



## TURNING POINT FAMILY WORSHIP CENTER

Mailing Address: 4501 N. Post Road, Indianapolis, IN 46226  
Telephone: (317) 898-4420 Fax: (317) 898-4423

### TO WHOM IT MAY CONCERN:

This letter is to request a Religious Exemption for [REDACTED] who attends Turning Point Family Worship Center; 4501 N. Post Road; Indianapolis, Indiana 46226. We are a Church that believes the Doctrine of Jesus Christ as taught by the Apostles and Prophets (1 Corinthians 3:11; Ephesians 2:20; Galatians 1:7-9; Hebrews 6:1-6). This includes the Born Again Experience (John 3:3-5; Titus 3:5) as witnessed and received on The Day of Pentecost (Acts 2:1-4, 38-41).

- Because it is universally accepted that HEK-293 Human Embryonic Kidney cells from an **aborted female** child are used in the development/design/confirmation testing phase for Pfizer and Moderna shots. These “**Human Cells**” can be purchased for \$495 each at ATCC.org. AstraZeneca used MRC-5 lung cells from a 14 month **aborted Caucasian male** in preclinical testing and filtered out the HEK-293 cells “used in manufacturing” their shot <https://factcheckni.org/articles/covid-19-vaccines-and-aborted-fetuses/><sup>1</sup>

Note: Some cells in our blood only live about 3 days and others in our stomach lining live a week. So adding my 23,967 days since birth to my 273 days in the womb (= 24,240), I could have cells that range from 8,080 to 3,463 generations from my original fetal tissue.

- Because the Bible clearly identifies the fetus as a living child, whether in the first stage as a conceived “seed” (Genesis **3:15**; 12:7; 13:15-16; 15:5, 13, 18; **16:10**; 17:7, 8, 9, 10, 12; 21:12-13; **22:17-18**), or having grown inside of the mother to become “fruit of the womb” (Genesis 30:2; Deuteronomy 7:13; Psalm 127:3; Isaiah 13:18; Hosea 9:16; Luke 1:42), in every stage of development God’s Word declares in the Holy Bible that this is a living child, until it dies or is killed (Genesis 25:22; Ecclesiastes 11:5; Isaiah 49:15).
- Because the murder of any child – whether in the earliest stage as a conceived seed, or the middle stage as the fetal fruit of the womb, or the last stage of partial birth or post birth – is a gross violation of God’s Law (2 Kings 21:6; 2 Chronicles 28:1-4; Jeremiah 32:35).
- Because God speaks to the judgment of those that actively participate in abortion, including the pacifist who “hide their eyes” (Leviticus 20:4 Cp. Mark 9:40; John 19:11), the

Scripture teaches that they and their “family” will be judged (Leviticus 20:2-5; Proverbs 28:17; 24:24) with “the sword” (killings); “famine” (natural disasters); and “pestilence” (plagues) that impacts the health and well-being of mankind (Jeremiah 14:21; 32:36).

- Whereas in contrast, the twins Esau and Jacob struggled within their mother’s womb towards the right to the birthright (Genesis 25:22-24).
- In the New Testament, when Elizabeth was six months pregnant with her unborn child John the Baptist (Luke 1:36), the Bible says he leaped for joy in the womb when Mary the mother of JESUS testified about her immaculate conception (Luke 1:41, 44). Further, this unborn fetus John was filled with the Holy Ghost in his mother’s womb (Luke 1:15). Within days of JESUS’ conception, Mary’s cousin Elizabeth declared, “blessed is the fruit of thy womb.” Here the Greek Textus Receptus (used to translate the King James Bible), uses the Greek perfect tense which is present with the time of speaking. Nine months before JESUS birth he was blessed (Luke 1:42). He was the “seed” spoken of by God 4,000 years before that was purposed to bruise the devil’s head (Gen. 3:15). So both JESUS (as a 1 day old conceived seed) and John (as a 6 month old fruit in the womb) were a child!

Therefore, becoming aware of such immorality (*alone*) that conflicts with Biblical moral and civil teaching, this shot clearly capitalized on the murder of several children. Based on our religious concern (*alone*), I am requesting an exemption for [REDACTED]. This is not a request for exemption from all vaccines but certainly from the ‘shot’ associated with aborted male and female babies. Any additional resistance to other vaccines that are free of abortion ties would be shared by [REDACTED]. The shot is anti-the Sixth Commandment: “Thou shalt not kill!” Those who ignorantly received a similar shot in their past, once aware, should adhere to the Bible doctrine of repentance (Acts 26:20; 2 Corinthians 7:11; 10:6; 2 Peter 3:9) and never repeat this gross error. Let me be clear, *“Those who disrespect our religious conviction on this matter would clearly understand if their born or unborn son or daughter (or any family member) were taken, killed, and used in testing, developing, manufacturing or producing this shot.”* It would not matter whether their baby was in the soup; most sane family would not eat it nor eat at the restaurant.

This ‘vaccine’ is clearly against our religious beliefs, so please honor this Exemption Request.

  
Timothy M. Harris, Pastor

Below is from a NIH (Fauci’s org.) post <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7521561/> .

**HUMAN CLINICAL TRIALS:** *identification of the long-term effects requires long periods of time ... 'latency periods can range from days to years for postinfection and postvaccination autoimmunity'. Mid-term adverse effects of vaccines, such as central nervous system (CNS) inflammatory demyelination (35) and diabetes (36) have been shown to emerge after approximately 3 years. Longerterm effects, such as cancer, Alzheimer's disease, Parkinson's disease, etc., have not been studied. In fact, vaccine inserts typically state that carcinogenic effects (and mutagenic and fertility effects) have not been studied (37) [e.g., for the MMR vaccine it is stated that 'M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility... Several decades of close tracking would be required.. to identify such adverse effects ... in myriad cultures, it is the elderly who sacrifice for the benefit of the young. This tradition is being inverted in the present accelerated testing regimen ...*

**FROM MY ENGINEERING (University of Dayton) ... COMPREHENSIVE SCIENCE (Wilberforce University) ... MBA (Indiana University) ... EVERYDAY LIFE EXPERIENCE (Pastor, Founder of Top A-Rated Pre-K to 8<sup>th</sup> Grade School by the Indiana Gradebook, & Mostly Common Sense):**

The 'shot pushers' reject other great scientific options like therapeutics and Natural Immunity. After 13 months, my antibody count at 780.8 is ~6 times the average that received the shot and ~4 times the doctor's. Based on recent data, Natural Immunity is proven to be way more lasting than the 6-month shot that both decreases exponentially with time and may prove disastrous long term. The NIH (Fauci's) website states the following: "Several months ago, our studies showed that **natural infection** induced a strong response, and this study now shows that the **responses last**," Weiskopf says. "**We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses**." That's direct from NIH website! The NIH (Fauci) hopes the shot works as well as natural immunity. <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>.<sup>3</sup> But the shot did not for the 27 fully vaccinated passengers on the Carnival Cruise ship where 98% were vaccinated (and 1 died) <https://www.cnn.com/2021/08/24/passenger-dies-of-covid-19-amid-outbreak-on-carnival-cruise-ship.html>.<sup>4</sup> Neither did the shot work as well, as proven by the 74% of vaccinated cases in Cape Cod <https://www.medpagetoday.com/infectiousdisease/covid19vaccine/93830>.<sup>5</sup>

The world renown **Cleveland Clinic** conducted a study on 52,238 employees and concluded the following: "Our study examined rates of SARS-CoV-2 infection in **vaccinated** and **unvaccinated** individuals and showed that **those previously infected who did not receive the vaccine did not have higher rates of SARS-CoV-2 infection than those previously infected who did**, thereby providing direct evidence that **vaccination does not add 'meaningful' protection to those who were previously infected**." Direct quote! <https://www.news5cleveland.com/news/continuing-coverage/coronavirus/vaccinating-ohio/study-no-previously-infected-cleveland-clinic-employees-who-remained-unvaccinated-were-reinfected>.<sup>6</sup> Sharyl Attkisson, a five time Emmy Award winner, confirmed the same in her unbiased summary on natural immunity: <https://sharylattkisson.com/2021/08/covid-19-natural-immunity-compared-to-vaccine-induced-immunity-the-definitive-summary/>.<sup>7</sup> The natural immunity **against SARS-1** has **lasted 17 years** <https://www.medpagetoday.com/infectiousdisease/covid19/92836>.<sup>8</sup> In my opinion, this may help explain why many Asian countries most effected by SARS-1 are least impacted by SARS-2 and COVID-19. <https://www.worldometers.info/coronavirus/>. This history of the most similar virus and the 21 months with those first infected with COVID-19 serve as the best predictor of immunity, much more so than the more recent shot that may be fatal in the mid- to long term.

The **CDC** website states that "above 5%" of the reported COVID-19 deaths were COVID only [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm#Comorbidities](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities). That means of the 385,259 COVID deaths listed (x 5%), the total "COVID-**only**" deaths were around **20,000**. That's about ½ (actually 55.5%) of the 36,000 people that die from flu per year in the US, per the CDC. The other (almost) 95% that were listed as COVID deaths averaged 4 additional comorbidity sicknesses that killed them [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm).<sup>9</sup> Reasons for those additional sicknesses include: smoking, drinking alcohol, overeating – which are responsible for way more deaths than COVID-19 <https://www.worldometers.info/>.<sup>10</sup>

## HEALTH

9,350,401	Communicable disease deaths <a href="#">this year</a>	[+]	5,915,649	Deaths caused by cancer <a href="#">this year</a>	[+]
355,685	Seasonal flu deaths <a href="#">this year</a>	[+]	284,037	Deaths caused by malaria <a href="#">this year</a>	[+]
5,474,846	Deaths of children under 5 <a href="#">this year</a>	[+]	14,803,924,028	Cigarettes smoked <a href="#">today</a>	[+]
30,722,398	Abortions <a href="#">this year</a>	[+]	3,600,731	Deaths caused by smoking <a href="#">this year</a>	[+]
222,629	Deaths of mothers during birth <a href="#">this year</a>	[+]	1,801,501	Deaths caused by alcohol <a href="#">this year</a>	[+]
43,036,064	HIV/AIDS infected people	[+]	772,397	Suicides <a href="#">this year</a>	[+]
1,210,827	Deaths caused by HIV/AIDS <a href="#">this year</a>	[+]	\$ 288,149,354,923	Money spent on illegal drugs <a href="#">this year</a>	[+]
			972,311	Road traffic accident fatalities <a href="#">this year</a>	[+]

As an aside, it is clear that the shot developed for the novel coronavirus is unsatisfactory against many of the 13 variants, especially the Delta variant which is more than 93% of active cases <https://www.voanews.com/covid-19-pandemic/cdc-delta-variant-accounts-more-93-percent-all-us-covid-19-cases> .<sup>11</sup>

Of this antiquated shot developed for the novel coronavirus, Health and Science reported in July, "Israel says Pfizer Covid vaccine is just 39% effective as delta spreads, but still prevents severe illness." In spite of Israel's high vaccination rate (at 60.8%) and many with natural immunity, they are experiencing pre-vaccination infection rates, and in September 2021 deaths climbed above Israel's pre-vaccination levels <https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html> .<sup>12</sup> See also: <https://www.worldometers.info/coronavirus/country/israel/> .<sup>13</sup>

**National Institutes of Health (Fauci)** has the following review on their website, Sept. 9, 2021, which should serve as a major warning to the 'user' and 'pusher' that coerces and mandates this shot, especially to those whose risk from COVID is way below that presented by the flu based on age, health, or natural immunity <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7521561/> .<sup>14</sup>

*... there is no substitute currently available for long-term human clinical trials to ensure long-term human safety ... substantial disagreement among the medical community and political decision-makers regarding their efficacy ... These accelerated vaccine development efforts suggest that safety testing was performed in  $\leq 1$  year, a time frame significantly shorter than that of 12-15 years typically associated with the commercialization of a vaccine ...*

**VACCINE SAFETY TESTING:** *There are three ways of testing for vaccine safety, in order of increasing credibility: Computer simulations, animal experiments and human trials ...*

**HUMAN CLINICAL TRIALS:** *identification of the long-term effects requires long periods of time ... 'latency periods can range from days to years for postinfection and postvaccination autoimmunity'. Mid-term adverse effects of vaccines, such as central nervous system (CNS) inflammatory demyelination (35) and diabetes (36) have been shown to emerge after approximately 3 years. Longerterm effects, such as cancer, Alzheimer's disease, Parkinson's disease, etc., have not been studied. In fact, vaccine inserts typically state that carcinogenic effects (and mutagenic and fertility effects) have not been studied (37) [e.g., for the MMR vaccine it is stated that 'M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility... Several decades of close tracking would be required to identify such adverse*

*effects ... An overlooked issue associated with the vaccine discussions is potential transgenerational effects ... Of note, the question remains whether humanity is currently willing to pass on potential devastating diseases to future generations due to the present need for the speedy development of a vaccine, bypassing adequate longterm and transgenerational ... in myriad cultures, it is the elderly who sacrifice for the benefit of the young. This tradition is being inverted in the present accelerated testing regimen ...*

**COST-BENEFIT TRADEOFFS:** *In the present political environment, there is the potential that the majority of the population could be required to be vaccinated, even those demographics that were not vulnerable to the severe effects of COVID-19, and particularly those in the youngest demographic. The potential adverse consequences of such a mass inoculation with a vaccine not adequately tested for mid- and long-term adverse effects could be substantial.*

What the media calls break-through infections appear to be the majority on the ground in my real world. As in Israel, Cape Cod, and the Carnival Cruise outbreaks among the ‘vaccinated’, since Wednesday, September 1, 2021, me and two other pastors identified 35 cases of COVID-19 in our local network. On Tuesday and Wednesday this week, two more were added and another died from the vaccine (probably not listed on CDC’s VAERS report). That makes 37 cases in our local network, 35 of those were among the vaccinated and only 2 unvaccinated. Note: I am in the process of expanding my inquiry to my global network: Pastoring a thriving community-minded church of 500; reaching thousands in Indianapolis by funding and housing Deborah’s House where we donated more than \$2 million in charity in the past year; building 6 children homes and a widows home in 2019-2020; founding and funding TP Schools – an A rated school four straight years by the Indiana Grade Book; having 122,000 hits in July alone at Just Word Ministries; and owning Harris & Ford, the largest black-owned business in Indiana.

I recognize that IU Medical School received a billion dollars in 2020: **\$418 million** from the Federal Government and **\$245.7 million** directly from **NIH (Fauci)**. And numerous companies like Lilly have federal government contracts they want to protect. But the 9 parents of TPS students that caught COVID-19 were all vaccinated. The 7 members at the South Bend church were all vaccinated. Derrick’s (TP member) father that died last week with COVID-Pneumonia and Valerie’s (TP member) 18 year old nephew died last week with COVID were both fully vaccinated. A Bishop presides over 1,000,000 members took the shot on Facebook and spent weeks in ICU with blood clots on the lungs – but said he’s not sure it was due to the shot. Last week another local Bishop and his family, as well as a Northwest side Pastor and his wife (hospitalized), and another co-Pastor’s mother who suffered three strokes due to blood clots on the brain after the shot – were all fully vaccinated. The Black Community witnesses these critical COVID-19 events on a daily basis. And contrary to the media parroting hype, the vaccinated appear to have a much greater rate of infection, and reinfection, and their severity seems disproportionately worse.

These cases are fully visible in the Black Community, making the media’s daily narrative less believable. This helps legitimize the ‘Fake news!’ claim. The Government has misused the peoples’ money making Businesses, Schools, and now Churches financially indebted to push the



'shot.' They ignore God's warning in Exodus 23:8; Deuteronomy 16:19; Proverbs 17:23; 29:4; and 1 Timothy 6:10. The reported ransom to a local church organization to push the shot is \$1 million, in spite of the adverse reactions to its leaders and members. Parents witnessed Notre Dame and other universities' resistance and/or refusal to test the vaccinated dorms that are plagued with COVID symptoms, knowing it's against the media narrative that the unvaccinated are the carriers.



## News at IU

ALL CAMPUSES

IU BLOOMINGTON

IUPUI

# IU surpasses \$1 billion in research and philanthropic funding

IU's external funding for research and other activities in fiscal year 2020 consists of \$418 million in federal grants and contracts, including an IU record of \$245.7 million in funding from the National Institutes of Health, the nation's major federal government source of support for health sciences research. It also includes \$48.7 million in awards from the National Science Foundation, \$81 million in sponsored funding from industry, and \$60.5 million in federal funding from the CARES Act to help the university and its students cope with the challenges of COVID-19.

It is a recorded fact, that of nearly 1,602,758 people in Indiana that are 0-17 years old, there were zero ("0") COVID deaths in 2020 and 2021. Zero deaths without a vaccine ('shot'). Almost the same holds true for the 18-24 year old college students that were required to take the shot. Requiring the shot for 15 deaths out of 972,803 people in Indiana's 18-29 year old group – makes no sense.<sup>9</sup> That's 1 death per 64,853 people. And given the CDC's claim that "above 5%" of the reported COVID-19 deaths were COVID only; the other ~95% had 4 additional comorbidity illnesses killing them. So mandating a 0-29 year old to take the shot – makes no sense. Indiana University's immunologist acknowledged that the kids were not at much risk of dying, but refused to answer how many died of COVID pre-shot. He said he wanted to protect the older and vulnerable ... But if the sickly instructors taught remotely and the kids were in the classroom herd immunity could have been achieved after one to two months without this most dangerous 'shot,' which in 2021 has reportedly killed more than all the other vaccines combined in last 20 years.

Therefore, giving everyone the shot with the potential catastrophic side effects articulated on the NIH (Fauci) website<sup>14</sup> – makes no sense. Testing the unvaccinated only and disregarding Natural Immunity – makes no sense. 134 deaths in Fauci's hometown of New York City for every 1 death in Hong Kong (pro rata), where our office, malls, restaurants never closed – makes no sense. Nor does CDC's study on masks?<sup>15</sup> Macrotrends 2020 Death Rate of 8.88 deaths/1,000 was a 1.12% increase in the Death Rate, the lowest in the last 7 years, since 2014 – so why vaccinate the whole population <https://www.macrotrends.net/countries/USA/united-states/death-rate>.<sup>16</sup>

## REAL SCIENCE –

Of the 1 billion common colds per year in the USA, up to 700 million may be caused by the rhino virus and coronavirus <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3676139/>; [https://journals.lww.com/pidj/fulltext/2005/11001/history\\_and\\_recent\\_advances\\_in\\_coronavirus.12.aspx](https://journals.lww.com/pidj/fulltext/2005/11001/history_and_recent_advances_in_coronavirus.12.aspx). Corona may causes 150 to 200 million (15-20%) per year. According to WebMD, coronavirus causes 20% of the common colds [https://www.webmd.com/cold-and-flu/cold-guide/common\\_cold\\_causes](https://www.webmd.com/cold-and-flu/cold-guide/common_cold_causes). In the European Respiratory Journal 2014 44: 169-177; DOI: 10.1183/09031936.00172113, regarding rhinovirus it states, “Adults experience on average two to three infections and young children up to 12 infections per year.” This was from *Turner RB. Epidemiology, pathogenesis, and treatment of the common cold. Ann Allergy Asthma Immunol 1997; 78: 531– 539. CrossRef PubMed Web of Science Google Scholar* <https://erj.ersjournals.com/content/44/1/169>. Thus, in any year since 2000, the media could have correctly said hundreds of thousands of people died in the USA “WITH” coronavirus (or rhino virus) and millions died “WITH” coronavirus (or rhino virus) complications that year. For the average person had one of these viruses 4-6 times per year.

**Water:** Coronavirus survived in water more than 100 days at 4°C (39.2°F) and about 10 days at 24°C (73.4°F): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7091381/>.

**Bleach:** using 1/3 cup of household bleach mixed with 1 gallon water, the surface must stay wet 1 minute to successfully kill coronavirus: <https://waterandhealth.org/disinfect/bleach/kill-coronavirus-by-disinfecting-surfaces-with-bleach>.

A 1/3 cup of 5% bleach weighs 85.4 grams, the total grams of bleach in that 1/3 cup is  $85.4 \times 0.05 = 4.27$ . Since 1 gallon of water weighs 3,785 grams, therefore, the concentration of 1/3 cup of household bleach in a gallon of water is:  $4.27 / (85.4 + 3,785) = 0.00110325$ . In Chemical terms, this is 1,103.25 parts per million. Indianapolis’ drinking water provided by Citizens averages 1.7 parts per million, which is 649 times weaker than the 1/3 cup of bleach in a gallon of water, meaning corona would thrive <https://www.citizensenergygroup.com/My-Home/Utility-Services/Water/Water-Quality/Indianapolis-Water-Quality-Data>.

**Hand Sanitizer:** “For the 70% Alcohol to be effective in killing the coronavirus on surfaces (including a cellphone), it should be left on 30 seconds. 100% alcohol evaporates too quick.” But most rub it on their hands around 5 seconds and think they’re good <https://www.webmd.com/lung/news/20200318/the-most-effective-ways-to-kill-coronavirus-in-your-home#2>.

**Face Masks:** the CDC reported, “*we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20; I<sup>2</sup> = 30%, p = 0.25) ... Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.*” [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article).

The SARS-CoV-2 virus is 65 to 125 nm (nanometers, i.e. billionth of a meter) in one report and 70-90 nm in another, or 80 nm average. The Influenza virus is 80 to 120 nm, or 100 nm average. The N95 masks are tested at 300 nm. That's like using a 30 inch Hula Hoop to test if an 8 inch softball can be thrown through it. In addition, when a mask is worn the wearer has to use way more *mechanical* force – like sucking the same volume in the same amount of time through a ¼" straw (the mask holes and seals) instead of a 3" diameter pipe – because you need the same amount of oxygen in your lungs. Another problem is that the *chemical* waste you exhale has a much higher concentration of carbon dioxide (CO<sub>2</sub>) than the 0.04% (400 ppm) in normal air. For an active person, this can be 8 times that amount. The average breath when exhaled contains 3.8% CO<sub>2</sub> (38,000 ppm). When exposed to levels in excess of 5%, your central nervous system functions are depressed, brain functions cease, and you die. <https://ethanolrfa.org/wp-content/uploads/2016/02/Module-2-Handout-How-Inhaled-CO2-Affects-the-Body---Fact-Sheet.pdf>.

**Plexiglass Barriers:** it was reported that not a single study has shown that plastic barriers control the spread of coronavirus. One study did conclude it causes an increased risk of infection. <https://nymag.com/intelligencer/2021/03/putting-students-behind-plexiglass-isnt-making-them-safer.html>.

**Hand Sanitizer:** the CDC reported, "*The effect of hand hygiene combined with face masks on laboratory-confirmed influenza was not statistically significant (RR 0.91, 95% CI 0.73–1.13; I<sup>2</sup> = 35%, p = 0.39) ... A study conducted in the United States (16) showed no major effect of hand hygiene.*" [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article).

**Milk & Cheese:** in El-Gharbia, Egypt, "This study included of 100 raw milk samples , 60 cheese samples and 50 yoghurt samples were collected randomly from markets at El-Gharbia Governorate from December 2011 till June 2012 for detection of rota virus and corona virus antigens by ELISA. We could conclude that the raw milk and its products may play an important role in infecting human with rota virus and corona virus and play an importance role in spreading of these virus. Processing of Kareish cheese, soft white cheese and Balady yoghurt could not eliminate rota virus and corona virus when infected milk is used due to insufficient heat treatment and bad hygienic measures." [https://www.researchgate.net/publication/258996186\\_Detection\\_of\\_Rota\\_and\\_Corona\\_Viruses\\_in\\_Raw\\_Milk\\_and\\_Milk\\_Products](https://www.researchgate.net/publication/258996186_Detection_of_Rota_and_Corona_Viruses_in_Raw_Milk_and_Milk_Products).

**Animal Virus Transfer:** Lions, tigers, cats, dogs, minks, etc. have been infected with Coronavirus. But so far the administration has honored their human right not violated their rights and made them mask up (a little humor to a dire situation) ...

A 4-year-old female Malayan tiger named Nadia, three other tigers and three African lions all tested positive for COVID-19 in New York at the Bronx Zoo [https://newsroom.wcs.org/News-Releases/articleType/ArticleView/articleId/14084/Update-Bronx-Zoo-Tigers-and-Lions-Recovering-from-COVID-](https://newsroom.wcs.org/News-Releases/articleType/ArticleView/articleId/14084/Update-Bronx-Zoo-Tigers-and-Lions-Recovering-from-COVID-19)



[19.aspx#:~:text=On%20April%205%2C%202020%2C%20we,while%20she%20was%20under%20anesthesia.](#) One could conclude the zoo keepers maintained **social distancing**.

A 7 year-old German Shepherd named Buddy was the first dog to test positive for COVID-19, in April 2020. <https://www.nationalgeographic.com/animals/article/first-dog-to-test-positive-in-us-for-coronavirus> He experienced difficulty breathing and later died in July 2020.

A Goat, Quail and Papaya 'tested positive' for coronavirus, as reported June 5, 2020 in Tanzania <https://www.africanews.com/2020/05/06/tanzania-how-can-goat-papaya-pawpaw-test-positive-to-corona-morning-call/>

Per NPR on November 10, 2020, "Denmark is killing its large **mink** population after **discovering a coronavirus mutation that can spread to humans**, the nation's government said Wednesday. The country, which is the **world's largest supplier of mink fur**, will cull as many as **17 million animals** in an effort to stop the spread. "We have a great responsibility towards our own population, but with the **mutation** that has now been found, we have an even greater responsibility for the rest of the world as well," Danish Prime Minister Mette Frederiksen said in a news conference, [according to the BBC](#). Guess we should give every farm and wild animal the 'shot.' <https://www.npr.org/2020/11/05/931726205/denmark-to-kill-up-to-17-million-minks-after-discovering-mutated-coronavirus>

We have 21 months history (which is the best indicator) with **Natural Immunity** against COVID-19 versus only 10 months with 'shot' induced immunity. Plus, it's probable that we can draw correlation from the **17-year immunity** of those that had SARS-1. <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>.

**On The Ground:** a couple of weeks ago me and two pastors shared the recent events –

The 9 Parents (of TPS students) that tested positive for COVID-19 were fully vaccinated.

**Note:** Execs from my Alma Mater said the only Professor that died (**#36**) was fully vaccinated.

The 7 members at the South Bend church were fully vaccinated.

The TP brother's father that died last week with COVID-Pneumonia was fully vaccinated.

The TP sister's 18 year old nephew who died last week with COVID was fully vaccinated.

The Eastside Bishop-Brother, his wife, kids and sister that got COVID were all vaccinated. But the Pastor-Brother at dinner with Natural Immunity that was not vaccinated did not get COVID.

The Northwest Pastor and his wife (hospitalized in ICU) that got COVID were fully vaccinated.

The female co-Pastor's mother who suffered 3 strokes due to blood clots was fully vaccinated.

The Pastor (Indy) reported next day that one member just had 2 family members die with COVID, both fully vaccinated; the other Pastor had a member's father just die from the 'shot.'

**Note:** ~~35~~ **36** of ~~37~~ **38 cases confirm** the ICU Nurse claim: "**The majority are fully vaccinated!**"

## ADDENDUM

1. From the link: <https://factcheckni.org/articles/covid-19-vaccines-and-aborted-fetuses/> .

The COVID-19 vaccine being developed by AstraZeneca in collaboration with Oxford University has generated the most debate.

In November 2020, it was widely claimed on social media, including this Facebook post with over 160,000 views, that the AstraZeneca vaccine contains MRC-5 cells from lung tissue of a male fetus which was aborted in the 1960s.

This specific claim has been fact checked by Associated Press, Full Fact, PolitiFact, Reuters and Snopes and found to be false. However, the MRC-5 cell line was used in the preclinical testing of the AstraZeneca vaccine.

AstraZeneca did use the HEK 293 cell line to manufacture its vaccine (and Pfizer/BioNTech and Moderna in the design of their vaccines). These cells originate from a fetus which was aborted in the Netherlands in 1973. The fetus was aborted legally at the time for other reasons, and not for the purposes of vaccine research. Alex Kasprak at Snopes has summarised the cell line's origin story, which began with a Canadian scientist's research into cancer.

Over the decades that followed, these cells have been cloned and replicated, many times. Dr Paul Offit, an immunisation expert from the Children's Hospital of Philadelphia who sits on the US Food and Drug Administration (FDA) vaccine advisory committee, describes these as "standardized cell lines". Professor Helen Petousis Harris says the cells used today are "distant descendants" of the original cells. They are from decades-old, long over abortions, and researchers do not use fetal cells from the present day.

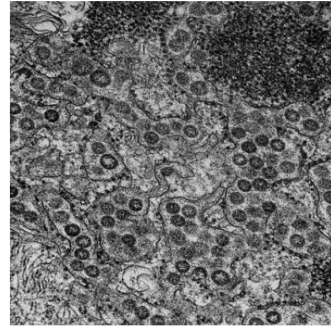
<https://factcheckni.org/articles/covid-19-vaccines-and-aborted-fetuses/>

**Pastor Tim's Comments:** this strengthens the Christian argument, when one values other lives as their own or as their family. If the aborted baby girl used for HEK 293 was their grandma, mother, or daughter; or the murdered baby boy used for the MRC-5 was their grandpa, father, or son, most would decline its use. If their baby was still in the soup or just used to make, stir or flavor the soup, they'd pass on eating it. They'd also pass on using the tool that was used to kill family.

WIKIPEDIA

# MRC-5

**MRC-5** (Medical Research Council cell strain 5) is a diploid cell culture line composed of fibroblasts, originally developed from the lung tissue of a 14-week-old aborted Caucasian male fetus.<sup>[1][2]</sup> The cell line was isolated by J.P. Jacobs and colleagues in September 1966 from the seventh population doubling of the original strain, and MRC-5 cells themselves are known to reach senescence in around 45 population doublings.<sup>[2][3][4]</sup>



MRC-5 cell

## Contents

**Applications**

**Culture and society**

**See also**

**References**

**External links**

## Applications

MRC-5 cells are currently used to produce several vaccines including for hepatitis A, varicella and polio.<sup>[5]</sup>

## Culture and society


During the COVID-19 pandemic, anti-vaccination activists misidentified MRC-5 as an ingredient of the Oxford–AstraZeneca COVID-19 vaccine. The fetal cell line used in the manufacturing of the vaccine is HEK 293, the kidney cells of an aborted female fetus, though the cells are filtered out of the final product.<sup>[6]</sup>

## See also

- Use of fetal tissue in vaccine development
- WI-38

## References



- "MRC-5 (ATCC® CCL-171™)" (<http://www.atcc.org/Products/All/CCL-171.aspx>). Retrieved 2016-05-19.
- "AG05965-D Fibroblast from Skin, Lung" ([https://catalog.coriell.org/0/Sections/Search/Sample\\_Detail.aspx?Ref=AG05965-D](https://catalog.coriell.org/0/Sections/Search/Sample_Detail.aspx?Ref=AG05965-D)). Retrieved 2016-05-19.

 <https://en.wikipedia.org/wiki/MRC-5>

1/2

**Pastor Tim's Comments:** The fact remains that kidney cells of an aborted female fetus were used in manufacturing this vaccine. Their claim that "the cells are filtered out of the final product" is irrelevant <https://en.wikipedia.org/wiki/MRC-5>. They threw out the baby with the bath water!

2. From ATCC's 293 [HEK-293] Product Sheet as determined by the U.S. Dept. of Health & Human Services:



**293 [HEK-293]**  
**CRL-1573™**

**Description**  
**Organism:** *Homo sapiens*, human  
**Tissue:** kidney; Embryo  
**Age:** fetus  
**Morphology:** epithelial  
**Growth properties:** Adherent


---

**Storage Conditions**  
**Product format:** Frozen  
**Storage conditions:** Vapor phase of liquid nitrogen


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**Intended Use**  
This product is intended for laboratory research use only. It is not intended for any animal or human therapeutic use, any human or animal consumption, or any diagnostic use.

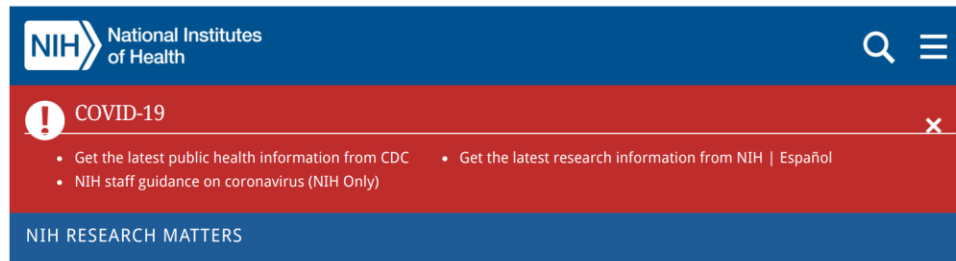
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 **BSL 2**  
ATCC determines the biosafety level of a material based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. It is your responsibility to understand the hazards associated with the material per your organization's policies and procedures as well as any other applicable regulations as enforced by your local or national agencies.

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Page 1 of 7

3. From the link: <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19> .



January 26, 2021

## Lasting immunity found after recovery from COVID-19

### At a Glance

- The immune systems of more than 95% of people who recovered from COVID-19 had durable memories of the virus up to eight months after infection.
- The results provide hope that people receiving SARS-CoV-2 vaccines will develop similar lasting immune memories after vaccination.

As with antibodies, the numbers of different immune cell types varied substantially between individuals. Neither gender nor differences in disease severity could account for this variability. However, 95% of the people had at least 3 out of 5 immune-system components that could recognize SARS-CoV-2 up to 8 months after infection.

"Several months ago, our studies showed that natural infection induced a strong response, and this study now shows that the responses last," Weiskopf says. "We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses."

—by Sharon Reynolds

**Pastor's Comments:** AstraZeneka ChAdOx1 and Pfizer BNT162b2 vaccines results for a 60 year old are 94 and 163 ppm <https://www.nature.com/articles/s41564-021-00947-3> . In comparison, my anti-body test result was 780.8 /ml (parts per million), 13 months after infection.

initially lower after a single dose of ChAdOx1 than after BNT162b2. For example, 28 days post-vaccine, the following IgG levels (in ng mL<sup>-1</sup> equivalents, with 95% CIs in parentheses) were reported for ChAdOx1 and BNT162b2, respectively: 73 (65–81) and 113 (104–123) for 80 year olds; 94 (87–100) and 163 (153–175) for 60 year olds; 113 (99–129) and 236 (214–261); for 40 year olds; and 127 (94–171) and 334 (266–420) for 20 year olds (Supplementary Table 3). As

Result	Ref. Range	Units	Status	Lab
780.8	<0.8	U/mL	Final	01
Antibodies against the SARS-CoV-2 spike protein receptor binding domain (RBD) were detected. It is yet				

This is 4.79 times Pfizer and 8.3 times AstraZeneka first dose. Their two dose regimen wane's exponentially after 2 months, and is so questionably ineffective by 6 months that many are suggesting a third shot and already in Israel a fourth shot. Mine immunity should be lifetime!



4. From the link: <https://www.cnbc.com/2021/08/24/passenger-dies-of-covid-19-amid-outbreak-on-carnival-cruise-ship.html> .

HOTELS RESORTS AND CRUISE LINES

## Passenger dies of COVID-19 amid outbreak on Carnival cruise ship

PUBLISHED TUE, AUG 24 2021-9:15 AM EDT UPDATED TUE, AUG 24 2021-1:51 PM EDT

 Scott Stump

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A 77-year-old woman has died from COVID-19 after testing positive while sailing on a Carnival cruise to Belize, marking the first reported death since cruises restarted in the Caribbean and United States in June.

The Carnival Vista cruise ship sailing out of Galveston, Texas, reported 27 people testing positive over two weeks in late July and early August, the highest number of cases since cruises started sailing again.

The outbreak of 27 cases aboard the ship was discovered on the fourth day of an eight-day cruise, shortly before the ship docked in Belize. Twenty-six of those who tested positive were crew members and the other was a passenger.

**Pastor Tim's Comments:** per the Belize Tourism Board, the ship was carrying 2895 passengers (96.5% vaccinated) and 1441 crew (99.98% vaccinated). Clearly, this breakout defied the now debunked claim that the unvaccinated are the cause of breakthroughs.

<https://www.forbes.com/sites/brucelee/2021/08/15/carnival-cruise-covid-19-outbreak-27-vaccinated-people-test-positive-for-coronavirus/?sh=5978e470320f>.

5. From the link: <https://www.medpagetoday.com/infectiousdisease/covid19vaccine/93830> .

Infectious Disease > COVID-19 Vaccine

## CDC Alarmed: 74% of Cases in Cape Cod Cluster Were Among the Vaxxed

— More detail about outbreak in vaccinated people that led to the change in masking, test guidance

by Molly Walker, Deputy Managing Editor, MedPage Today July 30, 2021



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CME RESOURCES

IBD and COVID-19: Clinical and Immunological Intersections

Of 469 cases linked to multiple summer events and large summer gatherings in a small town, 346 (74%) occurred in fully vaccinated people, and almost 80% of those cases were symptomatic, reported Catherine Brown, DVM, of the Massachusetts Department of Public Health, and colleagues.

There were five hospitalizations, four among fully vaccinated people, and no deaths. Of 133 cases with sequence information available, 89% were from the Delta variant (B.1.617.2), the authors wrote in an early edition of the *Morbidity and Mortality Weekly Report*.

Moreover, vaccination coverage in Massachusetts was reported to be 69% as of July 3, they noted.

**Pastor Tim's Comments:** Again, though this was a small sample it correlates with the Math on the ground, saying 4 out of the 5 hospitalizations were among the vaccinated. That's 80%.

6. From the link: <https://www.news5cleveland.com/news/continuing-coverage/coronavirus/vaccinating-ohio/study-no-previously-infected-cleveland-clinic-employees-who-remained-unvaccinated-were-reinfected> .

## Study: No previously infected Cleveland Clinic employees who remained unvaccinated were reinfected

Clinic still recommends vaccines for those eligible



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### COVID-19 in Ohio Today

[More Details](#)

Powered by HiGeorge

Cuyahoga County	On 9/6	14 Day Change
NEW CASES	285	↑ 20.8%
NEW DEATHS	0	↓ 100%
Ohio	On 9/6	14 Day Change
NEW CASES	3,944	↑ 42.1%
NEW DEATHS	0	↓ 100%

"Our study examined rates of SARS-CoV-2 infection in vaccinated and unvaccinated individuals and showed that those previously infected who did not receive the vaccine did not have higher rates of SARS-CoV-2 infection than those previously infected who did, thereby providing direct evidence that vaccination does not add protection to those who were previously infected."

The study was conducted on 52,238 employees at the Cleveland Clinic. A positive RT-PCR test was defined as a COVID-19 infection. Among those in the study, 2,579 were previously infected, and 54% of that group remained unvaccinated. None of those 2,759 employees were reinfected.

**Pastor Tim's Comments:** This agrees with the NIH (Fauci) goal as stated on their website, "We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses." <sup>3</sup> Here, they hope the vaccine works as well as Natural Immunity.

7. From the link: <https://sharylattkisson.com/2021/08/covid-19-natural-immunity-compared-to-vaccine-induced-immunity-the-definitive-summary/> .

## SHARYL ATTKISSON

UNTOUCHABLE SUBJECTS. FEARLESS. NONPARTISAN REPORTING.

Updated Aug. 27 with large Israel study that finds dramatically better protection from natural immunity than vaccination

Updated Aug. 27 with large Israel study that finds dramatically better protection from natural immunity than vaccination

Updated Aug. 24 with Israel changing policies with recognition that the Pfizer vaccine allegedly wears off after several months.

Updated Aug. 6 with CDC analysis of Kentucky (unvaccinated Kentuckians had "2.34 times the odds of reinfection" compared with fully vaccinated) and national analysis in Israel (vaccinated Israelis were 6.72 times more likely to get infected after the shot than after natural infection).  
More below.

According to the study, after three months, risk of infection was 13.06 times higher among vaccinated patients and they were 27 times more likely to experience symptoms than unvaccinated people who'd had Covid previously.

Participants who were double jabbed were 5.96 times more likely to be infected and 7.13 times more likely to experience symptoms including cough, fever and shortness of breath.

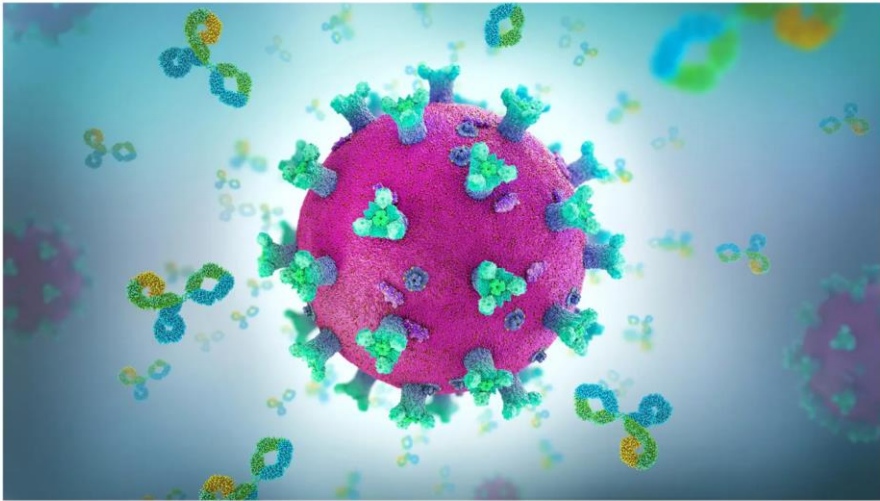
**Pastor Tim's Comments:** This agrees with the NIH (Fauci) goal as stated on their website, "We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses. "<sup>3</sup> Here, they hope the vaccine works as well as Natural Immunity.



8. From the link: <https://www.medpagetoday.com/infectiousdisease/covid19/92836> .

by Jeffrey Klausner, MD, MPH, and Noah Kojima, MD    May 28, 2021

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Earlier this month the World Health Organization released a [scientific update](#) stating that most people who have recovered from COVID-19 develop a strong protective immune response. Importantly, they summarize that [within 4 weeks of infection, 90% to 99% of people who recover from COVID-19 develop detectable neutralizing antibodies](#). Furthermore, they conclude -- given the limited amount of time to observe cases -- that the [immune response remains strong for at least 6 to 8 months after infection](#).

Numerous scientists have found that there is a [decreased risk of re-infection](#) and extremely [low rates of hospitalization and death](#) due to repeat infection. The range of reduction of re-infection from COVID-19 was between 82% to 95% among six studies that encompassed [nearly 1 million people](#) conducted in the [U.S.](#), the [U.K.](#), [Denmark](#), [Austria](#), [Qatar](#), and among

[U.S. Marines](#). The [study in Austria](#) also found that the frequency of re-infection from COVID-19 caused [hospitalization in only five out of 14,840 \(0.03%\) people](#) and [death in one out of 14,840 \(0.01%\)](#).

In addition, [newer U.S. data](#), released after the January NIH announcement, found protective [antibodies lasting up to 10 months](#) following infection.

highly encouraging [research reports](#) showing that blood cells in our body, so called "B cells and T cells," contribute to the [cellular immunity after COVID-19](#). [If SARS-CoV-2 immunity is similar to other severe coronavirus infections like SARS-CoV-1 immunity](#), that protection could [last at least 17 years](#). However, tests to measure cellular immunity are complex and

**Pastor Tim's Comments:** Every study supports the effectiveness of Natural Immunity, and this real life study shows SARS 1 immunity has lasted 17 years. Mine has lasted over a year already.



9. From the link: [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm) .

## Deaths Attributed to COVID-19 on Death Certificates

Data as of 9/8/2021	Total	2021	2020
Deaths through week ending 12/31/2020			
385,249		In at least 90% of these deaths, COVID-19 was listed as the underlying cause of death. For the remaining deaths, COVID-19 was listed as a contributing cause of death.	

## Place of Death

Data as of 9/8/2021	Total	2021	2020
Hospital or Other Inpatient Health-Care Setting		Nursing Home or Long-Term Care Facilities	
63.4% (244,260 deaths)		22.0% (84,851 deaths)	

## Death by Age Group

Data as of 9/8/2021	Total	2021	2020
65-and-over age group		45-64 age group	
80.8% (311,225 deaths)		16.6% (63,867 deaths)	
		Under 45 age group	
		2.6% (10,157 deaths)	

## Most Frequently Listed Comorbidities with COVID-19 Deaths

Data as of 9/5/2021	Total	2021	2020
Influenza & Pneumonia		Hypertension	
43.6% (167,884 deaths)		20.5% (79,115 deaths)	
Diabetes			
16.2% (62,534 deaths)			
Alzheimer disease and other Dementias		Sepsis	
15.1% (58,140 deaths)		9.3% (35,701 deaths)	

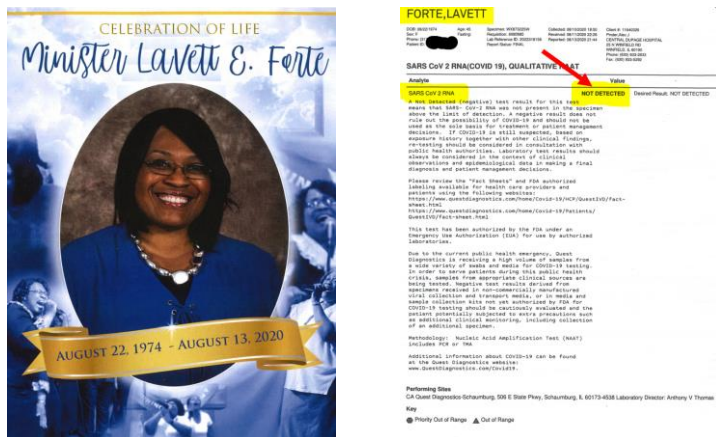
NOTE: There were co-morbidities or other conditions listed on the death certificate for as many as 95% of all COVID-19 deaths (Table 3, Weekly). The other 5% of death certificates in which COVID-19 was the only condition listed was likely related to a lack of detail listed about other conditions present at the time of death.

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period, jurisdiction of occurrence, sex and age-group.								Data as of:
								9/8/2021
State		Sex		Age Group				
Indiana		All		All				
Year in which death occurred	Sex	Age Group	All Deaths involving COVID-19 [1]	Deaths from All Causes	Deaths involving Pneumonia [2]	Deaths involving COVID-19 and Pneumonia [2]	All Deaths involving Influenza [3]	Deaths involving Pneumonia, Influenza, or COVID-19 [4]
2020/2021	All Sexes	0-17 years		1,346	23			34
2020/2021	All Sexes	18-29 years	31	2,596	47	10		69
2020/2021	All Sexes	30-39 years	103	3,379	116	49		178
2020/2021	All Sexes	40-49 years	297	4,947	366	178		493
2020/2021	All Sexes	50-64 years	1,860	21,140	2,152	1,070	37	2,976
2020/2021	All Sexes	65-74 years	2,973	26,276	3,200	1,675	34	4,531
2020/2021	All Sexes	75-84 years	4,199	31,175	3,954	2,169	47	6,028
2020/2021	All Sexes	85 years and over	4,863	35,474	3,642	1,849	46	6,701
2020/2021	All Sexes	All Ages	14,335	126,333	13,500	7,002	185	21,010

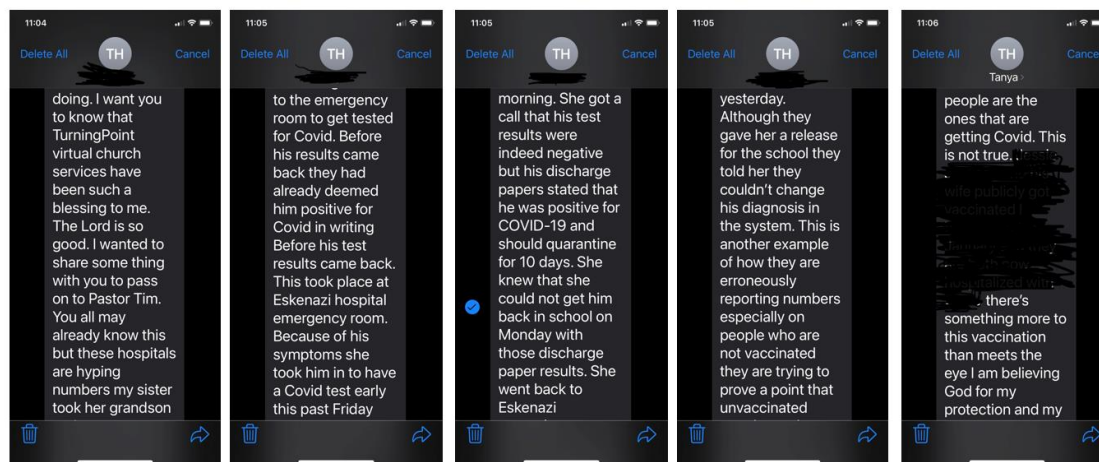
[1] Deaths with confirmed or presumed COVID-19, coded to ICD-10 code U07.1.

**Pastor Tim's Comments:** In the Table 1, for **INDIANA** from the Year 2020 through September 8, 2021 there are **ZERO COVID deaths** in the 0-17 year old age group; 31 deaths in the 18-29 year age group; 103 in the 30-39 year age group; and 402 in the 40-49 year age group. But Note [1] clarifies that these numbers include “confirmed or **presumed**.” Thus, if the Coroner ‘supposed in advance’ they died with COVID-19 he could list them as such, inflating the number of deaths. These numbers DO NOT justify the ‘possibility’ that long term the vaccine (‘shot’) may cause cancer, Alzheimer’s, Parkinson’s, fertility issues, or may have potential carcinogenic, mutagenic or transgenerational effects, as stated on the US National Library of Medicine National Institutes of Health<sup>14</sup> (Addendum 14). Walking, swimming, bicycling are way more hazardous to youth than COVID, so it’s illogical to expose them to potential long term risks of vaccination. This is further proven by the hundreds of examples of COVID stats being overstated:

1. August 13, 2020, the Community East ER doctor said, “It was not COVID but a heart attack that killed her,” speaking of the death of ‘my daughter’ LaVett. He still recorded her as a COVID-19 death. We received the lab report August 14, 2020 that showed she was COVID negative.



2. August 25, 2021, a friend in Ohio requested that the following text be forwarded to me:



10. From the link: <https://www.worldometers.info/>. (See. 13)

11. From the link: <https://www.voanews.com/covid-19-pandemic/cdc-delta-variant-accounts-more-93-percent-all-us-covid-19-cases> .

9/9/21, 7:34 AM

CDC: Delta Variant Accounts for More than 93 Percent of all US COVID-19 Cases | Voice of America - English

COVID-19 Pandemic

## CDC: Delta Variant Accounts for More than 93 Percent of all US COVID-19 Cases

By VOA News

August 04, 2021 02:13 PM



The U.S. Centers for Disease Control and Prevention (CDC) said Wednesday the delta variant of the coronavirus accounts for more than 93 percent of all new COVID-19 cases in the country.

The CDC's updated figures for the week ending July 31, show the delta variant, including its sub-lineages, all of which are classified as variants of concern, made up more than 93 percent of all U.S. cases during the last two weeks of July.

The variant accounts for even higher percentages in specific regions of the country. In the Midwest including Iowa, Kansas, Missouri and Nebraska, delta accounts for more than 98 percent of all cases.

In a region including North and South Dakota, Colorado, Montana, Utah and Wyoming, the delta variant accounts for more than 95 percent of all cases.

**Pastor Tim's Comments:** 09/22/2021, "thousands of (COVID-19) variants have been identified, four ... "variants of concern" by the World Health Organization—Alpha, Beta, Gamma, and Delta."

[https://www.google.com/search?q=number+of+coronavirus+variants&rlz=1C1FHFK\\_enUS949US949&oq=number+of+coronavirus+variants&aqs=chrome..69i57j0i13j0i390l2.7813j0j15&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=number+of+coronavirus+variants&rlz=1C1FHFK_enUS949US949&oq=number+of+coronavirus+variants&aqs=chrome..69i57j0i13j0i390l2.7813j0j15&sourceid=chrome&ie=UTF-8).

12. From the link: <https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html> .

9/9/21, 7:43 AM

Delta variant: Pfizer Covid vaccine 39% effective in Israel, prevents severe illness



#### HEALTH AND SCIENCE

## Israel says Pfizer Covid vaccine is just 39% effective as delta spreads, but still prevents severe illness

PUBLISHED FRI, JUL 23 2021-1:23 PM EDT UPDATED FRI, JUL 23 2021-4:56 PM EDT



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### KEY POINTS

- Pfizer and BioNTech's Covid-19 vaccine is just 39% effective in Israel where the delta variant is the dominant strain, according to a new report from the country's Health Ministry.
- The two-dose vaccine still works very well in preventing people from getting seriously sick, demonstrating 88% effectiveness against hospitalization and 91% effectiveness against severe illness, according to the Israeli data.

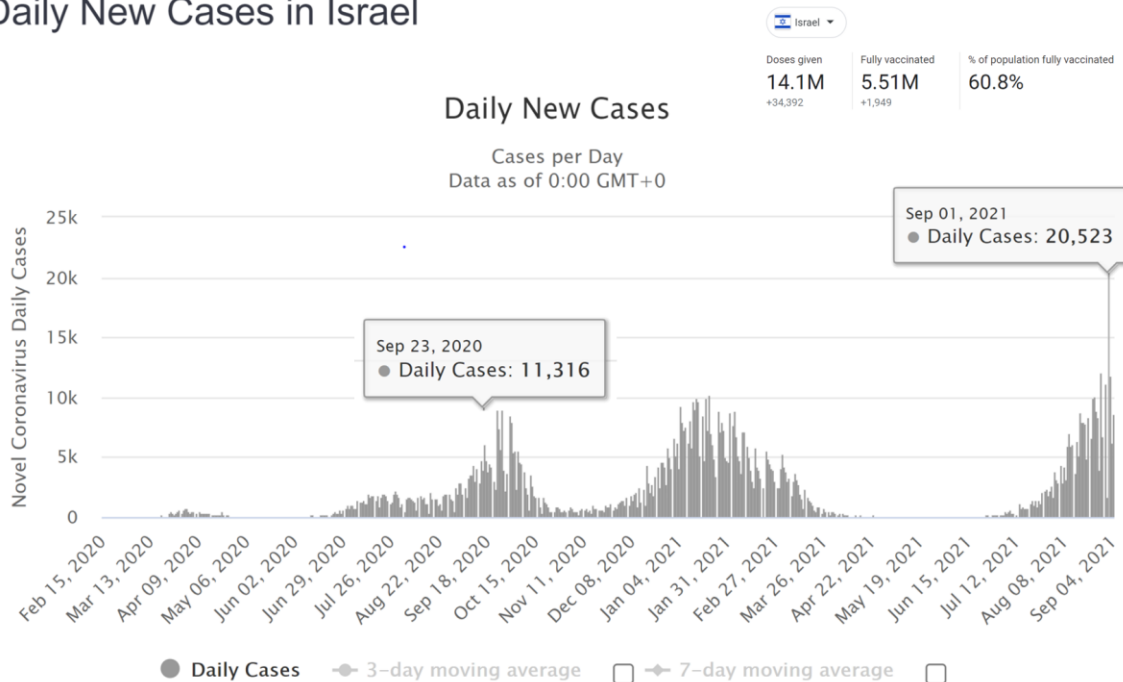
#### In this article

**Pastor Tim's Comments:** As NIH (Fauci) states on their posted report, ""Longerterm effects, such as cancer, Alzheimer's disease, Parkinson's disease, etc., have not been studied. In fact, vaccine inserts typically state that carcinogenic effects (and mutagenic and fertility effects) have not been studied (37) [e.g., for the MMR vaccine it is stated that 'M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility...'" Given that and the decreased effectiveness, the vaccine makes less sense.<sup>14</sup>

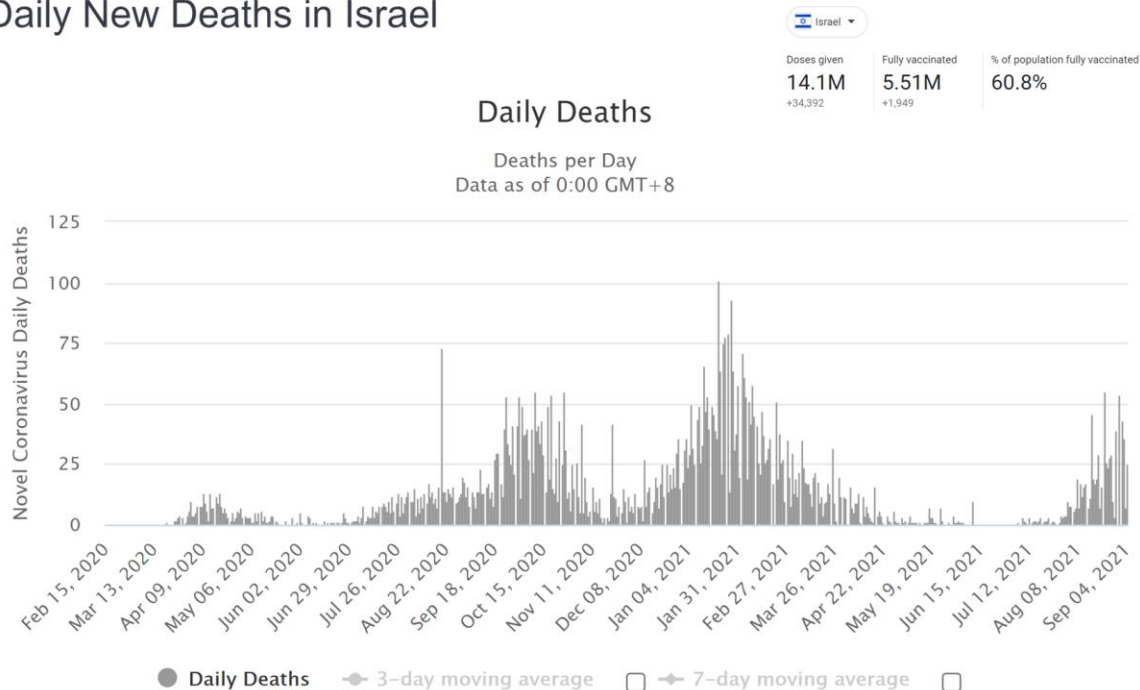


13. From the link: <https://www.worldometers.info/coronavirus/country/israel/> .

## Daily New Cases in Israel



## Daily New Deaths in Israel



**Pastor Tim's Comment:** Israel was a leader in vaccination. Now their daily cases are nearly double the highest level before vaccination and their "current death" rate (as of September 4, 2021) also about double the average death rate prior to the start of 2021 vaccinations.



14. From the link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7521561/> .

The screenshot shows the NCBI PMC (PubMed Central) interface. At the top, there's a navigation bar with 'NCBI Resources' and 'How To' links. Below it, the 'PMC' logo is visible, along with a search bar and a 'Search' button. The article title 'INTERNATIONAL JOURNAL OF MOLECULAR MEDICINE' is prominently displayed in a green banner. Below the banner, the article details are listed: 'Int J Mol Med. 2020 Nov; 46(5): 1599–1602. Published online 2020 Sep 18. doi: 10.3892/ijmm.2020.4733'. The PMID is 33000193. On the right side, there are options for 'Formats' (Article, PubReader, PDF, Cite) and 'Share' (Facebook, Twitter, Google+). A 'Save items' button is at the bottom right.

## Human clinical trials

Human trials have at least two advantages over laboratory animal experiments. First, there are **no concerns regarding species differences** that occur when extrapolating from laboratory animal testing results to potential human impacts. Second, humans are exposed to **myriad toxic stressors** before, during and after the trial period, providing results that mirror the real-life experience. In all cases, human trials will be most relevant if the characteristics of the trial population reflect those of the target/user population.

The disadvantages of human clinical trials are as follows: i) The exposures to toxic stimuli are either not known, or, if they are known, have not been estimated accurately; and ii) the identification of the long-term effects requires long periods of time (<https://smartechn.gatech.edu/handle/1853/63710>). How much time is required? In a previous study of vaccines and autoimmunity (34), the authors concluded that 'latency periods can range from **days to years for postinfection and postvaccination autoimmunity**'. Mid-term adverse effects of vaccines, such as **central nervous system (CNS) inflammatory demyelination** (35) and **diabetes** (36) have been shown to emerge after approximately 3 years. Longer-term effects, such as **cancer, Alzheimer's disease, Parkinson's disease**, etc., have not been studied. In fact, vaccine inserts typically state that **carcinogenic effects (and mutagenic and fertility effects) have not been studied** (37) [e.g., for the MMR vaccine it is stated that 'M-M-R II has not been evaluated for **carcinogenic or mutagenic potential, or potential to impair fertility**... Animal reproduction studies have not been conducted with M-M-R II'; and for the HPV vaccine it is stated that 'GARDASIL 9 has not been evaluated for the potential to cause carcinogenicity, genotoxicity or impairment of male fertility' (37)]. Several decades of close tracking would be required to identify such adverse effects.

**An overlooked issue associated with the vaccine discussions is potential transgenerational effects.**

Transgenerational studies of adverse substance effects tend to be focused on environmental causes; however, there are some examples of such studies for drugs. A previous study on chemotherapy-induced late transgenerational effects (38) has raised some concerns, both due to the scarcity of such studies in the literature and the transmission of adverse effects deep in the generational chain.

whether any of the drugs, vaccines, foods or radiation exposures of our predecessors, which were not tested for transgenerational effects, are adversely affecting human life at present. Of note, **the question remains whether humanity is currently willing to pass on potential devastating diseases to future generations due to the present need for the speedy development of a vaccine, bypassing adequate long-term and transgenerational safety testing.**

## Cost-benefit tradeoffs

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In the present political environment, there is the potential that the majority of the population could be required to be vaccinated, even those demographics that were not vulnerable to the severe effects of COVID-19, and particularly those in the youngest demographic. The potential adverse consequences of such a mass inoculation with a vaccine not adequately tested for mid- and long-term adverse effects could be substantial.

**Pastor Tim's Comment:** are either the MMR or COVID vaccines safe? The answer still posted from the US National Library of Medicine [National Institutes of Health \(Fauci\)](#), September 7, 2021, is that: 'M-M-R II has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility... Animal reproduction studies have not been conducted with M-M-R II' ... The potential adverse consequences of such a mass inoculation ... for mid- and long-term adverse effects could be substantial." As clearly stated here, the long term effects could be substantial.

15. From the link: [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)



Centers for Disease Control and Prevention

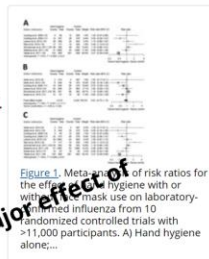
CDC 24/7: Saving Lives, Protecting People™

Volume 26, Number 5—May 2020

## Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings— Personal Protective and Environmental Measures

### Hand Hygiene

We identified a recent systematic review by Wong et al. on RCTs designed to assess the efficacy of hand hygiene interventions against transmission of laboratory-confirmed influenza (8). We used this review as a starting point and then searched for additional literature (16–19). We identified 12 articles (20–29), of which 3 were excluded from the updated search and 9 articles from Wong et al. (8). Two articles relied on the same underlying dataset (16,19); therefore, we counted these 2 articles as 1 study, which resulted in 11 RCTs. We further selected 10 studies with >10,000 participants for inclusion in the meta-analysis (Figure 1). We excluded 1 study from the meta-analysis because it provided estimates of infection risk only at the household level, not the individual level (20). We did not generate an overall pooled effect of hand hygiene only or of hand hygiene with or without face mask because of high heterogeneity in individual estimates ( $I^2$  87 and 82%, respectively). The effect of hand hygiene combined with face masks on laboratory-confirmed influenza was not statistically significant (RR 0.91, 95% CI 0.73–1.13;  $I^2$  = 35%,  $p$  = 0.39). Some studies reported being underpowered because of limited sample size, and low adherence to hand hygiene interventions was observed in some studies.



We further analyzed the effect of hand hygiene by setting because transmission routes might vary in different settings. We found 6 studies in household settings examining the effect of hand hygiene with or without face masks, but the overall pooled effect was not statistically significant (RR 1.05, 95% CI 0.86–1.27;  $I^2$  = 57%,  $p$  = 0.59) (Appendix Figure 4) (11–15,17). The findings of 2 studies in school settings were different (Appendix Figure 5). A study conducted in the United States (16) showed no major effect of hand hygiene, whereas a study in Egypt (78) reported that hand hygiene reduced the risk for influenza by >50%. A pooled analysis of 2 studies in university residential halls reported a marginally significant protective effect of a combination of hand hygiene plus face masks worn by all residents (RR 0.48, 95% CI 0.21–1.08;  $I^2$  = 0%,  $p$  = 0.08) (Appendix Figure 6) (9,10).

From the Link: [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)



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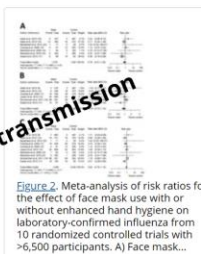
Volume 26, Number 5—May 2020

## Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings— Personal Protective and Environmental Measures

Volume 26, Number 5—May 2020

### Face Masks

In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20;  $I^2$  = 30%,  $p$  = 0.25) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9,10). Overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9,10). Study designs in the household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only (35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13,15,17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13,15,17,34,35). Most studies were underpowered because of limited sample size, and some studies also reported suboptimal adherence in the face mask group.



Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contact with patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence on their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.

**Pastor Tim's Comment:** the CDC's previous studies have shown that the benefit of both Hand Hygiene and wearing Face Masks had no significant benefit relative to transmission of the flu.



## How Inhaled Carbon Dioxide Affects the Body – Fact Sheet

Normally, humans breathe in air that is approximately 20.95% oxygen, 78.09% nitrogen, 0.93% argon, and 0.04% (400 ppm) of carbon dioxide. Like CO<sub>2</sub>, oxygen also dissolves in the lungs and is transported to the blood via diffusion across the lung tissue (alveoli). Once in the blood, oxygen is carried throughout the body by the arteries, and is used in cell metabolism throughout the body.

Carbon dioxide is given off as a by-product of cell metabolism and is carried by the blood through the venous system (veins) to the lungs. Here it is exhaled. The concentration of CO<sub>2</sub> in each breath is ~3.8%, and the “average” person produces approximately two pounds of carbon dioxide each day. More CO<sub>2</sub> is given off by strenuous activity.

Hypercapnia, hypercarbia, or hypercapnea, is the physiological term for the condition of, and the body’s response to, excessive carbon dioxide. When CO<sub>2</sub> is breathed into the lungs, it dissolves in the water there, diffuses across the alveolar-capillary membrane, and enters the bloodstream. As it combines with water, it forms carbonic acid, making the blood acidic. So CO<sub>2</sub> in the bloodstream lowers the blood pH.

When CO<sub>2</sub> levels become excessive, a condition known as acidosis occurs. This is defined as the pH of the blood becoming less than 7.35. The body maintains the balance mainly by using bicarbonate ions in the blood. As the body responds to neutralize this condition, an electrolyte imbalance – an increase of plasma chloride, potassium, calcium and sodium, can occur. In the blood stream, CO<sub>2</sub> concentration is also controlled by reversible reactions with two major blood components, plasma proteins and hemoglobin.

In addition, the body uses other specific mechanisms to compensate for the excess carbon dioxide. Breathing rate and breathing volume increase, the blood pressure increases, the heart rate increases, and kidney bicarbonate production ( in order to buffer the effects of blood acidosis), occur. Blood vessels in the extremities constrict, restricting blood flow to these body parts. At the same time, arteries in the brain, spinal cord, and heart dilate, so that more blood flows is diverted to maintain the function of these critical organs.

When there is exposure to very high levels of CO<sub>2</sub>, in excess of 5% (50,000 ppm), the body’s compensatory mechanisms can become overwhelmed, and the central nervous system (brain and spinal cord) functions are depressed, then fail. Death soon follows.

Hyperventilation (rapid breathing) can cause too little CO<sub>2</sub> and result in alkalosis (pH blood becomes elevated).

People at high altitudes that are not acclimated (pilots without supplemental oxygen, travelers to high altitudes), because there is less available oxygen to breathe (lower partial pressure of oxygen because the air is “thinner”), can become unconscious due to lack of oxygen without ever having a sensation of “air hunger”.

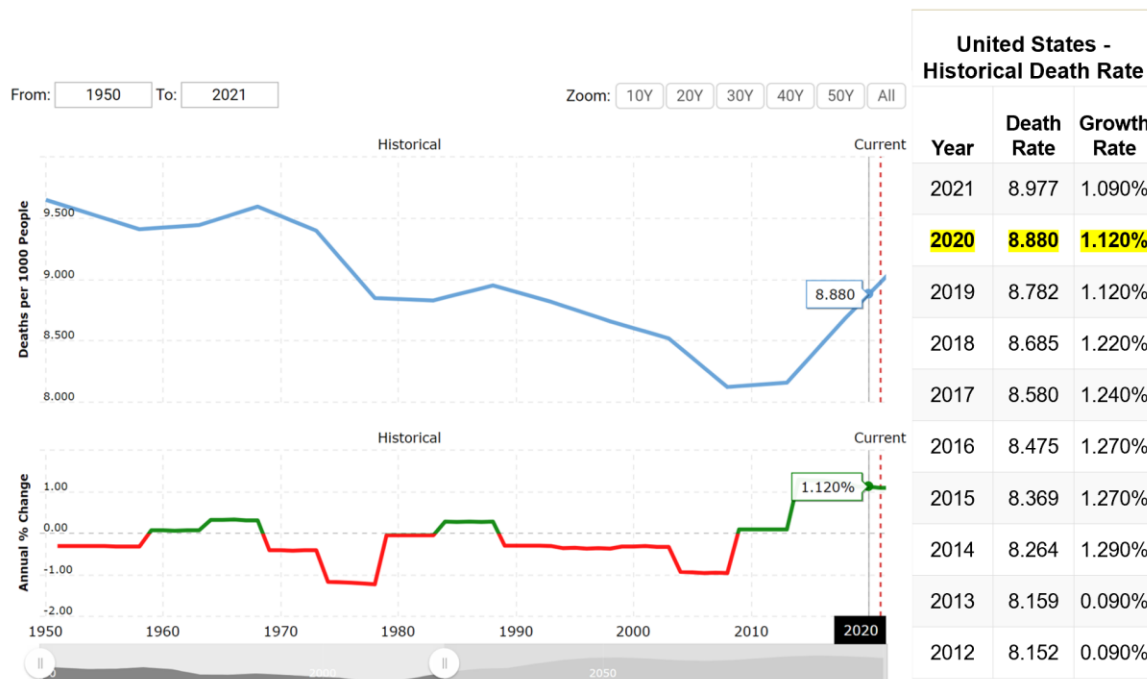
Fortunately, during the past decade, great strides have been made in developing accurate, rugged, and dependable carbon dioxide sensors at a reasonable cost. These sensors can now be part of a multi-gas monitor, such as those used for confined space entry, be a single gas monitor that is hand-held or worn by the worker, or be installed in a production area to detect high levels of CO<sub>2</sub>. Industry has embraced this technology, using them as a routine part of production work, and trained workers to use them.

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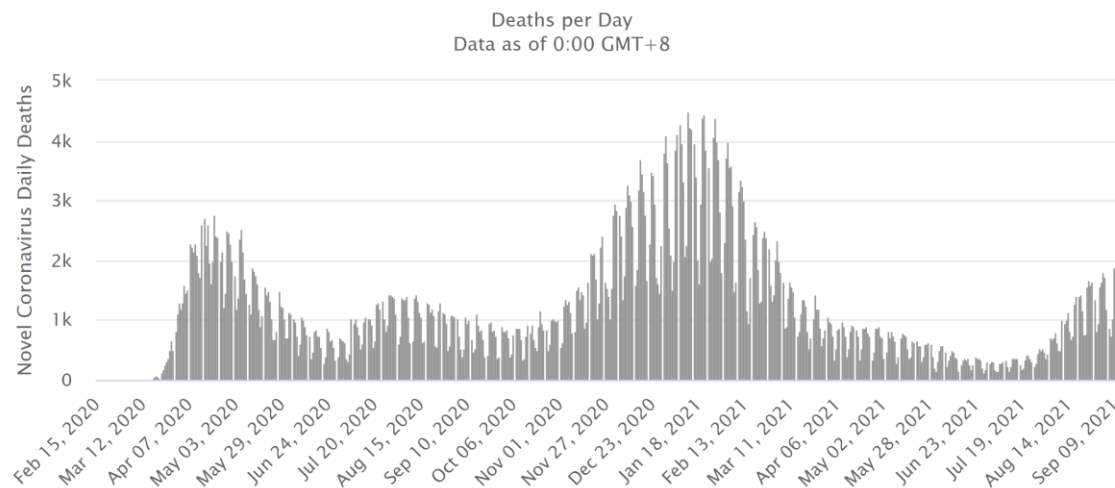
**Pastor Tim’s Comment:** the CDC report states there was ‘no significant benefit’ of hand hygiene or wearing face masks relative to flu transmission. There is potentially a huge downside of wearing masks to the extreme. The average level of carbon dioxide (CO<sub>2</sub>) in the air we breathe (inhale) is 0.04%. The air we exhale is 3.8% carbon dioxide. Inhaling air in excess of 5% carbon dioxide causes ‘the central nervous system functions to depress, then fail. THEN YOU DIE!’

16. From the link: <https://www.macrotrends.net/countries/USA/united-states/death-rate>

## US DEATH RATE 1950 - 2021



## Daily Deaths



**Pastor Tim's Comment:** The current Daily Death rate in the USA is greater than any time from May 8, 2020 to November 17, 2020 and post-vaccination from May 4, 2020 to September 8, 2021. Even with such a high vaccination rate and large population with natural immunity, this month's Death Rate and Infection Rate are greater than 17 of the last 20 months.

**Note:** National Emergency declared March 13, 2020; National Social Distancing March 16, 2020; New York Shutdown March 22, 2020; Peak 26 days April 17, 2020.



17. From the link: [https://www.nature.com/articles/s41565-020-00820-0?utm\\_source=xmol&utm\\_medium=affiliate&utm\\_content=meta&utm\\_campaign=DDCN\\_1\\_GL01\\_metadata](https://www.nature.com/articles/s41565-020-00820-0?utm_source=xmol&utm_medium=affiliate&utm_content=meta&utm_campaign=DDCN_1_GL01_metadata)

Check for updates

editorial

## Nanomedicine and the COVID-19 vaccines

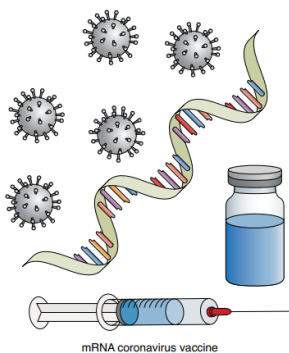
Two nanoparticle-based vaccines close to obtaining approval by the US Food and Drug Administration could represent a giant step in the fight against the COVID-19 pandemic.

On 18 November 2020, BioNTech and Pfizer announced the final results of their COVID-19 vaccine phase 3 clinical trial<sup>1</sup>. Only a couple of days earlier, Moderna had also revealed the preliminary outcome of their phase 3 study<sup>2</sup>. With a claimed efficacy in preventing infection of 95% and 94.5%, respectively, BNT162b2 — the vaccine developed by the small German start-up and the giant American pharma — and mRNA-1273 — developed by the Cambridge-based biotech company in collaboration with the National Institutes of Health — are on route to becoming the first prophylactic measures against SARS-CoV-2 infection.

Although both candidates need to tick a few more boxes before they might receive approval from the US Food and Drug Administration<sup>3</sup>, they scream innovation. If approved, they would be the first messenger RNA (mRNA)-based vaccines hitting clinical use.

This new class of DNA- and RNA-based vaccines deliver the genetic sequence of specific viral proteins to the host cells using nanotechnology platforms. Traditional vaccines instead trigger immune responses upon injection of entire viruses, either as attenuated live viruses, inactivated viruses or engineered viruses, into the body. Both types of vaccines are being tested against COVID-19 in clinical trials<sup>4</sup>.

With respect to other approaches, mRNA-based therapies have several advantages. mRNA delivery is safer than whole virus or DNA delivery as mRNA is not infectious and cannot be integrated into the host genome; while DNA needs to reach the nucleus to be decoded, mRNA is processed directly in the cytosol; mRNA has a short half-life, which can be regulated by molecular design; finally, it is immunogenic, which might represent an advantage for vaccine design, yet its immunogenicity can be modulated with molecular engineering techniques<sup>5</sup>. However, to be safely and efficiently transported in vivo without being degraded in the circulation, and to reach the cytosol across the cellular plasma membrane, mRNA needs a carrier. For many mRNA-based therapeutics, including BNT162b2 and mRNA-1273, the vehicles of choice are lipid nanoparticles (although other materials have also been used)<sup>6</sup>. Complexed with positively-charged lipids,



mRNA coronavirus vaccine

mRNA is more stable and resistant to RNase-mediated degradation and forms self-assembled virus-sized particles that can be administered via different routes<sup>7</sup>. Once endocytosed, the lipid nanoparticles promote endosomal escape, and release their genetic cargo in the cytosol, where the mRNA is translated into antigenic proteins, kick-starting the immune system machinery into producing neutralizing antibodies. Both BNT162b2 and mRNA-1273 deliver mRNA encoding genetic variants of the SARS-CoV-2 spike protein that are more stable and immunogenic than the natural protein. A current drawback of these formulations is that their long-term storage requires low temperatures, posing logistical hurdles to their potential distribution and administration, in particular for regions of the global south.

Nonetheless, these vaccines are a huge achievement for molecular medicine and biotechnology. They also represent a big milestone for nanomedicine, which has struggled to gain mainstream recognition so far due to translation challenges. They are a success for all those scientists who have worked to optimize nanoformulations for the efficient packaging and safe delivery of genetic material. They epitomize some of the ideas behind the concept of drug delivery, and the founding principles of nanomedicine — that biocompatible rationally engineered materials, thanks

to their nano-size and physicochemical characteristics, can protect drug cargos from degradation and offer control over their biodistribution and intracellular localization and release.

Nanomedicine approaches, especially for cancer therapies, have often led to underwhelming results when translated from the pre-clinical to the clinical arena due to the complex and still poorly understood nature of the nano-bio interactions. The latest evidence suggests that in areas such as vaccine development the odds for a nanomedicine-based approach are more favourable<sup>8,9</sup>. These strategies moreover are scalable and versatile, since mRNA can be engineered using standard laboratory techniques. This means that they can be easily and quickly adapted to produce new vaccines against future epidemics.

BNT162b2 and mRNA-1273 would not be the first nanoformulations to be approved for human use<sup>10</sup>. If successful, however, they would help to mitigate a global health crisis of unprecedented dimensions in modern history, demonstrating an impactful application of nanomedicine at a global scale and raising awareness about its potential benefits to the widest audience.

Published online: 27 November 2020  
<https://doi.org/10.1038/s41565-020-00820-0>

### References

1. Pfizer and BioNTech conclude phase 3 study of COVID-19 vaccine candidate, meeting all primary efficacy endpoints. Pfizer <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine> (2020).
2. Moderna's COVID-19 vaccine candidate meets its primary efficacy endpoint in the first interim analysis of the phase 3 COVE study. Moderna <https://investors.modernatx.com/news-releases/news-release-details/moderna-covid-19-vaccine-candidate-meets-its-primary-efficacy> (2020).
3. Expert reaction to Pfizer and BioNTech reporting interim results from phase 3 COVID-19 vaccine trial. Science Media Centre <https://www.sciencemediacentre.org/expert-reaction-to-pfizer-and-biontech-reporting-interim-results-from-phase-3-covid-19-vaccine-trial> (2020).
4. Corum, J., Wee, S.-L. & Zimmer, C. Coronavirus vaccine tracker. The New York Times <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html> (2020).
5. Pardi, N., Hogan, M. J., Porter, F. W. & Weissman, D. Nat. Rev. Drug Discov. 17, 261–279 (2018).
6. Pardi, N. et al. J. Control. Release 217, 345–351 (2015).
7. Sliem, M. D. et al. Nat. Nanotechnol. 15, 646–655 (2020).
8. Florindo, H. F. et al. Nat. Nanotechnol. 15, 630–645 (2020).
9. Anselmo, A. C. & Mitragotri, S. Bioeng. Transl. Med. 4, e10143 (2019).
10. Akinc, A. et al. Nat. Nanotechnol. 14, 1084–1087 (2019).

NATURE NANOTECHNOLOGY | VOL 15 | DECEMBER 2020 | 963 | [www.nature.com/naturenanotechnology](http://www.nature.com/naturenanotechnology)

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**Pastor Tim's Comment:** a none genetically modified organism (non-GMO) craze hit our grocery and health stores a decade ago. The concern was/is that a novel trait may be introduced into another organism and be a source of potential harm. Those who take the shot are GMOs.

18. From the link: <https://www.npr.org/2020/11/05/931726205/denmark-to-kill-up-to-17-million-minks-after-discovering-mutated-coronavirus>



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## The Coronavirus Crisis

# Denmark To Kill Up To 17 Million Minks After Discovering Mutated Coronavirus

November 5, 2020 · 2:43 PM ET

REESE OXNER



A mink is photographed on a farm in October in Hjoerring, Denmark. The country will cull its population of minks after discovering coronavirus outbreaks.

Mads Claus Rasmussen/Ritzau Scanpix/AFP via Getty Images

<https://www.npr.org/2020/11/05/931726205/denmark-to-kill-up-to-17-million-minks-after-discovering-mutated-coronavirus>

1/6

Denmark is killing its large mink population after discovering a coronavirus mutation that can spread to humans, the nation's government said Wednesday.

The country, which is the world's largest supplier of mink fur, will cull as many as 17 million animals in an effort to stop the spread.

Twelve people have been diagnosed with the virus strain so far, according to the WHO.

About 200 coronavirus cases in total can be traced to exposure from minks.

**Pastor Tim's Comment:** bats, birds, cats, dogs, goats, water, milk, cheese, beef, have all tested positive for coronavirus. 17 million minks were destroyed but not before the virus mutated in nature and infected hundreds of humans. **So W.H.O. & W.H.A.T. do you vaccinate and mask?**