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The COVID-19 Injection / Inoculation Is Not a Vaccine. The Spike Protein is Deadly

You are Being Lied To

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Global Research, September 13, 2021
Dr. Trozzi 8 September 2021

Theme: Media Disinformation, Science and Medicine

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Criteria of a Vaccine

To be a vaccine, several criteria must be met:

1) the injection must provide you antibody immunity to a pathogen (virus or bacterium)

2) the antibodies produced post injection must be shown to confer protection from that virus or bacterium

3) the injection must demonstrate it reduces hospitalizations or deaths from the pathogen

4) the injection must demonstrate it reduces severe symptoms of the pathogen

5) the injection must demonstrate it stops you from carrying the pathogen

6) the injection must show it stops transmission of the pathogen from you to others

Examining these criteria

Let us examine these criteria further to discuss if these have been met to be a 'vaccine':

1) **We have found now that the injection does not confer antibody immunity to the COVID-19 virus** (SARS-CoV-2); it promotes antibodies to the 'synthetic spike protein' that your cells have built; that spike protein is not specific to the SARS-CoV-2 virus

2) The antibodies produced has to give you protection from the pathogen (SARS-CoV-2 virus); but it has not been shown in any study to do this and the vaccine developers have stated this openly, they do not know if the injection will give protection

3) The injection was not studied to show that it reduces hospitalizations or deaths; the studies conducted were not designed to assess this and it was not assessed; they stated they do not know

4) The injection was not studied to show that it reduces severe symptoms

5) The injection was not studied to show that it stops you carrying the pathogen

6) The injection was not studied to show that it stops transmission from one person to the next person

So are these injections vaccines?

The conclusion therefore is NO. This injection for COVID-19 is NOT a vaccine and all it has shown as reported by the injection developers, is an effect on reducing mild COVID-19 symptoms (the vaccines do not stop infection, transmission, severe COVID, hospitalization, or death); **it is best described as a gene delivery platform;** and the studies conducted by the injection developers were not set up to show any of the above 6 mentioned criteria; these injections for COVID-19 do not prevent transmission and were not designed to do this. We were told that they (developers) are measuring to see if the injection 'attenuates' symptoms. Again, this injection does not stop transmission or infection, including the Delta variant.

Are these injections effective at immunizing against covid?

We even have clear evidence from the CDC who reported on an outbreak of SARS-CoV-2 infections, including COVID-19 vaccine breakthrough infections, associated with large public gatherings — Barnstable bounty, Massachusetts, in July 2021. "469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not".

Gazit's Israeli study (reported on August 25th 2021) may be the nail in the coffin for it shows that "natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity". The findings suggest that natural infection contributes to far greater immunity than the injection.

Adding to this, an August 10th 2021 LANCET journal publication by Chau et al. looking at transmission of SARS-CoV-2 Delta variant among vaccinated healthcare workers in Vietnam, further ransacks the COVID-19 injection landscape and throws it into turmoil in terms of disastrous findings. 69 healthcare workers were tested positive for SARS-CoV-2. 62 participated in the clinical study. Researchers reported "23 complete-genome sequences were obtained. They all belonged to the Delta variant, and were phylogenetically distinct

from the contemporary Delta variant sequences obtained from community transmission cases, suggestive of ongoing transmission between the workers. Viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March-April 2020".

The British Public Health System, Public Health England (PHE), in their latest iteration of the spread and analysis of the Delta variant (report 21), throws this injection into more disarray when they showed that approximately 60% of the deaths post Delta variant infection have occurred in double vaccinated persons.

We even have reports now that those who received the third booster shot in Israeli have become infected. The injections are not working and some even argue never worked since inception. And while you struggle to wrap your minds around why now a 3rd booster, Israel is now telling its population to prepare for a 4th booster.

We have also seen that Gibraltar and Iceland have had 90% of their populations injected, yet have experienced explosive rises in COVID-19 infections.

These findings raise very urgent and serious questions for the injection developers and clearly show that the injections have failed. Definitely for the Delta variant which predominates.

The authorities involved in the COVID-19 injection development even stated that it 'may reduce symptoms'; there is no mention that it will stop you from dying from the infection or stopping severe symptoms etc.; it was never meant to protect you and when the media and lead public health officials make these statements, they are being duplicitous and deceitful to the public; the studies post injection roll-out, that appear to suggest that it reduces (stops) transmission, I argue are sub-optimal and potentially misleading; I argue that the RT-PCR test was likely manipulated and adjusted to reduce the cycle count thresholds (Ct) to provide a negative test as needed to show that the injection is working; you adjust the Ct during the emergency) to an elevated threshold to drive infection counts (most likely false-positive, 90-100%) to show that the pandemic is worsening, and you reduce it to say infections are down. We have no evidence that any of the 6 criteria to be a vaccine, are met.

These are not vaccines

This is not a vaccine and has not been proven to be one, and no amount of wishing it was and hoping it was, can make it a vaccine.

Moreover, these injections were sub-optimally studied and particularly as to the safety portion of the studies. We do not have proper duration data to show the safety; we have not 'excluded harms' with these injection studies; we have no safety profiles; our children must never be injected with these as we do not know what will happen medium and long-term and these injections are not needed given our children's near statistical zero risk of infection, of transmitting the virus, and severe outcome if infected. You must understand, **mRNA technology has never been successfully utilized to show its capacity to reduce the incidence of infectious diseases in human beings, EVER!** We have no history of this, and we do not know what takes place after the lipid nano-particles (LNP) and messenger RNA (mRNA) enters your cells/body. We do not know if the mRNA is 'turned off' and spike protein is no longer produced etc. We do not know where the spike protein goes after being produced and for how long.

The appropriate reproductive toxicity studies, the teratogenicity studies, the pharmacodynamic studies, and the pharmacokinetic studies etc. were not done. **The spike protein on the viral ball is the portion of the virus that causes the devastating trauma and illness** from severe COVID-19. This spike protein is what kills you and devastates your vasculature, ravaging the endothelial layer of the vasculature. End-stage severe COVID-19 illness is a blood clotting vascular illness. You do not die when your lungs fail in end-stage COVID-19 because there is virus in the lungs. No, you die because of the millions of micro-thrombi (blood clots). **The spike protein that our cells produce post injection (though not exactly alike the authentic spike protein on the viral ball), is pathogenic and toxic. It is deadly.**

Conclusion

Then why would we inject something that causes severe illness (damages our vasculature) if infected, now as part of an effort to inoculate/inject to prevent the severe illness? This makes absolutely no sense. Why did the developers use the spike as the target for the immune response when it confers a very narrow 'spike-specific' immunity with a very immature immunity library?

I close by asserting that a vaccine was never needed for this emergency and what was produced has now shown itself to be failing with double-injected persons becoming infected with the Delta variant, with severe adverse effects and even death.

We have to put the brakes on this vaccine roll-out and stop. This injection program must be stopped so that we can understand why these harms and deaths have accrued and must only be targeted to the highest-risk persons where the risk-benefit calculation skews the decision toward the injection; this injection is completely contra-indicated for children and essentially for all persons under 70 years of age who are not at risk. At the least, the injection developers, the CDC, and FDA must ensure the immediate implementation of data safety monitoring, ethical review boards, and critical event review boards etc. Ideally, the injection program must be stopped entirely given what we are seeing. These injections must not be given to pregnant women or women of child-bearing age, children, teenagers, or COVID-recovered persons or suspected COVID-recovered persons. Under no condition, as there is tremendous danger from these injections.

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