

Public Health | Review

The COVID-19 Vaccines & Beyond: What the Medical Industrial Complex is NOT Telling Us - Part 4

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***“If you think we’re fighting a virus, you’re going to act like a victim.
If you think we’re fighting a war, you’re going to act like a warrior” [1].***

Dr. Lee Merritt, MD

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INTRODUCTION

Part 1 of this report presented an attorney’s perspective of the controversy over the safety and effectiveness of the COVID vaccines, and why so many physicians and other professionals would be willing to risk their reputations, licenses, board certifications and their livelihoods by warning people that the shots are actually dangerous. It discussed why the COVID injections are not really “vaccines”, and that a vaccine was not even necessary in the first place. It also discussed the four criteria for Emergency

Use Authorizations (EUA) by the FDA, and questioned whether they had been met and maintained. It concluded with a discussion of the first of three reasons why many in the medical community have not heard this evidence before: *media propaganda* and *massive censorship* of physicians and others alleged to be “misinformation spreaders” for trying to warn the public of the dangers.

Part 2 focused on data and other evidence of the extent and nature of the harm suffered following these injections, especially the unprecedented numbers of serious adverse events and deaths reported to VAERS and other data from various government databases reported by whistleblowers. It also presented substantial evidence from the manufacturers’ own documents reflecting serious safety and efficacy problems, as well as safety-related information from other sources.

Part 3 provided an overview of several issues relating to the effectiveness of the COVID shots, revealing that the number of breakthrough cases now shows the vaccinated account for the vast majority of COVID cases, hospitalizations and deaths in many places. It also addressed the comparison of natural vs. vaccine immunity, various risk/benefit analyses, and whether the vaccines are causing the variants. It included reports from various other sources showing serious adverse impacts and a discussion of the problem of “shedding” from vaxxed onto the unvaxxed. It concluded with a discussion of the second reason why many in the medical community have not been informed of this evidence before: *deep corruption* within the medical industrial complex.

This last part pulls back the cover from the “big picture” that COVID fits into, and why there has been such an unrelenting push for everyone in the world to get vaccinated. It also addresses some of the most controversial issues about what is actually in the COVID shots, whether or not these shots can change DNA, reports of undisclosed substances in the vaccines, and whether there are other non-health purposes these shots may be serving. That brings us to the third reason why many in the medical community have not been told this information before.

Reason #3 is the deeper “why” behind the censorship, propaganda and corruption: ***there is a much bigger agenda of those behind the push to inoculate the entire planet with the COVID and other vaccines.*** If you think that sounds like a “conspiracy theory”, that should soon be dispelled.

THE “BIG PICTURE” THAT COVID-19 FITS INTO

Without understanding the big picture, it is impossible to really understand “all things COVID”, and why the medical industrial complex has been so obsessed with what they called a “vaccine” as the sole strategy to end the COVID crisis. They refused to consider therapeutics, much less to embrace the early treatment protocols developed by several physicians that have been proven to work for literally untold hundreds of millions of people all over the world. Instead, they claimed there was no treatment for COVID, and even labelled some of the World Health Organization’s “essential medicines” as dangerous and ineffective. They have ignored all of the warning signals that have been blaring from their own early warning system, VAERS, since the early weeks following the rollout. The physicians who have dared to warn the public of these dangers even before the rollout have been demonized, vilified and threatened with the loss of their license and board certifications. Several have already suffered such losses. Throughout this series, this question has been continually asked: ***WHY?***

This is where the issue of **motive** arises because the government's strategies regarding all things COVID make no sense. *Why would a government, the major media (including social media giants), the governing medical boards, the major medical publications, and health care institutions resort to draconian and totalitarian tactics like censorship, demonizing, threatening and punishing dedicated physicians who were actually saving countless of lives and avoiding hospitalization and death of their patients?* Anthony Fauci and the others all have claimed to be following the science, yet they have turned science on its head. It seems that everything has been turned upside down when it comes to health care. **WHY?**

THE BACKGROUND OF PART 4

The answer to the “why” questions presented throughout this series requires a little background that will provide some important perspective on these issues. Since the mid-1990's, off and on, and after retiring from law practice not long after that, I have literally spent thousands of hours researching what is really going on in the world. I wanted to understand why things were the way they were, because certain things did not make sense to me. Since lawyers are trained to think logically (or at least they used to be), when logic is absent, I want to know why. ***What is the motive behind something that does not make sense?***

What I found was not what I expected. I truly wanted it not to be true, just like I felt about what I was finding out about the COVID “pandemic” and the shots. It created a major cognitive dissonance for me. Cognitive dissonance has been defined as “the mental discomfort that results from holding two conflicting beliefs, values, or attitudes” [2]. For me, it was more than merely “mental discomfort” – it was a powerful motivation to pursue the issue until the confusion was resolved.

Perhaps many readers of this series have been experiencing a similar disconnect between what you have read in this report and what you had previously been told or believed about COVID and the vaccines. I can empathize. My experience was that staying in denial or in that place of confusion was the easier path only for a while, as the price of staying in that uncomfortable state became increasingly higher. I really did want to know the truth, wherever that would lead, so I pressed on. The more I researched, the more difficult it was to accept what I found. Some things seemed too difficult to believe. At some point, the amount and credibility of the evidence was just too compelling to deny. The same was true with the evidence about the COVID vaccines.

My research of the past few decades has taught me that what is really going on in the world is like a huge jigsaw puzzle with millions of pieces and a big picture. I also discovered it is impossible to understand what is really going on without seeing that big picture. Once you see it, pieces of the puzzle start to fall into place. You start connecting many seemingly unconnected pieces – representing situations, events and people.

Then you discover that many things are not at all as they appear to be, and that many things you have believed to be true actually are not.

COVID-19 is only one piece (or section) of that puzzle, but it is a big and very important one. Trying to understand COVID (or anything else that is going on) without seeing the big picture it fits into is like trying

to put together that huge jigsaw puzzle without knowing what the picture is. *More dangerous yet* is not even realizing that there *is* a big puzzle with a big picture that reveals what is really going on, and not even trying to figure out what it is.

As stated in Part 1, we **should** all be able to believe what our government, the major media and the drug manufacturers tell us about issues as important as our health, especially in matters of life and death. But sadly, we cannot. All of the evidence presented in the first three parts of this series, taken together, reveals that we have all been lied to and deceived about “all things COVID” from the very beginning. We have been massively betrayed by those we trusted to look out for our best interests.

Health care professionals have been unconscionably forced into a position between the proverbial rock and a hard place. They have been forced to make choices between submitting to the will of the “powers that be” and violating their Hippocratic oath in order to keep their jobs, or standing up to a corrupt system and risk losing their jobs, their reputations and their credentials. Perhaps some never even questioned whether what they were directed to do was right or wrong.

The devastation resulting from “all things COVID” is not simply a result of bad judgment or policies, honest mistakes, incompetence or even greed. That is what at least many of the doctors, scientists and other experts accused of “spreading misinformation” discovered long ago. *What motivated them to risk everything?* It was not just their professional and ethical responsibilities to give their patients the best care they possibly could, based on what they knew to be effective. It was also what they knew or came to find out about the underlying motives and agenda of the people at the higher levels of the pyramid who have been promoting the false “safe and effective” narrative.

That same motivation is what is at the heart of this 4-part series. Two physicians teaming up with a retired attorney who saw a desperate need for the other side of the story to be heard by the health care community so that they, too, can find healing, restoration, and freedom from the effects of the trauma that COVID has inflicted upon them. They can even have a fresh start in life.

If everyone had known even some of the information presented in this 4-part series, or similar information freely and easily available from many other sources, it is highly doubtful that many people would have chosen to get these shots – even if mandated by their employer. ***Is any job really worth it if one of the conditions of keeping it is getting a shot that may result in a person not even being able to continue performing that job, or worse?*** If you have not already come to that conclusion, hopefully you will by the end of this Part 4.

WHAT IS THE “BIG PICTURE” THAT COVID-19 FITS INTO?

The thousands of hours I have spent researching the big picture have been focused on various aspects of this ***foundational question: is there really a sinister agenda for world control planned by the wealthiest elites of the world? Do they really own or control the largest corporations (including Big Pharma), governments, the major media and practically every sector of society? Or is that just a conspiracy “theory”, as the major media love to use as a means of deflecting various truthful reports? If there is such an agenda, what is it and how do these globalist elites operate?***

If you believe this “conspiracy stuff” is just a “theory”, how do you explain the following statement by David Rockefeller, one of the top people among the wealthy elites? In his book, *Memoirs*, he states:

"Some even believe we are part of a secret cabal working against the best interests of the United States, characterizing my family and me as 'internationalists' and of conspiring with others around the world to build a more integrated global political and economic structure – one world, if you will. If that's the charge, I stand guilty, and I am proud of it" [3].

The globalists used to be very secretive about their plans and kept them hidden from the general public. But in recent years they have brought their plans out much more into the open. Some think it is because the elites have come so close to finally achieving their big goal of global government, and believe that people of the world are now more open to it. Whatever their reason, they have spent decades employing various ways of conditioning people's minds to be ready to accept their plans, without the masses even realizing how their minds were being influenced by various psychological methods. The globalists have various strategies and tactics for accomplishing their global government and authoritarian control. But their plans go far beyond just authoritarian-type control, as will be discussed below.

You may be aware that in January, 2022, the Biden administration proposed several amendments to the regulations of the World Health Organization (WHO) that would have, in essence, handed over our national sovereignty to that international body. Those amendments were to be voted on during the WHO Assembly held May 22-28, 2022. Apparently, all but one was withdrawn prior to a vote due to massive worldwide opposition [4]. ***But the fact that any American governmental administration would even propose such amendments should tell you all you need to know about the loyalties of that administration and those controlling it behind the scenes.***

One of the worst of the proposals *would have removed the right of a country to object* to a declaration of health emergency by the WHO Director-General. That would encompass all of the enforcement measures that would follow, including involvement by various international agencies. That would, in essence, nullify our Constitutional and other legal rights, and bring in international agencies to enforce the declaration. The potential abuse of that authority by one person as a weapon or means of coercion against a country for political or other sinister purposes is undeniable. As if that were not concerning enough, that position is currently held (in fall of 2022) by someone whose loyalties and ideologies are not exactly favorable to the United States [5].

Despite the withdrawal of those amendments to the WHO regulations, this battle is not over yet. These people still want a global Pandemic Treaty. Two very good resources for more information about this attempted power grab are James Roguski (www.LeaveTheWHO.com) and Dr. Peter Breggin, MD (www.Breggin.com).

The importance of the above foundational question for you is that it goes to the issue of your ability to believe two key points: 1) that those pushing the vaccines could possibly be deliberately acting against the best interests of the masses of people they purport to serve and protect, and 2) that these elites will lie, deceive, kill and do whatever is necessary to achieve their objectives.

This foundational question goes to the **motives** of those at the top who have been directing “all things COVID”, including the vaccine campaign. Their real motives are very difficult to accept without knowing the big picture and seeing where COVID fits into it. As difficult as it is for many to believe, **there is overwhelming evidence that COVID was an “engineered crisis”**. It was all planned. Countless experts agree. If you are not already aware of the compelling evidence of that, I encourage you to read some of the reports at www.StopWorldControl.com/proof. Other resources to help you understand how it was planned and coordinated include the book by Dr. Peter Breggin and Ginger Ross Breggin entitled, *COVID-19 and the Global Predators: We are the Prey*, published in 2021, or the book *COVID Operation: What Happened, Why It Happened and What’s Next* by Pamela Popper and Shane Prier.

Also, in early 2023, I plan to release the Updated and Expanded Edition of my own book, ***Globalists on Trial: The Hidden Agenda to Destroy America From Within*** [6]. It deals with the big picture and discusses several other key puzzle pieces besides COVID, and how the globalist elites operate. It also discusses *how and why the elites engineer crises* like a pandemic, or the **perception** of one, to advance their agenda.

The issue of pre-planning raises more issues: WHY would they do this? How could anyone be so cruel? And how could they actually pull off a fraud of such magnitude that upended the lives of billions of people all over the world? It all goes back to the big picture.

That issue is outside the scope of this report, but it is important to address it very briefly. It provides a very different lens through which to see the issues of vaccine safety, and why the government has refused to approve the proven treatments that countless doctors have been using with great success for well over two years.

Anyone who looks objectively at even just some of the evidence in this 4-part series cannot help but realize that ***something is very wrong with the official COVID narrative***. Unfortunately, it goes beyond poor judgment, incompetence, greed, and even the desire to control the world.

One example of what was wrong was reflected in the October 2020 email quoted in Part 1 from former NIH director Francis Collins to Anthony Fauci. Collins spoke of the need for a ***“a quick and devastating published takedown”*** of the premises of the Great Barrington Declaration that had been signed by one Nobel Prize winner and three medical professors from Harvard, Stanford and Oxford whom Collins labelled as “fringe epidemiologists”. That Declaration was also signed by tens of thousands of doctors, public health scientists and others expressing concerns and offering a better approach to the COVID crisis. The “devastating takedown” was necessary, Collins said, because the Declaration had been “gaining traction”.

This is the same disdain and contempt with which Fauci, the CDC, the major media and others have treated the many physicians, scientists and other experts they have accused of “spreading misinformation”.

Hopefully by now, if you have read the first three parts of this series, you have come to the conclusion that the real “spreaders of misinformation” are the elites and their supporters who have been promoting the “safe and effective” narrative. These elites think they know what is best for the rest of us. They do not think like “normal” people, as will be shown below. They have been lying and hiding their real agenda and many things they do not want the public and the health care community to know.

The “Great Reset” into The Globalist Elites’ New World Order

The connection between COVID-19 and what the wealthy elites have been planning for the world is explained in part in a book entitled **COVID-19: The Great Reset**. It was published in July 2020 and written by one of the top figures in this elite group, Klaus Schwab. He is the founder and Executive Chairman of the World Economic Forum, (WEF) a consortium of the world’s wealthiest and most powerful people and companies. The connection between COVID and a much bigger plan is evident in the very title of Schwab’s book. In other words, the COVID-19 “pandemic” was a major stepping stone to their “Great Reset”. It was an “opportunity” (which they created) to advance their long-planned “New World Order” – one of those many alleged “conspiracy theories” which is actually a “conspiracy *in fact*”, as Rockefeller admitted.

Their vision of a New World Order is the dream of these globalist elites. But for the rest of us it is a nightmare. That broader subject is also outside the scope of this report. But because COVID is a key part of their radical plans, knowing certain things about it is important to understand the role the “vaccines” play.

In 1992, Klaus Schwab and the WEF have been training up “Young Global Leaders” (originally called “Global Leaders of Tomorrow”) in the wealthy elites’ philosophy, vision and agenda of global governance and their plans for humanity. Some of the graduates of these programs include Bill Gates, Justin Trudeau (Canadian Prime Minister), and Volodymyr Zelensky (President of Ukraine), just to name a few. Many of the “globalists” leading the “Great Reset” and “New World Order” are alumni of these two organizations. Whether or not all of the graduates of this training are committed to and involved in the radical agenda of the WEF remains to be seen. Some may not be.

Their plans include (but go beyond) a global government that eliminates national sovereignty and exercises total control over the masses. The authoritarian control we have experienced during COVID is only a small taste of what they have planned. According to a former WHO employee, the WHO apparently has had plans to use pandemics as a way to obtain their long-sought global control [7]. Remember the new powers that certain nations sought to give to the Director-General of the WHO to unilaterally declare an “emergency” in any nation, and impose whatever restrictions or measures he deems appropriate.

COVID and the New World Order

Many political leaders have commented on the opportunities that a crisis creates for a “New World Order”. In a March 2022 speech to the Business Roundtable, Joe Biden said: “And now is a time when things are shifting ... there’s going to be a **new world order**...” [8]. In 1990, George H.W. Bush said [9]:

“We stand today at a unique and extraordinary moment. The crisis in the Persian Gulf...offers a rare opportunity ... Out of these troubled times, our fifth objective — a **new world order** — can emerge”.

Australian officials have openly confirmed the COVID connection. For example, in 2020, a *Sydney Morning Herald* headline read: “Australia’s COVID-19 inquiry presents a roadmap for a **new world order**” [10]. In July, 2021, a TV station in New South Wales said: “Today is the first full day of the **New World Order**”, as it announced new restrictions: outdoor gatherings would be limited to 2 people; browsing in shops was not allowed; and only one person per household was allowed to do essential shopping [11]. New South Wales Health Minister Brad Hazzard said: “This is a world pandemic... a one in 100-year event. So you can expect ... transmission from time to time, and that’s just the way it is. **We’ve got to accept that this is the New World Order**” [12]. *Do we?* How many restrictions on your personal liberties and your Constitutional and legal rights are **you** willing to “**just accept**”?

The Globalist Elites’ New World Order Agenda and Underlying Worldview

The elites’ agenda for humanity is **unimaginable** to most people. There are reasons to believe that the globalist elites will be stopped before they are able to *fully implement* their agenda, at least for a time, but that is a totally different discussion about the path the world is on that we have never been down before. However, unless and until that happens, it would be advisable to pay attention to what is being said by Klaus Schwab and other globalists involved in the World Economic Forum.

The elites’ worldview causes them to think in a totally different way than the rest of humanity. They see the world and life itself through a totally different lens. By understanding their worldview, we can understand how and why they can ignore all the safety signals that should have brought a halt to the COVID vaccine campaign shortly after it started, or should never have started at all. We can also understand why they seem so heartless, not caring at all about the suffering that they could so easily have prevented or lessened. By understanding their worldview, we can also see why they would carry out such a relentless campaign of massive censorship, lies, deceptions, coverups, fraud, corruption and others crimes to advance their agenda.

Schwab and his colleagues in the WEF are now very open about many aspects of their agenda that used to be hidden, so this is not speculation or “conspiracy theory”. Before he wrote *COVID-19: The Great Reset*, Schwab wrote *The Fourth Industrial Revolution*, published in 2016. That book’s Foreword states: “the technologies driving the fourth industrial revolution **will fundamentally transform** the entire structure of the world economy, our communities and **our human identities**”. Schwab then writes:

“It is in the biological domain where I see the greatest challenges ... We are confronted with new questions around **what it means to be human**, ...and what rights and responsibilities we have when it comes to **changing the very genetic code of future generations**” [13].

Probably the only people raising questions about what it means to be human are those who want to change it. ***Does any human being have any “rights” to change the genetic code of future generations?*** He has also said: “The difference with the Fourth Industrial Revolution is that it changes ***you -- if you take genetic editing***” [14]. Schwab describes this revolution as the “fusion of technologies across the physical, digital, and biological worlds” [15]. This shows that changing genetic codes through gene editing is an important component in the elites’ plans. The mRNA technology is a potential delivery system and one of the means to bring about that fusion.

Schwab’s close advisor, Yuval Noah Harari, is someone most of us have never heard of. However, he has significant influence with many heads of state and in shaping debates on issues even within governments. He considers himself a historian. His book *Sapiens*, about the history of mankind (through his lens), has sold millions of copies worldwide, and he is a popular speaker. His work has been praised by many high-profile people such as Barack Obama, Bill Gates, and Mark Zuckerberg. One of his comments about COVID is:

“the thing they will remember from the COVID crisis is this is the moment when everything went digital. ... this was the moment when everything became monitored, ***that we agreed to be surveilled all the time***...And maybe most importantly... this was the moment when ***surveillance started going under the skin***, because really we haven't seen anything yet ... the ***big process that's happening right now in the world is hacking human beings***” [16].

What? Did we agree to such surveillance? Being hacked? Surveillance under the skin? Harari explains that so far, we have had governments and corporations all keeping track of where we go, who we meet, movies we watch, etc., but “the next phase” is “surveillance under the skin”. In fact, he said: ***“having the ability to monitor people under the skin, this is the biggest game-changer of all”***. He says “above all, governments want to know what’s going on under our skin”. ***Why? What does he mean by that?***

To Harari, human beings are simply “biological algorithms” that can be “hacked”. It does not matter if the algorithmic calculations that make everything work are done by a human or by artificial intelligence [17]. He believes that “99 percent of human qualities and abilities are simply redundant for the performance of most modern jobs” [17]. No wonder he states that the “most important question in 21st-century economics may well be:

“What should we do with all the superfluous people, once we have highly intelligent non-conscious algorithms that can do almost everything better than humans?” [17].

He asked: “How exactly will the future masters of the planet look like? ***This will be decided by the people who own the data.*** Those who control the data control the future...”. He explains further:

“control of data might enable human elites to do something even more radical than just build digital dictatorships. By hacking organisms, elites may gain the power to re-engineer the future of life itself. Because once you can hack something, you can also usually also engineer it” [16].

Harari even goes beyond that and says that ***“free will is over”***, and that ***“we are really upgrading humans into gods, for instance, the power to re-engineer life”*** [18]. In one speech entitled “Will the Future Be Human?” he said: ***“We are probably one of the last generations of homosapiens...we will learn how to engineer bodies, and brains and minds. These will be the main products of the 21st century economy”*** [19].

At a 2020 WEF conference, one session was called “When Humans Become Cyborgs” [20]. The American Heritage dictionary defines a cyborg as “a person who is part machine, a robot who is part organic”. In that *Cyborg* session, the moderator explained: “we want to talk about recent developments in ***brain-computer interface***, and ***how that’s really blurring the line between man and machine***”.

Do we want human beings trying to “play God”? Do you think it is a good idea to “fundamentally change” what it means to be a human and to let unelected, self-appointed wealthy elites change the genetic code for future generations?

As revealed by Harari’s statements, these wealthy elites and those who serve their agenda do not think the same way “normal” people think. ***Understanding this is a key to being able to believe that these people would actually hurt people and destroy entire countries in order to advance their agenda.*** Perhaps by now you have begun to see why countless people believe that the elites’ radical new world order agenda is actually ***evil***, including “all things COVID”. “Normal” people cannot imagine anyone even wanting to do to others what these people have planned, or being so indifferent to terrible human suffering. That is why it is so difficult for many to believe our own high government officials and others in positions of power really do ***not*** have our best interests at heart – regardless of their words. That is also why it is difficult to believe they would actually harm us -- and then ***not even care***, just as Dr. Robert Malone was quoted as saying in Part 1 [21].

They see a crisis as an opportunity to do things they could not otherwise get away with doing. Therefore, it behooves them to ***create*** various crises to help break through barriers that are hindering their agenda. They are able to do this and get away with it and not be held accountable because they have control over virtually every area of society, including all branches of government.

Until recently, very few people were willing to speak out and take a stand. But COVID has changed all of that, especially the vaccines. A motivated and growing army of health care professionals, scientists, and

many others have dared to take a stand because our freedoms, our lives and our nation have never been at greater risk.

Advancing the Globalist Agenda by Deception

Mark Twain is often quoted as having said: “It is easier to fool someone than to convince them they have been fooled”. His actual statement was: “How easy it is to make people believe a lie, and [how] hard it is to undo that work again” [22]. Expressed either way, the point is the same. The truth of this has been borne out concerning “all things COVID”.

If I had not done as much research as I have on these topics, I myself would probably find it difficult to believe that our own government, the major media and the entire medical industrial complex could possibly ever lie and deceive the entire country (and even the world) in so many ways about something as important as our health. Much less would they deliberately seek to harm us and destroy the country in the process ... *Or would they?*

What about those proposed amendments to the WHO regulations that would have relinquished our national sovereignty and brought us under the control of an unelected foreign national with enormous power over controls like mandates, lockdowns and consequences for those who do not comply? What about the Future Framework allowing new formulations of COVID shots without any clinical trials? What about the total rejection and censorship by the entire medical industrial complex of proven life-saving protocols? The first three parts of this series have raised many such questions that cast suspicion on the motives and the *modus operandi* of the people behind the COVID “vaccine” campaigns.

As is the case with all of their plans and schemes that I have studied over the years, the globalist elites must use deception to advance their agenda. ***They know that if the people they seek to control knew what their real agenda was, few would ever support it or go along with it. Therefore, they have to use deceptive means.*** They attach labels like “conspiracy theory” or “misinformation” to mislead people away from the truth. They love to make it look like a person telling the truth is the one who is lying. It is a classic strategy to deflect attention away from their own wrongdoing by accusing their opponent of the very thing they are doing.

Unfortunately, we are easily deceived, as the above Mark Twain quote suggests, ***unless we know the big picture***, but even then people can still be deceived. In his book, *How Evil Works: Understanding and Overcoming the Destructive Forces That are Transforming America*, author David Kupelian says:

“...there's one technique that reigns supreme as the king of all propaganda weapons -- lying. To make evil look good, and good appear to be evil, you have to lie. “The power of the lies is not so much in the little 'white lies' that are part of the fabric of most of our lives. **It's in the big lies. It's paradoxical, but we're more likely to believe big lies than small ones**” [23]. (emphasis added)

He goes on to say that **Adolf Hitler "taught that the bigger the lie, the more believable it was"**. Hitler was also known for saying that **if you repeat a lie frequently, sooner or later, enough people will believe it** [23]. This is precisely what the globalist elites have done during COVID. Actually, they have been telling big lies and repeating them over and over for many years on many issues. **They are masters of lying, deception and mind control, and COVID brought them all to a new level.** Since they control the major media, including the social media giants, it is easy to tell enough lies that create enough fear to lead people to comply with whatever they want people to do.

The big lies behind COVID have been too big for most people NOT to believe. The fact that life and death issues were involved made it even easier to pull off the deception, for reasons already explained. The more research I did about "all things COVID," the more evidence I found showing COVID to be an "engineered crisis", and that the "vaccines" were not what we were led to believe either.

On virtually every major point in the devastating COVID saga, the evidence reveals that the official narrative has been based upon one lie and deception after another. Just as Dr. Robert Malone, one of the original developers of the mRNA technology, was quoted as saying in Part 1.

"They have been lying and lying and lying and lying. There are multiple layers of fraud going on...They're trying to get away with the fact that there were multiple misrepresentations that this vaccine could get us to herd immunity... The lies keep coming. They don't stop. They don't care" [21].

The evidence continues to mount showing that a colossal fraud has been perpetrated against the whole world concerning "all things COVID". **If only it were not true.**

Unless and until the elite globalists are stopped, **those among them who are pushing these vaccines are counting on the majority of health care professionals to continue going along with their "emergencies" and "pandemics," recommending and administering their harmful injections and other protocols.** But patients – and everyone else -- are counting on them to do the *right thing*, both for their health and in the fight against medical and political tyranny.

WHAT IS IN THE VACCINES?

Another Word of Encouragement to Those Who Have Had the COVID Shots

At the beginning of Part 2, we sought to encourage readers before presenting information some may find difficult to accept. The same applies here. **Some of the information in this Part might be rather disturbing to those who have trusted the government, Big Pharma, the major media, the medical establishment and Big Tech to tell them the truth about matters that literally involve life or death.** It is very difficult to discover, as well as to be the one to tell others, that we have all been deceived and

betrayed on such important matters. The truth about these issues may be a “difficult pill to swallow”. But especially in the times we are living in now, the consequences of being unaware or deceived are even worse, as stated in Part 2. If you or your loved ones have received the shots, or if you have been recommending or administering them, we encourage you to let truth lead you to solutions and a fresh start in life, rather than allow negative emotions to dominate, hurt and overcome you. Negative emotions can be turned into positive action.

The physical injuries and impacts of the COVID shots are difficult enough for the people and family members of those who have sustained them. The emotional and mental impacts of discovering the truth present significant challenges for many as well, but those, too, can be healed and overcome. Truth is the key to complete recovery and restoration because it is the key that sets people free from fear, trauma, despair, anger, guilt and all other negative emotions. We believe that key of truth is found in God. We hope that our own experience that *nothing is impossible for God* will be an encouragement for those who may be struggling with the impacts from what our government, the major media and others have lied about and what they did not tell us.

Can the COVID Vaccines Change a Person’s DNA?

One of the most serious concerns about what is in the COVID-19 vaccines and how they work is whether or not they can change a person’s DNA. If they can, obviously that has enormous and disturbing implications for humanity – both for people individually and society as a whole.

The medical industrial complex says that is impossible, and that claims to the contrary have been “de-bunked”. However, if we “follow the science,” the evidence shows there is definitely cause for concern. Remember the earlier evidence that the COVID shots are really **gene therapy** products, *not vaccines*. That is an important piece of the puzzle. *Think about that for a moment: why would we need genetic material injected into our bodies to protect against a virus?*

Keep in mind that unreliable bias is likely to result in studies done by researchers funded directly or indirectly (such as through universities) by the pharmaceutical companies, government grants, major foundations or other non-profits that have a vested interest in the official narrative. That is true for researchers on any COVID-related topics.

There are at least two main issues to consider: 1) can mRNA and the vector vaccines (J & J) be intercalated into and alter a person’s DNA?; and 2) if so, will it permanently change a person’s DNA and be passed to future generations? According to Dr. Deborah Viglione, some are under the impression that the J & J was a safer alternative, but in reality, it directly enters the nucleus of the cell where the person’s DNA resides.

One article on this topic is by Dr. Doug Corrigan, Ph.D., entitled “MIT & Harvard Study Suggests mRNA Vaccine Might Permanently Alter DNA After All”, [24] dated March 16, 2021. Dr. Corrigan has a Ph.D. in Biochemistry and Molecular Biology, a master’s in Engineering Physics (with a concentration in Solid State Physics), and a bachelor’s in Engineering Physics [25]. He is also an innovator, has won many awards

and has been named a “Super Solver” in the book *One Smart Crowd*. Like other experts whose research leads them to draw conclusions contrary to the official narrative, he has had his share of smears, but remember who the fact-checkers work for. In that article he explains:

“...we’ve been told in no uncertain terms that it would be impossible for the mRNA in a vaccine to become integrated into our DNA, simply because ‘RNA doesn’t work that way.’ Well, this current research which was released not too long after my original article demonstrates that **yes, indeed, ‘RNA does work that way’**. In my original article, I spelled out this exact molecular pathway.

“Specifically, a new study by MIT and Harvard scientists demonstrates that segments of the RNA from the coronavirus itself are most likely becoming a permanent fixture in human DNA. . . ***This was once thought near impossible***, for the same reasons which are presented to assure us that an RNA vaccine could accomplish no such feat. ***Against the tides of current biological dogma, these researchers found that the genetic segments of this RNA virus are more than likely making their way into our genome. They also found that the exact pathway that I laid out in in my original article is more than likely the pathway being used...***” (emphasis added)

His original article referred to was dated November 2020, before the vaccine roll out, and before the EUA was granted. It is entitled “*Will an RNA Vaccine Permanently Alter My DNA?*” in which he described the reverse transcription (RT) process through which he believes this is possible [26].

He explains why the RT process is even more likely to occur with *the RNA in the vaccine* than with the RNA in the virus itself which was used in the MIT-Harvard study. One of the possible outcomes of this, he explained, was how people receiving the mRNA injections “will almost inevitably develop autoimmune conditions which are irreversible, since this foreign protein antigen is now permanently hard-wired into the instructions contained in their DNA”. This seems to be consistent with what doctors have reported as well after the vaccine rollout, as presented in Part 2.

The MIT-Harvard study Corrigan referred to in his March 2021 article was published in December 2020. It is entitled “*SARS-CoV-2 RNA reverse-transcribed and integrated into human genome*” [27]. That study found “evidence that SARS-CoV-2 RNAs can be reverse transcribed in human cells by reverse transcriptase (RT) from LINE-1 elements or by HIV-1 RT, and that these DNA sequences can be integrated into the cell genome and subsequently be transcribed”.

An update of that study was published in May, 2021 entitled “*Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues*” [28].

“...we found that DNA copies of SARS-CoV-2 sequences can be integrated into the genome of infected human cells. We found target site duplications flanking the viral sequences and consensus LINE1 endonuclease recognition sequences at the integration sites, consistent with a LINE1 retrotransposon-mediated, target-primed reverse transcription and retroposition mechanism. We also found, in some patient-derived tissues, evidence suggesting that a large fraction of the viral sequences is transcribed from integrated DNA copies of viral sequences, generating viral-host chimeric transcripts.”

Another even later study, published in early 2022, is entitled “*Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line*” [29]. The abstract in that study states in part:

“Our results indicate a fast up-take of BNT162b2 into human liver cell line Huh7, leading to changes in LINE-1 expression and distribution. **We also show that BNT162b2 mRNA is reverse transcribed intracellularly into DNA in as fast as 6 h upon BNT162b2 exposure**”.

That study not only noted that the RT process was changing the RNA into DNA in only six hours, but also that a “possible mechanism for reverse transcription is through endogenous reverse transcriptase LINE-1, and the nucleus protein distribution of LINE-1 is elevated by BNT162b2”.

Another paper that discusses the issue is entitled “*mRNA vaccines: Why is the Biology of Retroposition Ignored*”? [30]. Regarding the claim that mRNA vaccines cannot alter DNA, the author says that the claim is widely stated in the literature, but it is “never supported by referencing any primary scientific papers that would specifically address this question.” This was puzzling, he wrote, because of the work that had already been done on various aspects of retroposition that “clearly documents the frequent integration of mRNA molecules into genomes....”

Technologies Relating to DNA and Genetic Editing

There is much we still do not know about the COVID shots, both those that have already been administered as well as current and future ones for which there are no clinical trials or rigorous testing. Because of the lack of transparency already discovered on the part of the manufacturers, and what we know generally of the elites’ plans, it is important to understand what technological capabilities exist and what technologies the manufacturers are using in other products that could potentially also be used in

the COVID shots, if not already used. Technologies involving creation of “synthetic life forms”, [31, 32] “recombinant DNA” (combining DNA from different sources) and “gene-editing” have been advancing for several years already. They have even made it possible to create *chimeras* – hybrid DNA from more than one species.

CRISPR/Cas9 is a genome editing technology that won its inventors a Nobel Prize in Chemistry. It enables users to make a simple “snip” in the genome which disables a gene and allows something else to be inserted in its place. They could even insert a DNA sequence the users have designed themselves according to certain genes they desire to have (“designer genes”). RNA can be used for transporting or reading the DNA “instructions” [33].

An article in November 2021 revealed that Moderna had entered into a partnership with Metagenomi, a CRISPR gene editing company [34]. The article reported:

“...the partnership will involve in vivo treatment options for serious genetic diseases. Metagenomi will offer up access to its gene editing tools while Moderna will bring the expertise in mRNA and lipid nanoparticle delivery technologies”.

It also said: “The companies plan to deliver their medicine where other gene editing companies have already established a precedent—the liver, using delivery tech Moderna already has...”.

Pfizer has also been pursuing CRISPR gene-editing technology. Part of its website deals specifically with “Gene Therapy” and talks about gene editing, including the use of CRISPR and other technologies [35].

It is important to make clear that these references in the Pfizer website and Moderna’s partnership with Metagenomi **by themselves** are not proof of any definite connection between their COVID vaccines and gene editing. However, the point is that this technology is available to them, and it appears clear that they are either already using or intending to use this technology for other purposes. In light of other things we do know, it is wise to be cautious about things we do not know.

An earlier version of the Moderna website [36], which now can only be found through the “Wayback Machine,” explained its mRNA technology in this way:

“Our Operating System

Recognizing the broad potential of mRNA science, ***we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs.***”

Operating system? What kinds of “programs” can be “plugged and played”? Who decides? And who has control or access to this technology in a person’s body? And more specifically, what “programs” has Moderna used in its COVID vaccines? Have its “program instructions” included anything more than to stimulate an immune response to SARS-CoV-2, as was represented to the public and the medical community? And for how long has the body been instructed to continue making the spike protein? There are many questions that most people in the health care community do not know the answers to about this technology and how the COVID vaccine manufacturers have used it in these shots.

The earlier website version describes its “mRNA medicines” as “the Software of life”. In a 2017 TEDx talk entitled “Rewriting the Genetic Code”, the Chief Medical Officer of Moderna, Dr. Tal Zaks, stated: “we are actually hacking the software of life” [37]. The “software of life” is well-known to refer to DNA. He was presenting several good potential uses of this technology which the audience was excited to hear about.

It may well be that the potential use of such technology for good purposes is enormous. But the potential misuse for *evil ends* is equally enormous, raising serious moral and ethical concerns. It depends on who is in control of the technology, and the degree of freedom a person has to choose to use it or not – without being threatened with major adverse consequences, as with COVID vaccine mandates.

Considering the fact that the government and the manufacturers have been unusually keen on seemingly endless booster shots more than once a year, ***does it make you wonder if there might be something more going on here than preventing or lessening the severity of a disease called COVID?***

The latter point also includes the issue of whether or not people are even aware or informed when the technology is being used. For example, there is a developing technology for “self-spreading” or “contagious” vaccines which do what their name reflects [38]. That is, such products can “vaccinate” people indirectly, similar to the shedding phenomenon discussed in Part 3. It may only take a very small percentage of the population to actually receive a “self-spreading” vaccination in order for the entire population to be effectively “vaccinated”. The author of an article on that topic [38] concludes by saying: **“Government-funded research of lab-engineered viruses to create contagious self-spreading vaccines that bypass the consent of citizens. What could go wrong?”**

A very alarming Executive Order was signed by the Biden administration on September 12, 2022 entitled “*Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy* [39]”. One of the key features of this Order is:

“We need to develop genetic engineering technologies and techniques to be able to write circuitry for cells and predictably program biology in the same way in which we write software and program computers; unlock the power of biological data, including through computing tools and artificial intelligence; and advance the science of scale-up production while reducing the obstacles for commercialization so that innovative technologies and products can reach markets faster.”

In light of everything else we know, it appears that the Biden administration, or those controlling it, are trying to make this “transhumanist” agenda and its genetic engineering the new normal. This Order also reveals that they intend to put significant resources into this effort. While the Order also has nice language about using such technology in an ethical and responsible manner, remember that they make their own definitions to suit their objectives. ***Do you trust them to use such technology ethically and responsibly?*** It may sound good on the surface, but the potential implications are far and wide, and not all are for good. ***Does this look like it might have Big Pharma’s signature on it, to create new income streams paid for by the government?***

The subject of the available technology is one about which Karen Kingston, a biotech analyst who has served as a consultant in the pharmaceutical and medical device industry for many years, has much to say. She has expertise in analyzing clinical data, patents, federal regulations, and related matters, and has done extensive research into some of the nanotechnology issues surrounding the COVID vaccines. Kingston is also very familiar with the serious problems in the clinical trials and the contents of many relevant documents of the manufacturers and the regulatory agencies.

In October 2022 she began publishing a very eye-opening multi-part series on her substack platform entitled “Dismantling the Deceptions of the COVID-19 Story [40]”. She has also been interviewed on various platforms about this subject matter [41]. Kingston’s series covers in greater detail what she has found out about the mRNA virus, the spike protein, the technology introduced in the COVID vaccines and what it is does, gain-of-function research, hydrogels and other important related topics, including ones reported on below. These topics, and what Kingston reports on, involve some hard truths about what is going on in the bio-tech field, and how various issues are inter-related. These are issues that everyone needs to be aware of, but particularly the health care community, as they are increasingly impacting the entire field of health care.

Contents of the Vaccine Vials

There are several issues pertaining to the contents of the vaccine vials. Some involve certain listed ingredients, while others are *undisclosed* substances that reportedly have been found. Others involve ingredients for which the manufacturers claim “proprietary information” as their reason for non-disclosure. The problem with that in the pharmaceutical context is that it prevents a consumer from being able to give truly informed consent. It appears that we may know more about the contents of the vials from independent researchers than we do from the manufacturers. We authors cannot ourselves verify their results, but because multiple researchers worldwide have found the same or very similar things, we felt it was important to present this information.

General Concerns

There are several issues discussed earlier in this series which raise concerns about the actual contents of the vials:

- 1) The concerns expressed by Dr. Michael Yeadon and former pharmaceutical company employees about the manufacturing process and the compliance issues.
- 2) The findings of the Paardekooper/Team Enigma research as to the significant inconsistencies in the safety profiles between different lots from the same manufacturer, and similar pre-rollout concerns expressed by the EMA regarding excessive and unacceptable variations in the % mRNA integrity. *Do such inconsistencies still exist in batches made after their research was done? What was causing the inconsistencies in the first place? Were there different ingredients or different doses, or did the inconsistencies result from something done at the place of administration?*
- 3) The way the clinical trials were conducted, and the way that EUA was granted based on manipulated trial data that was presented to the FDA.
- 4) The suspicion aroused by the government's bulldog determination to get everyone injected with these shots when a vaccine was not even necessary in the first place.
- 5) The fact that these shots are not actually vaccines, but "gene therapy" products, and the suspicions raised by such misrepresentation as to what might be in these injections.
- 6) Concerns arising from the FDA's new scheme after June 2022 eliminating clinical trials for any "reformulations" of COVID "vaccines".
- 7) What doctors doing autopsies and embalmers are finding in the bodies of deceased vaccinated persons that they have never seen before the COVID vaccine rollout.

Blood Samples Before and After COVID Vaccinations

One way of determining what is in the vials, and to determine if the vaccines are causing any abnormalities in the body, is through blood analysis using various kinds of microscopic or imaging equipment. Several doctors and researchers in many countries have examined blood samples of vaccinated patients, including samples both "before and after" vaccination from the same patient. Their findings are very similar and consistent. Dr. Barbel Ghitalla from Germany has been doing blood analyses for many years, and describes the rouleaux condition in her vaccinated patients as "severe". She has never seen anything like this before, and is afraid for her patients [42].

Dr. Zandre Botha from South Africa has a Ph.D. in Alternative Medicine, Diploma in Integrative Medicine, and is a certified live and dry blood analyst. She has been examining patients' blood for over 15 years and uses advanced microscopic techniques. She says that more and more of her patients have post-COVID vaccine illnesses. Figures 1 and 2 below are photos of one of her patient's blood samples before and after receiving a COVID shot. These were taken in 2021, so it was known at least that early what these shots were doing to people's blood. **Dr. Botha also said that 100% of her cancer patients who got the shots and whose cancer had been in remission now have cancer again that is spreading** [50]. This is

consistent with what pathologist Dr. Ryan Cole has reported about cancers “taking off like wildfire” after COVID vaccinations because the lipid nanoparticles are shutting down certain pattern receptors [43].

A study was published in August 2022 by three Italian surgeons who had done blood analyses on 1,006 patients who had developed various disorders after receiving the Pfizer or Moderna COVID shots [44, 45]. Figure 3 below shows a set of “before and after” vaccination photos from their study. Using dark-field microscopy, they found that 94% of those tested had abnormal blood samples:

“Aggregation of erythrocytes were highlighted and exogenous point-like and self-luminescent particles in the dark-field were detected ... The alterations in the erythrocytes show a tendency to aggregation/disintegration, stacking in rouleaux, hemolysis, and other conditions suggestive for an important alteration of their zeta potential... With the hematological pictures we have presented here it is reasonable to expect reactivation of oncological disease along with blood circulation disorders.”

The various kinds of foreign particles they observed had different shapes and sizes. Their study includes several photos showing the condition of the blood and the presence of foreign objects. They also observed that “The luminescence of those particles was markedly higher than that of oxygenated red blood cell walls”. (See the section below on *Undisclosed Substances* concerning foreign objects found in the vaccine vials themselves). In addition, they noted that the results of their study were very similar to those of Korean doctors who published their study in the same *Journal* in March 2022. essentially replicating the Koreans’ results but with a much bigger sampling [46].

A third set of “before and after” vaccination photos shown below in in Figure 4 were taken by Dr. Felipe Reitz from Brazil [47]. Other photos of post-vaccination blood samples can be found in the same sources the photos in the figures below came from, as well as from various other sources [45, 48, 46, 49].

For the most part, the post-vaccination photos in the three different sets below primarily show the distinct rouleaux condition in the patients’ blood. Less noticeable are various shapes and sizes of what the above and other sources have identified as “foreign objects”. Other blood sample photos from some or all of these same sources show such objects more prominently, and the sources say these objects are not artifact or foreign material on the slide itself.

Figure 1. Photo from Dr. Zandre Botha (South Africa) of a patient's blood BEFORE a COVID vaccination [50].

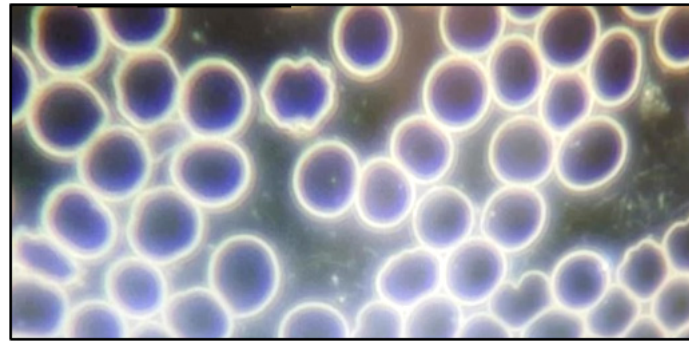


Figure 2. Photo from Dr. Zandre Botha (South Africa) of the blood of the same patient as in Figure 1, AFTER a COVID vaccination [50].

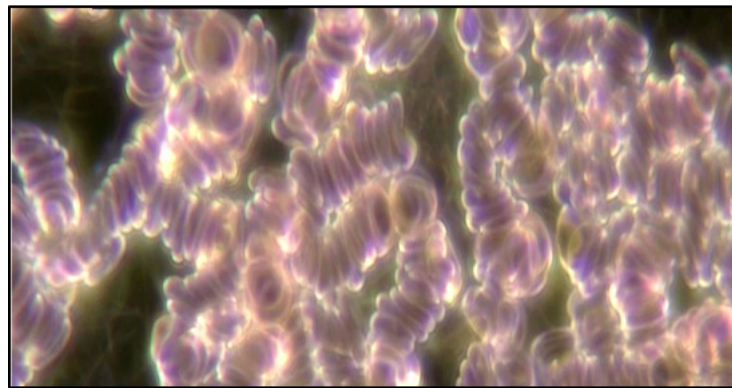
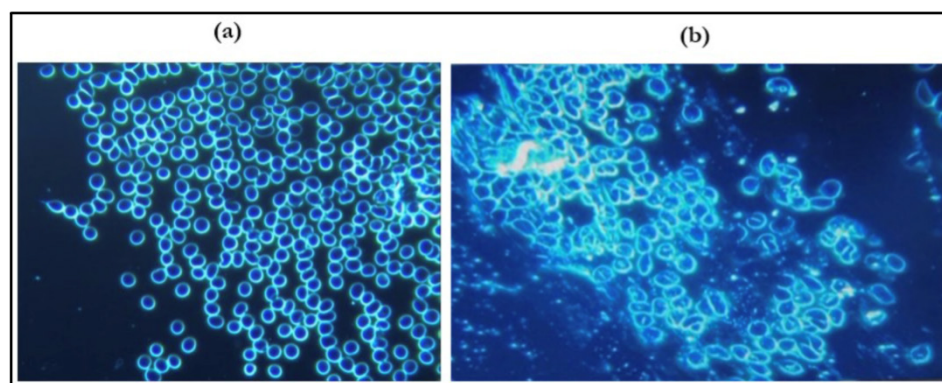
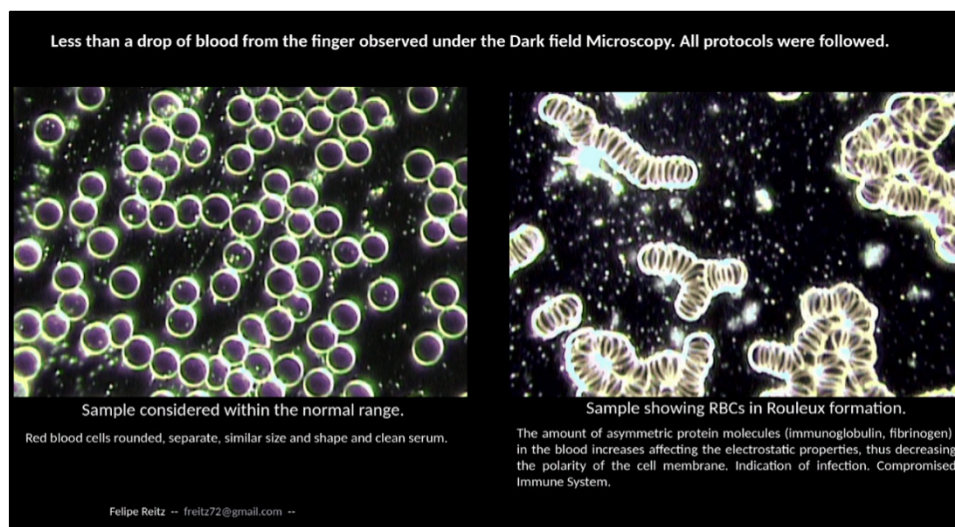


Figure 3. Photos and original description below by Franco Giovannini, MD, Riccardo Benzi Cipelli, MD, DDS, and Gianpaolo Pisano, MD, OHNS (Italy). (These photos and legend are displayed as “Figure 1” in their study referenced below) [44].



“These photos are at 40x magnification. At the left side, (a) shows the blood condition of the patient before the inoculation. The right side image, (b) shows the same person's blood one month after the first dose of Pfizer mRNA “vaccine”. Particles can be seen among the red blood cells which are strongly conglobated around the exogenous particles; the agglomeration is believed to reflect a reduction in zeta potential adversely affecting the normal colloidal distribution of erythrocytes as see[n] at the left. The red blood cells at the right (b) are no longer spherical and are clumping as in coagulation and clotting.

Figure 4. Photos by Dr. Felipe Reitz (Brazil) using thermographic imaging, with his own descriptions [47].



Dangers of Certain Disclosed Ingredients

Even some of the disclosed ingredients raise serious toxicity issues. Now that new formulations of the vaccines are being distributed, the lists of ingredients should be compared with the lists for the original formulations to check for any differences. The lists of ingredients for the Pfizer, Moderna, Johnson & Johnson and the new Novavax vaccines can be found on the CDC website [51].

One of the physicians who has addressed the topic of some of the disclosed ingredients from the original formulations is LTC Theresa Long, MD, one of the military doctor whistleblowers cited in Part 2. She submitted a sworn affidavit in the Robert v. Austin case with her findings and conclusions, along with extensive supporting documentation [52]. Other sworn affidavits concerning the dangers of some of the disclosed ingredients, made by Dr. Ralph Grams, MD and another military whistleblower, MAJ Sam Sigoloff, D.O., are included in the same extensive document as LTC Long's affidavit.

First, Dr. Long noted that the label for Comirnaty and BioNTech (both Pfizer products) states that the shots should not be given to people with allergies to any ingredients. *Are people being asked about allergies before being given the shots?* Most people probably do not know if they are allergic to certain ingredients or not. In particular, Dr. Long reported her concern about the ingredient *polyethylene glycol*, or PEG. Based on her research, 72% of the population already has PEG antibodies, and that people who are allergic to PEG may suffer a severe anaphylactic response resulting in hospitalization or even death.

A paper entitled "A Cautionary Note: Toxicity of Polyethylene Glycol 200 injected intraperitoneally into mice," demonstrates that the route of exposure to a particular chemical matters [53]. In other words, as explained by Dr. Deborah Viglione, substances that may be safe enough to be ingested can be toxic or lethal if injected intramuscularly or intravenously. As stated in the Abstract of that report: "although PEG 200 is generally considered to be harmless it can be toxic when injected i.p. [intraperitoneally]". Half of the research animals in that study had to be euthanized. Therefore, the route of exposure or the manner in which a chemical is taken into the body can have a significant difference in its effects.

Another primary ingredient Dr. Long noted in Pfizer's lipid nanoparticles is ALC 0315. The toxicity report on that ingredient, which she said comprises 30-50% of the total ingredients, says that it is "Category 2 under the OSHA HCS regulations, 21 CFR 1910". It includes several concerning warnings, including but not limited to "seeking medical attention if it comes into contact with your skin...". *Most concerning of all, it states: "the chemical, physical and toxicological properties have not been completely investigated" and ends with the caution: "Product has not been fully validated for medical applications. For research use only".* Dr. Long's conclusion was:

"due to the risk associated with the spike proteins themselves, due to the risk associated with the lipid nanoparticles (ALC 0315) and adjuvants such as PEG, **I believe it is reasonable to conclude that these shots pose a serious risk to many humans due to direct adverse effect or allergic reaction, and therefore should not take vaccinations with either Comirnaty or BioNTech**".

She also stated: "My assessment is that ALC 0315 is a known toxin with little study, specifically it is still lacking toxicity, carcinogenic, and teratogenic studies and is specifically restricted to 'research only'".

Dr. Long also studied the safety data for Moderna's SM-102 and stated in her affidavit: "Suffice it to say that SM-102 is significantly more dangerous than the Pfizer ALC 0135...". Dr. Long noted that the DOD was not at that time actively acquiring or distributing the Moderna product, but stated that if they did:

"one can expect a much higher Serious Adverse Event and fatality rate given that SM-102 carries an express warning "Skull and Crossbones" characterized under the GHS06 and GHS08. In other words, the Moderna ingredient is deadly".

The website of a company called Cayman Chemical [54] contains the following statements on its safety data sheet for SM-102: "This product is for research use - Not for human or veterinary diagnostic or therapeutic use". One of the hazards is listed as "harmful if swallowed". ***Why would Moderna include such a chemical in these shots, and how did the FDA allow an ingredient with these kinds of warnings?***

Undisclosed Substances

As a backdrop to a brief discussion of two main undisclosed substances reported by researchers who have examined contents of the vaccine vials, it is helpful to first connect certain other dots about some things we already know that provide an important context for what we do not know.

We already know about the elites' desire to control the entire world, including every aspect of every person's life. We have experienced various kinds of authoritarian controls already during COVID, such as lockdowns, mask and vaccine mandates, social distancing, "tracking" and "vaccine passports". We know

their keen interest in gathering as much data on us as they can. We have also seen their intention to fuse technology and the human body and to use gene editing. We have evidence of the potential for the COVID shots to change DNA and the elites' interest in "hacking" DNA, the "software of life", even to change what it means to be human. We know that Moderna has partnered with a company to use Moderna's mRNA technology for gene editing. Pfizer has also shown that it is pursuing gene-editing technology. Moderna has described its mRNA technology as being like an "operating system" in a computer that can "plug and play" the "software of life," DNA. We know that the government and the manufacturers have advised people to get multiple shots of the COVID "vaccine", even within one year's time, with no apparent end in sight. There are many other relevant facts you may recall from earlier in this series.

Discussion of the researchers' findings gets into some issues that are not traditional medical issues, so most physicians and other health care professionals may not be familiar with them. But because they involve potentially significant safety and health concerns, it is important to be aware of them. Examples of such unfamiliar issues would be the various technologies discussed above and the role of mRNA and nanotechnology in such uses and other biomedical applications. Because of the serious issues raised by the researchers' findings and conclusions, we believe it would be wise for the medical community not to ignore or dismiss them, unless and until there are clear and properly done studies revealing there is no real cause for concern. However, at the present time, there is enough evidence that merits further research by experts in several scientific and medical disciplines to determine the safety and possible health impacts of these new "vaccines."

This is especially important in light of the fact that new formulations of COVID vaccines under the "Future Framework", first administered in September 2022, **do not have to go through any new clinical trials.** *What do we actually know about what the FDA is requiring of the manufacturers for these new formulations under this new framework? Is any safety testing of any kind being done on new formulations, or are the regulators and the manufacturers looking for safety signals **only after** their release into the marketplace?* Given that researchers have found a variety of undisclosed substances in the original formulations that **did go through some semblance of regulatory review and clinical trials**, there are very good reasons to be highly concerned about what could be in the new formulations that require no such review. There is too much we do not know.

The Main Undisclosed Substances

Researchers from several different countries have used various kinds of microscopes and imaging equipment to examine the contents of many COVID vaccine vials. They are from Spain [55], New Zealand [56], Australia [49], Germany and Austria [57], U.S. [58], UK [59], South Korea [46], Argentina [60], and other countries. They have looked at samples made by Pfizer, Moderna, Johnson & Johnson, AstraZeneca and other companies. Analyses of their findings have revealed very disturbing results. There are various kinds of undisclosed substances you should be aware of that researchers have reported to be in vials from all of those companies (although not all researchers have examined vials from all companies). This report will briefly discuss two main kinds: 1) *"foreign or strange objects or structures"* and 2) *forms of graphene*, such as graphene oxide ("GO"), graphene hydroxide, or reduced graphene oxide.

“Strange objects or structures”. It is not a secret that the COVID vaccines contain lipid nanoparticles, which are one of many forms of nanotechnology. Their purpose is to carry and deliver the mRNA into the cells. “Nanomedicine” is said to involve “the use of nanoscale materials, such as biocompatible nanoparticles and nanorobots, for diagnosis, delivery, sensing or actuation purposes in a living organism” [61]. Nanoparticles are far too small to be seen by the naked eye, or even under a regular or light microscope. “A nanometer is 1/80000th the diameter of an eyelash, one-millionth the size of a pinhead” [62]. More powerful and specialized equipment is necessary to see them. For example, Raman spectroscopy is able to “provide a wealth of biochemical information... and achieve high chemical specificity in biological samples” [63]. There is quite a large number of reports in the medical and scientific literature about nanotechnology being used in various biomedical applications.

One article is called “Self-assembled mRNA vaccines” [64]. It was published right after the COVID vaccine rollout, so many parts of the discussion explained how mRNA vaccines *were supposed to work*. It was too early to address how the shots *actually* worked when administered on a widespread basis, but it still provides helpful explanations of some aspects of the technology. It refers to the COVID-19 vaccines as having “pushed the boundaries of gene therapy,” and also explains:

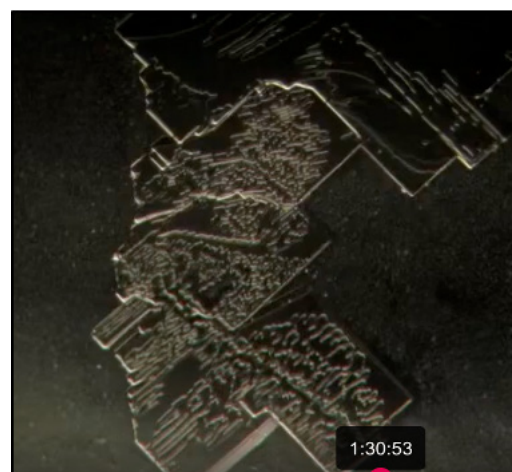
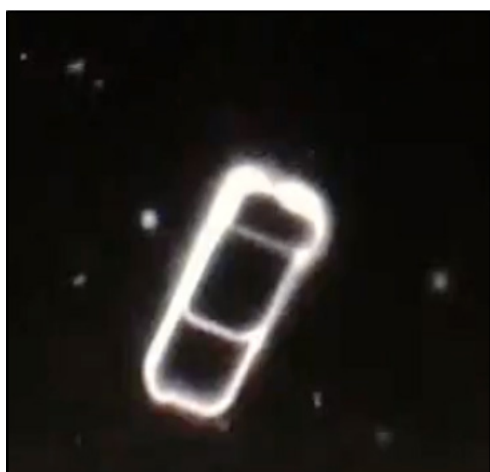
“Self-assembly of ‘smart’ materials is a highly sought-after approach in many areas of materials science - simply mix the components, and intermolecular interactions will assemble these components into the desired structure with the desired properties. . . The use of self-assembly has found applications in numerous fields of nanoscience [7], including nanomedicine. In gene delivery, building blocks such as small molecules or polymers interact with nucleic acids and self-assemble into ordered structures”.

The developments in nanomedicine, the acknowledged use of nanotechnology in the mRNA vaccines, and the “self-assembly” feature of nanomaterials all put the findings of those who have examined COVID vaccine vials in a different light than they might otherwise have appeared. The COVID vaccine researchers from around the world report finding various kinds of “strange objects and structures,” things they have never seen before. Some appear as strange crystals, others as “folded ribbons”, while others are “self-assembling” structures that resemble electronic circuitry like a router with antennae. The circuitry-like structures are apparently not seen immediately when a drop from the vials is put under a microscope. The self-assembly process appears to occur over a period of time.

As one would expect, those promoting the vaccines as safe and effective have denied such findings and have sought to discredit the researchers who have reported them. Some have claimed that a chip for tracking and other purposes is too big to fit inside a syringe [65]. Technically that is true with regard to pre-assembled chips, but they ignore or fail to acknowledge the existence and use of *self-assembling nanotechnology*. Since a picture is worth a thousand words, perhaps some of the photos taken of what the researchers are reporting to have seen using various kinds of specialized microscopic equipment will help many decide what to believe about this subject.

Figures 5 to 14 below show some of the various kinds of objects found by researchers who have examined the contents of COVID vaccine vials from various manufacturers, including some self-assembled structures. Not every vial contains all the same kinds of objects. In addition to the sample photos below, others are available in various other studies and independent media sources, such as Australian investigative journalist, Maria Zee [49]; a UK research group [66], Dr. Martin Monteverde of Argentina [60], and <http://LifeoftheBlood.com>.

Figures 5 (below, left) and 6 (below, right), as well as **Figures 7 and 8** are from the Conference of German and Austrian Doctors held in December 2021 [67]. According to the researchers, these photos are of the same object, but Fig. 6 shows what the object in Fig. 5 developed into 3 months later (starting at about the 1:30:40 mark in the video). This is from a Pfizer/BioNTech vial. Notice the general similarities between Figure 6 here and Figure 9 below. Though the detail in Figure 6 is difficult to see because of the dark background, if these two images in Figures 5 and 6 are of the same object at different points in time, it is very clear that the simpler object on the left has developed into something quite different.



Figures 7 (left) and 8 (right) [68] at the 1:48:41 mark in the video. **Figure 7** appears to be the same as Figure 8, except that the latter is less illuminated and allowing somewhat more detail to be observed.

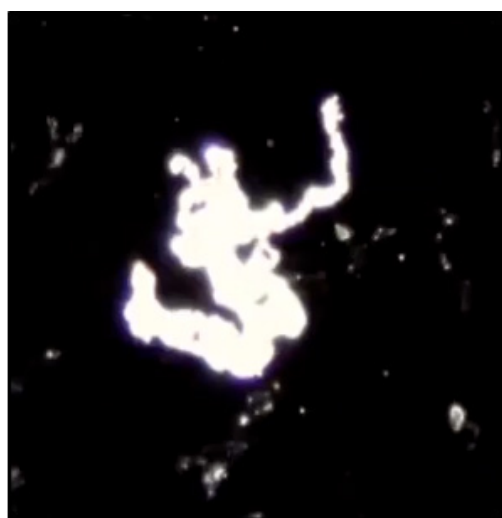


Figure 9 [69] is a photo from www.LifeoftheBlood.com that was used in a presentation by Dr. Robin Wakeling (New Zealand). It depicts more clearly a structure or object similar to the one shown in Figure 6 above.



Figures 10-12 [48] are from The German Working Group for COVID Vaccine Analysis, Summary of Preliminary Findings.

Figures 10 (left) and 11 (right) – at p.14 of their report, are from a Johnson & Johnson vial. The legend in the original photo states: “It should be noted that objects of this type were not found in all of the samples”.

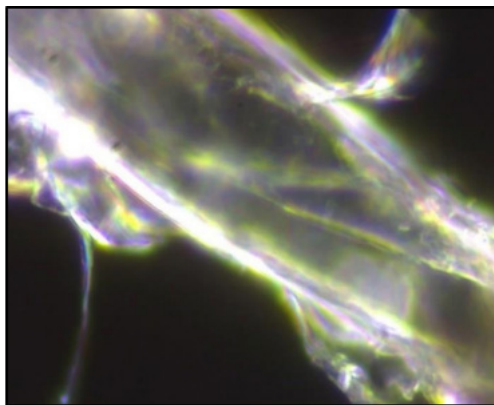


Figure 12. [48] The original description by the German Working Group for their Figure 4 on p. 24 of their report is: “Lipid crystal particles at 1,000x magnification in the Comirnaty vaccine from BioNTech/Pfizer. Some of the crystals are in the size range of red blood cells (\varnothing 7-8 μ m], the so-called erythrocytes and even larger”.



Figure 13. [71] Photo provided by Dr. Daniel Nagase (Canada) of one drop from a Pfizer vial using an electron microscope. In one droplet he said there are hundreds of these little squares.

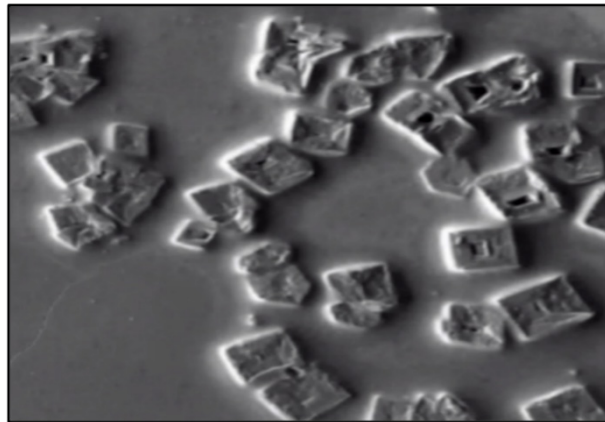
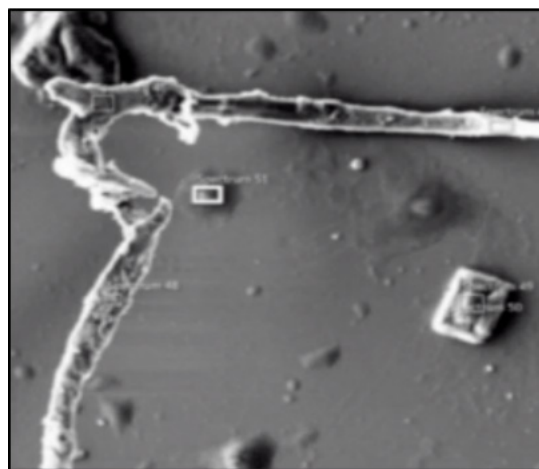


Figure 14. [72] This is another photo provided by Dr. Daniel Nagase from a Pfizer sample using an electron microscope. It shows some kind of fiber-like object in addition to squares and other objects. He also said that “the x-ray diffraction spectroscopy of the squares and fibre showed mostly Carbon and Oxygen”.



What are these strange objects and what is their purpose? What do they have to do with protecting a person from infection or disease? In light of statements by Klaus Schwab and Yuval Noah Harari, especially Harari's statement about COVID being remembered as the time when "surveillance went under the skin", consider the following explanation about the possible purpose of these foreign objects. In an article entitled *"How it All Fits Together: Covid, 5G, Nanotech, Transhumanism and Charles Lieber"*, Maryam Henein states:

"The wireless future is here. The model ostensibly turns human beings, via nano-implants, into antennas that can transmit information. They're turning human beings into quasi-machines. Under this transhumanist agenda, the idea is to place nanotech inside our bodies [so that] we can communicate in real-time with the Smart Grid powered by way of 5G."

"It's called the 'internet of bodies' (IoB) or the 'nanotech of things,' (NToT), and it connects with the Internet of Things (IoT). One way this is accomplished is to embed graphene-made sensors into fabrics. Another is to implant or ingest the nanotech matter into the body, creating an internal technology platform" [73].

Internal technology platform? Does that not sound like Moderna's earlier description of its mRNA technology? How about Harari's statements about "hacking humans"? Are the pieces of the puzzle starting to fall into place?

Graphene or Its Derivatives

If graphene oxide or other form of graphene had been identified by only one or two researchers as being in the COVID vaccine vials, there would be reason to be skeptical. However, when many researchers, such as those whose photos are presented above and others, in many different countries, working independently and using various kinds of microscopes, all find basically the same or similar things, their findings merit deeper consideration. This is especially the case when the medical and scientific literature in recent years show that a very large number of papers have been published on the subject of the great advantages of using graphene oxide for drug delivery and even in mRNA products [74]. Not surprisingly, "fact-checkers" and those promoting the official narrative deny that there is graphene in the COVID shots.

Graphene has been called a "supermaterial" because it is "200x stronger than steel by weight, 1,000x lighter than paper, 98% transparent, conducts electricity better than any other known material at room temperature, it can convert light at any wavelength into a current, and it is made from carbon, the fourth most abundant element in the universe..." [75]. No wonder Prof. A. Fasano, Co-Director of the Surgical Program for Movement Disorders at Toronto University Hospital, said in 2018 that *"Graphene is the next big thing in bioengineering materials ..."* [76]. It enables "interface with the nervous system, allegedly with fewer side effects than other materials" [77].

The main form of graphene found by the independent researchers is graphene oxide [49], though other forms have also been reported. However, they all claim that graphene in its various forms is toxic. ***If that is true, why has it become a highly favored substance for use in biomedical applications? Therefore, the questions are: 1) is graphene oxide (or other form of graphene) actually in the COVID vaccines? 2) if so, for what purpose? and 3) is it toxic, and if so, can its toxicity be sufficiently mediated?***

Evidence that graphene oxide is in the shots

There are various kinds of evidence that reveal the presence of some form of graphene in the shots. Prof. Dr. Pablo Campra of the Universidad de Almeria, Spain, was the first to issue an interim report on graphene-related materials in the COVID vaccines in June 2021. He issued a later report in November 2021 [55]. Using micro-Raman spectroscopy, he screened more than 110 objects for their “graphene-like appearance” under optical microscopy. He chose 28, of which 8 had a conclusive identification of “graphene oxide structure” and the other 20 objects “show a very high level of compatibility with undetermined graphene structures”.

An interim study reported in February 2022 by *The Exposé* [78] was a forensic analysis by a UK lab [59] investigating COVID vaccine vials to verify Dr. Campra’s findings and report any other ingredients that might be toxic to the body. The UK lab examined two vials of Moderna and one each of Pfizer and AstraZeneca. Raman spectroscopy was the chosen method for initial identification, but other microscopy was also used. The Executive Summary states that their initial findings “confirm the presence of graphene compounds in each of the injection vials”.

They also identified five basic kinds of various graphene-based forms: ribbons (coated with polyethylene glycol), sheet forms, tubular forms, nano dots and nano scrolls. That could account for the different shapes and sizes of the objects in the above photos. All three vaccines in the UK study used “self-assembling lipid nano particles as drug delivery mechanisms”. They concluded by saying that the four samples “all contain significant amounts of carbon composites, graphene compounds and iron oxide,” and were not disclosed by the manufacturers. They described as “striking” the percentage of the ingredients consisting of graphene and other carbon composites. However, they also noted the increasing use of graphene in drug delivery which should be considered. ***But that does not excuse the manufacturers from not disclosing it, nor does it explain why the manufacturers would hide the inclusion of graphene-family nanoparticles in the vaccines from the public.***

Dr. Daniel Nagase is another doctor who has examined Pfizer and Moderna vials [79]. Two of his photos of foreign objects are shown above. The vials he received had been unrefrigerated for one to two months. He examined the contents under an electron microscope which enabled him to determine the chemical composition of the contents. His analysis showed that by far the predominant element in the objects was carbon, and graphene is made of carbon atoms. Different objects had a smattering of various other elements, but they were not all the same, even in objects in the same drop. However, there was no nitrogen or phosphorous, which, he explained, means that the objects were not biologic in nature; otherwise, they would have nitrogen and phosphorous.

Other evidence of graphene in the vaccines comes from Argentina where it was reported in January, 2022, that a public health official, Dr. Patricia Aprea, admitted in a court case that the COVID vaccines administered there do contain graphene [80]. The case involved a death following a COVID vaccination, but the report did not specify which manufacturer's vaccine was involved.

Former Pfizer employee, Karen Kingston, has uncovered documentary evidence of it being in the COVID-19 vaccines [81]. Kingston is a medical device analyst who does analyses for physicians, pharmaceutical companies and consumers. She has considerable information about the COVID vaccines, the serious problems with the clinical trials and the contents of many relevant documents of the manufacturers and the regulatory agencies. She has had more than 20 years in the industry and also is skilled in reading lengthy and highly technical patent materials.

She said that graphene is not mentioned in the U.S. vaccine patents, but points to a patent application that was filed in China in 2020 by the Shanghai Engineering Research Center for Nanotechnology [82]. That document states that it "relates to a vaccine:"

"...in particular to development of a 2019-nCoV coronavirus nuclear recombinant nano vaccine ... The novel coronavirus vaccine contains **graphene oxide**, carnosine, CpG and novel coronavirus RBD; The carnosine, the CpG and novel coronavirus RBD are combined on a framework of the **graphene oxide**..." (emphasis added)

Purpose. *Why would graphene oxide be in a "vaccine?"*

If graphene oxide is in the COVID shots, there are at least a couple purposes it could serve. One is that graphene oxide plays an important role in self-assembly, which would explain the self-assembly described by the researchers during their microscopic examinations. This is explained in an article entitled "*New graphene-based material self-assembles into vascular structures*:"

Self-assembly is the process by which multiple components spontaneously organize into larger, welldefined structures. Biological systems rely on this process to controllably assemble molecular building blocks ... to grow, replicate and perform robust functions.

"The new biomaterial is produced by the self-assembly of a protein with graphene oxide. This self-assembly process allows the flexible (disordered) regions of the protein to order and conform to the graphene oxide, generating a strong interaction between them. By controlling the way in which the two components are mixed, it is possible to guide their assembly at multiple scales in the presence of cells to produce complex robust structures" [83].

Another very important purpose for using graphene would be its excellent electrical conductivity properties in connection with the “foreign objects” found in the vials. If some or all of those objects are in fact some kind of nanotechnology designed to provide connection to an external server, as suggested by their appearance, the article by Maryam Henein quoted above does indeed provide a logical explanation as to “*How it All Fits Together*”, as the title of her article suggests. She explains that graphene is necessary for the connectivity to occur. The 5G acts upon the graphene. That interaction of 5G and graphene is discussed further below in the section on 5G. Henein also points out that this area of nanotechnology is totally unregulated, so we need to be all the more vigilant about what we put into our bodies.

In an article entitled “*Graphene Oxide. & Nano-Router Circuitry in Covid Vaccines: Uncovering the True Purpose of These Mandatory Toxic Injections*”, author Mik Anderson states [84]:

“The properties of graphene are exceptional from the physical point of view, but also thermodynamic, electronic, mechanical and magnetic. Its characteristics allow its use as a superconductor, electromagnetic wave absorbing material (microwave EM), emitter, signal receiver, quantum antenna, which makes it possible to create advanced electronics on a nano and micrometric scale...

Second, graphene is a radio-modulable nanomaterial, capable of absorbing electromagnetic waves and multiplying radiation, acting as a nano-antenna, or a signal repeater.”

That article cites many references related to this topic. ***As the title of that article and the article on “How it all Fits Together” suggest, is this technology the real purpose behind the COVID “vaccines”? Are the pieces of the puzzle starting to come together to enable us to see where and how “all things COVID” fit into the “big picture” discussed at the beginning of this Part 4?***

Toxicity of Graphene

There is a large number of studies that address the issue of toxicity of graphene oxide (GO) in the human body. One such paper is entitled “*Synthesis and Toxicity of Graphene Oxide Nanoparticles: A Literature Review of In Vitro and In Vivo Studies*” published in 2021 [85]. Based upon those authors’ extensive review of the existing literature, they noted that the studies on graphene oxide’s cytotoxicity were contradictory. To complicate the matter, they also found that the “dependence of cytotoxicity on dose changes with different cell types”. Their conclusion was:

“Although GO is useful for many applications, there is still a risk related to its ‘toxicity’, limiting its uses. Studies conducted so far indicate that the toxicity of GO could depend on its size, synthesis methods, route of administration, and exposure time. In addition, we presented the different toxic effects of this nanomaterial at the cellular and systemic level of the body with discussions on the underlying toxicological mechanism. We also highlighted the role of biological barriers to the entry of GO into the body and its toxicokinetics. ROS-mediated cellular damage has been postulated as a primary mechanism of GO cytotoxicity. In general, available GO toxicity studies are mainly limited to evaluating acute toxicity, while chronic toxicological studies lack.”

Another paper published in November 2020 [86] cautioned that preclinical studies to date were not adequate, and observed that most studies about graphene-based nanoparticles were focused more on “delivering their burden in the body” with only scarce attention paid to their removal. The paper also said that the main toxicity issue is “interaction between graphene nanomaterials and cells/tissues...”. It concluded:

“Although many efforts have been made to reduce the toxicity of the graphene and graphene-based materials, the use of these compounds is currently associated with high risk. Recently, these materials were put into the list of hazardous agents by The European Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR)”.

Some of the problems resulting from GO toxicity are discussed in a 2016 paper entitled “*Toxicity of graphene-family nanoparticles: a general review of the origins and mechanisms*” [87]. They “can induce acute and chronic injuries in tissues by penetrating through the blood-air barrier, blood-testis barrier, blood-brain barrier, and blood-placenta barrier etc. and accumulating in the lung, liver, and spleen etc... granulomas, lung fibrosis ...inflammatory response ... autophagy and necrosis”. Cytotoxicity in vitro has also been verified to “change the cell viability and morphology, destroy membrane integrity, and induce DNA damage, ...decrease cell adhesion; induce cell apoptosis; and enter lysosomes, mitochondria, cell nuclei, and endoplasm; GQDs entered cells and induced DNA damage by increased expression of p53,

Rad51, and OGG1 proteins in NIH-3 T3 cells” [88]. The paper states that there were such “a mass of data demonstrating the toxicity of GFN’s [graphene-family nanoparticles] in different organs or systems in animals, so that it is hard to list all the data in this review” [89]. That paper also noted that recent research had focused more on application than on toxicity.

To summarize, because of the number of variables that affect toxicity, it appears that cytotoxicity testing needs to specifically focus on each particular application. It is also apparent that the bulk of the research has focused on the potential uses of graphene-based nanoparticles, to the neglect of toxicity issues. Without specific testing for each application, the risks are significant.

Where are the toxicology studies for the COVID vaccines? What is it about the use of graphene oxide (or other form of graphene) in the vaccines that they do not want us to know?

Other possible undisclosed substances

Are there any other undisclosed materials inside the lipid nanoparticles? Anything that might cause disease, disable the immune system, or change DNA? We know the mRNA is carrying instructions, but instructions to **do what?** Supposedly the instructions are to make spike protein, *but is there anything else?* According to Dr. Paul Marik, MD, the mRNA in the shots is not a direct copy of the mRNA in SARS-CoV-2. He says it has been genetically altered, so we do not know what it was designed to do or may do unintentionally [90].

5G Issues

Two issues are addressed here concerning 5G and COVID: 1) how graphene in the vaccines interacts with 5G; and 2) the fact that radiation sickness has the same or similar symptoms as COVID-19.

Connection to the Vaccines

Dr. Rob Verkerk is a scientist on the science and medical committee of the World Council for Health. He has summarized the interim findings of the UK lab mentioned above that studied the contents of various COVID vaccine vials. He has been involved in many nano technological investigations, and has studied the use of graphene in nano electronic devices. In summarizing that lab’s findings for its Interim Report, he said [66]:

“So the people who have suggested there may be a link between 5G or 6G electronic devices and graphene are not barking up a conspiracy theory tree. There is genuine reason to be concerned about the linkage between those two things.”

Due to the greater demands and requirements for 5G technology, the industry needed new materials that could serve its purposes. A 2019 study also showed that graphene can be applied to 5G [91]. A 2019 article at Graphene-Investors.com revealed that research was being conducted “to see how graphene’s high conductivity and flexible monolayer can support the development of 5G wireless technology” [92]. In 2017, the article reported, a Swedish research team had a breakthrough in this area when “they combined terahertz detection with flexible graphene, a 5G mobile device controlled the Internet of Things (IoT)”. The article further stated: “With the right resources and work, it’s only a matter of time before we can benefit from graphene’s incorporation into 5G”.

For more about the connection between 5G, COVID-19 and the vaccines, see the “*Report on 5G Directed Energy Radiation Emissions in the Context of Nanometal-Contaminated Vaccines that include COVID-19 with Graphite Ferrous Oxide Antennas*” by Mark Steele, especially section III of his report [93]. Steele is a British engineer, inventor, patent writer and weapons research scientist with a materials science background. He states: “Cyber Command USA had been made aware of my expertise and specifically requested my advice with regard to an unusual 5G antenna design deployed across the USA”. He says:

“I have acted as a witness and provided statements in several court cases, exposing the lack of any credible evidence that the 5G light-emitting diode (LED) network and planned neural connection to the 5G grid are safe. This includes nano metamaterial technologies that are contaminating vaccinations, that are not legal or lawful, and that breach a number of international and domestic laws”.

Think about that: ***“Planned neural connections to the 5G grid”, about which he says there is no credible evidence of their safety, including “nanomaterial technologies contaminating vaccinations”.*** He also states that there is a substance in the vaccines that can be activated using electromagnetic radiation for tracking purposes [94].

Connection to COVID-19

It is reported that in places where 5G was turned up, more people got sick with COVID-like symptoms, including Wuhan, China in late October 2019, just before the outbreak [95]. ***Were they sick with “COVID” or was it radiation sickness, or perhaps something else?***

The report by Rubik and Brown cited in the reference below refers to a “large body of peer reviewed literature, since before World War II, on the biological effects of WCR [wireless communications radiation] that impact many aspects of our health”. After reviewing those reports, they found “intersections between the pathophysiology of SARS-CoV-2 and detrimental bioeffects of WCR exposure”. In Mark Steele’s report quoted above, he confirmed this point: “All of the known coronavirus symptoms can be attributed to ionizing and non-ionizing radiation pollution” [96]. Just as the symptoms of the flu are similar to COVID-19, and the PCR test could not tell the difference, it appears possible that some who have suffered symptoms of COVID could actually have been suffering from radiation sickness.

There is much more available on this subject, but again, the purpose here is simply to make you aware of the issues. The danger of 5G is another very big issue that should be investigated and dealt with immediately by local government officials. It is also important for doctors to recognize because it could affect their diagnoses and treatments for people suffering its effects.

REFLECTIONS ON PART 4

What do you think about the morality and ethics, not to mention the legality, of injecting various forms of nanotechnology into people without disclosure or informed consent? This may be one of the most deceptive and evil aspects of COVID’s role in the big picture. When the elites talk about “fundamentally changing” humans into hybrid creatures who can be surveilled, tracked and controlled, we now understand better what they mean.

That raises several questions, such as: ***If these globalists are not stopped, what kind of genetic manipulations might they be planning for humanity? What are the ramifications of creating new hybrid species? How are they planning to use these technologies in the body to track and control people 24/7?***

The globalist elites’ desire to control extends to every part of our lives. It includes control over where we can go, what we can do, where we can live, how much energy we consume, what we can say, and whether we even have access to our funds and financial accounts, as the outspoken doctors have been experiencing problems with recently. Having some kind of device “under the skin” would be ideal, from the elites’ perspective, to keep track of our compliance and everything we do. They want the world to have a kind of “social credit system” like China already has. That system determines what degree of benefits and privileges each person may enjoy based on their level of compliance with the elites’ mandates and dictates. Noncompliance brings punishments and loss of privileges. Having something “under the skin” that they could monitor or even turn on and off at will to control our access to certain activities or privileges would serve their agenda well.

But it goes further than that. Harari has talked about “hacking our bodies” and “re-engineering” our bodies, brains and minds. They could even monitor and control our thoughts and our feelings. That, in turn, determines what we do and how we do it. Remember, Harari also said “free will is over”. They have the technology to take away our ability to think and make choices for ourselves, and to program us to do whatever they want us to do. They now have the ability to create synthetic life in various forms. ***Is that the kind of life we want for ourselves and future generations?***

Given the extremely serious potential misuses and abuses of technology available today, where do you draw the line between appropriate advancements in health care and the point where it becomes unethical and recklessly dangerous?

Is it more clear now why the government, the controlled media, and the entire medical industrial complex and other elites have been so determined to get everyone on the planet injected with these shots? Do you also see why they had to demonize and refuse to approve all effective treatment protocols for Covid-19? It should be apparent now why they have ignored all of the glaring warning signals in the VAERS database and why they have lied to us all about “all things COVID”.

THIS IS A WAR

What we have been witnessing since 2020 is frighteningly similar to the history of the 1930’s that led to World War II and the genocide of many tens of millions of people. Unfortunately, as the saying goes, those who do not learn from history are bound to repeat it. It appears that we are repeating what our parents and grandparents vowed should never happen again.

During the rise to power of Adolf Hitler and the Nazi party, censorship and control of the various forms of media and communication were tools used to steer the German people into supporting Nazi ideals and beliefs, not realizing that they were actually enabling and supporting a dictatorship that would ultimately lead to the deaths of millions. After the Nazis came to power in 1933 – *through a legal political process*, **not** by a military coup d’etat – freedom of speech and press in the German constitution was abolished by various decrees and laws. By 1934, criticism of the Nazi government was illegal. At the time, the Nazis controlled all radio and press such as newspapers and magazines. They also influenced the German people through art, theater, and music. The Nazis literally burned books that countered their narrative, or banned them as “un-German”. They went so far as to censor soldiers’ letters to their loved ones.

In addition, in 1933, they started a new government department led by Joseph Goebbels called The Reich Ministry of Enlightenment and Propaganda. That department began a massive propaganda campaign glorifying the Nazis and desecrating the Jewish people. They created groups to brainwash the youth such as The Hitler Youth and The League of German Girls. Jewish people eventually had to wear bands with a star on their arms to label them publicly, akin to the purpose of today’s “vaccine passports”, except that these “passports” identify the “good people”.

The description of Holocaust survivor Vera Sharav during an interview with Reiner Fuellmich [97] is especially revealing as it relates to the health care profession. Many of her comments are also presented in the International Criminal Court Complaint referred to in Part 3 [98]:

“Under the Nazi Regime, moral norms were systematically obliterated. The medical profession and institutions were radically transformed, academic science, the military, industry and clinical medicine were tightly interwoven, as they are now. The Nazi system destroyed a social conscience in the name of Public Health. ... Eugenics driven public health policies replaced the physician’s focus on the good of the individual. [The] German medical profession and institutions were perverted. Coercive public health policies violated individual civil and human rights ... **Nazi propaganda used fear of infectious epidemics to demonize Jews as spreaders of disease, as a menace to public health ... Fear and propaganda were the psychological weapons the Nazis used to impose a genocidal regime and today, some are beginning to understand why the German people didn’t rise up. Fear kept them from doing the right thing.**

“Medical mandates are a major step backwards towards a fascist dictatorship and genocide. ... The stark lesson of the Holocaust is that whenever doctors join forces with government and deviate from their personal, professional, clinical commitment to do no harm to the individual, medicine can then be perverted from a healing, humanitarian profession to a murderous apparatus... **What sets the Holocaust apart from all other mass genocides is the pivotal role played by the medical establishment, the entire medical establishment.** Every step of the murderous process was endorsed by the academic and professional medical establishment. Medical doctors and prestigious medical societies and institutions lent the veneer of legitimacy to infanticide, mass murder of civilians”.

Other parallels of the last few years are strikingly similar, revealing that we, too, have been in a war, but not a war against a virus. We have been subject to massive and unprecedented censorship by the “untrustworthy” Trusted News Initiative, censoring vital health information even from highly trained and experienced physicians, scientists and other experts worldwide based on the government’s own data. We have seen the massive campaign pushing the COVID “vaccines” as safe and effective through multiple media channels and a government-sponsored COVID-19 Community Corps, despite continual and increasingly strong signals of the terrible harm the shots are causing. We have seen the ostracizing and demonizing of the “unvaccinated” as selfish, stupid and terrible people who are dangerous to society. We have seen revocations of (and threats to revoke) the professional licenses and certifications of doctors who have dared to counter the official narrative. We have seen illegal vaccine mandates, especially for the military, and by large businesses who were pressured by the government to require vaccination and threaten their non-compliant employees with the loss of their jobs. We have seen the denial of medical and religious exemptions. We have seen the imprisonment and inhumane treat of Americans based on their political views and trumped-up charges. We have seen gestapo-like unlawful and unjustifiable raids on the homes and offices of law-abiding citizens, including a former president of the United States!

The Biden administration's creation of the "Disinformation Governance Board" in the spring of 2022 appears to have been an American version of the Nazi Ministry of Enlightenment and Propaganda. Fortunately, that Board was paused and later ended before it got off the ground. However, the fact that an American government would even consider creating such an entity that would destroy our 1st Amendment freedom of speech should trouble us all, especially when it involves matters of life and death. Even without such a Board, the control of information by the medical industrial complex through the major media has been just as effective as any formal government department. Look how relatively easy it was for them to persuade many tens of millions of Americans to accept masks and mask mandates, social distancing, lockdowns, the claim of no effective treatments, COVID shots, and "vaccine passports". These successes emboldened the elites to push their agenda even harder. So now we have things like newly formulated COVID vaccines authorized *without any clinical trials or ways to ensure their safety*.

Similar to the youth programs in Germany in the 1930's, and '40's, programs to brainwash and radicalize our young people are evident in many places. Schools have become "indoctrination centers" for radical ideologies. Movies, TV programs and other entertainment platforms have portrayed traditional American values, traditions and even common sense facts as evils that must be eradicated from society, and replaced with dangerous and nonsensical policies, even ones that turn science on its head.

The Nazis' rise to power culminated in WWII which started in 1939 and ended in 1945. The estimated worldwide death count from WWII is around 75 million people. There are no accurate figures as to what the total death count was from the "Jewish" holocaust, but it is estimated at well over 18 million, according to the *Holocaust Encyclopedia*. It is similarly impossible to know how many people have already died due to the COVID vaccines, or how many will die after new boosters or in the next few years due to damage to their immune systems that has unleashed cancers, as well as autoimmune, neurodegenerative, cardiovascular and other diseases. ***Could the death toll ultimately surpass the holocaust of WWII?***

On the surface, the war we have been in is a war against the creators and promoters of what, in essence, is a man-made biological "weapon" disguised as a virus, and another disguised as a "vaccine" offered as a solution to their self-made crisis. **It is a war against humanity.** That is reflected in the globalists' agenda and worldview articulated by Klaus Schwab and his close advisor, Yuval Noah Harari.

At its root, this is a war in the spiritual realm, a war between good and evil. The wealthy elites are literally trying to "play God" by fundamentally changing what it means to be human. They seek to take technology to its extremes, and to replace *homo sapiens* with "hybrids" and synthetic forms of life using artificial intelligence. The statements by Schwab and Harari reveal that the elites' agenda goes even further: *they also reject the sanctity of life and the premise that every human life has a divine purpose.* **Their minds and consciences have become so seared by evil that letting people die or even killing them is acceptable, if not also necessary, to achieve their warped objectives.** In their worldview, ridding the population of billions of "superfluous people" is a desirable objective. That explains why they could not care less how many people die and millions of families are devastated by their sinister schemes. ***Is that not evil? Such is the war that we are fighting.***

This is why many physicians, scientists, attorneys and other experts have characterized the vaccine campaign as ***crimes against humanity and genocide, and why they have been willing to risk everything to fight this war for freedom and truth.*** The war has reached a tipping point. Never have our lives, our nation and the world been so much at risk.

CONCLUSION

We realize that the evidence presented in this series may be very difficult for many to accept or to deal with. It has been extremely challenging on the other side as well, to write about what we felt health care professionals needed to know. Thankfully, history teaches us that truth ultimately prevails over lies, and good triumphs over evil, just as light always overcomes the darkness.

Despite all of the difficult revelations in this series, we cannot emphasize enough that no one has to live their life overcome by fear, anxiety, depression, or other negative emotions. Help is available for every kind of problem, whether physical, emotional, mental or otherwise, even though it may not be from sources that medical professionals are used to relying on.

Since COVID began, the globalist elites' true colors have begun to show like never before. They have blinded the eyes and conditioned the minds of tens of millions of Americans, and countless others around the world, by constant lies that were too big ***not*** to believe, just as Hitler taught and did. **Even many of the most highly educated people have trouble believing anything contrary to the official narrative, no matter how much data or incriminating evidence is presented.**

If you have read this entire series, it should be clear that the elites' goal to inject everyone with these COVID shots is not about science or public health. It should also be clear why they demonized and refused to approve all effective treatment protocols for Covid-19, why they have ignored all of the blaring warning signals in the VAERS database, and why they have lied about "all things COVID".

The deception and propaganda of their official narrative that the COVID shots are "safe and effective" has devastated countless millions of Americans and their families. Excess deaths are skyrocketing, the military and the workforce are being decimated. Pregnant women are losing their babies. Infertility is increasing. Cardiovascular problems, among other diseases, are wreaking havoc among teens and young adults. Now the elites are moving quickly and relentlessly to inject children and even young babies! The genetic consequences of injecting our youth and others of reproductive age with these shots could have devastating effects on future generations – *absent divine intervention*.

By the time you are reading this, the COVID vaccine campaign may have already ended. However, the difficult lessons to be learned from this chapter of history are timeless and very broad in scope. Among other things, they should raise red flags about all other "vaccines" and other drugs and products coming from Big Pharma, especially the most recent and new ones yet to come.

This series has raised many questions, including several that relate to the future of health care delivery. One thing is clear: this era of COVID has demonstrated that the current system of government-controlled

health care and the current state of regulation over the pharmaceutical industry is a disaster for both providers and patients. The only ones who benefit are those in bed with the wealthy elites and those willing to support or go along with their agenda. Trust has been destroyed on several levels. In order to “stop the bleeding” from the devastating consequences of “all things COVID”, it is critical to become aware of what the medical industrial complex has NOT been telling us and start questioning the official narrative on **all** major issues, not just COVID and the vaccines.

We can win this war and get on the road to recovery, both individually and collectively. Each of us has a role to play in stopping this evil agenda, even if only by refusing to go along with it. Each of us also has a role to play in helping people whose lives have been turned upside down by “all things COVID”. The quote from Dr. Lee Merritt, expressed at the beginning of this Part 4, sets the stage for the choice that we all have to make:

*“If you think we’re fighting a virus, you’re going to act like a victim.
If you think we’re fighting a war, you’re going to act like a warrior.”*

CALL TO ACTION FROM TWO DOCTORS ON THE FRONT LINE ***Will you Take a Stand as a Warrior?***

*Dr. Deborah Viglione and Dr. James A. Thorp are two among the countless other physicians already on the frontlines of this war. Below is their **Call to Action** to those in the health care community.*

This war is one that everyone is involved in, whether we want to be or not. No one, especially those of us in the health care community, can sit this war out on the sidelines, and there is no fence to sit on. If you choose to not get involved and not take a stand, your choice will be made for you by default. That default choice is the side of the globalist elites, and whatever the consequences of that choice are. You can no longer claim that “you did not know”. This is a war ***we absolutely can win***, if enough of us take a firm stand together. We are calling on you to join those of us already in the fight.

The medical community has been through a terrible ordeal already, but remember that Dr. Michael Yeadon, the former Pfizer V.P., has warned us to be “hypervigilant” about what the globalists may try to do next. They have more “pandemics” and “health emergencies” planned. ***Their agenda will only be stopped when enough people, especially in the health care community, think critically, question the official narrative on every major issue, and say “NO” to more injections, whether they are called COVID, monkeypox, or by any other name.***

The response of health care professionals plays a crucial part in determining their success. How many more people will suffer injury or die from these shots depends in large part ***on us***. The elites can only succeed to the extent we allow them and help them. Now that you know the truth, the ultimate price to be paid by those who cower to the elites’ fear-mongering and intimidation will be much greater than any sacrifice made in the fight against them right now.

They have already started on the next “emergency”. If they have not been stopped by the time you are reading this, the government’s new strategy of authorizing any newly formulated COVID vaccines ***without any new clinical trials*** will take their already harmful drug experiments to new levels of unknown dangers.

Will you be part of the solution? Will you join us and thousands of other medical professionals in questioning the official narrative on every major issue, and to read and think critically when presented with “medical data”?

Will you be courageous and take a stand, even if it requires sacrifice? If you are pressured to practice your profession in ways you now know are not best for your patients, and are contrary to your ethics and professional judgment, ***will you speak up?*** Continuing to “do what you are told,” ignoring the scientific evidence, and believing the narrative without questioning it only serves to further empower and advance the elites’ evil agenda. We believe that inaction or “going along” is choosing the wrong side of history.

If you think this is not affecting your life right now:

- ***Do you believe that your own freedom is not worth fighting for?***
- ***Are your children’s and grandchildren’s futures worth fighting for?***
- ***Are you willing to settle for leaving a legacy as a victim who chose not to fight, or would you rather be remembered as someone who had the courage to take a stand for freedom and truth?***

As fellow health care professionals, we are calling on you to take action. Below are several ways that you can make a difference within your sphere of influence:

- Will you cease to recommend or administer the current and any future reformulated COVID injections, even if pressured by your employer and threatened with losing your job?
- Will you educate your colleagues and patients as to the dangers of these injections, to provide them with truly informed consent?
- Will you join with other health care professionals in your facility and in your area to appeal to your employer(s) and local officials to stop all COVID shots immediately?
- Will you use your influence locally and politically to protect the children from these harmful and deadly shots?
- Will you press for and insist on proper safety and efficacy testing of future products – drugs and vaccines- and insist on transparency and release of the data?
- Will you warn pregnant and breastfeeding women of the dangers of these injections?
- Will you do your duty to report possible and probable “vaccine” related adverse effects to the VAERS database?
- Will you educate yourself on effective treatment protocols for COVID-19, learn new and effective ways to treat those injured by the COVID “vaccines” and teach others the same?
- Will you educate your colleagues, patients, and others that the *unvaccinated* are not a threat and should not be criticized, demeaned or discriminated against?

- Will you speak out against “vaccine passports” and all restrictions associated with them?
- Will you speak out against “vaccine” mandates and write medical exemptions for your patients?
- Will you speak out against mandatory masking and masking in schools?
- Will you speak out against asymptomatic testing?
- Will you appropriately record a “vaccine” injury or death in patients’ medical records?
- Will you refuse to report people as “unvaccinated” if they have received at least one COVID shot?

Public officials and others:

- Will you establish procedures to protect local blood supplies from COVID-vaccinated blood?
- Will you work with health care professionals in your area to establish a vaccine injury hot line?
- Will you investigate 5G and the health consequences of its use and take appropriate action?
- Will you encourage people to report to you and law enforcement if they are being pressured or coerced to get the COVID shots or threatened with consequences for refusing them?

WHICH SIDE OF HISTORY DO YOU WANT TO BE ON?

Which will you choose to be: a victim or a warrior?

*“You may choose to look the other way,
but you can never say again that you did not know.”*

William Wilberforce

Available in Book Format

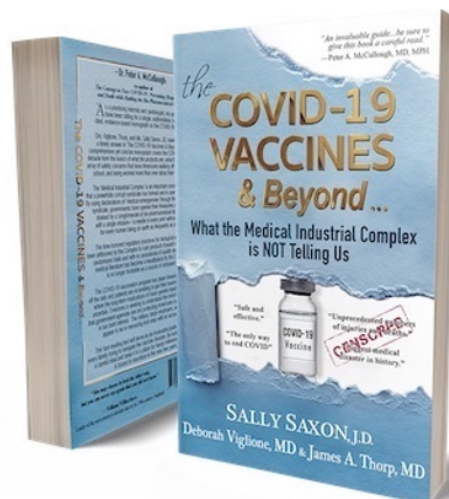
A more comprehensive version of this 4-part online series is available in book format through Amazon under the same title as this series by Sally Saxon, J.D., Deborah Viglione, MD and James A. Thorp, MD.

The book version includes endorsements by several physicians and other experts, as well as additional content about the COVID shots not included in this online series. This is a must read!!!

More information about the book (including the Table of Contents and Preface) is available at www.SallySaxon.com.

The link to the book on Amazon is:

<https://www.amazon.com/COVID-19-VACCINES-Beyond-Medical-Industrial/dp/0985818069>



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