Covid Shots: A Year in Review

SUMMARY KEYWORDS
shots, antibody, protein, spike protein, injected, viruses, vaccine, messenger RNA, mRNA, infection, sick, polio, Pfizer, booster, started, create, testing, Astrazeneca

Good morning, good afternoon and good evening everyone! Grab your papers, grab your pencils and your pens, whatever you choose to work on, and get ready to take notes.

If you tuned in to this presentation, you will have a PDF of the presentation and an update of the 2022 mechanisms of injury (MOI) sent in an email. Make sure it is not in your spam or trash. The title of the email says 30 Minutes or Less: analysis of upcoming shots. The email contains a list of documents, including the PDF of the presentation, the update of the 2022 MOI, and a summary of all the mechanisms of injury. We have also included a 38-page Pfizer document which will list all of the injuries.

Good morning, everyone. You won't be disappointed with the information you get from this webinar. This has been a lot of work, and it probably will be the last large webinar I do on vaccines for quite a while, or maybe ever. I'm not sure yet. It's God's call, but I've got a lot of things that are in the background that are going on. I'll still be out in front of you, I'll still be teaching, and I'll still be interested in introducing you to things. And now is a good time to say that my team is amazing. None of this would have come together without my team. There's an expression that says “it takes a village to raise a child.” Well, it takes an entire team to pull off all the things that we do on a weekly basis. Michelle manages my schedule, she does everything with the Dr. Tenpenny.com website, and everything with the weekly podcasts, including scheduling all the guests. Cookie is always with us on every one of our live broadcasts, including Critically Thinking and the Five Docs. All of these assets like this pretty little graphic that you see here in the front and everything you see on the Friday Favorites are all designed by Diane. They call them assets; I call them memes or pictures. So we'll call them assets. All htat handiwork is done by Diane and it is just amazing. Many of the articles that you see written for TIMC and THRC, as well as different things on Vaxxter are written and edited by Jackie and by Amanda. Amanda is also our amazing social media director; she posts things on Gab and Clouthub and Gettr and various places across the across the Internet to keep us relevant. Heather is our solid behind-the-scenes person who is also often with us on live presentations. She's an editor, and she manages the Learning for You customer service department, and she does an amazing job. And Cindy continually builds the vaccine research library; if you have guys have not taken advantage of that library, you are really missing out. It is a free resource, you just have to register at tenpennyresearchlibrary.com. Cindy and I started working on this in 2003, and now there are over 17,000 articles, links to abstracts, and links to full text articles on problems associated with vaccines. It has a very robust search engine. For you and all your friends and family members that say there's no proof of vaccine damage or “show me something”, we've done all the work for you in the library. I do believe that library was built for such a time as this --when we needed those bullets for our proverbial guns and when we needed to show proof

of damage of the COVID shots, we have it. Cindy has categorized it, there's a two-step search in it that you can use to search for relevant items such as the chickenpox vaccine. You can do an initial search on chickenpox vaccine and then you can sub-search for “chickenpox vaccine and autoimmune disease.” It's a very, very robust library. I'm going to be talking to a couple of people this week about big, big, big uses for that library, so as long as it's free, go in and use it. Go in and play around with it. You will see that there's a link and underneath it is a brief description of what that article is all about. I have also written commentary on about 30% of the articles.

For today’s broadcast, we know that there were a lot of people who registered that couldn't participate live, but they registered so that they could watch this and listen to it and get all of the documentation on the follow up. And that's fine.

This presentation is a lot of information -- a lot of information. I don't think you'll be disappointed in the way that this is put together. In fact, I kind of chuckled at myself when it was all said and done.

Salin is another person on our team who does so many things including our audio tech. He is also my Prezi/PowerPoint designer. I put information together in a raw format, and then he takes it makes it look nice. Melissa is part of our team that does all of the things inside of our online store. She gets all of the products that are there, she does all the things with the t-shirts and the mugs, and she works with our designers. It is a full team effort every day. And of course, there's our Learning for You platform that we're going to talk about a little bit more. I'm going to give a little plug about it later on in the presentation. Learning for You actually used to be Vaccine University. We got kind of slammed for using that term because it's really not an official, designated university, so we changed the name to Vaccine You and then it became Learning for You. There are courses in there by Dr. Lee Merritt, and by Kirk Elliot, who helped us with our summer camp about money. There are of course a whole bunch of courses that I did, including courses specifically designed to give to teenagers and youth so that they can understand these concepts. There are a whole list of COVID courses that I did over the course of COVID, including information about masks and PCR testing and the fraud of social distancing. There is in-depth information about the shots. You may think you know that material, but I can assure you that you don't know all of it, and you never know when you might need that material. It could come in handy if we go into lockdown and shutdowns again, and of course it is helpful if you are still trying to give educational things to your friends and family.

We can go ahead and get started.

Good morning, everybody. The presentation and Q&A today is going to go about two hours, with a break about halfway in between because we'll give everybody an enormous amount of information and a break will be good. Right before the break, there's going to be a quiz, so be sure you're taking notes.

This information is put together in a way that is intended to make it user friendly and easy to share with family and friends. In addition, the information is footnoted in references because that's what I'm kind of known for. I don't do this just off the top of my head; the footnotes and references come from the peer-reviewed medical literature.

My name is Dr. Sherri Tenpenny. Welcome to this webinar presentation on the COVID-19 shots, the mechanisms of injury and the upcoming analysis of what's coming.

Disclaimer
We're going to start with reading a disclaimer about this presentation. This presentation is intended for educational purposes only. For this course, no portion of the presentation may be reproduced, stored in a retrieval system or transmitted by any other forms of electronic, mechanical photocopying, recording, and other styles except for brief showcase quotations without prior written permission. I did give you a PDF file of this presentation for your personal use, and we hope that you will keep it for your personal use. If there are certain slides that you'd like to share with others, you have permission to do so. The information presented reflects my opinion at the time the presentation was created. Some information will change over time as new research data and information become available. Dr. Tenpenny assumes no responsibility for updating that information that may modify or expand on the information here as it was presented. And let this stand as a notice that if you are a journalist or a reporter, rather by contract, freelance or salaried employment and you have either paid for this course or you have not paid for this course, you are required to make yourself known to us and identify yourself immediately. You are not licensed or given permission to disclose, duplicate or display any part of the video production or any materials provided herein in this course portal or website at any time. Even if you are currently working on a story, you do not have permission to record any of this presentation and to use it into your story or by taking it out of context.

Commented [Jac1]: This didn't make sense to me.

All of our materials, including the video conference or webinar are copyrighted and are our property. You cannot use this material for any purpose whatsoever without express written consent from us. We will vigorously defend our copyrights regardless of your country of origin or country of operation. If you continue without identifying yourself, you are in violation of Terms of Use and the law, and we will pursue legal remedy against you personally in any publication website, news organization or entity that you represent or otherwise are employed by. Consider that you have been notified.

Course outline
This is what the outline of our course is going to be for today. I need to do something a little different here today meaning I will specify category of injuries. We're going to talk about acute death, spike protein disease, spike antibody disease, and immune system destruction. This is a little bit of a review from last year's mechanism of injury courses, but it's put together in a different way and packaged differently, so that you should be able to easily remember it, share it and participate with your friends and family on this topic.

Once we go through these categories of injury, we'll have a short five-minute break. Then we'll go through the mechanisms of the shot categories, and then we'll close by talking about Marburg viruses, which are in the same family of viruses that cause ebola. We'll talk a little bit about monkeypox and smallpox and polio, then we'll have a short break at the two-hour mark. Then we will have a Q&A open session, so please don't put a whole lot of questions into the Q&A chat right now. You can write them down if you've got a notebook if you're taking notes, put a little checkmark or a little cube beside it if you have questions that you want clarification on, and ask when we are in the question-and-answer section because I will not be able to see them now and I will not be able to answer them now. So make sure

you have those notes for the end of the presentation. This is a long presentation, and I learned a long time ago that the brain can assimilate what the butt can tolerate This is an expression used by public speakers, meaning that when your audience gets tired of sitting and paying attention, the brain thakes in less information. So, there will be a couple of breaks and feel free to get up and walk around, get some coffee, but take some notes because this is really important material.

Why is this important?

Why did I decide to do this? Why did you participate now? I know a lot of people are kind of burned out by the whole concept of what's going on with COVID. They think it's over. I mean, even the sitting person in the White House said the other day that COVID was essentially over. We still have much work to do according to Dr. Robert Malone who talked about this on his Substack. He said that on September 18, he spoke to a convention of 60+ finance professionals. All of their lives were profoundly affected by the lockdowns, and they seemed very excited to hear his message. So he asked the crowd how many had heard of the Great Barrington declaration, and only four hands went up. Only four hands went up. It was a good reminder of how far we still have to go. We think we've reached the multitudes. I mean, I've done hundreds, more than 600 interviews, as have many others of us. But here's the reality: we are nowhere near that point. In reality, 99% of people still have no idea about the damage that's been caused by the shots. They're in denial; they don't want to hear it. They don't want to understand that there is a better way. Malone's message will continue to keep me motivated for what's happening here. And it's why I think that this presentation is super important. The Great Barrington declaration was something that came out about two years ago to fight the tyranny and to stand back against mandates, and to say that the shots would not be tolerated. Quite frankly, I did not sign that document, but probably 10,000 people did sign it. There were big advocates for testing, which I've never been. I've never been tested. I think that testing is crazy. I think repeatedly sticking Q-tips up the noses of healthy people is a sign of insanity. You know, doing that over and over and over again is like somebody who chews ice all the time that they develop a condition called pica. I think that the testing was nothing more than – and I have said this from the very beginning -- a DNA collection process to collect DNA of Americans all across the country, and to punish them for not being compliant.

How the shots cause damage

So we will start with a brief overview on how the shots cause damage. After the spike protein is created from messenger RNA by the ribosomes, it is distributed throughout the body and creates illness in many ways. Yes, the spike protein IS distributed throughout the body. There was a post I saw yesterday; people were questioning once again about the contamination of the blood supply. This is a question I used to get really frequently early on regarding the contamination of the blood supply. The viewers got a quote from the American Red Cross saying that they don't think the blood supply is contaminated because the shots stay in the arm and don't go through the bloodstream. So, the Red Cross was not worried about anything that's in the shots going in the bloodstream. Well, nothing could be further from the truth. The spike proteins do travel to all over the body. After all, if they stay in your arm, then how do they get into the testes and the ovaries and cause multi-organ system failure and heart disease?

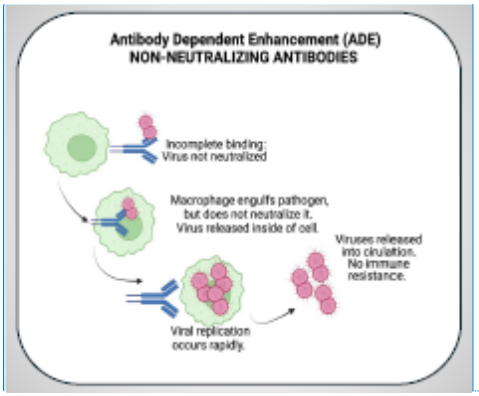
Let's talk about the three basic ways that the shot and therefore the spike protein can cause illness. The spike protein can bind to the surface of cells in your liver, kidneys, lungs and brain. The spike

protein is a foreign protein and it behaves as though it's something called a hapten which calls in your immune system to start destroying the foreign protein. If that spike protein is adhered to your organs, the immune system also starts to destroy your organs. The spike protein can go into your DNA. Yes, there have been multiple publications about that now, despite the early narrative. This is a process called transfection, where the DNA of the spike protein gets incorporated into your DNA. We have been saying this happens from the very beginning. Dr. David Martin started to educate people about this by saying that this is a bioweapon, a genetic-modified technology that damages your DNA through a process called transfection.

Most problematically, it sensitizes your immune B cells and your dendritic cells. This sensitization could have happened previously by garden variety coronaviruses that have been around for more than 60 years. We know that in up to 30% of all influenza-like illness, every season we see coughs, fever, chills, body aches, etc. These seasonal illnesses are caused by garden variety coronaviruses. So if you've had a coronavirus infection in the past, you cannot clinically separate this virus from any of the other types of the dozens of coronaviruses that can cause influenza-like illness. Your B cells make antibodies because they were exposed to that garden variety coronavirus and during your next exposure, such as your exposure to a SARS-COV-2 virus. Yes, of course, I believe that viruses exist. There are simply too many families of viruses and too many publications during years of science to say that viruses do not exist. When you are exposed to SARS-COV-2, whatever that is, it does create the spike protein which then does create an antibody. But the problem is that your B cells that were previously sensitized to garden variety coronaviruses will start spitting out different types of antibodies that were created in response to the other garden variety coronaviruses. As a result, the new antibody doesn't bind tightly to the current infection. This is called a leaky antibody, or a non-neutralizing antibody. The body naturally draws it into the white blood cells in order for it to be neutralized. But because it is non-neutralizing, instead, that antibody escapes and starts to replicate to cause massive infection. Antibody-dependent enhancement is a long-standing, well known mechanism that explains how people who've had previous exposures continue to get sick.

In fact, I think that antibody-dependent enhancement is one of the many reasons why when people get a regular flu shot in the fall, within 24 to 48 hours, they are definitely sicker than they've ever been in their entire life. It's because those three weakened viruses or four weakened viruses in the flu shot get injected into your arm, and the body pumps out antibodies from a previous flu shot or a previous influenza, and it can't bind to or neutralize those attenuated viruses that have just been put into your body. It drags those viruses into the white blood cell, but they escape and start to replicate. I think that's one reason why people get a flu shot and get really, really sick. Another reason that people get a flu shot and get really, really sick is that there have been estimated to be over two billion attenuated viruses in each flu shot injection. There is no way in science that you can guarantee that two billion of those viruses have been weakened or attenuated before they're injected into your arm. So, at least some of them are going to be live viruses injected into your body, which then start to replicate. Through antibody-dependent enhancement, or through injection of a live virus, it's going to make you sick. This is why people get sick after getting the flu shot. The antibodies that are created from past exposures do not protect against current infection, and they enhance and cause even worse illness.

This is a diagram that I created that to help to explain that, because I believe that pictures are worth a thousand words.



Commented [Jac2]: Do you have the original artwork? This is from the PPT and is fuzzy.

This picture helps to explain it. The antibody is represented by the blue Y-shaped figure, and the pink circles represent the virus. The virus binds loosely on the surface of the white blood cell; it is an incomplete binding. The viruses are on the tip of the Y rather than being in the middle which would be a neutralizing antibody bound tightly. Instead, it's stuck to the outside of the Y and it's bound loosely. Normally when it's bound tightly, it gets dragged into the macrophage white blood cell to neutralize it and make it go away. So it doesn't cause you any infection when it goes into that white blood cell. In the case of ADE, it is released and the viruses begin to replicate rapidly, then they're released into circulation and the body has no immune resistance. That is what antibody dependent enhancement (ADE) looks like. That's what non-neutralizing antibodies appear like. And that's what happens and why you tend to get sick all over again, or get very, very sick from a flu shot, or from other types of viral shots that you get such as hepatitis B, hepatitis A measles, mumps, rubella. This is the mechanism by which people get very, very sick because there are not neutralizing antibodies because of previous exposures. So when that happens, this is another way that these shots cause you to become very sick.

Another mechanism is organ damage that occurs from the lipid nanoparticle that they have created synthetically in the laboratory. The lipid is put around the outside of the messenger RNA. By the way, this is synthetically-made messenger RNA; we'll talk about that in a minute.Even if we injected a syringe full of synthetic messenger RNA into your body, much of it would be degraded immediately. Because it's a foreign protein, the body's natural enzymes, white blood cells, and dendritic cells would surround it and delete it right away. This is why the jab developers had to wrap it in this very toxic lipid nanoparticle that surrounds the messenger RNA. The lipid is a delivery system that allows the messenger RNA to reach organs like the ovaries within hours. So, the thought that this goes into your arm and stays there is complete false. Every year, uradine within this manufactured messenger RNA has been replaced with synthetic pseudo uradine, which is called pseudo uracil within the messenger RNA, which keeps it from degrading. There are times when we need to repair DNA. Let's say we cut ourselves or we have surgery, and we need to repair mechanisms to heal. Our DNA senses that damage and creates a messenger RNA to go out and create a protein to cause that injury or that

surgery to heal. Once it does its job, there is a terminal nucleic acid that signals the end, so the mRNA just degrades and goes away. Those nucleic acids are recycled; the body conserves those things. They determined in the laboratory that if they took that terminal nucleic acid at the very end and replaced it with a synthetic nucleic acid called pseudo urethane or pseudo uracil, the body doesn't break it down. So rather than degrading, that synthetic messenger RNA can be recycled over and over again, they know this happens for at least six months. That's something new that we didn't know from last year; we suspected that it was true. That's an update from 2021; we now know that the messenger RNA can continue to replicate and make spike proteins for a minimum of six months. Remember, we've only been doing this for less than two years, so we have no idea how long that really happens but we know it is at least six months. The massive, massive amount of protein in circulation causes a very robust response from a leaky antibody, and damage or destruction to all of those different organ systems happens in every person who takes a jab -- every single person.

The Four Categories

So after that brief overview, we're going to now start going through the four categories. And this is important. And this is where I want you to take some notes, because there's going to be a quiz. We'll see how well you do on the quiz. So we've divided the mechanisms of injury into four distinct categories. So when people say, yeah, really, how do these shots make you sick? How do they hurt you? What do they do? You can say there's four different ways.

Category 1: Sudden Death

Category one is sudden death. There are a couple different ways sudden death can occur. One way is anaphylactic shock. Now, I don't know if you guys remember this, but back in the beginning of 2021, when they first released the AstraZeneca shot in the UK and throughout Europe, there were a huge number of people that had severe allergic reactions, and anaphylactic shock within like one week of getting the jab. It was so prevalent that they were recommending crash cart in each one of those injection centers. If people went into anaphylactic shock, they could set up an IV and give them epinephrine and treat their shock almost immediately. The suspected cause of the anaphylactic shock was the polyethylene glycols (PEG) in the shots. These glycols comprise the lipid nanoparticle that goes around the outside of the mRNA. People who have high levels of pre existing anti-PEG antibodies can experience severe allergic reactions, anaphylaxis and death when they are further exposed to polyethylene glycol. Now, I think you may have heard me say this before: I'm not a big fan of Wikipedia, because you can go in and edit to change your input. If you look me up on Wikipedia, you can see that nearly 90% of the stuff that's there about me is simply not true. And every time you go in and try to edit it, the system must send a signal to somebody somewhere to go back and reverse what I've changed. So I just don't even bother with it anymore. But there is a good page on Wikipedia about polyethylene glycol, and all of the different things that it's in It is in foods, fabrics, paints, shampoos and conditioners, and even frosting. It's everywhere, so almost everyone has been sensitized to polyethylene glycol. And I will tell you that early, early on, Dr. Eric Maputo, one of my dear friends, and I discussed this. Eric owns several testing laboratories, and we put our heads together and said, “Why don't we create a blood test where we can test people to see if they have antibodies to polyethylene glycol”. We figured that if they did have antibodies, this would qualify as a medical contraindication to getting any one of these shots, either the messenger RNA or the double stranded DNA. He put his lab techs on it, and we actually were able to create a blood test. We actually tested 50 people with his blood test. About 80% of

them had positive antibodies to polyethylene glycol. We felt this test was necessary and we talked about how to best distribute these tests and make them affordable to everybody. We didn't have to mess with insurance. And then Big Brother was listening. I am quite sure, because the reagent that was needed in order to run that test all of a sudden was either unavailable or cost prohibitive to the lab, or we had to buy it in such mega quantities that it was cost prohibitive to the lab. So we were never able to fully develop that test, or be able to commercialize it and send it out to doctors offices all around the country. We could have had a real medical exemption. Polyethylene glycol cross-reacts with polysorbate 80. Almost all of the childhood vaccines have polysorbate 80 in them. So if we could test people for these anti-PEG antibodies, that would again be a medical contraindication not only for the PEG but for the cross reaction with the polysorbate 80 from any of the childhood vaccines. Perhaps in the future, we'll be able to have the funds to be able to get that to market. But we did very much try.

Here was the other thing that happened within the process. While we were trying to commercialize that blood test in March of 2021, the CDC came out to say that polysorbate or polyethylene glycol allergy is no longer a contraindication to the messenger COVID-19 vaccines, it's only a precaution. So if you have the antibodies, it shows that you can have an anaphylactic reaction or a high allergy. So people thought about not getting the Pfizer or Moderna but instead getting the J&J or the AstraZeneca shot because neither has polyethylene glycol in it. But making an informed decision means that you have to know you have that antibody, but how would you ever know that you have that type of reaction potential? You wouldn't. So think about this and put this into a bigger perspective. For those of you who have penicillin reactions, or you have reactions to other types of medications where you wear a medical alert tag around your neck or on your bracelet to identify that you have severe reaction to all antibiotics in that penicillin family. Penicillins cross-react with a type of antibiotic called cephalosporins, so people with penicillin reactions should not take cephalosporins either. If you have severe reaction to one, you're likely to have a severe reaction to all the rest of them.

So why did this same logic not apply to the shots? It is the only area of medicine where family history doesn't count. When you go to the doctor and they ask whether you have a family history of migraines or heart disease or cancer, or any of these things, they write that down. And that's a risk factor. If you go in and say that both of your parents had anaphylactic reactions, and I have a sibling who has autism that started immediately after one of their shots, it doesn't matter. You are instructed to get the shots anyway. It's the only area of healthcare where family history doesn't count.

So what is the other sudden death mechanism? It is called SADS, sudden adult death syndrome. It is similar to SIDS, sudden infant death syndrome. SADS involves cardiac arrests that we've all heard about. Early on, my colleague at Critically Thinking, Dr. Larry Pavlesky, said, "I have an answer, I have a cure for SADS. Tell those adults to not sleep on their stomach and only sleep on their back. And that will cure it. We were doing that tongue in cheek, making fun because, of course, they say that SIDS comes from a baby sleeping on his stomach, but it doesn't, it comes from all the shots. And so now we lay infants on their backs, because it terrorized parents that if they let their babies sleep on their stomachs, their babies would die. An entire industry was created around SIDS, where these children have to wear helmets, because of the flat head syndrome that is caused over nothing – all because of the back-to-sleep campaign that started in the 1990s.

We know that persons under the age of 70 suffer SADS. Doctors are perplexed. I've read three articles now that say that doctors are perplexed about sudden adult death syndrome. They're perplexed; they have no idea why this is being caused, because they're unwilling to make the connection between SADS and the vaccines. Many doctors have no idea what's causing SADS, even though they had a hand behind their back accepting money to deny any connection to the shot. Yes, doctors are perplexed because doctors are illiterate and non-participatory. And they don't want to believe there is a connection because most of them are also double-vaccinated and maybe even double-boosted. We know that as of August 31, there have been more than 1,300 cardiac arrests in adults, with many of them athletes and about 900 dead in the prime of their lives. Athletes, men and women, across many, many sports like tennis, soccer, football, baseball, and swimming, are dead because of doctors being perplexed and allowing this travesty to continue.

There is also a type three category of sudden deaths that has caused some deaths. I asked Cindy to help me do this research because she really knows how to get into VAERS and search around. VAERS is the Vaccine Adverse Event Reporting System monitored by the US FDA. There is another private industry database called Openvaers.com. And if you please write that down, if you're not familiar with that site, you should be. You can go to the top of the page, hover over the bar at the top, and there's a drop down window that has red boxes. And if you click on the link to the red boxes, it will show you the number of deaths, the number of myocarditis, the number of hospitalizations, the number of miscarriages and on and on and on that have been reported. And we know that just like the regular VAERS system, openVAERS is completely underreported, and probably only captures about 15% of the actual injuries. So I had Cindy help me look at the all-cause sudden death. So we did a search of VAERS between 2020 and August 2022. We found over 3800 adults who died in less than 24 hours after receiving a COVID shot.

We ran a second search and found 1000 adults who died within three days of getting a COVID shot. Shouldn't that be enough to stop this nonsense? And imagine the underreporting – if the figures we fould only reflect somewhere between one and 10 percent of the actual number of people who died in less than 24 hours, or within three days of getting a COVID shot.

Category 2: Spike protein disease

So let's move on to category number two, the second category of injury. Category two is spike protein disease. This is how the spike proteins are made from the messenger RNA inside of the Pfizer and the Moderna shots. The mRNA is wrapped in polyethylene glycol and other types of lipid nanoparticles. That messenger RNA is released into the cytoplasm of the cell and run through the ribosomes. Think of the ribosomes as the cell's factory; they make spike proteins in the millions, if not billions. The body then creates an antibody to try to neutralize the spike proteins, but the spike proteins themselves cause the illness. Now, I know that recently there were a couple of people who performed an analysis of the vax vials and stated there are no signs of messenger RNA. They only tested the most recent vials; we have no idea how many times these recipes have been changed. I know when I read the original Moderna patent early on in 2020, there were 20 or 30 different renditions of the formulation. We know that they're changing the formulas; we know that the German data showed that. At the *how bad is my shot* website, you can see whether those lots of vaccines had a little reaction or a big spike peak of reactions. So maybe some of the more current formulations don't have messenger RNA, but we know

unequivocally that the last two years of shots have had mRNA. This is how they create spike proteins in perpetuity in your system. And if you had one of the early shots, you are making spike proteins for a minimum of six months. This is how it's done.

What is spike protein disease? It can cause generalized blood clots in the brain, or cause hemorrhages. The spike protein itself can cause frontal temporal lobe brain degeneration, which means it can cross the blood brain barrier and go in and cause dementia, Alzheimer's, Lewy body dementia and brain amyloidosis, ALS, prion disease (labeled Mad Cow Disease). Prion disease is a general term that basically means there is a malfunctioning enzyme. Let's say that this is a normally functioning enzyme, and it has to be shaped a certain way in order to do its job. With prion disease, the enzyme becomes folded over itself and it doesn't work appropriately. The spike protein causes the malformation; it causes it to implode and form a crooked enzyme, which means it can't work. And when it can't work, it leads to something called prion disease. We know that multiple sclerosis lesions in the brain have been seen after the first Pfizer shot.

Today I am giving a general overview of what spike protein disease does in your system. It causes blood clots, hemorrhages, brain degeneration, microvessel issues, and endothelial disease, all mechanisms for damage to the heart. It also causes facial paralysis, as seen with Justin Bieber who has kind of ruined his entire career with his facial paralysis that he got after promoting the shots. It's a big, big deal. Once the damage has occurred, you can't reverse it. Some people say they have technology or a frequency device that can take the spike proteins out of the body. Well, maybe. Can anybody prove that? Has anybody done before-and-after blood tests or urine tests or stool tests? Has anyone done testing to see that your spiked protein level was here and now it's here before and after?

Is there a commercially available test to measure spike proteins in your blood? Unfortunately, no, there's not. But we know we've seen the deaths, and we know what we've seen in the laboratory. When the spike protein breaks through the blood brain barrier, it can pass directly into the brain tissue. This explains the neurological conditions that we are seeing from the spike proteins: loss of smell, loss of taste, headaches, seizures, and uncontrolled tremors. How many people have you talked to before the shots who were normal, functioning and happy, and now, there's nobody there. I know you all have, sadly, friends, family members, colleagues, co workers that you've seen suddenly become angry or aggressive. It's not the same person. I've written a lot about this on my Substack, drtenpenny.substack.com. It's called Eye on the Evidence. I've written articles asking whether you're COVID-injected friends are brain damaged. The answer is yes. And I explained why I wrote an article called, *I Got the Shot, and I'm Just Fine*. Wait a minute, not so fast; I explain all the reasons for why they're likely not fine.

Sensory Disturbances

I just wrote a two-part article last week on COVID, the COVID shots and the loss of smell. I also wrote one on the COVID shots and blindness and eye injuries. I did one on the COVID shot and skin injuries. So I'm just going into detail in those substack articles, showing the mechanisms of how that actually works. There's also a two-part article in there on tetanus and the last bastion of belief. And there's a two part article in there on polio, which we'll talk about a little bit later.

This is what has happened with visual disturbances. This is one of the reasons I decided to write these Substack articles on the COVID shots and ocular manifestations. In the UK, they reported 132 cases of blindness and 6600 reports of eye disorders after COVID shots. The ocular manifestations occurred on the eyelid, on the cornea, on the conjunctiva, and on the inside lining of your eye. On the retina, optic nerve and blood vessels, the abnormalities were found up to 42 days after the shots and that's as long as they followed them. It probably occurred later than that.

Spike proteins are leading to infertility. Spike proteins can adhere to sperm; sperm counts have dropped all over the world. The lipid nanoparticles allow the spike protein to accumulate in ovaries leading to thousands of reports of menstrual irregularities. And when little girls are born, the number of eggs that they are born with is all they get. They don't get any more. So if you're born with a billion eggs, or a million eggs, or 1000 eggs or two eggs, that's all you get. We know that this spike protein goes in and destroys the ovary. There's no regenerating capability for the ovary. And we are already seeing that birth rates are dropping dramatically all over the world. For example, live births in the UK have dropped by 14% as of May 22, 2022.

Cancer

The other thing that spike proteins can do is cause cancer. I'm sure many of you have heard Dr. Ryan Cole talk about how he has seen an absolute explosion of cancer since the shots have been given. There are different ways the spike protein can cause cancer. The most important way that we know of is that the spike protein itself can go inside of your DNA. And once it starts to corrupt the DNA and that cell replicates, that is a cancer cell in the making. If that cell starts to get damaged by chemicals or radiation or other shots, mercury, aluminum, things like that, it is ripe for cancer. When you have a cell that starts to replicate abnormally, your immune system normally says “hey, that doesn't belong here, that looks like a foreign protein. Let's get rid of it.” That's why all of us make cancer cells every single day. Actually, you and I sitting here listening to this presentation are creating cancer cells. But normally our immune system, our BRAC-1 and BRAC-2 cells and other types of cells go in and either destroy that abnormal cell or repair it so it stops having an abnormality to it. With the spike protein, it actually blocks the door so to speak. It doesn't allow those repair enzymes in and so the cell starts to replicate in perpetuity. This is why it's such a travesty that people who have gone through cancer treatment and are in remission, and maybe have been in remission for years, are getting these shots. Their oncologist says you better get one of those shots because you don't want to get COVID, and as soon as they get the two shots and the booster, they have within weeks or months developed massive metastatic disease that is resistant to every treatment.

Those doctors, those oncologists who refuse to read the medical literature know about that. In my opinion, my personal and professional opinion, these doctors should be charged with murder. They injected something that caused a recurrence of the cancer and the person died. They injected something that they never should have. It's like giving an inappropriate drug and somebody dies. Those doctors are generally held to accountability for malpractice. In the case of the COVID shots, they should be held for medical malpractice and probably greater than that.

There's another mechanism of cancer. If there's a gene inside of the body that mutates, that can cause cancer. The Pfizer spike protein can then induce or cause that gene to have cancerous formations, similar to the prion abnormalities detailed earlier.

Pulmonary Issues

Another thing the spike proteins can cause is pulmonary embolisms, or blood clots, pulmonary hypertension and lung fibrosis. The spike protein can bind to the ACE-2 receptors in the lungs and promote the thickening of the blood vessels, which leads to pulmonary hypertension because of the thickening of the blood vessel that goes from the heart to the lung. The thickening makes the vessel so stiff that it doesn't expand. Pulmonary hypertension is uniformly fatal within three to five years, even under the best circumstances. You may not experience category one, sudden death or anaphylactic shock, or blood and strokes and heart attacks that cause you to die from category one illness. This is why people say “well, I got the shot and I'm just fine.” Unfortunately, they have years to be looking over their shoulders regarding how they could be developing disease.

Cardiac Damage

Spike proteins are known to cause cardiac damage: arrhythmia, congestive heart failure, hypertension, myocarditis, all of those things. Myocarditis is damage to the cells of the heart muscle; these cellas are called cardiomyocytes and are what makes your heart go through that rhythm and beat. The cardiomyocytes literally have the spike protein drill into them, or the spike protein goes through the microcirculation of the heart and causes blockages which then lead to arrhythmia, atrial fibrillation, tachycardia, high heart rate, irregular heartbeats, loss of heartbeat and more. We had a 19-year-old in our office recently that got a second Pfizer shot so he could go to his college of choice. This patient had a complete blockage of his heart; the electricity didn't conduct from the upper to the lower chambers of the heart, and they wanted to put an implantable pacemaker in him. Instead, he went through our ECP treatment, which we'll talk about a little bit later. And within (I believe) six or eight treatments, ECP had reversed that damage because it increased the blood flow and cleaned out those small microcirculation issues. Because we caught it early, his inflammation went away. Long-term myocarditis leads to progressive weakening of the heart and leads then to heart failure. We know that this happens primarily after the second shot of either Pfizer or Moderna. A recent study just published in July of 2022 about vaccine-induced myocarditis was a systematic review of the literature; from that, we know that the average age is 21 and 93% are male. We don't know why that is—at least not yet. We don't know why it has a male predominance, but it does. So think about the male-dominated industries in our country: sports, heavy equipment operators, police, fire, paramedics, mechanics, electricians, plumbers. Now, those male-dominated industries are going to be losing massive numbers of people. We're going to be losing massive numbers of fathers, uncles, brothers because the spike protein is damaging their hearts. Dr. Malone said in one of his speeches recently that subclinical myocarditis may be occurring in every recipient of the shots.

Switching gears a bit, let’s look an excerpt from the Pfizer PDF document I sent you this morning. The email Michelle sent out right before we started this morning had four documents in it. One, I hope that you were able to get those and print those out and maybe take notes on the slide handout. The Pfizer document is the full 38-page paper that shows all of the side effects. These are the known side effects that Pfizer knew about before they released their shot. The list includes arrhythmias, cardiac arrest,

blood clots, mass thrombosis, myocarditis, myocardial inflammation, and so much more. These are all of the diagnosis codes that were gathered together in their field trial before Pfizer actually released the shot. There were more than 1,200 severe side effects that were reported: tachycardia, arrhythmia, Potts syndrome, coronary artery disease, relevant side effect outcomes; 136 people died. There were 21 incidents that resolved with sequel, which means they continued to have symptoms and side effects. There were 140 people for which symptoms were not resolved. And most of these things occurred in less than 21 days. On average, they occurred within less than 24 hours. But what was Pfizer's response to that? “Nothing to worry about here. Don't look over here, nothing. Everything is fine. There are no signals that show that there's any problems with these shots.” Pfizer pushed the party line with bold-face lies, and these are the documents that Pfizer wanted to be buried for 75 years. Thank God, a judge said, “You got to be kidding me. Two generations to go away?” So there's no culpability, no liability, no accountability, for anybody who did this. I’m glad they released the documents, and the first document that they released is this 38-page paper, which I sent to all of you this morning. So if you haven't seen it, or even if you have seen it, now you have a PDF file of it that you can have for it to show your friends and family to show definitively there are issues from the shots.

For myocarditis, even under the best conditions, the mortality rate of myocarditis is 20% at one year and 50% at five years. Put that into perspective. We're now giving these shots to teenagers, five-year-olds, and six-month-old infants. Moderna started its trial this month on three-month-olds! How are these kids going to be able to tell you that they have chest pain? They’re little children and infants! We're damaging their hearts for nothing, for absolutely nothing.

We know that we have top athletes seriously harmed. As of August 31, there have been 1300 cardiac arrests, and 900 deaths of top athletes. These are travesties. These are young men and young women at the top of their game. They're the most in shape they're ever going to be. They are professional athletes. They are the *creme de la creme*, and they're dropping over dead because they were required to get these shots to participate in their sports. Coaches are dying, too. In fact, we've now seen death in coaches, football coaches and baseball coaches, and in all of these people who aren't even playing in the sports but who had to get the shots to participate. We're now going to see more of that.

However, there is good news and hope of what we are doing to help those who have been injured by the shots, not only their hearts, but their brains, kidneys, and all of those things. It's through a new program that is called ECP. ECP is external counterpulsation. Our first clinic open two months ago here in Cleveland, and we also have a secondary, smaller clinic in Ventura, California. I have meetings this week, coming up with very important people about perhaps franchising these clinics across the country, which takes time, money, and energy. That's where I'm going to be going with a lot of my energy and why I've said that this may be the last big vaccine talk that I give, because I'm going to be putting most of my energy and taking my team with me to promote ECP across the country. I have this vision of these ECP clinics being like a Starbucks--one in every corner-- that people can go into and get cured, get their immune system treated, get their kidneys perfused, get their hearts perfused, their brains perfused. That's where I'm going to be spending a lot of my time going forward, so write that down, or you've got it in the PDF file and you can look at it later.

Don't look at it now; we've got too much more to cover here. Don't go there now, but you'll have it for future reference at **tenpennyecp.com**. You can go there to learn more about it. So we've done category one, sudden death and category two, spike protein disease.

Category 3: Spike Protein Antibody

Now category three is the spike protein antibody. So if you remember that diagram, it shows messenger RNA and double-stranded DNA. The spike protein is created and then the spike protein floats around in your circulation. The body interprets this as, "What's all this foreign protein in here? It doesn't belong here. We need to create an antibody to neutralize that spike protein." When it is neutralized, there are still antibodies floating around because the B-cells and the dendritic cells have been sensitized to make antibody to the spike protein. That antibody now can cross-react and start to cause disease. So, anti-spike protein antibody uses a process called molecular limit mimicry to attack. There was testing very early on of this antibody. The antibody is supposed to glob onto that spike protein and neutralize it. But if the antibody doesn't find any spike protein, what else can it react to? Out of 55 tissue types tested, it was discovered that the antibody attacked at least 28 different tissues. That is at least half of the tissues and when these tissue types are attacked, this can cause autoimmune disease. The prevalent ones are tissue transglutaminase, which can lead to celiac disease, Hashimotos thyroiditis, and multiple sclerosis (MS). This testing was in January 2021; remember the Pfizer and Moderna shots just came out in December 2020. Immunologist Dr. Xxxxxxx did this tissue type antibody testing the very next month after shot release and found all the cross-reacting. He was one of the many immunologists who I've spoken to and known for years. I called him and congratulated him on his paper and thanked him for bringing those test results out to all of us. I asked him, "What do you think about all this? And he said, "Dr. Tenpenny, we're in deep trouble. The amount of autoimmune disease that we're going to see over the next 10 years is going to be massive."

Commented [Jac3]: Did not translate. Slide 32 mentions 2 papers so it is probably one of those authors?

When I first started talking about the jabs back in the late part of 2020, I said that all of these shots were going to cause issues. I said that people wouldn't die immediately, but that we're going to have massive deaths that were going to come along. And people didn't believe me. They said, "Oh, yeah, right! There she goes again, a tinfoil hat conspiracy theorist." People are still asking, "When is all this death stuff going to start happening, Dr. Tenpenny?" And I answer, "Well, some of it already is, but it's going to take about six to eight months for the spike protein disease to really start manifesting. Then we will start seeing the heart lung, brain, multi-organ system damage."

Over the next seven to 10 years, the autoimmune disease is going to be massive. I call it the tsunami of death. And behind the tsunami of death is going to be the tsunami of regret of people that saying, "Oh, my gosh, what did I do? What did I do to my children? What did I force my people to do?" I'm going to talk about that a little bit more towards the end of the presentation. These are the things that we're going to be seeing.

For example, the lungs can be directly attacked by the antibody. It attacks the alveoli, those little sacs at the end of your bronchus where the actual exchange of oxygen and carbon dioxide occur. The antibody attacks those, which creates something that looks like new-onset asthma or new-onset COPD. There are many people saying, "I never had that in my life; I never smoked a minute my life, but now I

can't breathe." They should be saying, "Oh yeah, I got a COVID shot, the antibody is attacking the lungs."

Here's another thing that isn't talked about very much, and I have at least two references on that in the slide deck. If you have been shot with a lot of protein, and you have a really high antibody reaction, the higher the antibody response (from either an infection or from a shot), the more prolonged the illness and more potential you have for severe adverse events. An example would be a person who actually had COVID, and recovered; in this case, the antibody response should be just a little bit and it should rise up while you're sick, but go away then be present and able to make more if you get re-exposed. But with these jabs, it goes up and stays up for the long haul. This is one of the things causing longhaul COVID -- these high levels of sustained antibody that, for whatever reason, the body doesn't make the antibodies go away, either after exposure to the shot, or after exposure to the spike protein from the infection. The references talk about more prolonged illness and more serious adverse events.

Commented [Jac4]: Is this right?

There's another thing we haven't talked yet about: Johnson & Johnson or AstraZeneca shots and how they are made. Both are made similarly. Both use a human adenovirus, which is a virus that causes the common cold. They pour out the genetics on the inside of it and stuff in a piece of double stranded DNA that has been encoded to create a spike protein inside of it. And then that modified adenovirus is injected inside of your body. The body recognizes the double-stranded DNA as real, and it is released out into your plasma, and goes into your genetics to create a messenger RNA to develop a spike protein. But while it's in there, while that double-stranded DNA is floating around, it doesn't make its way into your own genetics, the body again will say, "What is this foreign protein doing in here? What is this nonsense? What is this? What is this stuff? We'll make an antibody against it." So it makes the anti-dsDNA antibody which is highly specific for lupus erythematosus. If you've never had a shot, but you have lupus or a lot of lupus symptoms, In medicine, we call lupus *the great masquerader* because it's just a complex of a lot of symptoms: fever, cough, body aches, joint swelling, and a butterfly rash, which is redness across your cheeks. And lupus has a wide range of disease; it can be very mild to extremely severe, where you end up with your kidneys getting killed by the antibodies, and you end up on dialysis. It's a very bad disease, and they (your doctor or a rheumatologist) diagnose it with an an antibody panel for IPS called a lupus panel, and they can get a double stranded antibody, an antibody to a double stranded DNA.

Commented [Jac5]: ??

It's highly specific for lupus, and it can also be seen in other autoimmune types of diseases and a long list of things including cancer. So here's the thing that we really don't know and that I failed to mention. That's what happens with Johnson & Johnson. And it's the exact same mechanism from with the AstraZeneca shot, except they use a monkey adenovirus instead of a human adenovirus, but everything I just said to explain the Johnson & Johnson shot with a double stranded DNA applies to AstraZeneca. And what happens after it is injected into your body is the exact same as with AstraZeneca. With either one, after someone's had a COVID shot, and they start having body aches, joint swelling, pain, rashes, and all these different things, and you go to the doctor, and you get an antibody screen, we have to ask, "Is that shot causing lupus? Or are we being misdiagnosed as lupus?"

Now we have an antibody to a double-stranded DNA that has been injected into our body through a shot. Does that antibody against that double-stranded DNA cause multi-organ system damage to the

kidneys, liver or lungs? We don't know the answer to that. Nobody's looking at that. Do you think they really care? If there's a differentiation, does it matter? Now that you've been diagnosed with lupus, you're a customer for life. You'll need big drugs for a long time. But it could have been caused specifically by that antibody to the double-stranded DNA; it could be because double-stranded DNA was injected into your body through the J&J or through the AstraZeneca shots, or through many of the other shots that are coming down the pipeline. Many are coming this fall, this is a travesty; it breaks my heart. In fact, some days it's almost more than I can stand to think about all the people that have gotten all their COVID shots over the summer, and all their boosters --second, third or fourth. In Quebec, in Canada, they were calling for a fifth booster. And now that it's fall, people are lining up for their regular flu shot. We've known for a long time that the odds of contracting coronavirus illness in individuals who have received just a garden-variety influenza shot was significantly higher when compared to unvaccinated individuals. That's garden-variety coronavirus that causes flu-like symptoms and has been causing it for 30 years. People are going to get a flu shot are going to be definitely sick this winter. They're going to fill up the hospitals, and they're going to want to test them. The hospitals are going to say that Covid-19 is back, but it's all been caused by the shots.

So here's what can happen from either the spike protein or from the spike protein antibody. There are lists of more than 1100 diseases, conditions, and side effects known to be associated with the Pfizer and most likely the Moderna shots. These were known before the shots were released in 2020. I sent you that powerful 38-page PDF file.There's a long list of all these issues. It is single-space going across pages and pages and pages and pages -- more than 1100 known conditions as side effects. Look at all the different things that involve every organ system in the body.

Category 4
To recap, category 1 is acute death from anaphylaxis, stroke, heart attack. Category Two is spike protein induced disease. Category three is antibody despite protein induced disease, and category four is the destruction of the immune system. I want you to remember all four of those. If you're taking notes, that's what you need to remember those four categories. So when people say, Well, I've got a shot, I'm just fine. Well, you didn't die, you didn't fall into category one. Category Two, you could say, Do you have any other things headaches, newpage, new onset this and that.

1:21:39
The antibodies are all kinds of autoimmune diseases. Now this is where it's more subtle. And category four is the destruction of your immune system. We know have known since 2019, that antibodies that that anti spike protein antibodies can skew the macrophage response towards pro cytokine dominance, inhibit it pro m ones, inhibiting M twos inflammation, resolving macrophages can enter the area of being damaged. That's complicated. Let me boil that down for you. We know that when you have an acute infection, you get bronchitis, you get pneumonia, you get infection in your finger even that what ends up happening, there's a big inflammation that happens. That's why you get a fever. That's why if you get inflammation or infection in your finger, why it gets hot, is because there's inflammation and macrophages type one macrophages go into that area and start breaking down the tissue and start killing the bacteria, or the virus or whatever, or the protozoa or whatever is causing that infection. The M one macrophages are pro inflammatory, pro cytokine. They go in and they, they they're there for a purpose. I mean, that's why you get a fever. That's why it gets red and hot and swollen, because those

macrophages are going in there. And they're destroying tissue, and they're destroying all sorts of things. They're like causing a fire to burn out what's causing the infection. Well, as the infection starts to go away, the innate intelligence of our body starts to realize we don't want that inflammation to be going on forever. So it sends in the m two macrophages, the anti inflammatory macrophages, so it's like sending in the fire truck, and they send in the fire truck to start to calm down all that red and inflammation. And the m two are also the ones that are the cleanup crew. You know, if you've ever been around a fire scene, like a forest fire, you know, there's all this flame and then there's all the stuff that needs to be cleaned up. I mean, sadly, we had a huge office fire in 2006. I know firsthand, and all too well, all too well, about what a fire cleanup can look like. Well, the M twos go in there, the fire truck, they start calling down the heat, the inflammation, there's more M TOS going in, to just stop the infection, stop fighting it, okay, it's over. We don't need to do this anymore. And they're also the macrophages that clean up the neighborhood. They take out the debris and the garbage and the pus and all that stuff that happens. They're really important for resolving and healing what had been sick with an infection. The problem is, is that the antibodies to the spike proteins attack the mtwo macrophages, they weaken them, they don't allow them to go into the area and clean up the mess or to stop the inflammation and to say Enough already, and that's why they end when you get spike proteins. You end up with multi organ system failure and you end up with severe acute lung injury with a skewed macrophage response during the infection under if you've had the shot, so it stops the macrophages turning the area now this actual study that was published in 2019. In 2019, actually was looking at Spike antibodies cause to severe lung injury. So they were actually looking at people who were really sick with the COVID infection. And what happened when they created the antibodies to the spike protein that was causing the infection that was this was early on, this researcher was not looking at what happens from the COVID shots, they were actually looking at what happened with a COVID infection. Well, we know that much of what happened with the infection is also happening with the shots. So I can make the assumption this is my assumption, not based on Lee Lee. But based on his research or her research of what happens with a real infection with the spike protein and the antibody to the spike protein, it only makes sense that the same thing or similar things would happen with the response to the shots. It caught it allows the infection, the inflammation, the all the junk to continue happening. It's why people who've had COVID and just don't recover and they still have a long term cough and they just don't feel well. It's because the antibody to the spike protein blocks the macrophages who are the cleanup crew to come in and clean up the infection.

1:26:26

We know that the other thing that's happened and this was a study that was published in May of 2021, that after you have a COVID shot, the innate immune system has reduced responses to toll like receptor four, seven, and eight. Those all play important roles in the immune response against viral infections. This is why the when the hospital were still filled with everybody with COVID. They weren't COVID Or maybe it was some people, but they were also sick with influenza and Hantavirus and, and cytomegalovirus and all sorts of other things because the immune system the innate immune system that would generally stop you from getting sick, because that height just scans the neighborhood all the time, and keeps out those other viruses. The immune system, innate immune system has been destroyed by the shots. And so it makes you more vulnerable to other types of infections. And then most recently, this was just a study this was just published this month in the New England Journal of Medicine. COVID shots lead to a permanent loss of natural immunity following vaccination and an

inability to generate natural resistance to other infections. That was published in the New England Journal of Medicine. which infuriates me that conventional doctors refused to read their own literature, showing what the shots are doing to their patients that they would roll their eyes and continue to push for the shots to move forward. COVID shots lead to a permanent loss of natural immunity, and an inability to generate natural resistance to other natural infections. New England Journal of Medicine September 11 of 2002, just a couple of weeks ago. So this is what we're just starting to see it. England released this information just a couple of weeks ago, that one in every 482 people in England injected with a COVID shot sadly died within 30 days. One and 246 died within 60 days and one in 73 have died since the beginning. Again, just released in 22. This is why if your friends family members children have gotten a shot, they can't get a second, we just showed you all the documentation of things that happen to the heart after the second shot. And don't get a booster. Don't get any of this stuff. Don't get any of it. And Ryan Cole keeps saying you know with love. If you got one, don't get a second, if you got two don't get a third, do your best to get as healthy as you possibly can. You can't run and jacked. But you can keep your organs healthy with vitamins and supplements and some levels of detox and invite and oxygen therapies and ECP. If you can afford to come to our clinic from out of state do it. We've already had people from Tennessee and Virginia, Louisiana, Arizona, Colorado, Michigan already in eight weeks have already come to our clinic to get well and these are not people who have been injected. These are people who just have conditions that they want to feel better. Okay, so we're almost done with part one. Right about an hour. So it's time for a quiz. Oh no, it's a quiz. Question number one and this is just I want you to write this down because these are things I told you I wanted you to get out of This This was more than just passive learning. These are things that you should know what are category one injuries? Write them down you know the answers put them in the chat cookie can see him I can't see the chat. When I've got my shared screen going here. I can't see it but cookie in the end, the other team can rest and see it category one. Injuries are acute death. anaphylaxis, blood clots, heart attack. Stroke there should should also say stairs. There it is. It popped up there so kind of slow to the response. Category One injuries are acute death, sudden death anaphylaxis, pulmonary and Bly blood, your blood clots to the lungs, heart attack, or stroke. Now question number two, what are category two injuries? What causes category two injuries? Come on. Spike protein disease, right? Heart disease, brain injury, multi organ system failure and more than 1100 others.

1:31:12
She these are things you can get your head around you can remember these. You don't have to remember it in great detail. You've got all the documents you can show somebody. The category one is acute death. Category Two is spike protein disease, cardiovascular disease, which is what CV is cardiovascular disease, brain injury, multi organ system failure, and more than 1100 others. Now I'm sure you kind of know what is come on. What is category three disease. Category three injuries are caused by the spike protein antibodies, autoimmune disease by molecular molecular mimicry. High levels of antibodies can lead to prolonged disease, or rheumatological disease due to antibodies to the double stranded DNA if there's a j&j shot, or just other types of autoimmune diseases, Category One is acute death, stroke, heart attack, blood clots, blood clots to the womb category to spike protein disease, heart disease, brain disease, neurological problems, increase of cancer category four injuries are loss of the immune system, skewed macrophages response to infection, and permanent loss of your toll like receptors. So as a summary, there's a summary page that I put that together. So you can see it all on one page. And I actually made a PDF file. And that's one of the documents that got sent to

you this morning in your email was a was that slide as a PDF file. So you can have that you can print it out, you can fold it up and carry it in your pocket or in your purse or in your wallet. So that you've got a summary of all of those things that are going on I made a there's that was one of the four things that got sent to you this morning in terms of a PDF file, you can use that share that give that to other people. So that is part one of our presentation day is right at a little bit about an hour, which I thought about that which would be we're going to take a five minute break here, a five minute break, that you go the bathroom, grab some coffee, stretch your legs, take a deep breath, and we'll be right back in exactly. It's now 1115 Of course live and of less than 15 According to my clock. We will be back at 1120 and continue on with the rest of our presentation.

1:38:50
Okay, so we're back. Hope you guys like that a lot of information, good stuff, I hope that explaining it in a way that is can make it usable, really usable, very usable for you to share this information on with others.

1:39:16
And I hope that last little thing that I showed you that I made a PDF of that, excuse me, I made a PDF of that slide. So that you can print it, share it. Here it with you and your wallet, your purse, whatever, and kind of doing that. So let's so now we're going to change gears a little bit because remember I said that when we promoted this

1:39:46
when we promoted this, and we're also going to talk about some of the shots that are coming in the developmental pipeline. So why do we need more shots? Given the substantial waning of antibody titers and the emergence of variants, remember from the very beginning, when we they talked about vaccinating into a pandemic, it was putting pressure to cause all of these variants. So that the increased transmissibility and antibody escape which we talked about with the antibody dependent enhancement, the antibody titers that go away quickly, because they just do, it would be reasonable now to recalibrate our goals from COVID shots. Yes, like just stop, but stop giving him current shots do not provide protection against infection or transmission against Omicron, even after multiple boosters and after updated Omicron specific shots, which we're going to talk about here in a few minutes. Now, the reference on this slide, if you happen to have printed out the PDF file, and or make a note of this, that this on the slide down here at the bottom by this Dan beracha brooch, I'm not sure how you pronounce his his last name. He writes great stuff. He writes really good, very well balanced articles. This one was in the new ink published in the New England Journal of Medicine very recently, in September of 22, COVID shot vaccines, immunity variants and boosters which he it's an I've looked at quite a few of his publications. They're written easily understandable, and very well documented. So if you can find any other things in the library, if you go to the library, I'm sure Cindy has things in there and you can search for Dan brooch or brush B AR o uch feroce. He's he's a good writer, he's a good researcher. Cookie don't don't post any more questions for me, I'm gonna have to have them later. But save those for save some of the things that you put over there. So we keep hearing about this stuff, we keep hearing about variance. Well, we didn't know what that is. This is the actual definition of a variant. It is the mutation, different mutational differences, it is a mutation, it's a difference between pathogens that occur with a replication defect. So we have mutations in our own Janine genetics, they have if they

have a pathogen that replicates and has a defect in its its replication process that creates a mutation. I don't know if you've ever taken the time to go look at viral lineages. And this is the part where I just can't get my head around these people who say, There's no such thing as a virus. There may be certain elements may be of this COVID virus that was made in a lab and genetically modified and the spike protein was made differently. And there's an S one and s two, and maybe it came up in computer generated thing. I don't really know, I think it's a distraction, to spend a whole lot of time talking about it. But if you've ever gone out, and there are entire websites that are there for laboratory biochemistry, researchers, and if you just go out and do Google search. If you go out and Google search, viral lineages, you will see it looks like an algorithm or like a family tree that goes forever. How can all that just be fabricated nonsense? I don't know. And I it's not where I choose to spend my life energy trying to prove or disprove that a virus exists or that it's real, or that it's nonsense to you know, because it doesn't follow Cox postulates. Here's a lot of people that got their whole life energy wrapped up into that crusade. That's not a that's not a hill and willing to die on.

1:44:04
And quite frankly, I don't think you should either. Because it takes too much energy, too much time, too much stuff to peel out what's real, what's not real and take a 50 years of virology and go through every one of those articles and disprove that it's all nonsense and none of it exists. I don't know. To me, it seems like it's a big distraction. People are getting sick from something people need to recover. We see all of the organ damage. We see all of this stuff. Is it a virus? Is it a frequency? Is it graphene oxide? Is it the chemicals we've known about? There's an entire course inside of learning for you called it's a seven part course called problematic ingredients that we are injecting inside of the body. We know that from the COVID shots, we're injecting SM sm 102 In moderna, we're injecting probably graphene oxide we're injecting polyethylene glycol and a whole list of other stuff that we don't even know. But there are certain people who are going to spend their entire life energy into trying to convince the world that viruses don't exist. And God bless them. God bless them, if that's what that's where we, that's where we need to, if that's where they want to go, that's fine. But don't attack me personally, for not agreeing with your theory. I think that the lineage is of the family trees of viruses in virology and electron microscopy. And when you read a lot of these studies really read the methodology of what they're actually using the technologies to examine these things. I don't know, I'm not willing to spend like one ounce of my energy on proving whether a virus exists or not, whether COVID to exist or not, whether measles, mumps, rubella chicken, I'm not going to do it. And I would suggest that you choose, we only have 24 hours in a day, we only have so much time to explore these things. Choose your battles, that doesn't happen to be mine, and it won't be. So this lineage is how mutations are tracked. If there's a variant, there's a viral lineage that develops that is distinct genetic mutation intends to replicate itself, that becomes a variant. So there are many variants that have evolved and come and gone. And they say that this particular Brian Cole talks about this and, and other types of researchers out there talk about that these coronaviruses are pretty unstable, and that they create a lot of mutants. And so for example, we had a SARS cov, two that became a Delta Omicron ba point four dash by a dash four dash five, and there have been many others, there's been a dash one, there's the DBA dash 1.27, there's a whole bunch of them that have come and gone. That's what they call a variant. And they are chasing these variants with vaccines. So by the time they develop a vaccine to treat a variant, it's moved on, it's not even there anymore. So for continuing to vaccinate or inject people with with COVID injections that were developed two years ago, again, SARS, cov, two and then the Delta variant that

don't even exist anymore, but you're gonna go get a shot or a booster or somebody you know, to protect against that. That is where people should be spending their time to protect their family members from getting that nonsense injected into their bodies. It would be like getting a flu shot from five years ago

1:47:43
that do anything other than poison you? No, it didn't. So this is from the New York Times tracker, that is no longer actively being updated as of August the 31st, which I find kind of interesting. And my my contact sets Epoch Times, I've said, you know, you guys, as investigative reporters ought to go over to the New York Times and ask them, Why are they no longer going to track this? did was it a short term contract? Did they run out of money? Were they only funded to do this for two years? If they stop it? You know, why did they why are they going to stop doing this, which by the way, I'll put this in a little as a side, I'm going to start writing, right, I've been approached by Epic times to write a regular column for them. So I'm going to start writing for them, probably the first part of October, or regular column for them, which is going to be really kind of fun and really cool. But according to The New York Times tracker, that there are 33 shots who've been authorized or approved. There are, if you add up the phase one to all those different things, there are 123 shots in the pipeline. Well, then I was looking for something else. And I stumbled across this site, which is the COVID 19 vaccine tracker, it's COVID-19 dot tracker vaccines.org. That is funded by McGill University in Canada. And instead of 33, early use are approved. They say there's 47. And instead of 123 in the pipeline. They have tract 227 and 788 global vaccine trials to get more COVID shots. Now, take a deep breath and think about that for a second. Why do they keep wanting to inject the stuff in you? Why? We know from early on that it all had to do with depopulation, with submission with convenience with fear with coercion. But now that that's all over now, even with the guy that sits in the White House and calls himself The president says the COVID is over Are we've got 788 vaccine trials only for COVID shots and different variations of these shots. What does that look like? And why? That's a very scary thought. So how do these are what they just go through these quickly because that you have them in your, in your notes, they're there of what does it really mean to go from the testing process, from the, from the, from the lab to the clinic. These are, these are phase one trials, phase two, phase three. And I put these in here, just so when you look at this, here, and it talks about phase 123, and different things like that, you will be able to look at your notes and know what that actually means. I'm not going to go through the details of that. But you will see what's happened. Now one of the things I think it's kind of scary is when they combine phases, one way to accelerate the development is to combine the phases, put all the data together and say yeah, this shows promising, let's get an EUA for it and give it and just start injecting it into human beings. The Russians have done that with Sputnik, some of the, in some of the shots in India, they have done that. And it's very, very, very unsafe. So how are the shots designed to work, we've talked about this a little bit. This is what normal protein synthesis looks like. This is where we talked about if you've got a cut, or you've had surgery, or something happens in your body, notice your your DNA, your intrinsic knowledge of your body says hey, we need some protein to go heal that. So it makes a messenger RNA with the recipe on the front of it that says make a muscle cell. And that messenger RNA goes to where the damage is. And the ribosomes in that cell, creates takes that messenger RNA translates it and turns it into a protein for cellular utilization. Now a some of those can get reincorporated back into the DNA by a process called transfection. We're not going to spend any time on that today. But that's part of that diagram. But it's important to know that messenger RNA and

creation of proteins to heal things, proteins, for your immune system for your hormones, for digestion, for absorption, all of those things are a naturally occurring thing that happens in your body all day long.

1:52:26
So we've talked a little bit about the Pfizer in the moderna shot, we I showed you how the messenger RNA gets translated in the ribosomes to make lots and lots and lots millions, if not billions, of Spike proteins. So when you get that injection, that shot, that sub q injection, it just is an explosion, it explodes explosion of Spike part proteins in your body that goes to every organ system everywhere and starts to cause damage. This is why in the first part of the sake of this presentation, where I quoted, Dr. Robert Malone who said, even one shot is causing damage, because the spike proteins stay in that the messenger RNA stays in that location for only a couple of hours. And it goes into all the different cells and starts creating spike protein. If you remember early, early on, I mean, even before the shots were released, if you remember Bill Gates actually saying what is magical, these shots are going to be just wonderful because a person inside of their own body, they're going to be their own vaccine manufacturing inside of their body, they're going to manufacture and make their own vaccines. remember him saying there says what he was referring to, were going to inject this stuff into the human body to create spike proteins to create antibodies over and over and over again. There's been some conjecture of whether or not they actually knew that the spiked protein was really going to be a bio weapon. I don't know they've been developing it for 50 years, there may be some clandestine or hidden animal studies somewhere that they knew what the damage was going to be. But remember, none of these shots had ever been injected into human beings before ever, ever with this ingredients with this nano lipid nanoparticle around the outside of the polyethylene glycol, and whatever other side types of things are inside of there that we really don't know, because they won't allow anybody to test it. And they don't come clean on their package insert there. They don't, because it's under an EU a, they don't have to put all the ingredients on their package insert. If it was an FDA approved product, they would have to come clean. Or if those FDA approved products were tested, and they found that they didn't contain what they said they did, or they contain things that they didn't admit. That's a big problem. But this is what happens with Pfizer shot. Now. Here's that I'm just gonna go through this really quickly because you do have the slides on this. And these are some things He's about the Pfizer bringing the Pfizer shot to market that you just may not have known. And I found it to be pretty interesting. And that's why I wanted to share it with you. And 120 20 Think about that for a minute. January of 2020, bio Entech created messenger RNA to build a Coronavirus, Spike protein. They were the ones who did the research. And then they partnered with Pfizer to bring that shot to market. And started doing all of that research and showing all of that damage that we've talked about in the first segment of this presentation. And it's part of that 38 page document that I sent you to show all of the side effects that they knew, and that they had to hire more than 400 people to actually catalog all of those things. And quite frankly, I'm sure they miss some. So this was when the partnership first started in 320 20, which is when COVID just started to hit the airwaves. By July, in just four months, clinical trials had included 74,000 people. Now, it's always been an incomplete enigma to me. Who would volunteer for any type of vaccine trial? And who would volunteer their children for a $50 Walmart gift card to be part of a clinical trial to inject something totally experimental into your that's never been injected in anybody ever before. I don't know is that is that part of that social. They call that virtue signaling or something to say, Ah, I volunteered to be part of this trial. I put my body my health my future my life at risk for humanity is

that virtue signaling somehow? I think it's flat out to stupidity. But 74,000 people did it within four months. And few side effects really.

1:57:01
Remember that 93 They said it was 93% effective. And effective means that 93% of people generated an antibody against the spike protein, it doesn't mean that 93% of those exposed to the virus did not get sick. You know, I know a lot of you that are probably listening to this have been through a lot of our boot camps. And we used to do the mastering vaccine info bootcamp and Part one was on safety and efficacy. And both of those are available individually now at learning for you.org. But the first one on safety and efficacy, safety, none of the shots have ever been proven to be safe. And efficacy actually means that the injection does what it's intended to do efficacy from a vaccine related perspective, the definition does is not when you when we as consumers or doctors hear the word it's effective. We assume that the definition used for that a word effective means if I get the shot, it keeps me from getting sick. Irrespective of what the shot is. It's effective, it keeps him from getting sick. But there's another definition of the word effective. And this is what they have co opted and people don't generally know is that effective means it does what it's intended to do. So if I inject you with foreign matter if I inject you with a hepatitis B hepatitis, a pertussis, tetanus, any type of vaccine, and it creates an antibody to the foreign matter that was injected, then the researchers say it was effective, because it did what it was intended to do it created an antibody. What you will never find in any of the medical literature really is does that antibody protect you from getting the infection? Whether it's tetanus, pertussis, pneumococcus, as in the pneumonia shot the shingles shot, does that antibody keep you from getting that infection? Or does that antibody go in and through molecular mimicry caused more harm than it was ever intended to do? So for those of you who haven't heard that before, who haven't didn't take our mastering vaccine info course. Write this down in your notes. Effective is not a synonym for protection. Effective is not a synonym for protection. Effective means it did what it was intended to do. It was intended to generate an antibody and you can have high levels of antibodies and still get sick. It's sort of how they took this COVID shot this This genetic modification technology and CO opted the word vaccine and called it a vaccine when it's not, because we've heard the word vaccine since Jenner 1799. For smallpox shot given in the America was an 1801. We've heard the word vaccine for 200 years. And most people assume that they know what that is or what it means. And so if we call the COVID shot of vaccine, well, then everybody will run right out and get it. Because they lied. It's not a vaccine. It's a bio weapon. It's a genetic modification technology that is effective, meaning it produces an antibody, that we've already shown you how that antibody causes disease and destruction in your body. So when they started saying early on, it's 93%, effective 93% of people got an antibody, what did that do? It made them sicker. That's what that's all about. So, in 12, to 2020, UK, the EU that in the UK became the first country to lose to release common common Kornati Carminati. I still can't say that correctly, because it's such a silly name. And eight days later, is when they said any person with a history of anaphylaxis to the vaccine medicine or food that contains polyethylene glycol should not receive this shot, said the Chief Executive. June rein, added in a statement, who went on to say allergic reactions had not been a feature of the Pfizer's clinical trials, we didn't see any allergic reactions, it took a totally by surprise, we had no idea

2:01:48

except anaphylaxis was observed in the, in the early trials. Look at this. This was if you look take that document that I just showed you that I gave you a copy of and you search it for anaphylaxis, you search it for anaphylaxis, you will see that since the first temporary authorization for EUA under regulation 174 In the UK, and December 2022, February of 2021 81,833, potentially relevant cases were retrieved from that showed that there was anaphylaxis. There were four individuals and animals that had anaphylaxis who died the same day they got the shot there, although these patients experienced adverse events for potential symptoms, all had serious underlying medical conditions, and one individual had COVID pneumonia, which likely contributed to their death really blame everything except the shot. And if they were underlying ly sick, they shouldn't have been given that injection anyways, but four died on the same day. And the UK Government flat out lied, saying there were no reports of anaphylaxis, they lied. So here's a summary of what we just said. On page 10, of that Pfizer document of the one that I gave you the full document for anaphylaxis was observed between December 1 of 2020 and February 28, of 2021. Because that in the shots were released in December, right after they were released, there were 18 133 cases observed within three months, four people died the same day that they were injected. Now, here's another thing that we know, what are the ingredients? Well, we know some of the ingredients, we know that there's those very long things that we can't pronounce. If you can't pronounce it, you probably shouldn't need it. And you should definitely not inject it into your arm. We inject lipid cholesterol, what happens when you inject cholesterol, your body creates antibodies to that foreign lipid that was injected. All if any of you have not read or don't have a copy of vaccine a in your library that was written by Gary Matsumoto, about the anthrax vaccine. Unfortunately, I think you can still find them on the US booklists for like $1 and the information in there about the injection of the anthrax vaccine and the things that were injected with that vaccine, the ingredients that cause gi on Baray syndrome and antibodies to the cholesterol into the lipids. It's a great reference more than just a reference about the about the anthrax vaccine. I would encourage all of you that have a growing that have a collection of vaccine related types of books that vaccine a by Gary Matsumoto, just like it sounds should be a book that's in your library and I refer to it quite regularly with the documentation in the in the research that he put in there. I put in red potassium chloride you know potassium fluoride is the injection that they give people on death row when they are, you know, put to death. It's potassium chloride. There's a little bit of potassium chloride in a lot of different vaccines, including the Pfizer shot. So all of those, and those are the things that they admit to, they don't admit to graphene oxide or to little micro circuitries. They don't admit to anything else, which and researchers are trying to figure it out. But I think the other thing I think that's happening is I think that they've changed the recipe, they had to change the recipe, because remember, when they first came out with the Pfizer shot, it had to be kept at like 90 minus 90 degrees Fahrenheit and shipped and we showed all the containers, and then they went, No, no, you know, minus five degrees is probably good enough. Well, what changed? Did they not care anymore about the stability of the messenger RNA in those vials? Or did they change the recipe so that they didn't have to ship it and maintain it in the deep frozen state. And we could just pass it out everywhere all over the world, including, you know, places in the Congo that don't even have like an ice bag.

2:06:15
Things have changed. And it is the most massive cover up the most massive global experimentation ever perpetrated on humanity. This sort of shows you, you know, some of the variants that have happened, we, you know, we got the Omicron variant that showed that it actually interferes with the

Pfizer shot antibodies, but get that so if you've got if there's all of the the Omicron floating around out in circulation, and you have had the Pfizer shot Omicron blocks the ability of that shot to do anything Oh, but get your shot and get your booster anyways, in January of 2020. They they decided that we would add a booster not based on any human clinical trials, but on to laboratory studies to lab studies that said yeah, the antibodies are waiting, we need to get a booster and now how commonly did that be enter into our language into our vernacular? Almost immediately. Gotcha shot gotcha booster gotcha booster, gotcha booster, get your booster Oh, get your fourth booster get another booster that suddenly became part of our language. Like it was just a normal thing we needed to do. Than we asked for then they just a couple of months later, oh, well, that wasn't working. So let's add a fourth booster. And then let's add a fifth booster. And now it's been anticipated whether you are immunocompromised or not because before it was like protect the elderly, except that killed the elderly. Protect the immunocompromised Oh, except it killed those people and gave them worse autoimmune disease, protect the children who didn't need to be protected, who now we're killing them. And now it's anticipated whether you are immunocompromised or not. You'll need to continue getting boosters every three to four months in perpetuity. Excuse me. That's why there are 788 shots in the developmental pipeline globally worldwide, clinical 788 I'm sorry, 788 clinical trials for over 200 types of shots because they're trying to find different ways to get people injected. Because they will people say I don't want Pfizer moderna, I don't want that messenger RNA, or you know, j&j they've already taken off the market, mostly AstraZeneca. They've taken that off the market j&j, they found that didn't work at all, and AstraZeneca was causing too many blood clots. So now we have to come up with different ways and different language and different vernacular to we got a better one that's not going to cause messenger RNA in your body. And, and so let's do that one. Let's do none of it. Let's stop injecting foreign matter that will make you sick or kill you or move you if it turns you into a a humanoid and part of the transhumanism movement. Let's just stop. So just a couple of words about moderna. We talked about how Pfizer how we brought that to market what about Madonna? It was approved for an EUA in 2020. And the following year, we've just decided to give a booster and then another booster and then another booster. And as of January 30 of 2022. It's given been given a full approval in some countries and the name of that shot is called spike backs. Now isn't that just exactly what you want to get injected into your body? Hey, Doctor, can I get my spike Vax today? Wow. They're not even trying to hide it anymore. We'll just inject you so you get spike proteins. After everything that we know about the Ford at least 40 different ways that spike protein and Spike protein antibodies can make you sick work kill you. And moderna this month, September this month, they started doing their experimentation on children three months of age. These are the things that we know of that are in the corona in the moderna shot, again, things you can't pronounce, there is probably a polyethylene glycol. And then there's these two things called tro, methylene and tromethamine hydrochloride, which are a medication to treat metabolic acidosis are they anticipating these things to make you acidotic, and now they had to put a prescription medication inside of a shot, so that if you get acidotic, you've got a prescription medication on board. This is truly a travesty. And those are the things we know about. And we don't know how many of these things that excuse me that they're changing the recipes and adding more things. There in that first line, where is the SM 102 I didn't put it in red I should have it says lipid SM dash 102. That when you look up sm 102 It says not for human consumption for experimental use only.

2:11:15

And there it is right inside the moderna shot. And a little bit about AstraZeneca and the j&j shot, this is what I explained to you earlier, but this isn't a diagram form. And yes, you've got a copy of this, this is all part of the PDF that I sent you this morning, that they take an adenovirus, a shell of an adenovirus, and they put this trans gene, the trans gene means it's something that's synthetically made, and they core out the genetic material, the adenovirus and stick in the trans gene. Now, do you think that is uniformly happens and all built on 1 billion of the ad no viruses that they inject inside of your body that we know it the tiny little microscopic level that you can only see with electron microscope that that actually happens correctly every single time. And we don't just aren't just injecting free double stranded DNA and free adenovirus shells into the body. We don't know that. Because they don't care. They just want you to be injected. That DNA then it goes into the cell into the nucleus of the cell through a process called transfection is incorporated into your DNA, which then it can be any of your genetics randomly inserted and random insertion, which I do think that's also part of increasing the amount of illness and part of cancer it's a random, it's called insertional mutagenesis, which means you take foreign DNA and you insert it into human or animal DNA insertional mutagenesis, which goes in and in specifically mutates that cell. And a mutated cell, when it starts to replicate is a cancer cell. And then magically, it knows to go and spit out a little messenger RNA to make spike proteins. And that's why the j&j shot when they stopped having it internally tested, they found out that it doesn't really work at all. And it causes blood, blood clots, and, and all types of other things. And the AstraZeneca shot works the same way. And of all of the vaccines that are in the developmental pipeline, there are a lot of them that are using a transgene of injecting double stranded DNA into the body to create supposedly a spike protein that is supposed to keep you from getting sick. Instead, we've seen it's just the antithesis of that. So the AstraZeneca shot was approved in some country, it's in the name of it is called Vax xebia. Again, it's made from monkey add no viruses, and it does it only needs refrigeration, it doesn't need the deep freezing AstraZeneca received $1.2 billion to bring this bio weapon to market quickly through Operation warp speed. The problem was, is that it was really messy trials. And when you actually read through the documentation about AstraZeneca, and how it was done, they use different dosages. different segments, so it might be the second shot may have been given in three weeks, six weeks, nine weeks. They use different dosages, in terms of how much that they were used. There were different countries and different standards. And so because of all of that, it was just to be able to take all of that data and collate it because you know, we were supposed to be trying to uniformly make this available so that we could take it out from underneath and EUA and make it into an FDA approved product or a nationally approved product. They couldn't crunch the data because it was so messy. I mean they use different dosages, different timeframes, all sorts of different things, some in different countries, so there was no coordination have the results, different doses to different groups different timelines of the two doses, like I said. But even though there was no standardization, as of the end of 2021, there have been 2.5 billion doses of this injected into arms worldwide 2.5 billion doses of garbage injected into people. Late of 2021 testing showed that no antibodies remained after six months, which again means that all of these shots are all risk and no benefit. Demand drop Craske AstraZeneca shots in this year, thank god due to widespread reports of massive blood clots that were downplayed by everybody and everybody New England Journal, JAMA, the CDC, the NIH, the CDC, and NIH equivalent in the UK, and in the EU. Oh, it was rare. We didn't see it very often, except it wasn't rare. And we saw it all the time. So they tried to downplay it so that you would continue to get injected with these shots that are making you sick or killing you.

2:16:05
Same thing with the j&j shot. It's made from adenoviruses was the first one that they didn't have to have a deep freeze. And actually, when it first came out, a lot of you will probably remember, everybody was going, Oh, if I have to get a shot to keep a job, and I have to get shot to get on that cruise. And so I'm gonna go get the j&j shocks, you only have to have one. And I said early on, first of all, it's no safer. It still is junk into your body, it's still going to create spike proteins and antibodies to spike proteins and you watch, just watch. It's just going to be a matter of time, where where they're going to say, Oh, that one shot, like just isn't enough, we need to get a second shot. And that was in just a matter of a couple of months. By March 2 of 2022, there was a French trial that found that those who had received the j&j shot, were five times more likely to be hospitalized from COVID than those who had had a Pfizer shot. And the people had the Pfizer shot, we know that they destroyed their immune system. So what was the j&j shot, doing to their immune system that allowed people to get sicker than even those who had had a Pfizer shot? Now, this is kind of interesting. And I'm just going to give you an overview of this because again, you have this as part of your handout. What ended up happening is that bio that emergent Biosolutions it's a Baltimore Maryland manufacturing facility. They had contracts with both j&j and AstraZeneca, to develop their shots. That was early on, and 2020. When they were both being released, remember in in July of 2020, the eight j&j and the AstraZeneca shot came out in February of 21. So this was in July of 2020. This company called emergent Biosolutions had had a long term contract with with j&j and also with AstraZeneca, to develop their shots. Well, by the time that the you know, the the shots came out in February of 2021. j&j reported that there had been a cross contamination of ingredients from shots that were supposed to from ingredients that were supposed to be only in the, in the AstraZeneca. Shots, j&j, researchers and manufacturing product control said, Well, wait a minute. We've got some of their stuff in our shot. There was cross contamination. We don't know exactly how. But we know that the plant was a mess, that more than 100,000 doses had to be were found to be contaminated. The plant had unsanitary conditions, including mold and peeling paint. And approximately 400 million doses were destroyed, of j&j shots. And I believe AstraZeneca may have destroyed some of their shots too. But most of those, most of those shots that were destroyed, were j&j Because they were contaminated with junk. So think about that for a minute. Think about how bad that is. And there was other testing that was done that was said that the that they found once they stopped doing industry standard testing, they found that the j&j actually kept you from getting sick less than 30% of the time. So one shot turned into multiple ones, contaminated junk, and all risk no benefit. So what about these new releases? What about these other things that are coming down the pike?

2:19:47
We already talked about the messenger RNA which is manufactured by Pfizer moderna, the adenovirus vectors, which is AstraZeneca j&j, and there's another one that is the exact same thing under a different name. Different label that's produced by the Serum Institute in India. Now the newest one that has just been approved in the US is Nova Vax. And everybody's like, Oh, that's, that's a different one. I don't want the the messenger RNA and I don't want those adenovirus double stranded DNA, I'll get that one. It's a protein one, well, we're going to talk about that one in just a minute. And then they are these ineffective inactivated ones, which are they actually take the virus, and they inactivate it like they tried to do with like influenza viruses to create the flu shot, except all of those are brought to market and none of them were found to be effective, meaning they didn't protect they, they didn't even produce the antibody. And if they did, it didn't keep people from getting sick. I'm not sure if you guys can see this or

not, I'm not sure if you can only see the slides, or I can show you this when we do our q&a. I'll show you if you can see it. That's the stack that I printed out and I read through all of it. So it's pretty boring, honestly, of all the different things that are other different shots that are under development. And those are the ones from the New York Time Tracker. And it's actually kind of boring. And so you know, phase one, phase two trials and what they're trying to do and the bottom line is that all of the shots, all of them lead to the production of Spike protein and antibody to supply protein. There are none of them that are any better than any others that keeping you from getting sick, or are less toxic. So let's talk about Novavax for just a minute because this is one that has been introduced and approved. The company started developing it from flu shots and look at how much money that was given them. US government gave them $1.75 billion, and they got 384 million from Sepi. Sepi is the coalition against them at the epidemic preparedness, who founded Sepi was the World Health Organization, I'm sorry, the Yeah, the World Economic Forum, the Gates Foundation, and a couple of different countries, that they put together all of this money to develop these shots. There were massive problems with manufacturing, they struggled to find a reliable test for vaccine quality. And they were supposed to develop 1.33 point 2 million doses to the US government. But as of July 22, only 12,000 doses have been delivered because of quality control and lack of standardization. Hmm, kind of like we've heard that before, right? Dirty shots that just have junk in them that we can't prove does anything except be all risk and zero benefit. So even though this is the first approved, protein based COVID shot that has no messenger RNA, or double stranded DNA, instead it has fragments of Spike protein created in the lab. And the spike protein is is is made by inserting it into a virus that replicate that called of Baco Baco Baco virus. So you take that spike protein you put inside a virus, then you put that virus inside of an army worm. And inside of that army worm, that virus replicates and grows. So as the virus replicates, it also replicates. You know, each one of those packets as a pro a it has a spike protein in it. So if you go from one packet to 10 packets to a million packets, each one of those packets of baculovirus has a engineered spike protein inside of it. And then that they harvest that baculovirus with the spike protein and they mix it with an adjuvant made from a the bark of a tree. And among the list of other ingredients is also this phospho title choline, polysorbate 80 and an injectable lipid. It says right on the package insert. The vaccine may also contain small amounts of the baculovirus insect cell proteins and insect cell DNA and articles from the soap bark tree as the adjuvant So pretty cool, huh? Instead of getting injected with a messenger RNA or a double stranded DNA, you're gonna get injected with a virus particles of a worm and tree bark. And polysorbate 80. Why not? Sounds like such a better deal, doesn't it? So all of your friends who say yeah, I'm going to get that one because I don't want the messenger RNA so great. You I guess you're going to be injected with insect cells and insect cell DNA. What does that do to your body

2:24:48
makes an antibody to insect cell DNA. And now that they want us to eat bugs, maybe that's going to cause autoimmune disease inside of our gut, because we're going to have cross reactivity of antibodies To insect cell proteins in our blood into the insect cell powder that they're now wanting to put inside of our food. So there's a new one that's come out a new that's a by Vaillant Omicron vaccine booster that contains a strain from the Wuhan virus and a strain from Omicron, neither of which still exist. But they want you to be injected with it. Now, this new thing about covalent, influenza and COVID shots, those are still in development. It may be they may be used in small, small, different ways, but they haven't been improved to have a covalent influenza and COVID shot and I hope they never will because that will be like injecting active at antibody dependent enhancement into your system when they put the

influenza into your body and and create an antibody. And now you've got Coronavirus that is weakened and they put that in your body in the spike protein that people will be dropping over dead as soon as they get those boosters. As a matter of fact, there was just a report that came out yesterday of a young woman who took her mother in her 70s or 80s to get a one of these new by valen boosters who died within hours of getting the shot. And the doctor said put on her death certificate death of from an unknown causes. Doctor Dr. Perplexed strikes again. So what if you were recently sick? Should you still get the booster? Well, the director of John Hopkins Public School of Public Health said yes, get your booster. And you can't get a booster unless you've had two doses of either Pfizer moderna. And it's been at least two months since you've had the second or the third dose. You must be at least 12. So they're giving these to teenagers, or 18 years of age.

2:27:07
Now that creates a big problem, doesn't it? Well, there is a little bit of good news out of this a little bit of good news is that these booster shots these by Vaillant Omicron. booster shots, the US government ordered 170 million doses 25 million doses have been sent to 26,000 doctor's offices, less than 2% of eligible people had gotten the shot in the first three weeks. And now a report that I read last night said it's less than 1% of people were actually getting it so people are waking up. Thanks to all the work that I've done. You've done my team has done, the disinformation dozen has done, the five Doc's have done, and various other people have done better it better set you know saying don't get these shots. And people aren't. Now the good news is people aren't getting the shots. The bad news is our tax dollars paid for those 100 and 70 million doses at $10. A shot $10 A shot. And Dr. Scott Roberts, a Yale medicine infectious disease specialist says that the low booster uptake is demoralizing, it's now going to be much harder to convince those at risk, who are on the fence to get a booster. Thank you, Lord Jesus, we are saving people from getting these additional shots who have already injected things to violate their temple. Now I thought this was just perfect. Now this has, you know, Trudeau as a picture, but this applies to any government anywhere in the world. The government has a dilemma. They need to convince the unjammed that the jab works in order for them to get their first two doses, while at the same time, they have to convince people that getting those first two doses wasn't good enough. And they have to get a booster. So those people didn't get the shot, we need you to get the shots. It's not going to work. And it's not going to work. So now we got to give you boosters. Even the most brain dead amongst us, I think you're starting to get I'm sorry, I could read since I had to say that. But that's what's happening. So trying to say you've got to get these shots that don't work, we have to get these two shots that don't work. They're not going to protect you. They're not going to keep you from getting sick. They're not going to keep you from going into the hospital. They're not going to keep you from transmitting infection, we need to get these two shots because they don't work because then we can give you boosters. Now I hope you guys can take that and put that into your own language and be able to share it with people that think your tinfoil hat conspiracy theorists, because you're not and now you've got even more information that you can share with people. So this was a little table that I made of shots and various development that I thought were some interesting things Instead, I found no again, if you can't see it, I'll show it to you in just a couple of minutes. When we go into our q&a, which we're going to do here, just a few minutes, this is a pretty cool almost an inch thick stack of papers of all the different shots. And these were some of the ones that I thought were kind of interesting. There's one that's a skin patch, there's one that doesn't require freezing. Now they're taking little various portions of the spike protein and trying to make antibodies to just certain portions of it. There's one that is for is a

self replicating messenger RNA for delta and Omicron that don't exist anymore. Great. I want that one. In Canada, this particular messenger RNA is anticipated for approval, and 2023. Hmm. And there's one that's a liquid, there's one that's a drop, there's several that I that I read about that are going to be oral, that will go in and have replicating messenger RNA inside of your gut, that will cause your gut lining to make spike proteins and what kind of gut dysbiosis? What kind of things will that happen in terms of irritable bowel and different things inside of people's guts, or maybe small bowel cancer. And then this one I thought was really interesting. This was a small trial at the University of Hong Kong, where it was a DNA vaccine given subcutaneously. And after they injected it, they gave people electrical shocks, electrical shocks, to try to get it to go inside the cells and start to replicate.

2:31:35
There was another one that was coming out of New Jersey called by a company called Onko. Sec, called Korvax 12. That also had a il 12 in it, which is a potent pro inflammatory cytokine that they started the trials. And then they sort of stopped because they were injecting people to have cytokine storm. And it didn't really work. So I guess they decided to abandon it. But as I showed you in that previous slide, there's 240 of these tests in the in the pipeline. But there's a couple of things that I found interesting and reading through that stack. For one thing, if a company isn't able to get a clinical trial approved in their own country, they do the clinical trials in other places. Hmm. So manufacturing occurs in the US or occurs in China or Russia or India, and they can't get their own government to approve clinical trials. So they do it in third world countries. And here's a couple of examples. For example, the British company scan cell did their Phase One trials in South Africa, the Korean company I gene did their Phase One trials in Australia. The Chinese company can sino bio, they when they were before they even did their phase three trials in Mexico, Pakistan, Chilean Russia, the Chinese government took that shot and injected into 50,000 have their military before they even had any trials, Novavax of the one that we just saw. We're still doing phase two trials in South Africa and phase three trials in the UK when they approved it for use in the United States. There's an awful lot of money being sloshing around out there through project up through all kinds of projects through Project warp speed through different governments. And a lot of those is just money sloshing around in the hands of all of these companies really kind of for nothing. For example, Santa Fe bought a Santa Fe pasture bought translate bio for $3 billion. Then product then scrapped the project due to no response. j&j was given $456 million for production to bring shots to market in the US, which never happened. Novavax that billions got over $1.2 billion to bring a shots to market in the US where they've only brought in 12,000 shots. Funny go. It can't be going to the bench researchers. It can't be going to the laboratories who are manufacture testing is where is all of that millions and billions of dollars going. We have no idea. So are a lot of these companies now turning out to be nothing more than money laundering escapades that there's they're putting all this money in and it's going somewhere into somebody's bank account into war into depopulation. We have no idea where this money actually goes. And remember, the only thing that they're testing in terms of efficacy, in terms of immune response is an antibody to the spike protein, which is harmful, doesn't protect and fades away in a lot of cases quite quickly. So just a few more minutes left, and then we're going to take another really short break, and then we're going to have the rest of this time about an hour and a half. I'm going to take take down the slides, I'm going to look at the questions that have come up. He's been saving a lot of questions for me. And I'll do as much of the questions as I possibly can between now and about two o'clock. So let's talk for just a minute about Marburg, Ebola, because one of the things that people continually ask me and I don't know the answer

to it, I don't think really anybody knows is what's coming next. What are they going to do to us next? What's going to happen between now and the midterm elections here in the US to shut down those elections, and not allow them to happen? What is going to happen to make everybody shut down, locked down, stay home, get afraid, where a mass social distance? Oh, I can't tell you how disturbing it was for me. In the last couple of weeks that I had to travel.

2:36:05
I went from Cleveland to Dallas, to Spokane, to speak at the clay Clark event. And then from Spokane, back to Dallas, back to Cleveland was less than 24 hours at home. And then I got on a flight and went from Cleveland to Newark to Washington, DC, Washington, DC to Chicago to Cleveland. And I did that in about five days. The number of people wearing masks on these airplanes was so disturbing to me. And there was a woman, a flight attendant on the flight from Washington, DC to Chicago, who was double masked, got glasses and gloves. Walking around in Washington DC, I would say at least 10% of the people I saw outside walking around in hotels, servers, all the stuff we're all wearing masks. Now I don't know if that's a rule in DC or not. But I can't I can't can't be because there are a lot of people who weren't. But I can't tell you how many people that were a surprising number of people, surprisingly large number of people wearing masks, and many of them wearing gloves. You know, Paul Alexander, Dr. Paul Alexander put out a paper about a year ago now that has over 150 peer reviewed, documented published studies that show that masks do nothing but make the person who wears them sick. I don't know maybe it's social signaling with a virtue signaling or something that I might be sick and I'm protecting you. I don't know. It is showing people that you are willing to be a slave. And if we would all stop, it would all go away much faster. So what about Marburg and Ebola viruses? What is that all about? Well, Marburg viral disease, formerly called Marburg hemorrhagic fever, can be severe infection in humans. This is another place where people say viruses don't exist, well then what are these things that go in and make people bleed? It's the same family of viruses, the hemorrhagic viruses that cause Ebola. And both of them can have a mortality rate of between 65 and 88%. Because of hemorrhagic bleeding, it makes you bleed. It blocks your it causes lysis of your platelets, which keeps you from clotting. However, all recorded cases of Marburg viral disease have originated in Africa. It's not an airborne disease is not considered contagious. It spread by direct contact with blood and other bodily fluids of people known to be infected. As a result of proper infection prevention and control precautions are taken around people who are bleeding and are sick. The risk of infection is considered minimal. Who said that the equivalent of the CDC out of Europe, the European Centre for Disease Prevention and Control, it's not contagious. It isn't spread by the air. It's only contagious. If you touch people's body fluids and people are sick. And if they're sick, they're probably in the hospital in isolation, and people are wearing PPS or PPE is to keep them touching them. Like be afraid of them releasing something like this and showing the same stock photos that they've had for years, showing people bleeding from their eyes and their nose and all the people with their with their PPE is on and look like they're there all their hazmat materials on the same pictures they've been showing for 15 years. But I'll tell you what, if they start showing those pictures to people who were so afraid of the boogeyman Coronavirus, they were willing to shut their businesses stay home masks their kids and get injected by the shots. What are those people going to do when they start seeing pictures of people bleeding from their eyes? There's already been an Ebola shot that's been approved, actually was approved in February of 2020. And how do I know that? Because in February of 2020, before the whole COVID, stuff started rolling out, there was an ace CIP committed committee meeting the advisory committee of Immunization Practices in

Atlanta, and I thought, Wow, I'm gonna go to Atlanta, and I'm gonna go to that meeting, because COVID kind of being a big thing. And maybe they're going to talk about COVID. And we're going to kind of know what this whole thing is going to be about what to anticipate what to expect. So I went to that meeting in Atlanta, February of 2020. Note that date, February of 2020.

2:40:58
And what did they talk about the entire time I was there, the approval of an Ebola vaccine. And not only did they approve it, they approved it for use a live virus vaccine. They proved it for use in pregnant women, they got this one in the barrel ready to go in the barrel ready to go. And here's what I think will happen. This is my own personal opinion. I have nothing to back it up. Nothing to prove it. Nothing at all, it's just an opinion, is that when they start doing this, if they do, they're gonna say, Oh, the Ebola vaccine is already approved. It's FDA approved, it's a limited supply. It's in such limited supply, we're only going to give it to people who've already had their COVID to COVID shots and at least one booster to drive people to get those shots. This is a map really of where the of where the hemorrhagic viruses have been. This is, you know, put out I think this was I got this from this from the from the World Health Organization. There's been one case. This was in 2016 suspected in the US. This is where you see it. So what can you do about it? Is There A Treatment For hemorrhagic viruses since 2019, we knew that oxidative therapies helped. We knew that oxidative, we do have UBI, which is an IV treatment. We do that in our office, you can do IV hydrogen peroxide therapy, which has been around forever high dose intravenous vitamin C, kills off hemorrhagic viruses. And we also know that these, these are not patentable. And so we were we're not going to see it across the board, you'll have to seek out care from independent integrative integrative medicine physicians high dose vitamin C, hydrogen peroxide, ultraviolet light, radiation and ozone. Dr. Rob Robert Tom. stem will come to me in a minute, he went to Africa and he did tests on all of these things, and showed that they actually worked. And when they were working to treat actually the hemorrhagic it was Dr. Robert Rowan, Dr. Robert Rome, when he went to Africa, and he was treating when they had an outbreak of of Ebola and he was getting people better. The World Health Organization kicked him out of the country, said you can't treat people here. So instead of saving lives, they sent him home. What about this thing about monkey pox? I mean, it's pretty ridiculous, isn't it? I mean, monkey pox. Least has been out in Western Africa for a long time. And we will also see monkey pox and squirrels, rats and different species of monkeys. It's rare in Europe and North America, it's a self limiting disease. Most recovered two to four weeks with a fatality rate that is essentially zero that should say zero after that period. Sorry about that. It's the trans human to human transmission is rare. It's human to animals and animals to humans of where we see it. Oh, this was from a from our smallpox shot. This was a case of smallpox. This was a case of monkey pox. Did we really eradicate hawks virus disease? Since September 13 of 2020, the first reported case of monkey pox was April of 2022. Since then, since September of that should say 2022. I'm sorry. Be sure you correct that on your PDF file. As of September 13 2022, there have been 23,000 laboratory confirmed cases 23,004 65 Now there is something that's called you know that once you bring bring something to someone's attention and they start looking for it, they start finding it. It's like when there's a measles outbreak now suddenly people say oh, let's we start everybody that comes in with a rational runny nose. We need to suspect measles. So suddenly that causes that casela caseload to go up. So since April between April and September, people were talking about monkey pox monkey pox monkey pox. So they started testing for every rash and they had 23,000 confirmed cases. Symptoms are rash, fever, fatigue, muscle pains, chills, headache, and blistering type rashes on their on your extremities.

The average age of person was between 30 and 40 98% male and of the 10,288 Male cases with a known sexual orientation 97 self identified as having sex with men. Now want you to look at those numbers 23,000 laboratory confirmed cases, half of them half

2:45:45
were found to be in gay men. What about the other half? And only 226 required clinical care by when the ICU three died, and we don't know what their underlying pathology is. So whenever you see those things posted in a study about admitted to the hospital or die, one of the things that you always need to ask is what was their underlying conditions? Was that just a normal healthy person? Or was there something else? So a minuscule number of people? So why would this be decided to be an in a world wide outbreak and something that could cause another pandemic, when those numbers are extraordinarily small? So what about smallpox? What about smallpox? Now they're talking about maybe we think we'd release smallpox really? Is that really something we should be concerned about? But nearly every time you start a conversation with someone who is pro vaccine, and is never given a vaccination concept much thought the discussion always starts about well, shots eliminated smallpox, didn't they? Did they? What if when was the stuff you knew about smallpox really was incorrect? Well, our horse that learning for you.org, about smallpox is available as a separate course. Now, it used to be part of our mastering vaccine info boot camp. It's now available as a separate course, if you really want to go through and get lots of information about smallpox and find information you can share with your friends and family. That's the place to get it learning for you.org forward slash courses, forward slash What about smallpox? And what about polio? Oh, my gosh. Polio. The word Polio is burned images into our collective psyche. In fact, 63 years after the polio vaccine was released, released in 1955. When I go out, and I give a talk to a commute group of community people, and I ask what pops into your head when you hear the word polio? The vast majority still say, paralysis. Kids with braces, FDR, March of Dimes are iron lungs. And I'm sure most of you listening to this have the same thought, Oh, my God, paralysis, polio, oh, my gosh, polio epidemic, everybody's going to be paralyzed. We're going to have to go through that all over again. 60 years of polarized indoctrination on a false premise.

2:48:20
So here's the thing. Polio viruses are gastrointestinal viruses, not neurological viruses. And write this down somewhere and repeat it, memorize it, say it over and over and over again. Polio is not a synonym for paralysis. Memorize that. Know It, it's not a synonym for paralysis. There is a long overdue association between DDT, pesticides and acute flaccid paralysis, which is, by definition what Polio is. But now New York, oh my god, it's having press releases and press conferences about a couple of cases. They found that they're declaring an emergency in New York. Well, wait a minute, what they actually are finding is vaccine derived polio virus. The US stopped using the oral polio vaccine in 2000, and only uses the injectable form even though oral polio is still used worldwide and only in two countries left in the entire world. Afghanistan and Pakistan still have had cases of wild polio infection. For now we are asking those countries to ante up another couple billion dollars a billion dollars in Afghanistan. Think of what they could do with a couple of with $1.2 billion in Afghanistan in terms of safety, potable water, housing, education, electricity, instead of trying to eradicate a few vestigial cases of a polio infection. That doesn't even cause paralysis in the vassalage already have people. And if it does, it resolves within two years. Here's the thing about polio, up to 72%. This was back in the 1950s, when polio viruses were widely around, up to 72% of people had what looked like a mild

gastrointestinal symptoms, or no symptoms at all 72%. Remember that up to 70% of people who were exposed to a polio virus back even in the 50s, when there were a lot of it around, had no symptoms at all looked like they had some food poisoning. And they had lifetime immunity, less than 1%, developer paralysis less than 1%. And only 2% of that 1% had anything to do with with iron lungs. So I wrote two papers on this, and were on my sub stacks polio fears, part one, which was about polio infection and polio fears, part two, which was about the shot, if you go to my substack, you can read about that. I may be coming out in the next week or two with what's called a polio primer, we've already started developing it. So as they continue to use this as a fear factor, you will have all the facts in a little ebook. We'll see if that comes to fruition. There's a lot going on. But the truth about polio infections with polio vaccines are rarely discussed, you can actually find the course that learning for you.org forward slash courses. What about polio, if you really want to know what that's all about, and get all the information, all the data and all the stats. So in closing, in closing, for today, and we're going to take another little short break, and do about an hour and a half an hour or so of q&a, I already see some people putting questions in the q&a. So when I close out the screenshare, we'll be able to go to that. Remember this always, Psalm 139, verses 13 and 14, I give thanks and praise to You, for I am fearfully and wonderfully made. Actually, the coffee mug that I have today actually says that on the front of it. My soul knows it very well for it was you who created my inward parts You knit me together in my mother's womb. We were born with an intact immune system. This idea that babies and infants are born without an immune system and we must vaccinate is a is a contrived construct. It's a lie. It's not true. We were knit together in our mother's womb, before we were born, the Lord knew the number of days that we would have on this planet. Before we were born, we were fearfully and wonderfully made. We don't need shots. We don't need vaccines with chemicals. We don't need bio, bio weapons that are going to destroy our God given genetics that connect us to our Creator, than at the time when your mommy's egg and your daddy sperm came together and the spark of life happened and God created you. There's only been one of you. One set of your genetics ever in the history of the world.

2:53:13
These shots are designed to go in and destroy them by these satanic cult worshipers that want to turn us into transhumans and destroy the human race and separate us from our Father God. So just in you know, I have to do I have to have this as part of my presentation because it's who I am right? That from a spiritual sense, submitting to this inoculation is bigger than most people realize. Taking the shot has been a choice to seek relief from fear through a pharmaceutical product. Instead of through your walk with God. People chose to put trust in a false idol called government. If though if you are those around, you made a choice that changes your DNA, what can God do, since you chose by your free will to change his temple, his greatest gift to you your body, which houses the temple of the Holy Spirit. So if you took the shot, it may admit it was a bad decision a bad choice or that you caved under coercion, stop looking for a physical solution to a spiritual problem. At this point in time, September 24 2022. There is no physic there's nothing to reverse those shots. There's nothing to reverse a flu shot or an MMR shot or any of those things. You can make your body healthier. You can detox as much as you can. But when you had that explosion, a spike proteins that wrapped there that went through your body like a bull in a china shop. How do you get a physical solution? For a choice that was a choice as a spiritual problem. Accept responsibility for it. Quit trying to blame everybody else. They He made me who's they? My spouse, my boss, my adult children, my next door neighbor, my pastor's wife who was a nurse? No, it was your choice. You came to the coercion, you cave to the fear, accept responsibility

for it, say, seek God's mercy because the first step in repenting is accepting responsibility for the decision you made. That decision could be, I started using heroin, I start got addicted to porn, I did whatever I did, I allowed the violation of the temple. I accept responsibility. I need to get right with God about that. Because there is no physical solution for a spiritual problem. So what is sin? Sin is a choice to do what goes against God's commandments and rules. And First John, chapter one, verses nine and 10. If we confess our sins, He forgives our sins and cleanses us from all unrighteousness, all unrighteousness, which means that all things are possible with God and perhaps he will heal your genetics, because He loves you and you repent. But if you say you haven't sinned, we make Him a liar. And his word is not in us. That's verse 10. So repenting doesn't mean self flagellation, or crawling across the floor, on shards of glass with great pain and saying, Lord, forgive me, forgive me, forgive me, it just means accepting responsibility for the choices that were made. Under fear, under coercion, or for convenience, you made the decision, get it right with the Lord. Now, you may or may still have to suffer the long term consequences of what those spike proteins and the antibodies to the spike proteins may do to your body. You may live another year, five years, 10 years, 50 years. But whatever length the time is that you're in the physical body on this planet, it is less than a blink of an eye compared to the length of eternity. So that means clean it up. Clean up your body as best as you can clean up your holy your spirit as best you can, and walk rightly with the Lord. Because that's the only thing that really matters. And it's really the only thing that can change things on this planet right now is Repent, get right with God.

2:57:34
So there is a list and it's in your PDF file. So I won't go through all of that, you know, our products, our apparel, our podcasts, the sub stacks, our new sites, and our media, social media links are all there. They're all part of the PDF file that I passed out to all of you that you have a copy of it that you've printed out. It's all right there. And with that, I want to thank you so much for this hour and a half presentation. That's about an hour and a half right now, the 10 to 11 loving to 12 about two and a half hours, which is about it's about what I thought it was going to be a two and a half hour presentation is a boatload of information, a lot of stuff that we went through this morning. Some of it is review but put together in a different way and some of it I know is really quite new to you. So thank you for your participation. Thank you for being part of this discussion. Thank you for believing in me that I was bringing you something unique and something of great value. And I would appreciate your support for that. So we again are going to take about