In this written interview by John-Henry Westen (HW) with the scientist Pamela Acker (PA), we want to give you information about the connections between "vaccine development and aborted foetuses". From a medical point of view, the interview is quite simple and we have researched some of the sources for you. From an ethical point of view and because of the enormous possibilities of medicine, it is urgently necessary to examine these statements more closely. The whole medical and technical devotion of science of the last 40 years is more reminiscent of opening "Pandora's box" than of the repeatedly invoked "protection of humanity".

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INTERVIEW

Welcome, this is the John-Henry Westen Show where I am very pleased to bring you Pamela Acker, who is a researcher into vaccines. In fact, she has published a new book called “Vaccines – a Catholic Perspective” (1) and we are going to get into THE most controversial topic going on today. We’re gonna be talking about what Bishop Athanaseus Schneider said, what the actual cases about abortion-tainted vaccine are including the COVID vaccines – you’re wanna stay tuned.

Let’s begin as we always do with a silent cross “In the name of the Father, and of the Son and of the Holy Spirit – Amen”.

Pamela Acker, welcome to the programme.

Thank you very much – it’s a pleasure to be here.

If you can start - just tell us a little bit about yourself, about your background in this area of vaccinations.

I’ve never liked to be on the cutting edge of anything. So I was excited about vaccines about twenty years ago, before it became a hot COVID topic. But when I was in high-school I was interested in sitting biology and I was particularly interested in sitting it cause at the time there was some thought that plants could be genetically engineered to deliver vaccines. And there were two things about that, that I found very exciting: one was that you could eat something instead of get stuck by something because nobody likes hypodermic needles. And the other was that this might make it easier to distribute vaccines in third-world countries because one would not have to worry about special refrigeration or perishable components. You could just grow them on site. So I was very excited about that at the time. I also was interested in the work of Shonun GodforWave?? because that kinda brought to light this thing we’re gonna be talking most about today, which is that of the aborted foetal cells that are used in vaccine production. So I thought that be a great ethical alternative if vaccines could be edible. It turns out – they can’t! The science behind that didn’t really work and I’m gonna refer back to that a little bit today when we talk later about the COVID vaccines, because of their nucleic acid who got the mRNA vaccines and DNA vaccines and those involve some novel technology but there are some parallels that can be drawn to was trying to be done in the late 90s and early thousands. Then I pursued a Masters Degree at the Catholic University of America in 2010 – 2012. Actually, I was there for my PhD but left with a Master’s because the lab that I got into, which was also involved in vaccines development, was working on a project for HIV vaccines, and the grant funding was under the Bill & Melinda Gates Foundation. We had gotten through the first stage of our grant, we were ready to apply for the second stage, and kinda tried to produce enough results to show that our plan was tenable there. There was a lab meeting that we were all kinda sitting

around at and my primary investigator said: You know, look everybody's kinda got to get on board with this particular aspect of the project, which belonged to a colleague of mine. And so I turned to her and said: with this particular aspect of the project, which belonged to a colleague of mine. And so I turned to her and I said: Well you know, at least what are you doing this part of this project? And she said: HEK 293 cells. And this point most people have heard of these because they are connected with the COVID vaccines. But at that time I hadn't. So I asked her what HEK stands for. And she told me: Human Embrionic Kidney. And then I spent a couple of weeks researching what that meant and what that entailed. And I came across the work of Alvin Wong from the National Catholic Bioethics Centre, who wrote an article – and I believe it was 2005 or 2006 – called "The Ethics of HEK 293". (2) And his work helped me a lot to discern whether I could actually be involved in this project or not. And when I expressed my concerns to my primary investigator it ended up being the end of my career in his lab. So, I did not get my PhD, I left with my Master's, but the use of aborted foetal cells in vaccines is definitely an issue that is near and dear to my heart. And it's influenced a lot about my life to this point but I also was able to be in a lab for about nine months before that ethical question was raised. So I have direct research experience on vaccine development, that comes into play and it has enabled me to have a kind of unique voice in this argument right now.

Absolutely, so eminently qualified to discuss this topic more than most - having worked in a lab as well - on vaccines. Also someone who has now written a book on this. We're very early into the COVID thing. To have already written a book on this, that was quite something. How did you manage that so quickly?

Again, I don't like to be on the cutting edge of anything. So I started the book two years ago – almost. I was taking the trash out one fateful winter night and fell and sprained my ankle. And unlike a normal person I never got better. So I was laid up on a couch for a very long time and people from the Kolbe Center, they had sort of been after me to look into the issue of vaccines for quite a while – you know, when I was on a couch with nothing better to do then read all of the things that nobody has time to read, was what actually started the research for this book. So I actually started around April of 2019, so before COVID was ever an issue. Hence the reason that the book was so well timed.

Truly providential. So we're in absolutely crazy times because the issue of vaccines, which has been around for many decades now, has taken on an absolutely new urgency with what seems basically like it's going to be forced on everyone. Even though everyone, most everyone is saying that "No, no we'd never force it, we'd never force it" in reality they're already talking about "Well you need to be vaccinated to take a flight, you need to be vaccinated to perhaps go to …who knows what … go into a store… We're already seeing with the mask mandates and the social distancing mandates, the lockdowns and everything else, that they're really willing to take draconian measures. So while you might not be forcibly held down to be vaccinated, your life will become unmanageable if you don't take it. So, this is our situation. When we're looking at taking vaccines as a parent, we've assessed things like "Is it necessary?", "Is it safe?", "Is it effective?" but also one of the questions is: "Is it moral?" So I'd love to address all of those points with you with regard to the COVID vaccines that are now approved. And what does it mean that they are abortion-tainted? So if we can start right in with the abortion-tainted. I think for most people one of the qualifying factors to take a vaccine, in the first place, will be its moral nature. Is it moral to take this? What are they? Why don't we start with the two currently approved vaccines for Coronavirus COVID… what are they and how do they differ?

The two vaccines that are currently approved are the Moderna vaccine and the Pfizer vaccine. And they are both mRNA vaccines and so on a cellular level, or on a molecular level I guess – they're not cellular - they are very similar. So both of the vaccines were made using a bio-technology technique that can synthesize nucleic acids in the laboratory. So a lot of people are trying to argue that they're moral because the mRNA that's made never touches foetal cells. But that's not the whole of the story when you look at the way these vaccines were developed. And so the original research papers document the use of HEK 293 cells in producing these vaccines. And so they were used in two different ways: One is that the spike protein that the mRNA codes for – you can do a 3-minute crash biology course – mRNA is messenger RNA. It's the nucleic acid – a copy that's made of your DNA and then it's sent out to the ribosomes and the cells and protein is produced using that messenger copy. What the vaccine purports to do is to take messenger RNA that codes for the spike protein of Coronovirus and insert that into your cells so that your human cells will then make the spike protein from the Coronavirus. And the thought is that this is going to be a very effective way to vaccinate you because we found that if you just take the spike protein and inject it in the people, it tends to degrade too rapidly for a good immune response. You tend to have some other complications which I will touch on – a little bit later in the interview. But the thought is that if your body' is making it itself, then you can get a prolonged enough exposure to the spike protein that you'll be able to mount an immune response to it. So that's sort of the basic way it's supposed to work. So the spike protein by itself is - in the words of one researcher - kind of floppy. It does not tend to keep its shape very well. And so scientists actually genetically engineered a spike protein that will keep its shape. It's got some mutations that cause it to be stabilised. And so this original design of this protein – they originally mutated it - they needed to see if it would actually keep its shape correctly, if that would correct the floppiness problem. So they took that genetic information and they transformed cells to produce the spike protein so they could purify it and take a look at it using techniques for visualising the 3D structure of proteins. And that original experiment was done on HEK 293 cells. So, the spike protein that the vaccines code for was originally developed effectively in aborted foetal cells. And an additional way that aborted foetal cells were used in the project is before they were gonna inject this mRNA into any human being to see if you can get human cells to make Coronavirus spike protein, you would wanna test that in cell culture. You would wanna test that in the laboratory because it's a lot less expensive and dangerous than testing in a human being. So if you can't get these cells in the laboratory to make it, then you probably can't get a human body to make. So, the cells that this was tested in were also HEK 293 cells. And this has all been published in the literature and I've read a couple of the papers documenting that both of these vaccines used HEK 293 in their testing. And a lot of people wanna say: Ok, well you know that was just done to develop the vaccines at the very beginning, so the research part, so there's a "done is done - it's no big deal". Just recently Stacy Trasancos has posted an article, which is available on the "Children of God for Life" (3) website, and she pointed out that – and as researcher I can confirm she's absolutely right – that these things also have to go through quality control tests. So every time I make another batch of mRNA, which is just synthesized using a laboratory technique, then I need to test and make sure it's so viable, that's a common thing to have quality control in the laboratories like that. So the testing with these aborted foetal cells may actually be ongoing in the production of these vaccines. Because, generally, when you scale up production of a vaccine beyond your research and development, you're gonna use the same testing procedures to test the scale-up that you use to test your smaller batch. And that's for some reason not feasible. But that's a very feasible way to test this, for these researchers – that's not a moral way but it's very feasible because these cells have been optimised for use in the laboratory. And they are almost ubiquitous in tissue culture research, unfortunately. There is a lot of laboratories

around the world that use these HEK 293 cells, and there are specific products that are optimised for them to have ideal growth conditions. So there's a whole industry based on these aborted foetal cells in basic science research, so that I think, people are super familiar with.

So, just to be clear: Both the COVID-19 vaccines, both the Pfizer and the Moderna were both not only developed in its spike protein with HEK 293, the aborted foetal cell line, but also in their initial testing. And now you're telling us, at least from this article from Stacy Trasancos, in on-going testing currently for new batches.

Yes, as far as I know there is ongoing testing for the batches. That is not published in the literature per se, because none of the data post the initial clinical trials has been published but there is substantial reason to think that this is going on.

Let's stop there for a second and just do a bit of a rewind for people 'cause I think people have to understand something about HEK 293, and PERC 6 and a bunch of the other aborted foetal cell lines that are at work here. And that has to do with their initial development and anyway. Because I think a lot of people are under the impression that – none even now since you've already said what you said with regard to the use of HEK 293 - but I think a lot of people are under the impression: Well that was one baby killed, way back in the 1970s, and it's so remote from that date right now. And you know that's just sort of an acceptable thing, we just have to live with it because it's saving so many lives. If you can unpack for us, what is HEK 293 exactly, and was it just one baby that accounts for it and what about all the other foetal cell lines?

There are a number of foetal cell lines in existence right now and I'm gonna read off a few of them for you – sure you heard – there is WI 38, MRC 5, HEK 293, PERC 6, there's another one I'm forgetting the name of, that was developed in 2015, that's not currently being used in any vaccines but has the potential to be used in vaccines and is used in other therapeutical treatments. So there is a number of these cell lines that are currently being used to develop a variety of therapeutics – everything from vaccines to treatments for cystic fibrosis. Most people sort of - as you say – kind of handwavingly dismiss it and say: Oh well, that was one baby that died, we can't go back and undo it, we might as well get something good out of it. Now, which, of course, violates the principle of the intrical good – and the fact that you simply can't use the ends to justify the means. But I'm not a moral theologian, so I stick to the science. For HEK 293 one of the things I saw come up a couple of times in articles I looked at about the ethical considerations involved, is that people say: Oh well, there wasn't documentation that that was an elective abortion; so it could have been a spontaneous abortion. And this is a bit disingenuous or ignorant on the part of these offers because in order to produce a viable cell line there's a number of things that go into that. And it's a very difficult thing to do, and I was doing some research specifically on HEK 293 to prepare for this interview. And, the number systems that's involved there – the HEK stands for Human Embrionic Kidney – but 293 stands for: this is the 293rd experiment that this particular researcher did to develop cell lines. And that doesn't mean that there were 293 abortions – but for 293 experiments you need far more than one abortion. And we're talking probably hundreds of abortions. And this was done with the collaboration of some hospitals and there was a group in Sweden that was involved in developing the WI 38 cell line, but they routinely were aborting babies for the use and trying to develop foetal cell lines. So people at this point usually have the question of why? Why a foetal cell line? And when you try to grow cells in culture in a laboratory they go for a process called immortalisation to develop a cell line. And people kind of confuse that because that sounds like they live forever, with thinking you can make these

cells live forever – you can't. You can make them live a lot longer than primary cell culture if you were just to take something out of my arm and put it to grow on a Petri dish it would survive for a few subdivisions but not very many. But if you introduce some mutations into it, it can survive for a lot longer. And so that's what you have when you have an immortalised cell line. Then you have perhaps something that's been mutated with, usually with viral oncogenes and so these are genes that promote cancer actually – so put a bookmark there, too, because this is important to something that we'll discuss hopefully a little later in the interview about the dangers of using, just the biological dangers - let alone the moral dangers - of using the aborted foetal cell vaccines. These immortalised cell lines are often given cancer-promoting genes that disrupt the function of cancer-suppressor genes, tumor-suppressor genes, and so they can grow not completely indefinitely but for a lot more generations in the laboratory. If you start with adult cells you have basically a shorter shelf-life. Because adult cells have already undergone a certain number of cell divisions – so that kinda counts against towards the total number they can actually undergo. And so if you use adult cells in the laboratory you will have a shorter life-span for your cell line, you have to develop a new cell line sooner and it's not as commercially viable. If you start with embryonic foetal cells, you have sort of the maximum life-span available for your cell line and that, I think, was probably one of the things to justify the use of the aborted foetal cells to begin with. And then another question people have is: Well, you know, why couldn't HEK 293 have been just be a spontaneous abortion, why couldn't it have just been a miscarriage? Because you know, the hospital lost the documentation about this particular baby that was used to develop the cell line. And so we don't really know whether it was an elective abortion or a spontaneous abortion. Well, we have all the reason in the world to believe it was in fact a spontaneous abortion that was done on purpose because the researchers who had been involved in this sort of thing have gone on record saying basically: You need to get that tissue within about five minutes of the abortion in order for it to be optimally viable. And if you wait an hour it's useless. So, in the case of a spontaneous miscarriage this baby dies long before the foetal tissue was removed from the body of the mother. That spontaneous abortion or miscarriage would not be viable to start a cell line at all. There'd be no way you could get a living cell line out of dead tissue. So this had to have been a baby that was aborted and they knew that that tissue was going to be used for research, so they could get there within that five minutes to an hour window preferably within the first five minutes in order to get that tissue preserved.

Well, that goes right into the baby part scandal that we're dealing with now where university researchers sort of asked the mother first: Oh, we're looking for a kidney or an arm or whatever to experiment with and so when you're going to have your abortion anyway, can you do this? And sometimes they ask them to wait longer so it's further developed so they have a better specimen. Absolutely sickening. So, this went on even with the vaccines that this was not only planned abortion. This was a planned abortion and extraction of foetal tissue to be used within – as you said – within five minutes of the abortion. The nonsense about this being miscarriages is totally shown.

I was gonna say it's even worse than that. And this is where I always issue a warning of any little ears listening to me talk on a recording because it's a lot more graphic than what I've just described. Because in a lot of cases the babies – because it is done on purpose, for research purposes – so they will actually deliver these babies via Caesarian section. The babies are in some cases still alive when the researchers start extracting the tissue to the point where their heart is still beating and they're generally not given any anaesthetic because that would disrupt the cells that the researchers are trying to extract. So they're removing this tissue while the baby is alive and in extreme amounts of pain. So this makes it even more sadistic. And my pastor just recently gave a sermon likening this to

what the Azteks were to do when they would consecrate their temples; they would literally rip out the beating hearts of the victims that they were slaying on top of the temples and then sort of cast their bodies down the side. This is pretty much exactly the same thing that these researchers are doing.

Yeah – and as you mentioned – we are getting out the Human Embrionic kidney – HEK – so it's the kidney that they have to access. So they're cutting open these live babies just delivered by Caesarian section – yes they are too young perhaps to live outside the womb by themselves right away – but they are still alive enough, and we already know that they're feeling pain. And then they open them, rip to take … that has to be known. I think, a lot of the determination of the morality of these things… even morality is separated by years and so it's remote connections, it's called. I don't think that they took into consideration what this actually is. That's why the science you're presenting here is so incredibly important because the people who made those determinations - and we all know, let me just explain that in 2005 the Vatican first through the Pontifical Institute for Life came out with a document saying that the use of such vaccines – if there is no other available and if your objection to the procedure how it's developed is known and if it's needed - is morally acceptable somehow. But even at that time – this is 2005 – and then it was sort of rubberstamped by the CDF in 2008 – however, I don't know that these facts were known at that time. And if they were it is absolutely unbelievable. So please continue.

Sure, since you referenced the document by the Pontifical Institute for Life (4), I do address that in the book I wrote on vaccination. And there's some real promise for the science that was presented to the people who were making those decisions. Because one of the strongest points that they used to justify the position they take in terms of – you know, these vaccines can be permissible if the situation is sufficiently grave – is the incidence of congenital rubella syndrome. Now congenital rubella syndrome is no anything matter, that is when a baby contracts rubella from its mother in utero in the first trimester and it can result in blindness, deafness, mental slowness, and even still birth in the infant. So it is a serious disease. Now, rubella itself is not a particularly serious disease, particularly contracted in childhood. Most people won't even have symptoms. And I think over half of the cases, you know, nobody even makes a trip to the doctor because there's nothing sort of noticeable going on. So, this is a very mild disease in children and only a problem in pregnant women who contract it during their first trimester. And the thought was that well vaccinating for rubella is gonna protect these pregnant women and therefore it's morally justifiable. But in a situation probably pretty analogous to the situation with COVID, when you look at the actual numbers, that's not the case. Because prior to introducing the rubella vaccine there were approximately 80% herd immunity in the population for rubella. And 80% herd immunity is the threshold at which the disease doesn't circulate particularly well. Obviously it still circulates, still people will contract rubella but it doesn't spread through the population like wildfire and put lots of people at risk. So, after using the rubella vaccine what we now have is roughly 80% to 88% herd immunity. So you might say: that's a little better. So maybe it was worth it. For the first ten years after this vaccine was introduced there wasn't a decrease in the cases of congenital rubella syndrome. In fact, after the first few years it was introduced there was a spike in cases of congenital rubella syndrome. They went up. And they didn't start dropping until abortion became legal. And there's a pretty good case to be made that the drop in congenital rubella syndrome babies was due to their mothers being informed: Oh, you have rubella, your child is likely to develop congenital rubella syndrome, why don't you just abort and try again. The drop that we saw in that disease is probably a lot more due to elective abortions than it is to the introduction of the vaccine. So you've got this vaccine that we have – I believe- we have

worldwide – there's 70% uptake of the MMR vaccine, which is the only way you can be vaccinated with rubella. You used to be able to get the vaccines separately but Merck lumped them all together in the 1990s after the Wakefield scare that potentially implied that the MMR was connected with the development of autism. And so Merck just stopped producing the separate vaccines, you can only get it now as the trivalent vaccine with measles, mumps and rubella, which means that you can't be ethically vaccinated for any of those things because the vaccine is produced in aborted foetal cells. It is used in the WI38, yes the WI38 cell line and that cell took – I believe – it was 32 abortions before they got to that cell line. The number 38 again is the number of experiments that were actually performed. I think it was 32 individual babies. And then the virus that's used in the measles vaccine – attenuated measles virus – instead of just swabbing the throat of a sick child like they did in Japan, US researchers encouraged women who had been exposed to rubella in their first trimester to electively abort their children. They dissected 27 foetuses before they had the virus that is currently in use in the rubella vaccine. And they continued with 40 more elective abortions isolating a number of different viral strains that didn't ultimately get used in the vaccine. But if you put all that together, you end up with approximately 99 abortions just for the rubella vaccine. And keeping in mind that all of them are probably done under the same horrific conditions that we've just described, you know, and in some cases where, you know, babies were delivered and the entire amniotic sac was removed from the mother and these babies were dissected either then and there; in some cases they were stuck in the refrigerator to preserve them slightly so they could be dissected a little bit later. I mean, just the brutality of that, and the horror of that, is not something we should gloss over. Yet, your average Catholic parent that goes into the doctor's office and is asked: "Do want the MMR?" Doesn't even know that this is how this was developed. So when Bishop Schneider talked in the interview he did with you about the moral complicitness that's being asked on that grand scale of people to just accept this – you know – this is not something brand new with the advent of COVID. There's already been significant inroads - I think – made in terms of making people to appropriate evil to use something that has a truly evil origin for their benefit even though they are not really cooperating in bringing the evil about per se. You know, and that doesn't get into the fact that continuing to do this then fuels the market for additional cell lines and additional aborted foetal products, additional vaccines that are made in aborted foetal cells. Because if we'd been refusing the MMR vaccine, we wouldn't have COVID vaccines that are made with aborted foetal cells. You know that would just not have happened.

I have so many more questions for you – I don't know where to start. Let me go first of all to get to what you already said. What specifically did the PAV have wrong when they looked at the science. What were they lacking?

They were lacking an understanding of whether, in the first place whether the vaccine was even protective or not. You know, vaccines in general do have a modest protective effect against the disease that they are trying to prevent but implementing a vaccine doesn't necessarily just tremendously impact herd immunity that might already exist in a population and, in fact, the chickenpox example is a great example of how disastrous the introduction of a vaccine can actually be for herd immunity. Because what we've done by vaccinating everybody for chickenpox is effectively eliminate the natural boosting cycle. So, you know my parent got exposed to chickenpox again when I was a child when I was infected with the virus. And so their immune system was given sort of a natural booster to say: Hey, remember me? I'm the chickenpox virus – like you know – why don't you beef up your immune response a little bit so that you don't develop shingles in a few years. Cause it's caused by the same virus and once you have the virus, it does hang out in your nerve cells

and if you've had chickenpox you can develop shingles. But you don't tend to develop it until a lot later in life because of this natural boosting process. As we've eliminated this in the population now, so we've pushed that average age of shingles lower, so you see more incidence of shingles in the younger people and we're even seeing it in very young people who've been vaccinated for chickenpox. Because the live attenuated virus that is used in the vaccine, also hangs out in your nerve cells and it can come back later as shingles itself. So one of the things that was missing from the Pontifical Academy of Life in their determination here is that you can't just say: vaccines save lives therefore this vaccine is a great idea. You have to look at vaccines in a case by case basis and see if they're justifiable and the ones using aborted foetal cells generally speaking are not. They're not really live-saving vaccines and so you don't have a grave matter because in order to participate in remote evil illicitly - and this might be a great case for mudding the waters - by even that you remotely participating in evil cause the evil of abortion is so intense – but even if it were, the origin is extremely grave. You have to have extremely grave cause in order to actually make it licit. And so they did not look at this and say – they didn't look at the science enough to see that the cause was just not proportionate. The same thing is true with the COVID vaccines. The cause is simply not proportionate. We're looking at a death rate from Coronavirus of – I think – it's 0.2%. And the average age of death of a patient who was coded as having died from COVID – because there's some question about whether patients who have co-morbidities should even be counted as COVID deaths – the average age of these patients said to have died of Corona is around 79 to 83 years old. And the average life expectancy in the US is around 78.7 years. So technically the average age of a COVID death is higher than the life expectancy in the US. So, this disease isn't really killing people, right and left, they were probably going to die anyway. It's remarkable to see that anyone could consider this grave cause.

Many people think that when they're taking a vaccine, you know, there's nothing really of aborted babies in them. Nothing really was tested on it and then it's so remote, it's really nothing there. It's something that is even so remotely connected that it's like one billionth of a particle in the whole vaccination shot you get. Speak to that for a second, if you would.

The Moderna and Pfizer vaccines there isn't any aborted foetal material remaining in the vaccines because they're not actually cultured or produced directly in the aborted foetal cells. But with the Astra-Seneca vaccine and the Johnson & Johnson vaccine for COVID as well as the rubella vaccine and the chickenpox vaccine, there are remainders of these aborted foetal cells that end up in the vaccines themselves. Though when you get this vaccine you are actually injecting pieces of this individual who was murdered into your body. And those pieces tend to be remnants of the DNA and some protein debris but the DNA is particularly of concern because Dr. Theresa Deisher of Sound Choice Pharmaceuticals (5), which – I think - came into existence in early 2000, were working on solving this problem with ethical vaccines and the availability of ethical vaccines. She has done some tremendous work, a lot of it she has summarised in talks on Youtube where she has looked at the relationship between the increase in use of aborted foetal cell-derived vaccines that corresponds to an increase in autism rates in the countries that she has looked at. And this has been in some countries in Europe as well as the United States. And she has seen that there is a dose-dependent response. The more aborted foetal cell vaccines that we use the greater the increase in the incidence of autism. So, she said, let's take a look at that if there is any sort of biologically plausible mechanism for that. And so she made a connection that when you put these aborted foetal DNA-contaminants into a living human being, something can occur and this does occur in vitro, in cell culture in the laboratory, called homologous recombination where the DNA that's injected into the individual can

kind of line up with the DNA that it - sort of - corresponds to in those individual cells and then there are some enzymes that come along and they can swop those two pieces out. So you end up losing your actual DNA and having the DNA from the aborted foetal cells incorporated into your cells. And she was saying why this could potentially explain why in some individuals with autism, although they're not all, because autism is a very multi-faceted problem and there's no one strict answer for why it develops in some individuals and not in others. But in some individuals you see hundreds of what are called "de novo" mutations; so these are mutations that came kind of out of nowhere – the parents did not have them and you shouldn't see hundreds of mutations in a child just from one generation – this child is very young, probably still as well, it can't possibly accumulate all of these mutations. Well they can, if this mutated DNA – because if you recall from the beginning of the talk, we talked about how in order for cell lines to be immortalised we are sticking viral oncogenes in them and these cancer-promoting genes, these mutations, xx in order to keep them growing in cell culture somewhat indefinitely - the DNA in these cells is definitely mutated. So this could be the source of the mutations we are seeing in some of these kids developing autism. So this is one possible mechanism for why we're seeing that and it's not outside the realm of possibility biologically but also it makes sense if you think about it just from natural law. If you're going to do something as heinous as inject into yourself the remains of somebody who's murdered there's going to be a natural consequence to that. You can't just do that and not have any negative effects, if that makes sense.

Well, we're definitely into the safety portion of the discussion. And I'd really like to go right into that especially with regard to what we're seeing right now from some of the people who've already taken the COVID vaccines. We've seen a nurse come out with saying that one side of her face – she was experiencing Bell's palsy – she seems to be paralysed on one side of her face. We had one nurse take it early on and pass out. We had another doctor take it and apparently die. Could those, first of all, be related to the vaccine? And what are some of the other safety concerns with the COVIS vaccines, the ones that are approved and the ones that are awaiting approval now.

One of the main concerns, safety concerns with any of the COVID vaccines that are in development, are that most of them are what's called next-gen technologies. These are things that have not been done in vaccines in the past. So we really don't know how MMR – sorry mRNA, what the-long term health effects of those vaccines are. We don't really know what effects they are gonna have in the body even short term because one of the concerns I have, just from thinking about genetically engineering vaccines like way back in the late 90s when they were trying to have these fruits produce vaccine antigens and produce them in appropriate doses; you know, when you would genetically transfect a plant and try to get it to produce, say, smallpocks antigens, they have a huge problem standardising the dosage. And this is why the technology eventually got scrapped – because they simply couldn't say that when you ate one banana you had this much smallpocks antigen because all the bananas were different. And you know, bananas may be a bad example, because bananas are polyploid so there are some other genetic problems going on there. But none of the plants they tested were able to be standardised in terms of dosage. So when you insert foreign genetic material – and this is just true with the too – when you insert foreign genetic material into a living organism you can't really control exactly how much protein that organism is going to produce based on how much DNA you give it. You can sort of "guestimate" a range but when you're dealing with something like the SARS COVID-2 spike protein – and we know that one of the ways that the pathology in the people who do get really sick is mediated is through this overactive immune response – you get the kind of side effects, you get everything kind of so ramped up that it's your immune system that's

actually killing your body – we're gonna then take genetic information, stick it into your body, not know how much protein you're actually gonna produce that causes this overactive immune response, and just say: Oh yeah, you will be fine, like, you know, don't even bother to call me if you have some soreness in your arm. I mean, to me that's mind-buggling because I don't think they have any idea how wildly different people's responses to this genetic information might be and thus how wildly different their responses to the vaccine might be. And so, in addition to this kind of general concern, there is also that the Astra-Seneca and the Johnson & Johnson are adenovirus vector vaccines. So the idea is that we're taking an attenuated virus that normally infects humans, which adenovirus, and sort of package some genetic information in there and so that virus vector is going to take that DNA from the Coronavirus to your cells and then put the DNA in your cells. And then at that point you have even more possible complications because now not only are you sticking genetic information from Coronavirus into your body but you also have the problem with the adenoviruses. I don't remember the technical name for it – but there's basically a mechanism whereby adenoviruses can recombine in your body. So if you happen to be infected with an adenovirus, which may not be even be symptomatic, because some of these viruses are very benign and they don't really cause a whole lot of problems. But some of them are worse and they can cause common cold types symptoms and they can also cause digestive distress, things like that. But, say you are infected with one of these adenoviruses, you get stuck with an adenovirus vaccine, and those two viruses – the vaccine virus and the wild-type virus actually recombine in your body, they may make something different. We have no idea what it's gonna do or how it's gonna react or how it's gonna infect you. And you can actually end up creating super viruses and that is one of the reasons that when Coronavirus vaccines were originally been developed back when SARS was the thing in late 2003/2004, they looked at doing live attenuated viruses but then they said: Oh no we can't do that cause you could have this live attenuated vaccine virus recombine with the naturally occurring Coronavirus because there are about four that normally infect human beings and cause common cold type of symptoms. So that's not counting the SARS virus and the MERS virus and the current SARS-2 virus. But these four common ones could recombine with an attenuated live vaccine virus and that could create something that we wouldn't have any idea of how infective or how pathogenic it was. So this is a concern, I think, of the adenovirus that hasn't been really addressed properly, sort of, in the public eye. And then, one of the other things I found kind of interesting – I was looking at a video promoting these next-generation technologies and how exciting they were and "everybody calm down and we've been working on these for decades, now, and they're not just out of the box, brandnew" … somebody just thought it. As a researcher hearing that – we've been working on these for decades – doesn't mean they are safe. It means: We haven't had success – in decades on this stuff. That's the actual real message that's being spun in a positive way – it's like: Oh we have experience with this in the laboratory – we have experience with it not working.

So, one of the things that happens is – most people know – but maybe you can address this very quickly – is that the companies that have produced these are indemnified against being sued. In other words: if someone gets something from the vaccine, it's the taxpayer that's gonna deal with it – not the company. Yet the company is gonna get profits from their making of it anyway and got profits from their development of it because they were asked to do it under warp speed and with millions and billions of dollars. So, there's that and the fact that – well, maybe address that first and then I have another question for you in a minute.

So that actually minus the warp speed pre-funding – that's actually the situation for all vaccines developed in the US. All vaccine manufacturers are indemnified against liability for their products

and it's the vaccine injury compensation programme, the VICP, that will deal with any claims of vaccine injury and – I did talk about this a little bit in my book as well – and just crunching some numbers based on the actual number of adverse reports that are actually submitted to VERS, which is the Vaccine Adverse Reporting System, based on the fact that it is probably much, much lower than what actually occurs, because most people (A) don't think to file something, (B) don't file something because they know that it's impossible to have it temporarily connected, or (C) have no idea that there is a connection to the vaccine because a lot of the adverse events that I talk about in the book, is very commonly or possible associated with vaccines, are very difficult to pan down in their actual chronology , their development, their onset, because a lot of them are allergic auto-immune responses because your inciting your immune response in a very bizarre way actually when you vaccinate yourself you're not exposing yourself to the pathogen through the normal you're going through your muscles instead of through your mouth. You're in some cases giving yourself three, or four or five or ten diseases at the same time. I mean, you would never as a child have measles, mumps, rubella, polio, chicken-pocks, diphtheria, typhus at the same time. But you might get all those vaccines at one doctor's visit. So there's a lot of problems in terms of determining just how many adverse events there are associated with vaccines in general. But the vaccine manufacturers are not liable and I think there has been some sort of special protections kind of extended specifically for the COVID vaccines, because, if you do obviously rush something to production, I think, there is some sort of liability that you might still have even as a vaccine manufacturer in general. But because this is now an emergency situation, you've been licensed to go ahead and do that and, you know, cut your testing down to - I learnt today that Moderna - they solicited adverse reactions for seven days – and I also learned today that because, you know, as it's not considered ethical to not give somebody a Coronavirus vaccine, if we have a working Coronavirus vaccine, Pfizer is already vaccinating their placebo group with actual active vaccine. So, we're not gonna have any more data about long-term effects from these vaccines because we're not gonna have any more placebo group. Because they're going to go ahead and get the vaccine. Which is mind-blowing to me as a researcher: How do you commit that that level of – I mean it's scientific fraud, really truly, to just say: Ok, we're just eliminating our control group. We're just completely taking them out of the existence. So now we have no way to say how safe this vaccine is in long-term studies.

What are the other things I meant to ask you, which follows right on what you just said. That is the connection from when you take the vaccine to when you experience the effects isn't immediate. It's not like what we saw with the nurse. What are we talking here, you know, is it a day or two days, or what is it?

Well it depends on the kind of reaction that you see. If you have an anaphylaxis – anaphylaxis is the reaction that occurs with some vaccines that cause an allergic response where your eyes start to close up and you're in danger of dying from a severe allergic reaction. That happens supposedly one, approximately one in a million doses of your average vaccine. It happens 22 times more frequently than that with the COVID vaccines – so it's one in 45.000 I think, which is again not a terribly high rate, but it's 22 times more than your average normally developed vaccine and that should be frightening. If people are experiencing anaphylaxis, which is the most severe possible reaction you could experience from a vaccine, 22 times more than they' re experiencing from your average vaccine, what does that say about other adverse side effects? And so, you mentioned Bell's palsy as one of the adverse side effects. We've seen Bell's palsy with both the Pfizer and the Moderna vaccine. They saw that more frequently in the vaccinated population than in the unvaccinated population. Of course, everybody wants to downplay it and say: Oh well, most cases of Bell's palsy

resolve within six months but not all do. And the loss of facial muscle control is not always Bell's palsy, it can also be symptomatic of other more problematic neurological disorders, like Guillain-Barré syndrome. And everybody is quick to say: Oh, we haven't seen any cases of Guillain-Barré syndrome. How long have you tested for adverse reactions? 28 days? I don't know whether you will see Guillain-Barrés syndrome in 28 days. That one takes longer to develop. Autoimmune conditions, as a general rule, take longer to develop. And there is some evidence that type 1 diabetes is a possible side effect of vaccination – that can take a year to fully develop. Once your body starts attacking your pancreatic cells, and that can take a really long time to develop, or fibromyalgia can take a really long time to develop. Other things – the most common severe adverse reactions - at least for the Moderna – 7,5 or 8% - of people experience fatigue that's severe enough to keep them from going about their average everyday activities. And I think about 6% experience headaches that are that severe, and there were a couple of other things that people said that were that severe. That would happen within a day or two or even immediately of the vaccine. So it just depends on the adverse reaction that… the stuff that I am most worried about is that chronic, long-term downstream stuff. And I have a sort of vested interest in this because my family has a very interesting case history of all kinds of auto-immune problems from my grandmother's generation on down to my sister's children. And, you know, whether these are associated with vaccines or not, I can't say, and I certainly don't think my grandmother's generation was probably the case because they weren't receiving very many doses back then. But I do know that if vaccines can trigger autoimmune pathology – and I clearly have the genetics for autoimmune problems – I'm not taking an unnecessary vaccine. That's just not intelligent. But that's the part that concerns me the most. Because those things aren't gonna show up until we've already vaccinated who knows how many people. If it's gonna take six months to a year or years for this pathology to really develop and then it' s very hard to tie it back to the original vaccine, in some cases.

The UK Government has warned pregnant women not to take it. The FDA, another agency, have warned that those with allergic reactions to vaccine ingredients shouldn't take it. There was a warning that men might consider freezing their sperm before taking it because some kind of fear of possible effect that way. What if you'd known of those possibilities and things like that. Is there a concern for fertility as well?

I would love to be able to give a definitive answer on that – and I can't. And part of the reason I can't is there is a lot of conflicting information that's being circulated. And even with the expertise that I have I haven't been able to make sufficient heads and tails of it to be able to say one way or the other. I will say that the British Government is issuing that warning in part because there hasn't been any testing done in pregnant women. So, you don't give a vaccine to a susceptible group that there's no safety testing on – generally speaking is the kind of thought there. I don't think that being done out of a motivation of they know something for fertility they are saying. You know they've come out and said: So well, there's been no testing done, we shouldn't do this. But there some information that was circulated that was saying: "Don't get it if you're planning to get pregnant within the next couple of months", which seemed very strange to me, because I thought not an issue with your average vaccine. And if it does cause fertility issues it certainly wouldn't be the first vaccine to do cause fertility issues. There has been a number of vaccines that the World Health Organisation had in development that were on purpose to cause infertility. They've been looking for birth control vaccines since the 1970s. They have tested uninformed, non-consenting women in Kenya, in the Philippines, in Mexico, and I believe a couple of other third-world countries, and I've actually spoken personally with a doctor in Kenya who was one of the ones who identified that the tetanus vaccines

that were administered to Kenyan women and that were specifically targeted to women of child-bearing age, were laced with HCG, which if you inject that in conjunction with tetanus toxoid vaccine you can render women fertile for an indefinite period of time. So this is something that has been done in the past – covertly. And that's part of the reason why many people are really concerned. And then Gardasil, the HPV vaccine, is associated with a frightening drop in fertility. And there's a study done on women aged, I believe 25 to 29, who had or had not received the vaccine and so it wasn't a trial that was done. It was just looking at data afterwards. And women who had received all three doses of the HPV vaccine were on third as likely to have conceived and born a child as women in same age cohort roughly adjusted for other medical issues that could possibly affect fertility. Yet, three time as much likeliness of being pregnant if you had never had the vaccine versus if you'd had all three doses. This is alarming stuff. Because you're not told this when you go in and your doctor says: "Oh, would you like your daughter to get Gardasil?" You're not told she might develop these horrible autoimmune diseases that have been associated with it, including chronic fatigue syndrome, and a syndrome called PODs, and I can never remember what POD stands for, but it's horrific to have it. I know some individuals who do – it's very limiting for them – it's a heart condition. And then you're also not told: and p.s. you might also never be able to conceive a child.

Let's touch a little bit more on the – whether this vaccine for COVID is necessary. And after that I'll ask you to give some final thoughts.

Sure, do you have a specific question about that or just kind of in general?

Yeah, one of those considerations when you look at vaccines is about whether it's needed or not. We talked about the safety, we talked about the morality, we talked about the effectiveness. But is it actually needed? And that looks at what our current situation is with COVID right now.

We talked a little bit about the death rate. The death rate is very low. The average age of death is higher than the average expected mortality in the US. We're not in a position where it seems necessary and the safety concerns seem to even offset the benefits in terms of – I think you're more likely to have an adverse reaction to the vaccine than you are to catch COVID, let alone to die from COVID. But also, nobody has claimed – they are very clever, they just sort of not mentioned it – while trumpeting other areas of success – well, nobody has claimed that the receipt of the vaccine will actually cause the virus to stop spreading. The only claims that have been made by Pfizer and Moderna is that: If you get the vaccine you're less likely to get severe COVID symptoms than if you don't get the vaccine. And again, they're looking at a fraction of the cohort that they've vaccinated – so Pfizer vaccinated 43,000 people, and they looked at approximately 200 people who developed symptoms. And Moderna the same thing: vaccinated 30,000 people and had approximately 200 people who developed symptoms. They both made claims their vaccines were 90 some% effective – based on the fact that – well the people who developed symptoms, 90% of the people who developed the worst symptoms, were in an unvaccinated cohort. They didn't test for whether these people were positive for SARS Coronavirus. They didn't test, they didn't look at any other symptoms. They didn't look at long-term - does this actually keep you from developing symptoms over a longer period of time. They looked over a period of just a couple of weeks, you know, as we've said: They didn't test any of the things that they should have tested. You know, in terms of determining whether this vaccine is actually protective or not. So, we don't have any reason to believe this vaccine would do anything to slow the spread of the virus and very high-profile people are saying:

Oh, yes, get the vaccine, get the vaccine but keep wearing your mask because it's not gonna affect transmission, So why are they getting the vaccine?

Exactly and how dare you suggest that in order to travel, in order to make society come back to normal you need a vaccine. Cause that makes no sense whatsoever.

The only reason I would get the COVID vaccine is for my own benefit, for that modest protective effect against developing the worst possible symptoms. For me, I'm not in a high-risk cohort, I don't have co-morbidities, there's no reason for me to have the vaccine, it's not going to help my neighbour. It's not – quote on quote – the right thing to do, a moral thing to do, or a necessary thing to do for anybody other than myself - and if it's not necessary for myself – then it's absolutely unnecessary for me to get the shot.

Pamela, just before I ask you for your final thoughts, before we end off. I wanted to thank you on behalf of all of our live-save viewers. I know lot of people have been asking questions and I've got from you clearer answers than I've ever seen anywhere before. So thank you for that. Your book called "Vaccination – A Catholic Perspective" is available where?

It's available on the Kolbe Center's website Kolbecenter.org. We'll be linking to it in my blogpost and in the description of this video as well. But give us, if you would Pamela, your final reflections on this question.

The short thing is - don't get it! It's not good for your soul, it's not good for your body. And I think that we really need to as Catholics – if we don't stand up now, we're losing the opportunities wherever we have to stand up and rectify this wrong. It's been going on now for decades´, you know, and it's been going on for decades and we're gonna be accountable for that. You know, we lived in this time, we had an opportunity to stand up. We had an opportunity to do something. And if we don't, we are gonna be held accountable for that, at the end. You can't just sit on your hands: Oh well, I'm not gonna take it, oh well you know, it's not a big a deal. This is a big deal, this is a hill we're standing on.

Amen. And you have very, very providentially been given to do this work, to start it, before it was so evident that it was so extremely needed. And it comes out now as if planned. May God bless you for what you've done in the clarity that you've brought.

Thank you very much.

Quelle:

(1) https://www.kolbecenter.org/product/vaccination-a-catholic-perspective/
(2) https://www.pdcnet.org/C1257D43006C9AB1/file/5265B61D5497F52585257D94004802BB/$FILE/ncbq_2006_0006_0003_0077_0099.pdf
(3) https://cogforlife.org/?s=Stacy+Trasan
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(4) https://immunize.org/talking-about-vaccines/vaticandocument.htm
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(5) https://soundchoice.org/