

Vaccines: What You Need to Know for Informed Consent. Dr. Russell Blaylock

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Prior to taking any unapproved drug, you have the right to receive a broad and complete spectrum of information about the potential effects of those drugs on your body, in order for you to give “informed consent” or to refuse. Dr. Blaylock wrote this especially for this purpose.

There are four major companies offering the COVID-19 “vaccines” (biological bioengineered agents); Pfizer, Moderna, Johnson & Johnson and AstraZeneca. Two (Pfizer and Moderna) use a technology never before approved or used “vaccine” called a messenger RNA (mRNA) biological.

The mRNA biologicals encase spike protein producing mRNA within a nanoparticle capsule-LNP [which contains nano-sized polyethylene glycol (PEG)] to protect the mRNA from enzymatic destruction by the vaccinated person’s cells. This prolongs the survival of the mRNA, allowing it to continuously produce the spike protein in your body. The latter two biologicals, from Johnson & Johnson and AstraZeneca, utilize a single vaccine technology involving the use of an altered, attenuated virus (Adeno26) to generate antibodies to the spike protein.

This man-made virus literally infects the person with a spike protein-containing virus. You should know that the spike protein is the pathological part of the COVID-19 virus. In essence, you have a man-made virus, and mRNA biological that does exactly what the COVID-19 virus does to you—it exposes you to massive amounts of spike protein. Once in the body this spike protein can enter all tissues—including the heart, the brain, the lungs, the kidneys, the eyes, and the liver. The two main sites it invades with the spike protein are the liver and the spleen—both major immune regulating sites.

Since no studies have been done on what happens to the spike proteins once they have been injected and most important, how long the mRNA will keep producing the spike proteins, we have no idea concerning the safety of these vaccines. Moderna and Johnson & Johnson have never made a vaccine before this.

It is also important to appreciate that biodistribution studies have shown that the mRNA

injected into a person's body has been found to deposit a small amount of the mRNA into several tissues, most importantly into the brain. This means that the mRNA from the vaccine is producing large amounts of the spike protein directly into your brain for what could be a prolonged period. In such a location as the brain, the spike protein will act as a continuous source of inflammation and excitotoxicity (immunoexcitotoxicity), known to be a central mechanism of several neurodegenerative diseases, such as Alzheimer's dementia, Parkinson's disease and ALS, among others.

Most important, one should understand these are experimental vaccines and do not have the approval of the regulatory agencies, such as the Food and Drug Administration (FDA).

In order to allow the population to use these entirely experimental biologicals the government had to declare this "pandemic" a medical emergency and utilize Emergency Use Authorization (EUA)—which emphasizes that the agents are not approved and are entirely experimental. The vaccine approval process for an experimental vaccine normally requires a period as long as ten years of intensive study before a vaccine is approved.

In this case, these companies were studying these vaccines for only two months before they were released, despite the recommendation by the FDA they be studied a minimum of 2 years before approval. Meetings by the regulatory agencies were unable to come to a firm conclusion on the length of the studies needed, so EUA proceeded despite the inherent dangers to the public.

You should be aware that the so-called "studies" by these makers of the vaccines were badly flawed, in that placebos and blinding of the studies were abandoned before adequate studies were completed. This prevents researchers and regulatory agencies from being able to determine if a product is actually safe or effective.

As mentioned, the pharmaceutical companies did not conduct studies to see how the injected biologicals were distributed in the body or how long the immune stimulation would continue—which is absolutely vital as regard to safety and the risk of long-term side effects. The biodistribution studies were done independently.

You should also be aware that research on mRNA vaccines in the past demonstrated many problems and unknowns. Among these concerns are:

- Possible injection site severe reactions, such as severe pain and swelling at the injection site.
- Persistence of an intense immune reaction producing continuous tissue and organ destruction.
- Induction of autoimmunity involving a number of tissues and organs (we know that the spike protein cross-reacts with over 28 human tissues and cell components.)
- Induction of swelling of various tissues (edema)
- Problems with coagulation, which can include bleeding and/or blood clots.
- Induction of immune cell priming, which can set the stage for widespread inflammatory tissue destruction and agonizing death.
- Triggering of neurodegenerative disorders, such as Alzheimer's dementia, Parkinson's disease and especially ALS.
- Triggering transverse myelitis with permanent paralysis—either paraplegia or quadriplegia.

- Triggering of multiple sclerosis
- Worsening of reactions to wild type virus in vaccinated individuals, leading to severe immune reactions or death.
- Myocarditis and sudden cardiac death or progressive heart failure.

Is a vaccine really needed?

Vaccine manufacture has become the major profit maker for pharmaceutical companies, especially for vaccines that are recommended or mandated each year. This has already been proposed for this set of vaccines. This is especially so now that these corporations have been given legal protection from lawsuits by Congress.

Of most importance, is that this virus is being treated as if it were a deadly pandemic of major proportions. Unfortunately, most people do not understand the concept of a “pandemic”. Most assume that any virus that spreads rapidly over the entire globe qualifies. If this were so, the common cold viruses would constitute a pandemic several times a year.

Prior to this event, a pandemic must not only spread around the world rapidly, but it must cause a high death rate among all groups—the healthy, the elderly, both genders and the young. This virus is a danger in essentially one major group—the elderly having two or more major chronic diseases. Death and severe illness in younger age groups are among those who have immune deficiency disorders—obesity, diabetes, autoimmune diseases, hereditary immunodeficiencies and HIV infection.

Because this virus did not meet the accepted criteria for a pandemic, the World Health Organization (WHO) changed the criteria, dropping the necessity for the virus to be deadly for a significant percentage of the population or causing severe injuries to a mass of the population. This virus has never even come close to satisfying these criteria.

Worse, to increase the perception that everyone was in danger, the public health authorities were instructed by the CDC to only use the RT-PCR tests to diagnose cases and specifically instructed these agencies to set the cycles far beyond what was standard for accurate testing (20 to 30 cycles). By doing this, the CDC, and other agencies, turned negative tests into false positive tests—making it appear that the infection was everywhere.

Worse still, they instructed all hospitals to sign out all hospital deaths as being COVID-19 deaths if at any time in the previous month they had a positive RT-PCR test. This included suicides, car accidents, deaths from a heart attack and many more such examples. Death certificates for people dying in their homes were also altered to imply they all died of COVID-19.

The government also paid hospitals more if they listed their serious cases as being COVID-19 cases and making a pay scale to the hospital that paid more if the person was placed on a respirator.

When examining the death rate by age, it is seen that this virus is hardly the 1918 flu virus authorities are implying it to be.

Official data shows that the non-institutionalized fatal infection ratio for all age groups is 0.26%. For those less than age 40, the risk of dying from this virus falls to 0.01%, meaning these people have a 99.99% chance they will recover should they become infected. In Italy,

which had the highest death rate from this virus in the world, they found that over 98% of the case fatalities occurred among those over age 80 years who had at least two prior major medical conditions.

In the beginning, the majority of deaths in the United States occurred in nursing homes—close to 50% of all deaths. In addition, at least two highly successful treatments exist for the most at-risk patients—hydroxy-chloroquine and ivermectin. The latter had a 90% recovery rate among a very large number of hospitalized patients, most having a complete recovery. When effective treatments are available for an infectious disease, there is no need for a vaccine.

Now, to further determine if the vaccines are worth taking, one should examine the death rate associated with the vaccine as compared to the virus infection itself.

Data on vaccine related deaths come from the CDC-associated site called the vaccine adverse events recording system (VAERS). It has been determined by several studies that VAERS collects only cases supplied by the either patients or the government and that no more than 1% of complications are actually reported. Reporting by physicians is not mandatory. Incidences reported to VAERS by patients are investigated to affirm they are legitimate.

The latest VAER's figures suggest that more than 4200 people have died in connection with the vaccines. Of these, 943 who died were ages 12 to 17 years old. For a published analysis one must go back to an earlier date, as it was used in a calculation for comparison—vaccine deaths vs COVID infection deaths.

At the time of this study, 1551 deaths were reported to VAERS. That would be a death rate of 0.0028%. If we correct for the poor reporting, we will see there were most likely 155,100 deaths or 0.28% death rate for all the vaccinated. The death rate from the infection itself was 0.01% for those under age 40 years. That would mean that the death rate from the vaccine was approximately 28 times higher than the death rate from the virus itself.

Another way to look at it is to compare the death rates associated with the flu vaccine with that of these COVID-19 vaccines. Between the years 2019 and 2020 some 170 million Americans took the flu vaccine. Of this number there were 45 deaths associated with the flu vaccine. That is a death rate of 0.0000265%. The death rate for COVID vaccine is stated by proponents as being 0.0024%, over 90-times higher than with the flu shot. Another way of looking at this is to examine the actual death figures for each year. In 2017 there were 20 deaths and in 2019, 45 deaths associated with the flu shot.

This year, 4200 plus persons have died after taking these COVID-19 vaccines—93-times higher for these vaccines than the flu vaccine. Obviously, something is very wrong with these vaccines and with the regulatory agencies and all those pushing these vaccines on the public. An analysis of data collected by the Israeli Health Ministry discovered that the vaccines killed 40 times more elderly people than did the disease itself. Even more shocking, their analysis demonstrated that the vaccines killed 260 times more of the younger individuals than did the infection itself.

One of the major differences between the death rate for people infected with the virus itself and those dying as a result of the vaccine is that the former occurs almost exclusively in the elderly in poor health, and the vaccine related deaths are occurring in a far greater number

of the healthy young and healthy elderly.

With this information, it is obvious a vaccine is not needed.

So, what about the elderly at-risk people? Would they not benefit from the vaccine since they are at the highest risk? The problem with this is that such individuals would not be able to respond to any vaccine in a way that would be protective. We learned this with the flu vaccines.

Elderly people, especially those with chronic debilitating illnesses and frailty, cannot mount a sufficient immune response to vaccination to protect themselves from such an infection. Despite this (mainly for profit) vaccine promoters encourage these elderly immune deficient individuals to get vaccinated anyway. There are many ways to protect these individuals outside vaccinations. The law now says we cannot mention them.

What are the Serious Complications and Side Effects Associated with these Vaccines?

While death is of major concern as regards these vaccine reactions, severe, permanent and often crippling side effects are of equal concern, especially for younger people and children. According to the latest numbers collected by VAERS, over 18,500 people have been permanently injured by these vaccines. Keep in mind that this is only 1% of the actual number of such victims of these vaccines.

At minimum, we are talking about hundreds of thousands of permanently damaged people. And this is just the early reported cases—long term, over years, the numbers most likely will be far higher. For example, it was found that after three years following the hepatitis B vaccine, there was a 3-fold increase in multiple sclerosis in those receiving the vaccine.

Blood Clots and Hemorrhages

Soon after these vaccines were released to the general public, a number of cases of blood clots and bleeding episodes began to be reported—mostly among the younger age group, even teenagers. For example, a 17-year-old boy in Utah was hospitalized with two blood clots on his brain after his first dose of the vaccine.

This side effect has been labeled as the vaccine-induced thrombotic thrombocytopenic syndrome. From December 2020 to April 2021 there have been 1,845 cases of clotting disorders reported. Among these 655 were reported after the Pfizer vaccine, 577 after the Moderna vaccine and 608 after the J&J vaccine. Several cases of cerebral venous sinus thrombosis (CVST) have been reported after these vaccinations.

Cerebral sinus thrombosis results in a devastating stroke effect that severely damages both sides of the brain, should it involve the superior sagittal sinus. A study reported in the journal of the American Association of Physicians and Surgeons reported 37 cases of vaccine-associated microthrombi in the brain, heart, liver and kidneys. Most of these clotting problems are associated in young people getting the vaccines. Strokes of varying severity have also been reported.

In Austria there appeared two reports of blood clotting disorders linked to these vaccines. In one such case a 49-year-old nurse died from a severe coagulation disorder and a 35 -year-old nurse at the same hospital developed a pulmonary embolism days after her vaccine. It is interesting to note that coagulation problems also occur with the natural infection,

suggesting that by flooding the body with the spike protein, the same mechanism is responsible for the vaccine coagulopathy problems as seen with the natural infection, but on a larger scale and incidence.

As of March 16, 2021, approximately 20 European countries suspended the use of the AstraZeneca's vaccine, primarily because of the associated blood clots in vaccine recipients. According to the Defender, AstraZeneca vaccine had 77% more adverse events than the Pfizer vaccine.

Anaphylactoid Immune Reactions

Almost immediately after the vaccines were released, allergic reactions to the vaccine components were being reported—usually involving an anaphylactoid reaction of major proportions and in some cases with a lethal outcome. Most of the reactions have occurred with the Pfizer and Moderna vaccines. While rare, these reactions can be deadly and occur within minutes to one hour after receiving the vaccines.

With these vaccines being given at drive throughs, pharmacies and now military troops, the risk of someone dying from this reaction is greatly increased.

So far, the main culprit with these allergic reactions appears to be the use of polyethylene glycol (PEG) as an ingredient. The PEG is used to re-enforce the lipid nanoparticle shield used to protect the mRNA from being destroyed by enzymes within the cells that take up the foreign mRNA. This allows the mRNA to keep producing the spike proteins in your body far longer than the government, media proponents or pharmaceutical makers claim.

The use of PEG (called a PEGylated product) in one experimental study using people was halted when 96 people among the 1600 study participants developed an allergic reaction and one died.

Serious Side Effects

VAERS has recorded a number of serious side effects among people vaccinated with these vaccines. These include:

- Persistent malaise
- Extreme exhaustion
- Multisystem inflammatory syndrome
- Myocarditis
- Chronic seizures
- Paralysis
- Loss of hearing
- Psychological effects: mood changes, anxiety, confusion, difficulty finding words, recent memory loss, and bizarre, frightening thoughts.
- Bell's palsy
- Swollen, painful lymph nodes
- Thrombocytopenia
- Miscarriages and premature births among vaccinated pregnant women
- Severe headaches, migraines that do not respond to medications
- Cardiac problems—heart arrhythmias, tachycardia, and sudden heart failure
- Strokes
- Visual problems and blindness

- Encephalitis/encephalomyelitis and brain stem encephalitis
- Narcolepsy
- Autoimmune diseases
- Arthritis/joint pains
- Venous thromboembolism

As of May 20th, 2021 besides the 4,205 reported vaccine-related deaths, there were:

- 2,275 cases of Bell's palsy
- 195 cases of Guillian Barre syndrome
- 65,854 cases of anaphylactoid reaction
- 3,758 cases of clotting disorders and other serious conditions.
- 1,140 vaccinated pregnant women had an adverse event, including 351 cases of miscarriages or premature births.

It is known that activation of the immune system systemically (as with vaccinations) also powerfully activates the immune cells of the central nervous system, primarily microglia. We call this process, priming. Despite being activated, the microglia do not release high levels of inflammatory chemicals (cytokines, chemokines, and interferon). The second activation of the immune system by the second dose of the vaccine then not only fully activates these brain immune cells they are *intensely* activated, doing great harm to the brain over a prolonged period. When stimulated by the second dose these brain immune cells release high levels of destructive inflammatory mediators and excitotoxins (immunoexcitotoxicity).

Of great concern with this vaccine is the fact that the spike protein can easily enter the central nervous system (brain and spinal cord) where it can act as a continuous source of microglial activation and subsequent destruction of brain cells and spinal cord cells. In my opinion, there is a significant risk of inducing chronic neurodegenerative disorders, such as Alzheimer's dementia, Parkinson's disease, and especially Amyotrophic Lateral Sclerosis (ALS), in individuals receiving these vaccines. Subsequent vaccines of other types (influenza, shingles, meningococcus vaccines) will worsen these destructive disorders and make them more likely to occur.

Individuals with preexisting neurological disorders, such as head injuries, strokes, multiple sclerosis, schizophrenia and autism spectrum disorders, will be at a very high risk of worsening of their condition with these vaccines. No provisions are being made to exclude these individuals from receiving these vaccines, despite the extreme danger.

Dangers to Pregnant Women and Their Baby

As stated, as of May 20, 2021 approximately 1,140 pregnant women reported adverse events after receiving one or two doses of this vaccine. In the past, it was standard knowledge that a woman should not receive any vaccine during pregnancy or if a woman even intends to get pregnant. The WHO agreed with this policy but because of objections from the CDC, they switched their recommendations from no vaccines to endorsing the vaccination of all pregnant women. This is despite the admission by all the makers of these vaccines that no studies of the effect of these vaccines on pregnant women or their babies had been conducted.

Yet, extensive independent research has been done on the effect of immune stimulation

during pregnancy. It is known that such stimulation during the last trimester of pregnancy, and even during the first two years after birth, increases the incidence of autism spectrum disorders and schizophrenia dramatically in the offspring. Immune stimulation early in pregnancy results in high rates of miscarriage. So far, we have had 351 reports of miscarriage and premature births among women vaccinated during pregnancy.

Keep in mind that VAERS represents only 1% of the actual number of adverse event cases, so the number of women losing babies is far higher. These reports are not mandated by the physician and one can imagine that an OB doctor who recommended the vaccine to their pregnant patients would not want to admit the vaccine was responsible for the loss of their patient's baby.

Because no research has been done on the long-term effects of these biological agents (vaccines) we have no idea what will happen to these children, who do survive, over their lifetime. No one in a position of responsibility seems to care.

It is also important to keep in mind that most children in the United States receive over 40 vaccine injections before they attend school. Pediatricians are giving as many as eight vaccines during a single office visit. This causes extreme priming of the brain's microglia, which has been shown to set the stage for serious, permanent neurological damage when subsequent vaccines are given.

These COVID-19 vaccines produce more powerful immune stimulation than traditional vaccines, meaning the risk to children will be much higher, not just for neurological damage but for death.

There are over one million children suffering with autism spectrum disorders whose lives have been ruined by the extreme vaccine schedule thus far. This will pale in comparison to what the COVID-19 vaccines will do to our youth.

Special Danger to Women in General

From the reports now seen in the VAERS system, all women are at risk from these vaccines, especially to their reproductive health. Studies have shown that the spike protein released by these vaccines, contains a protein that strongly resembles a protein essential to a successful pregnancy (called syncytin-1). Activating the immune system against this spike protein would mean that a young woman may never be able to get pregnant.

Other studies indicate that the vaccines are also causing a number of menstrual problems. These include:

- Extensive bleeding with blood clots
- Prolonged period (even a month long)
- Severe cramping
- Premature menopause
- Delayed or absent periods

Excessive bleeding could lead to severe iron deficiency which is associated with a number of medical disorders besides anemia. None of the clinical trials before these vaccines were released even looked at the effect on a woman's menstrual cycles.

Heart Inflammation

The VAERS report identified 75 cases of myocarditis after the mRNA vaccines. Myocarditis is an inflammation of the heart muscle which can lead to progressive heart failure and arrhythmias. Details leaked from the Israeli Health Ministry linked 62 cases of myocarditis including 2 deaths with the Pfizer vaccine. Fifty-six of the cases were associated with the second dose. The ages spanned from 18 years of age to age 30. The VAERS reported cases of myocarditis spanned from age 17 to age 44 years.

Vaccine-Induced Autoimmune Diseases

Two recent studies examined the cross-reactivity of a number of human tissue components and the spike protein. Both studies found extensive cross-reactivity, which means that these vaccines can induce severe autoimmune diseases in a great number of tissues and organs. This includes autoimmune thyroiditis, autoimmune diabetes, systemic Lupus, uveitis, psoriasis, autoimmune kidney disease, autoimmune encephalitis and many more diseases. The onset of these autoimmune disorders can be delayed by months, years and even decades after the vaccines.

Two separate studies found severe cross-reactivity between the spike proteins and human tissues and cell components. One of these cell components includes the mitochondria, the source of energy for all cells. An autoimmune attack would cause severe weakness and impair a number of organs, such as the liver, the heart and the brain. Neurologically, this could translate into brain fog, confusion, disorientation, and poor memory and learning ability.

Vaccine-Induced Visual Disorders

Several cases of visual impairment and even total blindness have been reported following these vaccines. According to the World Health Organization's European drug monitoring agency there have been nearly 20,000 reports of eye disorders following the COVID vaccines. These include the following problems:

- Eye pain
- Blurred vision
- Eye swelling
- Itching eyes
- Double vision
- Dry eyes
- Periorbital swelling
- Swelling of eyelids
- Blindness (298 cases)
- Hemorrhage in the conjunctiva
- Blepharospasm
- Eye hemorrhage

The fate of these individual's vision in the future is a big unknown. Many have also reported, along with the visual problems, strange sensations in their head, severe headaches and difficulty thinking clearly.

Long Term Effects

While the regulatory agencies suggested a two-year follow-up for these experimental vaccines, no action was taken to enforce this. Now that the so-called pandemic is essentially over, there is no reason to continue “fast-tracking” this vaccine. The full procedure for vaccine studies should now be implemented. As the mRNA vaccines (Pfizer and Moderna) have never been used among the public, it should be classified as “experimental” until extensive long-term studies are completed and in a much more comprehensive and transparent way than they have thus far. No vaccine should be mandated, but an experimental vaccine certainly should not be mandated.

With 51 percent of the nation now vaccinated with these experimental vaccines, and with approximately one billion people worldwide, this will constitute the largest experiment ever perpetrated on the world’s population. No one knows what the long-term effects of this grand experiment for a non-pandemic virus will be. Potentially it could kill tens of millions, cripple for life far more, and sterilize great numbers of young women around the world. At this point we just don’t know. It has been suggested by some medical experts that brand new diseases may arise from the use of these vaccines.

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