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Discussion and Commentary on the Preceding Article:

A Question Concerning "Dark-Field Microscopic Analysis on the Blood of 1,006 Symptomatic Persons After Anti-COVID mRNA Injections from Pfizer/BioNtech or Moderna" by Benzi Cipelli et al.

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Many medical doctors have never heard about the chemical properties of the DARPA developed hydrogels, lipid nanoparticles, synthetic biology, or xeno nucleic acids (XNA) used in the corona concoctions and referred to by Santiago (2022, in this journal). We MDs do not know much about the chemical properties of graphene oxide or hydroxide. All these new technologies were developed in recent decades and have been patented by pharma giants. All of a sudden, they have been drawn into the orbit of our interest because these technologies were incorporated into injectables promoted as "vaccines" against SARS-CoV-2 infection.

Even in this unprecedented dystopian time when good has become evil and *vice versa*, we, critically thinking medical doctors and scientists need to produce and study top quality research as we seek to pin down just what these injectables are, what are they really designed to do, and how they interact with the human body. Of course, scientists regularly engage in research in difficult circumstances, but there is no room for compromise in terms of quality.

David Hughes (2022, p. 463) explained the reasons why some reports might have certain technological shortcomings:

> …many of the researchers who have conducted this type of research [trying to figure out what is in the COVID-19 injections and the blood of their recipients] appear to be so shocked by what they have seen that they feel an urgency to publicize their findings without always providing the level of detail what would be helpful to make the most sense of it [my italics].

His statement can be applied to the immediately preceding paper by Benzi Cipelli, et al. (published August 12, 2022, in the preceding pages of this journal). Among other reports cited by Hughes the publication of Benzi Cipelli et al. is of importance because of the huge number of blood samples tested. Their findings of strange objects found in the blood of the "vaccinees" are a springboard from which to demand answers to certain critical questions from our medical authorities: What are these objects detected by microscopy? What is their function in the body? And how do they get into the circulatory system? The paper of Benzi Cipelli, et al. is not perfect due to some minor methodological weaknesses that need to be addressed.

From the paper, it remains unclear how blood samples were obtained, and, in particular, from which part of the bodies of the persons in their sample of 1,006 participants the blood was drawn: were some, any, or all the samples obtained via a finger prick (thereby testing capillary blood)? Or, were some, any, or all from venipuncture (testing blood from veins with a much larger lumen)?

Also, we need to know the type of blood collection tubes that were used, the temperature at which the blood collection was done, the conditions of blood storage, and how soon the samples were analysed under the microscope after they were dropped onto the objective glass. Such precise questions about the details of how experimental/clinical science is performed are not just a boring necessity. Materials and methods should be as accurate as possible so that others can, not only understand them, but replicate them, in order to further test the reported findings and the published interpretations of them.

For several micrographs, the authors calculate the size of some of the foreign objects singled out for attention. For example, in Figure 6 the dimensions are 113.91 x 139.99 microns; in Figure 14 they report that the dimensions of the object are 146.72 x 62 x 61.9 microns; and in Figure 28 the object is much bigger than the size of the visible erythrocytes. Whereas we have no doubt about the authenticity of the photos, they raise the question how these large objects can circulate through capillaries? How can they get through the lumen of a capillary that has a diameter estimated by Snyder and Sheafor (1999, p. 194) to be about 25% smaller in magnitude than the RBCs themselves? The diameter of RBCs is about 7 to 8 micrometers on the average whereas the lumen of the capillaries, on the average, according to Snyder and Sheafor (1999, p. 194), is about 5 to 5.25 micrometers in its inside diameter. Also see R. M. Davidson and Seneff (2012) where they argue that the electromagnetic charge associated with hemoglobin in the RBCs is negative in the arterioles but positive in the venules. They hypothesize that the similarly charged RBCs push each other until the load of oxygen is released after which the charge changes to positive so that the leading RBC in the capillary pulls the one behind it while now pushing the ones ahead. Obviously, the flow is dynamic and probably is assisted by electromagnetic forces to account for the flexation required for RBCs to push through the capillaries as they normally do. My question is, how can it possibly work for the foreign objects in the micrographs of Benzi Cipelli et al.?

The authors also showed some lengthy objects (e.g., Figures 5 and 18), tubular or ribbon-like, that might protrude through capillaries or could be stacked in the small arterioles or even in arteries or veins. As foreign bodies these objects might form the backbone, or some sort of substantial structure, around which the macroscopically enormous clots found by embalmers in the blood vessels of COVID-19 injection recipients can be formed (Trigoso, 2022).

If the blood samples were taken from capillaries, the circulation of such large objects might be explained by the very flexible nature of graphene-family of substances that are only one carbon atom in thickness. The tube-like structures seen by Benzi Cipelli et al. might have undergone wrapping and therefore might be able to squeeze through the capillaries. When taken out of capillaries they may have become unwound and elongated. Is this explanation too far-fetched? I cannot think of any other possible explanation.

If we assume that the blood was taken from blood vessels with a much larger lumen than capillaries, it is possible that smaller component particles might have passed through capillaries and self-assembled later, in larger vessels. We learned from the studies of Shimon Yanowitz whose research on the kinetics of the formation of such strange objects from the content of the "vaccine" vials was meticulously demonstrated (Yanowitz, 2022). His process was documented after about 20 minutes at "room temperature" in Israel according to Hughes (2022 p. 552). It follows that if the drop of the blood was left on the glass for 20 minutes at "room temperature" in one of the laboratories used by Benzi Cipelli et al.. in Italy, the self-assembling might have happened during the time on the glass, thereby reasserting the key question of how

and when the foreign aggregates are taking the shapes we see in the micrographs. In my opinion, this is a crucial question: Did self-assembling happen *in vivo* or *ex vivo?* This needs to be explicitly ascertained.

As Benzi Cipelli et al (2022, p. 403) correctly noted:

> In our collective experience and in our shared professional opinion, the large quantity of particles in the blood of mRNA injection recipients is incompatible with normal blood flow especially at the level of the capillaries.

The intent of my letter is by no means to question the trustworthiness of the reported findings but to gain more knowledge of the details in order for all of us to be better prepared for critical debates with opponents. It would be wonderful if the authors, or anyone reading my comment with sufficient knowledge in this challenging field, will be able to provide a logical explanation: How can such large foreign objects circulate in the human blood stream?

References

Benzi-Cipelli, R., Giovannini, F., & Pisano, G. (2022). Dark -Field Microscopic Analysis on the Blood of 1,006 Symptomatic Persons After Anti-COVID mRNA Injections from Pfizer/BioNtech or Moderna. *International Journal of Vaccine Theory, Practice, and Research*, *2*(2), 385–444. https://doi.org/10.56098/ijvtpr.v2i2.47

Davidson, R. M., & Seneff, S. (2012). The initial common pathway of inflammation, disease, and sudden death. *Entropy*, *14*(12), 1399–1442. https://doi.org/10.3390/e14081399

Hughes, D. (2022). What is in the so-called COVID-19 "Vaccines"? Part 1: Evidence of a Global Crime Against Humanity. *International Journal of Vaccine Theory, Practice, and Research*, *2*(2), 455–586. https://doi.org/10.56098/ijvtpr.v2i2.52

Santiago, D. (2022). A Partial Answer to the Question Posed by David A. Hughes, PhD, in the Article: "What is in the so-called COVID-19 'Vaccines'? Part 1: Evidence of a Global Crime Against Humanity." *International Journal of Vaccine Theory, Practice, and Research*, *2*(2), 587–594. https://doi.org/10.56098/ijvtpr.v2i2.56

Snyder, G. K., & Sheafor, B. A. (1999). Red blood cells: Centerpiece in the evolution of the vertebrate circulatory system. *Integrative and Comparative Biology*, *39*(2), 189–198. https://doi.org/10.1093/icb/39.2.189

Trigoso, E. (2022, September 2). *Embalmers Have Been Finding Numerous Long, Fibrous Clots That Lack Post-Mortem Characteristics*. Www.Theepochtimes.Com. https://www.theepochtimes.com/embalmers-have-been-finding-numerous-long-fibrous-clots-that-lack-post-mortem-characteristics_4696015.html

Yanowitz, S. (Director). (2022, April 20). *Evidence of self-assembling structures in C19 injection vials*. https://www.bitchute.com/video/e9mvTko2Ts0T/

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