

# The Covid-19 “Experimental” mRNA Vaccine. Are You Being Told the Truth?

Terminate the Emergency Use Authorization (EUA) and Complete Phase 3 Trials

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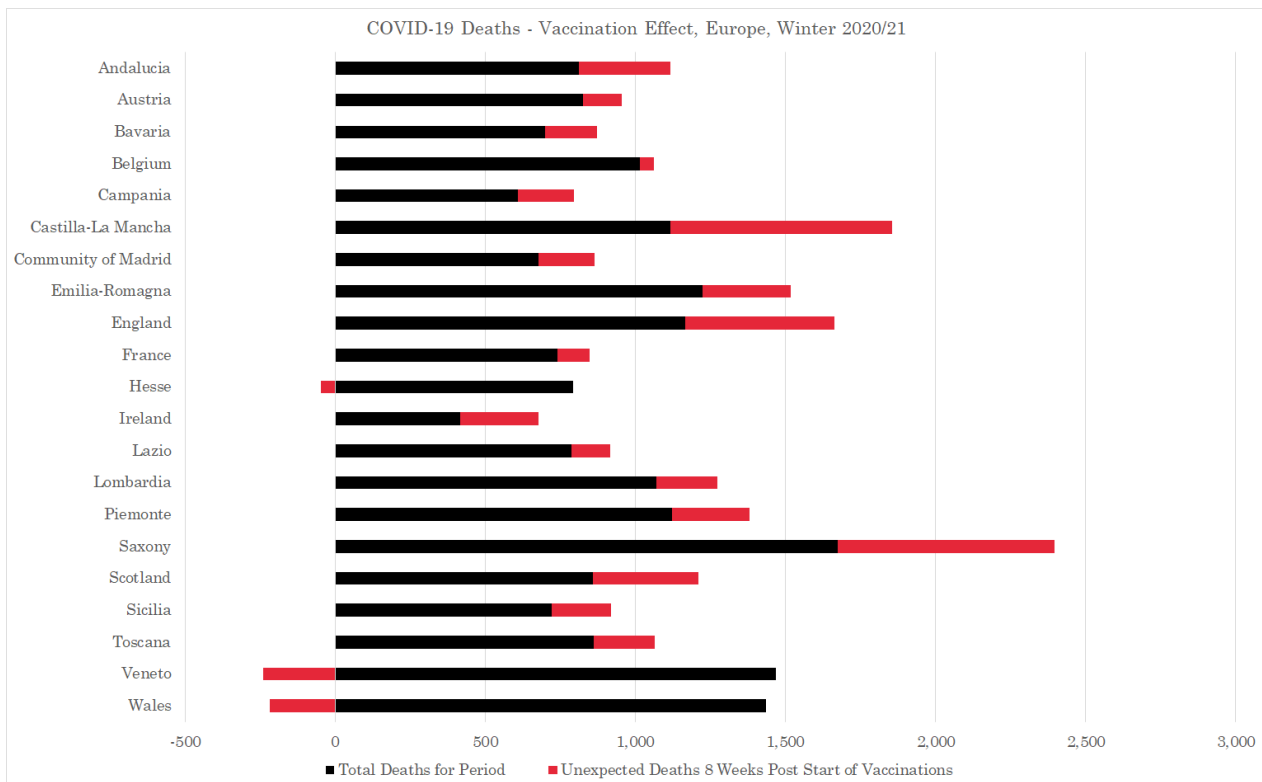
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*The American people are not being told the truth about Covid, masks, social distancing, lockdowns, mortality or vaccines. In fact, the only thing of which we can be 100 percent certain, is that the government, the public health officials and the media have been lying relentlessly and remorselessly on virtually every topic for the better part of the last year. As far as I can see, lying has become the official state policy. Am I wrong?*

For example, we are now being told that the sudden uptick in deaths in various parts the country, are the sign of a “4th Wave”. Naturally, these fatalities are being blamed on the “variant” which is the current ‘hobgoblin du jour.’ What the media and the pundits fail to mention is that the unexpected rise in cases and deaths is only taking place in areas that are engaged in mass vaccination campaigns, a fact that can be easily extrapolated from the chart below.



A comparison of the impact of lockdowns and vaccinations on COVID – a simple statistical analysis. Correlation does not equal causation. However, almost without exception, there is no discernible benefit from lockdowns but significant rise in mortality immediately post vaccination.  
[pic.twitter.com/B2vBIAsc3Z](https://pic.twitter.com/B2vBIAsc3Z)

— Joel Smalley 🇬🇧 (@RealJoelSmalley) [April 25, 2021](#)

I don't know why this is happening, and I certainly don't think the drug companies have laced their injections with Covid-19. But it certainly deserves to be investigated, don't you think? And the people deserve to know what's going on instead of being hoodwinked with some far-fetched fiction about a respiratory infection that persists into the summer months. That's not what's happening at all. Here's how talk show host and author, Steve Deace, summed it up in an article at The Epoch Times:

"The two main objectives of our health care system—informed consent and second opinions—were denied to us at COVID... **If the average American knew that almost half of the deaths in America with COVID occurred in nursing homes where less than one percent of Americans live, we would have never ever gone along with this level of subjugation.** These are the sorts of data points that have been kept from the American people, so they have not been given the right to informed consent." ("[Steve Deace on 'Faucian Bargain': Second Opinions About COVID-19 Denied to Americans](#)" The Epoch Times)

What we need to know now, is whether the Covid vaccines are safe or not? It's a simple question, but getting answers is like pulling teeth. As everyone knows, any information that doesn't support the 'pro-vaccine agenda' is scrapped by the media and promptly removed from both FB and Twitter. How does that serve the public interest? How is "informed

consent” possible without a thorough airing of contrary views in public forums and the media?

It’s not possible, and that seems to be the point. The managers of this campaign seem to prefer brainwashing and mass coercion over dialogue and debate. And their method appears to be working too. Just look at the way that pregnant women and children are being lured into vaccinations that pose significant risks to their health but provide no tangible benefit. The people in these age groups have a better chance of being struck by lightning than killed by Covid, so why take the risk? Why roll the dice on dizziness, nausea, migraines, Bell’s Palsy, myocarditis, blood clots or death, when there’s nothing to be gained? Check out this article in the UK Daily Mail titled “Pregnant women should be fast-tracked for Covid vaccines”:

“Pregnant women should be fast-tracked for Covid jabs because the disease greatly increases the risk of health problems for mums-to-be, a leading medic has said. A study led by a top Oxford expert found that the virus raises the risk of serious maternal complications by more than 50 per cent, including a fivefold risk of mothers needing intensive care.

It doubles the risk of premature birth and newborn illness and also significantly raises the chance of the mother dying, according to a study of more than 2,000 expectant women.....

Covid in a pregnant woman increases complications that can lead to premature birth, which is the number one contributor to newborn death and long-term disability.” ([Pregnant women should be fast-tracked for Covid vaccines because the virus greatly increases their risk of health problems, leading expert says in surprise U-turn](#)”, Daily Mail)

Is this true? Are pregnant mothers better off getting vaccinated? Dr. Joseph Mercola doesn’t think so. Here’s what he said:

“By injecting pregnant women with novel COVID-19 mRNA gene technologies, the medical establishment has thrown away one of the most fundamental safety edicts of medicine, which is that you do not experiment on pregnant women.

**None of the COVID-19 vaccines on the market are licensed. They’ve only received emergency use authorization, as basic efficacy and safety studies are still ongoing. Yet pregnant women are urged to get vaccinated, and are lining up to get the shot...**

**This experimentation is doubly unforgivable seeing how women of childbearing age have virtually no risk of dying from COVID-19, their fatality risk being a mere 0.01%.**

...it’s important to realize that this is a time during which experimentation can be the most hazardous of all, as you’re not only dealing with potential repercussions for the mother but also for the child. Any number of things can go wrong when you introduce drugs, chemicals or foreign substances during fetal development...

On the whole, injecting pregnant women with novel gene therapy technology that can trigger systemic inflammation, cardiac effects and bleeding disorders (among other things)...

While I agree with Mercola in principle, the clinical trials are ongoing so we really don't have sufficient data to make the determination one way or the other. That's the problem of putting a vaccine into service before long-term Phase 3 clinical trials are concluded; you're essentially "Flying blind." The regulatory agencies seem to be 'okay' with that situation, but for pregnant women, it should be a matter of gravest concern especially when you read posts like this on author, Alex Berenson's Twitter account:

Reports of medium- and late-term pregnancy crises after the mRNA vaccines keep arriving in VAERS. Including case 1168104-1, a 38-year-old Virginia woman who suffered an apparent case of disseminated intravascular coagulation 16 days after vaccination. She and her fetus both died. [pic.twitter.com/B0A47rejQV](https://pic.twitter.com/B0A47rejQV)

— Alex Berenson (@AlexBerenson) [April 26, 2021](#)

Reports of medium- and late-term pregnancy crises after the mRNA vaccines keep arriving in VAERS. Including case 1168104-1, **a 38-year-old Virginia woman who suffered an apparent case of disseminated intravascular coagulation 16 days after vaccination. She and her fetus both died.**

Yes, the fatalities are rare, but there is a common thread, isn't there? Once again, we're talking about a "clotting disorder" that could be triggered by- you guessed it- the Covid vaccine. And that is the central theme of this article, the vascular problems that one might experience after getting vaccinated. The connections of course are not always clear, but we suspect that scientists will eventually connect the dots. Consider, for a minute, this disturbing piece titled: "Thousands of reports of menstrual irregularities, reproductive dysfunction following COVID vaccines". Here's an excerpt from the piece:

"Thousands of women around the world are reporting disrupted menstrual cycles after receiving injections of COVID-19 vaccines. **The U.K.'s government vaccine adverse event system has collected more 2,200 reports of reproductive disorders after coronavirus injections, including excessive or absent menstrual bleeding, delayed menstruation, vaginal hemorrhaging, miscarriages, and stillbirths.**

In the U.K., the Yellow Card adverse event reporting system includes 2,233 reports of "reproductive and breast disorders" after reception of AstraZeneca and Pfizer vaccines.

The U.K. Yellow Card program reports 1,465 reactions involving reproductive systems as well as 19 "spontaneous abortions" (miscarriages), five premature labors, and two stillbirths in association with the AstraZeneca vaccine as of April 5. (Note-according to the CDC's Vaccine Adverse Event Reporting System (VAERS) "462 pregnant women reported adverse events related to COVID vaccines, including 132 reports of miscarriage or premature birth.")

The reports include:

255 cases of abnormal uterine bleeding

175 cases of heavy menstrual bleeding

165 cases of vaginal hemorrhaging

55 reports of genital swelling, lesions, rashes or ulcerations

19 cases of postmenopausal hemorrhaging

The U.S. Vaccine Adverse Event Reporting System (VAERS) documents similar reproductive complications.” ([“Thousands of reports of menstrual irregularities, reproductive dysfunction following COVID vaccines”](#), Lifesite News)

There was another article on this same topic in The Chicago Tribune just this week. Here’s an excerpt:

“Some people are reporting abnormal periods after a COVID-19 vaccine. U. of I. professor is looking for answers.... Clancy outlined her personal menstruation experience in a February tweet, after receiving her first dose of the Moderna vaccine. Hundreds of women and people who menstruate replied in the comments with their own experiences.

One Twitter user wrote, **“I haven’t had a period in years and I’m about 3 weeks out of my second shot and I’m gushing blood I freaked out but now I see I’m not the only one. This is crazy.”**

**Another responded, “Two weeks exactly after shot number 2, my cycle started 12 days earlier and heavier than it’s been for the last three years.”**

“I ended up finding a lot of people with similar experiences,” Clancy said.... “If you are a post-menopausal person who has experienced bleeding, you should really talk to your doctor,” Clancy said. “And if you have any significant or concerning symptoms alongside your changes to your menstrual cycle, you should also see a doctor.”...

The survey is a joint effort between Clancy and Katharine Lee, a postdoctoral research scholar at Washington University School of Medicine. As of Monday, Lee said more than 25,000 people have filled it out.” ([“Some people are reporting abnormal periods after a COVID-19 vaccine. U. of I. professor is looking for answers”](#), Chicago Tribune)

Why is this happening? Why are so many women reporting “delayed menstruation”, “heavy vaginal bleeding” and miscarriages? Is there a link between the unusual menstrual bleeding and the clotting issues? Why didn’t any of these conditions show up in the clinical trials which were praised for their thoroughness? What does it all mean?

We don’t know, do we, because the Phase 3 trials are ongoing and we don’t have the results yet. But we do know that the CDC advisory board thinks these issues are trivial enough to ignore and to allow the failing vaccines to be put back into service. We know that for certain. Here’s the story:

“The CDC’s independent advisory panel Friday voted 10 – 4 to recommend the continued use of the Johnson & Johnson vaccine after the single-dose shot was paused over blood clotting concerns. The panel did not recommend adding any extra warning about the risk of rare blood clotting disorders.” ([Children’s](#)

No “extra warning” about blood clots? Really?

People died, isn't that worth mentioning to the people who are weighing the risks-benefits of getting vaccinated?

And how rare are these blood clots? According to the media they are “rare, rare and REALLY RARE.” But, are they? According to an article in The Atlantic:

“Last Friday, (Andreas) Greinacher and his team published a paper on their findings in the New England Journal of Medicine. In a press briefing, he said **they'd analyzed blood from several dozen people who had experienced blood abnormalities after exposure to the AstraZeneca vaccine, and that every single person tested positive for antibodies against platelet factor 4, and against platelet factor 4 joined with another molecule.**

**On the same day, a separate group in Norway published similar findings from five patients there who had received the AstraZeneca vaccine.** Then, in a meeting this week of the Advisory Committee on Immunization Practices, which helps the CDC make vaccine recommendations, it was reported that five of the six American patients who developed this same blood condition after receiving the Johnson & Johnson shot had been tested for antibodies to platelet factor 4—and all were positive. **“It is, in my opinion, absolutely clear that there's a causal relationship” between the presence of these antibodies and the abnormal clotting, Greinacher had said at last Friday's briefing. “There's no doubt about this.” (“The Blood-Clot Problem Is Multiplying”, The Atlantic)**

So, while it's easy to dismiss the clotting deaths as “just a handful of people”, the reality is that a much larger number of people have been impacted, which means that something in the vaccine is triggering vascular problems that remain undiagnosed but could cause serious complications in the future. We don't know for sure, because the long-term trials were never completed. So, it's all a big crapshoot.

“So, why are they doing this?. Why are they rushing this vaccine back into service when the clotting fatalities might just be the tip of the iceberg”? Doesn't that strike you as a bit reckless?

If I'd been vaccinated, I'd be mighty worried right now. The regulators, the government, the public health officials and the media, are all being extremely cavalier about people's safety while—at the same time— they are vastly expanding their list of potential candidates. Did you notice that they've started Covid vaccine trials on children? Keep in mind, that children are at no risk of death if they contract Covid, but can experience severe adverse side effects from the vaccine. Simply put: The risks far outweigh the benefits. This is from the Daily Mail:

““Core planning' documents have been leaked showing schoolchildren will be given one dose when they go back to class after the summer...A source told the Sun: **'Plans are in place to vaccinate children aged 12 upwards, and senior government officials have been briefed...**

**Health officials are also said to be looking into jabbing children as**

**young as five from July** in a 'worst case scenario'." ("[Children as young as 12 'will get Covid vaccines in September'](#)", Daily Mail)

This is utter insanity and, yet, the same scenario is unfolding in the United States. Here's the story from the San Jose Mercury:

"Last month, Pfizer announced that its vaccine was safe and effective in adolescents as young as 12. So the vaccine is now being tested in much younger children.

**Pfizer's nationwide trial of 144 children will unfold in phases. It is testing three different doses — 10, 20 and 30 micrograms — in bundles of three different age groups: children ages 5 through 11; ages 2 to 5, and ages 6 months to 2 years.** After safety and dosage studies, research will expand into more children and seek signs of efficacy.

Pfizer has already requested an amendment from the U.S. Food and Drug Administration of its Emergency Use Authorization to expand the use of its vaccine to adolescents 12 to 15 years of age, about 2.5 million Californians." ("[Stanford begins testing Pfizer vaccine in babies and young children](#)", Mercury News)

This goes way beyond "unethical", and medical professionals have admitted as much. Here's what Professor Sucharit Bhakdi, M.D said on the matter:

"You are endangered when you take the vaccine. Your family is endangered when they take the vaccine. Your children are going to be endangered (if they take the vaccine.). **I am horrified that children are now being vaccinated in clinical trials. This is criminal. I hope you realize that this is criminal, that you are endangering your own children. How can you do this?**" ("[Perspectives on the Pandemic- 'Blood Clots and Beyond'](#)", You Tube)

There's no reason to vaccinate children for Covid-19. It is entirely unnecessary and deeply suspicious. Why are they doing this? What is their objective?

Here's how the former Vice President of Respiratory Research for Pfizer, Mike Yeadon, summed it up. He said:

"Can you think of a benign explanation for why you would want to give an experimental-use, gene-based vaccine to tens of millions of people who will not die if they contract this virus? And, I say "no" you can't, can you? And if you can't think of a benign explanation then can you think of a malign explanation?"

Great question, but what's the answer?

I don't know, but I find it extremely unnerving.

Clearly, a great many people feel that the vaccine has given them their lives back. They can see their friends again, go out to dinner and hug their grandchildren. Unfortunately, the substance they have injected into their arms has already spread to their bloodstreams where it is trapped and gathering in the tissue surrounding the blood vessels. This is no



small matter because this genetic material is “biologically active” and can potentially change the body’s immune response. This is the immune response that has preserved the species from the beginning of our collective existence on earth. These gene-based vaccines can alter that response, in fact, that was the intention. **The scientists who created these vaccines did not want to simply insert live or dead virus into the body like a traditional vaccine does. They wanted to teach the cells “what to do”, thus, changing the immune system into a vaccine factory. The downside risk, of course, is that this tweaking will confuse the immune system causing it to attack vital organs in the body. That’s commonly referred to as an autoimmune disease “which is a condition in which your immune system mistakenly attacks your body.** The immune system normally guards against germs like bacteria and viruses. When it senses these foreign invaders, it sends out an army of fighter cells to attack them.” Robert F Kennedy Jr. had this to say on the topic:

“What we know about coronavirus from 30 years of experience is that a coronavirus vaccine has a unique peculiarity, which is **any attempt at making the vaccine has resulted in the creation of a class of antibodies that actually make vaccinated people sicker when they ultimately suffer exposure to the wild virus.**” Robert F. Kennedy Jr.

Could this happen? Could this new regime of vaccines create an immune system that is so hyper-vigilant that it wages a war against its own body?

Indeed, it could, in fact, this condition already has a name. **It is called Antibody Dependent Enhancement (ADE) which means that your immune system has been “primed” to unleash its defensive arsenal against its own organs, blood vessels etc.** We expect that ADE will become a household name in the years ahead as medical problems linked to this misguided mass vaccination campaign begin to pile up and the public outcry touches off a political firestorm. (Maybe then we’ll see some accountability, but don’t hold your breath.)

As for what happens next, well, we can’t say for sure but an “Open Letter” sent to the European Medicines Agency (EMA) by a number of doctors and scientists, points us in the right direction. Here’s part of what they said:

Dear Sirs/Mesdames,

“As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics....

(but) **we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances,** and especially so in the absence of post-mortems examinations.”....

The letter then veers into the “meat and potatoes” of their complaint: Safety. Are the vaccines safe or not. Here’s what they say:

“Following intramuscular injection, it must be expected that the gene-based



vaccines will reach the bloodstream and disseminate throughout the body..."

This is a critical point: The vaccine might be injected into a muscle in the arm, but it eventually gets into the bloodstream where it is **"entrapped in circulation" and spread throughout the body including the brain.** It is then taken up by the layer of cells (endothelial cells) that coat the blood vessels. Where the blood-flow is slower- like in the abdomen- more of the vaccine substance is taken up. This could be a very big problem in the future, but there's no indication that the vaccine manufacturers even thought about it. Here's what happens next:

".... during expression of the vaccines' nucleic acids, peptides **derived from the spike protein** will be presented via the ... pathway at the luminal surface of the cells. Many healthy individuals have ...lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus.... **these lymphocytes will mount an attack on the respective cells....It must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body.**"

So now your lymphocytes- which are the white blood cells that help to fight infectious diseases- are attacking the cells that are thought to be foreign invaders. (Sounds a lot like ADE, doesn't it?) This, in turn, leads to damage to the blood vessels and organs or the creation of blood clots which result in stroke, heart attack or other serious medical conditions. Here's more:

"... **this will lead to a drop in platelet counts,** (Platelets are the smallest of our blood cells that are literally shaped like small plates) appearance of D-dimers in the blood, **and to myriad ischaemic lesions** ( ischaemia is a restriction in blood supply to tissues.....Ischemia is generally caused by problems with blood vessels, with resultant damage to or dysfunction of tissue) throughout the body including in the brain, spinal cord and heart. **Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke.**"

Okay, so none of this is good, right? You don't want blood-clots, you don't want to have a stroke and you sure don't want to die. So, why is this the first time you've read about this? **This isn't fiction and I'm sure as hell not making it up. These conditions have happened and will happen in the future as long as this gene-based gunk remains "entrapped in circulation" in a closed system wreaking "endothelial damage"** (Endothelium is a single layer of squamous endothelial cells that line the interior surface of blood vessels, and lymphatic vessels)**and forming blood clots.** This is going to be the new reality for a lot of people who took these experimental vaccines thinking they were fighting a deadly virus. Here's more:

"The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection. Thrombocytopenia has also been reported in vaccinated individuals. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular

coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.”

What does that mean in plain English?

Well, Thrombocytopenia is a condition in which you have a low blood platelet count. Platelets (thrombocytes) are blood cells that help blood to clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries. **The term “disseminated intravascular coagulation” is the same as saying ‘widespread blood-clotting in the circulatory system’. In other words, the scientists want assurances that the vaccines were tested to prevent the kind of fatalities we’ve already seen with various vaccines that are still in service today.** Here’s more:

“Should all such evidence not be available, **we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed** by the exercise of due diligence by the EMA. (The European Medicines Agency) There are serious concerns, including but not confined to those outlined above, that **the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.**” ([“Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns”](#), Doctors for Covid Ethics)

Keep in mind, this letter was posted weeks before the first blood clotting event took place, which means **the problem could have been anticipated by anyone who understood the science.** Even so, the EMA breezily ignored the letter and has done everything in its power to downplay the fatalities.

What are we to make of this? **How can we trust our regulatory agencies when they cynically brush aside the legitimate concerns of respected professionals?** And when have medical professionals ever put their names and reputations on the line to oppose the distribution of a vaccine?

Never. It’s never happened before, but growing numbers of professionals are stepping forward now because they think the consequences from allowing this campaign to continue unopposed, are just too horrific to ignore. 84 million Americans have now been fully inoculated. Imagine if-in two- or three-years’ time- the longer-incubating diseases emerge with a bang, that is, **imagine if we’re hit with a tidal wave of vascular, heart and neuro degenerative diseases unlike anything we have ever experienced before. Imagine how that will impact our threadbare public health system leaving millions to fend for themselves.**

And what if our efforts to defeat Covid have actually made matters worse? Here’s another clip from Berenson’s Twitter site:

“A reader points to a VERY worrisome finding in the @cdcgov Chicago nursing home report: patients L19, a 49-year-old staffer, and M20, a 77-year-old resident – both had very low PCR threshold counts (the nurse’s was under 17) and NO symptoms. Why does this matter?

**Lower PCR counts mean a person has a heavier viral load - and is thus both more likely to be very sick and more infectious.... These two should have been extremely symptomatic.** Instead, the vaccine seems to have protected them from feeling sick - but not from being thoroughly infected and potentially spreading the virus. **THIS IS EVIDENCE FOR A POSSIBLE MAREK'S DISEASE OUTCOME, where vaccinated people spread the virus aggressively to the unvaccinated."** [Alex Berenson](#)

An article on PBS explains Marek's Disease. Here's an excerpt:

"The deadliest strains of viruses often take care of themselves — they flare up and then die out. This is because they are so good at destroying cells and causing illness that they ultimately kill their host before they have time to spread. But **a chicken virus that represents one of the deadliest germs in history breaks from this conventional wisdom, thanks to an inadvertent effect from a vaccine.** Chickens vaccinated against Marek's disease rarely get sick. But the vaccine does not prevent them from spreading Marek's to unvaccinated birds. "With the hottest strains, every unvaccinated bird dies within 10 days. ...

In fact, rather than stop fowl from spreading the virus, **the vaccine allows the disease to spread faster and longer than it normally would, a new study finds.** The scientists now believe that this vaccine has helped this chicken virus become uniquely virulent....over the last half century, symptoms for Marek's worsened. Paralysis was more permanent; brains more quickly turned to mush....

**vaccination extended the lifespan of birds exposed to the hottest strains, with 80 percent living longer than two months. But the vaccinated chickens were transmitting the virus, shedding 10,000 times more virus than an unvaccinated bird.**

"Previously, a hot strain was so nasty, it wiped itself out. Now, you keep its host alive with a vaccine, then it can transmit and spread in the world," Read said. "So, it's got an evolutionary future, which it didn't have before." ("[This chicken vaccine makes its virus more dangerous](#)", PBS)

Are the vaccines allowing sick people -who are carrying a heavy viral load and shedding like crazy- to get on like they are not sick?

Nobody knows, just like no one seems to understand the correlation between mass vaccination and the short-term uptick in fatalities. ([See Here](#))

On so many critical questions, we have no answers and, yet, the response of the public health czars, like Dr Fauci, seems to be that we should simply stop thinking altogether, roll up our sleeves and take the jab. But what if he's wrong? What if we are paving the way for a disaster the likes of which were outlined by pediatric rheumatologist, Dr. J. Patrick Whelan, who said the following in a letter to the FDA:

"I am concerned about the possibility that the new vaccines aimed at creating immunity against the SARS-CoV-2 **spike protein have the potential to cause microvascular injury to the brain, heart, liver and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs....**

“Before any of these vaccines are approved for widespread use in humans, it is important to assess in vaccinated subjects the effects of vaccination on the heart. As important as it is to quickly arrest the spread of the virus by immunizing the population, **it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on these other organs.**” ([“Scientists Challenge Health Officials on Vaccinating People Who Already Had COVID”, Global Research](#))

Whelan’s logic is unassailable, and he is joined by so many others all of who are saying the same thing: ‘The virus is showing signs of easing, so take your foot off the gas and let’s complete the vaccine trials before rushing ahead.’ Isn’t that the more rational approach? Here’s more:

“In his public submission, Whelan sought to alert the FDA about the potential for vaccines ... spike protein to cause injuries.

Specifically, Whelan was concerned that the new mRNA vaccine technology utilized by Pfizer and Moderna has **“the potential to cause microvascular injury (inflammation and small blood clots called microthrombi) to the brain, heart, liver and kidneys in ways that were not assessed in the safety trials.”**([“Could Spike Protein in Moderna, Pfizer Vaccines Cause Blood Clots, Brain Inflammation and Heart Attacks?”](#), Global Research)

Once again, the same menacing buzzwords continue to pop up: “microvascular injury”, “blood-clots” and “spike protein-based vaccines”. Forget about the messenger RNA, that dissipates quickly. The central problem is the spike protein’s effect on the vascular and immune systems. That’s what we need to worry about.

The gene-based vaccines release a spike protein that spreads throughout the body, gets trapped in the bloodstream and collects in the layer of cells (endothelial cells) that coat the blood vessels.

Then-according to Dr. Hyung Chun, a Yale cardiologist- **the cells “release inflammatory cytokines that further exacerbate the body’s inflammatory response and lead to the formation of blood clots.** Chun has stated: “The ‘inflamed’ endothelium likely contributes not only to worsening outcome in COVID-19, but also is considered to be an important factor contributing to risk of heart attacks and strokes.”

**This seems to suggest that the spike protein from the vaccine can have the same effect as the spike protein from the infection.** Here’s more:

“Individuals with COVID-19 experience a vast number of neurological symptoms, such as headaches, ataxia, impaired consciousness, hallucinations, stroke and cerebral hemorrhage.

**But autopsy studies have yet to find clear evidence of destructive viral invasion into patients’ brains,** pushing researchers to consider alternative explanations of how SARS-CoV-2 causes neurological symptoms....

**If not viral infection, what else could be causing injury to distant organs associated with COVID-19?**

**The most likely culprit that has been identified is the COVID-19 spike protein** released from the outer shell of the virus into circulation. Research cited below has documented that the viral spike protein is able to initiate a cascade of events that triggers damage to distant organs in COVID-19 patients.

**Worryingly, several studies have found that the spike proteins alone have the capacity to cause widespread injury throughout the body, without any evidence of virus.**

**What makes this finding so disturbing is that the COVID-19 mRNA vaccines manufactured by Moderna and Pfizer and currently being administered throughout the U.S. program our cells to manufacture this same coronavirus spike protein as a way to trigger our bodies to produce antibodies to the virus.”** ([“Could Spike Protein in Moderna, Pfizer Vaccines Cause Blood Clots, Brain Inflammation and Heart Attacks?”](#) Global Research)

Can this possibly be true? In other words, **if Covid-19 is a bioweapon -as some have suggested- then the instigators of the plan may have concocted a cure that is so similar to the virus itself, that no forensic investigation will ever conclusively identify the real perpetrators.** This goes way beyond “plausible deniability”. In effect, the perpetrators -if there are perpetrators(?)– have wiped the fingerprints off the smoking gun before the crime has even been committed. Could anyone be that clever?

I have no idea, but it doesn’t change the task before us which is to extricate ourselves from this public health nightmare and piece-together what’s left of our fractured society. That starts with terminating the mass vaccination campaign until Phase 3 trials are completed and product safety can be assured. Better to be safe than sorry.

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