

Experimental Gene Therapy Should Not Be Called A Vaccine



The current crop of shots are experimental drugs based on gene therapy and do not meet the medical definition of a vaccine. None have been properly tested and all are being delivered under provisional “Emergency Use Authorization” by the FDA. Informed Consent is completely missing. □ TN Editor

The flaws of vaccine trials in general are really highlighted by current COVID-19 vaccine studies, one of the most egregious ones being the fact that vaccine makers rarely use inert placebos (such as a saline shot), which is the gold standard for drug trials.

As noted in a January 25, 2021, article in The Defender,¹ vaccine developers typically assess the safety of a new vaccine against another vaccine, and by so doing, they effectively hide side effects as most vaccines have side effects and risks.

As just one example, the Oxford/AstraZeneca COVID-19 vaccine is being tested against a meningitis vaccine,² which just so happens to share many of the side effects reported from COVID-19 vaccines. As reported by the National Vaccine Information Center:³

“According to the CDC, at least 50% of individuals receiving meningococcal vaccines targeting meningococcal serogroups A, C, Y, and W-135 (Menactra or Menveo) experience mild side effects ...

Adverse events reported by Sanofi Pasteur in the Menactra vaccine product insert include ... headache; fatigue ... joint pain; chills; anaphylaxis; wheezing; upper airway swelling; difficulty breathing; hypotension ... lymph node swelling; Guillain-Barre syndrome; convulsions; dizziness; facial palsy; vasovagal syncope; paresthesia; transverse myelitis; acute disseminated encephalomyelitis ...

Adverse events reported by Novartis Vaccines and Diagnostics (GlaxoSmithKline) in the pre-licensing clinical trials of Menveo vaccine include ... headache; joint and muscle pain; malaise; nausea; chills ... acute disseminated encephalomyelitis ... pneumonia ... suicidal depression and suicide attempts.”

Long-Term Safety Analysis Tossed by the Wayside

Now, Pfizer and Moderna have started offering placebo recipients in their trials the real mRNA gene therapy, which means it will be even more difficult to tease out which side effects are actually caused by the shot and which ones aren't, over the long term. As reported by NPR, February 17, 2021:⁴

“Tens of thousands of people who volunteered to participate in the Pfizer and Moderna COVID-19 vaccine studies are still participating in follow-up research, though that's somewhat hampered because many people who had been given a placebo shot opted to take the vaccine instead.”

In fact, according to Dr. Carlos Fierro, who runs the clinical trial for the Moderna vaccine in Lenexa, Kansas, virtually all of the 650 volunteers who initially received the placebo have now opted to get the real vaccine, which means he had “essentially no comparison group left for the ongoing study,” which was slated to run for two full years.

As Dr. Steven Goodman at Stanford University told NPR,⁵ getting rid of the initial control groups makes it far more difficult to assess the safety and effectiveness of the COVID vaccines since they won't have anything to compare the vaccine recipients against.

Justification for Elimination of Controls Is Flimsy at Best

Ironically, both the use of an active placebo and the elimination of control groups are being justified on “moral grounds” by pro-vaccine advocates who say it's unethical to not provide volunteers with something of value, such as another vaccine in the case of active placebos, or a vaccine they know is effective in the case of giving placebo recipients the real McCoy.

Both of these arguments are beyond questionable. As mentioned, no vaccine is 100% safe, so getting an active vaccine placebo comes with risk, not merely benefit, and when it comes to the novel mRNA technology used in COVID-19 vaccines, historical data are troubling to say the least, and the U.S. Vaccine Adverse Event Reporting System (VAERS) is rapidly filling up with COVID-19 vaccine-related injury reports and deaths.

As reported in “COVID-19 Vaccine To Be Tested on 6-Year-Olds,” as of February 4, 2021, VAERS had received 12,697 injury reports and 653 deaths following COVID-19 vaccination.⁶ Even more telling, between January 2020 and January 2021, COVID-19 vaccines accounted for 70% of the annual vaccine deaths, even though these vaccines had only been available for less than two months!

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for 70% of the annual vaccine deaths, even though these vaccines had only been available for less than two months!

What's more, previous research⁷ by the U.S. Department of Health and Human Services found fewer than 1% of vaccine adverse events are ever reported to VAERS, so in reality, we may be looking at more than 1 million COVID-19 vaccine injuries within the first two months of their release.

In my view, the data are far from assuring overall, which makes the elimination of long-term control groups — flawed as they may be due to active placebo use — all the more troubling.

All Previous Coronavirus Vaccines Failed Upon Challenge

Historically, previous attempts to create a coronavirus vaccine have all failed miserably, as they ended up creating devastating immune enhancement. This is why any and all short-cuts taken in the COVID-19 vaccine development is so troubling.

In my May 2020 interview above with Robert Kennedy Jr., he summarized the history of coronavirus vaccine development, which began in 2002, following three consecutive SARS outbreaks. By 2012, Chinese, American and European scientists were working on SARS vaccine development, and had about 30 promising candidates.

Of those, the four best vaccine candidates were then given to ferrets, which are the closest analogue to human lung infections. In the video above, which is a select outtake from my full interview, Kennedy explains what happened next.

While the ferrets displayed robust antibody response, which is the metric used for vaccine licensing, once they were challenged with the wild virus, they were overtaken by a cytokine storm response, known as paradoxical immune enhancement, became severely ill and died.

The same thing happened when they tried to develop a respiratory syncytial virus (RSV) vaccine in the 1960s. RSV is an upper respiratory

illness that is very similar to that caused by coronaviruses.

At that time, they had decided to skip animal trials and go directly to human trials. The RSV vaccine was tested on about 35 children, with identical results. Initially, they developed a robust antibody response, but when challenged with the wild virus, all became ill and two died. The vaccine was abandoned.

Yes, We Really Do Need Placebo Arms

Despite such dire failures, some still argue that placebo arms aren't needed in COVID-19 vaccine trials. In an opinion piece in STAT News,⁸ Kent Peacock, a professor of philosophy, and John Vokey, a professor of psychology, both from the University of Lethbridge, compare the use of placebo control groups with giving out dummy parachutes during wartime.

“Giving the real treatment to 100% of the volunteers removes one of the major ethical barriers to challenge trials: the high probability of harmful side effects or death to members of a control group,” they say, completely ignoring the fact that volunteers in the vaccine arm may be put at grave unknown risks, not just in the short term but in the long term as well.

This entire argument hinges on the idea that the vaccine being tested is KNOWN to be safe, which it absolutely is not at this point, and won't be for many years. They even argue that “not using a placebo ... would be less ethically questionable to test the vaccine on older participants.”

People are dying because of the vaccines ... It looks more and more as though we're dealing with homicide, and maybe even murder. ~ Reiner Fuellmich, attorney

Well, they published that article in early September 2020, and now we can more or less conclusively state that they are wrong on this point, as older vaccine recipients have been dropping like flies.

As reported by Brian Shilhavy, editor of Health Impact News, February 19, 2021:⁹

“Earlier this week we published¹⁰ the English translation of a video in German that attorney Reiner Fuellmich published with a whistleblower who works in a nursing home where several residents were injected with the experimental COVID mRNA shots against their will, and where many of them died a short time later.

Since that interview was published, other whistleblowers in Germany who work in nursing homes have also stepped forward, some with video footage showing residents being held down and vaccinated against their wish ...

Fuellmich ... stated: ‘We are getting more and more calls from other whistleblowers form other nursing homes in this country, plus we’re getting information from other countries, Sweden for example, Norway ... Gibraltar ... here are also incidents in England and in the United States that match these descriptions ...

It means that people are dying because of the vaccines. What we are seeing in this video clip is worse than anything we ever expected. If this is representative for what’s going on in other nursing homes, and in other countries, then we have a very serious problem.

And so do the people who make the vaccines, so do the people who administer the vaccines. It looks more and more as though we’re dealing with homicide, and maybe even murder.’”

Novel mRNA Gene Therapy Is Not Harmless

It’s important to realize what mRNA and DNA COVID-19 vaccine actually are. They are not traditional vaccines made with live or attenuated viruses. They’re actually gene therapies. They don’t even meet the medical or legal definition of a vaccine, as detailed in “COVID-19 mRNA Shots Are Legally Not Vaccines.” This novel, never before used therapy has a long list of potential problems, including the following:

The messenger RNA (mRNA) used in many COVID-19 vaccines are synthetic. Your body sees these synthetic particles as non-self, which can cause autoantibodies to attack your own tissues. Judy Mikovits, Ph.D., explained this in her interview, featured in “How COVID-19 Vaccines May Destroy the Lives of Millions.”

Your body also views free mRNA as a warning signal to your immune system, as they drive inflammatory diseases. This is why making synthetic mRNA thermostable, meaning it doesn't break down as easily as it normally would by encasing the mRNA in lipid nanoparticles is likely to be problematic.

COVID-19 vaccines use PEGylated lipid nanoparticles, and PEG is known to cause anaphylaxis.¹¹

Previous attempts to develop an mRNA-based drug using lipid nanoparticles failed because when the dose was too low, the drug had no effect, and when dosed too high, the drug became too toxic.¹²

The synthetic RNA influences, in part, the gene syncytin. According to Mikovits, when syncytin is aberrantly expressed in the brain, you can develop multiple sclerosis. Expression of the syncytin gene also inflames and dysregulates communication between the brain microglia, which are critical for clearing toxins and pathogens in the brain. It also dysregulates your immune system and your endocannabinoid system, which is the dimmer switch on inflammation.

The synthetic mRNA also has an HIV envelope expressed in it, which can cause immune dysregulation.

Symptoms of COVID-19 Vaccine Damage

Commonly reported side effects among recipients of the Pfizer and Moderna mRNA vaccines include:

Persistent malaise ^{13,14} and extreme exhaustion ¹⁵	Persistent headache and migraine onset ¹⁶
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Severe allergic, including anaphylactic reactions ^{17,18,19}	Multisystem inflammatory syndrome ²⁰
Seizures and convulsions ^{21,22}	Paralysis, ²³ including Bell's Palsy ²⁴
Swollen lymph nodes ²⁵	Sudden death within hours or days ^{26,27,28,29,30}

Many of these symptoms are suggestive of neurological damage. According to Mikovits, this is precisely what you'd expect, as these conditions are caused by neuroinflammation, a dysregulated innate immune response and/or disrupted endocannabinoid system.

Long term, Mikovits predicts we'll see a significant uptick in migraines, tics, Parkinson's disease, microvascular disorders, cancers, severe pain syndromes like fibromyalgia and rheumatoid arthritis, bladder problems, kidney disease, psychosis, neurodegenerative diseases such as Lou Gehrig's disease (ALS) and sleep disorders.

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