2025 Addendum for Odds & Ends

Section 4

In the next few paragraphs, I want to update a few things published in Section 4 of my book in 2017 to bring them up-to-date as of 2025. I also want to include a discussion of significant events that have occurred in the interim—the COVID-19 pandemic and the appointment of Robert F. Kennedy, Jr. as United States Secretary of Health and Human Services. You can find supporting documentation and references on the website, AngiesOptionGRM.org. Click on the Blog or the Wellness Support Group Webinar headings.

Trehalose

Trehalose consists of two glucose molecules geometrically inverted to each other. You would think that two molecules of glucose would make it twice as sweet as one molecule of glucose. But this mirrored geometry creates a unique effect within the body. Trehalose has a glycemic index (GI) rating of only 70 for the two molecules compared to a rating of 100 for a single glucose molecule. In addition to this special spatial reflection of glucose, the enzyme that breaks down the sugar trehalose (called trehalase) is located in the lower portion of the GI tract. These aspects of trehalose are especially pertinent for diabetics as any blood sugar spike is reduced and delayed.

Trehalose is actually only 45% the sweetness of table sugar and it is only half the calories. It is naturally found in many plants, algae, fungi, bacteria, and insects. In 1994, the Japanese company Hayashibara Co., Ltd. developed a way to mass produce trehalose with no bioengineering (GMO activity). Now widely used in Japan to prolong food shelf life, trehalose protects foods from drying out, starch-containing products from going stale, and fruits and vegetables from discoloring. It also suppresses ice crystal growth in frozen foods, reducing food loss. Trehalose has been used as a stabilizer to keep enzymes from losing their activity by becoming denatured and unstable because of heating or drying. In addition, several studies have demonstrated significant benefits for neurological diseases, Alzheimer's, Parkinson's, and others.

Trehalose activates autophagy, the body's natural process for removing damaged components inside cells and aiding apoptosis. That is, it enhances the body's natural process for removing damaged cells. Sucrose (table sugar consisting of a molecule of glucose and a molecule of fructose) causes or contributes to: obesity, diabetes, oxidized LDL (cholesterol), increased blood pressure, enlarged fatty liver, suppressed immune system function, high triglycerides, anxiety, loss of tissue elasticity resulting in premature aging of skin, ovarian cancer, mineral deficiency, tooth decay, heart disease, osteoporosis, weakened eyesight, disruption of neurotransmitters

(dopamine, serotonin, norepinephrine), myriad gastrointestinal issues, kidney disease, and more. Therefore, trehalose is a much healthier and safer substitute for sucrose.

Some of trehalose health benefits are documented in scientific studies and include: inhibits fat cell enlargement, inhibits progression of Type 2 diabetes and metabolic syndrome, inhibits aggregation and neurotoxicity of beta-amyloids in Alzheimer's disease, helps in kidney disease, retains moisture and therefore helps dry-eye syndrome, suppresses body odor, aids bone resorption, extends the shelf-life of other sugars, has a preservative effect on fruit, improves stress tolerance, is effective in cryopreservation of human tissue, helps fight Parkinson's disease, muscular dystrophy, erratic protein folding (like Mad Cow's disease), inhibits inflammation and strengthens cell walls (glycocalyx).

Mushrooms contain up to 10 - 25% trehalose by dry weight. Trehalose protects organisms against various stresses, such as dryness, freezing, and osmotic pressure (fluid pressure). Trehalose has high thermostability—it does not degrade when heated, but retains its sugar properties even at high temperatures—nor does it show *Maillard reaction* with amino compounds (browning of food) even when heated at temperatures of 100 degrees Celsius for 24 hours. It has a wide pH-stability range and is therefore one of the most stable saccharides (sugars). Some bacteria, fungi, plants and invertebrate animals synthesize it as their primary source of energy, and to survive freezing and lack of water. Resurrection plants utilize trehalose to stabilize their cell membranes (glycocalyx) to survive extreme environmental conditions like extreme dryness and cold (cryo-preservation). Because of trehalose, they successfully revive when placed back in water.

Trehalose was attacked in a study published in *Frontiers in Cellular and Infection Microbiology* in 2021 which was hyped on the internet. However, that study was shown later to be an unfounded, biased attack on trehalose. All bacteria including *Clostridioides difficile* (*C. diff*) feed on sugar—all types of sugar, not just trehalose. Therefore, the study's design and results were woefully inadequate and the conclusions grossly incorrect. As Patrick Gibney, PhD, a co-author of the review and an assistant professor of food science at *Cornell University*, told journalists, "... other studies have since disputed the claims and said that trehalose was not responsible for a rise in *C. diff* infections."

Gibney discussed the conflicting *C. diff* research in his recent review, stating that even though trehalose likely did not cause *C. diff* infections, more studies are needed to look at the effect of different sugars on the gut microbiome. "There could be many types of sugars that have positive prebiotic effects if they help promote the growth of beneficial microbes in the microbiome," Gibney said, adding that scientists should examine different sugars "for their effects on the human microbiome and how those effects alter human physiology in either positive or negative

ways." Picking on trehalose was likely a paid effort to smear a great sugar which is increasing market-share in the food industry.

One of the eight glycobiology sugars, xylose is an important component of the glycocalyx—the cellular membrane whereon the nearly one million cell-surface, sugar antennas serve as cell receptors. Xylitol is the alcohol version of xylose and is used as a natural sweetener and has a long list of health benefits. Despite the name, sugar alcohols do not contain alcohol or ethanol like that found in alcoholic beverages. Xylose is extracted from birch trees and is found in plums, strawberries, and raspberries. It has antibacterial and antiviral properties useful in treating middle ear infections, and reducing the risk of contracting colds, flu, and other viruses. It does this by thwarting bacterial and viral attachment to the body's epithelial (surface) cells in the mouth, throat, nose, and digestive tract. Attachment to mucosal surfaces is the key way microorganisms attach to human cells to achieve infection. Blocking that attachment is key to preventing viral and bacterial diseases.

Since xylitol disrupts this binding process, it would have been a potent aid in fighting COVID-19. Dr. Fauci was fixated on only a vaccine solution to COVID-19 and refused to allow non-vaccine related information to get out to the American public. In the 1996 issue of the journal *FEMS Immunology and Medical Microbiology*, the dreaded *C. diff* bacteria was prevented from adhering to the digestive tract by a factor of 18.7 times when treated with 10% Xylitol. In the *Journal of Laryngology & Otology* in 2014, scientists stated, "Xylitol has anti-adhesive effects on micro-organisms like *Streptococcus pneumoniae* and *Streptococcus mutans*, inhibiting their growth."

In the journal *PLoS One* in 2015, researchers found that xylitol was "effective in ameliorating influenza-induced symptoms related to influenza A." One version of influenza A is H1N1, also called the swine flu, which caused a worldwide pandemic in 2009. Dr. Fauci knew all about the swine flu. Because of this existing research, Fauci knew xylitol would be effective in fighting coronaviruses like SARS-CoV-2, but he chose not to mention it. Millions of people suffered and died because of his sole focus on developing money-making vaccines. He did this because there was no new, real money in using existing drugs and natural solutions. It is just criminal when you learn things like this about him. There is no question that he should be held accountable before a court of law.

Even more outrageous is that two nasal products containing xylitol were developed during the pandemic to treat COVID-19 specifically. Both nasal sprays were highly effective in fighting COVID-19, but these approaches were dismissed by Dr. Fauci. They were relegated to the trash heap as he told the American public to go home without treatment and wait until their COVID symptoms required hospitalization. These natural solutions could have stopped COVID-19 from infecting people at the very beginning of COVID exposure. See the journal *PLoS One* in

November 2021 and journal *Cureus* in 2020 for specifics and results of treatment testing. How is Dr. Fauci not in jail? XLear was one of the companies creating a xylitol product. It is still on the market, but sadly cannot be advertised as a preventative treatment for COVID even though it is just that. Adding xylitol to a nasal spray has also been studied in the restoration of smell in COVID-19 patients and in controlling the amount of their viral shedding.

One word of caution is merited for xylitol. While xylitol is remarkably safe for humans, it isn't safe for dogs. While xylitol doesn't stimulate the release of insulin in humans, it quickly floods the bloodstream of dogs with insulin, which can cause *hypoglycemia* (low blood sugar) and resulting death. So, just like you can't let dogs eat grapes, raisins, or chocolate, make sure you add xylitol to that list too and keep it away from dogs.

COVID-19 Pandemic

The blog articles cited here and the observations in this COVID-19 Pandemic section have been validated repeatedly over the past five years. The disinformation, censorship, and coverup orchestrated via the main stream media are being revealed and the truth telegraphed to the public via alternative social media channels.

I wrote the following blog article on May 26, 2020 shortly after the pandemic began. It tells the truth about the lack of efficacy concerning wearing masks, social distancing, and useless lockdown efforts. In addition, the use of fearmongering, the denial of early treatment, and the censorship of vital information about the strength of natural immunity versus vaccinations is explained.

The coronavirus pandemic (COVID-19) has certainly impacted all of our lives. It is all over the news. Recommendations on what to do seem to fluctuate weekly. The mainstream media has fanned a growing fear that has engulfed our country and the world. It has taken time for scientists and doctors to investigate, experience, collect data, and develop a track record for this virus. But there are now enough solid facts related to the coronavirus which enable us to see it plainly for what it is. Since much of the media is not providing this information to the general public, I will share with you ten observations I have gleaned from trusted sources.

1. Masks do not help you. If you read the box label it says, "This product is an ear loop mask. This product is not a respirator and will not provide *any* protection against COVID-19 (coronavirus) or other viruses or contaminants." People who work in a laboratory handling viruses wear hazmat suits with sealed face shields to protect themselves. Nothing else works. Do you remember at the beginning of the pandemic the advice from governmental agencies that it was not necessary or helpful to wear masks? Viruses are smaller than bacteria. Viruses are only 20 to 400 nanometers in diameter. They fit inside bacteria and human cells. Droplets

containing virus particles exhaled by a sick person wearing a mask will be re-inhaled back into nasal cavities re-infecting the person instead of being dispersed and eliminated from the body. Viral droplets collecting on the outside of a mask of a healthy person will dry and the virus particles can be inhaled through the mask. In a previous post, I shared Dr. Russell Blaylock's assessment that while masks don't protect people, they actually do harm. They block or reduce oxygen absorption. This significantly impairs your immune system's ability to fight viral infections. Hypoxia can result from long-term wearing of masks and this seriously weakens and damages your immune system. Your body needs clean, fresh oxygen from the environment. Recycled oxygen and carbon dioxide are not going to help your immune system fight at full strength.

2. The medical system messed up big time. Remember all the worry about not having enough ventilators? You don't hear that anymore because that was the wrong treatment for this disease. In fact, the National Institute of Health (NIH) knew that way back in 2003 when we had the SARs virus epidemic. SARS and COVID-19 are both coronaviruses. They are a blood oxygen problem, not a respiratory issue (pneumonia). People would come to see their doctors complaining of breathing problems. They had lower levels of oxygen in their blood. What did doctors do? They did not give them oxygen. Why? This terrible pandemic disease was incorrectly predicted to kill millions of people. They worried that giving oxygen might aerosolize the virus into millions of small particles which would dramatically spread this infectious disease. Many people died as a result of this false narrative.

Ventilators are only used in emergency situations where the patient requires mechanical support in order to breath. Instead of giving oxygen through a mask to their sick patients, they put otherwise healthy and coherent people into a coma and inserted a ventilator tube down their throat. Patients often died within days of this procedure. Final statistics showed that nine out of ten patients died, if they were put on a ventilator! Most of them were not that sick—they just needed extra oxygen because the virus was affecting the hemoglobin in their red blood cells. It wasn't until Dr. Cameron Kyle-Sidell bravely challenged the medical system's standard of care that treatment approaches began to slowly change. He risked his medical license by stating on television (31 March 2020) that this disease was not an upper respiratory disease. It was more like hypoxia (being on Mt. Everest and needing more oxygen). It was late April before the medical system formally changed their treatment recommendation. How many people were killed needlessly?

3. The medical system blocked effective treatment. Hydroxychloroquine works. There are over 200 studies around the world proving it. Dr. Vladmir Zelenko has 699 patients with 100% successful recovery from COVID-19. Didier Raoult has treated over 1000 patients with a 99% success rate. The mainstream media has been emphasizing one of the FDA side-effects that

warn about possible heart attack. All drugs have lists of tens and hundreds of side-effects. This drug has been used for 60 years to fight malaria and no one worried about any possible heart attack side-effect. It is used to treat rheumatoid arthritis and lupus. For decades, no one has ever raised a warning cry. But now the drug is a problem because President Trump said he uses it? Regardless of whether you agree with President Trump's policies, the science shows the drug works.

Another disregarded recommendation is vitamin C, zinc, and vitamin D. If you are a medical doctor, you cannot recommend these natural remedies to treat this disease or you risk losing your license. According to the Food and Drug Administration, only drugs can treat, cure, or mitigate disease. It cannot be said that things from nature (that are not patented to make pharmaceutical companies a lot of money) help the body fight disease even though they oftentimes actually work more effectively than drugs. If you supplement with vitamins and minerals, it is a good idea to use plant-based sources as mentioned in my book.

4. The lockdown effort didn't work. The incubation period of COVID-19 is two weeks. This delayed reaction until the infection manifests, meant many people were already exposed before symptoms began to emerge. China, Italy, the U.S., and other countries all implemented a lockdown after the virus had peaked on its own. The lockdown was supposed to flatten the curve and keep hospitals from being overrun, but it was actually too late to have that effect. Everyone went into their homes and those who had the virus shed it all over those living there. 66% of cases in New York are people who were lock-downed. We should have lock-downed the elderly, not the entire population. A negative side-effect of the lockdown initiative is that it keeps us from reaching herd immunity. Sweden had no lockdown. Their death rate is only slightly higher than normal, but their nation is far closer to reaching herd immunity because more people were exposed and developed natural immunity. COVID-19 was not the killer pandemic researchers thought it would be, so locking down the general population was a mistake.

5. The initial pandemic models were grossly inaccurate. They originally predicted 2.2 million deaths in the U.S. As of the end of May 2020, there were only 93,000 deaths (see #7 for how even this number might be inflated). They were off by 2,240%! Neil Ferguson, who designed the *Imperial College Model,* resigned the 1st of May and was nicknamed "The Master of Disaster." Unfortunately, the mainstream media still tout and reference his model.

6. Nursing homes were neglected. State governments did not protect the most at-risk group. Some states, like New York, even enacted legislation mandating nursing homes accept COVID-19 sick people. "Do Not Resuscitate" rules for cardiac patients with COVID-19 patients were put in place. One third of U.S. deaths and one fifth of New York deaths come from nursing homes. We did not protect the most vulnerable and they paid the price.

7. The coronavirus death rate is virtually the same as a bad flu. Only 0.1-0.3% of COVID-19 patients die. Around the world, the recovery rate is 97 to 99.75%. The 2017/2018 flu resulted in 80,000 deaths and we implemented no measures against it. In addition, the COVID-19 death rate (93,000) may be inflated. Monetary incentives existed that paid more for people dying on a ventilator. Further inflation in the reports occurred because states were instructed to attribute any death of a patient testing positive for COVID-19 to the coronavirus. Even if the patient died from another disease (called comorbidity) it was classified as a COVID-19 death. In other words, if they had the virus, it was counted as a coronavirus death even if the virus wasn't the cause of death. The NIH estimates that only 12% of the deaths in Italy were actually COVID-19 deaths. That implies that the U.S. death rate due to COVID-19 might only be 11,160 (not 93,000). That is a huge difference. We see the same statistical problem each year when agencies report the number of annual deaths due to the flu (they lump in all winter respiratory deaths into the count whether or not they actually had the flu).

8. Social distancing is unscientific. There are no science studies proving 6 feet is a safe distance for any virus. It is reported that the idea came from a 14-year-old girl's computer simulation science project in 2006 and has been used as a *rule of thumb* ever since. It is important to realize that when you are outside, ultraviolet rays from the sun destroy the virus within a matter of seconds. The wind also disperses the virus into a 10-mile-high atmosphere over your head and in any of 360 degrees of direction. That represents a huge volume for diluting the virus. Staying inside with the virus is the riskiest place to be.

9. Do not wait for a vaccine because a vaccine has never been created for any coronavirus. Despite the current push, chances are this one will be no different. Scientists estimate there are over 5,000 viruses. Many hundreds of them are classified as coronaviruses and seven of those coronaviruses are known to infect humans. Viruses constantly and easily mutate like the flu virus or common cold. These mutations make the vaccine largely ineffective. No vaccine has ever been as successful as the human immune system in fighting viral infections.

Previous attempts at creating coronavirus vaccines are plagued with problems. Animal trials are being skipped for the COVID-19 virus in an effort to speed up vaccine development. This could prove to be a huge safety issue. Previous coronavirus vaccines had a *trojan horse* malfunction. Initially, the vaccine caused the immune system to create antibodies and everything looked good. But when the animal was exposed to the real virus, the vaccinated immune system responded with a cytokine storm called an *antibody immune enhancement*. This over-reaction by the immune system caused huge damage to organs and systems within the body which could lead to death. Skipping animal trials and going straight to human trials could be catastrophic.

Another issue with *all* vaccinations is the sad truth that none of them have ever had any long-term safety testing conducted. In a recent federal lawsuit (March 5, 2020), the CDC failed to

produce any scientific study backing up its long-declared assertion that vaccines given to babies in the first six months of life do not cause autism. The FDA and CDC don't require this type of testing. In other legal cases, the Department of Health and Human Services (HHS) conceded it has not provided a single vaccine safety report to Congress as required by the Mandate for Safer Childhood Vaccines in the National Childhood Vaccine Injury Act of 1986. The FDA conceded it does not have any clinical trials to support injecting the flu shot or Tdap vaccines into pregnant women. Clearly, these governmental agencies are not doing a very good job looking out for us.

10. The COVID-19 *cure* is worse than the problem. The lockdown has caused people to forego non-emergency medical treatment and screening. Patients sick with heart disease, cancer, and autoimmune issues are not being seen as they had been within the medical system. The lockdown is not a vacation. It is extremely stressful physically, emotionally and financially for many people. It results in lives lost. The loss comes from medical, economic, and personal liberty limitations. Researchers estimate that for every 1% increase in unemployment, 30,000 to 50,000 U.S. citizens die as a result. With 30% unemployment levels, that equates to 1 million deaths! It is time to stand up for common sense. If herd immunity depends upon enough of us developing the antibodies to stop the spread of the virus, then hunkering down in isolation from one another is not the answer. The disease has a 99.75% survival rate. It is not the plague or pandemic that was incorrectly predicted. If you are healthy and are exposed to the virus, your antibodies make you one less person who can spread it. You will help save the lives of the more vulnerable by having an immune system which will naturally stop COVID-19 transmission. Do not be intimidated by those who seek to scare you or guilt you into submission. The vast majority of us need not be afraid of this virus. Live your life.

Blog article published January 21, 2025 discussing the origins of the COVID-19 Virus: Wuhan Lab Leak or Bat Evolution?

Dr. Steven Quay is currently CEO of Atossa Therapeutics. He is a physician and scientist with 87 patents across 22 different fields of medicine. He testified before the United States House Oversight and Reform Subcommittee on Select Coronavirus Crisis hearing on June 29, 2021. He explained why the virus did not come from the market in Wuhan, but rather from the laboratory. His book *The Origins of the Virus—The Hidden Truths Behind the Microbe that Killed Millions of People* published in September 2021 was banned and censored. Even as of 2025, his House testimony is virtually impossible to find on the internet. I summarize his conclusive points below.

The Wild Animal Market Theory—Mainstream media wanted the public to believe that a wild bat virus somehow evolved, recombining its genes with a second wild animal called a pangolin

(a type of anteater). This combination made the virus more infectious. Following this miraculous recombination, the SARS-CoV-2 virus mutated again and somehow gained the ability to infect humans leading to a global pandemic. If this theory was true, government officials could have easily provided the evidence that always accompanies these rare animal-to-human mutations. In nature, this complex cross-species recombination takes decades to evolve before infecting the first human and even more time before becoming highly infectious. The cover-up was demonstrated by how vehemently people who challenged the official story were berated. Charges of '*conspiracy theorist'* were made and their posts were banned from social media.

A growing arsenal of synthetic viruses have been engineered in biowarfare/biodefense labs despite US and international laws banning biowarfare weapons and experimentation. One of these labs turned out to be in Wuhan (random coincidence?) and was funded by Dr. Anthony Fauci under the auspices of the National Institutes of Health (NIH) EcoHealth Alliance led by Peter Daszak. Daszak's alliance provided the money for the reckless gain-of-function experimentation at the Wuhan lab. These types of labs are often badly managed and prone to accidents. Thousands of bat viruses were stored at Wuhan and some of them had been weaponized.

Another part of the cover-up included the systematic destruction of forensic evidence. Tests and samples taken from the Wuhan market were lost. Chinese scientists who pointed out that the virus was likely a lab release were censored by the Chinese government and conveniently "disappeared." Data sets in published papers were secretly altered without notice of correction. 300 coronavirus studies from the Chinese database were deleted. *The Lancet* published a statement signed by 27 scientific researchers on February 18, 2020 strongly condemning "conspiracy theories" that suggested COVID-19 didn't have natural origins. A year later, emails were obtained showing that Daszak organized this supposedly scientific assessment. This calls into question the credibility of scientific journals like *The Lancet*.

For months, mainstream media ignored scientific reports that no animals at the Wuhan market had ever tested positive for COVID-19 or that one-third of human COVID-19 cases had no connection whatsoever with the market, including the very first reported case of COVID. Numerous people stated that no bats were sold or eaten at the market. In fact, the nearest bat cavern was 600 miles away and the bats were in hibernation during the outbreak. In January 2020, a Beijing newspaper reported that "patient zero," the first victim of COVID-19, was Huan Yaling, a scientist at the Wuhan Institute of Virology! This report was later removed from the internet. Authorities in Wuhan tried to delay admitting that SARS had emerged in Wuhan and was highly transmissible. The World Health Organization (WHO) (which is heavily influenced by China) delayed letting the world know the severity of the virus until February 19, 2020, despite

warnings from some repressed/censored Chinese scientists bravely trying to get the word out in the November/December timeframe.

Irrefutable Points—1) None of the first four patients with the earliest version of the virus picked it up from the market. Scientists tested 457 animals from the market and all were negative for the virus. Another 616 animals from suppliers were tested and all were negative. Out of the 1,864 wild animals associated with the Hunan market in Wuhan, all were negative for COVID-19.

2) Scientists tested 80,000 samples from 209 different species, but the virus was not found in a single specimen. Just considering these first two points, the probability of getting the virus from the market is 1 in 1,000,000. The probability it originated from the lab is 99.9%.

3) Scientists tested all 9,952 human blood samples from Wuhan hospitals and not a single one had the virus before December 29, 2019. 100 to 400 should have been positive if the virus came from the market.

4) There is no evidence of animal-to-human transmission. In prior coronavirus outbreaks like SARS-1 and MERS, 50% to 90% of the early cases clearly linked back to various animal-to-human interactions. For SARs-CoV-2, all 249 early cases of COVID-19 were human-to-human transmissions.

5) The clincher is two unique glycobiology factors which are the fingerprints of a gain-of-function (GOF) experiment**:** a unique trigger on the surface called a *furin cleavage site* and a unique code in genes for that site (a *CGG-CGG dimer*). These two facts represent the smoking gun proving SARS-CoV-2 was created in a lab. While viruses like Ebola, HIV, zika, and yellow fever have furin sites, no coronavirus in the entire family of SARS has ever had this quality. This one fact represents a 99.5% likelihood that the virus was lab-engineered. Since 1992, labs like Wuhan have inserted furin sites into viruses repeatedly as part of GOF experiments. It is the only method that always works and makes the virus more infectious. This is exactly what makes SARS-CoV-2 so unusually and unexpectedly infectious. "To gain entry into human cells, the virus binds to the ACE2 glycoprotein receptor. Next, the S2 spike protein subunit is cleaved (cut). Without this cut, the virus would only attach to the receptor, but it would not be able to gain entry to the cell. The furin site is why the virus is so transmissible and why it invades the heart, the brain, and the blood vessels."

6) SARS-CoV-2 was optimized for human transmission. When SARS-1 first jumped into humans, it had only 17% of the changes needed to cause an epidemic. How was SARS-CoV-2 made to infect humans so efficiently? It had to be genetically engineered in the Wuhan lab as part of their GOF experiments.

Modern genetic engineering techniques (*seamless technology*) can create new viral entities without leaving any trace that they were manipulated. How did the virus get four unique amino

acid segments perfectly placed in the genome to enable furin and other enzymes in the human body to dissolve its viral coating so it can penetrate human cells and start to replicate? Why does the spike protein bind more strongly with human ACE2 receptors than with those of any other species? A virus that mutated from animals would have the highest affinity-binding for the original host species (the bat) and lower binding power for later hosts. But this virus comes on the scene instantaneously with powerful human binding capability.

This virus appears in the same neighborhood where Chinese scientists, in a joint US/China partnership, were collecting bat viruses from the wild, then weaponizing them in several badly managed, accident-prone labs, under the guise of biomedicine and vaccine research. They want us to believe a billion to one coincidence—that it came naturally? Why the cover-up? To hide the illegal GOF funding orchestrated by the NIH. Dr. Fauci, Daszak, and China are the true initiators and should be held responsible for the events leading to the countless deaths associated with this global pandemic.

Congressional Select Subcommittee on the Coronavirus Pandemic—Published by the Select Subcommittee on the Coronavirus Pandemic on December 2, 2024, this 500+ page report concludes a 2-year investigation and documents lessons learned and the path forward. This report also concludes that COVID-19 most likely emerged from a laboratory in Wuhan, China.

Down the COVID-19 Rabbit Hole—This book is a scientific masterpiece. *Down the COVID-19 Rabbit Hole* discusses the widespread misuse of science during the pandemic, the likely origin of COVID-19 (Wuhan Lab), the pathophysiology of the disease itself, and the harms associated with the various vaccines that have been produced, particularly those based on the novel mRNA platforms. This book also looks at the widespread failure of the health professions to adequately understand and treat the disease and the consequences of the vaccines, the apparently agenda-driven responses of various governments, and the inability of the legal system to understand the implications for natural and civil rights. The book also considers how most of the mainstream media largely became a propaganda tool for reigning governments. Page 180 in the book on the development of immune tolerance does a fantastic job explaining why highly-vaccinated individuals still suffer frequent re-infections—they have damaged their natural immunity against the SARS-CoV-2 virus and other coronaviruses. Because of this limited efficacy and damage to the body's immune response capability, the authors conclude, "On this basis alone, the use of these products must be called into question."

Hydroxychloroquine

In the summer of 2020, President Trump mentioned how Dr. Vladimir Zelenko had written him about the success of hydroxychloroquine (HCQ) in treating COVID-19. HCQ was ridiculed as part of the left's mass psychotic attack on Trump.

Dr. Simone Gold of America's Front-Line Doctors (AFLDS) held a press conference on the steps of the US Supreme Court to warn the public about the ineffectiveness of masks, social distancing, and lockdowns and the promise of the repurposed medication, HCQ, in early treatment. They were attacked by academia and accused of spreading deadly misinformation

Fraudulent studies were designed and paid for by the medical establishment and by Sep 2020, one after another made the claim that HCQ was ineffective. Random Controlled Trials (RCTs) employed HCQ too late in the disease process and skewed results on purpose (HCQ is highly effective as an early treatment). They also employed astronomical dosages (way beyond the recommended dosing) causing toxicity. Dr. Fauci made sure the effectiveness of this drug would not stand in the way of developing a vaccine worth billions of dollars. Federal law states that if a drug exists to treat an illness, no Emergency Use Authorization (EUA) for a vaccine can be utilized.

HCQ reduces the level of acidity within the cell and makes it more alkaline. This change in pH affects the cell membrane called the glycocalyx. The proteins on the surface of the glycocalyx are tipped with sugars (glycans/glyco or glycoproteins). They act as cell receptors/antennas facilitating and controlling what enters and/or leaves the cell. The coronavirus has these glycoprotein antennas seeking to attach or bind to human cell receptors.

The COVID-19 virus has an antenna called the *spike glycoprotein* which seeks to bind to the glycoprotein human cell receptor (called an *ACE2 receptor*). The spike glycoprotein consists of 1,255 amino acids and a vast number of glycans (sugars). We know that the virus has 66 *glycosylation* sites or places where glycans are added to amino acids and a minimum of 10 different glycan combinations capable of occupying those sites. With all these combinations it becomes clear how difficult it is to build a vaccine to counter those 660 variations on just one viral glycoprotein. It is virtually impossible to do it effectively. So, to summarize this first point, the reduction in acidity hinders the ability of these two glycoproteins to connect. If the virus cannot connect, then it cannot infect the cell.

The alkaline environment that HCQ creates within the cell also affects the ability of the virus to reproduce (replicate itself). The virus has an enzyme called *RNA dependent RNA polymerase* or RdRp for short. This enzyme is what allows the virus to make copies of itself. HCQ lowers the acidity level of the cell, and *this* lowers the ability of this enzyme to act. So, viral replication stalls or slows down dramatically giving more time for the immune system to attack and destroy.

Inside the cell, *the assembly* of the virus is stalled. Viruses cannot replicate by themselves. They need the cell's internal machinery to reproduce their RNA and create new viruses. These new viruses get birthed from the kidnapped cell and go out to infect other cells.

Viral particles of RNA are created in separate areas of the cell and then brought together for final assembly in the *Golgi Apparatus* (GA) and *Endoplasmic Reticulum* (ER). The GA and ER cannot work correctly in the alkaline environment caused by HCQ and this is why the assembly production of the virus is halted. Another interesting point to remember is this: if a person gets the Covid-19 virus and is treated with HCQ, and then later happens to go in for a medical appointment where they administer a PCR test for COVID-19, they *could* test positive for the virus. This is not something to worry about because the RNA particles are in their cells; however, they are attenuated or, in other words, they are *dead, inactivated pieces* of viral particles which are not harmful. The virus cannot replicate at that point.

An extremely important feature of HCQ is that it acts as a zinc *ionophore* (carrier). The mineral zinc interrupts the ability of the virus to replicate. The zinc ion has 2 positive charges. The cell *membrane* has no charge and so the zinc ion cannot cross from outside the cell through the glycocalyx by itself. HCQ is used by the cell and becomes embedded within the cell membrane as an ionophore. This carrier can capture zinc ions floating by outside the cell. The carrier then encapsulates the zinc ion allowing it to keep its charge, while HCQ carries it from outside the cell to the inside where it is released. The positively charged zinc ion can then interact with the virus's RdRp enzyme, independent of HCQ, and alters it so it cannot do its job. In this way, replication of the virus ceases because of the disruption of this important viral metabolic pathway.

In addition, HCQ alters the glycosylation of the ACE2 receptor which diminishes the ability of the virus to attach to the cell. This is actually a good thing! If the virus cannot attach to a healthy cell, then it can't infect it. There are nearly a million receptors on every cell. The *ACE2* (Angiotensin-Converting Enzyme 2) receptor is a series of amino acids and glycans (sugars) built within the GA and ER of human cells. When assembled, the ACE2 is carried to and installed on the *glycocalyx* surface (the outer membrane of every cell). However, HCQ interferes with the glycosylation of the last sugar molecule (glucose) at the end of this receptor's creation process. So, these ACE2 receptors are missing that one sugar molecule. Such a small difference wouldn't seem like much, but it is enough to affect the binding ability of the *S glycoprotein* on the virus. The *affinity of binding* is not strong enough to allow the virus to adhere to the cell. In other words, the virus *slips* off the binding/docking site. If there is no adhesion, then there is no coronavirus infection.

In 2005, researchers knew what HCQ could do against coronaviruses. Coronaviruses are not new. COVID-19 is the 7th virus in the coronavirus family. There has been a concerted effort to

keep the facts about HCQ away from the public. Pharmaceutical companies like Gilead, doctors like Dr. Fauci, and the World Health Organization all have a financial incentive to keep this information from the U.S. public. Billions of dollars are riding on the new coronavirus vaccines.

Fraudulent medical studies have been published in reputable medical journals to discourage investigation and validation of HCQ's dramatic effect on this disease. Two weeks after publication in the summer or 2020, *The Lancet* and *The New England Journal of Medicine* were forced to retract their *peer-reviewed,* published scientific studies because independent investigators discovered the truth. The original article consisted of false, fabricated data. It was obviously corrupt science with a political agenda. HCQ continues to be dismissed and smeared by the pharmaceutical/medical community. In July 2020, the State of Ohio Pharmacy Board banned the use of HCQ to treat this coronavirus. Fortunately, the Republican Governor intervened and forced them to back down. Unfortunately, many other states still ban and limit its use.

HCQ was used as an anti-malarial drug. India is a country with 1.4 billion people who have suffered from malaria for decades. They have used HCQ to treat it. Throughout the worldwide pandemic, India has only had 34 deaths per 1 million people. By comparison, the U.S. has 170 deaths per million people. Do you think their use of HCQ has anything to do with that? What could HCQ do against other viruses like the flu, the common cold, etc.? They are all caused by a virus similar to coronavirus. But, if we follow the money, promoting vaccines is where people are getting rich.

While HCQ has been approved by the FDA as a drug for over 65 years, keeping it out of the public light and restricting its use ensures more money in the pockets of those who have the most to lose if their vaccines don't get mandated for everyone. Studies prove that HCQ is one of the safest drugs on the market. It is protective against diabetes, stroke, and heart disease. There is a reason pharmaceutical companies don't want you to know about this inexpensive drug which is no longer under patent. By law, the federal government cannot approve a vaccine if a therapeutic/drug treatment option exists. So, the government refuses to approve any therapeutic. NIH holds the patent on the Moderna vaccine—do you notice a conflict of interest? As an off-label drug, HCQ is made by at least 12 different companies.

Ivermectin

The Front Line COVID-19 Critical Care Alliance (FLCCC) was formed in the spring of 2020 to advocate early treatment protocols to fight COVID-19. Drs. Pierre Kory and Paul Marik were founding members. Initial treatment protocol was called MATH+ which represented Methylprednisolone (inflammation), Ascorbic acid (Vit C), Thiamine (Vit B1), Heparin (anticlotting), plus melatonin, zinc, and vitamin D3. These doctors were working with actual

patients (unlike the theoretical, lab-coat guys like Dr. Fauci). They were seeing that this treatment worked and dramatically saved lives. They could not believe that the medical establishment and the media refused to listen. The FLCCC eventually added HCQ and Ivermectin (IVM) as major players in their treatment protocol.

They filmed a documentary, *What is Ivermectin?* Their efforts were noticed by those in the Medical Freedom Movement and donations began to come in to fund the Not-For-Profit initiative. In the late 1970s, Japanese microbiologist Satoshi Omura unearthed an unusual Streptomyces bacterium at a golf course near the coast of Honshu, Japan. He sent the sample to American scientist William Campbell at Merck Research Laboratories in the US. Eventually, the team developed the drug Ivermectin which eliminates deadly parasites in animals and humans. Interestingly, the Japanese strain of bacterium has never been found in any other part of the world—Japan is the only source for ivermectin. IVM rid the world of the disfiguring diseases of river blindness and elephantiasis. Campbell and Omura won the Nobel Prize in Medicine in 2015 for this discovery.

US Senator Ron Johnson hosted a gathering of Covid dissidents. The first hearing (Nov 19, 2020) featured Dr. Peter McCullough, Dr. Harvey Rish, and Dr. George Fareed who had treated thousands of Covid patients with amazing success. Their incredible, supporting data on how the regulatory agencies and academia had gotten HCQ wrong stirred up a hornet's nest of opposition. The second hearing (Dec 8, 2020) featured Dr. Kory, Dr. Marik, and several others. Dr. Kory's passionate appeal and testimony on ivermectin went viral. Fox News called during the hearing wanting to interview him. But it would soon become clear that the medical establishment would stop at nothing to save the Emergency Use Authorization (EUA) for their precious vaccine investment.

It was incomprehensible that media and health agencies continued to ignore the science—95 studies from 1,023 scientists with 134,554 patients from 27 countries document ivermectin efficacy. 95 controlled trials (78 of them published in peer-reviewed medical journals). Widespread ivermectin use in Paraguay, Argentina, Brazil, Mexico, the Philippines, Peru, Africa, and India. Ivermectin was one of the most studied and proven therapies in the history of medicine. The cost per treatment of this repurposed drug for COVID was tens of dollars while the drugs and vaccines approved by NIH were many thousands of dollars. In March 2021, Morimasa Yagisawa did a meta-analysis on 14,906 patients in 42 clinical trials (including 21 randomized controlled trials with 2,869 patients). Early-stage treatment resulted in 83% of them noting significant improvement. Late-stage treatment improvement was 51%. Preventing disease onset was rated at 89%. Based on this superior performance of ivermectin, the probability that ivermectin doesn't work is 1 in 4 trillion. What does the NIH, WHO, AMA, CDC do with all of this data? Ignore it and pretend it doesn't exist. The media never holds them

accountable because the advertising money from Big Pharma influences all regulatory agencies and fake news and social media organizations. But they are quick to claim there is no conspiracy!

Five primary disinformation plays (think football) were utilized during the pandemic:

1. The Fake—Conduct counterfeit science and try to pass it off as legitimate research. They do this by sponsoring and conducting trials designed to fail. In addition, they selectively publish negative results while censoring positive results. They also plant negative ghost-written editorials in medical journals
2. The Blitz—Harass scientists who speak out with results or views inconvenient for industry.
3. The Diversion—Manufacture uncertainty about science where little or none exists
4. The Screen—Buy credibility through alliances with academia or professional societies
5. The Fix—Use money and power to manipulate government officials or processes to inappropriately influence policy

Big Pharma consists of Pfizer, Johnson & Johnson, AstraZeneca, Merck, Eli Lilly, GlaxoSmithKline, Moderna, and others. They constitute the largest lobbyist group on Capitol Hill. They spend 3 times more than what the oil and gas industry does. In 2003, the profits of the top 10 big Pharma companies exceeded the cumulative profits of all of the other 490 Fortune 500 Companies! They spent $356.6 million (2021) on the 535 members of Congress which equates to $665,000 per member. Big Pharma crimes are widespread and repetitive. $33 billion in fines were paid by 26 companies between the years 2003-2016. Companies view fines merely as a marketing expense.

This is how the war on ivermectin began. Researcher Dr. Andy Hill (a researcher with the global health agencies Unitaid and the WHO) compiled compelling data supporting Ivermectin and presented those findings several times. However, on January 16, 2021 (10 days before a vital NIH guideline committee presentation), he changed his scientific conclusion. The body of the study still kept the 59 registered RCTs on how ivermectin reduced inflammatory biomarkers, cleared the COVID virus, significantly shortened hospital stays, and resulted in an incredible 75% reduction in mortality in moderate and severe infection. But despite the body of the paper, his concluding findings argued *against* ivermectin. In a recorded call with Dr. Tess Lawrie, he admitted that his sponsors had influenced him to change his conclusions—he was 'pressured' by Andrew Owen and his colleagues at the WHO. The WHO later stated as a result of Hill's study, "We recommend not to use ivermectin in patients with COVID-19 except in the context of a clinical trial." Millions of lives were lost due to this one egregious action and the media was complicit.

Andy Hill stopped working for his paymasters in March 2021, repented, and published a meta-analysis in July 6, 2021 that was astoundingly positive towards ivermectin. But the study was completely ignored by the mainstream media. 8 days later on July 14, 2021, one of the largest and most positive trials in Andy's meta-analysis was retracted from the preprint server it had previously been on for 8 months (coincidence?). That same day, a man named Jack Lawrence in the UK (founder of Grftr News—devoted to revealing misinformation and bad science), published an article titled, "Why was a major study on ivermectin for COVID-19 just retracted?" His article included the statement that his work was a "comprehensive investigation into an apparent scientific fraud at a time when there is a whole ivermectin hype…dominated by a mix of right-wing figures, anti-vaxxers and outright conspiracists." Overnight, his lies were picked up and helped carve into stone the media narrative, "Ivermectin doesn't work, and the studies that say it does, are all fraudulent."

The Big Six fraudulent studies were Lopez-Medina, I-Tech, TOGETHER, COVID-OUT, ACTIV-6 (400), and ACTIV-6 (600). Each somehow found ivermectin not useful in preventing or treating COVID. Each one led to a media firestorm with headlines blaring around the world that "ivermectin doesn't work," with the authoritative sounding, official statement, "says a recent, large, high-quality RCT." Each study was designed and conducted by 'experts' with massive, financial and professional conflicts of interests with Pharma or the Bill & Melinda Gates Foundation (BMGF). Every single one of the six trials showed ivermectin superior to placebo, but conveniently none reached the hallowed level of "statistical significance." Most of the studies were conducted in South America where ivermectin was popular with the public and available over the counter; thus, it was very likely that the control group consisted of people also taking ivermectin too so a noticeable improvement between groups would be unlikely! The book, *The War on Ivermectin*, details each of the trials and every fraudulent tactic including: moving study endpoints during the trial, giving doses so low that there could be little effect from the drug, administering to people not sick and looking for effectiveness!

Then, the big medical journals joined the fight. The *New England Journal of Medicine* (NEJM), the *Journal of the American Medical Association* (JAMA), *The Lancet*, the *British Medical Journal* (BMJ), and the *Annals of Internal Medicine.* Studies published in these journals drive news headlines. These journals work with the press to alert them to any new or important study before official publication thus allowing the journalist to write newsworthy headlines and articles on the same day the study is published—this creates a biased relationship where journalists want to stay in the good graces of the journal or risk losing access to information. Studies are supposedly 'peer-reviewed.' In the past this was a check and balance system to ensure quality. Currently, it is more synonymous with "fact checked" and solely supportive of the 'politically acceptable' science dogma. When the first of the Big Six trials was published,

one-hundred scientists wrote an open letter to JAMA calling for its retraction, but they were ignored.

Dr. Marcia Angell, long-time editor-in-chief of JAMA resigned over 20 years ago in June 2000 and wrote a book, *The Truth About Drug Companies: How They Deceive Us and What to do About It*. She said, "Now primarily a marketing machine to sell drugs of dubious benefit, big Pharma uses its wealth and power to co-op every institution that might stand in its way, including the US Congress, the FDA, academic medical centers and the medical profession itself…It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine.*" There were major journal retractions of positive ivermectin studies including the FLCCC paper in *The Frontiers of Pharmacology,* Mexico City's Ivermectin Treatment Kits on the *SocArXiv* preprint server, and the MATH+ Protocol in the *Journal of Intensive Care Medicine.*

In addition, the journals rejected scores of positive ivermectin studies: Dr. Tess Lawrie's systematic review and meta-analysis submitted to *Cochrane Library* January 2021; Dr. Hector Carvallo paper to JAMA; Professor Waheed Shouman of Zagazig University in Egypt; Professor Olufemi Babalola of Novena University; Dr. Zsuzsanna Rago of Hungary.

The fake COVID pandemic turned into a war of misinformation. The mega-monopoly called Trusted News Initiative (TNI) consisted of the BBC, Facebook, Google/YouTube, Twitter, Wall Street Journal, CBC/Radio-Canada, Reuters, Microsoft, and European Broadcasting Union (EBU). They claimed to "work together to ensure legitimate concerns about future vaccinations are heard whilst harmful disinformation myths are stopped in their tracks." YouTube was one of the earliest and most aggressive censors banning any mention of ivermectin or HCQ in the context of COVID (still is!). Big Tech worked with the Biden White House to censor misinformation. As documented in "Twitter Files" (released in spring 2023) by Matt Taibbi with Elon Musk—the magnitude of such a massive and coordinated attack on free speech and the dissemination of critical information during a global emergency cannot be overstated. "Any true content which might promote vaccine hesitancy (including, but not limited to a user posting about his or her vaccine side-effects or those of a loved one, a celebrity death after vaccine, natural immunity campaigns, sentiments expressed against vaccine passports, purported links between mRNA COVID-19 vaccines and cancer or the closure of a school due to reports of post-vaccine illness" was considered actionable content—meaning it could be censored or removed.

However, by August 2021, despite health agency attacks and censorship, ivermectin use among the public was growing exponentially. Dr. Kory did a 3-hour segment on Joe Rogan's podcast in June 2021 that reached 11 million listeners. The government fought back and this new tweet by

the FDA on August 21, 2021 got a lot of traction: “You’re not a horse. You are not a cow. Seriously, y’all. Stop it.” Five days later, the CDC followed up with a memo to every state health department warning them of an OFFICIAL CDC HEALTH ADVISORY that said, “Rapid increase in ivermectin prescriptions and reports of severe illness are associated with the use of products containing ivermectin to prevent or treat COVID-19.” Fraudulent stories of overdoses, deaths, emergency calls and ERs overflowing were published. CNN trotted out Dr. Fauci who said (despite knowing of 61 positive studies), ivermectin doesn’t work and the toxicity is a problem. Two days later, 3 major medical societies (American Medical Association, The American Pharmacists Association, and the American Society of Hospital Pharmacists) put out a “call for an immediate end to prescribing, dispensing, or using ivermectin to prevent or treat COVID.” These agencies had no authority to issue such a call, but that didn’t stop them from broadcasting it. For the next month, all the media talking heads, late-night TV hosts were focused on “horse dewormer” accusations. Then, Joe Rogan got COVID and decided to use ivermectin as part of his treatment. CNN published doctored pictures of him looking deathly ill. *Rolling Stone* magazine published a 100% fabricated article about an Oklahoma hospital being overwhelmed with Horse Dewormer patients. Slowly, the tide began to turn in favor of ivermectin and setting the truth free.

Dr. John Campbell overviews an amazing study on his YouTube channel.

This involves a Chinese study conducted in 2021 that detailed the effect Ivermectin (IVM) had on regulating apoptosis (programmed cell death) and fighting cancer. Dr. Campbell reported that many medical doctors were aware that IVM fights parasitic diseases like river blindness, elephantiasis, scabies, and malaria. He stated that some were aware of how IVM fights viruses (dengue, ebola, flavivirus, and COVID-19). But few were aware of how potent it is against cancer. The study summarized the wide-range of cancers impacted for good by IVM:

Breast Cancer: This cancer involves a malignant tumor involving breast epithelial cells caused by multiple carcinogens. On average, worldwide, a new case is diagnosed every 18 seconds. After treatment with IVM, the proliferation of multiple breast cancer cell lines was significantly reduced. The mechanism involved inhibiting the *Akt/mTOR* and the *Wnt* pathways involved in apoptosis. These pathways are discussed in chapter 29 of my book.

Digestive System Cancer: Gastric cancer is one of the most common malignant tumors worldwide. More than one million patients were diagnosed with gastric cancer in 2020. IVM inhibited the proliferation of multiple digestive cancers (gastric, colorectal, hepatocellular, etc.), as it promoted apoptosis by blocking the Wnt pathway.

Urinary System Cancer: Renal cell carcinoma is a fatal malignant tumor of the urinary system derived from renal tubular epithelial cells. Morbidity (death) has increased by an average of 2% annually worldwide and there are no effective treatments. Experiments confirm that IVM significantly inhibits the proliferation of five renal cell carcinoma lines without affecting or damaging normal kidney cells. In addition, IVM also fight prostate cancer lines. Prostate cancer involves prostate epithelial cells. Prostate cancer deaths are second only to lung cancer among men in Western countries.

Hematological Cancer: Leukemia is a type of malignant clonal disease (blood cancer) caused by abnormal hematopoietic stem cells (immature white blood cells). IVM inhibits tumor growth in a dose-dependent manner—the higher the dose, the more significant the response.

Reproductive System Cancer: Cervical cancer is a gynecological malignancy involving 530,000 new cases and 270,000 deaths worldwide each year. The majority of cervical cancers are caused by the *human papillomavirus* (HPV) infection. IVM has proven to significantly inhibit these cancer cells and encourage apoptosis. In addition, ovarian cancer (which has a very poor therapeutic response—a 5-year survival rate of only 47%, was disrupted and cell apoptosis induced. Interestingly, IVM combined with Paclitaxel has a synergistic effect in *in vivo* experiments (in living organisms, not just test tubes) almost completely inhibiting tumor growth.

Brain Glioma: This is the most common cerebral tumor and approximately 100,000 people worldwide are diagnosed every year. Glioblastoma is the deadliest glioma with an average survival time of only 14-17 months. Experiments demonstrated that IVM inhibited the proliferation of human glioblastoma *U87* and *T98 G* cells in a dose-dependent manner. In addition, IVM had the potential to resist tumor *angiogenesis* (creation of blood vessels) and tumor metastasis.

Respiratory System Cancer: *Nasopharyngeal carcinoma* (nose and throat) is a malignant tumor derived from epithelial cells of the nasopharyngeal mucosa. Lung cancer has the highest mortality among cancers. IVM blocks both nasopharyngeal and lung cancer cell development.

Melanoma: This cancer is a malignant skin tumor with a high mortality rate. IVM effectively inhibited melanoma activity.

The Chinese study's conclusion stated that "IVM induces apoptosis in an incredible number of tumor cells. Apoptosis can be triggered by two activation pathways: the *endogenous* (inside the cell) *endoplasmic reticulum stress/mitochondrial pathway* and the *exogenous* (outside the cell via the glycocalyx) *death receptor pathway*. The decrease in the mitochondrial membrane potential and the *cytochrome c* released from mitochondria into the cytoplasma was detected after the intervention of IVM in *Hela* cells" (a line of human aborted fetal cells scientists use in

laboratory experiments). Scientists concluded that IVM induces apoptosis through the *mitochondrial pathway* which works to maintain cell stability (in addition to producing cell energy). IVM also exerts an antitumor effect through the *autophagy pathway* (recycling breakdown process).

The main take-way is that IVM is an incredible anticancer drug with very little toxicity. The study recommended that IVM should be investigated more fully for its incredible potential to cure cancer. The reason it is not being investigated is that it is not a new drug. It would be a repurposed drug involving very little income potential for pharmaceutical companies. This is a perfect example of how money (not the desire to cure disease) drives Big Pharma and the medical system. Solutions are out there and real potential for fighting cancer exists. How many more cancer patients have to suffer and die needlessly before the system changes?

mRNA Emergency Use Authorization (EUA) Experimental COVID-19 Shots

This blog article describing mRNA vaccines was posted on January 30, 2024:

It wasn't that long ago that the term 'mRNA' was relegated to scientific research papers. Normal people didn't talk about science in that kind of detail. However, we were vaguely aware that there was promising research that might allow scientists to teach cells to create a glycoprotein; this in turn would initiate an immune response against a specific pathogen and cure a dreaded disease. But what a turn of events we've seen in the last few years with the advent of the hyped-up Pfizer and Moderna COVID-19 mRNA vaccines. I am basing this blog article on an article written by Klaus Steger, Ph.D. My hope is to overview some of the disquieting facts he points out that undermine this once hopeful technology.

RNA-based vaccine technology uses modified RNA (modRNA), not mRNA. mRNA is so fragile that the human immune system will destroy it within minutes. The current technology used by Pfizer, Moderna, and all other producers of mRNA vaccines in the pipeline (yes, there are lots of them coming!) utilize altered, stabilized mRNA which is called modRNA. Vaccines based on modified RNA are not traditional vaccines. They are gene-based therapies which force healthy cells to produce a synthetic, viral glycoprotein completely foreign to the cell's DNA instruction set.

When you are infected naturally by a virus or get a conventional vaccine, your immune system identifies virus-specific *antigens* from active or inactivated virus particles. The two main types of adaptive immune cells, T and B cells, behave differently. T cells identify infected cells and start *apoptosis* (the cell-killing process), while B cells produce antibodies that bind to the virus and prevent further infection of other cells. The antigens on cells are glycoproteins on the surface of each virus. Your immune system can memorize more than one of them. When the

virus mutates and some of these glycoproteins change, your immune system can still recognize and kill them. This is called *cross-immunity*. This makes natural immunity hundreds of times more powerful than vaccine-induced immunity could ever hope to be. Respiratory diseases (like colds, flu, COVID-19, etc.) are stopped by the first natural barrier, the mucous membrane on the *epithelial cells* (surface cells) of the nose, throat, mouth, and digestive tract. Unfortunately, these barriers get bypassed when an injection is administered.

To protect modRNA from immediate destruction by the immune system, the modified RNA is packaged in lipid (fatty) nanoparticles (LNPs). Because they are so small, they penetrate the glycocalyx (cell membrane), thereby bypassing the normal, regulatory glycoproteins that guard the cell and govern what is allowed to come into the cell. The modRNA-based injections penetrate the protective glycocalyx and force the cell to follow the instructions in the modRNA. COVID-19 vaccines code for the original Wuhan version of the spike glycoprotein called SARS-CoV-2. The cell creates numerous copies of this synthetic glycoprotein and places them on the outside of the glycocalyx. There they serve as the target for immune system generation of neutralizing antibodies. That's the theory. Unfortunately, the actual mechanism has lots of operational problems.

Besides the shot helping the body create the desired COVID-19 neutralizing antibodies, non-neutralizing antibodies can be generated. This unfortunate outcome results in something called *antibody-dependent enhancement* (ADE). This process allows *endocytosis* (encapsulation or swallowing) of virus-antibody-complexes into the host's immune cells (macrophages), causing the immune system defenses to weaken. The end result is that the person's body becomes MORE susceptible to illness when follow-up and booster injections are administered. The synthetic spike glycoprotein, artificially produced by the cell, now sits out on the glycocalyx and acts as a label. This transforms the cell from friend of the body to an enemy. This causes the immune system to begin destruction of that cell via the process of apoptosis.

The COVID-19 modRNA shot delivers only the genetic information for the Wuhan sequence of SARS-CoV-2 virus. Natural immunity will create cross-immunity, which is protection against many mutations of the virus. The shot, on the other hand, can only hope to provide specific protection to the single Wuhan version (not the Alpha, Beta, Gamma, Delta, Omicron, ... variants) and cannot recognize any other mutation. The virus mutates far quicker than the time it takes for the pharmaceutical industry to create and distribute their shot to billions of people on the planet. Thus, the antibodies produced in our bodies are always based on old viruses no longer active. Natural immunity does not depend on one viral sequence, but generates antibodies against other glycoproteins on the virus—like the *nucleocapside protein*. This results in far greater and more powerful immune protection.

Proteins represent our body's building blocks and are central to cellular metabolism. For a functional metabolism, only essential proteins can be present in a certain cell at a specific time. Proteins that are not required must be absent or they will disrupt the smooth running of the cell. Proteins or mRNAs in healthy cells are like musicians in an orchestra and play their instrument in a certain way at a certain time. Otherwise, it is chaos and cacophony. Because synthesized modRNAs were developed for longevity and have access to all cells, they contradict the nature of true mRNA which is short-lived and cell-specific. This makes modRNA a persistent danger to normal, healthy cellular metabolism. It would be like giving an orchestra member a large kettle drum to bang anytime without regard to the arrangement of the musical score.

To stabilize the modRNA, synthetic *methyl-pseudouridine* was used to replace the natural uridine in the chain of amino acids and glycans (sugars) making the synthetic spike glycoprotein. This one substitution increases the transcriptional error rate to one error every 4,000 nucleotides or once in every synthesized vaccine molecule. The spike glycoprotein is not even built according to design! If you can't build it right, it definitely won't function right!

The permitted tolerance level of the active ingredient in the modRNA vaccines ranges in concentration from 0.37mg/ml to 0.63 mg/ml as shown in the *European Medicines Agency* (EMA) Assessment Report. Such a high variation is highly unusual for a drug. In addition, a 3.4-fold variation of the active ingredient is allowed between different batches. This means that some batches have little active ingredient and few side effects, while others can have much higher levels of active ingredient and cause excessive side effects. One dose of Pfizer's COVID-19 vaccine represents 0.3 ml with 30 micrograms of active substance. This means that 13 trillion modRNA molecules are being transferred into your body with each single injection.

The political narrative insisted that these shots would not alter the human genome. The government spokespersons stated that "COVID-19 vaccines do not contain reverse transcriptase," thereby entirely precluding modRNA being written back into human DNA. Two publications have totally refuted this and proven that it does happen. It has been known for years that 8% of the human genome does not come from our ancestors—it comes from retroviruses which have the capability of rewriting their RNA into our DNA. This is not an uncommon occurrence, but for the first time we are allowing the rewriting of a foreign, artificial, lab-created instruction. We are playing God with our biology and we have no idea what repercussions we are causing.

Synopsis of How the COVID-19 Shot Works:

1. After the LNP enters the cell via endocytosis, modRNA is released.
2. The modRNA encoding the SARS-CoV-2 spike glycoprotein is translated and synthesized
3. The spike glycoprotein is presented at the cell surface (glycocalyx) and serves as a foreign

antenna that the immune system will recognize and create neutralizing antibodies for.
4. Due to the presence of a *furin cleavage site*, subunit-1 (S-1) can be cleaved from subunit-2 (S-2) on the spike glycoprotein and distributed throughout the body via blood and lymphatic channels
5. There is evidence that modRNA can be reverse-transcribed into DNA and incorporated into the genome of the recipient cell. This alters your human genome forever.

Bottom Line: The modRNA forces perfectly healthy cells to produce a synthetic, lab-created, viral glycoprotein, transforming them from friend to foe. Therefore, RNA-based injections are not vaccines at all, but genetic manipulations—and that certainly challenges the political narrative. Numerous adverse events and deaths are already painfully obvious and this shifts the cost-benefit ratio of mRNA-based vaccine technology for mass application definitely into the negative side.

I published this blog article on severe adverse events with the COVID-19 shot on September 10, 2024:

A study on COVID-19 mRNA vaccines reported lessons learned from the *Registrational Trials and Global Vaccination Campaign* which was a landmark study thoroughly documenting facts researchers have learned during the pandemic. The authors concluded that given the well-documented severe adverse events (SAEs) and unacceptably high harm-to-benefit ratio, governments should endorse a global moratorium on all mRNA products. They stated the following irrefutable evidence at the conclusion of their lengthy study:

In the context of the two pivotal trials, safety was never assessed in a manner commensurate with previously established scientific standards either for vaccines or for Gene Therapy Products (GTPs). GTPs are the more accurate classification for these products. The authors reported that **many key trial findings were either misreported or omitted entirely from published reports.** The usual safety testing protocols and toxicology requirements were bypassed by the FDA and vaccine manufacturers, and the premature termination of both trials obviated any unbiased assessment of potential SAEs due to an insufficient timeframe for proper trial evaluation. It was only after the EUA that the serious biological consequences of rushing the trials became evident, with numerous cardiovascular, neurological, reproductive, hematological, malignant, and autoimmune SAEs identified and published in the peer-reviewed medical literature. Moreover, the COVID-19 mRNA vaccines produced via Process 1 and evaluated in the trials were not the same products eventually distributed worldwide; all of the COVID-19 mRNA products released to the public were produced via Process 2 and have been shown to have varying degrees of DNA contamination. The failure of regulatory authorities to heretofore

disclose process-related impurities (e.g., SV-40) has further increased concerns regarding safety and quality control oversight of mRNA vaccine manufacturing processes.

Since early 2021, excess deaths, cardiac events, strokes, and other SAEs have often been wrongly ascribed to COVID-19 rather than to the COVID-19 mRNA vaccinations. Misattribution of SAEs to COVID-19 may be due to the amplification of adverse effects when mRNA injections are followed by SARS-CoV-2 subvariant infection. Injuries from the mRNA products often overlap with severe acute COVID-19 illness, which can obscure the vaccines' etiologic contributions. Multiple booster injections appear to cause immune dysfunction, thereby paradoxically contributing to heightened susceptibility to COVID-19 infections with successive doses. For the vast majority of adults under the age of 50, the perceived benefits of the mRNA boosters are profoundly outweighed by their potential disabling and life-threatening harms. Potential harms to older adults appear to be excessive as well. Given the well-documented severe adverse events (SAEs) and unacceptably high harm-to-benefit ratio, **the authors urge governments to endorse a global moratorium on the modified mRNA products** until all relevant questions pertaining to causality, residual DNA, and aberrant protein production are answered.

The long-awaited autopsy study linking COVID shots to deaths was finally published, after the Lancet journal censored it. A systematic review of autopsy-related literature following COVID-19 vaccination found that **73.9% of the 325 deaths were linked to the shots,** suggesting "a high likelihood of a causal link" between the shots and death.

The study authors shared, "Our study faced unprecedented censorship from the Lancet SSRN preprint server and was taken down after massive downloads by concerned physicians and scientists across the globe. Lancet did not want the world to know that among deaths that were autopsied after COVID-19 vaccination, independent adjudication found that *the vaccine was the cause of death in 73.9% of cases*...The most common fatal vaccine syndromes were myocarditis and blood clots. Investigative journalists should probe Lancet to uncover who was behind the unethical suppression of critical clinical information to the public."

I published the following information on increased cancers and clots due to the COVID-19 shot on March 14, 2023 in my blog:

Dr. Ryan Cole is the founder of a world-class laboratory located in Boise, Idaho. But he has been maligned by the mainstream media and medical establishment for telling the truth about the data and science he has observed. He has never had a patient complaint filed against him, but a major insurance company stopped working with him and he had to defend his medical license in the state of Washington. It is time to hold accountable those in our health system who censor

and malign real scientists. Despite recent congressional efforts to investigate and get main stream media coverage, stopping the suppression of truth is still a major effort.

Dr. Cole has noted alarming trends that he and his colleagues have seen since the rollout of the mRNA COVID-19 vaccines. This has included a rise in "wildfire cancers" and the emergence of large blood clots. "The cells don't lie. The clots don't lie. The damaged organs don't lie," says Cole. Dr. Cole has broken down the mechanisms by which the spike protein can cause symptoms from brain fog to reactivated Epstein-Barr virus and changes in hormonal cycles. Dr. Cole notes that the COVID-19 vaccines are formulated for a strain of the virus that is extinct, but the spike protein in the injections is from the original Wuhan strain and is causing many health problems including unusual cancers, heart disease, immune system diseases, and death.

Dr. Cole states, "Now we know the vaccine is more dangerous than the virus itself, because the vaccine still has all those pro-clotting abilities, has all those inflammatory abilities, whereas the spike from Omicron does not...The vaccinal spike is still the original Wuhan spike. That's the clotting spike. The Omicron spike is not the clotting spike. [The Wuhan] spike protein, plain and simple, is pathophysiologically toxic to the human body...I was in Kentucky last weekend. [An] interventional radiologist came up to me. He said, 'You wouldn't believe how many young women I'm seeing with breast cancer, stage 4, aggressive.' I said I would believe it."

Many of these negative health trends are related to the immune system being compromised. The COVID-19 vaccines prevent the immune cells, that are meant to immediately respond to threats in the body, from performing their proper functions. Dr. Cole says, "It seems to be a dose accumulated effect. The spike is dose dependent toxicity. The more spike you get, the longer your body keeps making it, and the more adversely many systems are affected." There are studies suggesting that the Pfizer vaccine diminishes the body's immediate immune response (the innate immune system). Dutch researcher F. Konstantine Fohse concluded that the mRNA in the Pfizer COVID-19 vaccine "induces complex functional reprogramming of innate immune responses." People who have not been vaccinated "have a broad nonspecific response to any infection" and they can fight off the infection in about 10 days. But for those who have gotten the injections, the spike protein stays in the system much longer and acts as a toxin. The synthetic spike protein can stay in the body for months.

Edward Dowd, a former portfolio manager for BlackRock, has been tracking excess deaths in working-age adults using insurance company data. Many countries' statistics show excess deaths compared to prior years, with many having 30 to 50 percent higher rates of death in young or working-age people. The only variable during this timeframe has been the mass COVID-19 vaccination campaign. This *has* to be the cause. Dr. Cole says, "The call to action is that every coroner, every medical examiner needs to request a *spike and nucleocapsid stain* on every organ in the body of every young deceased person." We have to use real science to draw

attention in the mainstream media and get accountability from corrupt medical institutions and those they fund.

I published the following information on natural immunity on September 26, 2023 in my blog:

Two human challenge trials were done during the 1918 Spanish flu season by two independent groups of doctors in Boston (62 volunteers) and San Francisco (50 volunteers). Researchers tried every way to infect healthy people by dripping mucous and bodily fluids from Spanish flu patients into the volunteer's eyes, noses, and throats. Regardless of how they tried to infect people, none of the participants became infected.

During the COVID-19 pandemic, a SARS-CoV-2 human challenge study was conducted and published in Nature in 2022. Thirty-six healthy volunteers were infected with the virus through their nose—half remained uninfected and the other half had only mild symptoms. These trials demonstrated that just because you are exposed to a bacteria or virus, it doesn't mean you have to get sick. As Louis Pasteur allegedly stated on his death bed, "Bernard Bechamp was right: The pathogen is nothing; the terrain is everything." This means that the most important factor in contracting disease is the overall health of the body, not exposure to a particular bacteria or virus.

While people look similar on the outside, we are very different microscopically on the inside. Viruses need suitable (weak) cells to hijack so they can replicate. Strong cells and strong immune systems create a strong antiviral state—there is no soil in the terrain for the virus to spread its roots so that person will become infected. For instance, epithelial cells in our nose (cells on the inner surface of the nasal cavity) can automatically secrete a substance (interferon) that puts these cells into an antiviral state and makes them clamp down on viral replication. In addition, *sialic acid* is one of the glycobiology sugars on the ends of the cell's glycoprotein antennas. We mention it in our Wellness Journey Class and one of its functions is to control the viscosity of mucous secretions. This makes it much harder for a virus to attach or bind to the cell's glycocalyx (cell membrane) in the first place. If the virus can't bind to the sugar-tipped, cell receptor antennas, then it can't invade and infect the cell. The pathogen gets wrapped up in the nasal and throat mucous. It is then broken down by the immune system and the remnants pass through the body's digestive tract and are excreted. You don't get sick. It isn't because you have natural immunity—that requires getting sick with the disease. It's just that your innate immune system is so strong that it won't allow a pathogen to gain a foothold and make you ill. You are healthy (*asymptomatic* is the language the medical system used during COVID).

The immune system is divided into two overlapping parts: *innate* and *adaptive immunity*. Innate immunity is always operating and protecting you. It consists primarily of the regular army of

defensive, special immune system cells (macrophages, neutrophils, natural killer cells, eosinophils, etc.). The innate system fights any and all of the regular bacterial, viral, and parasitic invaders. Adaptive immunity requires time and specific information about the invader before it comes online and goes into action. It consists of antibodies, T cells, B cells, natural killer T cells that are all coded to attack a specific pathogen. Adaptive immunity is very powerful, but only against a single individual threat (like the Navy Seals going after Osama bin Laden and ignoring everyone else).

The five barriers of human immunity include: 1) the physical barrier of skin, nose, eyes, mouth, digestive tract; 2) epithelial cells (utilizing interferons, sialic acid binding, and mucosal lining); 3) innate immune cells; 4) T cells; 5) B cells. Numbers 1-5 represent the entire human immune system. Broken into two parts: 1-3 represent the innate immune system and 4-5 represent the adaptive immune system.

In terms of viral resistance there are two states or conditions of immunity. The first state is the antiviral state. It is characterized by strong cellular epithelial glycocalyxes resistant to viral binding, and responsive immune cells that secrete interferons capable of eradicating viruses at the frontlines of the battlefield (nose, throat, eyes, gut). If the enemy breaks through into the bloodstream, then the battle is still fought by the innate immune system, but the adaptive immunity forces go on alert waiting to be called up to action.

The other (second) immunity state is a systemic chronic inflammation state. This state makes people very susceptible to viral infections because their immune system is already compromised and fighting disease on many other fronts. During World War II the United States had to fight on two sides of the world—confrontations in the Pacific (Pearl Harbor, Iwo Jima, Midway, Guadalcanal, Leyte, Japan, China, Korea) and on the Atlantic side (Europe—England, France, North Africa, Italy, Germany, Russia). When the immune system is fighting degenerative and autoimmune diseases throughout the body, we call them *comorbidities*. Comorbidities mean that your immune system is stretched thin and fighting on many fronts. One more challenge can push the immune system to the tipping point and over the edge. This is what happened to people in the United States when confronted with COVID-19. The vast majority of those who died had more than one comorbidity and they just couldn't handle one more attack on their immune system. Fortunately, the vast majority of people without comorbidities survived COVID-19 with over a 99% survival rate. There was no pandemic for them and no risk—it was just like getting a mild cold or flu.

People who got COVID-19 and chose not to get vaccinated were vilified by mainstream media and the government for two years during the pandemic for not getting vaccinated. The unrelenting message was: only the vaccinated were safe; only the vaccinated cared about other people's health. It was all hogwash. For 100 years, the medical system knew that natural

immunity conveyed the only true immunity. Vaccines are incapable of matching it because vaccines can only stimulate the immune system in hopes that it might induce a partial degree of immunity. It's an artificial immunity and never as strong as the real thing—natural immunity.

Making matters worse was the fact that the COVID-19 vaccine was not really an actual vaccine (it was gene therapy). The vaccine was incapable of preventing COVID-19 infection and it was impossible for it to stop transmission from one person to another. So, what good was it? In truth, it only represented harm to the body because of the toxic ingredients contained within it—there was no actual benefit provided. However, the truth about this propaganda from the pharmaceutical/healthcare cartel took two years to finally dribble out to the public. Prestigious journals printed pharmaceutical-funded, poorly-designed studies to bolster the COVID-19 lie. This was done in the same way the tobacco industry misrepresented the truth for 50 years and lied, saying smoking didn't cause lung cancer.

The *Lancet* was one of many journals parroting the politically-correct narrative encouraging everyone to get vaccinated regardless of natural immunity. They finally published a study that tells the truth that no vaccine can compare to natural immunity. Of course, they didn't apologize or admit they lied. They even admitted that the virus rebounds against the fully vaccinated which means that **if you got vaccinated, you are 33% more likely to get COVID than the unvaccinated!** So, not only did the vaccinated get no immunity to COVID, they got a higher risk of getting it again. They got no reduction in the likelihood of hospital stays or severity of disease experience. But they did get all of the side effects associated with the jab and its toxic, synthetic spike protein—nearly 2 million adverse reactions and over 35,000 actual deaths! In an interview with Bill Maher on June 26, 2023, Robert F. Kennedy Jr., stated that The *Centers for Disease Control* (CDC) proclaim that vaccine injuries are very rare, affecting only 1 in 1 million. However, since 2010, the CDC has known that the injury rate is about 1 in 37. It is criminal not to clearly inform the public of the real risks.

Mainstream media and social media (YouTube, Facebook, etc.), but not Twitter (thank heavens!), still currently censor anyone who disavows the politically-correct narrative concerning COVID-19 vaccinations. It is only the courageous podcasters and independent filmmakers who brave the censorship and give voice for the truth to reach the public. Even Democratic Presidential candidate, Robert F. Kennedy, Jr. is still censored on YouTube for what the Fauci puppet-heads deem as vaccine misinformation. It's time to make sure the truth rings in everybody's ears.

I published the following blog article on October 24, 2023 concerning early treatment for COVID-19 vaccination adverse events:

Throughout the COVID-19 pandemic, the public medical authorities discouraged anyone from administering or receiving early treatment for the disease. They insisted that doctors should only treat patients when their lips turned blue and oxygen levels were dangerously low, requiring hospitalization. Denying early treatment of a disease and refusing to try any other intervention has never been standard protocol. Many innovative doctors were having success with natural and drug-based therapies, but the medical system insisted that only a vaccine would be able to treat the disease. We now know that hydoxychloroquine and ivermectin were just two of the drugs that virtually eliminated the COVID-19 virus. However, the medical/pharmaceutical system knew there was no money in that approach and wanted the billions of dollars a vaccine would bring in. Dr. McCullough testified that even after 3 years, the WHO still refuses to advocate for any early treatment for COVID-19 on their website. It turns out that early treatment and/or natural immunity were the only ways to fight COVID-19 effectively, but the public never got that message.

After the vaccine was rushed through trials, the fear-based publicity and mandating policies resulted in two-thirds of the people worldwide getting the vaccine. *75% of Americans got the vaccine jab (25% are very thankful they did not). 94% of those getting the jab in the U.S., got one utilizing mRNA technology.* This technology embeds the man-made, engineered genetic code to artificially create the infectious part of the virus (the spike protein) in human bodies. It was the worst idea ever to install the genetic code by injection and allow unbridled production of a potentially lethal protein in the human body for an uncontrolled duration of time.

The toxic Circulating Spike Protein from the Vaccine endures for at least 6 Months and longer. The following studies reported on the issue:

Krauson and colleagues from Harvard in their study published on September 27, 2023 and titled, *Duration of SARS-CoV-2 mRNA vaccine persistence and factors associated with cardiac involvement in recently vaccinated patients*, **found the vaccine mRNA in the heart cells of those who have died from the vaccine.**

Castruita and colleagues published an article titled *SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to 28 days after COVID-19 vaccination* in the *Journal of Pathology and Microbiology and Immunology.* They found **circulating mRNA in the blood for at least 28 days**—as long as the study lasted.

Brogna and colleagues in Germany published on August 31, 2023, an article titled, *Detection of recombinant Spike protein in the blood of individuals vaccinated against SARS-CoV-2: Possible molecular mechanisms,* in the *Journal of Proteomics.* They found circulating spike protein

produced by **the mRNA in the blood of half of the people who took the vaccine for up to 6 months**—as long as the study lasted.

So, if you follow the government recommendations, you can have **circulating spike protein in the blood from the vaccine for at least 6 months**. Then, following the official schedule, you **get a booster which gives you even more spike protein**. The spike protein is extremely dangerous to cells and tissues in the human body. Despite what main-stream-media parrots from the pharmaceutical companies, the mRNA and the spike protein are not being broken down by normal human enzymes in the body. They continue circulating in the blood stream and can cause serious damage. The mRNA is synthetic. It has been changed. It's not natural mRNA. The change is called pseudouridylation—it is abnormal. There are thousands of patents on it. The next mRNA vaccine development plans to use the technology in the flu vaccine.

The COVID-19 vaccine results in myyocarditis and heart damage. A study by Schreckenberg titled, *Cardiac side effects of RNA-based SARS-CoV-2 vaccines: Hidden cardiotoxic effect of mRNA 1273 and BNT162b2 on ventricular myocyte function and structure* was published October 12, 2023 in the *Journal of Pharmacology*. They found that both the **Pfizer and Moderna mRNA vaccines administered to mouse heart muscle cells damaged the cells within 48 hours**. This is an example of the kind of safety studies that should have been done before the vaccine was released. If this were a drug, the drug company would have stopped development, because this represented early and direct harm.

Another study titled, *Assessment of Myocardial 18F-FDG Uptake at PET/CT in Asymptomatic SARS-CoV-2–vaccinated and Nonvaccinated Patients*, published September 19, 2023 by Takehiro Nakahara and his Japanese colleagues, found that virtually everyone who took the vaccine had their **heart shift** from taking up fatty acids for energy (the normal way) to utilizing fluorodeoxyglucose (FDG) which is abnormal and indicative of an injured heart. FDG is what cardiologists look for in a PET/CT scan to identify where the damaged areas of the heart are located. **65% of those getting the vaccine complained of a sore arm at the injection point. Those who had a sore arm had the greatest abnormalities in the PET/CT scan (greatest risk for heart damage).**

Schwab and his colleagues in Germany conducted autopsies and found that <u>if</u> there was inflammation in the arm at the time of death, there was also inflammation in the heart. So, a clinical clue for those who will become sick in their heart are those who have a sore arm. The study is titled, *Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination.*

Hulscher, McCullough and colleagues at the University of Michigan performed a systematic review (titled *Autopsy Proven Fatal COVID-19 Vaccine-Induced Myocarditis*). They examined all

of the autopsy cases documented in the peer-reviewed literature. This amounted to over 600 papers. They extracted all the data from each autopsy, made evidence tables from it, and submitted conclusions to three independent reviewers to adjudicate whether the death was caused by the vaccine—based on contemporary knowledge of what the vaccine does to the human body. In 325 cases, the panel adjudicated that **73.9% of the deaths were due or very likely due to the vaccine**.

Dr. McCullough shared the story of Oscar Cabrera Adames, a Dominican Republic professional basketball player. He got the vaccine shot in 2021. He suffered cardiac arrest on the basketball court, but was successfully resuscitated. He later tweeted that he had myocarditis and that it was due to the COVID-19 vaccine shot. He stopped playing sports, because athletic performance with myocarditis can trigger cardiac arrest. Two years later, he was having a medically observed, treadmill stress test with the EKG on to assess his recovery and whether he could return to sports. Unfortunately, he suffered a fatal cardiac arrest while on that treadmill and died despite supervised medical care. He was only 28 years old and it was two years after his vaccination.

An epidemiologist from Canada (Rancourt and colleagues) published an ecological study gathered from countries around the world on September 17, 2023. The researchers estimate that worldwide **17 million people have died after COVID-19 vaccination**! The United States' Centers for Disease Control (CDC) has sponsored the Vaccine Adverse Events Reporting System (VAERS) and it documents (as of Sep 25, 2023) over 36,000 deaths of which **18,188 deaths have been certified by the CDC as happening after COVID-19 vaccination. 86% of the reports to VAERS are made by doctors, nurses, paramedics.** The **underreporting ratio** has been documented by FDA experts and they say it ranges from a factor of 30 to 40. If we take the lower number **30** as the factor, then that **means that 545,640 Americans have died after the COVID vaccine**.

Of those 18,188 deaths that the CDC has certified as having died after the vaccine, 1,100 died on the same day they took the vaccine--some within a few minutes of getting the shot in the vaccine center and some after a few hours. The injustice is that we have no broad recognition of this astronomical health signal from any public health official in the United States. It is not acknowledged by any of the committees in the House or Senate that supervise COVID-19 at the federal level. It is not acknowledged by those candidates running for President of the United States in 2024 (except Robert F. Kennedy, Jr), corporate boards of companies, or presidents/deans of universities. There is a massive blindness to this enormous mortality signal.

COVID-19 Vaccines Are NEITHER Safe Nor Effective. The spike protein is found in the blood clots. It is found in cells. It is found for as long as researchers have looked for it. There is not a single study that shows the mRNA or the spike protein going away completely. Integrative doctors are searching for ways to remove that threat from the body.

In the randomized trials Pfizer conducted, we have now learned that from the time the safety data cut-off in mid-November 2020 to the time of the FDA meeting on December 10, 2020 to approve the vaccine, there were **38 additional deaths from people on the vaccine**. Pfizer did not update their report to the FDA nor did FDA officials ask for any other anomalies happening during the time between when the report was concluded and the FDA panel meeting—a 3 to 4-week period. It is standard procedure for the FDA to ask for any observations in the intervening time, but they did not. **With these additional deaths, there is 3.7-fold greater risk of death due to a cardiovascular event with the Pfizer vaccine than with the placebo. In light of this hidden information, the Pfizer vaccine should never have been approved**. The study documenting this (September 4, 2023) was conducted by Michels and colleagues and was titled, *Forensic Analysis of the 38 Subject Deaths in the 6-Month Interim Report of the Pfizer/BioNTech BNT162b2 mRNA Vaccine Clinical Trial*.

It was Dr. McCullough's conclusion that NONE of the COVID-19 vaccines are safe for human use. The *World Council for Health* on Jun 11, 2022 called for all COVID-19 vaccines to be removed from the market. On March 31, 2023, the *Association of American Physicians and Surgeons* called for the same thing. When the main stream media says that all the doctors and agencies agree that the vaccines are safe and effective, it is a blatant lie.

The states can move to pull these vaccines off the market—they don't have to wait for the federal government. Attorney Generals and state legislatures can act. Idaho and Florida are moving in this direction. This is a consumer product safety issue. And with the recent discovery of DNA contamination in each vial of mRNA COVID-19 vaccine, this issue is even more urgent. Seven different laboratories have documented 200 billion pieces of plasmid DNA contamination. This DNA is packaged in lipid nanoparticles, basically a synthetic virus, and are delivered into the cells of vaccinated individuals where it can be incorporated into their nucleus and genome. The contamination also includes Simian Virus 40 (SV-40), a monkey virus. Experts have long suspected SV-40 as a risk factor for cancer in humans.

For COVID-19 injuries and Long-COVID Syndrome, a paper by Diexer and colleagues shows that **70% of those suffering from Long-COVID were vaccinated** (50% had been vaccinated three times). Taking one or more doses of the COVID-19 vaccine is directly related to Long-COVID. The study is titled, *Association between virus variants, vaccinations, and previous infections, and post-COVID risk,* published in the *International Journal of Infectious Diseases*.

McCullough and others published a paper in a peer-reviewed journal on **detoxification of the spike protein**. The study is titled, *Potential COVID Spike Protein Detoxification Regime Discussed in Journal of American Physicians and Surgeons (AAPS)* and was published in the fall, 2023 volume of AAPS. It recommends that people detoxify using 3 natural substances:
1) **nattokinase**, a naturally occurring enzyme found in natto cheese. It can cleave the spike

protein and it also inhibits blood clotting. The protocol recommends 2000 units twice a day; 2) **bromelain**, an enzyme isolated from pineapple stems. It has been shown to modulate the body's production of proinflammatory or anti-inflammatory compounds, and to have an anticoagulant effect. It can also block the infection of cells by SARS-CoV-2 virus. The protocol recommends 500 mg daily; 3) **curcumin** is derived from turmeric, a member of the ginger family of plants. Studies suggest it may have antiviral activity against multiple viruses, and may inhibit cell entry of SARS-CoV-2 by blocking spike protein binding sites. It also has anti-inflammatory and anticoagulant properties. The protocol recommends 500 mg twice daily. Dr. McCullough is sharing the protocol with doctors internationally in hopes of fine-tuning the treatment. The process is slow and can take 3 to 12 months for people to see improvement. Some drugs like blood thinners may be useful, but none are designed specifically against Long-COVID.

A blog article published on June 7, 2022 discussed reverse transcriptase and the ability of the mRNA COVID-19 experimental vaccine to re-write itself into human DNA.

Vaccine proponents claimed that even though the vaccine contained RNA it was not a *retrovirus*. It did not contain a gene for reverse transcriptase which could write the RNA into our cell's DNA. In addition, since the replication cycle occurred outside the nucleus where our DNA is stored, there did not seem to be any way that vaccine mRNA could affect our DNA. But a May 6, 2021 study by the *Massachusetts Institute of Technology* published in the *Proceedings of the National Academy of Science (PNAS)* revealed a huge unexpected finding. **They found that after SARS-CoV-2 infected human embryonic kidney cells, the virus's RNA was in fact "reverse transcribed" and integrated into the cell's genome.** The paper did not study how this was accomplished, since the vaccine virus did not encode reverse transcriptase (the mechanism for reverse writing RNA into DNA).

The researchers who wrote this study hypothesized that there must be some other cellular mechanism behind this process. One possible metabolic process might involve *human theta polymerase;* this was shown by researchers at Thomas Jefferson University to reverse transcribe cellular RNA into DNA and repair DNA based on RNA sequences. The study demonstrated that SARS-CoV-2 (COVID-19 virus) genetic sequences integrated into the host cell's genome with 29% entering the gene *exons*. Exons are the part of the genome that actually express the proteins and code (or influence) a person's attributes like appearance, weight, immune function, and other bodily conditions. According to the study, this integration of viral RNA was not random and suggested there could be changes in cell structures and function. Researchers discovered DNA fragments around the sequences of viral genes embedded in human chromosomes; this suggested a reverse transcription mechanism like *LINE1* (Long Interspersed Nuclear Elements) to transcribe its RNA into DNA and insert it into the chromosome.

In February 2022, a study performed at Lund University in Sweden and published in the medical journal *Current Issues in Molecular Biology (CIMB),* demonstrated that six hours after entering human liver cells in vitro (test tube incubation), *Pfizer's mRNA vaccine was able to reverse transcribe itself into these cells and affect human genes*. Dr. Xiaoxu Sean Lin, an American virologist and former lab director of *Walter Reed Institute of Research, Viral Disease Branch* said, "This study has challenged the topic that people dare not to touch, that is, whether or not the mRNA vaccines are genotoxic." It appears from these multiple studies that the mRNA virus in the vaccines can reverse transcribe its RNA into DNA. This RNA becomes embedded in the human chromosome just like *Human Immunodeficiency Virus* (HIV) is able to do.

Mainstream media and government agencies are loath to report these findings because it means that these fast-tracked, **experimental vaccines *do* alter human DNA,** which was something they assured the public would never happen. The medical authorities have needlessly infected people with synthetic, genetically-modified genes which have the potential to cause long-term, serious repercussions to human health. And they did it when safer therapeutics were available that could have treated and mitigated the effects of the COVID-19 virus with minimal harm. The pharmaceutical industry is indemnified and cannot be sued for any harm their vaccines cause. The vaccinated are the unfortunate victims and will be the ones to suffer the brunt of these health ramifications. Who will hold the pharmaceutical industry, Dr. Fauci, the National Institutes of Health (NIH), Food and Drug Administration (FDA), and Centers for Disease Control (CDC) accountable? Only an informed public has that kind of power.

This blog article published May 31, 2022 documented *details concerning the COVID-19 spike protein on the virus and the synthetically engineered one utilized in the Pfizer and Moderna vaccine designed to alter human cells and DNA:*

The spike protein (S protein) is a glycoprotein on the glycocalyx or surface of the SARS-CoV-2 virus responsible for COVID-19. The S protein has two main components: S1 remaining in the blood and the S2 bound to cell membranes (glycocalyx). Initially, scientists thought its only role was in binding the virus to the *angiotensin-converting enzyme* (ACE2) receptors on human cells which allowed the virus to enter and infect the cell. Studies now document at least 8 other ways the spike (S) protein harms the human body.

Vaccines have introduced genetically modified (GMO), synthetic spike proteins which human cells are forced to create and display on their glycocalyx in hopes of prodding the immune system to generate some limited immune protection. These artificial GMO spike protein causes all of the 8 documented problems plus others. Moderna and Pfizer vaccine makers advertised that the viral mRNA in the vaccine would only appear in small amounts in the muscles at the

injection site and not enter the blood or organs of the body. This proved to be false and the GMO spike protein has been detected weeks and months after injection *and* in most vital organs and other parts of the body. A study published in the *Journal of Immunology* documented that S2 proteins could still be found four months after the second dose of the Pfizer vaccine. Eliminating these foreign, artificial S proteins from the body becomes critical to restoring health from the damage COVID-19 vaccines cause. 8 ways the spike protein harms recipients:

1. Damages the lung cells (pulmonary alveoli and endothelial cells).
2. Damages the mitochondria and DNA structures.
3. Damages cardiovascular cells.
4. Increases the risk of blood clots.
5. Damages brain cells.
6. Promotes inflammation.
7. Suppresses immunity.
8. Increases the risk of cancer.

A paper published in 2021 states that the spike proteins cause damage to multiple organs: 1) increases *Type 1 catalytic receptors* in the kidneys which makes them more susceptible to viral infection; 2) stimulates cells in the small intestine to produce large amounts of *liver/lymph node-specific intracellular adhesion molecules* making them more susceptible to infection; 3) increases *dendritic cell-specific intercellular adhesion molecules* in the lungs which cause inflammatory symptoms; 4) causes the pulmonary alveolar cell walls in the lungs to thicken and solidify, thereby decreasing breathing ability; 5) increases oxidation in various organs leading to *premature cell death*, a *hyperoxidized state*, and increased risk of cancer.

Researchers suspect spike proteins damage mitochondria; this damage then causes *Long-Haul Covid*. Normally, the mitochondria serve the cell as power stations producing cellular energy. When *endothelial* (surface) or *pulmonary alveolar* (lung) cells are stimulated by the spike proteins, the mitochondria structure fragments and the number of mitochondria power stations is greatly reduced. This causes the cell to lose function, decline and eventually die young. Prolonged COVID-19 symptoms (Long-Haul Covid) is marked by chronic fatigue. Lack of energy and lack of oxygen absorption result in worsening fatigue and early death.

Spike proteins damage the cardiovascular system and cause blood clots. A study published in *Clinical Science* documented that spike proteins bind to *CD147 receptors* on the surface of *pericardial (heart) cells* making them more likely to shed from the surface of the *endothelial cells*. This damage to endothelial cells accelerates the death of the *vascular wall cells,* producing more pro-inflammatory chemical factors that in turn damage the *myocardium* (muscles of the heart).

Spike proteins can induce *thrombosis* (blood clotting) leading to a heart attack and even alter the structure of platelets, leading to increased, random clotting and strokes. If the amount of spike protein in the body is too high, the excess spike protein can over-activate the expression of interferons; this then induces the body's immune system to attack its own cells in a way similar to autoimmune disease. Such an autoimmune reaction promotes inflammation, damages sensitive brain cells, increases the risk of cancer and suppresses overall immune function.

The harm of spike proteins is related to the amount in the body. The side effects mentioned above are all based on *in vitro studies* and *animal models*. The serious side effects occurred when the amount of spike protein was large. This is why mandatory, universal vaccination and recurring booster shots are especially dangerous.

The World Council for Health (WCH) has made several recommendations of nutrients and medications to counteract the accumulation of COVID-19 spike proteins.

1. Nutrients that can alleviate symptoms: Vitamin C, Vitamin D, Omega 3, Quercetin, Melatonin, Zinc

2. Common medications used to alleviate symptoms: Aspirin, Antihistamines, Steroids, Colchicine, Ivermectin, Mast Cell Stabilizers

3. Plant Extracts that can help detoxify the body: Selfheal extract, Pine needle extract, Dandelion leaf extract, Rheum emodin, Neem, N-Acetyl L-Cysteine (NAC), Fennel Tea, Anise Tea, St John's Wort, Lithospermum

Of course, the *sugar nutrients* we teach about in our Wellness Journey class and discuss in our book would be the first thing we would add to this list. They are essential to repair and build functional glycoproteins.

This blog article was published on Sudden Deaths due to the COVID-19 shot on Jan 10, 2023.

Edward Dowd, author of “Cause Unknown” stated that "... From February 2021 to March 2022, millennials (26-41 years old) experienced the equivalent of a Vietnam war, with more than 60,000 excess deaths. The Vietnam war took 12 years to kill the same number of healthy young people we've just seen die in 12 months." Dowd developed his financial, statistical, and analytical skills plus his ability to see early trending data while working on Wall Street (he took BlackRock's Growth Fund from $2 billion to $14 billion). As part of his work, he had the opportunity to review health and death statistics. These included All-Cause Mortality data reported by Group Life policy insurance companies as part of their annual profit and loss

statements. *The Society of Actuaries (SOA)* also published data pertinent to these group life insurance policies. These policies are sold to mid-sized companies and large corporations for employers to give as a benefit to their employees and usually represent 1-2 times their base salary. People of working age (18-64) are much healthier than the general population and usually represent a very safe bet for these insurance companies. But all of that changed in 2021.

Determining All-Cause Mortality is not controversial. It's math that insurance actuaries perform meticulously and regularly because their company profits depend upon it. Dowd explains that "... They scrutinize total deaths by age group, by ethnicity, by region, by year, even day to day. They studiously compare month-to-month and year-to-year stats, searching for trends. Usually, the rate of death is fairly consistent... By 2017, around 2.8 million Americans died. 2018 was about the same again. 2019, about the same again. Not surprisingly, 2020 saw a spike, smaller than you might imagine, some of which could be attributed to COVID and to initial treatment strategies that were not effective. But then, in 2021, the stats people expected went off the rails. The CEO of the OneAmerica insurance company publicly disclosed that during the third and fourth quarters of 2021, death in people of working age (18-64) was 40% higher than it was before the pandemic. Significantly, the majority of the deaths were not attributed to COVID."

A 40% increase!? It wasn't due to COVID because COVID is not a significant cause of death in young people! What caused this astronomical spike in deaths of young people? What caused the shift in deaths from old people with comorbidities who were expected to die, to younger people, who are supposed to keep on living? What is the reason young athletes are dropping dead on the playing field? Why are so many young people dying in their sleep? Why isn't mainstream media asking these questions? Why are they satisfied with "Cause of death unknown, died of natural causes, no cause of death has been given, died after a brief illness, officials are still investigating cause of death?" Healthy young people don't just stop living for no reason. But the media isn't curious. There are no follow-up news stories. Just silence.

In the summer and fall of 2021, America saw an 84% spike in excess deaths among the youngest working people (25-44), and that spike immediately followed the massive vaccine mandate. No matter what country you look at, following mass vaccination campaigns, death rates of working-age people increased in every one of these countries from Europe, to Africa, to the Far East. It turns out that there were actually two pandemics: one year of COVID and one year of the vaccines. Surprisingly, deaths were far worse during the second year. Despite what President Biden is fond of saying, there was no "Pandemic of the Unvaccinated." There is a "Pandemic of the Vaccinated" that has been hidden from the public. The victims are the young and healthy workers who were relentlessly pressured, coerced and finally forced to get a mandatory COVID shot or lose their jobs, travel, or education opportunities. Given that COVID is now less virulent than it was at the start of vaccination propaganda, all countries' death rates

should be trending back towards zero excess death. But they continue to rise. In his book, *Cause Unknown—the Epidemic of Sudden Deaths in 2021 and 2022*, Dowd documents, via graphs, the data showing: 1) how each country had very low rates of death attributed to COVID in the beginning; 2) the timeframe when they commenced mass vaccination; 3) then, how they experienced huge increases in deaths attributed to COVID after the shots and boosters were administered.

South Korea is a great example of what happened. From February 2020 to October 2021, there were very few deaths due to COVID. In November 2021, President Moon began a massive campaign to push boosters. He stated, "The vaccination can be completed only after receiving the third jab." His citizens complied, reaching more than 90% of adults fully vaccinated. **Daily deaths went from less than 10 per day in October 2021 to over 400 per day.**

Politicians are slowly confronting these hidden, censored facts. Recently, the United Kingdom stopped offering COVID vaccines to children under 12. Denmark ended mass vaccination for everyone under 50. As countries around the world wake up to the harm the COVID vaccines are causing, a new myth is being promulgated. Having lost the high ground of *safe and effective* vaccines, the medical and health officials are falling back to another untruth that the vaccine lessens severe illness and chances of death. But there is no data to support this claim. In every country, deaths and adverse reactions following mass vaccinations tell the same story--the vaccine is causing much more harm than good. It isn't just deaths. Disability graphs tell an equally sad story. There are now 3.5 million Americans of working age who are too disabled to work. Looking at disability charts back to 2008, the yearly rate historically oscillates around a constant average. That changed dramatically in 2021. An exponential explosion (a stunning 3.0 standard deviation!) dramatically altered the number of disabled. This means that the current disability rate has increased 6.6% over the historical average and is at a higher level than at any time in the last 15 years (data collected by the US Bureau of Labor Statistics).

The documented, long-term, harmful effects of COVID vaccines are increasing. Dr. Marty Makary of Johns Hopkins University said, "The CDC director last year said if we vaccinate a million children, there might be 30 or 40 cases of mild myocarditis. And they said, if you get myocarditis from COVID, that's worse or happens at higher rates. But that's not true. The studies have come out. Europe reacted by banning the Moderna vaccine altogether in young people, in many parts of Europe and everybody under 30. We're now learning that there's significant heart damage, 31% of people having physical activity restrictions. 63% of children with myocarditis had evidence of heart swelling months down the road on MRI. So, we were playing with fire."

A 2011 study showed that annual vaccination for influenza "may render young children who have not previously been infected with influenza **more susceptible to infection** with a pandemic influenza virus of a novel subtype." People's immune systems have always been weakened by

vaccines and the COVID vaccine is especially damaging. A Danish study showed "a 40% increase in infections in the first two weeks after Pfizer-BioNTech vaccination." This is a statistically significant 40% increase in suspected COVID after people receive the COVID shot that was originally supposed to prevent COVID! If the government didn't do all of the advertising for COVID, one could imagine the pharmaceutical products TV commercial warnings for COVID as "COVID vaccines will leave some people more vulnerable to infection and sickness. Some people will experience side effects including cardiac arrest, blood clots, stroke, and sudden death." That is not a very inspiring commercial for a vaccine targeting the young to fight a disease that already has a survival rate of 99.8% (without the jab) and primarily affects elderly people and those with comorbidities. It's time we spoke up for all the young people who trusted their government health officials and died or were injured needlessly.

COVID-19 vaccine deaths and injuries are a hidden epidemic. VAERS is the Vaccine Adverse Event Reporting System put in place in 1990. It is a voluntary reporting system that has been estimated to account *for only 1% of vaccine injuries*. According to openVAERS.com, the COVID vaccine death and injury data documents ***38,659 COVID Vaccine Reported Deaths, 220,887 total COVID Vaccine Reported Hospitalizations, and 1,664,458 COVID Vaccine Adverse Event Reports*** as of May 30, 2025.

New Health Human Services (HHS) Secretary appointed in 2025—Robert F. Kennedy, Jr.

The future is exciting with the Make America Healthy Again (MAHA) movement led by RFK, Jr. and the moms of chronically sick children. In just a few months, RFK, Jr. has refocused government regulatory agencies (HHS, NIH, FDA, CDC) to solve the chronic illness crisis in America. He has made the following significant changes (and more are coming):

CDC's Advisory Committee on Immunization Practices (ACIP) Board membership Changes—In June 2025, Health secretary Robert F. Kennedy Jr. took the extraordinary step of firing the entire existing panel that advises the Centers for Disease Control and Prevention on immunizations, saying the action is needed to restore faith in vaccines. "A clean sweep is needed to re-establish public confidence in vaccine science," He has appointed committee members who do not have conflicts of interest with Big Pharma.

Thimerosal—In June 2025, the Advisory Committee on Immunization Practices (ACIP), a panel advising the CDC, recommended that Americans receive thimerosal-free flu vaccines. The ACIP voted 5-1 to recommend only single-dose formulations of flu shots that do not contain the preservative thimerosal (mercury). This applies to children aged 18 years and younger, pregnant women, and all adults.

Artificial Food Dyes banned—The U.S. Department of Health and Human Services (HHS) and the Food and Drug Administration (FDA) are working to phase out petroleum-based synthetic food

dyes from the nation's food supply. This initiative is part of a broader effort to improve the health of the nation's food supply. The plan involves a voluntary phase-out by the food industry, with specific timelines for different dyes.

Voluntary Phase-Out: The FDA is working with the food industry to voluntarily eliminate six synthetic dyes by the end of 2026.

Immediate Actions: The FDA is also initiating the process to revoke authorization for two dyes, Citrus Red No. 2 and Orange B.

Earlier Removal: Food companies are being asked to expedite the removal of Red Dye No. 3, which was previously required to be removed by 2027-2028.

New Natural Color Additives: The FDA is authorizing four new natural color additives and accelerating the review of others.

Research: HHS and the National Institutes of Health (NIH) will conduct research into the impact of food additives on children's health and development.

The decision to phase out these dyes is based on growing concerns about their potential health impacts, including links to behavioral problems in children and potential carcinogenic effects in animals. Some studies have shown a connection between synthetic dyes and hyperactivity, restlessness, and sleep disturbances, particularly in sensitive children.

This initiative is part of a broader effort to address chronic diseases and improve the nation's food supply. Some health advocates argue that while this is a positive step, states should also consider implementing their own bans to ensure faster and more comprehensive protection for consumers.

Study on Autism—The U.S. Department of Health and Human Services (HHS) launched a $50 million research effort in 2025 to study the causes and potential treatments for autism spectrum disorder (ASD). The goal of the research is to better understand the causes of autism and to identify potential treatments to improve the lives of individuals with ASD.

Autism rates range from 1 in 21 for California (worst in U.S.) to 1 in 77 in Utah (best in U.S.). Average rate for the U.S. is 1 in 31. This is up from the 1 in 68 reported in my book in 2017. An excellent book to read is *How to End the Autism Epidemic* by J.B. Handley which clearly delineates the biological pathway science now documents for how vaccine adjuvants (aluminum and mercury/thimerosal) create chronic inflammation activating the brain's immune system leading to autism.

Vegetable oils dropped in favor of beef tallow—Robert F. Kennedy Jr. is advocating for a shift away from vegetable seed oils (like canola, cottonseed, sunflower, peanut, soybean, grapeseed,

palm, and corn oil) towards beef tallow for cooking, particularly in fast-food restaurants. He believes that the widespread use of seed oils is contributing to health problems like obesity and chronic diseases, and that a return to beef tallow, a traditional cooking fat, would be beneficial. The false belief that high-saturated, animal-fat causes heart disease is beating its last.

Odds and Ends

Merck Mumps Whistleblower lawsuit—This lawsuit was discussed in the book published in 2017. The case was finally won by Merck in 2025 on a technicality. The Third Circuit Court of Appeals confirmed Merck's win in a whistleblower action concerning the effectiveness and shelf life of its mumps vaccine. The court affirmed the lower court's decision, finding that *even if Merck's statements about vaccine potency were false, they were not material to the CDC's decision to purchase the vaccine.* The case, filed under the False Claims Act (FCA), alleged Merck defrauded the government by misrepresenting this information which they clearly did, but common sense did not prevail for these brave whistleblowers. The case was slow-rolled for 15 years and funded by the deep pockets of Big Pharma.

Dissolving Illusions—*A m*ust-read book by Suzanne Humphries, MD and Roman Bystrianyk. The authors document the vaccination myth. They present the best treatise on polio and Simian Virus (SV-40) that I have ever read. I created a Wellness Support Group Webinar on AngiesOptionGRM.org published on March 19, 2025 for those who only have time for a quick synopsis.

Other Excellent Books I Highly Recommend:

Turtles All the Way Down edited by Mary Holland & Zoey O'Toole

The Wuhan Cover-Up by Robert F. Kennedy Jr.

Thimerosal edited by Robert F. Kennedy Jr.

The Real Anthony Fauci by Robert F. Kennedy Jr.

Vax-Unvax by Robert F. Kennedy Jr. & Brian Hooker

The Measles Book by Children's Health Defense

The Virus and the Vaccine by Debbie Bookchin & Jim Schumacher

Unsafe at Any Meal by Dr. Renee Joy Dufault

Down the COVID-19 Rabbit Hole edited by Steven Pelech & Christopher Shaw

COVID-19 and the Global Predators by Peter & Ginger Breggin

The Peanut Allergy Epidemic by Heather Fraser

"Cause Unknown" by Edward Dowd

The War on Ivermectin by Dr. Pierre Kory & Jenna McCarthy

The HPV Vaccine on Trial by Mary Holland, Kim Rosenberg & Eileen Iorio

The Truth About COVID-19 by Dr. Joseph Mercola & Ronnie Cummins

Plandemic by Mikki Willis

Good Energy by Casey Means

Nutrition and Physical Degeneration by Weston A. Price

Ultra-Processed People by Chris Van Tulleken

The Anxious Generation by Jonathan Haidt

Selective Persecution by Dr. Simone Gold

How to End the Autism Epidemic by J.B. Handley