GlobalResearch
Center for Research on Globalization

COVID-19 Vaccine Risks and Research

By Nina Beety
Global Research, March 21, 2021

Region: USA
Theme: Intelligence, Media Disinformation, Science and Medicine

***

COVID-19 and related policy steps are causing great suffering, devastation, and economic harm. Below is the letter I sent to my county's health officer with my research on COVID-19 vaccine risks, treatment options, and prevalence statistics, and asking him to take action.

*

The current vaccines — Pfizer and Moderna mRNA vaccines, the J&J vaccine (using a human adenovirus vector), and the AstraZenica/Oxford vaccine (using a modified chimpanzee adenovirus) — instruct a person's cells to produce COVID19 spike proteins.

Recent research has found that the COVID19 spike protein by itself may be causing much of the damage in COVID19 patients in endothelium and organs, without the virus itself present.

If this is the case, deliberately causing a person's body to make these spike proteins, and for an unknown period of time, could subject healthy people as well as the most vulnerable (including those with pre-existing conditions most at risk according to the scientific literature) to grave public health risks — extensive damage in the endothelium and in many organs including the brain, heart, kidneys, and liver, thrombosis/blood clotting, severe illness, heart attacks, and death.

Further, the Pfizer and Moderna mRNA is encapsulated in a lipid envelope to protect the mRNA from destruction. It will send its message to a person's cells to produce spike proteins for an unknown period of time, perhaps permanently.

Some medical experts also report that people of Hispanic/Native American and African genetic background degrade mRNA more slowly, making them particularly at risk for long-lasting spike protein production and its related effects. These people may also have lower Vitamin D due to genetics, putting them at greater overall immune risk. And they often have a higher immune response – another risk factor. In their recent white paper "COVID-19 experimental vaccine candidates", the organization America's Frontline Doctors warns:

> A too strong immune reaction to a vaccine can result in inflammatory disease like transverse myelitis (inflammation and paralysis of the spinal cord). This raises grave concern about prioritizing African Americans to receive an experimental vaccine when so much available science shows that this

> demographic is already at a higher risk for adverse reactions to vaccines. (p. 23)

Patrick Whelan MD, UCLA, alerted the FDA in December prior to Pfizer vaccine emergency use authorization (EUA) that the COVID19 spike protein might be causing tissue damage associated with COVID19, — "microvascular injury to the brain, heart, liver, and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs."

In a September 2020 article, Forbes writer **Dr. William Hasseltine** said that vaccine protocols had minor symptom mitigation as a first priority, not immunity or major symptom or death reduction. This makes sense because how can immunity or protection from the virus happen when only spike proteins are the target? Immunity happens when the virus itself is the target of the body's response. In October, Associate Editor Peter Doshi wrote in the British Medical Journal:

> "None of the trials currently underway [J&J was not in this group] are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or death. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus."

Doshi's chart in his article drives home his point. He cites Moderna Chief Medical Officer **Tal Zaks** who said, "Our trial will not demonstrate prevention of transmission". This isn't being disclosed to the public. These vaccines are being sold to all of us on the basis of immunity, but they likely won't affect immunity or transmissibility at all.

Nor is it being disclosed that past SARS vaccines have failed, severely sickening or killing many of the animal and human subjects when they encountered the wild virus, with some scientists warning that new SARS vaccine development should not be attempted again.

Vaccination could dramatically exacerbate what you and the county are trying to stop. If that happened, the financial and economic costs to the county could be staggering and not repairable. Every business sector would be affected but Monterey County's agriculture industry, already negatively impacted by fewer ag workers, would be disabled if significant numbers of workers have vaccine-related health problems. And the tourism industry would plummet if there are vaccination-related health effects on the overall state, national, and international population, and on local workers.

Suspend mass vaccinations and county vaccinations immediately and investigate this public health risk. Raise these urgent issue with state health officials.

On December 1, former Pfizer head of respiratory research **Dr. Michael Yeadon** and German epidemiologist and pulmonary specialist **Dr. Wolfgang Wodarg** petitioned the European Medicine Agency to suspend immediately all SARS COV2 vaccine studies over adverse effects.

> "Governments are planning to expose millions of healthy people to unacceptable risks…"

There are other vaccine risks. Spike proteins also contain syncytin-homologous proteins.

Syncytin-1 is necessary for placental attachment in pregnancy. Antibodies against the spike protein could trigger an immune response against syncytin-1, causing an auto-immune rejection of the placenta. and permanently interfere with a woman's ability to maintain a pregnancy. A syncytin-homologous protein in the brain could cause multiple sclerosis.

Other autoimmune reactions could result. Immune thrombocytopenia purpura (ITP) where the immune system attacks the platelets or the cells that make them, is being investigated in connection with the vaccines. Antibody-dependent enhancement (ADE) causes a vaccinated person to get a worse case of the disease when exposed to the wild virus. In addition, a reported 70% of people develop antibodies to polyethylene glycol (PEG) which is in the mRNA vaccines and can experience anaphylactic reactions or shock. Polysorbate-80 in the J&J vaccine can also cause anaphylactic reactions, has caused cancer in animal studies, and can cross the blood-brain barrier. PEG and polysorbates may cause cross-reactive hypersensitivity.

There is an already high rate of deaths and adverse reactions reported from December 14 through March 5 on the CDC Vaccine Adverse Event Reporting System (VAERS) following vaccine administration – 1,524 deaths, 5,507 serious injuries, 390 incidents of Bell's palsy – a 31% spike from the previous week, 85 reports of miscarriage or premature birth, and a total of 31,079 cases of adverse reactions in this short span of time. The VAERS system is entirely voluntary, and a government study found that fewer than 1% of vaccine adverse reactions were reported there. High rates of death following vaccination have been reported in some nursing homes. J&J had to pause its trial due an adverse event it refused to disclose. The AstraZeneca/Oxford vaccine has now been suspended in over 20 countries including Germany, Austria, and France, due to many adverse events following vaccination. AZ trials were paused when transverse myelitis, multiple sclerosis, acute neuro encephalopathy and one death occurred. Since rollout, adverse events include severe cases of brain hemorrhage or blood clots, reduced blood platelets and deaths, affecting even healthy young people with no medical problems.

It is estimated to take 6 weeks for the body to begin producing spike proteins. Who is monitoring mid-term or long-term effects once that happens and the body produces antibodies to the proteins, especially adverse events in migrant farmworker and homeless populations?

Since it is unknown how long the mRNA signal will continue to tell the cells to produce spike proteins, how long can the body continue to manufacture antibodies to the spike protein? At what point will the body's immune response be exhausted and fail, leaving the person unprotected and biological homeostasis at risk?

Moderna chief medical officer Tal Zaks said in a 2017 TED talk, "We are actually hacking the software of life."

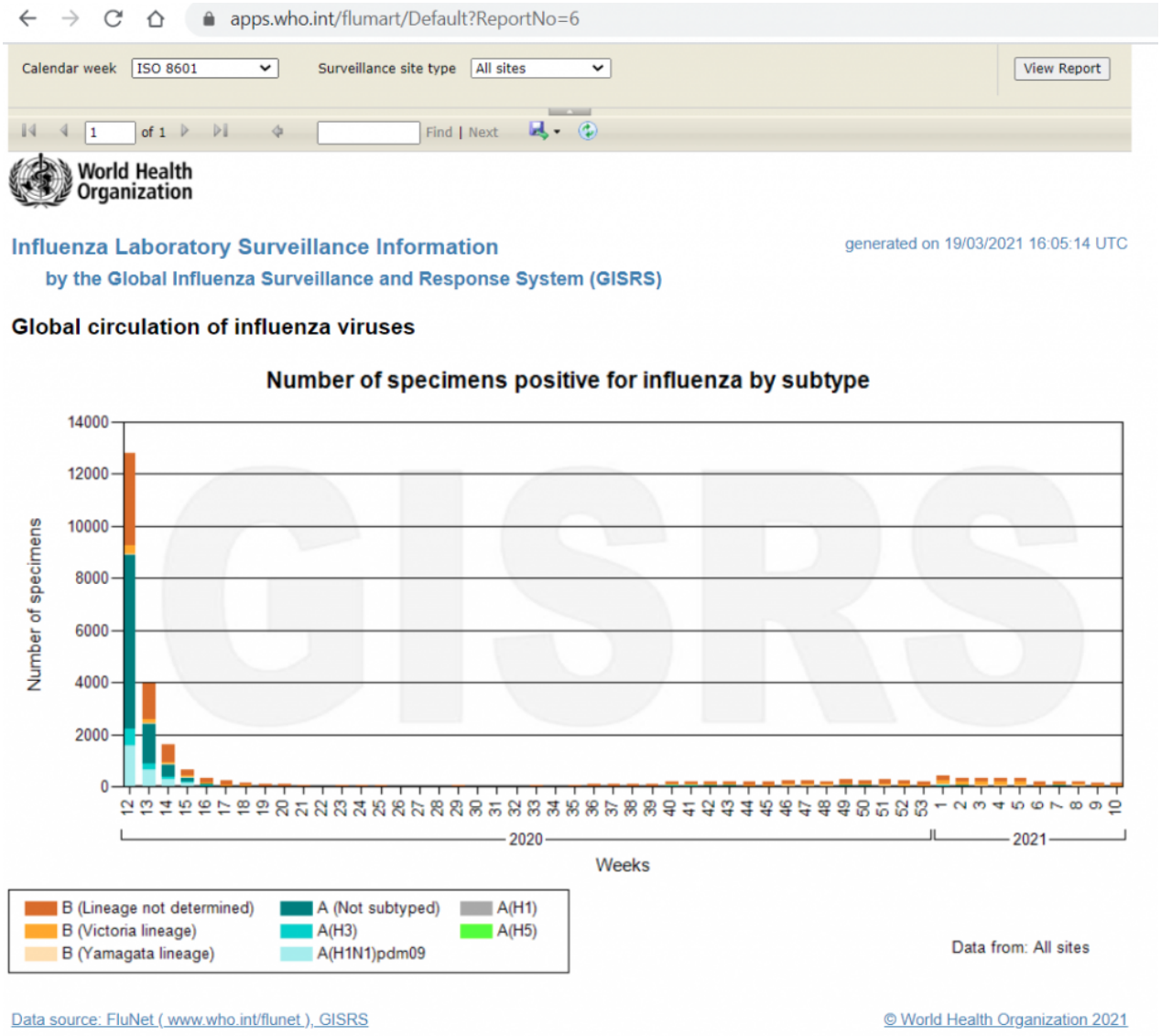
> "Imagine if instead of giving [the patient] the protein of a virus, we gave them the instructions on how to make the protein, how the body can make its own vaccine," he said. , "we've been living this phenomenal digital scientific revolution, and I'm here today to tell you, that we are actually hacking the software of life, and that it's changing the way we think about prevention and treatment of disease."
>
> "In every cell there's this thing called messenger RNA or mRNA for short, that transmits the critical information from the DNA in our genes to the protein,

> which is really the stuff we're all made out of. This is the critical information that determines what the cell will do. So we think about it as an operating system.
>
> So if you could change that, if you could introduce a line of code, or change a line of code, it turns out, that has profound implications for everything, from the flu to cancer."

These new vaccines are gene therapy, which may permanently alter people's DNA.

In December, the FDA acted "to permit the emergency use of the unapproved product [Pfizer], for active immunization…"(emphasis added). The vaccines will remain in trials through 2023. They are experimental vaccines that are being tested on the public. COVID19 vaccine manufacturers were given legal immunity from adverse effects in the U.S. In countries where they are not given immunity, companies are demanding sovereign country assets as collateral against lawsuits.

Accurate testing and statistics are essential to make sure that Monterey County and California are not mis-categorized and put in the wrong tiers due to false positives. Many medical experts warn that PCR testing is a research tool, not a diagnostic one, and that it can't be used as an indicator of disease. It may only detect viral DNA and artifacts, not the virus itself. They also warn that the number of PCR amplifications encouraged by the WHO, especially last year (which then revised its guidance downward in January 2021) caused a high number of false positives – as high as 97%.. "Falling" COVID19 numbers may be due to fewer false positives. What percentage are still false positives is unknown. WHO shows no 2020-2021 flu season. Are flu cases being re-characterized or mis-characterized as COVID19 numbers, inflating the totals?



Source

A shift in focus to treatment with safe and well-studied therapeutics and tools, especially early on, is recommended by medical professionals as essential. The public should be equipped with this information.

Magro et al. (2020) suggested that Lectin Affinity plasmapheresis, used to treat Ebola virus and MERS, might be a therapeutic tool to filter and remove circulating virus and pseudovirions including the spike protein. Other literature suggests UV blood irradiation could be a useful tool for killing viruses.

The independent literature on HCQ (including **Dr. Vladimir Zelenko**'s work – see below), CQ, Ivermectin (**Dr. Pierre Kory** testified to the U.S. Senate on his results), and other inexpensive and long-tested interventions indicate they are safe and provide relief and even preventative value to stop the deaths and treat severe illness. The NIH's Virology Journal published research in 2005 by scientists at the CDC and the Clinical Research Institute of Montreal entitled "Chloroquine is a potent inhibitor of SARS coronavirus infection and spread".

> "Background: Severe acute respiratory syndrome (SARS) is caused by a newly discovered coronavirus (SARS-CoV). No effective prophylactic or post-

> exposure therapy is currently available.
>
> Results: We report, however, that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage. In addition to the wellknown functions of chloroquine such as elevations of endosomal pH, the drug appears to interfere with terminal glycosylation of the cellular receptor, angiotensinconverting enzyme 2. This may negatively influence the virusreceptor binding and abrogate the infection, with further ramifications by the elevation of vesicular pH, resulting in the inhibition of infection and spread of SARS CoV at clinically admissible concentrations.
>
> Conclusion: Chloroquine is effective in preventing the spread of SARS CoV in cell culture. Favorable inhibition of virus spread was observed when the cells were either treated with chloroquine prior to or after SARS CoV infection. (emphasis added)

Vitamin D and L-Cysteine has been suggested to boost immunity especially for African Americans.

There are additional important COVID19, vaccine, and policy issues, and I hope that these key issues have gotten your attention.

I urge you: listen to the independent physicians and researchers that are risking their careers to act as whistleblowers and join them. Lead on this critical, far-reaching public health crisis for the public's sake. And stop COVID19 vaccinations in Monterey County.

Very sincerely,

Nina Beety, Monterey, California

*

Sources

https://www.regulations.gov/document/FDA-2020-N-1898-0246
Patrick Whelan MD, Letter to the FDA Vaccines and Related Biological Products Advisory Committee related to consideration of vaccines against SARS-CoV-2, 8 December 2020

https://2020news.de/wpcontent/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf
Petition of Dr. Wolfgang Wodarg and Dr. Michael Yeadon to EMA to stay the Phase III clinical trial(s) of BNT162b (EudraCT Number 2020-002641-42) and other clinical trials. 1 December 2020

https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientiststo-the-european-medicines-agency-regarding-covid-19-f6e17c311595
Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns, February 28, 2021, made public on March 10, 2021

https://www.bmj.com/content/371/bmj.m4037

https://www.bmj.com/content/bmj/371/bmj.m4037.full.pdf

Will covid-19 vaccines save lives? Current trials aren't designed to tell us, Peter Doshi, Associate Editor, BMJ 2020;371:m4037, 21 October 2020
http://dx.doi.org/10.1136/bmj.m4037.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7158248/
Complement associated microvascular injury and thrombosis in the pathogenesis of severe COVID-19 infection: A report of five cases, Magro et al., Transl Res. 2020 Jun; 220: 1–13. April 2020
www.dx.doi.org/10.1016/j.trsl.2020.04.007

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7449866/pdf/11906_2020_Article_1078.pdf
Endothelial Dysfunction in COVID-19: Lessons Learned from Coronaviruses, Gavriilaki et al., Current Hypertension Reports (2020) 22:63. August 2020
https://doi.org/10.1007/s11906-020-01078-6

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7553104/pdf/main.pdf
Severe COVID-19: A multifaceted viral vasculopathy syndrome, Magro et al. Annals of Diagnostic Pathology 50 (2021) 151645. October 2020
https://doi.org/10.1016/j.anndiagpath.2020.151645

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758180/pdf/main.pdf
Endothelial cell damage is the central part of COVID-19 and a mouse model induced by injection of the S1 subunit of the spike protein, Nuovo et al. Annals of Diagnostic Pathology 51 (2021) 151682. December 2020
https://doi.org/10.1016/j.anndiagpath.2020.151682

https://www.nature.com/articles/s41593-020-00771-8.pdf
The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice, Rhea et al., Nature Neuroscience Vol 24, March 2021. 368–378
https://doi.org/10.1038/s41593-020-00771-8

https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocolsreveal-that-trials-are-designed-to-succeed/
Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed
William Hasseltine MD, Forbes, September 23, 2021
Note: Dr. Hasseltine was a professor at Harvard Medical School and Harvard School of Public Health, and founded two academic research departments, the Division of Biochemical Pharmacology and the Division of Human Retrovirology.

https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html Doctor's Death After Covid Vaccine Is Being Investigated, NY Times, 2-8-21

> Dr. Jerry L. Spivak, an expert on blood disorders at Johns Hopkins University, who was not involved in Dr. Michael's care, said that based on Ms. Neckelmann's description, "I think it is a medical certainty that the vaccine was related."

Also, https://www.nytimes.com/2021/02/08/health/immune-thrombocytopenia-covidvaccine-blood.html

https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-finalreport-2011.pdf
Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS). 12/01/07 – 09/30/10. Principal Investigator: Lazarus, Ross, MBBS, MPH, MMed, GDCompSci. Submitted to Agency for Healthcare Research and Quality (AHRQ) U.S. Department of

> "Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative."

https://youtu.be/FU-cqTNQhMM2017 TED talk with Moderna chief medical officer Tal Zaks

https://articles.mercola.com/sites/articles/archive/2021/01/31/covid-19-vaccine-genetherapy.aspx
How COVID-19 'Vaccines' May Destroy the Lives of Millions, Dr. Joseph Mercola, January 31, 2021

Example of PCR testimony:
https://www.globalresearch.ca/evidence-based-facts-quotes-questioning-reliabilitypcr/5734109

False Positives: Evidence Based Fact, What is the Reliability of the PCR Test?
Dr. Gary G. Kohls, Prof. Stefan Homburg and A. Castellitto, January 11, 2021
https://virologyj.biomedcentral.com/track/pdf/10.1186/1743-422X-2-69.pdf

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread, Martin Vincent et al., Virology Journal 2005, 2:69
doi:10.1186/1743-422X-2-69

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7786057/
Hypothesis paper: The potential link between inherited G6PD deficiency, oxidative stress, and vitamin D deficiency and the racial inequities in mortality associated with COVID-19, Jain et al., Free Radical Biology and Medicine 161 (2020) 84–91 https://doi.org/10.1016/j.freeradbiomed.2020.10.002

> Compared with whites, the incidences of inherited [glucose-6-phosphatedehydrogenase (G6PD)] deficiency and 25(OH)VD deficiency are markedly higher in the [African American] population... We believe that combined supplementation using vitamin D along with the GSH precursor L-cysteine could potentially correct the status of GSH, vitamin D metabolism genes, and the biologic action of vitamin D [56,57]. Recent studies have shown that vitamin D deficiency is linked to the hospitalization length of COVID-19 infected subjects [3,107–111]...The available literature suggests the potential benefits of enhancing immunity and reducing inflammation can help prevent or reduce the adverse effects of COVID-19 infection in the AA population by increasing circulating levels of 25(OH)VD using oral supplementation with vitamin D and a GSH precursor, L-cysteine.

www.vladimirzelenkomd.com
Website of Dr. Vladimir Zelenko: treatment and prophylaxis protocols, peer-reviewed research on HCQ, CQ, zinc, Vitamin C, Vitamin D

https://www.fox10phoenix.com/news/doctor-pleads-for-review-of-data-on-ivermectin-ascovid-19-treatment-during-senate-hearing
Pierre Kory MD: Doctor pleads for review of data on ivermectin as COVID-19 treatment during Senate

hearing, December 8, 2020

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7538853/pdf/12016_2020_Article_8811.pdf
Use of Ultraviolet Blood Irradiation Against Viral Infections, Boretti et al. Clinical Reviews in Allergy & Immunology, 7 October 2020

https://doi.org/10.1007/s12016-020-08811-8

https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/WhitePaper_ExperimentalVaccinesCovid-19_Feb23.pdf
America's FrontLine Doctors
AFLDS White Paper: Covid-19 Experimental Vaccine Candidates

https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Responseto-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf
FLCCC Alliance Response to the NIH Guideline Committee Recommendation on Ivermectin use in COVID-19 dated January 14th, 2021

Pfizer – CDC Weekly / December 18, 2020 / 69(50);1922-1924
https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm?s_cid=mm6950e2_w

> "On December 11, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the Pfzer-BioNTech COVID-19 (BNT162b2) vaccine (Pfzer, Inc; Philadelphia, Pennsylvania), a lipid nanoparticle-formulated, nucleoside-modifed mRNA vaccine encoding the prefusion spike glycoprotein of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19)." p. 1

Moderna — Clinical Study Protocol, August 20, 2020
www.modernatx.com/sites/default/files/mRNA-1273-P301-Protocol.pdf

"The mRNA-1273 IP is an LNP dispersion of an mRNA encoding the prefusion stabilized S protein of SARS-CoV-2…" p. 12
Johnson and Johnson — Fact Sheet For Healthcare Providers Administering Vaccine
https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf

> "The vaccine consists of a replication-incompetent recombinant adenovirus type 26 (Ad26) vector expressing the severe acute respiratory syndrome coronavirus- 2 (SARS-CoV-2) spike (S) protein in a stabilized conformation." p. 16

AstraZenica/Oxford – Recommendation for an Emergency Use Listing of AZD1222
https://extranet.who.int/pqweb/vaccines/covid-19-vaccine-chadox1-s-recombinant

> "AZD1222, previously known as ChAdOx1 nCoV-19, is a novel recombinant replication-deficient chimpanzee adenovirus carrying a gene encoding the S protein antigen of SARS-CoV-2.
>
> The genetic material in the vaccine, once injected into a person, enables the synthesis of Spike protein…"

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Featured image is from Inga – stock.adobe.com

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: **Nina Beety**