Should you take this Vaccine?

At the time of writing this there is a growing sense of disquiet emerging on the internet, because of the bad health experienced by people who have taken the new emergency vaccines rolled out against the Covid-19 disease. You can read some of it here: https://www.reddit.com/r/CovidVaccinated/ and maybe it is not all that surprising when you consider the rushed nature of its development and approval process:

Only approved as emergency vaccines with limited testing

Normally its a very long term and expensive process to get approval for any drug or medical intervention, especially a vaccine, approval granted only after successfully completing the following stages over many years:

> "Pre-clinical Testing: Scientists test a new vaccine on cells and then give it to animals such as mice or monkeys to see if it produces an immune response.
>
> Phase1 Safety Trials: Scientists give the vaccine to a small number of people to test safety and dosage, as well as to confirm that it stimulates the immune system.
>
> Phase 2 extended trials: Scientists give the vaccine to hundreds of people split into groups, such as children and the elderly, to see if the vaccine acts differently in them. These trials further test the vaccine's safety.
>
> Phase 3 efficacy trials: Scientists give the vaccine to thousands of people and wait to see how many become infected, compared with volunteers who received a placebo. These trials can determine if the vaccine protects against the coronavirus, measuring what's known as the efficacy rate. Phase 3 trials are also large enough to reveal evidence of relatively rare side effects." [1]

The takeaway point is that this is a well thought through sequence. Obviously for example you wouldn't use a vaccine on humans until it had been passed fit for animals, i.e. the pre-clinical testing precedes phase 1, etc. Actually for these mRNA vaccines they have pretty much run all phases simultaneously, so for example with respect to the animal studies "several vaccine candidates have entered clinical trials before showing efficacy in animal models." [2]

Furthermore the length of time they observe the animals and humans for, after receiving the vaccine in normal vaccine development, is usually quite long. The duration is important because you need to see what long term effects there could be from the vaccine, you obviously cannot tell that in just a few weeks, similarly you could not realistically judge what happens to the baby in a pregnant mother, etc. This is a key part of why the vaccine development is "often lasting 10-15 years".[3] Clearly this duration has been drastically curtailed in this case, and incidentally neither Moderna nor BioNTech, which developed the Pfizer vaccine and which previously worked on cancer treatments using mRNA, have ever got a drug never mind a vaccine approved before this. Also the numbers involved are not all that impressive, the much touted efficiency of the Pfizer vaccine was calculated on the basis of 8 people who contracted Covid in the vaccinated group as opposed to 162 in the control group.[4]

Finally it must be said that all these Covid-19 vaccines that are now being administered all over the world, are only doing so as emergency approvals. You are not dealing with finished

studies with completed scientific data which went through peer reviewed and public journals etc etc. You are talking about vaccines approved after limited information was released by the companies involved in press releases to a fanfare of positive publicity, which, combined with not publicly released information they received from the companies, impressed the regulatory authorities enough to approve them for "emergency use" only.

But what limited testing that was done, has not been reported or understood properly. For example it turned up:

> "...some inevitable surprises. One such has already appeared in the form of facial paralysis known as Bell's palsy. It seems in the Pfizer and Moderna trials there were a combined seven cases in the vaccine group and only one in the placebo group." [5]

And again the famous German virologist Doctor Sucharit Bhakdi, the Emeritus Head of the Institute for Medical Microbiology and Hygiene at the Johannes-Gutenberg-Universität in Mainz, has examined the literature on this testing and contrasts the facts it threw up with the way it has been reported:

> "If you go through the literature and examine what reactions the vaccine that have been sold caused, you'll find a study from early August. They were in phase 2, and a relatively small number of English volunteers were vaccinated.
>
> In 20% to 25% of the cases, the side effects were so extreme that people had enormous swelling, fever, chills, headache, aching limbs, muscle aches, and were so sick that they could not stand it.
>
> So this is obviously a sign of how they are trying to manipulate us through the media. In that article from Tuesday, with the headline: 'There should be a free vaccination'. There was also an interview with a pharma lobbyist who said the exact opposite and denied it.
>
> She said all the previous vaccine tests had no serious side effects. I consider that reprehensible. Now I'm getting angry. That can't be possible. That's lying.
>
> You have to read this study. It's published in Lancet. OK? What the English did, in Oxford, because the side effects were so severe, from that point on, all the subsequent test subjects for the vaccine were given a high dose of paracetamol [acetaminophen].
>
> That's a fever-reducing painkiller. You know? An antipyretic painkiller. Paracetamol in high doses. And then… In response to the vaccination? —No. To prevent the reaction. That means they received the painkiller first and then the vaccination afterwards. Unbelievable.
>
> This way they could say that the vaccine was well-tolerated." [6]

But to address the question properly of whether or not you should take these mRNA vaccines, its necessary I think to explore a little of the history of genetics and specifically genetic engineering, which is what these vaccines for the first time involve.

Products of a Genetic Revolution

We live in exciting times and particularly, I would say notably in the late 1990s up to 2000,

we have lived through a genetic revolution. Especially since the researches of the Austrian monk Gregor Mendel in the 19th century, scientists have long been tracking ‘genes’ which travel through our ancestry and which seemed to be able to turn on or off various genetic traits in us as these passed through and got intermingled by the fusing of our fathers and mothers biology at birth. In truth that’s all they knew until quite recently, although they had rules about this inheritance from Mendel. However as you get into the 1950s and 60s they found the structure of the molecule that held this code, DNA, and then as you progress into the 80s and 90s they could read the code from virtually all living species and could track in exquisite detail the way that this code transferred this genetic DNA to other cellular structures that then created proteins which in turn made the genetic trait that the genes expressed.

I am sure everybody here knows all that but still its interesting to recapture a little bit of the excitement surrounding this science for the late 80s and 90s. In turn scientists moved to transfer, on this molecular level, these genes between species, generally using ‘vector’ viruses, like transferring the ability to create light from a firefly to get a similar reaction in a completely different species, etc etc. In short they could read and then manipulate the basic building blocks of life almost at will.

However with respect to humans, progress was much slower. While that was to be the end point of the whole research, and they could see the way the genes and proteins were working in cancer cells etc and were anxious to manipulate, hopefully in a way that improved health, the genes there too, caution was the watchword. Of course nobody knew the effect all that would have on new generations, and that was the basic reason for a regulatory delay in this human genetic manipulation.

Then when you get into the 2000s and 2010s this whole revolution gets bogged down somewhat. Firstly it becomes clearer to what extent the science was taken over by huge multinationals to create monopolies on these building blocks of life, particularly by Monsanto in its use in seeds, including in the third world. Secondly the regulatory process for medicines in general can be very slow and expensive, so small start ups that could have exploited the new insight from DNA, to give people more targeted drugs for example, never really took off, some would say were strangled at birth by this combination of the big regulatory agencies and their close relationship with big pharma.

But actually there was also scientific reasons for this hold up. The simple structure that had been built up (which was roughly:

DNA, whose coded structure of adenine (A), cytosine (C), guanine (G), and thymine (T) chemicals could now be read almost exactly

> leading, via messenger RNA and other structures, to proteins, data on whose important shapes and structures were also built up in giant university databases in places like Western Europe and America

> which proteins in turn made various physical traits and good or bad health etc)

was found to be deficient.

It didn’t really explain everything, or at least enough about human biology to be administered safely. Remember its not all the genes, or all the DNA in general, that expresses itself – by making proteins – all the time, they get turned on and off for mysterious reasons that nobody fully understands. In fact there is some talk that some types of RNA (RiboNucleic Acid, as opposed to DeoxyriboNucleic Acid), or specifically dynamic modifications to the RNA, could then in turn flow back and be influencing the DNA in some manner that we don’t fully understand. So nobody wanted to take the step of licensing any type of genetic engineering in

humans with all this uncertainty, and instead most concentrated on trying to figure it all out and understand this new, highly complex, genetic picture.

mRNA vaccines

So now we come to 2021 and we are into these new highly experimental messengerRNA (mRNA) vaccines which are being rolled out worldwide. In theory these introduce either synthetic mRNA, inserted by using chemical and biological tricks to enter the cell membrane, or a genetic modification via the good old viral vector, of the persons existing mRNA, which is involved in transferring the genetic information to the cell structures that create the proteins. This is not the DNA, still protected in the cell nucleus – or most of it anyway, there is still the mtDNA outside the nucleus –, and hence this change should not affect future inheritance of DNA or permanently changing one into a genetically modified organism.

In theory, but in reality, as explained above, it just isn't as simple as that, we just don't know all that happens on this molecular level inside the human cell. As well as the fact that there could be pathways between RNA and DNA that we know little about, there is also a maelstrom of mutations and changes occurring in both DNA and RNA constantly in cells. Remember RNA and DNA are very closely related and therefore the new RNA could, at least in theory, swap genetic information between itself and DNA as part of some mutation and the effect of that, with this wholly novel genetically modified or synthetic RNA, could of course be completely disastrous.

Also there is more chaos in human cells which could impact here: retroviruses like HIV, using an enzyme called reverse transcriptase are continually making DNA from their RNA and inserting it back into the genome, leading to an open question as to how this might interact with our frankenstein RNA. The science of retrotransposons, another part of the genetic process in humans, can also include a method in which RNA outside the nucleus can enter back into the DNA genome.[7] Furthermore when your new synthetic or genetically modified messenger RNA breaks down into its component nucleotides, which its supposed to do after it has helped to produce the protein its encoded for, (although some say the synthetic/modified RNA is more resistant to the normal breaking down process)[8] these nucleotides are reused by the cell as building blocks for its next round of DNA and RNA etc. We are assured that these modified/or lab created nucleotides are just like the body's natural ones and so this causes no problem, but who knows for sure. Also its unclear what effect the other agents and chemicals surrounding this unique process, injected along with the vaccine, (including the lipid nanoparticle containing polyethylene glycol (PEG) and other ingredients) will have on the human body.

Therefore serious players out there, who know the science, are telling you that contrary to the beautiful simplicity of 'only modifying mRNA not DNA' actually you are, if you take the vaccine, running a great risk of becoming effectively a genetically modified organism, and, if the following experts are to be believed, a very sick one at that:

Dr Dolores Cahill, Professor of Translational Science at the Conway Institute of Biomolecular & Biomedical Research, School of Medicine, UCD, states that in taking the vaccine

> "you make yourself a genetically modified organism." [9]

Dr Marcus de Brun, as well as been a GP in Rush who has treated a lot of Covid patients, and an elected member of the Irish Medical Council – the national governing body of Irish medicine – who resigned over this, also has a first class honours from Trinity in Microbiology:

> "Strange how many people might be reluctant to eat a genetically modified lemon, but they will form an orderly queue in order to become one.
>
> If you are young and healthy, please inform yourself about mRNA vaccines, before you have it injected into yourself." [10]

Even the EU had to relax its longstanding rules against the distribution of GMOs in Europe in order to facilitate the vaccine.[11]

That's how experimental all this is, no similar type of genetic engineering of human cells has ever been permitted in the human body, anywhere, outside of a few treatments on extremely dangerous cancer cells which some of these vaccine companies were working on before they suddenly changed into this field.

Spike Protein intended to stimulate an immune response

All of this is to get to the traditional point in vaccines, to stimulate the immune system so that it will better recognise and fight off this new Cornonavirus, SARS-Cov-2, when it meets it. The new Frankenstein messengerRNA is encoded to bring about the production, by the human cell, of the familiar spike protein in this virus, and so priming and provoking the correct immune response to fight off the disease. And indeed this, the end step of this new process, is the traditional way of doing it, but it does not always work.

Some viruses, and the fake virus reaction caused by a vaccine, provoke strange responses from the immune system, including measures that can actually assist a virus rather than combat it. So obviously you want to be sure that the immune response to this new spike protein is of the right kind, producing neutralizing antibodies that attack the virus, not binding antibodies that assist it and in fact make it deadlier. But unfortunately that is actually the history of the failure to produce vaccines to Coronavirus in the past, they found it provoked the wrong kind of reaction from the immune system. Its known as "Antibody-Dependent Enhancement" (ADE), the idea that the vaccine will make you much less immune to a virus, rather than the opposite.

Remember we have had SARS hyped health scares before and this has led to a scramble to develop vaccines against them before. In particular by 2012 Chinese, American and European scientists had developed about 30 new vaccine candidates, of which four were given to ferrets for preliminary trials. Initially they tested them and found that the ferrets did produce a great immune response, in the sense of producing a lively antibody response. However when they were later exposed to a wild version of Coronavirus, they all died. They produced the expected immune response, as our vaccines will now no doubt do, but that actually aided the wild virus against them, because of this strange immune response characteristic of the spike protein of Coronaviruses.[12] Quite a number of studies into vaccines developed against the Coronavirus spike protein have shown this anomalous immune response, including this from 2014:

> "Combined, our results suggest that antibodies against SARS-CoV spike proteins may trigger ADE effects. The data raise new questions regarding a potential SARS-CoV vaccine…" [13]

The seriousness of this issue was underlined recently by Dr Timothy Cardozo, Associate Professor of Biochemistry and Molecular Pharmacology at New York University School of Medicine, and Ronald Veazey, Professor of Pathology, Tulane University School of Medicine, in the *International Journal of Clinical Practice*, in which they conclude:

> "Results of the study: COVID-19 vaccines designed to elicit neutralising

antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.

Conclusions drawn from the study and clinical implications: The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent." [14]

This has led some scientists to conclude, including Dr Dolores Cahill, that while your body might initially produce the correct antibodies after getting the vaccine, nonetheless in a few months, when exposed to a wild virus like Coronavirus (which in various forms is always circulating around the world, in animals and humans) many people will die.[15] And this by the way is before you get into the subject of exactly how the human body's immune system will react if it detects some kind of genetic modification of the humans own cells, the ones changed to produce this protein which is similar to the virus the body is trying to kick off. Will it then actually attack your own healthy cells? is the deadly question that these scientists are also asking.

A further complication about targeting this spike protein in the virus, is that it is similar in makeup to proteins (syncytin-1) used by the human placenta, obviously essential for reproduction in women. The question then is, if this process is designed to attack that spike protein will it also attack the human placenta? Some people say it will, including Dr Michael Yeadon, the former Vice-President and Chief Scientist at Pfizer.[16] You will find his research 'debunked' everywhere on the net, because it is said there is no evidence that these vaccines will attack the placenta. Indeed there isn't really, there is also no evidence that it won't because the vaccine trials specifically excluded pregnant women.

Warning from History

What can we learn from the experience of history on this, can we learn from the experiences of the recent past to see what mistakes we should avoid now? I think so when you consider these old health scares of the recent past:

1976 swine flu

The much hyped swine flu health scare of 1976 is described here on a San Francisco television station from September last year:

"Dr James Tillotson was an infectious disease specialist in 1976 when H1N1, or the Swine Flu, broke out at Fort Dix, New Jersey. More than 200 soldiers were infected, one died and fearing a nationwide pandemic President Gerald Ford decided on a full scale response.

Ford: "We offer every American the opportunity to be inoculated."

Tillotson: "As with anything you need some caution, and that caution was sort of thrown to the wind."

The Vaccine was created and injected into 25% of Americans in just 10 months. But by the Fall reports of side effects were coming in from across the country, just as it became clear that the virus had never escaped Fort Dix. So, despite the massive effort,

[US Government advertisement of the time:] "Get a shot of protection, the Swine Flu Shot."

Americans were left with

Tillotson: "Vaccines that had some side effects that were serious and a vaccine that was, at that point in time, completely unnecessary."

The Program was shut down by early '77 but some point to the whole episode as one of the seeds for the modern anti-vax movement." [17]

1991 Gulf War

In response to a scare that Saddam Hussein was going to deploy biological weapons, US and UK soldiers going to the Gulf War were given emergency vaccinations to protect them from exposure to same, particularly anthrax. It proved to an unnecessary measure because they were not so exposed, but the legacy of the vaccines seems to have lived on.

It is reckoned that approximately a third of the veterans from the US and UK who went to the Gulf War in 1991 came back ill and, unfortunately, stayed that way from that time to now from 'Gulf War Syndrome'. It is of course still disputed what causes it but not a few commentators, and medical specialists, have focused on the vaccines these soldiers were given as the real cause of the disease, like this report in *The Guardian* in 2001:

"Scientists in the United States found that symptoms of the illness were the same for service personnel who received the injections whether or not they served in the Gulf.

The common factor for the 275,000 British and US veterans who are ill appears to be a substance called squalene, allegedly used in injections to add to their potency.

"I believe that those people who were given vaccinations in the US and the UK were given something they should not have been, probably in the anthrax vaccine. [The results] need a thorough examination by the US and UK governments."

Squalene is classed as an adjuvant – a chemical which is added to a vaccine to make it more combative. It is a naturally occurring substance in the human body but injecting it is illegal, and past scientific research in rats and mice has found that it causes auto-immune disease. Consequently, squalene in the form of a vaccine is unlicensed for human or veterinary use.

...

Pam Asa and her team at the Tulane medical school in Louisiana tested more than 300 former US military personnel who were given vaccinations to go to the Gulf: 95% tested positive for squalene antibodies.

In addition veterans from both sides of the Atlantic were tested, including 20 who were given preparatory injections but who did not go to the war. All 20 tested positive to squalene antibodies.

The first non-deployed British sufferer to be tested, Anwen Humphreys, was also found to have antibodies.

Dr Asa said in her view the fact that even non-deployed veterans were testing positive for squalene provided conclusive evidence that vaccinations were a "major cause" of the condition. It ruled out the alternative environmental theories floated as causes of Gulf war syndrome.

...

Ms Humphreys, 39, from Dolgellau, north Wales, who suffers typical symptoms of the syndrome – severe headaches, nausea, muscular pain, joint swelling, short term memory loss and depression – said: "I believe the MoD has used us like guinea pigs to see how effective squalene is.

"There are no words to describe what they have done. It's just medically, morally and ethically wrong."

She says she feels "cheated" by the MoD. "I was always one of these people who said that there is no way they would experiment with our vaccinations."" [18]

2009 Swine Flu Pandemic

Another much ballyhooed health scare was the 2009 Swine Flu pandemic. Again the actual disease was virtually negligible in its long term effect on Ireland – although hyped enormously at the time, even the Churches closed up their Holy Water fonts –, but the effect of the widespread administration of the emergency vaccine rolled out to tackle it, has been severe for some. In particular it, the vaccine known as Pandemrix manufactured by GlaxoSmithKline, was found later to cause narcolepsy, a serious disease which causes people to sleep suddenly among other symptoms. As a current WHO document notes:

"During 2009-2010 they [the National Institute for Health and Welfare of Finland] found that the risk of narcolepsy among people aged 4-19 years old who had received pandemic influenza vaccine was nine times higher than that among those who had not been vaccinated.

...

The [Swedish Medical Products] Agency reported that the relative risk of narcolepsy was four times higher in vaccinated children and adolescents" [19]

As you can read on the website of those affected by it in Ireland, before the vaccine hardly anybody was recognised with this disease here but since then relatively large numbers have been.[20] Many are now, late 2020, taking cases against the Irish state over this, and are particularly mentioning therein Dr Tony Holohan, the then Chief Medical Officer in Ireland. They are particularly mentioning him in this action because he claimed the vaccine was safe and well tested when in fact it clearly wasn't. Their lawyer, Dermot

"Gleeson quoted interviews that Holohan did on RTE and Newstalk at the time

in which he said Pandemrix was “fully licensed and clinically tested” and “like all other influenza vaccines, which have an excellent safety profile.”

On one radio show, Holohan said the adjutant on Pandemrix was “nothing new”, but Gleeson insisted it was “completely new”. He added: “We say people weren’t told the truth.”” [21]

Of course Dr Holohan remains the Irish Chief Medical Officer, and is saying much the same thing about the current vaccine. For more details of corruption in the vaccine industry surrounding the 2009 health scare you might like to watch a couple of interviews with the Austrian-Irish journalist Jane Burgermeister (her father was Austrian and mother Irish) who at the time tried to launch a legal case on the issue.[22]

Conclusion

So the moral of the story from history, is to be sceptical and cautious about what the state/media claim at the time during these health scares, and whatever you do, never take the inevitable experimental vaccine!

Of course the real objection to taking this vaccine is the simple one that it is pointless taking it against a virus with such a low death rate. The death rate, the number of people who die as a proportion of those infected, has been estimated numerous times and in different places but it is now well accepted to be extremely low, – not that you could tell from the current media impression – particularly, but not exclusively, in young people. For example in one study it has been estimated:

> “Persons younger than 40 years had an IFR of 0.01%; those aged 60 or older had an IFR of 1.71%” [23]

This is approximately the same, and a bit less for some age groups, as what you would expect from the flu, absolutely in no way should this bounce anybody into taking this potentially deadly vaccine.

Hopefully then this has given some facts for people to access when thinking about this vaccine and shows, I believe, that under no circumstances should you take it or encourage anybody else to.

by Brian Nugent

Footnotes

1. https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html .

2. https://www.nature.com/articles/s41577-020-0377-3 .

3. https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation .

4. https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine .

5. https://www.mcgill.ca/oss/article/covid-19-health/have-no-fear-vaccine-here .

6. https://rairfoundation.com/warning-renowned-virologist-sucharit-bhakdi-warns-against-hastily-created-gene-altering-coronavirus-vaccine-video/ .

7. Explained a little here:
“I’ve got a master’s degree in biology, focusing on genetics and bioinformatics...In my master thesis I worked on transposable elements in the human genome. Our genome is to a large part made up of (remnants of) transposable elements. These so-called “jumping genes” propagate themselves via various mechanisms in the genome and can in very rare cases still be active in our cells...Simplified, Retrotransposition means that the L1-encoded mRNA gets translated into the endonuclease and reverse transcriptase in the cytosol. These proteins have a high affinity to bind their own encoding mRNA and can re-enter the nucleus, where the endonuclease cuts the genomic DNA at a specific target sequence and the L1-mRNA gets Reverse transcribed into DNA which gets integrated into the genome. Boom, you have a new L1 copy in the genome.
...[he explains that it isn’t just its own RNA that it can copy backwards like this into the DNA, it can pick up bits of RNA in the cytosol, where our frankenstein RNA will be, and bring that back into the genome]...
Hence, I’m nowadays a bit surprised when, for example, medical doctors are telling in popular scientific radio shows that it is not possible for an mRNA in the cytosol to get into the nucleus and to be integrated in the genome. I understand that it is extremely unlikely and then, still, most likely without any consequence for the cell. But it is not impossible.”
(https://www.reddit.com/r/COVID19
_vaccines/comments/jx3fn7/mrna_vaccines_and_reverse_transcriptase_genome/ .)

8. Dr Judy Mikovits, a leading researcher in this area, notes that measures were taken in the production/modification of this mRNA which enables it to last an artificially long time in the human body, even forever in the sense that the body might never expel this mRNA and that it could migrate to the brain causing Parkinson’s type illnesses: https://www.bitchute.com/video/42Z9dnjUiLOS/ .

9. https://www.bitchute.com/video/AJXi6k2KOaSQ/ 2:06.

10. https://twitter.com/indepdubnrth/status/1349140396023148549 .

11. https://www.europarl.europa.eu/news/en/press-room/20200706IPR82731/parliament-to-allow-covid-19-vaccines-to-be-developed-more-quickly .

12. https://www.lewrockwell.com/2020/11/joseph-mercola/how-covid-19-vaccine-can-destroy-your-immune-system/ .

13. Ibid.

14. https://pubmed.ncbi.nlm.nih.gov/33113270/ .

15. https://www.bitchute.com/video/AJXi6k2KOaSQ/ . She is quite serious about the negative effects of all this: “It is mainly months later that this RNA kill switch will come along and that could kill up to 80% of the people who get the vaccine...There are multiple names for this, the kill switch that I am talking about, and its called Antibody Dependent Enchancement, ADE; its called Cytokine Storm; and its called Viral Interference.”
(https://www.bitchute.com/video/0hXKqP9zoISP/ 42:49.)

16. https://gript.ie/former-pfizer-executive-claims-risk-infertility-vaccine/ .

17. Wilson Walker, *KPIX CBS*, San Francisco Bay Area, 16th September 2020, https://www.youtube.com/watch?v=kva0AMaeDqc 0:41.

18. https://www.theguardian.com/environment/2001/jul/30/internationalnews .

19. https://www.who.int/vaccine_safety/committee/topics/influenza/pandemic/h1n1
_safety_assessing/narcolepsy_statement/en/ .

20. https://soundireland.ie/ .

21. Mark Tighe *Sunday Times* 18/11/2020, https://soundireland.ie/ .

22. https://www.youtube.com/watch?v=Hvj8p74o9IU and https://www.youtube.com/watch?v=Fe5wv6O1mQA .

23. https://www.acpjournals.org/doi/10.7326/M20-5352 .