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Editorial

Ignored dangers of the COVID-19 injections

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The ramifications of the unprecedented push to vaccinate the entire world with these dangerous and ineffective COVID-19 injections are in two categories – the seen and the unseen. The seen entails such things as a rising incidence of myocarditis, multifocal encephalitis, sudden adult death, a rising incidence of death in vaccinated toddlers and babies, death of babies breastfed by vaccinated mothers, the spread of the virus by the vaccinated among the population (shedding), and other obvious health catastrophes.

At the center of both the obvious and hidden ramifications of these injections is what will be the delayed effects of these injections. To understand this, first, we have to look at the biodistribution study done by the Pfizer pharmaceutical company which was purposefully hidden, not just from the public, but all scientists and physicians in the world. A freedom of information lawsuit was required to force Pfizer to release this study. When the study was examined, it immediately became obvious why they wished it to be hidden. The study, done on animals, demonstrated that once injected into the animals' muscles, the nanolipid carrier containing the specifically engineered messenger RNA (mRNA) did not stay at the site of the injection, which the U.S. Food and Drug Administration (FDA) and Pfizer assured the public it did, rather within 48 h this spike protein producing creation was distributed throughout the body. Further, these nanolipid carriers were found in the highest concentration in the female ovaries and the bone marrow of both sexes. High concentrations were also found in the endothelial cells lining all blood vessels, the liver, spleen, the heart, and kidneys, with lesser concentrations in the brain. In addition, the nanolipid carrier itself was found to be toxic and inflammatory.

What I wish to address in this essay are some of the possible less obvious ramifications of these injections. First on the list, will be the contamination of the blood supply using blood donated by the vaccinated. As an introduction to the subject let us first review the skeptical responses from the orthodox supporters of "safe and effective" vaccines.

Here are the responses from the "vaccine" promoters and supporters as regards the blood supply.[1-4] (https://www.webmd.com/vaccines/covid-19-vaccine/news/20210817/covid-skeptics-request-blood-transfusions-from-unvaccinated-donors)

From the interviews extracted from their article, one of the most pertinent comes from Emily Osment, an American Red Cross spokesperson. She admits that there are people asking the Red Cross about blood taken from vaccinated donors. She states that Red Cross officials have had to reassure clients that "a COVID-19 vaccine, which is injected into muscle or the layer of skin below, does not circulate in the blood." Of course, all such injections are injected deep into the muscle and not below the skin. The article then quotes Jessa Merrill, the Red Cross director

of biomedical communications, who states that while the antibodies are in circulation "the actual vaccine components are not." An obvious lie.

The article quotes other "medical authorities" who similarly state that concerns about the blood from the vaccinated are not justified. It has been estimated that 60–70% of the blood supply is now being taken from vaccinated donors. There is no federal requirement that blood donations be labeled as being from the COVID-19 vaccinated. The FDA assures the public that there is no "safety risk" from receiving blood from vaccinated donors. How they know that has not been determined as no studies have been done to date on the transmission of the spike protein and nanolipid carriers from blood donors.

It is an old trick for defenders of orthodox views of contested scientific subjects to state when questioned that "there are no studies showing (the disputed issue) has been shown to be harmful." The critical question to then ask is –"Have there been any studies to examine safety?" With a look of embarrassed confusion, they will answer—"Well no studies on safety have been done." This allows the deceiver to say honestly that "no studies have shown harm," when in truth – no one has looked at safety – period! This was done with the statement about the safety of the traditional vaccine schedule for children – until very recently – no studies had been done comparing the health of the vaccinated children to the unvaccinated. Now, we have strong evidence that the present vaccine schedule is harmful to children's overall health.

And, as with any challenge to the official view, questions about the safety of the contaminated donor blood are labeled as "misinformation." Again, we have no evidence of safety on their part, but legitimate questions being asked by the public and experts in the field of blood transfusions are ignored.

To muddy the waters, they added an issue that is not even being proposed – the presence of COVID-19 antibodies in the donated blood. To further add to the implication that those concerned about contaminated blood donations are "kooks" they interject the supposed fear of "some kind of microchip" being injected or "they are going to be cloned" into the issue. This is a tactic also used by the defenders of often indefensible issues and positions – that is, bring in the extreme views or at least imply they are extreme. If these tactics are not enough, they can always bring in the "racism" or "homophobia" charge. For example, in the WebMD article, they bring in the argument that some people's fear during the peak of the HIV episode is based on the fact that some individuals did not want blood from cities with a high population of homosexuals or even from certain races. I discuss these tactics in a paper I wrote for a friend's website – The Hacienda Press. This tactic is called "yellow journalism."

There is an old saying that "if you cannot answer a person's argument, all is not lost. You can still call them vile names."

Now, let us look at the evidence that indeed the nanolipid carrier and its load of msRNA is producing spike proteins along extensive vascular channels with attachment to the endothelial cells. Kaimori *et al*. demonstrated extensive formation of blood clots (thrombi) throughout most of the systemic organs, especially in the heart in a 72-year-old woman who died 2 days after receiving the BNT162b2 mRNA vaccine.[7] (Kaimori *et al*. Thrombosis J 2022; 20:61). Several morticians have stated that they cannot inject their embalming fluid because of the extensive clotting in the bodies, something they have never seen before. They have also removed very long clots from major vessels as well. Even better proof comes from the autopsy studies performed by Michael Palmer and Sucharit Bhakdi, in which the attachment of the vaccine-generated spike proteins to the walls of blood vessels was demonstrated by immunohistochemistry techniques, which stain specifically for spike protein only (ruling out a COVID-19 infection itself).

Further, they demonstrate the immune attack on these spike proteins, which leads to the destruction of the smaller blood vessels, triggering rapid thrombosis. We call these microthrombi (microclots). These microclots are scattered throughout the body and all organs causing critical damage to many organs, such as the heart, the lungs, the liver, the brain, the kidneys, and the adrenal glands.

What is especially important is that this damage can be progressive as additional vessels are progressively thrombosed, leading to a progressive loss of organ function. For example, kidney function may slowly decline over months or years leading to eventual kidney failure. This is especially so as the person ages and as other pathological factors come into play, such as diabetes, hypertension, and even autoimmune diseases (which can be triggered by vaccines). The same can be said for the heart and liver.

A cardiologist in Canada, concerned about these microclots, tested his vaccinated patients with a test used to detect microclotting called the D-dimer test. He found that 80% of his vaccinated patients' demonstrated significantly elevated D-dimer values. Other cardiologists found the same with their patients. Many appeared asymptomatic at the time, suggesting that the damage can remain silent until many months or years later. We do not know the definitive answer to these questions of long-term effects because no long-term studies have been done by the vaccine makers or anyone else. The 75 million or so Americans who have been vaccinated will be the experimental subjects to give us this tragic answer.

Another study by Baumeier *et al*. also demonstrated the presence of immunohistological-determined spike protein from vaccines in the walls of blood vessels and heart cells

(cardiomyocytes) in nine of 15 patients studied after they developed vaccine-induced myocarditis.[5] Careful techniques were employed to make sure none of the patients had been infected with the COVID-19 virus and that indeed the spike proteins came from the "vaccines." Their study also indicated that the inflammatory response was indicative of an autoimmune attack on the hearts of these individuals.

What these studies indicate is that the Centers for Disease Control and Prevention (CDC), FDA, and major groups responsible for our nation's blood supply were lying when they said that the spike protein is not found in the blood of the vaccinated. A person requiring multiple blood transfusions, for example, having multiple injuries from an automobile accident or a shooting or stabbing victim, would have a high probability that one or more of the blood units will contain spike protein-containing blood. Multiple blood transfusions are known to significantly suppress immunity, which would give the spike protein time to infiltrate the person's tissues and organs without their immune system neutralizing the contaminating spike protein. Hence, they would be at a very high risk of suffering major damage from the transfused spike proteins.

Since the government and most hospitals refuse to separate the blood supply based on the vaccine status of the donors the only alternative one would have is to periodically donate their blood, which can be frozen and stored for years, to be used only for themselves or family members. Systems have been worked out so that the blood can be rapidly shipped anywhere the person happens to be at the time of need. Single-unit blood transfusion should never be done.

This discussion of contamination of the blood supply by vaccinated donors will not be welcomed gladly by the authorities and we can expect a full court attack for this disclosure. So be it – it is the truth.

Another thing that is being ignored to a large degree is the effect of activation of latent viruses among the vaccinated. While most of the discussion has been around such infections as herpes zoster (shingles), it is much more serious than that. We know that a large percentage of the public harbors the cytomegalovirus (CMV), which is benign, as long as it is latent.[6] When the immune system (especially the innate immune system) is suppressed, as we see 6 months following COVID-19 vaccination, bad things can happen. In fact, people can die of a generalized CMV infection when immune suppression occurs. We see this with chemotherapy treatments, radiation exposure, and organ transplant immune suppression.

CMV is a major carcinogenic virus, especially among children, and is linked to medulloblastomas, a very deadly childhood brain cancer.[6] (Blaylock Surg Neurol Inter 2019;10:199) This virus is present from 30% to as high as 90% of the earth's population. In healthy people, with an efficient immune system, the virus remains asleep (latent). Immune suppression activates the virus, which generates proteins that have a very high cancer-producing potential. In addition, the tumors it induces further suppress immunity, which would be expected to be greatly compounded in COVID-19 vaccinated people.

Other carcinogenic viruses, such as herpes simplex virus, can also be activated during immune suppression associated with COVID-19 "vaccines." One of the tumors associated with this latent virus is the deadly glioblastoma multiforme tumor, a highly aggressive brain tumor resistant to most conventional treatments.

Once the cancer develops, the associated immune suppression stimulates aggressive tumor growth and spread (metastasis). Hence, we can see that activation of latent viruses can have very serious consequences.[5]

Immune suppression of the innate immune system also promotes aggressive growth, invasion, and metastasis of all cancers, which may explain Dr. Ryan Cole's observation that cancer rates have increased dramatically since the "vaccine" rollout. He also noticed, as have other pathologists and cancer specialists the world over, that even cancer patients who had been under good control of their cancers, following vaccination, rapidly developed accelerated growth of their cancer, progressing to a stage IV within months.

It has been known for a very long time that immune suppression increases tumor development and accelerates tumor growth, invasion, and metastasis. We see this in transplant patients. There is also evidence that these injections impair two critical DNA repair enzymes that when not functional increase the development of certain cancers, such as breast and prostate cancers.

Finally, with strong evidence that the spike protein produced by the "vaccines" attaches itself to the endothelial cells of blood vessels and that this initiates a prolonged immune attack on these vessels, leading to chronic inflammation-induced pathological events. We now know, for instance, that the central pathological trigger for atherosclerosis is chronic inflammation of these very cells lining blood vessels, the endothelial cells.[6]

One would expect to see very aggressive development and progression of atherosclerotic plaque along the affected blood vessels, leading to a dramatic rise in heart attacks, strokes, and peripheral vascular disease. Only time will tell if this eventually plays out. Since none of the makers of this injection bothered to do any long-term studies, using animals or volunteers, we will have to wait and see if that occurs among the massive vaccinated populations of the world.

In this short paper, I have discussed three major effects of mass vaccination with a virtually untested series of "vaccines." Since the FDA, CDC and makers of these deadly injections have

developed a sufficient monitoring system of people for these possibilities, only our physicians and scientists can detect these eventualities. I would strongly suspect should we see a dramatic rise in one or all of these disorders, organizations will go into HyperDrive to deny it is occurring or blame it on something else.

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