GlobalResearch
Center for Research on Globalization

The Many Ways in Which COVID Vaccines May Harm Your Health

By Dr. Joseph Mercola
Global Research, May 31, 2021
Mercola 30 May 2021

Region: USA
Theme: Media Disinformation, Science and Medicine

***

COVID-19 vaccines are capable of causing damage in a number of different ways. Disturbingly, all these different mechanisms of harm have synergistic effects when it comes to dysregulating your innate and adaptive immune systems and activating latent viruses

The worst symptoms of COVID-19 are created by the SARS-CoV-2 spike protein, and that is the very thing gene-based COVID vaccines are instructing your body to make

While the natural spike protein is bad, the spike protein your body produces in response to the vaccine is even worse, as the synthetic RNA has been manipulated in such a way as to create a very robust and unnatural spike protein

The spike protein is toxic in and of itself, and has the ability to induce vascular, heart and neurological damage

The COVID-19 vaccine disables the Type I interferon pathway, which explains why vaccinated patients are reporting herpes and shingles infection following COVID-19 vaccination

*

In this interview, Stephanie Seneff, Ph.D., and Judy Mikovits, Ph.D., a dream-team in terms of deep insights into the scientific details, explain the problems they see with gene-based COVID-19 vaccines. There is a load of highly useful technical information that you can use to defend your opposition to these dangerous vaccines.

However, unless you have deeply studied molecular biology and genetics, it would be wise to view the video two or three times, as with each review, you will learn more and understand just how dangerous these vaccines are. I recently interviewed Seneff about the excellent paper[1] she published on this topic. That interview was featured in "COVID Vaccines May Bring Avalanche of Neurological Disease."

In May 2020, I also interviewed Mikovits about the possibility of these vaccines causing reproductive harm and other health problems. At the time, Mikovits warned that fertility rates may drop thanks to the SARS-CoV-2 spike protein creating antibodies that attack syncytium, and indeed, we're now starting to see that.

Still, the U.S. Centers for Disease Control and Prevention are recommending pregnant women get these vaccines, as well as children as young as 12, which is unconscionable, considering the potential lifelong risks and impairment of fertility.

The Spike Protein Is the Bioweapon

As noted by Mikovits, we now know that the worst symptoms of COVID-19 are created by the SARS-CoV-2 spike protein, and that is the very thing these gene-based vaccines are instructing your body to make. But it's far worse, as the vaccines do not cause your body to make the same spike protein as SARS-CoV-2 but one that has been genetically modified, making it far more toxic. So, it's no wonder things are going wrong.

> *"The SARS-CoV-2 infection never was what they said it was,"* Mikovits says. *"There was no infection asymptomatically. It's a monkey virus coming out of a monkey cell line and that's the problem, but the spike protein is clearly [causing] the disease.*
>
> *So, you just injected the envelope of HIV … a syncytin gammaretrovirus envelope, and a SARS S2 receptor binding domain. That's not a vaccine. It is the disease-causing agent. It's a bioweapon. So now your cells are all producing that bioweapon and you're going to take out the innate immunity, NK [natural killer] cells and dendritic cells …*
>
> *You're going to disrupt your white blood cells, your immune response. You're going to turn on an anti-inflammatory cytokine signature in every cell of your body. It exhausts your NK cells' ability to determine infected cells. It's the nightmare we predicted."*

The Spike Protein Produced in Your Body Is Highly Unnatural

In her paper, "Worse Than The Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19," published in the International Journal of Vaccine Theory, Practice and Research in collaboration with Dr. Greg Nigh,[2] Seneff explains that a significant part of the problem is that while the natural spike protein is bad, the spike protein your body produces in response to the vaccine is even worse.

The reason for this is because the synthetic RNA has been manipulated in such a way as to create a very unnatural spike protein that result in it not collapsing on itself into the cell once it attaches to the ACE2 receptor, as it normally does. Instead it stays open and attached to the ACE2 receptor, disabling it and causing a host of problems leading to heart, lung, and immune impairment. As explained by Seneff:

> *"They modified the RNA to make it really sturdy so the enzymes can't break it down … Normally, enzymes that are in your system would just break down that RNA. RNA is very fragile, but they've made it sturdy by putting in PEG [polyethylene glycol], by adding this lipid membrane, and the lipid is positively charged, which causes the cell to be very upset when that goes into the membrane of the cell.*
>
> *But I think maybe the most disturbing thing is they actually modified the [RNA] code so*

that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it, side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting.

So, the spike protein binds to the ACE2 receptor once it's produced by the human cell … but it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear.

Because of this redesign, it can't do that, so it sits there on the ACE receptor, exposed … That allows the immune cells to produce antibodies specific to that place where it should be fusing with the cell, the fusion domain. It messes up the fusion domain, keeps the protein open, and prevents the protein from getting in, which means the protein will just stick there on the ACE2 receptor, disabling it.

When you disable ACE2 receptors in the heart, you get heart failure. When you disable them in the lungs, you get pulmonary hypertension. When you do it in the brain, you get stroke. Lots of nasty things happen when you disable ACE2 receptors …

The other thing they've done with the RNA is they've stuck in a lot of extra Gs (guanine) and Cs (cytosine), which makes it much better at making proteins. It's turned up the gain on the natural virus 1,000-fold, making the RNA much more willing to make a protein. So, it'll make a lot more spike protein than you would've had from a natural RNA virus."

Reality Is Exponentially Worse Than Predicted

With the added information provided by Seneff, Mikovits now believes the reality of these vaccines may be exponentially worse than she initially predicted a year ago. Not only is the lipid nanoparticle a serious hazard, as we've seen with Gardasil and some of the newer hepatitis B vaccines, but we now also have the added issue of unnatural mRNA, made more robust so as to evade its natural breakdown.

As explained by Mikovits, free RNA acts as a danger signal inside your body, so now your system is on red alert for however long the RNA remains viable. Now, by manipulating the RNA code to be enriched in G and C, and configured as if it's a human messenger RNA molecule ready to make protein by adding a polyA tail, the spike protein's RNA sequence in the vaccine looks as if it is part bacteria,[3] part human[4] and part viral at the same time.

"We use poly(I:C) [a toll-like receptor 3 agonist] to signal the cell to turn on the type I interferon pathway," Mikovits explains, *"and because this is an unnatural synthetic envelope, you're not seeing poly(I:C), and you're not [activating] the Type I interferon pathway.*

You've bypassed the plasmacytoid dendritic cell, which combined with IL-10, by talking to the regulatory B cells, decides what subclasses of antibodies to put out. So, you've bypassed the communication between the innate and adaptive immune response. You now miss the signaling of the endocannabinoid receptors …

A large part of Dr. [Francis] Ruscetti's and my work over the last 30 years has been to show you don't need an infectious transmissible virus — just pieces and parts of these

viruses are worse, because they also turn on danger signals. They act like danger signals and pathogen-associated molecular patterns.

So, it synergistically leaves that inflammatory cytokine signature on that spins your innate immune response out of control. It just cannot keep up with the myelopoiesis [the production of cells in your bone marrow]. Hence you see a skew-away from the mesenchymal stem cell towards TGF-beta regulated hematopoietic stem cells.

This means you could see bleeding disorders on both ends. You can't make enough firetrucks to send to the fire. Your innate immune response can't get there, and then you've just got a total train wreck of your immune system."

With respect to Mikovits' comment that pieces and parts of the virus are actually worse than the whole virus, that is precisely what we have with the COVID vaccines. In last week's interview with Seneff, she explained how the manufacturing process leaves fragmented genetically modified RNA in the vaccine. They are not filtered out and assumed to be harmless, but as Mikovits states, this is not the case. This is being completely missed as one reason why this vaccine is so dangerous.

Latent Viruses May Flare if You Receive the COVID Vaccine

As noted by Seneff, her and Mikovits' findings mesh well to explain many of the problems we're now seeing from these gene-therapies. For example, vaccinated patients are reporting herpes and shingles infection following COVID-19 vaccination, which you'd expect if your Type I interferon pathway is disabled.

"Basically, you've got these latent viruses that are not bothering you at all until your immune system gets completely distracted by this crazy thing going on in the spleen with all this messenger RNA and all these spike proteins," Seneff says.

"Immune cells are distracted from their other job of keeping these viruses in check. So, you get these other conditions showing up, and there are several. There's Bell's palsy (facial palsy), for example. There are over 1,200 cases of Bell's palsy reported after the vaccine in the Vaccine Adverse Event Reporting System (VAERS).

And when you look at the research of what causes that, they really point to the herpes virus and the varicella virus as being the source of Bell's palsy. The Type I interferon system is what you need to keep these guys in check, and so those viruses are getting enabled and they're causing symptoms.

That is actually a very bad sign. If a woman who's pregnant has a herpes flare-up during pregnancy, she has a twofold increased risk of producing an autistic son.

Also, in a study on 200 Parkinson's patients, compared to 200 age- and gender-matched controls, six of those Parkinson's patients had at least one episode of Bell's palsy in the past, whereas none of the controls had. So, it looks to me like the Bell's palsy is an indicator of a future risk of Parkinson's disease."

To summarize, it looks as though pregnant women who are getting the COVID-19 vaccine are at increased risk not only for miscarriage but also for future infertility and having an autistic child. So, please, be careful out there and spread the word.

The best way to treat any disease is to prevent it. These vaccines simply are not decreasing COVID-19 but radically decreasing the health of those who receive it, especially pregnant women that the CDC merely a month ago encouraged to get vaccinated without a shred of safety evidence.

The Importance of Type I Interferon

Mikovits has done a great deal of research on interferon for the last 40 years. Innate immune interferon makes up your entire frontline defense. People with HIV/AIDS have dysregulated Type I interferon, which allows parasites to gain a solid foothold. Interestingly enough, antiparasitic drugs such as hydroxychloroquine and ivermectin have been shown to be effective against COVID-19, both prophylactically and in treatment.

COVID-19 vaccines are capable of causing damage in a number of different ways. Disturbingly, all these different mechanisms of harm have synergistic effects when it comes to dysregulating your innate and adaptive immune systems and activating latent viruses.

Mikovits cites a research paper[5] titled "War and Peace Between Microbes," which details how HIV-1 interacts with coinfecting viruses, thereby accelerating the disease. Herpes viruses in particular have been implicated as a cause of AIDS. Human herpesvirus 6 (HHVS-6) has also been implicated in myalgic encephalomyelitis or chronic fatigue syndrome (ME-CFS).

In short, these diseases, AIDS and ME-CFS, don't appear until viruses from different families partner up and retroviruses take out the Type 1 interferon pathway.

In short, the COVID-19 vaccines are capable of causing damage in a number of different ways. Disturbingly, all these different mechanisms of harm have synergistic effects when it comes to dysregulating your innate and adaptive immune systems and activating latent viruses. "It's just an explosion of a nightmare of crippling every area of your immune response," Mikovits says.

SARS-CoV-2 Spike Protein Engineered With HIV

According to Mikovits, there's evidence showing the SARS-CoV-2 spike protein was engineered by integrating HIV and XMRV proteins. XMRV stands for xenotropic murine leukemia virus-related virus, a human retrovirus that is very similar to endogenous retroviruses also found in other mammals.

XMRV has been linked to ME-CFS. HIV, which can cause AIDS, is another human retrovirus (although as mentioned earlier, HIV does not appear to trigger AIDS all by itself. It needs a coinfection.)

> *"Our endogenous gammaretrovirus is called human endogenous retrovirus-W (HERV-W). HERVW is all the way back in genesis in our original endogenous genome. It's a gammaretrovirus that expresses only the envelope, because in retroviruses, the envelope alone is enough to cause the disease. That envelope protein is called syncytin. They're [now] calling it 'spike protein' just to throw us all off,"* Mikovits says.

According to Mikovits, the SARS-CoV-2 virus was created by introducing a mutation into a molecular clone. Vero E6 monkey tissues are known to be infected with SIV and other

gammaretroviruses, and the SARS-CoV-2 virus has markers suggesting it was grown in a Vero E6 cell line, she says.

> *"So syncytin is the gammaretrovirus; it cross-reacts with the mouse and monkey gammaretroviruses. Monkeys, mice all have syncytin. Endogenous viruses express, especially during hormonal cycles. When it's expressed in the wrong place, like in the brain or the spinal cord, it's long been associated with the inflammatory disease and the destruction of the myelin sheet in multiple sclerosis (MS).*
>
> *So, syncytin expressed it in the wrong place gives you the paralytics diseases. We know Parkinson's is associated with Type I interferon responses. We're now starting to appreciate that there is low-level expression of our endogenous virome all the time, and that in our innate immune response it's trying to shape and educate our Type I interferon pathways ...*
>
> *The final and biggest problem is these exosomes, because your body's exosomes are like your cells' response to express its regulatory RNAs, small inhibitory RNAs, long-chain non-coding RNA — which Ritchie Shoemaker has long associated with chronic Lyme and ME/CFS — and the TGF-beta I pathway.*
>
> *TGF-beta I, that's the master switch to turn on which Type I interferon, which [is needed for] myelopoiesis. But these exosomes are packaging not only RNA that you're making, but now you've dysregulated the methylation so you've woken up your endogenous virome, and then syncytin is going to be expressed."*

How mRNA Can Alter Your DNA

In her paper, Seneff also describes how mRNA can, in fact, alter your DNA, essentially integrating the instructions to make spike proteins into your genome. Typically, mRNA cannot be integrated directly into your genes because you need reverse transcriptase.

Reverse transcriptase converts RNA back into DNA (reverse transcription). However, there's a wide variety of reverse transcriptase systems already embedded in our DNA, which makes this possible. This is an area that Mikovits has studied for decades, so, commenting on Seneff's findings, she says:

> *"When you activate latent and defective viruses, you turn on reverse transcriptase; you turn on the virome. But you also need an integrase gene. So how are retroviruses silenced? [Through] DNA methylation. [When] you throw in a lot of GC-rich regions — you've got that synthetic viral particle [i.e., the vaccine-induced spike protein RNA] — now you've woken up your herpes viruses.*
>
> *[Latent viruses] are silenced [through] DNA methylation, but as our soil is depleted in minerals, we have people with methylation defects. This is why I said the first people who are going to die are people with inflammatory conditions and cancer."*

SARS-CoV-2 Spike Protein May Be a Prion

In her paper, Seneff also discusses evidence suggesting the SARS-CoV-2 spike protein may be a prion, which is yet another piece of really bad news. "It's absolutely terrifying to me," she says, adding:

"I'm now thinking that may be the worst aspect of these mRNA vaccines, because they're producing this abnormal spike protein that doesn't want to go into the membrane. Prion proteins are known to be membrane proteins. They're alpha-helices in the membrane and then they misfold, becoming beta-sheets in the cytoplasm, and that's what leads to the prion problem.

They form a crystal that draws in other proteins and makes this big mess and builds fibrils and Alzheimer's plaque. The main prion protein is PrP, which is in Creutzfeldt-Jakob disease, the human form of mad cow disease. It's a sort of protein-source infection. It's quite wild because there's no DNA involved, no RNA involved, just protein.

But the thing is, when you have produced a version of mRNA that knows how to spew out tons of a prion protein, the prion proteins become problematic when there's too many of them and the concentration is too high in the cytoplasm.

And the spike proteins that these mRNA vaccines are producing … isn't able to go into the membrane, which I think is going to encourage it to become a problematic prion protein. Then, when you have inflammation, it upregulates alpha-synuclein [a neuronal protein that regulates synaptic traffic and neurotransmitter release].

So, you're going to get alpha-synuclein drawn into misfolded spike proteins, turning into a mess inside the dendritic cells in the germinal centers in the spleen. And they're going to package up all this crud into exosomes and release them. They're then going to travel along the vagus nerve to the brainstem and cause things like Parkinson's disease.

So, I think this is a complete setup for Parkinson's disease. What may happen is that because they got this vaccine, they get Parkinson's disease five years earlier than they would have gotten it otherwise. It's going to push forward the date at which someone who has a propensity towards Parkinson's is going to get it.

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

Are Viral Vector Vaccines Better or Worse?

Two of the four COVID-19 vaccines on the market in Europe and the U.S., AstraZeneca and Johnson & Johnson, are using viral vectors and DNA rather than using nanolipid-coated mRNA. Unfortunately, while potentially slightly less dangerous than Moderna's and Pfizer's mRNA versions, they can still cause significant problems through mechanisms of their own. As explained by Mikovits:

"As mentioned, it's an adenovirus vector expressing the protein. So, the HIV, the XMRV envelope, the syncytin, the HERV-W envelope and the ACE2 are already being expressed in the vector.

With respect to the RNA component, it's less dangerous because you're not going to see much of the mechanisms we've been talking about. But these adenovirus vector protein-producing vaccines are grown in an aborted fetal tissue cell line, so now you've got human syncytin [in there]. You've got 8% of the human genome of another human.

So, again, looking at the communication that has to regulate your Type I interferon response, it's going to give you autoimmunity. In immunocompromised people, it's going to continue to express and that will give you a live infection, and you already have your firetrucks fighting another [infection]. You can't fight a war on three fronts.

I say, 'You only need one shot because it's the most toxic.' It's the most toxic in that sense. We have many mechanisms to degrade RNA, and we can restore methylation machinery. It's a nightmare, but I believe our immune system can break it [the synthetic vaccine mRNA) down."

Can COVID Vaccines 'Shed' or Transmit Infection?

Disturbingly, it appears the COVID-19 vaccines may also cause trouble for those who decide not to get the shots but spend time in close proximity to people who did. While it cannot be viral shedding, as none of the vaccines use live or even attenuated virus, there appears to be some sort of spike protein transmission going on.

While the spike protein cannot replicate or multiply like a virus, it is toxic in and of itself. In her paper, Seneff details how the spike protein acts as a metabolic poison, capable of triggering pathological damage leading to lung damage and heart and brain diseases:[6]

"In a series of papers, Yuichiro Suzuki in collaboration with other authors presented a strong argument that the spike protein by itself can cause a signaling response in the vasculature with potentially widespread consequences.

These authors observed that, in severe cases of COVID-19, SARS-CoV-2 causes significant morphological changes to the pulmonary vasculature … Furthermore, they showed that exposure of cultured human pulmonary artery smooth muscle cells to the SARS-CoV-2 spike protein S1 subunit was sufficient to promote cell signaling without the rest of the virus components.

Follow-up papers showed that the spike protein S1 subunit suppresses ACE2, causing a condition resembling pulmonary arterial hypertension (PAH), a severe lung disease with very high mortality …

Suzuki et al. (2021) went on to demonstrate experimentally that the S1 component of the SARS-CoV-2 virus, at a low concentration … activated the MEK/ERK/MAPK signaling pathway to promote cell growth. They speculated that these effects would not be restricted to the lung vasculature.

The signaling cascade triggered in the heart vasculature would cause coronary artery disease, and activation in the brain could lead to stroke. Systemic hypertension would also be predicted. They hypothesized that this ability of the spike protein to promote pulmonary arterial hypertension could predispose patients who recover from SARS-CoV-2 to later develop right ventricular heart failure.

Furthermore, they suggested that a similar effect could happen in response to the mRNA vaccines, and they warned of potential long-term consequences to both children and adults who received COVID-19 vaccines based on the spike protein.

An interesting study by Lei et. al. (2021) found that pseudovirus — spheres decorated

with the SARS-CoV-2 S1 protein but lacking any viral DNA in their core — caused inflammation and damage in both the arteries and lungs of mice exposed intratracheally.

They then exposed healthy human endothelial cells to the same pseudovirus particles. Binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation in those endothelial cells, leading to the characteristic pathological changes in the associated tissue.

This study makes it clear that spike protein alone, unassociated with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines intended to cause cells to manufacture the spike protein are clear and are an obvious cause for concern."

As explained by Mikovits, the transmission that appears to be occurring from vaccinated individuals to unvaccinated ones is the transmission of exosomes, basically, the spike protein. The problem is these exosomes look like a virus to your immune system, and "If that synthetic nanoparticle is a virus-like particle and they're literally self-assembling, then you've got yourself a synthetic nightmare," she says.

Which Vaccine Is Most Dangerous?

As for which vaccine might be the most dangerous, Mikovits believes the vector-based DNA vaccines (AstraZeneca and Johnson & Johnson) are the most dangerous for those with chronic Lyme disease or any inflammatory disease associated with an abnormal host immune response, such as shingles, viral infections or cancer, women who have already received the Gardasil vaccine (as this may predispose them to problems with the lipid nanoparticle), and those with Parkinson's or Huntington-like diseases.

Seneff, meanwhile, worries that children may be susceptible to either type of COVID vaccine, simply because they've already received so many different vaccines. Mikovits agrees, but believes the mRNA vaccines may be more harmful in this age group:

"The most dangerous to the children are the mRNA vaccines because their immune systems are growing, growing, growing, growing. You introduce or you turn on a fire, what happens? All the stem cells that are important for growing that say, 'OK, all is calm in the immune system, go build bone, go build brain cells, go do the pruning with the macrophages.' You can't have your macrophages clearing all the viruses.

And yes, reverse transcriptase is 'on,' it's expressed in telomeres. You're growing. That's the whole idea of everything. All the brakes are off. Same thing in pregnancy. That's why we don't do anything in pregnancy because you've got to stay unmethylated in order to respond to your environment, that endogenous genome of the virome. That's your Type I interferon responses.

You don't want myelopoiesis, you want embryonic development. We're going to see things like Down syndrome … Rett syndrome. Rett syndrome, that's inappropriate DNA methylation in little girls. So, for the kids, the worst thing in the world is the RNA vaccines."

What Can We Expect to See More Of?

While the variety of diseases we may see a rise in as a result of this vaccination campaign are myriad, some general predictions can be made. Seneff believes we'll see a significant rise in cancer, accelerated Parkinson's-like diseases, Huntington's disease, and all types of autoimmune diseases and neurodegenerative disorders.

Mikovits suspects many will die rather rapidly. "We have evidence in the HTLV-1 associated myelopathy that these things go from long latency periods to [putting] you in a wheelchair in six months," she says. "So, with all these other toxins combined hitting you, it's not going to be 'live and suffer forever.' It's going to be suffer five years and die."

She likens the COVID-19 vaccines to a "kill switch" for all who have been previously injured by vaccines, whether they actually realize it or not. As noted by Mikovits, it's been shown that 6% of the American population are asymptomatically infected with XMRVs and gammaretroviruses from contaminated vaccines. The COVID shot will effectively accelerate their death by crippling their immune function. "The kids that are highly vaccinated, they're ticking time bombs," she says.

What Are the Solutions?

While all of this is highly problematic, there is help. As noted by Mikovits, remedies to the maladies that might develop post-vaccination include:

- Hydroxychloroquine and ivermectin treatments
- Low-dose antiretroviral therapy to reeducate your immune system
- Low-dose interferons such as Paximune, developed by interferon researcher Dr. Joe Cummins, to stimulate your immune system
- Peptide T (an HIV entry inhibitor derived from the HIV envelope protein gp120; it blocks binding and infection of viruses that use the CCR5 receptor to infect cells)
- Cannabis, to strengthen Type I interferon pathways
- Dimethylglycine or betaine (trimethylglycine) to enhance methylation, thereby suppressing latent viruses
- Silymarin or milk thistle to help cleanse your liver

From my perspective, I believe the best thing you can do is to build your innate immune system. To do that, you need to become metabolically flexible and optimize your diet. You'll also want to make sure your vitamin D level is optimized to between 60 ng/mL and 80 ng/mL (100 nmol/L to 150 nmol/L), ideally through sensible sun exposure. Sunlight also has other benefits besides making vitamin D.

Use time-restricted eating and eat all your meals for the day within a six- to eight-hour window. Avoid all vegetable oils and processed foods. Focus on certified-organic foods to minimize your glyphosate exposure, and include plenty of sulfur-rich foods to keep your mitochondria and lysosomes healthy. Both are important for the clearing of cellular debris, including these spike proteins. You can also boost your sulfate by taking Epsom salt baths.

To combat the toxicity of the spike protein, Seneff suggests optimizing autophagy, which may help digest and remove the spike proteins. Time-restricted eating will upregulate autophagy, while sauna therapy, which upregulates heat shock proteins, will help refold misfolded proteins. They also tag damaged proteins and target them for removal.

It is important that your sauna is hot enough (around 170 degrees Fahrenheit) and does not

have high magnetic or electric fields. Last but not least, Mikovits recommends never getting another vaccination.

> *"We knew the flu shot would drive the disease,"* she says. *"It's the combinations. That's a ticking time bomb sitting there in every cell. So never get another vaccine and be very careful about drugs that compromise your immune system.*
>
> *The answer is, don't hyper-immune activate. Don't eat GMO. Don't ingest it and don't inject it. And don't put it on your skin. Don't use toxins on your hair. Use essential oils, use antimicrobials … ozonated balms and creams break apart the lipid particles, cannabis balms and creams normalize skin, [which is part of] your immune system …*
>
> *Remember, immune dysfunction accelerates every time you add an immune activation event. So, if the entire world never again took another shot, even the most susceptible populations, they could stay well … We really have to say no more shots because they're the single biggest toxin to anyone, and an immune dysregulator."*

The National Vaccine Information Center (NVIC) recently posted more than 50 video presentations from the pay-for-view Fifth International Public Conference on Vaccination held online October 16 to 18, 2020, and made them available to everyone for free.

The conference's theme was "Protecting Health and Autonomy in the 21st Century" and it featured physicians, scientists and other health professionals, human rights activists, faith community leaders, constitutional and civil rights attorneys, authors and parents of vaccine injured children talking about vaccine science, policy, law and ethics and infectious diseases, including coronavirus and COVID-19 vaccines.

In December 2020, a U.K. company published false and misleading information about NVIC and its conference, which prompted NVIC to open up the whole conference for free viewing. The conference has everything you need to educate yourself and protect your personal freedoms and liberties with respect to your health.

Don't miss out on this incredible opportunity. I was a speaker at this empowering conference and urge you to watch these video presentations before they're censored and taken away by the technocratic elite.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Notes

[1, 2, 6] International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2(1): 38-79

[3] Appl Environ Microbiol. 2010 May;76(9):2846-55

[4] Trends Cell Biol. 2019 Mar; 29(3): 191–200

[5] Cell Host & Microbe November 19, 2009; 6(5): 403-408

Featured image is from Children's Health Defense

Articles by: Dr. Joseph Mercola