

Exhibit 256

Intended Consequences: mRNA Vaccines were designed to cause severe disease and be resistant to antibodies

<https://karenkingston.substack.com/p/intended-consequences-mrna-vaccines>

Intended Consequences: mRNA Vaccines were Designed to Cause Severe Disease and Be Resistant to Antibodies

Data published by spike protein inventors, Barney Graham & Jason McLellan, COVID-19 mRNA vaccines were purposefully designed to not protect against SARS-CoV-2 or variants and cause disease



Karen Kingston ✓
Nov 29

355

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Barney Graham of the NIAID and Jason McClellan of the University of Texas are the inventors of the S-2P spike proteins produced by the COVID-19 mRNA vaccines.

Barney Graham, NIAID/NIH

Jason McLellan, Univ of Texas



Serendipity and foresight prepared the world to fight the coronavirus

Barney Graham laid the groundwork for the world to battle this pandemic, and the scientists he mentored will equip us for the next one



In a February 19, 2020 article in *Science*, authored by the inventors of coronavirus S-2P spike proteins, Barney Graham and Jason McClellan, the authors state that the S-2P 'spike protein' has *stronger binding affinity to the ACE-2 receptors* (in the hearts, lungs,

kidneys, and endothelial cell line of blood vessels) *than the original SARS-CoV-2 (S) spike protein.*

Graham and McLellan also tested synthetically recreated antibodies for coronaviruses (SARS-CoV-2) against the S-2P spike proteins. Their research showed that *none of the antibodies for coronaviruses bound to the new trimeric two-proline spike (S-2P) proteins and no coronavirus antibodies were able to neutralize it.*

Science

Cryo-EM structure of the 2019-nCoV spike in the prefusion conformation

ACE2 binding site

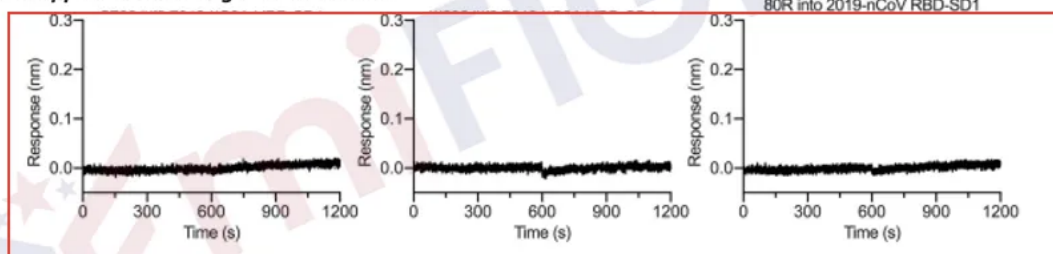
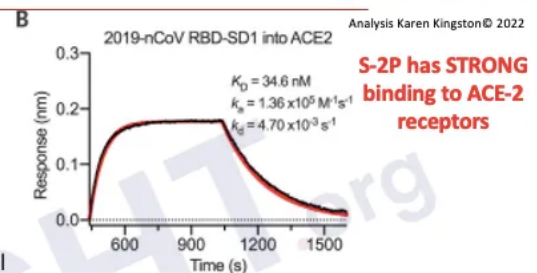
Epub 2020 Feb 19.

Daniel Wrapp^{1*}, Nianshuang Wang^{1*}, Kizzmekia S. Corbett², Jory A. Goldsmith¹, Ching-Lin Hsieh¹, Olubukola Abiona², Barney S. Graham², Jason S. McLellan^{1†}

We also provide biophysical and structural evidence that the 2019-nCoV S protein binds angiotensin-converting enzyme 2 (ACE2) with higher affinity than does severe acute respiratory syndrome (SARS)-CoV S. We tested several published SARS-CoV RBD-specific monoclonal antibodies and found that they *do not have appreciable binding to 2019-nCoV S.*

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Antibodies to SARS-CoV-2 and other coronaviruses have ZERO binding effect to the S-2P spike or neutralizing ability

<https://pubmed.ncbi.nlm.nih.gov/32075877/>

Science 367 (6483), 1260-1263. DOI: 10.1126/science.abb2507originally published online February 19, 2020

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This scientific evidence (authored by the inventors of the spike proteins) confirms that the *COVID-19 mRNA vaccines;*

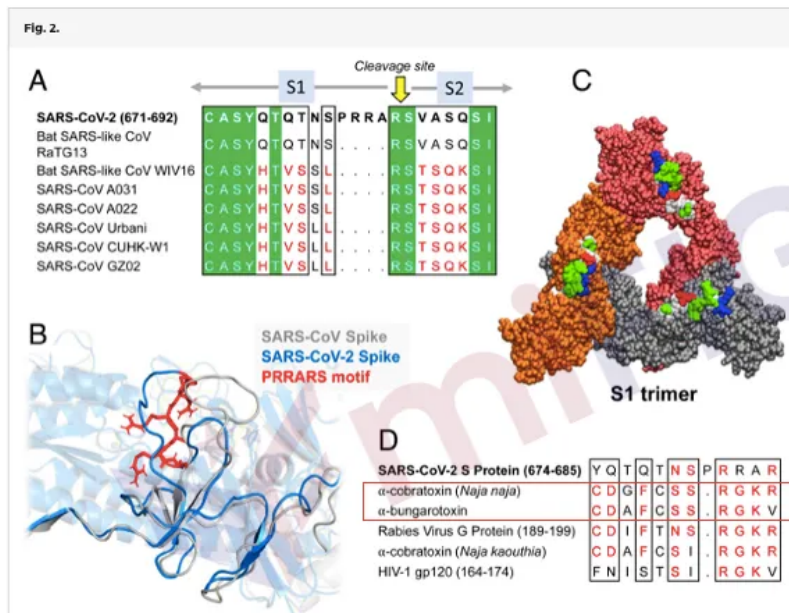
- *do not produce antibodies to SARS-CoV-2, and*
- *are resistant to the antibodies for SARS-CoV-2, and therefore -*

It is scientifically and clinically **IMPOSSIBLE** for Pfizer’s FDA-approved mRNA vaccines **TO PROVIDE ANY PROTECTION AGAINST SARS-CoV-2 infection, or any coronavirus, including ‘VARIANTS’**

This is why Dr. Fauci discouraged people to test for SARS-CoV-2 antibodies, vaccinated or not. The COVID-19 ‘public health’ vaccine campaign was never about ‘preventing SARS-CoV-2 infection’, it was about getting a needle in every arm of every American; from adult seniors to teenage adults and even pregnant women and six-month old babies, in order to force their bodies to produce the pathogenic spike proteins, *not* SARS-CoV-2 antibodies.

The strong binding of the S-2P spike proteins to the ACE-2 receptors (*produced by the mRNA vaccines*), is further scientific proof that the *COVID-19 mRNA vaccines were designed to cause disease (pathogenic)*.

Per the inventors, the S-2P two-proline trimeric spike is different and more pathogenic than the (S) wild type spike produced by the SARS-CoV-2 virus.



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FIG. 14E
WIV1 S2-P



(57) **ABSTRACT**
Coronavirus S ectodomain trimers stabilized in a prefusion conformation, nucleic acid molecules and vectors encoding these proteins, and methods of their use and production are disclosed. In several embodiments, the coronavirus S ectodomain trimers and/or nucleic acid molecules can be used to generate an immune response to coronavirus in a subject. In additional embodiments, the therapeutically effective amount of the coronavirus S ectodomain trimers and/or nucleic acid molecules can be administered to a subject in a method of treating or preventing coronavirus infection.

<https://www.pnas.org/doi/full/10.1073/pnas.2010722117>

Perhaps one can logically conclude that the FDA authorized and approved Pfizer's mRNA vaccines because the mRNA injections elicited a 'robust immune response.' But the FDA had no evidence that the 'robust immune response' provides any clinical benefit in reducing the risk of SAR-CoV-2 infection, severe disease, hospitalization, or death. But don't take my word for it, take the FDA's.

This article is FREE. Feel free to share it.

During the FDA's December 11, 2020, emergency use authorization meeting for the Pfizer COVID-19 mRNA vaccines, **FDA committee members *pointed out*** that the *mRNA vaccines appear to provide no clinical benefit, specifically regarding severe disease.*

“Some committee members raised concerns about the small number of severe COVID-19 cases and limited conclusions about the prevention of severe disease based on the study endpoints. FDA pointed out that vaccine development has a long history and that FDA is not aware of an example of any vaccine that is effective against mild disease that is not also effective against severe disease and that even though limited, data for Pfizer-BioNTech COVID-19 Vaccine suggest efficacy against severe disease.” - FDA EUA Review Committee for Pfizer EUA COVID-19 mRNA vaccines, Dec 11, 2020

Application Type	EUA (Event-driven EUA request)
Application Number	27034
Sponsor	Pfizer, Inc., on behalf of Pfizer and BioNTech
Submission Date	November 20, 2020

7. VRBPAC Meeting Summary

In reference to the voting question, and prior to the committee members casting their votes committee members asked FDA's perspective on use of the vaccine in pregnancy. FDA explained that data from the preclinical developmental and reproductive toxicity study for this product are expected soon. Even though there are insufficient data to inform vaccine-associated risks in pregnancy, there are also no data warranting a contraindication. Some committee members expressed concerns about including adolescents 16 and 17 years of age in the indication for the vaccine because of the limited amount of safety and efficacy data available in this population. Other committee members encouraged authorization of the vaccine under EUA

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<https://www.fda.gov/media/144416/download>

Per the FDA's own words, in the history of the FDA, the *FDA has never approved a vaccine that does not protect against severe disease* (until the agency approved the COVID-19 mRNA vaccines).

This is where it gets interesting though (and by interesting, I mean 'evidence of criminal intent' interesting). Per the data discussed during that same FDA meeting, not only do *Pfizer's COVID-19 mRNA vaccines NOT prevent severe disease, Pfizer's mRNA vaccines cause SEVERE COVID-19 within 7 days of being injected*.

Page 41 of PFIZER's EUA submission, states that there were 409 patients who had COVID-19 symptoms within 7 days of getting their first (1st) or second (2nd) PFIZER shot, *BUT these patients did not have a positive PCR-test* for SARS-CoV-2.

Symptomatic but “NOT CONFIRMED” COVID-19 within 7 DAYS After Dose 1 or 2, pg. 41

Suspected COVID-19 Cases

Among 3,410 total cases of suspected but unconfirmed COVID-19 in the overall study population, 1,594 occurred in the vaccine group vs. 1816 in the placebo group. Suspected COVID-19 cases that occurred within 7 days after any vaccination were 409 in the vaccine group vs. 287 in the placebo group. It is possible that the imbalance in suspected COVID-19 cases occurring in the 7 days postvaccination represents vaccine reactogenicity with symptoms that overlap with those of COVID-19. Overall though, these data do not raise a concern that protocol-specified reporting of suspected, but unconfirmed COVID-19 cases could have masked clinically significant adverse events that would not have otherwise been detected.

<https://www.fda.gov/media/144416/download>

Per PFIZER’s own document, “unconfirmed COVID-19 cases could have masked clinically significant adverse events that would have otherwise been detected.”

Per PFIZER’s EUA submission, clinically significant or severe COVID-19 cases were defined in the Phase 3 Study as kidney, liver, or *neurological dysfunction**, low oxygen levels, respiratory failure, mechanical ventilation, systemic shock, admission to the intensive care unit (ICU), or *death*.

For another secondary endpoint, the case definition for a severe COVID-19 case was a confirmed COVID-19 case with at least one of the following:

- Clinical signs at rest indicative of severe systemic illness (RR \geq 30 breaths per minute, HR \geq 125 beats per minute, SpO2 \leq 93% on room air at sea level, or PaO₂/FiO₂ <300 mm Hg);
- Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO);
- Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors)
- Significant acute renal, hepatic, or neurologic dysfunction;
- Admission to an ICU;
- Death.

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<https://www.fda.gov/media/144416/download>

Pages 15-16 of PFIZER's EUA submission, states that the incidence of expected *serious adverse events* (reactogenicity) in 100 children aged 12-15 years, was so *incriminating* that Pfizer and the FDA agreed to not release (*cover-up*) the data.

Solicited reactogenicity data in adolescents 16-17 years of age are not available for the reporting period. Reactogenicity data from a total of 100 adolescents 12 through 15 years of age enrolled in C4591001 Phase 2/3 were provided in the EUA submission. However, the Sponsor did not request inclusion of this age group in the EUA because the available data, including number of participants and follow-up duration, were

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Pfizer-BioNTech COVID-19 Vaccine Emergency Use Authorization Review Memorandum

insufficient to support favorable a benefit-risk determination at this time. Therefore, the reactogenicity data for participants 12 through 15 years of age are not presented in this document.

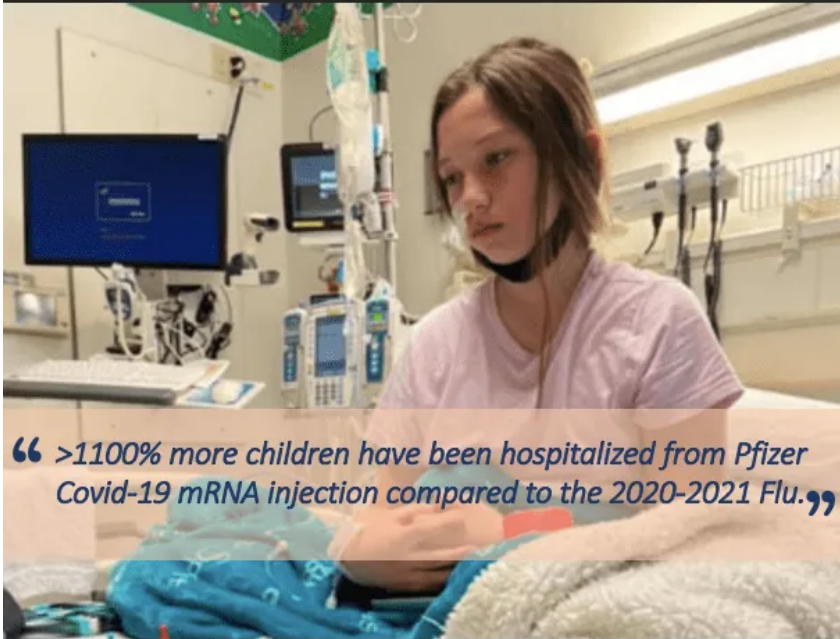
<https://www.fda.gov/media/144416/download>

*“Reactogenicity data (including severe adverse events from the October 22, 2020 FDA/Industry meeting) from a total of **100 adolescents 12 through 15 years of age**...were provided in the EUA submission. **However, the Sponsor (Pfizer) did not request inclusion of this age group in the EUA because the available data...were insufficient to support favorable a benefit-risk determination at this time. Therefore, the reactogenicity data for participants (children) 12 through 15 years of age are not presented in this document.**” - FDA EUA Review Committee for Pfizer EUA COVID-19 mRNA Vaccines, 12/11/20*

The FDA knew Pfizer’s mRNA vaccines would permanently injure and harm children. Immediately after this meeting, the FDA should have stopped all trials, especially the trial for children. Allowing the pediatric trials to move forward was a criminal act by the FDA resulting in the unnecessary battery (bodily injury) of children.

Maddie de Garay was a healthy, happy 12-year old girl prior to being a study participant in Pfizer’s 12-15 year old Phase 3 trial. Within 24 hours of receiving her 2nd mRNA Pfizer vaccine, Maddie suffered severe crippling nerve pain, memory loss, vision disturbances, and irregular menstrual cycles. Maddie is suffers particle paralysis and requires a wheel chair and NG tube. Her serious adverse events were recorded as a stomach ache in the Pfizer trial.

Children Hospitalized from mRNA Injections



“ >1100% more children have been hospitalized from Pfizer Covid-19 mRNA injection compared to the 2020-2021 Flu.”

VAERS December 31, 2021

AGE	HOSPITALIZED
Unk	40,338
05-11	113
12-24	6,369
25-50	20,766
51-65	16,603
66-80	18,928
81+	10,186

During the December 11, 2020 FDA meeting, data was disclosed of a teenager from the 16-17 year old group (n=77) who was vaccinated with the Pfizer mRNA vaccine. The vaccinated teenager fractured his facial bone structures, likely from the fainting caused by the mRNA vaccines.



Table 4. Demographic Characteristics, Participants With or Without Evidence of Infection Prior to 7 Days After Dose 2, Evaluable Efficacy (7 Days) Population

Characteristic	BNT162b2	Placebo	Total
	N ^a =20033 n ^b (%)	N ^a =20244 n ^b (%)	N ^a =40277 n ^b (%)
Sex: Female	9794 (48.9)	10107 (49.9)	19901 (49.4)
Sex: Male	10239 (51.1)	10137 (50.1)	20376 (50.6)
Age at Vaccination: Mean years (SD)	50.3 (15.73)	50.1 (15.78)	50.2 (15.76)
Age at Vaccination: Median (years)	51.0	51.0	51.0
Age at Vaccination: Min, max (years)	(12, 89)	(12, 91)	(12, 91)
Age Group: 16 to <18 years	77 (0.4)	76 (0.4)	153 (0.4)

Among participants 16 to 17 years of age, there was 1 participant in the vaccine group who experienced an SAE of facial bones fracture, which was not considered related to study intervention by the investigator.

A vaccinated teenager fractured facial bones (likely from fainting/collapsing)

<https://www.fda.gov/media/144416/download>

Per the September 17, 2021, FDA committee meeting, the FDA has full knowledge that two (2) injections of Pfizer's mRNA vaccines increases a person risk for developing COVID-19 over time versus a person who remains unvaccinated.

Vaccines and Related Biological Products Advisory Committee Meeting

September 17, 2021

FDA Briefing Document

Application for licensure of a booster dose for COMIRNATY (COVID-19 Vaccine, mRNA)

Although not independently verified by FDA, the post hoc analysis appears to indicate that the incidence of SARS-CoV-2 during the analysis period among 18,727 study participants originally randomized to BNT162b2 (mean of 9.8 months post-Dose 2 at the beginning of the analysis period) was 70.3 cases per 1,000 person-years, compared with an incidence of 51.6 cases per 1,000 person-years among 17,748 study participants originally randomized to placebo and crossed over to BNT162b2 (mean of 4.7 months post-Dose 2 at the beginning of the analysis period). An additional analysis appears to indicate that incidence of COVID-19 generally increased in each group of study participants with increasing time post-Dose 2 at the start of the analysis period. Only 3 severe COVID-19 cases were reported during the analysis period, all of which occurred among study participants originally randomized to BNT162b2. <https://www.fda.gov/media/152176/download>

People who have had 2 doses of Pfizer's mRNA vaccine have an increased risk of developing COVID-19 over time

In other words, Pfizer's COVID-19 mRNA vaccines cause COVID-19.

So there you have it. The FDA authorized and approved the COVID-19 mRNA vaccines knowing the injections would cause injury, disease, disabilities, and death at a higher rate than the 'SARS-CoV-2 virus' (much, much higher rate).

The FDA mRNA vaccine committee is also well-versed in the immunogenicity and lethality of 'mRNA vaccines' based on over a decade of analysis by the agency on protein-based therapies.

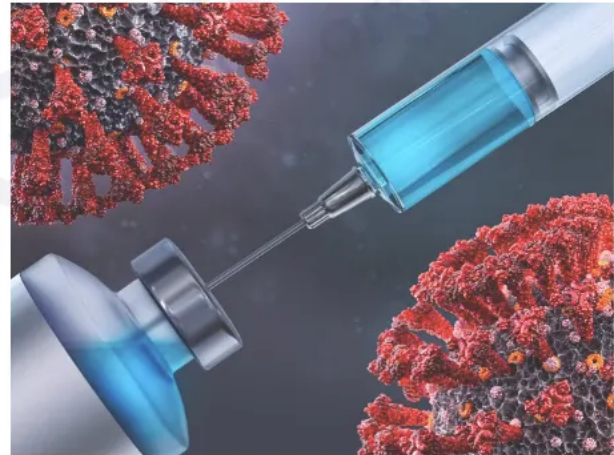
“A major problem with protein-based therapeutics is their immunogenicity, that is, their tendency to trigger an unwanted immune response against themselves . . . Such antibodies can cause complications that can be life threatening.”

FDA U.S. Food and Drug Administration
Protecting and Promoting Public Health www.fda.gov

The immunogenicity of therapeutic proteins- what you don't know can hurt YOU and the patient

João A. Pedras-Vasconcelos, PhD
CMC and Immunogenicity Reviewer
Division of Therapeutic Proteins
OBP/CDER/FDA

SBIA REI Fall 2014



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<https://www.fda.gov/files/drugs/published/The-immunogenicity-of-therapeutic-proteins--what-you-don%E2%80%99t-know-can-hurt-YOU-and-the-patient--Fall-2014.pdf>

<https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/immunogenicity-protein-based-therapeutics#:~:text=A%20major%20problem%20with%20protein,or%20eliminate%20their%20therapeutic%20effects.>

Lastly, on October 22, 2020, (prior to any mRNA vaccine authorizations) the FDA had a meeting with industry, where a list of the *expected severe diseases and outcomes caused by the mRNA vaccines was disclosed*. When the FDA authorized and then approved the COVID-19 mRNA vaccines, the agency knew that the mRNA vaccines *do not prevent* severe disease, but rather *cause* severe disease and death.

FDA Safety Surveillance of COVID-19 Vaccines : DRAFT Working list of possible adverse event outcomes

Subject to change

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FDA VRBPAC Meeting: October 22, 2020

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encepholopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

<https://www.fda.gov/media/143557/download>

The above list of diseases and outcomes are not side effects. The above list of diseases and outcomes, including death, are the *INTENDED CONSEQUENCES* of the COVID-19 mRNA vaccines.

Based on the body of evidence submitted to the FDA by Pfizer, the FDA is fully knowledgeable that Pfizer's COVID-19 mRNA vaccines *cause* mild-moderate disease, severe disease, injuries, disabilities, and even death in adults and children. The FDA is fully aware that the mRNA vaccines put American adults and children at significant risk for hospitalizations and death while the 'SARS-CoV-2 virus' does not.

Based on this body of evidence, Pfizer's COVID-19 mRNA vaccines are not vaccines but are biological weapons per 18 US 175.



18 U.S.C. Ch.10: BIOLOGICAL WEAPONS

18 USC Ch. 10: BIOLOGICAL WEAPONS
From Title 18—CRIMES AND CRIMINAL PROCEDURE
PART 1—CRIMES

§175. Prohibitions with respect to biological weapons

(a) In General.—Whoever knowingly develops, produces, stockpiles, transfers, acquires, retains, or possesses any biological agent, toxin, or delivery system for use as a weapon, or knowingly assists a foreign state or any organization to do so, or attempts, threatens, or conspires to do the same, shall be fined under this title or imprisoned for life or any term of years, or both.

Extraterritorial Federal jurisdiction over an offense under this section committed by or against a national of the United States.

(b) Additional Offense.—Whoever knowingly possesses any biological agent, toxin, or delivery system of a type or in a quantity that, under the circumstances, is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose, shall be fined under this title, imprisoned not more than 10 years, or both. In this subsection, the terms "biological agent" and "toxin" do not encompass any biological agent or toxin that is in its naturally occurring environment, if the biological agent or toxin has not been cultivated, collected, or otherwise extracted from its natural source.

(c) Definition.—For purposes of this section, the term "for use as a weapon" includes the development, production, transfer, acquisition, retention, or possession of any biological agent, toxin, or delivery system for other than prophylactic, protective, bona fide research, or other peaceful purposes.

§177. Injunctions

(a) In General.—The United States may obtain in a civil action an injunction against—the conduct prohibited under section 175 of this title;

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<https://uscode.house.gov/view.xhtml?path=/prelim@title18/part1/chapter10&edition=prelim>

The evidence in this article is primarily from Pfizer's documents submitted to the FDA. The other evidence is from the FDA and a peer-reviewed journal authored by the inventors of the 2-SP spike protein produced by COVID-19 mRNA vaccines. Each statement made can be verified with the link provided to a government website (either NIH.gov or FDA.gov) where you will find the documents that are cited.

This article is based on evidence that can stand up in a court of law. Please share with local and national government officials, school boards, churches, and your health care providers. Please share with your friends and family. Our loved ones, our communities, and our country cannot be healed if they are unaware of how they have been harmed.

The FDA's approval of COVID-19 mRNA vaccines is not only fraudulent, it is conspiracy to commit premeditated battery and murder of Americans with a biological weapon.

The Kingston Report. TRUTH WINS.

Psalm 140: 1-3

“Rescue me, Lord, from evildoers; protect me from the violent who devise evil plans in their hearts and stir up war every day. They make their tongues as sharp as a serpent’s; the poison of vipers is on their lips.”

Take Down COVID-19

The uncomfortable truth is that we all have been lied too and deeply betrayed by leaders we trust, and some we even adored. All offices of power across our nation; from our President and Federal Healthcare agencies to our local governors, mayors, city council members, and even our health care service providers, employers, and school boards members. If you’re questioning on how to know if a government, public official or even if your employer or school is an ally of the American people of our children, there is a simple challenge to give them;

Demand Local Officials Take Down COVID-19.

Call for governors, mayors, school boards, colleges and universities, health care officials, health care centers, businesses, and churches to;

- **Make a public declaration that COVID-19 mRNA vaccines cause disease and death and must be banned and recalled immediately**
- **Immediately STOP ALL COVID-19 testing, treatments and mRNA vaccines**
- **REJECT and STOP ALL FUNDING for all COVID-19 programs**
- ***CALL FOR GOVERNORS to CRIMINALIZE the promotion and administration of mRNA VACCINES**

*Governors have the power to reject the HHS declaration that SARS-CoV-2 is a threat to public health and national security and to criminalize the use of all EUA designated COVID-19 products, tests, and mRNA vaccines. Demand that they do.

44 Comments