

# mRNA Gene Transfer Technology: Regression of Humanity, How Big Pharma Is Risking Everything

In a typical month, there may be one case of this at the hospital, so 13 in 24 hours make it highly unusual. And there's just one thing which has changed during this timeframe.

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*Media are reporting that pregnancy complications have spiked during the COVID pandemic, but claim the cause is unknown*

*Most blame the virus itself. But even then, they fail to address the fact that it's the spike protein that is the most likely culprit. The obvious reason for that is because the spike protein is also what your body produces in response to the COVID shots*

*Around the world, women are reporting abnormal menses and vaginal hemorrhaging, both post-COVID and after exposure to the jab or someone who got the shot. Birth rates have significantly dropped, and we're seeing upticks in preeclampsia, miscarriages, premature births and early puberty, as well as maternal and infant deaths*

*Despite the clear risks of vaccinating during pregnancy, the U.S. Food and Drug Administration has approved a whooping cough vaccine for newborns that is given to mothers in the third trimester. This is the first vaccine aimed at infants that is to be preemptively given to the mother during pregnancy*

*While U.S. media celebrated the FDA's authorization of COVID shots for infants under the age of 5 last summer, European countries had long since stopped caring about the pandemic, and the head of public health in Denmark admitted it was a mistake to vaccinate children between the ages of 5 and 11*

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As soon as it was announced that COVID-19 would be combated with novel mRNA gene

transfer technology, a number of scientists spoke out against it with dire warnings about potential health ramifications, including the theory that fertility might be adversely impacted.

In the two years since the rollout of these COVID shots, our worst fears have come true. Still, mainstream media feign surprise. Case in point: The Washington Post recently reported that “Pregnancy complications spiked during the pandemic” and “no one knows exactly why.”<sup>1</sup>

Aside from COVID-19 itself, the COVID shots are the only thing that has impacted a vast majority of the population worldwide during this timeframe, and everywhere the same effects are reported. To claim “no one knows why” is to ignore the proverbial elephant in the room as its tail is swatting you in the face and its trumpet sound threatens to shatter your eardrums.

## Both Virus and Shots May Have Similar Impacts on Pregnancy

The Washington Post seems to go out of its way to not implicate the COVID shots, laying all the blame on the virus itself. But even then, they fail to address the fact that it’s the spike protein that is the most likely culprit. The obvious reason for that is because the spike protein is also what your body produces in response to the COVID shots.

However, when you read things like, “last fall and winter, Amy Heerema McKenney, a Cleveland Clinic pathologist ... began receiving eerily similar reports of stillbirths,” you realize that “last fall and winter” refers to the winter of 2021, not 2020 or 2019.

In other words, we’re talking about a time when most people had received one or more mRNA shots, while the virus itself had mutated into milder forms that were rarely associated with severe blood clotting issues and other anomalies.

That said, it’s by no means impossible that SARS-CoV-2, even in its milder expressions, might have an adverse impact on pregnancy. After all, we’re likely talking about a genetically engineered bioweapon.

The respiratory effects may have mutated to be less severe while other organs may still be more adversely impacted by the spike protein. We also have the “shedding” issue to contend with, so just because a woman is unjabbed doesn’t mean she’s not affected by COVID jab spike protein.

## Unique Damage to the Placenta

The Washington Post goes on to describe what McKenney was finding in the winter of 2021:

“Almost as soon as she began looking into [the stillbirths], Heerema McKenney recalled, she became ‘pretty panicked.’ A normal placenta is spongy and dark, reflecting the nourishing blood flowing through it. The ones she was looking at in her lab from the mothers who lost their babies were like nothing she had ever seen before: firm, scarred and more of a shade of tan.

‘The degree of devastation was unique,’ she said. Flipping through case files, she noted that most of the women were in their second trimester, unvaccinated or only partially vaccinated, and infected with the coronavirus within a two-week window before their pregnancies ending.

Heerema McKenney herself saw fewer than 20 potentially coronavirus-related stillbirths over about six months. But her findings matched up with cases colleagues were seeing in other parts of the world.

And they also echoed those in a paper from Ireland that looked at seven cases — six stillbirths and one second-trimester fetal death in pregnant people infected with the coronavirus — resulting from what the authors called ‘a readily recognizable pattern of placental injury.’ She said, ‘That’s when we realized we were all looking at the same thing.’”

While McKenney claims most were either unjabbed or partially jabbed, other evidence clearly implicate the COVID shots. For example, in November 2021, Lions Gate Hospital in North Vancouver, British Columbia (BC), delivered an astonishing 13 stillborn babies in a 24-hour period, and all of the mothers had received the COVID jab.<sup>2</sup> In a typical month, there may be one stillborn baby at the hospital, making 13 stillbirths in 24 hours highly unusual.

## Types of Pregnancy Complications on the Rise

That something is terribly wrong is clear from global statistics. Around the world, women are reporting abnormal menses<sup>3</sup> and vaginal hemorrhaging,<sup>4</sup> both post-COVID<sup>5</sup> and after exposure to the jab<sup>6</sup> <sup>7</sup> or someone who got the shot. [Birth rates have significantly dropped](#), and we’re seeing significant upticks in preeclampsia,<sup>8</sup> miscarriages,<sup>9</sup> <sup>10</sup> <sup>11</sup> <sup>12</sup> <sup>13</sup> premature births,<sup>14</sup> [early puberty](#), as well as maternal and infant deaths.

According to a research letter<sup>15</sup> in JAMA published in late June 2022, maternal deaths in the U.S. rose from 18.8 per 100,000 live births prepandemic, to 25.1 per 100,000 live births during the second, third and fourth quarters of 2020, a relative increase of 33.3%.

That increase can be attributed to COVID-19, since no COVID shots were available in 2020. We don’t yet have the statistics for 2021 and 2022, but based on obituaries and social media posts, it seems many new mothers are now dying “suddenly” and for no apparent reason. Time will tell, but I doubt the trend has gotten any better after the rollout of the COVID shots for pregnant women.

## More Vaccines for Pregnant Women

Despite the clear risks of vaccinating during pregnancy, the U.S. Food and Drug Administration recently approved a whooping cough vaccine for newborns that is given to mothers in the third trimester. This is the first vaccine aimed at infants that is to be preemptively given to the mother during pregnancy. According to Pharmacy Times:<sup>16</sup>

“Since children aged 2 months of age or younger are not eligible to receive an actual vaccine themselves, administering the Tdap vaccine to the mother can boost the infant’s immune system by boosting antibodies in the mother, who then transfers the antibodies to the developing fetus ...

According to the CDC, although only 4.2% of US cases occur in this age group, 31% of infants who contract the disease who are also younger than 6 months go to the hospital due to the illness.”

## Swedish Journalist Critiques American Reporting

In an early October 2022 commentary in the Swedish newspaper *Sydsvenskan*,<sup>17</sup> 18 journalist and author Johan Anderberg expressed being perplexed by The New York Times' jubilant announcement this past summer that toddlers could finally get the COVID shot.

"For a reader on the other side of the Atlantic, the reporting on infant vaccination appeared somewhat puzzling," Anderberg writes. "In most European countries, citizens had long since stopped caring about the pandemic, and in Denmark, the head of public health, Soren Brostrom, had even said that it was a mistake to vaccinate children between the ages of 5 and 11.

But for the New York Times — and its subscribers — this was a big event. When the magazine asked its readers to send in stories about what it was like to live with unvaccinated toddlers, they received 1,600 responses. Several of them said their children had never been allowed to play with friends or meet their relatives indoors.

At the end of the summer, the first numbers came out on how many Americans had actually vaccinated their toddlers in the first month. It turned out fewer than 5% of American children under the age of 5 had received their first injection.

Not so long ago, those kinds of numbers would have been thought provoking for a newspaper like the New York Times: Did we have an incorrect picture of the mood in the country? ... Was there a perspective on the issue that we missed? But it no longer works that way."

He goes on to describe how The New York Times has changed from "all the news that's fit to print" into a publication that cherry picks its stories based on political bias and a preconceived agenda, and rarely ever presents more than one viewpoint anymore.

Had they been more journalistically inclined and less biased, they would not have gotten the COVID-jab-for-infants' story so wrong. Many Americans also "received a blatantly incorrect picture of the risks with the new coronavirus through The New York Times reporting," Anderberg writes.

The New York Times' fallacies spread as far and as high as the Supreme Court, where Supreme Court Judge Sonia Sotomayor publicly overstated the number of serious COVID infections among children by 2,000%. That enormous flub was a direct result of depending on mainstream sources with an agenda to spread fear rather than truth.

## Vaccines and Bioweapons Are One Industry

The fact that we have no real independent press anymore has become painfully clear over the past three years. What we have are corporate-government propaganda outlets and censored alternative media. There's not much in between.

Certainly, you rarely ever find both sides of an issue covered by the same media outlet anymore. Media has become incredibly polarized and, with it, the population at large. As noted by Anderberg, the mainstream press has played a key role in this polarization, as it has abandoned rules of journalism such as unbiased research and reportage and presenting more than one side of every story.

The reason for this appears to be because media are owned and controlled by those who benefit from the pandemic. In short, media's refusal to state the obvious is because the obvious doesn't fit the narrative that we must surrender our freedom for biosecurity's sake.

But the promise of biosecurity is itself a lie. Not only is SARS-CoV-2 a bioweapon, but the COVID shot is too. Once people realize that the [vaccine industry](#) and the [bioweapons industry](#) have become one and the same, the big picture will become clearer.

## COVID Shots Are Weapons of Mass Destruction

These shots may have many purposes, but none of them is to protect your health. They may be part of a [depopulation agenda](#). They may be part of an ongoing experiment to perfect some aspect of the [transhumanist goal](#) to merge man with AI and synthetic biology. They may have a [social engineering purpose](#). They're undoubtedly part of the [global takeover effort](#) by the New World Order/Great Reset cabal.

But they're not part of a benevolent public health program. If they were, the corporate-government alliance would not have spent billions to first entice and bribe people into taking the shots (remember those million-dollar lotteries?), and later shame, bully and threaten to ostracize from society or outright kill the unvaccinated.

If COVID-19 were a naturally-occurring virus, then scientists, media, Big Tech and bioweapons chief Dr. Anthony Fauci would not have gone out of their way to suppress and censor debate about its origin.

Similarly, if the COVID shots were a novel but beneficial intervention for an unprecedented health crisis, the input and feedback of scientists around the world would have been welcomed rather than censored. (Ditto for doctors' feedback on successful treatments. If saving lives was the goal, all suggestions would have been welcomed.)

The reason no one, regardless of qualifications, is permitted to speak about the dangers of these shots is because they're supposed to be dangerous. They're bioweapons. The mindset of those pushing for a [post-human transhumanist world](#) may be complex (if not incomprehensible), but the strategy to achieve their desired ends is that simple.

## Mankind Is Being Regressed Into Oblivion

Mankind is being decimated by not just one but several different bioweapons — the original virus and a steady stream of ever-changing gene influencing shots. In the process, survivors of the next generation, children born and growing up in these times, are being [robbed of intelligence](#), health and life span.

Mankind is quite literally being regressed. The Big Pharma-biotech-bioweapons complex are risking everything, the very future of mankind itself, in this effort to "reset" the world and shape it to their own liking and benefit.

Many worry about a nuclear World War III between nations but, in reality, World War III has already begun. The transhumanist-centered pharma-bioweapons industry has spent the last two years decimating its enemy — mankind — using the most sophisticated biowarfare and social engineering tools the world has ever seen.

## Learn to Say No

The primary defense we have against these attacks is the word “no.” If enough of us simply reject whatever they roll out next and work on building our own parallel systems, we can preserve life and liberty for coming generations.

The globalist cabal is using bioweapons, but we can refuse to take them. They’re using sophisticated social engineering, but we can educate ourselves on their tactics, thereby insulating ourselves against their programming. They’re tearing down the infrastructure we depend on for life, including the financial system, the health care system and the food system, but we can replace them with ethical and pro-human alternatives.

We don’t have to agree to their “solutions,” which are coming, and will include living in smart cities with digital identities, a social credit score, surveillance down to your biological processes and a programmable central bank digital currency (CBDC), all of which will render you into a 21st century slave with a digital choke chain around your neck. Avoiding that fate won’t be easy. It certainly won’t be convenient. But it’ll be worth it.

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### Notes

[1 Washington Post October 8, 2022](#)

[2 The Phaser November 18, 2021](#)

[3 Science July 15, 2022](#)

[4 OpenVAERS Vaginal Hemorrhage data](#)

[5 Reproductive BioMedicine 2021 Jan; 42\(1\): 260-267](#)

[6 Obstetrics and Gynecology April 1, 2022: 139\(4\):481-489](#)

[7 BMJ 2021;374:n2211](#)

[8 New Yorker August 12, 2022](#)

[9 Obstetrics & Gynecology April 20, 2021](#)

[10 OpenVAERS Miscarriage reports](#)

[11 Pierre Kory Substack August 20, 2022](#)

[12 Wayback NEJM Letter to the Editor June 27, 2021](#)

[13 Science, Public Health Policy, and the Law November 2021; 4: 130-143](#)

[14 Health Day July 26, 2022](#)

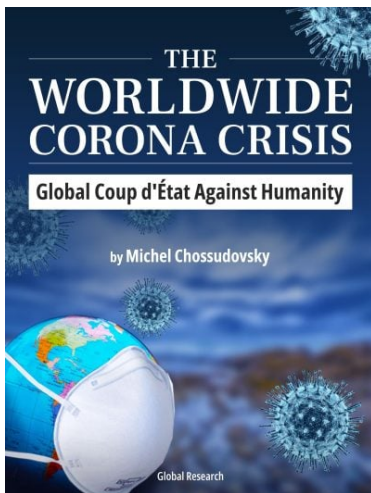
[15 JAMA June 28, 2022; 5\(6\): e2219133](#)

[16 Pharmacy Times October 7, 2022](#)

[17 Sydsvenskan October 2, 2022](#)

[18 Twitter Anthony LaMesa October 9, 2022](#)

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by Michel Chossudovsky

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