# Exhibit 319

## 10 Worst Hazards of the COVID Vaccines

7 of these hazards were known by scientists prior to release of the COVID vaccines. Any one of them is a stop signal.

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THE EPOCH TIMES EPOCH HEALTH



# 10 Worst Hazards of the COVID Vaccines

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HEALTH VIEWPOINTS

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Steve Kirsch, the executive director of the Vaccine Safety Research Foundation, recently asked me for the five main takeaway points from my book Neither Safe Nor Effective: The Evidence Against the COVID Vaccines. It was tough to narrow the list down to five. So here are 10 that I consider essential red flags. Numbers 1, 2, 3, 4, 6, and 8 below are too seldom discussed, even by those of us who have been early critics of the COVID vaccines. Each of the 10 is and has been prohibitive to the use of mRNA technology and coronavirus vaccination of any kind in healthy populations. Therefore, fully informed and completely uncoerced consent is required before use. All 10 points address safety rather than efficacy.

First I summarize, and then discuss below these ten most salient red flags against use of the mRNA COVID vaccines. Each alone is a prohibitive red flag against use in human populations.

Two years ago today, I wrote the first comprehensive warnings that I had seen of seven of the following hazards (#4 through #10) of these vaccines. [1] Then I covered all of the 10 below in my book. In order of importance, I believe these are the 10 worst hazard signals regarding the COVID vaccines.

1. Bradford Hill criteria indict the COVID vaccines as being the cause of increased injuries and deaths, by nine different criteria, redundantly confirmed around the world. An abundance of data from vastly different sources corroborates this causality.

2. When the U.S. Food and Drug Administration (FDA) was forced by court order to release the list of adverse events observed by Pfizer in their short clinical trial, the list ran to 1290 different adverse events observed, including very serious and devastating adverse events, many of which may be permanent.

3. One of the most important papers in the COVID era shows that the COVID vaccines damage the immune system and allow new cancers to form, due to devastating interference with Type I interferon signaling pathways.

4. It is more dangerous to vaccinate against SARS-CoV-2/COVID than against other viruses.

5. Myocarditis is a life-threatening condition.

6. mRNA can affect DNA

7. Antibody-dependent enhancement is more than a mere distraction of your immune system in the presence of pathogens or cancer cells; because it distorts immune

function, it can become a weaponization of your immune system against you.

8. Cationic lipids used in the lipid nanoparticle delivery system of mRNA vaccines have never arrived well at human cell membranes.

9. Male and female fertility has been impaired, and birth rates have declined, by mechanisms known prior to peak uptake of these vaccines.

10. Spike proteins cross the blood-brain barrier, attach to neurons, and create brain inflammation and misfolded (prion-like) proteins.

Chapter and page references are to the paperback version of "Neither Safe Nor Effective." The Kindle version is still being suppressed by Amazon.

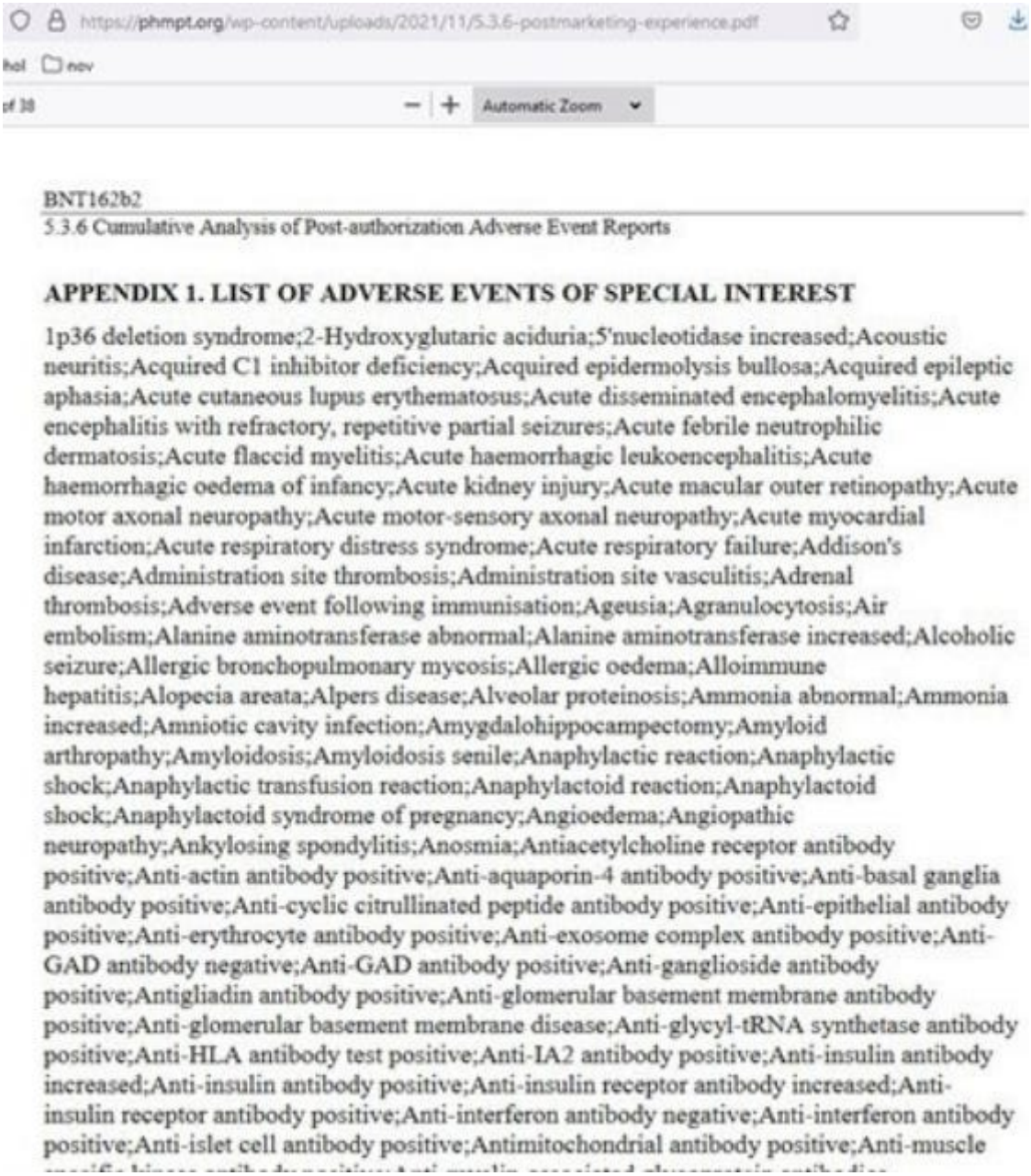
### 1. (Chapter 3) Bradford Hill criteria indict the COVID vaccines as being the cause of increased injuries and deaths.

The Bradford Hill criteria are the most widely accepted set of criteria, over a half-century, to assess for causality in epidemiological phenomena. Did A cause B? Or are A and B merely correlated? The experiences of entire populations are vastly multi-factorial. Therefore, it has been necessary to examine correlated data from multiple perspectives or criteria, to evaluate likelihood of causality, to assess whether or not correlated data arrive to such a (necessarily strict) threshold where causality (or lack thereof) may be determined.

For all nine of these criteria, there are multiple clinical studies and other pieces of evidence that the COVID vaccines are not only correlated with, but also causative of higher rates of injuries and deaths. Those criteria are: strength of association, consistency, specificity, temporality, biological gradient/dose-response, plausibility, coherence, experiment, and analogy. Data is especially abundant for causative action from the COVID vaccines to cardiovascular injury and deaths from all causes.

### 2. (Page 44) When the FDA was forced by court order to release the list of health injuries observed by Pfizer in the short trial, the list ran to 1290 different types of adverse events observed.

The following is only the first part of the letter A of that alphabetical list of 1290 different kinds of injuries, and presumably only those "of special interest." Note the severity and both acute and potentially chronic nature of the adverse events listed.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BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

**APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST**

1p36 deletion syndrome;2-Hydroxyglutaric aciduria;5'nucleotidase increased;Acoustic neuritis;Acquired C1 inhibitor deficiency;Acquired epidermolysis bullosa;Acquired epileptic aphasia;Acute cutaneous lupus erythematosus;Acute disseminated encephalomyelitis;Acute encephalitis with refractory, repetitive partial seizures;Acute febrile neutrophilic dermatosis;Acute flaccid myelitis;Acute haemorrhagic leukoencephalitis;Acute haemorrhagic oedema of infancy;Acute kidney injury;Acute macular outer retinopathy;Acute motor axonal neuropathy;Acute motor-sensory axonal neuropathy;Acute myocardial infarction;Acute respiratory distress syndrome;Acute respiratory failure;Addison's disease;Administration site thrombosis;Administration site vasculitis;Adrenal thrombosis;Adverse event following immunisation;Ageusia;Agranulocytosis;Air embolism;Alanine aminotransferase abnormal;Alanine aminotransferase increased;Alcoholic seizure;Allergic bronchopulmonary mycosis;Allergic oedema;Alloimmune hepatitis;Alopecia areata;Alpers disease;Alveolar proteinosis;Ammonia abnormal;Ammonia increased;Amniotic cavity infection;Amygdalohippocampectomy;Amyloid arthropathy;Amyloidosis;Amyloidosis senile;Anaphylactic reaction;Anaphylactic shock;Anaphylactic transfusion reaction;Anaphylactoid reaction;Anaphylactoid shock;Anaphylactoid syndrome of pregnancy;Angioedema;Angiopathic neuropathy;Ankylosing spondylitis;Anosmia;Antiacetylcholine receptor antibody positive;Anti-actin antibody positive;Anti-aquaporin-4 antibody positive;Anti-basal ganglia antibody positive;Anti-cyclic citrullinated peptide antibody positive;Anti-epithelial antibody positive;Anti-erythrocyte antibody positive;Anti-exosome complex antibody positive;Anti-GAD antibody negative;Anti-GAD antibody positive;Anti-ganglioside antibody positive;Antigliadin antibody positive;Anti-glomerular basement membrane antibody positive;Anti-glomerular basement membrane disease;Anti-glycyl-tRNA synthetase antibody positive;Anti-HLA antibody test positive;Anti-IA2 antibody positive;Anti-insulin antibody increased;Anti-insulin antibody positive;Anti-insulin receptor antibody increased;Anti-insulin receptor antibody positive;Anti-interferon antibody negative;Anti-interferon antibody positive;Anti-islet cell antibody positive;Antimitochondrial antibody positive;Anti-muscle

It is well worth reading Pfizer's entire list of these adverse events. [2] I strongly encourage the reader to do so.

3. (Page 68) One of the most important papers in the COVID era shows that the COVID vaccines damage the immune system and allow new cancers to form, due to devastating interference with Type I interferon signaling pathways.

Seneff, Nigh, Kyriakopoulos, and McCullough showed that the most profound threat to the human immune function from the mRNA COVID vaccines is by means of obstruction of Type I interferon signaling pathways. [3] The disabling of this most important cytokine known to immunology creates downstream mayhem. The surveillance capabilities of the immune system become disabled with regard to cancer detection. This lights-out subterfuge allows both new tumors and metastases of existing cancer, in the COVID-vaccinated, to grow without opposition from our immune system. Hence the emergence of the new turbo cancers. Whereas those of us who were naturally infected with SARS-CoV-2 were able to upregulate Type I interferon when needed, mRNA-vaccinated people have not shown this ability.

### 4. (Page 21) It is more dangerous to vaccinate against COVID than against other viruses.

The SARS-CoV-2 virus uses the ACE-2 receptor to enter endothelial cells, including those lining the blood vessels. This creates an inflammatory reaction that the great majority (99.85 percent) of those naturally infected have survived. So if you have been exposed to the virus, and then get vaccinated, it is almost certain that spike proteins generated by the vaccine will cause new inflammation and damage to endothelial cells lining your blood vessels, launching new disease in the blood vessels. Dr. H. Noorchashm, MD, Ph.D. says, " ... the vaccine is almost certain to do damage to the vascular endothelium." He explains in a letter that was deleted from its original sources, but may still be viewed. [4]

Noorchashm writes: "I am writing to warn that it is an almost certain immunological prognostication that if viral antigens are present in the tissues of subjects who undergo vaccination, the antigen-specific immune response triggered by the vaccine will target those tissues and cause tissue inflammation and damage."

In this case, the vaccine stimulates the immune system to attack the already injured cells lining blood vessels, with a resulting array of vasculitis, thrombophlebitis, vascular insufficiency (both arterial and venous), as well as thromboembolic complications such as stroke, myocardial infarction and myocarditis.

### 5. (Page 20, Chapter 6) Myocarditis is a life-threatening condition, which injures the muscular layer of the walls of the heart, with no available treatment, because it entails the killing of heart cells.

Myocarditis is typically very rare in youth but has been disabling and killing vaccinated individuals, particularly at moments of devastating synergy with anxiety-driven catecholamine release, such as an athlete under game performance pressure, or a journalist as cameras roll. The Centers for Disease Control and Prevention (CDC) has confessed to the connection between myocarditis and the COVID vaccines. [5]

The following study shows the likely mechanism of harm done to the myocardium, [6] and everyone who takes the COVID vaccines would find it nearly impossible to reverse or prevent such permanent damage to the heart. I explain this mechanism. [7] [8]

Pathologist Roger Hodkinson, MD, explains the devastation of myocarditis:

"Myocarditis is never mild, particularly in young, healthy males. It's an inflammation of the heart muscle, the pump of the body. And we don't know what percent of the heart muscle cells would have died in any one attack of myocarditis. The big thing about heart muscle, heart muscle fibers, is that they do not regenerate. ... We do know that myocarditis can present decades later, with premature onset of heart failure that would otherwise not have been expected. So it's a terrible worry for these people to know what's going to happen to them in the future. ... It's not trivial." [9]

## 6. (Page 17) mRNA can affect DNA.

One of the most worrisome risks with an mRNA vaccine is what can happen with reverse transcriptase. This is an enzyme in every cell, and it can theoretically lead to mRNA creating changes in the cells' DNA, a process known as viral retro-integration.

Although this possibility had been thought unlikely, Massachusetts Institute of Technology and Harvard University scientists found it happened here. [10]

If some of the 30 trillion or so cells in your body become permanent COVID factories, what is the long-term impact on your health, and would you want that outcome?

At the time of the vaccines' release in December 2020, there were no peer-reviewed published long-term human trials of mRNA vaccines at all, and no mRNA vaccine had ever been FDA-approved. That's how brand new the technology was. These needed to go through much longer and more rigorous animal testing before release and use with humans.

## 7. (Pages 18–19) Antibody-dependent enhancement (ADE) problem.

Prior attempts to create a coronavirus vaccine killed all the test animals, after they were later infected with wild virus. Here's what happened: mRNA instructed the mammals' cells to produce the spike proteins of the coronavirus. Then later, when the animals confronted the wild virus, the intense build-up of antibodies had been stockpiled, and their sudden and overwhelming release killed the test animal. These risks have been documented in Nature, Science, and the Journal of Infectious Diseases. Here's a study from the journal Nature Microbiology in September 2020 on that. [11]

Thus, long before even one person had received a COVID vaccine, this devastatingly poisonous effect was known by some and widely ignored and hidden from the public.

ADE mechanism: ADE is a form of pathogenic priming, meaning the vaccine can result in a more severe disease, which has been seen in prior attempts at making coronavirus vaccines. The antibodies made can be neutralizing (which is helpful as it inactivates a virus).

However, antibodies are a problem when they are non-neutralizing, because then these antibodies carry active viruses directly to macrophages, which then become infected. This is how ADE happens.

This ADE leads to: increased viral replication (more viruses to sicken the individual); [12] and more severe disease. [13]

Another problem is that these macrophages tend to go to the lungs and fill the lungs, causing overwhelming inflammation and airway obstruction (as found later on autopsy). [14] However, the augmented antibodies also attack similar looking proteins on internal organs, resulting in cytokine storm and death [15] or autoimmune disease and organ failure. "Cats that showed high titers following vaccination succumbed at later timepoints to fatal disease." [16]

## 8. (Page 16) Cationic lipid coating of mRNA

Cationic lipids are known for many years to be toxic, [17] because these positive-charged fats interact with the negative charges on our amino acids, our cell membranes and the phosphates of our DNA. Lipid nanoparticles have been found to carry mRNA vaccine content to multiple sensitive bodily organs, such as the brain, ovaries, spleen, and liver. Cationic lipids are attracted to and are destructive toward: the lungs, [18] mitochondria, red blood cells, white blood cells, [19] liver [20] and the nervous system. (These are the Bell's Palsy and tremors that are seen in vaccine victims.) [21]

## 9. (Page 19) Male and female fertility has been impaired by mechanisms known prior to peak uptake of these vaccines.

Why was there no warning from the CDC or FDA about the antisperm antibodies discovered by Pfizer in the vaccinated trial participants? What about miscarriages, and why have men been advised to freeze their sperm prior to getting the injection? Both men and women are at risk for possibly permanent infertility, because the spike protein of a coronavirus "looks" to the immune system similar to Syncytin-1, an essential protein in the placenta. This stimulates antibodies to fight the placenta, and possibly sperm. Midterm miscarriages, which are normally very rare, have occurred in women who have been vaccinated for COVID. Miscarriages have increased in the United Kingdom. [22] The New England Journal of Medicine had previously found that 14 percent of vaccinated pregnant women miscarried, mostly in the 3rd trimester, which is normally a very rare time to miscarry. [23]

As it turns out, and as predicted, 19 European countries began experiencing significant declines in birth rates beginning nine months after peak COVID vaccine uptake. [24] I will write more about this in the coming days.

Researcher Naomi Wolf has taken a particular interest in topics related to the COVID vaccines' impact on fertility and women's reproductive health. As their team traced the data reported by Pfizer, it was found that 270 of the pregnant women in the Pfizer trial reported a vaccine injury. " ... but Pfizer only followed 32 of them and 28 of their babies died. This is a shocking 87.5% fetal death rate." [25]

## 10. (Page 17) Spike proteins cross the blood-brain barrier, attach to neurons and create brain inflammation and misfolded (prion-like) proteins.

This is a problem because mRNA vaccines programmed the cells in the bodies of vaccinated people to keep making spike proteins. [26] The lipid delivery system permits breach of the blood-brain barrier.

As it later turns out, Bell's palsy, [27] Guillain Barré syndrome, [28] [29] and cerebral venous thrombosis [30] have been observed as adverse events following mRNA COVID vaccination. Prion or prion-like diseases, characterized by misfolded proteins, have been observed following mRNA COVID vaccination. [31] Twenty of 26 patients with Creutzfeldt-Jakob-like illness have died, and the remaining six are in critical condition, following a COVID vaccine. [32] The SARS-CoV-2 spike protein is known to interact with amyloidogenic proteins and to stimulate Lewy body-like formation in a cell line. [33]

*Reposted from Colleen Huber's Substack.*

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