

# Might COVID Injections Reduce Lifespan?

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*Evidence suggests people who have received the COVID “vaccine” may have a reduced lifespan as a result of the acute, subacute and long-term effects from the COVID injection*

*If you’ve gotten the COVID shot, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your metabolic flexibility, vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season*

*Evidence shows NAC may be used to prevent blood clots and break up any that might already have formed*

*If you’re low risk for COVID and have not been vaccinated, make sure you have these items on hand and begin treating at the very first signs of cold or flu symptoms*

*Also buy yourself a tabletop jet nebulizer, some saline solution and food grade hydrogen peroxide. Nebulized peroxide is an excellent go-to both for prevention and treatment, regardless of the stage the respiratory infection is in. For prevention, nebulize every other day. For treatment, use at first signs of respiratory infection*

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[Watch the video here.](#)

In this interview, return guest Dr. Vladimir Zelenko discusses an incredibly serious concern, one shared with at least two other highly credible experts — Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at [Pfizer](#), and professor Luc Montagnier, a world-renowned virologist who won the Nobel prize for his discovery of HIV.

Yeadon, Montagnier and Zelenko all believe the COVID-19 shots could reduce life expectancy by several decades, depending on several factors, including whether you're required to get booster shots. In fact, there may be reason to suspect that many who get the jabs and subsequent boosters could lose their lives within two to three years, as a result of pathogenic priming.<sup>1,2</sup>

Many may not realize that when I was a youngster I was a Boy Scout, but you might know their motto is "Be Prepared." It is an approach that has served me well over the years. I am not stating unequivocally that dire outcome will materialize, as my interview next week with Dr. Peter McCullough goes into. However, it would seem prudent to have a good protocol in your hands in anticipation of a worst-case scenario.

So, on that note, Zelenko and I take a deep dive into what can be done to prevent such a fate. Zelenko categorizes the risks of COVID-19 "vaccines" into three categories: acute, subacute and long-term, so let's begin by reviewing the primary risks found in each of these categories.

#### Risk Category No. 1 — Acute Risks

The acute phase of harm begins at the moment of injection and likely lasts for about three months or so. Based on reports filed with the U.S. Vaccine Adverse Event Reporting System (VAERS), it's clear that many cannot survive past the acute phase.

About 6,000 deaths have been reported so far, and death commonly occurs within 48 hours

of injection. Many serious disabling events also occur rather rapidly, typically within a few days or weeks. However, Zelenko has a very dismal perspective on the accuracy of the VAERS database. He explains:

*“According to a paper published by the Salk Institute in San Diego, they’ve discovered that the spike protein that’s generated through the vaccination itself has negative health effects. It’s toxic ... on its own ...*

*There’s plenty of evidence that shows that it spreads from the injection site and goes to the bloodstream, and basically comes into every single cell in the body.<sup>3,4</sup>*

*mRNA has a half-life of around one to two weeks, depending on the mRNA, and during that interim, each mRNA molecule makes around 2,000 to 5,000 spike proteins. So, we’re talking about trillions and trillions of spike proteins.*

*Your entire body becomes a spike protein factory. Several orders of magnitude more than if you were to get COVID, because COVID infects the upper and lower airways primarily. Those are the cells that get infected and begin to produce spike proteins. But here we’re injecting the vaccine and it actually travels to every single cell in your body and converts every single cell in your body into a factory for spike proteins.”*

As the [mRNA](#) disseminates through your vascular system, the cells lining your blood vessels begin producing [spike protein](#). This is why we’re seeing such a staggering number of reports of people experiencing [blood clots](#) from these injections.

According to Zelenko, 40% of these events occur within the first two days after injection. The risk then diminishes, but vascular events such as heart attacks, strokes, renal infarcts and pulmonary infarcts don’t completely peter out until about three months after the last injection.

But these events of the past three months are not being reported to VAERS. It is, of course, possible that people simply aren’t connecting them to the COVID shot they got several months earlier.

### How Many Have Actually Died From the COVID Shots?

As noted by Zelenko, underreporting is part of the problem we’re facing. The real number of side effects is impossible to determine, given the fact that the Food and Drug Administration didn’t insist on a robust post-vaccination data collection system, but it’s most certainly higher than what VAERS is listing.

*“If you look at the VAERS [vaccine adverse event reporting system], which in my opinion is a piece of garbage ... as of today, let’s say says there’s 6,000 deaths associated with taking the vaccine. Well, we need to understand what that actually means,”* Zelenko says.

*“If you look at the 2009 Harvard study on the VAERS system, they said only 1% of events are actually reported. So, OK ... whatever the number is, it’s not 6,000. Maybe only 10% are being reported. I don’t know. But definitely it’s being underreported.*

*And then there’s two [additional] big problems. There’s evidence coming out that VAERS reports that have been filed are being erased off the server, No. 1. No. 2, I*

*personally know of two dozen cases of deaths associated with the vaccine, and the doctor and/or family members that tried to file a VAERS report, their reports were rejected due to some technicality.*

*The fact that they all couldn't make a report, that raises my eyebrows. What percentage of the information are we actually seeing? The answer is, I estimate, there are already around 200,000 dead Americans, directly related to the vaccinations."*

To get to that number, Zelenko assumes only 10%<sup>5</sup> of adverse effects are reported. Studies have indicated it could be as low as 1%.<sup>6,7</sup> That gives us a death toll of about 60,000, to which he adds another 140,000 given the fact that reports are being scrubbed and refused.

*"The point is that it should definitely raise eyebrows and have the public start screaming and saying, 'We want to know the truth. We want to know the accurate numbers. Stop suppressing the truth ... I want to be able to make an informed choice whether or not I want to take this injection.' And that's not being given to the people.*

*My problem is not with the vaccine. My problem is with the government, governing bodies and certain people that are obstructing the flow of life saving information and suppressing the truth from people, and then using coercion to force people to take this vaccine. That's the nefarious part.*

*The suppression is so blatant and so overt that doctors with impeccable credentials are being deplatformed for just voicing an opinion. And then you couple that together with proven prehospital treatment approaches and protocols that have been proven to reduce hospitalization and death by 85%, and that information is being suppressed.*

*So here you have a dual censorship where the positive, hopeful, life-saving information is being suppressed and the dangerous outcomes of the vaccination approach is being suppressed. It's a perfect setup for genocide."*

## Risk Category No. 2 — Subacute Risks

The subacute risk phase, which begins around three months' post-injection, is exceedingly difficult to quantify. At bare minimum, it's likely to last several months to a couple of years. The primary concern now is antibody-dependent enhancement (ADE), also referred to as pathogenic priming and/or paradoxical immune enhancement (PIE) as it more accurately describes the disease mechanism.

Zelenko believes the mRNA will have degraded by this time, and your cells will hopefully no longer produce spike protein. I believe he may be overly optimistic here, as the synthetic mRNA has been genetically modified to be less perishable, plus it's encased in a nanolipid to resist breakdown.

I suspect this modified mRNA may remain viable far longer than anyone suspects, thanks to its synthetic nature. What's more, there's a mechanism by which the mRNA can be reverse transcribed into your DNA, which would make the spike protein production permanent — and probably intergenerational. I describe this process in "[The Many Ways in Which COVID Vaccines May Harm Your Health](#)."

If Zelenko is correct, then the primary disease agent now switches from the spike protein to

the antibodies produced in response to the spike protein. We don't know how long these antibodies will last, but chances are they'll stick around for a number of months or years.

While antibody production is the primary purpose of these shots, and the response said to provide you an immune benefit, they can actually be the source of problems.

Animal trials in which conventional coronavirus vaccines were tested have shown coronavirus vaccines routinely cause ADE,<sup>8,9,10,11,12</sup> so when the animals are challenged with the real virus they've been immunized against, they can get seriously ill and even die. If hospitals start filling up with vaccinated individuals this fall, you'll know why. They're suffering the effects of ADE.

*"In other words, those antibodies that were produced with the vaccination were pathologic," Zelenko says. "They were lethal and they led to an exaggerated immune response. That's what it means, antibody-dependent enhancement. It's an enhancement of your immune response in a way that it will kill you ..."*

*The question is, how safe is it long-term, or in the subacute [phase] from three months to three years? That is a big question mark. Based on animal models — and this is what Dr. Mike Yeadon is saying — it could be absolutely genocidal. It's the biggest gamble on the survival of humanity in the history of humanity."*

However, as a counter to this view, Dr. Peter McCullough, who is in complete agreement with the engineering of this event and it being one of the most egregious crimes against humanity, is not convinced that there will be a massive die-off in the fall.

He is well-trained in the science and has essentially completed a fellowship in COVID-19 along with being the senior editor of two prestigious medical journals so his opinion also deserves consideration. We will be posting his interview next Sunday, July 11, 2021.

### Why Is Humanity's Survival Being Risked?

The questions on many people's mind right now are, "Why are lifesaving early treatment approaches suppressed?" "Why are the toxic side effects and death rates of the vaccines being suppressed?" and "Why are entire continents being coerced into taking a vaccine that is both medically unnecessary and unproven in terms of safety and effectiveness?"

Taken together, none of it makes any sense, which is why people like Yeadon, Montagnier, Zelenko and others are raising concerns about global genocide. Is that what this is all about? Is there an alternative interpretation of what's happening? When you consider the actual data, mass vaccination simply isn't necessary, so why the frantic push to get a needle in every arm? Zelenko explains:

*"There's something called medical necessity. So, let's analyze if there's any medical necessity for this vaccine, and you have to do that in a systematic way based on demographics."*

*If you look at the CDC's data, anyone 18 and younger has a 99.998% chance of recovery from COVID-19 with no treatment. [Their risk of dying is] 1 in a million. It's safer than influenza virus. If you gave me a choice, I would rather my kids have COVID-19 than influenza. So, why would I immunize a demographic that has close to*



*100% chance of recovery with an experimental vaccine that has already killed more kids than the virus?*

*If you look at the demographic between 18 and 45, people who are healthy have a 99.95% chance of recovery with no treatment ... according to the CDC. Same question, why would I vaccinate a demographic that recovers on its own with no treatment?*

*Third question, if someone has antibodies — and there's a plethora of evidence [showing] naturally produced antibodies are much more effective in clearing future viruses than vaccine-induced antibodies ... Natural immunity is much better, more effective and safer, than vaccine-induced immunity. So, someone who has antibodies already from having COVID before, why would I vaccinate them? ...*

*Fear is an extremely useful tool in manipulating the behavior of people. And that fear has been used to create a psychological motivation to get vaccinated with a vaccine that, in my opinion, has no medical necessity, has tremendous amount of actual and potential risks, and very questionable efficacy."*

### Risk Category No. 3 — Long-Term Risks

Beyond the two-to three-year mark are the long-term risks, which are even more difficult to predict. One particularly difficult risk to predict or quantify is infertility. It'll take decades before we have the data on reproductive effects. Women in their 20s who get the jab might not get serious about trying to get pregnant until they're in their 30s.

Teens and young children will have to wait decades before fertility can be ascertained. Of course, by then, it'll be too late. The damage will be done, and hundreds of millions will be in the same boat.

Zelenko cites research published in The New England Journal of Medicine, which concluded COVID vaccination during pregnancy had no increased risk of miscarriage. However, a closer look at the data set revealed that this was only true for women who got vaccinated during their third trimester. Women who get the COVID jab in their first and second trimester have a 24-fold higher risk of miscarriage.

There are also reports of declining sperm counts and testicular swelling in men, and menstrual cycle disruptions in women of all ages. "There is an absolute effect on fertility," Zelenko says. We just don't know to what degree yet.

Overall life expectancy is likely to be affected across the board but, again, it's very difficult to predict just how many years or decades will be lost. Zelenko, like many other doctors, suspect autoimmune diseases and cancer rates will go up as a result of the jabs. As noted by Zelenko:

*"Whether you look at the acute spike protein-induced death, the miscarriages, or the myocarditis in young adults, or you look at the subacute pathogenic priming issue, or you look at the potential long-term effects of infertility, auto immune disease and cancer, you have an absolute setup for a genocide. And that's why these world-leading thought leaders, scientists, are cautioning people ...*

*Let's do a thought experiment. If COVID-19 were to infect every single human being on this planet and was not to be treated, what would be the overall global death rate? The*

*answer is less than 1%, and I'm not advocating for that, by the way. That's a lot of people still.*

*Now, what is going to be the death rate from global vaccination? That is going to be several orders of magnitude greater. And it actually depends how far out you look. Because if someone's meant to live 80 years and they live 60 years, how do you quantify that? ...*

*We're talking about 1.5 to 2 billion people [dying] for no reason, except the agendas of a few psychopaths or sociopaths. Why do I say that? It's because there have been people advocating for population reduction for decades. I just saw a video from [U.K. prime minister] Boris Johnson's father ... advocating for the reduction of England's population to 15 million ...*

*This type of ideology exists. In this generation, it's not really anti-Semitic. What it is, is there's a small group of sociopaths that believe ... they've evolved into a superhuman enlightened [state] that entitles them the right to dictate the course of history.*

*For example, Bill Gates in 2015 said the world population needs to be reduced by a certain percentage because of global warming or whatever. So, my question is a very simple question. He's one of the main supporters and profiteers of global vaccination. Why would I take a vaccine for my health from someone is advocating for the reduction of the world population?*

*Another scary individual is Klaus Schwab, the founder of the World Economic Forum. He's very influential. He wrote the book 'COVID-19 The Great Reset.' In 2016, in a French interview ... Schwab made an announcement that within 10 years, all of humanity will be tagged with an identifier. If you look at the UN 2030 plan, which was crafted by the World Economic Forum, it says 'America will no longer be a superpower.'*

*That's a stated agenda. Then, my favorite is, 'You'll own nothing and you'll be happy. You won't eat any meat. Fossil fuels will be prohibited. There'll be a billion refugees, which will have to be integrated into your societies.' So, my question is, what sociopath feels entitled to make a statement like 'You will own nothing and you will be happy'?*

*What entitles this type of individual, or group of individuals, to think that way? Well, they believe that they're enlightened far beyond the average human or subhuman."*

## War Against God

Zelenko, a devout Jew, believes the root of this global takeover is really a war against God. The implication is that life has sanctity, and if life has sanctity, we have human rights, "earned" by our birth alone. This is the source of natural law. And, if we have human rights, handed down by God, then no one has the right to decide how long any one of us should live, or how many people there should be on the planet.

*"That's God's prerogative," Zelenko says. "However, if you take that out and view people as no different than an animal, a Darwinist perspective or eugenics perspective, and basically survival of the fittest is the yardstick that you measure the dominance hierarchy of humanity, in that case, these people feel that they are on top of the pyramid, and that entitles them to decide if you and me should live ...*

*I call the [COVID] vaccine 'Zyklon-V.' That is the gas the Nazis used to kill my relatives. So to express my sentiments, I call it Zyklon-V. It's an absolute weapon of mass destruction. People are being lied to, and they're running into the gas chambers themselves because of the pathogenic fear."*

## How to Protect Your Health Post-Jab

If you or someone you know or love got the COVID jab and now have serious regrets, there are definite strategies you can use to protect your health.

It appears if you made it through the first three months OK, then your risk for blood clots is likely radically diminished. To counteract excessive clotting, an anticoagulant may be appropriate. A natural alternative with great promise is n-acetyl cysteine (NAC), as it has both anticoagulant<sup>13</sup> and thrombolytic effects,<sup>14</sup> meaning it may both prevent clots and break up clots that have already formed. Obviously, do not get any more booster shots.

In the subacute phase, your No. 1 goal will be to avoid ADE. The key to this is to avoid triggering a pathogenic immune reaction, and the only way to do that is to implement some sort of prophylactic protocol, i.e., a COVID, common cold and influenza prevention protocol.

This is especially important for anyone that has received the COVID jab as they are at a high risk of having complications and are under the false impression that they are "protected" when actually they are at increased risk now that they got the jab and need to take extraordinary precautions.

Any symptoms of upper respiratory infection should also be treated immediately, not later. COVID is a multi-phase disease. The first phase is the viral phase, which lasts five to seven days. This is when it's most easily treated. After Day 7, the disease typically progresses into the inflammatory phase, which requires different treatment.

Zinc supplementation is an important component for prevention and early treatment in the viral stage, as it impairs viral replication. You need to take it with a zinc ionophore, however, such as quercetin, EGCG (green tea extract), hydroxychloroquine or ivermectin.

*"The majority of the COVID protocols focus on inhibition of our RNA virus replication. What that means is that for a virus to make copies of itself, it needs to enter the human cell. In the case of RNA viruses, all the COVID, coronaviruses and even the influenza viruses, they use a common pathway called RNA dependent RNA polymerase. That's a very important enzyme.*

*That enzyme is what makes copies of the viral genetic material, which then enables for new viruses to be formed and spread. So, if you inhibit the viral RNA replication process, you'll eliminate viral spreading, viral growth. The beautiful thing about what we found with zinc is that zinc inhibits this enzyme extremely well, if there's another zinc [molecule] inside the cell.*

*But zinc cannot really get into the cell on its own. That's where the concept of zinc ionophores come in. Zinc ionophores opens the door in the cell membrane and allows for zinc to go from outside of the cell, to inside of the cell. And when you increase the concentration of zinc inside the cell, then it can effectively inhibit this enzyme, stopping most if not all, coronaviruses and influenza viruses from replicating."*



If you want to use either [hydroxychloroquine](#) or [ivermectin](#) and live in a state that restricts their use, look for online telehealth options. [The American Frontline Doctors](#) is one resource. They only charge \$90 for a consultation and you will be able to get the prescription that you need. Do not use Ivermectin from veterinary sources as it may be contaminated and is not designed for human use.

If you've gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season.

In addition to zinc and a zinc ionophore, you also need to optimize your vitamin D level. The range you're looking for is 60 ng/mL to 80 ng/mL year-round. The appropriate dose of oral vitamin D3 is the dose that gets you within that range.

Vitamin C is another important component, especially if you're taking quercetin, as they have synergistic effects. To effectively act as a zinc ionophore, the quercetin needs vitamin C.

In an effort to make it easier for patients, Zelenko has developed an oral supplement that contains all four: vitamin C, quercetin, vitamin D3 and zinc. It's called Z-Stack and can be purchased on [zstacklife.com](#). For a downloadable "cheat sheet" of Zelenko's protocol for COVID-19, visit [VladimirZelenkoMD.com](#)

The take-home message here is that if you've gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season.

It would also be useful to do a daily sauna. Ideally one that can heat up to 170 degrees Fahrenheit. The best saunas are far-infrared and have low EMFs. Sadly, I don't know any that go to 170 degrees and are low EMF.

I use one that goes to 170 and then I turn it off and turn on the SaunaSpace four near IR bulb system in the sauna and go in for 20 minutes. This practice activates heat shock proteins which will help remove the spike proteins and improve other damaged proteins in your body.

If you're low risk for COVID and have not been vaccinated, make sure you have these items on hand and begin treating at the very first signs of cold or flu symptoms.

Strategies to Lower Risk in Those Who Received COVID Jab	
Nebulized hydrogen peroxide 0.1%	Daily or more frequently if needed
NAC (N-acetyl Cysteine)	500 mg once a day
Zinc	15 mg once a day
Vitamin C	500 mg once a day or 250 mg twice a day
Eliminate ALL vegetable (seed) oils	Goal is zero
Vitamin D	Most adults need 8000 IU per day but it is imperative to check blood levels 60-80 ng/ml or 100-150 nmol/l
Daily sauna	20 minutes at 170 degrees will help destroy spike proteins
Time restricted eating	Helps remove spike proteins through autophagy
Seek to eat organic only foods, especially avoid the dirty dozen	This will help limit glyphosate intake

### Nebulized Peroxide and Other Health Promoting Measures

In addition to NAC (to prevent and break up clots), vitamin D, vitamin C, quercetin and zinc, buy yourself a tabletop jet nebulizer, some saline solution and food grade hydrogen peroxide. You'll want to dilute the peroxide with saline to get a 0.1% solution.

Due to risks to my personal safety we had to remove the nebulized peroxide videos from the site but they are now up on our [sustack site and you can view all of them here](#)

Starting Peroxide Concentration	Hydrogen Peroxide	+	Normal Saline	=	Ending Peroxide Concentration
3%	1/4 tsp	+	7 1/4 tsp	=	.1%
12%	1/4 tsp	+	5 ounces	=	.1%
36%	1/4 tsp	+	15 ounces	=	.1%

Nebulized peroxide is my personal go-to both for prevention and treatment, regardless of the stage the respiratory infection is in. To learn more, download Dr. Thomas Levy's free e-book, "[Rapid Virus Recovery](#)." As a preventive measure, simply nebulize every other day. Vitamin C is important here too, as it works as a catalyst for the peroxide. A daily dose of 500 milligrams would likely be sufficient for most.

We were forced to remove all the hydrogen peroxide videos that I had previously posted for liability reasons but fortunately they are all now posted on our [Substack site](#). This is important as, in my view, this is the most important step you can take. I would recommend nebulizing a 0.1% solution every day as indicated in the videos, linked below.

There is no danger in doing it every day and likely there is a health benefit. As Dr. Tom Levy describes in one of the videos below, it seems to help improve your bowel movements, which may be a result of eliminating respiratory pathogens that were having negative impact on your microbiome.

Other important health-preserving strategies include the following:

- Make sure you're metabolically flexible so that your body can seamlessly transition between burning fat and sugar as your primary fuel. This will allow your innate immune system to function optimally. [Time-restricted eating](#) is one surefire way to accomplish this.
- Avoid processed seed oils in your diet, such as sunflower oil, corn oil, safflower oil or avocado oils. All contain high levels of [linoleic acid](#), which impairs your mitochondrial function, and in upper respiratory infections, it's the precursor for the Leukotoxin that occurs in these infections.
- Focus on certified-organic foods to minimize your [glyphosate exposure](#), and include plenty of sulfur-rich foods to keep your mitochondria and lysosomes healthy. Both are important for the clearing of cellular debris, including these spike proteins. You can also boost your sulfate by taking Epsom salt baths.
- To combat the toxicity of the spike protein, you'll want to optimize [autophagy](#), as this may help digest and remove the spike proteins. Time-restricted eating will upregulate autophagy, while [sauna therapy](#), which upregulates heat shock proteins, will help refold misfolded proteins. They also tag damaged proteins and target them for removal.

It is important that your sauna is hot enough (around 170 degrees Fahrenheit) and does not have high magnetic or electric fields.

- If you're having post-vaccination symptoms, you could consider:

Low-dose interferons such as Paximune, to stimulate your immune system

- Peptide T (an HIV entry inhibitor derived from the HIV envelope protein gp120; it blocks binding and infection of viruses that use the CCR5 receptor to infect cells)
- Cannabis, to strengthen Type I interferon pathways, which are part of your first line of defense against pathogens
- Dimethylglycine or betaine (trimethylglycine) to enhance methylation, thereby suppressing latent viruses
- Silymarin or milk thistle to help cleanse your liver

The National Vaccine Information Center (NVIC) recently posted more than 50 video presentations from the pay-for-view Fifth International Public Conference on Vaccination held online October 16 to 18, 2020, and made them available to everyone for free.

The conference's theme was "Protecting Health and Autonomy in the 21st Century" and it featured physicians, scientists and other health professionals, human rights activists, faith community leaders, constitutional and civil rights attorneys, authors and parents of vaccine injured children talking about vaccine science, policy, law and ethics and infectious diseases, including coronavirus and COVID-19 vaccines.

In December 2020, a U.K. company published false and misleading information about NVIC and its conference, which prompted NVIC to open up the whole conference for free viewing. The conference has everything you need to educate yourself and protect your personal freedoms and liberties with respect to your health.

Don't miss out on this incredible opportunity. I was a speaker at this empowering conference and urge you to watch these video presentations before they're censored and taken away by the technocratic elite.

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## Notes

<sup>1</sup> [Lifesite News April 7, 2021](#)

<sup>2</sup> [Facebook April 12, 2021](#)

<sup>3</sup> [SARS-CoV-2 mRNA Vaccine BNT162 Biodistribution Study](#)

<sup>4</sup> [Trialsitenews May 28, 2021](#)

<sup>5</sup> [BMJ 2005;330:433](#)

<sup>6</sup> [AHRQ December 7, 2007](#)

<sup>7</sup> [The Vaccine Reaction January 9, 2020](#)

<sup>8</sup> [Nature Microbiology September 9, 2020](#)

<sup>9</sup> [Vaccine 2005](#)

<sup>10</sup> [Frontiers in Immunology February 24, 2021](#)

<sup>11</sup> [AIMS Allergy and Immunology 2020](#)

<sup>12</sup> [Frontiers in Immunology February 24, 2021 full](#)

<sup>13</sup> [Blood Coagul Fibrinolysis January 2006; 17\(1\): 29-34](#)

<sup>14</sup> [Hardball.parkoffletter.org](http://Hardball.parkoffletter.org) November 10, 2020 Seheult lecture on NAC

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