

Comment on the Regulations.gov Document - FDA-2022-N-0082-0001 {Docket No. FDA-2022-N-0082}: Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments

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The Microzymas (Origin of Life) Quotes

“The cellularists, it is but fair to recall, regarding the cellule as the simplest anatomical element, believed it proceeded necessarily from a former cellule, *omnis cellula e cellula*, holding it to be the *vital unit*, living *per se*, and regarded an entire organism as the sum of these units. But we now know that that was a deduction from incomplete and superficial observations, for the cellule, a transitory anatomical element, has the microzyma for its anatomical element. It is this which alone possesses all the characters of an anatomical element, *living per se*, and which must be regarded as the unit of life. It is what I have already stated in the following terms:

““*The microzyma is at the beginning and at the end of every living organization. It is the fundamental anatomical element whereby the cellules, the tissues, the organs, the whole, of an organism are constituted living.*”“

–*The Blood and its Third Anatomical Element* by Antoine Béchamp, 1912 [http://www.whale.to/v/bechamp_b1.html]

“And, in conclusion, I beg the permission of the Academy to repeat here something which Professor Estor and I said in a recent work upon this subject:

““After death (leaving here the domain of pathology to enter into that of the physiology of the species), it is essential that matter be restored to its primitive condition, for it has only been lent for a time to the living organized being. In recent years an extravagant role has been assigned to the airborne germs; the air may bring them, it is true, but it is not necessary that it should do so.”

“The microzymas, whether in the state of bacteria or not, are sufficient to assure by putrefaction the circulation of matter.

“The living being, filled with microzymas, carries in itself the elements essential for life, disease, death and destruction. And that this variety in results may not too much surprise us, the processes are the same. Our cellules, it is a matter of constant observation, are being continually destroyed by means of a fermentation very analogous to that which follows death. Penetrating into the heart of these phenomena we might really say, were it not for the offensiveness of the expression, that we are constantly rotting!”

–*The Blood and its Third Anatomical Element* by Antoine Béchamp, 1912 [http://www.whale.to/v/bechamp_b1.html]

The Dangers of Inoculating/Vaccinating Quotes

“All is danger in this kind of experimentation, for the reason that it is not anything inert that is acted upon, but that there is a modification, more or less injurious, of the microzymas of the inoculated.”

–*Les Microzymas* By Antoine Béchamp, page 902. As quoted in *Béchamp or Pasteur?: A Lost Chapter in the History of Biology* By Ethel D. Hume on page 338 [prefaced by *Pasteur: Plagiarist, Imposter: The Germ Theory Exploded* By R. B. Pearson], ISBN# 978-1-46790-012-6, 2011

“The Danger of Inoculating”

“Formerly, notwithstanding the generally ignorant use of drugs by the medical profession, the efforts of the physician, mistaken though they generally were, were really directed exclusively to heal the sick. From the time of Pasteur’s predecessor in quackery —Ed. Jenner—and during the growth of Pasteur’s superstition right down to this day, the efforts of the large majority of the profession and of all the official doctors, except those officially employed in promoting sanitation, have been and are engaged in efforts to make sick the well. By poisonous sera of all sorts they pretend to seek to protect the well against diseased conditions which would scarcely ever happen to them were their vitality not reduced by poison poured into their blood, whereby their vitality is lowered and their constitutions often permanently debased. Let me call attention to the folly of all these inoculations.”

“When a drug is administered by the mouth, as was beautifully pointed out by Dr. J. J. Garth Wilkinson, in proceeding along the alimentary canal, it encounters along its whole line a series of chemical laboratories, wherein it is analysed, synthesized, and deleterious matter prepared for excretion, and finally excreted, or it may be ejected from the stomach, or overcome by an antidote. But when Nature’s coat of mail, the skin, is violated, and the drug inserted beneath the skin, Nature’s line of defence is taken in the rear and rarely can anything be done to hinder or prevent the action of the drug, no matter how injurious, even fatal, it may be. All the physicians of the world are incompetent either to foresee its action or to hinder it. Even pure water has been known to act as a violent and foudroyant poison when injected into the blood stream. How much more dangerous is it, then, to inject poisons known to be such, whether modified in the fanciful manner at present fashionable among Vivisectionists, or in any other manner. These simple considerations show that inoculation should be regarded as malpractice, to be tolerated only in case of extreme danger where the educated physician sees no other chance of saving life.”

–*Pasteur the Plagiarist: The Debt of Science to Béchamp* by Dr. Montague R. Levenson, 1911. Delivered at Claridges Hotel, London, England on May 25, 1911, pages 11-13 [<https://babel.hathitrust.org/cgi/pt?id=mdp.39015081399316&view=1up&seq=1>]

“VACCINATION.”

““When once you interfere with the order of Nature there is no knowing where the results will end,” was the remark made in my presence by a distinguished biologist. There immediately escaped from him an expression of vexation at his lack of reticence, for he saw the various uses I might make of the admission.

“Jenner and his disciples have assumed that when the vaccine virus has passed through a patient’s system he is safe, or comparatively safe, against small-pox, and that there the matter ends. I will not here say anything for or against this assumption.* I merely propose to show that there the matter does *not* end. The interference with the order of Nature has various sequences other than that counted upon. Some have been made known.

“A Parliamentary Return issued in 1880 (No. 392) shows that comparing the quinquennial periods 1847-1851 and 1874-1878 there was in the latter a diminution in the deaths from all causes of infants under one year old of 6,600 per million births per annum; while the mortality caused by eight specified diseases, either directly communicable

or exacerbated by the effects of vaccination, increased from 20,524 to 41,358 per million births per annum — more than double. It is clear that far more were killed by these other diseases than were saved from small-pox.*

- “Except, indeed, by quoting the statement of a well-known man, Mr. Kegan Paul the publisher, respecting his own experience. In his *Memories* (pp. 260-1) he says, respecting his small-pox when adult, “I had had small-pox when a child, in spite of vaccination, and had been vaccinated but a short time before. I am the third of my own immediate family who have had small-pox twice, and with whom vaccination has always taken.”

“To the communication of diseases thus demonstrated, must be added accompanying effects. It is held that the immunity produced by vaccination implies some change in the components of the body: a necessary assumption. But now if the substances composing the body, solid or liquid or both, have been so modified as to leave them no longer liable to small-pox, is the modification otherwise inoperative? Will any one dare to say that it produces no further effect than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one invading agent and leave it unchanged in regard to all other invading agents. What must the change be? There are cases of unhealthy persons in whom a serious disease, as typhoid fever, is followed by improved health. But these are not normal cases; if they were a healthy person would become more healthy by having a succession of diseases. Hence, as a constitution modified by vaccination is not made more able to resist perturbing influences in general, it must be made less able. Heat and cold and wet and atmospheric changes tend ever to disturb the balance, as do also various foods, excessive exertion, mental strain. We have no means of measuring alterations in resisting power, and hence they commonly pass unremarked. There are, however, evidences of a general relative debility. Measles is a severer disease than it used to be, and deaths from it are very numerous. Influenza yields proof. Sixty years ago, when at long intervals an epidemic occurred, it seized but few, was not severe, and left no serious *sequelae*; now it is permanently established, affects multitudes in extreme forms, and often leaves damaged constitutions. The disease is the same, but there is less ability to withstand it.

- “This was in the days of arm-to-arm vaccination, when medical men were certain that other diseases (syphilis, for instance) could not be communicated through the vaccine virus. Any one who looks into the Transactions of the Epidemiological Society of some thirty years ago, will find that they were suddenly convinced to the contrary by a dreadful case of wholesale syphilization. In these days of calf-lymph vaccination such dangers are excluded: not that of bovine tuberculosis however. But I name the fact as showing what amount of faith is to be placed in medical opinion.

“There are other significant facts. It is a familiar biological truth that the organs of sense and the teeth arise out of the dermal layer of the embryo. Hence abnormalities affect all of them: blue-eyed cats are deaf and hairless dogs have imperfect teeth. (*Origin of Species* Chap. I.) The like holds of constitutional abnormalities caused by disease. Syphilis in its earlier stages is a skin-disease. When it is inherited the effects are malformation of teeth and in later years iritis (inflammation of the iris). Kindred relations hold with other skin-diseases: instance the fact that scarlet fever is often accompanied by loosening of the teeth, and the fact that with measles, often go disorders, sometimes temporary sometimes permanent, of both eyes and ears. May it not be thus with another skin-disease — that which vaccination gives? If so, we have an explanation of the frightful degeneracy of teeth among young people in recent times; and we need not wonder at the prevalence of weak and defective eyes among them. Be these suggestions true or not, one thing is certain:— the assumption that vaccination changes the constitution in relation to small-pox and does not otherwise change it is sheer folly.*

- “A high authority, Sir James Paget, in his *Lectures* (4th ed. p. 89) says:—”After the vaccine and other infectious or inoculable diseases, it is, most probably, not the tissues alone, but the blood as much or more than they, in which the altered state is maintained; and in many cases it would seem that, whatever materials are added to the blood, the stamp once impressed by one of these specific diseases is retained.” Here is a distinct admission, or rather assertion, that the constitution is changed. Is it changed for the better? If not, it must be changed for the worse.““

Other Useful Quotes on the Sordid History of Vaccinations/Serums/Inoculations Up to the Present-Day

“This brief statement of the early history of vaccination has been introduced here in order to give what seems to be a probable explanation of the remarkable fact that a large portion of the medical profession accepted, as proved, that vaccination protected against a subsequent inoculation of small-pox, when in reality there was no such proof, as the subsequent history of small-pox epidemics has shown. The medical and other members of the Royal Commission could not realize the possibility of such a failure to get at the truth. Again and again they asked the witnesses above referred to to explain how it was possible that so many educated specialists could be thus deceived. They overlooked the fact that a century ago was, as regards the majority of the medical profession, a pre-scientific age; and nothing proves this more clearly than the absence of any systematic “control” experiments, and the extreme haste with which some of the heads of the profession expressed their belief in the lifelong protection against small-pox afforded by vaccination, only four years after the discovery had been first announced. This testimony caused Parliament to vote Jenner £10,000 in 1802.

“Ample proof now exists of the fallacy of this belief, since vaccination gives no protection (except perhaps for a month or two) as will be shown later on. But there was also no lack of proof in the first ten years of the century; and had it not been for the unscientific haste of the medical witnesses to declare that vaccination protected against small-pox during a whole lifetime—a fact of which they had not and could not possibly have any evidence—this proof of failure would have convinced them and have prevented what is really one of the scandals of the nineteenth century. These early proofs of failure will be now briefly indicated.

“Only six years after the announcement of vaccination, in 1804, Dr. B. Moseley, Physician to Chelsea Hospital, published a small book on the cow-pox, containing many cases of persons who had been properly vaccinated and had afterward had small-pox; and other cases of severe illness, injury, and even death resulting from vaccination; and these failures were admitted by the Royal Jennerian Society in their Report in 1806. Dr. William Rowley, Physician to the St. Marylebone Infirmary, in a work on “Cow-pox Inoculation” in 1805, which reached a third edition in 1806, gave particulars of 504 cases of small-pox and injury after vaccination, with seventy-five deaths. He says to his brother medical men: “Come and see. I have lately had some of the worst species of malignant small-pox in the Marylebone Infirmary, which many of the faculty have examined and know to have been vaccinated.” For two days he had an exhibition in his Lecture Room of a number of children suffering from terrible eruptions and other diseases after vaccination.”

–*The Wonderful Century: Its Successes and Its Failures* By Alfred Russel Wallace, 1899, pages 218-219, <https://archive.org/details/wonderfulcentury028485mbp/mode/2up>

“With the increased use of therapeutic serums in the past twenty years, much has been written of the various manifestations of anaphylaxis. Urticaria, arthralgia, adenopathy and cardiac collapse are well known complications of serum therapy. Coma and occasionally death have been reported following serum injection. Many reports of multiple neuritis and myelitis following the use of Pasteur treatment have appeared, and encephalitis following vaccination is well known. Another unpleasant complication of prophylactic efforts, and fortunately one less frequently seen, is multiple neuritis.”

–George Wilson, M.D. and Samuel B. Hadden, M.D., Neuritis and Multiple Neuritis Following Serum Therapy, *JAMA*. 1932;98(2):123–125, January 9, 1932 [<https://jamanetwork.com/journals/jama/article-abstract/1153665>]. Also archived at <https://archive.vn/Nw4nq>.

- “1p36 deletion syndrome

- “2-Hydroxyglutaric aciduria
- “5’ nucleotidase increased
- “Acoustic neuritis
- “Acquired C1 inhibitor deficiency
- “Acquired epidermolysis bullosa
- “Acquired epileptic aphasia
- “Acute cutaneous lupus erythematosus
- “Acute disseminated encephalomyelitis
- “Acute encephalitis with refractory, repetitive partial seizures
- “Acute febrile neutrophilic dermatosis
- “Acute flaccid myelitis
- ...
- “Serum sickness
- “Severe abdominal distension
- “Skin eruptions
- “Skin redness
- “Stiffness of the joints
- “Substernal oppression
- “Sudden unconsciousness
- “Sweating
- “Urticarial rash
- “Urticarial weals
- “Vomiting with cramp-like pains in the abdomen
- “Wheeziness”

-`jab.adverse.reactions` R package created by Irucka Embry. Provides data about the possible adverse events/reactions resulting from being injected with a vaccine/experimental gene therapy. Currently, this data set only includes data from six reference sources. **There are over 1,300 entries in the data set.** Those items represent the beginning and the ending of the data set only. [<https://gitlab.com/iembry/jab.adverse.reactions>]

- “Guillain-Barré syndrome
- “Acute disseminated encephalomyelitis
- “Transverse myelitis
- “Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- “Convulsions/seizures

- “Stroke
- “Narcolepsy and cataplexy
- “Anaphylaxis
- “Acute myocardial infarction
- “Myocarditis/pericarditis
- “Autoimmune disease
- “**Deaths** [my emphasis]
- “Pregnancy and birth outcomes
- “Other acute demyelinating diseases
- “Non-anaphylactic allergic reactions
- “Thrombocytopenia
- “Disseminated intravascular coagulation
- “Venous thromboembolism
- “Arthritis and arthralgia/joint pain
- “Kawasaki disease
- “Multisystem Inflammatory Syndrome in Children
- “Vaccine enhanced disease”

–page 17 of the US Food and Drug Administration (FDA): Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation By Steve Anderson, PhD, MPP lists the aforementioned for “FDA Safety Surveillance of COVID-19 Vaccines: DRAFT Working list of possible adverse event outcomes”; <https://www.fda.gov/media/143557/download> {**Please Note:** That link is no longer available from the original URL, but it is archived at <https://web.archive.org/web/20201126033341/https://www.fda.gov/media/143557/download> [Recovered with the Internet Archive: Wayback Machine]}

“It is estimated that approximately (b) (4) doses of BNT162b2 were shipped worldwide from the receipt of the first temporary authorisation for emergency supply on 01 December 2020 through 28 February 2021.

“Cumulatively, through 28 February 2021, there was a total of 42,086 case reports (25,379 medically confirmed and 16,707 non-medically confirmed) containing 158,893 events. Most cases (34,762) were received from United States (13,739), United Kingdom (13,404) Italy (2,578), Germany (1913), France (1506), Portugal (866) and Spain (756); the remaining 7,324 were distributed among 56 other countries.

“... the System Organ Classes (SOCs) that contained the greatest number ($\geq 2\%$) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).”

There were 1,223 fatalities reported during that period.

–5.3.6 Cumulative Analysis of Post–Authorization Adverse Event Reports of PF–07302048 (BNT162B2) Received Through 28–Feb–2021 Report Prepared by: Worldwide Safety Pfizer [<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>]

“The Ministry of Health, Labour and Welfare (MHLW) {in Japan} announced on October 22, 2021 that they received a total of 1308 reports of death after inoculation of COVID-19 vaccine by October 15, (1268 and 44 reports after Pfizer’s and Moderna’s, respectively). These death cases include 3 teens (all males) for whom brief case-reports are available.”

–COVID-19 vaccination: 3 teens died: Causal link is suspected By Med Check Editorial Team {Translated and revised from Web-MedCheck in Japanese No 197 (Oct. 30, 2021)}; Appeared in *Med Check*, August–December 2021, Volume 7, Number 21–22 [<https://www.npojip.org/english/MedCheck/Med%20Check%20Tip-20-2021-08&12.pdf>]

Direct Response to the Committee

I began this Public Comment with relevant quotes about the sordid history of the modern-vaccination policy so that people have a greater understanding of the death and destruction that has followed these medical procedures since the late 1700s up to the present-day.

Regarding the Docket No. FDA-2022-N-0082 for “Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments.”, it is important to note that the clinical trials for the ModernaTX, Inc. experimental gene therapy injection (falsely called a “vaccine”) won’t end until **October 27, 2022** [<https://clinicaltrials.gov/ct2/show/NCT04470427>] and the clinical trials for the Pfizer-BioNTech experimental gene therapy injection (falsely called a “vaccine”) won’t end until **July 30, 2023** [<https://clinicaltrials.gov/ct2/show/NCT04848584>].

Thus, Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee, why is an experimental medical product/device being approved for anyone, especially children 6 months through 4 years of age, to prevent a non-existent dis-ease? [Please note that there is no dis-ease called “COVID-19” as there has not been a properly isolated and purified “viral” specimen that has been shown to be the only possible cause of anyone’s illness and/or death anywhere on the planet. Please refer to the *Questioning the “germ theory of disease causation”, Proof of Isolation of the “SAR-COV-2 virus” Questions & Proof of Isolation of the “SAR-COV-2 virus” Resources* for questions and resources that expose the scientific fallacy of the “germ theory of ‘dis-ease’ causation.”]

How does approving an experimental medical product/device that has the potential of causing any of the over **1,300 adverse events/reactions**, previously mentioned in a quote, ensure the health of our most vulnerable Human population, infants, let alone anyone else against a non-existent dis-ease?

Has/Have any FDA legal expert(s) reviewed the Docket No. FDA-2022-N-0082 for “Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments.” to ensure that all components of the Nuremberg Code are satisfied (as the medical technologies being discussed for approval by the Vaccines and Related Biological Products Advisory Committee are experimental & the clinical trials are ongoing, thus this is medical research/experimentation being done on the global populace)? {Based off of the Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP)’s Public Health Surveillance 2018 Requirements (<https://www.hhs.gov/ohrp/regulations-and-policy/requests-for-comments/draft-guidance-activities-deemed-not-be-research-public-health-surveillance/index.html>), is the approval of a potentially deadly experimental medical product/device considered to be a part of “public health surveillance activities” rather than research/experimentation? If so, then who protects us from the so-called “public health authorities” that know that the experimental products/devices are genocidal in nature?}

Has/Have any FDA legal expert(s) determined how a 6 month to 4 year old child will provide informed consent to being injected with an experimental product/device? If not, then why not?

The following sections provide either more questions and/or more resources to solidify the reasoning behind my **disapproval** of the suggestion “to amend the Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 mRNA vaccine for ad-

ministration to children 6 months through 4 years of age” [Docket No. FDA-2022-N-0082 for “Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments.”].

Genetic Engineering and Nanotechnology Questions

- 1) Do any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) and/or “Approved” “vaccinations” contain genetically engineered components?
- 2) If so, then which ones do?
- 3) If so, then is this information provided to the general public as well as to the FDA? If it’s not being provided to both the general public and the FDA, then why not?
- 4) Do any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) and/or “Approved” “vaccinations” contain nanotechnology, including, but not limited to, {self-assembling} nanoparticles? ¹
- 5) If so, then which ones do?
- 6) If so, then is this information provided to the general public as well as to the FDA? If it’s not being provided to both the general public and the FDA, then why not?
- 7) Are any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) and/or “Approved” “vaccine\$” (and/or any of the other “vaccines” administered around the world) created using gene editing technology?
- 8) If so, then which ones are? If so, then is this information provided to the general public as well as to the FDA?
- 9) If it’s not being provided to both the general public and the FDA, then why not?
- 10) Are the genetically engineered mosquitoes that have been approved for release in Florida (and elsewhere?) been given the ability to inject the unsuspecting public with any “COVID-19” “vaccine(s)”?
- 11) If so, then which “vaccine(s)”?
- 12) Does the FDA recommend any technique(s) so that people can remove the genetically-altered particles and/or nanotechnology resulting from being injected by the “vaccines” from our bodies safely and effectively?
- 13) If not, then why not since the FDA has allowed this contamination to enter the EUA “vaccines” (and possibly previous vaccines)?
- 14) As it has been previously documented that genetic engineering is not completely safe, then why has the FDA allowed genetically engineered ingredients in vaccines?
- 15) As it has been previously documented that nanotechnology is not completely safe, then why has the FDA allowed nanotechnological/nanoparticle ingredients in vaccines?

¹ <https://science.house.gov/imo/media/doc/Fauci%20Testimony.pdf> | Anthony S. Fauci, M.D., The Role of the National Institute of Allergy and Infectious Diseases in Research on Influenza Vaccine Innovation Testimony before the House Committee on Science, Space, and Technology

Genetic Engineering of Foods to Genetically Engineered Vaccination\$ (Including Nanotechnology) Resources

<https://store.globalresearch.ca/store/seeds-of-destruction/>

Seeds of Destruction: Hidden Agenda of Genetic Manipulation

By F. William Engdahl [<http://www.engdahl.oilgeopolitics.net/> – Geopolitics — Geoeconomics]

<https://academic.oup.com/intimm/article/33/10/521/6194108>

Development of COVID-19 vaccines utilizing gene therapy technology

By Hironori Nakagami, *International Immunology*, Volume 33, Issue 10, October 2021, Pages 521–527. Also archived at <https://archive.vn/LEJMd>

<https://pubs.acs.org/doi/10.1021/acsptsci.0c00071>

Double-Barreled CRISPR Technology as a Novel Treatment Strategy For COVID-19

By Dhanusha A. Nalawansa and Kusal T. G. Samarasinghe, *ACS Pharmacol. Transl. Sci.* 2020, 3, 5, 790–800. Also archived at <https://archive.ph/FYsnF>

<https://www.medcraveonline.com/IJVV/IJVV-04-00072.pdf>

New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination

By Antonietta M Gatti and Stefano Montanari, *International Journal of Vaccines and Vaccination*, Volume 4 Issue 1 – 2017

<https://news.mit.edu/2016/programmable-rna-vaccines-0704>

Engineers design programmable RNA vaccines: Tests in mice show the vaccines work against Ebola, influenza, and a common parasite.

By Anne Trafton, July 4, 2016. Also archived at <https://archive.ph/kgMrp>

<https://www.anhinternational.org/news/what-s-in-the-jabs-they-re-so-desperate-to-give-us/>

Alliance For Natural Health International: What's in the jabs they're so desperate to give us?

By Rob Verkerk PhD, 8 December 2021

<https://www.drrobertyoung.com/post/why-are-cytotoxic-carbon-nanotubes-or-nanoworms-found-in-mrna-vaccines>

Why Are Cytotoxic Carbon NanoTubes or NanoWorms Found In mRNA Vaccines?

By Robert O Young DSc, PhD, Apr 24, 2021

<https://www.globalresearch.ca/video-graphene-oxide-a-toxic-substance-in-the-vial-of-the-covid-19-mrna-vaccine/5750340>

Video: Graphene Oxide: A Toxic Substance in the Vial of the COVID-19 mRNA Vaccine

By Ricardo Delgado and Prof Michel Chossudovsky, Global Research, July 17, 2021

<https://news.mit.edu/2018/single-injection-vaccine-polio-virus-0521>

A single-injection vaccine for the polio virus: Nanoparticles could offer a new way to help eradicate the disease worldwide.

By Anne Trafton, May 21, 2018. Also archived at <https://archive.ph/lbaPg>

<https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-funds-microchip-implant-vaccine-technology1>

Bill Gates and Intellectual Ventures Funds Microchip Implant Vaccine Technology

Written By Celeste McGovern, April 14th 2020

<https://news.mit.edu/2017/one-vaccine-injection-could-carry-many-doses-0914>

One vaccine injection could carry many doses: Microparticles created by new 3-D fabrication method could release drugs or vaccines long after injection.

By Anne Trafton, September 14, 2017. Also archived at <https://archive.ph/Z1Nfl>

<https://greatgameindia.com/flying-syringes-bill-gates-mosquitoes-vaccines/>

Flying Syringes — Bill Gates Wants To Release Genetically Modified Mosquitoes To Inject You With Vaccines, February 26, 2021

<https://gcgh.grandchallenges.org/grant/production-transgenic-mosquito-flying-syringe-deliver-protective-vaccine-saliva>
Global Grand Challenges Awarded Grant: Production of a Transgenic Mosquito, as a Flying Syringe, to Deliver Protective Vaccine via Saliva. Also archived at <https://archive.ph/cJCnZ>

<https://www.dailymail.co.uk/news/article-9460389/Pentagon-scientists-invent-microchip-senses-COVID-19-body-symptoms.html>

Pentagon scientists reveal a 'gel sensor' that detects infection in your body BEFORE you show symptoms and a filter that extracts the COVID-19 virus from blood

By Harriet Alexander For Dailymail.com, 11 April 2021. Also archived at <https://archive.vn/LRdXn>

<https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

Invisible Ink Could Reveal whether Kids Have Been Vaccinated: The technology embeds immunization records into a child's skin
By Karen Weintraub on December 18, 2019. Also archived at <https://archive.ph/2Kx6D>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361141/>

Quantum dots as a promising agent to combat COVID-19

By Selvambigai Manivannan and Kumar Ponnuchamy, *Appl Organomet Chem.* 2020 Jun 26: e5887. Also archived at <https://archive.ph/Jq0I4>

<https://stm.sciencemag.org/content/11/523/eaay7162>

Biocompatible near-infrared quantum dots delivered to the skin by microneedle patches record vaccination

By McHugh, Kevin J. and Jing, Lihong and Severt, Sean Y. and Cruz, Mache and Sarmadi, Morteza and Jayawardena, Hapuarachchige Surangi N. and Perkinson, Collin F. and Larusson, Fridrik and Rose, Sviatlana and Tomasic, Stephanie and Graf, Tyler and Tzeng, Stephany Y. and Sugarman, James L. and Vlasic, Daniel and Peters, Matthew and Peterson, Nels and Wood, Lowell and Tang, Wen and Yeom, Jihyeon and Collins, Joe and Welkhoff, Philip A. and Karchin, Ari and Tse, Megan and Gao, Mingyuan and Bawendi, Mounji G. and Langer, Robert and Jaklenec, Ana, *Science Translational Medicine*, Volume 11, Number 523, 2019. Also archived at <https://archive.ph/jKG8U>

Troubling Questions About the Scientific Validity of the Test\$

- 16) Was the PCR (polymerase chain reaction) test created to diagnose "dis-ease"? If not, then why is it being used to attempt to diagnose "dis-ease"?
- 17) Has any "health" authority in the world been successful at isolating the "SARS-CoV-2 virus" ("coronavirus") from "patient-zero" in Wuhan, China? If not, then why not? ²
- 18) Has that isolated "virus" been used in the production of all of the "COVID-19" "dis-ease"-confirming tests? If not, then why not? If not, then what genetic material, if any, is being used in the test kits? ³
- 19) If the "SARS-CoV-2 virus" has yet to be properly isolated, what genetic material is being used in the (RT)-PCR tests & the antibody tests [a protein is created in a response to what genetic material]?
- 20) Which primer(s) are being used with the specific (RT)-PCR test that was used on you?
- 21) How many cycles were used in the specific (RT)-PCR test that was used on you?
- 22) What does a positive and/or negative (RT)-PCR test actually mean since there is no isolated and then purified "SARS-CoV-2 virus" to detect in you?

²https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html | Questioning the "germ theory of disease causation" (Letter to Editor Not Accepted by The BMJ) By Irucka Embry

³https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html | Questioning the "germ theory of disease causation" (Letter to Editor Not Accepted by The BMJ) By Irucka Embry

- 23) Which antibodies are to be identified with the specific antibody test that was used on you?
- 24) What does a positive and/or negative antibody test actually mean since the whole idea of antibodies is derived from the fraudulent “germ theory of disease causation”? ⁴
- 25) Are the tests a back-door method of vaccinating unsuspecting people? If so, is that ethical? If so, is that legal? If so, then who is legally liable for any adverse reactions from this method of vaccination? ⁵
- 26) Who is legally liable for any adverse reactions from any of the tests?
- 27) Who is legally liable for our DNA after it is processed & possibly sold to third-parties?
- 28) Why is the DNA of all Human Beings & all other Biological Life wanted? What is the ultimate end game of having everyone’s genetic material?
- 29) Why was a sample of the following items positively confirmed as “COVID-19” positive via the PCR test for the not-ever isolated nor purified “SARS-CoV-2 virus” (“coronavirus”): a) a goat, b) a papaya, c) a quail, and d) a can of Coca-Cola? ⁶

Questioning the “germ theory of disease causation”

This next section questions the “germ theory of disease causation” which is the foundation of vaccines. It is my opinion, through many years of research, that this theory has never been proven and that the founder of the modern adaptation of the theory, Louis Pasteur, was a known fraud during his lifetime.

The following questions were posed in a rapid response to a couple of articles from *The BMJ*; however, my response was not accepted. The full response, of which the following questions are an excerpt, can be found online at https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html.

- 30) Has anyone actually proved that “germs” cause “dis-ease” thus confirming all of Robert Koch’s Postulates as well as Thomas M. River’s Postulates? Has this been reproduced?
- 31) Has anyone actually proved that the “SARS-CoV-2 virus” (“coronavirus”) causes the “dis-ease” named “COVID-19” thus confirming all of Robert Koch’s Postulates as well as Thomas M. River’s Postulates? Has this been reproduced? If not, then why not? And if not, then why has the world been so drastically changed?
- 32) Has any “health” authority in the world been successful at isolating the “SARS-CoV-2 virus” (“coronavirus”) from “patient-zero” in Wuhan, China? If not, then why not?
- 33) Has that isolated “virus” been used in the production of all of the “COVID-19” “dis-ease”-confirming tests? If not, then why not?
- 34) Was that isolated “virus” used in the production of the numerous “COVID-19 vaccines”? If not, then why not? If not, then what genetic material, if any, is being used in the vaccines?

⁴<https://whatreallymakesyouill.com/antibodies-immunity-dispelling-two-more-myths/> | What Really Makes You Ill: Antibodies & Immunity: Dispelling Two More Myths By Dawn Lester, 5th October 2020

⁵<https://greatreject.org/vaccinated-via-pcr-test/> | Johns Hopkins University confirms: You can be vaccinated with a PCR test, even without knowing by GreatReject, 18/02/2021; <https://principia-scientific.com/are-pcr-tests-secret-vaccines/> | Are PCR Tests Secret Vaccines? Written by John O’Sullivan, Published on December 2, 2020; <https://hub.jhu.edu/2020/11/25/theragrripper-gi-tract-medicine-delivery/> | Johns Hopkins researchers take inspiration from parasitic work for medicine delivery: “Theragrippers” are tiny, shape-changing machines that deliver medicine efficiently to the GI tract By Patrick Smith / Published Nov 25, 2020. Also archived at <https://archive.vn/T0IHH>

⁶<https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/> | Tanzania Kicks Out WHO After Goat & Papaya Samples Came COVID-19 Positive, May 11, 2020; https://www.youtube.com/watch?v=0-aGdBh_sXI&t=271s | Unfassbar: Cola positiv auf Corona getestet!, Premiered Dec 10, 2020. Also archived at <https://archive.vn/umlcc>

- 35) If “viruses” are not alive, then how are they attenuated? Do “viruses” actually exist or are they exosomes?
- 36) If “germs” don’t cause “dis-ease”, then through what process(es) do we become sick/ill?
- 37) How many people have been adversely affected, including dying, from the applications of the fraudulent “germ theory of disease causation” and its affiliates (antibiotics, antibacterials, vaccines/serums/inoculations/anti-toxins, etc.) over the past several centuries?

Proof of Isolation of the “SAR-COV-2 virus” Questions

This section requests proof of the isolation of the “SARS–CoV–2 virus” which is the basis for the FDA EUA and other government responses, including this notice of determination.

Please note that on 2 November 2020, the Centers for Disease Control and Prevention (CDC) [<https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/USA-CDC-Virus-Isolation-Response-Scrubbed.pdf>] stated that “**A search of our records failed to reveal any documents pertaining to your request.**” in response to a FOIA request for records concerning the isolation of the same “SARS–CoV–2 virus”. If the CDC does not have any records of isolating the “SARS–CoV–2 virus” (“coronavirus”), how did it determine that that “virus” is the cause of “COVID-19”? How did the CDC rule out other possibilities?

Below is a useful quote concerning the lack of isolation and purification of the “SARS–CoV–2 virus”:

- “Test performance can be affected because the epidemiology and clinical spectrum of infection caused by 2019-nCoV is not fully known. For example, clinicians and laboratories may not know the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.
- “Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- “The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- “The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- “This test cannot rule out diseases caused by other bacterial or viral pathogens.

...

“The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. **Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen. Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904). Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use. [my emphasis]

...

“In response to strong demand for higher throughput testing approaches as well as a global shortage of nucleic acid extraction reagents causing significant delays in testing, the CDC has evaluated specimen pooling and determined that pooling of up to 4 specimens is suitable for use with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

“Specimen pooling may cause a slight reduction in test sensitivity and therefore may be most appropriate for screening or diagnostic testing when laboratory staff, equipment or reagents are insufficient to accommodate testing demand. Specimen pooling only presents a throughput advantage when the disease prevalence is low. Therefore, laboratories should monitor specimen positivity rates over time to determine if pooling of specimens continues to provide a test throughput advantage over individual specimen testing. ...

“While this procedure describes the process to prepare, process and test a pool size of up to 4 specimens, specimen pool sizes from 2-4 are authorized for use with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. When using a pool size of less than 4 specimens, please use the following instructions as a model. Pooled specimen input volume and the pooled specimen to lysis buffer volume ratios must remain as prescribed below (not a lower proportion of lysis buffer) to ensure inactivation of SARS-CoV-2 in patient specimens. An N-pool specimen approach should include equal volumes of each of the N specimens pooled together to create the total pooled specimen input volume required under the below pooled specimen extraction instructions.”

–CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel For Emergency Use Only Instructions for Use Catalog # 2019-nCoV EUA-01 1000 reactions For In-vitro Diagnostic (IVD) Use Rx Only, Effective 07/21/2021; pages 38, 40, and 58; <https://www.fda.gov/media/134922/download>. Also archived at <https://web.archive.org/web/20211128201404/https://www.fda.gov/media/134922/download> – Recovered with the Internet Archive: Wayback Machine

- 38) Has the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), and/or the FDA properly isolated the “SARS-CoV-2 virus” directly from a sample taken from a COVID-19-diseased patient where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells, liver cancer cells, etc.)?

Please note that I am using “isolation” in the everyday sense of the word: the act of separating a thing(s) from everything else. I am not referring to the “isolation of SAR-COV-2” as it relates to:

- the culturing of something,
- the performance of an amplification test (i.e. a [RT-]PCR test), or
- the sequencing of something.

I am asking, if the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), and/or the FDA has properly isolated the “SARS-CoV-2 virus” which was also present in “patient zero” in Wuhan, China?

If so, then how was this confirmation achieved? Does the CDC, NIH, and/or FDA have a sample of the isolated “SARS-CoV-2 virus” from “patient zero” in Wuhan, China? If not, then what was used for this confirmation?

Essentially, I am trying to determine if Postulate 2 of Robert Koch’s Postulates has been satisfied. Below I am enclosing his 4 postulates:

- The germ must be found in all cases of the disease.
 - The germ must be isolated from the host and grown in pure culture.
 - The purified germ must cause the disease again in another host.
 - The germ must then be isolated from the newly infected host.
- 39) Please provide the names of studies that indisputably show that “SARS-CoV-2 virus” has been proven to exist (complete purification, isolation and definition of biochemical properties plus electron micrograph).
- 40) Please provide the names of studies that indisputably show that the aforementioned “virus” causes a disease called COVID-19 (and also that other factors like malnutrition, toxins, etc. do not at least co-determine the course of disease).

Please note that industrial poisons, various drugs (such as antipsychotics, opioid analgesics, anticholinergics, and/or antidepressants) may be a cause of respiratory diseases, such as pneumonia and thus also “COVID-19”.

- 41) Please note that on 2 November 2020, the Centers for Disease Control and Prevention (CDC) [<https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/USA-CDC-Virus-Isolation-Response-Scrubbed.pdf>] stated that **A search of our records failed to reveal any documents pertaining to your request.** in response to a FOIA request for records concerning the isolation of the same “SARS-CoV-2 virus”. If the CDC does not have any records of isolating the “SARS-CoV-2 virus” (“coronavirus”), how did it determine that that virus is the cause of COVID-19? How did the CDC rule out other possibilities?
- 42) Please provide the names of at least two studies that indisputably show that “vaccinations”, including the “COVID-19 vaccines”, are completely safe and effective.
- 43) If the CDC, NIH, and/or FDA can not fully satisfy Robert Koch’s Postulates for the “SARS-CoV-2 virus”, then does an emergency actually exist?
- 44) If an emergency does not exist, then have employees and/or contractors of the CDC, NIH, and/or FDA committed scientific fraud using federal government funds?
- 45) If an emergency does not exist, then why are vaccine passports needed?
- 46) If an emergency does not exist, then why have vaccines been rushed through without going through the usual approval process for a new vaccine?
- 47) If an emergency does not exist, then why are vaccines needed for every Human Being on this planet?
- 48) If an emergency does not exist and since people have died from the EUA “vaccines” in the ongoing clinical trials, then who is liable for the deaths of those people?
- 49) Also, who is liable for all of the people that have suffered other adverse reactions?

Proof of Isolation of the “SAR-COV-2 virus” Resources

I am enclosing the various resources that aided me in creating some of the questions in this section:

<https://rxisk.org/medications-compromising-covid-infections/>

RxISK: In the Midst of the SARS-COV-2 Pandemia, Caution is Needed With Commonly Used Drugs That Increase the Risk of Pneumonia

By Joan-Ramon Laporte, M.D. and David Healy MD FRCPsych

<https://andrewkaufmanmd.com/sovi/>

Statement On Virus Isolation (SOVI)

by Morell, Cowan & Kaufman

<https://www.whatdotheyknow.com/request/679566/response/1625332/attach/html/2/872%20FOI%20All%20records%20describing%20isolation%20of%20SARS%20COV%202.pdf.html>

WhatDoTheyKnow: Public Health England Documents held showing SARS-COV2 has been isolated and Causes COVID-19

<https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Fluoride Free Peel: FOIs reveal that health/science institutions around the world have no record of SARS-COV-2 isolation/purification, anywhere, ever

<https://www.torstenengelbrecht.com/en/virus-mania/>

Virus Mania: Corona/COVID-19, Measles, Swine Flu, Avian Flu, Cervical Cancer, SARS, BSE, Hepatitis C, AIDS, Polio, Spanish Flu: How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense

By Torsten Engelbrecht, Claus Köhnlein, MD, Dr. Samantha Bailey, MD, and Dr. Stefano Scoglio, pages 51 and 387, ISBN# 9783752629781

Collection of Resources Created by Irucka Embry, E.I.T. to provide more information related to this current crisis in perception

https://www.questionuniverse.com/oldway/electromagnetic_air_pollution.html

Electromagnetic Waves as an Indoor Air Pollutant

https://www.questionuniverse.com/oldway/electromagnetic_air_pollutions.pdf

Electromagnetic Waves as an Indoor Air Pollutant

https://www.questionuniverse.com/germs_disease_fraud.html

Germs Can Not & Do Not Cause Dis-ease: The “germ theory of disease causation” is a Fraud

https://www.questionuniverse.com/germs_disease_fraudD.pdf

Germs Can Not & Do Not Cause Dis-ease: The “germ theory of disease causation” is a Fraud

<https://www.questionuniverse.com/vaccination.html>

COVID-19 Vaccination/Experimental Gene Therapy & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/vaccinationN.pdf>

COVID-19 Vaccination/Experimental Gene Therapy & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

https://www.questionuniverse.com/face_hiding.html

Face Hiding For No Legitimate Reason (No “Coronavirus” Has Been Proven to Exist}

https://www.questionuniverse.com/face_hidingG.pdf

Face Hiding For No Legitimate Reason (No “Coronavirus” Has Been Proven to Exist}

https://www.questionuniverse.com/fake_test.html

COVID-19 Tests For Nothing (No “Coronavirus” Has Been Proven to Exist} & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

https://www.questionuniverse.com/fake_testT.pdf

COVID-19 Tests For Nothing (No “Coronavirus” Has Been Proven to Exist} & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/global.html>

What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/globals.pdf>

What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

I want to thank you in advance for your time and consideration.

Irucka Embry, E.I.T.