

All Cause Mortality and COVID-19 Injections: Evidence from 28 Weeks of Public Health England “COVID-19 Vaccine Surveillance Reports”

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ABSTRACT

According to data collected in the UK for weeks 34-52 in 2021 (excluding week 51 which was not covered) and in weeks 1-12 of 2022 — a period of 28 weeks during which the genetic “vaccines” from Pfizer, Moderna, and AstraZeneca were being pressed upon the public — deaths reported to Public Health England (PHE) from their hospital “trusts” were being tabulated in a series of vaccine surveillance reports. Each source for the data analyzed here covered a four-week period. Deaths were reported to PHE from under age 18, progressing in increments of 10 years to 80 or older. In addition to deaths, the UK National Immunization Management System also recorded the date of a positive COVID-19 test result, and dates of any vaccinations. To obtain non-overlapping records, the 7 surveillance reports relied on here appeared in weeks 38, 42, 47, and 51 in 2021 and 4, 9, and 13 in 2022. Assuming that dying was not reported more than once for any individual, and, that dates of positive COVID-19 tests and COVID-19 vaccinations were reasonably reliable, we believe there is no good reason to doubt the data or the analyses we are reporting. During the 28 weeks we are referring to, we found an almost perfect correlation between the total deaths within 60 days of a positive COVID-19 test, across the various age groups (a) *from any cause whatever* and (b) *deaths after the persons who died had received one, two, or three doses of at least one of the COVID-19 vaccines*. We simply collated the data from the various UK Health Security Agency vaccine surveillance reports to discover a correlation of 0.99881, coefficient of determination at 0.99762, between (a) and (b). The shots account for almost exactly 100% of the variance in death-from-all-causes in the UK data set.

Keywords: *all-cause mortality, causation and perfect correlation, COVID-19 vaccines, deaths after vaccination*

Introduction

In this paper, we examine evidence concerning the consequences of the still ongoing world-wide experimental deployment of genetic vaccines ostensibly to halt the spread of the disease conditions

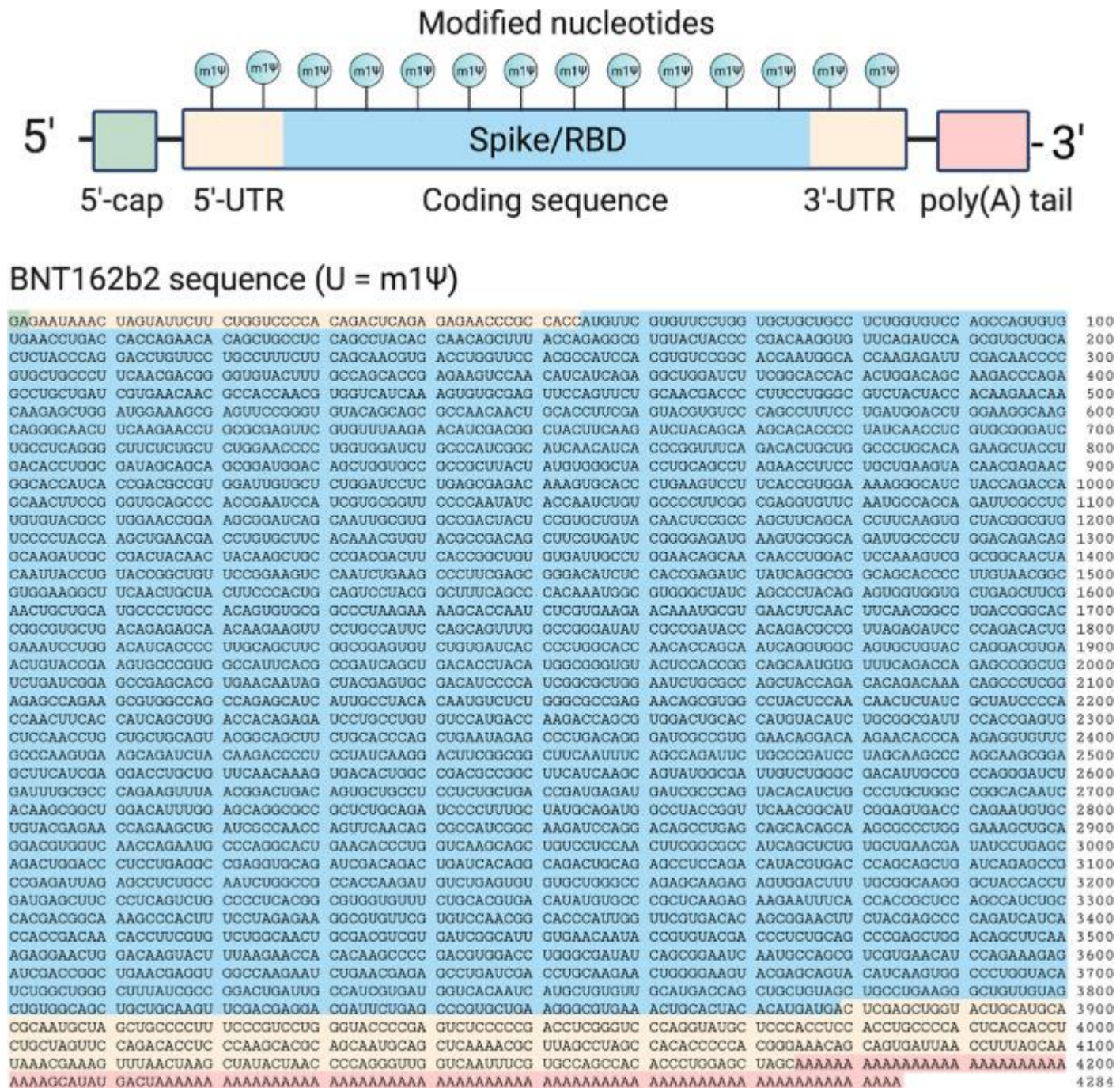


Figure 1. This is the second figure in Nance and Meier (2021), “Modifications in an Emergency: The Role of N1-Methylpseudouridine in COVID-19 Vaccines”, *ACS Central Science*, 7(5), on page 750 at URL <https://doi.org/10.1021/acscentsci.1c00197>. Published by the American Chemical Society copyrighted under the CC-NC-ND 4.0 <https://creativecommons.org/licenses/by-nc-nd/4.0/>. The top portion shows the “design elements found in synthetic mRNA therapeutics” and the bottom portion shows the entire “sequence of the COVID-19 mRNA . . . BNT162b2” from Pfizer. The figure marks in blue the entire “SARS-CoV-2 spike glycoprotein coding sequence”. In the whole sequence every U, uridine, is replaced by a synthetic N1-methylpseudouridine (m1Ψ) which is supposed “to increase their effectiveness” (Nance & Meier, 2021, p. 746).

attributed to the SARS-CoV-2 virus and its variants. Vaccine manufacturers seeking to generate antibodies to SARS-CoV-2, have targeted, according to Nance and Meier (2021, p. 748) “only a single component of the SARS-CoV-2 genome” — namely, the spike glycoprotein. In their paper they detailed the original version of the spike protein as coded in the SARS-CoV-2 genome. It is the part of that virus credited with causing COVID-19 disease. We reproduce their figure here as our Figure 1. They point out that, in the C-19 vaccines, N1-methylpseudouridine (m1Ψ) is substituted for every one of the canonical uridines, the Us, appearing in the original mRNA that codes for the spike glycoprotein in the C-19 “vaccines”. They claim that this modification “enhances immune evasion” and can “drive high levels of [spike] protein production” (p. 752), but “cannot cause COVID-19” disease (p. 748). They say that the m1Ψ substitution “helps cloak messenger RNA vaccines from the immune system, limiting their undesired immune stimulation” which, they say, “in certain circumstances [that they do not specify] may also enhance the synthesis of antigens [more spikes] by the protein producing machinery of the cell” (p. 753). They claim that manufacturers of the synthetic mRNA used “a remarkable enzyme, which can produce RNAs longer than 20,000 nucleotides without making an error” (p. 749). But the problem for the genetic vaccines is not merely to reproduce the component of the SARS-CoV-2 genome for its spike protein perfectly. The incommensurably greater problem is to know how the synthesized mRNA, with 728 methylpseudouridines (m1Ψ) inserted in place of canonical uridines (in the blue portion of Figure 1), will interact with the natural maintenance-repair-defense (MRD) systems of living C-19 vaccine recipients. There are 14 start codons (AUG) and 49 stops (UGA) in the blue portion of Figure 1 — the “component of the SARS-CoV-2 genome” coding its disease causing spike protein.

IRREDUCIBLE COMPLEXITY

It is an elementary fact of microbiology that mRNA can be read in both directions and that start and stop codons define open reading frames within which distinct peptides are specified and can be produced by the ribosome. Therefore, logically speaking, the intended spike protein is only one among many possible peptide products. Setting that to one side, the ribosome is guided by crosstalk with nuclear DNA, mitochondrial DNA, and the MRD processes accounting for the body’s entire repertoire of proteins, organelles, cells, tissues, and organ systems. The processes occurring in the ribosome are so complex that “astronomical” is astronomically too small a word. They involve many distinct short-lived RNAs (Shi et al., 2022) with context-dependent functionality (Plawgo & Raczyńska, 2022), and uncountably many protein-protein interactions yet to be explored (Elhabashy et al., 2022). The body’s MRD systems are also notably susceptible to the states of mind and concomitant emotions of the host (D’Acquisto, 2017), not to mention the DNA, RNA, and protein products of the host that interact with those of the host’s gut biota (Vos et al., 2022). Near the end of their paper, Nance and Meier, refer to the “combinatorial space” as “massive in scale” and they acknowledge that “relatively few RNA modifications have been comparatively evaluated” (p. 753). In implying that all of the interactions could be examined experimentally, one by one, pair by pair, and so forth, they seem to underestimate the complexity of the human DNA and the integrated MRD systems. Those systems must be at least as complex as the human language capacity, which is not only a practical infinity (Chomsky & Miller, 1958), but demonstrably an irreducibly complex system of systems (Oller, 2010, 2014) on the order of Chaitin’s omega limit (2007).

HOMOLOGY — CRUCIAL FOR DECEPTION

In order for any pathogenic viral infection to get underway, the virus must act like a clever wolf in sheep’s clothing. It needs to cloak itself in a configuration of signs that is homologous in crucial respects with native configurations inside the host. It must act much like a deceptive spy-terrorist that gets past the MRD systems of the host to invade, in the case of viruses, the ribosome of nucleated cells.

As James Lyons-Weiler (2020) has argued the crucial feature of the invasive pathogen is its resemblance — homology or near homology — to some counterpart configuration in the host. In his theory of “pathogenic priming”, the success or failure of the pathogen to work its deceptive magic — whether natural and accidental or deviously contrived — hinges on “cloaking”. In the case of the C-19 synthetic mRNA, the penetration of nucleated cells to the level of the ribosome is artfully contrived with a vengeance. Normally, each native mRNA gets used up by the ribosome in the process of manufacturing the body’s needed proteins. But the mRNA of C-19 vaccines is not native, and according to its proponents it is designed not only to “cloak” itself from the host’s immune defenses, but also to cause the ribosome to persevere through multiple repetitive readings — to “enhance the synthesis of antigens [more spikes]” (p. 753) in order to “drive high levels of [spike] protein production” (p. 752). They suggest that because of “a remarkable enzyme” (p. 749), the synthetic mRNA can crank out many perfectly formed spike SARS-CoV-2 proteins one after another. As we have already noted, the synthetic mRNA has many open frames for the production of other peptides in addition to the intended spike. However, the pursuit of all those other peptides is a subject for future research. Focusing here, on the expected multitude of SARS-CoV-2 glycoprotein spikes — perfectly homologous (thanks to that “remarkable enzyme”) to the original spike from the SARS-CoV-2 genome — the first question is what exactly keeps it from causing some form of COVID-19 disease? Setting that aside, what if the host’s MRD should concentrate essentially all its resources against the glycoprotein spike? The theory of “pathogenic priming” suggests, among other things, that subsequent attacks by new variants of SARS-CoV2 might well mobilize the primed response against the spike making the host more susceptible to injury from the other components of the SARS-CoV-2 variants. Vojdani et al. (2021) experimentally confirmed the Lyons-Weiler (2020) theory about homologous molecular configurations. They wrote: “Cross-reactivity occurs when amino acid sequence homology exists between a pathogen and self-tissue proteins” (p. 2).

Homology Is Simple, But Its Irreducibly Complex Interactions Are Not

Homology, or near homology, itself is simple. However, its impact through multitudes of biosignaling interactions that are normally taking place on many levels at the same time is irreducibly complex. In biosignaling, as in ordinary communication and perception, close resemblances make similar strings and shapes, like twins and doppelgängers difficult to tell apart. To work at all, the deceptive representations in viral pathogens, and in their peptide products, must resemble the true representations of their non-pathogenic but homologous or nearly homologous native molecular configurations in the host (Oller, 2010, 2014). If the antibodies and immune cells of the host are confused into regarding proteins in its own cells and tissues as foreign invaders, antibodies can mistakenly attack the host tissues making the host increasingly vulnerable to attack by new invaders or by ones already on hand that have slipped past the MRD systems. This kind of cross-reactivity may account for the mounting number of “breakthrough” cases and deaths involving either a former or ongoing COVID-19 viral infection, with however many doses of C-19 vaccine. More importantly, as Lyons-Weiler demonstrated theoretically, and as Vojdani, et al., demonstrated experimentally, these factors can interact with each other in ways that have devastating potential. That sort of devastation, it seems, is actually occurring on a world-wide scale (Mitropoulos, 2022). The CDC estimates that 140,000 million US citizens 43% have been infected with SARS-CoV-2, and in the rest of the developed world nations, including the UK the percentage must be similar. In fact, the UK Health Security Agency estimated that by week 11 of 2022 between 74% and 95% of persons 18 and older, had received at least one dose of a C-19 vaccine (UK Health Security Agency, 2022). It follows that the

potential for cross-reactivity of antibodies to SARS-CoV-2 variants and those attributable to C-19 mRNA products must be ubiquitous in the world population.

BIO SIGNALING IS NOT MERELY MECHANICAL

The “mechanical” descriptors Nance and Meier apply to the underlying biosignaling processes suggest something like a highly repetitive assembly line, perhaps in a coke-bottling factory with a moving conveyor belt. But the systems they are seeking to manipulate are exquisitely orchestrated. They involve messages from nuclear and mitochondrial DNA conveyed through a multitude of RNAs, some of them originating in the ribosome, mediated not only by protein-protein interactions, but influenced by the emotional states of the host that are intimately impacted by the overall health of the entire complex of MRD systems. The narrative crafted for public consumption, as shown previously by Broudy et al., (2020, 2021, 2021), treats biosignaling like a robotic assembly line with molecular gears and levers that with precise manipulations will extract only the intended effects from the synthetic mRNA in the C-19 vaccines. According to Nance and Meier, the synthetic mRNA will work “without triggering harmful side effects such as anaphylaxis” (p. 753). Judging from the number of times they use the word “mechanism” or some synonymous form, like “machinery”, the proponents of the plan to get the body first to produce billions of spike proteins and, then, to produce antibodies against them, will, “mechanically” they suggest, make C-19 injection recipients immune not only to the original SARS-CoV-2 virus but to new variants as well. In fact, 12 variants were already being tracked by September 17, 2021 according to a Technical Briefing 23 from PHE (Public Health England, 2021). The narrative sponsored by the DoD on behalf of the government-pharmaceutical-medical (GPM) industry, is that the “spike-protein-based immune responses seem to be similar in new variants, which means current vaccines should be effective against these variants” (Military Health System Communications Office, 2021, p. 3).

SO, THE GENETIC “VACCINES” ARE SURE TO BE “SAFE AND EFFECTIVE”?

Margaret Ryan¹ and Jessica Cowden² speaking on behalf of the Military Health System Communications Office for the Department of Defense (DoD) explained how the C-19 injections are supposed to work. Ryan, at a DoD laboratory in San Diego, California, and Cowden, at a counterpart laboratory in San Antonio, Texas at Lackland Air Force Base, endorsed the claims that (1) the coding material for the spike in the Pfizer and Moderna injections is “encased in a lipid coat that allows it to enter only the outer part” of (2) “a few immune cells” where it (3) “breaks down quickly” and is therefore (4) “only present in the cell briefly”. They assert that the genome (see Figure 1) for the spike (5) “does not integrate into the person’s DNA or replicate”. DoD medical directors noted also that the Astra-Zeneca “adenovirus-vectored vaccines” also “produce coronavirus proteins” including the same spike. Therefore, Ryan, MD and director of the laboratory in San Diego says: “. . . after spike protein is expressed [by the replication-deficient DNA vectored AstraZeneca products], the immune response” to them, as well as the Pfizer and Moderna injections, will still produce and “target spike protein” (Military Health System Communications Office, 2021).

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REASSURANCES FROM THE GPM AND DoD

Proponents of the public narrative from the GPM say that because “synthetic mRNAs produce only a single component of the SARS-CoV-2 genome, they cannot cause COVID-19 [disease]” (Nance & Meier, 2021, p. 748). The same authors go on to say that “these are nonreplicating mRNAs that naturally decompose and do not integrate into genomes”. The DoD officials say the synthetic mRNA “is encased in a lipid coat that allows it to enter only the outer part of the cells. It does not integrate into the person’s DNA or replicate, and it breaks down quickly, so it’s only present in the cell briefly.” Ryan says: “That [injected] mRNA then tells the cells to express ‘spike protein,’ resulting in the immune system making antibodies to destroy the spike protein” (Military Health System Communications Office, 2021, p. 3).

What Does the Synthetic Spike Do in C-19 Vax Recipients?

According to Aldén et al. (2022, p. 1118), the synthetic mRNA coding the spike protein contains “two proline mutations to ensure antigenically optimal pre-fusion conformation, which mimics the intact virus [the original SARS-CoV-2]” (p. 1116) and in the synthetic spike code (Figure 1) they found “124 sequences that are 100% identical to human genomic sequences and three sequences with only one nucleotide (nt) mismatch in 19–26 nts” (p. 1118). Furthermore, they showed new sequences in liver cell DNA coming from the new synthetic spike. The authors do not know if the spike protein can be reverse transcribed into the genome of the host, but they found it can be reverse transcribed into DNA by an endogenous reverse transcriptase enzyme coded by the long interspersed nuclear element-1 (LINE-1), which accounts for “~17% of the human genome” (p. 1115).

MODIFIES LIVER CELL DNA

Aldén et al. (2022) then took the next logical step suggesting that the disruptive activity in the nuclear material of liver cells may be the proximate cause of hepatitis being reported in recipients of one or more C-19 injections. They cite “case reports on individuals who developed autoimmune hepatitis [Bril et al., 2021] after BNT162b vaccination” (p. 1123). Their work plainly suggests the logical next step for examining the synthetic spike protein. Whereas they looked into two open reading frames in LINE-1 at the protein level, in a later paper we propose to do the same for at least some of the many protein level products that can be expected to be produced from the mRNA sequence spelled out in detail above in Figure 1.

ANTICIPATING THE AFTERMATH OF COVID-19

To quote the famous physicist who worked out some of the most difficult mathematical problems associated with the Manhattan Project, Richard Feynman (1963):

If it disagrees with experiment, it’s wrong. In that simple statement is the key to science. It doesn’t make any difference how beautiful your guess is. It doesn’t make any difference how smart you are, who made the guess or what his name is. If it disagrees with experiment, it’s wrong. That’s all there is to it.

Looking to the experimental data on the COVID injections, it comes out that these “vaccines” are neither safe nor are they effective. For example, on effectiveness of booster shots, the British Health Service publication titled “COVID-19 vaccine surveillance report Week 42”, on page 23, says:

.... recent observations from UK Health Security Agency (UKHSA) surveillance data reported that N [natural rather than S, spike] antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination (UK Health Security Agency, 2021).

Similarly, a study by Pfizer published in the *Lancet* by (Tartof et al., 2021) reported the following change after “full vaccination” defined as “two doses of BNT162b2 with 7 days or more after the second dose:

--Vaccine effectiveness against infection for the fully vaccinated decreased with increasing time since vaccination, declining from 88% (95% CI 86–89) during the first month after full vaccination to 47% (43–51) after 5 months (≥ 157 days after second dose, $p < 0.0001$. . . (p. 1412).

Another study, recently published by Cohn et al. (2022), suggests that the injections are interfering with the body’s innate ability after a SARS-CoV-2 infection to produce antibodies against the virus. One of the theoretical possibilities is that C-19 vaccinated people may not be producing antibodies to the nucleocapsid protein, the shell of the virus, which is, in theory, an integral component needed in antibodies for a successful immune response to defeat the COVID-19 variants. Vojdani et al. (2021) identified other components in addition to the nucleocapsid. In any case, Cohn et al. (2022), wrote the following in their paper titled, “SARS-CoV-2 vaccine protection and deaths among US veterans during 2021”:

For the period 1 February 2021 to 1 October 2021, vaccine effectiveness against infection (VE-I) declined over time ($p < 0.01$ for time dependence) . . . even after adjusting for age, sex, and comorbidity. VE-I declined for all vaccine types (see their graph at this link] Fig. 1), with the largest declines for Janssen followed by Pfizer-BioNTech and Moderna. Specifically, in March, VE-I was 86.4% [95% confidence interval (CI), 85.2 to 87.6%) for Janssen, 89.2% (95% CI, 88.8 to 89.6%) for Moderna, and 86.9% (95% CI, 86.5 to 87.3%) for Pfizer-BioNTech. By September, VE-I had declined to 13.1% (95% CI, 9.2 to 16.8%) for Janssen, 58.0% (95% CI, 56.9 to 59.1%) for Moderna, and 43.3% (95% CI, 41.9 to 44.6%) for Pfizer-BioNTech.

IS THE SYNTHETIC SPIKE PRODUCING SYMPTOMS SIMILAR TO THE ORIGINAL?

Why the rapid decline in supposed VE-I? In a study titled, “Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines”, Liu et al. (2021, p. 1), reported the following:

Single-cell mRNA sequencing (scRNA-seq) of peripheral blood mononuclear cells (PBMCs) before and 28 days after the first inoculation . . . revealed consistent alterations in gene expression of many different immune cell types. Reduction of CD8+ T cells and increase in classic monocyte contents were exemplary. Moreover, scRNA-seq revealed increased NF- κ B signaling and reduced type I interferon responses, which were confirmed by biological assays and also had been reported to occur after SARS-CoV-2 infection with aggravating symptoms.

One of the possible explanations for the ineffectiveness of the C-19 injections against infection or death from SARS-CoV-2 seems likely to involve the endothelial cells (ECs) that are so critical to immune functions. It seems from Liu et al. that the lipid nanoparticles are carrying the synthetic spike into the ECs of recipients. Kim et al. (2021) wrote about the original SARS-CoV-2 spike:

the spike protein . . . is a ligand for angiotensin converting enzyme 2 (ACE2) [p. 1]. . . [in a study of cultured human brain cells] we observed that the treatment of the spike protein to the brain ECs [endothelial cells], which highly express ACE2, induces their internalization [p. 2]. . . [they conclude] . . . the different types of the spike proteins . . . can be internalized into the brain ECs and can mediate changes in the delivery of molecules. Additionally, these proteins could induce the functional defects in the mitochondria that may be linked to the function of the brain ECs. Accumulating evidence is suggesting that the SARS-CoV2 infection may induce subsequent neurological signs [p. 14].

Also looking to ECs as targets of the original SARS-CoV-2 spike protein, Costa et al. (2022) concluded the following from their own research:

SARS-CoV-2 infection impairs mitochondrial function and activates TLR9 signaling in endothelial cells. TLR9 triggers inflammatory responses that lead to endothelial cell dysfunction, potentially contributing to the severity of symptoms in COVID-19 [p. 106946].

C-19 INJECTIONS SEEM TO REDUCE IFN- α PRODUCTION

Reduced type 1 interferon response (signaling) has been linked to many health risks. For example, with decreased type 1 interferon (IFN) the immune system cannot suppress/stop proliferation of viruses or cancer cells. Type 1 response normally arrests the cell cycle of viruses and cancer cells by upregulating p53 (a tumor suppressor gene) and other pathways as suggested in Figure 2 (Brand et al., 1978; Olesen et al., 2002; Monto et al., 2017). In addition, as stated in a recent article by Seneff et al. (2022):

IFN- α also induces major histocompatibility (MHC) class 1 antigen presentation by tumor cells, causing them to be more readily recognized by the cancer surveillance system. The range of anticancer effects initiated by IFN- α production is astounding and occurs through both direct and indirect mechanisms. Direct effects include cell cycle arrest, induction of cell differentiation, initiation of apoptosis, activation of natural killer and CD8+ T cells, and others.

It is already evident that leaky, non-sterilizing and non-neutralizing imperfect vaccines (hypothetically perfect ones existing only in theory) that may reduce symptoms, but do not stop infection or transmission, certainly can create conditions that may make the disease more severe (Seneff and Nigh, 2021). It is imperative that practitioners remain vigilant to issues that arise from experimental substances, regardless of the pervasive propaganda claiming that essentially all “vaccines” are “safe and effective”. The evidence shows that some “vaccines” may make a “vaccinated individual” more vulnerable to disease rather than less.

If the reports from the Vaccine Adverse Event Reporting System (VAERS) are only as reliable as they appear to be, the C-19 injections are by a very large margin the most dangerous ever produced in the history of vaccinology, or at least for as long as the VAERS reporting system has been in place (Seneff et al., 2022). Corroboration of the only rational explanation for the deaths being reported under the VAERS system — namely, that the vast majority of them and somewhere in the neighborhood of 100 times the number being reported (per Lazarus et al., 2010) really are being caused by C-19 injections — comes from the gold standard of empirical evidence on mortality. That crucial statistic is the 40% rise in deaths-from-all-causes for 2021 (Berdine, 2022). The problem for those sources that continue telling the public that the C-19 injections are “safe and effective” is that the introduction of those C-19 shots seems to be *the only plausible explanation for the huge increase in deaths that occurred in 2021 after billions of those injections were administered*, sometimes in 2, or 3 doses to the same persons (Austrew, (2021). That finding suggests that the shots are not safe. Moreover, there is abundant evidence that they are also not effective in preventing C-19 infections. Kampf wrote:

In Germany, the rate of symptomatic COVID-19 cases among the fully vaccinated (“breakthrough infections”) is reported weekly since 21 July 2021 and was 16.9% at that time among patients of 60 years and older. This proportion is increasing week by week and was 58.9% on 27 October 2021 providing clear evidence of the increasing relevance of the fully vaccinated as a possible source of transmission. A similar situation was described for the UK. Between week 39 and 42, a total of 100,160 COVID-19 cases were reported among citizens of 60 years or older; 89,821 occurred among the fully vaccinated (89.7%), 3,395 among the unvaccinated (3.4%).... In Israel a nosocomial outbreak [one or many

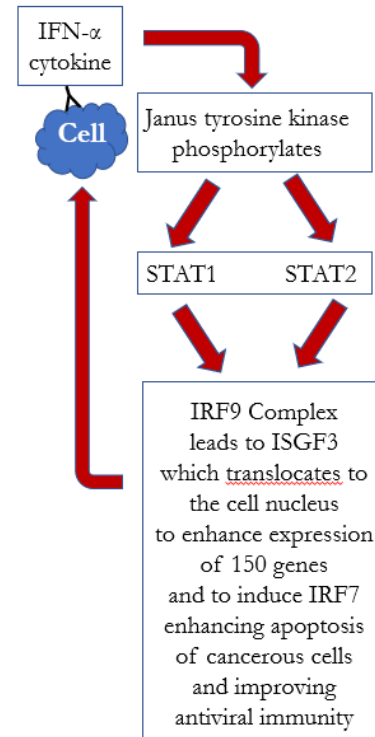


Figure 2. A rendition of the Janus kinase signal transducer according to Seneff et al. (2022, p. 3). The drawing is our own creation but the whole of this paper has been reviewed more than once by Seneff and others.

transmissions of infection occurring in a hospital] was reported involving 16 healthcare workers, 23 exposed patients and two family members. The source was a fully vaccinated COVID-19 patient. The vaccination rate was 96.2% among all exposed individuals (151 healthcare workers and 97 patients). Fourteen fully vaccinated patients became severely ill or died, the two unvaccinated patients developed mild disease (Kampf, 2021; also see his response to some of his detractors and critics Kampf, 2022).

MUCH OF THE PUBLIC NARRATIVE IS FALSE

Crucial parts of the public narrative are now known to be false, and other parts about the future performance of the C-19 injections are from parties with major conflicts owing to their financial and other vested interests (Oller & Shaw, 2019; Broudy & Hoop, 2021). The lipid nanoparticles enabling the penetration of the nucleated cell membranes must get beyond the barrier that protects the ribosome in order to commandeer its manufacturing powers to produce one or more replicas of the spike protein. In Lecture numbered “0” in *How Pathogenic Viruses Work*, molecular biologist Sompayrac (2002) explains that “viruses usurp biochemical machinery of their host cells” (p. ix). That “machinery” is next to the cell nucleus inside which is the nucleolus where the body’s most closely guarded DNA is contained (Oller & Shaw, 2019). Without penetration to the ribosomal level, the replicating systems could not be accessed and the spike mRNA code could not produce any of the spike protein. The claim that mRNA, or adenovirus vectored DNA, can be effective in the “outer part” of a nucleated cell is misleading insofar as the control systems at work in the ribosome must communicate with and operate under the guidance of the DNA housed ultimately at the deepest level of the nucleolus. The fact that such communications take place is not in doubt, but how they work is not understood yet in sufficient detail (see below and also Seneff et al., 2022) to justify the speculative hope that the manufacturing of the spike will go as wished for and as claimed in advance by the producers of the C-19 genetic injections. Nonetheless, Margaret Ryan assured the public that “the manufacturers and federal authorities, including the Centers for the Disease Control and Prevention, FDA, and DOD, are evaluating the experiences of vaccine recipients very closely” (Military Health System Communications Office, 2021).

IN SHE GOES AND WHERE SHE STOPS NOBODY KNOWS

Keeping in mind that the lipid nanoparticles must carry the mRNA code³ into the ribosome of nucleated cells, what device did its designers include to make 13.1 or 50 billion copies of mRNAs (numbers from Fleming, 2021, p. 99) only to invade “a few immune cells”? Also, how can the genetic engineers know in advance that the lipid nanoparticle envelope containing the payload of information cannot penetrate other barriers beyond the ribosomal chambers giving access to the nuclear DNA itself? The claim that the mRNA in the Pfizer and Moderna products, or the “replication-deficient” DNA vectored AstraZeneca products, are all “only present in the cell briefly”, though reassuring if true, seems to be grounded in little more than wishful thinking. At best it seems implausible in a body containing about “100 trillion cells, each expressing a unique repertoire of the millions of proteins that could be made” (Ho, 2003, p. 158; also see Ho, 2013) every one of them engaged in millions of interactions with the rest of the body. Mae-Wan Ho wrote: “Not only do the proteins fold simultaneously to perfection in split seconds, they also carry out millions of catalytic reactions at the rate of thousands to hundreds of thousands of cycles per second” (p. 158). Given the dynamics of cellular interactions with DNA, multiple RNAs, the ribosome itself, and all of the higher factors of

³ This is also true for the “replication-deficient” vectored DNA code in the case of AstraZeneca which also must eventually present mRNA to the ribosome to get it to produce SARS-CoV-2 proteins.

body states, emotions, and so forth, how can the DoD doctors, Ryan and Cowden, know where the injected particles may end up, how long they will be there, or what impact their products will have?

The Game Plan Remains Unchanging

The C-19 genetic engineers are aiming for a series of results that are supposed to occur in distinct phases. Phase 1 involves deceiving the ribosomal protein factories in nucleated cells with instructions that pretend to be coming from the host's own DNA. At Phase 2, assuming that the former deception has been successful, the genetic engineers hope that the sophisticated MRD systems of the host will next produce the SARS-CoV-2 spike protein (and for AstraZenca other proteins as well) in some quantity. Then, at Phase 3 the genetic engineers that have broken into the host's MRD systems to instruct that person's ribosomes to produce the foreign spike protein, now hope the host's MRD will discover that the spike protein it is producing is foreign, non-self material, and will attack and destroy it. Then, during Phase 4, after the deception is discovered and the deceiving entities are destroyed and disposed of, the genetic engineers believe that the host's MRD will not have been significantly harmed in the prior phases and will at this phase be better equipped in the future to detect and defeat additional similar deceptions downstream. But, what if things have not gone as hoped during Phases 1-3? Then, there is always Phase 5. Assuming that host is still alive, the game plan is to repeat Phases 1-4 until such time as the desired result of immunity to SARS-CoV-2 and all its variants is achieved. And what if that plan runs into difficulty with new and different pathogens? The plan seems to be to begin over at Phase 1 to develop a better tuned genetic deception to present to the ribosomes of nucleated cells.

HOW IS IT WORKING FOR US SO FAR?

Margaret Ryan from the Department of Defense laboratory in California, said that the manufactured genetic code will tell "the cells to express 'spike protein,' resulting in the immune system making antibodies to destroy the spike protein" and, in doing so, the "immune system also develops memory immune cells, so that any newly introduced spike protein would also be destroyed". She asserted that "an immune response to spike protein can equate to immunity from coronavirus (SARS-CoV-2)". Now that more than 5.57 billion doses of injections from Pfizer, Moderna, and AstraZeneca have been administered (Botkin-Kowacki, 2021) in various mixtures with up to three additional doses from October 2021 (Austrew, 2021), and now four, or more, from August 29, 2022 (Brueck et al., 2022; Jaxen, 2022), there should be plenty of data to show experimentally how things are going.

RELYING ON TRADITIONAL VACCINE THEORY

In traditional vaccine theory, the specificity and quality of any immune response to the targeted disease agent(s) determines what is called "effectiveness" in the GPM industry, even if the vaccine is ineffective. Tolerance for the inoculation by the body's MRD systems determines the level of risk, euphemistically referred to as "safety", even if the vaccine turns out to be very unsafe. In the case of the C-19 genetic interventions, the active injected materials are designed to invade the ribosome of nucleated human cells causing them to manufacture the "spike" protein of SARS-CoV-2. In a worst-case scenario, if the integrity of the nucleolus should be compromised by the lipid nanoparticle envelope of the mRNA injections, the critical directive processes of nuclear DNA would be subject to disruption. It is known from independent research (Montanaro et al., 2008; Quin et al., 2014; Ogawa & Baserga, 2017; Lindstrom et al., 2018) that compromising the membranous barriers at the level of the nucleolus is tantamount to promoting metastatic cancer, not to mention a great host of other disorders and diseases.

SO WHAT DO THE RESULTS FROM BILLIONS OF INJECTIONS SHOW?

Disappointingly, after billions of injections have been administered, according to Mitropoulos (2022): “A growing proportion of COVID-19 deaths are occurring among the vaccinated . . .” Nevertheless, the public narrative goes right back to where it started out: the solution to deaths occurring since the COVID-19 era began is vaccinate, vaccinate, vaccinate. At the end of the article, we read that “waning immunity re-emphasizes the urgency of boosting older Americans and high-risk Americans with additional doses”. Fauci says, “We’ve got to get people boosted.” But how can boosting improve things if those who get more than one shot are actually becoming more vulnerable to COVID-19? And, to top it off, they are more likely to die. Why do the boosted individuals, according to the UK Health Security Agency, actually have fewer and not more antibodies against the disease?

THERE IS A SIMPLER POSSIBILITY

What if the genetic C-19 injections were actually causing, not only the manufacture of the SARS-CoV-2 spike protein, but were themselves causing disease and death? Something is killing a lot of the people who have already been vaccinated one or more times. Meanwhile, unvaccinated people, according to data from millions in the UK, are dying in far fewer numbers. That much is evident in looking at the weekly reports from the UK Health Security Agency. There are also experimental results suggesting that the C-19 vaccines themselves must be considered possible causal agents, not mutations of the SARS-CoV-2 virus, but deleterious changes the C-19 vaccines seem to be making in the MRD systems of the human body.

Given the results of Aldén et al. (2022), Liu (2021), and Seneff et al. (2022), mounting evidence that the C-19 injections themselves not only create additional disorders and disease conditions, ones that may over a few weeks be debilitating, and even fatal, some of them appearing suddenly, in anaphylactic seizures, or in previously unseen forms of sudden death in perfectly healthy people (Heilman, 2022), shouldn’t we think through the possibility that the shocking numbers of VAERS reported injuries and deaths really are being caused by C-19 injections? Aren’t thoughtful persons beginning to wonder at the absurd suggestion that hundreds of highly trained athletes, ones that just happen to be C-19 injection recipients, are actually likely to just fall down and die suddenly without any explanation?

Looking Next to the Gold Standard of Drug Safety

Corroboration that a great many deaths are being caused by C-19 injections — comes from the gold standard of empirical evidence on mortality. That crucial standard is death from all-causes and the crucial current statistic is the 40% rise in that index for 2021 (Berdine, 2022). The problem for those proponents of the public narrative that keep telling us the C-19 injections are “safe and effective” is that the introduction of those shots seems to be *the only* plausible explanation for the huge increase in deaths that occurred in 2021 after billions of those injections were administered, sometimes in 2, or 3 doses to the same persons (Austrew, 2021). That finding not only shows that the shots are not safe but they certainly do not prevent C-19 infections.

APPEALING TO THE ABUNDANCE OF FACTS

There is an abundance of experimental evidence showing how C-19 injections are impacting recipients. Table 1 shows data from UK hospitals reporting to Public Health England about all deaths occurring within 60 days of a positive “specimen” of SARS-CoV-2 virus. In the table, deaths in recipients of one, two, or three doses of a C-19 vax are compared against deaths of persons who got no C-19 shots at all. The time

frame is the 28-week period including weeks 34-52 of 2021 (excluding week 51) as well as weeks 1-12 of 2022. The table gives the breakdown by age groups in the first column at the left. Looking across the table to the right the “Unlinked” cases are deaths of persons whose C-19 vaccination status could not be determined because their National Health Service (NHS) number was unknown. The next column reports deaths by age group for persons who got no C-19 injections. Then, the fourth column reports the total number of deaths by age for persons who got 1, 2, or 3 C-19 injections before dying. Column 5 shows the total for all the deaths reported for persons who tested positive for COVID-19 within 60 days of their death. It includes the unvaccinated persons who died as well as the “unlinked” persons whose C-19 vaccination status was not known.

OLDER PEOPLE ARE MORE LIKELY TO DIE

The most obvious trend is that older persons are more susceptible to die from any new challenge. It isn't the last straw that breaks the camel's back, so-to-speak, but the load the camel is already carrying. Older people simply have more time to accumulate additional injuries from challenges that invariably add to the load they are already carrying. This is the mathematical necessity that insurance companies bank on. It is also the irrefutable reason that “death-from-all-causes” is the gold standard of whatever risks are being encountered by all the people of the world over any given period of time. For the data in Table 1, the population at issue consists of the people in the UK who ended up dying in 2021 or 2022 within 60 days of testing positive for COVID-19. The crucial index we want to call attention to in Table 1 is the last column where we have simply totaled each of the rows accounting for all of the deaths recorded in any of the categories that are labeled across the top of the table in the first row. That index is independent of whatever caused the individual to get a COVID-19 test, to go to the hospital, or in the end to die.

POSSIBLE CAUSES OF THE RECORDED DEATHS

The PHE authorities seem to be implying that the most probable cause of death for all individuals in the table was COVID-19. They say explicitly, in a footnote discussed below, that at least everyone in the right most column died *with* it if not *from* it. The footnote with the double asterisk in Table 1 is a direct quote of wording included in all the relevant source tables. But is a positive test for COVID-19 the most plausible reason for the death of the 16,724 who died during the time frame? The really salient fact that differentiates the persons who died is whether or not they had received one to three C-19 injections. Of those who got the shots, 15,055 died as against 1,612 who got no injections. While people who understand the traditional

Table 1
Deaths Reported for Weeks 34-52 (excluding 51) in 2021 and for Weeks 1-12 of 2022 to Public Health England for Persons Who Tested Positive for COVID-19 within 60 Days of Dying

Breakdown by Age Group	Unlinked* (NHS Number Unknown)	Total Deaths with No C-19 Vax	Total Deaths with 1 to 3 C-19 Vax Doses	Total of Reported Deaths by All Causes**
<18	4	38	8	50
18-29	3	85	67	155
30-39	7	231	176	414
40-49	19	380	445	844
50-59	36	774	1237	2047
60-69	47	1013	2865	3925
70-79	39	1120	6160	7319
≥ 80	57	1612	15055	16724

*Individuals whose NHS [national health service] numbers were unavailable to link to the NIMS [National Immunization Management System].

** Number of deaths of people who had had a positive test result for COVID-19 and either died within 60 days of the first positive test or have COVID-19 mentioned on their death certificate.

theory behind vaccines know that recipients should not expect the shots to prevent them from COVID-19 infection⁴, they should reasonably be able to count on being less at risk than uninjected people against *death from COVID-19*. At any rate, having received a positive test for COVID-19 within 60 days before dying can hardly explain the fact that 90% of the people who died were recipients of one to three C-19 shots whereas only 9.6% of the reported deaths were in people who didn't get any C-19 shots. In the data reported to the UK Health Security Agency for the 28 weeks in question, for every unvaccinated person who died, 9.3 people injected for C-19 died. Undoubtedly, taking account of that reasonable expectation of the British people — of whom at least 74% older than 18, and 90% older than 60, by week 11 in 2021 had received at least one of the C-19 injections⁵ — the UK Health Security Agency wrote the following caveat:

In the context of very high vaccine coverage in the population [between 74% and 95% for the age groups in the table], even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalizations and deaths would occur in vaccinated individuals [90%?], simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective [the ones used in the time frame shown seem to be totally ineffective in preventing death by COVID-19]. This is especially true because vaccination has been prioritized in individuals who are more susceptible or more at risk of severe disease. Individuals in risk groups may also be more at risk of hospitalization or death due to non-COVID-19 causes, and thus may be hospitalized or die with COVID-19 rather than because of COVID-19 [but how does this help justify the obvious ineffectiveness of the C-19 injections?].⁶

DO C-19 SHOTS INTERACT IN HARMFUL WAYS WITH EACH OTHER AND SARS-CoV-2?

It seems obvious that the C-19 injections are interacting with each other and with COVID-19 infections. Also, it is apparent that the injections are the main factor in all-cause mortality within 60 days of a positive test for COVID-19. The preceding rationalization offered by the UK Health Security Agency concerning the deaths reported in the relevant tables appears in every weekly report for the period at issue in Table 1 and in the report for week 12 appears on pages 42, 43, 44, and 45.⁷ After week 12 in 2022, however, the UK

⁴ Contrary to the fact that vaccines are not expected according to the traditional theory to prevent infection, the UK Health Security Agency subscribes to the notion that the C-19 injections can prevent infections by COVID-19: “Understanding how effective vaccines are at preventing infection is therefore important to predict the likely impact of the vaccination programme on the wider population” (UK Health Security Agency, 2022, p. 10). And they claim extraordinary effectiveness at preventing hospitalization or death.

⁵ According to the *COVID-19 vaccine surveillance report Week 12* (UK Health Security Agency, 2022) population coverage for C-19 vaccines in week 11 was at or above 90% “vaccinated” for ages above 60, and above 74% for everyone above 18 years of age. The whole of the UK, according to standard estimates for “herd immunity”, should already have squelched any infections by COVID-19. All of the fancy footwork aside, if the C-19 injections were safe there should be almost no deaths among recipients of the C-19 injections, and if they were effective, according to the promoters at UK Health Security Agency, there should be almost no more COVID-19 infections. To make things appear to favor the public narrative that the C-19 vaccines are doing a great job, the statistical tricks being used are nothing short of amazing.

⁶ The rationalization just quoted from the UK Health Security Agency concerning the preponderance of deaths, ostensibly from or at least with COVID-19 as a factor, occurred among recipients of one to three C-19 injections. It is included in every weekly report for the period at issue in Table 1. To single out one of them, in the very last report, the one for week 12 in 2022, it appears on pages 42, 43, 44, and 45.

⁷ It should be noted that after “boosters” were introduced, the UK Health Security Agency reported deaths with 1 shot within 20 days and deaths with one shot after 21 days, separately from death with 2 shots, which were separated from deaths with 3 shots. By splitting the deaths of C-19 vaccinated persons in four separate categories, their numbers would invariably seem smaller. However, unless the death of a person was counted more than once in error, the fourth column in Table 1 showing deaths of persons with 1 to 3 vaccines must be accurate, as is the fifth column showing deaths from all causes. Interestingly, it seems that the UK Health Security Agency is suggesting that COVID-19 disease is the cause of the vast majority of deaths in spite of their caveat that some of those who died may have been killed by something other than COVID-19. If a mere 10% of the deaths in column 6 were attributed to anything other than COVID-19, it would be logical to suppose that the remaining 90%, 100% of the rest, were killed by 1 to 3 doses of C-19 vaccine.

Health Security Agency quit reporting deaths among the “vaccinated” and “unvaccinated” within 28 days or within 60 days. The tables formerly showing those contrasts were discontinued.

END OF THE CHASE: DEATHS-FROM-ALL-CAUSES

Undoctored mathematical reasoning shows that cumulative injuries are going to be fatal eventually for every living person (Jaynes, 1965; Adami, 2002; Bailey, 2006; Oller, 2014).⁸ With that in mind, we plotted the cumulative evidence from each category, that is each column, in Table 1 as shown in Figure 3. The most important line, cutting to the very real end of the chase of all the cumulative injuries that have invariably overtaken the people represented in Table 1, the yellow line accounts for “death by all causes” for the 16,724 individuals who succumbed to whatever those causes might be. The next most interesting line in the figure is the gray one just under the yellow line. The two lines show the same growth pattern, the same curvature. In fact, the Pearson product-moment correlation between those two lines, r is 0.99881 and the square of that correlation, showing the percent of variability in the data from which each of the lines is determined (factually and experimentally), is the coefficient of determination, r^2 , which in this data set is 0.99762. That correlation is what crime-writers like Michael Connelly and Lee Child would have to call a “smoking gun”. Whereas it is true that we cannot prove causation by correlation alone, when we know the sequence of events that differentiates the gray line showing the people who got 1 to 3 doses of C-19 “vaccine” before dying, from the orange line showing people who got no C-19 “vaccine” at all, death from the cumulative effects of C-19 “vaccine” sort of leaps from the page in your face. As Gayle Delong noted in the last paper she finished just a few days before her death, correlation is not a proof of causation all by itself, but causation is a proof of correlation, and a perfect positive correlation where a negative should be expected by standard vaccine theory suggests a powerful causal relation. Vaccinating people one or more times to prevent death from COVID-19 should not increase their likelihood of their dying from COVID-19.

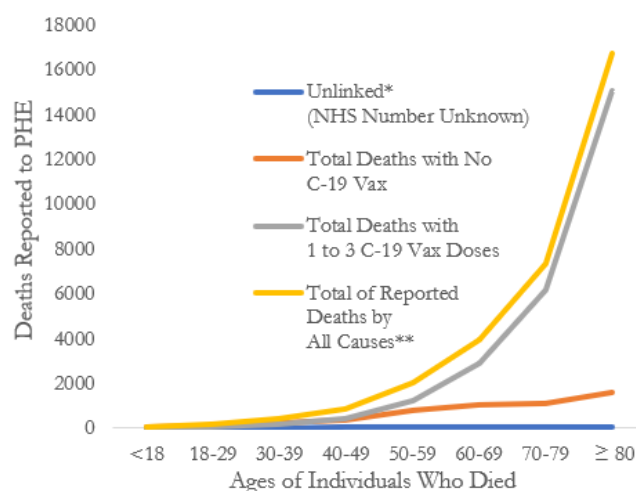


Figure 3. Deaths within 60 Days of a Positive COVID-19 Test: Correlation of Deaths with 1-3 C-19 Vaccine Doses with Deaths by All Causes, $r = 0.99881$, Variance Overlap, $r^2 = 0.99762$.

Let’s lay our cards on the table: the most logical interpretation of the data is that the yellow “Death by All Causes” line is causally impacted by C-19 injections. Evidently, they helped to cause the deaths of 15,055

⁸ The long-look aim of Harari (2022) and the World Economic Forum may be to extend the lives of a privileged few who can afford the hacking of their own personal genomes along with some advanced genetic engineering to make them stay alive indefinitely. Such a possibility is biblical. In Revelation 9:6 we read that “in those days shall men seek death, and shall not find it; and shall desire to die, and death shall flee from them”. Nonetheless, in the end all of them will perish from cumulative injuries that are inevitable. The scripture is true: “It is appointed unto man once to die” (Hebrews 9:27). By diligence, intelligence, and by the grace of God that is manifested to all human beings, we can prolong our lives somewhat, but not forever. To get into the forever category, according to the Gospel of grace, we need to look to Jesus and the cross where the judgment of a righteous God was fully satisfied on behalf of all who will merely trust in him. God achieved perfection in the Lamb that was slain to meet all the requirements of justice for all the sins of the whole world. Now the time of grace is coming to a close. That much is clear from the prophecies that are leaping from the pages of the Bible. Now is the time, today is the day, if a person is not hard hearted (Hebrews 3:15 and related texts).

individuals who took those jabs within 60 days of dying, and the UK cannot be the only place where such a causal impact is occurring. The same shots have already been given in one or more doses to billions of people world-wide. Recently, Biran Hooker, PhD, commented on the U.S. Food and Drug Administration's "Emergency Use Approval" for a "booster" C-19 shot for children 5 to 11 in the US who have never had even a 1% risk from COVID-19 (Hughes, 2021; American Academy of Pediatrics & Children's Hospital Association, 2022) and yet have already received two C-19 injections.⁹

Conclusions

The spike protein, supposedly expressed in the modified mRNA taken from SARS-CoV-2, the component known to be the most toxic in the whole SARS-CoV-2 virus (Fleming, 2021), has reportedly been made more invasive, less easily detected and less easily disposed of by ILR3, and more capable of being produced in large quantities through commandeering of the ribosome of C-19 "vaccine" recipients. Boosters do not seem to enhance antibody production against the SARS-CoV-2 spike. In fact, data from the UK Health Security Agency for the 28 weeks during which reports were provided in COVID-19 vaccine surveillance reports, showed an almost perfect correlation, $r = 0.99881$, between total deaths-from-all-causes within 60 days of a positive COVID-19 test and deaths after receipt of one to three C-19 injections. Two conclusions seem inevitable: (1) with 74 to 95 percent of persons from 18 to more than 79 having already received one or more of the C-19 "vaccines", the 15,055 deaths of persons who received a positive diagnosis of COVID-19 within 60 days of their death, and who died, ostensibly, *with* COVID-19, if not *from* COVID-19, shows the C-19 injections to be ineffective. (2) The fact that death-from-all-causes within the 60 day time frame was, across the various age groups, nearly perfectly correlated with deaths of recipients of one to three doses of C-19 vaccine, suggests to us, that the C-19 vaccines are more deadly than anything else being tracked in the UK population by the National Immunization Management System.

⁹ Given the fact that billions of people world-wide are being impacted by one or more C-19 injections parents, physicians, pharmacists, and individuals are "encouraged" by the same GPM pushing them on people to report injuries and deaths though the [Vaccine Adverse Event Reporting System \(VAERS\)](https://www.vaers.hhs.gov/).

References

- Adami, C. (2002). What is complexity? *BioEssays*, 24(12), 1085–1094. <https://doi.org/10.1002/bies.10192>
- Aldén, M., Olofsson Falla, F., Yang, D., Barghouth, M., Luan, C., Rasmussen, M., & De Marinis, Y. (2022). Intracellular reverse transcription of Pfizer BioNTech COVID-19 mRNA vaccine BNT162b2 in vitro in human liver cell line. *Current Issues in Molecular Biology*, 44(3), 1115–1126. <https://www.mdpi.com/1467-3045/44/3/73/htm?s=09>
- American Academy of Pediatrics & Children's Hospital Association. (2022, April 4). *Children and COVID-19: State-Level Data Report*. <http://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>
- Austrew, A. (2021, October 5). Third COVID shots for seniors have been approved: What you need to know. *Care.Com Resources*. <https://www.care.com/c/third-covid-shots-approved/>
- Bailey, K. D. (2006). Living systems theory and social entropy theory. *Systems Research and Behavioral Science*, 23(3), 291–300. <https://doi.org/10.1002/sres.728>
- Berdine, G. (2022, January 30). *All Cause Mortality in the United States During 2021 | AIER*. <https://www.aier.org/article/all-cause-mortality-in-the-united-states-during-2021/>
- Botkin-Kowacki, E. (2021, September 9). *What would it take to vaccinate the world against COVID-19?* <https://medicalxpress.com/news/2021-09-vaccinate-world-covid-.html>
- Brand, R. C., Klootwijk, J., Planta, R. J., & Maden, B. E. (1978). Biosynthesis of a hypermodified nucleotide in *Saccharomyces carlsbergensis* 17S and HeLa-cell 18S ribosomal ribonucleic acid. *The Biochemical Journal*, 169(1), 71–77. <https://doi.org/10.1042/bj1690071>
- Bril, F., Diffalha, S. A., Dean, M., & Fettig, D. M. (2021). Autoimmune hepatitis developing after coronavirus disease 2019 (COVID-19) vaccine: Causality or casualty? *Journal of Hepatology*, 75(1), 222–224. <https://doi.org/10.1016/j.jhep.2021.04.003>
- Broudy, D., & Arakaki, M. (2020). Who wants to be a slave? The technocratic convergence of humans and data. *Frontiers in Communication*, 5. <https://doi.org/10.3389/fcomm.2020.00037>
- Broudy, D., & Hoop, D. (2021). Messianic mad men, medicine, and the media war on empirical reality: Discourse analysis of mainstream COVID-19 propaganda. *International Journal of Vaccine Theory, Practice, and Research*, 2(1), 1–24. <https://ijvtpr.com/index.php/IJVTPr/article/view/22>
- Broudy, D., & Kyrie, V. (2021). Syllogistic reasoning demystifies evidence of COVID-19 vaccine constituents. *International Journal of Vaccine Theory, Practice, and Research*, 2(1), 149–171. <https://ijvtpr.com/index.php/IJVTPr/article/view/23>
- Brueck, H., Schuster-Bruce, C., & Epstein, J. (2022, March 29). *CDC green-lights 4th dose boosters for most Americans over 50*. Business Insider. <https://www.businessinsider.com/fda-authorizes-2nd-moderna-pfizer-coronavirus-boosters-2022-3>
- Chaitin, G. (2007). The halting probability omega: Irreducible complexity in pure mathematics. *Milan Journal of Mathematics*, 75(1), 291–304. <https://doi.org/10.1007/s00032-006-0064-2>
- Chomsky, N., & Miller, G. A. (1958). Finite state languages. *Information and Control*, 1(2), 91–112. [https://doi.org/10.1016/S0019-9958\(58\)90082-2](https://doi.org/10.1016/S0019-9958(58)90082-2)
- Cohn, B. A., Cirillo, P. M., Murphy, C. C., Krigbaum, N. Y., & Wallace, A. W. (2022). SARS-CoV-2 vaccine protection and deaths among US veterans during 2021. *Science (New York, N.Y.)*, 375(6578), 331–336. <https://doi.org/10.1126/science.abm0620>
- Costa, T. J., Potje, S. R., Fraga-Silva, T. F. C., da Silva-Neto, J. A., Barros, P. R., Rodrigues, D., Machado, M. R., Martins, R. B., Santos-Eichler, R. A., Benatti, M. N., de Sá, K. S. G., Almado, C. E. L., Castro, Í. A., Pontelli, M. C., Serra, L. L., Carneiro, F. S., Becari, C., Louzada-Junior, P., Oliveira, R. D. R., ... Tostes, R. C. (2022). Mitochondrial DNA and TLR9 activation contribute to SARS-CoV-2-induced endothelial cell damage. *Vascular Pharmacology*, 142, 106946. <https://doi.org/10.1016/j.vph.2021.106946>
- D'Acquisto, F. (2017). Affective immunology: Where emotions and the immune response converge. *Dialogues in Clinical Neuroscience*, 19(1), 9–19. <https://doi.org/10.31887/DCNS.2017.19.1/fdacquisto>
- Elhabashy, H., Merino, F., Alva, V., Kohlbacher, O., & Lupas, A. N. (2022). Exploring protein-protein interactions at the proteome level. *Structure*, 30(4), 462–475. <https://doi.org/10.1016/j.str.2022.02.004>
- Feynman, R. P. (1963, 1964). *The Feynman Lectures on Physics*. http://www.feynmanlectures.caltech.edu/I_01.html

- Fleming, D. R. M. (2021). *Is COVID-19 a Bioweapon? A Scientific and Forensic Investigation*. Skyhorse.
<https://www.simonandschuster.com/books/Is-COVID-19-a-Bioweapon/Richard-M-Fleming/Children-s-Health-Defense/9781510770195>
- Harari, Y. N., & World Economic Forum. (2022, March 7). Yuval Noah Harari, “We are now hackable animals.”
<https://www.youtube.com/watch?v=twWtCgYl6g>
- Heilman, Z. (2022, January 14). *The New Normal? 400 Athletes Collapsing & Dying Just In The Last 6 Months?* Red Voice Media. <https://www.redvoicemedia.com/2022/01/the-new-normal-400-athletes-collapsing-dying-just-in-the-last-6-months/>
- Ho, M.-W. (2003). *Living with the Fluid Genome*. Third World Network. <https://www.twtn.my/title/fluid.htm>
- Ho, M.-W. (2013). The new genetics and natural versus artificial genetic modification. *Entropy*, 15(11), 4748–4781.
<https://doi.org/10.3390/e15114748>
- Hughes, D. A. (2021). “Covid-19 Vaccines” for Children in the UK: A Tale of Establishment Corruption. *International Journal of Vaccine Theory, Practice, and Research*, 2(1), 209–247.
<https://ijvtp.com/index.php/IJVTPr/article/view/35>
- Jaxen, J. (2022). FDA Authorizes 4th, 5th Booster Doses for Various Groups, Ages – Bypasses Expert Vote. *The HighWire*. <https://thehighwire.com/news/fda-authorizes-4th-5th-booster-doses-for-various-groups-ages-bypasses-expert-vote/>
- Jaynes, E. T. (1965). Gibbs vs Boltzmann Entropies. *American Journal of Physics*, 33(5), 391.
<https://doi.org/10.1119/1.1971557>
- Kampf, G. (2021). The epidemiological relevance of the COVID-19-vaccinated population is increasing. *The Lancet Regional Health - Europe*, 11, 100272. <https://doi.org/10.1016/j.lanepe.2021.100272>
- Kampf, G. (2022). The epidemiological relevance of the COVID-19-vaccinated population is decreasing after booster vaccination, as shown by incidence rate ratios—Author’s reply. *The Lancet Regional Health - Europe*, 16, 100376.
<https://doi.org/10.1016/j.lanepe.2022.100376>
- Kim, E. S., Jeon, M.-T., Kim, K.-S., Lee, S., Kim, S., & Kim, D.-G. (2021). Spike Proteins of SARS-CoV-2 Induce Pathological Changes in Molecular Delivery and Metabolic Function in the Brain Endothelial Cells. *Viruses*, 13(10), 2021. <https://doi.org/10.3390/v13102021>
- Lazarus, R., Klompas, M., Bernstein, S., & Harvard Pilgrim Health Care, Inc. (2010). *Electronic Support for Public Health—Vaccine Adverse Event Reporting System (ESP-VAERS)* (p. 7). Harvard Pilgrim Health Care, Inc.
<https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
- Lindstrom, M. S., Jurada, D., Bursac, S., Orsolic, I., Bartek, J., & Volarevic, S. (2018). Nucleolus as an emerging hub in maintenance of genome stability and cancer pathogenesis. *Oncogene*, 37(18), 2351–2366.
<https://doi.org/10.1038/s41388-017-0121-z>
- Liu, J., Wang, J., Xu, J., Xia, H., Wang, Y., Zhang, C., Chen, W., Zhang, H., Liu, Q., Zhu, R., Shi, Y., Shen, Z., Xing, Z., Gao, W., Zhou, L., Shao, J., Shi, J., Yang, X., Deng, Y., ... Liu, Z. (2021). Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines. *Cell Discovery*, 7(1), 99. <https://doi.org/10.1038/s41421-021-00329-3>
- Lyons-Weiler, J. (2020). Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity. *Journal of Translational Autoimmunity*, 3, 100051.
<https://doi.org/10.1016/j.jtauto.2020.100051>
- Military Health System Communications Office. (2021, February 1). *DOD experts explain: The science behind the COVID-19 vaccines*. Military Health System. <https://www.health.mil/News/Articles/2021/02/01/DOD-experts-explain-The-science-behind-the-COVID-19-vaccines>
- Mitropoulos, A. (2022, May 10). *Breakthrough deaths comprise increasing proportion of those who died from COVID-19*. ABC News. <https://abcnews.go.com/Health/breakthrough-deaths-comprise-increasing-proportion-died-covid-19/story?id=84627182>
- Montanaro, L., Treré, D., & Derenzini, M. (2008). Nucleolus, Ribosomes, and Cancer. *The American Journal of Pathology*, 173(2), 301–310. <https://doi.org/10.2353/ajpath.2008.070752>
- Monto, A. S., Malosh, R. E., Petrie, J. G., & Martin, E. T. (2017). The Doctrine of Original Antigenic Sin: Separating Good From Evil. *The Journal of Infectious Diseases*, 215(12), 1782–1788. <https://doi.org/10.1093/infdis/jix173>
- Nance, K. D., & Meier, J. L. (2021). Modifications in an Emergency: The Role of N1-Methylpseudouridine in COVID-19 Vaccines. *ACS Central Science*, 7(5), 748–756. <https://doi.org/10.1021/acscentsci.1c00197>

- Ogawa, L. M., & Baserga, S. J. (2017). Crosstalk between the nucleolus and the DNA damage response. *Molecular Biosystems*, 13(3), 443–455. <https://doi.org/10.1039/c6mb00740f>
- Olesen, K., Felding, T., Gjermansen, C., & Hansen, J. (2002). The dynamics of the *Saccharomyces carlsbergensis* brewing yeast transcriptome during a production-scale lager beer fermentation. *FEMS Yeast Research*, 2(4), 563–573. <https://doi.org/10.1111/j.1567-1364.2002.tb00123.x>
- Oller, J. W. (2010). The antithesis of entropy: Biosemiotic communication from genetics to human language with special emphasis on the immune systems. *Entropy*, 12(4), 631–705. <https://doi.org/10.3390/e12040631>
- Oller, J. W. (2014). Biosemiotic entropy: Concluding the series. *Entropy*, 16(7), 4060–4087. <https://doi.org/10.3390/e16074060>
- Oller, J. W., & Shaw, C. A. (2019). From superficial damage to invasion of the nucleosome: Ranking of morbidities by the biosemiotic depth hypothesis. *International Journal of Sciences*, 8(06), 51–73. <https://doi.org/10.18483/ijSci.2069>
- Plawgo, K., & Raczynska, K. D. (2022). Context-Dependent Regulation of Gene Expression by Non-Canonical Small RNAs. *Non-Coding RNA*, 8(3), 29. <https://doi.org/10.3390/ncrna8030029>
- Public Health England. (2021). *Technical Briefing 23: SARS-CoV-2 variants of concern and variants under investigation in England*. PHE. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf
- Quin, J. E., Devlin, J. R., Cameron, D., Hannan, K. M., Pearson, R. B., & Hannan, R. D. (2014). Targeting the nucleolus for cancer intervention. *Biochimica et Biophysica Acta (BBA) - Molecular Basis of Disease*, 1842(6), 802–816. <https://doi.org/10.1016/j.bbadis.2013.12.009>
- Seneff, S., & Nigh, G. (2021). Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19. *International Journal of Vaccine Theory, Practice, and Research*, 2(1), 38–79. <https://ijvtp.com/index.php/IJVTPr/article/view/23>
- Seneff, S., Nigh, G., Kyriakopoulos, A. M., & McCullough, P. A. (2022). Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. *Food and Chemical Toxicology*, 164, 113008. <https://doi.org/10.1016/j.fct.2022.113008>
- Shi, J., Zhou, T., & Chen, Q. (2022). Exploring the expanding universe of small RNAs. *Nature Cell Biology*, 24(4), 415–423. <https://doi.org/10.1038/s41556-022-00880-5>
- Sompayrac, L. (2002). *How Pathogenic Viruses Work*. Jones & Bartlett Learning.
- Tartof, S. Y., Slezak, J. M., Fischer, H., Hong, V., Ackerson, B. K., Ranasinghe, O. N., Frankland, T. B., Ogun, O. A., Zamparo, J. M., Gray, S., Valluri, S. R., Pan, K., Angulo, F. J., Jodar, L., & McLaughlin, J. M. (2021). Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: A retrospective cohort study. *The Lancet*, 398(10309), 1407–1416. [https://doi.org/10.1016/S0140-6736\(21\)02183-8](https://doi.org/10.1016/S0140-6736(21)02183-8)
- UK Health Security Agency. (2021). *COVID-19 vaccine surveillance report Week 42*. Author. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf
- UK Health Security Agency. (2022). *COVID-19 vaccine surveillance report Week 12*. Author. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1063023/Vaccine-surveillance-report-week-12.pdf
- Vojdani, A., Vojdani, E., & Kharrazian, D. (2021). Reaction of Human Monoclonal Antibodies to SARS-CoV-2 Proteins With Tissue Antigens: Implications for Autoimmune Diseases. *Frontiers in Immunology*, 11, 617089. <https://doi.org/10.3389/fimmu.2020.617089>
- Vos, W. M. de, Tilg, H., Hul, M. V., & Cani, P. D. (2022). Gut microbiome and health: Mechanistic insights. *Gut*, 71(5), 1020–1032. <https://doi.org/10.1136/gutjnl-2021-326789>

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