

U.S Army Physician Warns About Toxic Ingredients in COVID Shots

'Use of mRNA vaccines in our fighting force presents a risk of undetermined magnitude in a population in which less than 20 active-duty personnel, out of 1.4 million, died of the underlying SARs- CoV-2.'

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Global Research, September 29, 2021

[LifeSiteNews](#) 27 September 2021

Region: [USA](#)

Theme: [Science and Medicine](#)

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*This article celebrates **the amazing bravery of a physician and senior military officer** attacking the evil stupidity and anti-science character of the public health establishment. Standing up to the coercive mandates to force COVID vaccine shots for large segments of the population that have far more risks than benefits from them. Notably children, those with natural immunity and healthy, young military personnel. This hero needs massive public support. She should become a shining example for all physicians to fight for both medical freedom and genuine science.*

In this pandemic where truths are crowded out by propaganda and political insanity, it is critically important to credit a truly remarkable document by a courageous medical professional.

Here are highlights from such a document, well worth the attention of all those who genuinely have informed concerns about current COVID vaccines.

Physician and Army **Lieutenant Colonel Theresa Long** is a rare, courageous truth-teller willing to probably jeopardize a military career for the greater good. To try and steer the Department of Defense to policies that protect military personnel from dangerous and unnecessary COVID vaccines and defend our national defense.

Here is an initial observation: “Use of mRNA vaccines in our fighting force, presents a risk of undetermined magnitude, in a population in which less than 20 active-duty personnel out of 1.4 million, died of the underlying SARs- CoV-2.” Statistical truths are routinely ignored by government officials mismanaging the pandemic.

Dr. Long focused on a now widely recognized health impact of current COVID vaccines, saying “vaccination with mRNA increases the risk of myocarditis.” “Research shows that

most individuals with myocarditis do not have any symptoms. Complications of myocarditis include dilated cardiomyopathy, arrhythmias, sudden cardiac death and carries a mortality rate of 20% at one year and 50% at 5 years. According to the National Center for Biotechnology Information, U.S. National Library of Medicine, “despite optimal medical management, overall mortality has not changed in the last 30 years.”

‘We must establish a screening program to identify those at increased risk of myocarditis, i.e., those that have, received mRNA vaccinations with [Pfizer] or Moderna, or have any of the following symptoms chest pain, shortness of breath or palpitations”

With regard to the Pfizer vaccine,

“One of the primary ingredients of the Lipid Nanoparticle delivery system is **“ALC 1035.” This is a toxic material. It “comprises between 30-50% of the total ingredients.”**

Among a number of serious possible effects is this reality: “Caution: Product has not been fully validated for medical applications. For research use only.” Also noted: “Other journals and scientific papers also denote that this particular ingredient has never been used in humans before.” The Colonel correctly notes

“My assessment is that ALC 1035 is a known toxin with little study, specifically restricted to ‘research only’ and effectively has no prior [medical] use history.”

Another ingredient in the vaccine is a known toxic chemical: **“Polyethylene Glycol** is the active ingredient in antifreeze.” There have been countless cases where people have been fatally poisoned with this chemical. This comment by the Colonel is especially impressive:

“I cannot discern what form of alchemy Pfizer and the FDA have discovered that would make antifreeze into a healthful cure to the human body.”

Another important point is that “Moderna’s key ingredient, SM-102... is significantly more dangerous than the Pfizer ALC 3015.” Noted is that “This Moderna ingredient is deadly.”

“I have also reviewed scientific data and peer reviewed studies that discuss, analyze results and conclude that natural immunity is at least as good if not far superior to any Covid Vaccine available at this time.”

Exactly correct. Noted is that “natural immunity provides a 13-fold better protection against Covid 19 infections than any currently available Covid 19 Vaccine.” The Colonel points out that the Department of Defense disinterest in recognizing that “a military member’s prior [natural] immunity to Covid 19; even where it may be demonstrated with a recent antibody test.”

Here is a detailed telling by the Colonel of recent empirical evidence she is personally informed about regarding the real health impacts of COVID vaccines on military people. It is truly worth reading:

“I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Colligate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor,

thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members' medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation and each suffered the event within 2 days post vaccination. Correlation by itself does not equal causation; however, significant causal patterns do exist that raise correlation into a probable cause, and the burden to prove otherwise falls on the authorities such as the CDC, FDA, and pharmaceutical manufacturers. **I find the illnesses, injuries and fatalities observed to be the proximate and causal effect of the Covid 19 vaccinations."**

If only more physicians would have the good sense to make that last medically smart comment.

This statement is also important:

"I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations."

And here are several correct observations on harmful vaccine impacts:

"None of the ordered Emergency Use Covid 19 vaccines can or will provide better immunity than an infection-recovered person [with natural immunity]. All [current] vaccines in the age group and fitness level of my patients, are more risky, harmful and dangerous than having no vaccine at all, whether a person is Covid recovered or facing a Covid 19 infection. Direct evidence exists and suggests that all persons who have received a Covid 19 Vaccine are damaged in their cardiovascular system in an irreparable and irrevocable manner. Due to the Spike protein production that is engineered into the user's genome, each such recipient of the Covid 19 Vaccines already has micro clots in their cardiovascular system that present a danger to their health and safety. That such micro clots over time will become bigger clots by the very nature of the shape and composition of the Spike proteins being produced and said proteins are found throughout the user's body, including the brain."

See this detailed [account](#) of vaccine induced blood problems.

As to the vaccine dangers for the military personnel the Colonel is responsible for:

"Flight crews present extraordinary risks to themselves and others given the equipment they operate, munitions carried thereon and areas of operation in close proximity to populated areas."

And most importantly:

“I hereby recommend to the Secretary of Defense that all pilots, crew and flight personnel in the military service who required hospitalization from injection or received any Covid 19 vaccination be grounded similarly for further dispositive assessment.”

The Colonel, like some other brave and honest medical professionals, also stressed this: “We must evaluate and immediately implement alternatives to mRNA vaccines, to include Ivermectin (FDA approved 1996) ...and Hydroxychloroquine (FDA approved 1955).”

To sum up, we have a highly educated and credentialed senior military officer stepping up to tell those above her and the public about the major risks of COVID vaccines for military personnel.

This physician strongly needs public support in the fight for pandemic truths.

What she has concluded is just as important for the public as for military leadership and personnel. She has revealed the evil idiocy of the current public health establishment mindlessly pushing COVID vaccines for everyone.

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