THE EPOCH TIMES

# New Science Shows Vaccines Help Omicron Spread: Peer-Reviewed Study

BY Jennifer Margulis and Joe Wang TIMEAugust 5, 2022

A team of 19 scientists from the United Kingdom have published new research that helps explain why countries with the highest vaccination rates are experiencing the highest numbers of what they call "breakthrough infections," as well as reinfection with other variants of COVID-19.

This research article, published on June 14, 2022 in the peer-reviewed journal Science, has been downloaded nearly 277,500 times in less than two months. That is very unusual for a densely worded highly technical scientific study.

We can only speculate the reason so many people have been reading it. But what this study suggests—which many clinicians and research scientists have expressed concerns about—is that COVID-19 mRNA vaccines as well as the booster shots may be making our immune response less effective against the Omicron variant of the virus.

If this is correct, it means that the vaccine itself is leading to widespread infection. Instead of stopping the virus, it appears that the mRNA vaccination programs around the world may have inadvertently made the virus more ubiquitous.

## Higher Vaccine Uptake Leads to Higher Infection Rates

As the British scientists point out, countries with higher vaccine uptake rates are experiencing high numbers of primary infections and frequent reinfections with SARS-CoV-2.

In contrast, in places where vaccine campaigns have not been widely implemented—including most countries in the continent of Africa—people are not becoming infected.

Analyzing why the most vaccinated populations are getting the most Omicron infections, this study focused on the most-vaccinated professionals: Medical

personnel who had been given the two doses of mRNA vaccines early on, and were then given booster shots twice more. To find out what was happening on a cellular level with these highly vaccinated healthcare workers, the scientists kept close track of the different types of immunoglobin in the participants' blood.

Immunoglobin (Ig), also known as antibody (Ab), finds viruses, bacteria, and such and leads the immune system to respond appropriately.

Scientists have identified several types of immunoglobulins, each guiding the immune response in a different way for different phases and types of infection.

## IgG4, a Tolerance Immune Response

IgG4 is the form of immunoglobin that activates a tolerance response in the immune system, for things you have been exposed to repeatedly and do not need to mount an inflammatory response to. This is good if you are trying to avoid immune sensitivity to a food, for example. But it is not the kind of immune response that the COVID-19 vaccines were designed to create.

Beekeepers, when they are repeatedly stung by bees over their career, mount an IgG4 response to the assault on their immune systems. Basically, their bodies learn that the bee venom is not dangerous and their immune response to bee venom becomes an IgG4 response, so they are able to tolerate the stings very well. While the bee venom itself will not harm the body, the body's own inflammatory response can be dangerous. If the body overreacts and develops a generalized response in which the inflammation itself jeopardizes a person's breathing, the immune response can be lethal.

## More Vaccines Lead to More COVID-19 Infections

This study demonstrates exactly how the repeat vaccinations are causing people to be more susceptible to COVID-19. Initial doses of the vaccine brought about classic inflammatory immune responses. Inflammation is a fundamental part of an immune response (to a vaccine or to an infection), and is responsible for most of what you feel when you are sick: fever, aches, lethargy, etc. This inflammation is why you may feel sick if you get a flu shot, and why the COVID-19 vaccine has become famous for making people feel so sick for a few days. Your body is producing an inflammatory response to the COVID-19 proteins.

But what happens in the body after you have had two vaccines and then you are given a third? The scientists found that successive doses of the mRNA vaccines start to habituate or desensitize the subjects to the COVID-19 proteins, migrating their immune response over to being dominated by the IgG4 form, which essentially teaches the body to tolerate the proteins.

## A Different Kind of Protection?

The participants' response to COVID-19 had actually been turned off, making them even more vulnerable to infection and less likely to mount a response to it than those who had never been vaccinated.

When you are exposed to a cold or any other virus repeatedly, spaced out over a lifetime, which is what happens with natural exposure, you don't develop a tolerance to it, your body fights it off without you knowing it. Your body is using the normal disease-fighting immune response but, since it recognizes the infectious agent, you do not get symptoms of inflammation. This is why when you are naturally exposed to many diseases, you then have lifelong immunity.

In contrast, this new study shows that the repeated mRNA injections and boosters for COVID-19 are producing a tolerance response, as if they were allergy shots. They are habituating the body to the virus, so that you no longer recognize it as something dangerous.

Another study, published in July by a team of more than 20 German scientists, independently confirmed that successive COVID-19 shots and boosters were converting the immune response from the protective class of IgG response to the toleration class.

At the same time, creating this vaccine-induced tolerance did not mean that the subjects were left unprotected.

## Keeping People Sick

So the vaccine and booster program have ended up doing the opposite of what was intended to do: keeping people from getting sick.

But was this ever a realistic goal? COVID-19 is like related endemic coronaviruses. Just like the common cold, it appears that SARS-CoV-2 isn't going away, nobody can avoid it indefinitely, and that it will keep mutating.

On the one hand, this study suggests that the vaccines are helping the body's immune system not overreact to the virus. The virus itself was not killing people—it was the interaction of the virus with patients' immune systems that caused severe and sometimes lethal infections, as the immune system overreacted to a novel virus.

On the other hand, naturally acquired immunity appears to be stronger than vaccine acquired immunity, and the dangers of the vaccines themselves, especially for young people, suggest that the risks of vaccination far outweigh the benefits.

If the vaccinated are now readily getting the virus but having only mild reactions because their immune systems are telling them to tolerate it, this may have been a benefit to vaccination.

But the booster shots were never necessary to produce tolerance: the study showed that the subjects started developing tolerance after only two doses. The vaccines may have helped desensitize the population to harmful inflammatory immune responses to COVID-19. They have played their part. There is no need to continue with successive boosters.

*Views expressed in this article are the opinions of the author and do not necessarily reflect the views of The Epoch Times. Epoch Health welcomes professional discussion and friendly debate. To submit an opinion piece, please follow these guidelines and submit through our form here.*

# Pathologist Speaks Out About COVID Jab Effects

BY Joseph Mercola TIMEJuly 3, 2022

*The DMED, one of the best databases in the world, shows a disturbing trend with post-COVID jabs – dramatic increases in medical visits for malignancies, neurological and autoimmune diseases, and infertility. But after being exposed, DMED was shut down and its data spikes washed clean.*

## STORY AT-A-GLANCE

- In the wake of the COVID jab rollout and additional boosters, a number of health conditions are on the rise, including cancer, most notably cancers of the uterus, endometrial cancers, and very aggressive blood and brain cancers
- Cancer has been on the rise for decades, thanks to dietary factors, but the COVID jabs appear to dramatically accelerate the disease process. Many doctors report cancer patients with stable disease, and those who have been in remission for years, will suddenly and rapidly develop Stage 4 disease
- A military whistleblower has come forward with data from the Defense Medical Epidemiology Database (DMED) database showing dramatic increases in medical visits for cancers and other conditions, post-jab
- For neurological side effects of the shot, four remedies that can be very helpful are fluvoxamine (an antidepressant that blocks cytokine production in neural tissues), pharmaceutical grade methylene blue (improves mitochondrial respiration and repair), near-infrared light (triggers production of melatonin in your mitochondria) and hyperbaric oxygen therapy (boosts mitochondrial function, decreases inflammation and much more)
- The COVID jabs also downregulate toll-like receptors 7 and 8, which allows latent viruses such as herpes EBV4 — Epstein-Barr, aka, mononucleosis — to flourish that would otherwise have been kept in check

Dr. Ryan Cole, an anatomic clinical pathologist with a subspecialty in skin pathology and postgraduate Ph.D. training in immunology, has been on the frontlines exposing the fraudulent COVID narrative.

Since 2004, he's been operating his own business, a pathology laboratory, which gives him rare freedom and flexibility to comment on what he's seeing. Most others would lose their jobs for speaking out the way Cole has.

## Truth Telling Is a Risky Business

That doesn't mean he hasn't paid a price for speaking out about and defending real science though. He's triple board certified and has 12 state licenses, and because of his stance against COVID recommendations, some of the credentialing organizations have taken action against him.

*"I've seen 500,000 patients diagnostically in my career through the microscope. So, I have a long track record of diagnostics. I have not had a patient care complaint against me in 26 years of being a physician,"* he says. *"I still don't, and this is what's fascinating.*

*Of those 12 licenses, four were under attack, three are still under attack — in Washington, Arizona and Minnesota — [yet there's] not a single patient care complaint. All the attacks against me have been political complaints to boards of medicine, which is not legal for them to do. Not a single one of those complaints is from a patient.*

*And then — really the most egregious thing — was ex parte, without me being present, without even sending a certified letter, the College of American Pathologists removed my fellowship status, which is defamatory.*

*I went back and found their complaint and looked at what they did, and I actually have a wonderful defamation lawsuit against them, because everything they did was anti-scientific. So, they can either restore [my fellowship] now, or just pay me a big check down the road. One or the other."*

He's also lost about half of his business, as two insurance companies canceled him for "unprofessional behavior," i.e., for sharing and discussing the science of COVID, and one of his best friends, whom he's worked with for 12 years, canceled their business relationship as he didn't want Cole's outspokenness to affect his business. "All because of the defamation by the media, so to tell the truth in this day and age is a dangerous thing," he says.

## Suspicions Arose Early On

From his Ph.D. work in immunology, Cole was very aware of SARS-CoV-1 and MERS, having studied both, so when the warp speed program to develop a pandemic SARS-CoV-2 vaccine was announced, he became immediately suspicious.

*"I thought, wait a minute, you can't vaccinate against corona viruses!"* he says. *"This family of viruses is not amenable to vaccination, based on mutation rates. So, my concern was very high, early on."*

Cole's lab ramped up PCR testing, using a cycle threshold (CT) of 35, rather than the recommended 40 to 45, as he knew that high a CT would result in 98% false positives. On a side note, pathologists not only assess tissue samples and biopsies, they're also in charge of testing. The head of every major clinical lab is a pathologist. They're basically in charge of quality control.

*"As pathologist, we're constantly looking at patterns, be it under the microscope or be it in lab data. We're looking at blood reports. We're looking at what's out of range on blood reports. We're looking at microbiology. We're looking at molecular biology. We're looking at cultures. We're looking at pap smears. We're looking, across the board, at those clinical parameters in addition to tissue biopsies,"* he explains.

*"I have 70 employees, and if there's a blood smear that looks unusual, they bring it to me. If there are parameters on a test that look widely out of range, they bring it to me. And I call and talk to the clinician — [I'm the] doctor to the doctor. We have a consultation practice with the clinicians so I can help them understand what's happening with their patient, and then they can make clinical decisions going forward."*

## Post-Jab Cancer Explosion

One of the apparent side effects of the COVID jab that Cole has been warning and talking about is cancer. He explains:

*"Obviously, during COVID, we saw some parameters change in blood tests. There was a concern about clotting. We saw elevated clotting factors. We know that the early variants were pretty severe in terms of inducing clotting, which was a shame because the whole world should have been simply using anti-inflammatories, steroids and anti-clotting agents, and so many more people would've lived.*

*My colleague, Dr. [Shankara] Chetty in South Africa, was having phenomenal success with antihistamine steroids and anti-clotting agents. So anyway, that first year, we saw drops in white blood cell counts, we saw decreases in certain subsets of T-cells. But when the shots rolled out, things changed.*

*At first I noticed kind of an innocuous little bump that we see usually in children. It's a little virus called molluscum contagiosum [that causes] a little white bump.*

*Usually, by the time you're a tween or early teen, you've built immunity to that and you never get them again, or rarely get them again. But after the shots rolled out, all of a sudden, in 80-year-olds, 70-year-olds, 60-year-olds, 50-year-olds, I started seeing literally a 20-fold increase in this little innocuous viral bump. And I thought, 'Uh oh, this means they've lost immune memory' ...*

*Those subsets of T-cells that keep viruses in check are very important for keeping cancer in check. And this is where immunology jumps into the picture. All of us have some atypical cells, and we have the 'Marines' of our immune system, our natural killer (NK) cells. They're on the frontline circulating. We have about 30 billion T-cells circulating in our blood, many of which are killer cells and NK cells.*

*Our other innate cells are our macrophages, monocytes and dendritic cells. They're on that frontline. They're shaking hands with every cell in your body all day long saying, 'Friend or foe? Friend or foe? Oh gosh, this one has some mutations, it's now a foe.' They'll poke a little hole in it, throw in a little enzyme called a grandzyme — a 'hand grenade' — blow up that cell, and we're good.*

*But what happened after these shots rolled out is that many of those cell subsets started decreasing in number. The first cancer I saw uptick was cancers of the uterus, endometrial cancers. Usually, I would see maybe two endometrial cancers a month. All of a sudden, a few months after the rollout of the shots, I was seeing two or three a week.*

*Another subspecialty area of focus for me is melanoma. And I started seeing melanomas, not only in younger patients, as the shots dropped down in age cohort, but they were thicker. The other fascinating thing was they're more aggressive in terms of how many dividing cells was present in each tumor. I'm still seeing this.*

*Beyond that ... I've been traveling the country and the world quite a bit ... and wherever I go now, I have doctors and nurses approach me saying, 'What you're saying, we've been seeing.'*

*I was having a conversation with a chair of a large oncology department in Tallahassee, and he said, 'I usually see an aggressive brain cancer in a young patient maybe every decade.' After the boosters rolled out, he saw five astrocytomas, five aggressive brain cancers, in one month.*

*Then, I'm in Jacksonville the next day, having a conversation with a family doctor. He said, 'Gosh, it's strange, I usually see a kidney cancer in a young patient every decade or so. I've seen five in the last month.'*

*Then I was in the UK a couple weeks ago. I had a doctor from Ireland who's been a practicing family doc, GP, for 36 years, and he said, 'I have seen more cancer in my young patients ever since the shots rolled out, and the booster, than I have ever seen in my entire career.'*

*Same thing, a nurse that works emergency department in the UK, [said she's seen] not only the heart inflammation in young children, but cancers in young patients and aggressive leukemias. So everywhere I go, I have doctors confirming my observations … I've had many of them approach me and say, 'Hey look, I'm seeing what you're saying, but I can't say it because I'll get fired.'"*

## Cancer Spike Is Being Covered Up

Aside from what Cole has seen in his own lab, a military whistleblower has also come forward with data from the Defense Medical Epidemiology Database (DMED) database showing dramatic increases in medical visits for cancer, neurological diseases, infertility, autoimmune diseases and several other conditions, post-jab.[1]

The DMED is one of the best databases in the world, as the Department of Defense keeps very close tabs on what's happening with our troops. This DMED data was presented during a hearing led by Sen. Ron Johnson. A week after that hearing, the DoD froze access to the DMED, and when it reopened a week later, the data were all changed to eliminate the data spikes.

*"That's what was really shocking,"* Cole says. *"I think this is basically fraud to the level of Watergate, in terms of [there being] somebody behind the scenes, and then the private company that actually manages that database … manipulated it."*

The DoD has tried to explain this suspicious activity claiming a "bug" in the system had resulted in underreporting of medical conditions in the five years prior to 2021. The number of cancers and other health problems were actually higher in 2015 through 2020 than initially indicated, they said.

However, how can a program error cause data corruption for five consecutive years and then self-correct, resulting in perfect numbers for 2021? And how did they not notice the error earlier? Again, this is one of the best-kept databases in the world.

And how come this "bug" only affected conditions that also just so happen to be known and/or suspected side effects of the jab?

## Future Prognostication

Clearly, cancer has been on the rise for decades, thanks to dietary factors, but the COVID jabs appear to dramatically accelerate the disease process. There are no published studies to help us foretell the future, but based on what Cole has found so far, how long does he think it'll be before conditions like cancer spiral out of control?

*"That's a great question,"* he says. *"One of the important findings I've heard from many of these clinicians is that many of their patients who have been cancer-free for three, four, five years, their PET scan looks great, no detectable disease, and after that second or third shot, all of a sudden there's Stage 4 disease. It's like wildfire.*

*And this goes back to immune suppressive mechanisms, the damage that the persistent spike protein and the persistent modified RNA (mRNA) cause. So, aggressive cancers arising very quickly are one thing we're seeing. Because it's a dose-dependent poisoning curve — in terms of the more spike you have circulating, the worse your immune system seems to be doing — the No. 1 thing is, don't get another shot.*

*Because it is causing that immune suppression that's allowing those cancer mechanisms. Over time … I would say we're going to see a consistent twofold to threefold increase in certain cancers, endometrial cancers, breast cancers, cancers of the prostate, cancers that are testicular or ovarian, neurologic cancers.*

*This spike protein has a propensity to cross the blood brain barrier and invade neural tissues. We know what it does to mitochondrial activity in terms of inhibiting it, blocking it, ruining cytochrome C oxidase systems, decreasing ATP.*

*Cancer is a hypoxic state. When you don't have good cellular activity and cellular respiration and hypo-oxygenation, you end up with mechanisms that can induce more aggressive cancer. So, I think, at a minimum, [there'll be a] two- to threefold [increase] … over the next year or two.*

*We can only hope that the immune system can normalize and we come up with enough interventions and treatments that will reverse some of this, what some people call spikeopathy, or the different diseases that are being caused by this persistent spike. 'I don't know' is the honest answer, but that would be my projection based on I've seen."*

## Excess Mortality Has Dramatically Increased

Abnormal blood clotting is another commonly reported side effect of the jabs. Post-mortem investigations have revealed thick, extremely long rubbery clots, including in the arteries, which is rare. The longest Cole has seen was about two feet. We're also seeing a lot of micro-clotting, heart inflammation (myocarditis), strokes and heart attacks — all of which can have lethal consequences.

It's highly concerning that we have regulatory agencies allowing the most dangerous medical product ever released on humanity to persist in the marketplace.
— Ryan Cole, dr

In early January 2022, OneAmerica, a national mutual life insurance company, announced[2] the death rate of working-age Americans (18 to 64), in the third quarter of 2021, was 40% higher than prepandemic levels. And this excess mortality was not due to COVID infection. Many of those deaths were in fact cardiac deaths and strokes, which fits the injury profile of the COVID shots.

*"After they came forward, additional insurance companies said, 'We're seeing anywhere from 30% to 50% increase in claims as well.' They have no horse in the race. They're just observing. And I say that as a pathologist too. Look, I don't create disease. I don't prevent disease. I'm a reporter at the scene of the crash.*

*My job is simply to report patterns, and then we can scientifically confirm those data patterns. And the all-cause death is increased in those who've gotten two, three shots. Again, it's a dose-dependent curve. The more spike your body is making, the worse people tend to do over time.*

*Even Walgreens came out a couple weeks ago and showed their data. Individuals that got shots are getting COVID at higher rates. Even the mainstream media finally, last week — I think it was Good Morning America — said, 'It's looking like the boosters are a bad idea because it's immune suppressing people.'*

*So, we're finally making some progress and getting traction in the mainstream where at least the narrative is cracking. There's a crack in the dam and it's starting to leak. Hopefully it'll rush forward and people will go, 'Whoa, this was a bad idea. Let's stop this chaos.' But the FDA is trying to roll it out on [infants] of all things now … It's really tragic."*

## Why Was the Most Toxic Part of the Virus Chosen?

Considering autopsies have shown spike protein is still present at least four months after their last shot, it seems reasonable to assume that severe health problems can arise months or even years down the road. In fact, we still don't know if the body ever stops producing spike protein once this genetically modified mRNA is injected.

*"We know the spike is the inflammatory aspect of the virus, and our cells are made into spike toxin factories,"* Cole says. *"Studies out of the Salk Institute show that the spike is the cytotoxic aspect of [COVID-19], so we're giving a shot that makes the toxic part of the virus, and it's persisting.*

*That's why I think we're going to see this consistent elevation of different diseases related to the spike, be it cardiac, strokes, chronic clotting conditions, individuals dying from pulmonary emboli … It's highly concerning that we have regulatory agencies allowing the most dangerous medical product ever released on humanity to persist in the marketplace."*

## Neurological and Vascular Chaos

As predicted by MIT researcher Stephanie Seneff, Ph.D., we're now also starting to see reports of Creutzfeldt-Jakob — human mad cow disease — which is a prion disease that basically destroys the brain.

Strokes in young people and children are also on the rise. Media are now trying to convince you that this is "normal," but it is anything but. Historically, children and teens do not die from strokes. This is a brand-new phenomenon, courtesy of the COVID jabs.

Microvascular clots (microvascular infarcts) are also a known contributing factor, in the long term, to early onset dementia. So, that's yet another potential health avalanche in the making.

## Four Helpful Remedies

I've quickly become a fan of pharmaceutical grade methylene blue, as it's been shown to improve mitochondrial respiration and aid in mitochondrial repair. At 15 to 20 milligrams a day, it could potentially go a long way toward resolving some of the fatigue many suffer post-jab and post-COVID. It may also be helpful in acute strokes. The primary contraindication is if you have a G6PD deficiency (a hereditary genetic condition), in which case you should not use methylene blue at all.

Another important remedy is near-infrared light. It triggers production of melatonin in your mitochondria[3] where you need it most. By mopping up reactive oxygen species, it too helps improve mitochondrial function and repair. Natural sunlight is 54.3% near-infrared radiation,[4] so this treatment is available for free.

For neurological side effects of the shot, a selective serotonin reuptake inhibitor (SSRI) antidepressant called fluvoxamine may be helpful. Cole explains the mechanism behind it:

*"[Fluvoxamine] upregulates a receptor called sigma-1, which blocks another receptor called inositol-requiring enzyme 1, which is a precursor for cytokines. So, fluvoxamine will block cytokine production in neural tissues. And that's why [it works]. It's not because of its antidepressant effects. It's a cytokine precursor blocker. So, you actually are decreasing a cytokine storm in neural tissues.*

*This is why one uses fluvoxamine. There are other SSRIs, but this mechanism is very specific to fluvoxamine. It's a tough to tolerate drug for some people. It makes some people anxious and agitated, but if you can tolerate it for two weeks, you can really turn down those inflammatory pathways in many patients. I'm not going to say everybody, but I've seen it work in many patients."*

A fourth treatment suggestion is hyperbaric oxygen therapy (HBOT). This too can be phenomenally helpful for strokes, heart attacks, autoimmune diseases and neurodegenerative disorders. To learn more, see "Hyperbaric Therapy — A Vastly Underused Treatment Modality."

## IMPORTANT: COVID Shots Are Not Pharmaceutical Grade

Seneff also warned about potential unknowns arising from fragmented mRNA and impurities, as tests have shown these jabs really are NOT pharmaceutical grade, as you'd expect. Cole comments:

*"These aren't pure products, and I think this is a very important point. When Pfizer submitted vials to the European Medicines Agency to look at purity … they were in the 50% range … The TGA in Australia looked at it and said, 'Look, these are only about 60% pure.'*

*This means you have a lot of fragmented sequences of mRNA that don't have a stop or a start code on. They're not coding for what you think they're coding for. They're*

*coding for other tinier, shorter fragments. Are those mitogenic? Probably, but we don't know. Can those reverse transcribe into our own DNA? Studies out of Sweden … show yes, they can …*

*And then, when they manufacture, they can't spin and agitate these, so you get all these lipids that collect at the top of these big vats. So now you get some batches that are hyperconcentrated and some are hypoconcentrated. It appears about 5% of the batches are responsible for about 80% of the harms."*

## Autoimmune Diseases of All Kinds Are To Be Expected

As explained by Cole in the interview, there's a reason there's never been a successful mRNA gene therapy product brought to market, despite 20 years of research effort. The persistence of synthetic mRNA with pseudouridine always caused too many problems in the animal trials to move into human trials. It caused autoimmune disease. It caused mutations. The manufacturers don't even know if the nanolipid used to protect the mRNA is safe in humans.

*"Based on the animal trials, we know there were problems and we can only predict that that's going to happen in humanity. I want to be wrong, but from a basic immunology point of view, I don't think I am,"* Cole says.

*"The nanolipid particles vary in size, interestingly. I've looked at some under the microscope. Some of them congeal and some of them stay tiny. But because of the fatty nature of them, they will carry their little mRNA and fractionated mRNA package to any cell in the body. And that's the biggest concern. Now it has turned any cell in your body to a potential target [for your immune system].*

*An important paper came out in the European Journal of Immunology just about a month ago by Dr. Hagemann. There's a condition called antibody dependent cellular cytotoxicity. What that means is that [the mRNA] sequence gets into your cell [and] that cell now becomes the spike factory.*

*That spike is on the surface of your cell. Now your NK cells that I talked about earlier say, 'We better blow that cell up.' So now, because there's that spike on the surface, your immune system will destroy your own cells. This is another one of the detrimental effects."*

## Pipeline Now Filled With Risky mRNA Shots

Making matters worse, even though the COVID shots have been shown to be a complete disaster, the drug industry is already working on dozens of different mRNA "vaccines," thinking they now have carte blanche to put out whatever they want using this platform.

And the reason for this continued insanity is because our health and regulatory authorities are corrupted to the core. They are completely dishonest. They're covering up the shocking harms, and unless something radically changes, they will allow dozens of equally dangerous mRNA gene transfer injections to be put out.

## Reactivation of Latent Viruses

The COVID jabs also downregulate pattern receptors in your body called toll-like receptors. Specifically, toll-like receptors 7 and 8 are downregulated by the mRNA and pseudouridine in these shots. What does that do? It allows latent viruses to flourish that would otherwise have been kept in check.

"We've seen a big uptick in herpes family viruses, especially herpes EBV4, which is Epstein-Barr virus [aka] mononucleosis," Cole says. So, for those with post-COVID or post-jab fatigue, long-COVID and those with MS-like symptoms, he recommends checking for Epstein-Barr.

About 80% of MS patients have high Epstein-Barr titers. "You will find that a lot of these individuals will have reactivated mono," he says. For reactivated mono, methylene blue, HBOT and nebulized peroxide would all be indicated.

## Fertility Under Attack

In the interview, Cole also reviews the potential impacts of the COVID jabs on the reproductive system. Menstrual dysregulation appears extremely common, as is the inability to become pregnant, despite trying for months, and spontaneous abortions are off the charts. The DMED database also showed a strong signal for fetal malformation before it was frozen and altered.

*"What we're doing to society and humanity with a previously never before used modality and product is causing horrendous harm to the human race, with no regard for science, with no regard for scientific integrity. It's a machine gone amuck,"* Cole says.

*"There are darker forces behind it. A lot of people are making billions, but they're killing people to do it. And it's just so unethical what we're experiencing societally. Yes, we're causing infertility. Yes, we're causing mutations in cancers. Yes, we're causing heart attacks and strokes. Yes, we're destroying the longevity of a younger generation. It is horrendous.*

*There's no justification for any doctor who can look themselves in the mirror and say, 'I feel comfortable giving this experimental product to my patients all day long.' They need to reflect and realize they've lost their mind, [their] critical thinking skills."*

## More Information

Sadly, almost everyone who's credible and trustworthy has been censored and deplatformed at this point, so finding them can be a challenge. To follow Cole's work, be sure to bookmark his website, RColeMD.com. You can also find him on the GlobalCovidSummit.org forum.

If you are vaccine injured, the Global COVID Summit has a blockchain-based forum where you can share your experience and it will never be taken down. You can't be censored or deplatformed. Cole is available to answer questions in that forum.

They're also starting up another website to compete with WebMD and similar pharma-run medical sites. It will eventually be available on DMED.com, which stands for "decentralized medicine." This site is not yet live, but you can try it later. Cole will have a page there as well.

Other thought leaders worth tracking down and following include Dr. Peter McCullough, Dr. Robert Malone, Dr. Pierre Kory, Dr. Paul Marik, Dr. Richard Urso, Dr. Paul Alexander, and Dr. Kirk A. Milhoan, a pediatric cardiologist, and his wife, Dr. Kim Milhoan, just to name a few.

*"These have been wonderful leaders in this movement for truth and sharing science,"* Cole says. *"All of us are part of the Global COVID Summit. We are 17,000 doctors strong and it's very important that people understand that.*

*I mean, that's more doctors than they have at the CDC or the FDA or the NIH. This is a group of critical thinking people standing up for your health, your freedom and your right to your own bodily autonomy.*

*I think, going forward, as people are starting to wake up and part of this narrative is cracking, let's come back together, let's communicate, let's be kind, let's help each other get back to a more loving, peaceful, communicative society. I think if we can forgive — obviously, there are things we don't want to forget, because we don't want this to happen again — but try to forgive people and try to help people 'come to' again.*

*Just come back together in community. I think it's important that we really try to circle the wagons again as humanity, and hopefully come back to our senses. That's a hopeful message I would like to share."*

*Originally published July 03, 2022 on Mercola.com*

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# The Vaccine Rollout Is Directly Related to Disability

BY Joseph Mercola TIMEJune 28, 2022

*Data show a remarkable correlation between the COVID-19 shot rollout and sharply increasing rates of disability among Americans. Are the shots causing previously healthy adults to become permanently disabled?*

**STORY AT-A-GLANCE**

- The U.S. population, aged 16 years and over, with a disability remained stable from 2016 to 2020, but jumped sharply in early 2021, coinciding with the rollout of COVID-19 injections
- In early 2021, a Twitter user named Ben, who runs a U.S. all-cause mortality site, posted a graph showing the eerily similar rise in disability and cumulative COVID-19 shots, with the number of disabled Americans rising from 30 million to 32.7 million
- Within about an hour of posting, the tweet was flagged as "disinformation," Ben was locked out of his account and comments and sharing of the post were disabled
- As of May 27, 2022, 14,181 people reported being permanently disabled after receiving COVID-19 shots
- In April 2021, U.S. Army lieutenant colonel Harry Chang predicted that U.S. officials were likely to pause the COVID-19 mRNA injection campaign in light of increasing cases of myocarditis following the shots
- No pause for mRNA COVID-19 shots occurred, but as of June 8, 2022, more than 5,000 cases of myocarditis following the injections have been reported

The Federal Reserve Bank of St. Louis runs FRED, a database of economic data that have been tracked since 1991.[1] One of its categories is the U.S. population, aged 16 years and over, with a disability — a population that remained stable from 2016 to 2020, but jumped sharply in early 2021,[2] coinciding with the rollout of COVID-19 injections.

In early 2021, a Twitter user named Ben, who runs a U.S. all-cause mortality site, posted a graph showing the eerily similar rise in disability and cumulative COVID-

19 shots, with disabilities among Americans aged 16 years and older rising from 30 million to 32.7 million.[3]

*"Is this proof, that the COVID-19 vaccines might have caused 2.9M additional disabilities in the US?" he wrote. "Sharp increase from trend occurs early 2021, when vaccinations started."*

Within about an hour of posting, the tweet was flagged as "disinformation," Ben was locked out of his account and comments and sharing of the post were disabled. "Hard to see the problem with the data," wrote Substack user el gato malo. "Clearly, their issue is with the conclusion."[4]

## 14,181 Permanently Disabled After COVID Shots

The Substack article highlights two points on the disability population graph — when 1% of the population had received COVID-19 shots and when 1% had received boosters. "I chose this convention," the writer said, "because each has a sort of long tail at a very low level leading in but rose rapidly after reaching 1% so it seemed like the best inflection point for maximum relevance. As can be seen, the timing is highly suggestive."[5]

Spikes in disability can be seen after each of the highlighted points, which make sense when you look at the Vaccine Adverse Event Reporting System (VAERS) data for COVID-19 shots. As of May 27, 2022, 14,181 people reported being permanently disabled after receiving the shots. According to el gato malo:[6]

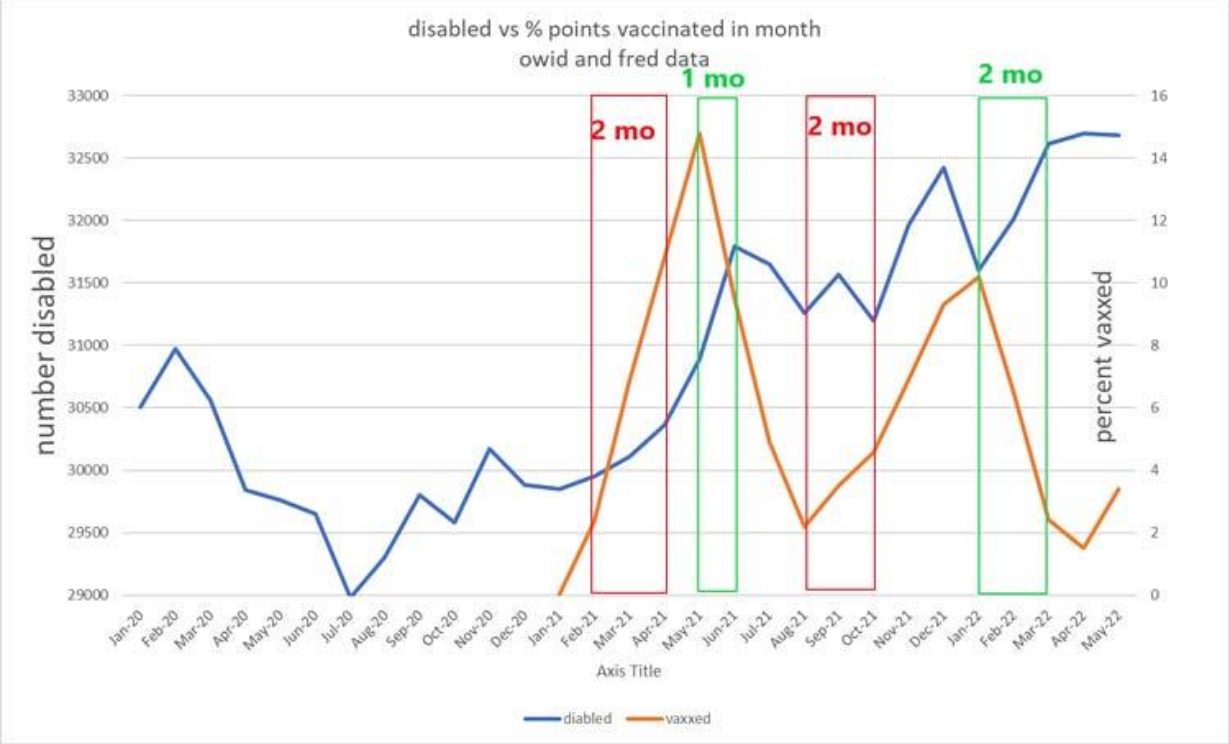
*"Seeing this … without a rise in disability reports would be surprising. we see 14k permanently disabled in VAERS. and we see a rise in the disabled rolls of 1.8 million.*

*that's pretty close to the 1-2% capture rate (more like 1%, but also likely capturing other categories as well, so hard to be precise) for reporting we've seen around other VAERS issues (besides death which seems to get better counted) so it feels like we're in a ballpark here."*

Past investigations have shown only between 1%[7] and 10%[8] of adverse reactions are ever reported to VAERS, which is a passive, voluntary reporting system, so the actual number of resulting disabilities could be much higher than what's reflected.

## Remarkable Correlation Between COVID-19 Shots and Disability

Using data from FRED and Our World in Data (OWID), el gato malo took it a step further, charting the percentage of population that received a COVID-19 shot in a month, to get an idea of the number of people at risk of vaccine adverse events at any given time. El gato malo did the same for boosters, then plotted it against disability. The resulting graph is below:[9]




The data are "starting to get past 'suggestive' here," el gato malo notes, explaining exactly what the numbers show:[10]

- ***The vaccination series started to get steep in Feb. 21. disability got steep in April 21.***
- ***Vaccination peaked in May. Disability peaked in June.***
- ***Vaccination started to rise again after August.***
- ***Disability began to rise again after October.***
- ***Then vaxx dropped off after Jan. 2022 and disability flattened out in March 2022.***

*2 month lag, 1 month lag, 2 month lag, 2 month lag. 4 separate inflections all tracked in near identical and highly plausible timeframes for vaccine injury. we're starting to get past "suggestive" here. this zigs, zags, then zigs again, then zags again all as predicted if it were causal and all with the sort of lag you'd associate with reporting, 1-2 months. (all 2 mo save may-jun 21).*

*The disability series can be a little noisy month to month, but the big trends are all there. based on what we know about side effects this looks to be an odds on hypothesis at this point. i can see no better fit to the data."*

**Military Official Predicted Pause in mRNA COVID Shots**

The Epoch Times received 19 pages of email messages via a Freedom of Information Act request.[11] Among them was an April 27, 2021, email from U.S. Army Lt. Col. Harry Chang to Tricia Blocher with the California Department of Public Health and other officials from California and the military.

In it, Chang predicted that the U.S. FDA and the CDC's Advisory Committee on Immunization Practices (ACIP) were likely to pause the COVID-19 mRNA injection campaign in light of increasing cases of myocarditis following the shots:[12]

*"A pause of the Pfizer/Moderna administration (much like the J&J blood clot pause) will have an adverse impact on US/CA vaccination rates; assessed as unlikely due to causes of myocarditis can come from multiple sources (eg. COVID, other conditions, other vaccines/prescriptions, etc) … However, increased reported #s & media attention is likely to trigger a safety review pause by ACIP/FDA."*

Increased cases of myocarditis, or inflammation of the heart muscle, and pericarditis began to be reported in April 2021 after Pfizer's and Moderna's mRNA COVID-19 shots.[13] "These rare cases of myocarditis or pericarditis have occurred most frequently in adolescent and young adult males, ages 16 years and older, within seven days after receiving the second dose of an mRNA COVID-19 vaccine," according to the CDC.[14]

Chang's email, in particular, was in response to April 2021 news that the Department of Defense was tracking 14 cases of heart inflammation in military patients following receipt a COVID-19 shot.[15] Israel was also exploring cases of myocarditis following mRNA shots at that time.

Dr. Tom Shimabukuro, part of the CDC's COVID-19 Vaccine Task Force, was among those who received Chang's warning, and he responded by asking colleagues for more data from Vaccine Safety Datalink, a CDC system that tracks vaccine safety.

Dozens (24) of cases of myocarditis were flagged by the system but, according to The Epoch Times, "The email chain ended there, with no indication that the officials

probed further to see if there was a possible link between the vaccines and heart inflammation."[16]

## An Early Red Flag Ignored

The same day that Chang sent the email suggesting that a safety review pause of mRNA COVID-19 shots was likely, CDC director Dr. Rochelle Walensky told the media that the agency had reviewed data but did not believe myocarditis was occurring at an elevated rate: "We have not seen a signal, and we've actually looked intentionally for the signal in the over 200 million doses we've given," she said.[17]

Weeks went by before the public was alerted to the higher-than-expected rates of myocarditis following mRNA COVID-19 shots, even though hundreds of cases had been reported to VAERS by the end of April 2021. As of June 8, 2022, more than 5,000 cases have been reported.

"The current evidence supports a causal association between mRNA COVID-19 vaccination and myocarditis and pericarditis," Shimabukuro stated at a June 7, 2022, FDA meeting.[18]

In an email to The Epoch Times, Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center, explained that health officials had knowledge of an early safety issue with the shots but ignored it in order to protect the shots' reputation to the public:[19]

*"The emails 'reveal there was an early red flag with post-mRNA COVID vaccine-related myocarditis reports in the U.S. and Israel' but that officials were concerned that acknowledging the risk 'would have a negative effect on public perception of COVID vaccine safety and uptake.'"*

## Healthy Young People Dying After COVID Shots

The CDC has downplayed the seriousness of myocarditis following the shots, stating that preliminary data from surveys conducted at least 90 days after myocarditis diagnosis suggest "most patients were fully recovered from their myocarditis."[20]

However, deaths among previously healthy young people have occurred, including a 36-year-old U.K. mother of two who died 11 days after receiving a Pfizer COVID-19 shot; her death was deemed to be caused by myocarditis due to the shot.[21]

There's also Dr. Neil Singh Dhalla, a CEO of a major health clinic, who fell asleep four days after he got a COVID-19 booster shot — and died from a heart attack.[22] The autopsy stated myocarditis. He was only 48 years old and had never had heart problems in his life. In another example, epidemiologists confirmed that two teenage boys from different U.S. states died of myocarditis days after getting the Pfizer shot.[23]

Both had received second doses of the shot. In a study that examined the autopsy findings, it's reported that the "myocarditis" described in the boys' deaths is "not typical myocarditis pathology."[24]

A study published in Scientific Reports further revealed that calls to Israel's National Emergency Medical Services (EMS) for cardiac arrest and acute coronary syndrome increased more than 25% among 16- to 39-year-olds from January to May 2021, compared to the same time period in 2019 and 2020.[25]

The researchers evaluated the association between the volume of the calls and other factors, including COVID-19 shots and COVID-19 infection, but a link was only found for the volume.[26]

Yet, it's unlikely that you've heard about these additional red flags in the major media. Just as occurred on Twitter when someone tried to bring attention to a correlation between COVID-19 shots and disability, unfavorable statistics about these shots are quickly silenced and discredited. What we need now more than anything isn't more censorship — it's active investigation and research to uncover the truth, before more harm is done, that is desperately needed.

Regarding whether COVID-19 shot rollouts correlate with the number of disabled Americans, el gato malo had this to say:[27]

*"i want to stress, this is still a hypothesis and this is my first run through with this data so i want to let people chew on it and see what else emerges before making claims that are too strong. but this is also REALLY provocative and unless i have really missed something, warrants research and explication, not censorship."*

*Originally published June 28, 2022 on Mercola.com*

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# Moderna Vaccine Increases Myocarditis Risk by 44 Times in Young Adults: Peer-Reviewed Study

The risk was 13 times higher with Pfizer vaccination
By Enrico Trigoso
June 28, 2022 Updated: June 28, 2022

A French peer-reviewed study concluded that for both the Pfizer and Moderna vaccines, the risk of myocarditis skyrockets a week after vaccination.

The risk of myocarditis after mRNA vaccination was 8 times and 30 times greater than unvaccinated control groups for BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna), respectively.

The largest association for myocarditis following the Moderna jab was 44 times higher risk for persons aged 18 to 24 years.

As for the Pfizer shot, in relation to the same age group, the risk was 13 times higher.

Infection with the Chinese Communist Party virus yielded, by comparison, a 9 times greater risk of the same condition.

Myocarditis refers to the inflammation of the heart muscle—a life-threatening condition. There are many established causes for this heart condition. The leading cause—according to modern science's most recent discoveries—is viruses; but during the pandemic, COVID mRNA vaccines have earned a place as a top suspect for myocarditis.

The new study's goal was to provide an assessment of association with vaccines across sex and age groups.

"Both SARS-CoV2 infection and COVID mRNA vaccines have been associated with myocarditis. Knowing the spike protein's affinity to ACE2 receptors in the heart and spike protein's injury to cardiomyocytes (cells of the heart), the association of myocarditis with SARS-CoV2 virus or spike protein-based mRNA vaccination was not entirely unexpected," Dr. Sanjay Verma, a cardiologist, told The Epoch Times via email.

Verma also thinks the CDC's analysis "erroneously suggests" that risk of myocarditis after SARS-CoV2 infection is greater than after mRNA COVID-19 vaccination.

"For the cases of myocarditis after SARS-CoV2, CDC uses officially confirmed PCR+ 'cases,' even though their own seroprevalence data demonstrates that far more people have been infected than officially conformed PCR+ 'cases.' For example, seroprevalence data as of Feb 21, 2022, reveals 75 percent (about 54 million) of all children have been infected compared to 12 million officially confirmed PCR+ 'cases' (i.e., the actual number of kids infected is 4.5 times greater than PCR+ 'cases'). Therefore, calculating the risk of myocarditis after SARS-CoV2 infection, the rate noted by CDC would therefore need to be reduced by 4.5 times. Thus far, CDC has not adjusted its COVID-19 morbidity and mortality data accordingly," said the cardiologist, who practices in Coachella Valley, California.

The study analyzed 1,612 cases of myocarditis and 1,613 cases of pericarditis in France from May 12, 2021, to Oct. 31, 2021, involving 32 million people aged 12 to 50 years who received 46 million doses of mRNA vaccines.

It is limited by using solely hospital discharge diagnoses. Therefore, it does not include those who may have died before being hospitalized or those whose symptoms were not severe enough to be hospitalized.

"There have been reports (pdf) of autopsy-proven myocarditis after vaccination and anecdotal evidence of patients being dismissed by ER and never being hospitalized. Adjusting for these excluded subsets may yield even higher risk than reported in this study. Follow-up of the patients in this study was limited to one month after discharge. However, a previous cardiac MRI study found about 75 percent of patients with vaccine-associated myocarditis can have persistent MRI abnormalities 3–8 months after initial diagnosis," Verma said.

The authors of the study didn't analyze the effect of booster vaccination since it is not yet recommended for young adults in France.

In the United States, however, booster injections are mandated by colleges and universities, employers, and even some state public health departments irrespective of age or prior infection.

"In a preprint follow-up to their peer-reviewed study of myocarditis after vaccination, analysis found continued incremental risk of myocarditis after booster vaccination. In fact, while many countries have refrained from recommending

COVID vaccination in very young children because the risks do not justify the benefits, the U.S. stands alone in recommending it in the youngest of kids," Verma said.

A research paper published on May 18 studied the pandemic control measures—which included vaccine and mask mandates, as well as isolation and contact tracing—of Cornell University, which was almost completely vaccinated, and found these policies were "not a match" for the Omicron variant and its rapid spread.

## Sudden Adult Death Syndrome

Recently, a new term has been highlighted in media outlets: "sudden adult death syndrome," or SADS.

Underlying factors for SADS include undiagnosed myocarditis, inflammatory conditions, and other conditions that cause irregularities in the electrical system of the heart, thereby triggering cardiac arrest.

Data compiled by the International Olympic Committee shows 1,101 sudden deaths in athletes under age 35 between 1966 and 2004, giving an average annual rate of 29, across all sports. Meanwhile, between March 2021 and March 2022 alone—a single year—at least 769 athletes have suffered cardiac arrest, collapsed, or have died on the field, worldwide.

Among EU FIFA (soccer/football) athletes, sudden death increased by 420 percent in 2021. Historically, about five soccer players have died while playing the game each year. Between January and mid-November 2021, 21 FIFA players died from sudden death.

*Joseph Mercola contributed to this report.*

*The Epoch Times reached out to the CDC for comment.*

# WHO Behind FDA Scheme to Skip All Future Clinical Trials for COVID Vaccines

BY Toby Rogers TIMEJune 28, 2022

*The U.S. Food and Drug Administration (FDA) today, June 28, will vote on the "Future Framework," a scheme that would allow Pfizer and Moderna to "reformulate" COVID-19 mRNA vaccines in perpetuity, without conducting clinical trials on the new vaccines.*

The "Future Framework" is coming from the World Health Organization, and the Bill & Melinda Gates Foundation is the biggest voluntary contributor to the WHO, so Gates is likely directing the play.

## Introduction: The FDA Always Rigs the Game on Behalf of Pharma

Late Friday afternoon, the FDA released its agenda for the Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting that will vote on the Orwellian "Future Framework" on Tuesday, June 28.

Then on Saturday morning, the FDA released a briefing document in connection with this scheme to end science as we know it in connection with future COVID-19 shots. (Much appreciation to the brilliant James Roguski for alerting me to these documents.)

In this article, I will explain what is in the briefing document, what is likely to happen at the meeting and what can be done about it.

## The FDA's 'Future Framework' Briefing Document

The briefing document is 18 pages of text, 1.5 line spacing, with just 19 references — 9 of which are pre-prints or from the CDC's in-house newsletter Morbidity and Mortality Weekly Report (MMWR) which means they are not peer-reviewed.

Any true believer in The Narrative(TM) could have written this in a few hours. To base the entire future of COVID-19 shots on this glorified undergrad term paper is madness.

As I predicted, even though the April 6 meeting was presented as an exploratory initial conversation that reached no conclusions whatsoever, the "Future Framework" is now being presented by the FDA as a done deal, fait accompli, you'd have to be crazy to insist on proper safety studies.

The core argument of the briefing document is hilarious (or rather, it would be hilarious if it was not a plan to permanently institutional genocide and hide the evidence). In several places the FDA argues (colloquialisms mine):

1. These COVID-19 shots work great, miracles really, incredibly effective, boy howdy do they work well! Boosters too, total home run, the Israelis even have 10-weeks of data showing that they might help old people. What more evidence could you want?

2. Okay, well, it depends on what you mean by work. These shots do not stop infection, transmission, hospitalization, or death, even though that's why we licensed them. Any protection wears off fairly quickly, but It's Not Our Fault(TM) because This Wily Virus(TM) mutates too fast and no one told us that it would ever mutate.

3. So these shots must be reformulated but we cannot possibly ask Lord Pharma to do proper clinical trials ever again because we already know that these shots work great (see point #1)!

The briefing document literally states:

"The evaluation of modified vaccines for the purpose of vaccine strain composition decisions will need to rely mainly on comparative immunogenicity data due to the time constraints involved in vaccine manufacturing and clinical efficacy evaluation."

Did you catch that? The evaluation "will need to rely on" (no decision to be made here) measures other than actual health outcomes because of "time constraints."

Ah, $cience!

Moderna, Pfizer and Novavax are all developing reformulated COVID-19 shots. But they know that the FDA is not going to look at health outcomes so they are going to great lengths to jack up the antibody response.

Pfizer tested a double-strength dose (60 mcg of mRNA instead of 30 mcg) even though they had previously ruled out a higher dose because of safety concerns. So the antibody levels are through the roof.

But the VRBPAC admitted on April 6 that there are no known correlates of protection (meaning: antibody levels do not tell you who will be immune) so these antibody measures are medically meaningless.

Sane people realize that if you turbo charge the immune response, you may also turbo charge adverse events. But the "Future Framework" allows pharmaceutical companies to skip clinical trials altogether.

Furthermore, all of these companies are developing shots to target the original Omicron strain (BA.1) even though it has already been supplanted by other variants (BA.4 and BA.5).

The FDA and these companies claim that shots targeting BA.1 will be effective against later variants but I do not know how they can possibly argue that given the total absence of actual health data.

Words that you will NOT find in the FDA "Future Framework" briefing document:

- original antigenic sin,
- antibody-dependent enhancement,
- prion disease,
- myocarditis,
- VAERS
- adverse events, or
- side effects.

So the FDA is literally not looking out for any of the worst-case scenario possibilities.

The "Future Framework" is a plan to base the entire COVID-19 vaccine program on magical thinking rather than science.

## What's Likely to Happen at the VRBPAC Meeting on Tuesday, June 28

The cartel is predictable because they follow a playbook and they use the same cast of characters over and over again.

The first presentation will be by CDC staffer **Heather Scobie**. She will likely take her slides from the June 7 VRBPAC meeting, change the date on the first slide and

update them a bit to show that Omicron has become the predominant SARS-CoV-2 variant in the U.S.

The gist will be that there is no point in vaccinating against the "prototype" Wuhan lab leak variant, nor Alpha, Beta, Delta or Gamma, because it's all Omicron right now.

What she will NOT tell you is that Moderna and Pfizer are designing shots to target the BA.1 version of Omicron and now that variant is waning and being replaced by BA.4 and BA.5. Furthermore, she will not mention the fact that these shots are fueling the evolution of variants that evade any protection from vaccines.

Dr. Scobie will be followed by another CDC staffer, **Ruth Link-Gelles** who will likely dust off one of her slide decks from the four VRBPAC and four ACIP meetings that have already happened this month and discuss COVID-19 vaccine effectiveness in adults. RLG cracks me up because she absolutely does not give a damn.

She shows slide after slide of negative efficacy from these worthless shots and she does not care because she knows that the VRBPAC will approve anything that has the word vaccine on the vial. RLG's presentations are a token attempt to play it straight with the data but then all of her data is instantly memory-holed and never spoken of again.

Then, I've got to hand it to the cartel for choosing their next speaker — **Justin Lessler**, from the University of North Carolina. Dr. Lessler has gotten 10 grants from the Bill & Melinda Gates Foundation in recent years (see pages 26 to 30 of his CV here).

Then he's gotten another 10 grants from NIH and/or Tony Fauci's National Institute of Allergy and Infectious Diseases (NIAID).

Given that, what are the odds that Dr. Lessler will criticize The Narrative(TM)? Zero.

Gates and Fauci literally have their guy inside the meeting doing the modeling about how we should think about the future epidemiology of COVID-19.

Gates figured out in 2017 that modeling is the tail that wags the dog of policy and has invested heavily in it ever since.

Dr. Lessler is soaked head to toe in conflicts of interest — he should not be allowed within 100 miles of this committee — and yet the FDA will not even require a conflict waiver from this guy.

Cartel gonna cartel.

After a short break, Stephen Hoge President of Moderna, Dena Swanson, VP of Pfizer, and Greg Glenn, President of Novavax will explain how wonderful their reformulated COVID-19 shots are but they will argue that there is simply no time to conduct proper clinical trials anymore.

None of their data will be peer-reviewed so it will all be fanciful fiction — 95% to 100% efficacy based entirely on belief.

Then the FDA will bring in two closers (and this is where it gets really interesting).

**Kanta Subbarao**, Director of the World Health Organization (WHO) Collaborating Center in Melbourne, Australia will present "Considerations for Vaccine Strain Composition from the WHO. TAG CO-VAC."

I did not understand until just yesterday (as I started to write this article) that this entire "Future Framework" is actually coming from the WHO. The Bill & Melinda Gates Foundation is the biggest voluntary contributor to the WHO. so Gates is likely directing the play.

Gates requires that WHO. use the McKinsey consulting firm so this is probably a McKinsey operation (and McKinsey also works for Pharma so this is a huge conflict of interest). As Naomi Wolf points out, the involvement of the WHO. also raises troubling questions about the influence of the Chinese Communist Party over this process.

As far back as January, the WHO/Gates/McKinsey junta realized that these shots were terrible and so they decided to use that as an opportunity to seize even more power and control.

The WHO. set up a Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) to implement these Orwellian "Future Frameworks" across the developed world to lower manufacturing costs for Pharma and avoid bothersome health data that might hurt profits.

All the messaging we have seen from the FDA and leaked to the press was initially developed and released by TAG-CO-VAC.

Before joining the WHO., Kanta Subbarao was at NIAID for 14 years, so she's a loyal lieutenant for Fauci.

She will polish off her slides from the April 6 VRBPAC meeting to argue that COVID-19 is similar to influenza, that strain selection must be coordinated globally and that multivalent New & Improved(TM) COVID-19 Shots Now with Omicron!(TM) will save the day and end the pandemic.

None of her claims will be true but they are what the cartel wants to be said and this is more like a well-funded hostage video than anything else so that's what we're going to get.

Finally, the FDA will bring in Jerry Weir, who looks like a cross between Yosemite Sam and Sam Elliott. He'll slightly update his slides from April as well and then just go round and round with droll observations about the (failed) flu strain selection process and how it should be a model — until the committee is dizzy and willing to agree to anything.

Officially the question that will be voted on is:

"Does the committee recommend inclusion of a SARS-CoV-2 Omicron component for COVID-19 booster vaccines in the United States?"

This language obscures a lot. Boosters are the market now. By calling them boosters instead of reformulated shots (which is what they actually are), they will not go through new clinical trials.

Over the summer, earlier versions of the shot will quietly be withdrawn from the market and the reformulated shots that skipped clinical trials will become the only option. So this is the FDA's weasel word way of sliding down the slippery slope into no more clinical trials for COVID-19 shots ever again.

If the FDA stated plainly what they are up to there would be riots.

## What Is to Be Done

Below are the email addresses of everyone at the FDA/VRBPAC who has a say in this matter. It is our right to share with them our thoughts and concerns about this process. You can share your own story or copy and paste the message below.

**Subject line:** All reformulated COVID-19 shots MUST go through proper clinical trials

The safety and efficacy of all reformulated COVID-19 shots must be evaluated through:

- Large (50,000+ person) double-blind randomized controlled trials with inert saline placebos conducted by an independent third party.
- The treatment and control groups must be followed for life to monitor adverse events and all-cause mortality (no more wiping out the control group after 6 months to hide bad outcomes).
- We also demand greater than 90% efficacy against infection with less than 0.1% Grade 3 or higher adverse events; proper monitoring for carcinogenesis, mutagenesis and impairment of fertility; and immediate release to the public of all clinical trial documents submitted to the FDA.

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*Views expressed in this article are the opinions of the author and do not necessarily reflect the views of The Epoch Times. Epoch Health welcomes professional discussion and friendly debate. To submit an opinion piece, please follow these guidelines and submit through our form here.*

# How COVID Shots Suppress Your Immune System

BY Joseph Mercola TIMEFebruary 7, 2022

*Commentary*

*In a non-peer-reviewed research paper just this week published, Stephanie Seneff, Ph.D., describes a mechanism of the COVID shots that results in the suppression of your innate immune system. It does this by inhibiting the type-1 interferon pathway.*

In this interview, return guest Stephanie Seneff, Ph.D., a senior research scientist at MIT who has been at MIT for over five decades, discusses her latest paper, "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations. The Role of G-quadruplexes, Exosomes and MicroRNAs," co-written with Dr. Peter McCullough, along with two other authors, Dr. Greg Nigh and Dr. Anthony Kyriakopoulos.

Previously, Nigh and Seneff co-wrote an entire paper detailing the differences between the spike protein and the COVID jab spike protein. In a non-peer-reviewed research paper just this week published on the pre-print service authorea, they and their other co-authors delve deeply into the mechanisms of the COVID shots, showing how they absolutely, in no way, shape or form, are safe or effective. The shots actually suppress your innate immune system.

*"I think McCullough is fantastic and I'm so happy to have him collaborate with me,"* Seneff says. *"I really hope we will be able to find a journal that is willing to publish it. We may have to seek some kind of alternative media to get it published.*

*It's really incredible the amount of censorship that's going on right now. I'm in a state of shock all the time. I just keep thinking it's not going to get any worse, and it's truly going to get better, and it just seems to keep on getting worse and worse.*

*I don't know where the end is. It's very discouraging … Pharma has so much money behind [them] and they've got it all set up to make sure that nothing gets past them …*

*We're hoping to put it up as a preprint, but … remarkably, they can reject it at the level of preprint as well. We're working on that angle, but it's not easy. When you're writing something this radical, they really fight hard to keep it off the web."*

On Jan. 16, 2022, the pre-print service Authorea published this paper on its web site, assigning it a DOI, thus making it official.

## Exceptionally Strong Safety Signals

As noted by Seneff, when you look at the various databases for adverse effects, you can see an exceptionally strong safety signal—and the COVID shot developers know that. "The numbers are out of sight," Seneff says, and this goes for all levels of side effects, from mild to catastrophic.

Seneff has been looking at the cancer data, for example, and on average, there are twice as many reports of cancer following the COVID shots compared to all other vaccines combined over the last 31 years.

*"It's just amazing, because it's overall two times [higher]. Breast cancer, for example, is three times [higher] for these vaccines in one year, as they are for all the other vaccines for 31 years. It's a hugely strong signal,*" Seneff says.

*"Lymphoma is also showing up much more frequently with these [COVID shots]. There's just an amazing signal there in VAERS [the U.S. Vaccine Adverse Events Reporting System]."*

The fact that the signal is that strong is even more remarkable when you consider that most people don't think the COVID shot could be a variable in their cancer emergence, so they never report it. "It puzzles me that they're willing to do such damage to the health of the whole population of the world. I don't understand that degree of evilness," Seneff says.

## Type-1 Interferon Disruption

The shots suppress your innate immune system by inhibiting type-1 interferon. One of the first studies to tip off Seneff and McCullough to this was an Indian study, in which human cells grown in a culture were exposed to the DNA nanoparticles that instruct them to make SARS-CoV-2 spike protein, much like the COVID shots do.

The cell strain is called HEK-293. These are cells that were taken from the kidneys of an aborted fetus in the 1980s and are frequently used in research. While taken from the kidneys, these cells have neuron-like properties. When programmed to make spike protein, these cells release that spike protein inside exosomes — lipid nanoparticles inside which the spike protein is packaged.

Exosomes act as a communication network for cells. When a cell is under stress, it releases exosomes containing some of the molecules that are stressing it. So, in the case of the COVID shots, the exosomes contain spike protein and microRNA. MicroRNAs are signaling molecules that are able to influence cell function. They cause the cell to change its behavior or metabolism. Typically, they do this by suppressing certain enzymes.

The Indian study found two specific microRNAs inside the exosomes released by these neuron-like cells: miR-148a and miR-590. The researchers then exposed microglia (immune cells in your brain) to these exosomes. So, as explained by Seneff, you've got neurons in your brain producing spike protein, or taking up spike protein that is in circulation, and reacting to it by releasing exosomes.

The exosomes are then picked up by microglia, the immune cells in your brain. When the immune cells receive those exosomes, they turn on an inflammatory response. This is primarily a response to those microRNAs, the miR-148a and miR-590. Of course, you also have the toxic spike protein there.

Combined, they cause inflammation in the brain, which damages neurons. This inflammation, in turn, can contribute to a number of degenerative brain disorders. The lipid particles in the COVID shot, which contain the mRNA, are similar to exosomes, but not identical. They're also very similar to low-density lipid (LDL) particles.

*"I think the exosomes are probably quite a bit smaller. The vaccine particles are bigger. They're more like an LDL particle. The vaccine particles have cholesterol in their membrane, and they have lipoprotein. So, they're made to look like an LDL particle.*

*But then they throw in this cationic lipid, which is really, really toxic — a synthetic cationic lipid that makes it positively charged. Experimentally, they've found that this lipid, when the particle is taken up by the cell, is released into the cytoplasm, [where] that mRNA then makes spike protein.*

*[The COVID shots] are very cleverly designed, both in terms of protecting the RNA from getting broken down, and in terms of making the RNA be very efficient at making spike protein. It's very different from the mRNA that the virus makes, even though it codes for the same protein."*

Seneff wrote an entire paper detailing the differences between the viral spike protein and the COVID jab spike protein, together with Greg Nigh, which was published in

the International Journal of Vaccine Theory, Practice and Research in May 2021. It basically serves as a primer for understanding what we discuss here.

Two microRNAs, miR-148a and miR-590—excreted in the exosomes along with the spike protein—significantly disrupt the type-1 interferon response in any cell, including immune cells.

Getting back to the Indian paper cited above, they found that the microglia ended up producing inflammation in the brain, and the two microRNAs were central in this process. The miR-148a and miR-590 were put into those exosomes with the spike protein, and these two microRNAs are able to significantly disrupt the type-1 interferon response in any cell, including immune cells.

Type-1 interferon also keeps latent viruses like herpes and varicella (which causes shingles) viruses in check, so if your interferon pathway is suppressed, these latent viruses can also start to emerge. The VAERS database reveals many who have been jabbed do report these kinds of infections. Suppressed interferon also raises your risk of cancer and cardiovascular disease.

## Type-1 Interferon Response Is Crucial in Viral Infections

As explained by Seneff, the type-1 interferon response is absolutely crucial as the first-stage response to a viral infection. When a cell is invaded by a virus, it releases type-1 interferon alpha and type-1 interferon beta. They act as signaling molecules that tell the cell that it's been infected.

That, in turn, launches the immune response and gets it going early in the viral infection. It's been shown that people who end up with severe SARS-CoV-2 infection have a compromised type-1 interferon response. As noted by Seneff:

*"It's ironic that the vaccines are being given to protect you from COVID, yet, they produce a situation where your immune cells are ill-equipped to fight SARS-CoV-2 if it gets into the cell. The trick is, the vaccine produces a tremendous antibody response, and that's typical of severe disease.*

*So, the [COVID shot] fools your immune system into thinking that you've had a severe case of COVID. It's really interesting that way, because it's gotten past the mucosal barrier of the lungs, it's gotten past the vascular barrier of the blood, into the muscle. Also, it's been disguised.*

*The RNA doesn't look like a virus RNA, it looks like a human RNA molecule. Part of the modifications [made to the mRNA in the jab] was to make it very sturdy, so it can't be broken down. It's also very good at making [spike] protein fast, which also has a problem because it leads to a lot of errors, which is another issue …*

*The immune cells take up the nanoparticles and carry them through the lymph system into the spleen. Multiple studies have shown that it ends up in the spleen … the ovaries, the liver, the bone marrow … The spleen, of course, is very important for producing antibodies."*

Importantly, the antibody response you get from the COVID shot is exponentially higher than what you get from natural infection, and research has shown that the level of antibody response rises with disease severity. So, the shot basically mimics severe infection. In mild infection, you may not produce any antibodies at all, because the innate immune cells are strong enough to fight off the infection without them.

It's when your innate immune system is weak that you get into trouble, and part of that weakness is a suppressed type-1 interferon response. If your type-1 interferon response is deficient, your immune cells are not very capable of stopping the spread of the virus in your body.

According to Seneff, the reason type-1 interferon supplementation has not been recommended thus far is because you have to time it perfectly in order for the immune cascade to function properly. Type-1 interferon plays a definitive role only at the very earliest stage of the infection. Once you've entered a moderate or severe infection stage, it's too late to use it.

## COVID Shots Confuse Your Immune System

As noted by Seneff, the COVID shots are so unnatural that your immune system doesn't quite know what to do anymore.

*"My impression is that the immune cells don't know what the hell's going on. There's this toxic protein being produced in massive amounts by the immune cells. That's extremely unusual. There's no sign of any kind of viral infection because these RNAs look like human RNAs.*

*It's as if the human immune cells suddenly decided to make a really toxic protein, and make lots of it — which is exactly what they're doing — and the immune system is completely baffled by this. The immune cells have no clue what to do with it.*

*Of course, these immune cells that are overloaded with all this spike protein, they say, 'I've got to get rid of this stuff,' so they ship it out as these exosomes. The microRNAs [in the exosomes] think that the recipient cells are going to need those particular signaling molecules to help it do whatever it needs to do to cope with this toxic load.*

*So, you're spreading the spike protein around to the rest of the body, just to dissipate the toxicity you're coping with in the spleen, I think. Those exosomes are also very good for training antibodies. There was a nice paper that showed the exosomes being released [have] spike protein in their membrane, the exterior of the exosome.*

*It's quite cool that the spike protein is displayed there, because this allows the immune cells — the B-cells and the T-cells that need to get up close and personal to it — to figure out how to shape their antibodies. The antibodies get shaped to match the toxic protein that's exposed on the surface of the exosomes.*

*After something like 14 days of the second [jab], the exosomes induced an antibody response. [The researchers] felt the exosomes played a critical role in this extreme antibody response that was produced by the B-cells and the T-cells, the adaptive immune system.*

*But I think the way the vaccine works is that there's no game that you can choose other than to make antibodies. It's the only way you can fight this. It's a toxic protein that's being produced and released by these immune cells, and the only thing you can do to stop it is to make antibodies.*

*They try to make lots and lots of antibodies that will glue onto those toxic spike proteins and block them from being able to get in through the ACE2 receptor. That's the job of the antibodies. They do a good job of it, initially … It's true that they do protect you from disease. Unfortunately, the antibody levels drop pretty dramatically, pretty quickly."*

There are also antibodies that enhance disease rather than fight it, and the level of these antibodies declines at a slower pace than the protective antibodies. So, after a number of months you end up with a NEGATIVE immune response. In other words, you're now more prone to infection than ever before. As explained by Seneff:

*"There's a crossover point at which the enhancing antibodies can be stronger than the protective antibodies, and that's when you can get this antibody dependent enhancement (ADE) that people have seen in the past with [other] coronavirus*

*vaccines. We're still trying to see if that's the case with [the COVID jabs]. There is some evidence here and there, but it's not [conclusive yet]."*

## The Importance of Cytotoxic T-Cells

After the India study tipped off Seneff and McCullough to the interferon problem, they came across a Chinese study that tracked the effect of the COVID jab on the immune system over time. Here, they discovered that the infection caused an increase in CD8+ T-cells, important cytotoxic T-cells that actually remove infected cells.

As noted by Seneff, the CD8+ cells are an important part of the defense against SARS-CoV-2. Importantly, CD8+ T-cells were enhanced in response to natural infection, but not in response to the COVID shot. They too found type-1 interferon suppression post-jab. So, in the aftermath of the jab, not only is your first-line response depressed—the type-1 interferon response—but you're also missing the part of the immune response that cleans away infected cells.

## The microRNA That Influences Myocarditis Risk

A third microRNA (mRNA) created by natural SARS-CoV-2 infection is miR-155, and it plays an important role in heart health. Early on in the pandemic, there were reports of COVID-19 causing heart problems.

Seneff suspects the miR-155-containing exosomes may also be present post-jab, and may play a role in the heart damage that's being reported. Specifically, miR-155 is associated with myocarditis. As mentioned earlier, microRNA suppresses certain proteins that then cause a complicated cascade response. When a particular protein that is a critical player gets suppressed by a microRNA, then a whole different cascade takes place.

## Why Autoimmune Problems May Arise Post-Jab

The antibodies produced by the jab also have several short peptide sequences in them that have previously been found in several human cells that are related to autoimmune disease. Seneff explains:

*"Kanduc has written a lot about this. She's an expert on these antibodies … The [SARS-CoV-2] spike protein is very overlapped with human protein. That means when you build a really strong antibody response to the spike protein, those*

*antibodies can get confused and they can attack a human protein that has a similar sequence.*

*That's a classic form of autoimmune disease. It's called molecular mimicry. There were many different proteins that matched. It was quite surprising … It seems to be very well designed to induce autoimmune disease, if you produce antibodies to those sequences in the spike protein."*

## Neurological Problems in Women

The shots are also tightly associated with neurological problems such as uncontrollable tremors and shaking. Curiously, this side effect disproportionally affects women. The mechanism here again involves the exosomes. Seneff explains:

*"I feel there's a very strong signal for the idea, which I'm pushing, that you have those immune cells in the spleen making spike protein and releasing it in exosomes. It's been shown in studies on Parkinson's disease that those exosomes travel along nerve fibers.*

*They'll go along the splanchnic nerve, they'll hook up with the vagus nerve, they'll go up to the brain and get into all these different nerves in the brain. When you look at the VAERS database, you see tremendous signals for all kinds of things that suggest different nerves are being inflamed.*

*For example, there are 12,000 cases of tinnitus associated with the COVID-19 vaccine, and that's only what's reported. Tinnitus is a strong signal. Tinnitus is going to be inflammation of the auditory nerve. This means you have to go all the way from the spleen, up the vagus nerve, and then connect to the auditory nerve to cause tinnitus.*

*Then you have Bell's palsy, which is inflammation of the facial nerve. You have migraine headache. There are over 8,000 cases of migraine headache, which is linked to an inflammation of the trigeminal nerve.*

*It probably also goes, I suspect, along the nerve fibers of the spinal column, which may be causing some of these cases where they're finding paralysis. People have a lot of mobility issues connected with these vaccines.*

*I see the possibility of causing a lot of disturbances to the myelin sheath, and we talk about that in the paper. It involves, again, complex signaling. You can get to the myelin sheath problem through the type-1 interferon disruption.*

*That, again, involves something called interferon response factor 9 IRF9. This protein triggers the production of sulfatide in the liver, and this protein gets suppressed by these microRNAs that I mentioned earlier."*

Sulfatide, an important lipid carrier, is the only sulfonated lipid in the human body. Your liver makes most of the sulfatide, which is then carried by your platelets (blood cells) to other areas in your body. The myelin sheath contains high amounts of sulfatide. It's part of what protects the myelin sheath. In demyelinating diseases, that sulfatide erodes, ultimately allowing the myelin to be attacked.

Seneff believes the COVID jab results in significant myelin damage, thanks to these inflammatory exosomes. This damage does not necessarily show up right away, although some jab recipients experience acutely devastating effects. It could take 10 years or more before a demyelinating disease sets in.

*"I think we're going to see people getting these neurodegenerative diseases earlier and earlier in life than they used to,"* Seneff says, *"and I think anybody who already has any of these diseases is going to have accelerated progression."*

## We May Soon See an Explosion of Parkinson's Cases

Disturbingly, loss of smell and dysphagia, the inability to swallow, are both signs of Parkinson's disease, and both of these conditions are being reported post-jab by the thousands. So, in years to come, we could be looking at an explosion of Parkinson's.

*"Parkinson's studies have shown that you can get pathogens in the gut that produce a prion-like protein, which is what the spike protein is. The immune cells then take it up and take it to the spleen. This, of course, causes stress.*

*A stressed immune cell in the spleen upregulates and produces more alpha-synuclein. Alpha-synuclein is a molecule that fights infection, and that's the molecule that misfolds in association with Parkinson's disease.*

*I'm fascinated with all of these molecules that are prion-like. There's the prion protein itself, which is associated with CJD, Creutzfeldt-Jakob disease, but then there's the alpha-synuclein and amyloid beta, there's TDP-43, which is associated with ALS.*

*All of those diseases are overrepresented in the VAERS database for the COVID shots, compared to all the other vaccines combined over 31 years. It's just completely out of line.*

*There are 58 cases of Alzheimer's in association with the COVID vaccines, and 13 in association with all the other vaccines over 31 years. That's several times more — 58 versus 13.*

*CJD is also much more common. It's almost seven times as common in the COVID vaccine cases. CJD is a terrible disease. You get very crippled and die after a few years. That's the classic prion protein [disease]. It's extremely rare. Only 1 in 1 million gets CJD.*

*There was a person who contacted me from France whose wife got CJD just a few weeks after the second vaccine. He was absolutely convinced the vaccine caused it. There are actually 27 cases [of CJD] reported in VAERS for the COVID-19 vaccines, against only four cases over the entire history of all other vaccines combined."*

## Health Problems We Can Expect to See More Of

In time, Seneff predicts we'll see a dramatic increase in infections and cancers of all types, autoimmune diseases, neurodegenerative diseases and reproductive issues. As mentioned, research has demonstrated that the spike protein accumulates in the spleen and women's ovaries.

Without doubt, inflammation in the ovaries is not a good thing. Men also report swollen testes, and that could be indicative of inflammation as well. Preliminary data show women who get the jab within the first 20 weeks of pregnancy have a miscarriage rate of 82% to 91%. There are also VAERS reports describing fetal damage. Of course, it could also impair future fertility.

As described earlier, some antibodies produced by the jab can react to human proteins. One protein that is similar to the spike protein that the antibodies attack is syncytin, which is essential for the fertilization of the egg. The concern is that the antibodies might attack and destroy syncytin, thereby disrupting and preventing implantation in the placenta.

## Omicron—A Blessing in Disguise?

The jabs also perpetuate COVID, with ever-new variants of the virus.

*"In the first paper that Greg and I wrote, we predicted the vaccines would cause an increased emergence of variants of spike protein, altered versions of the virus, under the pressure of the vaccine,"* Seneff says.

*"Indeed, it looks to me like that's what's happening. But I'm really hopeful with Omicron, because Omicron looks like it's a milder virus, but incredibly infectious. It'll flash through the population and give everybody, essentially, a vaccine. It's kind of like a natural vaccine, I think.*

*[Research] showed that ... having had Omicron, you were protected, to some extent, from Delta. Delta's disappearing anyway, because Omicron is chasing it out. It's really great. I think Omicron is God's gift from heaven."*

That blessing may be canceled out in those who have received multiple COVID jabs, however. Each dose erodes your immune response, such that it becomes increasingly compromised with each jab. Again, this has to do with the suppression of type-1 interferon, discussed earlier.

## What Catalyzes Damage in Athletes?

More than 400 cases of serious heart problems and death have also been reported among professional athletes, who are some of the healthiest people on the planet. What mechanism can account for this phenomenon? How is it that the COVID jabs can cause enough damage to take out young people with optimized biology?

Seneff suspects that being fit might cause you to have more ACE2 receptors in the heart, and the S1 portion of the SARS-CoV-2 spike protein binds to the ACE2 receptor. She believes the spike protein is being delivered to the heart via exosomes, by way of the vagus nerve, and, again, the miR-155 exosome is associated with heart problems.

Additionally, when the S1 spike protein binds to the ACE2 receptor, it disables the receptor. When you disable ACE2, you get an increase in ACE, which causes high blood pressure and elevates angiotensin 2. When angiotensin 2 is overexpressed, you can get intense inflammation in the heart. If you're engaging in intense exertion and your heart is inflamed, you can trigger cardiac arrest, which is what we see in many of these athlete cases. They're collapsing on the field.

## G-Quadruplexes

Another focus of Seneff's and McCullough's paper is something called G4 or G-quadruplexes.

*"G-quadruplexes are really fascinating, and I don't have a handle on them at all,"* Seneff says. *"It's hard biology, even harder than a lot of the other stuff that I've been reading …*

*G4s are basically an arrangement of [guanines]. Guanines are one of the four nucleotides that make up DNA or RNA. Guanine is the G in the G4. What happens is that a sequence of nucleotides on a DNA or an RNA string can fold in on itself and form G-quadruplexes. It's four guanines, at different places on the protein, winding back around and sticking together.*

*There's a metal in the middle — often potassium or calcium — that helps to stabilize these G4s. The interesting thing about them is that they make the water around them structured. They make gelled water [aka exclusion zone (EZ) water] …*

*Those G4s can form in the DNA, and that actually keeps it from becoming active. [The DNA] doesn't get converted into RNA, and it doesn't make protein if it has those G4s. Probably, the EZ water doesn't allow anything to get close. Think of it as being stuck in a gel.*

*There are a lot of G4s in the promoter regions of these DNA sequences, and there are lots of proteins that have these G4s in their promoter region. Interestingly, there are certain proteins that can unravel them. There are proteins that can bind to them and cause the G4 to undo, and that activates or allows the protein to be expressed.*

*It's a regulatory element that controls which proteins get to be expressed from the DNA. Many of the proteins that have these G4s in their promoter are cancer oncogenes. As long as they stay gelled, they're inactive, but if they become ungelled, they become active.*

*It turns out that prion proteins … [are] made from RNA, and the RNA has these G4s. The protein can bind to the G4s in the RNA and both of them react. The theory is that the protein becomes prion-like. These prion proteins have two ways to be, one is safe and one is not safe, and the G4s increase the risk for prion protein misfolding.*

*The presence of those G4s, and the meeting with those G4s, increases the risk of misfolding in the prion-like configuration.*[9] *The interesting thing about that is that spike protein is a prion-like protein. The RNA they built for the [COVID jab], they*

*did something called codon optimization, which involved putting a lot more guanines into the RNA than [found] in the original [virus]. They enhanced the guanine.*

*Enhancing the guanine means increasing the number of G4s, which means increasing the risk of the spike protein misfolding into a prion like protein. I think that the G4s increase the risk, the danger of spike protein [acting] as a prion-like protein.*

*But we don't really know what the consequence of having all these G4 RNAs in the cytoplasm will be. We have massive numbers of these RNAs sitting there with their G4s. What is that going to do to the rest of the G4 regulatory process? We do not know. Nobody knows. Nobody has a clue."*

## Summary

To summarize the central point of Seneff's latest paper, the COVID jab causes alpha interferon suppression, which weakens your immune system. Indeed, regulators in the European Union are now warning that repeat COVID shots can weaken overall immunity.

The primary mechanism is the impairment of alpha interferon response, which is essential for the proper activation of your innate immune system, your cellular immunity, mostly your T-cells and killer cells. When functioning properly, the cell launches the type-1 interferon response as soon as it's infected with a virus.

It triggers the immune cells to come in, kill the virus and remove the debris. This activates the humoral component of your immune system, the antibody production, which takes longer. (That's why they say you are not protected until 14 days after the injection.)

How is type-1 interferon suppressed by the jab? It's suppressed because type-1 interferon responds to viral RNA, and viral RNA is not present in the COVID shot. The RNA is modified to look like human RNA molecule, so the interferon pathway is not triggered. Worse, the interferon pathway is actively suppressed by the large number of spike proteins produced from the mRNA in the shot, and by the microRNAs in the exosomes released by the stressed immune cells.

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