

STAND IN THE GAP

The COVID-19 Vaccinations Part II: Unapproved, Experimental, and Potentially Fatal

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Transcript

SEGMENT 1

Sam Rohrer:

Almost one month ago, on December 10th, I interviewed molecular biologist and immunologist, Dr. Dolores Cahill of The University of Dublin about the underlying makeup of the COVID vaccinations being pushed on the entire population by vaccine advocates. And that program, I have to tell you, has been one of the most listened to Stand in the Gap Today programs we've ever done. I entitled that program then, The Medical Truth About COVID-19 Vaccinations: Hopeful Healer or a Camouflaged Killer? And at the end of the interview in regard to taking the vaccination, Dr. Cahill made this memorable statement. She said this, quote, "So what I'm saying clearly is that I would not take a messenger RNA vaccine even if you gave me \$10 million. If it was mandatory, I would go to prison. I would not take it. And if someone injected me forcefully, I would sue them for attempted murder," end quote.

Well, with that as a beginning to today's program, let me welcome you to Stand in the Gap Today, I'm Sam Rohrer. And today, I'm going to focus again on the extraordinarily important issue of the COVID-19 vaccine. The reason is because every person listening to me right now, you, every one of you listening to me right now, will be forced to make a decision about this vaccine. Now you may have already done it. You may have already decided one way or the other. If some people, like a Bill Gates, or a Tony Fauci, or other globalists get their way- and it's going to be much easier under a Biden Harris administration- you will be forced to take the vaccine, or you will forfeit your ability to travel, or to conduct banking and financial transactions and more. I'm not going to go down that road now, but that's what's already out there. It's already clear.

And because hundreds of millions of dollars are being spent by chosen marketing firms to convince people, you and me, that your cautions and concerns are unfounded, the pressure is really on. And I'll tell you this, the segments of the population determined by research, even Pew, to be the ones

most cautious or opposed to the experimental COVID vaccine are these two groups, black Protestants and white Evangelicals, and particularly white educated Evangelical women. That's right. You heard me right. They are a focus. You are in their sights. So, if you're a black or a white Christian, we've been targeted with special messaging, even coming from specially selected and compromised religious leaders and religious organizations telling the Christian community that the higher Christian calling is not questioning the vaccine, but leading the way to taking the vaccine. Why? Some are saying it's the greatest way to demonstrate true Christian compassion!

But let me say that the tactic, this tactic, is of the devil. It's not true. And rather than a Christian or any person rushing to take this vaccine, asking questions about it, and seeking the truth surrounding it is the only true compassionate thing to do. So today, I am not going to delve so much into the ethical and Biblical principles considering around this vaccine, I'm going to do that in another program. I do want to focus on the risk benefit aspect of the vaccine, the reasons why the purported safety of the vaccine is minimal at best, and why it still is an investigational and experimental vaccine. And then we're going to conclude with a brief consideration of the ethical and the Biblical concerns for the taking of this.

My special guest today is Dr. Sherri Tenpenny, osteopathic medical doctor. She's board certified in three medical specialties and widely regarded as the most knowledgeable physician on the adverse effects that vaccines can have on health. She's an author, she's a speaker, medical researcher, business leader. Dr. Sherri has written several books, thousands of articles and blogs, interviewed hundreds of times across the country. And with that, let me welcome to the program right now, Dr. Sherri Tenpenny.

Sherri Tenpenny: Well, good afternoon, Sam. Thank you so much, and what a great introduction.

Sam Rohrer: Well, I had to set this up, and it's longer than normal, but it's necessary I think for this subject, which has been so convoluted. I'm trying, with your help, to bring some clarity here. Sherri, one of the problems surrounding the COVID vaccine and so forth is that it started politicized, my words, and it was weaponized from the beginning to create panic and fear, and under the guise of fear and death and misery, our laws, our freedom, our worship, our entire life has been changed, and no one knows who to believe. So here, Dr. Sherri, on the program, I would like to have you go to the matter of this from the standpoint of truth. And as such, I'm going to pose a few questions to you from the Pfizer fact sheet. This is the Pfizer vaccine that many people, Pfizer or Moderna, but Pfizer is what most are getting right now, from their perspective.

Here we go, let's start right out. On the Pfizer fact sheet, Sherri, it says this, "For recipients and caregivers," on page one it says, "What you need to know before you get this vaccine." They say, "Other questions. What is the CV-19? What is the Pfizer-BioNTech COVID-19 vaccine? What you should mention to your

vaccination provider before you get the vaccine. Who should get it? Who should not get it?" And then they say, "Consider well the risks and the benefits of the vaccine." And I want to go right there to you. You only have a couple minutes. Sorry to take so much of your time, but we'll set it up. From an overall medical perspective, what are the risks and benefits? And frankly, I don't know how many people can actually accurately determine it anyway, so tell us medically.

Sherri Tenpenny: Well, it's a big topic, Sam, and so we'll do our best to get as much information out as we can in the allotted time given. And I just want to add one additional thing so that your massive audience and your listeners know a little bit more about me, and that I've been studying problems associated with vaccines for more than 20 years, and I've committed more than 40,000 hours of my life to investigating and taking deep dives into adjuvants and all sorts of additives, and all the different elements that have to do with vaccines. So this wasn't just something that I just decided one day I was going to wake up and start looking at. So, I wanted to give that a little bit more of a backdrop so that people understood that I have a pretty dense background in these issues with problems associated with vaccines.

And your question was: What are the risks and what are the benefits? I mean, the risks are pretty self-stated. Number one, this is truly an experimental vaccine. They have never developed a messenger RNA vaccine to be used in humans ever before, ever. The second thing is that they've fast tracked it. They've developed it in a matter of months, rather than in a matter of years, so we have no idea what the long-term complications and potential health disasters that are likely to come from this vaccine because we haven't studied it that long. We've just started administering this vaccine the first part of December here in the US.

Sam Rohrer: Dr. Sherri, we're going into the break here right now. I want to come back, I'm going to ask you just to sum up very quickly. Do the risks that you're citing outweigh the benefit? You probably say yes. Right?

Sherri Tenpenny: Yes.

Sam Rohrer: Yes, okay. We're going to come back, ladies and ... We're going to go into this issue now of why this really is an investigational or experimental vaccine, and what that means.

SEGMENT 2

Sam Rohrer: Well, welcome back to Stand in the Gap Today. I'm Sam Rohrer, and accompanied today by a special guest, Dr. Sherri Tenpenny, an osteopathic medical doctor, board certified. As I said earlier, she's regarded as one of the most knowledgeable physicians on the adverse effects of vaccines and things related to that. This program today is really a follow up in a continuing series on our focus and trying to present the details and the important information

relative to COVID vaccines, which are being forced upon, encouraged to everybody to take, regardless of what they know, or they don't know about it. Our theme today is the COVID-19 vaccinations, unapproved, experimental, and potentially fatal. And in parenthesis, from the manufacturer's own words, and we're going to be taking some things from the Pfizer fact sheet because the Pfizer vaccine is one of the first that's being offered to people.

Now when it comes to COVID-19 vaccine, regardless of what the political, or special interests, or globalists promote about the vaccine, there's one thing for sure, and you've noted this. The "facts" continue to change. Don't they? The rules of medicine and research and safety standards, they've been changed. Deception and darkness have been the cover under which the vaccine debate has been established. And the solution, as presented, they say, it's the solution to the virus, and deception remains the rule as to its safety and efficacy being redefined at will almost, depending upon who you talk to. It raises questions for any thinking person, so I ask you, be careful. And that's why we're trying to present this information.

Regardless of what the politicians, or the investors in the vaccine, or the pharmaceutical industry itself as a whole, or even some religious leaders with some vested interested say about the vaccine's safety, Pfizer themselves state in their fact sheet three times this quote, "There is no US Food and Drug Administration, FDA approved vaccine to prevent COVID-19." Get that? There is no FDA approved vaccine to prevent COVID-19. They say that it exists only from an FDA, what was termed an emergency use authorization. There's a distinct difference, ladies and gentlemen. And I'm not going to get into all of that, but I'm saying that is something that starts out their document. They go on to say that the vaccine trials are still in process. They say on their Pfizer fact sheet that the vaccine, quote, "Is being offered to prevent CV disease, but that it may not protect everyone."

And then they offer an entire list of warnings to people with certain groups of key people not to take the vaccine. On one vaccine site, Pfizer even states this, quote, "The approval status of the Pfizer BioNTech COVID-19 vaccine varies worldwide," continuing to read their statement, "In countries where the vaccine has not been approved by the relevant regulatory authority, it is an investigational drug, and its safety and efficacy have not been established," end quote. And that's all from December 2020 updated fact sheet. So Dr. Sherri, the statements made by Pfizer themselves, they were the first COVID vaccine to be given temporary emergency authorization, suggests that the vaccine is not fully tested, has a lot of unknowns, therefore, there are many warnings associated with it, being viewed in some countries around the world as an investigational drug, safety and efficacy not being established. My first question to you is this. Why is this vaccine still being termed investigational or experimental when in fact the proponents of it saying, "It's safe. It's safe. Take it. Take it. Take it"?

Sherri Tenpenny: It is quite a dichotomy. Isn't it, Sam? I mean, because everything that you just said is true. It's investigational. The messenger RNA vaccines have never been used in humans before. There are at least three ingredients that we know of in the Pfizer vaccine that have never been used in any approved vaccine before. The mechanisms of action that have been mapped out in animal trials for coronavirus vaccines since 2002 have shown that the antibody that is created to the spike protein can have many adverse events on the lungs, can cause autoimmune disease, and can cause complete suppression of the M2 macrophages in your system that are anti-inflammatory. This vaccine is experimental from every definition. It's been fast tracked. It hasn't been adequately tested in animals. The coronavirus vaccines that have been tested since 2002 were never allowed by the FDA to progress to human trials because all of the animals either got accelerated autoimmune disease and died. We have no long-term studies on these vaccines.

And from general vaccination information that I've received and talked to from many immunologists from all over the world, say it takes at a minimum, minimum, 42 days from the time you receive the vaccine to begin to assess any potential long-term complications. We've already seen in the number of people that have been injected in the United States alone, we already have thousands of people who've had anaphylactic reactions.

I have received a document a couple of days ago that there've been over 40,000, four zero, 40,000 reports of adverse events. And I can't imagine any product, Sam, and a vaccine is a product, whether it's in any industry, that would've received that many reports of adverse events in such a short period of time that would still not only be allowed ... Not only not been taken off the market, but is being pushed so heavily to just get it. Get it, get it, get it, get it. Now they're talking about in the Moderna vaccine, we're saying, "Well, maybe because we haven't created enough of the vaccine yet, we'll only give one dose instead of two, just so more people can be injected with this pro inflammatory experimental product."

Sam Rohrer: Well, Dr. Sherri, we're going to get into the next segment again how it actually works, bodily. And we'll go there next. But I think in the Pfizer fact sheet and what I've read, I think they only said it cited 20,000 people that were a part of the test. Now testing, and I have a research background and a sampling background, that doesn't seem like an overly large number. And of course, it makes a big difference about who those 20,000 people are. Can you speak to that at all?

Sherri Tenpenny: It's an extraordinarily small number of people, because keep in mind, they're wanting to manufacture 14 billion doses of this vaccine so that every man, woman and child on the planet will receive at least one, preferably two doses. In any vaccine trial, they always have exclusionary criteria, so they're trying to enroll people into their experiment, which is what a study is. It's an experiment to be able to give people this new product and determine what the safety is,

determine if they develop an antibody, and then try to determine if that antibody does indeed offer any protection.

They usually accept only the healthiest of the healthy. In fact, when you read vaccine studies, it will say things like, "870 healthy children were enrolled in this trial," and the same thing they've done for adults, which means they take the best specimens, the people on no medication, no previous history of neurological problems, no autoimmune diseases, in a certain age group, have not had any issues with vaccines previously, and on and on. They're big exclusionary criteria, so you end up with the healthiest of the healthy in any of the vaccine trials.

Sam Rohrer: And Dr. Sherri, that really bothers me a great deal because: Is it illogical to suggest then that if a-

Sherri Tenpenny: Well, it's-

Sam Rohrer: Just a minute. Just a minute. If a small population of just the healthiest people are a part of this trial, when in fact, in the United States, we know that we have some of the most unhealthy people.....

Sherri Tenpenny: That's right.

Sam Rohrer: That they've been talking about that all along, we're obese, we have sugar problems. We have all of that. By the mere fact that those people, which comprise the majority of the real population, have not been a part of this test, does that not raise the likelihood of more people having adverse effects?

Sherri Tenpenny: It absolutely does! And that is the same thing for every vaccine, but it's particularly onerous in this vaccine, in the COVID vaccine, because of it being so experimental.

Sam Rohrer: And experimental meaning the MRNA, the messenger aspect of it. Is that what you're talking about?

Sherri Tenpenny: Yes. And the other ingredients in the vaccine, the three lipid nano particle vaccines, lipo nano particle ingredients that have never been in any previous vaccine, not only one, but three. Now just from simple high school chemistry, we should remember that you can have three completely inert ingredients sitting in test tubes on your tray, but when you mix all three of them together, you could explode the lab. So they can be benign in and of themselves individually, but collectively can cause a big problem. There are three lipid nano particle ingredients in the Pfizer vaccine that none of those ingredients have been tested individually in humans, let alone any type of investigation for synergistic toxicity.

We don't know what long-term complications are. We've never used a messenger RNA type of vaccine before in humans. And the coronavirus vaccines that have been tested in animals in the past have had horrible complications.

Sam Rohrer: And ladies and gentlemen, I'm talking to Dr. Sherri Tenpenny right now. Our theme, the COVID-19 vaccines, unapproved. We've already established that. Experimental and potentially fatal, we're discussing that. But we're taking it from the manufacturers, frankly, their own words in their fact sheet. So I feel like there's no better place to go for information than the manufacturer's own fact sheet. Now when we come back, I want to talk to Dr. Sherri to get a better understanding of actually: How does a vaccine work? And how does this messenger RNA, this COVID vaccine, what's it supposed to do that makes it potentially really problematic?

SEGMENT 3

Sam Rohrer: Well, if you just happen to be joining us now at our midpoint in the Stand in the Gap Today program, I'm Sam Rohrer, and special guest today, Dr. Sherri Tenpenny. She is viewed as one of the most, maybe the most knowledgeable physician on the adverse effects of vaccines relative to a person's health. And we're spending time on this theme because there is an issue called COVID vaccinations that's coming your way. It's already your way. And there are those who would want the entire world to get a shot in their arms with something that, as we've established, is, well, investigational. And it is experimental, so we want to talk about it. So on this, I'm going to continue into the elements of why it is investigational and why that should raise concerns at this point to you.

I'd also encourage you who are listening to go back and listen to our December 10th, 2020 Stand in the Gap Today program with Dr. Dolores Cahill. Listen to that one. Listen to this one. And then we're posting information on our website that will give you additional data about the vaccine, so you can understand and make a decision for yourself. Don't just believe what people are telling you. There's a lot of reasons why people have other reasons for wanting you to do something. You know that. I know that. So go to our website, standinthegapradio.com. You will find information there relative to this and that previous program as well, on December 10th.

All right. Now very few people know that there have been many years of efforts to develop a coronavirus vaccine. Our special guest, Dr. Sherri Tenpenny, mentioned that on the other side. But there was no success. They all failed. They failed in animal testing because the animals died, now that's a pretty big deal. So there was no FDA approval. There has been never approval for a coronavirus vaccination. But under the emergency declarations of pandemic by the US government and other world governments, the ability, and I'm saying this as a former lawmaker, saying this is a factual statement I'm telling you. Because they passed emergency declarations, those have the ability to suspend

law, and they have. And they've suspended a lot of things, frankly, dangerous things.

They've suspended established rules of research and carefully designed safety regulations that were put in place. And they are driving towards, frankly, a global government sponsored experiment. And not only has emergency authorization, which is technically what the vaccines have, they are not approved. They've been granted for this coronavirus vaccine. They have given now a pathway and a sense of security to people, to take an entirely new coronavirus, I'm going to say this, chromosomal changing mRNA vaccine that's been authorized, not approved, authorized, where every person taking the vaccine agrees to become part of perhaps the largest, these are my words, the largest mass experimental test using millions of people as guinea pigs. I don't think that's false. I think that's a right conclusion. But Dr. Sherri, let me get into this now. Comment on that if you need to. If not, I want you to go right into giving a medical explanation so people understand simply. How does a normal vaccine work? How's it actually work? And then how does a messenger RNA vaccine, this new type, this COVID type, how does it work? What's different between the two?

Sherri Tenpenny:

Well, the main thing they're looking for when they inject foreign matter into a human body, into a muscle, is whether or not this foreign matter induces the development of an antibody. If you get a vaccine, let's say a measles vaccine, or chicken pox, or shingles, or influenza, the antibody that is created is called a neutralizing antibody, which means that you develop this antibody that's supposed to protect you. And if you get re-exposed to say, chicken pox, or the flu, or measles, and that virus gets into your system, that antibody binds tightly to that virus and neutralizes it, makes it go away, and doesn't allow it to cause any infection.

What the mRNA segment, which is a little tiny segment of the coronavirus' genetic material, when that gets injected into your body, it has two functions. One, is it's supposed to unpack and be replicated and turn into what's called a spike protein. And then the antibody that's created against that spike protein is a different type of antibody. It's not a neutralizing antibody that is created inside of your immune system when you're exposed to a full virus with a full external protein code. It's a little snip of the genetic material, and it creates something called a nonbinding antibody, which means it doesn't neutralize it, and there are several adverse effects that come from that non neutralizing antibody.

One is that the antibody made to that spike protein can go into your lungs and can cause severe lung injury. In fact, some of the scientific research shows that the higher the antibody count that's made with the introduction of this vaccine, that higher the level of the anti-spike antibodies is directly proportional to the degree of lung injury. So the antibody that's made, that non neutralizing antibody has a mechanism of action to damage your lungs. A second thing that

non neutralizing antibody does is that it can inhibit macrophages in your system that are anti-inflammatory and help to heal your lungs. And thirdly, that non neutralizing antibody, through a mechanism they actually even refer to as a Trojan horse mechanism, can cause that virus to replicate over and over again, or that portion of that virus, to replicate over and over again. And that's a process that they call antibody dependent enhancement, ADE.

And if you read all of previous studies that were done on Corona viruses to try to develop a vaccine that they've been working on since 2002, in every classification of animals that they tested this vaccine on, it caused this ADE, this antibody dependent enhancement, which accelerated the infection, caused rampant autoimmune disease, first in the lungs, and then secondarily in that liver and the kidneys. And researchers on all of these papers all concluded, came to the same conclusion, that because of the ADE, this antibody dependent enhancement, we must proceed with great caution going forward to developing a coronavirus vaccine for humans. We've ignored all the body of literature, all that science, all of those previous animal studies, and we fast forwarded and fast tracked this vaccine directly into humans with no long-term studies, and using the people who were in the studies, as we mentioned before, the healthiest of the healthiest. And now we want to release this vaccine on the general population. It's one big experiment.

Sam Rohrer: And I'm going to go on and just leave that hang right there. In the Pfizer fact sheet, one of the warnings includes this. Do not take this vaccine if you're allergic to one or more of the following ingredients. But then they insert the phrase, what they provide includes the following, which means that the list they provide is not complete, or perhaps it's changing as we speak. There's a whole host of chemicals that are included there. And they later talk about the fact, you talk about this enhanced immune response. One of the areas of warning is if you have an immune compromised system already, or if you are taking medicine that affects your immune system. So, I've got a logical question here. They say, "Don't take this if you are allergic to one or more," and you already explained what the problem of one or more of those are, these ingredients. But the average person has no idea what they are and whether or not they even had an adverse effect from them. It's kind of bizarre.

Sherri Tenpenny: It is. And how would you know you were allergic to something that's never been injected into your body before?

Sam Rohrer: See, that's another great question. How can you say, "I am allergic to something that's in this," but you're not even telling me what's in it? So how does a person know? So again, that goes back, the logical conclusion of that, Dr. Sherri, again, that is further evidence that this is experimental. It is investigational, and it's partly why the FDA has not approved these vaccines, only given temporary emergency authorization. And frankly, Pfizer in its own fact sheet says they don't know that if you take it, if it even offers protection for more than 30 days, which is interesting. And that the FDA may come back within just a couple of

months and remove the emergency authorization, which makes the product totally unusable. Speak on that.

Sherri Tenpenny: Well, there's two issues about everything that you just said to summarize it. First of all, we don't know how long it's going to last. Second of all, we don't even know if it's going to keep you from getting sick in terms of getting the coronavirus infection, which is called COVID-19. And we are now using an experimental product to inject in people massively, who stage four of the clinical trials will be releasing this into unhealthy people. And we're trying to prevent people from getting an infection that has a 99.96% survival rate, and that product has 100% liability protection, 100%. You can't sue anybody if you're injured or you die.

Sam Rohrer: And ladies and gentlemen, in the next segment when we come back, I'm going to give you just some of the information that you will sign. Now if you take the vaccine, you will have to sign a consent form. But boy, oh, boy, you better understand what you're giving away. And I'll tell you some of that again underneath this investigational experimental vaccine.

SEGMENT 4

Sam Rohrer: We're entering into our final segment now today, ladies and gentlemen. We're tackling a subject that is far bigger than the ability to take and address it completely or comprehensively in one hour. That's why I encourage you to go back to our website, standinthegapradio.com. Listen to the December 10th Stand in the Gap Today program, and then this one here today. And listen to them again. I'm encouraging you. Go to our website, on our website, at the bottom of the page, you will find a link there for COVID-19. Should I take the COVID-19 vaccine? And it's a commentary that I put together based on the analysis of what is written in the Pfizer vaccine fact sheet, which is what we're referring to today as basically a place to go, because they've asked question. I'm saying, "Let's go there."

And our guest today, Dr. Sherri Tenpenny, an authority on this, is helping us as we walk through that. Now one of the facts about the vaccine, in this segment, I want to talk a little bit about moral and ethical considerations just a bit, only a bit. We're going to come back and deal with another program more fully on this. But one of the facts about this vaccine is that no one can get the vaccine without signing a consent form. So if you've already gotten it, you had to sign something. If you are considering getting it, you will sign something. Even Pfizer on the fact sheet says, "This is voluntary." And I'm saying, "It is voluntary now, but they're going to try their best to force everybody to take it", and threatening them, ultimately, as I mentioned. You're not going to travel worldwide. You're not going to do banking. This is all on the ropes. It's coming very soon. But they're going to try and force us to do it.

Right now, they're trying to make people feel bad if they raise caution, even having religious leaders go out and tell people right now, you're wrong. It's kind of like you're sinful if you raise questions about this vaccine. And they are saying, some have said directly, "The most compassionate Christian thing you can do is to not question the vaccine, but to rush forward and to take it." Really, in light of these things that we are talking about? Now in the consent form, I got this online, you can see it, I'm going to read from what is in the CVS pharmacy. They're one of the people who will give vaccines, but there's consent forms that you can find. In the consent form, they say these things. This is what it says. "Consent for services. I have been provided with the vaccine information sheets or patient fact sheet corresponding to the vaccine or vaccines," they're saying, "That I am receiving."

Now I'm quoting from the consent form, what you will sign. They say this, "I have read the information provided about the vaccine I am to receive. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and the risks of vaccination," just what we've been talking about. And get this, "And I voluntarily assume full responsibility for any reaction that may result," end quote. And from the state of Tennessee, they actually go a further. In the recommended form from the state of Tennessee, for all providers there and other states are very similar, they say this, quote, "I hereby release the vaccinating organization," whoever's giving you the shot, "And their affiliates, employees, directors, and officers from any and all liability arising from any accident, act of omission or commission, which arises during vaccination," end quote.

And all I can tell you from a policy perspective as a former lawmaker, those consent forms right there, you sign those, you are absolutely giving up every legal right, every legal right to pursue any problem that arises out of the vaccination. That is incredible. By law, it shouldn't be allowed. Now that being stated, Sherri, from a legal and legislative perspective, I would say that no person could honestly sign that. So as I'm a Christian, and I'm saying, "I'm going to be honest," I frankly couldn't sign with honesty that I have read all the material, that I understand what I have read, or that I understand the benefits and the risk.

And I am sure not going to give up my legal rights all for something that for which 99.6% of those who get it are healed. But I want to go here. They say in this report, as well in the fact sheet, they warn a certain group of people. They warn women who are pregnant, who might become pregnant, or nursing, not to take this vaccine. This is a [inaudible 00:35:04] issue. To me, it's got to be something in there. What is it about this coronavirus MRN vaccine that poses a threat to women in regard to childbearing?

Sherri Tenpenny: Well, I'd like to go back and address what you just read about that consent form, if you don't mind, Sam, is that right now, as it stands, every single manufacturer for every single product, called a covered countermeasure that is

made under the umbrella of this COVID emergency, which includes drugs, vaccines, software, hardware, humans that inject it, any sort of thing, is now under the protection of the 2005 PREP Act, which is the Public Readiness and Emergency Preparedness Act passed in 2005, activated in March of 2020, and put into place by Alex Azar. So the manufacturers, manufacturers of any ingredient, manufacturers of any technology, software, every single vaccine, has 100% liability protection no matter what happens to you, except under one circumstance. If a large group of people are injured or killed, they can form a class action lawsuit. And then they must convince the US Attorney General that the product was created under an act of willful misconduct, meaning that the drug company intentionally made something to harm you. So you have to convince the US Attorney General that, that is the case, in order to proceed with any sort of a lawsuit.

Sam Rohrer: Okay. Doctor, doctor-

Sherri Tenpenny: Wait a minute. Wait, wait. If you signed that consent form, you've even given up that piece of being able to go to the Attorney General.

Sam Rohrer: So a person is totally laying out in the middle of the street where traffic is going and saying, "Hey, run over me."

Sherri Tenpenny: Exactly.

Sam Rohrer: We only have a minute and a half left. You've got to answer something to the degree here. Nursing women, women about to be pregnant, or thinking about being pregnant, are warned not to take the vaccine. What is the threat?

Sherri Tenpenny: They have no idea if it's going to cause cancer, cause mutation to your genes, cause birth defects, or in the long run, cause sterility. They have never been tested for any of those. Men are told that if they get the vaccine, that they are to refrain from donating sperm or having any level of unprotected sex without a condom because they don't know what's going to pass through the sperm into women that could potentially cause birth defects, cancer, changes in their genetics, or sterility. They've not been tested for any of those things.

Sam Rohrer: And with that, we're just about done. Ladies and gentlemen, can I pose a question to you right now? You say, "I'm being made to feel guilty that I raise a question about: Should I take this vaccine?" By even religious leaders are saying, "You're wrong. You're sinful, in fact, by thinking that, because you're not being compassionate." Really? Now if for men who are listening to me right now, men, your wives, your children, your daughters, your granddaughters, this vaccine, the question has been raised about how it could affect and cause perhaps sterility. Think about that. Are you going to stand by and let that not be covered? Pastors in the pulpit, is that not a moral issue? If for no other reason, but we've given a host of things on this program today. Dr. Sherri Tenpenny,

thank you so much for being here. Do you have a website, just very quickly, that people could get more information for you?

Sherri Tenpenny: Yes. They can go to drtenpenny.com, D-R-T-E-N-P-E-N-N-Y.com.

Sam Rohrer: Thank you so much, Dr. Sherri, for being with us today. So much information, I've got to get you back on. We are not done with this. We've got to go further. But ladies and gentlemen, I hope this has been helpful. And again, make it a matter of prayer—a very serious consideration here. We'll see you back on Monday.