Exhibit 481

Part 2: Yeadon on the toxicities deliberately designed into the Covid ‘vaccines’

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Mike Yeadon on the toxicities deliberately designed into the Covid 'vaccines'

By **Kathy Gyngell** July 3, 2023

This is the second in a series of edited extracts of James Delingpole's recent podcast with Dr Mike Yeadon (PhD in respiratory pharmacology, co-founded a biotech company and conducted research at Pfizer) to discuss the evil WEF, their own faith journeys, 'Gollum-class AI' and more. You can listen to the full podcast here,

and read the first selection of extracts here.

Before their emergency authorisation, Dr Yeadon warned the European Medicines Agency that these gene-based vaccines were not safe. Since then he has come to believe in a sinister agenda behind their determined rollout. What follows is the part of the podcast where James questions him on this. Mike explains rational drug design and how he saw obvious 'designed-in' toxicities in the mRNA and DNA Covid 'vaccines'.

JAMES DELINGPOLE: How do you persuade me that these vaccines, which were, due to the miracle of modern medical science, rolled out very quickly to deal with an unprecedented, hitherto unknown viral . . . variation on a virus, possibly leaked from a biolab, that these vaccines were actually part of a global depopulation programme?

DR MICHAEL YEADON: How would I persuade you that that's what they were for? Well, [if] you are thinking of someone like, for example, Boris Johnson [might have been], I don't believe for a moment he was any part of the plan, but at some point, he knew something . . .

JD: Yeah. Yeah.

MY: I don't think very many people know, even on the perpetrators' side . . . that these injections are designed to kill people. But I bet Boris Johnson had no idea that they were designed to injure people . . . I think very few people would have thought this will be, you know, a depopulation event. If you're asking, 'Mike, in a few sentences persuade me that there's something . . .'

JD: Yes, that's what I'm saying.

MY: So, I would say, I'd point out to people that drugs, pharmaceuticals, are designed. They don't just fall out of the sky. So unless you extract them from a plant, they're synthetic, someone has to design them. You don't just grab a handful of atoms and hope it does something. You do what's called intelligent or rational drug design. You think about what you're trying to accomplish. And, you [will]know, from hundreds or thousands of examples in the past, what kind of chemical structures would potentially allow that objective to be met. So if it's an oral drug, you don't pick something that's a thousand molecular weight because high molecular weight drugs don't tend to be absorbed.

There are some rules. About the size, about the kind of chemical structures, about the charges on them and so on. You use all of these skills and knowledge, various databases, and you try to design a molecule to do what you want. And you try to combine a synthesis of a test drug – a prototype and a test and you iterate between the two, trying to get closer and closer to the objective. Sometimes you get to select a clinical candidate and sometimes not.

I point all of that out to say that this so-called rational drug design is what I did for over 30 years. And I was reasonably good at it. You learn generalities and then some specialities and so on. So when I look at the structure of something, I can often see intent in that structure, because I put myself in the mind of the designer. What were they trying to accomplish, looking at the structure?

When I apply those rational drug design skills that I have, and I look at the vaccines, I can see three or four obvious designed-in toxicities that cannot possibly be there by accident, because people like me would have been designing them. So although people say, 'Oh, you've never worked in vaccines,' no, I didn't. [But] these are not vaccines. You know, in no way are they typical. So if I'd had 25 years' experience in traditional vaccines, it would be of no use, folks, because these are not like that. What they're much more like are the kind of molecules I worked in. They are larger, these are macromolecules. I tended to work in smaller molecules, but the design principles are the same. What did you want to accomplish? What kind of structures, formulations, requirements and 'must not haves' would have to be there? When I look at the vaccines, I can name two of them because they're so easy that other people can get them too. So the first is that they have a genetic code for a piece of protein that we've all come to know and love called spike protein, which is at least allegedly the sticking out

spike bit on the surface of these floating things that look like mines, you see them on your TV and the media, those spike proteins.

JD: And we saw them at the Olympics opening ceremony before that.

MY: In 2012. It's astonishing. You cannot miss it. If you watch that opening ceremony, there it is, a copy of coronavirus. Anyway, here's the point, I ask people this question: what is it about your immune system that means that you play nice with yourself most of your life and your immune system doesn't attack you, and yet under certain circumstances, your body absolutely goes to war and unleashes all weapons it's got against something? I say it's recognition of self.

So your immune system, when you were being developed as a foetus, all of the components of your body were being introduced to the components of your immune system, which are being formed by some, like, random selection at binding sites. And basically it was like, 'This is James, this is James, this is James – don't attack it.' So by the time you were born, you had a very powerful immune system that would attack anything that wasn't James, but which leaves James or 'self' alone. So when you're injected with something that made your cells manufacture a non-self protein – because that's what a viral protein is – guess what your immune system did to every single cell in your body that took that diabolical stuff up and made non-self protein – I'm afraid the answer is autoimmune lethal attack.

I've spoken to at least ten immunologists and I've put it to them, and they've gone, 'Yeah, you're right.' I said, 'Could I be wrong?' No, it's immunology 101. That's how your immune system fundamentally plays nice with you, except when you get some circumstances, like developing cancer sometimes, you can destroy cancer cells, because they start to make different proteins than normal, and they're recognised as non-self, and you can often kill them. It's called immune surveillance, you do it every day, your body kills off single cell cancers, or potentially single cell cancers. Every day, your clever immune system goes, 'That shouldn't be here.' They leap on it and kill it.

So if you take an injection, whatever it is a third of a ml, bang it in your shoulder, hundreds of billions of particles float around your body. Wherever they land, if they were taken up and that cell started to grind out non-self protein, I'm afraid your immune system recognises non-self is in the offing and it absolutely goes to war. And that is by design. It cannot but happen that way.

So the moment I saw it – actually, that was not the first thought, at first, I thought, 'Oh, you're expressing a dangerous protein, this spike protein is toxic,' and it is. But after a little while, I thought it wouldn't make any difference what protein it is. If it's not you, if it's going to trigger autoimmunity. So that's the first thing I'll tell you.

All of these gene-based so-called vaccines are dangerous. Please don't take any of them. So if they tell you there's a flying Ebola and you must take this mRNA vaccine, please do not take it. Because if it encodes a piece of the alleged Ebola, flying Ebola, it will kill you. Your immune system will recognise what you've just made, when you copy that instruction, it will recognise that it is not belonging to your body, and it will kill the cell that's making it.

Now, what I've just told you fits perfectly with the observed pathology, because this stuff randomly landed up in various tissues. If it landed in your heart, you might get pericarditis or myocarditis. If it landed anywhere in your neurological system, you could get various neurological conditions. If it landed in the back of your eyes, you could go blind. Your pregnant uterus: miscarriage. And so on, you know, kidney failure. So, I think there's lots of pathologies. I think there are several. But I think this one is one that always occurs. And it maps exactly on to why you've got just a tremendous range of anatomically different conditions. You know, why aren't people inquisitive about that? How could . . . so, for example, if you take an overdose of paracetamol, I can assure you, you don't end up with, I don't know, your heart generally doesn't stop beating. What happens is your liver is killed, because your liver converts it from a not very nice substance into a really very toxic substance. And if you take large doses, you end up, I think it's centrilobular necrosis. It kills your liver. If you take lower doses over decades, it kills your kidneys through glomerular foot process loss, something like that. So it's quite unusual to take a single substance that has produced 1,200 different side-effects that vary. One person would get blood clots in their brain, and someone else would lose their baby.

What I've just explained fits perfectly. Now, it may not be perfectly correct, but all that I have said is true. Anyone who's had even the first introduction to immunology will recognise this self/non-self dichotomy is at the heart of how your immune system works. So that's the first thing. That is unequivocal evidence that all four companies designed . . . conspired to produce something that your body . . . would lead your body to kill itself.

The second part is, at least in the case of the Moderna and Pfizer products, they are wrapped in what are called lipid nanoparticles. They're quite funky. They essentially mimic the fatty outer coating of yourself. Your body is divided into tiny compartments called cells. They're so small you need a microscope to see them. But, you know, that's what they are. They're like little bubbles or balloons, and they're surrounded by a lipid bilayer – that's its cell membrane. And it allows itself to regulate what's inside compared with outside. So lipid nanoparticles look a bit like that. And so they just, in a stealthy fashion, go all the way around your body and slide into various cells. And if you didn't have something like that, your body would recognise and destroy the foreign genetic information. I mean, it's not surprising. Your genetic inheritance is the thing that you would want to preserve, right? If you're going to have offspring, you don't want your own genetic inheritance to be coloured by foreign DNA and RNA. And so we've got extraordinarily good systems designed to stop foreign DNA and RNA entering our cells.

But if you coat it in this lipid that makes it look like a cell, you probably don't notice it, by analogy you miss it, it goes past in the corner of your eye and you don't notice. But you might think, 'Well, that's not evidence of depopulation.' Ah, but I've got a factoid for you, James. People who work in formulations, it's a special area, you know, formulation, R&D [research and development] is itself a discipline. It's difficult to know how to make the right salts of a particular drug, and people become good at this stuff over decades of formulation R&D, process R&D. These departments were as big as my department, it's that difficult.

I happened to come across a piece of literature that was ten years old at the time of rolling out these vaccines that told us that lipid nanoparticle wrapped macromolecules – big molecules – preferentially accumulate in various organs, including the ovaries. So we knew for certain that if you wrapped the Moderna and Pfizer jabs in this stuff and then injected it into girls and women, it would accumulate in their ovaries.

I have absolutely no doubt in my mind that's what it's doing. Well, why would you do that if you were trying to produce immunity to a respiratory virus? And the answer is you wouldn't. Would you do this if you were trying to harm their fertility? Yes, you would. Especially if you combine the two things I've said. Because if a girl or a woman's ovaries expresses this non-self protein, her own immune system will destroy her ovaries. So I guessed in 2020 – and we have it in writing – that there was a risk of reduction in live babies. And I'm afraid I've not followed the field, because I'm not competent to do it properly. But I followed some demographers who are competent to do it, and it looks pretty awful, that between 10 per cent and 20 per cent reductions in live births everywhere – everywhere we look that there's been intensive injections. So yeah, so on the first part, your immune system will kill you. On the second part, it will damage and potentially render you infertile. And there's no excuse for either of those things. There were well known hazards of doing the two things they did.
If someone would like to write to me and tell me why I'm wrong, I would love to be wrong. But I've been saying it for three years, and no one has pointed out why I'm wrong.

To be continued . . .