



## Moderna Rep Admits Everyone Is Part of Huge Experiment

### Description

In the featured video, which aired June 22, 2021, independent reporter Stew Peters plays an audio recording<sup>1</sup> made by a young woman who suddenly developed Guillain-Barre syndrome after her Moderna injection. Her neurologist believes her condition is the direct result of the COVID shot.

While the neurologist filed an adverse event report with the U.S. Vaccine Adverse Events Reporting System (VAERS), the woman decided to report it to Moderna as well. The Moderna rep does not appear the least surprised by the injury, and appears to admit he's received similar reports before.

### Everyone Who Gets the Jab Is Part of the Safety Trial

During that call, the Moderna representative reads her the following disclaimer:

*"The Moderna COVID-19 vaccine has not been approved or licensed by the Food and Drug Administration, but it has been authorized for emergency use by the FDA under an emergency use authorization to prevent coronavirus disease 2019, for use in individuals 18 years of age and older.*

*There is no FDA-approved vaccine to prevent COVID-19. The EUA for the Moderna COVID-19 vaccine is in effect for the duration of the COVID-19 EUA declaration, justifying emergency use of the product unless that declaration is terminated or the authorization is revoked sooner."*

The rep also points out that all [clinical trial phases](#) are still ongoing, and that long-term protective efficacy against COVID-19 is unknown. When the patient asks whether everyone who gets the COVID shot — even if they did not specifically sign up to be a trial participant — is in fact part of the clinical trial, he replies, with a chuckle, "pretty much, yeah."

So, in a nutshell, while vaccine makers, health authorities, mainstream media, social media platforms like Facebook and public advertisements tell you the vaccine has undergone [rigorous testing](#), has been “approved” and is safe and effective, none of those claims are true.

The shots have received emergency use authorization only, which is completely different from regular FDA approval and licensing. They don’t know how effective the shot is, or how long the effects last, and they don’t know if it’s safe, because the trials have not been completed. In fact, the public vaccination campaign is a big part of those trials, whether people realize it or not.

## Children Are Being Coerced into Medical Experimentation

This makes the push to inject children and teens all the more disturbing. Vaccine manufacturers have received EUA for children as young as 12,2 and parents are now being told their children “must” participate in what is a medical experiment.

People are being told it’s their social “duty” to participate in a medical experiment. People are told they have to participate in a medical experiment or lose their job or educational prospects. What’s happening here is no different than being told you “must” participate in a new cancer drug trial in order to keep your job or attend school. It’s completely absurd, unethical and illegal.<sup>3,4,5</sup>

When people do get the shot, they are not informed that they’re taking part in a medical experiment and they’re not asked to sign a consent form (as this particular requirement is waived under EUA rules). While consent forms are waived under an EUA, providing truthful information about potential side effects is not.

It’s really important to realize that coercing people to participate in medical experimentation violates long-established research ethics rules. If you wanted to perform a medical study and decided to lure participants with free ice cream or a free Playstation, the ethics committee would shut down your project.

The problem here is that the COVID-19 injection trials have no oversight boards. There’s no Data Safety Monitoring Board, no Clinical Event Committee and no Clinical Ethics Committee. This despite the fact that such oversight is standard practice for all human research. If such committees do exist, they’ve not been announced and no standard reports have been published.

## Myocarditis Update

Peters also addresses an increasingly common side effect, namely myocarditis, i.e., heart inflammation. Animal research performed by Masonic Medical Research Institute researchers in collaboration with the Boston Children’s Hospital was posted on the preprint server bioRxiv, June 20, 2021.<sup>6</sup>

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The study, “Selectively Expressing [SARS-CoV-2 Spike Protein](#) S1 Subunit in Cardiomyocytes Induces Cardiac Hypertrophy in Mice,”<sup>7</sup> found that the spike protein itself (without the rest of the virus) “directly impairs endothelial function.” As it turns out, the S1 subunit of the SARS-CoV-2 spike protein activates

NF-kB, a protein that controls not only the transcription of DNA but also cellular survival, cytokine production and secondary inflammation.

This disease process does not involve the ACE2 receptor but rather the toll-like receptor 4 (TLR4), which is responsible for the detection of pathogens and the initiation of innate immune responses. In summary, the research showed spike protein subunit “caused heart dysfunction, induced hypertrophic remodeling and elicited cardiac inflammation.”

*“Since CoV-2-S does not interact with murine ACE2, our study presents a novel ACE2-independent pathological role of CoV-2-S [SARS-CoV-2], and suggests that the circulating CoV-2-S1 [CoV-2-spike protein subunit 1] is a TLR4-recognizable alarmin that may harm the CMs [cardiomyocytes, i.e., heart cells] by triggering their innate immune responses,” the authors state.<sup>8</sup>*

In short, the SARS-CoV-2 spike protein subunit directly damages the heart and causes myocarditis by triggering an exaggerated immune response — a cytokine storm — in the heart cells.

Importantly, hypertrophic remodeling means this is a permanent reshaping and damage of the heart, which refutes claims that the hundreds of myocarditis cases reported to VAERS are of little concern and that their hearts will eventually heal. I believe those assumptions will be found to be wrong, and that many of them may be left with permanently damaged hearts.

### **‘They Knew What They Were Doing’**

As noted by Jane Ruby, Ph.D., on the Stew Peters Show, this research should have been done before these injections were put out into the public domain. Instead of conducting rigorous animal trials, vaccine makers are using the public as guinea pigs in one of the biggest experiments in human history, making tens of billions of dollars in profits while enjoying absolute immunity from any damage their experimental jabs cause.

By falsely labeling these gene modification tools as vaccines (because gene therapy does not qualify as a pandemic treatment that can be granted immunity against liability), they’ve been given the green light to conduct human experimentation without remuneration, informed consent or liability under the guise of a public health emergency.

There’s no way these gene therapies in any rational society would have been released to be tested on this many human subjects, including pregnant women and children, were it not for this sinister misrepresentation.

Here’s the most disturbing part, though: It appears these COVID injections may have been designed to cause this kind of cell damage on purpose. Why? Because the researchers also tested the natural spike protein subunit of another coronavirus called NL63.

This virus was chosen because it, like SARS-CoV-2, uses the ACE2 receptor for entry into the human cell. The NL63 spike protein did not, however, trigger this kind of heart damage. “They knew what they were doing when they engineered this mRNA to make this particular spike protein,” Ruby says.

## Pfizer Injection Victim Speaks Out

In the video above, Peters interviews Stevie Thrasher, a previously healthy 29-year-old in Washington state who got her first Pfizer shot April 27, 2021. Since then, she's been hospitalized nine times, and her doctor has confirmed her injuries are a direct result of the Pfizer mRNA injection. Her neurologist has told her not to get a second dose.

One of her first symptoms was severe menstrual bleeding. After that, she started experiencing severe body pains, muscle weakness and muscle failure, fatigue, dizziness and disorientation. Since her shot, she's been in the hospital nine times, had three neurological evaluations and received referrals to rheumatologists and immunologists.

Remarkably, despite the severity of her symptoms, all tests, including imaging and blood work, appear normal, with the exception of an ANA blood test (a test that detects antinuclear [antibodies](#) that can attack your own tissues) indicating she might have an autoimmune condition, although it's unclear which one.

Her doctors have thus far been unable to explain why her test results are all normal while she's clearly experiencing symptoms of disease, and all she's been diagnosed with so far is "adverse reaction to [Pfizer COVID vaccine](#) with myalgias." As you can see in the video above, she has involuntary tremors. She says they come and go depending on circumstances. Triggers include sunlight, heat, elevation, stress and physical activity.

While Thrasher was warned of the possibility of blood clots and anaphylactic reactions, she was not informed there may be neurological and autoimmune side effects. "If I had known this was a possibility, I would have turned around and ran," she tells Peters.

## Unvaccinated Falsely Accused of Being 'Disease Factories'

Adding insult to injury, mainstream media are now pushing the idea that those who refuse the COVID shot are to blame for the emergence of SARS-CoV-2 variants, even though a number of health experts have warned that it's the complete opposite — that mass injections, causing a very narrow band of antibodies, are forcing more rapid mutations of the virus.<sup>9</sup>

It's a general principle in biology, vaccinology and microbiology, that if you put living organisms like bacteria or viruses under pressure, via antibiotics or antibodies, for example, but don't kill them off completely, you can inadvertently encourage their mutation into more virulent strains. Those that escape your immune system end up surviving and selecting mutations to ensure their further survival.

If an individual who does not have a narrow band of antibodies becomes infected, then, if mutation does occur, it's far less likely to result in a more aggressive virus. So, while mutation can occur in both vaccinated and unvaccinated people, vaccinated individuals are actually far more likely to pressure the virus into a mutation that strengthens it and makes it more dangerous. Alas, according to CNN:<sup>10</sup>

*“Unvaccinated people do more than merely risk their own health. They’re also a risk to everyone if they become infected with coronavirus, infectious disease specialists say. That’s because the only source of new coronavirus variants is the body of an infected person.*

*‘Unvaccinated people are potential variant factories,’ Dr. William Schaffner, a professor in the Division of Infectious Diseases at Vanderbilt University Medical Center, told CNN ... ‘The more unvaccinated people there are, the more opportunities for the virus to multiply,’ Schaffner said.”*

What Schaffner and CNN fail to address is the confirmed fact that the COVID shot does not provide immune protection against a SARS-CoV-2 infection. So those who have gotten the injection can also become hosts to the virus, just like those who have haven’t been scammed into taking the COVID jab.

There’s absolutely no medical justification for singling out unvaccinated people as the sole disease vectors, or the sole vectors for mutation. [Breakthrough cases](#) in fully “vaccinated” people prove this point. Unfortunately, vaccinated individuals are not informed about the potential that they might experience antibody-dependent enhancement (ADE) or paradoxical immune enhancement (PIE), which may actually render them more susceptible to infection by variants.<sup>11</sup>

If that turns out to be the case, and there are already indicators suggesting this is happening,<sup>12,13,14,15,16,17</sup> then vaccinating even more people is not the answer. Unvaccinated individuals cannot be held responsible for what happens to those who volunteered to take part in this mass experiment, or be asked to “save” those people by putting their own health at risk.

## **Control Groups Destroyed on Purpose**

Disturbingly, all the evidence points to vaccine makers and health agencies not wanting to identify problems with these shots. Despite this being the largest medical experiment in human history, vaccine makers are purposely eliminating their control groups so that injuries will be far more difficult to ascertain, since they won’t have anything to compare the vaccine recipients against.

In a JAMA report,<sup>18</sup> Rita Rubin, senior writer for JAMA medical news and perspectives, quotes the chief scientific adviser for Operation Warp Speed, Moncref Slaoui, Ph.D., saying he thinks “it’s very important that we unblind the trial at once and offer the placebo group vaccines” because trial participants “should be rewarded” for their participation.

Such statements violate the very basics of what a safety trial needs, which is a control group against which you can compare the effects of the drug in question over the long term. I find it inconceivable that unblinding was even considered, seeing how the core studies have not even concluded yet, and some standard safety studies have been bypassed entirely.

For example, Pfizer has not conducted any reproductive toxicology studies despite finding the mRNA and spike protein accumulates in the ovaries. The only purpose of this unblinding is to conceal the fact that these injections are unsafe. Safety evaluations have also been undermined by the U.S. Food and Drug Administration, which chose not to require vaccine makers to implement robust post-injection data collection and follow-up on the general public.

## **What Is the Mass Injection Campaign Really All About?**

It's obvious the COVID injection manufacturers intentionally removed every safety monitoring control because they wanted to obfuscate the anticipated complications that were certain to occur. They wanted to prevent as many complications as possible from surfacing. Safety is clearly not something they are concerned about.

Think about it: If the vaccination campaign were about creating a high rate of immunity within the population, they would accept natural immunity to COVID as an alternative to the jab. But they don't. Even if you can prove you have high levels of antibodies from natural infection, you still must get the COVID shot if you want to attend school or keep your job in some areas, and natural immunity does not count if you want a COVID immunity passport.

This means the injections are NOT about creating herd immunity. They want a needle in every arm for some other reason. What do you think that reason might be? Many who have pondered this question have reached the conclusion that whatever the reason might be, it's a nefarious one.

At a minimum, this campaign is about getting a needle in every arm to maximize their profits. At its extreme worst, it could be part of a cleverly constructed depopulation strategy.

Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at [Pfizer](#), has gone on record saying he believes the COVID-19 injections, and the upcoming boosters in particular, are a "serious attempt at mass depopulation."<sup>19</sup>

In my view, there are still so many potential avenues of harm and so many uncertainties, I would encourage everyone to do your homework, keep reading and learning, weigh the potential pros and cons, and take your time when deciding whether to get any of these [COVID-19 gene therapies](#). If you have already had one, think long and hard before getting any boosters.

**Date Created**  
07/17/2021