



Covid Lies: “Vaccines” Are Safe and Effective

Description

The four gene-based “vaccines” are toxic. The basic rules of selecting vaccine candidates are: the agent has no inherent biological action (non-toxic); the agent should be the genetically most stable part of the virus; and, the agent should be most different from human proteins. Spike protein used as the vaccine does not fit any of these criteria.

By [Dr. Mike Yeadon](#), 10 April 2022

THE NARRATIVE POINT 12

The new vaccines are **safe and effective**.

IMPORTANCE

I feel particularly strongly about this claim. Both components are lies. I outline the inevitability of the toxicity of all four gene-based agents below.

Separately, the clinical trials were wholly inadequate. They were conducted in people not most in need of protection from safe and effective vaccines. They were far too short in duration. The endpoints only captured “infection” as measured by an inadequate PCR test and should have been augmented by Sanger sequencing to confirm real infection. Trials were underpowered to detect important endpoints like hospitalisation and death.

There’s evidence of fraud in at least one of the pivotal clinical trials. I think there is also clear evidence of manufacturing fraud and regulatory collusion. They should never have been granted emergency use authorisations (EUAs).

THE REALITY

The design of the agents called vaccines is very bothersome. Gene-based agents are new in a public health application. Had I been in a regulatory role, I would have informed all the leading R&D

companies that I would not approve these without extensive longitudinal studies, meaning they could not receive EUA before early 2022 at the earliest. I would have outright denied their use in children, in pregnancy, and in the infected-recovered. Point blank. I'd need years of safe use before contemplating an alteration of this stance.

The basic rules of this new activity, gene-based component vaccines, are:

1. to select part of the virus that has no inherent biological action—that rules out spike protein, which we inferred would be very [toxic](#) before they'd even started clinical trials;²⁸
2. select the genetically most stable parts of the virus, so we could ignore the gross misrepresentations of variants so slight in difference from the original that we were being toyed with via propaganda—again, this rules out spike protein;
3. choose parts of the virus which are most different from any human proteins. Once more, spike protein is immediately deselected, otherwise unnecessary risks of autoimmunity are carried forward.

That all four leading actors chose spike protein, against any reasonable selection criteria, leads me to suspect both collusion and malign intent.

Finally, let nature guide us. Against which components of the virus does natural immunity aim? We find that [90%](#) of the immune repertoire targets NON-spike protein responses.²⁹ I rest my case.

CONCLUSION AND VERDICT FALSE

FALSE

- These agents were always going to be toxic. The only question was, to what degree? Having selected spike protein to be expressed, a protein which causes blood clotting to be initiated, a risk of thromboembolic adverse events was burned into the design.
- Nothing at all limits the amount of spike protein to be made in response to a given dose. Some individuals make a little and only briefly. The other end of a normal range results in the synthesis of copious amounts of spike protein for a prolonged period. The locations in which this pathological event occurred, as well as where on the spectrum, in my view, played a pivotal role in whether the victim experienced adverse events, including death.
- There are many other pathologies flowing from the design of these agents, including, for the mRNA “vaccines,” that lipid nanoparticle (LNP) formulations leave the injection site and home to the liver and [ovaries](#),³⁰ among other [organs](#),³¹ but this evidence is enough to get started.
- See this [interview](#) for evidence of clinical trial and other fraud, publicised by Edward Dowd, a former BlackRock investment analyst.³²
- See this [video](#) for evidence of official data fraud (UK Office of National Statistics): especially at 2min 45sec for the heart of the matter.³³
- See [HERE](#) for evidence of manufacturing fraud.³⁴ The same methodology was used to obtain regulatory authorisations, and so it is my contention that there is also regulatory fraud.
- In the Pfizer clinical trial briefing document to FDA, which was used for issuing the EUA (on p. 40 or thereabout), there is a paragraph stating that there were approximately 2,000 “suspected unconfirmed Covid cases”—meaning people were sick with symptoms but were not tested (otherwise, it would be stated that the tests were negative). Of these, in the first seven days after

injection, there were 400 in the vaccine arm and 200 in the placebo. These subjects were excluded from the dataset used to assess efficacy. It's as clear evidence of fraud as you can get; they admit to it in the FDA briefing! Nobody paid any attention to this that I am aware of.

- There's also evidence of data fraud in that clinical trial as summarised by Dr. Peter Doshi, associate editor of *The BMJ* (formerly called the *British Medical Journal*).
- Though many people refuse to accept or even look at the evidence, it is clear that the number of adverse events and deaths soon after Covid-19 vaccination is astonishing and far in excess, in 2021 alone, than all adverse effects and deaths reported to the U.S. Vaccine Adverse Event Reporting System (VAERS) in the previous 30 years. Here is a simplified view of Covid vaccine-related [mortality reports](#) from VAERS.³⁵
- This excellent [presentation](#) by a forensic statistician, well used to presenting analyses for court purposes, dismantles the claims that the vaccines are effective and shows how toxicity is hidden (see the second half of the recording).¹⁰
- Another [paper](#) published by the same group questions vaccine efficacy.³⁶

References

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- ³⁵ <https://openvaers.com/covid-data/mortality>
- ³⁶ Neil M, Fenton NE, Smalley J, et al. Latest statistics on England mortality data suggest systematic mis-categorisation of vaccine status and uncertain effectiveness of Covid-19 vaccination. ResearchGate, December 2021. DOI:[10.13140/RG.2.2.14176.20483](https://doi.org/10.13140/RG.2.2.14176.20483)

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