
12 IMPORTANT REASONS WHY

THE **UNAPPROVED COVID VACCINE** IS
A DANGEROUS HUMAN EXPERIMENT



VACCINE SECRETS: COVID CRISIS
12 IMPORTANT
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IS A DANGEROUS HUMAN EXPERIMENT

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With the outbreak of the COVID-19 pandemic and the resulting worldwide effects, the U.S. government initiated “Operation Warp Speed” to quickly develop vaccines against the virus. As a result, allowances were made for skipping typical animal trials, and testing for long-term side effects was dropped.

Principle 3 of the Nuremberg Code¹ states that based on the results of animal experimentation... the anticipated results [of the human medical experiment] will justify the performance of the experiment.

Vaccine development for SARS coronavirus was first initiated following the outbreak of SARS in 2002. Evaluations of a virus-like-particle vaccine in mice induced protection against infection, however, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated [April 20, 2012].²

A clinical trial for an experimental coronavirus vaccine has begun recruiting participants in Seattle, but researchers did not first show that the vaccine triggered an immune response in animals, as is normally required [March 13, 2020].³ Lab rats were given the experimental vaccine on the same day the human trial began recruiting participants, violating the Nuremberg Code to justify the human trial with prior animal experimentation.

Not only were there no prior animal experiments to show that the vaccine would trigger an effective immune response, no long-term studies were done to demonstrate its safety. So how can the CDC and government “experts” and leaders truthfully claim that COVID-19 vaccines are safe and effective? Should we not be questioning the safety and effectiveness of this vaccine for both the short- and long-term effects as well as more comprehensively, especially before giving it to children and pregnant women?

In this eBook, you’ll discover what our experts have to say about post-vaccine studies and reports of various side effects that are occurring in thousands of people following injections of the vaccine, even the naming of diseases for what the vaccine does.

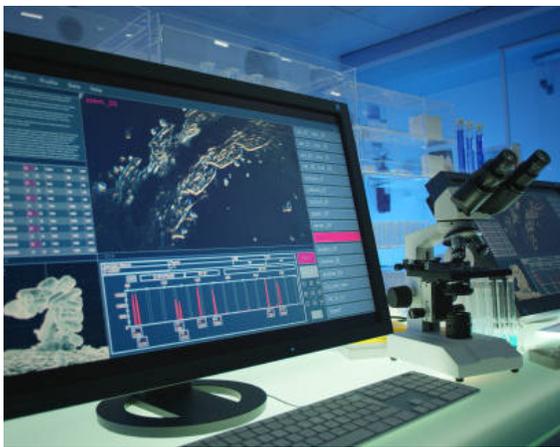
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DR. PETER MCCULLOUGH

Dr. Peter McCullough: I'm Peter McCullough and I'm an internist and cardiologist at Baylor University Medical Center in Dallas, Texas. I'm professor of medicine at Texas A and M College of Medicine, which is, we're a major teaching campus for the medical school. And I care for patients who have both internal medicine in cardiology, subspecialty problems, including common infections and pulmonary heart, lung, and kidney disease. My particular interest is actually the interface between heart and kidney disease. And that's my major research focus. I spend part of my time in practice and part in research. I'm the president of the Cardiorenal Society of America right now. I am the editor in chief of *Cardiorenal Medicine*, a journal that's published by Karger Communications in Basel, Switzerland. I'm the editor and chief of *Cardiorenal Medicine*, which is officed out of Hong Kong. And I'm the senior associate editor of the *American Journal of Cardiology*, which is published by the Baylor University Medical Center through a contract. And so I'm very involved academically. I'm the overall editor of the chapter on cardiorenal medicine in Braunwalds' textbook of cardiology, that's considered the bible of cardiology. And our signature, if you will, in academic cardiology is the number of citations we have in the National Library of Medicine. So I have over 600 citations in the National Library of Medicine, and that's considered on the high end of anybody in the academic profession right now. And in the area of heart and kidney disease, I'm the most published person in my field, in the world and history. So when COVID-19 hit, I did say it was our medical Super Bowl.



And I knew my efforts and my talents in interpreting data and understanding both the basic science and clinical science and epidemiology were really important. I have a bachelor's degree, medical degree. I've a master's of public health and epidemiology from the University of Michigan, and I'm about as trained and qualified, I think, as anybody that exists right now in COVID-19. I have 46 publications in the topic, and I think that exceeds anybody who's rendering an opinion on this. And when it first started, for an entire year I published a series of opinion editorials in an online and print journal, *The Hill*, where I chronicled every twist and turn of the pandemic. And I predicted every major inflection point in the pandemic, everything from what we see with outbreaks, treatment, as well as the COVID-19 vaccine. Now, I led a group of

international experts and published the first guidance for doctors on how to treat COVID-19 as an outpatient. That was published in the *American Journal of Medicine* in August of 2020. And I followed it up with a critical update when we had more information on early ambulatory treatment in reviews and cardiovascular medicine in 2020 and December of 2020. And both of those papers are the most frequently downloaded and utilized papers in all of ambulatory COVID-19. So I geared up, it was my Superbowl, and I said a very important statement that really was not said by any other leader, and that is, "COVID-19 has two bad outcomes: hospitalization and death." I was going to put together a team of experts. I was going to develop the clinical and academic expertise, and I was going to put a stop to these hospitalizations and deaths. And I can tell you, as we sit here today, I'm the only leader who's done that.

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Let's turn our attention now to vaccine safety. I know many of you probably worry about this, but what I want to tell you is that we are now at 57 authors in 17 countries that have raised major concerns regarding the COVID-19 vaccination program- largely because it's a clinical investigation that these drugs are not fully FDA, fully approved by any regulatory agency. And there are no safety mechanisms available. There's no critical event committee, there's no data safety monitoring board, and there's no human ethics board. And because the vaccination program is basically wide open without any safety guardrails, we are really seeing some concerning issues. We know that there's a concerning mechanism of action with the vaccines. They all are genetic vaccines. Right now that's messenger RNA with Pfizer and Moderna and adenoviral DNA with AstraZeneca and Johnson and Johnson, those are the major ones. There are some inactivated viral vaccines, including Sinovac or CoronaVac, but I'll just focus on the genetic vaccines. The dangerous mechanism of action is they hijack the body's genetic machinery for the body to produce the dangerous spike protein. Produces it for at least two weeks after the first shot until antibodies are raised and is found in body fluids, in blood. We know that just the cells making the spike protein, damage the cells, including the brain, the heart, lungs, and other critical organs. We know the circulating spike protein causes endothelial damage and blood clotting. This is no good. We don't have a single vaccine that turns the body into such a dangerous pathogenic state as the COVID-19 genetic vaccines.



Jonathan Otto: Wow. Thank you. I'm so grateful for this information, Dr. McCullough, I really am. I'm so grateful for people such as yourself standing up. That's really compelling. The cancer risk- that doesn't get talked about and perhaps we don't know enough about that. The ingredients concern me, even the fetal cell use, for me, I do feel the possibility around the fetal cell use having a cancer connection, as well as other ingredients that are in the vaccines. What would you say to that?

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Dr. Peter McCullough: Yeah. So let me comment on that. So I mentioned that these products skipped what's called carcinogenicity testing. And that's traditionally not done for vaccines, but it is done for drugs. But this idea of do we know these drugs cause cancer or not? Well, when you think about it on the surface, we're causing the body to make a viral protein. Some viruses actually are cancer promoting like Epstein-Barr virus and others and human papilloma virus. But what's been found now is the spike protein itself independently interacts with key tumor suppressor genes, P53 and BRCA. These influence breast cancer and solid organ cancers. So if the spike protein is made for any duration of time, there is a plausible biologic explanation about why they could be cancer promoting. Now we're seeing a lot of reports of cancer within a few weeks or a few months, and people say, "Oh, could the vaccine have caused the cancer?" And the answer is, no. The cancer was obviously brewing for months and just the sickness of the vaccine caused the investigation and the cancer was found. But long-term, if cancers do emerge, particularly breast cancer and women, now we know that the vaccine distorts the breast in the woman to such an extent that the mammograms cannot be interpreted normally. So women are advised after these vaccines to not get a mammogram for a year. So we know that the material, it goes right up into the breast and the inflammatory material. All these ought to be lots of strong signals to women, don't take the vaccine, just say, no, file an exemption, file in a dispute. It's not worth your health to take one of these vaccines.



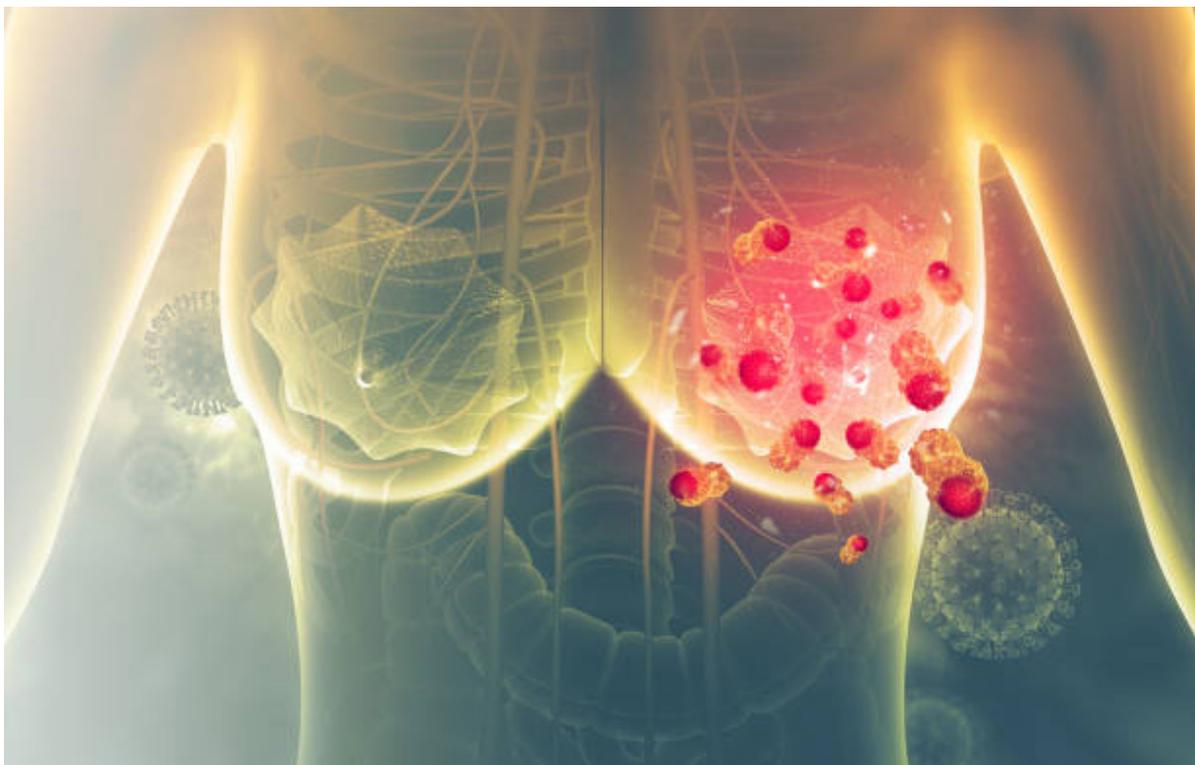
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Jonathan Otto: And this is the ludicrousness of what's happening because the chances of dying of COVID versus breast cancer for a woman? Man! What are we talking here? 99.9787% survival rate for COVID. Women getting cancer in their lifetime is one in three.

Dr. Peter McCullough: Well, I mentioned the unique female risk and sure breast cancer later on, but there was a commercial that was put out by the Australian authorities of a young woman, and she's an actress obviously, but she's playing as if she has COVID-19. And she has oxygen in her nose and she's squirming around, and she's really anxious and sweaty. And I was asked, "Well, what do you think about that, Doctor?" And I said, "Listen, she looks like she's 28 years old. COVID in someone like her, especially with Delta or the newer variants is going to be like a drippy nose. It's going to be like a mild cold," I said, "that person, she looks like somebody who had a blood clot that shot from her legs to her lungs. That person looks like a pulmonary embolism that would occur after one of the COVID-19 vaccines. That's what that looks like." And the announcers were stunned with that interpretation, but it's true. Women are far more likely to be harmed with the vaccine than be helped. COVID-19 is easily treatable. We just have to move on without the vaccine.



Jonathan Otto: Thank you so much. And I know you talked about the spike protein with the breast milk with a baby. And was it even the CDC that actually even made it clear that the spike protein was found in the baby, which showed that it was transferred through the breast milk? Is that correct?

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Dr. Peter McCullough: Well, that was presented to Americans by Dr. Harvey Risch from Yale on one of the national TV programs, where there was a clinical vignette in VAERS where a breastfeeding woman, again, someone who should never take the vaccine should never take the vaccine. What does she do? She takes the vaccine. And then within a couple of days, she's breastfeeding the baby and the baby dies and analysis of the baby, and the baby looked like it developed a blood disorder that would be caused by the spike protein. So it looked like we had a straight line of the spike protein in breast milk killing the baby. This ought to be very strong information to women to stay away from these vaccines, no matter how much social pressure, no matter how much you want to travel, or you feel like your freedom or your employment's linked to it, it's not worth the death of a baby. It's not.



I had another patient this week, a younger person who said, "I took the vaccine because I thought it was the right thing to do and I wanted to travel." She goes, "Can you tell me if I got any benefit?" I said, "Listen, the FDA tells me I shouldn't measure the antibodies." It's funny how the FDA, June 19th, says, "Don't measure antibodies. Don't take a look." But she convinced me, she was in my office, and she's had chronic headaches since the vaccine. She goes, I'm so regretful because I ended up with headaches after this vaccine, I can't get rid of them. They're not worrisome, the neurologic exam is fine. I didn't do anything because I think they're just forms of tension headaches, but she doesn't feel right. Anyhow, I check the antibodies... Nothing. So here we go and she's so upset. She goes, "I took the risk for this. I'm stuck with these headaches now, and I didn't even get any immune response." So I wonder how many people have gotten no benefit out of these vaccines and they're just left with some chronic problem. The neurologic ones are late presenting, that's the worrisome thing. When Senator Ron Johnson held his presser on vaccine injuries, it was largely neurologic and they were late. People with paralysis, blindness. They had one young gal... These are people from the original trials that concluded last fall, now they're showing up injured six or nine months later. One girl on a feeding tube and she can't swallow. It's a total disaster, so who knows what type of neurologic injuries are going to happen later on. We would never give an experimental vaccine that goes up into the brain, never. Everybody should understand that is so violently wrong. We would never do that. So this is botched biotechnology. Again, people thought they were going to win the Nobel Prize for this. It turned out to be the biggest, botched, terrible biotech project of all time. Those people in those labs ought to be run out, and we ought to shut them down.

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Jonathan Otto: Yeah. Ah, man. And dementia, Alzheimer's one in three seniors are dying of Alzheimer's or dementia. Past the age of 85, it's one in two. Again, it's often because another disease doesn't kill them first. Meaning that the rates for dementia and Alzheimer's are already so high, why add to that burden? It's such a risk. There is one thing just before we go. On the Novavax, I do personally have concerns on it. The reasons why I have concerns is in regard to this particular study, where I'm seeing, again, the severe reactions out of this group. It was 131 participants. This was May 26, 2020, this is Novavax. The group showed that 83 of the participants had severe adverse events, but these severe adverse events are headache, fatigue, and malaise. But malaise, that one sounds quite vague, so what was that? And then two participants, one in each group, A and E had react... You help me with this, it's reactogenicity events, fatigue, malaise, and tenderness. But that's expected following a vaccination and so forth. And then group D had a severe local event, which was tenderness. Then one or two in each group had severe systemic events, the most common of the severe systemic events were joint pain and fatigue, which I get concerned about fatigue, because chronic fatigue syndrome is a big deal and there are links between chronic fatigue syndrome and immune breakdown. I believe it was 1978, the same year that HIV was announced, was the same year that chronic fatigue syndrome was announced and took on a name. So I don't know, and again, that's very speculative, but yeah.



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Dr. Peter McCullough: Let me respond to that.

Jonathan Otto: Yeah, please.

Dr. Peter McCullough: I want to be hopeful because we put such an effort into vaccines, and on my four pillars of pandemic response, I taught the world that we should be doing all four things and that does include vaccine development. So I don't want to discount it. I do like the idea of giving an antigen. In the Novavax program, they went ahead with twenty-five mics and five mics, and there wasn't much difference. So they got away with a much lower antigenic exposure. It is possible that this could be quickly modified to potentially handle additional strains in the future, just like the flu vax is modified each year in some way. We know from tetanus, for instance, tetanus is one of the few vaccines where we give the antigen, the tetanus toxoid, this actually gives a stronger immunity than the tetanus infection itself. The overall vaccine efficacy rates for Novavax were 90%. Importantly, it did have these reactions but they really tended to be localized. When I read that the final phase three data, I thought the local reaction in the arm for Novavax was actually worse than Pfizer, Moderna and J&J. So the arm was worse, but the big systemic potential for neurologic, cardiac, and others is much less. We're hoping that spike protein doesn't circulate, it just gets a local reaction and that's it. I want to be hopeful at least regarding one of the vaccines. Now, I can't imagine how Pfizer, or Moderna, or J&J, or AstraZeneca can create a booster, because think about the booster, it was hard enough to get the body to produce the spike protein. Can you imagine tricking the body to produce the Delta, or the Lambda, or produce the Epsilon? How do you build up all those mutations? Before you know it, the protein is going to fold in the wrong direction, or it's going to create some type of cellular problem. To create a booster is not going to be quick and it's not going to be easy, and it'll probably be unsafe. Whereas, I think, probably changing the antigenic component of the protein will be different. There is a failure of antigenic vaccines, and you should know about this in Australia. And that is, there was an antigen-based vaccine that was based out of an Australian university, it was tested on Australians. But it exposed too much of the HIV component of the spike protein and sure enough, it turned everybody HIV positive who volunteered for that study. So there's been a lot of misadventure in COVID-19 vaccine development. There are some nice Australians about your age walking around HIV positive. They didn't get HIV, but their tests turn positive from a botched vaccine.



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Jonathan Otto: Wow. Yeah, I understand your optimism and your hope for such things like the Novavax. I do share in optimism, I want things to be better, I don't want things to be worse. Even though I'm personally not for the other vaccines, I share some similar views to a mutual friend of ours, Jennifer Margulis. But I always want things to be better so that there are less risks. Even though I would personally not say this is safe and that you should do this, I do hope that things get better because this is obviously entrenched in people's minds. But the key points you've brought up about early treatment and the fact that as to... whether this will actually work, and long-term. Again, even if it does appear to be good, people will still be volunteering themselves in the human trial, once again. And we don't want to be wrong on this one.



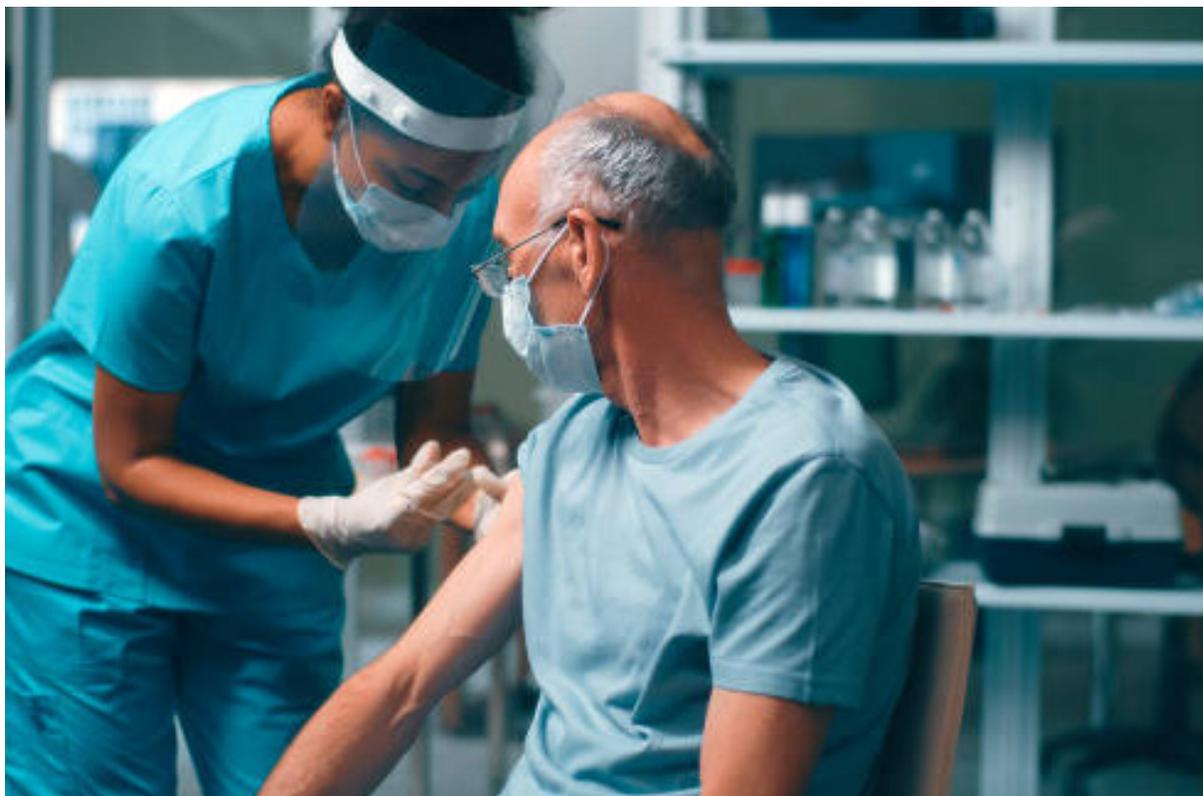
Dr. Peter McCullough: I wanted to make some statements called "face value statements". What will historians say on face value when they look back on this 50 years from now? Okay, this is so interesting. Let's take the pandemic response- so we have the National Institutes of Health, and the National Institutes of Health has divisions. It's a research organization. It doesn't give orders in the rest of the nation, it actually is the funder of research and it has divisions. A division director, it's a good position, but it's not the highest position at all. At face value, we have a division director who basically appears to be involved in the origination of the gain-of-function research in the spike protein. At face value, he appears to be involved. When the pandemic occurs, he actually becomes positioned at the top and quickly all the other people that could actually put in ideas are dispersed, and we end up with a medical dictator over two administrations, okay? Who is involved at the scene of the crime to begin with. At face value, historians are going to ask, what in the world were Americans thinking? What in the world? The analogy would be almost like somebody spilled a glass of milk in the kitchen and that person is now trying to mess it up and making the mess worse, and worse, and worse, and worse. That's just a face value statement.

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Let me give you another one, officially a statement. You have 24 of these failed adenoviral and messenger RNA platforms for decades. They have failed as medicinal therapeutics, okay? At face value, you take three or four of these, and in less than a year, you rush them into development. After they've already failed for decades, you rush them into development, and then you inject hundreds of millions of people. And with these failed platforms and injecting such a large number of people, you end up with thousands and thousands of relatively immediate deaths and hospitalizations. At face value, historians will say, "What were you thinking? What were you thinking? What was going on in your mind to make people think this way?" Okay, face value. You have an illness, which fortunately is amenable to risk stratification. Very old people, can be a very serious illness. Young people, not serious at all. The application of all the public health measures apply equally to everybody, wearing masks, social distancing, they're still talking about kids not going to school, etc. Again, at face value people are going to say, "What were you thinking about? How come you just didn't focus on the people who really got the disease?" That'd be similar to us treating everybody for high blood pressure when they really don't have high blood pressure. We don't need to treat kids, we only treat older people with high blood pressure. So at face value, historians are going to look back and look at what happened and ask these questions. "What could people have been thinking? How could the public have tolerated this? How in the world could the public possibly have digested this for a year or more?" In fact worse, now the public is letting this influence their lives, going to school, work, and travel. This entire complete misadventure by a relatively few number of people in charge. It'll go down absolutely as the most deadly, diabolical, poorly conceived, botched, inept set of responses you could ever have to a worldwide crisis.



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Jonathan Otto: Wow. It does amaze me to see what the human mind is capable of believing even against all obvious signs. That you can actually have something straight in front of your face and completely deny it if the authority is strong enough in your life and you've attributed it basically, power over you. "Jonathan, why aren't you listening to the consensus?" Well, I'm not listening to the consensus because it's not a consensus, and it's a con if it is. It's centralized. This is a directive order really, coming from the World Health Organization whose second largest shareholder is Bill Gates. That's where the command is coming from, it's not a think-tank and it's not people thinking for themselves. It's one thought that's coming down. It's so bizarre. One of the things that you bring up is the fact that doctors are going to have to deal with the fact if they injected a pregnant woman, and again it's... I feel like there's a mixture... if it's not your fault, I understand. Then the other side of me is, you swore an oath to do no harm, and the trauma that this will create for people. I say this empathetically, and I believe you do too, that people are going to need psychotherapy for this, and trauma counselling.



Dr. Peter McCullough: Yeah. I wanted to mention that the doctors are not doing the direct injections, so these are voluntary centers. In fact, interestingly, these are kept out of doctor's offices. Doctors are not doing any injections at all. These are done at these government centers or pharmacy centers, but doctors are at a distance. So doctors can only verbally recommend to a patient to do so. But, patients may or may not follow it.

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Jonathan Otto: I think what's going to go down in history though, are the written things. The American College of Obstetrics and Gynecology, in writing, advises the COVID-19 vaccine. Never tested in a pregnant woman. Never proven to be safe. Assume that it's dangerous. Especially with the dangerous mechanism of action of spike protein, and now the early reports of miscarriages and all kinds of misadventures. That's going to go down in history. That document will go down as a scar on the field of obstetrics and gynecology as a massive case of malfeasance. I'll give you another one - National Institutes of Health treatment guidance for COVID-19, October 8, 2020. The advice: someone gets COVID a high risk senior, they get their diagnosis, go home, do nothing, do nothing, do nothing. Day after day, after day. This is official NIH advice in writing. Get to the point where you cannot breathe, cannot breathe. Then go to the hospital. When you go to the hospital, contaminate your loved ones, contaminate Uber drivers and taxi drivers, EMS, just mass contamination. Then go to the hospital and still the advice, do nothing, do nothing, do nothing. Until the patient needs oxygen. Then at that point in time, the patient can get their first milligram of Remdesivir. I think we're going to look at that and it's going to go down in shame. Whose name was on that document? Really? What fatal viral infection do we wait 14 days where a grandmother can't even breathe? And what contagious virus would we actually promote spread of the virus, in this panic for survival, trying to get to the hospital? These types of documents are going to go down in history.



Dr. Peter McCullough: There's a video by the director of the CDC, that's on YouTube, and it's promoting vaccination in pregnancy. I'll never forget it. It kind of has clunky music in the background as Laura Ingraham commented on it on Fox. But she says, "We have no reason not to believe it's unsafe." So it's this contorted triple negative. Meaning, you know what? It's probably unsafe, but we're going to tell you to have it anyway. People are going to look back on these. These are recorded in history as being reckless, as being just absolutely menacing with respect to human life. As a doctor, I took an oath, the Hippocratic oath to above all do no harm and to try to help everybody. So I care about everybody, I actually help a smaller subset, and I cure even a smaller subset than that. But I always do my best. I've testified under oath. I've treated all my high risk patients with my best ability to prevent hospitalization and death. I didn't deny a single patient. It's not in my ethical, moral, or clinical DNA to do that. In fact, every doctor who denied patient treatment by saying, "Oh, there is no treatment." Or, "I can't treat it." And there are millions of doctors who did that worldwide, all of those doctors are doing a walk of shame.

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DR. JENNIFER MARGULIS

Dr. Jennifer Margulis: So I'm an investigative journalist and a book author. And I'm really interested in science. I come from a really scientific family. My mother was a microbiologist, and my father was a chemist. So we grew up around the kitchen table talking a lot about science.

And I had my first child in the hospital in Atlanta, Georgia. And I had a really hard experience. I did not have an easy birth. It lasted 22 hours, which is actually not that long. But I had all these interventions that I hadn't wanted. And I left the hospital with a baby in my arms thinking thank God for modern medicine. Modern medicine sort of saved my life. And it wasn't until many, many weeks later, months, weeks and months of thinking about it and looking at what had happened during that birth. One thing for example was my insurance company denied the claim. So I got the hospital bill. It came right to my door. and they denied the claim even though I had been insured with the same company for four years. They said my pregnancy was a preexisting condition. And then when I looked at the hospital bill, I realized that every single thing that I hadn't wanted, that the doctors had really pushed and pushed me to have, had an extra cost. So every time I said I didn't want something and they did it, the hospital charged me more money.



So that was my first red flag. And then I realized after months of research that my body wasn't a lemon. I hadn't done anything wrong. And the reason why I had had such a hard birth was because of institutionalized sexism and a prejudice against birthing women that was widespread in the medical system. So that led me on a journey of investigation. That was the moment that I started looking into how mainstream medicine can cause harm to people when everybody is trying to do their best. We're all trying to have healthy babies, healthy moms. But it often doesn't work out that way. And part of that is because we have systemic problems in our medical system. We have a medical system that is based on profit, which means that the more intervention somebody receives, the more profit the hospital makes, the more profit the drug companies make, the more profit the doctors make. So we're incentivized to have sickness, and we're incentivized to have high, high medical costs.

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Dr. Jennifer Margulis: We never ask patients or families, “Do you have questions? Do you want to consider this?” When it comes to vaccines, it’s only one-size-fits-all. There’s no discussion. And in fact, the nurses are instructed by their medical practices not to give patients options, not to encourage questions, and not to even talk about it. But there’s a concept in medicine called informed consent, which means that any time you do an intervention, if that’s an antibiotic, if that’s a surgery, if that’s a vaccine, theoretically, you’re supposed to give the patient informed consent. That means you tell them what the risks and the benefits of doing the procedure are, what the risks and the benefits of not doing the procedure are, and what the alternatives are. That’s medicine. That’s good, ethical medical practice. When it comes to other interventions like antibiotics or back surgery, usually doctors do a really good job of providing informed consent.



When it comes to vaccination, there is almost never informed consent. And when doctors actually give patients informed consent, they get penalized by the system that wants every single person vaccinated. No questions asked, roll up your sleeves. Get the jab.

I don’t think any doctor in America is trying to hurt anyone. Doctors truly believe that what they’re doing is the best option, and they’re doing it because they want to promote health. The problem is that sometimes in thinking that they’re promoting health, they’re actually promoting sickness, immune dysfunction, and brain damage. And doctors don’t realize it, and it’s so hard to change. You never want to do something to hurt somebody else. When you’re a doctor, you’re a healer. Your whole goal is to heal people. So when you find out that something that you recommended, or something that you did, or something you insisted on your patients having is actually causing them harm, that’s devastating to a doctor. It’s devastating to their ego, to their ethics, and to their bottom line.

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So sometimes, doctors know what's going on and they won't admit it. And sometimes, they know what's going on and they become incredibly brave, and they speak up, and they speak out. And that's a very difficult thing to do. You're always in jeopardy of losing your license. If you just tell your patients that one vaccine is not necessary, you jeopardize your livelihood and your license as a doctor. So doctors are in a very hard place.

I have a huge amount of respect for the medical profession, and I have a huge amount of respect for doctors. It is very difficult to become a medical doctor. And the truth is we have the best medicine, some of the best medicine in the world. We have incredible technology. Our emergency medicine is state-of-the-art. If you want to get sick with something life-threatening, you're in the right place if you get sick in America. The problem is that in the name of prevention, preventative medicine, we are over-vaccinating. We're believing that vaccines are doing something good, and we end up causing more harm than good. But I believe that most doctors are doing that inadvertently. I don't think they're trying to harm people.



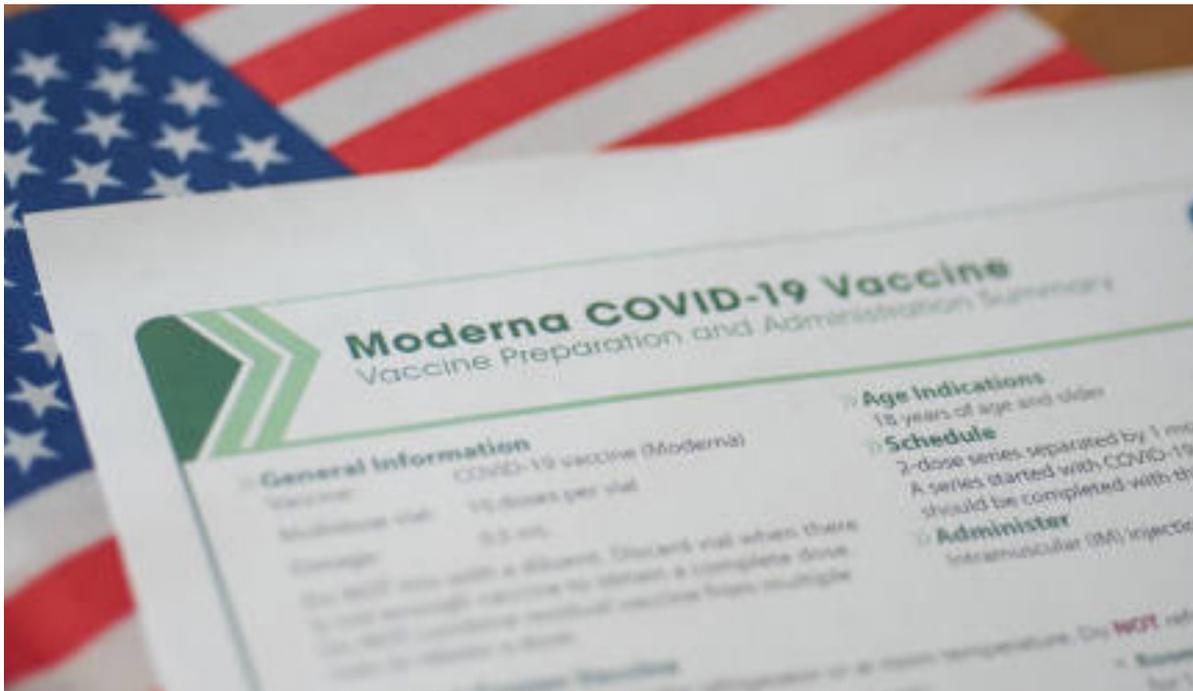
Well, so here's the thing is that when you go to medical school in the United States, you don't spend any time learning about vaccines. You spend a little bit of time finding out what vaccines are being given. You're told that they are a miracle of modern medicine. You don't ever talk about potential disadvantages or downsides of vaccines. You only talk about how they do good.

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So most doctors end up with a medical education that has taught them that vaccines, all vaccines are good for all people at all times. And the problem is not any given vaccine or vaccines in general. It's over-vaccination or unsafe vaccines. And the problem is literally doctors do not know the ingredients in vaccines. They have never seen the CDC list of the ingredients. They have no idea what's in that injection. And often when they find out, they're shocked, and they're surprised, because they don't study it. And usually they find out about it from a patient who's been harmed by a vaccine who comes back into their office to talk to them again. And then they'll have an argument with the patient, and they'll say the patient's wrong. Well it turns out thanks to the internet, we have a lot more access to information. We can get information from the government. We can get it from the CDC, from the FDA, and we can look things up. So patients will come in armed with information that's from impeccable unimpeachable sources, right? And then the doctor can say, "Oh, you're wrong." And the patient can say, "Wait a second, have a look at this."



So the issue with, first of all, the COVID vaccine has not been approved by the Food and Drug Administration. It is not an approved vaccination. It is being used under an Emergency Use Authorization. It's being used under an Emergency Use Authorization. It is not approved. And that's a really important point, because how can we be ethically recommending that everybody in America over the age of 12 use a technology that has not been approved by the FDA? And that's not splitting hairs. It's really important to understand that this was approved under an Emergency Use Authorization, which means that this was something that was rushed into the market because we were in a state of emergency. And now, it's really important to unpack that.

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Is COVID really an emergency? Was it smart to start giving a technology to everyone in America that has never been used in humans before in this way? Are there potential downsides to this vaccine? Those are all questions that we need to be asking. And unfortunately, we have some pretty good answers.



So the first lie that the American people were told was that COVID is not treatable and not preventable. We were told that the only way to prevent COVID was to wear masks, and socially distance, and stay home. Humans are social animals. We have to be in contact with each other. We need skin-to-skin contact. Grandparents need to be able to hug their grandchildren. This is so important. This isn't some hippie idea. The truth is, is that when you have skin-to-skin contact, you promote growth hormones. And human babies need growth hormones in order to grow, and us grownups need growth hormones in order to have strong bones.



So if you tell humans to coexist together, and to live together, and to be in contact with each other that they have to isolate and socially distance, you are virtually creating an epidemic of depression, and mental illness, and poor health.

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So you tell everyone there's no way to prevent or treat COVID except to exclude and isolate each other. And then you create an epidemic of mental health problems, which is totally wrong. The truth is that COVID is preventable and treatable not with isolation, not with social distancing, not with masking. But with things that support the immune system. COVID, even for people who have comorbidities, which means they are not in good health, is actually not nearly as dangerous as we were led to believe. And don't get me wrong. It was terrifying. People were scared. A lot of people died, and it's very hard to watch. And every single day in the media, you're hearing about how dangerous it is and how devastating it is. But that's partly because we did not count correctly.

80% of the people who get COVID are going to have no symptoms or symptoms that are so mild that they don't bother going to the doctor. So what that means is that tremendously more people have gotten COVID and had no problems than we could possibly have counted. So what I say is we do not have accurate denominators, which means we don't know how many people actually have gotten this disease.



But even with the denominators that we have, so we're vastly undercounting and we're overestimating how dangerous it is. We know that in every age category but people over 70, there is a more than a 99% survival rate. So this disease which is terrifying, and I don't want to underplay how devastating it is to lose somebody to any illness that kills them, is actually much less lethal and dangerous than we were led to believe. So we were grossly overestimating how dangerous it was. And we were telling people that there was no way to treat it, and there was no way to help your immune system.

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That is false information. There are so many things that humans can do to help support the human immune system. And the other incredibly good news is that COVID is actually highly treatable. So the doctors who are on the frontline who are actually looking at the treatments, and there's two ways to go about it. You can treat it with off-label use of different medications that are on the market today. And you can try those in combination. And you can see tremendously positive effects, and you can also treat it with natural medications, which means herbal remedies, and supplements, and vitamins that also can make it a much less dangerous disease.



So an example of one of the effective ways of treating COVID is that there was a medical school student whose mom got really sick. She was so sick, she couldn't breathe. She had it. And she was in total respiratory distress. He remembered reading about how glutathione can help with respiratory distress. He gave his mother glutathione, remembering his medical education. And literally 20 minutes later, she was fine, and she was breathing perfectly well. But you've probably never heard the FDA say, "Try glutathione. This is one of the ways we can help avoid COVID or treat COVID if we have it." You haven't heard that. In fact, just a few days ago, the FDA made N-acetylcysteine, that's NAC, only available by prescription. Why am I telling you that? Because N-acetylcysteine is the precursor to glutathione. If you take N-acetylcysteine, you help your body make glutathione. So doctors who have been studying this have been telling people to take NAC, N-acetylcysteine as a way to prevent COVID. So a few days ago, the FDA made it illegal to sell N-acetylcysteine over the counter. And you can only now buy it by prescription from a doctor. That makes absolutely no sense. They should not have done that.

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But here's the thing. You cannot get an Emergency Use Authorization if there are treatments for a disease. You can only get it if there are no other options. The reason why this vaccine was rushed to market and approved by the FDA is because we had to dupe the American people into believing there was no way to treat this, which means that when you tested positive for COVID, you were basically given a death sentence. And we also know that stress plays a devastating role in the immune system. So if you want people to be really unhealthy, you fill them with stress and with fear, because that is not a way to support the immune system.



So not only are you handing people what they feel is a death sentence, but then you're stressing them out tremendously. And you're actually making a very bad situation even worse by forcing people to live in isolation, by making them terrified of this disease. And by telling them, by lying to them and saying that there's no treatment. And that is a massive failure on the part of our medical system, but it worked really well to push a vaccine that was untested with unknown side effects and unknown risks to the market. And to pretend that absolutely everybody needed it. It's a travesty.

It's not that vaccines are bad. It's not that we couldn't eventually have a safe vaccine against COVID. It's that we have pushed something to market that was untested and untried, that we know is causing very serious, adverse reactions. Over 4,200 people have died after getting this COVID vaccine. That's a temporal relationship. That means that it happened right afterwards.

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One of those people is my friend's son. He was 32 years-old. He was healthy. He had no known conditions. Seven hours after he got the vaccine, which he got because he felt that he should and he wanted to travel. His reason for getting it was that he wanted to travel. His mother said to him she did not think he should get it because he had had an adverse reaction when he was seven years-old to previous vaccines. And she suggested instead of getting it, that maybe he should wait. He got the vaccine. Seven hours later, he had a heart event. So seven hours after the vaccine, he had a heart attack and he died.



Now you can say maybe he was going to have a heart attack anyway. Maybe it was totally unrelated to the vaccine. Maybe it was a coincidence. But we have 4,200 coincidences now of people dying within a few hours or a few days of getting the vaccine. And that's only the reported deaths that have been reported to VAERS, the Vaccine Adverse Event Reporting System. What you need to know about the VAERS reports is that we have seen more adverse events reported after this COVID vaccine in the last four months than we have seen in 20 years of reporting to VAERS for every other vaccine given in the United States.

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DR. CARRIE MADEJ

Dr. Carrie Madej: I graduated from medical school in 2001, from Kansas City University College of Osteopathic Medicine and Biosciences. I trained in three states. I ended up in Georgia, and graduated from allopathic residency in internal medicine. I have osteopathic and allopathic experience, both MD, DO. Also, I was medical director of two clinics. I owned two clinics. I taught medical students for eight years in clinical applications of internal medicine. I also attended scientific and business owners meetings in Georgia, where the discussion of the future of humanity and that included transhumanism, how that fit in. I gained knowledge that way about current events.

Jonathan Otto: Awesome. Well, you've spent a lot of your life studying. Thank you for your commitment and certainly taking the time to study and do things and be working clinically means that you have insight that a lot of people from the research point will not necessarily have. Over the years, if you were to just look at the kinds of things that you've been dealing with when it comes to disease, what would you say when it comes to the correlation between healthy diet and lifestyle? These are things normally I think why a lot of people denote to be the reason why a lot of people are either sick or well, but then there's this other branch here where we look at the issues with vaccinations and realize that people could have eaten very healthily, they could have a well-balanced diet, but then if they're having some of these shots, that their health is suffering dramatically.



Jonathan Otto: Did you see cases like this? Was this a hypothesis or something that you believed ahead of time, or did you see certain things? I'm curious of what you gathered over the years in regard to people's health and the kinds of interventions that are happening medically that are affecting people.

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Dr. Carrie Madej: Yes, we only get four hours of training in medical school on vaccines, that's pretty scary, but that's all we get. At first I was for vaccines and I was just following what I was taught, and then I started questioning them and looking into it myself. Doing the research and I was horrified to see that if you really look at the research, the safety and efficacy of any of them is not there. By science and being a good doctor, what we were doing wasn't proper.



On top of that, a story I always say, is that I always questioned the tetanus vaccine. even as a teenager, because they said you must get your booster, all these different injections over your lifetime because there's a bacteria that's so scary if you get it inside your foot from a rusty nail, that within minutes to hours, not days or weeks, you would spasm so terribly in your body, that you'd curl up in a ball and fall over and suffocate to death.



Okay, well, I'd never heard of anyone dying like that, so I started questioning this throughout my training. I ended up asking infectious disease physicians from around the world and in the end, all of them said that there was no bonafide case, ever in the world, of any human dying in this manner that was related to this tetanus bacteria.

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In other words, we're being lied to. We're being lied to. Okay, then there has to be a reason, because this is the vaccine most given, because you give it many different times. Looking at that, I actually made an observation in a hospital I was working at, where the tetanus vaccine was given to only people with private pay, not people on welfare. That was a protocol in this hospital. I questioned it, they told me, "Be quiet, don't question it, just keep following that."

I did make an observation that the people who got the tetanus vaccine had problems with fertility, the people who did not, did not have problems. They had many babies, even though they had poor nutrition and maybe not very good lifestyles. I thought maybe there's a correlation with fertility with these injections, vaccines.



Sure enough, and you can still find data, even to this day on the internet, where the National Institute of Health and World Health Organization purposely created the tetanus vaccine, starting in 1972, to be an abortion or sterilization vaccine. They actually put the pregnancy hormone inside the vaccine. As you got this vaccine, your body would learn to attack the pregnancy and it's cumulative. The more you get, the more likely you'll be infertile. That goes for men as well.

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This has been used around the world in India, in Africa, and Latino countries. The Vatican actually discovered that not too long ago. They discovered the pregnancy hormone inside of it. Whether or not it's used in other countries is yet to be seen. Already you see, "Wow," here's a vaccine that all of us been taught for one reason, that I found out was not true that really is for a whole other reason. We've been lied to. That opened my eyes up to really question everything and from then on, I really tried to do my best with really critically thinking and going through the research to... Because, "First do no harm," that's our honor and duty as physicians.

Then, observing things in the clinic, I saw that the more people, especially elderly people, if they got the flu vaccine, I saw a recognizable decline in their mental capacity. As they got it, it got worse and worse. It was just an observation that I did. Also, the children that got all their vaccines on schedule, they usually had more allergies, had more autoimmune disease or rashes or just sickly. Always getting sick all the time. The parents who did not give their children vaccines, I didn't see any of those issues whatsoever. Just seeing those and knowing the Amish community, they don't get vaccines, they don't have any recorded autism either.



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You're starting to see these observational cases and then looking at the data, what supports us giving this? Then seeing that we don't really have safety trials and research on these toxins that we're putting inside the syringe, called a vaccine. We put in more of these adjuvants, which makes the body inflamed. We actually put aluminum purposely in there, mercury derivatives, formaldehyde, other things like that on purpose. Knowing that inside these vaccines, also there happens to be contaminants. Sometimes mycoplasma pneumonia or some other kind of viruses from the animal cells.



You're seeing all of these things put in there and also there's reports saying that with the flu vaccines, we've had cancer-causing viruses in there that lie dormant in your body, that can become activated later in life if your immune system's suppressed. Why aren't we talking about this? Why isn't anyone having a discussion about, "What is this doing to humanity as a whole, in the whole?"



Anyway, this is just something to think about that we should really go by science. I believe in science, good science, but I don't believe the public is being told the truth and they're not given all the information.

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Jonathan Otto: Awesome, Dr. Carrie, that's amazing and helpful. I appreciate you bringing that together, because I've seen these things happen. My grandma is 95 and it was two years ago when I had a doctor that had a lot of experience and I was pleading with my father and my two aunts to not give her the flu shot. And my dad was very much with me on that one and then the two aunts, both without our knowledge, went and got her vaccinated, and then she was completely, she was critical immediately. And I was doing something where I needed paperwork and I got on a plane, I had my passport with me thankfully. I just drove straight to the airport, got on a plane from Puerto Rico to Australia just to see if I, just in case if we lost her. Then she struggled with her cognitive decline.



You look at her brother that's 97, and he doesn't have a trace of dementia and she's got terrible dementia and we would thank God we were able to save her life through different natural interventions, but these are the horrors that I see. This poor lady, she's very frightened a lot, she keeps saying that she needs to go back to her mother. It's really very troubling and I think that... And she's at the end of her life. Think about the people that are at the start of their lives.

Dr. Carrie Madej: Yeah.

Jonathan Otto: This is why people like yourself have been standing up on this issue of childhood vaccines and people's lives being taken away from them before they even started and being trapped in an iron mask, not being able to communicate their feelings and live their lives. I appreciate that.

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I think a lot of people would denote to money and these types of things. This one seems to be even further than that, because normally businesses that are financially driven, they don't create such damaging products typically. Products that, this is really, it's quite... It's almost as though it wasn't even attempted to try to make a good vaccine. I think these are some of the things that people need to think about, because some people are talking about the fact that it's only five to seven months. What if in that five to seven months, they were actually trying to create a really good vaccine and it was going to be effective or something like that, I think that they would have arrived at something different to what they've arrived at.

Do you see enough evidence to suggest that there is a nefarious purpose here? Would the data suggest that to you in terms of what's going on with these effects? Would it appear too unusual to you for that to be in a sense an accident that it has so many bad effects?



There's no way this is an accident. These are crimes against humanity. Anybody that still goes by good science, is still upholding to their oath to do no harm. They're being squelched and censored. It is unethical and awful to experiment on humanity and not even give informed consent. These are violating the Nuremberg Code from World War II where we were supposed to protect all of humanity.

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We are violating those laws right now. We are not supposed to experiment on people without proper informed consent. Telling them they're an experiment that they don't have to be forced or coerced or manipulated into this injection, which they are around the world. No one certainly should sign a contract on their own people like Netanyahu did, signing their people away to a drug company. Pfizer's also threatening other Latino countries if you give them the vaccines, they have to give over their military bases.



Does this sound like anything in the name of humanity? We have to look at the bigger picture. We've allowed corporations to take over instead of people in the best interest of humanity. No, I've never seen anything like this, learning about it while being in the medical industry. Never before have I seen anything this careless and frivolous on human life. There has to be another agenda going on, yes.



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DR. LEE MERRITT

Dr. Lee Merritt: I graduated from the University of Rochester in New York in 1980. I went off to the Navy to do an internship and residency, and spent time as a surgeon in the Navy for 10 years. And after I got out, I did a spine fellowship, but I also served on the NRAC, which it's a subcommittee of the Congress that looks at defense technology for the Navy. And by law, they have to have a doctor on it, and I just happened to be living in Washington D.C. when that position came open.

And so, I spent four years sitting next to rocket scientists and really thinking about defense stuff. And there wasn't a lot for the doctor to do, but I did think about bioweapons. So on my own, I mean, I'm not a bioweapons researcher, but on my own, I started researching what we knew and what we should really be concerned about. And I've been chief of staff of a 250-bed hospital.

I found literature going back to 2015. Listen to this one. The psychopaths running this whole show know this. They developed under the guise of wanting to get rid of animal populations, "The animals are overpopulating. We need to get them cut down, because they might give us a human disease. They might." So the rats in Australia was one. In 2015, they did this in Australia.



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They said there were too many rats. We can't shoot them enough, plus they've disarmed the Australians. "You can't shoot them. You can't poison enough rats or kill enough rats directly or sterilize enough rats. Oh, we got it. We will make self-disseminating vaccines," and they did it. They made a self-disseminating vaccine that was an immunocontraceptive. So the vaccine, when it was given to a rat, would damage that female's ovaries. That's what it was designed to do.

And when you gave it to the rat, especially pregnant rats, they liked doing that, because pregnant rats are very gregarious, and they associate with a lot of other rats. And however, this works and I can't quite yet find something that explains to me the actual biologic mechanism of how it sheds, but these rats take the vaccine. It sheds out onto their fur. They rub up against other rats. They become vaccinated. That group of rats now is exponentially larger, and they then rub up another group of rats that then get the vaccine, and then it stops.



It goes about two passes, and then it stops. They don't want to kill all the rats. They just want to decrease the population. If that doesn't sound what's happening now, I don't know what does. And I said this on a big podcast the other day. If we want to find out about this so-called vaccine shedding and secondary effects, we need to look at the history of the self-disseminating vaccines. So the other thing I will tell you, the vaccine is a pure dose of the pathogen that gives you COVID.

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Whether COVID involves a virus at all, it doesn't matter. All you need for the symptoms of COVID, and this was just published about. They did this in rat studies, where they injected a rat in the tail with just the S1 subunit, not even the whole spike protein, the S1 subunit of the spike protein, the part that has this furin cleavage that hooks into your H2 pathway. They inject it in the tail of the rat, and it developed the symptoms of COVID, the damage to the lungs, et cetera.

And they could find that it went all over the body. When you take this vaccine, it's giving you a big dose of the pathogen of COVID, and then they're surprised that some people are getting COVID and dying. In Israel, at a time when 12.5% of the Israelis were vaccinated, because they're pushing everybody in Israel. Now, it's a lot more than that, but at a time when it's 12.5%, some independent researchers looked at the government data and this is an epidemiologist from Marseille University, looked at the data.



And it turned out that 51% of the people dead of COVID had taken the vaccine. So if it weren't making a difference, it would have been 12% across the board, but if you're over 65, you are 40 times more likely to die of COVID, if you'd taken the Pfizer vaccine than if you hadn't. So we're killing people with the very disease that we're trying to get them immunized against. This is the height of insanity.

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Jonathan Otto: That was a published study. It's not even something that was anecdotal and circulated, correct?

Dr. Lee Merritt: Oh yeah, no, and they did a very good data search on this. Of course, the fact-checkers came out and said, "No, no, that's not true. That's not true," but if you look, there's multiple backups to prove that it's true, because in Israel, the death from COVID was doing this. They started vaccinating and it went back up. And that's what they're telling, the disinformation that they're saying is, "Oh, it's a variant. It's escaping the vaccine." There's all sorts of nonsense.



It doesn't work that way. They're actually getting COVID, and we shouldn't be surprised. If people understood how it worked, they're giving you the pathogen of COVID. And think about this. If there is a virus out there that actually gets you this pathogen and it's floating around, the way it goes into you, it hooks into your nose and upper airway first. It sits there for a couple days, trying to get a toehold. That's our incubation period. Now, during that period of time, your body has a chance to mount an immune response, okay?

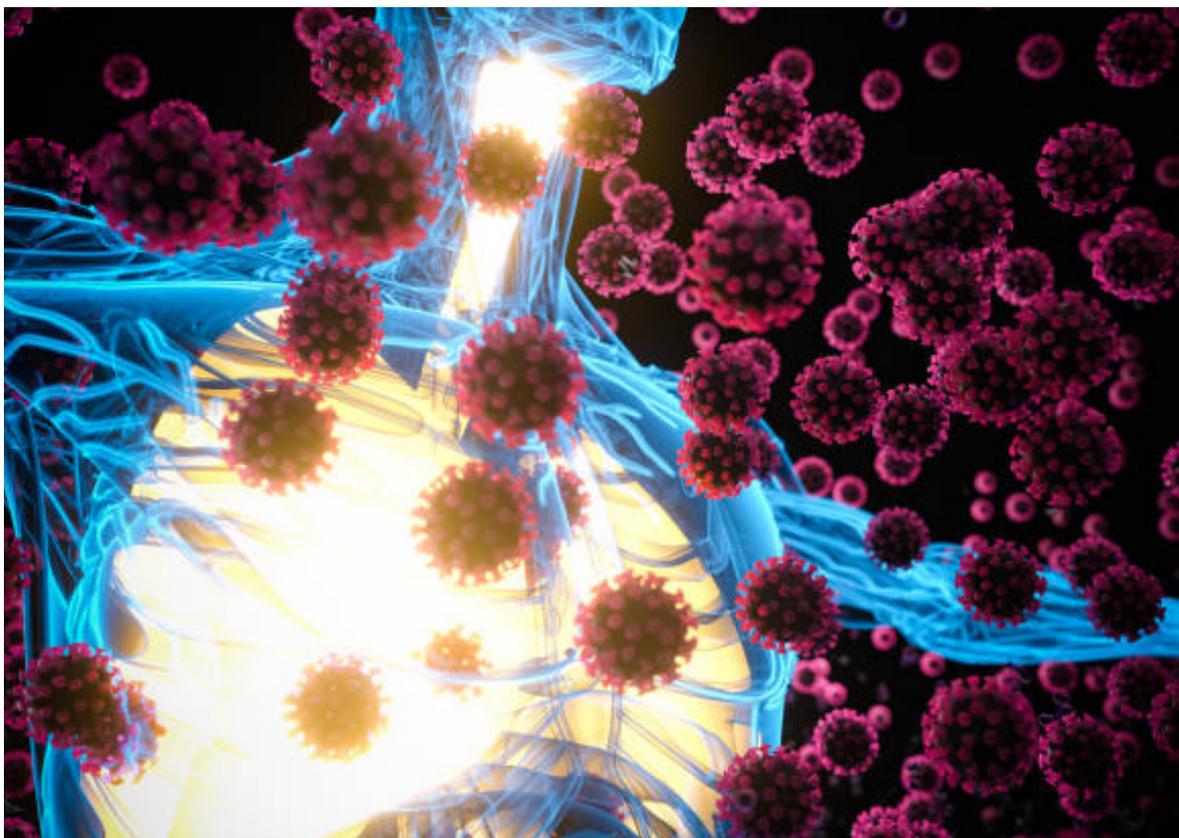
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So even though it may ultimately get away from your immune response, and go into your lungs or someplace else, you had a chance to start mounting a defense, but if I give you this dose into your arm and this whopping dose of this DNA/RNA goes all out into your body and starts producing this pathogen for who knows how long, you don't have any warning. This is a surprise attack. The metaphor I always say is this is like when we stormed the beaches of Normandy. At least, the Germans had some pillboxes there.

They didn't let us just walk aboard. We had to fight our way aboard, and then it slowed us down considerably. That's what's happening in your body, but now what's happening when you give the vaccine, this is like the 82nd Airborne, the Navy SEALs and everybody just descending on Berlin. I mean, it's just overwhelming pathogen. So if you're old, which is why older people are dying of this. If you're old, you can't mount a good immune response quick enough, and you get overwhelmed by the very pathogen in your cells that was given to you as the virus vaccine. It's tragic. I mean, it's tragic.



The Soviets used to say under Stalin, "You know it's true when it happens to you." They won't be able to hide this much longer, because everybody has got a victim in the family, a friend. People are dying. People are becoming paralyzed. I never saw a case of real Guillain-Barre before.

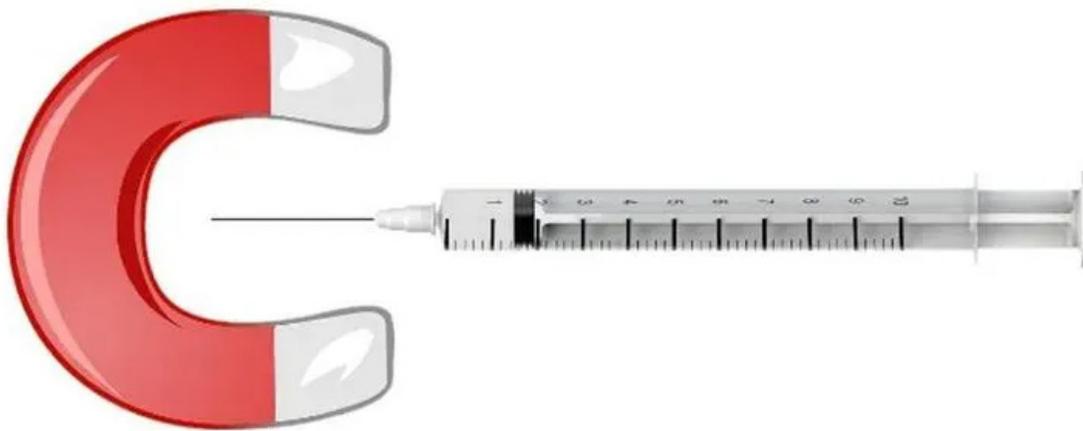
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I saw one with this. A week and a half after they took the vaccine, 75-year-old woman, perfectly independent at home, suddenly is completely paralyzed, can't even open her eyes. This is bad and we all are now seeing this. So they won't be able to hide it forever, but yes, it's not just bad. It's worse than anything we could have imagined, and then you're seeing the pictures and this is not false. I've had friends that have actually trialed this, where they put the magnet on their arm and it sticks.

My friend who's an ophthalmologist, we were talking and he said, "And then, I put a paperclip on the arm and it also stuck," saying it isn't the magnet on the outside. This is magnetic on the inside, whatever was given in that vaccine. And over time, I learned from people that have taken EMF meters to people, the EMF meter goes off the chart if you put it on somebody that's been vaccinated a few days before. Another person you saw on the video that was going around showing how his Bluetooth devices always want to connect to him.



This is right out of the work of Charles Lieber at Harvard, who gave this technology to the Chinese and apparently to our... Pfizer and Moderna were heavily invested with the Department of Defense in this clandestine neuroscience. So this is bad. This is really bad. It's not just hyperbole. Anybody wants to say conspiracy theory to me anymore, I don't care, because a friend of mine who's a fellow spine surgeon said to me one time. He said, "I've decided to believe in all conspiracies, because statistically I think I'm more apt to be right than if I believe in none." This cannot be explained, what we are seeing, on random chance alone. All this stuff going on, it cannot be. The world is not just all isolated pixels. At some point, they make a picture.

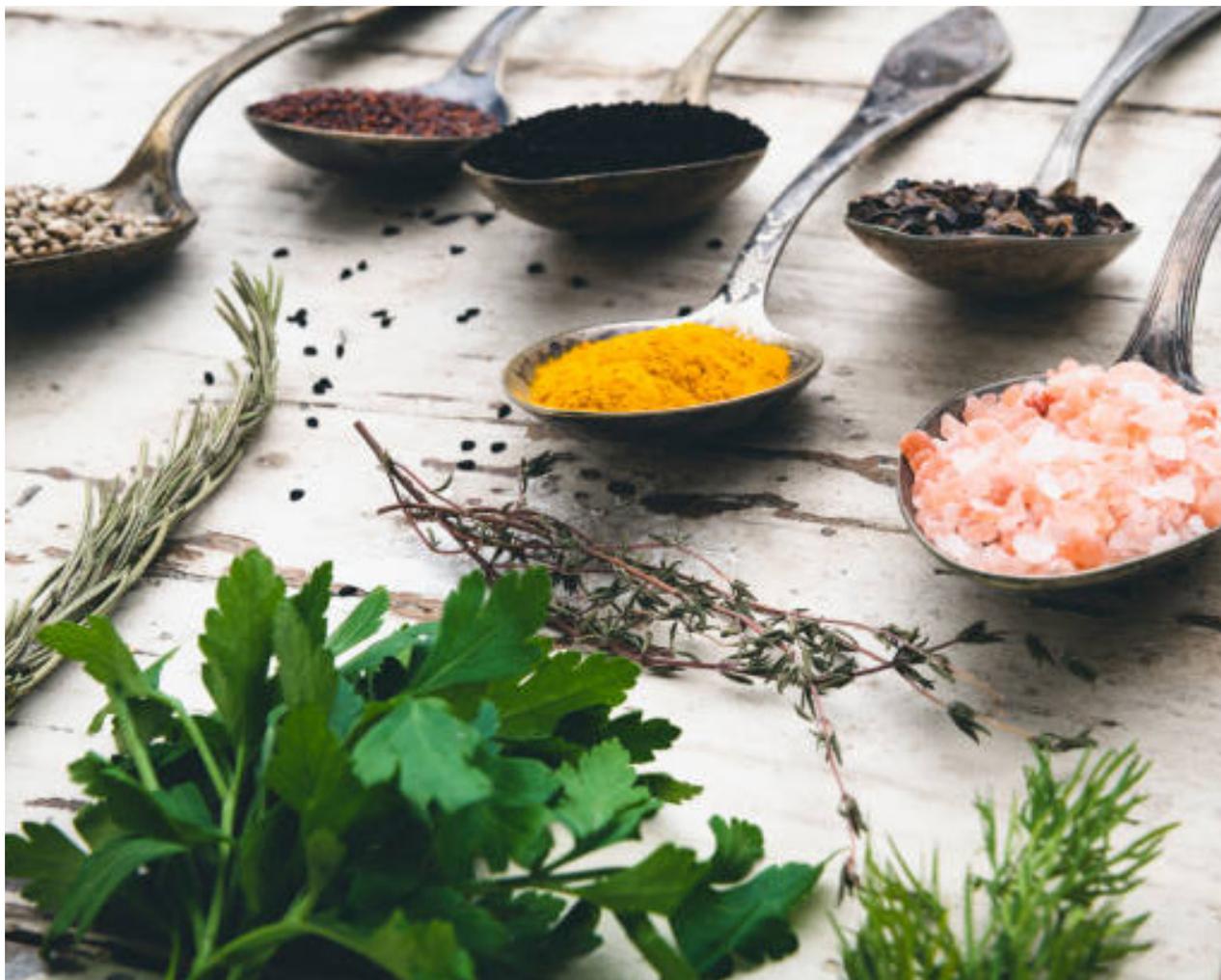
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DR. MARK SHERWOOD

Dr. Mark Sherwood: Before becoming a naturopathic doctor, I was involved in a lot of different things, including police work, believe it or not. Doing a little bit of work on the SWAT team. So I have a background that's very diverse. And then that kind of led me down the pathway of trying to figure out why police officers and why my colleagues were dying so early. So I went on this mission, which led me down the pathway of naturopathic medicine. So I went back to school late in life against all advice. And so now my wife and I, Dr. Michelle Neil-Sherwood- she's a DO. We actually have the Functional Medical Institute in Tulsa, Oklahoma, where we really lead people down a pathway of true healing. We see two purposes behind what we do. Number one is to eliminate all self-imposed choice-driven diseases, and there are many, and then secondly, we want to eradicate all unnecessary use of medications. So now we get the opportunity to speak and teach and treat worldwide. So it's a real blessing.



12 IMPORTANT REASONS WHY

THE UNAPPROVED COVID VACCINE IS A DANGEROUS HUMAN EXPERIMENT

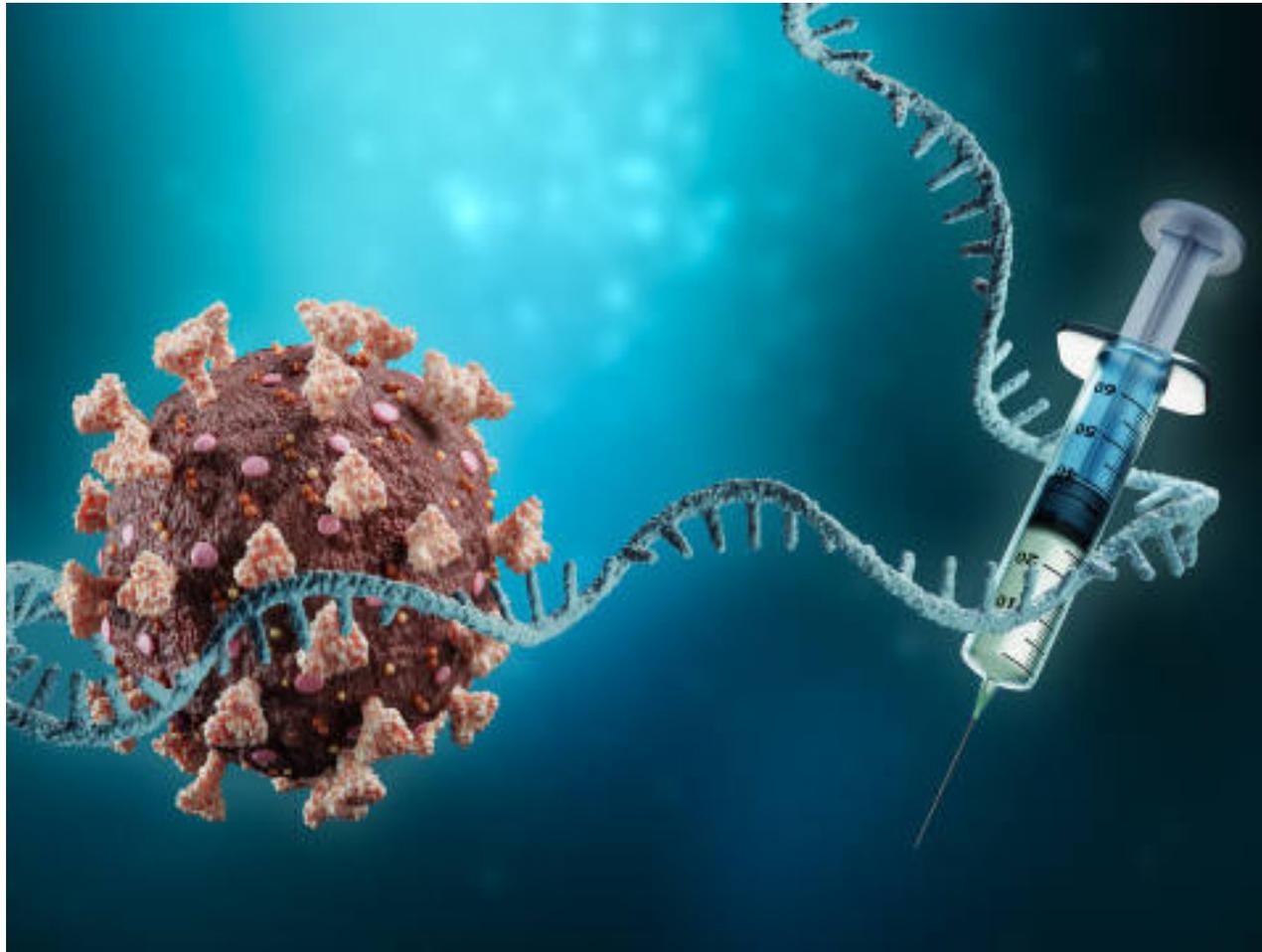


When you're talking about mRNA, let's define what that is. Messenger RNA. So again, let's go back to basic genetic function. Inside the nucleus of the cell houses the DNA, the DNA is sort of unraveled or unwrapped when there is a signal from the outside world needing a recipe. So the DNA houses your unique recipes. And again, our genes are all different unless we're identical twins, but still there's change in the expression of them. But the bottom line is our DNA houses individual recipes for proteins and enzymes to handle the functions that we need to have for the body and handle the outside world threats, including the immune system. So the DNA, when it's needed, let's say the immune system is induced and there's some recipe that's needed for a protein to go fight a virus in this case. The DNA says, "Hey, I have something to do that!" And it unwraps that signal and it unwraps that recipe and it transfers through transfer RNA or tRNA outside of the nucleus and it goes farther out into the mRNA, the messenger RNA to the edge of the cell called the cytosol. So the messenger RNA can begin to assemble all the recipe ingredients to make what the genes are indicating to make. When you bring in messenger RNA, as stated earlier, and it's wrapped up and hidden and cloaked in nanotechnology, or lipid nanotechnology to the intent to try to hide it from the immune system. You're inserting that mRNA into your own genetic code. Now, the question becomes is, does it work backwards or not? Some say yes, some say no. I say, "I don't know," because the "I don't know" stops me from doing that because once you insert that into your mRNA, there's a huge problem there because that's not normal. It's trying to play God with our genetic code and trying to play God with our immune system and the proponents of that kind of technology believe, they believe this, and I'm not knocking them as individual people, but they believe that they can control the immune system better than the immune system controls itself. That inherently is a fundamental problem that I have. And the bottom line is when you insert that the question becomes is: how long does that thing stay in mechanistic action? Or how long does it feed forward and create those spike proteins with the intent to induce the immune response?



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Now, the mRNA is completely different from other vaccines in the sense that it's not new technology, but it's a new roll out to this mass of vaccines with the technology and therein lies the problem because it's completely different than other vaccines that actually take a little bit of the virus itself and then expose you to it so that your body will respond to that from a more natural standpoint, like the influenza vaccine. This is different. You're actually not allowing the body to respond, but you're creating the unusual proteins themselves. So your body respond to them instead of bringing it in from the outside, you're creating it yourself on the inside. And that inherently is the fundamental flaw in the science. And I think that as stated earlier, a huge mistake, huge mistake. And we need to begin to rethink this from a logical standpoint. And by all means, quit trying to play God, because that's going to mean the most futile, frustrating thing. Scientists, you listening to me? You're going to have a problem in sort of playing God, because God's always going to show you he's best and he's bigger and he's badder, and he knows more than you do. So it's time to humble yourself and submit yourself to God and quit doing this because all you're doing is hurting people and killing people.

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Jonathan Otto: What are the three biggest things you want the world to know right now?

Dr. Mark Sherwood: Number one is to just stop. Stop the damn madness and really understand that there is a God and he loves you. And he created you in a special way. And he created your immune system. He made it with the same logic, the same flawless logic he used to create your human body. And your immune system is not lacking one single solitary thing. In other words, you were made perfect by the hand of God, that's number one. Number two, no human being is born with a vaccine or medication deficiency. That whole idea is ridiculous. It's ridiculous. Am I knocking conventional medicine? Absolutely not. And we need conventional medicine and good practitioners for acute care situations. But that situation that we're talking about now is assuming that we're all idiots and even God was an idiot. And he left the body inadequate in its preparation to protect itself. That doesn't make sense. That would be number two. Number three is we've got to change our mindset into believing there's a pill for an ill. I'm serious about this because people are assuming that they're going to get sick. And if you're scared of COVID right now, stop it because it doesn't make a lot of sense.



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I have people reach out to me literally every day and say, “Hey, I would like to have medication A, B and C on hand, just in case I get sick.” Well, that’s the problem. We believe we’re going to get sick. We expect to get sick. We set our bar of expectation right here. It’s mediocre. It’s not an excellence. Instead of saying, “I don’t plan on getting sick. I’m not worried about it.” So number three is changing the mentality of a pill for an ill, a quick fix. Go to work, get yourself together, do what you got to do so you can become what you’re supposed to become. Nothing in life is free. Health is not free. Go out there and live it and do it and be all you’re supposed to be. Put the work in. The greatest thing that people can do is spend money and time on your own health. And I’m talking physical, emotional, and spiritual because the money you spend on that is far, far less than the money is spent on needless procedures, like a heart cath or things like that that can happen that are completely preventable. This is no different. So put those three things into practice, and I think you’ll find that your life gets a whole lot better and a whole lot more encouraged and a whole lot more empowered. And you’ll find yourself living healthy for longer, without worrying about this thing called COVID or the vaccines they’re in.



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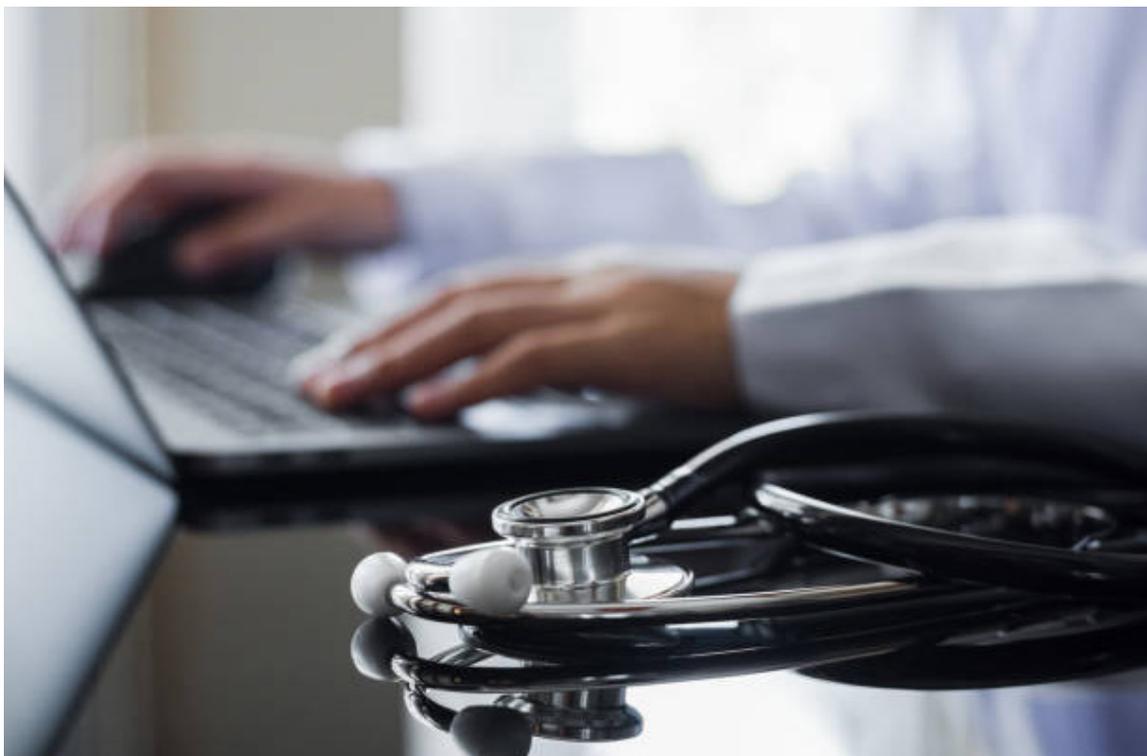
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DR. ANDY KAUFMAN

Jonathan Otto: So Dr. Kaufman, why don't you start with going into your background, what your area of medicine is, and then your area of focus has been when it's come to your unique approach to remedying or healing the body?

Dr. Andy Kaufman: Yes, well, I'm a little bit of an accidental tourist because my medical specialty was forensic psychiatry. However, actually the forensic aspect really, I think, prepared me uniquely to look at the current situation through that type of a lens where you synthesize large amounts of evidence and data to make a narrow opinion that's usually a subjective type of opinion, difficult. But I had other experiences in medicine that also contributed. I worked as a public health advisor for the New York City Health Department during the AIDS epidemic era and reported AIDS cases under a CDC-sponsored position. And I also was a physician assistant and I worked in cancer medicine and bone marrow transplant. And so I worked with the sickest patients in the hospital, observed the chemotherapy and cancer industry firsthand. And so all these different medical experiences and scientific experiences, I think, led me to the path I ended up on which is essentially somewhat of a rogue contrarian doctor and I develop really my material by trying to get at the truth of what's really going on with health and illness. And I do this by just examining the scientific studies from the peer reviewed literature that purport to explain the nature and cause of various diseases.



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Jonathan Otto: Perfect. That's great. Fascinating. I love that. So now let's just talk for a moment about the Coronavirus vaccine. Dr. Kaufman, could you talk to us about the dangers with the COVID-19 vaccine, why it's not effective in actually doing what it claims that it will do, and that's not even the worst part, and why it is actually extremely damaging for the body if you in fact do believe that.

Dr. Andy Kaufman: Well, it's not a matter of belief. We actually have some data that shows that it's extremely toxic. We have incredible record numbers of adverse effects, including death. In the United States where we just have a voluntary reporting system called VAERS, which has been shown to represent less than 1% of the actual adverse events, we have over 4,000 deaths in the United States now since December from the vaccine, which are reported, and that is roughly as many deaths that were recorded from all vaccines in the last 25 years. So let that sink in for a moment. These are extremely toxic vaccines. And there's really no justification for them because as I described earlier, there is no virus. So how can you make a vaccine for something that does not exist? Now, there are so many things that set these so called vaccines apart from prior technology. One is, is that they are a completely new technology, essentially using gene therapy techniques, which have never been approved by any government agency for routine therapeutic use. They've only been seen in experimental studies, predominantly for cancer, not as vaccines for so-called infectious diseases. So in this case, none of these technologies have been approved by any government agency, they've only been given a short term temporary emergency authorization. And what that means is that they don't have to be proven either safe or effective.



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So we're really talking about an experimental treatment. Now, the Emergency Use Authorization in the United States is not intended for this situation at all. It's intended and has always been used for a situation where you have someone with a terminal illness, who has exhausted all other available treatments and the only thing left that has a possibility of saving their life is this experimental treatment. And in that case, sometimes, in fact, many cases it's denied, but sometimes there is an Emergency Use Authorization granted that allows that person to try an experimental treatment, just before they die. Now, that is extremely distinct from the situation we have now. Now we have a ... if you could say, there is an illness at all, because there's no reliable way to distinguish a person with COVID from someone with the flu, because there's no reliable test and there's no evidence of a virus. But even if you said there was an illness, it is extremely mild. And why would you even need a vaccine for a mild illness? And if that is not enough, then you could say, well, there actually are effective treatments for this mild illness. They've been suppressed by most governments, but there's a wealth of clinical data, 40,000 patients or more in one study on ivermectin that show that they're very effective treatments.



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Well, I think that it certainly is very important that you learn about these so called vaccines before you consider if you would subject yourself to that, and certainly also so that you can help your loved ones, hopefully, educate themselves about the risks and benefits as well. But I would also caution, not to jump to conclusions about things that come out, not to be scared of people who have been vaccinated, that most likely if you keep yourself strong and in good health, and take care of your psyche, exercise, have a some kind of spiritual or religious practice, you are going to be extremely resilient. And even if there is some possibility that people who have received these injections can pass some kind of material or some kind of resonance to other people, that you won't be affected in any serious way if you keep yourself good. But it's really important to not divide people from each other, not be scared of other people, that this is an opportunity for education and that if people are damaged by these vaccines that perhaps that will help them see the truth of the situation and we should embrace them.



And we should realize that the true enemy is not our fellow men and women, many who have been victims of lies, deceit, programming, propaganda, etc., but it's really the people who are in the leadership positions mostly at the very, very top, who are the ones responsible. And of course, of course, we need to hold each other accountable if we oppress each other, if we carry out the agenda of those corrupt leaders. But we also need to have compassion, understanding, and fellowship, if possible, but certainly respect and congeniality at a minimum with all of the other men and women, brothers and sisters, who many are living in fear and suffering through their own being programmed or perhaps even ignorance. But still, they are our fellow humans and they are not our enemy.

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Jonathan Otto: Yes, so true. Dr. Merritt shared something very fascinating about a two-week period that after that it's looking as though from the animal studies that the shedding doesn't happen after that. So even if that were true for a period of time that maybe people were a little bit more guarded, but then back to normal, like then be more close in contact with people. What do you think about that idea?

Dr. Andy Kaufman: I'm not aware of any animal studies on this, but I would love to look at that and see if I do agree.

Jonathan Otto: Yes, that'd be lovely. And then finally, I think that for you would be if somebody got the vaccine and they really want to try to reverse the damages, what would be the go to's when it comes to health regimes to help clear up this issue systemically?

Dr. Andy Kaufman: Well, I think generally, you would just follow general principles of health. The thing is that we have never experienced this technology before. So I can't tell you how to successfully reverse any problems from it, because it never existed before. And we don't fully know what all the constituents of this technology are because we know from past vaccines that not all of the ingredients are disclosed in the packaging and labeling. And some of those, it's allowed by law, because it's a trade secret. It's just like the recipe for the secret sauce or for Coca Cola. They don't have to list every ingredient on the bottle because it would give away their trade secrets. And this is not really the right thing for something that people put in their bodies, but this is our custom and business.



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So we don't really know everything that's in there. Anyone who says that they know how to detox you from that is not telling the truth, because we don't have any experience. Now, there are things that some people say should be tried, one that surprises me, I've heard from several sources is borax. In other words, boron tetrahydrate, and by the way, collard greens has a high amount of boron also and may be an alternative to try. I have no experience with it, it's not something I recommend. It's just something that I've heard. But if you just apply general principles of nutrition, hydration, cleansing, and also take care of yourself mentally and spiritually is extremely important, then you will most likely recover to the amount that your body is capable of. And hopefully that will be 100%.



Jonathan Otto: Got it. And just finally in this intense idea of these nanotechnologies coming into us, from what you're seeing, is it plausible that this nanotechnology, these mechanical robotic type things that are coming into our bodies, which maybe would explain the magnetization that people are experiencing, as well as possible concerns around this artificial intelligence about the ability for our bodies to maybe somehow remotely be controlled. Any of those things possible from your understanding?

Dr. Andy Kaufman: Yes, well, absolutely and you can find published articles, patents, and other materials out there in the public domain describing many of these things, and recently, there were some papers that came out about some of these nanotechnologies and they do involve magnetic particles. So I can't say for sure, but this could represent what is causing people's arms to become magnetic after taking the injection. I think, there are some researchers who make this their predominant area of focus like Dr. Carrie Madej, so she might be able to really answer in more detail about that. But this is a very scary proposition because we know that nanoparticles are very toxic, because they're on such a small scale that they essentially spread everywhere into deep recesses, and can be difficult to remove from biological tissues.

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And there are many other scary things if they do involve some technology, for example, you can look at lectures from West Point where they describe some advanced technologies that have military applications. And allegedly, they can use genetic material to store information even videos like movies can be stored using DNA, and they seem to have the ability to download memories from a living animal and this may indicate that they have the ability to implant memories or control memories. So it's really unclear exactly what the current state of the technology is, but it's far more advanced than you would realize because much of this technology has been top secret only exposed to people with a classified status in the government or military.

Jonathan Otto: Thank you for sharing and yes, Dr. Carrie Madej has shared some just earlier today and so we're really grateful to have your perspective because it tethers in well with hers and it leaves her not out on a limb by herself.

Dr. Andy Kaufman: Absolutely. No, she's ... I would trust her material. For the most part, she's pretty thorough.

Jonathan Otto: Awesome. Yes some of the things that she's finding, she actually broke down in tears when bringing up what she'd found under the microscope and thinking this is just very ... after you get past, oh, wow, like, this is amazing what we're discovering you just then start feeling really sad about what's happening right now.

Dr. Andy Kaufman: Yes. Listen, I mean, you probably know this, Sayer definitely knows this, you have to do that spiritual work to be able to see the big perspective of what's going on and not to succumb to ... be crawled up in a ball of fear in your basement, or just decide you're just going to get drunk every night. I mean, a lot of people have had those kinds of experiences trying to deal with the situation. So you really have to work on it and if you can see the bigger perspective, you see that this is an amazing opportunity and that the future that we have, as men and women on this earth, could be a major return to nature. And we could really realize our true potential of cooperative spirit, of plentiful resources, of connection with nature, of being self-sufficient again, and living I think the way that we really were intended to live and exist and thrive.



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DR. JUDY MIKOVITS

Dr. Judy Mikovits: I have a PhD in biochemistry and molecular biology that I defended in November of 1991. The topic of my PhD is HIV latency in monocytes. So the idea that retroviruses dormant in certain cells of the immune system don't cause disease, that it's an express retrovirus that causes disease. So that PhD thesis was awarded by George Washington University in Washington, DC. And I had worked at the National Cancer Institute since 1980, and during the time I worked on my degree and then worked after my degree at the National Cancer Institute until 1999 when I led the lab of antiviral drug mechanisms. So my job was to make immunotherapies for AIDS-associated malignancies or cancers.

Jonathan Otto: Have you seen other examples of bioweapons being used in the past? For example, germ warfare and MK-ULTRA program?

Dr. Judy Mikovits: Well, I haven't actually seen MK-ULTRA program, but I'm aware of things like the anthrax bacteria, and the vaccine surrounding the anthrax outbreak and how anthrax was weaponized and released from Fort Detrick back in the nineties, which was a similar problem to the release of SARS-CoV-2, or the shipping of SARS-CoV-2 between Fort Detrick's USAMRIID, that's US Army Research Institute of Infectious Disease laboratory, and other biosafety level four laboratories throughout the world.



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Jonathan Otto: From your lens, or from your view, what has been the aftermath of the “Plandemic” film you were featured in?

Dr. Judy Mikovits: Yeah, the film “Plandemic” was really a gift from God because the video showed everyday people, more than 1 billion people saw the video, and people could realize what happened, how the press and the media have spun diseases and have driven diseases by contaminated vaccine programs, and the biases of the victims of those diseases, which really had nothing to do with reality. Things like HIV causing AIDS, and it reminded everyone around the world. Back in those days I was actually working at Fort Detrick making drugs for AIDS patients, and so at the end of “Plandemic” I told Mikki, the filmmaker, “Silence equals death,” and that used to be the sign back in 1991 where the AIDS victim, the group ACT UP, would protest in front of the AIDS conferences- the scientific conferences for AIDS. And so they would say, “Silence equals death,” and “Scientists are murderers,” and I wanted Mikki to see that eventuality, because I was a young person, maybe 23, 24, and I’m thinking to myself, in my arrogance, “It’s your bad behavior that caused this disease.” Remember, it was called gay-related immune deficiency, and the only people who could supposedly get the disease were gay men, IV drug users, and prostitutes through sexual behaviors that was their fault. So I took that as a young person, I took the bait really and didn’t spread love, but said, “It’s your bad behavior.” And viruses don’t know the color of your skin, or anything else, so we learned, or we should have learned, from what happened in the AIDS epidemic where millions were killed, and largely through the contaminated hepatitis B vaccines, when this population was forced to take these vaccines, and that virus was spread around the world, and drugs that could have healed the victims were kept from them. We see the same thing in COVID now, so the movie “Plandemic” really changed not only my life, but many others who remember that time.



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Jonathan Otto: Do you by chance know the companies behind this, both with the propaganda and the puppeteering, and what is their history and track record?

Dr. Judy Mikovits: Well my experience was really only at the National Cancer Institute, so it wasn't necessarily companies, because we were developing all the drugs at that time. So it was really the people at the Food and Drug Administration that prevented the drugs from getting to the victims, it was really the Centers for Disease Control who spun the narrative around the disease. So it was really the NIH, it was really the federal government, from the lens I was looking from, and not at all companies, but I'm now aware that companies that made the drugs, that were profiting off of the deaths of these innocent victims, really, we now know who the players are, but I didn't know it then.

Jonathan Otto: Why do you believe 50 million Americans will die? And how high do you expect that number to be worldwide?

Dr. Judy Mikovits: Well, the reason I said a few months ago that 50 million Americans would die is because 6% of America has HIV infections. Remember, we give them pre-exposure prophylaxis, so by definition they have the ticking time bomb that if expressed, as I mentioned, or their cells, more of their cells get infected with HIV, they will get AIDS. You have to keep the retrovirus, the viruses, silent or dormant, keep your immune system doing its job. So that's about 20 to 25 million Americans. We knew at the end of our studies, when the government shut down our studies and silenced us in 2011 and '12, that 6% of America had evidence of aberrant XMRV, the mouse syncytin gene, gamma retrovirus expression, leading to disease, inflammatory diseases, rheumatoid arthritis, the COPD, chronic obstructive pulmonary disease, all of these are inflammatory disease, cardiac disease is an inflammatory disease. So if 50 million Americans are already the susceptible populations, those with ME/CFS, those with chronic Lyme disease, other kinds of acquired immune deficiencies. So if they are injected, they're already an explosion waiting to happen. So they're already sick and they will die because by definition - people with cancer - by definition you have an acquired immune deficiency of your natural killer cells, if your innate immune response, doesn't recognize a cancer cell, and more likely you're on some kind of chemotherapy or radiation therapy, which, again, that therapy compromises your immune system.



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So the immune-compromised will die, and that's 50 million Americans, and we can prevent that, but you'd never inject them. Never inject them again, not with any vaccine. And prior to 2011, when our data were clear, prior to 2011, we never vaccinated an HIV infected individual unless they were on antiretroviral therapy, unless the virus was kept silent. So that's why I said 50 million Americans will die. But of course, the reason I'm sitting here today is we can prevent it by simply understanding this, and again, really with the general population, never giving another shot. We know no safety studies have been done. We saw just yesterday that the CDC guidelines now say that 12-year-olds in puberty, when they're growing, when the hormones are on, 12-year-olds can not only be inoculated, injected with those deadly COVID shots, but they can give them with other shots, such as MMR, such as Gardasil. Gardasil has a similar synthetic lipid nanoparticle with polyethylene glycol, which was previously the deadliest vaccine, and now you add this and you'll see what we're already seeing, that is the death of millions of our children, and those that have already been injured, it could be a nightmare until our world wakes up to the realities of what's happening.

Jonathan Otto: What do you think of what Luc Montagnier said about the death curve skyrocketing wherever the vaccine is being administered?



Dr. Judy Mikovits: Well, Luc Montagnier didn't exactly make that quote, so I'm glad you asked that question because the way the quote was said, it was taken out of context from a talk that he gave in September of 2020, and what he actually said, "If you have had COVID, have or had COVID, the disease, the inflammatory disease, and you get the seasonal flu shot, influenza shot, you risk death, you risk serious injury." And we knew that from a study in January of 2020 by Greg Wolf, a large study in the military said you're 36% more likely to be diagnosed with COVID if you've had a flu shot. And so he was talking about antibody dependent enhancement, because we've known that if you make antibodies to other Coronaviruses, and then you see the next normal circulating Coronavirus, and remember there are seven Coronavirus circulating at all times in humans, so the next Coronavirus, that flame will be so high that you won't be able to shut off the immune system. So he didn't make that comment. That comment was taken out of context, but they forgot to mention he was talking about influenza vaccines last September. And that reality is really what we saw.

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CONCLUSION



Our experts have explained the following 12 important reasons why the unapproved covid vaccine is a dangerous human experiment:

- No regulatory agency has fully approved any COVID vaccine, only Emergency Use Authorization (EUA) given
- No safety mechanisms in place- ethics, data safety, critical events boards or committees
- No accountability/responsibility by anyone for harm
- No informed consent
- Never tested in pregnant women
- Contain toxic substances- lipid nanoparticles, nanotechnologies, polyethylene glycol
- Far more deaths and injuries than “officially” reported in VAERS
- Dangerous to the immune-compromised
- Neurological and autoimmune disorders
- Strange effects at injection site- magnet/paper clip stick, measurable EMF’s, Bluetooth devices try to connect to the person
- Unknowns - long-term risks, permanent changes in our RNA/DNA, cancer causing potential, never-ending spike protein production in the body
- Death

If you would like to know more about vaccines for COVID and for other diseases, such as:

- What is in vaccines
- How do vaccines work
- Short- and long-term side effects and injuries from vaccines
- Disease prevention and treatment without vaccines
- The Nuremberg Code, informed consent, and crimes against humanity
- What to do if you have already received the injection
- And much more...

Click to register now for our upcoming documentary series [Vaccine Secrets: Covid Crisis](#)

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SOURCES

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ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, and Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year* and *International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.