

# Vaccination for Covid-19 – background and implications

Choose wisely!

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## **The Covid Virus**

The virus that causes Covid-19 is named SARS-COV-2 because it belongs to the family of the coronavirus (sharing common features with the influenza virus<sup>1</sup> that causes the common flu) and is related to SARS-COV-1, the virus that caused the SARS outbreak in 2002. Its special feature is that it has several mutations that make it optimised to attach to and infect human cells in a manner that is not found in any other natural virus<sup>2 3</sup>; it also includes DNA fragments of HIV which cause unusual and intense symptoms not found in the natural coronavirus<sup>4</sup>. This means that any attempt to create a *lasting vaccine* for it is as futile and doomed to failure as the numerous prior attempts to create a vaccine for SARS-COV-1 or for the common flu. Impossible because the coronavirus, like the influenza virus, is known for rapid mutations that make any vaccine ineffective within a few months – the same mutability which makes it the preferred base for genetic experiments in military labs. In practice therefore most vaccine manufacturers create seasonal influenza “vaccines” that they administer as seasonal “flu shots”, thus scamming the gullible public because a) the benefit of the flu shot lasts only a few months, and b) the flu shot does not guarantee immunity from the flu even for that single season!

When SARS vaccines were made more potent and broad-based in order to cause immunity from a variety of genetic mutations, these stronger vaccines caused severe side-effects and auto-immune reactions, and all animals injected with these experimental vaccines had severe hypersensitivity reaction with lung damage.<sup>5</sup> This is the reason why vaccines for the influenza virus failed to give lasting protection and were abandoned after a few years. No safe and effective vaccines could be created for HIV (after trying for more than 40 years!) and Malaria for similar reasons.

The logical conclusion would be that vaccines created for the Covid-19 virus (SARS-COV-2) would only be effective for a few months, and attempts to make them more lasting could lead to similar deadly and disastrous results. It also means that Covid mutations will inevitably continue to occur everywhere in the world necessitating “seasonal Covid shots”<sup>6</sup> which in practice would be as pointless as the “seasonal flu shots”. As is already the case, all vaccines produced for Covid-19 share the same features: a) their effect only last a few months and they need regular “booster shots” – a deceptive term since the “shots” need to be entirely new vaccines made for the new variants, and b) none of these vaccines guarantees immunity from Covid-19 – their claim is only that the effects of infection will be milder on those who are vaccinated, which is a deceptive claim as it can never be verified!

In fact, the side-effects of the new vaccines have followed exactly the same pattern as earlier attempts to create strong SARS or flu vaccines, but now with more serious issues which are outlined below.

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<sup>1</sup> <https://asm.org/Articles/2020/July/COVID-19-and-the-Flu>

<sup>2</sup> <https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/>

<sup>3</sup> <https://summit.news/2021/06/07/yet-another-scientific-study-concludes-covid-is-likely-lab-engineered/>

<sup>4</sup> <https://www.news18.com/news/education-career/iit-delhi-scientists-withdrew-research-on-evolution-of-sars-cov-2-still-believe-possible-laboratory-contamination-cannot-be-ruled-out-3812795.html>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/>

<sup>6</sup> <https://abcnews.go.com/Health/covid-19-seasonal-illness-flu-experts/story?id=75830451>

## Understanding Covid Vaccines

A vaccine, in the original medical sense of the term, is made from an inactivated (practically dead) or attenuated (weakened) version of the virus which is injected in the body to deliberately provoke an infection in order to teach the immune system to recognise the foreign body but without the risk of a full-blown infection. If you kill the virus entirely, it ceases to retain its form and so there is no benefit from the vaccine; but if you do not inactivate or attenuate sufficiently, you might end up infecting people with the very thing that you want to protect them from. Hence a typical vaccine goes through multiple iterations of testing in order to find the *ideal balance of viral inactivation* which process takes typically 5 to 8 years, and which includes extensive animal and human testing for long-term side-effects. Moreover, the means used to inactivate the virus involve poisonous chemicals such as formaldehyde and mercury, additional chemicals such as aluminium used as adjuvants (to provoke stronger immune reaction), stabilizers and preservatives all of which have their respective side-effects in the body, especially on the nervous system<sup>7</sup>, which effects also need to be minimised.

In view of the extreme virulence of Covid-19, Governments around the world allowed vaccines to be produced and used under Emergency Use Authorisation (EUA) within a few months and without conventional safety trials, thus releasing *experimental and untested vaccines* on the mass of humanity. Instead of following the existing safe and time-tested vaccine technology of the inactivated whole-virus, most Big Pharma companies chose to invest, against all common sense, in entirely new and *untested technologies* that mimic the effects of a vaccine to provoke an immune reaction in the body but by means of *genetic interventions*, simply because these are far cheaper to produce even though they are far more dangerous and have never been tested on human beings! Why this was even permitted by Governments around the world is a mystery for which no explanation has so far been offered. Under the guise of an emergency, Big Pharma chose profitability over safety, putting at risk all humanity, and Governments worldwide meekly accepted without question. The only exceptions to this were the Indian and Chinese Governments each of which produced the conventional safe vaccines while allowing private Pharma companies to develop the new experimental ones.

We thus have three very different technologies in use today for Covid-19, all of which are projected by the media as being equally reliable “vaccines”, when in fact they are completely different. These are outlined below with associated issues.

### A) **Conventional whole-virus vaccine made from the inactivated virus**

These are only three in the world: **Covaxin** produced by ICMR (Indian Council of Medical Research) jointly with Bharat-Biotech in India, and **CoronaVac** by Sinovac in China and **Sinopharm** in China. These are relatively safe and are the only ones offering all-round immunity to Covid-19, since the immune system is exposed to the *entire virus with all its antigenic components* including the body of the virus as well as its exterior protein spikes. The immune response is complex and multi-faceted involving macrophages and B & T lymphocytes; hence exposure to the full virus allows the immune system to formulate the most comprehensive and optimal protection strategy. The Chinese vaccines have been plagued with reports of lack of transparency in clinical studies. Whereas Covaxin has been highly praised as being effective for multiple variants of Covid-19.<sup>8</sup> Advantages: Offers all-round immunity as the entire virus is known to the body’s immune system, thus also offering automatic protection from minor mutations of *any kind*. It is a stable, safe and reliable technology: the vaccine for rabies (the most virulent disease that leads to certain death) is only made using the dead whole-virus; no other vaccination technology is safe for rabies. Logically the same should apply to Covid-19 also.

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<sup>7</sup> Dr Nancy Banks on vaccines. [https://www.youtube.com/watch?v=5F\\_yj1T8Qu8](https://www.youtube.com/watch?v=5F_yj1T8Qu8)

<sup>8</sup> <https://www.thehindu.com/news/international/covaxin-found-to-neutralise-617-variant-of-covid-19-says-dr-fauci/article34428175.ece>

Limitations: Expensive and slow to produce. As the Covid virus continues to mutate, the immunity may not extend to all new mutants.

B) **Viral vector vaccines**

These include **Oxford-AstraZeneca's AZD 1222** (now named **Vaxzevria**) in Europe which is called **Covishield** in India, **Sputnik** in Russia, and **Janssen** by Johnson & Johnson in the USA. Portions of the Covid DNA *specific only to its protein spikes* are inserted inside a "harmless" living adenovirus (called the "vector"), modifying it genetically. You are injected with this genetically modified *living virus* and as it infects your cells it inserts the selected Covid DNA code into your cells, altering your human DNA to create a *human-Covid genetic hybrid* which now grows Covid protein spikes on the surface of your infected human cells. It also hijacks your cellular machinery to make copies of itself and thus spreads in the body in a *full-blown infection*. Your immune system recognises these hybrid cells as foreign material, and attacks and destroys them, thus developing immunity *only to these hybrid cells and their selected Covid protein spikes*, but not developing immunity to the Covid virus as a whole. Obvious problems of the technology are: a) your body is deliberately infected with a genetically modified and living virus, b) your infected cellular DNA is modified to become a human-Covid mutation, c) your immune system is taught to attack a variant of your body's own cells in what amounts to an auto-immune response, d) the infection and immune response will continue for as long as the "harmless" virus survives in the body, which at least in small quantities can be indefinitely.

Advantages: cheap to manufacture.

Disadvantages: Partial immunity to Covid, limited only to the specific protein spikes that your body was taught to recognise. Hence ineffective for any Covid mutations involving the other protein spikes or other antigenic components. Unknown long-term risks.

C) **mRNA vaccines**

The mRNA is a new and advanced genetic modification technology that has been described as "hacking the basis of life itself", and has so far been used only for treatment of cancer, and *never used for a vaccine*. It is being used for the first time to create a completely new type of "vaccine" which has never been tested on human beings, produced by **Pfizer-BioNTech** and **Moderna**. Messenger-RNA (mRNA) is a partial copy of a DNA strand used as a free-floating sequence of instructions by the cells to build the proteins which that portion of DNA encodes.

Here also, a *selection of DNA is made from the Covid virus specific to selected protein spikes only*, replicated as mRNA instructions, and then injected into the human cells using either the same "harmless" living adenovirus or better still, as Pfizer and Moderna do, using a "gene gun" of lipid nanoparticles. In theory, unlike viral vector vaccines, mRNA does not change the core DNA, but inserts foreign Covid DNA instructions to hijack only the cellular machinery. Your genetically infected cells start obeying the foreign mRNA instructions and grow Covid protein spikes on their cell walls. The amount of mRNA injected is too small to infect a sufficient number of cells, hence mRNA vaccines include instructions to make the infected cells manufacture copies of the mRNA, producing a *full-blown infection* that spreads all over the body.

The infected cells undergo a mutation in form and working, becoming a *human-Covid hybrid*. Since the Covid virus is itself an RNA-virus, this entire procedure amounts to a partial Covid infection limited to the selected Covid RNA that was inserted. Your body now attacks these hybrid cells as foreign material and thus developing immunity *only to these hybrid cells and their selected Covid protein spikes*, but not developing immunity to the Covid virus as a whole. In this technology, no living virus is needed if the gene gun is used, but a) your cellular form and functions are still genetically mutated by Covid RNA, b) your immune system attacks a variant of your own cells in auto-immune response, and c) there is no mechanism for informing the body to stop producing the Covid proteins, and it is "presumed" that the injected Covid mRNA (with instructions to

continue replicating the mRNA) will break down on its own over a few days as the immune systems destroys the infected cells.

Advantages: very cheap and fast to manufacture.

Disadvantages: Partial immunity to Covid, limited only to the specific protein spikes that your body was taught to recognise. Hence ineffective for any Covid mutations involving the other protein spikes or other antigenic components. Requires very expensive and specialised ultra-low temperatures for storage and transport. Unknown long-term risks.

Among the three, the conventional whole-virus vaccine (**Covaxin** in India) is the only one that is reliable, time-tested and offers the most complete protection for the least risks.

### **Dangers and Limitations of viral-vector and mRNA vaccines**

Both, viral-vector and mRNA vaccines, involve insertion of genetic material into human cells, creating human-Covid mutations to teach the body to react to a selection of Covid proteins. But what they actually end up doing is to teach the body to produce a new human-Covid hybrid cell line while at the same time teaching the immune system to attack what the body has just been taught to produce. Subsequent to vaccination, just as the body will continue to remember and fight foreign Covid materials, the body will likely also *remember and continue to produce human-Covid hybrid cells* according to the DNA/RNA instructions received. The result could be a sustained auto-immune responses that may potentially stay for life. These hybrid cells may also further mutate under stress of attack, further complicating the immune response. Some at least may mutate until they find an evolutionary niche free from immune response and thus continue to live in your body for good but developing according to their unique non-human characteristics leading to possible tumours or other cancerous manifestations.

But the *immune system has never learnt to recognise the Covid virus proper*; rather, the immune system was exposed only to the human-Covid hybrid made from your normal cells. Hence it will have *limited immunity when actually infected with a full Covid virus or its new variants, and will remain blind to major changes in the Covid body* (to which it was never exposed) and its other spike patterns. More seriously, the new immune response now includes large portions of your normal cellular constitution, making your entire immune system *hypersensitive to your body's normal constitution*, and vulnerable to all kinds of *auto-immune disorders for life!* If you already had auto-immune tendencies or illnesses (such as rheumatoid arthritis, lupus, inflammatory bowel disease, etc), these could now permanently increase in intensity. Recall that it was exactly such an auto-immune hypersensitivity that killed all the mice injected with SARS-COV-1 experimental vaccines.<sup>9</sup>

In fact, neither the viral-vector vaccine nor the mRNA vaccines can ever be made to teach the body to develop immunity to the *entire Covid virus* due to limitations in the very nature of these technologies which can infect you with only a *limited portion* of Covid DNA. To make the immune system recognise the full Covid virus, you would need to insert the entire Covid genome which will amount to *giving you a full Covid infection in order to vaccinate you!* In effect, their best and most complete efficacy will always remain *much less than that of the conventional whole-virus vaccine!* This single fact has massive implications for the entire Covid vaccination strategy which has never been discussed (at least publicly) by Governments. Instead of cultivating the full dead virus to vaccinate you with, the technologies are *manufacturing a partial living Covid virus inside your cells!* Both technologies, although effective for certain uses in gene-therapy and gene-mutation experiments, are *inherently unsuitable for purpose of vaccination* and should never have been permitted for this purpose. The only justification for this unsuitable use is low cost and high profitability for Big Pharma companies.

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<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/>

Both technologies rely on the manufacturing company being able to isolate the specific DNA that produces *only the selected Covid proteins and nothing else*. While our understanding of DNA/RNA expressions is still in its infancy, we do know that DNA fragments often have multiple roles in different parts of the body, and that they can vary roles depending on local context of DNA activation as well as local cell types. Hence there is no way to know *what else the body is being taught* to produce by the inserted Covid DNA, which may activate many other proteins and unintended harmful functional responses all over the body. There could be any number of lasting genetic side-effects *which will not be known and may never be traced back to the vaccinations*.

For viral-vector vaccine technology (AstraZeneca / Covishield) the new genetic material once inserted into the body *may remain for life*, fundamentally changing the human genome in the long-run. After all, *it is exactly this same technology that is used in genetic engineering to produce a newly engineered cell line, or in gene therapy to modify existing genes to insert or remove hereditary diseases!* Once a virus is inserted into the body, there is *no way to ensure that it is entirely removed*. A case in point is the Herpes virus that, once infected, will live in the body permanently, hiding within locations that the immune system is unable to access, and re-activating whenever circumstances are favourable. The Covid DNA inserted by the vaccines may thus become a part of the human DNA – at least in certain portions of the body – for life; the living virus once inserted may live hidden inside the body for life along with its inevitable mutations; and finally, the chimeral human-Covid hybrid cell-line once created in the body may proliferate for life – making for a combined triple irreversible and permanent damage to your body! This is in fact the biggest problem of genetic engineering: that the body continues to produce whatever it has been genetically taught, for the rest of its life!

For mRNA vaccine technology (Pfizer-BioNTech and Moderna) there is no definitive mechanism to stop the body from continuing to produce what the vaccine RNA instructs it in a runaway reaction. It is empirically found that the RNA breaks down eventually, and the instructions cease – which is the reason why mRNA interventions are preferred over DNA interventions for gene therapy. There is also danger that mRNA fragments can spread *outside* the cells, inducing blood clotting and triggering a stroke. The problem still remains that we do not know what else the DNA / RNA instructions will do within cells in different parts of the body since normal vaccine testing protocols have been neglected. The technology itself is so powerful that it can change almost anything in the body's genetic expression, even *silently re-program gene activations* specific to an ethnic group or change its response to select environmental triggers. For example, your body can be taught to trigger a strong immune reaction to contact with otherwise normal or safe microbes, or mRNA can be made to target a specific ethnic group to make them sick or infertile or acquire allergies to specific foods or proteins (for example to red meat as a way to stopping people from consuming it) in what has been described as “human engineering”<sup>10</sup> – any kind of genetic re-programming!<sup>11</sup> We are asked to trust that the Big Pharma companies have our best interests at heart, and will not be negligent or deliberately malicious. Nor is there any way to test if the mRNA vaccine batch going to a specific part of the world has been contaminated or programmed with different instructions! As powerful the technology, so great is the potential for misuse and our incapacity to verify.

We are given assurance on faith that the Covid mRNA will never actually enter the cellular nucleus to permanently change or damage our DNA. But recent studies<sup>12</sup> suggest that this is not true because patients continue to produce Covid RNA many weeks after the infection has passed, which suggests

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<sup>10</sup> <https://www.breitbart.com/politics/2021/06/23/fncs-carlson-ties-scientists-advising-google-on-covid-19-to-human-engineering/>

<sup>11</sup> mRNA vaccines, a primer: How they work, why they're “cleaner” than traditional vaccines, and why they might prove catastrophic in a rushed coronavirus response. <https://science.news/2020-05-25-mrna-vaccines-how-they-work-coronavirus.html>

<sup>12</sup> <https://www.pnas.org/content/118/21/e2105968118>

that the RNA has integrated itself in the human genome. In fact, several viruses, including the HIV virus, are able to insert their RNA into the human genome by using a virus enzyme called reverse transcriptase. While human cells don't naturally carry this particular enzyme, the fact that such a process exists in nature and is widely utilised by viruses raises serious questions: what if the vaccine is contaminated with such enzymes? Or, what if there are other enzymes that produce similar results either naturally in human cells or in the "harmless" adenovirus that is used to vaccinate us? Nature *does* have many other methods that we know of, and laboratories around the world use them to insert DNA/RNA into the nucleus to force a mutation, methods as simple as the sudden stress of heat and pressure! The reasonable conclusion would be that RNA can and does affect the nucleus even if under abnormal circumstances, the full nature of which is still unknown to us. Hence extreme caution needs to be exercised in mRNA therapy and its indiscriminate worldwide use as a vaccine. *What is at stake is the purity and survival of the human genome* that natural evolution has taken millions of years to optimise and make healthy.

### **Known Side-Effects of Covid Vaccines**

We know already that portions of the Covid protein spike DNA match many of the human body proteins at specific locations such as the placenta, throat, nose, lungs, gut, joints, nerves, etc. In practice this means Covid infections will attack and likely damage these tissues, but equally that the *Covid vaccines will provoke an immune reaction against these same tissues* because the body proteins at those locations match Covid proteins! In pregnant women, Covid-19 has been shown to increase risk of spontaneous abortion and still-births<sup>13</sup> by causing inflammation of the placenta, since the placenta has the same spikes and receptors that the vaccine targets. The immune reaction may also trigger abortions much later in life when a vaccinated woman tries to get pregnant – because the vaccine taught the body to *immunise itself against the proteins in the placenta!* Pfizer on its website disclaims all accountability because of "insufficient data" and asks you to consult your doctor.<sup>14</sup> On what medical basis is your doctor or even the government supposed to take a stand? It is deeply concerning that after nearly a year, there is still "insufficient data" to assess these risks, and the CDC advises pregnant women to get vaccinated primarily on the basis of animal studies.<sup>15</sup> "Insufficient data" was the excuse used by the World Health Organisation (WHO) to prohibit use of Hydroxychloroquine (HCQ) and Ivermectin for Covid treatment which would have saved millions of lives; but the same excuse is here used to put pregnant women and their babies at risk!

What else will the body react against? We do not yet know, because although a year has passed, *no one has begun testing for long-term effects of these vaccines.* At the very least, in the coming years we will see a dramatic rise in auto-immune disorders, spontaneous abortions, osteo-arthritic inflammations, inflammation of gut and nervous system, etc. among all those who were vaccinated. By seeking to vaccinate all humanity, Big Pharma is ensuring that the evidence is permanently hidden as there will be no genetically uncontaminated person left to compare with.

Already AstraZeneca / Covishield have been found to provoke life-threatening blood clots in older people and myocarditis and pericarditis (different kinds of heart inflammation) in large numbers of

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<sup>13</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827584/>

<sup>14</sup> "Available data on the Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy. If you are pregnant, discuss your options with your healthcare provider."

<https://www.pfizer.com/news/hot-topics/the-facts-about-pfizer-and-biontech-s-covid-19-vaccine>

<sup>15</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

younger people<sup>16 17 18</sup>. At least 18 countries including several in Europe have suspended its use, including Denmark, Austria, Norway, Iceland, Bulgaria, Netherlands, France, Germany, Italy, Spain and Sweden<sup>19</sup>. Thailand and several Canadian provinces have also followed. The Pfizer, Moderna and Janssen vaccines too have shown similar side-effects but Pfizer has not yet been banned anywhere while Janssen was suspended in the USA. Vaccinated women have reported irregular menstruation, increased heavy periods and cramping.<sup>20</sup> In India and the UK these vaccines have caused Guillain-Barre syndrome, a rare neurological auto-immune disorder.<sup>21</sup> Auto-immune disorders such as this, which used to be rare, will likely grow more frequent in the coming years among the vaccinated.

Common-sense would suggest that the vaccines released under EUA should have simultaneously been put through the normal rigorous testing protocols so that they may be modified or withdrawn at the least sign of problems. After more than a year, not a single step has been taken in this direction. The EUA authorisation granted by the US FDA to these vaccines explicitly states in each case, “It is an investigational vaccine not licensed for any indication”,<sup>22</sup> in other words the vaccine is only allowed to be used for experimentation and is not officially endorsed for any specific medical use!

In India, the media has repeatedly attacked the indigenously produced whole-virus vaccine Covaxin even though it has proved relatively the safest and most effective in the world. For example, a recent study was widely cited in Indian media comparing Covaxin (whole-virus) with Covishield (viral-vector) and declaring Covishield was superior in antibody response. In fact, the study was flawed because it only tested for antibody response to spike proteins that Covishield injects and ignored the superior broad immune response that Covaxin evokes.<sup>23</sup> It seems political and economic reasons are the primary drivers of these campaigns because the same media actively promotes and demands import of all other untested vaccine types without mentioning their side-effects or their suspension in the rest of the world.

The Government’s well-meaning attempts to overcome what is euphemistically referred to as “vaccine hesitancy” has also ensured that the dangers and failures of these vaccines have been suppressed from open and rational discussion. Social-media giants such as Facebook, Google and Twitter are actively deleting or banning any such discussion<sup>24</sup> even when it is led by some of the most qualified doctors and epidemiologists! Shockingly, YouTube deleted a video by the *inventor of the mRNA vaccine* because he spoke out on the *dangers of mRNA vaccination for children!*<sup>25</sup> Around the

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<sup>16</sup> <https://www.thegatewaypundit.com/2021/06/breaking-cdc-admits-finding-cases-rare-heart-inflammation-expected-young-adults-covid-vaccine-shots/>

<sup>17</sup> <https://www.sciencemag.org/news/2021/06/israel-reports-link-between-rare-cases-heart-inflammation-and-covid-19-vaccination>

<sup>18</sup> <https://uk.sports.yahoo.com/news/covid-19-jabs-pfizer-moderna-124412703.html>

<sup>19</sup> <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/covishield-coronavirus-vaccine-with-covishield-astrazeneca-banned-in-some-countries-should-we-be-worried-about-its-safety/photostory/83398722.cms>

<sup>20</sup> <https://www.dailymail.co.uk/femail/article-9446907/Some-women-report-heavier-painful-PERIODS-getting-COVID-19-vaccine.html>

<sup>21</sup> <https://timesofindia.indiatimes.com/world/rest-of-world/astrazeneca-covid-vaccine-linked-to-rare-neurological-disorder-in-india-uk/articleshow/83748950.cms>

<sup>22</sup> <https://www.fda.gov/media/144412/download>

<sup>23</sup> <https://swarajyamag.com/news-brief/bharat-biotech-calls-out-covishield-vs-covaxin-comparative-study-adds-that-report-had-lot-of-flaws>

<sup>24</sup> <https://www.thegatewaypundit.com/2021/06/sen-ron-johnson-vaers-system-vaccine-deaths-youtube-censorship-suppressing-information-american-people-paying-price-video/>

<sup>25</sup> <https://www.thegatewaypundit.com/2021/06/yes-concerns-government-not-transparent-risks-mrna-vaccine-inventor-speaks-vaccine-concerns-young-people-video/>

world, many doctors and medical personnel understand these dangers and openly warn of them<sup>26</sup> and the majority refuse vaccination when they can.<sup>27</sup>

What is deeply disturbing is that Governmental and International agencies including NIAID and WHO have actively sought to suppress Covid-related research that would go against Big Pharma interests or related political interests. This includes research papers<sup>28</sup>, effective lines of treatment and cure<sup>29</sup>, and side-effects of vaccination<sup>30</sup>. Most Governments have granted vaccine manufacturers complete legal immunity from any side-effects that may occur in future.<sup>31</sup> The companies have therefore *no compulsion, incentive or interest to monitor side-effects* or improve safety of their vaccines.

Two prominent cases that the media had difficulty hiding:

- Four robustly healthy pilots from British Airways in the 30s and 50s *died within the same week soon after vaccination*. Considering that pilots are tested regularly and are required to maintain very high fitness levels, this should have raised worldwide alarm. Yet, no medical investigation has been made of this very suspicious pattern, and yet British Airways declared without evidence that none of the deaths was linked to vaccines.<sup>32</sup>
- Renowned Tamil film actor Vivek, in the best of health, received a highly publicised vaccination in front of media and Government officials, where he spoke glowingly of its safety and benefits. Within hours he fell unconscious, was rushed to the ICU and died the next day. Doctors and embarrassed officials insisted without evidence that his death had nothing to do with his vaccination.<sup>33</sup>

Globally most of the deaths from vaccine-related complications are being passed off as unconnected to the vaccination, or sometimes even declared as Covid-related deaths. The bulk of these side-effects and deaths were recorded within a week of the second vaccination. Israel, which was one the first to cross 50% vaccination of its population found in the first few months of vaccinations that deaths due to vaccine-related complications in the elderly were 40 times higher than deaths from Covid infections<sup>34</sup>. In France significant numbers were found Covid positive within the week of vaccination<sup>35</sup>. The mechanism for this is still not clear, but neither is it being investigated. But from a medical perspective this could easily be caused by the vaccine virus being too strong and not sufficiently deactivated.

Within the USA, those who have had serious side-effects from the vaccine are asked voluntarily to report it under the Vaccine Adverse Event Reporting System (VAERS).<sup>36</sup> This is hardly publicised and most people are ignorant of its existence. We can therefore safely presume that the its data is significantly underreported. Nevertheless, we find on June 4<sup>th</sup> 2021, following vaccination there have been 5888 deaths, 19597 hospitalisations, 15052 severe allergic reaction, 4583 disabled, 1459 anaphylaxis reaction, 1737 Bell's Palsy (facial paralysis), 2190 heart attacks, 1087 myocarditis (heart

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<sup>26</sup> Doctors speak. <https://rumble.com/viqn29-worldwide-doctors-warn-for-the-vaccines-must-see.html>

<sup>27</sup> <https://vaccineimpact.com/2021/majority-of-physicians-decline-covid-shots-according-to-survey/>

<sup>28</sup> <https://www.thegatewaypundit.com/2021/06/2020-indian-scientists-discovered-covid-19-engineered-aids-like-insertions-emails-show-fauci-called-outlandish-led-published-study-withdrawn/>

<sup>29</sup> <https://www.indiatoday.in/coronavirus-outbreak/story/remember-donald-trump-touted-hydroxychloroquine-study-india-backs-as-covid-19-cure-1811892-2021-06-07>

<sup>30</sup> <https://alexberenson.substack.com/p/vaccines-reasons-for-concern-569>

<sup>31</sup> <https://www.reuters.com/article/us-astrazeneca-results-vaccine-liability/astrazeneca-to-be-exemptfrom-coronavirus-vaccine-liability-claims-in-most-countries-idUSKCN24V2EN>

<sup>32</sup> <https://www.reuters.com/article/factcheck-coronavirus-aviation-idUSL2N2NZ1Z0>

<sup>33</sup> <https://www.firstpost.com/entertainment/actor-viveks-fans-question-vaccine-safety-after-actor-dies-following-inoculation-grief-grips-tamil-nadu-9546931.html>

<sup>34</sup> <https://www.israelnationalnews.com/News/News.aspx/297051>

<sup>35</sup> [https://youtu.be/0-7R3r5\\_-EA?t=540](https://youtu.be/0-7R3r5_-EA?t=540)

<sup>36</sup> <https://vaers.hhs.gov/>

inflammation), 652 miscarriages. *Total USA deaths from Covid vaccination in the first 6 months are x6 times higher than all vaccination deaths in the last 10 years!*<sup>37</sup> CDC data for young people reveals that 25% of the vaccinated young suffered temporary side-effects that prevented them from normal activities. Of these, more people were *hospitalised from vaccine effects than would have been from Covid-19 infections!*<sup>38</sup> These are non-trivial deaths, disabilities and hospitalisations directly linked to Covid vaccination, and yet the media remains silent and even actively suppresses such news.

Numbers in Europe from its voluntary reporting site EudraVigilance are far more detailed and dramatic involving some 15472 dead, 1.5 million injured (50% of them having “serious” injuries) from vaccination. For the Pfizer vaccine alone there 753657 overall injuries, 15548 general disorders and 100895 nervous system disorders.<sup>39</sup>

Who gains from suppressing these figures, and from promoting the false narrative of “safe Covid vaccines”? These numbers cannot be hidden for long and the Big Pharma companies know it. That is why they insist on formal Governmental indemnification before they will enter any country! If Pfizer is so confident of their vaccines’ safety, why would they demand complete indemnity to enter India even after six months of widespread global use?<sup>40 41</sup>

### **Perspectives from Epidemiology and Common Sense**

Modern epidemiology has long experience and clear guidelines which are being openly flouted globally in the current Covid pandemic response, as are also some common-sense medical guidelines. Some examples:

- During an ongoing pandemic it is dangerous to vaccinate the masses indiscriminately as this actually *triggers new mutations among those already infected*. As explained by Nobel Prize winning epidemiologist Dr Luc Montagnier, “The new variants are created by selection of the antibodies produced by the vaccination. ... It is an enormous error, a scientific error and an inexplicable medical mistake. History will one day take stock of all this. *Because it is effectively the vaccination that creates the variants.*”<sup>42</sup> This in fact seems to be the primary driver of the second and third waves of the pandemic which are closely following the vaccination drives all over the world.<sup>43</sup> Normally in a pandemic, after the first wave has passed, the second wave is much milder, and the third still more mild ending the pandemic. What we are seeing is an unprecedented and unnatural phenomenon of a second wave that is more virulent than the first, and a third that is predicted to be worse than the second. This is scientifically inexplicable and an abnormal behaviour for a pandemic. The only explanation is that the increased virulence in the second and third waves is caused by the indiscriminate *vaccination that is creating the new waves with more virulent mutations*.
- Vaccination may be counter-productive as it is likely to *amplify symptoms in the event of subsequent Covid infections*. All “prior coronavirus (and other respiratory) vaccines have failed

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<sup>37</sup> <https://www.thegatewaypundit.com/2021/06/shocking-jump-vaccine-deaths-reported-week-cdc-linked-vaers-tracking-website/>

<sup>38</sup> <https://www.thegatewaypundit.com/2021/06/not-making-headlines-cdc-officials-admit-hospitalizations-young-people-vaccine-actual-covid-virus-including-huge-number-heart-problems-reported/>

<sup>39</sup> <https://vaccineimpact.com/2021/15472-dead-1-5-million-injured-50-serious-reported-in-european-unions-database-of-adverse-drug-reactions-for-covid-19-shots/>

<sup>40</sup> <https://www.ndtv.com/india-news/covid-19-india-pfizer-seek-to-bridge-dispute-over-vaccine-indemnity-report-2447012>

<sup>41</sup> <https://www.hindustantimes.com/india-news/what-is-indemnity-for-vaccine-makers-what-pfizer-govt-say-about-it-101622638336579.html>

<sup>42</sup> Original in French. <https://planetes360.fr/pr-luc-montagnier-les-variants-viennent-des-vaccinations/>

<sup>43</sup> <https://dailyexpose.co.uk/2021/04/25/indias-covid-crisis-has-been-hijacked-the-mainstream-media-are-lying-to-you/>

due to the scientific phenomena known as pathogenic priming that makes the vaccine recipient more likely to suffer a sudden fatal outcome due to massive cytokine storm when exposed to the wild virus".<sup>44</sup> In other words, vaccination will sensitise your immune system in a manner as to cause it to dangerously over-react when subsequently exposed to the full virus.

- It is preferable to not vaccinate those who were already infected as there is danger of *amplified symptoms due to increased sensitivity*.<sup>44</sup> Official advisories have only recently been updated to ask infected people to get vaccinated only after 3 months, although even this is premature and dangerous. In fact, recovery from Covid infection offers far superior and lasting immunity than any vaccination with benefits lasting "years or even decades".<sup>45</sup>
- In case of any kind of respiratory infections, the rational medical advice is exposure to fresh air and sunlight. Laboratory tests reveal that *in sunlight the Covid virus dies within two minutes*.<sup>46</sup> Yet the WHO and Government advice is for you to remain indoors and cover your face with multiple masks at all times, effectively reducing oxygen intake by a minimum of 20% for single masks and much higher for double masks. With even one mask on, the lungs develop high humidity increasing the likelihood of respiratory infections. The masks themselves become fertile ground for dangerous pathogens including parasites, fungi and bacteria that cause diphtheria, pneumonia, and meningitis.<sup>47</sup> In fact, lack of exposure to sunlight during lockdowns reduced immunity and increased susceptibility to Covid<sup>48</sup> from lack of Vitamin D.<sup>49</sup>
- The Covid virus is some 200 times smaller than the gaps in a cloth mask, which therefore offers no protection against the virus. The original reason given for masking was to prevent spit particles from spreading Covid when we speak. Hence layering multiple masks is pointless and the popular claim that masks prevent virus entry is false. Yet Governmental guidelines enforce masks at all times even when driving alone in a car or sitting alone on a beach! Similarly, an MIT study found that the guidelines to mask and maintain social distancing in indoor offices is pointless and dangerously deceptive.<sup>50</sup> The elite G-7 Government officials who mandated masking in their countries were themselves found to not use masks, keep social distance or follow quarantine protocols when they thought they were outside media scrutiny.<sup>51</sup>
- Numerous studies have shown that lockdowns do not work to restrict the spread of coronavirus.<sup>52</sup> They only serve to harm the mental well-being of people, weaken economic security, cause decline in health, and increase suicides and homicides.<sup>53</sup>

### RT-PCR Technology for Testing

The test recommended worldwide to detect Covid infections is the Reverse Transcriptase (or Real Time) Polymerase Chain Reaction (RT-PCR). But RT-PCR is actually a manufacturing technology that is

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<sup>44</sup> <https://americasfrontlinedoctors.org/files/americas-frontline-doctors-white-paper-on-experimental-vaccines-for-covid-19/>

<sup>45</sup> <https://www.forbes.com/sites/jemimamcevoy/2021/06/14/evidence-piles-up-that-covid-immunity-may-be-long-lasting/?sh=75b361c118bb>

<sup>46</sup> <https://medicalxpress.com/news/2020-04-sunlight-coronavirus-quickly-scientists.html>

<sup>47</sup> <https://www.zerohedge.com/markets/university-florida-lab-finds-dangerous-pathogens-childrens-face-masks>

<sup>48</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7184988/>

<sup>49</sup> <https://www.healthline.com/nutrition/vitamin-d-coronavirus#does-it-protect-against-covid-19>

<sup>50</sup> <https://www.cnbc.com/2021/04/23/mit-researchers-say-youre-no-safer-from-covid-indoors-at-6-feet-or-60-feet-in-new-study.html>

<sup>51</sup> <https://www.breitbart.com/europe/2021/06/12/no-masks-no-distancing-disgraceful-covid-hypocrisy-of-the-g7-elite/>

<sup>52</sup> List of 35 papers with summary of each. <https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/>

<sup>53</sup> List of 20 papers with summary of each. <https://americasfrontlinedoctors.org/files/harmful-effects-of-the-lockdowns/>

being wrongly utilised as a testing methodology for Covid. A DNA fragment from your body is isolated and then repeatedly doubled in the PCR reaction. By the time you reach 30 cycles of doubling, the number of DNA fragments increases from one to about a billion. Thus, a tiny sample of nasal mucus can be repeatedly run in the PCR until the DNA content is so greatly increased that it can be easily measured. The problem with this method is that with enough cycles *you can detect anything*. In practice, if you stop at 20 cycles, all samples will show Covid negative; but if you continue to 50 cycles, *all samples will show Covid positive!* There is *no objective number of cycles* to reliably declare someone as Covid infected or not<sup>54</sup> – remember that this is a manufacturing technique and not a detection technique. The inventor of the RT-PCR, Kary Mullis, who won the Nobel Prize for this, is on record saying, “with PCR, if you do it well, you can find almost anything in anybody!”<sup>55</sup> In Africa, samples from freshly cut papaya were declared by RT-PCR to be Covid positive.

In practice every country, every hospital and every research paper has used its own convenient cycles count to get the results they deemed necessary.<sup>56</sup> When a patient shows symptoms of Covid, the cycles count is increased until it shows a positive. Since the number of cycles used is not documented in the final report, the duplicity continues silently. This was the primary reason for the large number of false positives, and false negatives in the early stages of the pandemic.<sup>57</sup> Yes, the CDC and the WHO did issue indicative guidelines on cycles, but these were vague and set very high, recommending “35 to 40” although lab researchers recommend around 30 as most suitable. These guidelines were arbitrarily changed several times over months with no reason given, which had the effect of increasing or reducing the number of positive cases in that country or in the world. On January 20, 2021, just after Joe Biden’s inauguration, the WHO ordered all PCR tests to be correlated to actual symptoms and to perceived “disease prevalence”<sup>58</sup> leading to a dramatic fall in positive cases globally.

On May 21, 2021 the CDC revised its guidelines once again to mandate that those who are already vaccinated will not be declared Covid positive even if their PCR tests positive!<sup>59</sup> In other words, the fact that Covid infections occur even after vaccination is deliberately hidden from the public to *maintain the illusion that vaccinations protect you from infections*. Since the pandemic began, PCR tests have been manipulated with impunity to increase or decrease Covid infection numbers, promote public fear and now to create a false narrative of vaccine efficacy.<sup>60</sup>

In India, obsessive testing using RT-PCR with high cycles was used to inflate Covid positive cases, with up to 99% of “positive” cases being found to be without any symptoms of infection. Yet, all these people were asked to self-quarantine in order to not spread the virus. This was used to sustain the false narrative of high infection rates and quarantine count. Many States used high cycles to push up infection numbers to claim financial benefit from the Central Government; hospitals raised numbers to gain patients on their rolls as they received significant financial pay-outs from State Governments for each Covid positive patient; and the media thrived on climbing numbers to increase viewership

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<sup>54</sup> <https://justthenews.com/politics-policy/coronavirus/newly-surfaced-video-july-fauci-tests-dead-virus>

<sup>55</sup> Kary Mullis was awarded the Nobel Prize for inventing the PCR test but he campaigned hard to stop it being used as a diagnostic test for HIV. Which is also why PCR shouldn’t be used for mass testing of Covid either. <https://www.youtube.com/watch?v=rXm9kAhNj-4>

<sup>56</sup> <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

<sup>57</sup> <https://off-guardian.org/2021/03/27/making-something-out-of-nothing-pcr-tests-ct-values-and-false-positives/>

<sup>58</sup> <https://www.zerohedge.com/economics/right-cue-biden-who-admits-high-cycle-pcr-tests-produce-massive-covid-false-positives>

<sup>59</sup> <https://www.zerohedge.com/covid-19/caught-red-handed-cdc-changes-test-thresholds-virtually-eliminate-new-covid-cases-among>

<sup>60</sup> <https://americasfrontlinedoctors.org/frontlinenews/covid-19-pcr-test-knowledge-suppressed/>

from fear and panic.<sup>61</sup> All this built-up over months to justify imposing vaccination on all as the only solution left, and hence “the final solution”.

During the second wave in India, most cities showed over 99% asymptomatic cases<sup>62</sup>, and yet they were placed under total lockdown. Did those who tested positive cease to be positive after quarantine? No, they were simply asked not to be tested afterwards. Then what use did quarantine serve for them or for others? Rather, 99.4% being free of symptoms either proves the failure of the PCR test, or it should be used as evidence to declare successful herd immunity and remove restrictions on all but the most vulnerable – those who are aged above 70 with high co-morbidities.

### **Fatality Rates and Clinical Studies**

The exaggerated media focus on infection rates as indicators of Covid virulence has misdirected attention from the numbers which finally matter: the Infection Fatality Ratio (IFR) – how many actually die from being infected by Covid. A study by Johns Hopkins University found that total deaths in the USA due to Covid in 2020 were no different from total annual deaths due to breathing related illnesses such as pneumonia, viral flu, etc, which stayed the same going back a full decade. The only difference was that all these categories had now merged into the single heading of Covid deaths.<sup>63</sup> The implications are staggering. The entire narrative of fear and panic that was used to obtain unthinking compliance of the masses was false. Infections increasing were real enough, and the virulence and nastiness of the infections were unusual and harsh, but *actually deaths due to Covid-19 were not different from flu-season of any other year!*

More recently the CDC updated data on its website to separate deaths caused purely by Covid infections from deaths which involved Covid along with co-morbidities. Deaths purely from Covid (no other illnesses) are found to be around 5% of the total Covid-related deaths, amounting to about 28,400 in 15 months,<sup>64</sup> amounting to about 63 persons per day on average. In the USA at least, you are x52 times more likely to die in an auto accident than purely of Covid-19 infection.<sup>65</sup> The rest of *Covid-related deaths*, which are x20 times higher than *purely Covid deaths*, are possible because the co-morbidities (or other prior illnesses) that the Covid infection now pushes over the brink *by severely weakening the body*. These facts suggest that an entirely different strategy is needed to contain and end the Covid pandemic, in which managing co-morbidities may play a far greater role than vaccines might, and which would focus on protecting the most vulnerable population – the aged having co-morbidities.

According to the CDC (keeping in mind that the US had among the highest death rates) the IFR for Covid-19 varies dramatically by age. Your chances of surviving Covid infection are:

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<sup>61</sup> <https://dailyexpose.co.uk/2021/04/25/indias-covid-crisis-has-been-hijacked-the-mainstream-media-are-lying-to-you/>

<sup>62</sup> <https://swarajyamag.com/insta/994-per-cent-of-covid-19-patients-in-bengaluru-are-asymptomatic-report>

<sup>63</sup> Johns Hopkins University (JHU) study published on November 22, 2020 which shows that Covid "has relatively no effect on deaths in the United States". The study was withdrawn under pressure of interests because the data contradicts the narrative projected by media and big pharma, and could potentially be misused politically. Article: <https://pjmedia.com/news-and-politics/matt-margolis/2020/11/27/johns-hopkins-study-saying-covid-19-has-relatively-no-effect-on-deaths-in-u-s-deleted-after-publication-n1178930>

Published study

(archive): <https://web.archive.org/web/20201126223119/https://www.jhunewsletter.com/article/2020/11/a-closer-look-at-u-s-deaths-due-to-covid-19>

Original video presentation: <https://www.youtube.com/watch?v=3TKJN61afll>

<sup>64</sup> <https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

<sup>65</sup> <https://gab.com/Lebronsonroids/posts/106252563898617616>

Age-group	Survival Rate	Comparable risk of dying
0-19	99.997%	Less lethal than the common flu!
29-49	99.98%	Equivalent to risk of dying from car accident while driving to work daily
50-69	99.5%	
70+	94.6%	<i>Significant risk of death</i>

From the lowest risk in young people to the highest in the old, the difference is about x1800 times. The fatality rate becomes significant only for those above the age of 70. Below that, the risks of vaccination far outweigh the risks of infection.

Considering the enormous risks associated with vaccination, a rational strategy would focus only on protecting the most vulnerable above 70 years of age who also have co-morbidities. The rest of the age-groups do not need vaccines or any other restrictions such as face-masks, social distancing, testing or lockdowns.<sup>66</sup> The entire logic of testing and lockdowns becomes irrelevant for the overwhelming mass of humanity. We find, for example, that countries which re-opened their schools way back in May of 2020 without vaccinations fared just fine!<sup>67</sup>

The safety and high effectivity claimed by Pfizer, Moderna and AstraZeneca are also deceptive because they ran their vaccine's clinical trials primarily on younger people below the age of 55, and *only 4% of their test-subjects were above 75!* When Pfizer claims 95% percent effectivity, the demographic profile of their test subjects already had some of the *highest immunity without ever needing a vaccine*. Had their test subjects been primarily aged above 70, the vaccine's real effectivity would be known, and would likely have fallen to something far less. Such statistical manipulation of clinical data by selective demography are not by chance and are common to all the Covid vaccines.<sup>68</sup> But they are hidden by the marketing and publicity machinery of Big Pharma that pour out billions of dollars to sway the global media, earning trillions in profits at the expense of massive human suffering.

Their track record of bribing media, doctors and Government officials is well-documented. In the past, Pfizer was indicted for bribery of doctors and government officials in countries in eastern Europe, Asia and the Middle East over the decade up to 2006.<sup>69</sup> AstraZeneca was indicted in foreign bribery by sales and marketing staff to state-employed healthcare officials in China and Russia.<sup>70</sup> During the Covid pandemic in 2020, the Indian Medical Association (IMA), a private body, had endorsed a wall paint that claimed to kill 99% bacteria.<sup>71</sup> Johnson & Johnson knew that their baby powder was tainted with carcinogenic asbestos from at least 1971 till the early 2000s and deliberately kept it hidden from

<sup>66</sup> <https://web.archive.org/web/20201117091710/https://jbhandleyblog.com/home/lockdownlunacy>

<sup>67</sup> <https://www.reuters.com/article/us-health-coronavirus-denmark-reopening/opening-schools-in-denmark-did-not-worsen-outbreak-data-shows-idUSKBN2341N7>

<sup>68</sup> Pfizer: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html>

Moderna: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html>

Janssen: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html>

Sinovac (no data above age 60): <https://www.who.int/news-room/feature-stories/detail/the-sinovac-covid-19-vaccine-what-you-need-to-know>

<sup>69</sup> Pfizer has been fined \$60m by US regulators for bribery of doctors and government officials in countries in eastern Europe, Asia and the Middle East over the decade up to 2006. <https://www.ft.com/content/216d2e3e-e0aa-11e1-b465-00144feab49a>

<sup>70</sup> U.S. regulators said on Tuesday that AstraZeneca Plc will pay \$5.52 million to resolve a foreign bribery probe into improper payments by its sales and marketing staff to state-employed healthcare officials in China and Russia. <https://www.reuters.com/article/us-astrazeneca-usa-idUSKCN1152U9>

<sup>71</sup> Amidst Covid pandemic in 2020, IMA had endorsed a wall paint that claimed to kill 99% bacteria. <https://www.opindia.com/2021/05/indian-medical-association-ramdev-allopathy-ayurveda-endorsement-paint-coronil-covid-doctors/>

regulators and the public, thus exposing millions of babies to the carcinogen.<sup>72</sup> A few such examples are enough to illustrate that Big Pharma does not act from conscience, and cannot be trusted on their claims. They have sufficiently deep pockets and powerful networks to influence Government policies around the world to fall in line with their interests. Even the CDC is not immune to their influence and has suppressed data linking vaccination to autism.<sup>73</sup>

## Two Great Deceptions: Pandemic & Treatment

These kinds of blatant deceptions in clinical trials have been difficult under conventional vaccine testing protocols. They were possible only because of the Emergency Use Authorisation (EUA) under which these vaccines were allowed use on the masses as *experimental medical procedures*. Under current laws the EUA cannot be granted indiscriminately and is granted only for a serious situation such as a pandemic, and one where *there is no known treatment* available. Had there been any kind of treatment possible for Covid-19, the EUA could not have been granted. This is critical to our understanding of what actually happened – and is still happening.

Two great deceptions were necessary to compel Governments around the world to grant EUA. First the definition of a pandemic was changed by WHO in 2009 a month before the H1N1 virus outbreak with the following deletion: “An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, ~~resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness.~~”<sup>74</sup> The requirement that it should lead to “enormous numbers of deaths” was removed, so that large numbers of infections are enough to call it a pandemic, making annual global flu seasons seem very close to a pandemic, missing only the requirement of being a “new influenza virus”.

The second deception necessary was that there should be no known treatment available.<sup>75</sup> This in hindsight at least is the obvious reason why all data, papers, and claims of successful treatment or cure of Covid-19 were violently attacked and ridiculed on non-medical grounds as if the claim itself was impossible and hence ridiculous.<sup>76</sup> Social media giants systematically deleted all such reports, videos and discussions across the world, even when they came from some of the most reputed practicing doctors.<sup>77 78</sup> Reports of successful treatment and cure of Covid continued to pour in from around the world, and most relied on use of HCQ and Ivermectin which were also found by practicing doctors to be effective prophylactics. Patients of lupus or osteo-arthritis who take HCQ daily for life were found immune to Covid infections. Doctors around the world were treating thousands of patients (including patients with multiple co-morbidities) claiming *cure for all, zero deaths, and no*

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<sup>72</sup> J&J knew their baby powder was tainted with “carcinogenic asbestos” from “at least 1971 to the early 2000s” and that executives, mine managers, scientists, doctors and lawyers worried about the issue while keeping it hidden from regulators and the public. <https://newspunch.com/johnson-johnson-knew-about-carcinogen-in-baby-powder-for-decades/>

<sup>73</sup> <https://www.thegatewaypundit.com/2021/06/cdc-senior-scientist-whistleblower-trashed-data-showing-vaccine-autism-link-african-american-boys/>

<sup>74</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127275/>

<sup>75</sup> EUA from US FDA <https://www.fda.gov/media/142749/download>. Section III on page 3: “There is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating the disease or condition.”

EUA for European Union [https://www.gmp-compliance.org/files/guidemgr/reg\\_2006\\_507\\_en.pdf](https://www.gmp-compliance.org/files/guidemgr/reg_2006_507_en.pdf). Article 4.2: “a condition for which there exists no satisfactory method of diagnosis, prevention or treatment authorised in the Community ...”.

<sup>76</sup> <https://americasfrontlinedoctors.org/files/americas-frontline-doctors-white-paper-on-experimental-vaccines-for-covid-19/>

<sup>77</sup> <https://www.eviemagazine.com/post/doctors-are-being-persecuted-for-telling-the-truth-about-covid-19>

<sup>78</sup> <https://en-volve.com/2021/05/08/57-top-scientists-and-doctors-release-shocking-study-on-covid-vaccines-and-demand-immediate-stop-to-all-vaccinations/>

requirement of hospitalisation or oxygen support.<sup>79 80 81 82</sup> In spite of overwhelming medical success by these pioneers, most Governments chose to ignore them or actively attacked them instead of conducting rigorous clinical trials to verify their claims. Surprisingly the WHO referenced a fake study published by *The Lancet* to proscribe use of HCQ, which study was later quietly withdrawn<sup>83</sup> once global policies were in place. The French Government began disciplinary action against Dr Didier Raoult for his successful treatment of Covid, and *banned the sale of HCQ which until then was sold over-the-counter!* Other countries which allowed free use of HCQ had dramatically lower Covid deaths per capita, often between 10 to 100 times less<sup>84</sup>, Africa and India being among those since ICMR in India initially recommended HCQ for early treatment saving millions of lives. The AIIMS (All Indian Institute of Medical Sciences) also included HCQ and Ivermectin in its Covid-19 treatment protocols, although recommending them only for mild symptoms.<sup>85</sup>

As far back as in August 2005, NIH (the parent body of NIAID) had published a research paper that concluded “Chloroquine is effective in preventing the spread of SARS CoV in cell culture.”<sup>86</sup> Logically therefore HCQ (which is the superior form of Chloroquine) should also be effective in *preventing the spread of Covid-19*. Yet, in spite of such existing and compelling evidence, the Director of NIAID, Dr Anthony Fauci publicly asserted that “hydroxychloroquine is not effective in the treatment of Covid-19”<sup>87</sup> while simultaneously assisting Pfizer and Moderna to fast-track emergency approvals for their Covid-19 vaccines.<sup>88</sup> Recent researches in March 2020 and February 2021 have confirmed that “HCQ can efficiently inhibit SARS-CoV-2 infection in vitro”<sup>89</sup> and “chronic treatment with HCQ confer protection against SARS-CoV-2 infection”<sup>90</sup>. If vaccines can be given emergency approval for exceeding 50% effectivity as mandated by WHO, then why cannot HCQ and Ivermectin? Only because acceptance of a working treatment would render null all EUA for Covid vaccines!

If these successful protocols had been tested and publicised, there would have been *no pandemic, no lockdowns, no emergency use of untested vaccines, and millions would have been saved!* It was a perverse agenda that suppressed the pioneering and successful work of these doctors, and *caused millions to suffer or die*. This agenda seems only to want to push vaccines as “the final solution” for which the only beneficiaries are Big Pharma.

The EUA for injecting people with experimental vaccines can continue unopposed only as long as treatment or cure of Covid-19 can be kept suppressed. After more than a year of the pandemic, to date neither WHO nor any of the international or national Governmental agencies has sought to *research, develop or propose any kind of treatment for Covid!* Even now, if you have a Covid infection, you are asked to quarantine at home, and go to the hospital only if and when your illness becomes

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<sup>79</sup> [www.americasfrontlinedoctors.org](http://www.americasfrontlinedoctors.org)

<sup>80</sup> “Alternative therapy options for COVID-19 with Dr Shankara Chetty”, in South Africa, who treated and cured over 4000 Covid patients with zero deaths needing no hospitalisation or oxygen support:

<https://www.youtube.com/watch?v=VTqmXOAU2mQ>

<sup>81</sup> Dr Shankara Chetty in South Africa, Dr Ira Bernstein in Canada, Dr Peter McCullough in Texas discuss “Early Outpatient Treatment in Practice”: <https://www.youtube.com/watch?v=OzG9ZadzXi4>

<sup>82</sup> Paper by Dr Didier Raoult who treated and cured over 3700 Covid patients in France:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7315163/>

<sup>83</sup> <https://nationalfile.com/as-biden-became-president-medical-journal-quietly-retracted-study-that-claimed-hydroxychloroquine-is-ineffective/>

<sup>84</sup> <https://americasfrontlinedoctors.org/files/americas-frontline-doctors-white-paper-on-experimental-vaccines-for-covid-19/>

<sup>85</sup> [https://covid.aiims.edu/wp-content/uploads/2021/04/COVID\\_Management\\_Algorithm\\_170521.pdf](https://covid.aiims.edu/wp-content/uploads/2021/04/COVID_Management_Algorithm_170521.pdf)

<sup>86</sup> *Virology Journal*, 22 August 2005. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

<sup>87</sup> <https://www.bbc.com/news/world-us-canada-53575964>

<sup>88</sup> <https://www.theguardian.com/us-news/2020/dec/24/anthony-fauci-interview-hiv-aids-covid-19>

<sup>89</sup> <https://www.nature.com/articles/s41421-020-0156-0>

<sup>90</sup> <https://pubmed.ncbi.nlm.nih.gov/32644224/>

critical – when recovery also is that much more difficult. This is shameful, negligent and scandalous. Nor have they made any effort to boost natural immunity in the masses. Their only effort so far has been to discredit or suppress potential and successful treatment on the grounds that there is insufficient research to justify their use.<sup>91 92</sup>

Meanwhile private research has confirmed the efficacy of HCQ and Ivermectin to treat and even cure Covid-19.<sup>93 94 95 96 97</sup> But Government agencies continue to remain intentionally blind to them, in part because their decision-making process is largely driven by political priorities of *being seen to be “doing something”*, and the bureaucratic compulsion to *act without taking responsibility*. Hence, they follow blindly the most compelling media narratives, international precedents, and actions that offer them the greatest visibility – mostly by imitating or obeying international bodies or the pressure of powerful nations and Big Pharma companies. Imposition of vaccine passports, regulation of travel, social points, etc., using artificially induced paranoia are part of a more nefarious globalist agenda to gain *unthinking compliance of the masses*.<sup>98 99</sup> The freedom once lost, can never be regained.<sup>100</sup>

### Choose Wisely, Not Blindly

Common people find ourselves under pressure to get vaccinated simply because “everyone is doing it” or “for your safety” or “to protect those you love” and any number of unscientific and sentimental justifications. After surveying all the evidence, it is clear that a wrong decision can potentially have harmful long-term consequences.

The purpose of this note is to help you to make an informed decision free of propaganda and irrational compulsions. Throughout, I have put references and links that will be useful further reading for those who wish to explore these issues more deeply.

Let’s review key points about the Covid and its vaccines:

- Covid vaccination (single or double) does not protect you from getting Covid infections,<sup>101 102</sup> nor protect you from needing hospitalisation.<sup>103</sup>
- Vaccination does not prevent you from spreading Covid. The propaganda that you should get vaccinated “to protect those you love” is just that – propaganda.

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<sup>91</sup> <https://theprint.in/india/bar-association-serves-legal-notice-to-who-chief-scientist-over-ivermectin-guidelines/676672/>

<sup>92</sup> <https://americasfrontlinedoctors.org/media/fauci-flip-flop/>

<sup>93</sup> [https://journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review\\_of\\_the\\_Emerging\\_Evidence\\_Demonstrating\\_the.4.aspx](https://journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx)

<sup>94</sup> <https://www.zerohedge.com/covid-19/new-study-links-ivermectin-large-reductions-covid-19-deaths>

<sup>95</sup> Dr Pierre Kory US Senate Hearing – Ivermectin Is 100% Cure for Covid-19.

<https://www.bitchute.com/video/YnSppbsgDBYS/>

<sup>96</sup> <https://www.nature.com/articles/s41421-020-0156-0>

<sup>97</sup> <https://www.news-medical.net/news/20210602/HydroxychloroquineAzithromycin-therapy-at-a-higher-dose-improved-survival-by-nearly-20025-in-ventilated-COVID-patients.aspx>

<sup>98</sup> <https://madisonarealymesupportgroup.com/2020/09/30/proof-that-the-pandemic-was-planned-with-purpose/>

<sup>99</sup> Plandemic part 1. <https://www.brighteon.com/6608229b-782a-4858-8486-ee2a53c51c27>

Pandemic part 2: <https://www.brighteon.com/2c7aca25-4ad8-40b5-acaf-5a65864e299d>

<sup>100</sup> Socially conforming behaviour in groups (audio in English). <https://www.youtube.com/watch?v=kiklt9OiH-Y>

<sup>101</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness.html>

<sup>102</sup> <https://health.economictimes.indiatimes.com/news/industry/vaccines-dont-prevent-covid-but-will-help-in-keeping-symptoms-mild-sangita-reddy/83509132>

<sup>103</sup> <https://www.timesnownews.com/india/article/9-99-fully-vaccinated-people-needed-hospital-admission-shows-icmr-study-on-breakthrough-infection-in-odisha/775527>

- Benefits will not last more than a few months and you will need to keep getting vaccinated at least once a year to keep up with seasonal variations of Covid mutants. Booster shots are already being offered for as early as September 2021.<sup>104 105 106</sup>
- For young people at least, vaccination may lead to *more hospitalisations than the Covid infection itself*, along with serious attendant heart problems!<sup>107</sup>
- Viral-vector and mRNA vaccines will infect and likely modify your cells genetically and may have severe and lasting consequences on your health and fertility for life, with no practical benefit or immunity from Covid.
- Whole-virus vaccines such as Covaxin are time-tested involving non-genetic intervention. Their benefits are the most lasting, even if not permanent, and they come with the least known harm.
- If you are young enough, say below the age of 65 or so, with no co-morbidities, you likely *do not need any vaccination*, as your risk of dying from Covid is lower than that of dying from a car accident.
- You may gain greater benefit than any vaccination can offer from *strengthening your natural immunity* through exercise, nutrition, sunlight and fresh air – asanas, pranayama and healthy food are your first steps. Supplements of Vitamin D, Zinc and Vitamin C can also be helpful.
- If you are at higher risk due to age, health or workspace, you may likely gain a practical immunity from Covid infections by using HCQ or Ivermectin as prophylaxis in addition to the above steps to boost immunity.
- If you find yourself infected with Covid or its newer variants, *do not fear*. The overwhelming percentage of Covid infections feel no different than a mild flu. *Start your treatment immediately* using the successfully tested protocols such as those advised by the AFLD<sup>108</sup> or by Dr Shankar Chetty<sup>109</sup> under supervision of a certified doctor. Do not wait to get your RT-PCR or other test. The test results give you no diagnostic information that would change your initial treatment; waiting only delays recovery, as appropriate treatment in the first 3 days can make all the difference to quick recovery.

If your employer or local Government is threatening you with denial of work or denial of rights to force you to get vaccinated, inform them that this is illegal and a trespass on your fundamental rights and a violation of Article 14 and 21 of the Constitution of India, according to the latest judgement from the High Court.<sup>110 111</sup> You may also need to educate them of the risks and lack of benefits of Covid vaccinations. There may be legal recourse that you could take.<sup>112</sup> Or, you may try to delay vaccination for as long as possible in the hope that others may intervene or policies may change.

In most democracies, the Government cannot force you to take a vaccine. In fact, before administering the vaccines, your local hospital or Government requires you to sign a disclaimer stating that you are

<sup>104</sup> <https://www.businessinsider.in/science/health/news/moderna-ceo-says-some-americans-could-start-getting-a-covid-19-booster-shot-as-soon-as-september/articleshow/82803719.cms>

<sup>105</sup> <https://www.cnbc.com/2021/04/15/pfizer-ceo-says-third-covid-vaccine-dose-likely-needed-within-12-months.html>

<sup>106</sup> <https://abcnews.go.com/Health/covid-19-seasonal-illness-flu-experts/story?id=75830451>

<sup>107</sup> <https://www.thegatewaypundit.com/2021/06/not-making-headlines-cdc-officials-admit-hospitalizations-young-people-vaccine-actual-covid-virus-including-huge-number-heart-problems-reported/>

<sup>108</sup> <https://americasfrontlinedoctors.org/treatments/>

<sup>109</sup> <https://www.youtube.com/watch?v=VTqmXOAU2mQ> and

<https://www.youtube.com/watch?v=OzG9ZadzXi4>

<sup>110</sup> <https://indianbarassociation.in/vaccination-is-not-mandatory-as-per-the-latest-judgment-of-high-court/>

<sup>111</sup> <https://www.newindianexpress.com/nation/2021/jun/24/covid-19-vaccination-by-force-vitiates-fundamental-right-says-meghalaya-hc-2320969.html>

<sup>112</sup> <https://awakenindiamovement.com/topics/legal/>

taking this of your own free-will, and indemnifying them of all responsible for consequences or side-effects of the vaccine. In response to an RTI query<sup>113</sup>, the Ministry of Health and Family Welfare of the Government of India has explicitly stated that, "Vaccination for COVID-19 is voluntary."

But if you find yourself choosing or compelled into taking a vaccine for whatsoever reason, the safest would likely be **Covaxin** in India or **CoronaVac** or **Sinopharm** in China.

If you have already been vaccinated (whether once or twice) for Covid, you may choose to not take any further vaccinations.

Whatever you decide to do, let the decision be made as in a free and conscious choice from informed factual and medical understanding, and without compulsion of media hype or pressure of threats. Educate yourself on the risks and benefits, and act from clarity of light and inner conviction.

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### **Observations Specific to Pondicherry**

The Pondicherry Government has mandated by Order No. 104/PSEC/COVID19/2021 dated 14.06.2021 that "All shop owners and persons working in shops / commercial establishments / industries are directed to get themselves vaccinated within 15 days, failing which they will not be allowed to function."

This sounds suspiciously like a dictatorship or authoritarian rule. It is not clear under what powers the Puducherry Government is allowed to compel its citizens to undergo what is essentially an *experimental medical procedure* in the name of vaccination, and whether this infringes on rights under the Indian Constitution. It is also not clear what they mean by "[shops] will not be allowed to function". The text is designed to *compel obedience by fear, threat and coercion* on citizens of Puducherry.

The Covishield vaccine (Astra-Zeneca), which alone is supplied in Puducherry, has already been proscribed in several European nations for people above age 60 due to danger of blood-clots. It has also been documented to provoke serious heart inflammations in young people and has been rejected by several countries on these grounds.

Will unvaccinated shop owners be arrested? Will their shops be shut down forcibly by the Police? Will the Government be financially accountable to provide *life-long healthcare to those who suffer side-effects* from enforced vaccination? Will they provide life-long financial support to next of kin *in case someone dies or is permanently debilitated* from vaccine-related complications? When someone needs to use threat to compel you to get vaccinated, it means *the goal of vaccination is not your well-being but a more sinister agenda of control and subjugation*.

What is clear is that this threat is in direct contraction to the response to an RTI query (MOHFW/R/E/21/01270 reply to Shivraj Pradipkumar Gulame on 16.4.2021) given by the Ministry of Health and Family Welfare which explicitly states that, "Vaccination for COVID-19 is voluntary."

At the same time as the Government circular was put out, in a virtual meeting on June 10<sup>th</sup> and reported on June 12<sup>th</sup>, the Lt. Governor of Puducherry Tamilisai Soundararajan said: "In a democracy

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<sup>113</sup> RTI reply MOHFW/R/E/21/01270 reply to Shivraj Pradipkumar Gulame on 16.4.2021

it's not possible to either compel or force people to get vaccinated. Our efforts should be persuasive to convince people of the efficacy of vaccine and create an environment of confidence.”<sup>114</sup>

What are we to understand by this Governmental double-speak? That the Pondicherry Government has ceased to be a democracy? Or that our democracy has been hijacked by Big Pharma interests? Or do the "efforts ... to convince people" now include threat of arrest and suppression of the right to livelihood?

When undergoing forced vaccination, hospitals require you to sign a *declaration that you are getting vaccinated voluntarily and that you alone are solely responsible for all side-effects or medical consequences from the vaccine.*

The Government wants to bully you into getting vaccinated *against your free-will*, but will *hold you alone responsible* for all side-effects, including death, by claiming that you chose of your own free-will! If people stand their ground together, it is surely an un-enforceable threat.<sup>115</sup>

Subsequent to these orders, the High Court has declared that any kind of coercion to mandate vaccination is a violation of your fundamental rights under Article 14 and 21 of the Constitution of India. *Hence the order by the Government of Puducherry is illegal in law, and cannot be enforced.*<sup>116</sup>

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### **Observations Specific to the Sri Aurobindo Ashram and Auroville communities**

Sri Aurobindo's and the Mother's views were clear in their words as well as their actions when the then French Government wanted to vaccinate all – vaccination is “a dark and dangerous principle”, and must be avoided as far as possible.<sup>117</sup> <sup>118</sup> Sri Aurobindo led the Ashram doctors through a diplomatic exercise to avoid getting anyone in the Ashram vaccinated.

The present management, facing exactly the same situation, is responding to media pressure and the false narrative of “vaccines as the final solution” and actively compelling all residents of the Ashram to get vaccinated immediately failing which they will not be allowed to come to work. Their position is not supported by the Ashram's senior medical doctors, all of whom refused to get vaccinated at first. Some have reportedly caved in subsequently under pressure. Doctors who did not yield have been asked to stop going to work and to not attend to their patients.

The management proudly announced that “as of date, nearly 700 Ashramites have taken the vaccine.”

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<sup>114</sup> <https://www.thehindu.com/news/cities/puducherry/four-day-intensive-vaccination-drive-to-be-conducted/article34793647.ece>

<sup>115</sup> <https://awakenindiamovement.com/>

<sup>116</sup> <https://indianbarassociation.in/vaccination-is-not-mandatory-as-per-the-latest-judgment-of-high-court/>

<sup>117</sup> Nirodbaran's Correspondence with Sri Aurobindo. “Then came the vaccination comedy à la Molière. For the first time the French Government sent an injunction that all Ashram members must be vaccinated. That created a mild commotion in the Ashram. To the Mother and Sri Aurobindo vaccination was a nasty business. Sri Aurobindo wrote to me, "The whole Pasteurian affair is to me anti- pathetic — it is a dark and dangerous principle, however effective." That is all very well, but how to avoid it? Sri Aurobindo had to use all his divine diplomacy and initiated me in the art of dodging the Government, ending eventually with a small number of sadhaks being "induced to make themselves victims on the sacred altar of Science." I could not resist my hilarity, poring over Sri Aurobindo's reasons why such and such persons should not be touched.”

[https://www.aurobindo.ru/workings/nirodbaran/correspondence\\_1/0000\\_e.htm](https://www.aurobindo.ru/workings/nirodbaran/correspondence_1/0000_e.htm)

<sup>118</sup> “Vaccines - Yogic Perspectives” talk by Dr Alok Pandey. <https://www.youtube.com/watch?v=5kBpOsf9vmY>

A friend from Auroville wrote, "Because the transformation will happen in our cells, that is why the cells are being attacked [through vaccination]. Don't the Ashramites understand this? My mind cannot follow this stupidity. I am blank. Who else should understand if not us, when *we are right at the Source of the effort for physical transformation?*"

From an occult and spiritual perspective bacteria or viruses are concentrated energy bundles that have acquired a near-physical density. The Mother said, "The microbe is a very material expression of something living in a subtle physical world".<sup>119</sup> A disease-causing virus represents a perverse and hostile energy.<sup>120</sup> The deliberate insertion of such a live virus and the *transmutation of one's healthy cells into human-Covid hybrids* is the most dangerous thing one could do to the evolving cellular consciousness of our bodies, potentially damaging millennia of cellular evolutionary effort to become more conscious, mentalised and intuitivised.

In the worst case, when unavoidable, one could accept an inactivated full-virus vaccine such as Covaxin which does not involve genetic mutation. Although even this is unnecessary given that Covid can be treated easily and the body immunity can be easily strengthened.

The right response for the Ashram community and the management would be to engage Government officials in a dialogue to educate them of the dangers of vaccination, and find effective ways to protect Ashram residents from vaccination, or at least allow each one to choose freely without pressure.

If the Ashram management wants to offer a convenient vaccination facility in the Ashram's premises (as they are presently doing), then the only vaccine offered should be Covaxin, and no other vaccine which involves genetic intervention or carries known high risks of side-effects. The Ashram's real work in relation to the Government is to bring a higher light and vision in its policies, and not to follow in their blindness and inertia.

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[Since this file may be updated from time to time to reflect new content, it is being placed online at [www.IntegralStudies.in/vaccines](http://www.IntegralStudies.in/vaccines) where the latest version will be available.]

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<sup>119</sup> The Mother, CWM 5, 22 July 1953. <https://incarnateword.in/cwm/05/22-july-1953?search=microbe>

<sup>120</sup> Evenings with Sraddhalu: Viruses and bacteria (Part 1). <https://www.youtube.com/watch?v=OZQ10tcQsAU>  
Evenings with Sraddhalu: Viruses and bacteria (Part 2). <https://www.youtube.com/watch?v=KqjwoxGsiCM>