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OBSERVATIONAL STUDIES

A Presentation of Analyses of COVID-19 Vaccine Samples, Blood Samples, Urine Samples, Foot Bath Samples, Sitz Bath Samples, and Skin-Extract Samples

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ABSTRACT

Some members of Korea Veritas Doctors of COVID-19 analyzed COVID-19 vaccines samples, blood samples, urine samples, foot bath samples, sitz bath samples, and skin extract samples from COVID-19 vaccinated and unvaccinated subjects. Among the objects analyzed were self-assembling micro-sized particles, probable Graphene Oxide (GO), and strands of micro-sized materials of diverse structures (probably small GO particles). Intermittently self-vibrating objects (probable GO particles) in the blood of the injected were presented. Slowly moving synthetic parasite-like objects in the blood of the injected and another object of a water ski-like fast moving object in the foot bath water were also presented.

COVID-19 vaccines were known to contain programmable mRNA, GO and synthetic parasite-like objects. The effect of these materials in the blood is a widespread damage to everything inside the body including multiple organs. Those damaging effects are linked to endotheliitis, mitochondrial damage, microthrombosis, myocarditis, Sudden Adult Death Syndrome (SADS), human DNA changes and Genetically Modified Organism (GMO), prion disease and dementia, infertility and depopulation, Vaccine Aided Immune Deficiency Syndrome (VAIDS), reprogramming of innate immunity, cancer, RNA Replicons (i.e., replicating spike proteins forever as far as the host lives), and shedding by vaccinated people. Moreover, these materials may cause Vaccine-Induced Thrombotic Thrombocytopenia (VITT), and cytokine storms which is claimed to be typical COVID-19 symptoms.

It can be easily argued that there is no other reason for the presence of these main components of COVID-19 vaccines including programmable mRNA, GO, and synthetic parasite-like objects, but to produce slow and painful death in people and to depopulate the world. Considering the hazardous effects of those GOs and other synthetic materials in the human body, human beings need to be detoxified from those hazardous materials and those extracted structures came out of human body need to be carefully treated and detoxified.

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Subject Area(s): VACCINES

Introduction

Compulsory COVID-19 vaccines are fraud and a crime to humanity

Given strong innate immunity in humans, the official programs of compulsory and coercive COVID-19 vaccinations are patently absurd and can be interpreted as equivalent to global-scale fraud and a crime to eradicate large swaths of the population. Universal and coercive vaccination is not the only way to end the pandemic. Rather, such programs only add fuel to the increasing fire of mortality and morbidity of the COVID-19: a 38-page Pfizer report showed that Pfizer knew the BNT162b2 mRNA COIVD-19 vaccine already had almost 150,000 adverse events when it applied for FDA approval, and had 1,291 side effects; [1] VAERS data showed in September 2021 that there were more than 150,000 excess deaths in the United States caused by the COVID-19 vaccine and that the Pfizer vaccine killed two people when it saved only one [2]; Israel started their 3rd booster program on July 30, 2021 when it had only two average deaths during 7 days, and then mortality dramatically increased as seen in the figure 1 [3]. South Korea had two consecutive excess deaths by 46.3% in March and April, 2022 as seen in figure 2 (In March, 10.2 deaths/1000 population; and in April, 8.7 deaths/1000 population) [4] and all the countries that purchased Pfizer's COVID-19 mRNA vaccine acknowledged that "Pfizer's efforts to develop and manufacture the product are subject to significant risks and uncertainties," and that Pfizer was, in fact, "Exempt ... from all civil liability for side effects [5].

Reports of the existence of graphene oxide in COVID-19 vaccines

When Pfizer applied for the EUA from the FDA, the company knew that the experimental COVID-19 vaccine showed almost 158,000 adverse events, and had 1,291 lists of side effects. In addition, it wanted to keep the data secret for the next 75 years, but U.S. District Judge Mark T. Pittman denied the request [1]. Judge Pittman argued that that human beings have a right to know information about the specific ingredients of the experimental COVID-19 "so-called vaccines" as the Nuremberg Code 1947 International Law governs and permits medical experiments. It stands to reason that nations and government agencies should respect and protect the human rights and well-being of experimental drug recipients rather than protect the drug makers and exempting them from liabilities [6].

In 2021, Dr. Pablo Campra of the La Quinta Columna first reported from his studies of the vaccine contents that he observed what he thought

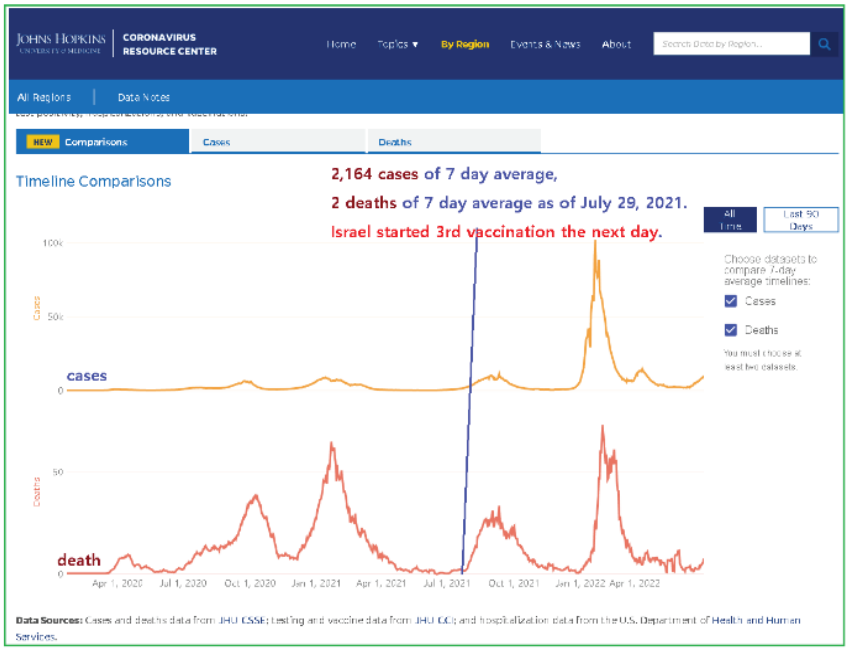


Figure 1 Cases and deaths data from JHU SCCE: July 29, 2021 data showed 2,164 cases of 7 days average and 2 deaths of 7 days average, but Israel started the 3rd COVID-19 vaccination "booster" from July 30, 2021 and made dramatic increases of COVID-19 morbidity (cases) and mortality (deaths).

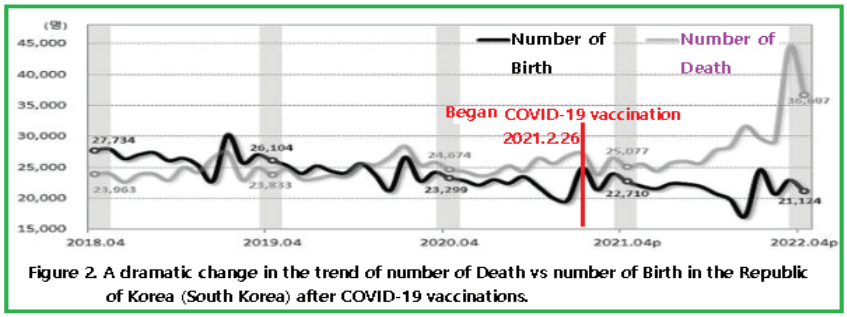


Figure 2. A dramatic change in the trend of number of Death vs number of Birth in the Republic of Korea (South Korea) after COVID-19 vaccinations.

Figure 2 A dramatic change---- COVID-19 confirmed cases and COVID-19 mortality (death data) from JHU SCCE: July 29, 2021 data showed 2,164 cases of 7-day average and 2 deaths of 7-day average, but Israel started the 3rd COVID-19 vaccination from July 30, 2021 and made dramatic increases of COVID-19 morbidity (cases) and mortality (deaths).

was graphene oxide, Oxidized Graphene (GO) or reduced Oxidized Graphene (rGO) in the aqueous suspension of the COMIRNATY COVID-19 vaccines [7]. Later, the research group launched a website for interested visitors to easily download the scientific reports describing detection of graphene in COVID-19 vaccines [8]. About two months later, a biochemist, microbiologist, and nutritionist Dr. Robert Young and other American scientists confirmed that there was graphene oxide as well as other materials in COVID-19 vaccines and that GO was cytotoxic, magneticotoxic, and genotoxic to all life on the planet [9]. Young RO [10] argued that "the Pfizer, Moderna, AstraZeneca and Janssen drugs are NOT 'vaccines' but are, instead, complex Graphene Oxide nano particulate aggregates of varying nano elements attached to genetically modified nucleic acids of mRNA. It was also argued that GO was the vector for COVID-19 democide [11], and researchers had reasons to believe as such considering that GO is a two-state weapon which can "destroy anything it comes in contact with" when positively charged by absorbing "electromagnetic radiation in the 5G wavebands" between 6 GHz and 18 GHz [12].

More recently, Korea Veritas Doctors for COVID-19 published articles describing what appeared to moving (or "live") synthetic micro-organisms in the COVID-19 vaccines, in blood samples of COVID-19 vaccinees, and in the water of those who had received the foot immersion detoxifying-bath protocol [13,14]. Burkhardt A, et al. [15] autopsied and presented their findings that seven out of ten deaths that had occurred after COVID-19 vaccination showed a strong direct causal relationship with COVID-19 vaccination. Graphene oxide has been shown to exist in all four kinds of COVID-19 vaccines, and this, hitherto undisclosed, ingredient might be one of the central causes of rare autoimmune diseases and even deaths after COVID-19 experimental jabs. Medical experts have argued that there was "no reason for graphene oxide to be in vaccines 'except to murder people': graphene oxide destroyed literally everything in the body doing noxious things such as exploding the mitochondria, making acute inflammation of the lungs, and making an inflammatory storm in cardiac tissue and in brain tissue [16].

Young RO [10] reported that there was a 50 micron-long Trypanosoma parasite in the so-called Pfizer vaccine. Madej C [17] reported that she found Hydra vulgaris in vaccination vials. COVID-19 virus, Hydra vulgaris, and many dead people were presented in the opening ceremony of the Barcelona 1992 Summer Olympic Games, and it was a "Satanic Ritual with Coronavirus Predictive Programming [18].

Some members of Korea Veritas Doctors of COVID-19 analyzed COVID-19 vaccines samples, blood samples, urine samples, foot bath samples, sitz bath samples, and skin extract samples from COVID-19 vaccinated and unvaccinated subjects to see GOs and synthetic parasites in them.

Limitations of our findings

Electron microscopies, which have a 1-2 nm resolution, enable us to see elongated protein molecules such as fibrinogen (46 x 3 x 6 nm), serum albumin (7.5 x 6.5 x 4.0 nm), and hemoglobin (6 x 5 x 5 nm) [19]. COVID-19 mRNA vaccines make spike proteins in the various cells of our body. The spike protein has three copies of club-, pear-, or petal-shaped protein, and each spike protein has S1 and S2 regions: S1 has N-Terminal Domain (NTD) which has the core and the Receptor-Binding Motif (RBM) that interacts with the Angiotensin-Converting Enzyme

2 (ACE2) receptor; and S2 has C-Terminal Domain (CTD), which has the membrane Fusion Peptide (FP) [20].

Optic microscopes are insufficient for analysis of either DNA or mRNA-induced spike proteins, but they do enable us to see foreign bodies in COVID-19 vaccines, in human bloods, in urines, in foot bath water, in sitz bath water, and in skin extract at the micrometer-level even though not at the nanometer.

Materials and Methods

Experimental COVID-19 (so-called) vaccines were collected remnants after injections to people to want or had to get COVID-19 injections. Blood samples, urine samples, foot bath samples, sitz bath samples, and skin extract samples were drawn after a written or verbal permission of the patients.

The blood samples were centrifuged for 30 minutes at 3,000 rpm and plasma was collected and studied. The urine samples were centrifuged for 10 minutes at 3,000 rpm and the sediment was collected at the cover glass. For the experiment, it was observed after three days or four days of collection to make the constituents of the urine may have time to organize themselves if they do.

Foot bath samples and sitz bath samples were collected after identifying a foreign material at the foot bath water or sitz bath water, which were usually observed at 5 fold or 7.5 fold magnification.

Usually, skin extracts were collected by patients themselves and their doctors reviewed their pictures of the skin status at the time of skin extract collection by patients, and only those skin extract samples which were certified by their doctors were adopted as materials for the study.

Moving pictures were made by the cooperation with patients and their doctors.

Presentations of COVID-19 vaccines

- Pfizer COVID-19 vaccine(Figures 3a-c). Moderna COVID-19 vaccine (Figures 4a-c).
- NOVA COVID-19 vaccine (Figures 5a-d).

Presentations of human bloods

- Twice vaccinated, 28-year-old male with insomnia, headache, and dizziness (Figures 6a,b).
- Twice vaccinated 66-year-old female with thigh lymphadenopathy, pain in thigh, and lower leg numbness (Figures 7a-d).

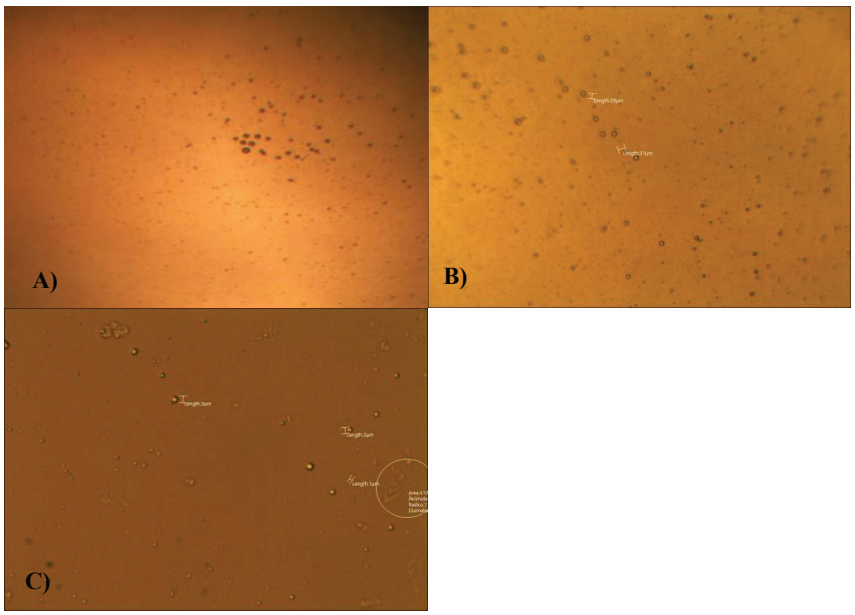


Figure 3 a: Moving, multiple small discs with pale colored center and unidentified small multiple dot-like objects. (x 40). 3b: Multiple small disc-like objects of 36 micrometers and 29 micrometers with pale colored center (x 100). 3c: Moving small and various sized disc-like and bubble-like objects. A key-like-shaped micro-chip-like material is seen on the left upper corner. A mountain-ridge-like micro-chip-like material is seen on the right lower corner (x 600).

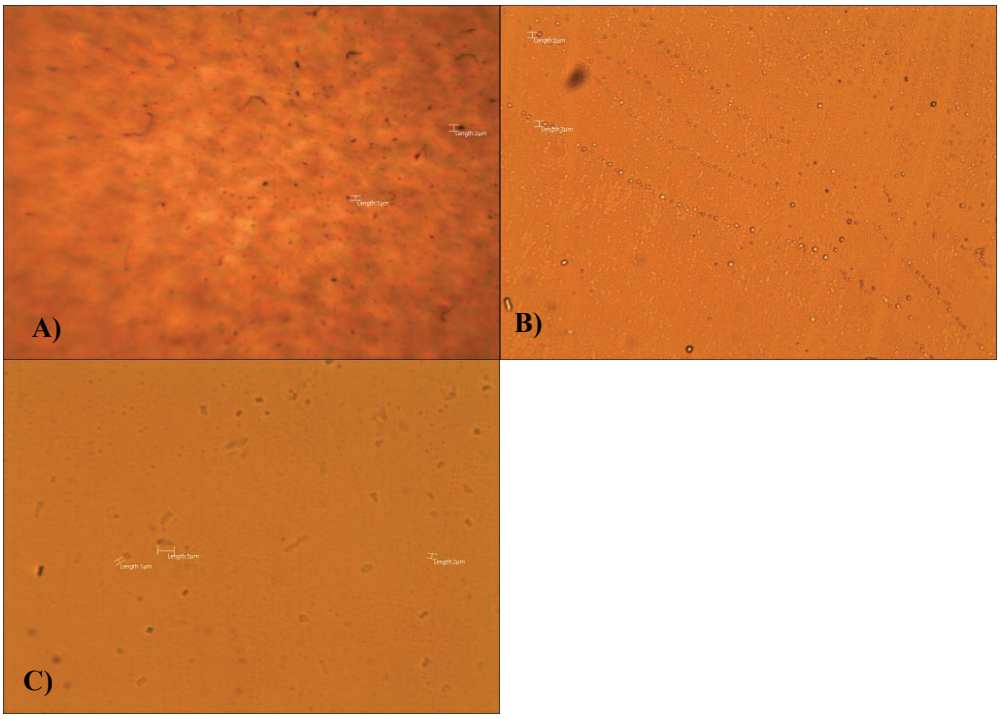


Figure 4 a: Worm-like GO-like materials are spread in the moderna COVID-19 vaccine base. Various small dot-like materials of less than 2 micro-meter-size are numerous in the vaccine base (x 60). 4b: Numerous small bubble-like materials are arranged in a linear pattern. Several, disc-like objects are seen on the right corner and low center portion. A rod-like object is seen on the left lower corner (x 150). 4c: Diverse shaped, some are rectangular and some are round, moving objects are seen in the entire field of vaccine base (x 600).

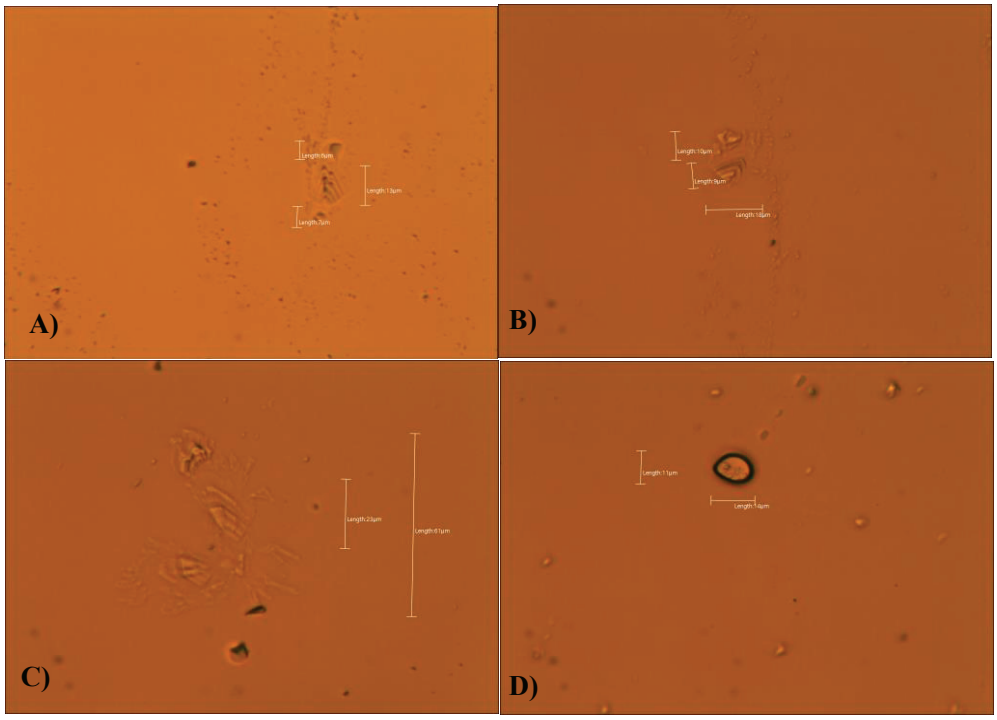


Figure 5 a: A mountain-edge-like microchip-like materials (6 micrometers, 7 micrometers, and 13 micrometers) are seen in the center part of the NOVA vaccine base (x 600). 5b: A mountain-edge-like microchip-like materials (8 micrometers, 9 micrometers, and 18 micrometers) are seen in the center part of the NOVA vaccine base (x 600). 5c: A mountain-edge-like microchip-like materials (23 micrometers and 61 micrometers) are seen in the center part of the NOVA vaccine base (x 600). 5d: An egg-pouch-like material is seen in the center upper part (11 micrometers x 13 micrometers) are seen in the center part of the NOVA vaccine base (x 600).

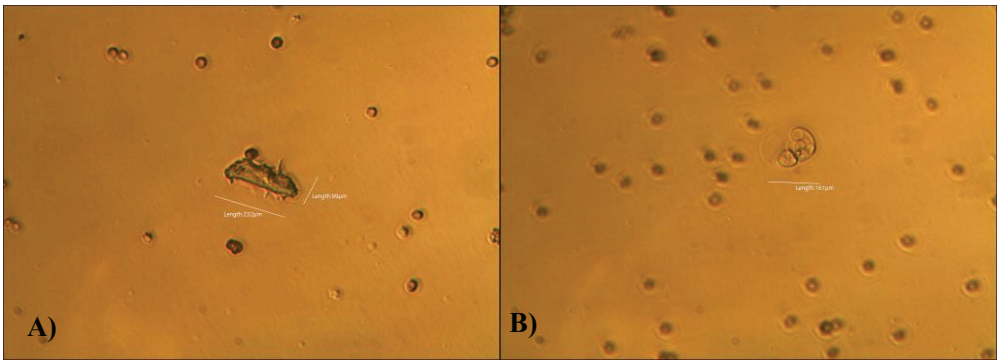


Figure 6 a: A worm-like material is seen in the center upper part (231 micrometers x 99 micrometers) of the plasma base (x 250). 6b: An egg-pouch-like material is seen in the center right part (161 micrometers) of the plasma base (x 250).

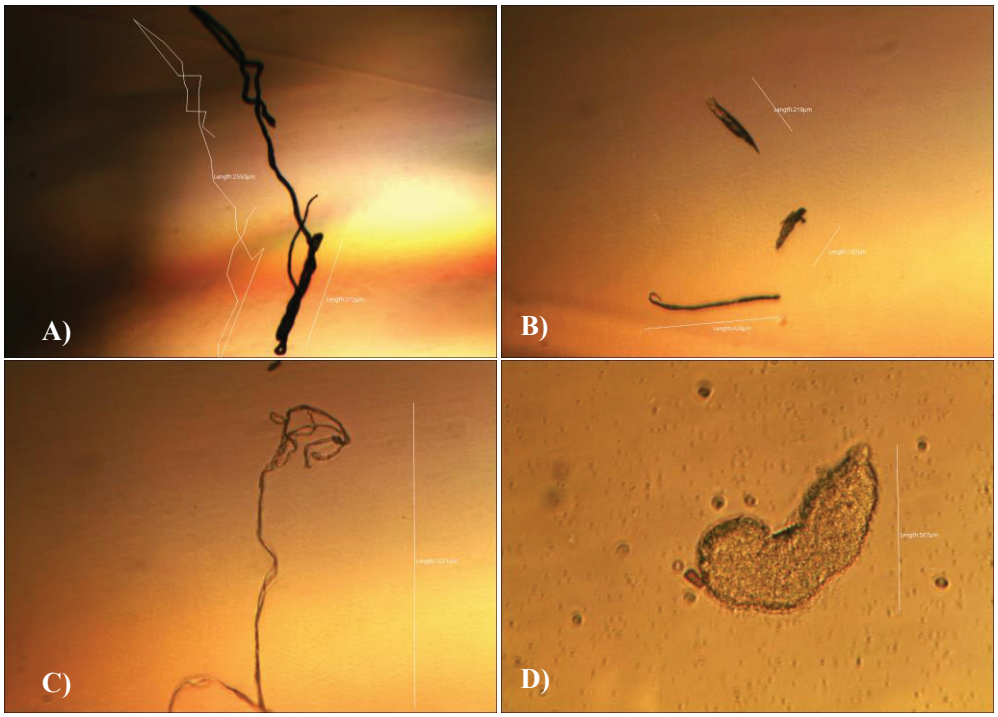


Figure 7 a: A twisted-wire-like material or GO (2,549 micrometer and 371 micrometer) at the center of the plasma base (x 40). 7b: Various sized and shaped materials or GO (162 micrometer, 218 micrometer, and 425 micrometer) at the center of the plasma base (x 40). 7c: A twisted-wire-like material or GO (1,021 micrometer) at the center of the plasma base (x 100). 7d: A large egg-pouch-like material (567 micrometer) at the center of the plasma base (x 250).

- An un-vaccinated but twice PCR tested 51-year-old female with tiredness, urticaria in the face, skin pruritus, and eye dryness (Figures 8a-d).
- One time vaccinated and over 10 times PCR tested 55-year-old male with headache, dizziness, and mild intermittent tinnitus (Figures 9a-d).
- Thrice jabbed 56-year-old female with generalized myalgia, weakness and eye ball pains.
- Thrice jabbed 74-year-old male with hand and foot numbness (Figures 10a-d).
- Twice jabbed 42-year-old male with over 12 Kg weight loss and generalized weakness (Figures 11a,b).
- Trice jabbed and thrice PCR tested 47-year-old female with no demonstrable symptoms (Figures 12a,b).
- Non-vaccinated, one PCR tested 64-year-

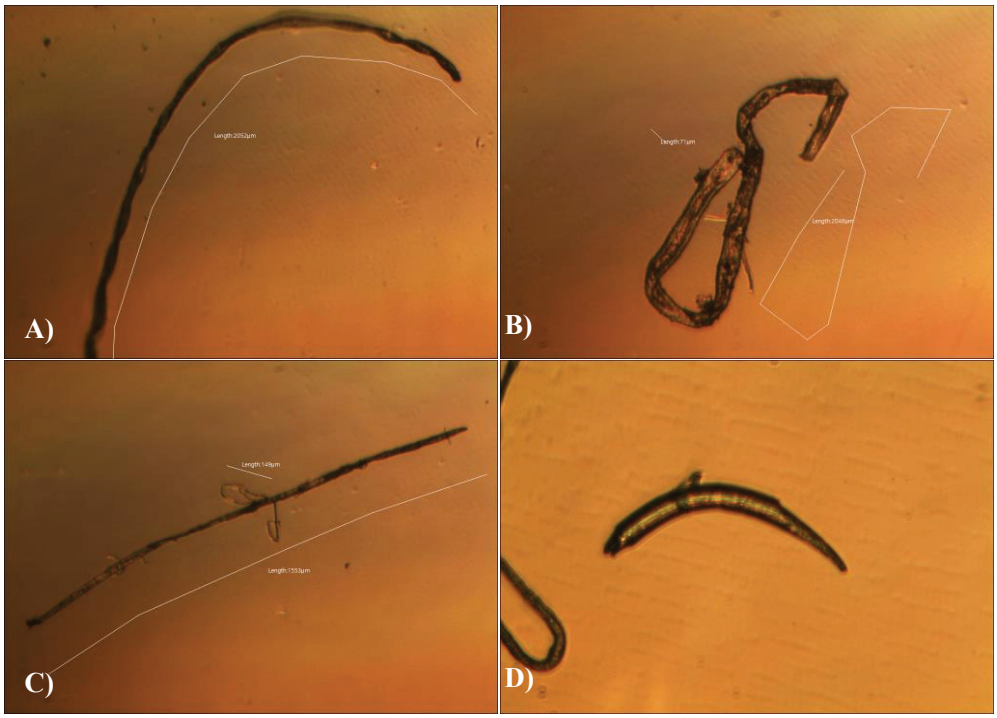


Figure 8 a: A long, multi-layered GO (2.052 micrometer) at the center left of the plasma base (x 100). 8b: A twisted snake-like GO (2.045 micrometer long with 70 micrometers in width) at the center left of the plasma base (x 100). 8c: A long GO (1.552 micrometer long with 149 micrometers long branches) at the center left of the plasma base (x 100). 8d: A mudfish (loach)-like GO at the center left of the plasma base (x 250).

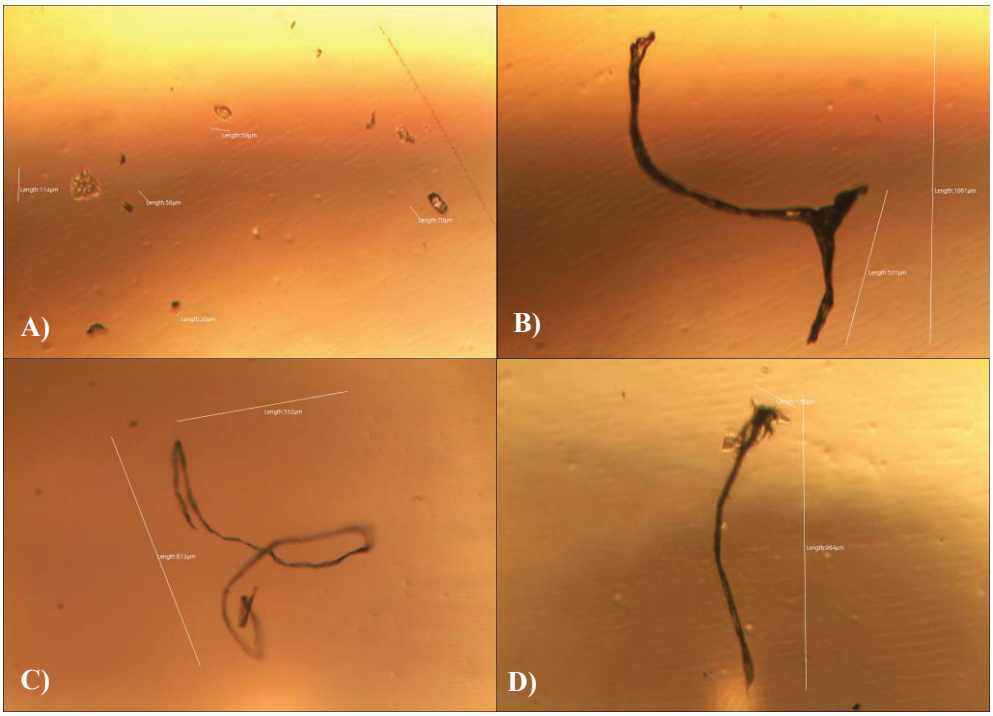


Figure 9 a: Various sized (19 micrometers, 55 micrometers, 59 micrometers, 69 micrometers, and 114 micrometers) and shaped GOs or foreign materials such as microchips were spread over the plasma base (x 250). 9b: A crane-shaped GO in the plasma base (x 100). 9c: A knot-shaped GO (552 micrometers and 812 micrometers long) in the plasma base (x 40). 9d: Jellyfish-shaped GO (983 micrometers long and 154 micrometers head) in the plasma base (x 100).

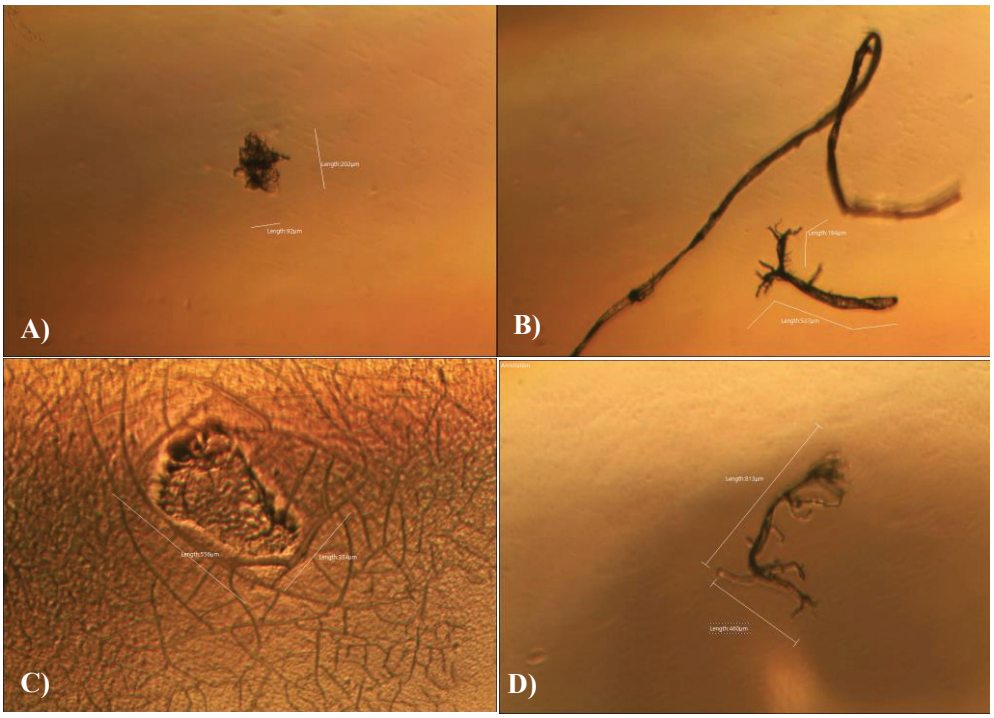


Figure 10 a: A skein-shaped GO (92 micrometers wide and 201 micrometers long) in the plasma base (x 100). 10b: A L-shaped GOs (194 micrometers and 536 micrometers long) in the plasma base (x 100). 10c: A foot-print-shaped GOs (555 micrometers long and 334 micrometers wide) with webbed GOs in the plasma base (x 100). 10d: A L-shaped GO (812 micrometers long and 459 micrometers wide) with many GO branches in the plasma base (x 100).

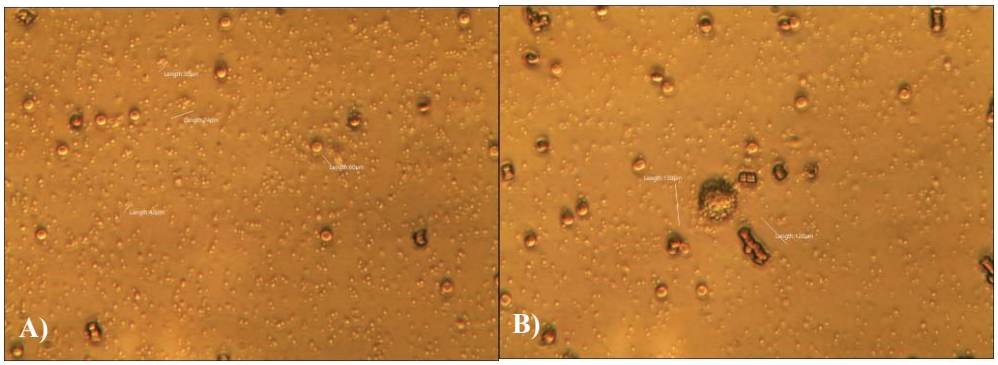


Figure 11 a: Many unidentified (inflammatory?) cells on the mottled background of plasma base (x 250). 11b: A round mounted GO accumulation with many unidentified (inflammatory?) cells, and rouleau-formed RBC aggregations on the mottled background of plasma base (x 250).

old female with headache, amnesia, and generalized weakness (Figures 13a,b). Twice jabbed 25-year-old female with severe headaches and many ER visits (Figures 14a-c).

Presentations of the urine

- A 53-year-old woman without COVID-19 jab or PCR test or any demonstrable symptoms (Figure 15).
- A 65-year-old woman with twice COVID-19 jab complained residual urine sensation and discomfort and pain during urination (Figures 16a,b).
- A 5-year-old boy with urinary pain and discomfort. His father and mother were neither COVID-19 jabbed nor PCR tested (Figures 17a,b).
- A 52-year-old man received Moderna COVID-19 jabbed thrice complained severe exhaustion, lethargy, and myalgia (Figures 18a,b).

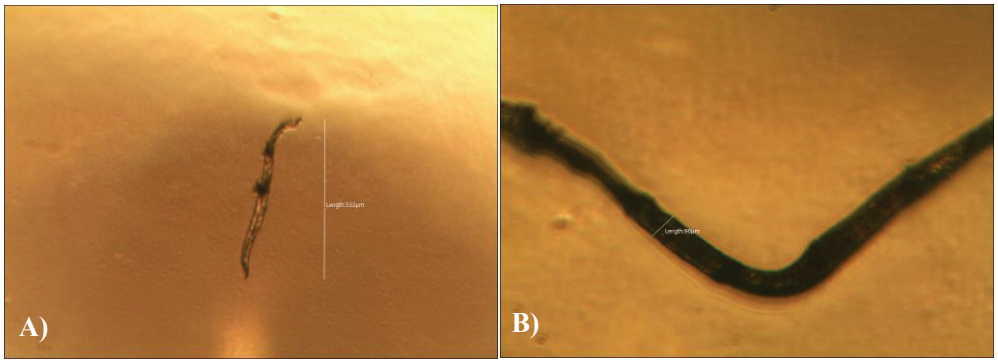


Figure 12 a: A sea-horse-like GO (531 micrometer long) in the relatively clear plasma base (x 100). 12b: A long and thick (96 micrometers wide) GO in the relatively clear plasma base (x 250).

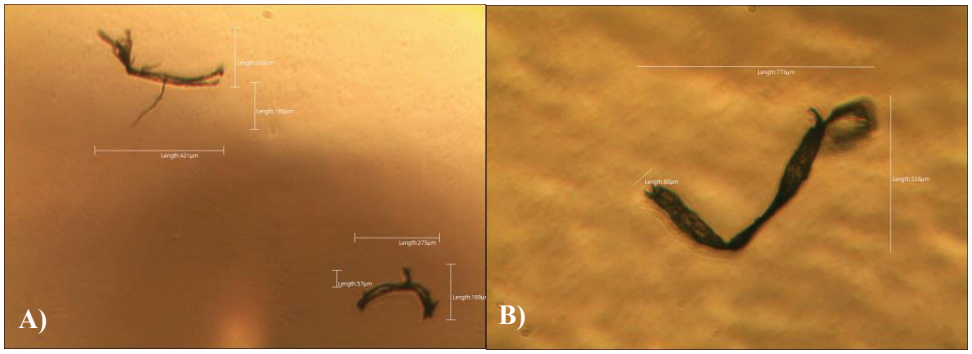


Figure 13 a: Two medium-sized GOs (421 micrometers long and 275 micrometer long) in the relatively clear plasma base (x 100). 13b: A thick ribbon-shaped GO (772 micrometers and 537 micrometers long and 80 micrometers thick) in the relatively clear plasma base (x 100).

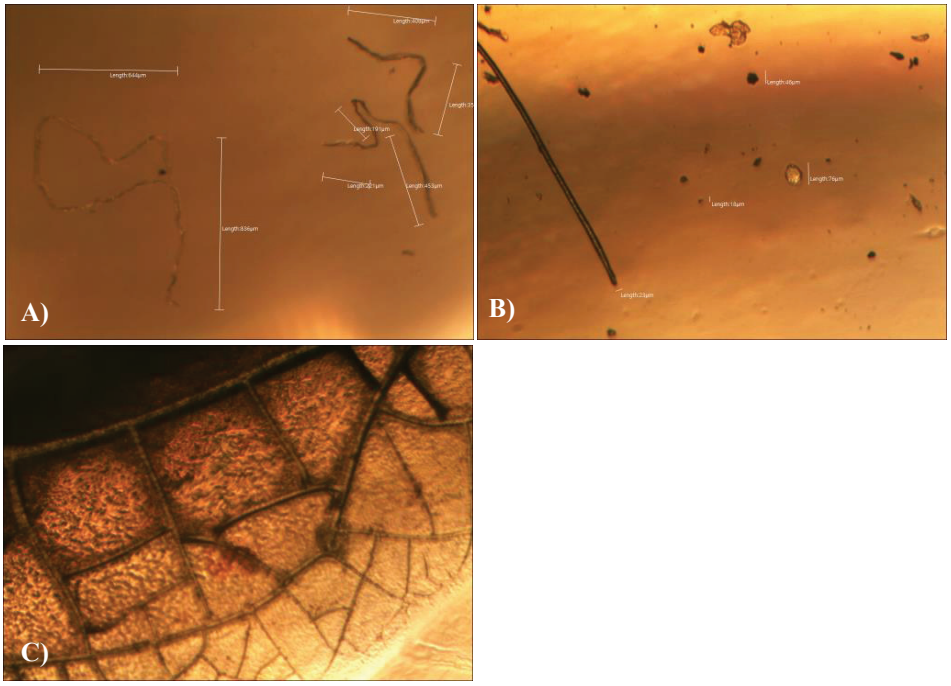


Figure 14 a: Three long ribbon-shaped GOs (836 micrometers, 644 micrometers, 408 micrometers, 354 micrometers, 221 micrometers, 453 micrometers, and 190 micrometers long) in the relatively clear plasma base (x 40). 14b: Diverse sized and shaped many GOs (18 micrometers, 22 micrometers, 46 micrometers, and 76 micrometers long) in the relatively clear plasma base (x 100). 14c: A web-formed GOs in the relatively clear plasma base (x 100).

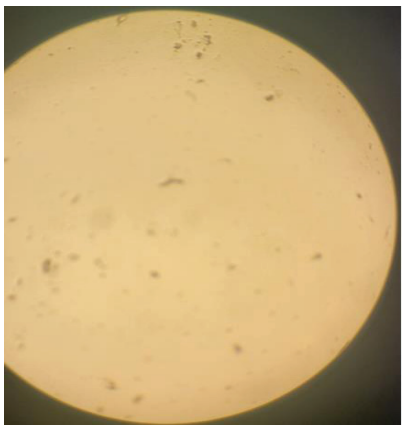


Figure 15 No demonstrable artifacts were found (x 400).

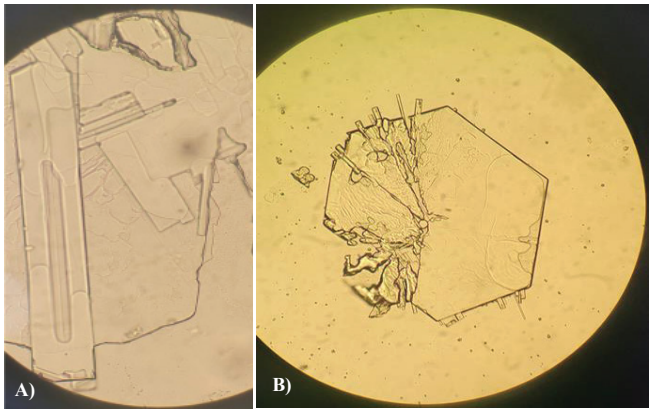


Figure 16 a: A kind of artifact was observed. We don't know its nature (x 400). 16b: A kind of artifact was observed. We don't know its nature (x 400).

- A 59-year-old man received Pfizer COVID-19 jabbed thrice and complained nocturia, urinary frequency and hesitancy (Figures 19a,b).

Presentations of the skin

- A skin extract from a 53-year-old female, who was twice COVID-19 jabbed, had pruritus, skin rashes, generalized weakness and fatigue (Figures 20a-h).

Multi-layered golden-color GO fibers and usual dark-color GO fibers are seen.

- Thrice vaccinated 45-year-old male has skin pin-point biting pain and itching (Figures 21a-d).
- Twice vaccinated 24-year-old male with headache and brain fog symptoms had a skein-like whitish skin extracts, which were seen from multiple sites including skins of thigh and scrotum (Figures 22a-c).
- Twice vaccinated 58-year-old female with a 12 Kg weight loss, eye discomfort and dryness, and fatigue symptoms had a whitish parasite-like material from a bump-like small protruded skin lesion (Figures 23a-c).

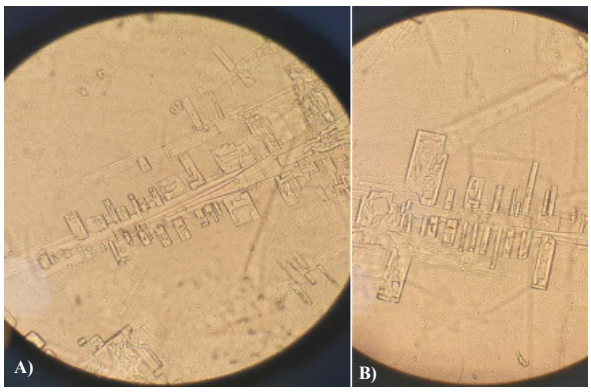


Figure 17 a: A kind of artifact was observed. We don't know its nature (x 400). 17b: A kind of artifact was observed. We don't know its nature (x 400).

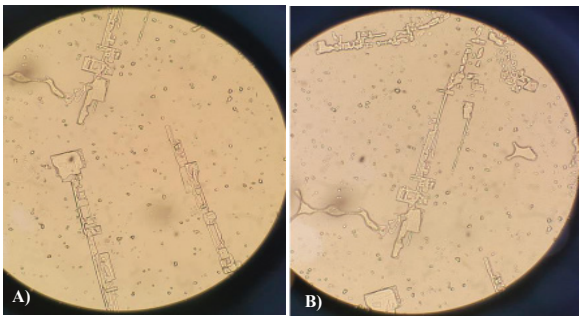


Figure 18 a: A kind of artifact was observed. We don't know its nature (x 400). 18b: A kind of artifact was observed. We don't know its nature (x 400).

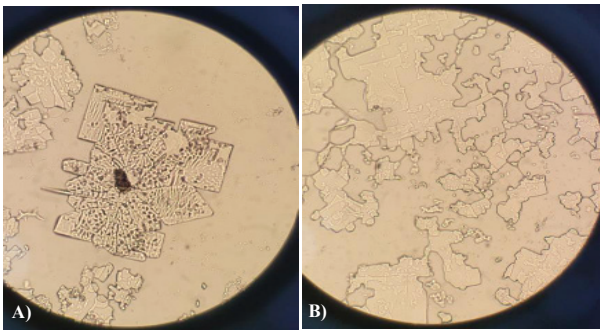


Figure 19 a: A kind of artifact was observed. We don't know its nature (x 400). 19b: A kind of artifact was observed. We don't know its nature (x 400).

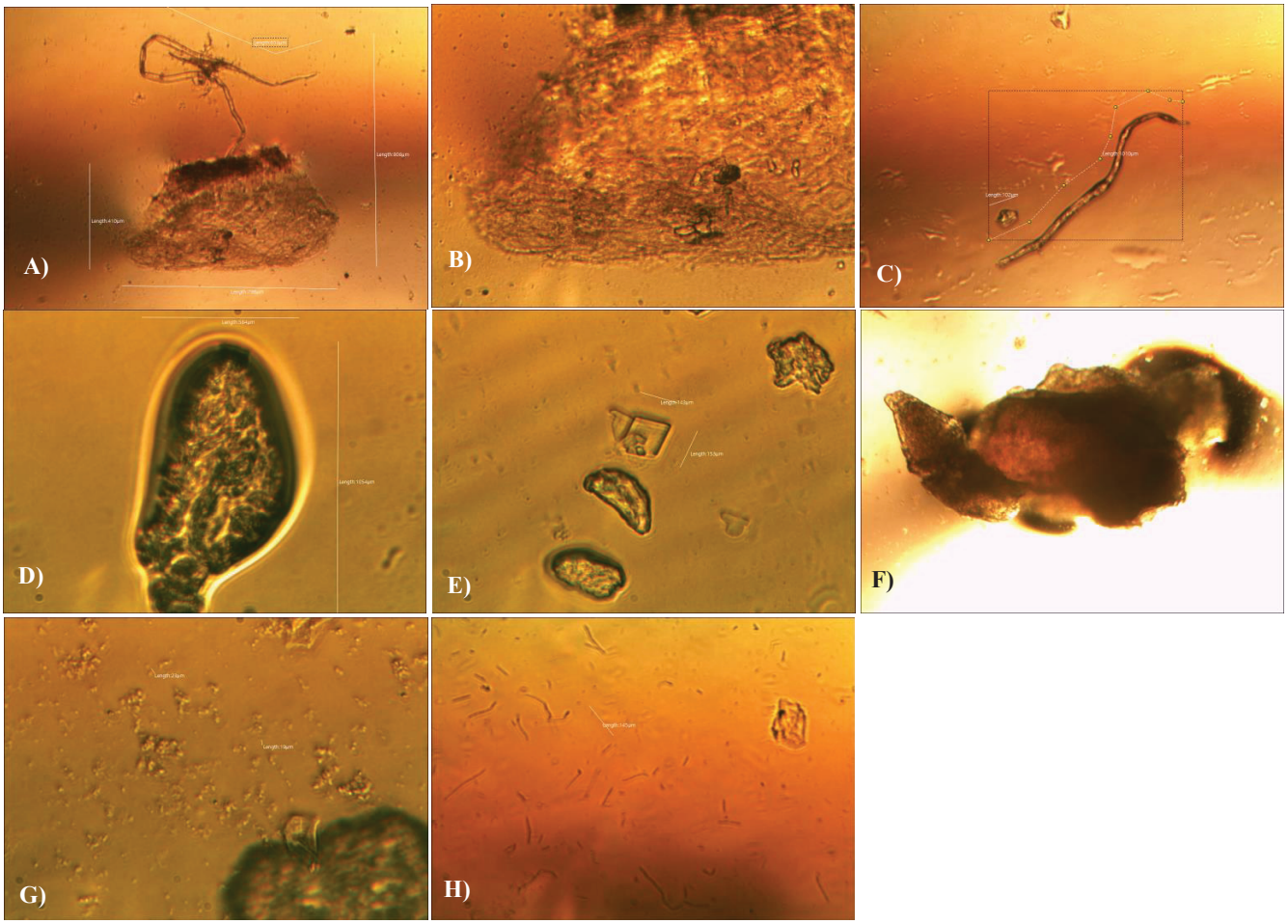


Figure 20 a: A GO-like stem (> 906 micrometers long) sprouted from a base of a probable Morgellons' body (410 micrometers high and 798 micrometers wide) (x 100). 20b: The left lower portion of the Morgellons' body of Figure 70 was magnified (x 250). 20c: A worm-like GO (1010 micrometers long) from the skin of a COVID-19 un-jabbed person (x 100). GOs can enter into humans through chemtrails, meats, drugs, milk, and some injections. 20d: An Egg-pouch-like GO structure from the skin (x 400). 20e: Three GO-like structures and a micro-chip-like structure (153 micrometers x 143 micrometers) from the skin (x 400). 20f: A bizarre shaped material from the patient's skin had no activities, when seen with naked eyes, it was a blue colored material (x 40). 20g: Left upper tip portion of figure 75 was observed in a 400-fold magnification. The bluish material extract from the skin looked like a GO and there were many degraded particles (19 micrometers and 22 micrometers long) beside it (x 40). 20h: Many micro-parasite-like fast moving objects (about 145 micrometers long) were observed in a 250-fold magnification (x 250).

Presentations of the sitz bath

- Sitz Bath extracts from a twice vaccinated 51-year-old female with headache and skin rashes (Figures 24a,b).

Presentations of the foot bath

- A foot bath extract from a 65-year-old female, who was not COVID-19 jabbed. She complained her symptoms of pruritus, headache, and disturbances of visual acuity occurred after she was infused a fluid solution from a rehabilitation clinic (Figures 25a,b).
- A foot bath extract from a 52-year-old female, who was COVID-19 jabbed twice. She complained her symptoms of headache, dizziness, and chest pain (Figures 26a,b).
- A foot bath extract from a 56-year-old female, who was COVID-19 jabbed once. She had severe symptoms of headache, dizziness, and chest pain, and visited several university hospital ERs many times (Figures 27a,b).
- A foot bath extract from a 72-year-old male, who was not COVID-19 jabbed but was confirmed of having COVID-19 disease. He had

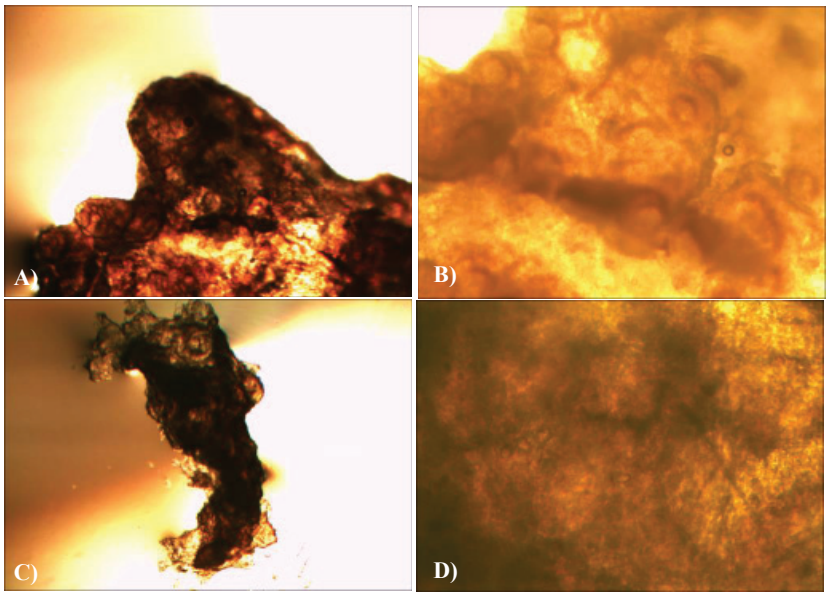


Figure 21 a: A suspicious Morgellons-like material in naked eyes was observed in a 40-fold magnification (x 40). Thick grayish colored portion by naked eyes was observed as a thick multi-layered portion of GO fibers (x 40), and whitish colored portion by naked eyes was observed as a single layer or a few layered GOs where the light penetrated easily (x 40). 21b: A suspicious Morgellons-like material in naked eyes of figure 78 was observed in a 100-fold magnification (x 100). Thick grayish colored portion by naked eyes was observed as a thick multi-layered portion of GO fibers, and whitish colored portion by naked eyes was observed as a single layer or a few layered GOs where the light penetrated easily (x 100). 21c: A suspicious parasite-like material in naked eyes was observed in a 40-fold magnification (x 40). Thick multi-layered materials formed a Y-shaped central portion and there were thin-layered portions on the margins of the parasite-like material (x 40). 21d: The central portion of the suspicious parasite-like material of figure 21c was observed in a 250-fold magnification (x 100). An organ-like structure was not observed except for 6 to 7 round figures on the center left portion (x 250).

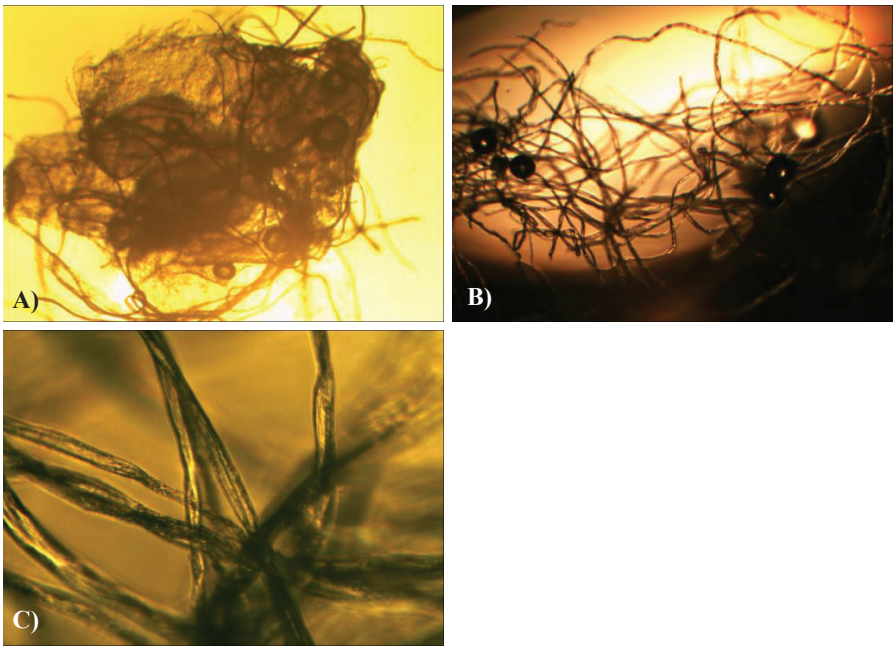


Figure 22 a: A whitish skein-like material by naked eyes was observed in a 40-fold magnification (x 40). GO fibers formed the skein-like structure and six round discs, which may be the daughter products of the GO to reproduce itself, were seen on the margins of the Morgellons' body (x 40). 22b: A whitish skein-like material by naked eyes was observed in a 40-fold magnification (x 40). GO fibers formed the skein-like structure and four round discs, which may be the daughter products of the GO to reproduce itself, were seen on the three and nine o'clock sides of the GO fibers (x 40). 22c: A center portion of the figure 22b was observed in a 250-fold magnification (x 250). Probable GO fibers which formed the skein-like structure in lower power observations (x 40) look like usual GO fibers when seen in a high-power observation (x 250).

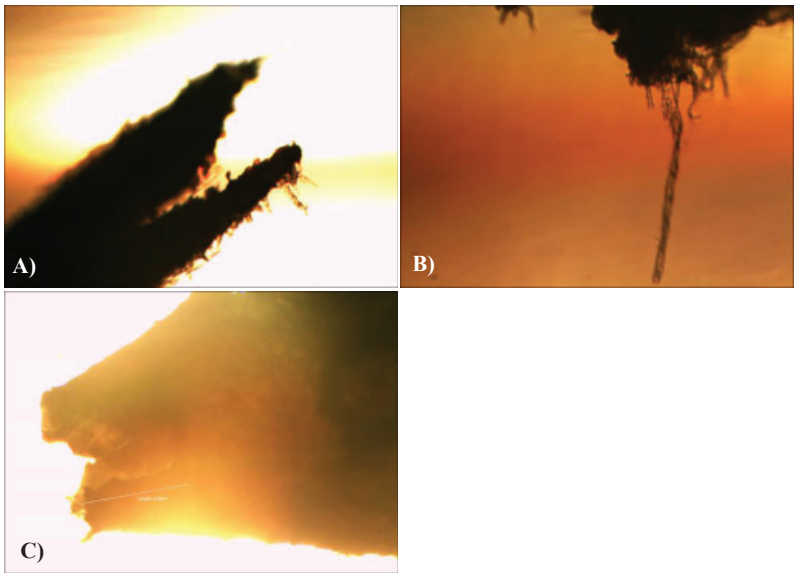


Figure 23 a: In a skin extract, a head portion of a parasite-like material was observed in a 40-fold magnification (x 40). A crocodile-like two large jaw-like structure with biting teeth-like structures was seen (x 40). 23b: A probable tentacle portion of the skin extracted parasite-like material was observed in a 100-fold magnification (x 40). A ribbon-like GO fiber was singularly extracted from the probable body portion of the skin extracted parasite-like material (x 100). 23c: A probable tail portion of the skin extracted parasite-like material was observed in a 100-fold magnification (x 100). A hiatus-like opening (446 micrometer long) was seen at the end portion of the skin extracted parasite-like material (x 100).

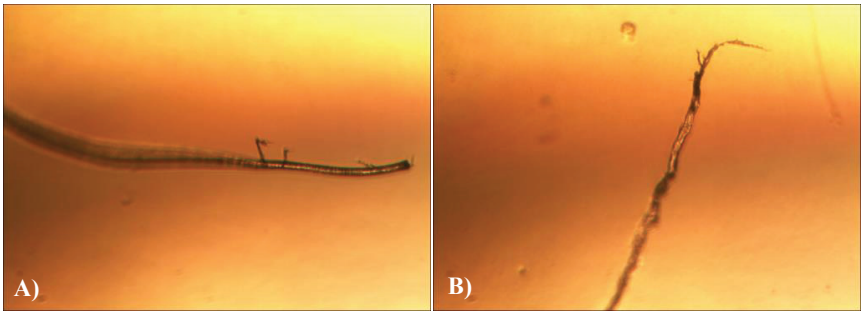


Figure 24 a: A leech-like material which was observed in a 100-fold magnification (x 100). Tentacle-like or fixing-pin-like legs were seen at the head portion of the leech-like worm, which was extracted by a sitz bath of a 51-year-old woman (x 100). 24b: A worm-like long GO was observed in a 100-fold magnification (x 100). A tentacle-like or fixing-pin-like protruded two legs and a hook-like very sharp portion, which may act as a fixing pin for the worm-like body to the human tissues, were seen at the head portion of the worm-like GO, which was extracted by a sitz bath of a 51-year-old woman (x 100).

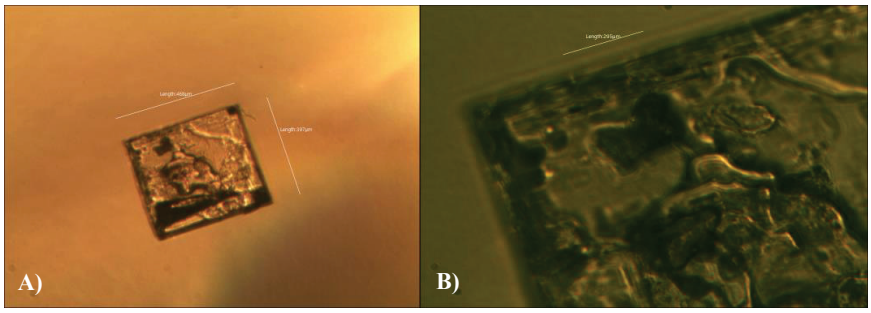


Figure 25 a: Strange enough, a rectangular shaped computer-chip-like material was extracted through foot bath or observed in the foot bath water (x 100). 25b: A left upper part of the rectangular shaped computer-chip-like material which was observed in figure 69 (x 400). This view argues that this rectangular material could not be a natural one but an artifact. Don't know where it came from.

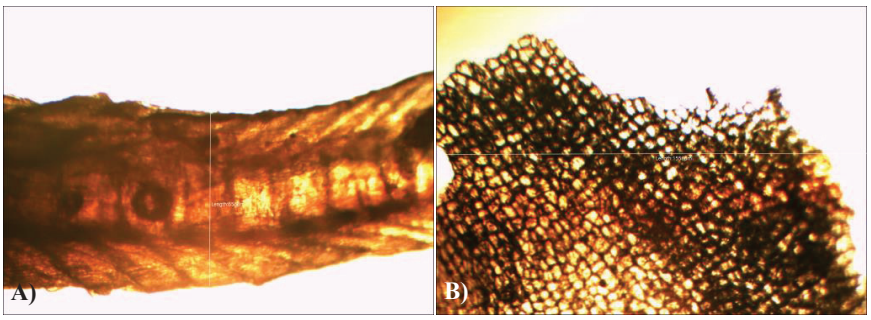


Figure 26 a: A 3 mm long worm-like object was observed in a low power (x 40). The body portion of the worm-like object showed chitin-like hard surface of an insect. 26b: A 2 mm long honeycomb-like GO structure was observed in a low power (x 40). This structure may cause clot formations if stayed in a blood vessel.

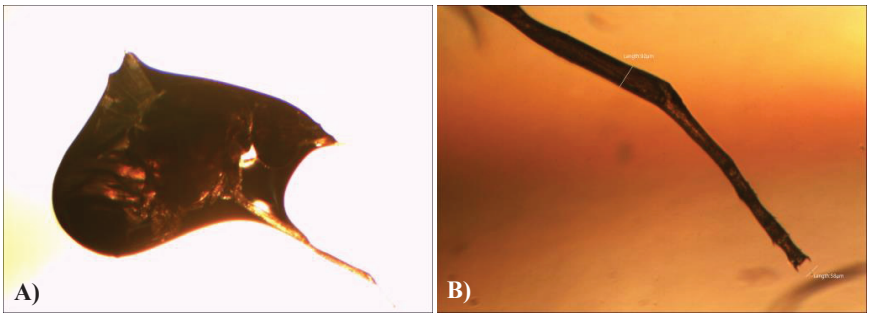


Figure 27 a: A stingray-like GO-based structure was observed in a low power (x 40). The tail and inner main body seems to be made of GOs. 27b: A magnified (x 100) tail portion of the stingray-like GO-based structure of figure 27a. The tail had two hooks of 58 micrometers apart and the body portion of the tail had a 91-micrometer width.

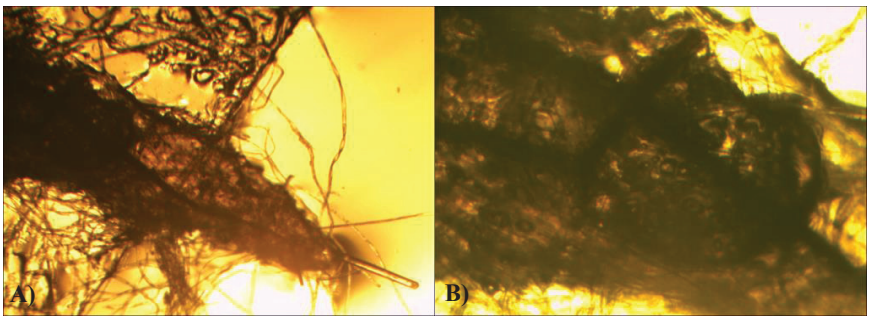


Figure 28 a: A tail portion of a Morgellons, which was extracted through a foot bath, is seen. The tail had a hollow tube-like structure on the terminal portion of the tail (x 40). 28b: The main body portion of a Morgellons, which was extracted through a foot bath, had an egg-sac-like structure, which had many round bodies in it. Some round bodies already left the sac and seen at the margin of the main body. The Morgellons looked like to be made of GOs (x 100).

cough symptoms in the past but currently only have a generalized weakness (Figures 28a,b).

Presentations of moving pictures

A 55-year-old female subject received two Pfizer COVID-19 injections and then, shortly afterward, began noticing her body would periodically involuntarily resonate sound vibrations according to recorded music playing in close proximity to her. This phenomenon she reported was verified by her friends. In a subsequent x-ray image of her shoulder, there appeared two artificial pin-like structures in her left arm where she had received the injections (Figure 29). During an examination of the objects in her blood plasma, the structures, perhaps composed of graphene oxide, appeared to flip over by themselves during the microscopic observation (Video 1, Please see the 18-19 seconds of the 1st

moving picture), suggesting superparamagnetism. Two foreign structures in her plasma, locations of 2 o'clock and of 9 o'clock, revealed obvious, very severe and intermittent movements, resembling vibrations, during the microscopic observation (Video 2). A moving parasite-like object was also noticed during the microscopic observation of her plasma (Video 3). There also appeared a very fast-moving object and other moving structures in the foot immersion water, which were extracted from her during a detoxifying foot bath procedure (Video 4).

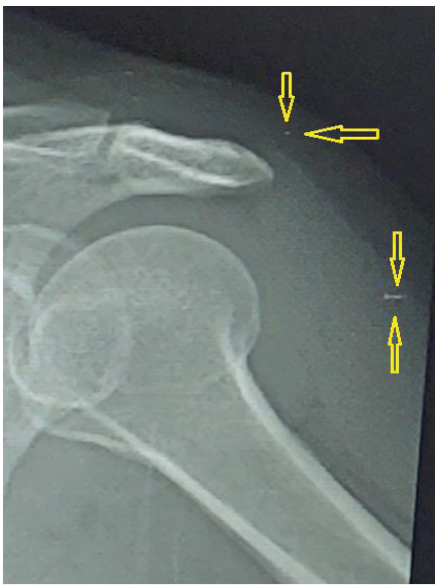
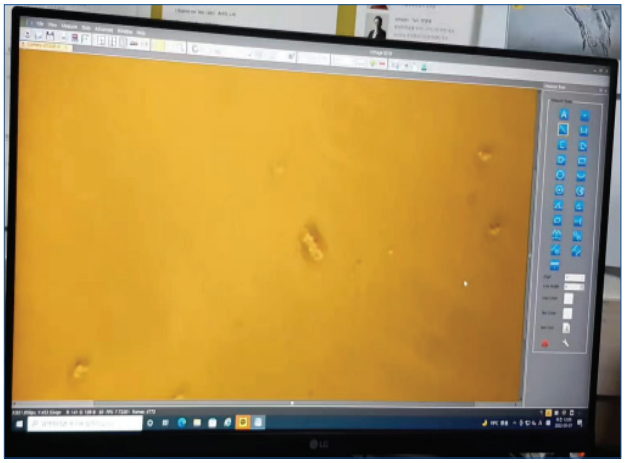
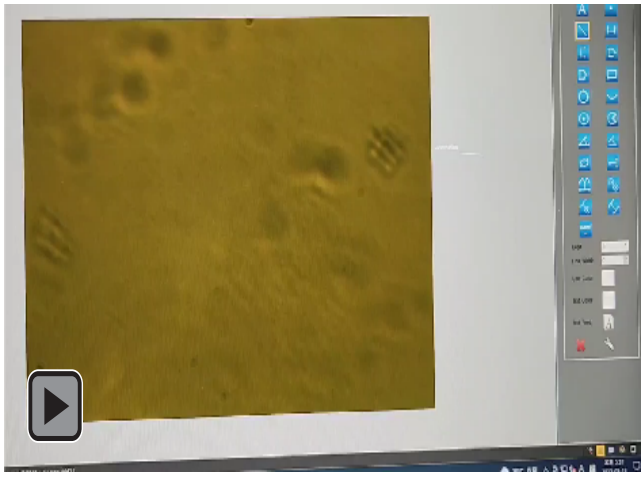


Figure 29 A simple x-ray of the left shoulder of a 55-year-old woman, who was injected with Pfizer COVID-19 vaccines twice, showed two foreign pin-like objects in her left arm where she received the vaccines as indicated by arrows.



Video 1 Foreign objects in the plasma, supposedly graphene oxides, flipped over by themselves during the microscopic observation (Please see the 18-19 seconds of the clip).



Video 2 Two foreign objects in the plasma, locations of 3 o'clock and of 9 o'clock, showed very severe and intermittent movements of vibrations during the microscopic observation.

Video 3 A moving parasite-like object was noticed during the microscopic observation of her plasma.

Video 4 A very fast-moving object and other moving objects were extracted by detoxifying feet bath procedure in the feet bath water. The thickness of the stick was 2 mm in diameter and the picture of the recording was magnified in 5-fold.

Discussion

EUAs (Emergency Use Authorization) for children

In October 2021, the US Food and Drug Administration (FDA) granted the Emergency Use Authorization (EUA) to Pfizer for the COVID-19 vaccine (BNT162b2) to be used on children aged to 5 to 11 years to address the problem of 143 deaths and 6,000 hospitalizations [21]. Even though there are risks for myocarditis, pericarditis, and unprecedented adverse reactions linked causally to COVID-19 mRNA vaccines in many cases, the vaccine advisory panel of US Food and Drug Administration (FDA) unanimously recommended Moderna's COVID-19 vaccine for ages 6-17 years for the Emergency Use Authorization (EUA) [22]. Moderna also released news that the bivalent vaccine, mRNA-1273.214, 50-mcg dose revealed a superior antibody response against the Omicron variant [23]. The Vaccines and Related Biological Products Advisory Committee (VRBPAC) unanimously voted to recommend Pfizer's three-dose COVID-19 vaccine for children from 6 months to 5 years old and Moderna's two-dose COVID-19 vaccine for children from 6 months to 6 years old, and insisted that the available evidences showed the benefits of the COVID-19 vaccines outweighed the risks of non-use [24]. BMJ reported that there were many irregularities during the 3rd trial of the Pfizer-BioNTech COVID-19 vaccine and that FDA knew it, however, FDA allowed EUA for the Pfizer vaccine: [25] there were 311 (1.4%) dropouts in the BNT162b2 vaccine groups versus 60 (0.3%) in the placebo group ($p < 0.00001$) both 7 days and 14 days after Dose 2, but these were neglected when making the EUA by the FDA [26].

COVID-19 vaccines are unnecessary for children

It is well known that the elderly has the highest mortality rate, adolescents have far less mortality, and children have seen the lowest mortality across all the age groups during the COVID-19 pandemic. The CDC confirmed this in its own report that people in the age group of 0 to 19 without comorbidities who acquire COVID-19 have a 99.997% survival rate, and that the people in the age group of 20 to 49 have a 99.98% survival rate [27]. State Data reported on June 9, 2022 that the cumulated rate of COVID-19 hospitalization for all children was 0.1%-1.5%, and that the cumulative mortality rate was 0.00-0.02% [28]. According to the data reported by the American Academy of Pediatrics, the number of hospitalizations, rate of hospitalization, inpatient death for children with COVID-19, influenza, and respiratory syncytial virus were similar [29]. Given the reported evidence of survival rates, it makes logical sense that no compulsory COVID-19 vaccines would even be contemplated by healthcare professionals, let alone deemed necessary for children, since the "injectables" [30] do more harm than good [31]. Quite simply, COVID-19 vaccinations should be confined strictly to a recommendation basis such as with influenza immunization services.

Studies have long shown that children have much stronger innate immunity and children were, thus, less prone to COVID-19 infection than the other age groups: children were primed for virus sensing as seen in distinct KLRC1 $(NKG2A)^+$ cytotoxic T cells and $CD8^+$ T cell population, and their upper airway epithelial cells, macrophages and dendritic cells had higher basal expression of relevant pattern recognition receptors such as MDA5 (IF1H1) and RIG-I (DDX58) [32]. Children, in fact, had milder COVID-19 pathogenesis than adults did because of stronger baseline innate immunity and more rapid adaptive co-ordination with more reduced prior beta-coronavirus immunity and reduced T cell activation [33]. In addition, children have significantly lower gene expression of Angiotensin-Converting Enzyme 2 (ACEs) and transmembrane serine protease 2 (TMPRSS2) in the endothelial cells across the nasal and bronchial airways compared to those of healthy adult subjects, and this could contribute to less COVID-19 severity in children than in adults [34]. It also known that the Macrophage Scavenger Receptor 1 gene (MSR1) and the ZWP1 gene, a protein which regulates the expression of interferons by binding to zinc, are highly activated in infected children to enable them to have strong innate immunity and to protect them from COVID-19. Children already have a relatively large number of neutrophils, type 1 and type 2 cytotoxic T cells, and the CD8 receptors expressed by killer T cells [35].

COVID-19 vaccines are problems not a solution for COVID-19

It is noteworthy that the US Government and other governments did not coerce and forge a mandatory vaccination for influenza, which has a similar number of in-hospital days and a higher hospitalization rate than COVID-19 infection and MIS-C (multisystem inflammatory syndrome in children) combined

(4202 days *vs.* 4384 days, p = .65; 17.0 per 100 000 children *vs.* 10.8 per 100 000 children) [36]. Through public health policies that push for a general vaccine pass, COVID-19 vaccinations became mandatory and compulsory even as COVID-19 vaccinations precipitated many deaths and serious adverse reactions both internationally and in the Republic of Korea. According to the report of the Korea Disease Control and Prevention Agency (KDCA), there were 24,441 cumulative COVID-19 deaths and 18,276,552 confirmed COVID-19 cases (case mortality: 0.13%) as of June 19, 2022 [37]. However, the Agency also confirmed that there were only 14 COVID-19 deaths seen in people without comorbidities among the 2,044 deaths and 169,146 confirmed COVID-19 cases (case mortality rate: 0.008%) as of July 12, 2021[38]. There were, in fact, zero COVID-19 deaths in the population of people younger than 19-year-old and of pregnant women until August 31, 2021 in the Republic of Korea. But, COVID-19 vaccine-related deaths was 2,229 as of the 67-week (June 16, 2022) (even 10 or 0.1 deaths/100 000 vaccinations for less than 20-year-old) and that of the 54-week (March 18, 2022) was 1,991 (even 7 or 0.1/100 000 vaccination for less than 20-year-old group), which meant 79.3 COVID-19 vaccine-related deaths per month (even 1 for less than 19-year-old group per month) [37].

Vaccine Adverse Event Reporting System (VAERS) for COVID-19 vaccines from January 7, 2021 through December 31, 2021 in the United States showed 9,778 deaths (814.8 COVID-19 vaccine-related deaths per month, which means 1.7-fold of COVID-19 vaccine-related death rate than that of the Republic of Korea, which has about 1/6 population of the US) (VAERS. 2021). VAERS showed 715,857 adverse reactions as of 52nd weeks of COVID-19 experimental injections in the United States whose population is 6-fold of that of the Republic of Korea. The data of the KDCA showed 452,850 adverse reactions as of 67 weeks, which would mean 2,717,100 adverse reactions in the US and this might show that the CDC arbitrarily controlled and minimized the data of the VAERS probably because of its large number of adverse reactions. VAERS summarized that the number of adverse reactions of COVID-19 vaccine since December 2020 through December 31, 2021 versus that of all other vaccines combined for the last 30 years since 1990 through December 31, 2021 showed 1.2-fold (1,017,001 *vs.* 866,447), the number of deaths of the former *vs.* that of the latter was 2.3-fold (21,382 *vs.* 9,447) [26].

Oller JW, et al. [39] reported that the evidence from 28 weeks of public health England "COVID-19 Vaccine Surveillance Reports" showed that the COVID-19 vaccines were more deadly for the 15,055 deaths who received a positive diagnosis of COVID-19 than anything else being tracked. The latest tragedies of Sudden Adult Death Syndrome (SADS), Vaccine-Acquired Immunodeficiency Syndrome (VAIDS) [40], blood clotting injuries, spontaneous unstoppable bleeding, all kinds of strange cancers, massive thrombi that fill an entire artery, cardiac arrests, activation of latent viruses such as hepatitis C, Cytomegalovirus (CMV), varicella-zoster (Herpes zoster), and herpes viruses [41], Antibody Dependent Enhancement (ADE), prion disease known as Creutzfeldt-Jakob Disease (CJD, Madcow disease) [42] are associated with COVID-19 jabs.

The Korean peninsula is divided into two nations: South Korea (the Republic of Korea, ROK) which has 45,069,758 vaccinated citizens for the 1st dose as of July 4th, 2022 (87% of the 51,632,473 total population as of January 2022) and North Korea (the Democratic People's Republic of Korea, DPRK) which has zero citizens vaccinated against COVID-19 as of July 4th, 2022 (0% of the 25,925,717 total population as of November 2021) [43,44]. The primary problems are as follows: South Korea has reported COVID-19 deaths of 18,930 (a 40-fold increase compared to 2020 when there were no COVID-19 vaccinations) and 17,733,616 confirmed cases as of June 30, 2022 (574-fold increase compared to 2020 when COVID-19 vaccines were unavailable); and North Korea has reported 73 deaths as of July 5, 2022 (0.76% of South Korea after population standardization) and 4,757,620 confirmed cases as of July 5, 2022 (53.4% of that of South Korea after population standardization) [45]. The two nations showed very sharp differences in COVID-19 deaths and cases with respect to COVID-19 vaccinations: South Korea has an over 87% COVID-19 vaccination rate while it had 40-fold increase in COVID-19 deaths and a 574-fold increase in COVID-19 infections compared to those of the days without COVID-19 vaccinations; North Korea has no instances of COVID-19 vaccinations and the nation had 0.76% COVID-19 deaths and 53.4% of COVID-19 occurrences of those data of the South Korea which had over 87% COVID-19 vaccinations.

COVID-19 vaccines allow expression of or give SARS-CoV-2 Spike glycoprotein (S) antigen

The nucleoside-modified messenger ribonucleic acid (modRNA) vaccines such as the Pfizer-BioNTech

and the Moderna and the viral vector vaccines of the AstraZeneca and the Janssen/Johnson & Johnson deliver the SARS-COV-2 antigen into our body to make SARS-CoV-2 spike proteins through our body cells, and protein subunit vaccine of the Novavax delivers SARS-COV-2 S proteins into our body to make SARS-CoV-2 spike proteins [46]. In an experiment of eight healthy adults who were injected twice with Pfizer-BioNTech COVID-19 vaccines, SARS-COV-2 spike protein was detected through day 14 on the circulating exosomes, but after the second jab, the spike protein was detected through 4 months on the circulating exosomes which had the mean size of less than 200nm and the number of exosomes containing spike protein was increased up to 12-fold maximum [47]. In a serological study of 13 healthcare workers at the Brigham and Women's Hospital, spike protein was detectable through 15 days after the first injection in 3 cases out of 13 participants, and in one person the spike protein was detected through Day 29 [48].

These spike proteins, it was claimed, were supposed to remain in the injection site so as to manufacture the antibodies that we need to be protected from SARS CoV-2, but Dr. Byram Bridle recognized that "we made a big mistake [49]." He admitted that COVID-19 vaccines inadvertently delivered, instead, toxins that could cause multiple organ failures, including heart problems, blood clots, strange cancers, DNA changes, abortions and infertilities, Vaccine-Associated Immune Deficiency Syndrome (VAIDS), Vaccine-Induced Thrombotic Thrombocytopenia (VITT), and Creutzfeldt-Jakob (CJD)-like brain damages [49].

The spike proteins expressed in various types of cells create many problems in our body and the more spike proteins in number the more problems they make, including:

Damage to multiple organs: Spike proteins feature many kinds of receptors (such as, the Type 1 catalytic receptors in the kidneys, L-SIGN [Liver/Lymph node-Specific Intracellular adhesion molecules-3 Grabbing Non-integrin] receptors, and DC-SIGN [Dendritic Cell-Specific Intercellular adhesion molecule-3-Grabbing Non-integrin] receptors in the lungs]) and affect multiple organs with different degrees of oxidation to cause cells' premature deaths (especially, in the lung, liver, kidney, small bowel, and heart) and cancer [50,51].

Endotheliitis and mitochondrial damage: SARS-CoV-2 spike protein impairs endothelial cell (EC) function and induces EC inflammation (endotheliitis) by decreasing stable ACE2 (ACE2-D), pAMPK (phospho-AMP-activated protein Kinase), and pACE2 (phospho-ACE2), whereas by increasing unstable ACE2 (ACE2-L), MDM2, and glycolysis. Thus, spike protein precipitates cytokine release syndrome (CRS, cytokine storm), hypercoagulability, thrombotic microangiopathy, and overproduction of Reactive Oxygen Species (ROS) and hyperinflammation (endotheliitis) causes mitochondrial structural changes from tubular ATP-synthesizing structure to fragmented structure and premature cellular dysfunction and apoptosis. Thus, the spike protein exerts more damage on vascular endothelium rather than doing benefits of decreasing virus infectivity [51,52].

Microthrombosis: When a metalloproteinase ADMTS13 decreases in ratio to von Willebrand factor (VWF) (i.e., when ADAMTS13/VWF ratio is decreased to 0.18-0.35), the alternative complement pathway is activated, and C3a and C5a generate NETs (tissue factor-rich neutrophil extracellular traps) to induce the mixed immunothrombosis of fibrin clots and platelets, and severe COVID-19 occurs and then a COVID-19 patient experiences cytokine storm [53]. About 20% of COVID-19 patients have elevated D-dimers and thrombosis-associated inflammatory biomarkers, and 83% of intensive care patients and 75% of all COVID-19 patients are known to have microthrombosis, which was caused by or associated with the activations of cellular TMEM16F (anoctamin 6) chloride channel and scramblase by SARS-CoV-2 spike proteins. Niclosamide and Clofazimine were identified as the most effective substances at inhibiting this activity [54].

Myocarditis, Sudden Adult Death Syndrome (SADS): We cannot enjoy a long-lasting immunity to the SARS-CoV-2 virus just as we could not for SARS-COV-1. Nevertheless, Big Pharma and various government agencies continue to coerce citizens to line up and accept the experimental COVID-19 jabs. New names for totally new injuries have, thus, required coining and normalization: Sudden Adult Death Syndrome (SADS), for one, is caused by multiple experimental COVID-19 jabs and is associated with myocarditis. The SARS-CoV-2 spike protein contains motifs very similar to those of a bacterial superantigen, and as Coxsackievirus B has a superantigenic character to induce hyperinflammation, it can cause inflammatory myocarditis ranging from asymptomatic, to congestive heart failure, to dysrhythmias, or even to

death [55]. MicroRNA(mRNA)-155 (the miR-155) is made by natural SARS-CoV-2 infection and the miR-155 is also formed in the exosomes by spike proteins after the experimental COVID-19 jabs and this miR-155 is associated with myocarditis in SARS-CoV-2 infection or in post-jabs [56].

DNA change and transhuman formation: Markus Aldén has reported that SARS-CoV-2 RNA of the spike protein in Pfizer BioNTech 162b2 was observed to reverse-transcribe into the human DNA genome within just six hours of mRNA injection and that the mRNA of the experimental COVID-19 jabs showed genotoxic side effects [57]. The transition from natural human to synthetic transhuman can be precipitated by these programmable mRNA COVID-19 jabs because this form of reverse-transcription of the programmable mRNA into the human DNA is already melded and inseparable in the human COVID-19 vaccinees [58-60]. Exogenous retroviruses permanently integrated to human DNA, and the incorporated plasmid DNA into the host nuclear genome is inherited to the offspring's genome. These discoveries have since enabled many genetic engineering experiments to express newly acquired human genes [61]. A high court in Uruguay suspended COVID-19 vaccination for children under 13 after receiving answers to 18 questions about the contents and safety of COVID-19 vaccines, which suggests that there were probably many problems in the COVID-19 jabs [62]. Doctors are presently testifying that COVID-19 vaccines cause cancer and AIDS to the people who received the COVID-19 jabs [63].

The Moderna patents (WO2021181100A1, Compositions and Methods for Inducing an Immune Response; WO2021159040A2: SARS-CoV-2 mRNA Domain Vaccines), the Pfizer patent (WO2021213945A1: Corona Virus Vaccine), and the Janssen patent (WO2021155323A1: Compositions and Methods for Preventing and Treating Coronavirus Infection-SARS-CoV-2 Vaccines) show that Quantum Dots and Microbeads as atomic-scale carbon-based nanometer devices, which are 10-50 atoms thick and they are made of graphene. Quantum Dots use three colors of Luciferase to bioluminescent marker genes. CRISPR-Cas-9 technology is used in Quantum Dots to manufacture chimeric DNA changes in the human genome and chimeric proteins which are trackable, programmable, and can be used for human DNA barcoding [64]. By using CRISPR-Cas-9 technology, which can remove genes at a specific site and insert new engineered sequences to that site, N501Y mutation can be made by replacing asparagine (N) with tyrosine (Y) at the position 501 in the Receptor-Binding Domain (RBD) of the spike protein, which can cause rapid cancer growth and can break through the species barrier easily so that diseases in primate populations, for example, can penetrate human cells. Some recipients, susceptible to Monkey Pox, who have received experimental injections, will likely see changes in the N501Y gene given the use of this kind of Quantum Dot technology. The U.S. Army, which holds the patent for a Spike Ferritin Nanoparticle (SpFN) and patent (WO2021178971A1: Vaccines against SARS-CoV-2 and Other Corona Viruses), reports that the SpFN contains Luciferase (an insect DNA) as well as HIV-1.65].

A new type of prion disease and dementia: SARS-CoV-2 spike protein is known to perturb the function of the cellular endoplasmic reticulum, to activate the Unfolded Protein Response (UPR), and to markedly induce viral replication [66]. A Prion-Like Domain (PrD) was found in the RBD (receptor binding domain) of the S1 region of the SARS-CoV-2 spike protein to regulate viral infections [67]. The spike proteins of the experimental COVID-19 jabs as well as overly produced spike proteins in the cellular endoplasmic reticulum carry prion-like domains which are expressing anchorless Prion Proteins (PrP). PrP shows pathogenic processes including cerebral amyloid angiopathy and ultrastructural changes in perivascular neutrophils, which are similar to human familial prion diseases as well as to Alzheimer's disease that is non-prion human neurodegenerative disease [68]. The receptor basigin (BSG/CD147) and the receptor DPP4 (Dipeptidyl Peptidase 4) were found in astrocytes and mediated both SARS-CoV-2 infection and spike protein infection, and then inflammation and dysfunction of neurons, and resultant neuronal apoptosis and loss [69].

Infertility and depopulation: SARS-CoV-2 virions and spike proteins were found in the semen, in the vaginal fluid, and in the breast milk of COVID-19 infected patients [70]. Transmission Electron Microscopy (TEM) showed that RNA, spike, and nucleocapsid proteins of SARS-COV-2 virions were present inside female follicular cells including granulosa (GCs) and Cumulus Cells (CCs) of a female infected with SARS-CoV-2, which suggested a potential harmful effect of spike protein on female fertility [71]. Spike proteins contain syncytin-homologous proteins, which are basic proteins for the human placenta formation, and a COVID-19 vaccine

could trigger an immune reaction against syncytin-I and could cause cytotoxic and autoimmune side effects, spontaneous abortions, and infertility [72]. ACE2 receptors are highly expressed in fetal tissues and enhance the transmission of SARS-COV-2 spike proteins of the COVID-19 jabs to the fetus, and as seen in Zika and H1N1, can lead to fetal morbidity and mortality [73]. Transcriptome sequencing studies of SARS-COV-2 for the testicular expression of ACE2 showed that human spermatozoa, testicular germ, Sertoli and Leydig cells had ACE2 receptors, and suggested that SARS-CoV-2 virions and spike proteins affected testicular tissues, semen parameters, and male fertility [74]. Israeli researchers showed that COVID-19 vaccines decreased sperm motile count by 22.1% and sperm concentration by 19.4% over 150 days after vaccination [75].

VAIDS (Vaccine Acquired/Aided Immune Deficiency Syndrome) and human DNA changes: The Spike glycoprotein (S) of the original Wuhan SARS-CoV-2 (2019 novel coronavirus) was known to have 4 unique inserts similar to those in the HIV-1 gp120 or HIV-1 Gag, whose 3D-model showed that these inserts converged to constitute the Receptor Binding Domain (RBD) [76]. The spike protein manufactured by the mRNA of the COVID-19 injections is identical to the spike protein of the original Wuhan SARS-CoV-2 [77]. It is reported that spike protein antigen remained in the Germinal Centers (GCs) of lymph nodes for up to 8 weeks after COVID-19 vaccinations [78]. The spike protein hampers immune system function and down regulates white blood cells, T and B-cells, and key components of the immune system, but is not permanent and they can bounce back to normal. This means that to keep the innate human immune system in a perpetual state of dysfunction, continuous COVID-19 booster shots are needed. Pharmacokinetic study of SARS-CoV-2-mRNA Vaccine (BNT162) showed that even after 2 hours and 48 hours of vaccination, 0.001% of administered dose was found in the pituitary gland [79]. The spike protein of the SARS-CoV-2 virus or of the COVID-19 vaccines penetrated the blood-brain-barrier, cell nucleus, and affected DNA replication [80].

Reprogramming of innate immunity, T-cells and killer cells: The BNT162b2 mRNA vaccine was known to reprogram both adaptive and innate immune responses [81]. Innate immunity is the first line of defense of the human immune system and plays a central role in combating SARS-CoV-2, which contribute to heterogeneous outcomes of the diverse spectrum for COVID-19 disease [82]. Most of the immune defense system including epithelial barriers, phagocytes (i.e., neutrophils, monocytes, and macrophages), dendritic cells, mast cells, natural killer cells, other classes of lymphocytes (gamma-delta-T cells, NK-T-cells, B-1 cells), marginal-zone B-cells of lymphoid follicles, complement system, various cytokines (i.e., tumor necrosis factor, interleukin-1, chemokine, IL-12, IFN-gamma, type-1 interferon, IL-10) belongs to the innate immune system, and only cellular immunity, T-cell and B-cell system belong to adaptive immune system [82,83]. Secretory IgA at mucosal surface layers plays more important role than does the IgM or IgG antibodies in defending SARS-CoV-2: secretory IgA protects, regulate homeostasis of intestinal, respiratory, and urogenital mucosal epithelia, and avoids pathogens to enter into the systemic compartment, and it tightly controls necessary symbiotic relationship between commensals and the host [84]. Antiviral defense of the innate immunity consists of type-1 interferon (interferon-alpha and interferon-beta) and natural killer cells, which secrete interferon-gamma. Spike protein and two microRNAs, miR-148 and miR-590, are excreted in the exosomes during SARS-CoV-2 infection or after experimental COVID-19 jab, and this exosome disrupts the type-1 interferon responses in every immune cell. Mostly in 14 days of the experimental COVID-19 jabs produce exosomes which contain spike protein, miR-148 and miR-590, which causes the adaptive immune responses of the B-cells and T-cells.56 [85], Nucleoside-modified mRNA by incorporating 1-methyl-pseudouridine, which encodes the RBD of the spike protein, dampens innate immune immunity, increases the number of mRNA translation, and prevents a robust interferon-I (IFN-I) response and dismantles NF-kB pathway responses to decrease the function of the innate immune system [85]. In a natural infection, CD8+ cytotoxic T-cells are increased and remove infected cells but in COVID-19 experimental shots these CD8+ cytotoxic T-cells are not produced probably because of decreased type -1 interferon response [56,85]. This impairment of type-1 interferon response, in turn, disrupts cellular immunity, T-cell responses and killer cells [56,85]. In this context, experimental COVID-19 jabs weaken both innate immunity and adaptive immunity, and the European Union (EU) finally admitted that COVID-19 experimental jabs destroy the human immune system and have made people more susceptible to all kinds of diseases and more likely to die of various kinds of diseases [86].

Over 16,000 doctors and scientists have declared that COVID-19 vaccine suppress the natural and cross-reactive innate antibodies (i.e., antibodies that simultaneously recognize SARS-DoV-2, influenza, and other corona viruses) and the injected mRNA creates toxic spike proteins in the body and causes permanent damage to the immune, reproductive (i.e., ovary and testicles), cardiovascular (i.e., heart, blood vessels), respiratory (i.e, lung), hematologic (i.e., bone marrow) and nervous system (i.e., brain, and peripheral one) [87].

Ten patents of spike protein and the patent of "RNA replicons": SARS-CoV-2 virus is an enveloped virus of a 60-140 nm-sized viral particle, and has four main structural proteins such as Spike protein (S), membrane (M), Envelope (E), and Nucleocapsid protein (N). The spike protein of SARS-CoV-2 has a N-terminal part called S1 where the Receptor-Binding Domain (RBD) located and a C-terminal part called S2, and spike protein has many prominent variants including Alpha (B.1.1.7), Beta (B.1.351), Gamma (P1, Brazil), Delta (B.1.617.2) and Omicron (B.1.1.529) spike mutations (Candido, 2022). Complete genome from the Wuhan novel coronavirus (2019-nCoV) is available in GenBank and the genomic relationship among Wuhan virus and variations are introduced [88]. Birger Sorensen concluded that SARS-CoV-2 was created via "laboratory manipulation" and had six inserts-fingerprints of gain of function [89]. A bioinformatic analysis using HADDOCK 2.2. Software discovered that the S2 subunit of spike protein had interactions with tumor suppressor proteins P53 and BRCA-1/2 [90]. The suppression of tumor suppressor proteins of P53 and BRCA-1/2 would increase cancers. Data gathered by the Health Insurance Review and Assessment Service of South Korea show that all cancer occurrences of 3,144,051 cases in 2022 are 2.26-times higher than the mean of cancer occurrence of 1,391,006 cases from the years 2016 to 2021, while South Korea began COVID-19 vaccination from February 26, 2021 [91].

Snake venom is listed as "venom" and "proteolytic (enzyme)" in ten COVID-19 patents. There are six PLA2s from Snake Venoms patents [92]. Also present is a cobra toxin-like gene sequence in the S1 portion of the spike protein of both the SARS-CoV-2 virus and the COVID-19 experimental jabs. And this S1 subunit interacts with nicotinic Acetylcholine Receptors and ACE2 receptors [93]. Snake venom destroys the human cell membrane, thus enabling nanoparticles to enter human cells and code human genome not only in the cytoplasm but also even in the nucleus to produce nanoparticle's cell line persistently. This is why the Janssen vaccine has a patent called "RNA Replicons" which are capable of replicating proteins as long as the host remains alive. In this way, the mRNA of the COVID-19 vaccine is reverse-transcribed to cDNA, integrated into the human genome, and passed along to vaccine recipient's offspring. Snake venom causes paralysis, respiratory failure, inflammation, cytokine storms, prolonged stomach pain, acute myocardial injury, uterine endothelitis, auto-immune diseases, organ failure, and cell death. Without an entire snake, a mass laboratory production of snake venom is possible by culturing organoids of snake glands [92]. Carlo Brogna reported toxin-like peptides indistinguishable to toxic animal venoms in plasma, urine, and fecal samples from SARS-CoV-2 infected patients, but never in those samples from people in the control group. The presence of those animal venom-like toxic peptides can alter cellular functions of ion channels, nicotinic acetylcholine receptors, and can cause many symptoms such as hypnosis, numbness, muscle weakness, and paresis typical of Guillain-Barre syndrome [94]. He also reported the SARS-CoV-2 RNA genome had many regions encoding for oligopeptides identical to neurotoxin peptides of exemplary of animal venoms and that high rate of toxins transcription was associated with high mortality rate [94].

Infection cases by SARS-COV-2 and shedding by vaccinated people: Omicron (BA.1) RNA detection was possible and highest after 2-5 days of infection, which is to be continued until 10 days after onset of symptoms; Omicron virus was detected 6-9 days after symptom attack and continued 0-2 days after symptom resolution [95]. In a prospective, longitudinal, cohort study in the UK, it was known that breakthrough cases of vaccinated individuals had peak viral load similar to unvaccinated cases and could transmit infection in household settings very efficiently even to fully vaccinated contacts [96].

There could be at least three kinds of shedding from a COVID-19 vaccinated person. Shedding means "to discharge usually gradually especially as part of a pathological process; to give off or out; to eject, slough off or lose as part of the normal processes of life" by Merriam-Webster Dictionary. The first prominent component of shedding from a COVID-19 vaccinated person would be the spike protein. SARS-CoV-2 can be located heavily in sweat glands and the spike proteins in COVID-19 patients or COVID-19

vaccinated people could be aerosolized from sweat to be shed on nearby people, which means that the secondary transmission or shedding of spike proteins to people nearby can be accomplished by the secretion of blood, sweat and tears. The spike protein of the SARS-CoV-2 is allegedly called a Lentivirus which is a chimera of HIV types 1-3, AIDS, MERS, and SARS [97]. The spike protein gives the SARS-CoV-2 virus its ability to target, attach to, and enter the human cells that it infects, and the spike protein determines different variants of SARS-CoV-2 and harms human cells as the SARS-CoV-2 harms by itself; the spike protein is the essence and the real entity of the SARS-CoV-2.51 [98]. The spike protein could be the product of the study of gain-of-function, and it may cause VAIDS (vaccine-associated Acquired Immune Disease) [99], Alzheimer neurodegenerative disease, [72,73,100] infertility, changes of human DNA [31] and various cancer outbreaks [101]. The second prominent component of shedding from a COVID-19 vaccinated person would be graphene oxide, and the third would be artificially made synthetic organisms.

Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT): The spike protein features the Receptor Binding Domain (RBD) that binds the Platelet Factor 4 (PF4) and makes IgG complexes to cause Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT) [85,102]. Spike proteins were enclosed in the exosomes and circulated in the body with microRNAs and G-quadruplexes to cause myocarditis, immune thrombocytopenia, neurodegenerative disease, reactivation of varicella-zoster, Bell's palsy, liver disease, various tumor formations, and impaired adaptive immunity by bypassing the interferon mediated pathways [85] or by reprogramming the immune system [81].

Disrupting human body's bio-signal system: The experimental COVID-19 injections of Pfizer BNT162b2 and Moderna mRNA-1273 use N1-methylpseudouridine (m1Ψ) synthetic mRNA (or a synthetic mXNA) instead of endogenous mRNA uridine [103]. The "Kozak sequence", which guides normal translation at the Open Reading Frames (ORFs), cannot work properly, and the translation from xRNA to a protein/peptide sequence is disrupted. In addition, mXNA provides flawed fragments when making a spike protein after the experimental injection into our body and would damage our body by causing neurological disabilities, unexpected and highly aggressive cancers even in young adolescences, bizarre and long unnatural thrombose formations, thrombocytopenia, myocarditis, and sudden cardiac death or sudden adult deaths.

COVID-19 vaccines give massive doses of graphene oxide to humanity

Graphene oxide is an unsafe nanoparticle that is usually present in popular facemasks, which is one of the reasons why wearing facial masks is harmful to our health and why there is a clear association between never wearing a mask and a low-rate of experiencing COVID-19 disease [104]. The substance is also found in the PCR swabs as a form of Poly (ethylene oxide) Graphene Nanoribbons. It is found in popular hand sanitizers, and in chemtrails (aerial spraying). Over the 300 blood samples which included blood from both vaccinated and unvaccinated people, there was not a single sample which did not show the presence of graphene oxide. We studied and found that almost all of the medical tablets for hypertension, diabetes, digestion, antiacids, PPIs (proton-pump inhibitors) and vitamins contained graphene oxides in them. We also question the presence of graphene oxide in the medical intravenous injectable fluids. In addition, graphene oxide comes into our body through meat we consume, water we drink every day, cosmetics such as Chanel N°5 and the chemtrail-polluted soil and crops. Some medical doctors have experience of taking care of patients who had picking skin pains and tingling or shooting pains after using graphene-derived products. It was argued that the nature of over 99% of the Pfizer vaccine was entirely graphene oxide, which is cytotoxic, magneticotoxic, and genotoxic [8]. The aggregates of graphene oxide are highly magnetic and can cause pathological blood coagulation, oxygen deprivation, hypercapnia, hypoxia, cell suffocation and "the Corona Effect", the endogenous creation of exosomes with the degeneration of the red blood cell membrane [10]. It also can be implanted to the myocardium to cause myocarditis, to the pericardium to cause pericarditis, and when it absorbs radiation, it can amplify the radiation signals and discharge to cause cardiac arrhythmias, and then fainting, syncope, collapse, and even death [105]. Over 90 scientific studies show that graphene oxide produced the same clinical features of COVID-19 including programmable cellular death, blood clotting, platelet aggregation, reduced number of platelets, cytokine storms, loss of taste and smell, thromboses, pneumonia (flu-like symptoms), or deaths. It blocks glutathione, blocks detoxification, destroys immune system, magnetizes people especially at the injection site, creates metallic taste in the mouth [106].

DARPA has a patent (US7427497B2: *In vitro* Metabolic Engineering on Microscale Devices), which lists "T-shaped micro-fluid Biochips", and COVID-19 experimental jabs has this kind of nano-biosensors, which can monitor the vital functions of the body such as blood glucose level, heart beats, body temperature, and brain waves [107]. Because graphene oxide behaves inside our body as a nano-biosensor, it can work as a neurological modulator in our body, and could be excited wirelessly and remotely with 5G technology. Graphene is a superconductor, and it can impregnate itself in the central nervous system, the spinal cord and brain. Graphene oxide can self-assemble in a certain way and with an unknown mechanism it creates Media Access Control (MAC) addresses of 12-digit code [108,109]. This effect can function as a marker for global identification, monitoring, and even internet connection. It can be an essential element for the transhumanism and for the internet connection [110,111]. The patent of WO2020060606A1 was applied by Microsoft Technology Licensing on June 20, 2019, when the COVID-19 pandemic was emerging, and it uses internet connection between a human body and Artificial Intelligence to make cryptocurrency through human body activity. In the patent, MAC addresses of 12-digit code would be essential to identify, to monitor, to educate, and to control a very specific person.

COVID-19 vaccines have synthetic parasite eggs, synthetic hydra vulgaris, and trypanosoma parasite

Video 4 is presenting an intelligent movement of a synthetic parasite. The synthetic parasites remained inactive as though dead in the beginning, when it was touched by a 2 mm-thick probe, it responded very swiftly and altered its shape into a streamline shape from its triangular shape. When applied a flame to the synthetic parasites, they were not easily burned up. Madej C [17] introduced discussion of Hydra vulgaris-like parasites on September 29, 2021, and about 10 days later, Franc Zalewski identified it in Pfizer COVID-19 vaccine vial, and he revealed its chemical compound contained Aluminum, Carbon, and Bromium, and concluded that it was an artificial and genetically modified product of synthetic biology. Hydra eggs in the refrigerated COVID-19 vials were hatched when exposed to graphite and warmed to body temperature [112]. DNA hybridization began in 1980 by Nadrian C. Seeman who constructed self-assembled nanostructures. Hydra vulgaris transgenesis technology was developed with DNA hybridization techniques and creating a new cloned species was possible by transferring genes from one species to another. The Hydra vulgaris and synthetic parasites are parts of an "operating system" consisting of mRNA, SPIONS (Super Paramagnetic Iron Oxide Nanoparticles), DNA coated lipid-nanoparticles, which are designed to program human DNA by bypassing the human immune system and make human cells reproduce synthetic gene sequence of the mRNA protein, which is Lentivirus, indefinitely. Synthetic and transfected parasites in the COVID-19 vaccines are used as transfection vectors for DNA binding and genetic sequencing in humans. The newly designed human DNAs can be turned on at specific DNAs or turned off at specific DNAs by the will of the patent holder of the COVID-19 vaccine, and the process is called "transregulation." A genetic company called ADDGene is selling CRISPR parasites to be used in the rapid cloning of humans, genetic knockout (silencing), gene sequencing (coding), and to monitor (tracing). The Human Brain Project of US Davis and Rice University could manipulate the nervous system of Hydra vulgaris and humans in order to control neural pathways and human behavior [112].

Three different stages of the evaluation for the effectiveness of COVID-19 vaccines: Short-term, mid-term, and long-term effects

Short-term effect: This is a loophole period in the most of the safety and efficacy clinical trials of COVID-19 vaccines; within 7 days of COVID-19 vaccination [113]. If the enrolled and randomized person has any COVID-19 symptoms, the person is excluded from the safety and efficacy trial. For example, 5742 people (13% of COVID-19 or placebo injected people; 43,44-37.706 = 5,742 in the figure 1) were excluded after COVID-19 vaccine or placebo injections. Also, it is noteworthy that there were many irregularities in the COVID-19 vaccine trial and it was falsely permitted of Emergency Use Authorization (EUA) by the Food and Drug Administration (FEA) [25]. This "within 7 days period" after the vaccine injection is important because, after the first COVID-19 vaccine injection, lots of people died in this period and harmful to other people because SARS-COV-2 spike protein was detected by day 14 on the circulating exosomes and transmissible to other people, and after the second jab, the spike protein was detected and transmissible by 4 months on the circulating exosomes [47]. In a serological test, spike protein was detectable at 15 days after the

first injection in 3 of 13 participants, and one person showed the spike protein was detected at day 29 [48]. These spike proteins do not remain in the injection site but circulate to get to their targets in the body, and this kind of targeted delivery was patented from Aug 26, 2010 as US2010/0216804A1, section 0074 [114]. The toxic effects of spike proteins, graphene oxide, and synthetic organisms/parasites are written above and they are transmitted to neighbors by shedding regardless of mask wearing. Sometimes, COVID-19 can be transmitted to contacts and even to the fully COVID-19 vaccinated people not only from the vaccinated people in this loophole period but also from the vaccinated people who have weak immunity and cannot handle their self-made spike proteins, whom CDC identify as "people who get vaccine breakthrough infections [115]." In this sense, the vaxxed would transmit these pathogens and become super spreaders of toxic pathogens such as spike proteins, graphene oxides and synthetic parasites. In addition, vaccination activists prefer to deny any connections between COVID-19 injections and deaths within 7 days and 14 days of injections and call any connections between them as "a Hollywood LA News": "Four Canadian Doctors in Toronto Area Died Last Week [within one week of their 4th dose of the COVID-19 vaccine]. Three of the doctors are from the same hospital system-Trillium Health, which serves Mississauga and western Toronto in the Canadian province of Ontario [116]."

Mid-term effect: Even though two-dose regimen of BNT162b2 Pfizer vaccine had 95% protection against COVID-19 in persons 16-year-old or older, which is called to have 95% Relative Risk Reduction (RRR), it has only 0.72% of Absolute Risk Reduction (ARR) and 138.1 people should be injected to save only one person, which is called as Number Needed to Treat (NNT) [117]. Not only the mid-term effects of COVID-19 vaccine effectiveness reports were exaggerated by using RRR but also there were irregularities in the data collection of their mid-term effects such as neglecting the dropouts both 7 days and 14 days after Dose 2 [25].

Long-term effect: The FDA Vaccine Advisory Committee (VRBPAC) said that Statistics proved that COVID Vaccines killed more than two people for every person helped [2]. Vaccine Adverse Event Reporting System (VAERS) for COVID-19 vaccines from January 7, 2021 through December 31, 2021 of the United States showed 9,778 deaths (814.8 COVID-19 vaccine-related deaths per month). There were no COVID-19 deaths in the population of less than 19-year-old and of pregnant women until August 31, 2021 in the Republic of Korea, but COVID-19 vaccine-related deaths of the 67-week was 2,229 (10 deaths or 0.1 death/100 000 vaccinations for less than 19-year-old) [44]. VAERS summarized that the number of adverse reactions of COVID-19 vaccine since December 2020 through December 31, 2021 was 1.2-fold higher than that of all other vaccines combined for the last 30 years since 1990 through December 31, 2021 (1,017,001 *vs.* 866,447), and the number of deaths of the former was 2.3-fold higher than that of the latter (21,382 *vs.* 9,447) [26]. The higher percentage of vaccinated, the more COVID-19 patients appeared and died: New Zealand saw 25 COVID-19 deaths in 2020 when no one was COVID-19 vaccinated and, then, 1,646 COVID-19 deaths in 2022 when 85.7% of the population was fully vaccinated, [118] and while 87% of the South Koreans were COVID-19 vaccinated, zero (0) percent of North Korean was as of July 4th, 2022, and the North Korea has 0.76% COVID-19 deaths of that of South Korea and 53.4% COVID-19 patients of that of South Korea [45]. Recently, German Working Group for COVID-19 Vaccine Analysis found that toxic substance in every COVID-19 jab, every vaccinated person showed marked morphologic changes of the bloods, and that the stability of the envelope of lipid nanoparticle decided the severity of vaccine side effects [119].

A long-term observation is needed: The WHO argued five types of AEFI (Adverse Events Following Immunization) in a 30-day-window, but a review literature provided three more components for possible adverse events for COVID-19 experimental injections [116]. It is known that those three components of mRNA-produced spike protein, LNP (lipid nano-particle) ingredients, and spike protein-based mRNA exert side effects more than a dual 2-month-window duration, and a long-term observation period than several months is needed to evaluate the real side effects of the COVID-19 experimental injections (or Bioweapon) [42,120].

Conclusion

VAERS data show that the number of adverse reactions to COVID-19 injections was 1.2-fold higher and the number of deaths of COVID-19 vaccine was 2.3-fold higher than all other vaccines combined for the last 30 years [26]. Data gathered from the governments of every country in the world show significantly sharp contrasts in the COVID-19 mortality (deaths) and morbidity (cases) according

to the accumulated national rate of COVID-19 vaccinations: New Zealand had COVID-19 deaths of 25 in 2020, 26 in 2021, and 1,646 in 2022 (only until July 29, 2022), and the percentage of population fully vaccinated was zero in 2020 and 85.57% in 2022 (until July 29, 2022) [3]. South Korea has over 87% COVID-19 vaccination rate, but it saw a 40-fold increase in COVID-19 deaths and 574-fold increase in COVID-19 occurrences compared to those data of the days absent COVID-19 vaccinations; North Korea has seen no cases of COVID-19 vaccinations and has had 0.76% of COVID-19 deaths and 53.4% of COVID-19 occurrences of the South Korea which had over 87% COVID-19 vaccinations. In the results, various sizes, forms of graphene oxide, synthetic parasites, and even a chip-like artifact were found in the COVID-19 vaccines, bloods, urines, foot baths, sits baths, and skin extracts. Self-vibrating objects and synthetic parasite-like objects in the plasma of the vaccinated people, and biohazards and agony of patients experiencing the COVID-19 vaccine sequelae were introduced and discussed.

Considering the toxic effects of the programmable spike proteins, of graphene oxides which are well-known as cytotoxic, magneticotoxic, and genotoxic material, and of synthetic parasites which can cause human genetic deformities and slave-like transhumanism, programs of COVID-19 vaccination should be halted immediately. The global plans for COVID-19 Vaccine Passes, facial masks, and plans for transhumanism are futile and self-destructive and should be halted immediately. In the interest of reestablishing human dignity, human self-determination, human rights, sustainable human development, new Nuremberg trials must, therefore, be opened immediately.

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