

# STAND IN THE GAP

## STAND IN THE GAP TODAY

Title: *The COVID Vaccination: Unapproved, Experimental, and Potentially Fatal-Part II*

Host: Hon. Sam Rohrer

Guest: Dr. Sherri Tenpenny

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### Transcript:

#### SEGMENT ONE

Sam Rohrer:

Well, hello and welcome to Stand in The Gap Today, where we deal with headline news of importance to Christians and of all freedom loving people, and we do it from a biblical and constitutional perspective. I'm Sam Rohrer and I'll be joined today by special expert guest, Dr. Sherri Tenpenny. She's an osteopathic medical doctor, board certified, three medical specialties and widely regarded as perhaps the most knowledgeable physician on the adverse effects that vaccines can have on a person's health. So this is part two of a focus that we have started actually a couple of weeks ago, but it deals with the decision ladies and gentlemen, that really is being thrust upon us by government, upon which every one of us who are alive in this country. All of you listening to me right now are going to be forced to make a decision.

There's not too many times I have noted throughout my life, where you're not going to be able to escape from certain decisions. Most of them you can avoid and go on, nobody cares. But on this one that we're talking about today, this decision, no fence sitting, no neutral decision. It is the decision of this in the question, do I take the COVID vaccination? Do I choose not to take the COVID vaccination ever? Do I resist it for some time and then come back and take it later? If I'm pulled I can't travel unless I take it. The choice may become limited, but we're going to have to make the choice. And can I say here right off that I know when we talk about the matter of vaccinations that it is very controversial, a lot of people have done investigation in the past, maybe for their own children said, "Nah, I don't like the fact of the way some of these were given."

Others are really on board and saying, "I liked the idea of vaccinations, but when it comes to this one of COVID vaccination, it is even more perhaps controversial

because it's perhaps more distinctive than any other vaccination you have considered." And so we're going to talk about the day, I'm wanting you to keep your mind open. We think it's part of our responsibility on key points of decision to put out information that people can consider for ourselves. Not my job to tell you what to do. It is my job though, and my responsibility and ours and the program is to offer up information that will help you to consider the ramifications of choices that come our way. Now, that being said today, obviously marks the first day of the Biden Harris administration. A lot of things are happening as you know, executive orders are flying from shutting down the pipeline to open borders, to a host of things.

I'm not going to get into that today. But one of the things that the president has communicated is that he's going to be prosing about another \$2 trillion or so stimulus plan built around COVID. And in it was said this morning that there are going to be some vast sums of money to fund military distribution and involvement with the vaccine. Now we don't know exactly what that means, but it does make me question when I hear the military involved in vaccinations, because that's certainly historic. So we're going to be built off of that thought. Our theme today is this, considering the COVID vaccinations, unapproved, experimental, and potentially fatal. This is part two, that was a theme two weeks ago. And I want to welcome in right now to the program, Dr. Sherri Tenpenny. Sherri, thank you for being with us.

Dr. Sherri Tenp...: Thank you so much for inviting me back, Sam. It's my pleasure.

Sam Rohrer: We weren't able in the last program to get things in and we have a lot to cover today, but you're a vast resource. And so we want to get right into this. Dr. Sherri, on the consent form, a lot of people don't know that if they choose to take the vaccine, they will have to sign a consent form that has a lot of key information in it. They need to be very careful. I just say that from a legal perspective, but one of the things is that they have to say they've considered and understand the benefits versus the risks of taking the vaccine. Now, reading from the Pfizer fact sheet, this is right off of the fact sheet. It says this,

"...this fact sheet contains information to help you understand the risks and the benefits of the Pfizer-BioNTech COVID-19 vaccination, which you may receive. The Pfizer-BioNTech COVID-19 vaccine is a vaccine."

And here's key words, "and may prevent you from getting COVID 19."

And then it says just below it again, "it is your choice to receive it, or ostensibly not to receive it."

So I want to ask you a series of short questions here. As we get the program going, first of all, a controversial issue, take the vaccine, not take the vaccine. Does it work, does it not work? But let's go this way. What is the established need for a vaccine when most of the numbers are saying over 99% of the people

who contract the virus survive and go on to live quite normally, what's the need?

Dr. Sherri Tenpenny: Well, there really isn't any need Sam, even if you want to think that that 99% is high, even though that is world data that has been accumulated by scientific researchers all over the world and published, if you... what if it was only 90% or 85%, it's much higher. It's a much higher rate than what the actual need is. Many researchers have said that the death rate from COVID-19 fell off months ago, like March or April of 2020, that we really don't have a pandemic anymore. We have a case of **stomach flu, and yes**, we have a very small subset of people that get sick going to hospital, a smaller subset in the intensive care units and an even smaller subset pass away. So looking at why did those people die is important. The need for this vaccine is minimal. We don't need another vaccine for the flu and when we're basing all of these numbers on cases, which is a fraudulent test, which I think we got into in the last program, there really isn't any need and this vaccine is all risk and no benefit.

Sam Rohrer: Okay, great. Let's go right on. The benefits of taking the vaccine, then if there's no need, then the question is the benefit and again, I remind our listeners on the manufacturer itself. The only benefit I'm showing bias, but I'm just saying objectively, the only benefit that they say is that it may prevent you from getting COVID 19 and Dr. Sherry, when we understand that the wearing of face masks, maintaining social distancing and all that's going to continue anyway, even if that vaccine were to work. What is the benefit?

Dr. Sherri Tenpenny: There isn't any, and it's all risk. And the fact that you have to... when this vaccine is not going to keep you from getting sick, we have no long-term studies on the potential long-term side effects and complications. I've learned from European epidemiologists that I've spoken to in meetings that it takes at least 48 days for the first side effects to show up. And then it takes anywhere from four months to four years for the long-term complications to show up from any vaccine. So that's why vaccine studies under normal conditions, they follow potential side effects and complications for years, we have fast tracked this. We strong armed it into the population, and now we're forcing people to do it against their will to ostensibly get back into a normal life, which you've already said is not going to happen.

Sam Rohrer: Stay with us. This is Sam Rohrer, I'm speaking today with Dr. Sherri Tenpenny and our theme is this- part two of our focus on the COVID 19 vaccination.

## **SEGMENT TWO:**

Sam Rohrer:

If you're just joining us right now, we're looking at COVID-19 vaccinations. I'm doing this again to help present information- expert, reliable information. Our guest today is Dr. Sherry Tenpenny and if you were listening two weeks ago, she was with me for part one of this discussion. I encourage you to go back to our website, [standinthegapradio.com](http://standinthegapradio.com). You can look up the January 8th interview and then link it together with this one. And you'll have a very, very, very good sense of this entire issue. And I understand the dilemma that's facing so many, actually all of us relative to the vaccine. I've spent a lot of time in my life looking at issues.

When I was legislatively in the position as a legislator, looking at this issue, we've considered these things well for our six children when they were growing up. So my wife and I walked through a lot of this together, but it's a new consideration for many young parents and for others in this time. So we're trying to do this to help you have the information so you can be equipped to make a wise informed decision for yourself. Now in the signing of the consent form I mentioned, if you decide to get the vaccination, you'll have to sign a consent form.

There are questions there. Have you read the materials about this vaccine? Have you considered the risk? That kind of thing is generally standard for anytime you're going to get a shot in your arm, perhaps or something you can see that, but what's assumed by people in times like this, where there's a vaccine heavily promoted, is that the necessary governmental and agency rules and standards put in place in the past to ensure safety and efficacy, that doesn't work, has in fact been done with no corners being cut. What's required by law is that research and testing and standards are in place and they're followed so that the public can be assured of long-term safety.

And that's done before any official approval is granted in this case, medically it's by the FDA food and drug administration. But what if those standards have been set aside? What if the safety and efficacy is not yet known as in the case of this Corona virus? You say, why can you say that the safety and efficacy is not established well on the website of Pfizer at [cvdvaccine.com](http://cvdvaccine.com). They state this, 'in countries where the vaccine has not been approved' and that's actually most, key word approved, by the relevant regulatory authority.

'It is an investigational drug and its safety and efficacy have not been established.' Now that I read to you was not a year ago. That's just what I pull off the website right now. This is on the official website, the efficacy, the safety and efficacy have not been established and it's termed an investigational drug. So that'd be the case I want to get right into give you maximum time here, Dr. Sherry, in response to this. When I read research and safety testing, not established means it's still ongoing. To me it says there's a risk to the company because they don't know which is what you're saying, and everyone in the process who gets involved including the patient also doesn't know, to me it

elevates this concept of risk. What is the risk for the companies involved right now? And just build this whole aspect out.

Dr. Sherri Tenp...:

Yes. Thank you, Sam. And just for the sake of your listeners who may not have heard me talk a lot before. I'm a board certified physician, I live in Cleveland Ohio. I've been studying problems associated with vaccines for more than 20 years and invested more than 40,000 hours of my time onto this topic. So this isn't something that I just decided last week I was going to talk about, this is something I've invested years of my life and years of investigational study into. So I think that credibility is important for you to know that the things that Sam and I are talking about aren't just off the cuff and to address and answer your question about what is the liability for the companies, they have none. In 2005, there was a piece of legislation that was passed into law. It was actually tacked on at 11:30 on a Saturday night on the backside of a defense appropriation bill.

It was later rolled out and referred to as the prep act, which is the public readiness and emergency preparedness act of 2005 that they refer to it as the prep act for sure. In March, 2020, Alex Azar, the head of HHS activated that law by writing it into the federal register and said that from here forward up through October 1st of 2024 or until which time the pandemic is over that any product that has made that can be called a covered countermeasure, which is a drug, a vaccine, a software, a technology, any type of product, a test, all of the PCR testing that's done. All of it is has 100% liability protection. You cannot be sued for an adverse event. You cannot be sued if it kills you, you cannot be sued if it gives you false information upon which to base your life. So the 2005 prep act completely covers all of this.

The only way that you have any recourse is it after the effect a large number of people have had an adverse effect to this vaccine. If you can get together and convince the U.S Attorney general that this product was created under an act of willful misconduct, meaning they created it intentionally to harm you, that then and only then will action be taken against the companies who've made them. That includes every ingredient, the manufacturer of every ingredient, they've got every single piece covered. They have zero liability, and therefore they have no incentive at all to make a safe or safer product.

Sam Rohrer:

Dr. Sherri, that is very, very key information because just from a human nature perspective, the only thing that prevents, since I was in office at one point, politicians or businesses from doing things that can actually harm people as long as they get gain, is the fact that they are afraid that they're going to be prosecuted legally or in even fewer cases. The people who lead those organizations have a fear of God and they are self-restrained because of moral obligation to people or ethically driven decisions. But if you throw God out, you throw the moral out and the ethical out, then the only thing that most people fear is the fact of what can happen to their job or their company as in being sued. What you said is very critical. This you're saying what happened in March, where the 2005 act was actually codified, put into regulation forum. And it's in

effect until the end of 2024, where you said or until the end of this pandemic, that's what you're saying. This broad immunity from liability is specifically crafted around this COVID virus policy and this vaccine is that correct?

Dr. Sherri Tenp...:

Around the vaccine and any product that they've labeled. They've given it a name, they call it a covered countermeasure, which again, it can be anything that's made under the umbrella of I'm doing this in relationship to COVID-19. You can belly up to the money trough that the government is throwing to the pharmaceutical industry. Like you said, at the top of the hour, trillions of more dollars to go into the richest, most wealthy, most powerful and in my opinion, most evil organization on the planet, the pharmaceutical industry.

Any covered countermeasure. So that's a vaccine, a drug, a test, the PCR testing they've approved through emergency use more than 200 different types of test kits that are not standardized. And you cannot compare them from one test to kit, to the other, to software, to technology for any sort of microchipping thing that might happen, anything at all that any manufacturer can apply for money and comply for utilization under an emergency utilization authorization, and get money for it because they say, "Oh, we're doing this to protect people or to make people safe underneath the COVID-19 regulations." It's all of it, gets a blanket pass for any sort of liability.

Sam Rohrer:

Dr. Sherry. I can say that any time that that happens, any kind of accountabilities, put this way accountability has been removed for whatever reason it will be exploited. And so ladies and gentlemen, again, I want to tie this in with this regard, not only are the companies and all those involved in the distributing of it held harmless. If you agree to take the vaccine and when you sign the consent form, which you'll have to sign and consent forms are really under law. They're required to be informed consent, meaning you are signing something that you know, and you have to know about, otherwise it could be a coerced consent or a consent under duress, and that becomes a matter of law.

So this becomes an informed consent. And so you are agreeing, I've read all the materials, I've considered the risks and the benefits. And then after that, you agree, I accept full responsibility for all, and any adverse reactions that may occur from the vaccine. So in effect, legally you give up your right to sue, even though those involved in giving the vaccine have already been exempted by government. So you understand that this is a very, very big deal. We want you really, really to understand what's taking place in this regard, with that go to our website, I have produced an analysis of the Pfizer fact sheet. I think you'll find it very, very helpful.

You can find it at the [americanpastorsnetwork.net](http://americanpastorsnetwork.net) site at the bottom of the page. You will find it and in it, you will find the entire fact sheet, which is probably closer to the truth of anything. And you'll find some comments and links for me. And you'll also find in there one of the consent forms that you can look at and read it for yourself in light of what we're talking about. And

hopefully it will be of help to you. We're going to cut away now in just a moment for some announcements and come back and just a little bit, continue our discussion. We're going to talk about now therapeutics and treatment, because a lot of people aren't even getting this virus.

### **SEGMENT THREE:**

Sam Rohrer:

If you're just joining us now in the middle of this program, this is Stand In The Gap Today. I'm Sam Rohrer and accompanied today by Dr. Sherri Tenpenny. She is an osteopathic medical doctor, board certified, three medical specialties, widely regarded as perhaps the most knowledgeable physician on the adverse effects that vaccines can have. And of course, we're talking today about, should I take the COVID vaccine? The decision that's before all of us, were going to have to decide yay or nay or delay, yay, nay, or delay one or the other. And ultimately with pressure from third-party groups, you can't travel unless you have a COVID passport, they're calling it. Or you may not have access to digital currency that's coming unless you have it, the pressure will in fact be on. So you cannot get away from it. But let me go into same theme, slightly different aspect here.

When it comes to the Corona 19 virus, even from before the official governmental identification of the virus, about a year ago now, as we do this program, individuals and companies were trying without success to produce a vaccine for Corona viruses. This is coronavirus 19, but others have been proceeding. They've tried for a long time, either in the past, it didn't work or all the test animals involved in the research got sick and died, but one way or the other, nothing was ever approved. So even at this time, according to normal safety and testing standards, there is no approved. I'll put that quote 'approved Corona virus vaccine', and the developers Pfizer and the others they make that clear. It's not approved in the normal sense of the word. It's emergency authorized, it's different thing. But the current messenger RNA investigational drug as Pfizer refers to it on their website has never been broadly tested.

And they make that clear. It's not fully tested. They don't know. So the result is an experimental or investigational drug where the safety and efficacy, as I mentioned, not tested broadly is now being tested broadly on millions and perhaps billions of people and the companies, as we just talked about, have been granted full immunity from liability and where if there's any other right you have under law to sue, when you sign the consent form, you give up anything that's left. So the result of that is you have a drug, an investigational drug being requested by people to be taken into their arms for a virus from which over 99% of the people who get it survive. Now we've already talked about some of that. Let me go ahead here, Dr. Sherry, since an investigational drug is out to referred, how can it be a vaccine which asked that question and are these COVID-19 emergency authorized, not approved injections, are they actually vaccines or are they not? Let's use the right term as we think about this, as people have to think this thing through it, what is it actually?

Dr. Sherri Tenp...: Well, we've been using the word vaccine ever since this drug has been fast tracked to market. And so people believe it is a similar vaccine to say a flu shot or a single shot or a pneumonia shot, but it behaves by a completely different mechanism of action because of the type of drug that it is. So it's not going to create the same sort of efficacy, which people generally believe efficacy means that I get the shot and it keeps me protected. It keeps me from getting sick. That's not what this antibody does. And so therefore it's a completely different type of device. In fact, some people have been saying that it's really not a vaccine at all, but it is a type of technology because how the messenger RNA, when it goes into your cells and begins to replicate it acts and behaves in a completely different manner of any previously developed or in utilization of vaccines.

So people think that, Oh, it's just like getting a flu shot. I'll just go get that shot and then I won't get sick from COVID and I can travel and I can go back to work and all these different things, but that's not the case. How this product that's going to be injected into your body behaves is not the same way that say a flu shot or an MMR or a chickenpox or shingles vaccine behaves. It's never been used before in human beings. It's never been tested long-term and when they tested it on experimental animals, as far back as 2002, when they tried to develop a coronavirus vaccine over the last 20 years, all of the animals developed advanced autoimmune disease and either were very sick when they vaccinated them or they died.

And that's the reason why the FDA never progressed a coronavirus vaccine out of animal trials, into human in the last 20 years. Because we've declared this to be emergency that somehow we've come to believe that the outcome of that is going to be different. It's really not true. It's something called antibody dependent enhancement. And if you pull all the research papers or that talk about antibody dependent enhancement with Corona viruses, you will see that the researchers conclude on their studies, that we must proceed with great caution in using a Corona virus vaccine in humans.

Sam Rohrer: And I don't have time to go into it, but I did pull in preparation for this because I'm very big ladies and gentlemen, you know what I'm saying? Define the terms, define the terms. When somebody speaks, define what they mean, because they may mean something totally different. And that is the case with vaccine. The definition of vaccine I have in front of me from medical book and it's standard out there, it's a suspension of attenuated or killed microorganisms administered for prevention, amelioration, or treatment of infectious diseases. But in this one, the COVID 19 vaccine there is nothing at all related to the actual virus. So that is why it doesn't meet the definition of vaccine among other things, is that correct?

Dr. Sherri Tenp...: That's absolutely correct. In fact, it's designed to stimulate human cells to propagate pathogens. And even bill Gates said, in one of his interviews, he said, "Yes, we can make a human being, be its own vaccine manufacturer." Well, that

means that you inject a product that starts to replicate, creating an antibody that can cause a lot of harm in your body through auto-immune responses and there's no off button. Once you've pushed the on button, once you inject that and you get the second shot, which actually... it makes the speed go even faster of that replication, once it's started, there's no off button.

Sam Rohrer: So in reality, Dr. Sherry, what this is, is an altering of chromosomal actions or cells, but it's a permanent altering of cells.

Dr. Sherri Tenp...: It's a permanent alteration to your immune system. And when you read the science, those particles, those particulate matter of that RNA can incorporate into your cellular genetics.

Sam Rohrer: Okay well I'll let that drop right there, ladies and gentlemen, hear that this is not a vaccine by definition, it works totally differently and it does enhance your immune system. And out of that comes a host of different risks, but I've got to go here and I want to talk a little bit about this. There are many people who don't get this, the virus, they don't come down with symptoms. There are treatments that have been used to help people get better if they do get it. But there was a recent study, I believe somebody in Indonesia or whatever did a study and they found some very significant facts. Would you share that with us?

Dr. Sherri Tenp...: We look at this, that what I mentioned earlier about the people who get the flu, which is what Corona virus is and they go home and they get better. Some of them get sick enough to go to the doctor. Some get sick enough to be admitted to the hospital, a smaller and smaller subset get admitted into intensive care. And some of them don't do very well and some of those even die. So instead of our government, looking at that population of very sick people and saying, what sets them apart? Why is it that this particular population of people get the sickest and end up in intensive care units? Well, the Indonesians did a study and they crunched all that data. And one of the things that they discovered was that people have a vitamin D, D as in David, the vitamin D level of 30 or greater have less than a 4% chance of having an adverse outcome, if they can track this infection.

That's really substantial, and what I've been saying in the many, many interviews that I've done over the last several months, Sam, is that if you're going to run out and get tested for something, the thing you should get tested for is your vitamin D level. Greater than 30 is the normal range on most blood tests in our practice here in Cleveland Ohio, we want that therapeutic target to be somewhere between 80 and 100, for it to be most efficacious in your body to get a vitamin D level.

You can get that through your doctor, through your insurance. They're like any lab test now type services that are available online, that you can order it yourself. The people really should know what their vitamin D level is and secondarily, they should know what their zinc level is, because the other thing

that made a big difference between adverse outcomes from COVID infection and people that recovered rather uneventfully was people who were taking zinc and at least 25 milligrams a day in a men up to 25 milligrams a day ongoing with a product called Quercetin, spelled Q-U-E-R-C-E-T-I-N, Quercetin, which is a plant-based antioxidant that drives the zinc into the cells and makes it work to protect you from a host of viral infections not just COVID-19.

Sam Rohrer: So what you are explaining there, and we're just about done is that there are certain naturally occurring things related to our health that helps our immune system, as God has made it to respond to things that come up and in the case of COVID-19 what the Indonesian government has done. And what you're talking about is that vitamin D levels at above 30, and you are saying zinc levels, but between 20 to 25, 25 for men, those two in combination with Quercetin, you're saying, according to studies is very, very efficacious and should be pursued it doesn't cost anything ladies and gentlemen. Saying, bear these things in mind as you're considering options relative to your choice of whether or not you will end up taking the COVID vaccine investigational drug or not. When we come back, we're going to talk about thinking carefully, choosing wisely.

#### **SEGMENT FOUR:**

Sam Rohrer: As we conclude this program today, and this is determining as part two of our focus on the COVID vaccine, our January 8th, 2021, just a couple of weeks ago is a program as part one. I do encourage you to go there. You can also pick up a transcript from that program with Dr. Sherri Tenpenny. And then on December 10th of last year, we did a program with Dr. Dolores Cahill from Ireland, where we opened up this whole discussion again and you can also go there, listen to that program and pull up a transcript of that. Between these three programs, you'll have a tremendous amount of information that hopefully will help you in coming to an informed decision for you and your families with what you do with the COVID virus.

And can I just talk a little bit here to you right now, as we wrap this up, I'm going to be asking Dr. Sherry in just a moment just to share personally how she would advise people to consider this entire thing. But I know that this matter of the virus, this matter of the vaccine has really, unfortunately, almost pitting people one against another, churches are divided even, that's a shame, should not be. The culture is divided. Now the policies the government is taking is helping to divide, because they're not overly concerned about that, but we need to be. And we're trying to provide information to help you make an informed decision. And I know that you and I all of us, would like to take and put behind us 2020. Some of you are listening right now, you've lost family members precipitated by the virus, I know that. I know personally have friends who have died from this. So the impact of the virus is real, and we all want at this time, the draconian government mandates that have changed our freedoms and forced to change in the way we school our children or grandchildren, or employment, or church and family gatherings, all of those things to now moving to the case of being the

cause of actually jailing right now, as I do this program, there are pastors in California being jailed because they kept their churches open and they're facing million-dollar fines from government, for what? For what? So now there is a hope for a cure, the vaccine they say, but really it's not. People want an option to do something to allow life to return to normal. But the powers that be say life will never go back to the way it was. So if there was a time for wisdom and discernment it is now. That makes me think of the apostle James and the book of James that says, if any lack wisdom, let him ask of God.

And he will give him liberally, but God gives wisdom to the person who pursues knowledge and truth as defined by the word of God. The book of Proverbs makes that very, very clear. So we must think carefully. We must choose wisely because choices do have consequences. So Dr. Sherry, I would like to talk to you just right now, people face dilemmas. You know it, you talk to patients, you are a Christian doctor, you have a knowledge of medicine, but you have a knowledge of that which is true. What advice would you offer right now for a person listening, who maybe hasn't decided are on the fence, or they're considering about the vaccine? What should they do? What would you tell them?

Dr. Sherri Tenp...:

I would say for those that are on the fence, two things, one is keep investigating, keep doing your research. Don't just blindly accept what you've been told by me or by anyone else, the information is out there. You need to do your own digging and research. The second thing is, if you're on the fence right now for this particular vaccine, wait. When all of this stuff started happening back in March and April of 2020, they did a lots of surveys. And one of the surveys was about 70% of people said, as soon as this vaccine is ready, I want to take it. And now fast forward eight, nine months later, the current surveys are saying it's up to 65% are saying, absolutely not. I will not take it, or I'm going to wait and see what the side effects are and what happens to people.

That's a huge swing from 70% saying yes to 65 saying either absolutely not or I'm going to wait. I would advise people to just wait. We don't know what the long-term consequences are. We don't know what the side effects are going to be. We know it hasn't been studied in a lot of different ways. We know that so far, we just started this in April of this year, I'm sorry, in December of 2020. And we know that according to the various database, which is the vaccine adverse events reporting system that I got these numbers handed to me this morning.

That so far just since the 1st of December, that in the vaccine adverse event reporting system run by the FDA, there've been over 6,700 reports of a vaccine, adverse reactions reported 29,000 different adverse events and 55 deaths from a vaccine that got released under emergency authorization with very little pre scientific evidence of anything that is going to keep you even from getting sick. And those kinds of numbers, Sam are staggering, 6,700 reports, 29,000 different adverse events and 55 deaths since the 1st of December...What other product

not only would still be on the market with those adverse events, but would be so heavily pushed by government officials?

Sam Rohrer: And I think that's a logical question objectively to raise that, some would say, and I'm glad you shared those numbers because there have been reports in the UK. Some folks went into anaphylactic shock as an example, there were individuals across this country, but a lot of those reports I've seen, they're up for a while and then they're been taken down. Now what you're citing, you're just gave there is off the FDA website.

Dr. Sherri Tenp...: It's the vaccine adverse event reporting system. It's V-A-E-R-S.gov. And the various adverse event reporting system is part of the 1986 childhood vaccine injury compensation act, it's monitored and run by the FDA. And depending on who you read, some scientists have said that somewhere between one and 10% of adverse events are actually reported. So 6,700 adverse events is only 10%. There may be as many as 67,000 adverse events that many of them haven't been reported because people don't know how to report it. Doctors don't even know how to report it. They don't even know that this adverse event reporting system run by the FDA even exists. So if we have 60, the actual number is 6,741, 6,741 reports submitted and 29,081 different adverse events at up through January 8th of this year. So that's within one month plus 55 deaths. I would say if you're on the fence, just wait, get some more information, do some more investigation, see what happens because you can always vaccinate, but once you vaccinate you can't unvaccinated and particularly not with this vaccine.

Sam Rohrer: That is good. Dr. Sherry, you do have a website. You've given some information here, we'll take and put this on our website as well, probably [americanpastorsnetwork.net](http://americanpastorsnetwork.net). We have two sites, [standinthegapmedia.org](http://standinthegapmedia.org) site then we have two, probably place them on both. But you have a website as well. [drtenpenny.com](http://drtenpenny.com). Am I correct?

Dr. Sherri Tenp...: Yeah. D-R, t as in Tom, E-N, p as in Peter, E-N-N-Y [drtenpenny.com](http://drtenpenny.com) and the other website where I blog and I have all of my posts there it's called [vaxxter.com](http://vaxxter.com), V as in vaccine, A-X-X-T-E-R.com. We have a slew of writers. We have a bunch of people that write for us, and that's our educational platform, [drtenpenny.com](http://drtenpenny.com) you can read about all the different things that I'm involved with. You can listen to dozens of past interviews that I've done, and you can see my CV and you can see a whole lot more about my credentials and why I feel so strongly and so powerfully standing in this gap for God's people. For God's people need to hear it.

Sam Rohrer: Indeed. And that's our purpose here. Thank you, Dr. Sherry for being with us, ladies and gentlemen. Thank you. And again, I remind you this program today will be available on our website, [standinthegapradio.com](http://standinthegapradio.com), go back and listen to January 8th of this year and December 10th of last year, the transcripts will be available. The program will be available. Take it, listen to it. More people listen to these programs, I think any that we have done it's because it's important. Go

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there and listen to it and share it with your friends. And with that, thank you for being with us today join me tomorrow, George Barna will be my guest right here.