



BIOTERRORISM

COVID Vaccines and Their
Mechanism of Destruction

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BIO TERRORISM

TABLE OF CONTENTS

Introduction	1
The Significant Increase in VAERS Data Relating to the COVID Vaccine is Concerning	3
COVID Vaccine-Related Injuries and Deaths are Still Underreported	3
How Big Tech, Big Pharma, and the Corporate Media Are All Controlled by the Same Powerful Elite	5
How Reports of Vaccine-Related Injuries and Deaths Are Being Censored	7
What are the Concerns About the Vaccine?.....	7
These Vaccines were Rushed and are Highly Experimental	8
Experts Predict Serious Long-term Effects Post-vax	9
Dr. Bryan Ardis	9
These Vaccines are Authorized Under Emergency Use and were not FDA Approved	11
Many Potential Severe Side Effects Have Been Publicly Listed	12
The Vaccine is Still Ineffective and Actually Increases the Risk of Infection	13
COVID Vaccines and Their Mechanism of Destruction	15
How Does the mRNA Technology in these Vaccines Work?	15
The Dangers of the Spike Protein	17
Dr. Christina Parks	17
Dr. Vladimir Zelenko	20
Dr. Daniel Nuzum	20
How the Vaccine is Causing Damage to Multiple Organ Systems	24
The Neurological Effects of the COVID Vaccine	24
Transverse Myelitis	25
Guillain-Barré Syndrome	26
Cerebral Venous Sinus Thrombosis	27
Conclusion	28
Resources	29
About Jonathan Otto	30



BIO TERRORISM

INTRODUCTION



Many people breathed a sigh of relief when they heard of the COVID vaccines being released. The worldwide media and the global government led them to believe that this was the only way to protect them from the newly-discovered COVID-19. Little did they know, the cure in this instance, was and still is, deadlier than the disease. But, as we now know, Big Pharma controls (and heavily sponsors) the corporate media, and they've been using this power to spread misinformation.

They've censored anyone who raised legitimate concerns about these experimental vaccines, including public figures and highly esteemed medical experts. The only narrative they're promoting is that the vaccines are safe and effective. Period. End of discussion.

This misleading message is denying people their right to informed consent.

Take the world-class athlete and French tennis player, Jeremy Chardy, for example. He came out publicly about his regrets over taking the COVID vaccine saying, "Since I had my vaccine (between the Olympics and the US Open), I have had a problem, I've had a series of struggles. Suddenly, I cannot train, I cannot play."¹ He continues by saying that he regrets having taken the vaccine but that he had no way of knowing. The player ended up dropping out of the prestigious ATP (Association of Tennis Professionals) tour, and is not sure when he'll be well enough to train again.



BIO TERRORISM

Following Chardy's statement, Stefanos Tsitsipas, who is ATP's third-best player, raised concerns about Chardy expressing his vaccine regret. Following this, CNN's Don Lemon openly called for American counterparts to be shunned and shamed for their "vaccine hesitancy".²

Another example is how YouTube deleted Dr. Robert Malone's video about his concerns around the potential dangers of the COVID vaccine. He is the original inventor of mRNA technology that is now used in the COVID jabs.

Dr. Malone also spoke out on a podcast, Fox News's Tucker Carlson Tonight saying, "One of my concerns are that the government is not being transparent with us about what those risks are. And so, I'm of the opinion that people have the right to decide whether to accept a vaccine or not, especially since these are experimental vaccines."³ and expressed his concern that YouTube had removed his video.

And it doesn't end with Big Tech and the corporate media. Big Pharma and global governments are coercing medical practitioners, pharmacies, and staff working in medical practices and hospitals to push the vaccine. Those who have refused to comply have received serious backlash, with many of their careers being ruined as a result.

To make matters worse, these very medical professionals who are vaccinating people without their informed consent are also denying any adverse reactions experienced post-vaccine. They either cover these injuries up by blaming another cause or they claim they don't know what's wrong and don't give any treatments to reverse these injuries.

This means that firstly, people who are being injured are left feeling helpless and like they have no options to reverse their injuries. Many of these injuries have destroyed their lives or are life-threatening. Secondly, with medical professionals denying vaccine-related adverse reactions, these injuries are not reported to VAERS – which relies solely upon voluntary reporting.



This is one reason why these injuries are so underreported. Nevertheless, COVID vax-related injuries, even though being underreported, are still significantly higher on VAERS compared to injuries caused by any other vaccines.



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THE SIGNIFICANT INCREASE IN VAERS DATA RELATING TO THE COVID VACCINE IS CONCERNING



VAERS is the Vaccine Adverse Event Reporting System, which serves as the US government's 'official' reporting system for all injuries and deaths relating to vaccines. This system shows undeniable evidence that the vaccine is causing harm to millions of people. In fact, this data shows that over 1.22 million people are now reported to have been negatively impacted (or killed) by these experimental covid jabs in the past 69 weeks.⁴

What's more concerning is that the COVID vaccine deaths continue to increase even though vaccination rates are dramatically decreasing. This suggests that there are serious long-term effects of the jab that are being ignored.

COVID VACCINE-RELATED INJURIES AND DEATHS ARE STILL UNDERREPORTED

Many of our experts have shed light on the fact that COVID vaccine-related injuries and deaths are being massively underreported.

In one of our recent interviews with Dr. Bryan Ardis, chiropractor, acupuncturist, and medical researcher, shared research that he and his team conducted with the help of attorney Thomas Renz, and his fellow whistleblowers in the CMS, Centers for Medicare & Medicaid Services.

According to Dr. Ardis, "In just 9 states alone in September of 2021, when we did the CMS data review, we actually looked at the last day of the shots, considered fully-vaccinated for Medicare age patients, and 28 days later. And within just that data set alone, there's already reported 32,000 dead Medicare age patients within 4 weeks of the shots, which is double at the time what VAERS was reporting. Now, if that many people are dying in the Medicare age group immediately following the shots, why hasn't this been alerted to the media to make sure everybody knows these are not safe and are killing a whole bunch of people? It should be disgusting to you, it is to me."

Another one of our experts, Dr. Vladimir Zelenko, published an article with Dr. David John Sorenson titled, The Vaccine Death Report. In this article, he shares data that clearly shows how underreported adverse reactions and deaths from these COVID jabs are.



BIO TERRORISM

Zelenko shares details from a sworn affidavit by CDC whistleblower, Jane Doe, that states *“It is my professional estimate that VAERS (the Vaccine Adverse Event Reporting System) database, while extremely useful, is under-reported by a conservative factor of at least 5 (...) and have assessed that the deaths occurring within 3 days of vaccination are higher than those reported in VAERS by a factor of at least 5.”*

Zelenko continues to add that The Informed Consent Action Network (ICAN) reported that a study showed how the actual number of anaphylaxis is 50 to 120 times higher than claimed by the CDC.

Another expert, Dr. Herman Edeling, a neurosurgeon in South Africa, wrote an open letter to South Africa’s President Cyril Ramaphosa as well as the country’s health minister. The letter aimed to address a number of problems with the government’s response to the so-called pandemic. In this letter, he specifically addressed insights into the fundamental flaw of mass vaccination during a pandemic and those deaths which occur during the period of immune suppression which follows vaccination – deaths.

He continues by saying that these deaths are medically vaccine deaths and emphasizes that they must be recorded accordingly. He also calls out for the president and health minister to share the truth with their people, allowing them the option to discuss and debate the truth. He calls for them to stop censoring people who do tell the truth.

And, as we’ve seen with many other experts who speak out against the truth, Dr. Edeling’s interview that was live-streamed on YouTube addressing his concerns was removed 24 hours later. The full interview can be watched on a platform called Rumble.com.

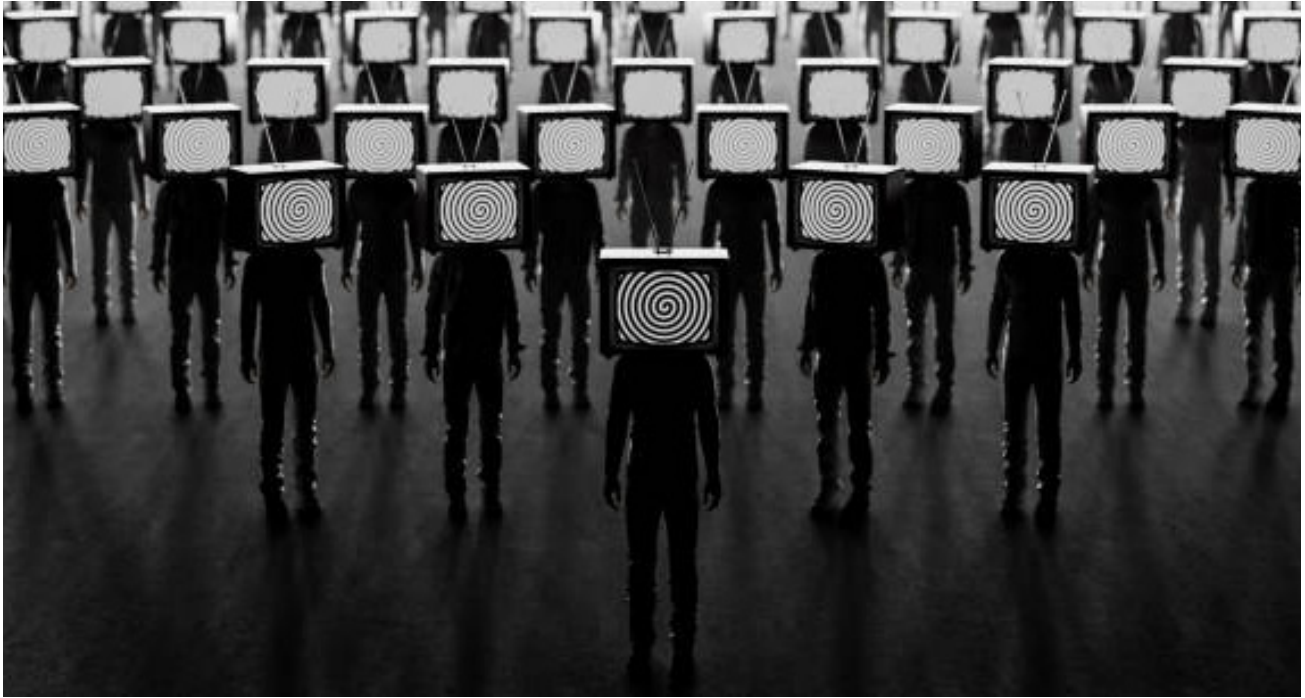
In summary, many doctors, scientists, human rights advocates, and others have fought hard to share the truth about the misinformation that the media, the government, medical authorities, Big Tech, and Big Pharma around the real number of injuries and deaths being caused by these dangerous “vaccines”.





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HOW BIG TECH, BIG PHARMA, AND THE CORPORATE MEDIA ARE ALL CONTROLLED BY THE SAME POWERFUL ELITE



One of the big questions is why are Big Tech and the media so invested in squashing any evidence or claims that aim to tell the truth about how dangerous these vaccines are?

Truth Unmuted refers to an article published by Dr. Joseph Mercola, alternative medicine proponent and osteopathic physician, that uncovers the control that BlackRock, Inc, and Vanguard Group, Inc have over Big Tech and the media. They also reference Tim Gielen's hour-long documentary called, *MONOPOLY: Who Owns the World?*

Both Mercola and Gielen's findings reveal that both BlackRock and Vanguard are not only the top shareholders of the biggest brands like Coca Cola and Pepsi, who in turn own huge food brands like Nestle, Kellogg's, Unilever, Mars, Kraft Heinz, Mondelez, Danone and Associated British Foods. But that's not all, they are also the top shareholders of Big Tech companies including Facebook, Apple, and Microsoft.

Furthermore, according to Investopedia, Vanguard Group Inc. and BlackRock Inc. are the top two Institutional Shareholders of Pfizer. Vanguard Group owns 456.2 million shares of Pfizer and BlackRock owns 407.0 million shares of Pfizer.



BIO TERRORISM

And, according to Yahoo! Finance, BlackRock and Vanguard are in the top 3 shareholders of Moderna. They are also the top 2 shareholders of pharmaceutical company Merck & Co., Inc.

So not only do they have the power to control Big Tech, but they are also profiting from Pfizer and Moderna's mRNA vaccines. And, not only have they profited from the vaccines, but they've also profited from the social isolation that was mandated around the world.

An article published by Trapica states that YouTube, Apple, Facebook, and others saw a huge profit increase when people were sent into lockdown. And, a news report by The Daily Star further notes that according to Forbes, Amazon's revenues were expected to grow by 27% to US\$488 billion by 2021. True to those predictions, consumers being trapped indoors only spelt opportunities for the e-commerce giant.

Furthermore, Investopedia lists both Vanguard and BlackRock as falling within the top 3 institutional shareholders of Amazon.

Not only do BlackRock and Vanguard own Big Tech companies that have censored anyone speaking the truth throughout this pandemic and profited from harmful mandates. And, not only do they own Big Pharma companies Pfizer and Moderna who are the creators of the mRNA COVID vaccines, but they are also listed as being 2 of the top 3 shareholders of News Corp according to CNN Business.

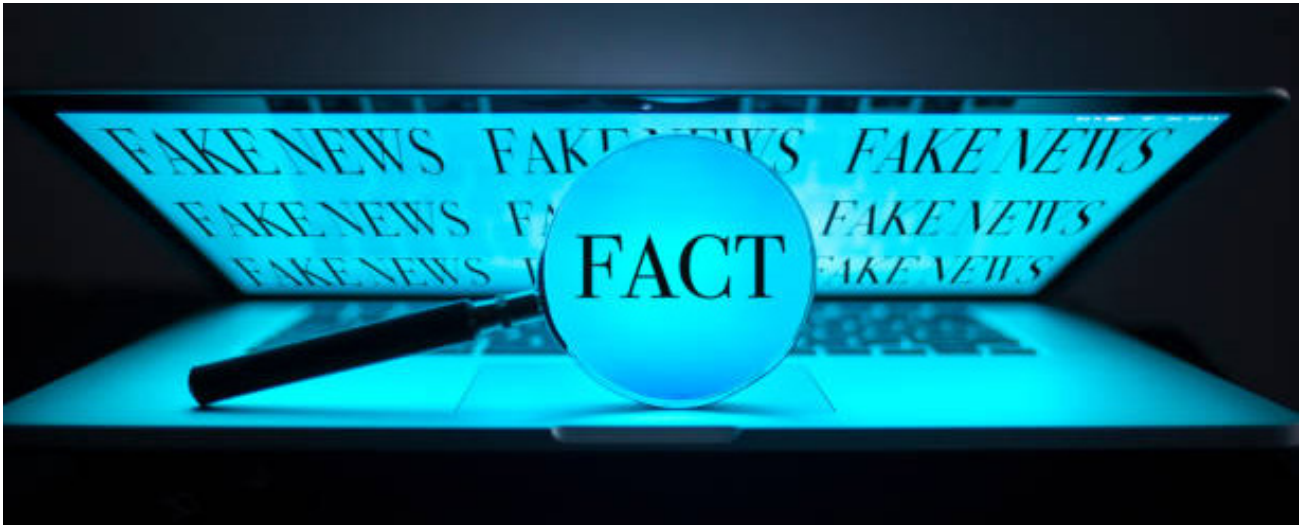
BlackRock and Vanguard are even listed as being 2 of the top 3 investors of Netflix. And they're also the top 3 shareholders of so many other entertainment giants. This means that they also control the media and entertainment industry which they use as platforms to push their vaccine agenda and censor anyone who fights to reveal the truth.





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HOW REPORTS OF VACCINE-RELATED INJURIES AND DEATHS ARE BEING CENSORED



Many of our experts have experienced their reports, studies, videos, and more that address the real agenda behind the so-called pandemic and vaccines being censored or removed. Anyone can see this for themselves as they search for articles and reports of injuries and deaths related to COVID-19 vaccines.

They always respond by calling these conspiracy theories and fighting back with misinformation that has little or false scientific evidence to back their claims. But people believe that the media is the platform that is used by journalists to spread the truth. This is no longer the case.

An article published by Peckford 42 reveals the medical research analysis by Joel S. Hirschhorn into how the media is covering up vaccine related deaths. He states that after exhaustive research, he has found that there are two types of vaccine deaths which include breakthrough infections and adverse reactions.

Later on in this eBook, we deep dive into the dangerous mechanism of the vaccine and how so-called breakthrough infections are actually just a cover-up for Antibody-Dependent Enhancement that results from the COVID jabs.

WHAT ARE THE CONCERNS ABOUT THE VACCINE?

Apart from what people might not currently know about the dangerous mechanism of these vaccines, which we'll cover in the next section, most have had their concerns from the time their approval under emergency use was announced. These are the current concerns around these COVID vaxxes.



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THESE VACCINES WERE RUSHED AND ARE HIGHLY EXPERIMENTAL



These vaccines are still in the experimental phase and what's concerning is that due to the authority given to issue them under emergency use, the human race has become the subjects of the testing phase. This is completely unethical and a few people have been skeptical about this from the start.

Their concerns are valid and not only do we not fully understand the full consequences of the dangers of using mRNA technology, but we also don't know what damage these jabs may cause in the distant future. Senior research scientist at MIT, Stephanie Seneff comments on the development of mRNA technology by saying, "The technology is impressive, but manipulation of the code of life could lead to completely unanticipated negative effects, potentially long term or even permanent."

She's not the only scientist to voice her concerns. As we mentioned earlier, Dr. Robert Malone, one of our experts and the inventor of mRNA technology has shared his concerns to parents, warning them against allowing their children to receive the COVID vaccine. He explains the dangers of the spike protein and its ability to cause permanent damage to children's brains, nervous systems, hearts, immune systems, blood vessels and more.

He continues by saying that once these damages have occurred, they are irreparable and urges parents to ask themselves whether they want their own children to be part of the most radical medical experiment in human history. When someone warns people against their own creation, it's wise to listen.



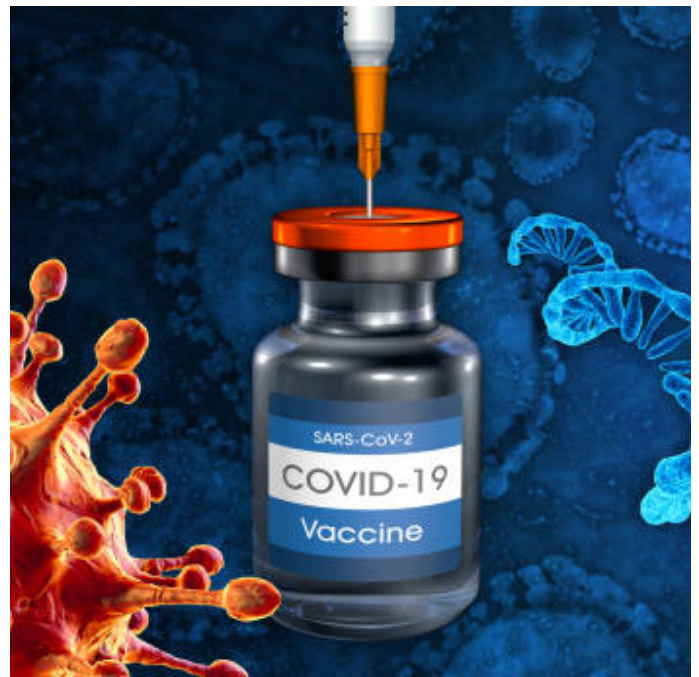
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EXPERTS PREDICT SERIOUS LONG-TERM EFFECTS POST-VAX

The reality is that we still don't know what the long-term effects will be since the vaccine is experimental and only time can truly tell how severe their damage will be. However many experts, including our doctors, have analyzed the mechanism of the vaccine and have looked at the damage that these jabs are currently causing to hypothesize what these long-term effects may look like.

Dr. Bryan Ardis

The American Heart Association, whose entire job is to research and give protocols to help reverse and protect all Americans from developing heart disease. And what did they find? That it actually states from the American Heart Association, November 8, 2021, their Circulation journal, "All mRNA vaccines dramatically increase inflammation of heart muscle leading to thrombotic episodes, which is blood clotting disorders, cardiomyopathy, which is heart muscle disease, heart disease, and other vascular events following the vaccinations. And other vascular events would be strokes and heart attacks. So, if the American Heart Association can come out just less than 2 weeks later and say the mRNA vaccines dramatically increase heart inflammation and lead to cardiovascular events, my problem with that is if the American Heart Association can put that out, why wasn't that information related 2 weeks earlier to the FDA before they made this statement. They already had this information. They got it from the CDC.



I don't know if you know this, but myocarditis, which is what heart inflammation is, which the American Heart Association is identifying. Did you know that Dr. Hinton of the NHS in the UK has already given the statistics for the world so they can understand what the fatality rate is. Every single age group that's identified and diagnosed with myocarditis, for every age group worldwide, within 2 years, 20% of all those people will die. And we've got information about teenagers. We even have the numbers from American teenagers that have received the Pfizer shot, which is an mRNA shot that the American Heart Association says causes heart inflammation. This heart inflammation called myocarditis is fatal in 2 years to 20% of everyone that actually gets diagnosed with that condition. In 5 years, the fatality rate per Dr. Hinton is 50% of all people will be dead.

That means on the data sheets from the CDC, when they reported in August, that there were hundreds of teenage boys developing myocarditis ages 12 to 19 years old, that means of the 12-year-olds, half of them won't even make it to their 17 years old. They'll be dead from myocarditis. I have a problem now actually, the FDA coming



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out with the information from the CDC in August, coming out 2 months later in October saying, we're now gonna inject these experimental mRNA shots that now the American Heart Association says, that it is dramatically increasing heart inflammation called myocarditis. I have a problem with the FDA, not retracting this mandate or this extension of the Emergency Use Authorization on the 28 million kids that they just allowed this EUA to be extended, to put all these vaccines into 5-to-11-year old children in America, knowing that heart disease is going up in teenagers where it never existed before. It's extremely rare in teenagers, but after these shots within 7 days, they're seeing it in teenagers. 5 times in females what they expected to see just within 1 week of the second Pfizer shot and 20 times in teenage boys within the same time period, just within 7 days.

I have a problem with that and have a grave concern that there's gonna be a whole lot of children that are gonna be killed from these shots and now have federal health agencies like the FDA, the CDC, who obviously, it appears, doesn't give a crap about what happens to these children. We're just gonna go ahead and experiment on them and see what happens.

Now, I have a problem with that. I got 5 kids and I wouldn't allow anybody to inject my kids with an experiment, that is now being published, is known to cause myocarditis. And if you don't believe me, you don't have to believe me. Go talk to Peter McCullough. The most authored, published cardiologist in history, go ask him his concerns about heart disease and these mRNA vaccines. He's got the same concerns around the safety around these shots, and he doesn't believe they're safe from all the data he's seen. And he's an epidemiologist, that means he studies the effects of infections that are actually affecting millions of people around the world. That's what his job is. He's been doing that for like 30 years, working directly with the NIH and he has concerns.



So that October 26, 2021 date was the most upsetting to me, 'cause that's when the FDA said, "We're gonna extend the Emergency Use Authorization of these shots to all 5 to 11-year-old children. And they just chose Pfizer as the only shot, which is an mRNA shot. I actually didn't know I could get more upset than I was since May of 2020.

I didn't realize just how grand and how evil this murderous plot was, to actually injure, maim, disease and kill innocent Americans and humans around the world. And people have nonstop told me, "I cannot believe you. I can't- I cannot believe how great it's been to have you convey information. You have made a dramatic impact on saving lives around America and around the world." But I will leave events and they'll go, "You're a great American Dr. Ardis." And I'll go, "No, I'm not." That's not how I see this. I'm trying to save every human being on the planet and never have I considered myself a humanitarian, but that's the first thing that comes to mind. Someone's got to defend the innocent, who are absolutely being taken advantage of, being lied to, being misguided. And then being maimed and killed with these drug treatments for COVID-19 in hospitals. Now with these vaccines being actually promoted to you as the cure to stop this pandemic, which they are not even designed to do. So, yeah. I have a problem with everyone being lied to.



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THESE VACCINES ARE AUTHORIZED UNDER EMERGENCY USE AND WERE NOT FDA APPROVED



Another massive red flag is the fact that none of these vaccines were FDA approved before they were administered to millions of people. Mandating something like this is outrageously negligent. This was based on the premise that they were designed to respond to a global pandemic, making them authorized for emergency use.

What's more concerning is that the FDA did eventually approve these jabs with Pfizer-BioNTech's COVID-19 Vaccine being the first to be approved in August, 2021. And, on January 31, 2022, the FDA announced the second approval of a COVID-19 vaccine.

These shots were FDA approved even though the FDA has no evidence that they won't cause serious long-term effects on people who have received them and they have overlooked the serious adverse reactions and deaths that have been caused- which are way higher than any other existing vaccine.

A typical example of the dangers of using the population as test subjects for these experimental vaccines is the instance of side effects caused by the J&J Vaccine. Not only did it cause a neurological disorder called Guillain-Barré syndrome, but it also caused blood clotting.

The FDA responded to this by issuing a warning to the public that they should have actually revoked their authorization for emergency use. This is on the premise that its continued use against battling the spread of Covid-19 is more beneficial than the risk of a patient developing Guillain-Barre syndrome.



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MANY POTENTIAL SEVERE SIDE EFFECTS HAVE BEEN PUBLICLY LISTED

This leads us to the next point that potential, and real-time, side effects have already been publicly stated. What's ironic about this is that these Big Pharma companies continue to deny the increasing cases of injuries and deaths related to their vaccine, even though they had already listed these as potential side effects.

In fact, the FDA actually published a list of Pfizer's 1,290+ Known Adverse Side Effects for Its Experimental COVID19 "Vaccine". These are very serious side effects that are actually being reported by people who have received the jab.



What's more concerning is that Big Pharma has been exempt from any liability for these injuries and so they are completely denying the dangers of their vaccines. So not only do they deny these side effects but they are letting people suffer and die because of their injuries all for the sake of preventing their vaccines from being pulled from the market. These concerns are directly related to financial gain.

Recently, J&J announced suspended their sales forecast for their COVID vaccine. An article by Yahoo! News reported that J&J's vaccine has fared poorly compared to rival vaccines due to low demand in the U.S. It's obvious that the public attention they previously received caused hesitancy for people to use their shots. Pfizer and Moderna on the other hand have worked hard to keep any adverse effects under wrap so that their profits won't plummet.



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THE VACCINE IS STILL INEFFECTIVE AND ACTUALLY INCREASES THE RISK OF INFECTION

What's currently going on is a violation of our human rights because not only are people not getting information about the possible severe reactions that they could experience as a result of the vaccine but they're also being lied to about it being effective.

The way the whole COVID agenda has been cleverly set up really emphasizes the fact that the vaccine is the real threat and that COVID-19 is being used as a cover-up. And, science shows this.

A recent article published by Great Mountain Publishing summarises that in April 30, 2021 in a report filed with the FDA, Pfizer acknowledged that vaccine-associated enhanced disease (VAED) and vaccine-associated enhanced respiratory disease (VAERD) were listed as "Important Potential Risk[s]" of the COVID-19 vaccines.

The article further quotes that Pfizer suggested that the VAED may go unreported as such because the patient suffering VAED will usually be presented as having "severe or unusual manifestations of COVID-19."



So how does this tie-up with the bigger agenda? VAED is also known as Antibody-Dependent Enhancement, a phenomenon that Fauci seems to have known about before these vaccines were authorized for emergency use.

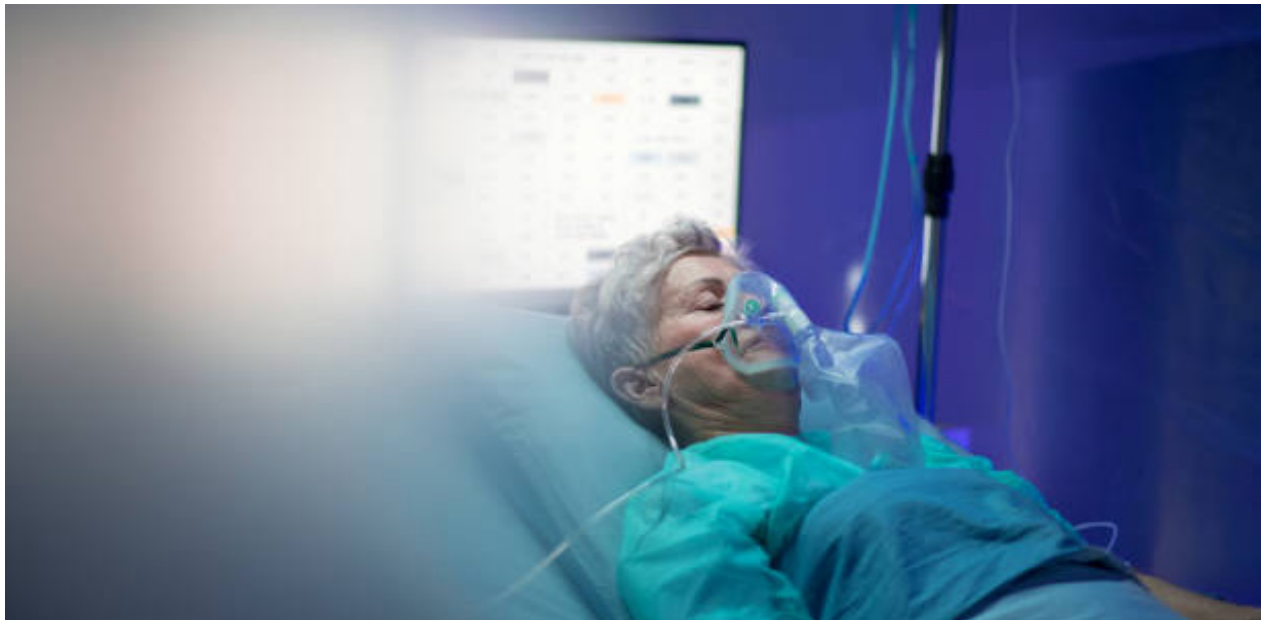
In the article published by Great Mountain Publishing, they reference a suppressed video of a March 19, 2020 interview of Dr. Anthony Fauci by Mark Zuckerberg where we see that Fauci did, in fact, predict Antibody-Dependent Enhancement as a result of the COVID jabs.



BIO TERRORISM

This is something that medical authorities are referring to as “breakthrough cases”, which basically means the detection of SARS-CoV-2 infection in individuals, who have been fully vaccinated against COVID-19.

As overwhelming as this all may be, it points out that the vaccine is both dangerous and largely ineffective. Referring back to senior research scientist at MIT, Stephanie Seneff’s peer-reviewed study, it is clear that Antibody-Dependent Enhancement (ADE) was a highly predictable effect of the vaccine, as proven through scientific studies.



A study published by the COVID-19 Long-hauler Research Foundation, led by Lele Xu and colleagues, explains the phenomenon of ADE. The abstract states that antibodies can enhance virus entry and replication in cells. This phenomenon is called antibody-dependent infection enhancement. ADE not only promotes the virus to be recognized by the target cell and enters the target cell, but also affects the signal transmission in the target cell.

In 1964, Hawkes and his team from the Australian National University first put forward the hypothesis of “antibody-dependent enhancement of infection” in arboviruses.

Seneff references another study, published by PubMed that was conducted by Li Liu and colleagues. Their study showed that in SARS-CoV/macaque models, anti-spike IgG (S-IgG), in productively infected lungs, caused severe ALI by skewing inflammation-resolving response. In summary, IgG antibodies that are induced by prior vaccination are shown to contribute to severe pulmonary damage by SARS-CoV in macaques.

So, not only does the vaccine increase a person’s chance of being infected with the SARS-CoV-2 infection, but it’s also dangerous. We’ll explain the mechanism of how the spike protein contributes to the development of ADE in the next section, *COVID Vaccines and Their Mechanism of Destruction*.



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COVID VACCINES AND THEIR MECHANISM OF DESTRUCTION

A mere one year after the start of the COVID pandemic, the FDA announced the approval of the first COVID vaccine which was formulated by Pfizer/BioNTech. It was also the first vaccine to receive emergency validation from WHO. Following the authorization for Pfizer/BioNTech's vaccine, the FDA issued authorization for the Moderna (mRNA 1273) vaccine under emergency use.

You may have already heard that both of these vaccines use mRNA technology. But the science behind how this works and why this technology was used. Many of our experts have explained the mechanism of how this works and why it makes these jabs so dangerous.

Stephanie Seneff, a senior research scientist at the Computer Science and Artificial Intelligence Laboratory of the Massachusetts Institute of Technology wrote a peer-reviewed paper with Greg Nigh, a highly accomplished Naturopath located inside the Portland Natural Health clinic called, Worse Than the Disease?

In this study, published by the International Journal of Vaccine Theory, Practice, and Research, she explains how mRNA technology is used in these vaccines and she reviews some of the consequences of the mRNA vaccines against COVID-19. She also brings concerning questions and information to light.

HOW DOES THE MRNA TECHNOLOGY IN THESE VACCINES WORK?

According to Seneff's study, the initial idea was to use Plasmid DNA due to its ability to stay in the muscle for up to 6 months. However, mRNA was chosen as the preferred gene delivery method since RNA was shown to trigger an inflammatory response. But there were many challenges when it came to using mRNA.

According to Seneff, two major obstacles for mRNA are its transient nature due to its susceptibility to breakdown by RNAses, as well as its known power to invoke a strong immune response, which interferes with its transcription into protein.

So scientists came up with solutions to these challenges. Seneff explains in the study that the Pfizer-BioNTech and Moderna mRNA vaccines are based on very similar technologies, where a lipid nanoparticle (LNPs) encloses an RNA sequence coding for the full-length SARS-CoV-2 spike protein.

This is what allowed them to use mRNA by preventing it from breaking down before it could produce the spike protein. What's important to note about LNPs is that they are composed of ionizable cationic lipids, phospholipids, cholesterol, and polyethylene glycol (PEG). Together, this mixture assembles into a stable lipid bilayer around the mRNA molecule.



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The problem with LNPs is that their makeup is likely to produce a range of adverse reactions. In a research paper published by bioRxiv, Botond Z. Igyártó, and colleagues from Thomas Jefferson University shared evidence that the LNPs used in many preclinical studies are highly inflammatory in mice.

This evidence includes rapid and robust inflammatory responses, characterized by massive neutrophil infiltration, activation of diverse inflammatory pathways, and production of various inflammatory cytokines and chemokines. They also note that the same dose of LNP delivered intranasally led to similar inflammatory responses in the lung and resulted in a high mortality rate.

According to the WHO, the vaccine produced by Pfizer/BioNTech creates nanoparticles from 2-[(polyethylene glycol)-2000]-N, N-di-tetradecyl acetamide, or ALC-0159 which is commonly abbreviated as PEG. The WHO also states that the Moderna vaccine contains PEG variant, SM102, 1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol2000.

According to Seneff, studies have shown that PEG leads to immunological activation that has shown to produce humoral, cell-mediated, and complement-based activation. She also mentions that, in animal studies, it has been shown that complement activation is responsible for both anaphylaxis and cardiovascular collapse, and injected PEG activates multiple complement pathways in humans as well.

Seneff references another study that was published by PubMed where Tamás Mészáros and colleagues researched the involvement of complement activation in the pulmonary vasoactivity of polystyrene nanoparticles in pigs. She highlighted that the study shows that anaphylactoid shock occurred in the pigs after the second shot rather than the first.

This shows that frequent exposure to PEG increases anti-PEG antibodies, and the more anti-PEG antibodies an individual has, the higher their chance of experiencing more common and more severe reactions upon their re-exposure.

Another study published by medRxiv conducted by Yi Ju and colleagues shows that when they studied serial blood samples from 55 adults across 3 separate cohorts receiving 2 doses of the Pfizer-BioNTech COVID-19 vaccine, anti-PEG antibodies were detectable prior to vaccination in 40 of the 55 subjects, which is 73%.

In fact, there is an increasing number of PEG-modified or PEG-containing pharmaceutical products on the market. This is a good explanation for why a vast majority of the population already have anti-PEG antibodies even before they receive the vaccine. This again increases their chances of experiencing a severe allergic reaction. And this is just one of the many dangers of these mRNA vaccines.





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THE DANGERS OF THE SPIKE PROTEIN

The mRNA COVID vaccines are designed to deliver the spike protein to antigen-presenting cells by binding to the ACE2 receptor. The ACE2 receptor has many physiological functions and is vital for protecting the lungs from injury. Dr. Christina Parks explains how the mRNA technology and the spike proteins in the vaccine are causing inflammation and serious injuries. We'll also share insight from Dr. Zelenko and Dr. Nuzum as they explain exactly why the spike protein in the vaccine is so dangerous.

Dr. Christina Parks

Dr. Christina Parks: A cellular biologist understands how the cell works and to understand how this new, is sort of, gene transfer technology works, you have to understand the cell. A molecular biologist studies Recombinant DNA. How do we do this sort of genetic transfer? And, how do we put information into the cell? And, have it express that information? How do we cut and paste DNA into our cells or just to create a new kind of virus or a new kind of gene transfer technique? So, that's what I did, right? That's my background. So, I understand this technology because that's what I've studied. Now it's progressed since then, but once you have a strong foundation in it, you add those things on, right? And so you'll see, and this is what we need more of like Dr. Malone and I were going sort of back and forth during the Senate hearings talking about things like the untranslated region, which means there's, what is this particular information in there for?

And what people don't realize is, this is really, really complicated and things are possible that nobody ever even conceived are possible. But we, as molecular biologists, know it's possible. One of the things that just came out last week, that I don't even have a slide for because it's so new is, they've been telling us all year that this can't get into your DNA. And of course, as a molecular biologist, we all knew that it could because certain viruses express an enzyme called reverse transcriptase, which can copy that mRNA from the vaccine back into DNA and have the enzyme to pop it right into your DNA. And, we absolutely knew that was possible. And that happened. We thought it would probably happen very, very rarely. With all the other side effects of the spike protein causing in the body, it wasn't my first concern, honestly, because these are somatic cells. These are your body cells.

You're not changing your germ cells, at least not all of them, right? So, for somatic cells, maybe the cell will die, but what a paper just came out last week or the week before that showed now this in a Petri dish in liver cells that are immortalized. So, they're partially cancerous. They gave those cells the vaccine. And do you know what happened? The mRNA and the vaccine or something about the vaccine actually turned on this enzyme. We have an enzyme that is a reverse transcriptase in our DNA. It turned it on and it turned it on by bucket loads and it went and it transcribed that RNA back into DNA. And they have yet to see if it was popping all into that person's DNA, but it could be changing the DNA. And this happened within 6 hours. And so, as molecular biologists, we saw this coming, we knew this was a potential possibility.

This is why these are supposed to be tested for like 10 years before we bring out this new technology. So, as a cell biologist, I know how the cell works. And as a molecular biologist, I know how all these gene transfer things work



BIO TERRORISM

and how we cut and splice DNA and RNA. And, we have regulatory DNA and RNA. It's very, very complex. But this is why we need national and international symposiums where the scientists are talking about it and it's public, so people can see it and it's recorded so people can see how many scientists know this information. And so, people have asked me over and over again, are you afraid to bring this information out? And that's like, "No, because I know that they were trained the same way I do. And I was, and they know it too. They know it too."

And that's what, you know, Dr. Malone he said, "I know about reverse transcriptase." And a couple weeks later this paper comes out. And he is like, "I don't think there's a problem with the untranslated region." Well, you may not think that having DNA, which we don't know, or mRNA, which we don't know what it does in there is, but that's ethical for me. If I don't know what it is, it could be regulating something. This is much more complex than the average person understands. They think this is a simple vaccine and nothing could be further from the truth.

Jonathan Otto: It sounds like we're in trouble, Dr. Parks, by trying to play God.

Dr. Christina Parks: Exactly. And you know what? That's one of the reasons I got out of science. I was there at the Senate hearings as a homeschool mom in a way, right. I got a Ph.D. and I decided I don't want to be in a lab. And I certainly, I did not care for the paradigm of science. I thought it was like figuring out how a car works by blowing it up and then looking at the pieces, you know? And I was like, "I really don't know if that's the best way to study a living system." And so, I felt that sharing my knowledge with children and becoming a teacher, which is what I've been for many years, was what I wanted to do. And this, however, is my passion, but while I was in graduate school and my degree is in Cellular and Molecular Biology, which you can go in almost any part of science or biology or even biophysics with that degree, I studied cytokine signaling and that's the receptors, the whole way your immune system signals.

And so, I know we hadn't identified the receptors that the immune system uses to signal in 1995 when I was in graduate school. So, we all had vaccines back then. We don't even know how the immune system signaled. So, are you telling me, you really know what these vaccines do? No. And it was really well-accepted back then among all the scientists that there is always a cost. You are always dysregulating the immune system to some degree or another. And so that, the disease you were trying to prevent should be really severe in order to make that cost-benefit analysis okay. And now, we just "Safe and effective. Safe and effective, safe and effective", and that's not science, that's brainwashing.

So we know that this spike protein, one, we know that it's causing inflammation. It's binding to the ACE2 receptor, and the ACE2 receptor doesn't signal, but this causes it to act in a way it never acts. And it actually signals an inflammatory cascade that keeps up regulating inflammation in people. So the spike protein causes inflammation. And with that, it also causes pulmonary hypertension possibly through those same mechanism. And it's doing a lot of different things.

We know that it's a spike protein alone. You don't even need the rest of the virus. So the vaccine-induced spike protein is causing this. And we now know that spike protein that's made by the vaccine or that you get when you get COVID, which is much less of it, actually stays around for a year or longer in your body causing this inflammatory problem.



BIO TERRORISM

So if you have post-COVID syndrome, you're a long haul. Or if you got the vaccine and you are injured from that, your symptoms don't resolve because that spike protein just won't go away, and it keeps signaling this inflammatory cascade and this microvascular damage. As we said, these virus-like particles from the vaccine actually go to your ovaries where they're probably causing microvascular damage, which may cause infertility because it's never been studied for that in children.

All right. And I say in children because we don't really care if it causes infertility in 75-year-olds. One other thing that I want to mention, and I'm not sure if I have a slide for it here, but I think I do somewhere is that the spike protein when it's inside your cell, you have a gene called P53 and the P53 gene is a tumor suppressor gene. That means what it does is when your cell divides, it makes sure your DNA isn't mutated. If it's mutated, it actually activates the system to fix it.

It fixes your DNA so that when your cells divide, you don't get mutant cells. If there's too many mutations, it tells the cells to commit suicide. It says, "Hey, you're mutated. We don't want you dividing because you might become cancerous. So take one for the team and undergo apoptosis, kill yourself."

There's evidence that the spike protein is binding this P53, this tumor-suppressive protein, and that it may be inactivating it. And that's one mechanism by which it may promote cancer. Also, what we're finding is... So when I was in graduate school, they were trying to do this type of gene therapy technology. But every time they did it, people got anaphylaxis and sometimes they died.

So it was causing anaphylaxis in this hyper, hyperinflammatory response. So that's why we don't see a lot of gene therapy because they just couldn't get rid of the inflammation. So since vaccines require some inflammation, they decided to use it for vaccines, and here we are, but they never really got rid of this sort of this inflammatory response. So what they did is they engineered a technology. You have certain receptors that bind the viruses and they bind to bacteria and they activate your immune system.





BIO TERRORISM

Dr. Vladimir Zelenko

Dr. Vladimir Zelenko: So the Salk Institute explains that from the moment of injection, your entire body becomes a spike-producing factory.

Jonathan Otto: I appreciate the mix between philosophy, theology, and science and protocols. That's like, kind of my favorite balance of things. So thank you. Yeah, the mechanism for protein factory.

Dr. Vladimir Zelenko: Yeah. I was saying that from the moment of injection, your body gets taken over and starts producing tens of trillions, trillions of spikes that then migrate to the endothelium. The endothelium is the inner lining of your blood vessels. And it lines this, what's normally smooth tissue with thorns. Now think about it, you have blood cells, red blood cells, white blood cells, platelets flowing through your vessels, usually laminar, smooth flow. And now they're bumping into spikes, into thorns. They get damaged, they leak their internal contents that causes a immune reaction that leads to blood clots, that's the mechanism.

So, if that blood clot happens in a heart blood vessel, that leads to a heart attack, if that happens in a brain vessel, that's a stroke. That's one thing. The other is that the technology in these vaccines, the delivery system is a lipid nanoparticle, which has been diabolically designed to cross the blood-brain barrier. And that's why so many people are experiencing such horrific neurological side effects because it actually goes straight into the nervous system and then wreaks havoc on your brain, on your spinal cord, and your peripheral nerves. It's an absolute disaster, it's a weapon of mass murder.

Dr. Daniel Nuzum

Jonathan Otto: Dr. Nuzum, okay, now let's talk about the mechanism of what's going on, you think, with this vaccine. Is it what they say? Is it this messenger RNA or modified RNA in the body, and this is what's causing the body to reproduce the spike protein and that's what's causing people to shut down? Or have they snuck something else into the vaccine, like put some shellfish poison in it, and that's what's causing the organs to shut down?

'Cause these reactions, to me, look like people got stung by a jellyfish or something as well. It's all kinds of things. I'm kind of joking a little bit, but I'm kind of serious. "Cause you know, you look at that heart attack gun that was created by the CIA, and they could shoot you with that dart that was like a hair. And they show it in court. And it's shellfish that's poisoning you and causing you to have a heart attack. It's the heart attack gun.

And, if it is a bioweapon, then, what would they be doing what they'd be using? And if that were true, then what could we use to help neutralize it and turn it off? What do you think? Is my thought process completely in bright lens?

Dr. Daniel Nuzum: Okay, the vaccine manufacturers that I've talked to, the people that actually make vaccines,



BIO TERRORISM

when they look at the batches of vaccines, when you take the ingredients, take them out of the vial, put it under a microscope, actually take a look at what's in there, they're saying that these are the dirtiest vaccines they've ever seen, in their entire career. Some of these people have been doing this for 30, 40 years, and they're saying they're the dirtiest vaccines, meaning they have the highest amount of contaminants.

So, there's more things in there that shouldn't be there than they have ever seen and ever produced before. And the quality controls on these were all halted. Maybe- They just- Okay, just get the product out there, regardless of whether it's clean or safe, just get it out there.

Jonathan Otto: Were they rushing that because they were trying their best to save the public, or were they rushing it because they were just trying to make some money? Were they rushing it because it wasn't actually rushed at all and it was the premise by which, a disguise by which they could unleash a biological weapon by having people think that they were doing this in a quick warp-speed reaction, instead, it was the perfect disguise for a bioweapon? Which one do you think?

Dr. Daniel Nuzum: I would say yes. I think it's probably a little bit of all of the above. And, this wasn't done by one person. There's 25 companies that are producing these mRNA vaccines for COVID-19. We hear about the big ones, but there's 25 different companies that I know of, that are producing these vaccines. And again, everyone that I've talked to that's in the quality control areas, they're saying these are the dirtiest vaccines they've ever seen. So, they have the most contaminants. That's just something in the industry, that's the scuttlebutt out there that people are reporting. These are very, very dirty vaccines, number 1.

So, we have contaminants. We have more contaminants than usual and that is gonna cause an inflammatory response. Anytime you get a wound and contaminants get into that wound, you're gonna have an inflammatory response to that. That's just as a normal natural bodily response, it's a part of your immune system responding, trying to protect you.

What happens is, normally, we don't have toxins injected into us. You know, that's not normally how you would get infiltrated by a toxin. It's not normally injected into you. So, this speeds up that reaction because the constituents going into the system are actually being injected right into your system. They're not going straight into the bloodstream, but they're going right into your system and your body is gonna respond to that. It's gonna respond, almost a toxic shock type response to those toxins. That's one.

The next thing we need to talk about though, is what that messenger RNA is doing. What program are they inserting? Because that's what it is. It's like you're taking a disk and putting it into your computer, adding a new program, or you're downloading a new app to your computer. That's exactly what's happening with this. And what is that program? What does it do? Well, they're designed to tell your cells to produce a toxic protein.

I don't understand how anyone thinks that's safe, first off. Why would you want your cells to produce more toxins? That makes no sense to me. That's what spike proteins are, they're toxic proteins. So, that's something that, as that infiltrates your DNA and becomes a system-wide program, every cell, every tissue in your body, before too long, is going to be producing this toxic protein.



BIO TERRORISM

The presence of that toxic protein, it is something real interesting for everybody to understand, the only things you can have an allergy or an allergic reaction against is a protein. You can be sensitive to everything, but you can only have an allergic response to a protein. So, if your body starts producing a toxic protein, there is the chance that you can become allergic to your own body, okay? If that happens, you're gonna have a cytokine storm, and it could very well kill you. I believe that's exactly what we're seeing.

Just go on YouTube. Go look at all of the news reporters that are passing out or falling over and having strokes on TV. You can find it right on YouTube. It's available. You can find these videos. Look at all of the sports teams, who, you know, these soccer players or these basketball players. They get out there, start running around, start being active, and all of a sudden, they're having full-on heart attacks. They're dying- They're dead before they fall on the ground. You can find videos of all those types of things. It's terrible. It's terrible. That's not normal. That's not a normal response. But if the body goes into an anaphylactic reaction against itself, that is a normal response. That's what it would look like. Okay.

So, we're seeing that. So, we know that's what this mRNA does. There's another- whole another piece to this that I think is very diabolical, is in order to get messenger RNA into the system and prevent the immune system from utterly destroying it, which it should, you have to deactivate a specific protein in the immune system called toll-like proteins. "Toll" like a toll booth. Toll-like proteins.

This is super important to understand. Toll-like proteins act like a toll booth. You think of, here's your toll-like protein. You got a healthy cell come through. It lets it through the toll booth. "Another healthy cell, come through. Another healthy cell, you come through. Oh, cancer cell, wait a minute. No, you can't go through, park over here. Oh, virus-infected cells, wait a minute. You can't go through, park over here. So, it works like a toll booth or a toll on a toll road. These toll-like proteins have to be deactivated because they would also detect foreign messenger RNA. So, you have to deactivate that component of the immune system in order to get the messenger RNA to go into the system, make it into the system, and actually gets integrated into the system.

Now, if you listen to what I'm saying, what is it the toll-like proteins do? They detect infections, particularly viral infections. And, they detect cancer. If you talk to Dr. Ryan Cole, a friend of mine, he lives, actually, in the same town as me...

Jonathan Otto: Did you guys connect fairly recently?

Dr. Daniel Nuzum: He's here. And, you asked him...

Jonathan Otto: I remember about you, and I was like, "You've got to connect with Daniel Nuzum." Did you guys get connected fairly recently?

Dr. Daniel Nuzum: Yeah, fairly. We've known of each other for quite a while, but he's a pathologist. And his job, his laboratory, here they take all of the biopsy samples and determine what's going on in folks. Are you dealing with an autoimmune disease? Is it a cancer? All that kind of stuff.



BIO TERRORISM

So, Idaho, our state, is notoriously anti-vax. We're very, very non-compliant on the vaccine schedule. We should put it that way. We joke that our state is so Wild West. Even if you turn our state sideways, it looks like a pistol. So, with Idaho, here's something interesting that Dr. Cole says. Our state has a 15% vaccine rate with the COVID vaccines. 15% of our population has had the vaccine. In the year and a half that we've had that vaccine available here in Idaho, our cancer rates have gone up 2,000%.

The rate at which cancers appearing in people has increased 2,000% in our tiny little population. Idaho only, we are just barely getting to 2 million inhabitants in our state. We're not a very large population here. We have a very small percentage, only 15% of our population has received the vaccines, the COVID vaccines. And we've had a 2,000%, that's a 20-time increase in cancer rates in the last year.

Why? 'Cause that's not statistically possible. Something happened here. Okay. That doesn't just, well, they get better at diagnosing cancer. No, their diagnostic techniques haven't changed. They're doing same techniques, same tests that they were doing 2 years ago. Only, they're finding 20 times more cancer. Okay well, a way to explain that is these poor folks don't have a toll booth on their toll road, nothing there to detect whether or not they have cancer. It's not until after cancer has already invaded and infiltrated their system do we start to find it, okay, because they actually have a tumor growing somewhere.

We have the same thing happening with post-vaccine. We're seeing reactivation of all kinds of viruses in people's systems. And, things that were dormant, things like herpes or Epstein-Barr or any of the retroviruses. We're seeing those things come back to life again, even in people where they've been dormant for years or haven't had problems with any of those things for years and years. It comes back. And it comes back with a vengeance, because their toll-like proteins aren't working anymore. They've been deactivated.



Okay, that's like taking all the warning lights in your car and deactivating them. Maybe, you're not real good at changing the oil. Or, maybe you're not good at figuring out how much gasoline you're using. And, you don't have a warning light, so your car runs out of gas. Your car runs out of oil, and it wrecks your engine. That's exactly what's happening to these people.



BIO TERRORISM

HOW THE VACCINE IS CAUSING DAMAGE TO MULTIPLE ORGAN SYSTEMS

Many studies have been conducted to determine the safety of the COVID vaccines and have shown that there is a high chance that they will lead to ADE and hyperimmune responses, causing serious damage to multiple systems in the body.

An article published by haltunnerradioshow.com reported a case where the first-ever autopsy of a person vaccinated against COVID-19, who tested negative 18 days later upon hospital admission but at 24 days after the VAX, revealed viral RNA was found in almost every organ of the body.

The article also reports that according to an Infectious Disease specialist from a hospital in New Jersey, “mRNA was supposed to stay in the injection site and it’s not. That means the spike proteins created by the mRNA will be in every organ as well, and we now know it is the spike proteins that do the damage”.

Another study conducted by Wen Shi Lee and Colleagues noted that safety concerns for SARS-CoV-2 vaccines were initially fuelled by mouse studies that showed enhanced immunopathology, or ERD, in animals vaccinated with SARS-CoV following viral challenge.

THE NEUROLOGICAL EFFECTS OF THE COVID VACCINE



There are also studies that have shown the neurological effects of these mRNA vaccines. According to an article published by Wiley Online Library, a study conducted to determine the neurological effects of the COVID vaccine by Josef Finsterer concluded that safety concerns against SARS-CoV-2 vaccines are backed by an increasing number of studies reporting neurological side effects.

The study also concludes that the most frequent neurological side effects of the vaccine include headache, Guillain-Barré syndrome, Venous Sinus Thrombosis, and transverse myelitis.

The study further notes that neurological side effects develop after any of the commercially available anti-COVID-19 vaccines but myelitis predominantly after the application of the AstraZeneca vaccine.

Here are some additional studies on the relationship between the vaccine and each of these neurological illnesses.



TRANSVERSE MYELITIS

Transverse myelitis is a serious neurological disorder described by the Mayo Clinic as a disorder that often damages the insulating material covering nerve cell fibers (myelin). Severe symptoms of transverse myelitis can lead to severe disability.

There have been numerous case studies being reported where healthy people had developed transverse myelitis after getting the COVID shot. According to an article published by PubMed, major adverse effects, including neuroimmunological disorders, are being attributed to this mRNA vaccine. For instance, several cases of acute transverse myelitis (ATM) after COVID-19 vaccination have been reported in clinical trials.

One of the first cases reported of transverse myelitis post-vaccination includes a 63-year-old otherwise healthy male. According to the case study published by Europe PMC, he received his second dose of the Moderna vaccine, and seventeen hours post dose, he reported pain and numbness in both calves which progressed to lower back pain, paresthesia in both feet, and pain in lower extremities. By the second day post-vaccination, he was diagnosed with transverse myelitis. The study reports that he was able to walk around again unassisted by 25 days post-vaccination with treatment.

One case study published by PubMed analyzed a case of transverse myelitis that occurred 48 hours after the administration of an mRNA COVID 19 vaccine. This case study reported a 69-year-old previously healthy female who presented with symptoms of asymmetric bilateral lower and upper extremity weakness 2 days after vaccination with the Pfizer-BioNTech mRNA vaccine.

Another case study published by PubMed analyzes Transverse Myelitis in a 76-year-old female with no major significant comorbidities aside from hypertension and right-sided hearing impairment. She went to the neurological ward 6 days after receiving the mRNA-1273, Moderna vaccine. Cervical MRI images confirmed her diagnosis of transverse myelitis.





BIO TERRORISM

GUILLAIN-BARRÉ SYNDROME



Mayoclinic defines Guillain-Barré syndrome as a rare disorder in which your body's immune system attacks your nerves. Weakness and tingling in your extremities are usually the first symptoms. This often leads to paralysis.

A study published by the CDC concluded that similar to previous reviews on GBS associated with COVID-19, they found that both COVID-19 and COVID-19 vaccination mostly cause the classic form of GBS and the acute inflammatory demyelinating polyneuropathy subtype within 2 weeks of infection or vaccination.

The study further notes that the bilateral facial palsy with paresthesia variant and initial onset symptoms of facial diplegia were more frequently found in GBS case patients after COVID-19 vaccination.

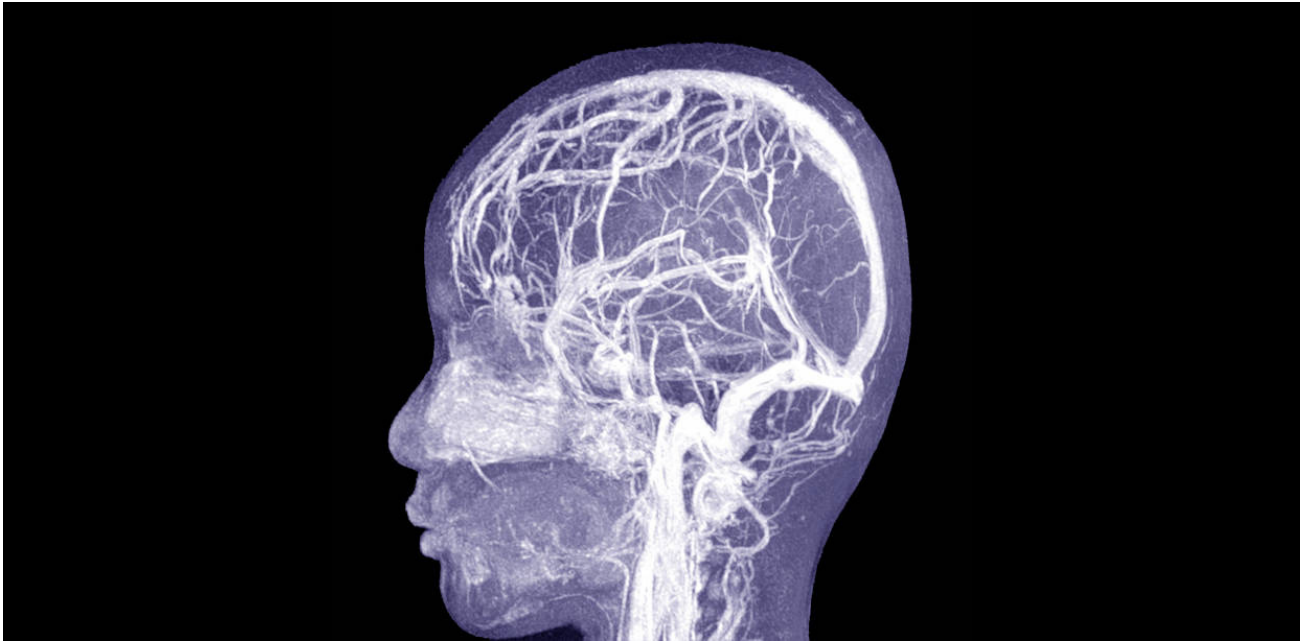
A case study published by PubMed describes a case of a 42-year-old woman with no significant past medical history who presented with numbness in her bilateral upper and lower extremities. She also experienced intractable pruritus in her toes. Over the next few days, her condition worsened. The case study also reports that she received the second dose of the Pfizer COVID-19 vaccine one week before.

There were also no other possible risk factors that may have contributed to GBS apart from getting the vaccine. With treatment over the next few weeks, her symptoms reportedly improved overall, with only mild tingling in her fingertips and mild numbness in her lower extremities.

This case study concludes by stating that the incidence of GBS associated with COVID vaccines is higher than previously expected. The authors also mention that it remains plausible that the immune response in the post-vaccination period may trigger an autoimmune process, leading to the production of autoantibodies against myelin.



CEREBRAL VENOUS SINUS THROMBOSIS



Cerebral Venous Sinus Thrombosis (CVST) is a rare form of stroke that occurs when a blood clot forms in the brain's venous sinuses preventing blood from draining out of the brain. According to Johns Hopkins Medicine, it affects about 5 people in 1 million each year.

An article published by PubMed analyzed 552 worldwide cases of cerebral venous sinus thrombosis following the COVID-19 Vaccination.

According to the study, rare side effects, including intravascular blood clots, were reported in the general population after vaccination with cerebral venous sinus thrombosis being the most serious one.

PubMed also published a case study including 12 US patients with Venous Sinus Thrombosis and thrombocytopenia reported under EUA to VAERS after getting the Johnson & Johnson vaccine.

The results found that out of the 12 patients who developed CVST, 7 also had intracerebral hemorrhage; 8 had non-CVST thromboses. Out of the 12 patients, all of them were hospitalized, three of the patients died, three continued ICU care, 2 continued non-ICU hospitalization and four were discharged to go home.

The study recommends that there be further investigations into the potential relationship between the Johnson & Johnson vaccine and CVST with thrombocytopenia.



BIO TERRORISM

CONCLUSION



There are numerous studies that currently show just how dangerous the COVID vaccines are. In the past, vaccines that showed the potential to cause this much harm were pulled off the market. But, Big Pharma and the global government found a loophole. If they could get the vaxxes authroized under emergency use, they could administer them without being liable for any adverse effects or deaths it causes.

In order to do that, they needed something serious enough to warrant the use of vaccines under emergency authorization. COVID-19 was the perfect plan. They could use this to get people to fear a virus enough and they'll take anything that's sold to them as the solution. Even a highly experimental vaccine that is intended to be a bioweapon for profit and mass murder.

What's more is that there is still so much that is unknown about the long-term effects of these vaccines. We're already seeing so many injuries and deaths and experts predict that the mechanism of the vaccine is causing serious damage to people who have taken it. The importance of post-vax detox cannot be stressed enough. And many of our experts are seeing phenomenal results from their protocols. This gives us hope that people who have become victims of this large-scale crime can find healing post-vaccine.



BIO TERRORISM

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BIO TERRORISM

ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, Autoimmune Answers, and Vaccine Secrets: Covid Crisis*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year and International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.