GlobalResearch
Center for Research on Globalization

Breaking: Florida Will be the First Jurisdiction to Halt COVID-19 mRNA Vaccines

Surgeon General Dr. Joseph Ladapo calls for halt on Jan. 3, 2024. Alberta must be second! Reasons for halting these failed pharma products

By Dr. William Makis
Global Research, January 05, 2024
COVID Intel

Region: Canada, USA
Theme: Science and Medicine

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Important Report by Dr. William Makis.

The State of Florida has called for a halt of the use of mRNA Covid-19 Vaccines, setting a precedent for the implementation of similar decisions not only across the United States, but Worldwide.

The evidence is overwhelming.

Read the letter of Florida State Surgeon General Joseph A. Ladapo below

We call upon people across the United States to pressure State officials to cancel the mRNA Covid-19 once and for all.

The evidence of mortality and morbidity resulting from vaccine inoculation both present (official data) and future (e.g. undetected microscopic blood clots) is overwhelming.

The official data (mortality and morbidity) as well as numerous scientific studies confirm the nature of the Covid-19 mRNA vaccine which is being imposed on all humanity.

Our thanks to Dr. William Makis

Michel Chossudovsky, Global Research, January 5, 2024

*


I am calling for a halt to the use of mRNA COVID-19 vaccines.
The U.S. Food and Drug Administration and the Centers for Disease Control and Prevention have always played it fast and loose with COVID-19 vaccine safety, but their failure to test for DNA integration with the human genome - as their own guidelines dictate - when the vaccines are known to be contaminated with foreign DNA is intolerable.
Florida HEALTH
1.5K
6.7K
16K
2.3M
Joseph A. Ladapo, MD, PhD
@FLSurgeonGen
I am calling for a halt to the use of mRNA COVID-19 vaccines.
7:07 AM · Jan 3, 2024 · 2.3M Views
1.5K
6.7K
16K
750
See similar posts
Post your reply
Reply
Joseph A. Ladapo @FLSur · Jan 3
As always, Florida will put scientific integrity and the safety of our citizens above profit-fueled agendas.
See my full recommendation here:
content.govdelivery.
Florida State Surgeon General ...
236
617
2.3K
103K

December 6, 2023

Robert M. Califf, MD, MACC
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Ave
Silver Springs, MD 20993

CC: Mandy Cohen, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Drs. Califf and Cohen,

Ensuring that pharmaceutical products are both safe and effective for the public is the principal mission of the U.S. Food and Drug Administration (FDA). This function is essential and serves as the foundation for public trust in regulatory agencies and for health officials alike. While accelerated approvals for prescription drugs have been around for over two decades, the opioid crisis and COVID-19 pandemic are just two publicized examples illustrating the risks associated with these accelerated processes for drug approvals. On November 14, 2023, the Florida Public Health Integrity Committee met to discuss this topic and I encourage your team to review the constructive criticism that will further our mission of credible and safe public health.

Related to these regulatory issues, debates over the safety and effectiveness of COVID-19 vaccines have been smeared as "hysteria" since their development – and yet as additional research is conducted, concerns continue to emerge. I have highlighted some of these concerns in a May 10, 2023 letter sent to you and former Centers for Disease Control and Prevention Director Rochelle Walensky. To date, no response has been received. In addition to my previous letter, I am writing to you to address the recent discovery of host cell DNA fragments within the Pfizer and Moderna COVID-19 mRNA vaccines.

This raises concerns regarding the presence of nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA. Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells, and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into host cells.

In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications (Guidance for Industry). This Guidance for Industry highlights important considerations for vaccines that use novel methods of delivery regarding DNA integration:

- DNA integration could theoretically impact a human's oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- DNA integration may result in chromosomal instability.
- The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

Based on this Guidance for Industry, the efficacy of the COVID-19 mRNA vaccine's lipid nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. With this in mind, I have the following questions for which the public deserves answers:

1. Have drug manufacturers evaluated the risk of human genome integration or mutagenesis of residual DNA contaminants from the mRNA COVID-19 vaccines alongside the additional risk of DNA integration from the lipid nanoparticle delivery system and SV40 promoter/enhancer? Has FDA inquired any information from the drug manufacturers to investigate such risk?
2. Do current FDA standards for acceptable and safe quantity of residual DNA (present as known contaminants in biological therapies) consider the lipid nanoparticle delivery system for the mRNA COVID-19 vaccines?
3. Considering the potentially wide biodistribution of mRNA COVID-19 vaccines and DNA contaminants beyond the local injection site, have you evaluated the risk of DNA integration in reproductive cells with respect to the lipid nanoparticle delivery system?

Considering the urgency of these questions due to the mass administration of these vaccines and currently unavailable data surrounding possible genomic effects, I request that you provide a written response by December 13, 2023, to both my previous letter and the concerns I have outlined above. The American people and the scientific community have a right to have all relevant information pertaining to the COVID-19 vaccines to properly inform individual decision making. I look forward to promptly hearing from you.

Sincerely,

Joseph A. Ladapo, MD, PhD
State Surgeon General

Dr Joseph Ladapo takes the gloves off against the MRNA shots which he describes as 'the antichrist of all products'.

He slams the FDA for failing to follow its own requirements for testing whether or not the DNA has integrated into the human genome.

Despite overwhelming... pic.twitter.com/u4vPHuQM2k

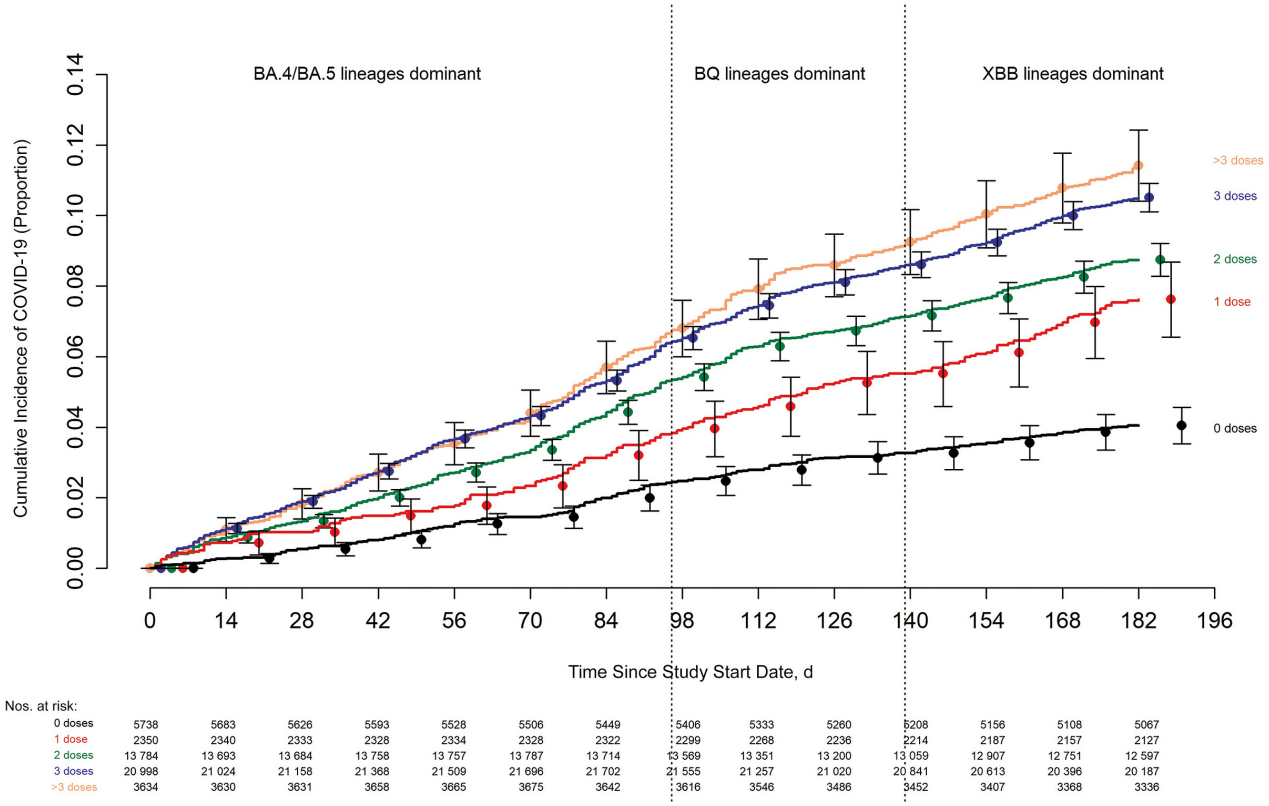
— Kat A (@SaiKate108) January 4, 2024

There are many additional reasons to halt COVID-19 Vaccines (beyond DNA Contamination) and I present some of them in this article:

Immune System Damage

COVID-19 mRNA Vaccines damage the immune system and each additional dose causes additional immune damage, increasing the risk of COVID-19 infection and other infections and complications of infections (such as sepsis, septic shock).

This is illustrated in the Shrestha et al. study published April 19, 2023 (source), which showed that among 51,017 Cleveland Clinic healthcare employees, those who took more COVID-19 vaccines had higher risk of COVID-19 infection:



On Sep. 13, 2023 – Florida Surgeon General recommended against COVID-19 boosters for individuals under age 65, due to “safety and efficacy concerns.”

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Guidance for COVID-19 Boosters
September 13, 2023

As the federal government makes new boosters for COVID-19 available, the Florida Department of Health (Department) reminds health care providers of their obligation to remain up to date with the current literature related to the mRNA COVID-19 vaccines.

A new mRNA COVID-19 booster was approved on September 11, 2023, by the federal government. While the initial mRNA COVID-19 vaccines were authorized by the United States Food and Drug Administration (FDA) utilizing human clinical trial data, the most recent booster approval was granted in the absence of any meaningful booster-specific clinical trial data performed in humans. In both cases the federal government has failed to provide sufficient data to support the safety and efficacy of the COVID-19 vaccines. Health care providers are expected to include the information in this guidance in discussions with patients regarding the mRNA COVID-19 vaccines.

Based on the high rate of global immunity and currently available data, the State Surgeon General recommends against the COVID-19 booster for individuals under 65. Individuals 65 and older should discuss this information with their health care provider, including potential concerns outlined in this guidance.

Providers and patients should be aware of outstanding safety and efficacy concerns:

- Throughout the pandemic, studies across geographic regions have found that the mRNA COVID-19 vaccines are associated with negative effectiveness after 4 to 6 months. As efficacy waned, studies showed that COVID-19 vaccinated individuals developed an increased risk for infection. This is not found in other vaccines, including the flu vaccine.
- The mRNA COVID-19 vaccines present a risk of subclinical and clinical myocarditis and other cardiovascular conditions among otherwise healthy individuals.
- There is unknown risk of potential adverse impacts with each additional dose of the mRNA COVID-19 vaccine; currently individuals may have received five to seven doses (and counting) of this vaccine over a 3-year period.
- Elevated levels of spike protein from the mRNA COVID-19 vaccine persist among some individuals for an indefinite period of time, which may carry health risks.

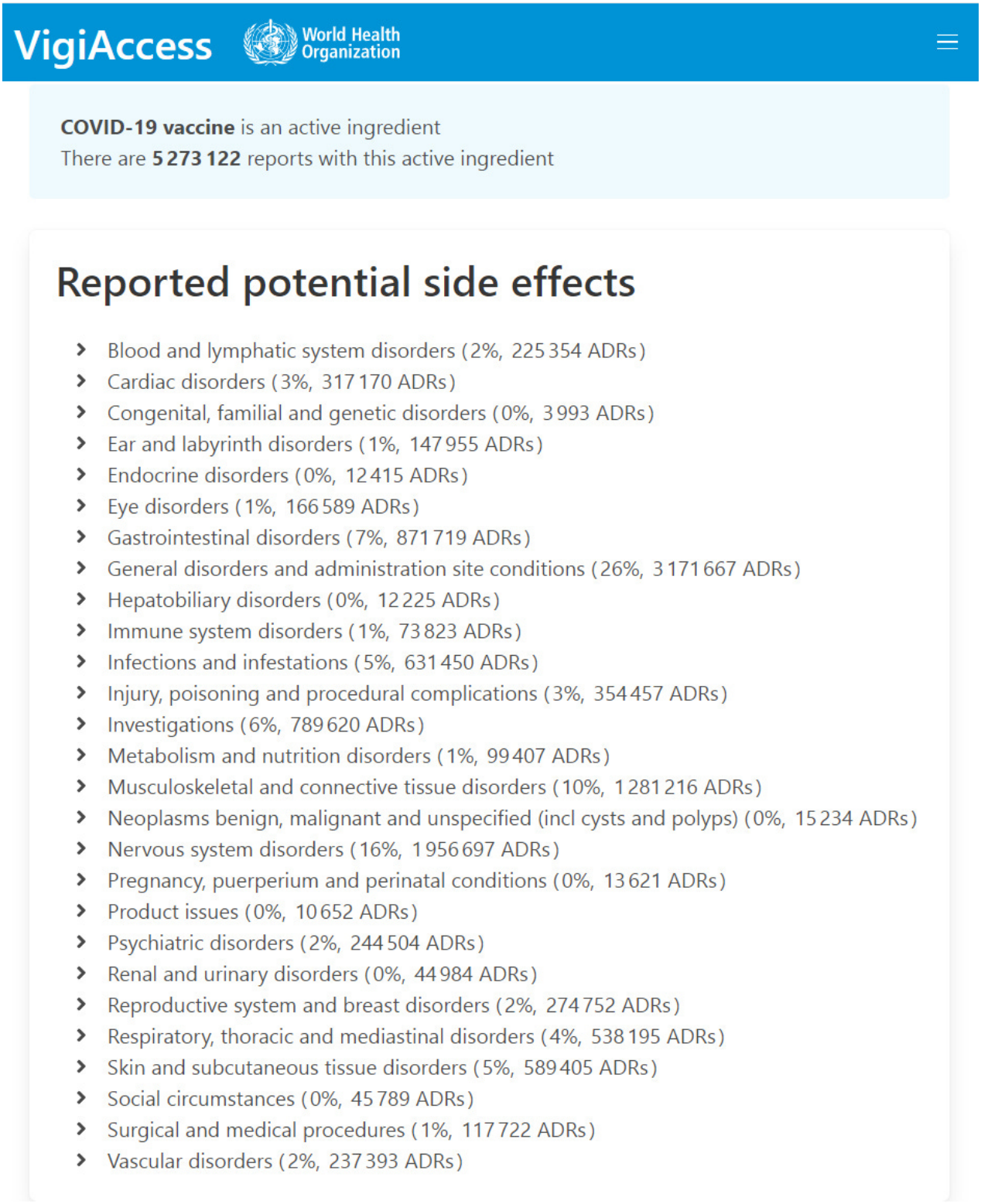
Improving habits and overall health help manage and reduce the risk of serious health problems such as heart disease, type 2 diabetes, and obesity. The State Surgeon General and the Department continue to encourage Floridians to prioritize their overall health by:

- Staying physically active,
- Minimizing processed foods,
- Maximizing vegetables and healthy fats, and
- Spending time outside to support necessary vitamin D levels.

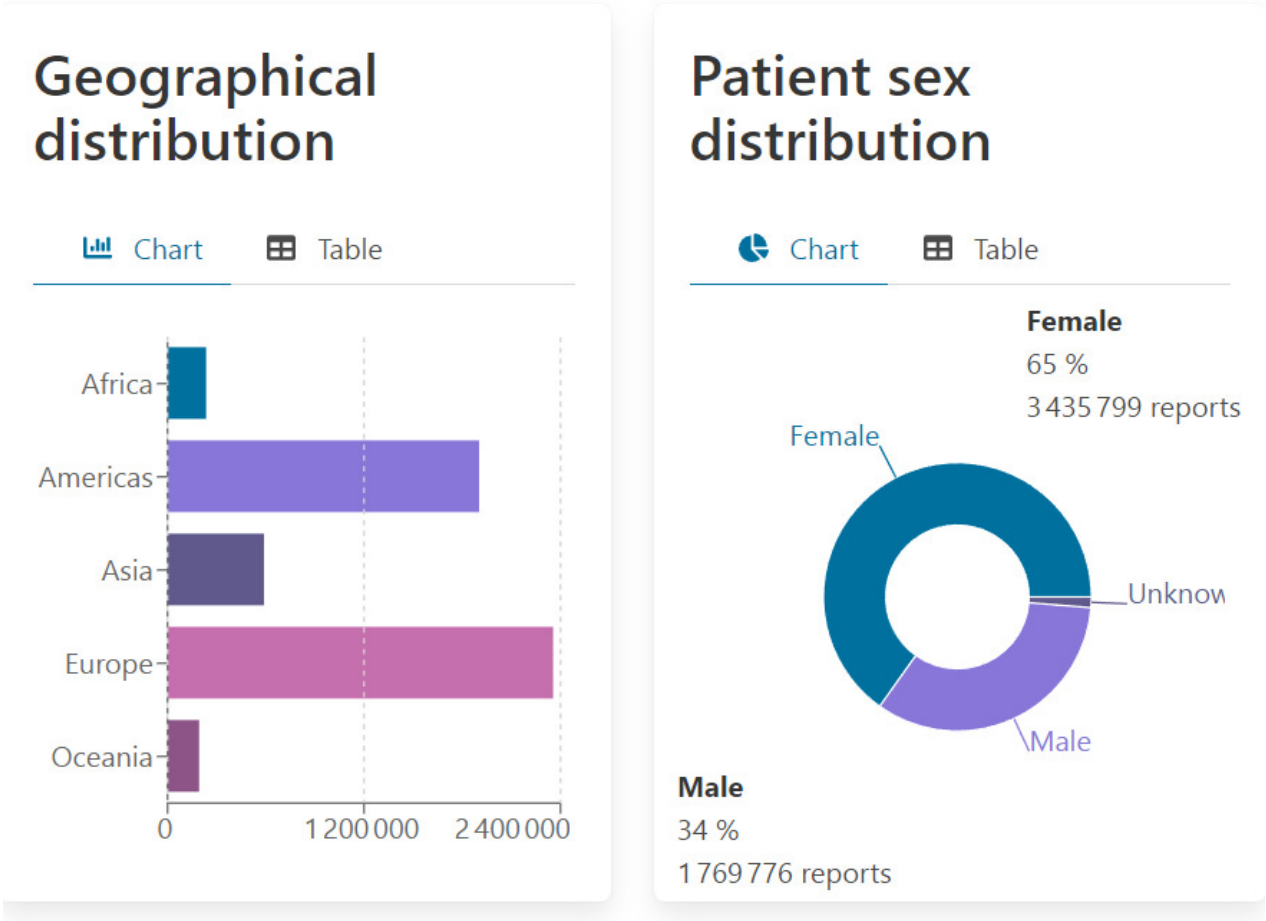
Florida Department of Health
Office of the State Surgeon General
4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701
PHONE: 850/245-4210 • FAX: 850/922-9453
FloridaHealth.gov

PHAB Accredited Health Department Public Health Accreditation Board

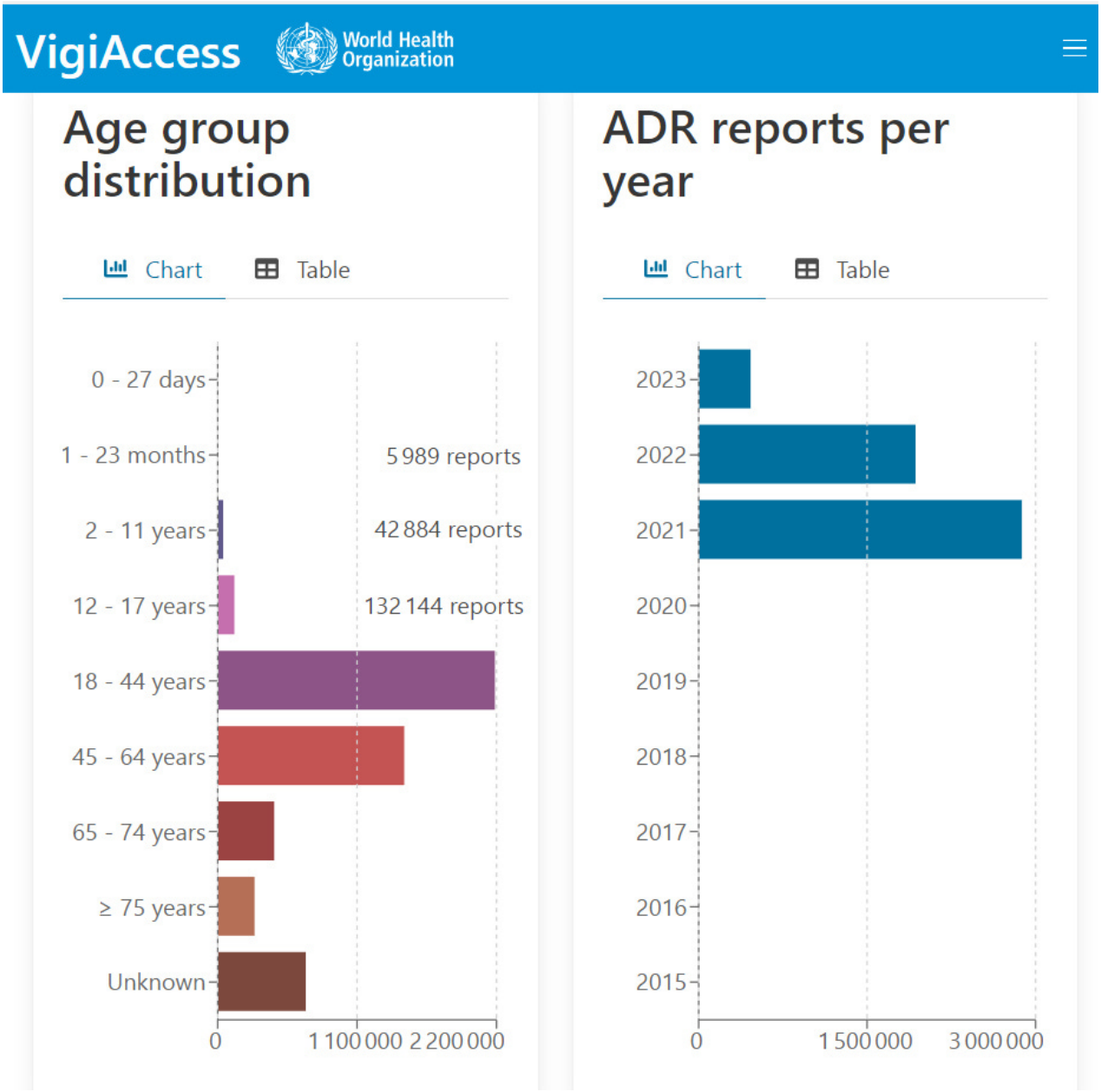
WHO VigiAccess Database documents 5,273,122 adverse events associated with COVID-19 Vaccines as of Jan. 4, 2024.



WHO VigiAccess – most adverse events are in highly COVID-19 mRNA Vaccinated countries and 65% of the adverse events are suffered by women.



WHO VigiAccess – Over 180,000 pediatric adverse events have been reported.



- Dec. 9, 2023 – My article on 25 babies age 0-2 who died after Pfizer or Moderna COVID-19 mRNA Vaccine, Flu Vaccine, or died from SIDS
- Oct. 24, 2023 – My article on 68 children ages 0-12 who died after COVID-19 mRNA Vaccination.
- Nov. 3, 2023 – My article on 60 teenagers ages 13-19 who died suddenly since May 2023.

WHO VigiAccess – 13,621 pregnancy complications including 6390 spontaneous abortions.

On May 10, 2023 – Florida Surgeon General wrote to FDA Commissioner about COVID-19 Vaccine adverse events including 3% myocardial injury risk identified in two studies (researchers from Thailand, Switzerland).

May 10, 2023

Robert M. Califf, MD, MACC
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Ave
Silver Springs, MD 20993

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
2877 Brandywine Rd, Room 2402
Atlanta, GA 30341

Drs. Califf and Walensky,

Your ongoing decision to ignore many of the risks associated with mRNA COVID-19 vaccines, alongside your efforts to manipulate the public into thinking they are harmless, have resulted in deep distrust in the American health care system. Beginning with Operation Warp Speed, and possibly to be continued with an additional $5 billion investment in Project NextGen, the federal government has relentlessly forced a premature vaccine into the arms of the American people with little to no concern for the serious adverse ramifications.

It is critical to acknowledge and address the negative global impact caused by the emergence of COVID-19. Nonetheless, after two years, your collective decisions to deny that natural immunity confers comparable or superior protection to COVID-19 vaccination, push mRNA COVID-19 boosters for the young and healthy, and delay acknowledging the risks of vaccine-induced myocarditis have only sowed doubt between the American people and the public health community.

Data are unequivocal: After the COVID-19 vaccine rollout, the Vaccine Adverse Events Reporting System (VAERS) reporting increased by 1,700%, including a 4,400% increase in life-threatening conditions. We are not the first to observe such a trend. Dismissing this pronounced increase as being solely due to reporting trends is a callous denial of corroborating scientific evidence also pointing to increased risk and a poor safety profile. It also fails to explain the disproportionate increase in life-threatening adverse events for the mRNA vaccines compared to all adverse events.

Based on the Centers for Disease Control and Prevention's (CDC) own data, rates of incapacitation after mRNA vaccination far surpass other vaccines. This is illustrated in a recent Lancet publication, Rosenblum H et al, *Lancet*. 2022, that reports up to one third of individuals being "unable to perform normal daily activities, unable to work, or [receiving] care from a medical professional" in the days following mRNA vaccination.

The study, Fraiman J et al, *Vaccine*. 2022, also found an excess risk of serious adverse events of special interest for 1 in 550 after mRNA vaccination. As you are aware, this is extraordinarily high for a vaccine. In comparison, the risk of serious adverse events after influenza vaccination is much lower (Lusigan S, *Lancet Regional Health - Europe*, 2021). For you to claim that serious adverse events such as these are "rare" when Pfizer and Moderna's clinical trial data indicate they are not, is a startling exercise in disinformation.

I want to reemphasize that these questions could have been answered if you had required vaccine manufacturers to perform and report adequate clinical trials. Although Project NextGen has been launched under another administration, I anticipate with regret, that you will repeat past mistakes and prematurely promote new therapies to Americans without accurately and truthfully weighing data on risks and benefits.

In light of your stated commitment to transparency and the communication of the risks and benefits associated with these therapies, I am asking that you publicly:

1. Report why randomized clinical trials were not required prior to the approval of mRNA COVID-19 boosters, including the new bivalent booster.
2. Explain why adverse events first detected in the Food and Drug Administration's (FDA) safety surveillance system in 2021 were not published in scientific literature until December of 2022. (Hui-Lee Wong et al, *Vaccine*. 2023)
3. Report the FDA and CDC's interpretations of the study performed in Thailand, which showed a 3% incidence of myocardial injury in young boys, and the Swiss study, which also showed a 3% incidence of myocardial injury in adults after receiving the bivalent booster. (Mansanguan S, *Tropical Medicine and Infectious Disease*. 2022; NCT05438472)
4. Explain why the Pfizer deadline for reporting their subclinical myocarditis study was delayed until December of 2022, despite the CDC promoting vaccination to millions of young people, and then postponed again until June of 2023.
5. Report the results of the VAERS proportionality analyses that you performed.
6. Explain why 26 of the 31 published studies using the V-Safe system only report symptoms within the first seven days of vaccination when it is recognized that most serious events occur after this time.
7. Disclose the rates of adverse events in V-Safe that vaccine recipients believe are related to their COVID-19 vaccine at 12 month follow up.
8. Explain why the patient reporting fields provided for adverse events in V-Safe are limited to those considered "non-serious" by the CDC and why there is an absence of reporting fields for serious adverse events, such as stroke, myocarditis, shingles, etc.

9. Report the number of adolescents that have died within days of receiving a second dose or booster of the mRNA COVID-19 vaccine. (Gill J et al, *Archives Pathology and Laboratory Medicine*. 2022)
10. Explain why you have not publicly reported on the studies indicating a likely increased risk of COVID-19 infection after four to six months from receiving mRNA COVID-19 vaccines. (Chemaitelly H, *Lancet Infectious Disease*. 2023; Altarawneh HN, *New England Journal of Medicine*. 2022; Lin DY, *New England Journal of Medicine.* 2022).
11. Explain why you have not required Pfizer to report results of its randomized trial in pregnant women (NCT04754594), which was completed in July of 2022.
12. Comment on studies illustrating an increased risk of dysautonomia and postural orthostatic tachycardia syndrome after mRNA COVID-19 vaccination. (Kwan AC et al, *Nature Cardiovascular Research*. 2022).

Your organizations are the main entities promoting vaccine hesitancy – Florida promotes the truth. It is our duty to provide all information within our power to individuals so they can make their own informed health care decisions. A lack of transparency only harms Americans' faith in science.

I, Floridians, and people around the world await your response.

Sincerely,

Joseph A. Ladapo, MD, PhD
State Surgeon General

If Florida Becomes First Jurisdiction to Halt COVID-19 Vaccines, Then Alberta, Canada Must be Second

Health Canada has admitted DNA Contamination.

- "Although the full DNA sequence of the Pfizer plasmid was provided at the time of initial filing, the sponsor did not specifically identify SV40 sequence...the residual plasmid DNA is present in the final product as DNA fragments...the

original risk benefit analysis that supported the initial approval of the Pfizer vaccine continues to be valid."

---------- Forwarded message ---------
From: [redacted]@hc-sc.gc.ca>
Date: Wed, Jul 19, 2023 at 2:01PM
Subject: Health Canada - response
To: matthew.horwood@epochtimes.ca <matthew.horwood@epochtimes.ca>

Hi Matthew,

Thanks for your patience. Please find below Health Canada's response to your enquiry.

Thaks,

[redacted]

I was wondering if Health Canada/PHAC have checked COVID-19 vaccine vials for plasmid contamination if they are aware of this issue and are tracking it, and what the impacts on health and human DNA could be if the findings of McKernan and Buckhaults are correct.

Plasmids are an essential starting material for the production of mRNA vaccines. During the downstream process in mRNA vaccine manufacturing, the plasmid DNA is digested with enzymes to small fragments, and further removed to a level of not more than 10 ng/human dose, which is in line with the World Health Organization's recommendation concerning residual DNA in biological drugs. The DNA is digested with enzymes post-transcription.

Health Canada was aware of the presence of residual plasmid DNA as a process-related impurity during review and prior to the authorization of the mRNA COVID-19 vaccines. In addition, the release testing data for every COVID-19 vaccine lot released into the Canadian market were reviewed and deemed to meet the requirements approved by Health Canada. Furthermore, different assays assessing the same vaccine property, or even the same assay being performed in different laboratories, may generate different results.

It is important to assess the results using the authorized validated assays performed by the vaccine manufacturers to ensure that the quality of commercial vaccine lots are comparable to lots shown to be safe and efficacious in clinical studies.

We are aware HC has previously stated that the mRNA vaccines are not "gene altering therapies," but would DNA plasmid contamination on that reported scale change that assessment?

The presence of residual plasmid DNA in the mRNA COVID-19 vaccines does not change the safety assessment of these vaccines by Health Canada. In addition, scientists have been working to develop plasmid DNA based vaccines against infectious diseases since the 1990s. Although chromosomal integration of the plasmid DNA was initially a major theoretical concern, the data obtained to date do not support this concern. Additional details concerning the safety of plasmid DNA can be found in the following guidance documents:

- US FDA Guidance for Industry Considerations for Plasmid DNA Vaccines for Infectious Disease Indications
- WHO TRS N°1028, Annex2, Guidelines on the quality, safety and efficacy of plasmid DNA vaccines

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---------- Forwarded message ---------
From: [redacted]@hc-sc.gc.ca>
Date: Fri, Jul 28, 2023 at 2:36PM
Subject: Health Canada - response
To: Matthew Horwood <matthew.horwood@epochtimes.ca>

Good afternoon Matthew,

Please find below the response to your follow up questions. My apologies for the delay in getting back to you.

Thanks and have a good afternoon,
[redacted]

Can Health Canada confirm that the Pfizer trial used a plasmid-free manufacturing method known as 'Process 1,' and then after the trial scaled up production with plasmids in a manufacturing process known as 'Process 2'?
If that is the case, how can Health Canada be assured the Pfizer vaccines are safe and effective if the trials didn't use plasmid-contaminated vaccines?

Pfizer's "process 1" uses PCR-amplified DNA to produce the COVID-19 vaccine. Although the PCR amplification reaction uses linearized plasmid DNA as template, not intact plasmid, Pfizer "process 1" derived clinical materials are not plasmid-free. The commercial batches of Pfizer's COVID-19 vaccine are produced using "process 2," which only uses linearized plasmid DNA (i.e., no PCR amplification) to produce the vaccine. Both "process 1" and "process 2" include a step to degrade the DNA template into fragments, followed by steps to reduce the quantity of DNA in the final product to below the approved limit. The approved limit for residual DNA is the same for "process 1" and "process 2," and is in line with the recommendation from the World Health Organization. The comparability of the vaccine produced by these two processes was demonstrated based on their biological, chemical and physical characteristics. Therefore, efficacy and safety demonstrated using clinical batches manufactured using "process 1" are also applicable to commercial batches produced using "process 2".

Can you point to the testing data analyzed by Health Canada on the issue? Is it public? Also, are the PCR primers and probes used to make this assessment public?

Testing data analyzed by Health Canada, as well as the PCR primers and probes used, are proprietary information of the vaccine manufacturer. They are not public information. However, the methods used for measuring residual DNA fragments were appropriately validated by the manufacturer and evaluated as fit for purpose by Health Canada. In addition, all Pfizer COVID-19 vaccine commercial batches released in Canada complied with the requirements approved by Health Canada, including the residual DNA.

McKernan asserts that the Pfizer vaccines contain an SV40 Enhancer sequence that is commonly used for gene therapy, but this sequence was not disclosed to the EMA. Do you have information on that matter?

Health Canada cannot comment on information provided to another regulatory authority. Health Canada expects sponsors to identify any biologically functional DNA sequences within a plasmid (such as an SV40 enhancer) at the time of submission. Although the full DNA sequence of the Pfizer plasmid was provided at the time of initial filing, the sponsor did not specifically identify SV40 sequence. When the presence of the SV40 enhancer was raised publicly by McKernan and Buckhaults, it was possible for Health Canada to confirm the presence of the enhancer based on the plasmid DNA sequence submitted by Pfizer against the published SV40 enhancer sequence.

As mentioned in response to the first question, the residual plasmid DNA is present in the final product as DNA fragments, due to the enzyme digestion step in the downstream process. As such, the original risk benefit analysis that supported the initial approval of the Pfizer vaccine continues to be valid.

Finally, information contained here indicates that plasmids are able to enter the nuclei of cells. Is it inaccurate?

https://www.urmc.rochester.edu/labs/dean/projects/nuclear-targeting-of-plasmids-and-protein-dna-comp.aspx

The information on the above website suggests that intact plasmids containing the SV40 enhancer sequence can translocate to the nucleus of cells in culture. However, this information has not been peer reviewed, hence its validity has not been verified. In addition, the DNA plasmid used for the Pfizer vaccine production is linearized, degraded, and reduced in quantity through additional steps. There is no peer reviewed evidence that linearized or fragmented DNA is capable of translocating to the nucleus of cells.

Also this paper discusses genomic integration and seems to contradict your statement about it not being of concern. Is it inaccurate?

https://www.nature.com/articles/s41434-021-00278-2

The paper cited provides evidence that adenovirus vectors have the potential to integrate into genomic DNA. The plasmid used to prepare the Pfizer vaccine does not contain adenovirus virus sequences. Furthermore, as noted in the response to the previous question, there is no evidence that fragmented DNA is capable of translocating to the nucleus of cells.-

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[redacted]HC/SC)

DNA plasmid August 10, 2023 at 12:09 PM

Details

Health Canada - response

To: Noé Chartier, Cc: Matthew Horwood

Hi Noé and Matthew,

Please find below Health Canada's response to your follow up questions.

Thanks and take care,
[redacted]

PCR amplification of the plasmid materially alters the nature of the contaminant. PCR often amplifies molecules millions to billions of times. This would make the residual DNA being used for IVT to contain only the Spike sequence and the T7 promoter but eliminate the SV40 sequences and the rest of the 7810 base pair plasmid. While steps are in place to remove these dsDNA's, the documentation given to the EMA shows this step lacks validation and has high variance (815X across 10 vials). Has Health Canada produced any peer reviewed evidence or data regarding your monitoring of this step?

Health Canada cannot comment on information provided by sponsors to other regulatory authorities. The data generated to quantify the residual plasmid DNA was obtained using approved validated methods submitted to Health Canada by the sponsor. These data demonstrated that the residual DNA content in the final product was consistently below the limit approved by Health Canada. The limit for the residual DNA is controlled as not more than 10 ng/human dose, which is in line with the World Health Organization's recommendation concerning residual DNA in biological drugs.

How does Health Canada evaluate if a PCR assay is fit for purpose if the primers are proprietary? If the qPCR primers used to evaluate dsDNA contamination lie outside of the PCR amplification Pfizer is using to amplify their plasmid DNA, then these primers will report a false result. Given the Pfizer sequence is public and often mandated, why are qPCR primers used to evaluate the dsDNA contamination proprietary? Are any CT values for this dsDNA assessment available for public review?

Please note that the manufacturer does provide proprietary information and data to Health Canada for evaluation, which includes the type of methods, or details of the methods, used for manufacturing and control. The proprietary nature of the information indicates that this information is not disclosed publicly.

DNA-based vectors are very analogous to DNA adenovirus vectors. And there is evidence of SV40 virus integrating into genomes: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2913896/. There is also ample evidence SV40 plasmids containing the same elements in the vaccines can integrate: https://journals.asm.org/doi/10.1128/JVI.68.2.787-796.1994?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed. Has Health Canada performed any work to assess if this genome integration is happening? Can Health Canada or manufacturers prove without the shadow of a doubt it isn't?

The Pfizer DNA plasmid used to produce the COVID-19 vaccine is distinct from DNA adenovirus vectors in sequence and biological functions. Furthermore, the Pfizer plasmid does not contain sequences corresponding to SV40 proteins studied in the paper cited. Therefore, the integration mechanisms described are not applicable.

[redacted]
[redacted]
Senior Media Relations Advisor | Communications and Public Affairs Branch
Serving Health Canada and the Public Health Agency of Canada | Government of Canada
[redacted]@hc-sc.gc.ca | Mobile [redacted]

[redacted] (HC/SC) DNA plasmid August 18, 2023 at 2:42 PM

Health Canada - response

To: Noé Chartier

Hi Noé,

Please find below Health Canada's response to your latest follow up questions.

Thank you,
[redacted]

Have you tried to independently verify other findings made by the scientists?
Are you able to disprove Buckhaults' latest assertion, without relying on old assurances given by the manufacturer?

As noted previously, based on our evaluation of the data and scientific information for the vaccine, we have concluded that the risk/benefit profile continues to support the use of the Pfizer-BioNTech vaccine.

Health Canada does not rely on the conclusions provided by vaccine manufacturers. Health Canada conducts an in-depth independent review of the required evidence provided by the manufacturer to ensure that our high standards for safety, efficacy and quality are met. The Department works in close collaboration with international agencies including other regulators and the World Health Organization to ensure that vaccines available are safe and effective.

Are you currently assessing what would be the impact on the health of Canadians if Buckhaults is right about there being a genome modification?

-

As previously noted, the presence of residual plasmid DNA in the mRNA COVID-19 vaccines does not change Health Canada's assessments of the safety of these vaccines. In addition, scientists have been working to develop plasmid DNA based vaccines against infectious diseases since the 1990s. Although chromosomal integration of the plasmid DNA was initially a major theoretical concern, the data obtained to date do not support this concern.

Furthermore, the plasmid used to prepare the Pfizer-BioNTech vaccine does not contain adenovirus virus sequences, and there is no peer reviewed evidence that linearized or fragmented DNA is capable of translocating to the nucleus of cells.

Additional details concerning the safety of plasmid DNA can be found in the following guidance documents:

- US FDA Guidance for Industry Considerations for Plasmid DNA Vaccines for Infectious Disease Indications
- WHO TRS N°1028, Annex2, Guidelines on the quality, safety and efficacy of plasmid DNA vaccines

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[redacted]

Senior Media Relations Advisor | Communications and Public Affairs Branch
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[redacted]@hc-sc.gc.ca | Mobile [redacted]

Conseillère principale des relations avec les médias | Direction générale des affaires publiques et de communications
Au service de Santé Canada et de l'Agence de la santé publique du Canada | Gouvernement du Canada
[redacted]@hc-sc.gc.ca | Mobile [redacted]

- - -

[redacted]media@hc-sc.gc.ca

From: Noé Chartier [redacted]
Sent: Wednesday, August 16, 2023 12:27 PM
To: HEALTH MEDIA SANTÉ (HC/SC) <media@hc-sc.gc.ca>
Subject: Genome modification

Good day,

Scientist Dr. Buckhaults said yesterday "i guarantee you there has been genome modification" in reference to his latest findings surrounding covid vax contamination.
https://twitter.com/P_J_Buckhaults/status/1691596093422006333

I know Health Canada's position on the matter, which you relayed to us in recent weeks. But you've also admitted having been unaware of the presence of SV40 in the vax, until McKernan and Buckhaults made the independent finding.

Have you tried to independently verify other findings made by the scientists?

Are you able to disprove Buckhaults' latest assertion, without relying on old assurances given by the manufacturer?

Are you currently assessing what would be the impact on the health of Canadians if Buckhaults is right about there being a genome modification?

Thank you and best regards,

[Canadian Pre-print by University of Guelph Molecular Virologist Dr.David Speicher PhD confirms DNA contamination of Pfizer & Moderna mRNA Vaccines:]

- "Using previously published primer and probe sequences, quantitative polymerase chain reaction (qPCR) and Qubit® fluorometry was performed on an additional 27 mRNA vials obtained in Canada.

DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events.

David J. Speicher[1], Jessica Rose[2], L. Maria Gutschi[3], David Wiseman[4], Kevin McKernan[5]

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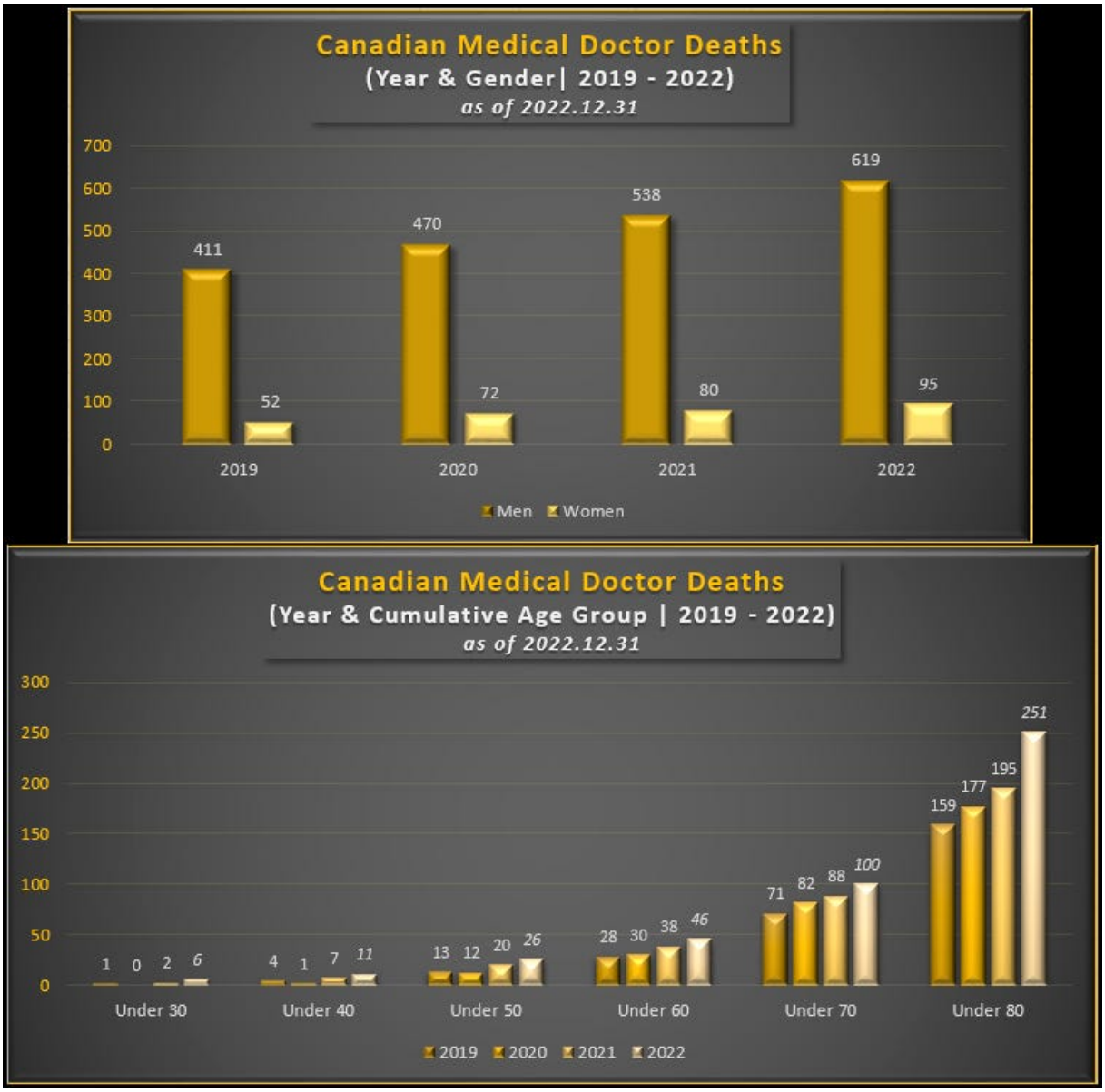
Over 180 Canadian doctors (COVID-19 Vaccinated) have died suddenly & unexpectedly since COVID-19 vaccine rollout.

- I testified to the National Citizens Inquiry and gave extensive documentation on COVID-19 Vaccinated Canadian doctor sudden deaths
- On Nov.28, 2023 – FINAL REPORT was released – my extensive data on Canadian doctor deaths can be downloaded on pages 148-150 of the report (HERE)
- Canadian doctors have 54% excess mortality in 2022
- Canadian Medical Association responded to my letters and data by deleting all Canadian doctor deaths and data from their own website for the years 2022 and prior



Canadian children dying suddenly during record flu season Nov. 2022 – Feb. 2023 with record pediatric influenza deaths.

- Feb. 27, 2023 – My article on 96 Canadian Children dying suddenly during a 3 month period Nov.2022 to Feb. 2023

96 children ages 2-19 died suddenly since Nov.1, 2022

Province	Total	Influenza	Strep	Meningitis	sudden
BC	14	6	1	0	7
Alberta	15	3	1	0	11
Saskatchewan	11	1	0	0	10
Manitoba	6	1	0	0	5
Ontario	27	2	0	0	25
Quebec	15	0	2	0	13
Nova Scotia	6	0	0	2	4
Newfoundland	1	0	0	0	1
New Brunswick	1	0	0	0	1
TOTAL	96	13	4	2	77

Age < 5	14	2	2	0	10
Age 5-11	21	8	2	0	11
Age 12-19	61	3	0	2	56

My Take…

I believe Florida will be the first jurisdiction to halt all COVID-19 mRNA Vaccines, hopefully in the next few weeks or months.

I also believe that Alberta, Canada CAN AND SHOULD be the second jurisdiction to halt COVID-19 mRNA Vaccines, at the very least in children under the age of 19.

Alberta Premier Danielle Smith can lean heavily on the following:

- Following Florida's leadership that puts people ahead of pharmaceutical profits
- Health Canada's admission on DNA contamination and its failure to address it
- The DNA contamination work done in Canada by Dr.David Speicher PhD at University of Guelph
- The National Citizen's Inquiry Final Report of Nov. 28, 2023 (which includes my data on Canadian doctor deaths)
- "Unknown cause of death" being the #1 cause of death in Alberta since 2021
- Statistics Canada "Deaths 2022" Report of Nov. 27, 2023 showing 16,043 deaths of "Unspecified cause" in 2022.

Table 1
Top 10 leading causes of death (2019 to 2022)

	2019	2020	2021	2022	2019	2020	2021	2022
	number of deaths				rank			
Total, all causes of death	**285,301**	**308,412**	**311,640**	**334,081**	...	...	...	...
Malignant neoplasms	80,372	81,242	82,822	82,412	1	1	1	1
Diseases of heart	53,364	54,430	55,271	57,357	2	2	2	2
COVID-19	...	15,890	14,466	19,716	...	4	4	3
Accidents (unintentional injuries)	15,527	16,818	19,257	18,365	3	3	3	4
Cerebrovascular diseases	13,717	13,761	13,491	13,915	4	5	5	5
Chronic lower respiratory diseases	12,902	11,844	11,018	12,462	5	6	6	6
Diabetes mellitus	6,987	7,654	7,472	7,557	6	7	7	7
Influenza and pneumonia	6,945	6,037	4,115	5,985	7	8	10	8
Alzheimer's disease	6,181	5,788	5,471	5,413	8	9	8	9
Chronic liver disease and cirrhosis	3,708	4,199	4,617	4,530	11	10	9	10
Nephritis, nephrotic syndrome and nephrosis	3,770	4,065	3,978	4,234	10	12	11	11
Intentional self-harm (suicide)	4,581	4,152	3,769	3,593	9	11	12	13
Other ill-defined and unspecified causes of mortality	3,378	6,841	9,471	16,043	...	...	...	...

... not applicable
Source(s): Table 13-10-0394-01.

COVID-19 deaths highest since start of the pandemic

She cannot rely on the following:

- Government of Canada's COVID-19 Vaccine Adverse event reporting system which is completely broken and non-functional
    - Doctors have been repeatedly threatened by Colleges of Physicians and Surgeons throughout Canada – they are not allowed to report adverse events for COVID-19 Vaccines or they will lose their medical license.
- Mainstream peer-reviewed research on COVID-19 Vaccine Adverse events is almost entirely fraudulent.
- Alberta Healthcare Officials, Public Health Officials and Alberta Health Services Executives who have spent the last 3 years burying evidence of COVID-19 mRNA Vaccine Injuries and Deaths.

I hope to see COVID-19 Vaccines halted in Florida and Alberta, Canada as soon as possible.

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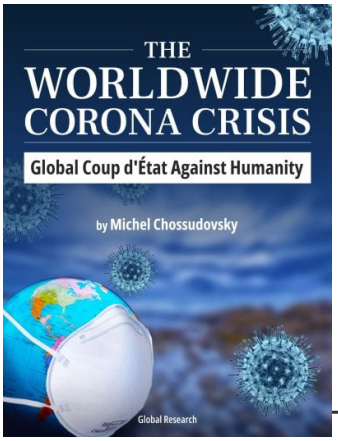
Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.



The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

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"My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the "deadly" COVID-19 "vaccine". This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument."

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky's book is a rock upon which to sustain our fight. –Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden "plandemic"; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —Peter Koenig

Professor Chossudovsky exposes the truth that "there is no causal relationship between the virus and economic variables." In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. –David Skripac

A reading of Chossudovsky's book provides a comprehensive lesson in how there is a global

coup d'état under way called "The Great Reset" that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. –Edward Curtin

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