

**THE REAL SCIENCE**

BEHIND WHY THE

**COVID VACCINES  
ARE DESTROYING  
ORGAN FUNCTION**

**DANGERS OF THE SPIKE PROTEIN**



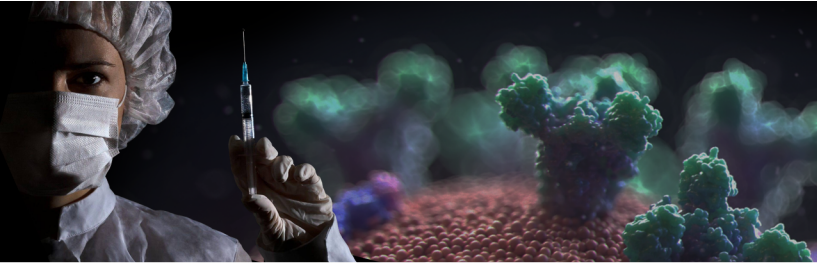
**VACCINE SECRETS: COVID CRISIS**  
**THE REAL SCIENCE BEHIND**  
**WHY THE COVID VACCINES ARE**  
**DESTROYING ORGAN FUNCTION**  
**DANGERS OF THE SPIKE PROTEIN**

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Many will recall the anticipation surrounding the release of the covid-19 vaccine. There was one big question on our minds: how safe can the vaccine be when it was engineered in such a short space of time?

Testing periods were limited and, in some cases, obsolete. That's not the scary part, however. After the vaccine rollout started around the world, news started surfacing that some people who had been vaccinated started experiencing a rare blood clot disorder and damage to their blood vessels.

This was especially true for people who had gotten the AstraZeneca and Johnson & Johnson coronavirus vaccines. A professor at Goethe University in Frankfurt- Rolf Marschalek- led a study about this rare condition and stated that his research showed the problem sat with the adenovirus vectors that both vaccines use to deliver the genetic instructions for the spike protein of the Sars-Cov-2 virus into the body. <sup>1</sup>

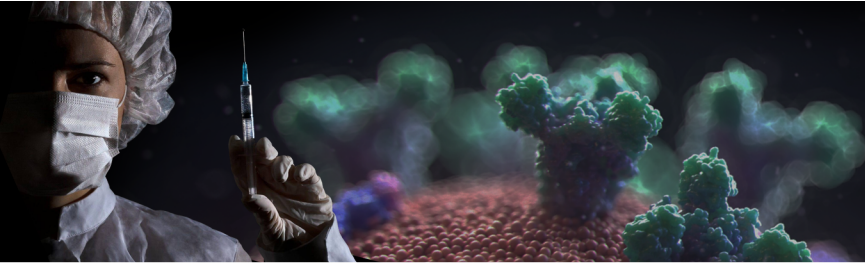
He then goes on to say that once inside the cell nucleus, certain parts of the spike protein DNA split apart, creating mutant versions, which are unable to bind to the cell membrane where important immunisation takes place.<sup>2</sup>

When these mutant versions float around in the body where they start to cause blood clotting. This is just one of the ways that spike proteins are responsible for causing serious damage to the body.

A separate article published by Medical News states that researchers show that the spike S1 not only interacts directly with both platelets and with the key clotting protein fibrinogen and its activated form, fibrin, causing changes in the protein that, in turn, alter the way blood clots.<sup>3</sup>

But it doesn't end with blood clots. Spike proteins can and have been causing damage to the body's organs too. In fact, a study conducted by investigators from the Frank Reidy Research Center for Bioelectrics at Old Dominion University has found that exposure to the spike protein on the SARS-CoV-2 virus has the potential to induce symptoms similar to COVID-19 and damage the lungs.<sup>4</sup>

In this eBook, we reveal eye-opening information shared by highly esteemed doctors who have been very involved in the pandemic and the research surrounding the vaccine. They share important information about the dangers of the mechanism of these vaccines, particularly the dangers of spike proteins and how they are damaging the body.



## DR. PETER MCCULLOUGH



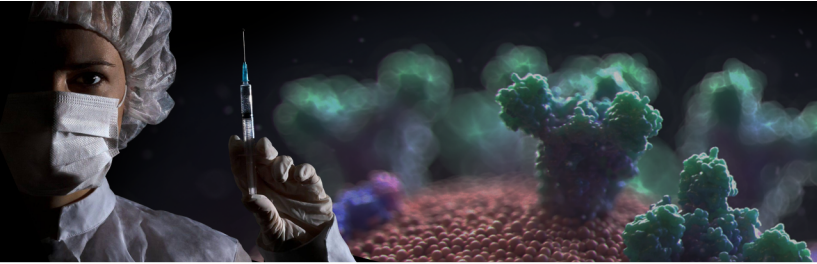
*About Dr. Peter McCullough: I'm an internist, cardiologist and a professor of medicine at Texas A and M College of Medicine. He has completed his bachelor's degree at Baylor University, and has completed his medical degree as an Alpha Omega Alpha graduate from the University of Texas Southwestern Medical School in Dallas. He also completed his internal medicine residency at the University of Washington in Seattle, his cardiology fellowship - including service as Chief Fellow - at William Beaumont Hospital, and his master's degree in public health at the University of Michigan.*

**Dr. Peter McCullough:** Let's turn our attention now to vaccine safety. I know many of you probably worry about this, but what I want to tell you is that we are now at 57 authors in 17 countries that have raised major concerns regarding the COVID-19 vaccination program- largely because it's a clinical investigation that these drugs are not fully approved by any regulatory agency and there are no safety mechanisms available. There's no critical event committee, there's no data safety monitoring board, and there's no human ethics board.



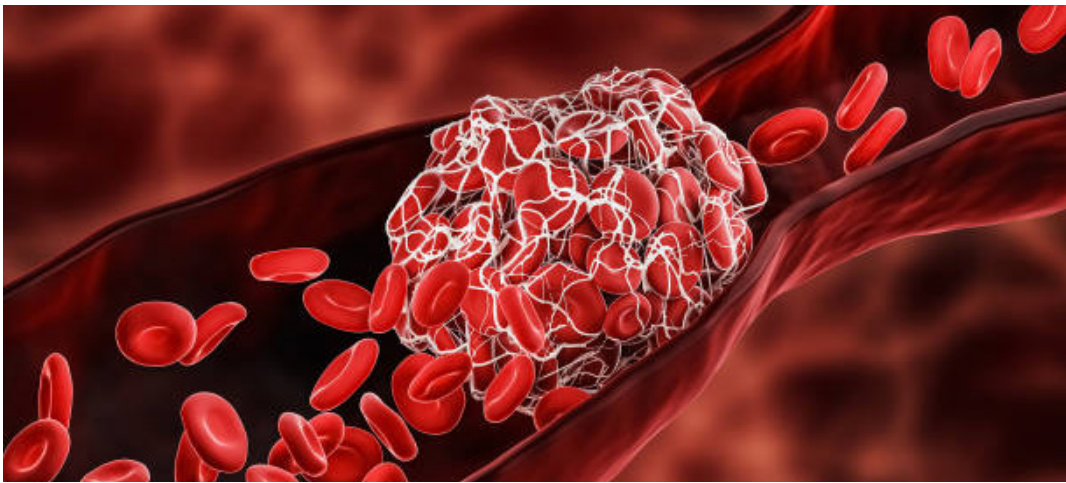
And because the vaccination program is basically wide open without any safety guardrails, we are really seeing some concerning issues. We know that there's a concerning mechanism of action with the vaccines. They all are genetic vaccines. Right now that's messenger RNA with Pfizer and Moderna, and adenoviral DNA with AstraZeneca and Johnson & Johnson- those are the major ones.

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There are some inactivated viral vaccines, including Sinovac or CoronaVac, but I'll just focus on the genetic vaccines. The dangerous mechanism of action is they hijack the body's genetic machinery for the body to produce the dangerous spike protein. Which produces it for at least two weeks after the first shot until antibodies are raised and are found in body fluids and the blood. We know that just the cells making the spike protein damage the cells including the brain, the heart, lungs, and other critical organs.

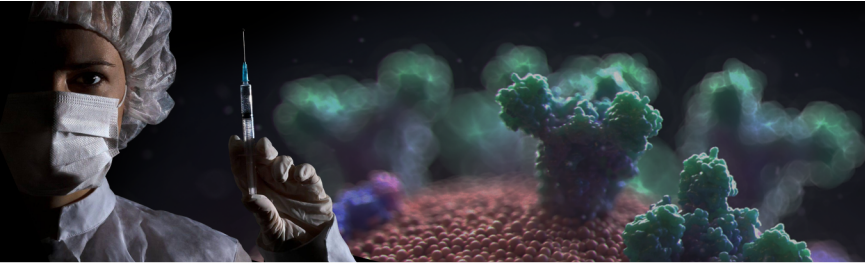
We know the circulating spike protein causes endothelial damage and blood clotting. This is not good. We don't have a single vaccine that turns the body into such a dangerous pathogenic state as the COVID-19 genetic vaccines. We now know that the spike protein is generated. We know it's dangerous; it damages blood vessels and causes blood clotting.



That's the last thing you want circulating to the placenta or the baby. It's been a wrecking machine. And so women need to wake up. Pregnant women need to wake up and understand- don't do that. It's just like you wouldn't do cocaine or do terrible drugs. Don't walk into a vaccine center when you're pregnant. So I kind of put this on the women.



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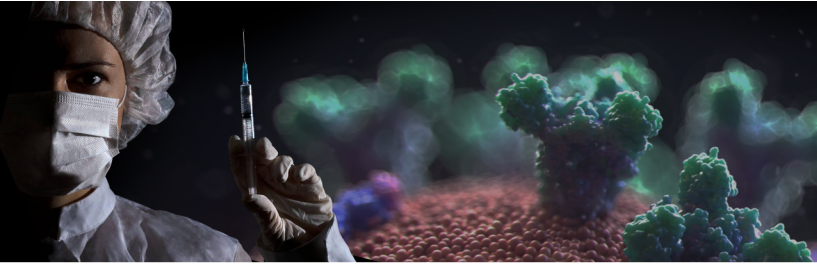
Now, the doctors who are advising patients to get the vaccine, that's a whole different kettle of fish. Those doctors need to kind of come out of their trance and realize that we always assume something's dangerous until proven beneficial. And it will be many years before we ever know if these are beneficial or not. And I can tell you as a doctor, I consult with women who are pregnant.



I would never do this in my career. Never, and I just think it's one of these absolute disasters to ever have a pregnant woman get one of these vaccines. We can treat COVID-19. If a pregnant woman happened to have severe symptoms, we could sequence the drugs. We can use Hydroxychloroquine during pregnancy. We can use Azithromycin. We can use steroids. We can use aspirin. We can use blood thinners. It's an easily treatable problem in pregnancy. Why risk the vaccine?



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**Jonathan Otto:** So, basically, I've heard it being described that our bodies become a factory for the spike protein manufacturing. And then this is distributed all across the body and is embedding itself in the tissues, including the heart, the brain, and every organ. Then we see these cases of myocarditis in all ages, including the youth. Which is then attributed to the spike protein doing the work that it's intended for.

**Dr. Peter McCullough:** You've got the right interpretation. The last thing you want in delicate heart muscle cells, which have to be striated right next to each other, is you don't want to have spike protein produced in the heart muscle cells and the satellite cells then cause inflammation in the heart.

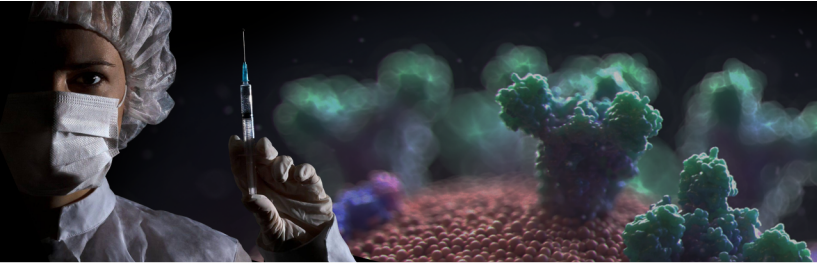


That's a disaster, and worse yet, to actually have spike protein distributed to the heart. You would never want it distributed to the brain or the lungs or the endocrine organs or a placenta. It's a disaster to think that biotechnology was developed that makes the human body make a lethal protein as part of its mechanism of action. It's unthinkable. And just by that mechanism alone, honestly, it never should have moved forward.



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## DANGERS OF THE SPIKE PROTEIN



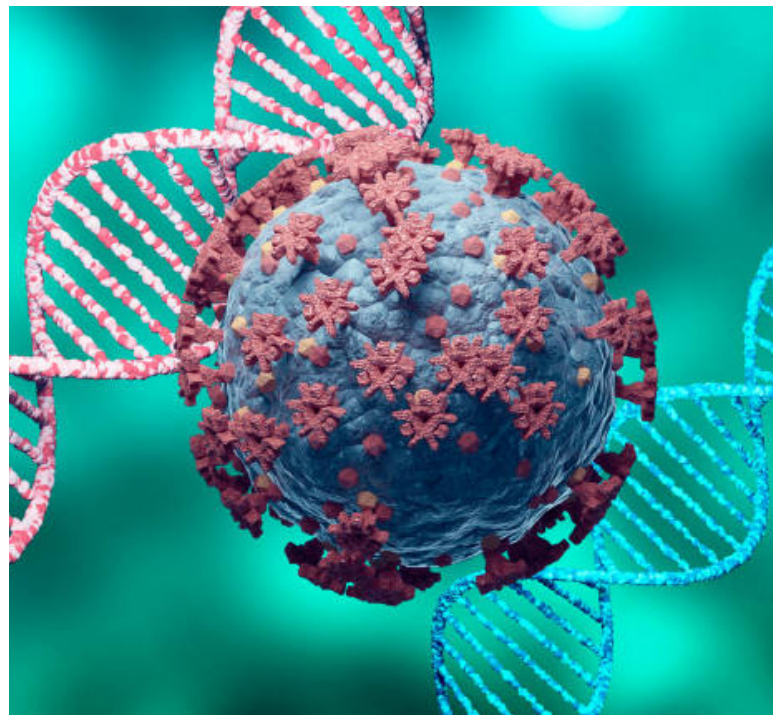
Let's talk about myocarditis. These immunologic syndromes and what we have seen is called multi-system inflammatory disease (MIFC). This can be associated with myocarditis, but it can occur independently and it's a real problem. It's organ inflammation throughout the body.



It was initially reported by Kaiser Permanente in California. We have plenty of spontaneous event reporting indicating these are all tips of the iceberg. These are massive problems. Again, these are, in a sense, tell-tale indicators that our federal agencies have basically committed malfeasance, this wrongdoing by those in authority to not be transparent on safety and not make the important product recalls early.

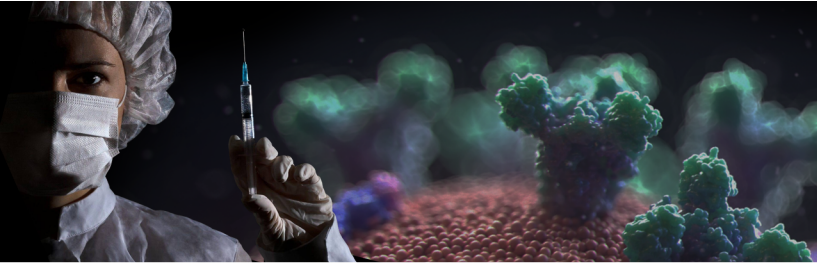
**Jonathan Otto:** Wow. Thank you. I'm so grateful for this information, Dr. McCullough, I really am. I'm so grateful for people such as yourself standing up. That's really compelling. The cancer risk - that doesn't get talked about and perhaps we don't know enough about that. The ingredients concern me, even the fetal cell use, for me. I do feel the possibility around the fetal cell use having a cancer connection, as well as other ingredients that are in the vaccines. What would you say to that?

**Dr. Peter McCullough:** So I mentioned that these products skipped what's called carcinogenicity testing. And that's traditionally not done for vaccines, but it is done for drugs. But this idea of do we know these drugs cause cancer or not? Well, when you think about it on the surface, we're causing the body to make a viral protein.

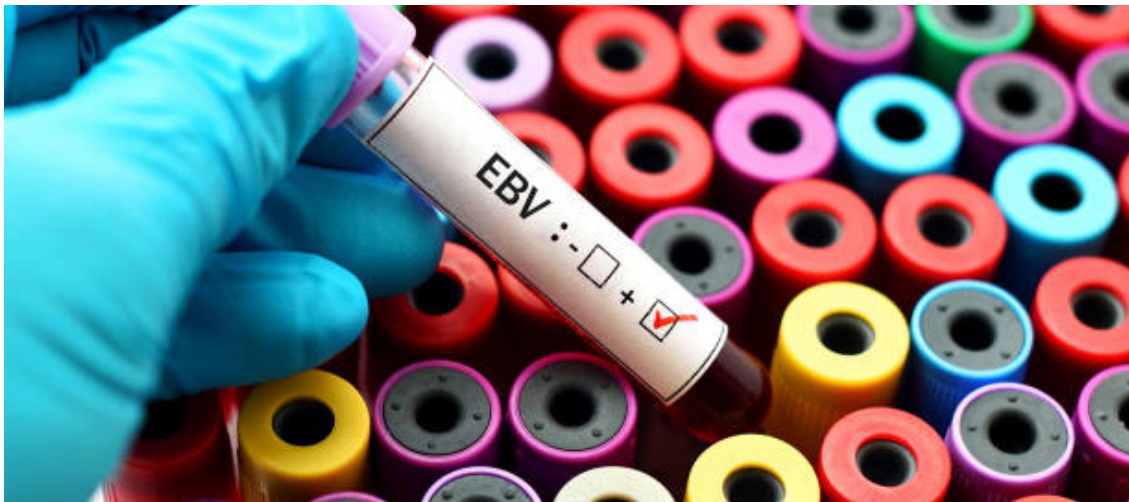




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Some viruses actually are cancer-promoting like the Epstein-Barr virus and human papillomavirus and others. But what's been found now is the spike protein itself independently interacts with key tumor suppressor genes, P53 and BRCA. These influence breast cancer and solid organ cancers.

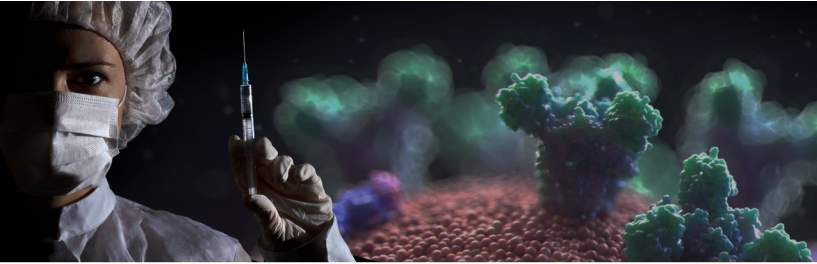


So if the spike protein is made for any duration of time, there is a plausible biologic explanation about why they could be cancer-promoting. Now we're seeing a lot of reports of cancer within a few weeks or a few months, and people say, "Oh, could the vaccine have caused cancer?" And the answer is, no.

The cancer was obviously brewing for months and just the sickness of the vaccine caused the investigation and the cancer was found. But long-term, if cancers do emerge, particularly breast cancer and women, now we know that the vaccine distorts the breast in the woman to such an extent that the mammograms cannot be interpreted normally.



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So women are advised after these vaccines to not get a mammogram for a year. So we know that the material goes right up into the breast, inflammatory material. All these ought to be lots of strong signals to women, don't take the vaccine, just say, no, file an exemption, file in a dispute. It's not worth your health to take one of these vaccines.

**Jonathan Otto:** In various aspects where this early treatment- coming back to this early treatment, because we are contending the vaccine. We are seeing adverse reactions. We are seeing massive issues, but we're also seeing that the problem that we're in right now, where we're pushing for this vaccine has to do with the fact that a lot of people are unaware that there are early treatments that are available, that are effective, that work, that reduce mortality significantly.



A few things that I think would be great to chat about would be some of the challenges here, like when it comes to pregnant women; the fact that pregnant women have been told that they can have this vaccine. I have a cousin that had a miscarriage. She was a nurse, and she had the vaccine. She was told that she had to have it while she was pregnant and she had a miscarriage.

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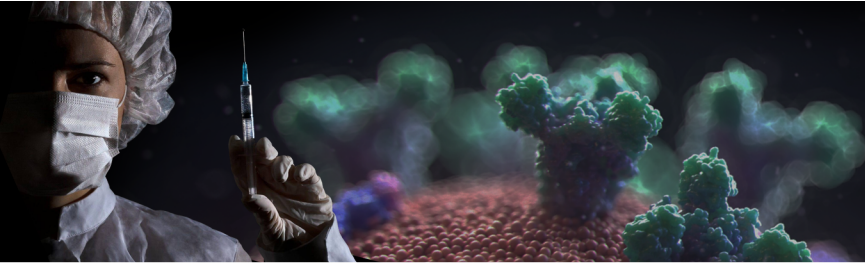
These are stories that keep coming up. Obviously, it's completely horrifying and sad. And obviously, I do believe that the correlation between these things is very likely. I can't prove it in this particular case, but there are many reports coming out of this nature. The thing that I get an eerie feeling about is the fact that there was no study done on this.

You have to do the study in order to tell pregnant women they can have the vaccine. So how do you answer that? Why would they be told that that was safe and effective when no trial had been done? How do you understand something like this?



**Dr. Peter McCullough:** I've never told a pregnant woman that it's safe to take the vaccine, and it's a good clinical practice to always assume new products are dangerous in pregnancy until proven to be safe. In fact, we have pregnancy categories, A, B, and C on all new products in order to kind of regulate our determination of safety. And the FDA agrees.

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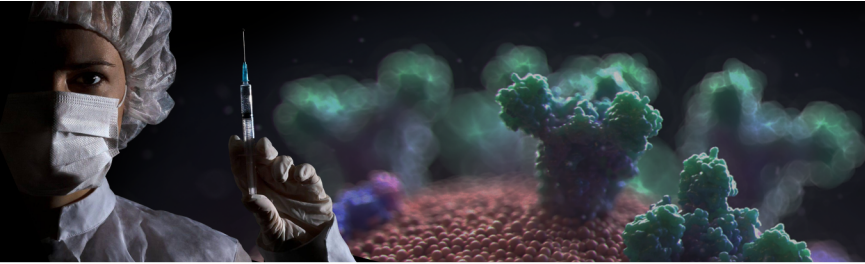
The FDA and the manufacturers excluded pregnant women or even women who could not guarantee contraception. They were excluded from the randomized trials. So the FDA agrees and even the CDC agrees in executing the program in the United States. You know, the consent form says... The consent form in my hospital, I've read it. There's a whole section. It says, "Check here. I am not pregnant and I should not get pregnant for some time after the vaccination."

So women actually have to give assurances that they're not pregnant. So I put a lot of this on the woman. If a woman is pregnant and the consent form says, "You should not be pregnant," the woman should actually set down the consent form and walk out of the vaccine center. Women should not be signing up for this. Now, a lot of women who are pregnant won't even drink half a glass of wine. How in the world would they just walk into a vaccine center and take a shot of experimental gene transfer technology with messenger RNA, or adenoviral DNA.

Now, the good news with vaccines is there may be a better, safer vaccine on the way. The Novavax vaccine top-line results and initial paper were just published. It looks every bit as good as Pfizer and Moderna, except for much safer. It's a limited amount of antigenic spike protein, like a tetanus booster, and no genetic manipulation of cells.



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So Novavax looks quite good as we sit here today. So to finish and conclude, the COVID-19 pandemic is a global disaster. Its pathophysiology is complex, despite contagion control. There've been two poor outcomes: hospitalization and death. It took clinical leadership to identify hospitalization and death as bad outcomes and stay laser-focused on treating outpatients in order to handle the problem.

And that's what myself and other key leaders that I've mentioned during this talk did. We did not have a single government body, not a single government expert, not a single academic institution take a leadership role in handling the pandemic. It was all done by hero doctors, many of which you've learned through your course of presentations on this program.

The prehospital phase is the time for therapeutic opportunity. Hospitalization and late treatment are simply too late. It's an unacceptably high mortality rate. Early immunotherapy with a sequenced multi-drug approach supported by the best available evidence has a positive benefit to risk relationship, reduces hospitalization and death, and allows us to close out the pandemic.



The COVID-19 genetic vaccines have an unfavorable safety profile and cannot be generally supported in clinical practice at this time. And there's more bad news, in that we now have variants, the Delta variant, the Lambda, and Epsilon. They are widely escaping the effects of the vaccine.

The vaccines have now been basically rendered ineffective in handling the pandemic. I think it'd be reasonable at this point in time to go ahead and close down the vaccine program.

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## DR. CHRISTIANE NORTHRUP



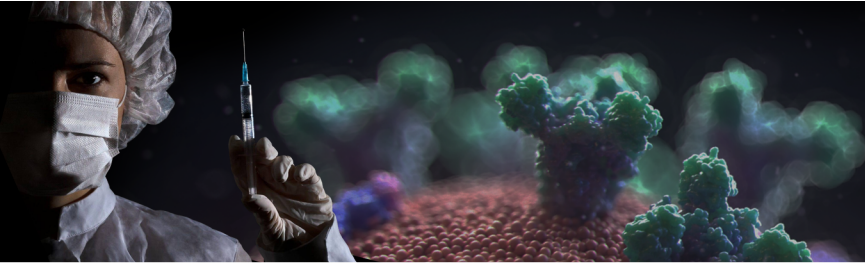
*About Dr. Christiane Northrup: I am by trade a Board Certified OB/GYN. I wrote three books on women's health that have been New York Times bestsellers. Women's Bodies, Women's Wisdom, The Wisdom of Menopause, Goddesses Never Age, though the one that is most relevant to where we are right now is Dodging Energy Vampires. I delivered babies and was an assistant clinical professor of OB/GYN at the University of Vermont College of Medicine for about 25 years.*

*I did eight highly successful public television specials. I was on the Oprah Winfrey Show 10 times. And then in 2013, I was named one of Reader's Digest's most trusted people in America, Tom Hanks was number one. So, just your audience probably knows what that means. I also was named this year Watkins 100 most spiritually something teachers, most inspirational living, spiritual teachers.*



*I made the list, which was interesting given the fact that also in 2020, for the first time in my illustrious career, I was called a racist, a white supremacist a QAnon conspirator. And I'm now one of the Center for Countering Digital Hate, I'm one of 12 people targeted as being the source of 70% of the misinformation about vaccines on the internet.*

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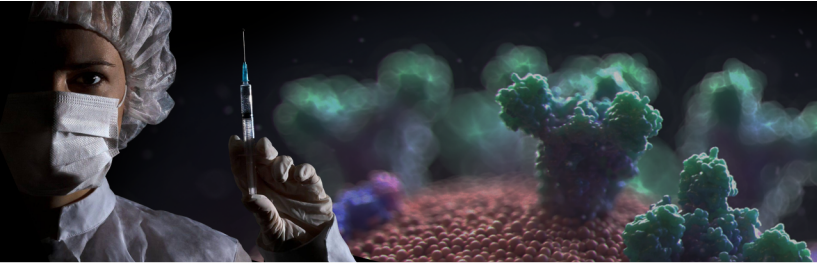


**Jonathan Otto:** I think that with this discussion around mRNA and the issue with the spike proteins embedding themselves in all organs across the body, and this is coming out from multiple sources right now, mainstream, credible for the general public to say, “Hey, look, well, should I be concerned about this?” Any word on what’s coming out about the spike protein and how it’s affecting the body and what it’s actually doing to people?

**Dr. Christiane Northrup:** Well, the spike protein appears to be the problem. There are 50 billion spike proteins in each shot. It looks like the very thing that caused COVID, the disease, was the spike protein. And now that spike protein, when it’s injected into the body in the form of a shot, it cross-reacts with 28 different human tissues, one of which is the ovaries. And a placental tissue called syncytin so the miscarriage rate is up 700%.



My group at MAMM (Millions Against Medical Mandates) has put together a survey called [mycyclestory.com](http://mycyclestory.com) because we’re seeing so many women who are having miscarriages, losing pregnancies, little girls bleeding; vaginal bleeding in a 16-month old who’s just spent a weekend with her recently vaccinated grandparents. That’s the spike protein we think transmitting itself from the skin, from the urine, from the sweat, from the breath. We don’t know. So, we’re trying to collect data on that.



## JILL MCLAUGHLIN GRUNEWALD



*About Jill McLaughlin Grunewald: My name is Jill McLaughlin Grunewald, I am a certified holistic health coach and the recent founder of Coaches for Health Freedom. How can I be inspired and encouraged to speak out about health freedom instead of sitting on the sidelines and letting other people be the spokespeople for this movement?*

*And I know that it's scary. It can be very terrifying to think about speaking out in that way, because there's so much censorship, there's so much gaslighting, the media has really kind of co-opted our message. But I felt that I didn't have a choice in speaking out about mandated medicine, being against mandated medicine, a one size fits all model, and I was prepared to lose at all.*

*I mean, I've been a health coach for 16 years now, and I'm fortunate to say that I do have a thriving, successful practice, but I had to speak out against mandated medicine and I was prepared to lose it all. I was prepared to lose my practice and I just thought I had other skills. I can go do other things.*



*And the opposite happened. So I did speak out in early 2020. So in my health coaching practice, I've been primarily focused on autoimmune conditions and hormone imbalances for women.*



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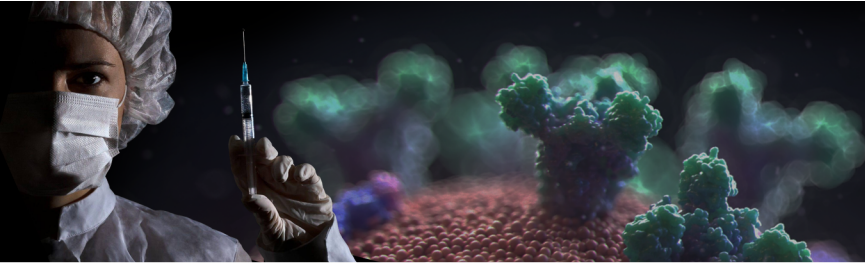
**Jill McLaughlin Grunewald:** So I went to a conference in Wisconsin about six weeks ago where I got to hear Dr. Judy Mikovits talk about spike proteins. I've really been a little obsessed with spike proteins these last few weeks and understanding how they work. And it's a grave concern. We don't really know what's going to happen this fall. But my understanding is people who've had the shot, who now have these spike proteins are actually more susceptible to getting very ill and we'll see how this all plays out.



So the shot is actually the new variant, which is deeply troubling. And we are being told by the media that there's a new variant coming. But what they're not saying is that it's from having had the shot. So it's deeply troubling.



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I know people who've gotten very sick from being around people who've had the shot. I don't know anyone who's died. I mean, I have friends who know people who've died and I have colleagues who know people who've died. I know people in my personal sphere who have gotten sick and had some pretty pronounced reproductive symptomatology associated with being around someone who's had the shot. Even when they themselves have not had the shot.



I know people who have been bleeding non-stop, women in their cycling years, who've been bleeding nonstop. I know women who have passed an incredible amount of clots after having been around someone. Sometimes we don't know that we've been around someone who's been injected, and oftentimes these women are finding out later. There was a point in time, a few weeks ago where all this exploded, of course not in the mainstream media, but in the groups that I follow online and my friends were sharing information.

There was this explosion of information about all these reproductive issues that were happening. Not only with women who'd had the shot, but also women who had been around people who had the shot.

## DR. JUDY MIKOVITS



*About Dr. Judy Mikovits: I have a PhD in biochemistry and molecular biology that I defended in November of 1991. The topic of my PhD is HIV latency in monocytes. So the idea that retroviruses dormant in certain cells of the immune system don't cause disease, that it's an express retrovirus that causes disease.*

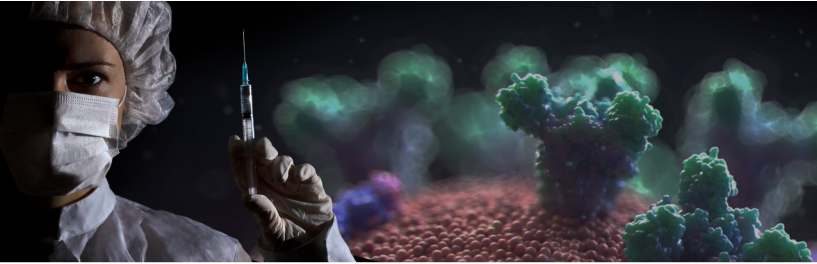
*So that PhD thesis was awarded by George Washington University in Washington, DC. I had worked at the National Cancer Institute since 1980, and during the time I worked on my degree and then worked after my degree at the National Cancer Institute until 1999 when I led the lab of antiviral drug mechanisms. So my job was to make immunotherapies for AIDS-associated malignancies or cancers.*

**Jonathan Otto:** What do you believe is happening with the spike protein and how it is creating damage to the body?

**Dr. Judy Mikovits:** Well, I think it's important to know, with respect to SARS-CoV-2 and COVID-19, that we've been fed a narrative similar to HIV and AIDS. We've been fed that SARS-CoV-2 causes COVID-19, just like we were lied to- that HIV causes AIDS. Because in order to be a causative agent, every person with evidence of the infection has to get the disease. And in the early eighties, that was true, because we were only looking at the people, the gays, the IV drug users, the prostitutes, we were only looking at those people that were sick, and then we found evidence of HIV in most of them.



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But when other populations got sick with similar immune dysfunction, remember AIDS means “acquired immune deficiency” and in the beginning AIDS was called “gay-related immune deficiency”, which of course a virus doesn’t know if you’re a gay man, an IV drug user, a prostitute, a Democrat or Republican, this is the problem. So now here in COVID-19, we’ve been told SARS-CoV-2, the Coronavirus SARS-CoV-2, which has never been isolated from a human with the disease called COVID-19, but we’ve been...



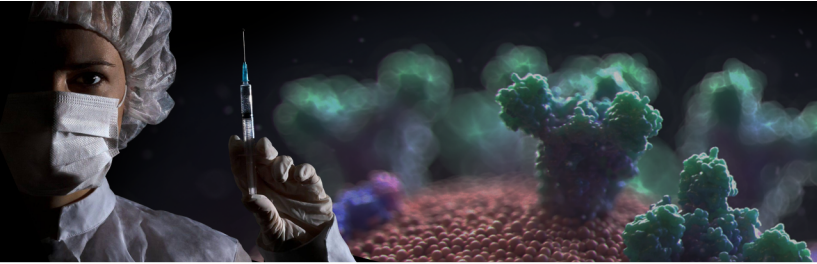
The press and everybody else, the scientific, the medical literature, has used the term COVID-19 synonymous with that viral infection, and SARS-CoV-2 is a monkey virus. It’s been grown in the monkey cell line in the Wuhan lab and in Fort Detrick, the monkey cell line known as Vero E6.



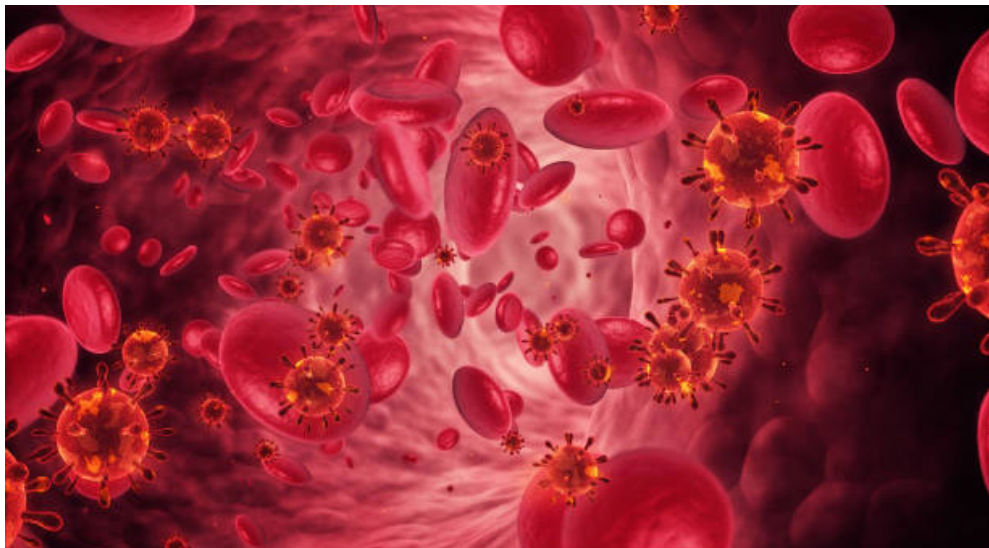
So what’s been done is for people who are sick, number one, the only test that was done is this polymerase chain reaction test, where you amplify a small fragment of Coronavirus, and not necessarily SARS-CoV-2. And there are seven circulating human Coronaviruses, There are animal Coronaviruses in every flu shot, there are animal Coronaviruses, the monkey ones in the Vero monkey cell line called Vero E6, which is where the virus has been grown.

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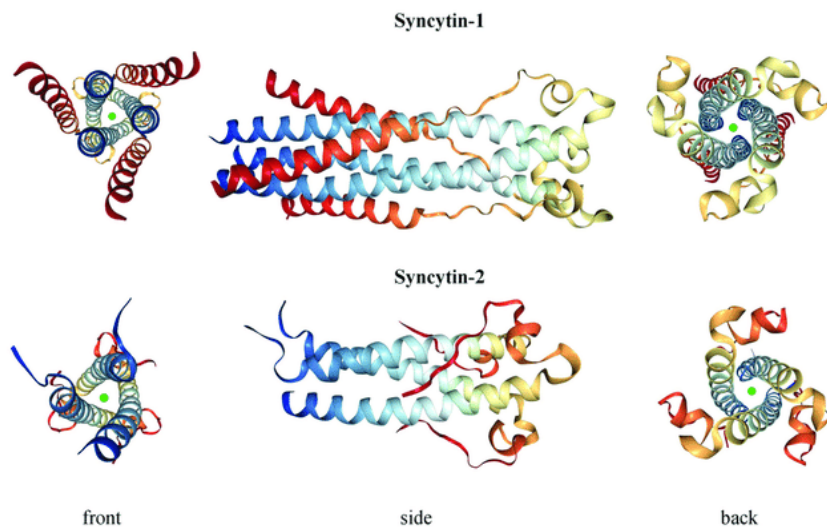
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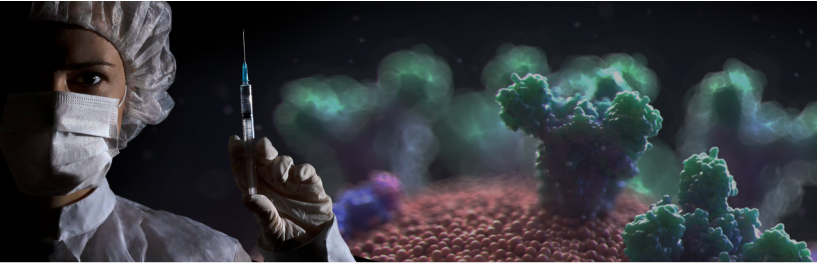
So COVID-19 really had nothing to do with an infectious transmissible virus that was transmitted from human to human. It's not a human virus, it's a monkey virus. So what is the spike protein? Well, the spike protein and they call it the spike now in Coronaviruses, but in retroviruses, it's called the envelope, so it's the part of the virus that is sitting upside the cell, they'd use a mushroom to show you the HIV spike protein. So we knew from the sequences that the spike protein had sequences of HIV GP120 and the transmembrane GP41 protein.



It also has the sequences that encode a retrovirus envelope, a gammaretrovirus envelope, that expresses a protein called syncytin, or syncytin some say. Well, syncytin and syncytin, the words syncytia means fusing of cells by viral envelopes, and so they fuse cells together. and our God-given syncytin gene is expressed during certain phases of the menstrual cycle, and it's that protein, syncytin, that is responsible for the embryo implanting into the uterus.



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And so when it turns off, it's like Velcro, and the baby's born. And so every mammal has a syncytin gene, so in that spike protein now you've got HIV envelope, you've got syncytin, and you've got the SARS ACE2 receptor binding domain. So you've got the disease-causing parts, the envelope alone, and we've known this since 1980, we've known this since the day I stepped into research in 1980 at National Cancer Institute, that the spike proteins, or the envelope protein alone of these viruses, cause the disease.

So what have we done in the vaccine but taken the toxin, the part of the virus of three different viruses, HIV, XMRV, the Xenotropic murine leukemia, that's contagious cancer-causing viruses that contaminated many of the vaccines that we isolated from people with autism and myalgic encephalomyelitis, or chronic fatigue syndrome, and then SARS- severe acute respiratory syndrome.



So you've taken three of the most deadly viruses, and all man-made or man accelerated, man-evolved, and then you've packaged them, if you will, in a synthetic envelope. So normally it's the virus buds and packages themselves, surround themselves with a lipid nanoparticle fat, your cell membranes are made of fat to protect nucleic acids, so now you've packaged it that way, and you've made a synthetic virus that infects all cells of the body.

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So the vaccine is not a vaccine at all, it's gene therapy, no matter which kind it is, it's a gene therapy that infects, is transfected across the membrane, because you don't have to infect it, have an infectious transmissible virus, if you've injected it, and that's exactly what they did, they injected. So this so-called vaccine actually turns every one of your cells, potentially, into a manufacturing plant of three of the most deadly viruses of my entire 40-year career.



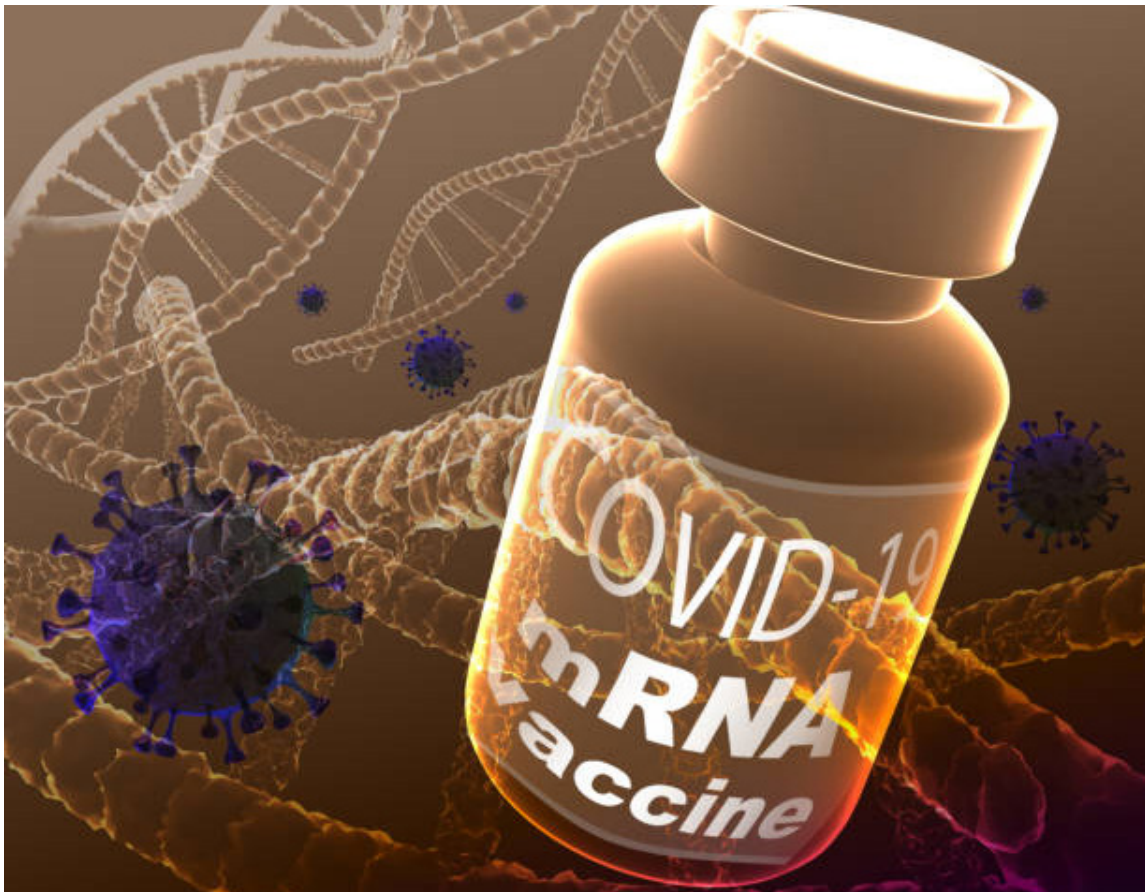
So in the actual COVID vaccine, what do you think people should be aware of in the actual ingredients that could possibly cause harm?



Well, certainly the polyethylene glycol. So normally those lipid bi-layers, in our cells we will produce what we call exosomes, that is we will package RNA, messenger RNA, that is regulatory for the gene expression in other cells. So our immune cells communicate with each other by what are called exosomes that protect and package the RNA, the message that has to be translated in the cell into the functions of the cells.

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So now you've made, and I know we heard in the beginning, and you know that we used to have to freeze these vaccines at minus 70. Why? Because RNA in the blood is a danger signal, and your immune system will break it down really quickly, as well as these lipid bi-layers, they break apart very quickly, they're very labile, if you will. Then, you've got polyethylene glycol, which is a major ingredient of antifreeze, and 70% of America, of the world really, will have an allergic reaction to polyethylene glycol because it's in a lot of products, it's in a lot of makeup products and other things where they're stabilized, they're made more stable so that you don't have to freeze them because they're not going to break apart at your body's temperature of 98.6.

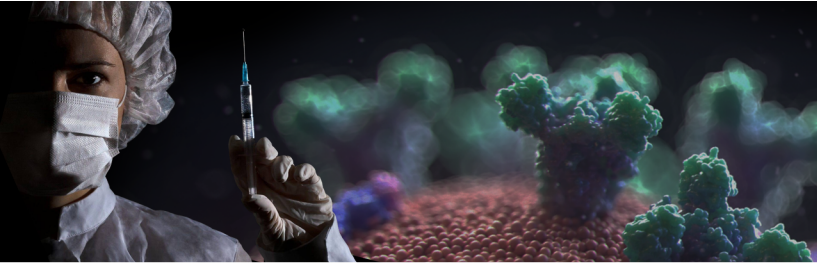


So that's perhaps the deadliest thing because that stabilizes that particle, if you will, that synthetic virus so that it can't be broken down the way your body naturally would.

And then the second thing is just to express, to have the regulatory RNA the message of these three synthetic animal viruses that can be expressed in your cells, and they will change the regulation, the expression of your genes. We know from, I mean, back 20 years ago in my career, we knew the expression of syncytin alone in the brain, and not in the ovaries, but in the brain was associated with the cytokine storm, with causing the flame, the inflammation, that resulted in multiple sclerosis, where you would literally degrade the myelin sheath protecting the nerves in the spinal cord.



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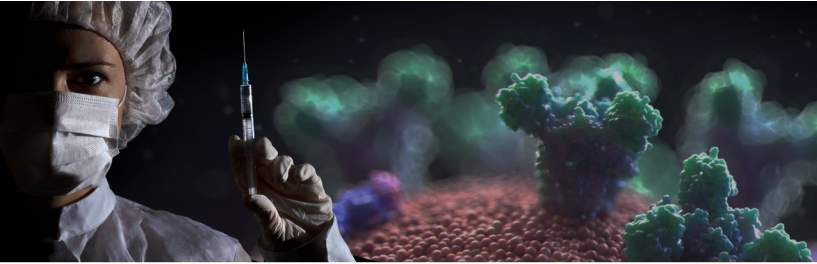


Myalgic encephalomyelitis is inflammation of the brain and the muscles, and that was why it was associated with the infection with those mouse retroviruses called XMRVs, because that's another syncytin, it's another gammaretrovirus envelope that is overlapping, and your body will make an autoimmune, so it will look like self to your body, and your body will begin attacking itself, and that flame can't turn off. And that's what the disease actually is, not the infection or the presence, but the inflammation resulting from the unregulated part.



So if it would normally break down, normally you wouldn't see syncytin expressed in those cells. So everything that's in, and in the Johnson & Johnson and AstraZeneca, they use an animal viral vector from a virus called adenovirus, and this is gene therapy, we use adenovirus vectors in gene therapy to express certain genes in proteins so they make proteins in those who have genetic errors, inborn errors, that cause disease.

But the gene therapy actually doesn't work because, in order to have it work all the time it has to integrate and become a part of the cell, and so these gene therapies, that's why they're so dangerous because they're experimental and we know any of those ingredients injected and expressed at the wrong place and the wrong time can cause disease.



## DR. LEE MERRITT



*About Dr. Lee Merritt: I graduated from the University of Rochester in New York in 1980. I went off to the Navy to do an internship and residency, and spent time as a surgeon in the Navy for 10 years. And after I got out, I did a spine fellowship, but I also served on the NRAC, which it's a subcommittee of the Congress that looks at defense technology for the Navy. And by law, they have to have a doctor on it, and I just happened to be living in Washington D.C. when that position came open.*

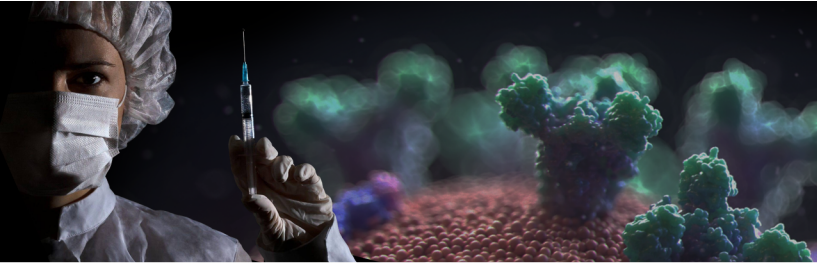
*And so, I spent four years sitting next to rocket scientists and really thinking about defense stuff. And there wasn't a lot for the doctor to do, but I did think about bioweapons. So on my own, I mean, I'm not a bioweapons researcher, but on my own, I started researching what we knew and what we should really be concerned about. And I've been chief of staff of a 250-bed hospital.*

**Dr. Lee Merritt:** There is a correlation with AIDS in a couple of ways. First of all, if you look at the people involved in this from Tony Fauci on down, they were all HIV people. Frank Plummer in Winnipeg Lab. One of the first people involved in this brought a specimen back from Jeddah, Saudi Arabia, that was probably MERS, the Middle Eastern Respiratory Syndrome coronavirus that was a zoonosis maybe out of camels.



They claimed that camels were the intermediate host. He was an HIV researcher. So it seems like that's one of the things is that this is a little family of these guys that all researched or got involved in HIV. But the second point I would say is that the IBM geneticist that first looked at some of this stuff, the spike protein, which is probably the pathogen, I questioned whether there was ever a viral outbreak, by the way. I really think that's not what happened.

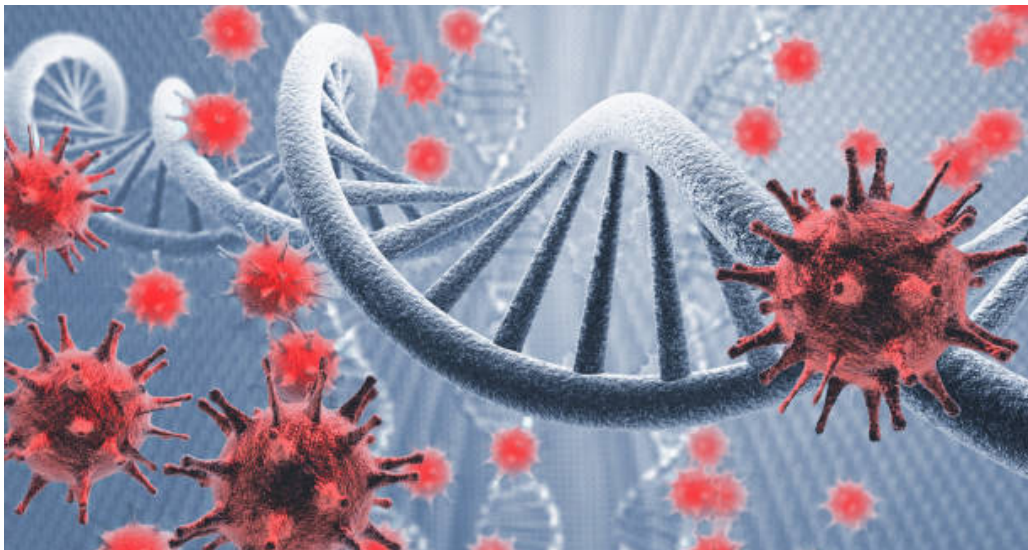
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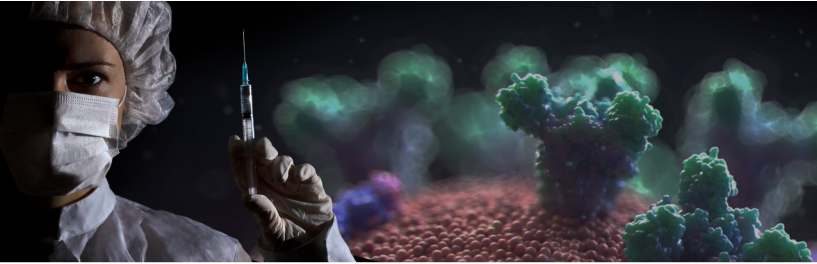
I think when you look at this, this was a spike protein pathogen that was somehow distributed in three cities, but I can go into that later. This was a different issue. This was actually a bioweapon that was spread and they piggybacked on the flu season, making that part of the numbers to create a psychological operation, to convince us there was this big outbreak.



The reason HIV plays a role there is that the spike protein uses a part of HIV to hook into us. The pathogen here is a genetically modified spike protein. Now I know we shouldn't be even arguing that this came out of a lab. It definitely came out of a lab. There are four cardinal signs we look at to see if something comes from a lab, or if it evolved. If it evolved, we should see evidence of it in banked blood that shows that there were antibodies to this virus before the epidemic.



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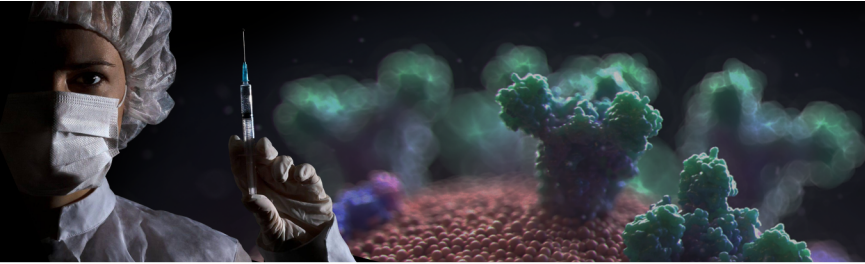


We don't see that. We have no intermediate host. They've never been able to reinfect the bats with this spike protein. Well, that doesn't happen. If something evolves from bats into humans, it'll still go back into bats, it just also goes into humans. It doesn't suddenly become so different that it cannot go back into its natural host. It just doesn't happen that way. So for a variety of reasons, there's just no chance this evolved from nature.

It was genetically modified and it takes very few gene sequences to do this, to create this little part called the furin cleavage site on the spike protein to cause this to be able to latch into humans. So that was what was done. So that's the two things about HIV, but this is a weaponized pathogen. Now, there's probably more to it. Well, we're also hearing that this thing now can get into your immune system and change it, that's a scary prospect.



Think about what you're doing when you do the vaccination. The vaccination is actually giving you the spike protein. The vaccination is not like any other classic vaccination we've had in the past. It's not really a vaccination, it's gene therapy. And what it does, it causes you to have the genetic makeup, the RNA or DNA that then turns you into a little factory to produce spike protein all over your body. The spike protein is the bad actor.



## DR. LAWRENCE PALEVSKY

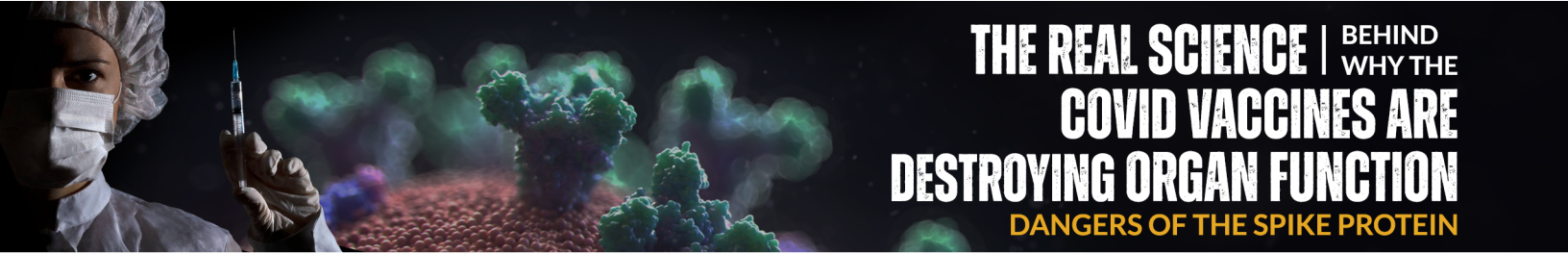


*About Dr. Lawrence Palevsky: My name is Dr. Lawrence Palevsky. I am a pediatrician trained in medical school at NYU School of Medicine. Graduated in 1987, finished a three-year pediatric residency at the Mount Sinai Hospital in New York in 1990. And did a one-year fellowship in the outpatient department at Bellevue Hospital as part of NYU School of Medicine, and that ended in 1991.*

*The next nine years of my medical career were an experience in pediatric emergency rooms, pediatric intensive care units, neonatal intensive care units, high-risk deliveries, in-patient pediatric ward, emergency room again, and outpatient clinic, where I also taught medical students and residents. And for the last 20-plus years, I have had a practice in holistic integrative pediatric medicine, where I do well-baby checkups and see families for consultations for their children with chronic health issues.*

**Dr. Lawrence Palevsky:** So the COVID injection, as they said because we listened to what they say, is safe and effective. And the majority of the mainstream media continue to push that narrative that the COVID injection is safe and that it's been effectively studied, and appropriately studied with no effort... It was appropriately studied and every effort was made to make sure it was safe.





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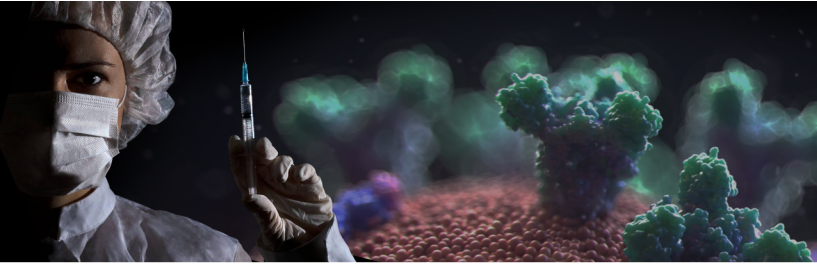
Okay, so here's the lowdown on what's safe about the COVID injection. At least the ones that contain the mRNA. Number one, mRNA technology has never been successfully used as a vaccine to prevent any infectious disease in the history of man. And I'll say that again. The mRNA technology has never been successfully used to demonstrate its ability to reduce the incidence of infectious diseases in humans ever.



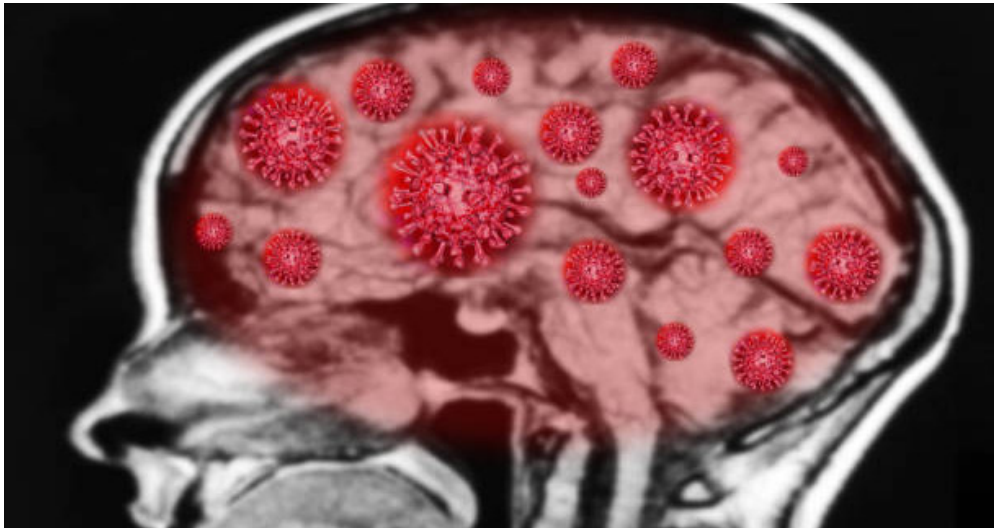
So, whether or not this material is safe is completely unknown. Whether or not it's effective is completely unknown because it has never been utilized. So we have no history to understand its utilization in vaccines at any time in human history.

Number two. No studies have ever been done to demonstrate what happens to the genetic material that makes up this messenger RNA that's meant to get the body to produce a spike protein. We don't know what happens to that messenger RNA once it's injected into the body. We will hear experts very proudly state, "The messenger RNA doesn't last, doesn't continue to force the body to make spike protein." But if you ask them where the study has been done to demonstrate this messenger RNA that's injected from this injection, you will not find any. And so, any statement that this messenger RNA is turned off and will not continue to force the body to manufacture spike protein is false. So we don't know whether the body will continue to manufacture messenger RNA, and, therefore, the spike protein.

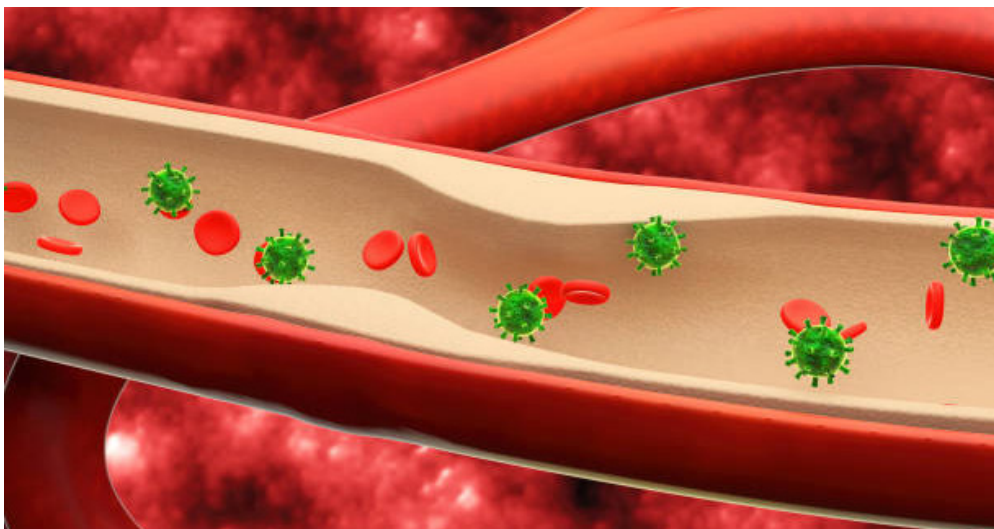
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Now, the spike protein in the COVID-19 illness has been shown to be the very piece of material that causes the symptoms of COVID-19. It causes brain damage. The neurological issues. Crosses the blood-brain barrier. Causes blood clotting issues. It causes heart attacks, lung disease, causes liver damage, kidney damage, spleen damage, and it also affects the male and female reproductive systems.

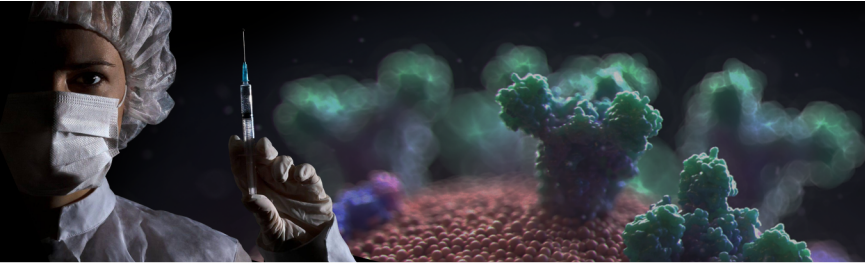


So, why in the world would you allow an injection to be put into your body that asks your body to make spike protein? The very thing that's known to cause the illness of COVID-19. To cause the damage that it does in COVID-19 and potentially increase your possibility to have a long-hauler syndrome, meaning you have symptoms of COVID-19 for much longer than just the acute phase of maybe two to three weeks.



Why would you let yourself be injected with something like that when the scientists and the experts don't have an answer as to whether or not your body ever stops producing spike protein?

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Number three, the ingredients that are in the injection have never been used before in any vaccine that we know of in the history of vaccinations. So, we have no safety profile of what happens to any of these ingredients once they're injected into the body. Nor do we have any understanding of what the ingredients combined with each other will do once they're injected into the body.

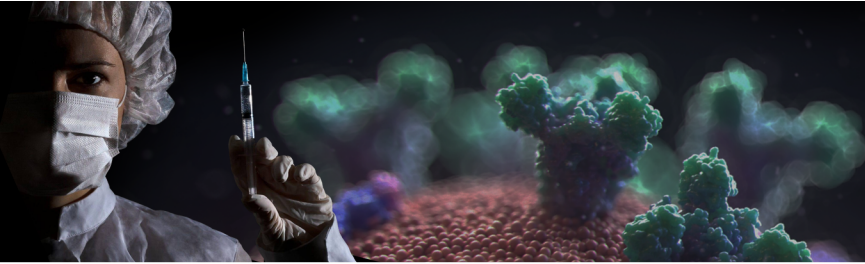
There are lipid nanoparticles that are in this injection, that if you open up PubMed and just simply look up what happens to the body when lipid nanoparticles are injected into the body, you will see very clearly that the scientific literature shows brain damage, lung damage, heart damage, blood damage, liver damage, kidney damage, male and female reproductive damage, even to the point of cancer and infertility.



So, if you're interested in just listening to what the experts say when they say it's safe, then you will get this injection, and you will be okay with this injection. But if you're willing to think beyond what they say and do your own research, you will see very quickly and very easily that the scientific papers demonstrate that you will continue to produce spike protein, and you run the risk of developing permanent damage to your body, including infertility and cancer. So what we're seeing in people who have been getting the shot, at least as of June 2021, is over 6,000 reported deaths to the Vaccine Adverse Event Reporting System or VAERS.



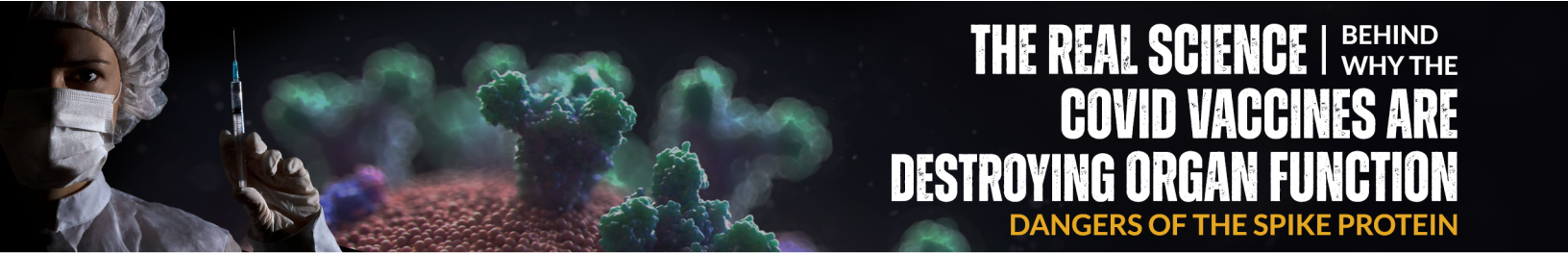
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And every study has been shown that the reports to VAERS are probably less than 1% or at least less than 10% of the true reported cases that ever get reported to VAERS. And so, if we have 6,000 cases of people dying reported to VAERS in the middle of June 2021, that may be 60,000 or potentially 600,000. We have over 230,000 reported adverse events associated with the COVID-19 injections. And if we're looking at less than 1% to less than 10%, that may be 2.3 million or perhaps 23 million. And we have no long-term understanding of what these injections are going to do.

But we do know that there are corporations in the United States as of June 2021 that is noting which employees in their companies got the COVID injection, and then going forth with a succession plan where they're looking at the number of people in their companies that they're going to need to hire within the next three years because ultimately they understand that there's a very good chance that the people who got the COVID injection may not be alive in three years.





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And so, we are seeing over a 400% increase in the number of cases of miscarriages in women. And the thing is, is that we have to be careful because miscarriage is only defined by the loss of the baby in the first trimester. But multiple, multiple, multiple women are reporting true demise, true death of their babies in the second and even third trimesters. That's not a miscarriage. That's murder because those babies are not dying for no reason and those babies are coming out in response to the mothers either being injected with the shot or exposed to others who have gotten the shot.



And so you will hear the authorities say very clearly, "There's no shedding coming out of the COVID 19 injection." And again, pick up the rock and look to see if they are substantiating that with any scientific study that measures whether materials from the injection could go out of the saliva, the stool, the airway, or the skin of those who've gotten the injection. And you will see there are no studies of them looking for the answers to that.

But what we're hearing from hundreds of thousands of people in sickness, illness, symptoms, bleeding, clotting, miscarriages, fevers, fatigue, neurological problems, heart attacks of people who have been exposed to those who've gotten the shot who didn't get the shot, who are coming down with very strange and very interesting symptoms. All of which the medical community is denying. The scientific community is sweeping under the rug and saying that none of this is even happening in the public.

## ROBERT SCOTT BELL



*About Robert Scott Bell: Hi, my name is Robert Scott Bell - host of the Robert Scott Bell radio show. Been a homeopath for almost 30 years now, getting old, but feeling good. I got into natural medicine because I was raised on pharmaceutical medicine. I was raised pharmaceutically and I was sick because of all the drugs, and pills, and surgery, and shots that they threw at me.*

*And by the time I was 19 years of age, I realized that if I was to become a doctor like the doctors that gave me all those things, I would be miserable, even though I always wanted to grow up to be a healer. But the only model I had for it was medical doctors. My uncle, the medical doctor, my uncle Bob dearly departed, had said to me when I was a teenager, "You do not want to be a medical doctor."*

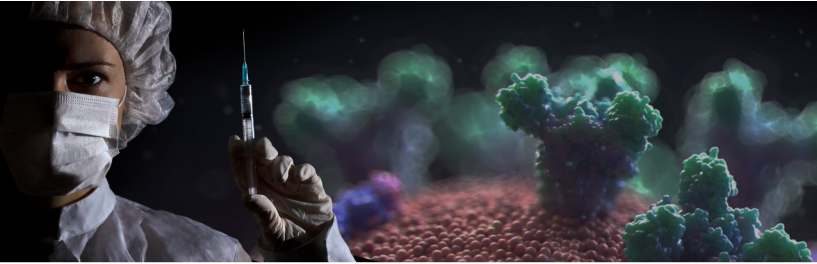
*And I said, "Uncle Bob, what do you mean? You're a medical doctor, what do you mean by that?" And he tried to explain why, and I didn't know it until some years later. And he was right and it was five years after giving up on modern medicine for my own health that I was sent to a teacher, a homeopathic doctor that I would learn from for over 10 years of study. And that was the answer to my prayers, but it came by way of learning about spiritual principles, getting grounded and understanding how health and healing really happens and it comes from Spirit, from God. So that was what I needed to know before I was ready to learn what I was to learn*

**Jonathan Otto:** So, the big topics are COVID-19 and vaccinations. When it comes to the vaccination for this COVID-19 situation that we're having, what are your biggest concerns around the COVID vaccine?

**Robert Scott Bell:** Well, the first thing I tell folks about the COVID vaccine is that it's not a COVID vaccine. That's absolute gobbly goop nonsense, non-science, it's absurd. They've created something, particularly with the mRNA technology, to reprogram DNA to manifest proteins.



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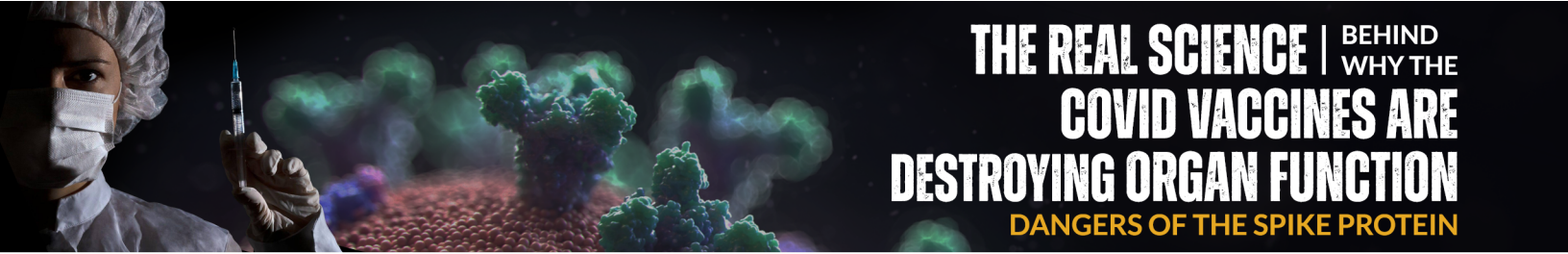
They call it “spike proteins” in this case, with the hope that you’ll have an antibody to the spike protein, but these spike proteins being only a fraction of what they claim the whole thing is, are not even unique to it. And what we’re seeing is the response by everybody’s body, who’s exposed, a little bit differently.

‘But the biggest overt concern that I see is for fertility, both men and women, but particularly it’s more obvious in women at this point. The ability to procreate and have children if you want kids or grandkids one day, we’ve got to stay far, far away from this technology.



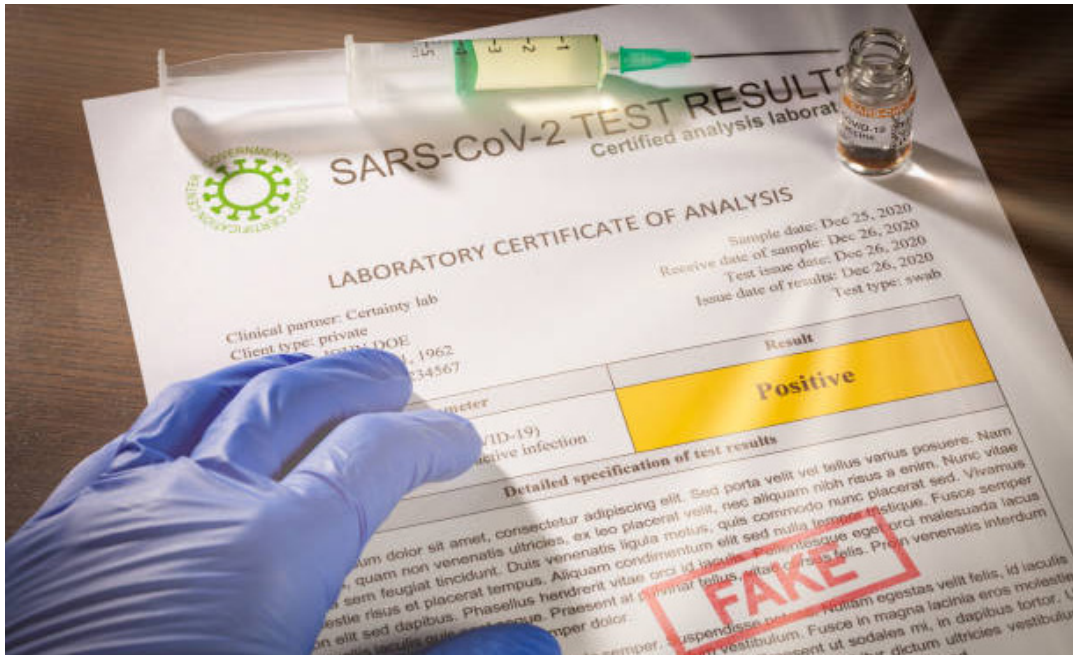
I know it’s been studied for a lot longer than people have heard of it in the last couple of years, but the studies that have been done on it have been devastating in the animal kingdom. That’s why they didn’t do animal trials before they brought this out under emergency use authorization. So the whole basis for claiming that COVID-19, SARS-CoV-2 was something we needed a vaccine for, it’s an absolute ruse.





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There is no evidence that there is an actual virus that is infected, one virus that infected everybody around the world to create this scenario. And it's a cover story as I've said for many years. The virus is a cover story for some other nefarious scheme. And in this case, the scheme is to have people accept mRNA injections, experimental injections to alter DNA expression.



So this is something that is unprecedented although, I say it's been 150 plus years in the making because we were programmed to fear germs - invisible stuff. Used to be bacteria and fungi that you can actually see under a microscope.

Now it's invisible things that you can only see via electron microscope and is it really that? Or through polymerase chain reaction test PCR, RT-PCR which the founder developer, Kary Mullis got the Nobel Prize for this manufacturing technology had said, "This is not an appropriate technology to identify an acute or chronic infectious agent. It should not be used to tell you whether you have something or you're sick."

So the sickness is our obsession with, let's say, untested, unproven, unscientific, let's say reliance on tests that have no standard whatsoever that are only here because people think it's a state of emergency and that emergency-use authorization puts it out on the market not because it's standardized, not because anybody knows what it really means, but because we're all in a panic and we just go, "Hey, help us. You guys know something we don't."

They don't know something you don't. You know if you listen to the voice of spirit that they're lying to you, they're lying to all of us. So it's our time to stay away, recognize, wake up and see it for what it is.

## THE BOTTOM LINE?

The covid vaccine clearly causes concern amongst doctors and other experts in the medical field, including researchers. It has been shown to have devastating effects on the human body. From blood clotting to organ damage to serious gynecological symptoms.

These have all been attributed to the spike protein, which was designed with mRNA technology to mimic the form of the coronavirus so that the body would recognize it as a foreign substance and form immunity against it.

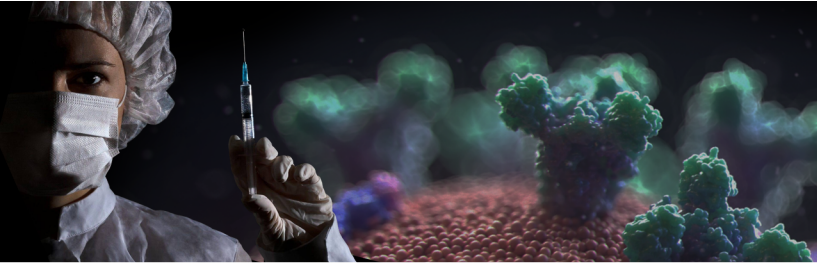


What we're finding, however, is that it is embedding in our tissues, bloodstream, and organs where it is causing damage. In conclusion, the covid vaccine has been proven by researchers to be unsafe and, as many of the doctors interviewed in our eBook have stated, the damage caused by the vaccine is simply not worth the risk.

If you would like to know more about vaccines for COVID and for other diseases, such as:

- What is in vaccines
- How do vaccines work
- Short- and long-term side effects and injuries from vaccines
- Disease prevention and treatment without vaccines
- The Nuremberg Code, informed consent, and crimes against humanity
- What to do if you have already received the injection
- And much more...

Click to register now for our upcoming documentary series [Vaccine Secrets: Covid Crisis](#)



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## SOURCES

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## 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, and Autoimmune Answers*** — 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.