Talking Points
Caravan to Midnight

What The FDA and CDC Refuse to Discuss

Steven Hatfill MD. MS. MS. M.Med.
Advanced Biological Research Group

Pertinent Biography

- Physician, virologist, specialist in blood pathology.

- Advanced Degrees in Molecular Biology, Medical Biochemistry, and Experimental Hematology.

- Fellowships: Oxford University England,
- the NIH and the National Research Council
- at USAMRIID.

1998 USAMRIID

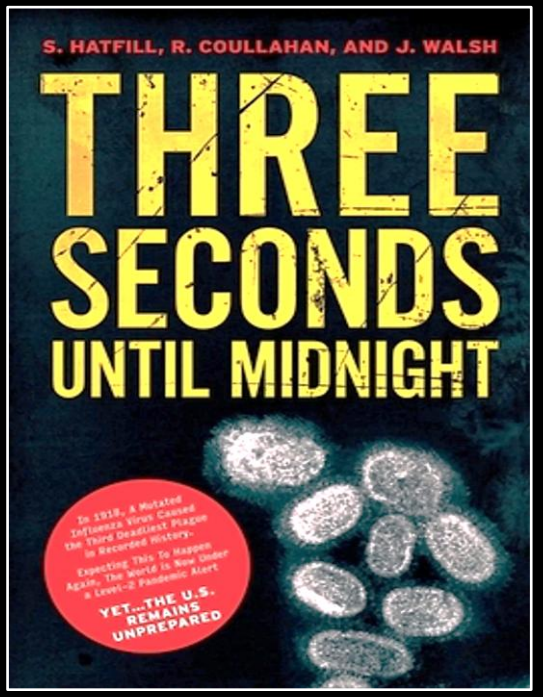
2014 Nairobi, Kenya

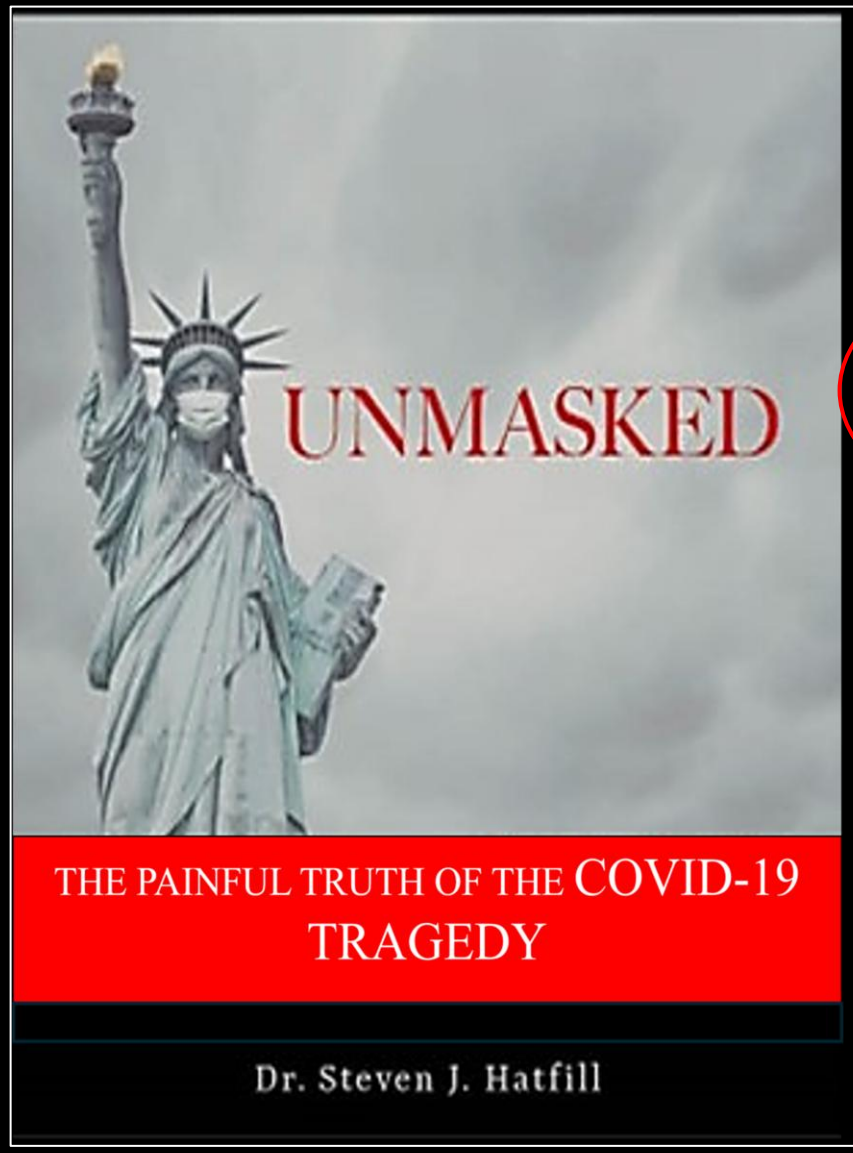
- Following US response to 2024 Ebola Pandemic, did 3-year study of Pandemic Preparedness. Published November 2019. First US COVID-19 Case In Early January 2020.

- Summon to Executive Office of President on 3 February 2020. Served as OTMP Peter Navarro's Advisor.

- Advocated for *early-use* outpatient Hydroxychloroquine drug treatment.

- Urged caution concerning mRNA Vaccines.





The Talk About Dr. Hatfill

"An American Hero!"

"This man saved hundreds of thousands of lives advising me in the White House. When that pandemic hit, there were only three people out in front of it: the President himself, me, and Steven."

Peter Navarro, PhD. : White House Senior Counselor for Trade and Manufacturing,

"A Deep Dive into Deceptive Practices, Cover-Ups!"

"Your message is much more than a chronicle of COVID policies, communications, buffoonery, and trickery but a deep dive into the deceptive practices, cover-ups, and cascading adverse impacts of poor decision-making by incompetents with far too much hubris to take corrective actions!"

Robert Coullahan, President of Readiness Resource Group

"Hard Hitting"

"Dr. Steven Hatfill brings us hard-hitting facts and incisive analysis all thoroughly documented...Essential reading."

Christopher J. Farrell , Director of Investigations and Research, Judicial Watch

"Brilliant, Unique, and Riveting"

"Dr. Hatfill presents a brilliant, unique, and riveting account of exactly what went on inside the White House during the early days of the Covid-19 response. The colossal dysfunction, inept counsel, and the corruption inside the major federal health agencies is beyond frightening."

James Thorp, ObGyn. Founding Member,Advanced Biological Research Group

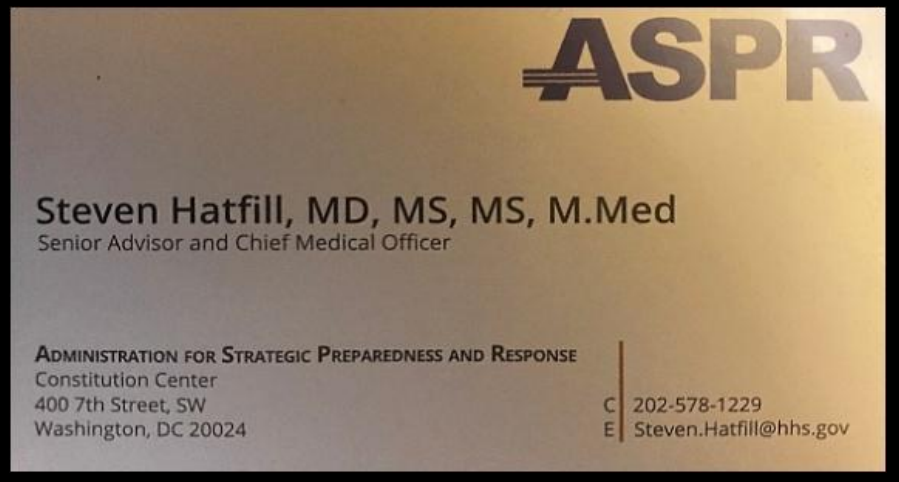
Published a second book in February 2025 describing the COVID-19 debacle created by the US Federal Health Agencies

- April 2025 Appointed as Senior Advisor to HHS Administration for Preparedness and Response (ASPR).

- Within weeks was designated as ASPR's Chief Medical Officer and Supervisor of BARDA.

- Briefed Secretary Kennedy on the dangers of the mRNA Vaccines. On August 5, 2025, Secretary Kennedy announces the termination of *BARDA funding for further mRNA "vaccine" development saving taxpayers around $700 million*.

- Under orders from the Secretary Kennedy began TV appearances to explain the decision.

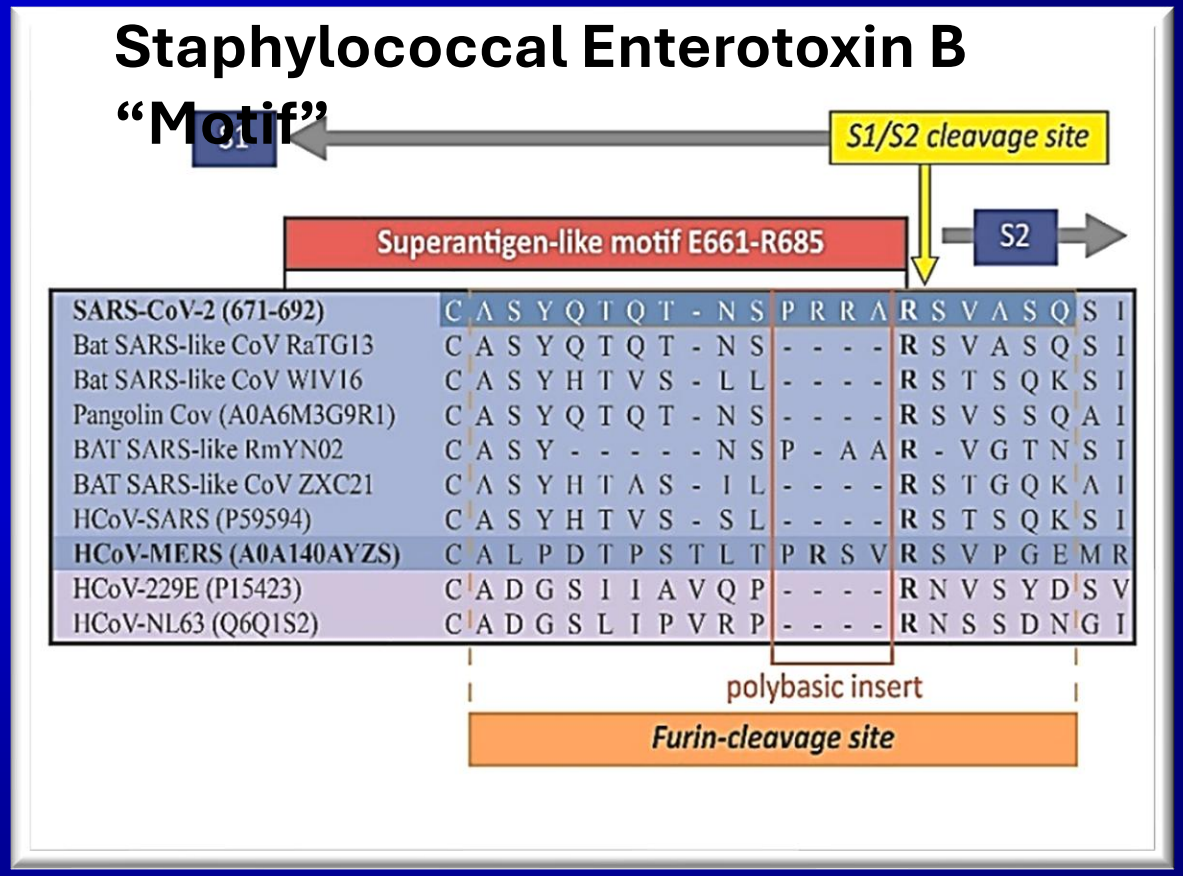


- Brought to a halt by Matt Buckham the Chief of Staff in direct conflict with Secretary Kennedy's orders to me. On October 25, 2025, Buckham asked for my resignation which I refused.

The Lies and Myths of the US COVID-19 Response

Lie # 1: The Virus Was A Natural Outbreak

- SARS CoV-2 *was perfectly adapted to humans* from the time of the first outbreak.
- The NIH and media ignored the published science in favor of a “spontaneous mutation” narrative.



COVID-19 Was Actually A Strategic Event For The US. From The Start, It Was A National Defense Issue.

Lie #2: Hydroxychloroquine is dangerous and ineffective for COVID-19

- **One of the safest drugs known, less dangerous than aspirin, intentionally blocked by Dr Fauci at NIH & Dr Woodcock at the FDA**

HCQ for COVID-19

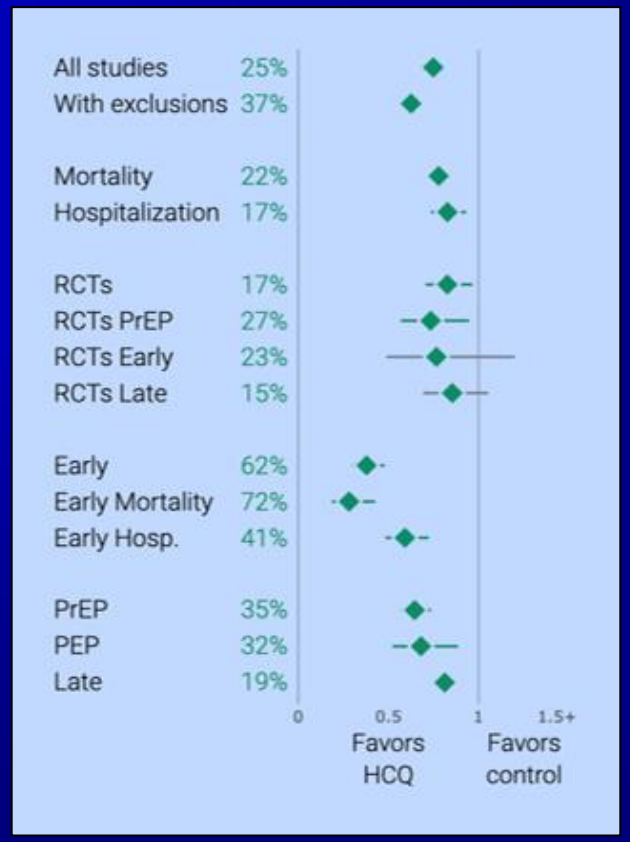
367 studies from **5,940** scientists
493,343 patients in **53** countries

Statistically significant improvement for **mortality**, **hospitalization**, **recovery**, **cases**, and **viral clearance**.

62%, 19% improvement for early and late treatment CI [52-70%], [14-23%]; 36, 243 studies

23% improvement in **8 early treatment RCTs** CI [-20-51%]
72% less **death** in **15** early treatment trials CI [57-81%]

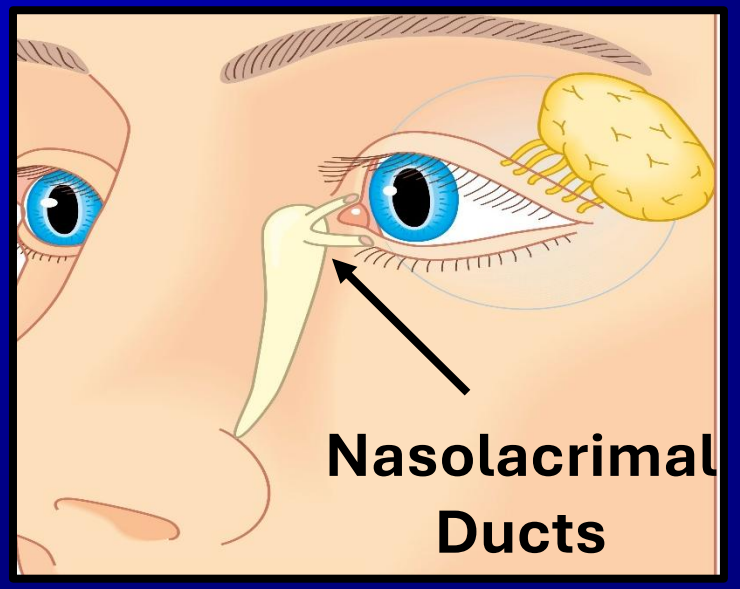
COVID-19 HCQ STUDIES. OCT 2022. HCQMETA.COM



Lie #3: Surgical Masks are Safe and Effective and Lockdowns are Effective

Mask-wearing increases the viral load in the airway by rebreathing daughter viral particles after initial infection.

The eyes are one portal of entry for the COVID-19 virus



Lie #4: The mRNA “Vaccines” Are Effective

- Vaccinated individuals exhibit the same viral loads in their upper airway as the unvaccinated.

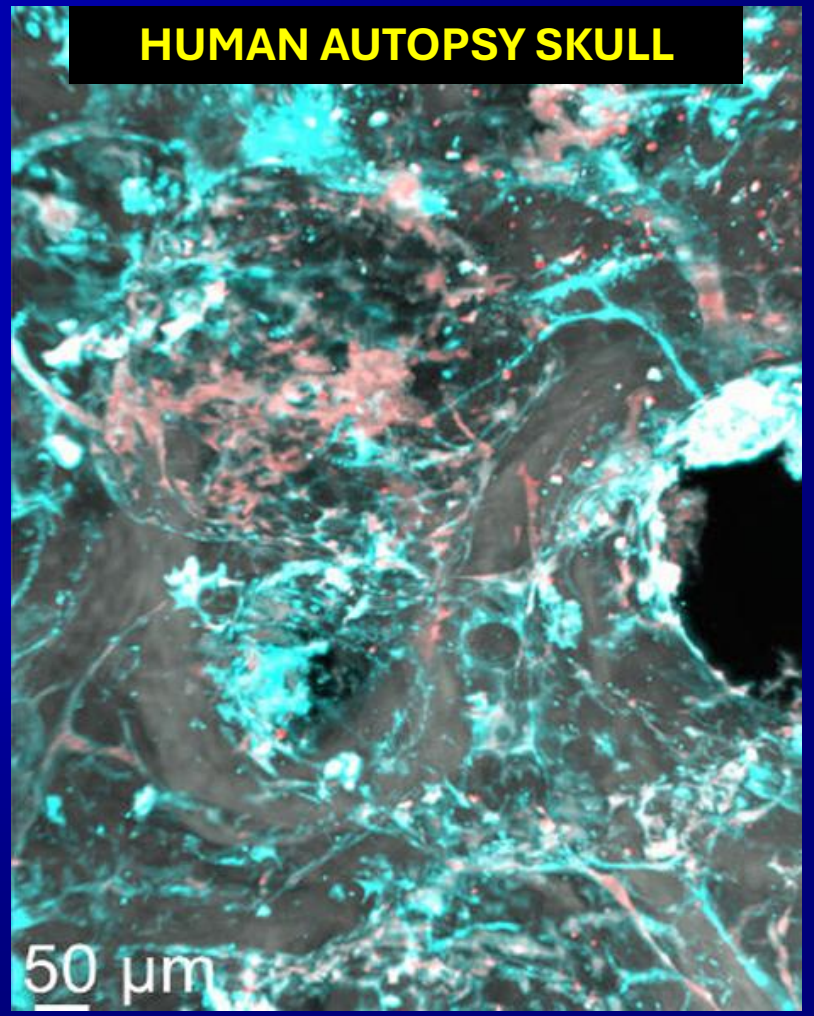
- Vaccinated transmit their infection to other vaccinated individuals as well as to unvaccinated individuals.

Lie #5: The "Vaccines" Prevent Serious Illness and Death

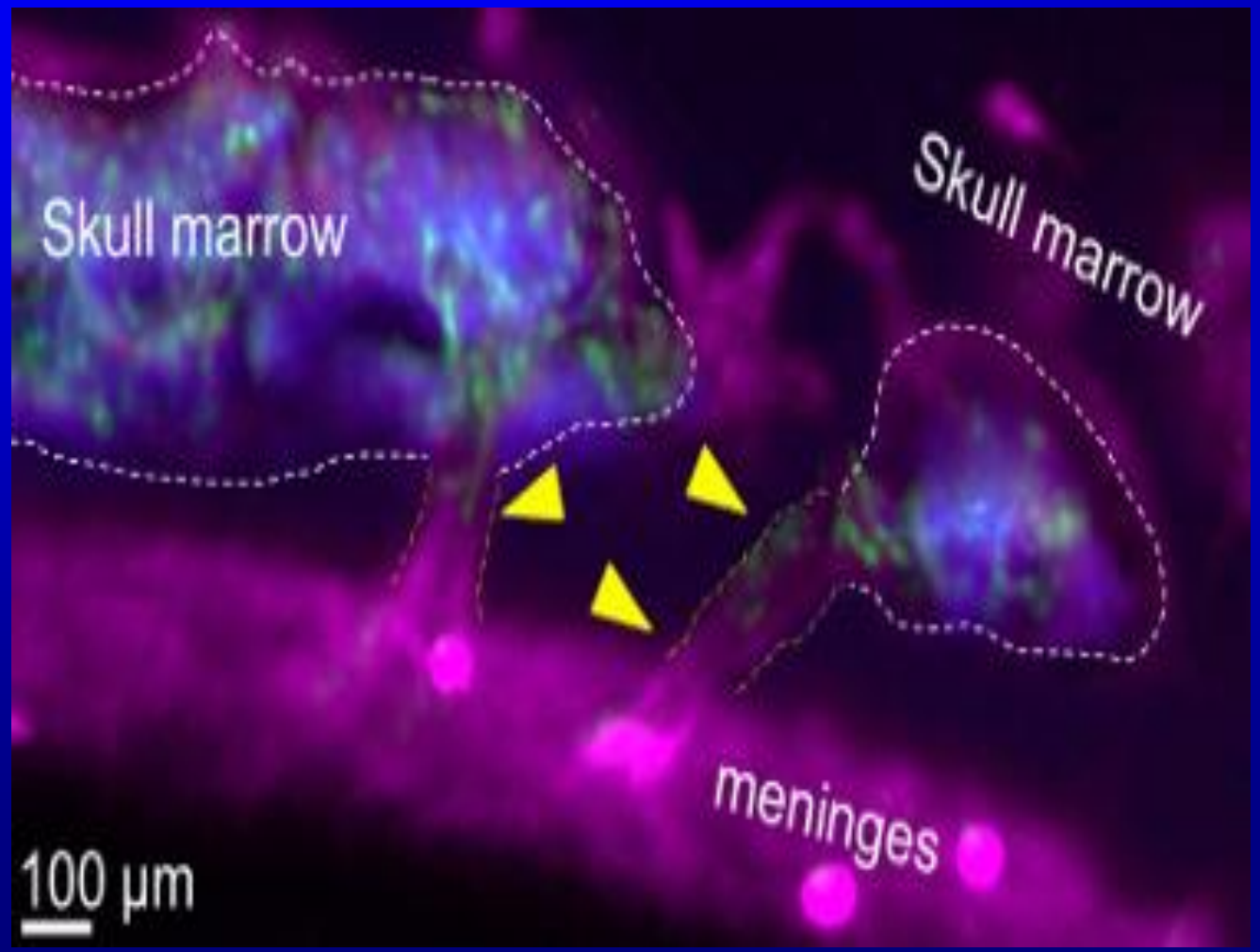
- Clinical trials never enrolled the most-at-risk patients.
- Never designed to measure outcomes such as hospitalization, intensive care, or death.

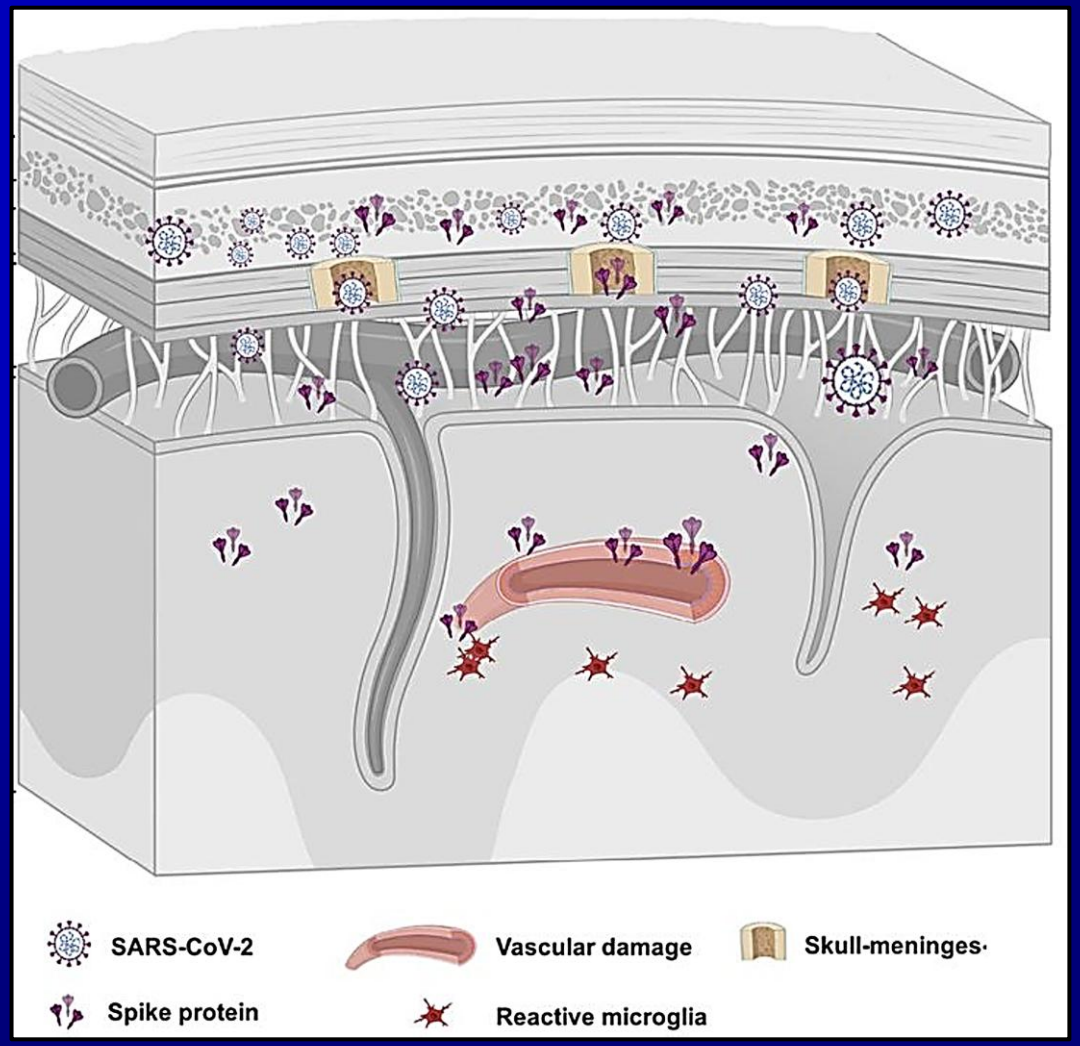
The clinical trials evaluated only mild, self-limiting COVID-19 disease.

After Injection mRNA “Pseudo-Vaccine” Particles Spread Throughout the Body



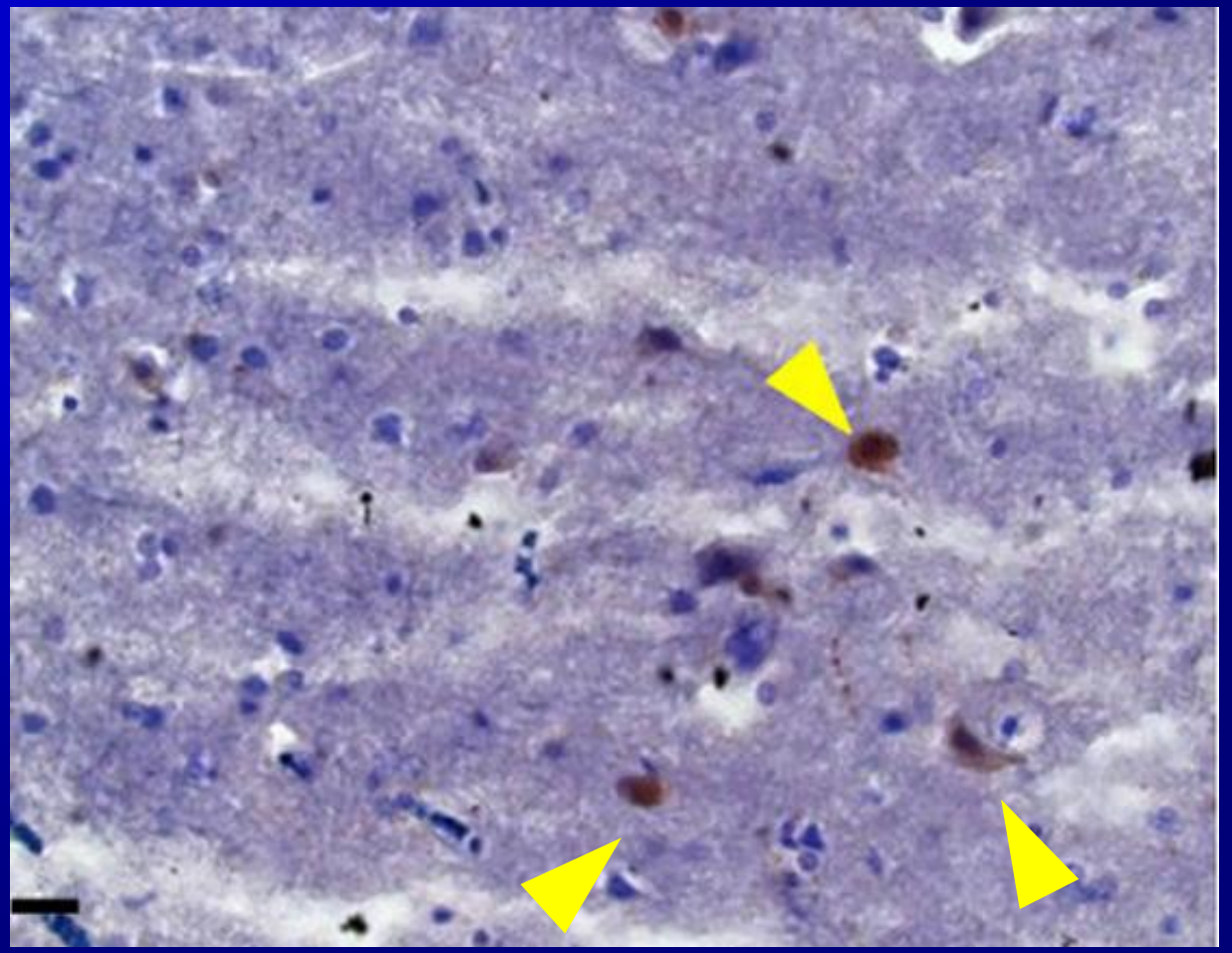
S1 Fragment of mRNA Generated Spike Protein Passes Through Blood-Brain Barrier Into the Brain



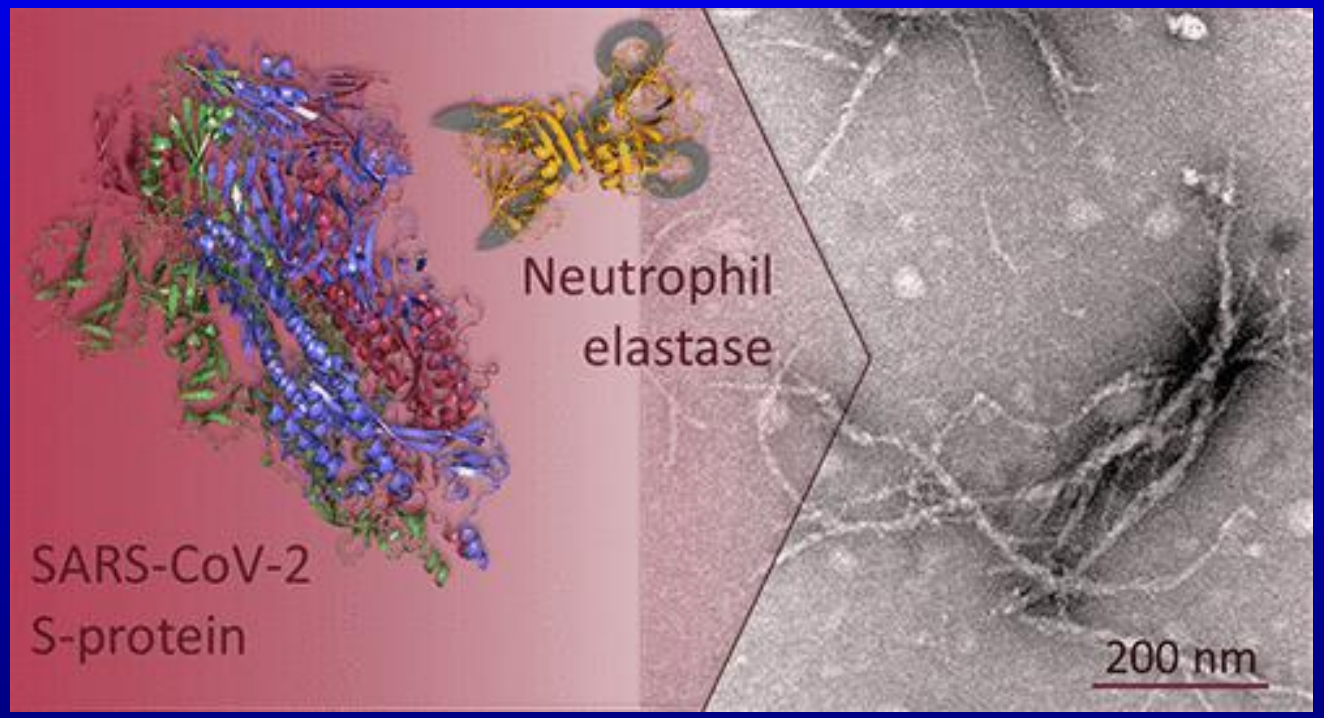


HUMAN AUTOPSY: Spike Protein being actively produced in the human brain.

- Continuous Viral Spike Protein production begins in the brains of some mRNA “vaccinated” individuals.
- Causes Amyloid (Prion) deposition in the brain and neurotoxic protein fibrils. (Spikeopathy).



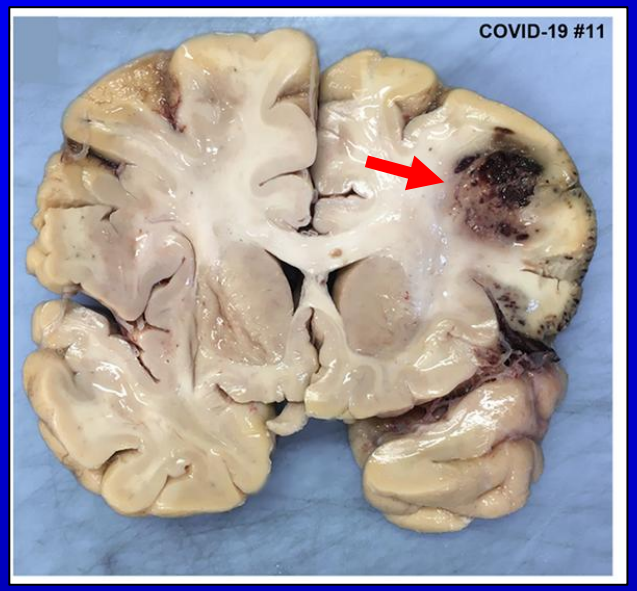
Babies and Children Were Injected With mRNA “Vaccines”

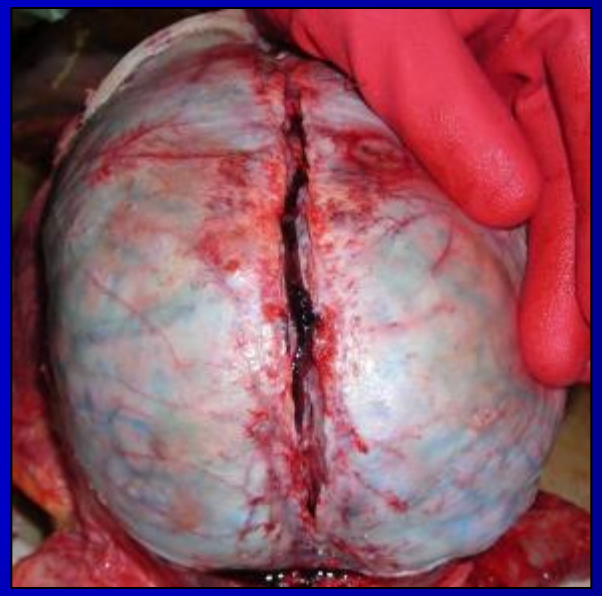


In-Vitro Spike Protein Degrades Into Neurotoxic Fibrils

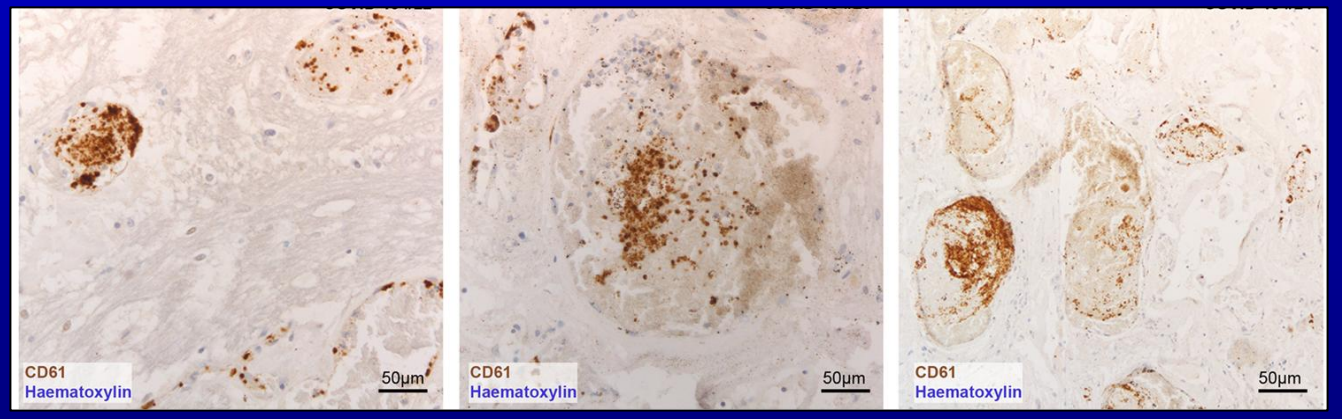
Macrovascular and Microvascular Vaccine Injury

Hemorrhagic injury in middle cerebral artery region.





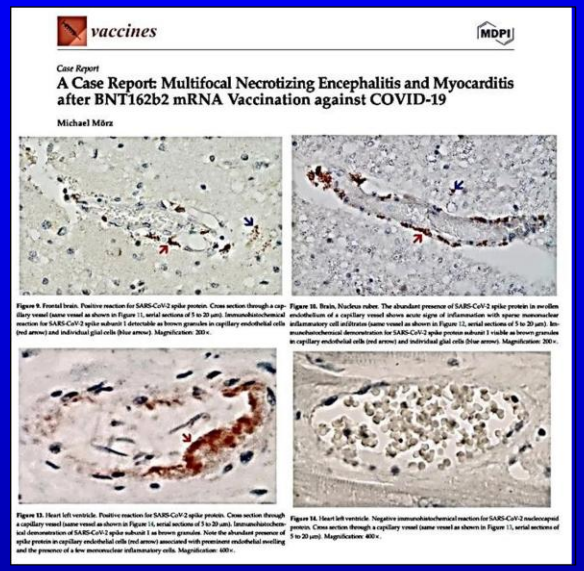
Superior Sagittal Sinus - with thrombus.



Platelet micro-thrombi - pons and cerebral cortex

CD61 mp stain

Extensive Studies Document Tissue Damage From the mRNA and DNA-Based "Vaccines".....But Another Pathology Has Been Ignored



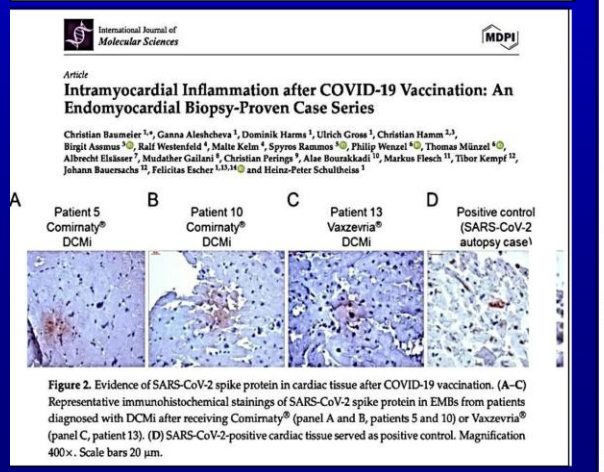
vaccines

MDPI

Case Report

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

Michael Mörz



International Journal of Molecular Sciences

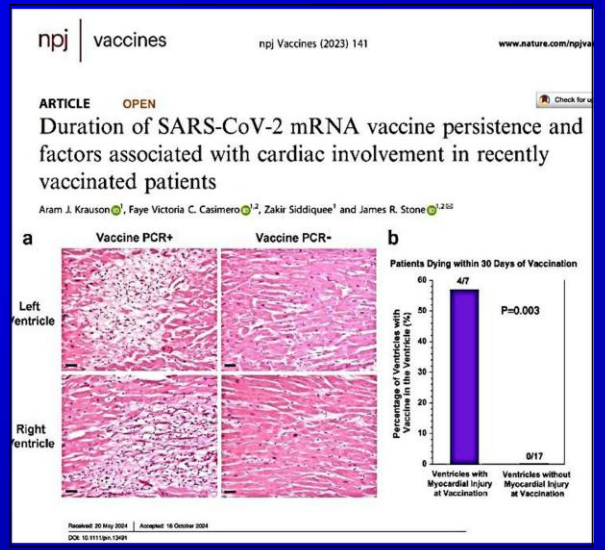
MDPI

Article

Intramyocardial Inflammation after COVID-19 Vaccination: An Endomyocardial Biopsy-Proven Case Series

Christian Baumeier [1,*], Ganna Aleshcheva [1], Dominik Harms [1], Ulrich Gross [1], Christian Hamm [2,3], Birgit Assmus [3], Ralf Westenfeld [4], Malte Kelm [4], Spyros Rammos [4], Philip Wenzel [4], Thomas Münzel [4], Albrecht Elsässer [7], Mudather Gailani [8], Christian Perings [9], Alae Bourakkadi [10], Markus Flesch [11], Tibor Kempf [12], Johann Bauersachs [12], Felicitas Escher [1,13,14] and Heinz-Peter Schultheiss [1]

Figure 2. Evidence of SARS-CoV-2 spike protein in cardiac tissue after COVID-19 vaccination. (A–C) Representative immunohistochemical stainings of SARS-CoV-2 spike protein in EMBs from patients diagnosed with DCMi after receiving Comirnaty® (panel A and B, patients 5 and 10) or Vaxzevria® (panel C, patient 13). (D) SARS-CoV-2-positive cardiac tissue served as positive control. Magnification 400×. Scale bars 20 µm.



npj | vaccines

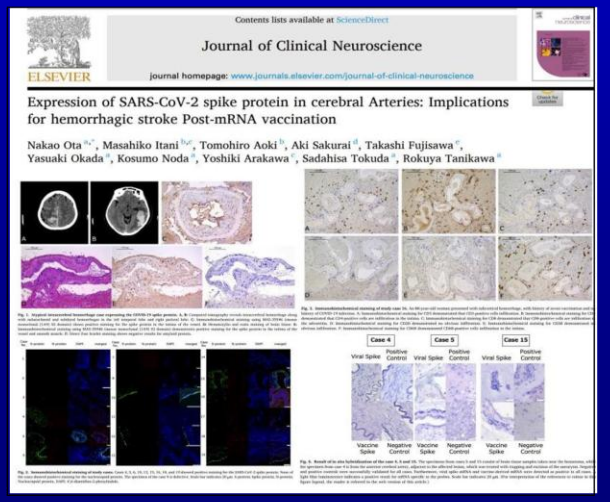
npj Vaccines (2023) 141

www.nature.com/npjva

ARTICLE OPEN

Duration of SARS-CoV-2 mRNA vaccine persistence and factors associated with cardiac involvement in recently vaccinated patients

Aram J. Krauson [1], Faye Victoria C. Casimero [1,2], Zakir Siddiquee [1] and James R. Stone [1,2]



Contents lists available at ScienceDirect

Journal of Clinical Neuroscience

journal homepage: www.journals.elsevier.com/journal-of-clinical-neuroscience

ELSEVIER

Expression of SARS-CoV-2 spike protein in cerebral Arteries: Implications for hemorrhagic stroke Post-mRNA vaccination

Nakao Ota [a,*], Masahiko Itani [b,c], Tomohiro Aoki [b], Aki Sakurai [d], Takashi Fujisawa [e], Yasuaki Okada [a], Kosumo Noda [a], Yoshiki Arakawa [a], Sadahisa Tokuda [a], Rokuya Tanikawa [a]

The American Journal of the Medical Sciences 369 (2025) 739–744

Contents lists available at ScienceDirect

The American Journal of the Medical Sciences

journal homepage: www.elsevier.com/locate/amjms

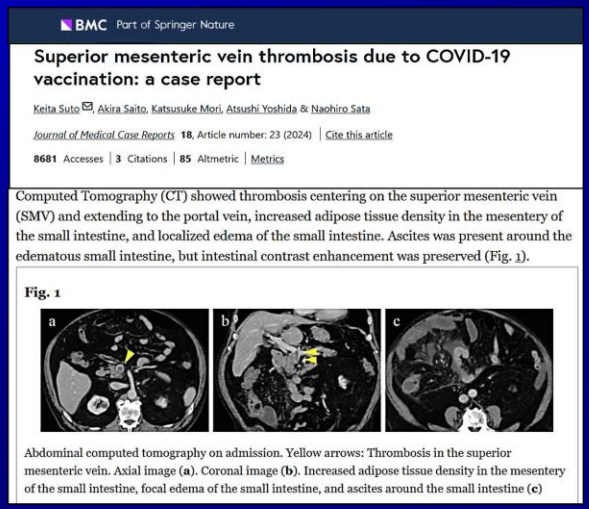
Short Review

Unexpected renal side effects of mRNA COVID-19 vaccines; a single-center experience and short review

Ákos Pethő, MD, PhD [b,*], Deján Dobi, MD, PhD [b], Magdolna Kardos, MD [b], Karolina Schnabel, MD [a]

[a] Department of Internal Medicine and Oncology, Faculty of Medicine, Semmelweis University, Budapest, Hungary
[b] Institute of Pathology, Forensic and Insurance Medicine, Semmelweis University, Budapest, Hungary

Fig. 1. Typical histological findings in focal segmental glomerulosclerosis. A: Focal segmental sclerosis (*) in the glomeruli; B: Podocyte foot process effacement by electron microscopy; C: Focal segmental sclerosis (*) in the glomeruli.



BMC Part of Springer Nature

Superior mesenteric vein thrombosis due to COVID-19 vaccination: a case report

Keita Suto, Akira Saito, Katsusuke Mori, Atsushi Yoshida & Naohiro Sata

Journal of Medical Case Reports **18**, Article number: 23 (2024) | Cite this article

8681 Accesses | 3 Citations | 85 Altmetric | Metrics

Computed Tomography (CT) showed thrombosis centering on the superior mesenteric vein (SMV) and extending to the portal vein, increased adipose tissue density in the mesentery of the small intestine, and localized edema of the small intestine. Ascites was present around the edematous small intestine, but intestinal contrast enhancement was preserved (Fig. 1).

Fig. 1

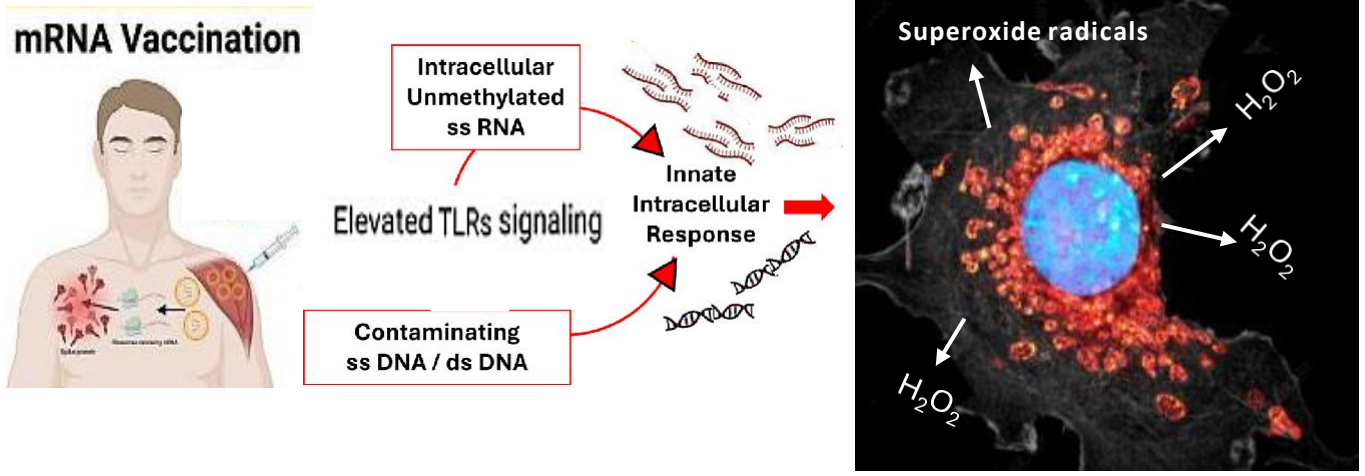
Abdominal computed tomography on admission. Yellow arrows: Thrombosis in the superior mesenteric vein. Axial image (**a**). Coronal image (**b**). Increased adipose tissue density in the mesentery of the small intestine, focal edema of the small intestine, and ascites around the small intestine (**c**)

Article

doi: 10.20944/preprints202507.2155.v1

Synthetic mRNA Vaccines and Transcriptomic Dysregulation: Evidence from New-Onset Adverse Events and Cancers Post-Vaccination

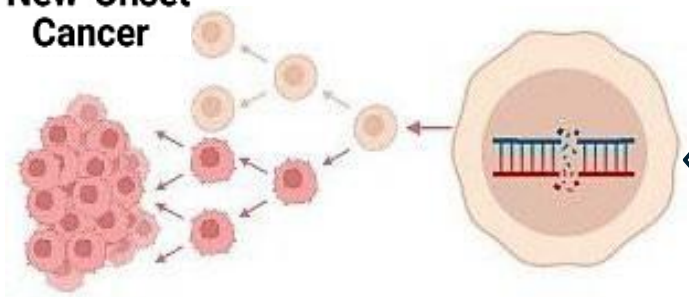
Natalia von Ranke[1], Wei Zhang[1], Philipp Anokin[1], Danyang Shao[2], Ahmad Bereimipour[2], Minh Vu[2], Nicolas Hulscher[3], Kevin J. McKernan[4], Peter A. McCullough[3], and John A. Catanzaro[1].*



- Mitochondrial dysfunction
- Proteasome-mediated stress
- Transcriptomic instability
- Systemic inflammation

epigenetic reprogramming
Genomic instability

- Nonsense-mediated decay
- Ribosomal stress
- MYC activation
- Elevated immune signaling



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Article

Not peer-reviewed version

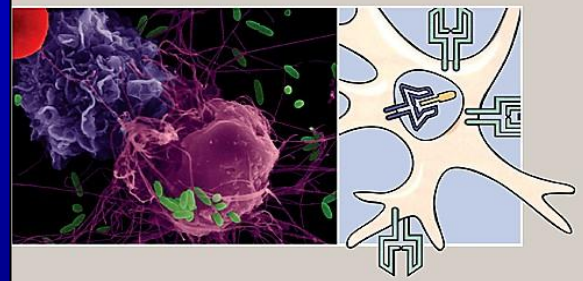
Synthetic mRNA Vaccines and Transcriptomic Dysregulation: Evidence from New-Onset Adverse Events and Cancers Post-Vaccination

ISSN 1521-6616 Volume 280, November 2025

ELSEVIER

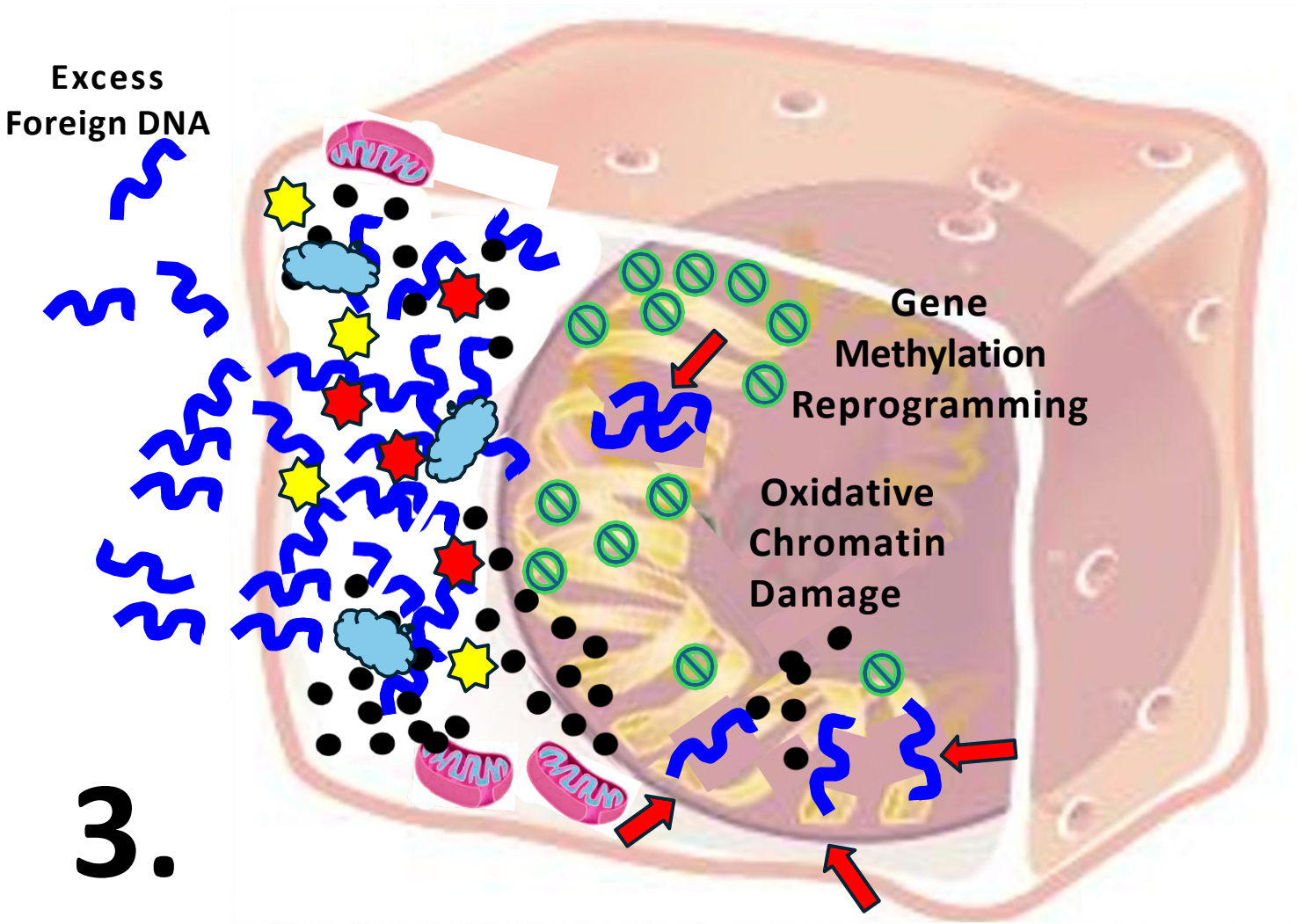
Clinical Immunology

An International Journal of Translational and Interventional Immunology



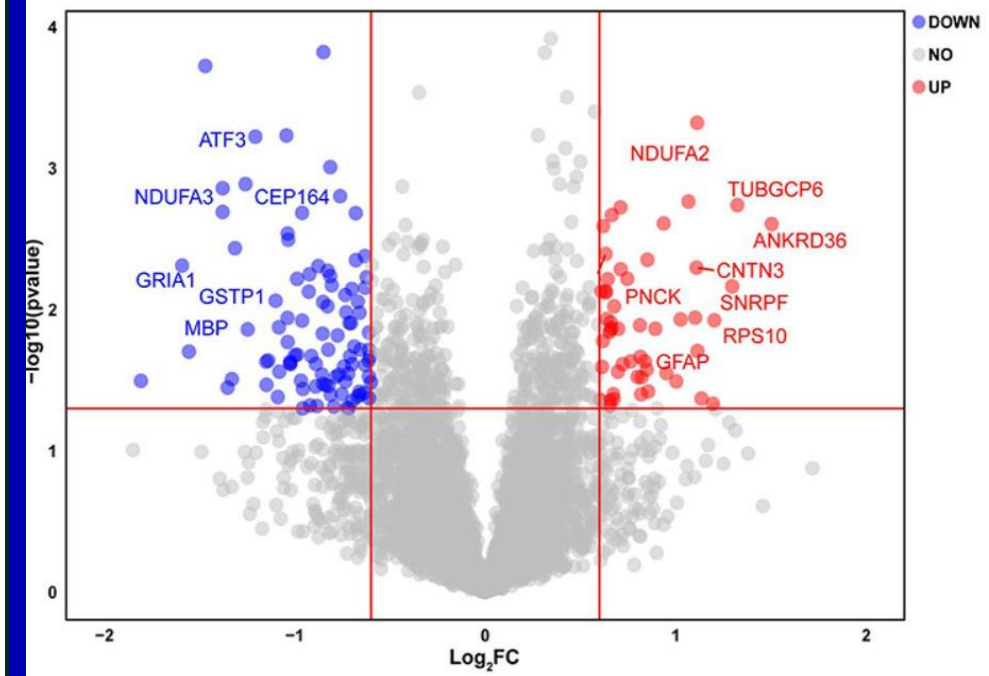
www.elsevier.com/locate/yclim

Catastrophic Overload of Foreign DNA contamination of mRNA Vaccines causes biochemical havoc in the receiving cells



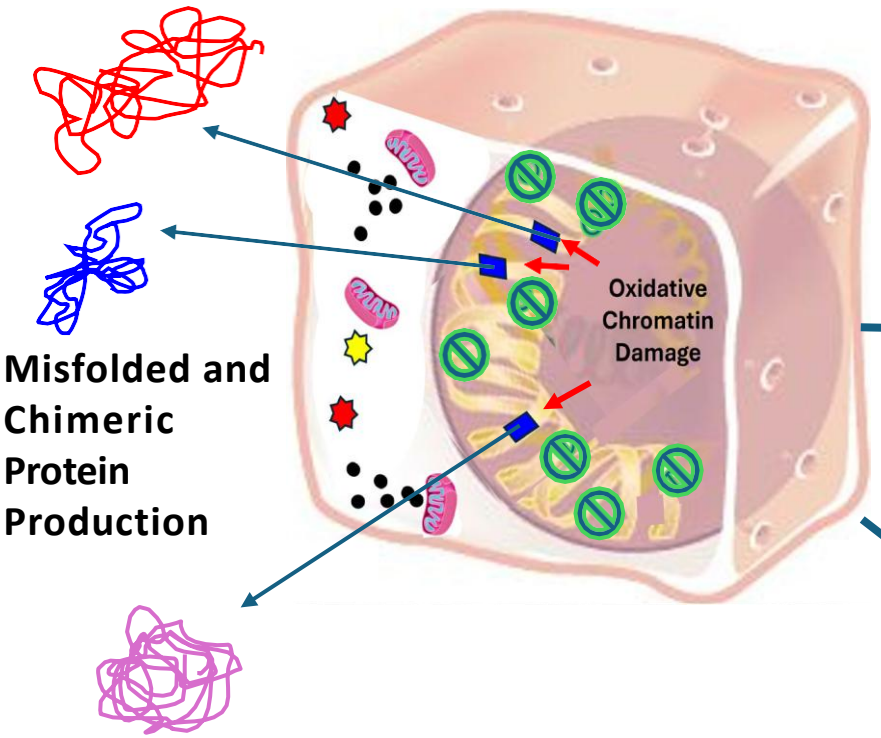
3.

Differential Gene Expression Analysis



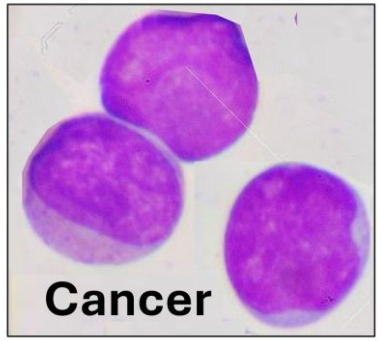
- ↑ ssDNA Strand Breaks
- Increased Chromatin Methylation
- Increased DNA Repair Enzymes
- Epigenetic Reprogramming
- Mitochondrial Dysfunction
- ↑ Superoxide Radicals and H_2O_2

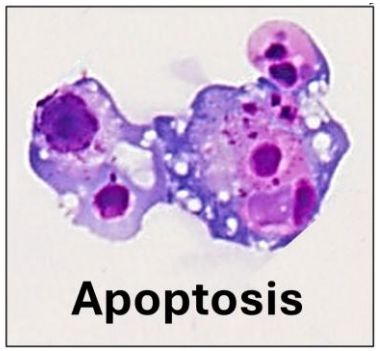
Foreign DNA Fragment Integrated and Expressed

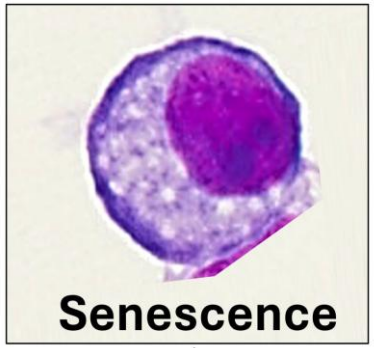


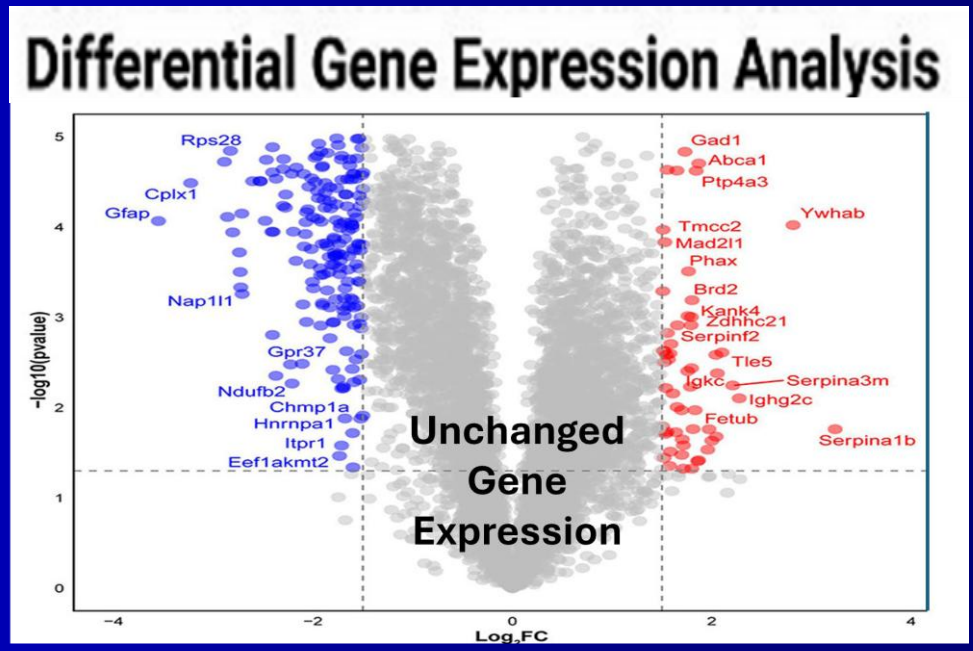
Prolonged Widespread Epigenetic Changes

Phenotypes









- Production of Chimeric Proteins
- Mitochondrial Dysfunction
- Epigenetic Instability
- Chromatin Hypermethylation
- Decreased Tumor Suppression Gene Expression
- Autoimmunity
- Reduced Lifespan
- Increased Cancers

BREAKING: First Population-Wide Study Finds COVID-19 "Vaccines" Increase Risk of Multiple Cancers

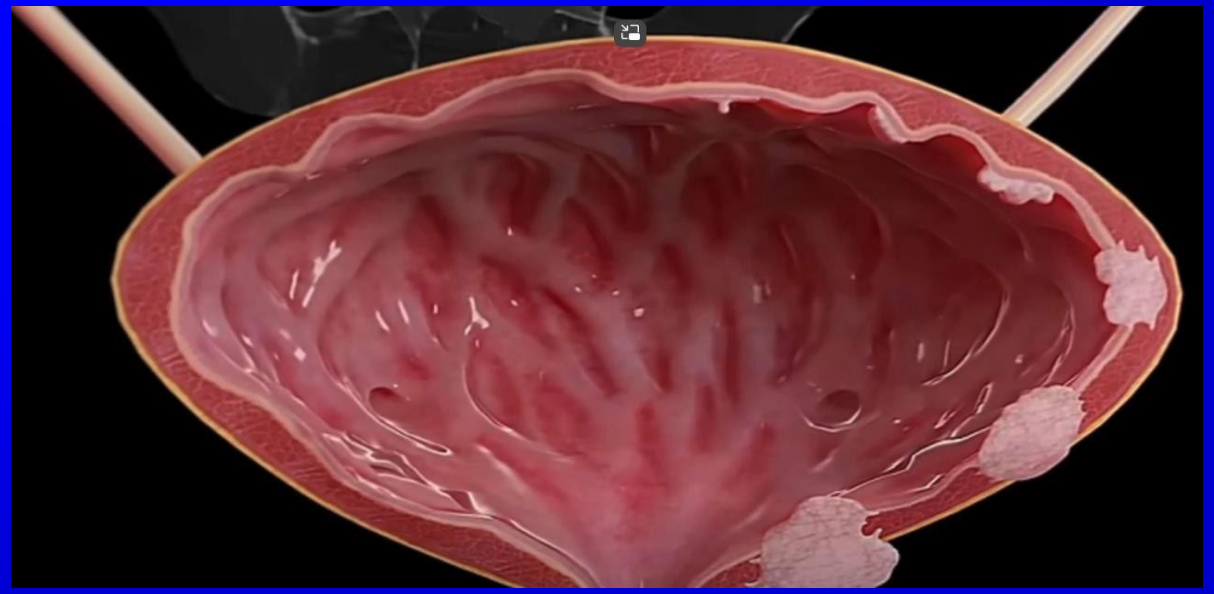
NICOLAS HULSCHER, MPH · AUG 30

The **first population-wide study** has confirmed increased cancer risks following COVID-19 mRNA injections. Using official government data from nearly **300,000 Italians tracked for 30 months**, researchers found:

- **+23% overall cancer**
- **+54% breast cancer**
- **+62% bladder cancer**
- **+35% colorectal cancer**

Other elevated findings — hematological (+31%), uterine (+77%), ovarian (+86%), thyroid (+58%) — did not reach statistical significance but still point to concerning trends.

A mountain of previously published evidence indicates that mRNA shots may induce cancer via **17 distinct mechanisms**.



First Direct Evidence of mRNA "Vaccine" Genomic Integration Identified in Stage IV Cancer Patient

Case Report

DOI 10.5281/zenodo.17122912

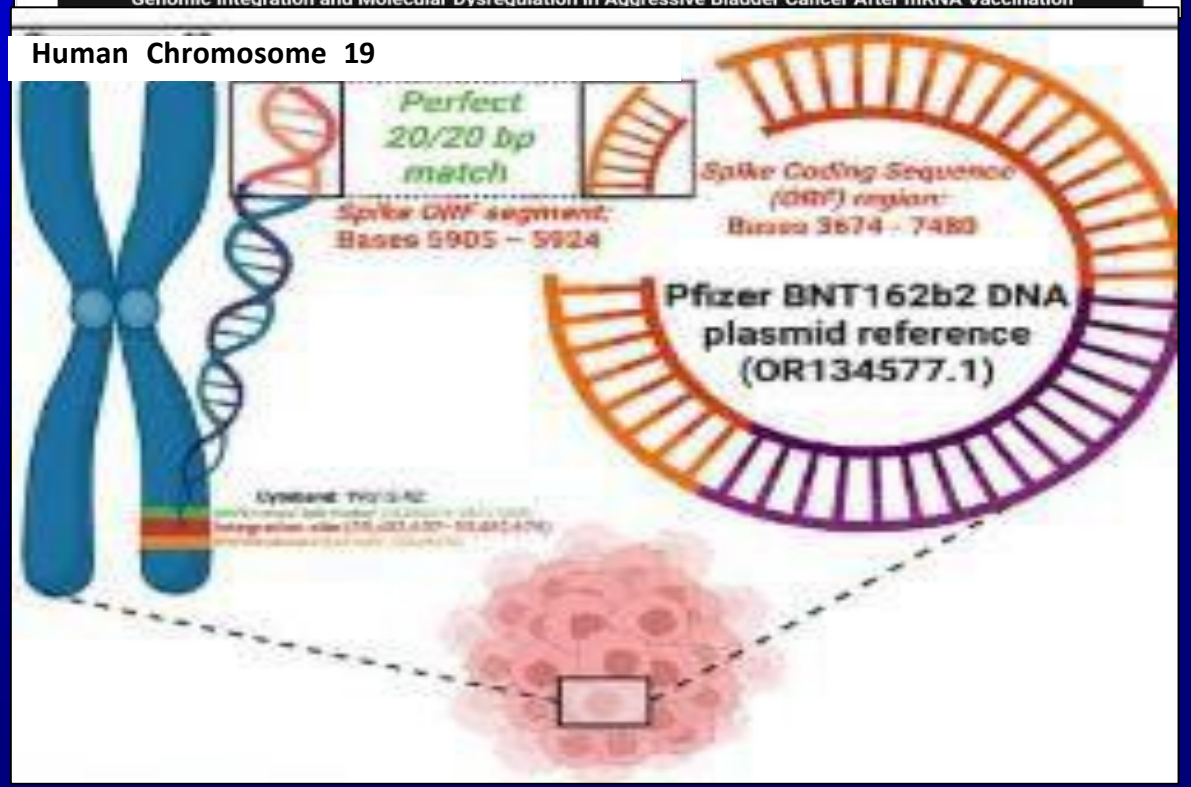
Genomic Integration and Molecular Dysregulation in Aggressive Stage IV Bladder Cancer Following COVID-19 mRNA Vaccination

John A. Catanzaro[1], Nicolas Hulscher[2], and Peter A. McCullough[2],

Genomic Integration and Molecular Dysregulation in Aggressive Bladder Cancer After mRNA Vaccination

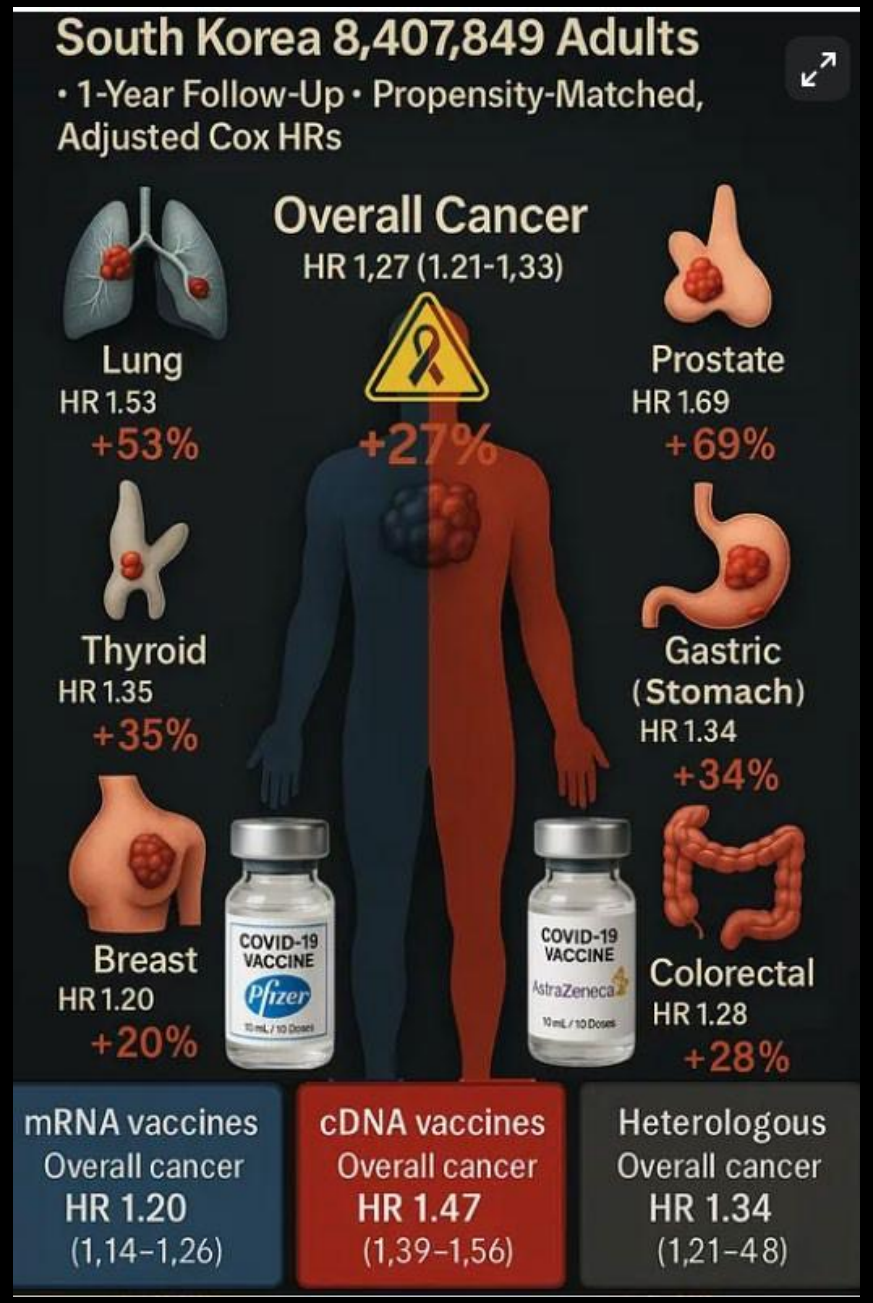
Our **sentinel case report** documents the **first direct evidence of mRNA "vaccine" genetic material integration into the human genome**.

- A 31-year-old woman developed aggressive stage IV bladder cancer within a year of three Moderna shots.
- Circulating tumor DNA revealed a **20/20 bp perfect match** between a vaccine-derived Spike-encoding sequence and a segment of chromosome 19.
- Integration occurred outside the AAVS1 safe harbor, in a gene-dense, unstable region—disrupting DNA repair, immune surveillance, and triggering oncogenic cascades.



BREAKING: Second Massive Population Study Finds COVID-19 "Vaccines" Increase Risk of 6 Major Cancers

Study of 8.4 million adults in South Korea finds higher risk of lung, prostate, thyroid, gastric, colorectal and breast – across **both mRNA and cDNA viral vector** platforms.



Kim, H., Kim, MH., Choi, M. *et al.* 1-year risks of (2025). https://doi.org/10.1186/s40364-025-00831-wcancers associated with COVID-19 vaccination: a large population-based cohort study in South Korea. *Biomark Res* 13, 114

COVID-19 vaccination was linked to significant increases in multiple major cancers, with the signal consistent across **all vaccine DNA and mRNA** platforms, both sexes, and age groups.

- **cDNA vaccines (AstraZeneca type):** linked to higher risks of thyroid, gastric, colorectal, lung, and prostate cancers.
  - **Overall cancer HR 1.47 (95% CI 1.39–1.56) → 47% higher risk**
- **mRNA vaccines (Pfizer/Moderna):** linked to higher risks of thyroid, colorectal, lung, and breast cancers.
  - **Overall cancer HR 1.20 (95% CI 1.14–1.26) → 20% higher risk**
- **Heterologous (mixed schedules):** linked to higher risks of thyroid and breast cancers.

Lie #6: mRNA Vaccination Is Superior To Natural Immunity

CDC used flawed non-peer reviewed studies in it's own publication "*Morbidity and Mortality Weekly.*"

- **"Bootstrapped" studies; circulating antibody levels used to claim superior vaccine-induced immunity.**
- **Caused continuous toxic Spike Protein presence in the body until "immune exhaustion".**
- **More likely to be infected.**

Reanalysis of original placebo-controlled, Phase III randomized clinical trial data demonstrates a *negative Benefit-to-Harm Ratio* for the Pfizer and Moderna mRNA COVID-19 "vaccines"

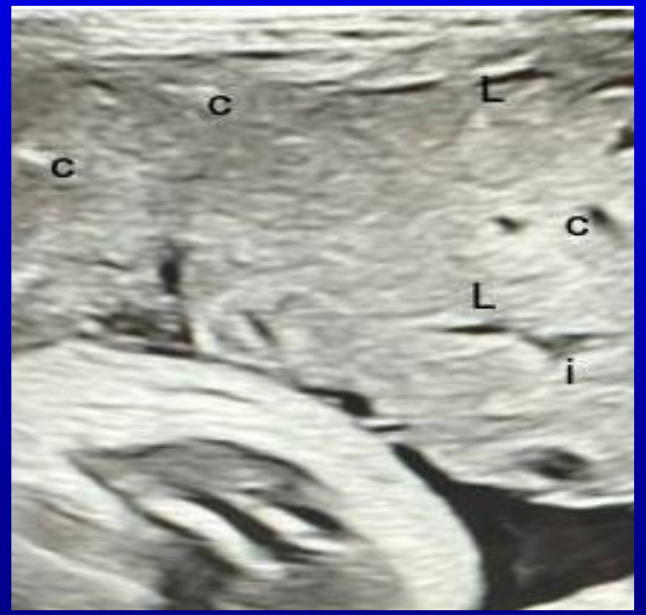
Not one person should ever have been given a mRNA "pseudo-vaccine"

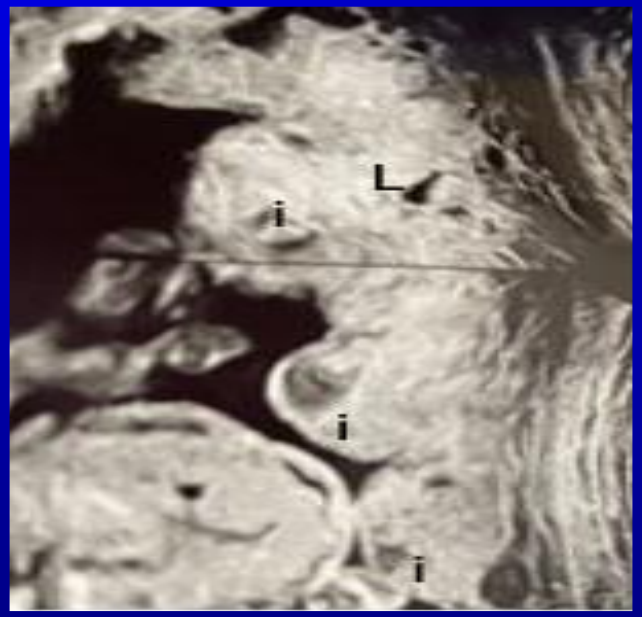
What the FDA and CDC Will Not Discuss

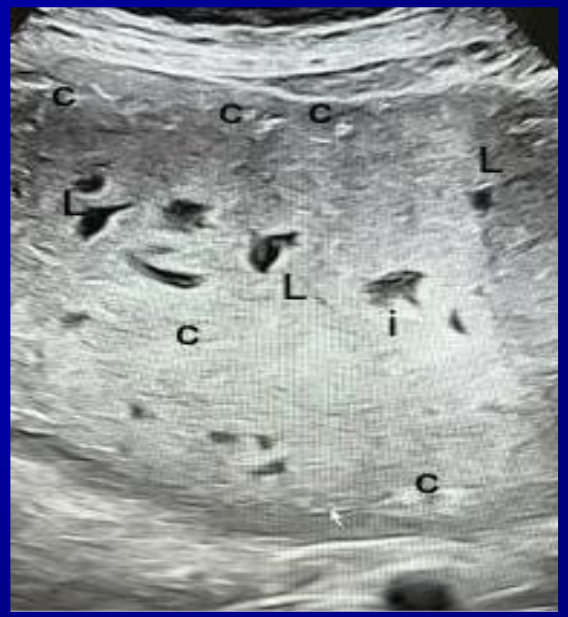
COVID-19 mRNA Vaccination of Babies, Children and Infants

COVID-19 Spike Protein Found In The *Placenta* and *Umbilical Cord* Carrying Blood to the Fetus

Dr. James Thorp MD (Toxic Shot)







Calcifications (c), Lacunae (L) and Infarcts (i)

Three Representative Placental Ultrasounds

Transplacental Passage of mRNA "vaccine" Into Human Fetus **Has Occurred**

Are There Next-Generation Costs for the COVID-19 mRNA Mass-Vaccination Campaign?

Steven J. Hatfill, M.D.

On Dec 11, 2020, the Food and Drug Administration (FDA) issued its first Emergency Use Authorization (EUA) for the Pfizer-BioNTech mRNA COVID-19 gene therapy product, designated as a vaccine under a new CDC definition, followed a week later by Moderna's version. These experimental, non-traditional "vaccines" contained a degradation-resistant mRNA sequence coding for a single COVID-19 viral antigen called the spike protein. Rushed testing and careless reviews by the FDA inexcusably missed the fact that the spike protein was a biologically toxic molecule. It also missed the fact that the spike protein mRNA insert of the pseudo-vaccine incorporated potential amyloidogenic regions in its tertiary structure.[1]

By Mar 19, 2021, more than 100 million vaccine doses had been distributed. This was too soon to see any possible long-term neurologic effects, particularly in babies of mothers subjected to COVID-19 mRNA vaccination during their pregnancy.

The Concern of Chronic mRNA Vaccine-Induced Inflammation in the Brain

In 2021, it was reported that the S1 fragment of the virus spike protein could pass through the blood-brain barrier of mice after intranasal or intravenous injection.[2] Because the mRNA vaccines are now known to cause the manufacture of viral spike protein in the body for months, it was possible that that the benign, toxic S1 fragment of this protein was also accumulating in the brains of mRNA-vaccinated humans, causing abnormal microglial/astroglial cell reactivity and a further tissue-damaging cytokine release.

In 2021, there was already evidence of spike protein accumulation occurring in the cardiac tissue of adult mRNA vaccine recipients. There, the induced cytokine production was causing cardiac mitochondrial damage with an electrical and physical remodeling of the heart.[3] Could similar events be occurring in the fetal brain of mRNA-vaccinated pregnant women?

At the beginning of mRNA vaccine availability in December 2020, the American College of Obstetrics and Gynecology (ACOG) had maintained a cautionary neutral position on mRNA vaccination during pregnancy, recommending that pregnant women "be free to make their own decision to take the vaccine or not."[4] Then on Jul 30, 2021, in spite of the ever-accumulating evidence of mRNA harm and lack of efficacy in protecting against COVID-19 infection, ACOG shifted its position to strongly recommend mRNA vaccination for pregnant women in all trimesters of pregnancy. What had caused this sudden change by ACOG to a vaccine doctrine with so many remaining unknowns?

Using a mouse model, in mid-December 2021, scientists were able to prove that the S1 subunit of the viral spike protein could initiate an inflammatory cascade in gravid female Sprague-Dawley rats via the pattern recognition receptor TLR4. This cytokine signaling was strong enough to generate a behavioral dysfunction in the adult male progeny of these mothers, accompanied by an increase in neuroinflammatory markers in the blood.[5]

mRNA Vaccination Produces Autism-like Behaviors in Infant Male Mice

Although mice are not humans, we still share many developmental genes and much of the same neurophysiology. The formation and anatomical development of any mammalian fetal brain is a very specialized process involving the replication of neurons, the construction and movement of stacking sheets of neuronal tissue, and a multitude of choreographed myelinated neuronal connections that occur while the fetus is still ensconced in the uterus. The process continues for months as the newborn progresses through the neonatal period and on through the toddler stage. Any form of chronic inflammation in the brain during this time due to the presence of a toxic foreign protein cannot be considered safe for completely normal brain development.[6,7]

In January 2024, a series of experiments showed that pregnant rats injected with the Pfizer BNT162b2 mRNA vaccine produced a statistically significant number of male progeny that exhibited autism-like behaviors on testing, with reduced numbers of neurons in their brains and impaired motor performance. These findings were consistent with the Pfizer mRNA vaccine interfering with the major neurodevelopmental WNT pathway, as well as brain-derived neurotrophic factor signaling.[8]

Today, the question of human mRNA vaccine-induced childhood developmental delays and behavioral problems after birth is still ongoing research, and little more can be said at this time. However, it does bring other troubling questions forward.

Is There a Link Between mRNA Vaccine-Induced Fetal Brain Inflammation and Later-Onset Schizophrenia?

For years, schizophrenia has been acknowledged as a multifactorial disorder with arguable links between maternal infection with bacterial/viral agents during pregnancy, and the later onset of schizophrenia in the offspring. While several animal models support such a link, the peer-reviewed literature remains well-divided on this.

Parallel studies in humans and animals are still underway to uncover possible cellular and molecular mechanisms.[9,10] While the scientific literature presents no definitive answer, increased inflammatory cytokine production has been suggested as a likely mechanism. In this respect, the COVID-19 mRNA vaccines represent a target for the study of mRNA vaccinated pregnant women and their resulting offspring.

Spike Protein Amyloid Deposition and Neurotoxic Fibril Formation in the Brain

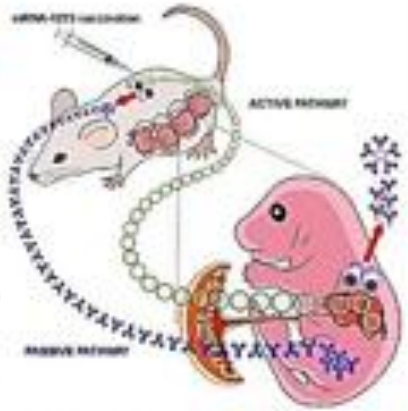
With only a small number of scientists working in this area it took until May 2022 to firmly demonstrate that three different 20-amino acid peptides of the COVID-19 viral spike protein had potential "amyloidogenic" activity that might fulfill the "amyloid"

Research indicates mRNA crosses the placenta, enters fetal circulation, and forces the unborn child to produce spike protein:

Molecular Therapy
Nucleic Acids

CellPress

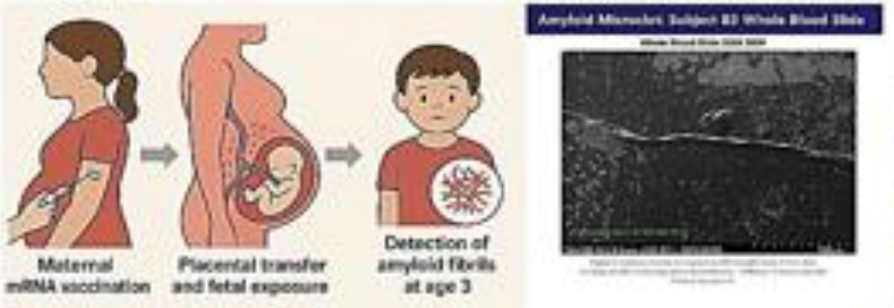
mRNA-1273 is placenta-permeable and immunogenic in the fetus



There is also some human biological evidence of transgenerational harms. **Dr. Kevin McCairn et al detected** amyloid fibrils in 3-year-old exposed in-utero to Pfizer mRNA. The child was born 1 week after mom's 2nd Pfizer shot with no vital signs, required resuscitation, and has been chronically ill since.

Amyloidogenic Fibrils in a Post-Gestational Case of mRNA Vaccine Exposure: Structural, Pathophysiological, and Biosecurity Perspectives

How Biowarfare Attacked The Children



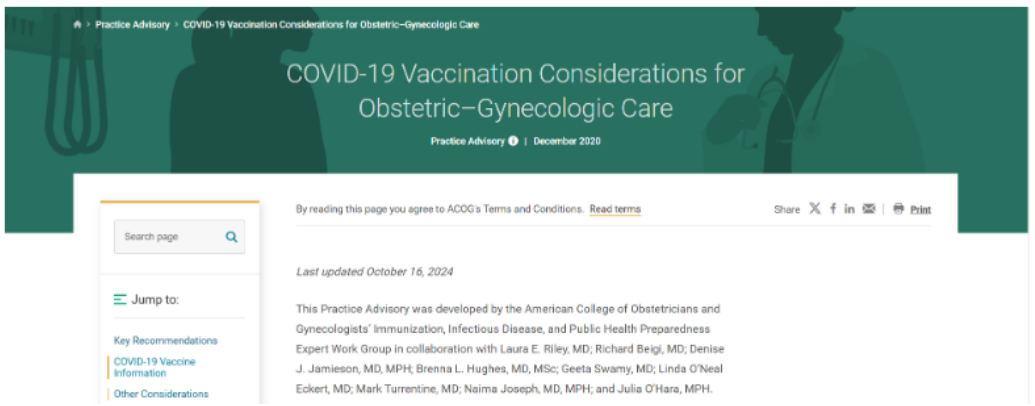
Completely Unknown

- Are toxic COVID-19 nanoparticles entering the *fetal brain* in pregnant - vaccinated women?
- Will an epidemic of school age children with learning or behavior disabilities occur?
- What about late-teen onset Schizophrenia?

Yet Pregnant Women Are Still Being Vaccinated

- The American College of Obstetrics and Gynecology was initially strongly against Maternal Vaccination.

- After receiving an $11 million grant from the CDC, the ACOG began to strongly promote maternal vaccination, which continues to this day.



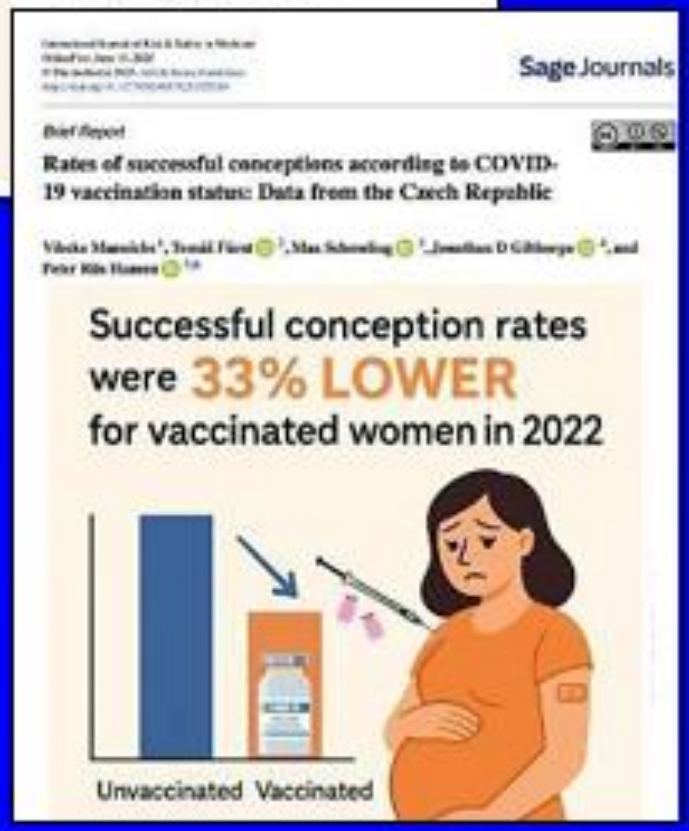
Vaccine Confidence

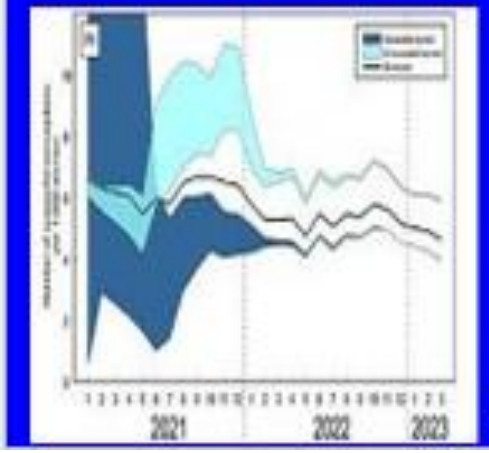
Vaccine hesitancy, particularly around COVID-19 vaccines, exists among all populations. Provider recommendations for vaccination are associated with the highest likelihood of patient vaccine receipt (Nguyen 2021). When communicating with patients, it is extremely important to provide a strong recommendation for vaccines as well as to underscore the general safety of vaccines and emphasize the fact that no steps were skipped in the development and evaluation of COVID-19 vaccines. This can be done by briefly highlighting the safety requirements of vaccines and ongoing safety monitoring even after vaccines are made available.

mRNA and Female Reproductive Health

Evidence of Sterilization — Rat Model

Karaman et al confirmed that mRNA injections decimate the ovarian system. They found a **>60% destruction** of primordial follicles — the non-renewable egg reserve, wiping out fertility potential.





Documented Harms: — Facts From the Data

- **Cardiovascular:** +510% myocarditis risk (99M cohort); +286% heart attacks, +240% strokes, +199% arrhythmias (85M cohort).
- **Autopsies (325 cases):** High likelihood of direct causal link between vaccination and death.
- **Life expectancy loss:** Two-dose recipients lost **37% of expected lifespan** in follow-up studies.
- **Reproductive:** Pfizer's 2021 report showed **81% miscarriage rate** in early pregnancies; NEJM reanalysis confirmed **82% loss rate**, comparable to abortion drugs. Stillbirths and neonatal deaths were several-fold higher than baseline.
- **Immune collapse:** >90% of vaccine-injured retirees showed latent virus reactivation (EBV, CMV, HHV-6, HSV, Borrelia); ~75% had autoimmune markers.
- **Cancer:** Surge in aggressive tumors (digestive, brain, breast) linked to IgG4 tolerance, p53 disruption, DNA contamination, and mistranslation from modified nucleosides.

Lie #7: Children Need to be Vaccinated Against Covid-19

- COVID death rate in children is essentially zero. It was a complete lie that children needed to be “vaccinated.”
- CDC data on Childhood Deaths from COVID-19 are not compatible with the rest of the world’s data.
- False positive inaccurate PCR testing and computer modelling used by the CDC.
- It appears the goal was to get children on the CDC’s Childhood Vaccination Schedule so Big Pharma could maintain immunity from liability.

mRNA Childhood Vaccination

- The mRNA biological products are now on the *Childhood Immunization Schedule*.
- The science suggests some lots of mRNA Vaccine may have had / have the potential to cause iatrogenic-induced damage to the developing fetal and early childhood brain.
- No studies are looking at this.

The American Academy of Pediatrics Recommendations are that the current US Vaccine recommendations are appropriate for children.

The NIH Is Still Funding mRNA Vaccine Trials

Recruiting

A Study to Evaluate the Safety and Immunogenicity of Two Doses of a Novel H5 Central Antigen mRNA-LNP in Healthy Adults

ClinicalTrials.gov ID NCT07019883

Sponsor National Institute of Allergy and Infectious Diseases (NIAID)

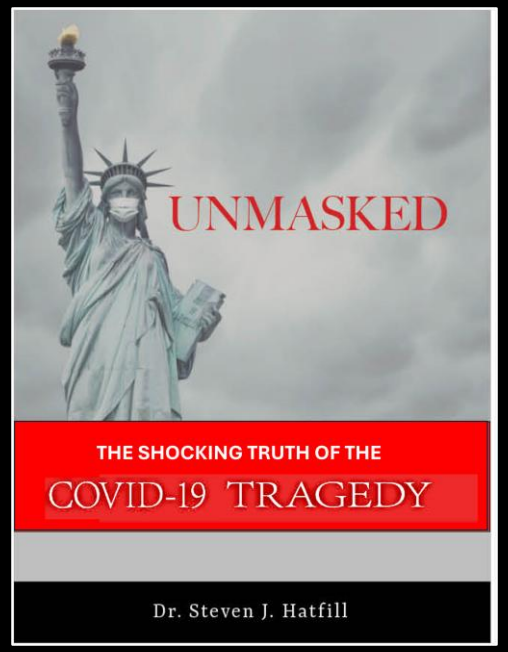
Information provided by National Institute of Allergy and Infectious Diseases (NIAID) (Responsible Party)

Last Update Posted 2025-09-26

Over 100 mRNA Projects Are Being Funded by NIH At This Time

drstevenhatfill.com

2019



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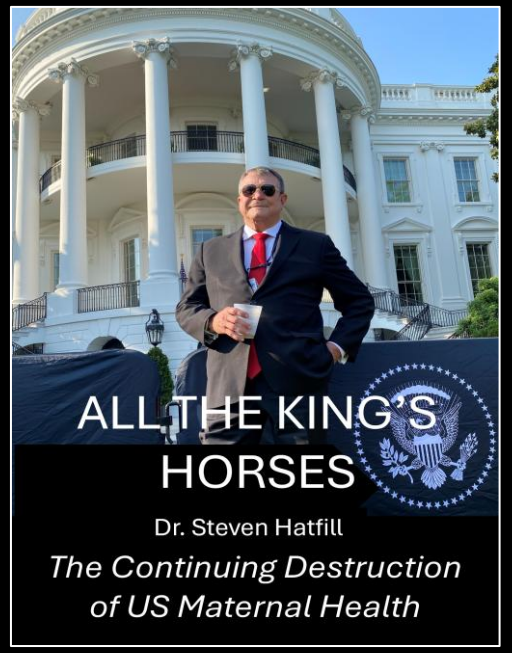

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