

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

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2023-09-25

## Document Information

Return to Questioning the Universe Publishing (QUP) {Irucka Embry}: Resources to help us rethink the current crisis (in perception) [[https://www.questionuniverse.com/rethink\\_current\\_crisis.html](https://www.questionuniverse.com/rethink_current_crisis.html)]

If you wish to view this page as an HTML Web page, then please go to <https://www.questionuniverse.com/vaccination.html>

## Notes

**NOTE:** Please consider using a [Free Software PDF reader](#) to view the PDFs on this page. Thank you.

**NOTE:** This document was created using the rmarkdown package [<https://rmarkdown.rstudio.com/>] version 2.25 in R [<https://www.r-project.org/>] version 4.2.3 on the Trisquel [<https://trisquel.info/>] version 9.0 GNU/Linux [<https://www.gnu.org/gnu/why-gnu-linux.html>] distribution. You can find Irucka’s contributions to the R Community at <https://gitlab.com/iembry> [GitLab projects] & <https://www.ecoccs.com/rtraining.html> {R Trainings and Resources provided by EcoC<sup>2</sup>S (Irucka Embry, E.I.T.)}.

**NOTE:** Please also refer to the following information:

<https://gitlab.com/iembry/jab.adverse.reactions>

`jab.adverse.reactions` R package: Provides data about the possible adverse events/reactions resulting from being injected with a vaccine/experimental gene therapy. Currently, this data set only includes information from six reference sources. Refer to the Citation file for the reference information.

[https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab\\_adverse\\_reactions.csv](https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab_adverse_reactions.csv)

`jab.adverse.reactions` R package: Data in CSV format

[https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab\\_adverse\\_reactions.json](https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab_adverse_reactions.json)

`jab.adverse.reactions` R package: Data in JSON format

[https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab\\_adverse\\_reactions.xml](https://gitlab.com/iembry/jab.adverse.reactions.full/-/blob/master/inst/public/jab_adverse_reactions.xml)

jab.adverse.reactions R package: Data in XML format

<https://gitlab.com/iembry/vaersND>

vaersND R package: Non-Domestic VAERS data for 1990 - Present. "VAERS is a national vaccine safety surveillance program co-sponsored by the US Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration (FDA)."

<https://gitlab.com/iembry/vaers>

vaers R package: US VAERS data for 1990 - Present. "VAERS is a national vaccine safety surveillance program co-sponsored by the US Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration (FDA)."

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#passport](https://www.questionuniverse.com/rethink_current_crisis.html#passport)

Vaccination Passport\$ / Agenda ID2020 / "Digital Identity"

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#legal\\_current](https://www.questionuniverse.com/rethink_current_crisis.html#legal_current)

Current Fake Pandemic & Judicial/Legal Issues

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#vax\\_mand](https://www.questionuniverse.com/rethink_current_crisis.html#vax_mand)

Mandatory/Compulsory Vaccination\$ & Judicial/Legal Issues

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#cov\\_vaccin](https://www.questionuniverse.com/rethink_current_crisis.html#cov_vaccin)

"Coronavirus" Vaccination\$ Experimental Gene Therapy Technology {Search for discussion by Judy Mikovits, Ph.D.]

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#vax\\_report](https://www.questionuniverse.com/rethink_current_crisis.html#vax_report)

Report Adverse Reactions to All Vaccination\$

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#heal\\_vaccin](https://www.questionuniverse.com/rethink_current_crisis.html#heal_vaccin)

Healing from the Adverse reactions (side effects) from "Coronavirus" Vaccination\$ Experimental Gene Therapy Technology {Search for discussion by Judy Mikovits, Ph.D.] ———— Except Deaths

[https://www.questionuniverse.com/rethink\\_current\\_crisis.html#adv\\_react\\_cov\\_vaccin](https://www.questionuniverse.com/rethink_current_crisis.html#adv_react_cov_vaccin)

Adverse reactions (side effects) from "Coronavirus" Vaccination\$ Experimental Gene Therapy Technology {Search for discussion by Judy Mikovits, Ph.D.], including DEATHS

**NOTE:** These are the other jewels of knowledge in this series of documents:

[https://www.questionuniverse.com/oldway/electromagnetic\\_air\\_pollution.html](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](https://www.questionuniverse.com/oldway/electromagnetic_air_pollutions.pdf)

Electromagnetic Waves as an Indoor Air Pollutant

[https://www.questionuniverse.com/germs\\_disease\\_fraud.html](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](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/face\\_hiding.html](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](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](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](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”)

## Introduction

I created this brief document to provide some resources that will hopefully allow people to see the greater agenda that is (and has been) afoot for quite some time now. As the title suggests, the information here is only the “tip of the iceberg”. There is a whole lot more that is going on in the shadows.

This information is not fully discussed (or discussed at all) by the “corporament”.

In the USA, the “corporament” exists as the:

military (defense/offense) + industrial + academic (schooling — at all levels — as prison) + “corporament” entertainment (Hollywood, media, advertising/consumerism/commercialization, propaganda/psychological warfare) + judicial (defense and prosecutorial lawyers, judges, law enforcement/police, prisons) + financial (banks, accounting firms) + religion + petrochemical/pharmaceutical (drugs, antibiotics, antibacterials, vaccines, pesticides — toxins to kill or put you at “dis-ease” and drugs to “treat” you) + imperial commu-soci-capitofasdemorepubcracism system/society/economy/Western thinking = Military-industrial-academic-“corporament” entertainment-judicial-financial-religion-petrochemical/pharmaceutical complex.

Commu-soci-capitofasdemorepubcracism is derived from communism, socialism, capitalism, fascism, democracy, and republic as these concepts all have the same root. The complex was originally defined in the aforementioned article [[https://www.utdailybeacon.com/opinion/our-government-can-not-be-trusted/article\\_81932d59-0861-5647-87b2-901d4d5cabd8.html](https://www.utdailybeacon.com/opinion/our-government-can-not-be-trusted/article_81932d59-0861-5647-87b2-901d4d5cabd8.html)] | Our government can not be trusted by Irucka Ajani Embry, Monday, 26 August 2002, *The Daily Beacon*. Also, the article can be found by searching at <https://www.questionuniverse.com/oldway/columns.html>], but it has been recently revised to reflect a new understanding of the complex’s nature.

–Irucka Ajani Embry, piece entitled: “Attack of the ...”, pages 103-104, from *Balancing the Rift: ReCONNECTualizing the Pasenture*, ISBN-13: 978-0-9914994-0-3 / ISBN-10: 0-9914994-0-9

Also, I am enclosing resources that will enable us, globally, to unite together as Human Beings, the Human Race, and regain our freedom & power from the global *elites* that think that they control us because we have allowed them to develop that false conclusion.

It’s past time for the Human Race To Get Off Our Knees [see *Human Race Get Off Your Knees: The Lion Sleeps No More* By David Icke – <https://shop.davidicke.com>]

We are All Infinite Love/Infinite Consciousness having an Experience as ... [see *Remember Who You Are: Remember ‘Where’ You Are and Where You ‘Come’ from: Remember ...* By David Icke – <https://shop.davidicke.com>]

Thank you.

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## Quotes That Hopefully Cause Us to Question the Safety & Efficacy of Past, Present, and Future Vaccination Campaigns

“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.““

–*Facts and Comments* By Herbert Spencer, 1902, pages 270-273 [<https://archive.org/details/factsandcomment01spengooq>]

“Forced vaccination *is* rape - a conclusion, herein, that is a result of a *systems of systems* analysis that intersects both: (1) a biological systems understanding, which recognizes that pores on the human skin - approximately 5 million - are “orifices”; and, (2) a legal systems understanding wherein rape is defined as “...penetration of *any bodily orifice* by any body part or by any object, against a person’s will or without consent, and with threat or actual use of force.”{1} This conclusion affords potential victims of forced vaccination the opportunity to employ existing legal remedies such as Harassment Prevention Orders to prohibit forced vaccination - as such action constitutes rape or a threat of rape - commonly known as *rape threat*. To the best of the author’s knowledge, the analysis and results herein defining forced vaccination as rape by intersecting both the biological systems understanding of pores on the skin as orifices, and the legal systems definition of rape, are the first of its kind.”

{1} Massachusetts Rape Laws, FindLaw, <https://statelaws.findlaw.com/massachusetts-law/massachusetts->

–Dr. Shiva Ayyadurai, MIT PhD, Why Forced Vaccination Is Rape: A Biological and Legal Systems of Systems Analysis with Options for Recourse, 2020 [<https://shiva4senate.com/forced-vaccination-is-rape/>]

“One theory of the origin of AIDS is that it developed from contaminated vaccines used in the world’s first mass immunization for polio. There are a number of reasons why this theory is plausible enough to be worthy of further investigation.

- “The location coincides dramatically. The earliest known cases of AIDS occurred in central Africa, in the same regions where Koprowski’s polio vaccine was given to over a million people in 1957-1960.
- “The timing coincides. There is no documented case of HIV infection or AIDS before 1959. Current variants of HIV-1 appear to have diverged from a common ancestor from central Africa a little before 1960. Centuries of the slave trade and European exploitation of Africa exposed Africans and others to all other diseases then known; it is implausible that HIV could have been present and spreading in Africa without being recognized.
- “Polio vaccines are grown (cultured) on monkey kidneys which could have been contaminated by SIVs. Polio vaccines could not be screened for SIV contamination before 1985.
- “Other monkey viruses (specifically SV-40) are known to have been passed to humans through polio vaccines. A specific pool of Koprowski’s vaccine was later shown to have been contaminated by an unknown virus.
- “In order for a virus to infect a different species, it is helpful to reduce the resistance of the new host’s immune system. Koprowski’s polio vaccine was given to many children less than one month old, before their immune systems were fully developed. Indeed, in one trial, infants were given 15 times the standard dose in order to ensure effective immunization.”

–Dr. Brian Martin, Polio Vaccines and the Origin of AIDS: Some Key Writings, Africa Update Newsletter Vol IX, Issue 1 (Winter 2002): Conversations on AIDS (Part 2) [<https://web.archive.org/web/20220807005733/https://web.ccsu.edu/afstudy/upd9-1.htm>] {Recovered with the Internet Archive: Wayback Machine}

“Accordingly, my corroboration of [Dr. Robert] Strecker’s, [Dr. Alan] Cantwell’s and [Dr. Jakob] Segal’s conclusions is backed by the shocking experiments detailed in the 425-page *Special Virus Cancer Program* 1972 publication. This government-secreted text explains how and why these kinds of “special viruses” were manufactured and distributed. And they especially incriminate the vaccine industry.

““It was all done under a hush-hush program,” I explained in an earlier publication. “The scientific publications prove the simultaneous hepatitis B experiments were conducted in New York City, Central Africa, and apparently Haiti too, during the early 1970s. And these facts best explain the occurrence of what Dr. Gerald Myers –the leading expert in HIV/AIDS phylogeny–called the ‘Big Bang Theory.’ This chief of the special AIDS project for the U.S. Government’s Los Alamos Laboratory corroborated my discoveries and thesis, that the sudden and simultaneous emergence of several strains of HIV around the world by the mid 1970s resulted from the secreted *Special Virus Cancer Program* lab experiments.

“I reviewed more than 2,500 scientific reports and government documents, some obtained through the Freedom of Information Act, to assess dozens of viral vaccine studies. The chief suspects emerged from the network of military and pharmaceutical industry scientists working for the Merck Drug Co., Litton Bionetics, and the Southwest Foundation, as shown in the *Special Virus Cancer Program* text. My 3-year investigation, corroborating Strecker’s, Cantwell’s, and Segal’s concerns, is documented in the 592-page *Emerging Viruses* book.”

–Dr. Leonard G. Horowitz, Robert Strecker Memorial: AIDS-Origin Investigator Passes on Compelling Memorandum: a tribute, Medical Veritas Inc. [<https://medicalveritas.org/robert-strecker-memorial/#>]

“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.

“In 1912, Thaon reported a case in which paralysis of the serratus magnus and other muscles developed following serum sickness due to the injection of 10 cc. of tetanus antitoxin. In 1915, Richardson reported a case of severe tetanus with recovery, which was followed by a pronounced multiple neuritis that he attributed to the action of the tetanus toxin. Dyke in 1918 wrote on 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>

“Almost any protein material or organic compound, by combining with body proteins, may produce severe allergic reactions. Although the use of serum and consequently the reactions from serum have been considerably reduced, these reactions still occur, and new treatments have brought new hazards. There are no more distressing emergencies than those which result from one’s own treatment; their avoidance is most desirable, while their prompt recognition and treatment are essential.

...

“Anaphylactic reactions always come on soon after the injection of the allergen, sometimes immediately, and the earlier the reaction the more likely is it to be severe and dangerous. A reaction occurring within a few minutes of the injection will be severe, and possibly fatal, while a reaction occurring after thirty minutes to an hour, although it may be quite troublesome, is rarely, if ever, dangerous.

“The earliest symptoms of severe and dangerous anaphylactic reactions may be sweating, a feeling of heat throughout the body, a generalized pruritus, or an urticarial rash rapidly becoming generalized; an irritating cough, dyspnoea and wheeziness, a choking sensation, substernal oppression, or a feeling of constriction in the chest; retching or vomiting with cramp-like pains in the abdomen, sometimes diarrhoea, occasionally severe abdominal distension; and/or headache, giddiness, or sudden unconsciousness, in some cases followed by convulsions; while acute circulatory collapse and death may occur rapidly. The pulse is at first of good volume, slow and bounding, but in the dangerously ill patient it becomes rapid, weak, and thready, and there is a marked fall in blood pressure.

...

“In serum sickness the symptoms occur only after a definite incubation period, usually six to twelve days, commonly ten days. Symptoms may be mild or severe. They consist of fever, skin eruptions, glandular enlargement, and arthritis, often in this order. The fever ranges from 99 to 104° F. (37.2 to 40° C.). Skin eruptions are the commonest manifestation, the large majority being urticarial weals or, in the severer cases, angioneurotic oedema. A morbilliform type of rash is also fairly common, and different parts of the body may present different appearances at the same time.

“The scarlatiniform type of rash occurs infrequently. When generalized angioneurotic oedema occurs the urine may contain albumin, but rarely blood. The presence of albumin need not cause undue concern, for after the serum disease has subsided the albumin disappears.

“When severe pains in the joints occur it is almost always towards the end of the illness, and although these are a fresh and sometimes frightening addition to the patient’s symptoms they usually herald the last phase, when the acute stage is nearing its end. In the more severe reactions there may be difficulty in swallowing and a feeling of a heavy lump behind the sternum, while cramp-like abdominal pains, with or without diarrhoea or vomiting or both, are also not uncommon and may last for several days.

“Stiffness of the joints, especially after use, and an urticarial type of skin reaction after pressure may persist for weeks and sometimes for many months. One of my own patients, six months after his penicillin reaction, still developed pain and swelling of the feet and ankles after a brisk walk, and was unable to use his hands for heavy manual work.

“Neurological complications are rare but of special interest. The commonest is an affection of the brachial plexus or part of the brachial plexus, resulting in a scapulo-humeral paralysis. The patient often complains of neuritic pains in the shoulder regions, and these are followed fairly rapidly by a flaccid paralysis with the usual tenderness and hyper- aesthesia. Recovery usually occurs within six months.”

–D. A. Williams, M.D., M.Sc., F.R.C.P., “Serum and Anaphylactic Reactions”, *British Medical Journal: Emergencies in General Practice*, 1952, 1, 4928, 1469-1471 [<https://www.bmj.com/content/1/4928/1469> and <https://web.archive.org/web/20200209180050/http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC2062273&blobtype=pdf> – Internet Archive: Wayback Machine]

“Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians’ usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.”



–Electronic Support for Public Health—Vaccine Adverse Event Reporting System (ESP:VAERS) Grant Final Report/Grant ID: R18 HS 017045 [Inclusive dates: 12/01/07 - 09/30/10] Principal Investigator: Lazarus, Ross, MBBS, MPH, MMed, GDCompSci, page 6 [<https://www.nvic.org/CMSTemplates/NVIC/Pdf/FDA/ahrq-vaers-report-2011.pdf>]

“Plaintiffs’ expert Jane Doe is a computer programmer with subject matter expertise in the healthcare data analytics field, and access to Medicare and Medicaid data maintained by the Centers for Medicare and Medicaid Services (CMS). Over the last 20 years, she has developed over 100 distinct healthcare fraud detection algorithms for use in the public and private sectors. In her expert opinion, VAERS under-reports deaths caused by the Vaccines by a conservative factor of at least 5. As of July 9, 2021, VAERS reported 9,048 deaths associated with the Vaccines. Jane Doe queried data from CMS medical claims, and has determined that the number of deaths occurring with 3 days of injection with the Vaccines exceeds those reported by VAERS by a factor of at least 5, indicating that **the true number of deaths caused by the Vaccines is at least 45,000**. She notes that in the 1976 Swine Flu vaccine campaign (in which 25% of the U.S. population at that time, 55 million Americans, were vaccinated), the Swine Flu vaccine was deemed dangerous and unsafe, and removed from the market, even though the vaccine resulted in only 53 deaths.”

–America’s Frontline Doctors, et al., Plaintiffs, vs. Xavier Becerra, Secretary of the U.S. Department of Health and Human Services, et al., Defendants in the United States District Court for the Northern District of Alabama, Civil Action No. 2:21-cv-00702-CLM, Plaintiffs Motion For Preliminary Injunction, page 41 [<https://renzlaw.godaddysites.com/45k-whistleblower-suit>]

“Revisiting American medicine’s legacy of iatrogenic deaths is now more crucial than ever because the same behaviors that have contributed to the nation’s leading cause of death are being repeated during the Covid-19 pandemic. The government and federal health officials are in reprehensible denial of inexpensive and highly effective drugs, such as Ivermectin and hydroxychloroquine, to treat early and middle stage SARS-2 infections. Cases of Covid infections and deaths have been grossly exaggerated. And now we are realizing that the efficacy and safety profiles of the vaccines are orchestrated scams. As a result, the entire institutional edifice to vaccinate the global population is destined to become the greatest scandal of the 21st century.

“Unfortunately, nobody can acquire accurate statistics for Covid-19 vaccine associated injuries and deaths from the CDC’s Vaccine Adverse Events Reporting System (VAERS). Careful weekly monitoring of VAERS’ adverse event updates convince us that the entire system is criminally rigged. CDC officials overseeing the database are undoubtedly fudging numbers after ratio of adverse events, including deaths, per number of doses administered are compared to the more robust and accurate EudraVigilance database in the European Union and the less reliable Yellow Card System in the UK.

“As of June 17, VAERS was reporting 329,021 injuries and 5,888 deaths due to the Covid vaccines. The database’s most recent update is reporting an additional 26,541 injuries but 1,972 less deaths. How can this sudden disappearance of almost 2,000 deaths be accounted for? The mysterious loss of fatality entries occurred during the same week as a CDC working group of outside medical professionals was reviewing an association between the mRNA vaccines and the rising number of reported cases of cardiac inflammation or myocarditis. The group concluded that there is indeed “a likely association.” The occasion of deleted deaths in VAERS is also on the heels of the Israeli Shamir Medical Center report that Pfizer’s vaccine is linked with occurrences of thrombotic thrombocytopenic purpura, an autoimmune disorder associated with a rare form of blood clotting. However, despite weekly local news stories around the nation about youth as young as 19 years of age dying of vaccine complications shortly after receipt of an mRNA vaccine, the CDC is claiming that all 1,200 persons, between 16-24 years of age, recovered and no deaths were reported. Does this account for the likely scrubbing of entries in VAERS?

“But it is much worse. We only need to look at the European Union’s statistics for adverse Covid-19 vaccine events and compare that with VAERS and the CDC’s recent conclusion to realize there is a massive cover-up in our government’s efforts to sanitize the safety record of Covid vaccines. As of this week the EudraVigilance system

is reporting over 1.5 million injuries and 15,472 deaths. Within those figures, 28,583 injuries and 1,862 deaths are from cardiac complications such as myocarditis.

“Second, the EU and US have administered approximately the same number of Covid vaccine doses, roughly 409 million and 379 million respectively. Therefore we should expect to find a similar dose-to-injury ratio. Again we discover the CDC gaming the nation’s reporting system to lessen the perception of lethal risks. Based upon the EU ratio we can conservatively estimate that a minimum of 14,300 Americans have been killed by the vaccines so far. If we go back a week before the CDC scrubbed entries in VAERS, it would be over 17,000 Covid vaccine deaths. The actual number of Americans suffering adverse reactions would be 1.4 million.

“In other words the EU is reporting 4 times more vaccine injuries and deaths than American health officials. In both the US and EU, Pfizer’s mRNA vaccine accounts for the majority of these casualties. Unless the Covid-19 vaccines engineer a personal vendetta against people holding EU passports, these numbers don’t add up.

“Before the arrival of the Covid vaccines, Merck’s anti-inflammatory drug Vioxx was widely regarded as the single largest pharmaceutical catastrophe in American medical history. The drug should never have been approved and licensed in the first place; and, Merck knew beforehand that the drug would be lethal and concealed that documentation from FDA regulators. Vioxx was on the market for five years before being withdrawn. At the time of the federal class action lawsuit against Merck, FDA epidemiologist Dr. David Graham estimated the drug had killed 60,000 patients due to heart attacks and strokes. Since the majority of deaths were among elderly patients, a later report by the American Conservative predicted that upwards to half a million patients may have died from the drug over the course of a longer period. Yet during those years Merck was cashing in \$2 billion annually from Vioxx sales, earning over double its eventual \$4.8 billion fine after being found guilty.

“To put this into a broader perspective, the Covid vaccines have only been distributed for six months and have now contributed to a realistic 17,000 deaths or upwards towards 30,000 this year alone. Since the vaccines’ immunity quickly wanes and it seems certain they provide little protection against new SARS-2 strains, health officials are already recommending regular booster shots. Similar to a prescription medication, those who buy into the vaccine propaganda hype are in principle relying upon these vaccines for life or until such time the virus resides into just a seasonal nuisance. Consequently iatrogenic vaccine injuries and deaths may likely continue at current rates during forthcoming years. The Covid-19 vaccines are on track to outpace the conservative number of Vioxx deaths over three-fold and even modern medicine’s most deadly drug Cerivastatin, manufactured by Bayer in the late 1990s and responsible for over 100,000 deaths during the four-year period it was on the market. In short time, Covid vaccines will be the deadliest drug to have emerged from Big Pharma.

“A study published in the *Journal of Patient Safety* estimated that 400,000 unnecessary and preventable deaths occur annually in American hospitals alone. At that rate, it is not surprising that the large majority of deaths ruled as SARS-2 infections happened in hospitals. If our federal health officials had been competent, and less compromised by the demands and influence of drug makers, most of these fatalities likely would never have occurred.”

–Progressive Radio Network: American Medicine, American Malfeasance By Richard Gale & Gary Null PhD, June 24, 2021 [<https://prn.live/american-medicine-american-malfeasance/>]

“The so-called morning-after pill has not yet been tested in human beings; its effectiveness and the hazards of its use are unknown. The male pill is being very little investigated; several types of drugs are known to diminish male fertility, but those that have been tested have serious problems of toxicity. Very little work is in progress on immunological methods, **such as vaccines, to reduce fertility, and much more research is required if a solution is to be found here.**”

–The Rockefeller Foundation *President’s Five-Year Review & Annual Report 1968*, page 72 of the PDF document [<https://www.rockefellerfoundation.org/wp-content/uploads/Annual-Report-1968-1.pdf>]

“First, we’ve got population. The world today has 6.8 billion people. That’s headed up to about nine billion. Now, if we do a really great job on **new vaccines, health care, reproductive health services** [my emphasis], we could lower that by, perhaps, 10 or 15 percent. But there, we see an increase of about 1.3.”

–William Henry Gates III (better known as Bill Gates), Bill Gates — TED2010: Innovating to zero! [[https://www.ted.com/talks/bill\\_gates\\_innovating\\_to\\_zero/transcript](https://www.ted.com/talks/bill_gates_innovating_to_zero/transcript)]. Also archived at <https://archive.vn/gm9Z5>

“Corona virus — COVID-19, which is an acronym that stands for, “Certificate Of Vaccination Identification (C.O.V.I.D.) — Artificial Intelligence (1 represents the first letter in the alphabet = A and 9 represents the ninth letter in the alphabet = I).” ”

–Robert O. Young, CPT, MS, D.SC., Ph.D., Posted on 04/23/2020, pHorever Young Blog: The Corona Virus is Just a Concept That Only Exists on Paper [<https://phoreveryoung.wordpress.com/2020/04/23/the-corona-virus-is-just-a-concept-that-only-exists-on-paper/>]

“Disease is an alarm signal, a friend that calls to inform us of danger. Disease is an effort to prevent death. Therefore, pain and so-called “disease” is more than a warning; it is an effort that opposes death. The symptoms that indicate disease are calls, or dispatches, asking for the material with which repair of bodily tissue may be made. Pains or discomforts of various functions or structures of the body are words asking for the constituent parts of blood, nerve fluids, tissue, bone, etc.

“If acids cause pain, the pain is a call for a sufficient amount of alkaline salts to balance an acid effect and change fluids to a balanced and natural state. Healthy synovial fluid (fluid of the joints — the lubricator) is neither acid nor alkali but yet contains both in combination. Should the alkaline salts become deficient in amount for any cause, the acid at once becomes a disturbing element and hurts the nerves that pervade the membranes of periosteum (bone covering) of the internal structure of knee, elbow, or other joints of the human anatomy. This pain, or word, cannot be considered bad or malignant in any sense.

“So then it matters not what name may be given to nature’s demand for reinforcements through the medium of pain or any symptom that indicates a deviation from the plane of health; one thing and one thing alone is needed, i.e., to supply the blood with the dynamic molecules, the twelve cell salts, that set up vibration or action in the human machine.

“Poisons, of whatever name or nature, do not and cannot supply deficiencies and cure disease for the simple reason that poisons are not constituent parts of the human organism.

“Poisons oppose calls for help and tend to still the voice of nature; therefore, the effect of poison is towards death. Many have survived the effects of poisons, but equally many have been hurried to their graves.

“A proper use of mineral or cell salts of the blood in the potency and proportion found in the ashes of a cremated body will do all that can be done medicinally to supply deficiencies and restore normal conditions.

“The cell salts form the chemical base of the blood, and blood builds all tissue and fluids of the body.”

–Adapted from *Chemistry of the Cosmos* by Dr. George Carey. Featured in *Facial Diagnosis of Cell Salt Deficiencies: A User’s Guide* By David R. Card, page 12

“Here is one example of how the trick may play out. A toxin creates a disease. The toxin might be pesticides or industrial pollution or wireless technology radiation. The toxin damages millions of people and their communities. Companies or their insurance provider may be liable for civil or criminal violations. Then a virus is blamed. A “cure” is found in a “vaccine.” The pesticide or other toxic exposure is halted just as the vaccine is introduced, and presto,

the sickness goes away. The vaccine is declared a success, and the inventor is declared a hero. A potential financial catastrophe has been converted to a profit, including for investors and pension funds. As a portfolio strategist, I admit it has been a brilliant trick and likely has protected the insurance industry from the bankrupting losses it would experience if it had to fairly compensate the people and families destroyed.”

–Catherine Austin Fitts, May 27, 2020, Solari Report: The Injection Fraud — It’s Not a Vaccine [<https://home.solari.com/deep-state-tactics-101-the-covid-injection-fraud-its-not-a-vaccine/>]

“Most existing influenza vaccines are produced by growing the virus in eggs. This is a time-honored, but time-consuming process. Furthermore, the vaccine undergoes a process of adaptation to grow in eggs that may in itself lead to mutations that make the resulting vaccine less effective. In recognition of these limitations, the President signed the *Executive Order on Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health* on September 19, 2019. Broadly, the Executive Order directs BARDA, CDC, NIH, and FDA to accelerate the adoption of improved influenza vaccine technologies. In alignment with the goals of the Executive Order, NIAID is conducting and supporting research to develop state-of-the-art vaccine platform technologies that could be used to develop universal influenza vaccines as well as to improve the speed and agility of the influenza vaccine manufacturing process. **These platform technologies include DNA, messenger RNA (mRNA), virus-like particles, vector-based, and self-assembling nanoparticle vaccines.** For example, NIAID-supported scientists are investigating an mRNA vaccine candidate that would allow for a more rapid and flexible response to both seasonal and pandemic influenza than do existing vaccine production strategies.” [my emphasis]

–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 [<https://science.house.gov/imo/media/doc/Fauci%20Testimony.pdf>]

“Medical research, no matter how much effort, money and dedication goes into it, always seems to give us a deceptive answer. There are a lot of promises in the beginning which more often than not end up in disasters. The problem is that many times the medical drugs used to manipulate the human body are so deep and insidious in their effects that when we finally perceive their long-term side effects, it is usually too late; the damage has already been done.

“Today everybody thinks that it was only thalidomide and a handful of other drugs that have been harmful, while everything else is considered safe and “innocent.” Thalidomide showed its appalling effects upon the human organism in quite a short time because it was a very crude drug. This was the reason why it was soon recognized and isolated, though not without leaving some very tragic consequences in its wake. Can you imagine what could have happened if its effects had not been discovered when they were?

“What we have to understand is that all chemical drugs, no matter how innocent they may appear in the beginning, are bound to have some type of effect, be it large or small, on the human organism. Some drugs or vaccinations may have such a subtle and insidious influence upon the body that their side effects may be apparent only five to ten years later.

“In 1978, in my book *The Science of Homeopathy*, I advanced the theory that vaccinations deeply disturb the organism before they can protect it from a specific disease. But few have asked about the long-term effects of vaccinations. Who can really calculate the net profit or loss from such practice? We all know that vaccinations are “addressed” to the immune system and that their aim is to “force” it to produce antibodies to protect the organism from future attacks of a specific infectious disease.

“This idea was really “clever,” but the question still remains for future generations to answer whether it was clever enough to outsmart nature.

“Several other questions which will take a long time to answer are:

- “Can nature (the organism), under the stress of a vaccine, suffer an unpredictable reaction which arranges its deeper structures of defense, such as the reticuloendothelial, immune, sympathetic and parasympathetic systems, such that it can no longer defend itself from future diseases of a different type?”
- “Is it possible that by using such powerful agents we are accelerating the body’s manifestation of its latent predisposition for chronic diseases?”
- “Who can foretell, with any degree of certainty, the long-range consequences of such subtle intervention in the innermost workings of the human organism?”

“In my teachings, I have alluded repeatedly to the fact that we have meddled in an unwise and serious manner with the immune system, and that it is possible the present “explosion” of some of the most terrifying chronic diseases of our times—like multiple sclerosis, cancer and rheumatoid arthritis—may have been precipitated largely by certain vaccinations. Such practices may have consequences that appear ten to fifteen years after the initial vaccination, which I believe is the case with multiple sclerosis.”

–*A New Model for Health and Disease: Suggesting an Explanation for the Explosion of: AIDS, Cancer, Asthma, Candida, Epilepsy, Alzheimer’s, Tuberculosis, Schizophrenia, Multiple Sclerosis, Allergic Conditions, Rheumatoid Arthritis, Chronic Fatigue Syndrome* New Expanded Edition By George Vithoulkas, North Sporades, Greece: International Academy of Classical Homeopathy, 2008, Pages 169-171, ISBN# 1-55643-087-6 [<https://www.vithoulkas.com/>]

“The mild character of the reaction is indicated by the fact that of more than 30,000 injections given to the soldiers of the United States Army, there was either no general reaction or only a mild one (temperature elevated but not up to 100° F., or merely headache and malaise) in about 95 per cent., and that in no instance were there any untoward results. In addition to the ten individuals of our series mentioned above, **we also obtained a volunteer for vaccination who had had an attack of typhoid fever nine years previously. Following the first injection he had a severe local reaction consisting of swelling and redness of the entire upper arm and extending for two inches below the elbow. This inflamed area, which was very tender, continued for twenty-four hours. After his second injection the above-mentioned symptoms were even more marked and the individual had a temperature of 103.5° and was delirious for ten hours. In consideration of the severity of these reactions it was not thought advisable to give the usual third injection. Russell also reports more severe reactions in those who have previously had typhoid fever.**” [my emphasis]

–Henry Albert, M.D. and A. M. Mendenhall, M.D., “Reactions Induced By Antityphoid Vaccination”, *The American Journal of the Medical Sciences*, February 1912, Volume 143, Issue 2, page 235, [https://archive.org/details/sim\\_american-journal-of-the-medical-sciences\\_1912-02\\_143\\_2/page/232/mode/2up](https://archive.org/details/sim_american-journal-of-the-medical-sciences_1912-02_143_2/page/232/mode/2up)

“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.

“Dr. Squirrel, formerly Resident Apothecary to the Small-pox Inoculation Hospital, also published in 1805 numerous cases of small-pox, injuries, and death after vaccination.

“John Birch, a London surgeon, at first adopted vaccination and corresponded with Jenner, but soon finding that it did not protect from small-pox and that it also produced serious and sometimes fatal diseases, he became one of its strongest opponents, and published many letters and pamphlets against it up to the time of his death in 1815.

“Mr. William Goldson, a surgeon at Portsea, published a pamphlet in 1804, giving many cases in his own experience of small-pox following vaccination. What made his testimony more important was that he was a believer in vaccination, and sent accounts of some of his cases to Jenner so early as 1802, but no notice was taken of them.

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“1 The cases of failure of vaccination here referred to are given in Mr. William White’s “Story of a Great Delusion,” [Refer to the section on books for the referenced text] where fuller extracts and references will be found.

“Mr. Thomas Brown, a surgeon of Musselburgh, published in 1809 a volume giving his experiences of the results of vaccination. He had at first accepted and practised it. He also applied the “variolous test,” with apparent success, and thereafter went on vaccinating in full confidence that it was protective against small-pox, till 1808, when, during an epidemic, many of his patients caught the disease from two to eight years after vaccination. He gives the details of forty-eight cases, all within his own personal knowledge, and he says he knew of many others. He then again tried the “variolous test,” and found twelve cases in which it entirely failed, the result being exactly as with those who were inoculated without previous vaccination. These cases, with extracts from Brown’s work, were brought before the Royal Commission by Professor Crookshank. (See 4th Report, Q. 11,852.)

“Again, Mr. William Tebb brought before the Commission a paper by Dr. Maclean, in the *Medical Observer* of 1810, giving 535 cases of small-pox after vaccination, of which 97 were fatal. He also gave 150 cases of diseases from cow-pox, with the names of ten medical men, including two Professors of Anatomy, who had suffered in their own families from vaccination. The following striking passage is quoted: “*Doctrine.*—Vaccination or Cow-pox inoculation is a perfect preventive of small-pox during life. (Jenner, etc.) *Refutation.*—535 cases of small-pox after cow-pox. *Doctrine.*—Cow-pox renders small-pox milder. It is never fatal. *Refutation.* 97 deaths from small-pox after cow-pox and from cow-pox diseases.”

“The cases here referred to, of failure of vaccination to protect even for a few years, are probably only a small fraction of those that occurred, since only in exceptional cases would a doctor be able to keep his patients in view, and only one doctor here and there would publish his observations. The controversy was carried on with unusual virulence; hence perhaps the reason why the public paid so little attention to it. But unfortunately both the heads of the medical

profession and the legislature had committed themselves by recognizing the full claims of Jenner at too early a date and in a manner that admitted of no recall. In 1802, as already stated, the House of Commons, on the Report of its Committee, and the evidence of the leading physicians and surgeons of London—a large number of whom declared their belief that cow-pox was a perfect security against small-pox—voted Jenner £10,000. When therefore the flood of evidence poured in, showing that it did *not* protect, it was already too late to remedy the mischief that had been done, since the profession would not so soon acknowledge its mistake, nor would the legislature admit having hastily voted away the public money without adequate reason. The vaccinators went on vaccinating, the House of Commons gave Jenner £20,000 more in 1807, endowed vaccination with £3000 a year in 1808, and after providing for free vaccination in 1840, made the operation compulsory in 1853 by a fine, and ordered the Guardians to prosecute in 1867.”

–*The Wonderful Century: Its Successes and Its Failures* By Alfred Russel Wallace, 1899, pages 218-222, <https://archive.org/details/wonderfulcentury028485mbp/mode/2up>

“It will thus be seen that Jenner completely abandoned his false and reckless claim of *perfect protection* from smallpox *for life* by *one vaccination*, for which he got his big graft or money prize from the English government: but, please note, he did not make this retreat or acknowledge his great mistake until after he had pocketed his **big reward of thirty thousand pounds** [my emphasis] for his shamefully false claim of the unlimited protection and perfect safety of vaccination.”

–*Horrors of Vaccination Exposed and Illustrated: Petition to the President to Abolish Compulsory Vaccination in Army and Navy* By Chas M. Higgins, 1920, page 187 [[https://www.forgottenbooks.com/en/books/HorrorsofVaccinationExposedandIllustrated\\_10777320](https://www.forgottenbooks.com/en/books/HorrorsofVaccinationExposedandIllustrated_10777320)]

“The following letter from Professor Peter, Member of the Academy of Medicine, Paris, the great French clinician, and successor of Trousseau, has been received by the author of this work.

““Dear Dr. Dolan, — I am entirely in agreement with you that M. Pasteur’s so-called preservative against hydrophobia is at once a mistake and a danger. The same may be said of his anti-charbon inoculations. I will subsequently furnish proofs of this. This treatment, altogether empirical, devoid of scientific basis, wavers at the hazard of experiments sometimes *simple*, at another time *intensive*, then quickly reverting to the *simple* method, contends vainly against disastrous facts which condemn it. From this point of view nothing can be more pitiful than the answer of M. Pasteur with reference to the death of Lord Doneraile. “Death occurred because he was not inoculated until eleven days after the bite, and because Lady Doneraile objected to the intensive treatment.” Whence it appears that all who have been inoculated eleven days after having been bitten should not, since the treatment is of no avail after the eleventh day, be counted among those protected by the treatment of M. Pasteur. On the other hand, all who have not been inoculated by the intensive method ought not to be counted. This then is the only benefit. But consider that in presence of the lamentable facts of this homicidal treatment pointed out by myself, M. Pasteur has felt obliged to revert to the simple treatment (which he had declared inefficacious and inert). Was ever seen such confusion? Would it not be more natural to confess that medical treatment is of no avail — the simple no more than the intensive? But then the interests of M. Pasteur and his pupils would have suffered.

““For the same reasons, however unscientific, M. Pasteur has been obliged to propagate a belief in the frequency of hydrophobia. Now, hydrophobia in man is a rare, a very rare disease. I have seen only two cases in thirty-five years of hospital and civil practice while my colleagues,; both in town and country, count the cases they have seen by units, and not by dozens (still less by hundreds). To magnify the advantages of his treatment, and to conceal his failures, M. Pasteur has every interest in exaggerating the annual mortality from hydrophobia in France, but this is not in the interest of truth.

““For example, among my colleagues of the Academy of Medicine who have had an extensive practice, M. Worms has seen but one case in thirty-five years. Professor Ball has seen only one case in thirty-three years. Dr. Polaillon has seen two cases in twenty-eight years. In twenty-six years Dr. Leon Labbe has met with two cases. Professor Tillaux has seen three cases. I have before me thirty-four letters from perfectly unbiassed medical men, who in the whole course of their lives, had not seen a single case of rabies in man. Dr. Paul Meilhac and his son have, at Argentat (Correze), seen four cases out of a population of 12,650 inhabitants. Dr. Seguy, at St. Flour, with a population of 51,000 has met with five cases, which makes one case in fifteen years for the former, and one in eleven years for the latter. We are far from the 1,500 *enragés* cared for in less than six months at the laboratory in the Rue d’Ulm.

““The scientific idea of M. Pasteur is to flood the human system twice a day, many days in succession, with a progressively stronger virus, with the view of neutralising the infinitesimally small quantities of virus of rabies already introduced into the organism by a bite, a purely chimerical idea. If the mortality from hydrophobia in France had diminished, this would be a proof of its efficacy, but the mortality has been augmented since Pasteur began his work, and not only is the mortality increased, but cases of paralytic rabies have been induced by later inoculations.

““It is, then, to expose the mischief of the intensive method that I addressed the Academy. This method, M. Pasteur says, has been *spontaneously* abandoned, which is at variance with the truth. But, allowing that it is true, it was because of its danger, and because it was quoted in the case of Lord Doneraile. I do not think it necessary further to dwell upon this point. M. Pasteur’s treatment must be judged by the statistics of the annual mortality from hydrophobia in France. This has increased instead of having decreased, as was pompously announced by Vulpian and Pasteur. Pasteur’s treatment is equally condemned by the analysis of deaths: their clinical analysis showing that a certain number of fatal cases are due to the inoculations, which explains the increased mortality from hydrophobia in man.

““But M. Pasteur not only conveys rabies to man, but transmits charbon to animals (for details and statistics, see a brochure ‘The Value of Pasteur’s Treatment as a Preventive against Rabies.’ Paris: Asselin and Houzeaux, 1887).

““Inoculation as preventive of charbon was practised upon 4,564 sheep at Kachowka, in Southern Russia, of which 3,696 died. M. Bardach, in August, 1888, inoculated 4,564, of which only nineteen per cent, survived. This is called protective inoculation ! The promotor of this gigantic holocaust was M. Meczikow, a doctor of philosophy, director of the Bacteriological Institute of Odessa. This doctor of philosophy is, it thus appears, as ignorant of medical matters as M. Pasteur, doctor of chemistry. Hence is explained the temerity with which Pasteur approaches the solution of the most complex medical problems. He would do more than Jenner, but he does not understand that Jenner arrested the development of dangerous small-pox by inoculation of the milder and safer cow-pock. Without doubt M. Pasteur derived his practice from the inoculators of a former time, in inoculating artificially the disease they wished to prevent, with this difference, that they, acting in a rational manner, inoculated preventively under the most favourable conditions ; whereas, on the contrary, he inoculates his morbid poisons when the disease has already invaded the system. He is in the position of a physician who, consulted by a subject of small-pox, should insert a second dose of the variolous poison in order to subdue the force of the first.

““To conclude, it is shown that M. Pasteur has given charbon to animals, and rabies to individuals who would not otherwise have had it. It is time to raise a cry of alarm. — Accept the assurance, etc.,

““Peter.”

–*Pasteur and Rabies* By Thomas M. Dolan, M.D., F.R.C.S.Ed., 1890, pages v-ix [<https://archive.org/details/b28067393>]

“When Louis Pasteur successfully prevented the appearance of rabies in Joseph Meister (1885) following the bite of a rapid dog, new hope was offered to persons who previously would have been condemned to certain death. However, in the years that followed it became apparent that the use of rabies vaccines was not without risk. Reports



of various reactions, some fatal, began to accumulate in the literature, and the etiologic factors in these complications became a subject of dispute, which continues until the present day, some 64 years after the development of Pasteur's treatment.

"The current literature reveals the difficulties in completely reporting each case of complications following antirabies therapy. Certain details are usually lacking; i.e., permission for necropsy may have been refused, the biting animal may not have been caught, the type of vaccine or the dosage may not have been known or an adequate history of the illness may not have been available. Therefore, when two cases of neuroparalytic accident associated with the prophylactic use of rabies vaccine U.S.P. occurred in Detroit within four months, we were prompted to report these cases as completely as was possible in the circumstances. Regrettably, certain particulars were lacking in these cases also."

-Neurological Complications of Rabies Vaccine: Report of Two Cases By F. R. Latimer, M.D., J. E. Webster, M.D., and E. S. Gurdjian, M.D., *A.M.A. Archives of Neurology and Psychiatry*, Volume 65, Issue 1, January 1951, pages 16-28 [<https://jamanetwork.com/journals/archneurpsyc/article-abstract/651100>]

"Serum sickness was described by von Pirquet in 1905, following the use of horse serum containing diphtheria antitoxin. Serum sickness consists of fever, cutaneous eruption, arthralgia/arthritis, gastrointestinal disturbances, lymphadenopathy, and proteinuria. During the last decade, many authors have used the term *serum sickness-like reaction* (SSLR) to describe drug reactions that consist of rash, fever, and joint involvement often without evidence of cutaneous or systemic vasculitis. Generalized lymphadenopathy and proteinuria usually do not occur in SSLR. Unlike the serum sickness that is caused by circulating immune complexes, the pathophysiology of SSLR is not fully understood. An increasing number of drugs, including penicillins, cephalosporins, sulfonamides, minocycline, ciprofloxacin, beta-blockers, fluoxetine, rifampin, and others, have been implicated in the etiology of both serum sickness and SSLR."

-Serum Sickness-like Reactions By Joseph Yerushalmi, MD; Alex Zvulunov, MD; and Sima Halevy, MD, *Cutis*, Volume 69, May 2002, pages 395-397 [<https://web.archive.org/web/20200321001112/http://www.gums.ac.ir/Upload/Modules/Contents/asset68/069050395.pdf>]

"In the recent *Textbook of Medical Treatment* by Davidson, Dunlop and McNee (page 75) it is stated that intravenous, intrathecal and intra-peritoneal injections of serum are more apt to produce severe and rapid anaphylactic symptoms than intramuscular or subcutaneous injections. For over ten years I have been treating all cases of tetanus in this hospital by intrathecal (20,000 units in 10 c.cm.) and intravenous (80,000 units in 40 c.cm.) injections. So far I have never observed in my patients any trouble of this serious nature; but urticaria has been a fairly common phenomenon.

"After my recovery, an experienced doctor-friend of mine casually remarked that I had made a lot of fuss over a little 'serum reaction'. If the patient is a lay person, many doctors are prone to interpret restlessness in such cases as 'fuss' and label the poor man 'psychoneurotic'. To adopt such an attitude without making a thorough and prolonged examination is neither fair to the patient nor to the profession. In the book quoted above (page 849) it is stated that serum reaction, if not properly and effectively treated, may result in the death of the patient. At the moment of taking the injection I gave no thought to the possibility of my being an anaphylactic individual. Since 1926 I have had, very occasionally, light attacks of asthma, and urticaria thrice. I suffered from catarrhal jaundice thrice in my life, and frequent attacks of 'cold' during the last three years."

-Serum Shock and Serum Reaction By K. G. Iyengar, *The Indian Medical Gazette*, May, 1943, pages 249-250 [<https://web.archive.org/web/20200207182423/http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5158424&blobtype=pdf>]

“Friends and well wishers of Duon H. Miller, the Florida cosmetic manufacturer who spent many thousands of dollars of his own money to warn the American public against the lethal effects of Salk vaccine, its worthlessness as a preventive, the false propaganda of the serum trust and the doctored”statistics” of the US Public Health Service, will be glad to know that he is now off the hook.

“Upon demand of the National Foundation for Infantile Paralysis, whose racket he was seriously interfering with, he was railroaded by a Federal Court in Florida after the Post Office Dept. was importuned to go far afield and split hairs to convict him of sending out”derogatory statements” about the Salk racketeers on a postal card.

“There actually is a PO regulation which says that such statements are all right in sealed mail, but”unmailable” on postal cards. The usual procedure is for postal inspectors to notify the “culprit” and have him sign a stipulation not to do it again. We know this from personal experience. In the Miller case this was not done, because of pressure from NFIP and those who own the serum trust—the House of Rockefeller.

“Miller was given a 2-year prison sentence and placed on probation for two years in July of 1955. It was admitted by the”prosecution” that its main object was to stop him from telling the truth about Salk vaccine. So, terms of the probation were that he was not to send anything thru the mails having the slightest reference to vaccine or medicine of any sort.

“This (illegally) revoked his rights to freedom of speech and press granted him by the First Amendt to the Consti-tution. This was so raw that the judge has been prevailed upon to declare the Constitution again in effect. His probation thereupon was”lifted” January 28 instead of causing it to run its full course to July 1957. This also lets the judge off the hook because Congress could have filed impeachment charges against him for violation of his oath in abrogating the Constitution.

“The serum trust is getting desperate. They saw in the Miller”prosecution” a warning to all who dared to tell the truth about their deadly racket, so they “went to town” in making it. It now develops they have a “stockpile” for 25,000,000 of these deadly “shots” which they can’t dispose of, even with the fake statistics put out by the US Public Health Service and reprinted widely by the medical and general press.

“To dispose of it, they are now resorting to circus methods. They prevailed on a church in Cleveland to help them interfere with God’s work by advertising”coffee, cookies and Salk shots.” In Michigan their lobbyists had a bill introduced in the legislature to force the inoculation of all school children. They told the legislature “\$2,000,000 worth of Salk shots” is spoiling. In New Jersey they have a similar bill.

“They even prevailed on Mr. Eisenhower to use the high office of the Presidency as a huckster stand. By words put in his mouth by serum trust press agents, Ike urged everybody—adults and children—to have three polio shots”while supplies are now plentiful.” The royal medics in London hooked Good Queen Bess into having her two children’s health interfered with by polio shots— amid a fanfare of press and radio hokum.

“While they were selling these deadly shots like hotcakes, the serum trust was announcing (thru their stooges in the USPHS) that Salk vaccine”has polio under control.” They now say “polio is far from conquered.” They have 25,000,000 shots for sale, with a profit of more than \$5 a “shot” involved.”

–WHALE: Vaccine Economics — as quoted by American Capsule News, Washington, D. C. February 9, 1957. Addendum to *The Poisoned Needle* by Eleanor McBean [<http://www.whale.to/a/bealle3.html>]

“In order to teach the drug and serum ideology it is necessary to teach that God didn’t know what he was doing when he made the human body. Statistics issued by the Children’s Bureau of the Federal Security Agency do not bear out this ideology. They show that since the all-out drive of the drug trust for drugging, vaccinating and serumizing the human system, the health of our nation has declined enormously, especially among children.

“Children are now given”shots” for this and “shots” for that, when the only immunity known to science is a healthy human body and a pure blood stream. Ponder these government findings:

- “Nearly half a million children are affected by rheumatic fever.
- “Ten million boys and girls under 21 have defective vision.
- “A half million have orthopedic or spastic conditions.
- “Two million have impaired hearing.
- “Seventeen thousand are deaf.
- “Four hundred thousand have tuberculosis.
- “Seventy-five percent have dental defects.
- “Three out of every 100 draft registrants (18 and 19 years old) had heart trouble.
- “Three out of every hundred had a mental disease.
- “Two out of every 100 had a neurological difficulty.
- “Ten out of every 100 had defective vision.
- “One out of 40 had defective hearing.

“These conditions didn’t exist in the youth of today’s middle aged and old people. Vaccination was the only unnatural practice then and most of us had enough vitality eventually to throw off the effects of this blood pollution. But if we had quadrupled or decupled this dose, as is being done to children today, our present middle aged people probably would be old and our present old people dead.”

–*The Drug Story: A Factological History of America’s \$10,000,000,000 Drug Cartel — Its Methods, Operations, Hidden Ownership, Profits and Terrific Impact on the Health of the American People* By Morris A. Bealle, 1949 [<http://www.whale.to/a/bealle.htm>]

## Basic Questions About the Vaccination\$ Scam

- 1) Is any individual, corporation, government agency, international agency, institution, etc. legally liable for the adverse reactions, including deaths, caused by recommending and/or requiring that people receive one of the numerous “COVID-19” vaccines due to a non-existent threat from a non-existent “coronavirus”?
- 2) In the United States of America, do people have the right to refuse a vaccine that is currently under an “Emergency Use Authorization (EUA)”? If so, then are people advised about their rights (proper informed consent)?
- 3) In other countries of the world, do people have the right to refuse a vaccine? If so, then are people advised about their rights (proper informed consent)?
- 4) What do the Nuremberg Code & the World Medical Association (WMA) Declaration of Helsinki say about human experimentation and informed consent? Has any so-called “health authority” promoting the fraudulent “germ theory of disease causation” & vaccination campaigns provided people with proper informed consent? If not, then why not?
- 5) What do the various international laws say about rape [Dr. Shiva Ayyadurai, MIT PhD argues that forced/mandatory vaccination is rape.]? Are there legal protections provided to Human Beings around the world to avoid being raped, in this case, by a syringe/needle and/or genetically-modified mosquitoes? If so, then what are the legal protections? If not, then why don’t those legal protections exist?
- 6) What do the various federal laws, State/Commonwealth laws, etc. say about rape [Dr. Shiva Ayyadurai, MIT PhD argues that forced/mandatory vaccination is rape.]? Are there legal protections provided to Human Beings in the United States of America to avoid being raped, in this case, by a syringe/needle and/or genetically-modified mosquitoes? If so, then what are the legal protections? If not, then why don’t those legal protections exist?
- 7) Please note that on 2 November 2020, the United States 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 US 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?

- 8) 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? [1]
- 9) 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”? [2]
- 10) Do any of the United States Food & Drug Administration (FDA) “Emergency Use Authorization (EUA)” and/or “Approved” “vaccine\$” (and/or any of the other vaccines administered around the world) contain genetically engineered components? If so, then which ones do? 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? [3]
- 11) Are any of the United States 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? If so, then which ones are? 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]
- 12) Do any of the United States Food & Drug Administration (FDA) “Emergency Use Authorization (EUA)” and/or “Approved” “vaccination\$” (and/or any of the other vaccines administered around the world) contain nanotechnology, including, but not limited to, {self-assembling} nanoparticles? If so, then which ones do? 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? [5]
- 13) 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)? If so, then which vaccine(s)? [6]
- 14) Does the FDA recommend any technique(s) so that people can remove the genetically-altered particles and/or nanotechnology from our bodies safely and effectively? If not, then why not since the FDA has allowed this contamination to enter the “EUA” “vaccines” (and possibly previous vaccines)? [7]
- 15) As it has been previously documented that genetic engineering is not completely safe, then why has the FDA allowed genetically engineered ingredients in vaccines? [8]
- 16) As it has been previously documented that gene editing technology is not completely safe, then why has the FDA (and other regulatory bodies around the world) allowed the use of gene editing technology in the production of “foods” in addition to the production of vaccines? [9]
- 17) As it has been previously documented that nanotechnology is not completely safe, then why has the FDA allowed nano ingredients in vaccines? [10]
- 18) If the CDC, NIH, and/or FDA can not fully satisfy Robert Koch’s Postulates for the SAR-COV-2 “virus”, then does an emergency actually exist? [11]
- 19) 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? [12]
- 20) If an emergency does not exist, then why are vaccine passports needed? [13]
- 21) If an emergency does not exist, then why have vaccines been rushed through without going through the usual approval process for a new vaccine? [14]
- 22) If an emergency does not exist, then why are vaccines needed for every Human Being on this planet? [15]

- 23) 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? Also, who is liable for all of the people that have suffered other adverse reactions? [16]
- 24) As it seems that no one has ever successfully isolated and purified a “virus”, what “genetic” material, if any, is actually used in vaccines? Why have vaccine manufacturers continued to lie about the contents of vaccines? Why have we, the People of the world, allowed this shenanigan to keep going on?
- 25) Are all of the active and/or inactive ingredients, including possible contaminants, listed on the product label for each & every single vaccine? If not, then why not? [Please refer to the **Ingredients of Vaccines** section.]
- 26) 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, antivirals, vaccines/serums/inoculations/anti-toxins, etc.) over the past several centuries? [17]
- 27) After objectively reviewing the occult history of vaccines/serums/inoculations/anti-toxins, can a sane Human Being really believe that those products are “safe and effective”?
- 28) From Edward Jenner to the current charlatans pushing the “murderous injections”/deadly vaccines, can it be assumed that making profits has been a strategic part of the vaccination campaigns?
- 29) Why would any sane person use a poisonous vaccine to treat any dis-ease? Why would any sane person think that this method of treating dis-ease will not create more dis-ease in the people, including non-human animals, given such an experimental technology?
- 30) Within the United States of America (USA), what is the legal definition of a vaccine? Do any of the “COVID-19” “Emergency Use Authorized (EUA)” only “vaccines” meet the legal definition of a vaccine? If not, then why not? If not, then why are those products fraudulently labeled?
- 31) In other countries of the world, what is the legal definition of a vaccine? Do any of the “COVID-19” “vaccines” meet the legal definition of a vaccine? If not, then why not? If not, then why are those products fraudulently labeled?
- 32) What are the ongoing clinical trials of the “COVID-19” “vaccines” designed to show? Are they created solely to show that they are “safe and effective” when indeed that is the complete opposite of reality? [18]
- 33) If a Human Being or other animal is administered a vaccine and he or she dies (or suffers other adverse reactions) within seconds, minutes, or up to 72 hours after receiving the shot(s), is there a correlation between that person’s death & the vaccine(s)? If this happens, then who is legally liable for either this person’s death or their dis-eased state?
- 34) Are we just seen as disposable guinea pigs still? If so, then why?
- 35) Why aren’t more people all around the world asking these & other questions?

## Gene Therapy

[https://www.ecoccs.com/resources\\_links.html#gene\\_edit](https://www.ecoccs.com/resources_links.html#gene_edit)

EcoC<sup>2</sup>S [Irucka Embry): EcoC<sup>2</sup>S Online Resources: **Gene Editing**

<https://www.nature.com/articles/d41586-021-02483-w>

*Nature News*: The tangled history of mRNA vaccines: Hundreds of scientists had worked on mRNA vaccines for decades before the coronavirus pandemic brought a breakthrough.

By Elie Dolgin, 14 September 2021. Also archived at <https://archive.ph/O7XiW>

<https://spectrum.ieee.org/mrna-vaccines-ftw-covid-19>

mRNA Vaccines for the Win; But mRNA Therapies...?: Unclear road ahead for biotech behind COVID-19 immunization successes  
By Elie Dolgin, *IEEE Spectrum*, 24 Nov 2021. Also archived at <https://archive.ph/ckoRN>

<https://www.sciencedirect.com/science/article/pii/S1359644621002075>

The impact of COVID-19 on the cell and gene therapies industry: Disruptions, opportunities, and future prospects  
By Tingting Qiu, Yitong Wang, Shuyao Liang, Ru Han, Mondher Toumi, *Drug Discovery Today*, Volume 26, Issue 10, 2021, Pages 2269-2281. Also archived at <https://archive.ph/8ieCE>

<https://asgct.org/research/news/november-2020/covid-19-moderna-nih-vaccine>

American Society of Gene & Cell Therapy (ASGCT): COVID-19 Vaccine Candidates Show Gene Therapy is a Viable Strategy,  
November 17, 2020. Also archived at <https://archive.ph/imWgT>

<https://www.technologyreview.com/2021/02/05/1017366/messenger-rna-vaccines-covid-hiv/>

MIT Technology Review: The next act for messenger RNA could be bigger than covid vaccines: New messenger RNA vaccines to fight the coronavirus are based on a technology that could transform medicine. Next up: sickle cell and HIV.  
By Antonio Regalado, February 5, 2021. Also archived at <https://archive.ph/Xq5Lj>

<https://www.nature.com/articles/s41435-021-00136-6>

Gene therapy avenues and COVID-19 vaccines  
By Omar S. Abu Abed, *Genes & Immunity* volume 22, pages 120-124 (2021). Also archived at <https://archive.vn/SzWpb>

<https://ojrd.biomedcentral.com/articles/10.1186/s13023-021-01958-3>

Gene therapies and COVID-19 vaccines: a necessary discussion in relation with viral vector-based approaches  
By Angel Aledo-Serrano, Antonio Gil-Nagel, Julian Isla, Ana Mingorance, Fernando Mendez-Hermida & Ruben Hernandez-Alcoceba, *Orphanet Journal of Rare Diseases* volume 16, Article number: 316 (2021). Also archived at <https://archive.vn/d86PM>

<https://www.sciencedirect.com/science/article/pii/S0169409X2100003X>

Advances in gene-based vaccine platforms to address the COVID-19 pandemic  
By Deborah Pushparajah, Salma Jimenez, Shirley Wong, Hibah Alattas, Nafiseh Nafissi and Roderick A. Slavcev, *Advanced Drug Delivery Reviews*, Volume 170, 2021, Pages 113-141. Also archived at <https://archive.ph/cETpf>

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

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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  
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<https://stanmed.stanford.edu/2018winter/CRISPR-for-gene-editing-is-revolutionary-but-it-comes-with-risks.html>

Target, delete, repair: CRISPR is a revolutionary gene-editing tool, but it's not without risk  
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<https://www.frontiersin.org/articles/10.3389/fonc.2019.00297/full>

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By Goswami Reena, Subramanian Gayatri, Silayeva Liliya, Newkirk Isabelle, Doctor Deborah, Chawla Karan, Chattopadhyay Saurabh, Chandra Dhyana, Chilukuri Nageswararao, and Betapudi Venkaiah, *Frontiers in Oncology*, Vol 9, 2019, page 297. Also archived at <https://archive.ph/MEU4w>

# Articles, Books & Videos That Provide an Unflinching Look into the Sordid History of Serums/Inoculations/Immunizations/Vaccinations/Shots From the Modern Beginning to the Present-Day

<https://phmpt.org/>

Public Health and Medical Professionals for Transparency

This nonprofit, made up of public health professionals, medical professionals, scientists, and journalists exists solely to obtain and disseminate the data relied upon by the FDA to license COVID-19 vaccines. The organization takes no position on the data other than that it should be made publicly available to allow independent experts to conduct their own review and analyses. Any data received will be made public on this website.

<https://phmpt.org/pfizers-documents/>

Public Health and Medical Professionals for Transparency Documents: Pfizer's Documents

Documents with a large file size are provided in a .zip file and will need to be uncompressed after download.

<https://defendingtherepublic.org/wp-content/uploads/2023/07/DTR-v.-FDA-Moderna-Findings-Summary-1.pdf>

Defending the Republic Obtains Moderna Information

<http://www.whale.to/a/bealle3.html>

WHALE: Vaccine Economics — as quoted by American Capsule News, Washington, D. C. February 9, 1957. Addendum to *The Poisoned Needle* by Eleanor McBean

<https://childrenshealthdefense.org/defender/pfizer-moderna-profits-covid-booster-rollout/>

Children's Health Defense' The Defender: Pfizer, Moderna Eye Windfall Profits as COVID Booster Rollout Begins: One analyst predicted COVID boosters alone will bring in about \$26 billion in global sales next year for Pfizer — who splits profits with BioNTech — and around \$14 billion for Moderna if the shots are endorsed for nearly all Americans.

By Megan Redshaw, 09/27/21

<https://unlimitedhangout.com/2020/10/investigative-reports/operation-warp-speed/>

Unlimited Hangout: Operation Warp Speed is Using a CIA-Linked Contractor to Keep Covid-19 Vaccine Contracts Secret: \$6 billion in Covid-19 vaccine contracts awarded by Operation Warp Speed have been doled out by a secretive government contractor with deep ties to the CIA and DHS, escaping regulatory scrutiny and beyond the reach of FOIA requests.

by Whitney Webb, October 6, 2020

<https://open-debate.eu/wordpress/>

Es braucht dringend eine öffentliche und wissenschaftliche Aufklärung über Covid-19 Impfrisiken – German \ There is an urgent need for public information and scientific inquiry into Covid-19 vaccination risks

<https://docs.google.com/spreadsheets/d/1-emVRZk7K6iXOGu2lu0RucLXocEDwJkajGa5IMhHLU/edit>

Google Sheets: 1000+ Studies on COVID-19

[https://www.researchgate.net/publication/356248984\\_Worldwide\\_Bayesian\\_Causal\\_Impact\\_Analysis\\_of\\_Vaccine\\_Administration\\_on\\_Deaths\\_and\\_Cases\\_Associated\\_with\\_COVID-19\\_A\\_BigData\\_Analysis\\_of\\_145\\_Countries](https://www.researchgate.net/publication/356248984_Worldwide_Bayesian_Causal_Impact_Analysis_of_Vaccine_Administration_on_Deaths_and_Cases_Associated_with_COVID-19_A_BigData_Analysis_of_145_Countries)

ResearchGate: Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A BigData Analysis of 145 Countries

By Kyle Beattie, November 2021

[https://www.bibliotecapleyades.net/salud/salud\\_vacunas.htm](https://www.bibliotecapleyades.net/salud/salud_vacunas.htm)

Virtual Library: Killer Vaccines - Vacunas Que Matan

<https://www.globalresearch.ca/the-killer-vaccine-worldwide-7-9-billion-people/5749363>

The "Killer Vaccine" Worldwide. 7.9 Billion People: The Covid-19 Vaccine should be Halted and Discontinued Immediately

Worldwide

By Prof Michel Chossudovsky, Global Research, August 14, 2021

<https://thetruthaboutvaccines.com/sudden-adult-death-syndrome/>

The Truth About Vaccines: Sudden vaccines deaths are now so common they've assigned a SYNDROME name for it: Sudden Adult Death Syndrome (SADS)

By Mike Adams, June 9, 2022

<https://sharylattkisson.com/2021/10/exclusive-summary-covid-19-vaccine-concerns/>

(UPDATED) Exclusive Summary: Covid-19 Vaccine Concerns

by Sharyl Attkisson, June 14, 2022

<https://main.nojabforme.info/>

No Jab For Me

<https://nojab.click/>

NoJab.Click

<https://nojab.news/>

No Jab News

<https://nojab.icu/>

nojab.icu: Whistleblower Nurses expose the scamdemic

<https://www.who.int/news-room/events/detail/2019/12/02/default-calendar/global-vaccine-safety-summit>

World Health Organization (WHO): Global Vaccine Safety Summit, 2 - 3 December 2019, Geneva, Switzerland. Also archived at

<https://archive.vn/VIIZI>

<https://www.bitchute.com/video/GA2mHSbta6cn/>

Shocking Footage From Inside The W.H.O. Global Vaccine Safety Summit on Dec. 2019.

Posted by Covid Lie on July 22nd, 2020 (BitChute video)

<https://americasfrontlinedoctors.org/2/frontlinenews/answering-doctor-who-recommends-covid-19-vaccine-to-his-staff/>

America's Frontline Doctors: Answering doctor who recommends COVID-19 vaccine to his staff

posted by Caryn Lipson, September 20, 2021

<https://scholar.archive.org/search?q=serum>

Internet Archive Scholar search: serum

<https://scholar.archive.org/search?q=serum+reaction>

Internet Archive Scholar search: serum reaction

<https://scholar.archive.org/search?q=vaccination+reaction>

Internet Archive Scholar search: vaccination reaction

<https://scholar.archive.org/search?q=vaccinosis>

Internet Archive Scholar search: vaccinosis

<https://archive.org/search.php?query=serum%20reaction>

Internet Archive Search: serum reaction

[https://archive.org/search.php?query=Vaccine^\[\]=mediatype%3A%22texts%22](https://archive.org/search.php?query=Vaccine^[]=mediatype%3A%22texts%22)

Internet Archive Search: Vaccine {texts only search}

<https://archive.org/search.php?query=vaccination&and%5B%5D=mediatype%3A%22texts%22>

Internet Archive Search: vaccination {texts only}



<https://archive.org/search.php?query=vaccination&and%5B%5D=mediatype%3A%22texts%22>

Internet Archive Search: Vaccinosis (all metadata search]

<http://whale.to/vaccine/books.html>

WHALE: Vaccination Books

<http://www.vaclib.org/books/index.htm>

Vaccination Liberation: Books

<https://www.forgottenbooks.com/en/search?q=vaccination>

Forgotten Books: Search: "Vaccination"

<https://adversereactionreport.com/recommended-reading/>

Adverse Reaction Report: Recommended Reading

[https://www.goodreads.com/author/show/14164702.Trung\\_Nguyen](https://www.goodreads.com/author/show/14164702.Trung_Nguyen)

Goodreads.com: Trung Nguyen's Books

<http://whale.to/vaccines/smallpox14.html>

WHALE: Smallpox Vaccination Books & Pamphlets

<http://www.chiropractic.org/1200studies/>

International Chiropractors Association: 1200 Studies

[http://www.chiropractic.org/wp-content/uploads/2019/08/1200-studies-The-Truth-Will-Prevail-v2.4\\_08-15-19.pdf](http://www.chiropractic.org/wp-content/uploads/2019/08/1200-studies-The-Truth-Will-Prevail-v2.4_08-15-19.pdf)

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Please refer to the section on [Gene Therapy](#) for more information

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