

***SARS-CoV-2 genetically engineered vaccines:
should you get one? (Well, it may well be two, three or four or...)***

Karl Cox PhD

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“I cannot also help feeling that vaccination is a violation of the dictates of religion and morality... The vaccine is a filthy substance, and it is foolish to expect that one kind of filth can be removed by another...

“Those who are conscientious objectors to vaccination should stand alone, if need be, against the whole world, in defence of their conviction.”

■ *A GUIDE TO HEALTH by Mahatma Gandhi 1921*

“...genetic engineering is not a true science or even a profession but the expression of a distorted mindset.”

■ *PANDORA'S POTATOES: THE WORST GMOS by Caius Rommens 2018*

Introduction

The COVID19 so-called pandemic, as declared by the World Health Organisation, has brought vaccines into sharp focus. A global, multi-billion dollar drive funded by governments and corporations to produce a vaccine that is meant to protect against SARS-COV-2, the novel coronavirus. Until a vaccine is administered, the pandemic has given governments the opportunity to remove many freedoms and human rights around the world. We may not see these heavy handed restrictions on our liberty lifted is we sit back and do nothing. With over 100 vaccines in various stages of development and with governments placing pre-orders in the hundreds of millions already, we must wonder what is really going on? In the UK, the Secretary of State for Health, Matt Hancock, has already asked AstraZeneca to bring into mass production its vaccine (a joint venture with Oxford University). The so-called ‘Oxford’ vaccine has yet to complete its safety trials, yet the Government has asked for millions to be produced already – just in case it gets the seal of approval. If this seems like putting the cart-before-the-horse, or *fait accompli*, then it probably is. In other words, the UK population is going to be ‘offered’ (rather than ‘ordered to take’) the Oxford vaccine whatever the outcome of its trials! Though this seems at face value to be entirely unethical

and motivated by, at best, greed, this is in fact standard practice around the world when it comes to vaccinations. Governments regularly rubber stamp vaccine approval irrespective of the genuine trial results – except for all previous RNA vaccines! However, in the world of so-called pandemics, such as the H1N1 outbreak in 2009, many governments were forced to buy up billions of vaccines in the event of a pandemic because they had agreed sleeper contracts with Big Pharma. This meant that in the event of a pandemic being called by the World Health Organisation, those governments with contracts had to honour them, no matter what. The result of the H1N1 pandemic in the UK was the Government having to pay out £60 million of taxpayer money in compensation for GlaxoSmithKline’s Pandremix vaccine injuries that caused narcolepsy and cataplexy in 60 childrenⁱ. The WHO changed its definition of the term ‘pandemic’ one month before declaring the H1N1 influenza pandemic. The WHO definition prior to the change read:

“An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness.”

As stated, one month before declaring the H1N1 a pandemic, the WHO’s definition changed to this:

“An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity.”

The WHO article continues:

“Months later, the Council of Europe would cite this alteration as evidence that WHO changed its definition of pandemic influenza to enable it to declare a pandemic without having to demonstrate the intensity of the disease caused by the H1N1 virus.”

So, a pandemic now only means there is a virus about that humankind may not have an obvious immunity to. It’s still a pandemic even if no one dies or gets sick! I am not making this up. The WHO admits the change themselves and the source for these quotations is direct from the WHO!ⁱⁱ We will look into our natural immunity to COVID19 later.

Pharmaceuticals that produce COVID vaccines have been given complete immunity from prosecution (unless there is a *proven* deliberate and wilful act to cause harm). The cost of compensation – which the UK and US governments ‘offer’ to those damaged by vaccines – falls therefore on the taxpayer. There is more than enough evidence to show this is the case – that vaccines do cause harm to otherwise healthy individuals.ⁱⁱⁱ Despite this, the COVID vaccine arms race is running wild throughout the world. Russia claim to have succeeded in producing a working vaccine. China is already vaccinating its ‘key workers’ and the military; a Chinese nasal spray vaccine is also in development.^{iv} In America, President Trump is demanding a vaccine be available at “warp speed” and before the Presidential elections in November 2020. Why the rush is not clear. Has vaccination become a political issue rather than a health one? Dr Anthony Fauci, a member of the US Government Covid Taskforce is the face of the pro-vaccine campaign in the US. Yet as a government official, he is leading the development of the Moderna mRNA Covid vaccine, partly funded by the Gates

Foundation^v. The line between government and corporation in the United States (and in the UK) has become very murky.

“Unlicensed” vaccine?

What’s even more odd at least in the UK is the announcement that the Government are expecting to promote an “unlicensed” vaccine. What this implies is that a COVID vaccine will be administered to the UK without actual Government approval. To quote the BBC from 28 August 2020 <https://www.bbc.co.uk/news/health-53946412>:

“There are also plans to strengthen the Medicines and Healthcare products Regulatory Agency (MHRA)'s powers to roll out an unlicensed vaccine rapidly if one becomes available before the new year.

In addition... to amend the Human Medicine Regulations 2012 ... to protect companies that manufacture and distribute the vaccine, should it cause any harm.

This is to prevent them from bearing the risk caused by decisions made by government to roll out unlicensed vaccines, in order to protect the health of the public.”

This does not make any sense! The goal, according to the BBC, is to roll out unlicensed vaccines and to protect the companies who made them from prosecution in case something goes wrong, like side effects that cause harm! Yet this is done “in order to protect the health of the public.” An unlicensed product, should it cause harm, may actually only protect the Government – who could say: we didn’t give it approval i.e. a license, so you can’t blame us! If a license is granted, then it must have demonstrated its safety. Then if harm is caused, someone must be liable. It’s like being in a car accident with an uninsured driver. It’s hard to claim against their insurer because they don’t have one!

If this is the case in the UK, rest assured this is the case elsewhere. The WHO has already – under the influence of Bill Gates – insisted that pharmaceuticals are immune from prosecution globally, wherever they roll out their vaccination programme especially with mRNA vaccines.^{vi} Will unlicensed mRNA vaccines be unleashed everywhere?

Research is on-going in how to convince people to take untested and potentially very dangerous unlicensed (or indeed licensed) vaccinations.^{vii} This is a dangerous situation. Over the last year or two there have been concerted efforts to label those who question the safety and effectiveness of vaccination as, according to the UK Prime Minister has stated, “nuts”. Yet, is it not a human right to question what is good for our bodies and to reject that which is not? Even the WHO admits vaccines cause outbreaks of disease that it is meant to eradicate.^{viii} With all of the above taken into consideration, is it really the case that vaccines are the only solution to pandemics? Read The World Foundation for Natural Science (<https://www.naturalscience.org/news/2020/06/are-vaccinations-really-the-only-way-to-protect-humanity-from-pandemics/>) article on exactly this topic.^{ix} Let us now look at the specifics of RNA vaccines.

RNA gene edited vaccines

Research into coronaviruses has been conducted for many years. DNA sequencing of many coronaviruses (avian, human, bovine, murine and two porcine) has occurred, including investigations in how coronavirus RNA and mRNA can be modelled.^x As such, it could be expected that given so much is already known about coronaviruses, the novel coronavirus SARS-CoV-2 would have its genome mapped relatively quickly.^{xi} So producing a vaccine ought not to be too difficult?

The global rush to be the first to produce a vaccine is fraught with danger. As explained by *Time* magazine^{xii}:

“The quest to develop a vaccine for a new infectious disease is a gamble at best; nearly four decades after HIV was discovered, there is still no effective vaccine against that virus. SARS-CoV-2 is so new to the scientific community that it’s not even clear yet what the human body needs to prevent infection—or if such a thing is even possible.”

The difficulty in producing a vaccine – if we hypothesize that vaccines actually work – is in isolating the genome and then purifying it in order to work out an effective and safe counter. Given the SARS-CoV-2 genome was so quickly mapped, perhaps there are other issues at foot in identifying a medical solution. Such as, the coronavirus is manmade:

“The most conspicuous sign of genetic manipulation is the presence of a furin polybasic cleavage site in SARS-CoV-2, a structure that is not present in any of the coronaviruses so far identified as possible recent ancestors.”^{xiii}

Creating a solution to a laboratory-made virus may be a lot harder than it looks because it may have been engineered to make counters difficult. Given the headstrong rush to push an unlicensed vaccine onto the world that may change our DNA irrevocably would be extremely risky. Given that COVID seems to only seriously affect the frail, very elderly and those with severe co-morbidity, is not all we are seeing a massive overreaction? The 2009 fake pandemic comes to mind. A fake pandemic does not mean a fake virus but it does mean that the measures to counter something that is less virile than seasonal flu are all out of proportion. Sleeper contracts with pharmaceuticals comes to mind also. Perhaps it would be worth considering how much money the pharmaceuticals could earn, how much their backers, such as the Bill & Melinda Gates Foundation could earn, from this. And to what extreme measures could they push governments in order to achieve their aims. Every person on the planet to be vaccinated?

DNA and RNA

Let’s introduce the technical DNA and RNA terms as we will be referring to these throughout. The DNA definition is long so you have a better sense of what it really is. The subsequent RNA definition is short.

“DNA, or deoxyribonucleic acid, is the hereditary material in humans and almost all other organisms. Nearly every cell in a person’s body has the same DNA. Most DNA

is located in the cell nucleus (where it is called nuclear DNA), but a small amount of DNA can also be found in the mitochondria (where it is called mitochondrial DNA or mtDNA). Mitochondria are structures within cells that convert the energy from food into a form that cells can use.

“The information in DNA is stored as a code made up of four chemical bases: adenine (A), guanine (G), cytosine (C), and thymine (T). Human DNA consists of about 3 billion bases, and more than 99 percent of those bases are the same in all people. The order, or sequence, of these bases determines the information available for building and maintaining an organism, similar to the way in which letters of the alphabet appear in a certain order to form words and sentences.”^{xiv}

So DNA is basically the building blocks for instructing our body to function. RNA is a specialism of DNA:

“Ribonucleic acid is a nucleic acid present in all living cells. Its principal role is to act as a messenger carrying instructions from DNA for controlling the synthesis of proteins.”

RNA, then, provides cell DNA instructions on what proteins to make. Hence, the mRNA in the vaccine. Special coded RNA is sent as a message to your DNA to produce the COVID destroyer protein.

What's in the new vaccine?

No one outside of the pharmaceuticals is entirely sure. The idea of the RNA vaccine is that it places a string of ribonucleic acid into the cells of the body. That string is meant to “transfect” the cells of the body into producing a protein that will attack the SARS-CoV-2 virus – should you have it. So, as Bill Gates has said, the injected DNA and RNA might “turn your body into its own vaccine manufacturing unit.”^{xv} That’s all well and good if it worked but 10 years of DNA and RNA vaccine making has led to no good results; that much is clear because all previous mRNA vaccines developed have failed to obtain a license for use. That is, they did not get the results hoped for. We now have the other issue of what might also be in the RNA vaccines, put there by design, that we are not informed about. It is the case that the WHO has illegally sterilized African women through vaccines by including in the vaccines agents that cause sterilization. In a now *retracted* article published of a study conducted in the USA, it was found that the women (aged 25-29) who were vaccinated against HPV ended up with 30 per cent less likelihood of conceiving a child than those of a similar age and demographic who were unvaccinated.^{xvi} According to the information on mRNA vaccines made public, they are designed to force the normal cells of your body to create the SARS-CoV-2 spike protein. This is a glycoprotein that attaches to the normal ACE2 receptor of cells. This is very unusual because it does this so easily, as if pre-ordered for the part. In theory, before this enters a cell, your immune system should mount a response by producing antibodies.

“According to researchers at University of Pennsylvania and Duke University, mRNA vaccines have potential safety issues, including local and systemic inflammation and

stimulation of autoreactive antibodies and autoimmunity, as well as development of edema (swelling) and blood clots.”^{xvii}

This does not look good and helps explain why no mRNA vaccines have ever been approved previously for any purpose. Yet, governments are not even hesitating to permit pharmaceuticals complete freedom to produce whatever they wish. Given that our DNA could be permanently altered, there are concerns arising that we are going to be part of a transhuman experiment where DNA can be altered almost at will.^{xviii} Whether this is going to be the case or not is questionable but there are serious questions that remain entirely unanswered by vaccine manufacturers of exactly what is in their vaccines, especially those that produce a new protein. What will that new protein do to the cells it enters? Will it contain sterility RNA?

Much of the effort into producing a vaccine is in a technology called gene editing. This technology is similar to the approach taken in gene editing in animals and plants, something the European Union has classified as genetic modification in that the process of gene editing under law creates products that would not have occurred naturally and therefore must be regulated in the same way as genetic modification is.^{xix}

The gene editing process

One of the major hindrances to the success of genetic modification was that this required the DNA of one thing to be spliced into the DNA of another. For example, artichoke DNA was inserted into tomato plants to make it frost resistant. This mixing and matching of DNA from different species inevitably led to failure and massive global protest. Genetic modification had a more destructive goal: to be resistant to pesticides whilst all other plants around the crop would die when sprayed. GMO corn would be resistant to glyphosate, for instance. Poisons were even woven into the DNA of crops such as Bt cotton or corn so that insects who would munch on crops would be killed by the inbuilt insecticide! So if GMO kills bugs and plants, what about us who eat the same food or wear the same clothing?

As Caius Rommens, who spent 20 years trying to create a genetically modified potato, realised: “genetic engineering... is the expression of a distorted mindset.” Sadly, this distorted mindset holds sway of genetic scientists because without that distortion they would realise the whole ‘science’ can only result in failure. Nature provides us with everything we need so why do we need to warp nature and twist it to our desires? Money is the inevitable answer. So much money has been bet on genetic engineering that a global industry, especially in universities, has invested into this distorted mindset.

Gene editing has become possible through something called CRISPR-Cas9 and other similar approaches. We will refer to CRISPR to encompass the other approaches. CRISPR (for short) is a string of ribonucleic acid (RNA) found in most organisms. It works by producing proteins (called Cas9 though the proteins are called ‘Cas’; 9 stands for version 9) that attack foreign or viral DNA by basically breaking it apart. An RNA string (made of four DNA letters) produces about twenty different proteins. The type and function of protein depends upon the particular sequence produced. A protein attacks a specific invading viral DNA in its cell and breaks it to pieces, killing the virus it has been designed to attack. Much is already

known about the DNA structure of viruses and what proteins are required to kill them. Given that knowledge, it is theoretically possible through gene editing to manipulate the RNA CRISPR sequence to produce a protein to attack a specific virus, such as COVID19. Cas9 proteins can also change the behaviour of an organism. For example, cows without horns. Gene editing allowed the DNA to scrub horns from the cow's genome^{xx}. Gene editing makes sense, in scientific theory, as a means for fighting diseases. But there are problems that rarely see the light of day.

Unresolved problems

In order to create a vaccine, it is vital to know what it is you are trying to eliminate from the body. Viruses are fully understood once they have been purified, removing all other trace elements such as human or animal DNA. The Covid19 virus does not appear to have been purified. It is even questioned by some microbiologists whether SARS-CoV-2 causes COVID19. And this is because the virus, even if isolated as it has been, has not been purified. This means testing for COVID19 is not going to work well because the current PCR tests will pick up any DNA that looks like a coronavirus (which form part of common colds) and is highly likely to return false positives. Until the virus is purified, testing is very hit and miss. The identification of clinical criteria for COVID19, according to the European Centre for Disease Prevention and Control is the following:

“Any person with at least one of the following symptoms:

- cough
- fever
- shortness of breath
- sudden onset of anosmia, ageusia or dysgeusia”^{xxi}

As only one of the following is required to diagnose COVID19, it is going to be very hit and miss to find an appropriate prevention unless we turn to natural medicines that provide us with what we need already. All of the above can be caused by many other ailments, such as flu.

There are also problems that make gene editing a random ‘science’ and these problems lie in how the new DNA is grown. The process of gene editing is similar to traditional genetic engineering in that the new RNA structure to be inserted into the existing cell (even though the RNA comes from the same cell), has to be grown in a laboratory as tissue culture. This leads to random changes in the DNA sequence and the opportunity for the resulting plants, for example, to be entirely unpredictable compared to traditionally grown crops has been demonstrated.^{xxii} The accuracy of gene editing is still very hit-and-miss because it has to follow the process of growing tissue culture and as a result produces unintended and potentially harmful results.^{xxiii}

Currently, gene editing still involves the GMO process, as mentioned, and steps along the way. Such as, growing the gene cassette to be inserted in a tissue culture still creates entirely random outcomes in terms of collateral damage to DNA and hence **potentially malformed, malfunctioning proteins**, which could cause health problems, allergies and/or

nutritional differences. The biomolecular structure would be different, even if the outer appearance might be similar.

Gene editing is currently promoted as having no boundaries and if regulation permits, nations will begin consuming genetically edited animals.^{xxiv} The UK government has already attempted complete deregulation of gene-edited foods. Though this attempt was withdrawn after widespread protest, the government has vowed to introduce deregulation in time for when it leaves the EU.^{xxv} Other nations such as the United States already have effective deregulation. Australia is also planning to deregulate gene edited foods.

Despite the convincing arguments put forth by pro gene-editing scientists (along the lines of “every study shows it’s safe”), gene editing can still have unknown consequences. One study found that CRISPR removed stem cell embryos which are used for detecting cancerous cells. These stem cells are vital for informing the body to take action when cancers form. The consequence being that cancers may go undetected until life-threatening, and then the body may not be strong enough to recover.^{xxvi} It has also been reported that when CRISPR is used to break double-strand DNA, in order to insert a new DNA element, that DNA can be randomly deleted or rearranged into complex orders, the consequence of which is unknown.^{xxvii} What if a side effect was sterilization in that the RNA produces a protein that reduces for example the production of the natural hCG hormone needed to maintain pregnancy? Deliberate sterilization via vaccination of African women without their consent is nothing new to the WHO.^{xxviii}

The scientific evidence strongly demonstrates that the mainstream media claims on gene editing as safe are false. The evidence base of unexpected and unwelcome side effects of gene editing is growing in plant research. The purpose of this document is to summarise scientific findings so that you can make your own judgement about the RNA vaccines we are all about to asked to have, if we are lucky enough to not be mandated to have.

T-cell immunity

It is estimated that between 30 and 60% of the population have some t-cell immunity to coronaviruses.^{xxix xxx} That is, those who have had common colds – most of us! – will have some immunity to coronaviruses in general and this is the t-cells, even for COVID19. This is probably why so many young people are asymptomatic. There is no reason to get a vaccination given this natural immunity. It is also found that many patients diagnosed with COVID19 develop t-cells that attack the virus.^{xxxi} This means that we won’t get very sick, if we get sick at all. The remaining population, we presume are the more elderly or very-immune compromised. T-cells tend to lose their potency when we reach around 65 years old. This all fits well with the death ratios from COVID. The vast majority who die are the elderly who have severe co-morbidity. That is, they already have a serious ailment such as advanced cancer or a long-term chronic disease that’s currently out of control. Or they have a pulmonary or heart problem. In these cases, many would die anyway irrespective of testing positive for Covid. With such immunity, we need to improve our own ability to generate t-cells. Vitamin D, for example, really improves the quality of t-cells.^{xxxii} Given this immunity and the problems of random gene expression or malformed proteins emerging

because of the process of creating a gene edited organism, in this case a microorganism, the attraction and even the need for vaccines falls sharply.

Is vaccination good at all?

In 1921, that enlightened soul, beloved Mohandas Gandhi wrote:

“Vaccination is a barbarous practice, and it is one of the most fatal of all the delusions current in our time, not to be found even among the so-called savage races of the world. Its supporters are not content with its adoption by those who have no objection to it, but seek to impose it with the aid of penal laws and rigorous punishments on all people alike...

“I cannot also help feeling that vaccination is a violation of the dictates of religion and morality... The vaccine is a filthy substance, and it is foolish to expect that one kind of filth can be removed by another...

“Those who are conscientious objectors to vaccination should stand alone, if need be, against the whole world, in defence of their conviction.”

One hundred years later has anything changed? As Gandhi stated:

“Its supporters [BMGF, WHO, pharmaceuticals, doctors] are not content with its adoption by those who have no objection to it, but seek to impose it [via governments] with the aid of penal laws and rigorous punishments on all people alike...”

Nothing has changed in this time. Vaccines are still barbarous and full of filthy stuff. Governments do the bidding of pharmaceuticals to impose harsh punishments for those who oppose vaccines.

RNA: ribonucleic acid and us

Let us return to the point of the article and that is the ‘new’ type of vaccine being proposed, the RNA (ribonucleic acid) changing vaccine. Traditional vaccines contain a whole host of inert and active strains of viruses, and many other unpleasant ingredients. The propaganda behind the vaccine is that the inert viruses need to be switched on for your body to develop antibodies and hence immunity to the virus you are being vaccinated against. However, the switch or adjuvants are themselves unhealthy: thimerosal (mercury) and aluminium particles. These heavy metals are of themselves toxins and can have a damaging effect on the immune system by weakening gut flora or even poisoning the gut, causing issues with perception to point of the most severely affected not progressing in their development or even falling into a ‘dark hole’ where communication outside that darkness seems close to impossible. I am referring to autism. Not everyone is harmed to that extent because everyone’s immune systems are at different strengths and stages of development. Children are most injured from such vaccines, especially toddlers.

RNA vaccines are a very different kettle of fish in that the active goal of the vaccine, rather than inject a virus into you, is to change your DNA through gene edited RNA that makes

your body produce a protein that is meant to defend against a virus, in this case Covid19. Alterations to RNA that are done in a laboratory have hazardous results. Research and outcomes from genetic engineering over the last 40 years demonstrate this clearly.

Those people receiving an RNA and DNA vaccines are being genetically modified!

Vaccines are not safe!

To vaccinate any child, no matter the mechanism of delivery, is morally wrong, ethically wrong, spiritually wrong and plain bad science. There is an entire history of lives ruined because of vaccination, from infertility to disability to death, ranging from the HPV vaccine^{xxxiii}; MMR vaccine such as corruption among CDC scientists to deliberately removed and destroyed data showing 340% increase in autistic spectrum disorders in vaccinated African American children^{xxxiv}.

The pharmaceutical company Merck reported in its own data the following side effects of MMR vaccine included: Anaphylaxis, Deafness, Diabetes, Arthritis, Myalgia, Encephalitis, Seizures, Pneumonia, Death^{xxxv}. The list goes on but I hope you get the point: no vaccine leaves any child unscathed, there is always a negative side effect even if it is not immediately visible. There are literally hundreds of peer-reviewed, published studies showing the negative impact of vaccinations. Dr Neil Miller's review of vaccines lists 400 peer-reviewed published papers describing the unpleasant side effects of vaccination^{xxxvi}.

The following section discusses the children's nasal flu vaccine currently being promoted into schools really for the sole benefit of the pharmaceutical industry. Certainly not for the children.

The Flu Nasal Spray: the first GMO vaccine in the UK

Alongside vaccination against COVID is a strong media campaign to get the flu vaccine. It's suggested that getting a flu vaccine could increase your risk of serious COVID symptoms.^{xxxvii}

The contents of the nasal-sprayed flu vaccine designed for children as young as four:

- The nasal vaccine contains GMO (genetically modified ingredients). That is, DNA that is not natural is part of the vaccine. What does that DNA do to the recipient?^{xxxviii} There is a mountain of evidence showing how dangerous genetically modified organisms are – see this detailed summary here^{xxxix}. Genetically modified organisms are those whose DNA has been altered, edited or recombined (it was often written in vaccines: 'recombinant DNA' – this terminology was changed to 'genetically modified' as recombinant was something the public were suspicious of in its meaning, and rightly so!) with a foreign element or with itself, changing the behaviour of the bacteria or virus. The outcome is uncertainty. Will the RNA cause a reaction through a change in the structure of a protein, causing it to behave differently, and most definitely unpredictably? When GMO comes into contact with people through ingestion or injection, those particles of DNA work their way into the blood or the intestinal tract of the human host. The track record is not good for

GMO. In 1989, 100 people died and between 5,000-10,000 people were permanently made ill and disabled in the US by a genetically engineered bacterium that was put into a L-Tryptophan supplement. These bacteria were so small as to be beyond detection through normal safety testing

- The flu vaccine contains MSG – monosodium glutamate – which is another dangerous substance^{xi}. MSG has been reported to cause these reactions (MSG system complex):
 - Headache, Flushing, Sweating, Facial pressure or tightness, Numbness, tingling or burning in the face, neck and other areas, Rapid, fluttering heartbeats (heart palpitations), Chest pain, Nausea, Weakness^{xii}

The vaccine includes live viruses which are inevitably going to cause flu and flu like symptoms.

Putting a live virus into anyone could actually cause the virus itself and create a pandemic, as Dr Shiv Chopra, a former pharmaceutical company executive and government scientist states:

“... And some people are being given nasal vaccine, so that means a live virus. If you’re putting a drop in the nose like you put the drop of polio in the mouth, then those are the portals of entry that obviously mean this is a live virus. If it’s a live virus, then you actually maybe creating a pandemic with whatever you manufactured in the laboratory. If it’s a live virus then that’s what could happen.”^{xiii}

Vaccines are also a *contraindication* so those who receive the vaccine are putting at risk their loved ones who may be on medication or immunocompromised (are on medications and/or have eczema, a heart condition, have cancer, malnourished or have been irradiated, as all children are in schools because of Wi-Fi, and so on).

Should we trust the vaccine manufacturer?

Let’s focus on AstraZeneca, who make the flu vaccine nasal spray referred to above and are manufacturing one of the leading COVID vaccine candidates.

The maker of this vaccine, AstraZeneca, has had literally thousands of lawsuits filed against it. In 2008, there were 8,787 lawsuits filed against just one drug it makes, *Seroquel*, which, as a side-effect, caused weight gain, hyperglycemia, pancreatitis and diabetes^{xiii}.

In 2013 the EU put pressure on AstraZeneca to come clean about its clinical trials for a blood thinning drug called *Brilinta* when it was discovered a number of heart attacks went unreported by the company^{xiv}.

In August 2016, it was reported that AstraZeneca was being sued for withholding information about the risk of harm their *Naxium* drug does to kidneys^{xv}. Further lawsuits against the company for its *Naxium* drug were opened in 2017^{xvi} and in 2018^{xvii} for causing

kidney failure and chronic kidney disease. The drug has also been identified for increasing stomach cancer risk^{xlviii}.

Yet, here we are in 2020 with the UK government having ordered millions of vaccines that have not been trialled (you only manufacture once a stringent trial and license process has been completed and this can often take 10-15 years for vaccines!) and giving AstraZeneca all immunity from prosecution! Do you really want to risk it?

Is this really a company to be trusted with its products?

The listed side effects of the flu vaccine nasal spray are (as listed by <https://www.medicines.org.uk/emc/medicine/29109>):

Very common

(may affect more than 1 in 10 people):

- runny or stuffy nose
- reduced appetite
- weakness
- headache

(In other words, the beginning of immune system weakening – getting a cold, which could easily escalate into flu)

Common

(may affect up to 1 in 10 people):

- fever
- muscle aches

(fever and muscle aches are akin to flu! The very thing it is meant to block!)

Uncommon

(may affect up to 1 in 100 people):

- rash
- nose bleed
- allergic reaction

Very severe reactions are facial swellings and breathing difficulties.

The European Medicines Agency^{xlix} listed the following adverse effects:

Adverse reaction frequencies are reported as:

Very common (≥ 1/10)

Common (≥ 1/100 to < 1/10)

Uncommon (≥ 1/1,000 to < 1/100)

Very rare (< 1/10,000)

Immune system disorders

Uncommon: Hypersensitivity reactions (including facial oedema, urticaria and very rare anaphylactic reactions)

Metabolism and nutrition disorders

Very common: Decreased appetite

Nervous system disorders

Very common: Headache

Respiratory, thoracic, and mediastinal disorders

Very common: Nasal congestion/rhinorrhea

Uncommon: Epistaxis

Skin and subcutaneous tissue disorders

Uncommon: Rash

Musculoskeletal and connective tissue disorders

Common: Myalgia

General disorders and administration site conditions

Very common: Malaise

Common: Pyrexia

Does the UK government trust in the products of the pharmaceutical industry when it comes to vaccines? If it did trust them why would it have a vaccine damage payment scheme? <https://www.gov.uk/vaccine-damage-payment> -- the government takes it as a given some children will be severely affected, for their lifetime by the vaccinations administered – how can this be beneficial to anyone? The US government still maintains a vaccine adverse effects reporting system (VAERS)ⁱ and offers compensation to victimsⁱⁱ. Yet, the US government has given immunity to the pharmaceutical industry – they cannot be sued for vaccine damageⁱⁱⁱ even though the government collects statistics of vaccine damage and pays out as a consequence, recognising that the pharmaceutical industry products are not safe.

The nasal spray was dropped by the US CDC in the United States because it was barely effectiveⁱⁱⁱ. Injected versions of the vaccine contain thimerosal, which is mercury and is severely toxic^{iv}. Aluminium adjuvants cause the immune system to not function normally, opening the door for the recipient of that vaccine to be a lifelong customer of the drug companies^v. The effectiveness of flu vaccination has been questioned time and again, with that of the 2014-15 season being only 3 per cent effective^{vi}.

How do we know the vaccine is completely harmless? The medical journals are compromised by the influence of the pharmaceutical companies. To quote renowned psychiatrist Dr David Healy: *“If we were getting our drug information from The New York Times instead of medical journals, we would all be a lot safer... the editors and writers involved with [medical] journal fraud still have their jobs and the articles are not even retracted.”*^{vii}

Recent research shows that all vaccines tested contain nanoparticle pollutants such as heavy metals. These particles easily pass into the cells of recipients, because of their size – they are too small to be blocked by a cell’s natural barriers – and as such can pass into organs, into the blood stream and through the blood-brain barrier. They are not natural for the body and hence are toxic^{viii}. If 5G gets switched on globally, what impact will this have

to those who have nanoparticles in their bodies? What impact will these have in increasing the biological effect of microwave radiation on our organs, blood, brain and bodies as a whole? So how can vaccines be safe for anyone? How can they prevent illness?

Furthermore, the evidence on the risk to health flu vaccine is increasing. The flu vaccine has been indicated to be linked to a 7.7-fold increase in miscarriages^{lix}. There is a threshold below which health problems are not outwardly apparent but once that threshold is crossed, then the outward signs are there for all to see. And eventually chronic illness or disease may be the outcome.

Even the British Medical Journal^{lx} has questioned the validity of claims that influenza is such a big health risk or that the vaccines are safe. Indeed, it is pointed out that such claims of risk of flu are overstated (2 deaths per million on average) and the benefits of the vaccine also overstated through reliance on poor-quality studies. The studies are usually conducted by the industry selling the product. As we have seen above, this industry is not to be trusted. What is the BMJ's opinion on COVID and mRNA vaccines?

When you consider the list of all who will gain from this vaccination promotion, at the bottom of the list are those receiving the vaccine. At the top are AstraZeneca and the other pharmaceuticals, and NGOs like the WHO, the Bill & Melinda Gates Foundation – all of whom will get richer --because they can sell their drug and work on developing, and marketing, the next one. Pharmaceuticals are putting such amounts of money into marketing, it's creating a need where one simple isn't there. The government gain by ensuring parents learn to obey the command of the lifelong government vaccination programme. Schools suffer because of the disruption and the illnesses the children get, missing time in the classroom. Worst of all, our children are being injected and sprayed with poisons and with no guarantee of success or efficacy or safety. The only guarantee we are provided with is that children will be adversely affected by the vaccine.

If they come knocking at your door to vaccinate you

Some nations, such as the United States of America, have states that may impose forced vaccination upon their people. The way the people of Melbourne are being terrorised by the state, through 23 hours a day house arrest, daily police brutality^{lxi} and violent arrests of peaceful people even in their own homes, we can expect the dictator of Melbourne (its current premier, Daniel Andrews) to order forced vaccination. Or you may be compelled 'under law' to be vaccinated. Not only is this breaking human rights laws, it is a deliberate and premeditated assault on the sanctity of your body and that which gives your body life. There are things you can and must do in these circumstances. You should ask^{lxii} of anyone who wants to vaccinate you:

1. How dangerous is the disease for which you are being offered a vaccine? Is it life-threatening or crippling? What is the evidence and what is the chance of this happening to you or your child?
2. How effective is the vaccine?
3. How dangerous is the vaccine? What are the chances it will kill or cripple or give you the disease it is meant to vaccinate against?

4. What side effects are associated with the vaccine?
5. Which patients should not be given the vaccine? You might have asthma or eczema or an inflammatory bowel disease, for instance, or your child might. These are contraindications meaning a vaccine has a much greater chance of causing you or your child serious side effects. The government will state that contraindications are diseases like leukaemia. But anything that causes a weakened immune system is a contraindication.
6. Will you guarantee the vaccine will protect me or my child? If not, what protection does it offer?
7. Will you guarantee this vaccine will not harm me or my child? If not, how risky is it?
8. Will you take full responsibility for any side effects caused by this vaccine?

Get all the answers written down there and then. Then ask the vaccinator to sign that document and print their name, and to confirm the vaccine is both safe, effective and that you are healthy enough to receive it. Also, write down the address of the location and the date. Vitally, write down the batch number of the vaccine – ask the vaccinator for this. This is really important for when patients sue doctors for vaccine damage and without this information, that lawsuit is not likely to succeed. Vaccinators will not like what you ask but they intend and will violate your body and will earn money from the process. You have the right to protect yourself and your child.

The Universal Declaration on Bioethics and Human Rights^{lxiii} states:

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

You have the right to refuse a vaccine because the vaccine is a ‘preventative’ medical intervention. Some countries make this a painful process because they might refuse unvaccinated parents to send their children to school (Brazil) or might refuse unvaccinated children permission to attend school (New South Wales in Australia). Perhaps your employer will be encouraged to refuse you access to work if you’re not vaccinated. But refuse you must. Enough people must say no to a Covid vaccine and tell their elected officials why. Then the legislation may not be so harsh across the country. But as the media, who are paid by pharmaceuticals (advertisement revenues) are heavy promoters of vaccination, many people will simply go along with what they are told. Please tell them in advance to read this material and to do their own research. Vaccines are simply not safe and neither are they effective.

Are we victims of our DNA?

It is a fact that we can change our own DNA by right thoughts, right works, right food... for instance, by following the 8-fold path of the Buddha in how we live and love life. Whether you have a spiritual life or choose to ignore this, the field of epigenetics^{lxiv} confirms that we

can and do change our DNA! So, it is really possible to get healthy and stay healthy in mind and body. Whether the COVID RNA-DNA vaccines will cause perpetual harm to us or not do anything depends in part on our own immune system and how we approach this global crisis. I recommend you get healthy as a consequence so that your *intelligent* body protects you and you protect it. The best source I know for health especially in dealing with COVID19 is The World Foundation for Natural Science: www.naturalscience.org.

COVID vaccine trial data – four major vaccines under development

Company (nation where trials occurring)	Vaccine type	Side effects reported ^{lxv}	Source
Moderna (US)	mRNA	Human trial 1: All reported side effects; 20% reported severe side effects.	https://www.nejm.org/doi/full/10.1056/NEJMoa2022483?query=featured_home
CanSino (China)	DNA or RNA	Human trial 1: Adverse reactions in 83% participants (injection site pain most common). Grade 3 reactions reported by 10-17 participants (from 195).	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931208-3/fulltext
Oxford/AstraZeneca (UK, US, Brazil)	DNA	One participant developed severe reaction: transverse myelitis (inflammation of the spinal cord). Trial halted. According to The Lancet article a small number of severe reactions were experienced and a high number of mild reactions. A significant number of moderate responses recorded.	https://www.theguardian.com/world/2020/sep/09/oxford-university-astrazeneca-covid-vaccine-trial-put-on-hold-due-to-adverse-reaction-in-participant https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31604-4/fulltext
Pfizer, BioNTech (Germany)	RNA	High-dose reactions severe enough to cancel second vaccine! Mild, moderate reactions common and severe also reported. 45 participants only.	https://www.medrxiv.org/content/10.1101/2020.06.30.20142570v1.full.pdf

TABLE: Data on side effects of SARS-COVID19-2 vaccine trials (Sept 2020)^{lxvi}

Moderna's vaccine in trial 1 (45 participants only), 21% reported severe side effects after second dose. Note the age range was 18-55 all healthy people. This age range was common across western country trials.

The CanSino paper provides slightly misleading information, stating in the abstract there were no severe adverse reactions. Their data does not corroborate this and the paper shows there are severe reactions in the 0-7 day range and the 0-28 day range. Some of the symptoms listed in the paper such as diarrhoea and vomiting are not listed as grade 3. However, the FDA guidelines indicate that these are grade 3 (subject to the severity). The CanSino vaccine uses what is called 'viral vectors' to carry genetic material into cells. Hence, the 'recombinant' in the vaccine name. Whether this is an RNA vaccine is uncertain. But as its goal is to place recombinant DNA into a cell to produce or express a spike glycoprotein of the SARS-CoV-2 virus, then altogether we may assume this is a DNA-altering vaccine.

The Oxford-AstraZeneca vaccine appears to be a recombinant DNA-altering vaccine without a live virus. According to AstraZeneca:

"ChAdOx1 nCoV-19, now known as AZD1222, was developed by Oxford University's Jenner Institute, working with the Oxford Vaccine Group. It uses a replication-deficient chimpanzee viral vector based on a weakened version of a common cold (adenovirus) virus that causes infections in chimpanzees and contains the genetic material of SARS-CoV-2 spike protein. After vaccination, the surface spike protein is produced, priming the immune system to attack COVID-19 if it later infects the body.

"The recombinant adenovirus vector (ChAdOx1) was chosen to generate a strong immune response from a single dose and it is not replicating, so cannot cause an ongoing infection in the vaccinated individual. Vaccines made from the ChAdOx1 virus have been given to more than 320 people to date and have been shown to be well tolerated, although they can cause temporary side effects such as a temperature, influenza-like symptoms, headache or a sore arm."^{lxvii}

In the Oxford-AstraZeneca abstract (in *The Lancet*), the indication is that there were no severe side effects yet in the data, this is not the case. The percentage is low but it is not zero. You will need a magnifying glass to read the bar charts that report this data! Participants were given paracetamol as a pain killer after day 1, when side effects were at their most severe. I think you can work out that the side effects must have been significant enough to the participants for Oxford-AstraZeneca to hide the real effects behind this pain killing drug!

The Oxford AstraZeneca stage 3 trial was halted because one UK participant was suspected of developing *transverse myelitis*, a horizontal inflammation of the spinal cord. According to Wikipedia^{lxviii}, this is a severe condition with the following side effects: "TM is characterized by weakness and numbness of the limbs, deficits in sensation and motor skills, dysfunctional urethral and anal sphincter activities, and dysfunction of the autonomic nervous system that can lead to episodes of high blood pressure. Signs and symptoms vary according to the affected level of the spinal cord. The underlying cause of TM is unknown. The spinal cord inflammation seen in TM has been associated with various infections, immune system disorders, or damage to

nerve fibers, by loss of myelin. Decreased electrical conductivity in the nervous system can result.” The vaccine most likely also contains DNA from chimpanzees. This raises other important ethical issues about animal experimentation on animals and for which The World Foundation for Natural Science is strongly opposed.

The Pfizer/BioNTech high-dose vaccine experimental group is reported as having such adverse reactions as to have to cancel the entire second scheduled vaccine. Note that all trials have two vaccinations around 28 days apart. The Pfizer vaccine has gained approval in Germany yet the adverse reactions are quite common. It seems that it is expected that some bodily harm will be caused and that this is acceptable.

Summary

It is very clear that all the vaccines cause some harm. Given that all the vaccines are being fast-tracked at “warp speed” it will be impossible to tell long-term adverse effects until it is too late. We will have already been vaccinated by then, if we don’t take any action to stop the vaccine-arms race. Some of the side effects are mild, as reported, some are moderate, and some are severe. If the global population is vaccinated with the Moderna vaccine, that would imply around 1.5bn people will suffer severe side effects.^{lxxix} Who knows how many will be life threatening? It’s also important to note, as written that vaccine companies have immunity from prosecution. Ruud Dobber, Executive Vice President and President, BioPharmaceuticals Business Unit of AstraZeneca stated, “if the vaccine is showing side effects in four years” AstraZeneca does not want to pay the cost – it must have immunity from prosecution.^{lxxx} The key point is not the cost but the duration. Do side effects really only emerge after 4 years or longer? Traditionally, vaccines took around 10-15 years from beginning to market because longitudinal trials were needed to show ‘harmlessness’ and efficacy. Companies and governments are rushing vaccines out in 10 months! Questioning the actual death rates from Covid brings into question the severity of the response. The Office for National Statistics in the UK reports since mid-June more deaths from flu (as expected seasonal flu death rate) than Covid^{lxxxi}, and given that by UK law if someone is positive for Covid within 28 days of death, irrespective of how many co-morbidities such as terminal cancer or heart disease or suffering a major stroke, the death certificate records COVID.^{lxxxii} We have been warned and no good can come from these vaccines.

Final comment: in case you think this document does not provide sufficient evidence of adverse reactions to vaccines, Children’s Health Defence, headed by Robert F. Kennedy Jr have put together a list of the advertised side effects of vaccines provided by the companies that make them. You can find this here: https://childrenshealthdefense.org/wp-content/uploads/Read-the-Fine-Print_article_proof_090720.pdf and in it, the list of adverse reactions is near 400. To release an unlicensed vaccine upon the nation, knowing already that each trial that reported data (some did not), there were adverse health effects, some severe, is wrong. COVID vaccines should not be released upon the nation. Any mRNA-RNA-DNA vaccine should not be licensed nor released. They should not be unlicensed because no one can be held accountable – perhaps this is the reason why Government is proposing this? – and absolutely they must not be mandatory and people who do not want a vaccine must not be ostracised or bullied or condemned for choosing to not be vaccinated.

The Montgomery Ruling in the UK and informed consent

Doctors or anyone who administers a vaccination must respond to patient questions. In the 2015 UK Supreme Court ruling on the Montgomery case (a woman successfully sued the health service because medical practitioners did not inform the woman of the high risk of damage to her unborn child if delivered naturally because of recognised complications; the child was severely and permanently injured). The legal ruling in favour of clearly informing patients of risks to medical interventions and to truthfully answer patient questions about the risks of medical interventions. Previously, such information had been kept to doctors. Legal cases now cite the 'Montgomery Ruling'^{lxxiii} where it is clear the medical establishment has not been open about risks of medical procedures with patients.^{lxxiv} Because of the Montgomery ruling, coupled with the Universal Declaration on Bioethics and Human Rights, informed consent must be obtained before a vaccine can be administered and further to this, any questions asked by the patient, such as those above, must be answered to the best of the ability of whoever is questioned.

The World Health Organisation has a different perspective on informed consent. It has decided that in schools children can be vaccinated without explicit parental consent because by being in school *implies* consent:

“3. An implied consent process by which parents are informed of imminent vaccination through social mobilization and communication, sometimes including letters directly addressed to the parents. Subsequently, the physical presence of the child or adolescent, with or without an accompanying parent at the vaccination session, is considered to imply consent. This practice is based on the opt-out principle and parents who do not consent to vaccination are expected implicitly to take steps to ensure that their child or adolescent does not participate in the vaccination session. This may include not letting the child or adolescent attend school on a vaccination day, if vaccine delivery occurs through schools.”^{lxxv}

For parents and carers with children in school, if you do not consent to vaccination and even if you make it explicit you do not consent, pull your child out of school on vaccination day. Your child will be present at a vaccination session because with the current 'bubbles' in place, vaccinations may well come to the classroom. You will have to pay close attention to the notices coming from schools because my experience is that schools tend to keep vaccination dates fairly quiet. It won't be in the school calendar but in the corner of a newsletter.

To coerce people into vaccinating or even to hoodwink them into doing so is to criminalise the right to protect the sanctity of our own bodies, to criminalise our religious freedom, to wilfully and knowingly ignore our human rights. These beautiful, intelligent bodies belong and only belong to their owner. It is the owner of each body alone who is responsible for the care of that individual being. No one has any right no matter what the situation to forcibly violate someone else's body. To forcibly vaccinate is a violent assault on our very being.

Sources and endnotes

ⁱ <https://www.ibtimes.co.uk/brain-damaged-uk-victims-swine-flu-vaccine-get-60-million-compensation-1438572>. In other countries, there were recorded child deaths from vaccination against what turned out to be a fake pandemic. Governments were sued because pharmaceuticals were given blanket immunity. Sound familiar to now?

ⁱⁱ <https://www.who.int/bulletin/volumes/89/7/11-086173/en/> The article attempts to defend its definition as of 'pandemic' as being more in line with the US Centers for Disease Control and Prevention (CDC) but the fact that a change in definition occurred one month before a pandemic was declared should get you thinking about the timing of Event201 and COVID19 <https://centerforhealthsecurity.org/event201/>.

ⁱⁱⁱ Christina England and Lucija Tomljenovic (2015), *Vaccine Policy and the UK Government: The Untold Truth*, ISBN 9781518832369. This presents strong evidence, in the form of minutes from government meetings and research, that the evidence of severe harm from e.g. the pertussis vaccine was deliberately ignored by the Joint Committee of Vaccination and Immunisation (JCVI) and the Department of Health solely to boost vaccine uptake. Why the choice to ignore such harm to children was made was, it seems, purely for financial gain. Dr Vernon Coleman, a medical practitioner licensed for 40 years, points out in his book, *Anyone Who Tells You Vaccines Are Safe and Effective is Lying* (2014), ISBN 9781091757714, that GP doctors receive big bonuses (up to £50000 per annum) from the UK Government for achieving a high percentage vaccine rate among their patients. The UK Government is infiltrated by big pharma. Professor Chris Whitty, the UK's Chief Medical Officer, was on the board of the Coalition for Epidemic Preparedness Innovations (CEPI) (launched at Davos in 2017 and co-funded by the Bill & Melinda Gates Foundation). Whitty is now the UK's representative to the executive of the WHO. Whitty also received \$40m in grants from the Gates Foundation. Sir Patrick Vallance was president of R&D at GlaxoSmithKline (GSK) prior to taking the role of the UK's Chief Scientist. The Secretary of State for Health (currently Matt Hancock) owns Porton Biopharma Ltd, a quasi-company that made the Anthrax vaccine. It seems every senior health position in the UK Government is compromised by vaccine manufacturers and promoters. In the United States, it is clear that MMR vaccine studies conducted by the Health Agency, the CDC, were fraudulent. Data that showed black American boys who were vaccinated on schedule had 340% higher risk of developing autism was deliberately removed from the study. This was revealed by lead researcher on that study, Dr William Thompson, a CDC senior scientist, who became a whistleblower. See the documentary VAXXED! <https://vaxxedthemovie.com> and the book: Kevin Barry, *Vaccine Whistleblower: Exposing Autism Research Fraud at the CDC*, Skyhorse Publishing (2015) ISBN 978634509954. The CDC director at the time, Dr Julie Gerberding, whose job it was to ensure vaccines were safe in order to protect the American public, on resigning from the CDC took up the post of president of Merck Vaccines! She also sat on the CEPI Interim Board with Chris Whitty.

^{iv} <https://microbioindia.com/health-news/china-favors-first-nasal-spray-covid-19-antibody-for-preliminaries/>

^v <https://www.washingtontimes.com/news/2020/apr/11/bill-gates-anthony-fauci-unelected-destroyers-free/>

^{vi} <https://childrenshealthdefense.org/news/heres-why-bill-gates-wants-indemnity-are-you-willing-to-take-the-risk/> Note that video referred to in the article has been censored by YouTube, which is owned by Google.

^{vii} <https://childrenshealthdefense.org/news/the-persuasion-game-manipulating-intention-to-get-a-covid-19-vaccine/> This article points to studies by Yale and Vanderbilt devising ways to psychologically pressure COVID vaccine doubters into getting one. Behavioural psychologists have been employed by governments to keep pushing the COVID messages of fear and compliance. It's called nudge psychology whereby one small thing is suggested to 'improve' your life, then something is tagged onto that one thing until it builds into a change so natural that you think you made it yourself. Governments globally are employing behavioural psychologists to do just this. In the UK, the quasi-government organisation at the forefront of behavioural change is called *Behavioural Insights Team* that operated out of the Cabinet Office, known as the "Nudge Unit" (<https://www.gov.uk/government/organisations/behavioural-insights-team> and <https://www.bi.team/>).

^{viii} <https://childrenshealthdefense.org/news/polio-vaccine-causing-polio-outbreaks-in-africa-who-admits/>

^{ix} <https://www.naturalscience.org/news/2020/06/are-vaccinations-really-the-only-way-to-protect-humanity-from-pandemics/>

^x For example, L. Enjuanes Ed. (2004), *Coronavirus Replication and Reverse Genetics: 287 (Current Topics in Microbiology and Immunology)*, Springer.

^{xi} Fernandes, J.D., Hinrichs, A.S., Clawson, H. et al. The UCSC SARS-CoV-2 Genome Browser. *Nat Genet* (2020). <https://doi.org/10.1038/s41588-020-0700-8>

^{xii} *The Great Vaccine Race: Inside the Unprecedented Scramble to Immunize the World Against COVID-19* <https://time.com/5887199/coronavirus-vaccine-race/> 9 Sept 2020. The article points out that no vaccine may be possible at all.

^{xiii} <https://www.gmwatch.org/en/news/latest-news/19420-new-scientific-study-provides-evidence-of-genetic-manipulation-in-covid-19>

^{xiv} <https://ghr.nlm.nih.gov/primer/basics/dna>

^{xv} <https://www.businessinsider.com/bill-gates-10-promising-coronavirus-vaccine-candidates-2020-5?r=US&IR=T>

^{xvi} The article originally published in the renowned *Journal of Toxicology and Environmental Health* was retracted by the editors because of questions regarding the methodology and analysis conducted (<https://www.vaxbeforecancer.com/birth-rate-study-retracted%C2%A0-hpv-vaccine-infertility/>). A published, peer-reviewed article that has poor methodology and/or analysis should not have made it through the peer review. Editors also review papers so they don't just go by what reviewers might say. As such, rather than reflect upon all the so-called poor practice by the authors of the article, we should question the quality of the review process of the journal if there were serious issues with the paper. However, retraction is a favourite tool of medical journals (who are funded at least in part by pharmaceuticals) and attacking a paper's methodology is the number one way to destroy the work and reputation of its authors. I have been told this in my own academic career as sound advice! The fact is that any methodology could easily be unpicked, and any study could be questioned if the desire was there to do so. A discussion of the paper addressing falling fertility in the USA "because of the HPV vaccine" can be found here:

<http://theothersideofvaccines.com/2019/03/vaccines-infertility/>. The now retracted study: DeLong G, A lowered probability of pregnancy in females in the USA aged 25–29 who received a human papillomavirus vaccine injection, *Journal of Toxicology and Environmental Health, Part A*, 2018, 81(14): 661-674.

On poor review processes, *The Lancet* disgracefully published a blatantly fraudulent article that stated that hydroxychloroquine as a treatment for Covid19 raised the risk of heart attacks in some patients. As a result, the World Health Organisation declared a global halt on any studies of hydroxychloroquine. Pretty soon afterwards, *The Lancet* retracted the article once it became obvious the article was such an obvious sham. However, the WHO did not retract their declaration to halt trials of hydroxychloroquine on Covid patients. It had been found that hydroxychloroquine, which has been used to treat rheumatoid arthritis or lupus for 50 years with *no history of heart risk*, found that patients with Covid not advanced to a severe condition recovered 90 per cent of the time. So a pharmaceutical drug that had excellent potential as a preventative against Covid blocked by the WHO! Why, might you ask? Follow the money! The Lancet retraction can be found here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext).

Incidentally, people who are prescribed hydroxychloroquine for arthritis or lupus can still get prescriptions and in effect are taking a good (though not natural) preventative against COVID. See Dr Zac Cox's expose: Covid-19: The TRUTH behind the headlines (August 2020) downloadable from here:

<https://karlcox1.wixsite.com/website/5g>

^{xvii} N. Pardi et al. (2018), "mRNA vaccines – a new era in vaccinology", *Nature Reviews Drug Discovery* 17, pp.261-279.

^{xviii} Dr Mercola (12 Sept 2020), "Will New COVID Vaccine Make You Transhuman?",

<https://articles.mercola.com/sites/articles/archive/2020/09/12/coronavirus-vaccine-transhumanism.aspx>

^{xix} <https://curia.europa.eu/jcms/upload/docs/application/pdf/2018-07/cp180111en.pdf>

^{xx} There is a side effect from gene edited de-horned cows: they are more antibiotic resistant. This may mean higher doses are prescribed with a greater amount entering the human food chain. If this increase in antibiotics gets into the food chain – through milk and meat – then we are right back to where we started when Monsanto (with the full approval of the US Government) first started to inject genetically modified growth hormones into cows – the notorious rGBH scandal. rGBH caused massive growth and mastitis in udders and farmers had to inject antibiotics into the cows to counter it. All of which ended up in milk and those consuming it. Countries around the world banned rGBH but not in the US until it had already done great damage. As with antibiotic resistance in dehorned cows, the only solution to illness in the industrial farming paradigm will inevitably be injecting more antibiotics into cows. This will get into the milk and into the food chain. See: <https://www.independentsciencenews.org/news/fda-finds-unexpected-antibiotic-resistance-genes-in-gene-edited-dehorned-cattle/>

^{xxi} <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition> Anosmia is a loss of sense of smell; ageusia is a lack of taste; dysgeusia is a change in taste.

^{xxii} For example: A. Wilson, J. Latham (2007), Cisgenic plants: Just Schouten from the hip? *Independent Science News*. www.independentsciencenews.org/health/cisgenic-plants/.

- xxiii For example: Fu et al. (2013), High-frequency off-target mutagenesis induced by CRISPR-Cas nucleases in human cells, *Nat. Biotechnol.* 31:9, 822-826. doi: 10.1038/nbt.1948.
- xxiv BBC News, 15 Sept 2020, "Gene editing to produce 'super dad' livestock," <https://www.bbc.co.uk/news/science-environment-54155152>; Palab Ghosh (2018) "Gene-edited farm animals are on their way", BBC News, 20 June 2018, <https://www.bbc.co.uk/news/science-environment-44388038>
- xxv <https://gmwatch.org/en/news/latest-news/19495-gene-editing-deregulation-amendment-is-withdrawn-but-there-is-more-work-to-do>
- xxvi R.J. Ihry et al. (2018), "p53 inhibits CRISPR-Cas9 engineering in human pluripotent stem cells", *Nature Medicine*, v24, July 2018, pp939-946.
- xxvii M. Kosicki, T. Tomberg, A. Bradley (2018), "Repair of double-strand breaks induced by CRISPR-Cas9 leads to large deletions and complex rearrangements", *Nature Biotechnology* 36, 765-771.
- xxviii Vaccine Wkly. 1995 May 29 - Jun 5;9-10. Tetanus vaccine may be laced with anti-fertility drug. International / developing countries, <https://pubmed.ncbi.nlm.nih.gov/12346214/> and watch this news item from Kenya: https://www.youtube.com/watch?v=4PA_ZV6SSKo and read this response by the Bishops of Kenya: <https://www.pop.org/whos-behind-the-program-to-sterilize-kenyan-women-without-their-consent/>.
- xxix <https://www.telegraph.co.uk/news/2020/06/30/around-third-no-coronavirus-symptoms-may-have-developed-immunity/>
- xxx Grifoni et al., 2020, *Cell* 181, 1489–1501 June 25, 2020, <https://doi.org/10.1016/j.cell.2020.05.015> [https://www.cell.com/cell/pdf/S0092-8674\(20\)30610-3.pdf](https://www.cell.com/cell/pdf/S0092-8674(20)30610-3.pdf)
- xxxi <https://www.sciencemag.org/news/2020/05/t-cells-found-covid-19-patients-bode-well-long-term-immunity>
- xxxii <https://blogs.scientificamerican.com/observations/another-reason-vitamin-d-is-important-it-gets-t-cells-going/>
- xxxiii http://www.naturalnews.com/041099_Gardasil_side_effect_Japan_infertility.html
- xxxiv <http://vaxxedthemovie.com>
- xxxv http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf
- xxxvi Neil Miller, *Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers*, New Atlantean Press Feb 2016.
- xxxvii <https://articles.mercola.com/sites/articles/archive/2020/09/08/will-the-flu-shot-help-with-coronavirus.aspx>
- xxxviii <http://vk.ovg.ox.ac.uk/nasal-flu-vaccine>
- xxxix <http://www.naturalscience.org/wp-content/uploads/2015/06/2015-06-23-WFNS-Factsheet-GMO-english-WEB.pdf>
- xl <http://articles.mercola.com/sites/articles/archive/2009/04/21/msg-is-this-silent-killer-lurking-in-your-kitchen-cabinets.aspx#!>
- xli <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/expert-answers/monosodium-glutamate/faq-20058196>
- xlii Dr Shiv Chopra, quoted in: <http://articles.mercola.com/sites/articles/archive/2010/01/05/an-expert-explains-the-flu-vaccine-deception-and-the-swine-flu-hoax.aspx>
- xliii <http://www.aboutlawsuits.com/seroquel-litigation-8787-lawsuits-filed-against-astrazeneca-955/>
- xliv <http://www.aboutlawsuits.com/brilinta-problems-continue-eu-questions-55999/>
- xlv <http://www.aboutlawsuits.com/nexium-kidney-damage-lawsuit-risk-withheld-108073/>
- xlvi <https://www.aboutlawsuits.com/nexium-renal-failure-lawsuit-117768/>
- xlvii <https://www.aboutlawsuits.com/nexium-ckd-lawsuit-4-139595/>
- xlviii <https://www.aboutlawsuits.com/ppi-stomach-cancer-risks-142240/>
- xliv https://www.ema.europa.eu/documents/product-information/fluenz-epar-product-information_en.pdf
- l <https://vaers.hhs.gov/data/data>
- li <http://www.hrsa.gov/vaccinecompensation/default.htm>
- lii The Supreme Court ruled 6-2 that pharmaceutical companies, those that make vaccines, cannot be sued, that they are immune. 'Justices Sonia Sotomayor and Ruth Bader Ginsburg dissented, saying the threat of lawsuits provides an incentive for vaccine manufacturers to constantly monitor and improve their products. The decision "leaves a regulatory vacuum in which no one - neither the FDA nor any other federal agency, nor state and federal juries - ensures that vaccine manufacturers adequately take account of scientific and technological advancements," Sotomayor wrote.' <http://www.washingtonpost.com/wp-dyn/content/article/2011/02/22/AR2011022206008.html>
- liii <http://time.com/4380541/nasal-flu-spray-cdc/>

- ^{liv} <http://articles.mercola.com/sites/articles/archive/2009/10/22/new-study-demonstrates-significant-harm-from-just-one-mercury-containing-vaccine.aspx>
- ^{lv} <http://www.naturalnews.com/2017-09-01-heres-the-shocking-real-reason-why-aluminum-is-added-to-vaccines.html>
- ^{lvi} Flu vaccine only 3 per cent effective as stated in <http://www.bbc.co.uk/news/health-31145604>
- ^{lvii} Professor Healy quoted in: <http://articles.mercola.com/sites/articles/archive/2016/06/30/ssri-antidepressants-suicide-risk.aspx>
- ^{lviii} Gatti AM, Montanari S (2016) New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination. *Int J Vaccines Vaccin* 4(1): 00072. DOI: 10.15406/ijvv.2017.04.00072.
- ^{lix} J. Donahue et al. (2017), "Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010–11 and 2011–12", *Vaccine*, Volume 35, Issue 40, 25 September 2017, Pages 5314-5322. <https://doi.org/10.1016/j.vaccine.2017.06.069>
- ^{lx} P. Doshi (2013), "Influenza: marketing vaccine by marketing disease," *BMJ*, 2013;346:f3037 doi: 10.1136/bmj.f3037
- ^{lxi} <https://off-guardian.org/2020/09/16/from-blue-shirts-to-brown/>
- ^{lxii} These questions are adapted and directly taken from Dr Vernon Coleman's book, *Anyone Who Tells You Vaccines Are Safe and Effective is Lying*. See Postscript 1.
- ^{lxiii} The United Nations Educational, Scientific and Cultural Organisation (2005), *Universal Declaration on Bioethics and Human Rights*, http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html
- ^{lxiv} Dr Bruce Lipton (2015), *The Biology of Belief: Unleashing the Power of Consciousness, Matter & Miracles*, Hay House Publishing. Also, look at Dr Lipton's website: <https://www.brucelipton.com/>
- ^{lxv} The side effects, in line with FDA industry guidance are at grade 3. Grade 4 is life-threatening. Grade 3 effects as listed: use of drugs for pain relief or prevention of daily activity; significant discomfort at rest; swelling and redness > 10cm, causing inability to live normal life. It also includes diarrhea, nausea, vomiting (all requiring 'outpatient' rehydration), headaches, fatigue, myalgia. Severe grade 3 includes other unlisted ailments resulting in the need for medical intervention. <https://www.fda.gov/media/73679/download>
- ^{lxvi} This is an on-going exercise to update trial data when and if it is released to the public. One place to keep track is here: <https://www.contagionlive.com/news/the-covid19-live-vaccine-tracker>
- ^{lxvii} <https://www.astrazeneca.com/media-centre/press-releases/2020/astrazeneca-to-supply-europe-with-up-to-400-million-doses-of-oxford-universitys-vaccine-at-no-profit.html>
- ^{lxviii} https://en.wikipedia.org/wiki/Transverse_myelitis
- ^{lxix} <https://childrenshealthdefense.org/news/vaccine-trial-catastrophe-moderna-vaccine-has-20-serious-injury-rate-in-high-dose-group/>
- ^{lxx} <https://finance.yahoo.com/news/astrazeneca-exempt-coronavirus-vaccine-liability-132632702.html>
- ^{lxxi} <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-registered-weekly-in-england-and-wales-provisional/latest>
- ^{lxxii} <https://off-guardian.org/2020/09/09/flu-is-killing-more-people-than-covid19-and-has-been-for-months/>
- ^{lxxiii} An excellent resource on adverse health effects of vaccines and their ingredients can be found here: <https://campaign-resources.org/vaccines.html>
- ^{lxxiv} *British Medical Journal* (2017) Montgomery and informed consent: where are we now?, *BMJ* 2017;357:j2224 <https://www.bmj.com/content/357/bmj.j2224>
- ^{lxxv} World Health Organization (2014), *Considerations regarding consent in vaccinating children and adolescents between 6 and 17 years old* https://www.who.int/immunization/programmes_systems/policies_strategies/consent_note_en.pdf

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