, from the Executive Leadership Team at Health Choice, told The Defender:

"As the American culture wars have intensified, the harsh reality of the autism epidemic has been tucked away into obscurity as attention has turned to a whole new set of health concerns.

"Today's new report from the CDC's ADDM [Autism and Developmental Disabilities Monitoring] Network places the latest ASD rate at 1 in 36 children born in 2012, but that's not even the largest number out there (a recent survey using NHIS [National Health Interview Survey] data reported a rate of 1 in 29 children in 2020)."

A second CDC report on 4-year-old children, also released today, emphasized that in the early months of the COVID-19 pandemic, 4-year-old children were less likely to be evaluated for or identified with ASD than 8-year-olds of the same age.

Prior to the pandemic, 4-year-old children were diagnosed with autism at even higher rates than the 8-year-old cohort.

For the first time since the CDC began doing these studies, both studies found autism prevalence was higher among Black, Hispanic, and Asian/Pacific Islander children than among White and biracial children. ASD prevalence among these groups increased 30 percent between 2018 and 2020.

The prevalence report suggested these numbers "might reflect improved screening, awareness, and access to services among historically underserved groups."

Commenting on the CDC's assertion that children of color have higher rates of autism than white children because of improved screening and awareness, Sallie Bernard, co-founder and board president of SafeMinds, told The Defender:

"That does not explain why their rate is higher than white children. As a group, no racial or ethnic minority here gets better assessment and diagnosis than white children, so to explain the disparity in the rate now as due to better assessment for minorities is just ludicrous."

Conclusory statements attributing growth in autism numbers to "more awareness and a wider ability of services" is part of a long-term trend among public health officials and the media.

Most autistic children were found to either have an intellectual disability (37.9 percent) or to be on the borderline for having one (23.5 percent).

Black children with autism were far more likely than white children to have a co-occurring intellectual disability, which the report said might stem from "under ascertainment of ASD among Black children without intellectual disability."

The recommendation for "public health action" is to develop "enhanced infrastructure to provide equitable diagnostic, treatment, and support services for all children with ASD."

Bernard agreed that there is a need for greater infrastructure and support. "The services and supports have been lacking forever. And now if you have a four-fold increase [in ASD], it is going to be four times worse," she said.

She added:

"Now they've diagnosed that Black children have such a high rate of intellectual disability and borderline intellectual disability. That's a group of people with autism that have the toughest time in life. For families, it's so hard. And so they absolutely need more attention.

"But it doesn't explain the social determinants of health. For that, we need environmental justice. You have to ask what are they exposed to?"

But the report makes no comment on the causes of autism, nor does it offer an explanation for the rising rates beyond increased testing.

The Defender asked Bernard whether she thought better testing could be driving the trends. She said:

"There's been this implication that what's driving the rates is the [ASD diagnosis] of the lower support needs individuals, that we used to call Asperger's. Or that perhaps it is the folks who were really really impacted and have very profound intellectual disability that's driving the trends. Or, now, that there is better detection among racial and ethnic minorities that have been marginalized.

"But when you look at the trends, no matter how you break it down, autism is rising in all of these groups and it has been since they started taking the data 20 years ago.

"It's hard to believe that when the experts went out and did their epidemiology studies and found lower rates in the past that they would have missed out on 3 of 4 kids on the spectrum."

Toby Rogers, Ph.D., had this to say about the CDC's claims that better testing is behind the growing number of autism cases:

"The unwillingness of the CDC to even ask why these numbers are increasing is a massive 'poker tell' that they know but are prohibited from talking about it.

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"Two high-quality, multi-million dollar studies in California (Byrd et al., 2002; Hertz-Picciotto and Delwiche, 2009) both concluded that better awareness, changes in diagnostic criteria, and earlier age of diagnosis only explain a small fraction of the rise in autism.

"The authors of these studies urged public health officials to place greater emphasis on researching the toxicants that might be driving the increase in autism prevalence. [For a longer discussion of these studies please see Rogers, 2019.] The fact that the CDC is still refusing to properly investigate autism causation is outrageous."

Bernard said we need to search for other explanations for this increase.

"There are many studies suggesting that something in our environment is driving the increase in autism, and that's where we need to focus our attention," she said.

As autism rates skyrocketed among U.S. children over the past several decades, along with concern among parents, much research has turned to investigate the role of environmental risk factors in compounding underlying diverse genetic factors. Environmental risk factors include metals like aluminum and mercury in vaccines, glyphosate exposure, use of acetaminophen during pregnancy and infancy, heavy metals in baby food, and other organic environmental pollutants.

Studies also link industrial chemicals, such as lead, arsenic, copper, selenium, iron, and magnesium, to the disorder.

Despite growing evidence that environmental factors may play a role in the development of ASD, the CDC did not investigate environmental exposures as a potential cause.

According to Blaxill:

"No one asks the obvious questions: Why are so many children sick? What is this all going to cost? Who will take care of these children when their parents are gone?"

"And of course there are the related questions: What are these people thinking and how do they go to sleep at night? I wish I knew."

Higher Rates of Autism: 'Encouraging Patterns?'

The ADDM study on prevalence among 8-year-olds is the CDC's standard for estimating autism rates. It uses the ADDM Network to estimate the number of children with ASD and other developmental disabilities living in different areas of the United States.

The CDC established the ADDM Network in 2000. It tracks rates of autism in 8-year-old children by analyzing education, medical, and service provider records. It releases reports every two years.

The first ADDM Network site was in Georgia. The study released today includes research sites in Arizona, Arkansas, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, Tennessee, Utah, and Wisconsin.

The report found autism prevalence rates vary widely geographically, with the lowest rates in Maryland and the highest rates in California.

The Early Identification ADDM Report analyzes autism diagnoses for 4-year-old children among the same network sites. It reported that rates also varied substantially by location, and attributed higher rates of autism diagnoses among 4-year-olds than 8-year-olds to higher diagnosis rates.

According to the report:

"From 2016 through 2020, children aged 4 years mostly had a pattern of more evaluations and identifications than the cohort aged 8 years had from 2012 through 2016, until the pandemic onset in March of 2020 when the pattern reversed. ...

"In 2020, higher cumulative incidence of ASD by age 48 months among children aged 4 years compared with children aged 8 years was seen at all sites, indicating improvements in early identification of ASD."

The report emphasized that COVID-19 pandemic measures disrupted evaluations and treatments and recommended "public health action" include communities evaluating the impact of disruptions to services due to public health emergencies more generally.

The authors called the consistent increases in diagnoses among 4-year-olds over the past several years "encouraging patterns," because they said they indicated better diagnosis.

The major concern raised in this report was that during the pandemic, these numbers dropped.

Big Pharma has its eye on rising autism rates in the United States and across the world. A series of reports published over the last 12 months predicted massive growth in the ASD treatment industry over the next several years due to rising global rates of autism and increasing investment in pharmaceutical research and development.

Commenting on the regulatory and other failures that brought autism rates to this point, Rogers told The Defender:

"The CDC, FDA, and NIH have all failed. Their leadership should be sacked, arrested, and prosecuted for crimes against humanity.

"We absolutely know how to stop the autism epidemic—keep toxic substances out of kids' bodies. Toxic substances known to increase the risk of developing autism include mercury, ingredients in plastics and fire retardants, pesticides and herbicides, EMF/RF, and pharmaceuticals (Tylenol, SSRIs, and vaccines).

"Autism is not a scientific mystery. The autism epidemic is largely the result of bad laws, regulatory capture, and the CDC childhood vaccine schedule."