



The Conspiracy Theorists Were Right; It IS a “Poison-Death Shot”

Description

USA: “I’ll do one more mind experiment with you: If everyone on the planet were to get Covid and not get treated, the death-rate globally would be less than half a percent. I’m not advocating for that, because 35 million people would die. However, if we follow the advice of some of the global leaders—like Bill Gates who said last year said “7 billion people need to be vaccinated”—then the death-rate will be over 2 billion people! **SO, WAKE UP! THIS IS WORLD WAR 3!** We are seeing a level of malevolence that we haven’t seen in the history of humanity!” Dr. Vladimir Zelenko, Author of The Zelenko “Early Treatment” Protocol that saved thousands of Covid-19 patients. ([“Zelenko schools the Rabbinic Court”](#), Rumble; start at 11:45 minutes)

Did the regulators at the FDA know that all previous coronavirus vaccines had failed in animal trials and that the vaccinated animals became either severely ill or died?

Yes, they did.

Did they know that previous coronavirus vaccines had a tendency to “enhance the infection” and “make the disease worse”?

Yes.

Did Dr Anthony Fauci know that coronavirus vaccines had repeatedly failed and increased the severity of the infection?

Yes, he did. (See here: [Fauci on ADE](#))

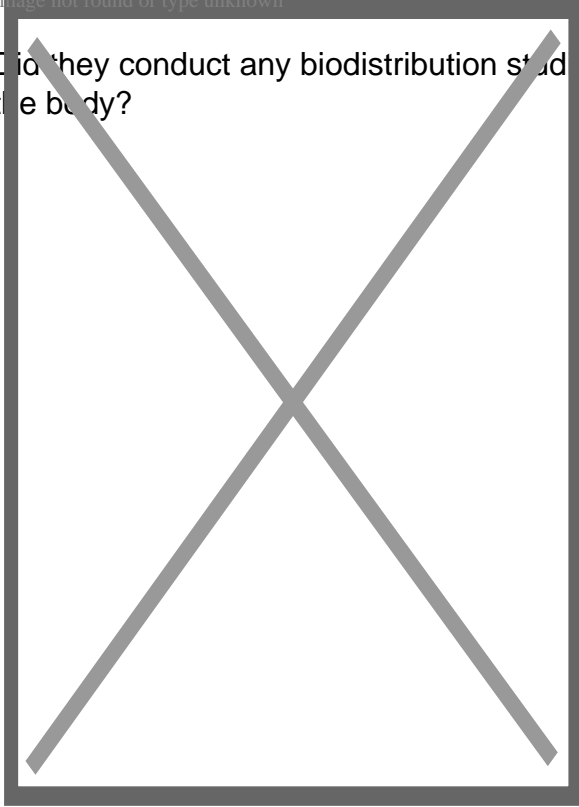
Did the drug companies conduct any animal trials prior to the FDA’s approval that would have convinced a reasonable person that the vaccines were safe to use on humans?

No, they didn’t.

Did they complete long-term clinical trials to establish whether the vaccines were safe?

No, there were no long-term clinical trials.

Did they conduct any biodistribution studies that showed where the substance in the injection goes in the body?



They did, but the data was not made available to the public.

Do the contents of the vaccine largely collect in various organs and in the lining of the vascular system?

Yes, they do.

Do large amounts of the substance accumulate in the ovaries?

Yes.

Will this effect female fertility and a woman's ability to safely bring a baby to term?

The drug companies are currently researching this. The results are unknown.

Does the vaccine enter the bloodstream and collect in the lining of the blood vessels forcing the cells to produce the spike protein?

Yes.

Is the spike protein a "biologically active" pathogen?

It is.

Does the spike protein cause blood clots and leaky blood vessels in a large percentage of the people that are vaccinated?

It does, although the blood clots are mostly microscopic and appear in the capillaries. Only a small percentage of vaccinees get strokes or suffer cardiac arrest.

Should people be made aware of these possible bad outcomes before they agree to get vaccinated? ("Informed consent")

Yes.

Did the FDA know that Pfizer had "identified vaccine-associated enhanced disease, including vaccine-associated enhanced respiratory disease, as an important potential risk"?

Yes, they did, but they did not demand that Pfizer fix the problem. Here's more:

"The FDA noted that Pfizer, "identified vaccine-associated enhanced disease, including vaccine-associated enhanced respiratory disease, as an important potential risk". The EMA similarly acknowledged that "vaccine associated enhanced respiratory disease" was "an important potential risk... that may be specific to vaccination for COVID- 19".

Why neither regulator sought to exclude such dangers prior to emergency use authorization is an open question that all doctors and patients are entitled to ask. Why medical regulators failed to investigate the finding that large vaccine particles cross blood vessel walls, entering the bloodstream and posing risks of blood clotting and leaky vessels is yet another open question again." (["Open Letter to the EMA and European Parliament"](#), Doctors for Covid Ethics)

Did the drug companies vaccinate the people in the placebo group after the clinical trials in order to conceal the difference in the long-term health outcomes between the two groups?

That is the conclusion a rational person would make.

So, they nuked the trials?

Yes.

Did the FDA largely shrug-off its regulatory duties and abandon its normal standards and protocols because

a– It wanted to rush the Covid vaccines into service as rapidly as possible?

b– It knew the Covid-19 vaccine would never meet long-term safety standards?

We don't know yet, but the adverse events report strongly suggests that the Covid-19 vaccine is hands-down the most dangerous vaccine in history.

Is the FDA rushing the "boosters" without proper testing?

Yes, it is. Here's a clip from author Alex Berenson's latest at Substack:

“Pfizer basically hasn’t bothered to test the booster AT ALL in the people actually at risk – it conducted a single “Phase 1” trial that covered 12 people over 65. The main Phase 2/3 booster trial (beware efforts to cover multiple “phases” of drug research at once, you want it bad you get it bad) included no one over 55.

No one.

As in NONE.” ([“Are you kidding me, Pfizer, volume 1 gazillion”](#), Alex Berenson, Substack)

Have the boosters been modified or improved to meet the changes in Delta variant?

No.

Is there any additional risk in taking a booster-shot after already taking two experimental gene-based vaccines in less than a year?

Considerable risk. Here’s more from the Doctors for Covid Ethics:

“Given that booster shots repeatedly boost the immune response to the spike protein, they will progressively boost self-to-self immune attack, including boosting complement-mediated damage to vessel walls.

Clinically speaking, **the greater the vessel leakage and clotting that subsequently occurs, the more likely that organs supplied by the affected blood flow will sustain damage.** From stroke to heart attack to brain vein thrombosis, the symptoms can range from death to headaches, nausea and vomiting, all of which heavily populate adverse reactions to COVID-19 vaccines.

As well as damage from leakage and clotting alone, it is additionally possible that **the vaccine itself may leak into surrounding organs and tissues.** Should this take place, the cells of those organs will themselves begin to produce spike protein, and will come under attack in the same way as the vessel walls. **Damage to major organs such as the lungs, ovaries, placenta and heart can be expected ensue, with increasing severity and frequency as booster shots are rolled out.”** ([“Open Letter to the EMA and European Parliament”](#), Doctors for Covid Ethics)

So, it’s the double-whammy. On the one hand, the booster will perform largely like the original vaccine, penetrating cells and forcing them to produce spike protein which, in turn, generates blood clots and leaky blood vessels. And, on the other, the newly-produced S proteins trigger a damaging immune response in which the complement system attacks and destroys the cells that line the inside of the blood vessels. Every additional booster will intensify this process weakening the vascular system and increasing the clotting. If the Doctors are correct in their analysis, then we could see a sharp uptick in all-cause mortality in the heavily-vaccinated countries in less than a year. Cardiac arrests are already rising.

Here’s another question that’s worth mulling over: Was there any reason for the regulators at the FDA to think that these problems would not arise following the launching of the vaccine campaign?

No. They should have known there would be problems as soon as they saw that the vaccine did not stay in the shoulder as it was supposed to. The vaccine wasn’t supposed to enter the bloodstream and

spread across the body leaving billions of spike proteins in its wake. (The spike protein is a cytotoxin, a cell killer. It is not an appropriate antigen for stimulating an immune response. It is a potentially-lethal pathogen that poses a threat to one's health even if it is separated from the virus.) Nor was the vaccine supposed to trigger **Antibody-Dependent Enhancement (ADE)** which is the condition we hinted at above when referring to "vaccine-associated enhanced disease". Here's a brief explanation:

"ADE has proven to be a serious challenge with coronavirus vaccines, and this is the primary reason many have failed in early in-vitro or animal trials. For example, rhesus macaques who were vaccinated with the Spike protein of the SARS-CoV virus demonstrated severe acute lung injury when challenged with SARS-CoV, while monkeys who were not vaccinated did not. Similarly, mice who were immunized with one of four different SARS-CoV vaccines showed histopathological changes in the lungs with eosinophil infiltration after being challenged with SARS-CoV virus. This did not occur in the controls that had not been vaccinated. A similar problem occurred in the development of a vaccine for FIPV, which is a feline coronavirus." (["Is the Coronavirus Vaccine a Ticking-Time Bomb?"](#), Science with Dr. Doug)

Is this what we are seeing right now? In all the countries that launched mass-vaccination campaigns early (Israel, Iceland, Scotland, Gibraltar and UK) cases, hospitalizations and deaths are rising faster in the vaccinated portion of the population than the unvaccinated. Why?

Are they really experiencing a fourth or fifth wave or have the vaccines generated "inactivity-enhancing" antibodies that make the disease worse? This 2-minute video helps to clarify what's going on:

"Vaccines are made to a specific variant. And when that variant mutates, the vaccine no longer recognizes it. It's like you are seeing a completely new virus. And, because that is so, **you actually get more severe symptoms when you are vaccinated against one variant and it mutates and then your body sees the other variant.** The science shows, that if you get vaccinated in multiple years (for the flu), you are more likely to get severe disease, you are more likely to get viral replication, and you are more likely to be hospitalized.... We are seeing the same thing in Covid with the Delta variant. So **we are actually mandating that people get a vaccine when they can actually get more sick when they are exposed to the virus...**In fact, this week, a paper came out that showed that—with the Delta variant—when you are vaccinated your body is supposed to make antibodies that neutralize the virus, but **they were supposed to neutralize the old variant. When they see this new variant, the antibodies take the virus and help it infect the cells.**" (["Expert testimony on mandatory vaccinations"](#), Dr Christina Parks PhD., Rumble, start at minute 5:05)

Repeat: "If you get vaccinated in multiple years, you are more likely to get severe disease, you are more likely to get viral replication, and you are more likely to be hospitalized.... With the Delta variant—when you are vaccinated the antibodies take the virus and help it infect the cells."

This is ADE, and this is probably why hospitalizations and deaths are rising among the vaccinated in Israel, UK and the rest. True, the Delta variant is less lethal than the Wuhan virus but, unfortunately, that rule does not apply to those who have been vaccinated and whose antibodies promote the uptake of the virus into their cells. This increases the viral replication function that increases the severity of the disease. In short, people are getting sicker because they were vaccinated. Here's another short video that helps to explain:

“...The vaccine-induced antibodies will stand up against the virus. and once a virus is under pressure; it changes, it becomes a variant, **and the variant cannot be stopped by vaccine-induced antibodies. Vaccine-induced antibodies. also shut down your innate immune system... so variants can come straight through and infect those that are vaccinated.** That is viral immune escape, and that means that the vaccinated are defenseless against variants. This is no longer a pandemic of Covid-19. It is a pandemic of variants...

And there is something called recombination, and recombination means a vaccinated host can be infected by more than one variant at a time. ...If a vaccinated host is co-infected by more than one variant, the variants will mix DNA, and change and camouflage and produce a super variant. And if a super variants are produced, nothing can stop them. And **already they are saying that the latest variant to come out is vaccine resistant. And this is just the beginning.** Dr Geert Vanden Bosche warns that if we do not immediately stop mass vaccination campaigns around the world, the world will experience an international catastrophe of mass mortality. I didn't say that, he did. The vaccinated are a threat to us all.” ([“Viral Immune Escape Explained”](#), Dr. Michael McDowell, Rumble)

It's not the variant that intensifies the disease, it's the fact that the vaccine targets one narrow endpoint, the spike protein, that gradually adapts to survive. As the virus progressively learns to avoid the vaccine, vaccine-induced immunity wanes. Natural immunity produces broad, robust immunity to the whole virus not merely one part of it. It is strong and enduring.

So how will the vaccinated fight new forms of the virus, after all, the vaccine is not a medicine that overpowers a particular pathogen. It is a subtle (genetic) reprogramming of the immune system that forces one's cells to produce a particular version of the spike protein. Boosters that stimulate production of the same protein will have only modest impact. In short, boosters are still fighting the last war.

Also, as we mentioned above, coronavirus vaccines tend to create antibodies that “enhance infectivity” when they encounter adapted forms of the virus. That means that millions of inoculated people will now face forms of the virus for which they have almost no protection and for which their compromised immune systems can only provide limited help. Here's more from the article above:

“Right now, the fatality rate of the virus is estimated to be approximately 0.26%, and this number seems to be dropping as the virus is naturally attenuating itself through the population. It would be a great shame to vaccinate the entire population against a virus with this low of a fatality rate, especially considering the considerable risk presented by ADE. I believe t **his risk of developing ADE in a vaccinated individual will be much greater than 0.26%, and, therefore, the vaccine stands to make the problem worse, not better.** It would be the biggest blunder of the century to see the fatality rate of this virus increase in the years to come because of our sloppy, haphazard, rushed efforts to develop a vaccine with such a low threshold of safety testing and the prospect of ADE lurking in the shadows.” ([“Is the Coronavirus Vaccine a Ticking-Time Bomb?”](#), Science with Dr. Doug)

“Blunder”, he says?

It wasn't a blunder. It was deliberate. The Covid-19 vaccine was supposed to fail like all the coronavirus vaccines before it. That's the point. That's why the drug companies skipped the animal testing and long-term safety trials. That's why the FDA rushed it through the regulatory process and

suppressed the other life-saving medications, and silenced all critics of the policy, and pushed for universal vaccination regardless of the risks of blood clotting, cardiac arrest, stroke and death. And that's why the world is on the threshold of an "international catastrophe of mass mortality." It's because that's how the strategy was planned from the very beginning.

The vaccine isn't supposed to work, it's supposed to make things worse. And it has! It's increased the susceptibility of millions of people to severe illness and death. That's what it's done. It's a stealth weapon in an entirely new kind of war; a war aimed at restructuring the global order and establishing absolute social control. Those are the real objectives. It has nothing to do pandemics or viral contagion. It's about power and politics. That's all.

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1. Main

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