On the Corner Fringe: Focus March 4, 2021

The following text is a message from Corner Fringe Ministries that was presented by Daniel Joseph. The original presentation can be viewed at https://cornerfringe.com/media/s6btrt4/otcf-focus

***Portions of this document have been edited from the video message to better present a comprehensive, written document. Special attention was given to preserve the original context, but this document is not verbatim. Scripture verses are in the red text with other quotes in blue. Therefore, it is recommended that this document be printed in color. The Hebrew words are generally accompanied by the transliteration into the English alphabet. In most cases, the Hebrew is to be read from right to left.**

Faith and Science: A Response to Vaccine Mandates

This transcript outlines a critical response from **Pastor Daniel Joseph** of **Corner Fringe Ministries** regarding a **Focus on the Family** broadcast that promoted the safety and morality of **COVID-19 vaccinations**. Daniel challenges the optimistic perspective presented by the broadcast's medical experts, arguing that the **mRNA technology** is an experimental "live experiment" with significant **physiological risks** and unverified efficacy. He incorporates testimonies from various dissenting doctors who express concerns over **autoimmune reactions**, potential genomic changes, and the lack of long-term safety data. A major portion of the critique focuses on the **ethical implications** of using **aborted fetal cell lines**, which Daniel identifies as a spiritual compromise that no believer should accept. Ultimately, he advocates for **informed consent** and warns that the current medical narrative ignores **safe alternatives** and the high survival rate of the virus.



Welcome, everyone. I'm Daniel Joseph here "*On The Corner Fringe*." Thank you for joining me today. Today, we kind of have a special program for you. I've had a lot of feedback. I've had a lot of requests regarding responding to the latest program that *Focus On The Family* ran—at least one of the latest programs—and this program was specifically on vaccination. You know, do we, as believers, vaccinate, or do we not vaccinate? Should we be concerned about the vaccines that are currently on the market? And this program featured two doctors.

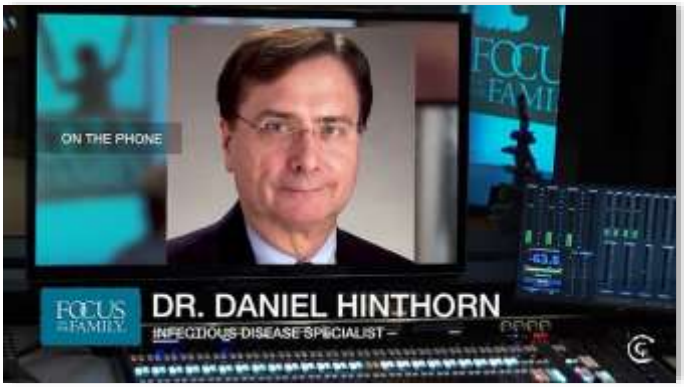
Well, I'm going to come out kind of with an official response to this program because there are Christians out there that it's really fascinating to me who were kind of on the fence about, I'm not quite sure to do this or whether or not to do this. They weren't super motivated to go out. But after watching the *Focus On The Family* program, there are Christians now feeling pretty confident and very, very comfortable based on this interview, and I have to respond to that. And what we're going to do today is to look at a few clips from this program.

And just to be upfront, I'm not going to show you the entire program. I don't think it's necessary, number one, and it would just take too much time. But I encourage you to watch it on YouTube. Go watch the whole thing for yourself. But I'm just going to share a few clips with you, kind of the monumental parts, if you will, of the program, at least in my opinion. And I'm going to respond, and I'll let you decide. But there definitely needs to be a response to what is now circulating. With that said, I'll play the introduction first. Check this out.



John Fuller, Co-Host, *Focus On The Family* Broadcast—You've no doubt heard many things about the coronavirus vaccines that are being rolled out. And many have contacted us here at Focus on the Family asking questions about the vaccine. So today we want to help you get the information you need to keep yourself and your family safe and well informed.

Jim Daly, President, *Focus On The Family*—John, this is a big moment in the culture, as this week, the vaccines begin to roll out and people are taking those shots. And many people in a priority way will be having to decide, will I take it, or will I not? And some have described this as a hornet's nest, but we want to inform you about what we know...



In a moment we're going to get to the concerns, but let me start at that intersection of God and science. I mean, you both are faithful believers in Jesus Christ. You've dedicated your life to science, to medicine. Do those two coexist in a single person? *[Chuckling]*



Dr. Daniel Hinthorn, Infectious Disease Specialist—Actually, they do fit together quite well. And in fact, on our faculty, we have a large number of people who are believers and who practice good science. So yes, they can go together. I suspect you do the same thing in Alabama.

Dr. Scott James, Pediatric Infectious Disease Specialist—Yeah, I firmly believe that the heavens declare the glory of the Lord. And so I think all creation, all nature, testifies to the goodness of our Creator. And if I can look up to the heavens and glorify God because of it, then it stands to reason that I can also look through a microscope and look in the opposite direction and see the glory of God at a microscopic level in my scientific pursuits as well.

John Fuller—Hmm.

Daniel Joseph—All right, so there you go. You have kind of a chopped-up version of the introduction to the show. And before we go further into this and we really get into depth, it is important that I preface a few things. Number one: these doctors, whether we're talking about Dr. James or Dr. Hinthorn, are the two doctors that are being brought on the show to get their expert advice. Number one, I am excited, and I'm thankful that both of them are professing believers in Jesus. That is first and foremost fundamental for me. And so, I'm thankful for that. I am thankful for their work and dedication to their field. And I am sure that they are quite competent in their respective fields. So, I'm thankful for their dedication and that they're in an industry where they're helping people every single day, and so I can't sing the praises enough about that or send out enough appreciation for that.

Secondly, *Focus On The Family*, hands down, is one of the most important ministries of my generation that has ever existed in this nation. A stellar ministry, Dr. James Dobson, just an incredible anchor. The work that he has done, the work that the Lord did through him to create moral clarity, to bring the focus to where it should be, which is on the family. And just a powerful ministry. I could not hold them in a higher regard than I do.

So doing this program that I'm going to do today is a little challenging for me. It's difficult because this is a ministry I love, and I still love them. I will tell you upfront: I unfortunately think this particular interview—and it's probably the only one I know of in its entire duration, at least that I've heard—is one I would have to stand in total opposition to. But I appreciate this ministry. I'm thankful for this ministry, and the good it does cannot be overstated. With that introduction, let's get further into this interview.

Dr. Daniel Hinthorn—The current vaccine with COVID, however, is a different mechanism. We don't use the same route that we use for most of our other vaccines. So it's a novel vaccine, we say, because it uses something that sort of sidesteps everything called messenger RNA. That has been studied for probably 30 years or so, and it just wouldn't work for years and years because the messenger RNA, although what happens is usually we start with DNA and then the DNA gets unzipped and it gets copied and the messenger RNA goes out into the cell, to the ribosomes, and it attaches to the ribosomes and makes proteins against whatever it is making.

It builds the antibody, and what we do is we bypass those steps by injecting messenger RNA directly into the body with a lipid. It's called a nanoparticle. It's just a lipid attached to the messenger RNA and gets into the cell and begins to make proteins that look like the cell has been infected. So the body then develops a resistance to that particular virus, which in this case is COVID. And that's the way it works. It works quite nicely, in fact, protecting probably close to 95% of people who get it.



Daniel Joseph—All right, so there's Dr. Hinthorn basically kind of just giving us a little overview of the COVID vaccination and how it's different than other vaccinations that have come to market. He also notes that messenger RNA has been studied for decades, yet we just haven't gotten it to work. Fascinating to think about that. Well, why does it work now? And we'll get into that later. But then he ends by talking about, really kind of singing the praises that this is a great thing, clearly introducing the COVID vaccination as a positive thing with a 95 percent, if you will, efficacy rate and obviously drawing from Pfizer's number, who has come out and said, You know, we have a 95 percent. I think Moderna came out and said we have, like, 94 percent. And so he's portraying this as a wonderful thing.

I want to bring in some other experts today. And, you know, I had the benefit of being able to take part, and I took part virtually, but to take part in a COVID conference, as it were, where several doctors in different fields were able to come together, even attorneys as well. And talk about this pandemic, or, according to some people, a plandemic, and I'm going to intersperse throughout today some other opinions. You know, one of the things that I struggle with in regard to this interview with *Focus on the Family* is the fact that they brought on two doctors that are very pro-vaccination. Yes, they're believers, and I'm thankful for that.

But if we're getting into the "should we" or "shouldn't we" part, the one thing I would like to hear is another viewpoint. Plenty of believing doctors follow Jesus. Plenty of believing doctors fall on the exact opposite side of Dr. James and Dr. Hinthorn. And if I'm going to run a show and I'm going to say, you know, for the protection of my audience, this is what we're going to do, I'm going to want to have two doctors, absolutely, that are pro-vaccination and bring on a couple of experts, doctors on the other side who have concerns about the vaccination. I mean, this is how I would do it. I wasn't involved, obviously. But this is what I would do. And so, because I would do that, I'm going to do it today if that's OK.

I want to bring some other experts because all I want to do... You know, there are two words that I cling to today, and they are “informed consent.” If we're going to consent to something, we should be informed about it, right? Because I do care. I care about the decision Christians are going to make in regard to this issue, and obviously anything that would bring them into hell, anything that would harm them, I'm concerned about. And so, I just want to give believers a chance to weigh it. They're going to make their own decision. I'm not out to make decisions for anyone, but I just want to give you at least the opportunity to challenge your thinking if, in fact, you're standing on the side of the fence saying, I'm just totally pro-vaccination right now. There's no issue; I have to go get it.

With that said, I want to play just a quick clip from this conference from Pamela Acker. Check this out.



Pamela Acker, biologist, author of *Vaccination: A Catholic Perspective*—All of the side effects that we're seeing come up that are problematic. And Dr. Soma mentioned, you know, it hasn't been tested in pregnant women, but it also hasn't been tested in elderly people, and yet elderly people are the first in line to receive the vaccine. There was nobody 70 or above in these studies, as far as I know. Yet we're giving it to people in their 70s and their 80s, and we're seeing actually a lot of people dying or developing severe reactions to these. And we don't have the safety data to show that it's good to give it to the elderly.

And we don't have any data to show that it interrupts transmission of the disease. And it's only potentially somewhere between 19% or, if you throw out the first week of those suspected COVID cases because they might possibly be vaccine reactions themselves, maybe 29% effective just at preventing the individual who receives the vaccine from developing more severe COVID symptoms than if they had not received the vaccine. That is an extremely modest protective effect, and it doesn't in any way, shape, or form justify mandatory vaccine policy. And it doesn't in any way, shape, or form justify the argument that this is somehow an act of charity to your neighbor to go out and get vaccinated.

And so the pressure that's being applied to people to say you have to do this to protect your elderly neighbor, you have to do this to protect, you know, the rest of society—it's just, it just doesn't make sense. It's completely nonsensical on a scientific level.

Daniel Joseph—Well, I showed that video—I bring Pamela Acker to the table because I can tell you this: she's not alone. Others have come out and challenged the supposed efficacy numbers being given, whether it's 94% from Moderna or 95% from Pfizer. When people are really looking into this, as she stated, there are doctors walking away, going, "Wait a second." They're investigating this situation.

They're like, "This is actually—if we're to look at this appropriately, we're looking at maybe 19%," and maybe in some situations even higher, closer to 25% efficacy. That is not 95%. Now, can that be the difference in whether someone goes and takes the risk of getting a vaccination? I would think it would. I mean, just logic would tell you that, hey, if I know something doesn't even really have a 20% chance of helping me, why am I going to take all the risks that could potentially happen to me? You wouldn't do that. And so, coming out with the numbers and making sure the numbers are what they are, yeah, is important.

Now, with that said, I want to bring another expert to the table, Dr. Sherri Tenpenny. And she was in this LifeSite News conference, and she is a wealth of information. One of the things you're going to notice right off the bat that she does as she comes to the table is that she's going to tell you that she does not identify this as a vaccine. And I cannot tell you how many doctors have come out officially and said that, by the regular, normal standards, this should not be considered a vaccination on any level. Now listen to what she has to say.



Dr. Sherri Tenpenny, D.O., *Osteopathic Medical Doctor*—Well, first of all, I refuse to call it a vaccine because it doesn't meet any of the standards by which a vaccine is supposed to work. Which one of them is to prevent the spread of infection, to keep you from getting sick, to keep you from being hospitalized, to decrease the amount of illness, or to protect people from this contagion that's out there. It doesn't meet any of those standards. And my package inserts on both the Pfizer vaccine and on the Moderna vaccine both admit freely, "We don't think this is going to stop you from getting sick." So if it's not going to keep you from getting sick, you take on all the risk of this injection, all the risk of this, of what's coming through the needle and in creating these adverse antibodies that literally are going to kill many people.

And yet you still have to wear a mask, you still have to social distance, and you still can't do any of the things that you're supposed to be able to do when you get back into life. Why would you take on all of that risk and still be subjected to all this social tyranny?

Dr. Eric Nepute, D.C., Ph.D., *Primary Care Practitioner*—I hate to say vaccine as well because, like Dr. Tenpenny says, it's not a vaccine; it's a whole different delivery system for genetically modifying your body. I mean, if you think about what it does, if you think about what it does, I mean, the whole idea behind this vaccine, if you will, is it causes your body to make antibodies to that spike protein.



But what we don't know is what all cells in our bodies are affected by those spike proteins. And that's a scary thing. I mean, that affects heart tissue, that affects lung tissue, that affects everything in the body. And that's very scary. That's why when people get this injection, they have all these horrible side effects afterward. And one of the things that really scares me the most about this particular thing, at least what's in the vaccines right now, is the polyethylene glycol that's in it. I mean, the fact that there's a hypersensitivity that most humans have to that chemical that's never really been studied in a vaccine before, never been studied in a direct injection before. It's not good.

You hear, here's what's sad, and this is the reality: The mainstream media is not reporting the truth about what's happening. If you go to the CDC site and look at the vaccine adverse reaction list there, the documents that are there are quite compelling; you go, "Wow, there's something going on here." I mean, and if you look at social media, literally social media accounts are being deplatformed because people are posting their own individual reactions that they've individually had that somebody, you can't tell that person who experienced that injury, that that didn't happen. That wasn't real for them. And there are thousands and thousands of those that have been reported just on social media alone and have been reported on the vaccine adverse reaction site on the CDC's website.



Israeli News Live, 15 Jan 2021, Jana Denoon—Because repetition is a great teacher. Can you, kind of in a simple way—the simplest way you can come up with—explain to us what is so different about these vaccines?

Dr. Carrie Madej—Okay. Well, um, let me just explain what a regular vaccine is. So they take the true organism, like the real virus; it could be dead or alive, and they put a couple of other toxins in there, and then that's what's injected into you. And the simplest way I can describe it is if you know the idea of homeopathy, it is you take a little bit of what makes you sick and give it to the person so the person can have knowledge of how to fight off an infection without making them too sick. That's the idea behind it.

Well, this one is completely different than anything we've ever done before because instead of taking the actual organism, we're taking a code, a genetic code, and it's recombinant, meaning that it's not from nature. Okay, to understand, nothing from this Earth or from a human is recombinant. It's actually a computer-generated program. It's not all from nature. That code is then put into the human body, and then the cell, our body, is forced or tricked to make a protein. And what we're doing is we're making parts of the virus purposely. We are actually producing parts of this virus, parts of the code in our body.

The idea is if you produce parts of the code, your body will see it and then have knowledge or education on how to fight it in the future. The problem with it is many. One of the problems is A; it's purely experimental. It has never been launched on the human race ever before, widespread, never ever. And that we are developing this in less than one year when it should take 10 to 15 years. And so, if you can imagine that, we're skipping a lot of safety trials before we give it to people, and it's a brand-new technology.

One of the companies, Moderna, has never made a medicine or vaccine for a person before—any human. They've never done anything for a human before, and they're one of the ones now injecting people with a vaccine. So, if you take the vaccine right now, you are a guinea pig; you're a lab rat—you're actually a research subject. They don't know what will happen to us. They have no idea. So if you hear the news, you hear a doctor—you hear anybody tell you that it's safe or effective. Actually, that's not true. We don't know that. We are in a live experiment. So that's very, very important to know.

Daniel Joseph—Well, isn't that comforting? We have companies like Moderna coming to market that have never made a product, never made a vaccine to be introduced to humans or to be experienced by humans ever before. And not just that, now we're introducing a new technology that has never been tested on humans until this pandemic hit. And yet, ironically enough, going back to what Dr. Hinthorn said, you know, this is a technology that, you know, we've been, for decades, that we've been playing around with, and we just couldn't get it to work.

But now we're going to release it to the public, to humans, and we're going to do this, and we're going to feel good about that. And then we're going to come out and tout 95% efficacy rates. I mean, again,

there are many, many doctors, many experts, thousands upon thousands that are coming out, but they're not getting any airtime on mainstream media who are coming out with major concerns, not minor concerns, major concerns. And this is what this is all about. You shouldn't put anything in your body until you know exactly what it is.

But here's the thing: you're in a live experiment. If you want to go and you want to get the shot, this is, as of right now, according to doctors, a live experiment. I don't want to be a lab rat. I mean, that's just my own personal take. And I'm just dealing at this point right now with the physiology. Okay. The physical implications of this. I mean, I'm not even touching the spiritual. We'll talk a little bit about that later. But that alone is just the physiological implications that you could experience. It is not... Nothing about this is selling it for me.

Okay, let's go back to *Focus On The Family*.

Jim Daly—Yeah. Dr. James, let me ask you. Many people are concerned, or some people are concerned, about the speed at which this vaccine arrived. Cut years off the process. Is there any concern medically that there were shortcuts taken that might, you know, create harm if someone takes the vaccine?

Dr. Scott James—When you look at the overall time course that it typically takes a vaccine to go through the development process, it's definitely true that the COVID-19 vaccines that are currently being studied have been proceeding at a faster pace than we typically see. And that's just arisen out of the urgency of the moment.

The pandemic and the healthcare crisis that we've seen have motivated people to find ways to not cut corners but to speed up the regulatory process. So the vaccine studies have proceeded quickly, but I can confidently say that they have the same rigorous scientific standards that any vaccine or any therapeutic would need to go through. So there have been no corners cut. And I would say, just based on the public's interest in this and the urgency of the moment, I would say that if anything, the transparency and the scrutiny and the oversight have been even greater in this situation due to the urgent need of the pandemic.

Daniel Joseph—Wow. So, you know, you listen to that commentary, and it almost makes you want to curl up next to a warm fire with a hot cup of cocoa and have someone give you the vaccination. I mean, this is, I mean, because it sounds like he paints just this incredibly rosy picture. Yes, you know, I mean, he even admits, you know, this thing comes to market and is coming to market much quicker than anything else in history. I mean, this is not normal. He admits that. However, he tries to assuage any concern by telling you, “Well, there really were no corners cut.” The integrity of this vaccination is well intact. It's just that we kind of cut regulatory corners.

And respectfully, I have a serious problem with that presentation. You know this whole thing and how they're cutting. You know, regulations are typically set up for a reason, right? To create safety. I mean, there's no question about this, but now we have this emergency use authorization where they're coming at this thing at, as you've heard the term, “warp speed.” We're coming at this thing as fast as you can possibly do it, based on all, and this is important. Think about this: this is all based upon the fact that there's an actual emergency. So we're going to cut through all the red tape, we're going to cut through the regulations, and we're going to do away with that stuff. Don't worry about that because we have an actual emergency. You know, what's fascinating is that there are attorneys right now fighting cases based on the fact that there is no emergency.

I mean, how, when you actually think about it, and we're looking at this, this pandemic, the coronavirus, has a 99.7% survival rate. How in the world can you classify that as an emergency? And then, by doing so, all the governors can come out with their emergency powers and start implementing all of these mandates, all based on the premise that there's a radical emergency. And even when the COVID numbers are coming down, and some would say even the inflated COVID numbers are coming down, somehow the governors are not releasing their emergency powers. I mean, this is... And attorneys are waking up to this, and they're recognizing this—that everything across the board in regard to this pandemic is unprecedented. Unprecedented on every level. It's absolutely incredible.

The way they're tallying the deaths. People are coming out like a representative we have here, who is also a doctor, Scott Jensen, who is recognizing they're running an investigation because they're saying, "Hey, we have people getting hit by a car that are dying of heart disease or some other something else, and they're being labeled a COVID death. What is going on here? I mean, we could go on and on. But with that said, let me bring a response to the table regarding what Dr. James just said; check this out.

Dr. Eric Nepute, D.C., Ph.D.—There are normally 17 points of criteria that have to be met for a vaccine to get emergency use authorization. Well, these vaccine manufacturers came nowhere near close to doing that, but yet they were still able to get approval for this vaccine as an experimental shot. And if you think about the fact that, well, you know, we originally said there was no data out there to support giving this shot to expectant mothers, but yet the FDA in the United States and hospital organizations decided to go ahead and do that until just recently, the World Health Organization stepped in and said, There's just not enough data for this.

Dr. Christina Parks, Ph.D.—Looking at it, it's not been a transparent process at all.



Daniel Joseph—And so we see that not all the experts would agree with Dr. James, and certainly not all believing experts. Isn't it amazing how you can have one doctor who is a believer on this side looking at this very same situation and another doctor on this side looking at the very same situation, and they are walking away with two completely different understandings? You know, we can go to a variety of fields and do this. And so this is not unique. You can go, you know, an atheist versus a creationist. Both of them can be legitimate scientists with the same degrees and the same schools, but they will look at the evidence, whether it's rock formations or fossils or whatever it is. And yet you'll have these two scientists walk away with two different, completely different understandings.

And the same goes for the religious world. You can have a scholar over here, a believer in Jesus. You can have a scholar over here, a believer in Jesus. So it isn't interesting; they're reading the same passage, and they are walking away with two different interpretations. It is really fascinating. And so you need to be mindful of the reality that there are a plethora, thousands upon thousands, as I said, of doctors who are coming out who are extremely concerned about how this is being handled, about the danger of this

vaccination, and about the physiological impacts that it can have that could be lifelong or even result in death.

And so, let's get back to the interview.

Jim Daly—For us that don't work in the field of medicine and science, describe a little bit more about the mRNA, what that is, and how that's different from others.

Dr. Scott James—So the mRNA basically delivers a set of instructions that allows a cell to build a specific part of the virus. So in this case, for the COVID-19 vaccine, it's giving our body's cells a little instruction manual to build a spike protein, which is one of the proteins that's on the surface of the coronavirus. And it's the protein that actually signals our immune system to respond by making protective antibodies.

So the mRNA is delivered into the cell because it's got this sort of wrapped in this lipid layer to kind of keep it stable. Once it gets into the cell, it delivers those instructions. Our cell then picks up that RNA and makes little pieces of this spike protein. So it does not in any way make an entire virus or anything that could be infected. But it makes just enough of a part of the virus that would signal our immune system to make those protective antibodies. And it's as the studies have shown and has been very effective at doing that.

Daniel Joseph—Well, I want to share with you a few other doctors and their opinions to show you how successful it is at doing that.

Jana Denoon— You have mentioned on previous videos that special word, right? What's happening? It's trans-something.

Dr. Carrie Madej—So it's actually something that's injecting a code inside of us. And then also, so it's a synthetic code inside of us. So let me back up with that. When the body is seeing something synthetic, something not from nature, our bodies are brilliant. It's a very smart body. So the body will say, "This is foreign. I will destroy it immediately," and it does. So the vaccine would never work because the body would destroy it. They had to think about how to keep this synthetic code in the body longer.

So they came up with something called nanolipid particles, or nanotechnology, and it is also known as hydrogel. These are different words for the same thing. This will envelop that synthetic code and protect it from getting disintegrated in the body. It's an on-demand drug delivery system. So that might sound like a fantastic idea, but you have to know that this is something that has many uses; it's not just for on-demand drug delivery. We can use it for biosensors. So the same thing you're injecting into the person can be used as a biosensor. So what is that? It's really kind of amazing to imagine having teeny tiny microscopic computer bits inside of you or the ability to gather all your information: your blood sugar, your insulin, your heart rate, even your thoughts and emotions, and your menstrual cycle.

It's gathering all this information. And then it has the ability to transmit that data wirelessly. So that sounds very fantastic, but it's not. If people look up the words "Profusa" and "DARPA," you will see that they're already using this technology. Okay, so we can actually do that. We can put a substance in a human's body. That substance can actually analyze and pick up the data that's going on, some biometric data, and then wirelessly connect to another device and send the data. We can do that. We can do even

more than that, but that's the simplest way. Okay, so when you are now having the hookup of a human body with artificial intelligence, that's the definition of “transhumanism.”

Jana Denoon—That's right.

Dr. Carrie Madej—So transhumanism is extremely important for people to know, because not only that, but we're also dealing with the manipulation of a genetic code, our genes—our genome. Those two together could actually mean the end of humanity, the human species as we know ourselves, the end of human 1.0, and the beginning of a brand new species. And so it's something that we need to ask ourselves today, right now: what do you think it is to be human, and what are you willing to do to keep that? Because right now we're talking about the most pivotal point of our entire history. We're talking about the extermination possibly of us as human beings and the start of a whole new breed of something else that's not even organic; that's actually part robot.

Jana Denoon—Yeah, we talked about how they can patent us, like they patent every genetically modified organism, right? So they can definitely patent us now and own us.

Dr. Carrie Madej—That's one of the scariest things that I tell people. When I found out they were using this vaccine and they were using the modified messenger RNA. I was very, very upset because I attended scientific meetings about this where they admitted that the Supreme Court justice ruled that if any synthetic piece of a gene got into your genome permanently, then the company or the person or the entity that owned the patent on that could then own all or part of you.

Literally, you could be owned like a product in the store, like cattle, like anything else you can think of, just a product overnight by somebody else, and they're not talking about this, and of course the vaccine manufacturers are saying, "Don't worry, it's only temporary," but again, let me tell you, we're in the middle of a live experiment; nobody knows that, only time will tell. And with the technology they're using, we do know that it can become permanent, no matter what you hear. Yes, it can; there are many ways it can become permanent.

Dr. Sherri Tenpenny, D.O.—Well, we do know that the spike protein cross-reacts with at least 27 different types of tissues. There was a study that just came out recently—like, well, they're all pretty recent in the last couple of weeks—where they took 55 tissue types, and they put them in little wells, and then they put the serum in them that contained the spike protein—the antibody to the spike protein—and it cross-reacts with up to 27 different types of tissues. And one of the things that it cross-reacts with the greatest is the lining on your mitochondria. And your mitochondria are the little organelles inside of your body that create your energy. And one of the most profound side effects that we've been seeing from this vaccine, this shot—I have to stop calling it a vaccine; I just have to, like, retrain my brain to stop saying that because it's not a vaccine—is profound fatigue, absolutely profound fatigue.

Well, if this antibody cross-reacts with the surface of mitochondria, and mitochondria are your energy makers, which make the ATP that's like the gasoline to drive your car, and it stops doing that. So the profound body muscle aches and pains and the profound fatigue are because it's being attacked with the antibody created by this shot that is ostensibly there to keep you from getting sick. As a matter of fact, Stephen, I've mapped out seven different distinct pathways, seven different pathways on which this antibody to the spike protein is going to be detrimental to human health and is going to kill many people—kill many people.

People are not going to necessarily die when you first get the injection. Now some will—those who have anaphylactic shock to the polyethylene glycol they referred to as PEG that Dr. Napudi was mentioning. Some will, because they've said that you can get this anaphylactic reaction up to 30 minutes after the injection, which kind of plays into why we have drive-by shoot-em-up sites in parking lots of grocery stores that people can just drive up, stick their arm out the window and get a shot, and then drive down the road and then maybe 30 minutes later go into anaphylactic shock, no medical care, and no way to control their vehicle or any of those things. I think it is high liability for everyone, including the people driving down the road that haven't had a shot.

And so, you know, that's one of the ways. There are several other different ways that this antibody that is... Let me take one step back from that. In all previous vaccines, all of them that are on the market, the goal of the pro-vaccine people is to inject this foreign matter to develop an antibody that they define as you being immune, that's supposed to keep you from getting sick. This shot doesn't behave that way. It creates an antibody that is a different type of antibody called a non-neutralizing antibody, and it actually has a mechanism of action where it grabs hold of the messenger RNA or the whole virus, the whole coronavirus, and drags it into your cells and starts replicating.

And that process is called antibody-dependent enhancement. They call it ADE for short. And what that does is instead of protecting you, if you get re-exposed to that pathogen, what it does is it makes you sicker, turns on all of the autoimmune cascades that have been created by this antibody, and starts to attack your liver, your lungs, and your kidneys. That antibody can literally go inside of your lungs and kill your lung tissue. It attacks your alveoli. And the alveoli are the little air sacs at the end of your bronchioles where the exchange happens between oxygen in your lungs and blood.

And if those start to break down, when people get the shot, and anywhere from six weeks to six months later, they go into the hospital with shortness of breath and coughing up blood, they get an X-ray, and you see all these infiltrates. They're going to be treated as either a pulmonary embolism, pneumonia, or something called ARDS, which is Acute Respiratory Distress Syndrome. They're going to be treated like they have a lung pathology. And all the powers that be, and all the doctors that never bother to study any of this stuff, are going to go, "Oh, it's a mutant virus. We have to vaccinate more."

When, in fact, what these people are actually experiencing is the antibody created by the shot going in and destroying their own tissue. That's one of seven mechanisms of how this, the results of this shot, is going to cause an autoimmune cascade, make many people deathly sick, and kill people. Now, how do we know that's going to happen? Because they've been researching this since 2002, and the same thing happened in all of the animal studies. That's why the animal studies were never allowed to progress to human studies by the FDA, because it said, You can't prove safety in animals; we can't let you do this to humans. But oh, wait, this whole COVID thing, we're going to bypass all those animal studies and go directly to humans.

Daniel Joseph—So if that's how you define a successful vaccine, or if that's how you would define a vaccine that works quite well, the technology works well. Again, I say it might work a little too well when your body actually ends up destroying itself, which is exactly what Dr. Tenpenny was describing. This is the response that happened, that happens, and they did this in ferrets, and I'll play the video later on where there's a cytokine storm that happened in these animals that they did test on. Their own bodies ended up destroying themselves in response to this type of technology.

Now, with that said, let's go back to our interview.

Jim Daly—Let me address a big issue, and that is the use of aborted fetal tissue in the development of vaccines. And it's very convoluted when it comes to COVID-19. Let me direct this to both of you, Dr. James. Start with you, but what is the issue there? Obviously, as Christians, we're concerned about that. And again, the purpose of this program is to inform you, our listener, so that you can make the decisions you feel you need to make. I want to make sure you have the information, and we're talking again to two experts who can deliver that. So Dr. James, when it comes to the use of fetal tissue in these vaccines, where are we at?

Dr. Scott James—So in research laboratories, there are particularly ones that work with viruses. There are lots of cell lines. These are immortal cell lines that kind of are self-generating and continue on. And so all of these, at one point, had a seed—some cell or a piece of tissue that was collected at some point. Whether that be from human, animal, or insect, there are many varieties. And they perpetuate on in the lab and are readily available. Unfortunately, some of those were originally obtained from tissues taken from the body of an aborted baby.

And so there are a few particular cell lines. Most all of these cell lines have their provenance pretty clearly marked out so that you know where things originated from. And the reason for using these, particularly in viruses for any of the cell lines, is just that you need that to actually work with the virus and multiply it so that you can use it and study it. Unfortunately, some of the cell lines that are particularly well adapted to working with viruses did have that origin in the tissue from an aborted baby. I think one thing to sort of keep in mind is that these are historical cell lines, and they've been very clearly studied and validated and are very easy to use scientifically because we know what to expect with them; researchers who use them do.

But they're historical in the sense that there are no ongoing additional cells that need to be added to those. So while we can, as pro-life people, we can clearly say that we are saddened and not okay with how these were originally, how the tissues became available, and the ongoing usage of a cell line that has that origin in the lab is not perpetuating or contributing to further abortions. And so there's at least that component to keep in mind. And so my personal estimation in that case would be that use of a life-saving measure that has no other ethically sourced options in that sense would be permissible. I personally think that that would not be enough of a connection to make me complicit in the original evil act that brought about that tissue being available.

Daniel Joseph—All right. So here's the thing. I hope you listened to the last part there, roughly the last 10 seconds, very, very carefully. Because for me, this really is the low point of the interview. I don't know if you caught what he said, but basically what he said is this: He's like, "I don't have an ethical issue with if we need a vaccine to come to market today and we need to utilize those cells that so long ago, you know, were derived from an aborted fetus." And yet, you know, he's implying that in the interim, since that time, you know, it's not like we're killing babies more and more for science and harvesting these cells. No, this was done long ago. It was done one time.

So if there's no other ethical way to administer a vaccine for the public's well-being, and the only thing we had available to us was, you know, an aborted fetal cell line, whether from the sixties or seventies, then, under that, you know, situation, that would be morally acceptable. And this, in essence, is what he just laid out. Now, I'm going to tell you right now, for me personally, I struggle to even comprehend this coming from a believing doctor. And again, I stress the fact that I am sure Dr. James is a fine gentleman.

What troubles me is that we are living in a generation now where we find wonderful Christians not being able to make the distinction between good and evil and to identify that line. Where is that line where I need to make sure that I don't cross, where we get into the world of embracing sin, where we fall into that slippery slope? See, that's the thing. We need the Word of God. This is so critical for us. We cannot possibly look at any situation outside of the lens of Scripture. The moment we do, we begin to get carried off. The moment you take on the world's narrative, you are sure to fall.

And so, this, unfortunately, is extremely problematic for me, and I want to be clear: under no circumstance can you justify utilizing a child that had been murdered, utilizing its tissue to go out and to... I don't care how many lives, if in fact, let's pretend this vaccine was magical. Let's pretend it actually is going to help the population more than it's going to harm them. Let's pretend that that's going to happen. Under no circumstances can you justify utilizing and tapping into this sin. I don't care how long ago it was done. It doesn't matter. Just because something happened in the 60s or 70s doesn't somehow mean that over a few decades all of a sudden, you know, sin became good, or it became something that we should accept.

I'll give you an example. When you go to Scripture, this is the beauty of the Word: it teaches you constantly, and when Israel is coming into the land, they're going to come across all these altars that were made for the foreign gods. They're going to come across all these idols and all of this type of stuff, and you know, I've been in Israel, and it was amazing. The very first sight I went to was a pagan altar, actually, ironically enough, where they sacrificed children, okay? This pagan altar, and I was dumbfounded that the thing was still there. It didn't make any sense to me. See, because now all of these things are being preserved; all these things are to be dug up out of the ground in Israel. They're being brought in, and they're now called artifacts.

You know, historical artifacts—these are things we want to preserve, but God commanded His people to go and destroy every one of these things. And here's where I'm going, and this is my analogy of trying to justify tapping into something that was so long ago, but we're so far removed from it today that somehow, well, it's okay, because it's for the better of man. Well, that's kind of like me: going in and seeing an altar that was built decades ago or millennia ago, it doesn't matter. An altar that was built specifically to sacrifice to false gods and demons. And me going back, and you know what? This was thousands of years ago, and these are just rocks. I mean, it's not a big deal.

I'm going to take these rocks, and now I'm going to build an altar to God, to the God of Israel. This is what I'm going to do: I'm going to use these rocks, or I'm going to build my house out of them, or I'm going to build something else. Scripturally speaking, the thought is abominable. How much more so for those children who have been sacrificed to the devil on the altar of Baal—to come and attempt to tap into that and say, "This is how we are going to preserve our life"? Do you see how twisted that thinking is? That we're going to preserve our life. If that's how you want to preserve your life, I don't want to preserve mine. I do not want to do it. I'm not going to compromise, and so this, you know, for me, is very problematic.

On top of the fact that, I mean, let's just, hmm. Let's just look at this, you know, what fellowship has righteousness with lawlessness, right? Paul says these words to the Corinthians, actually in 2 Corinthians 6:14, and it's none. 2 Corinthians 6:15—What accord has Christ with Belial? None. For a believer, I can certainly see the world justifying what the good doctor just said. I understand that. But for a believer, this isn't even a conversation that we should be having. Whether this is morally acceptable or ethically

acceptable, it's not on any level. And so, this is extremely problematic, and again, this gets to the heart of the matter for me.

This is all about the Spirit. In other words, when I get into this topic and start talking about the coronavirus, the spiritual implications are fundamentally primary for me. Everything else, you know, the physiology, the physical effects, the implications, that's secondary. The spiritual aspect means everything to me, and you cannot go to the altar of demons for life. Do you understand why pagans would go to the altar? It was not simply to honor God; the whole concept is that you had these fertility gods, and you would sacrifice. That's why you brought Ishtar into the mix: you wanted blessing, favor, and life. And that is what people are doing today. Many people do that ignorantly, but believers are not to be ignorant. Hosea 4:6—My people are destroyed for lack of knowledge. We're not called to be ignorant. We're called to be (Matthew 10:16) wise as serpents and harmless as doves.

Now, that being said, there is the physical aspect that we could certainly talk about. And you know, number one, you'll notice in this interview, it never comes up, and this is mind-blowing to me. Not only do you not have doctors with opposing views who can bring their expertise to the table talking about why they should be concerned about this vaccine. There's not a whisper; you're going to see this today, or you can go watch the whole thing on your own. Not a whisper about whether there is a safe alternative to a vaccine.

Now there's a noble idea. Is there any other method, rather than getting injected and being treated as a lab rat and being injected with, honestly, something that hasn't been tested on humans before? There's no longevity to this. Where's the talk of a safe alternative drug, if one exists? There's no hydroxychloroquine being talked about. There's no ivermectin that's being talked about. Do you not find this suspicious at all? Do you not find it suspicious that they're rushing this to market? I mean, where is the talk of the survival rate? The 99.7% survival rate. Where is the talk that these pharmaceutical companies are totally indemnified from any legal recourse? That is congressional exemption, if you will.

That if somebody experiences, well, whether death or a life-threatening situation, by an adverse event that has come upon them, where's the talk of that? I mean, see, these are things that need to be brought to the table. These are things that people need to consider. Who in their right mind has ever heard of something where you have no legal recourse against a company for the product they bring to market that's actually going into your body? I mean, it's insane. That's insane. That alone is enough for me to say, I'm out of here. There's no way you're going to convince me that this is a good idea. All right, we could go on.

With that said, I want to get back to the interview.



Stephen Kokx, Journalist, *LifeSiteNews*—One of the issues a lot of pro-lifers and Christians have with this, Dr. Brand, is that there seems to be a lot of aborted fetal tissue being used in these various vaccines. Can you clarify for us how that's being used in these different vaccines that are used and which ones to avoid? Is it all of them? Is it just a couple? What should we do here?

Dr. Marissa Brand, DNM, DHS, Ph.D., HHP—Okay, so when it comes to the COVID vaccines, the ones that are currently on the market, Moderna and Pfizer, both of them use the cell line HEK 293 in the development and the research, but it is not actually in the end product.



However, Johnson & Johnson and AstraZeneca vaccines, which are supposed to be coming out—they're estimating about March sometime. Both of those will actually have aborted fetal cells, or aborted fetal DNA, in the end product, because they're growing the virus on the aborted fetal lines, and there's no way that you can completely clean out all that DNA and just have the virus. Some of it is going to be left behind. The Johnson & Johnson vaccine is going to use PER.C6, which has never been used in vaccines that are on the market. That's a new cell line for vaccines. They have been using it in the Ebola vaccine, which they're still working on. It hasn't been released. And then AstraZeneca is going to use HEK 293 to grow the virus on it.

The current vaccines on the American childhood vaccine schedule: there are only two cell lines that are currently used. That's MRC-5 and WI-38. MRC-5 is from 1966 and is from a 14-week-gestational male. And WI-38 is from a female at 16 weeks' gestation from 1962. And these cell lines are used in the adenovirus vaccine, MMR, which is your measles, mumps, rubella vaccine, and ProQuad, which is measles, mumps, rubella, plus varicella for chickenpox. And some of your other combinations, like Quadricell, Pentacel, and all your Hep A vaccine options, contain aborted fetal DNA. Twinrix, which is a combination of Hep A and Hep B, also contains aborted fetal DNA because it has a Hep A component in there.

You can get Hep B by itself, and it won't have the aborted fetal DNA, but if you get them combined, it's going to have aborted fetal DNA. There is a rabies vaccine. One of them has aborted fetal DNA; there is an ethical option for that one. Chickenpox: All those options have aborted fetal DNA. Zostavax, which is one of the shingles vaccines, contains aborted fetal DNA, but there is an actual ethical option for shingles as well, which is Shingrix.

So, the two aborted fetal lines, cell lines, that are used currently in vaccines for the rubella vaccine alone, which is in the MMR, there were at least 99 abortions. At least, that means there are probably more, but we just haven't been able to find the actual papers detailing how many abortions. And for WI-38, there were 37 abortions just for that cell line alone.

And the 38—they started numbering them for, like, one baby; they could take multiple specimens from it, so just because it has 38 does not mean there are 38 abortions. That one there was 32. MRC-5 was five abortions, so five stands for five abortions. HEK 293 is 293 specimens, so it's not 293 abortions for that one. The exact number for that one, I don't believe, is known. HEK 293 is from 1972, and that's from the Netherlands.

The other big thing to know too is that we have these aborted fetal cell lines, and yeah, it seems like, oh, they're so old it's not a big deal. But unless they're immortalized—HEK 293 was immortalized with Epstein-Barr virus—the other ones are not immortalized, which means that they have a limit on how

many times they can be replicated and that at some point they're going to hit a point where they can't be replicated anymore. And then guess what? We're going to need more aborted fetal DNA.

And the most recent abortions that were done to get an aborted fetal cell line were actually in 2015, so that's not that long ago. And if we keep using aborted fetal DNA in vaccines, we're going to need more; we're going to need more abortions to happen, which is really sad.

Daniel Joseph—I mean, the future of vaccinations—if you listened to the good doctor and what she just said, we're going to need more aborted fetal tissue, which, considering how many we're aborting, we will have an abundance to choose from. God help us. I mean, this is how far iniquity has gotten. I mean, how can it possibly be? How can we possibly become more depraved in mind, more debased? This is as awful as it gets. This is what the days of Noah look like. This is what the days of Sodom look like.

Absolutely horrifying evil is happening right before us, and some people are celebrating it, and some people want to inject it into their veins. I mean, it's just, I don't even... Again, how do you even comprehend some of this stuff? It's to such a level of depravity. The righteous struggle to understand it, just as Lot tormented his righteous soul, seeing and hearing their lawless deeds. He struggled with what was going on.

I want to take this a step further, and I want to play a video for you. You're going to see John Henry Weston with *LifeSiteNews*, just a brilliant commentator. I really appreciate him, his heart, and his battle against abortion. But *LifeSiteNews* ran a special on Dr. Plotkin, and this is in a deposition. And so they got the video footage of this; kudos to them, but this is powerful. I want you guys to see this. Check this out.

John Henry Weston—Dr. Stanley Plotkin is considered the godfather of vaccines. He's an American physician who worked as a consultant to the biggest vaccine manufacturers and biotechnology firms, nonprofits, and governments. In the 1960s, he played a key role in creating the rubella vaccine. His book called "*Vaccines*" is like the standard reference or textbook, if you will, on the subject of vaccines. I'm going to show you parts of Dr. Plotkin's nine-hour deposition where he reluctantly admits the horrific facts and gruesome details about the relationship between abortion and vaccines.

Dr. Plotkin was called to answer questions from a lawyer who was defending the rights of a mother who refused to vaccinate her child due to the concerns about the ingredients in the vaccines. First off, Dr. Plotkin attempts to conceal the fact that hundreds, if not thousands, of babies were aborted in the process of bringing vaccines to market. When asked how many aborted babies were related to his work in vaccines, he says only two. Have a look.

Attorney Aaron Siri—In your work related to vaccines, how many fetuses have been part of that work?



Dr. Stanley Plotkin—My own personal work? Two.
Attorney Aaron Siri—Two. So, in all of your work related to vaccines throughout your whole career, you've only ever worked with two fetuses?
Dr. Stanley Plotkin—In terms of making vaccines, yes. Yes.
Attorney Aaron Siri—I'm going to hand you what's been marked as plaintiff's exhibit 41, okay? Are you familiar with this article, Dr. Plotkin?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Okay, are you listed as an author on this article?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—This study took place at the Wistar Institute, correct?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—You were at the Wistar Institute, correct?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—How many fetuses were used in the study described in this article?
Dr. Stanley Plotkin—Quite a few, but my answer to the previous question was, what did I use to make vaccines? And the answer was two.
Attorney Aaron Siri—Can you read back the question I had asked? No, prior.
Digital Court Reporter—In your work related to vaccines, how many fetuses have been part of that work? Answer: My own personal work, two.
Attorney Aaron Siri—So I'm going to ask that question again. In your work related to vaccines, how many fetuses were involved in that work?
Dr. Stanley Plotkin—There were only two fetuses involved in making vaccines. When fetal strains, the fibroblast strains, were first developed, I was involved in that work trying to characterize those cells, but they were not used to make vaccines.
Attorney Aaron Siri—Wasn't the purpose of this study to help develop a human cell line or to support the use of human cell lines in the creation of vaccines?
Dr. Stanley Plotkin—The idea was to study the cell strains from fetuses to determine whether or not they could be used to make vaccines.
Attorney Aaron Siri—So this was related to your work?
Dr. Stanley Plotkin—Well, yes, in a sense, yes.
Attorney Aaron Siri—Vaccines, correct?
Dr. Stanley Plotkin—Yes. It was preparatory.
Attorney Aaron Siri—So, this study involved 74 fetuses, correct?
Dr. Stanley Plotkin—Well, I don't remember exactly how many.
Attorney Aaron Siri—Turn to page 12 of the study.
Dr. Stanley Plotkin—Yeah, 76.
Attorney Aaron Siri—76. And these fetuses were all three months or older when aborted, correct?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—And these were all normally developed fetuses, correct?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Okay. These included fetuses that were aborted for social and psychiatric reasons, correct? Dr. Stanley Plotkin—Correct.

Attorney Aaron Siri—What organs did you harvest from these fetuses?
Dr. Stanley Plotkin—Well, I didn't personally harvest any, but a whole range of tissues were harvested by co-workers.
Attorney Aaron Siri—Okay. And these pieces were then cut up into little pieces, right?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—And they were cultured?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Okay. Some of the pieces of the fetuses were pituitary glands that were chopped up into pieces, too.
Dr. Stanley Plotkin—Mm-hmm *[Acknowledge and agree]*
Attorney Aaron Siri—Okay. Included the lungs of the fetuses?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Okay, it included skin?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Kidney?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Spleen?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—Heart?
Dr. Stanley Plotkin—Yes.
Attorney Aaron Siri—And tongue?
Dr. Stanley Plotkin—I don't recall, but probably yes.
Attorney Aaron Siri—Are you aware that one of the objections to vaccination by the plaintiff in this case is the inclusion of aborted fetal tissue in the development of vaccines and the fact that it's actually part of the ingredients of vaccines?
Dr. Stanley Plotkin—Yeah, I'm aware of those objections. The Catholic Church has actually issued a document on that which says that individuals who need the vaccine should receive the vaccine regardless of the fact. And I think it implies that I am the individual who will go to hell because of the use of aborted tissues, which I am glad to do.

Daniel Joseph—Now, I played that clip for you so you can get a little bit of perspective as to what's really behind these vaccines. Now, you'll notice the incredible work that this attorney did and how he really got to the bottom of it and how he cornered him to really extrapolate the truth, and that it wasn't simply two, but it was over 70 abortions just to do this.

Now, I don't know if you caught it, but one of the most important things that the attorney said, and it was so critical when he was discussing with Dr. Plotkin his client's problem that she's objecting to, it wasn't simply objecting to aborted fetal tissue being involved in the production, okay, actually going to market. This is so critical. It was also in the developmental stage. You understand? There's a difference. When you're going to develop your product, this is not the product that's on the market. So, they're using aborted fetal cell line tissue—from aborted fetuses, babies, in development. And then there's also the aspect of, well, now it's going to actually be included in the ingredients as well.

That aspect will be important as we go back to our discussion in the interview on *Focus On The Family*. Check it out.

Jim Daly—I appreciate that. Dr. Hinthorn, would you want to add to that?

Dr. Daniel Hinthorn—Yes. You know, I think people should be aware of the fact that the messenger RNA vaccines, neither one of them, are made in cells from aborted fetuses; they're not even made in cells. They're made in big lipid vats. And so these are chemicals that are brought together. And so from that standpoint, they are not created from fetal cell lines. However, often these kinds of vaccines are checked in fetal cell lines just to see if they work, but that's not making them that way. So if you get either the Pfizer vaccine or the Moderna vaccine, neither one of these is made in a fetal cell line. So we don't have to worry about that one.

Daniel Joseph— Another dramatic low point of this interview is when Dr. Hinthorn comes out and says, Well, there's good news. And again, just imagine yourself, just you driving home. You're listening to *Focus On The Family* as you always have, and it's always been a positive thing. It's a good thing you're hearing this doctor talk like this, and I mean, he just, in one fell swoop, removed all doubt. If you had any concern about the aborted fetus, you know, the aborted fetus issue, that can be totally removed. You don't have to worry about it anymore. You're in the clear. Because these, whether it's Moderna or Pfizer, both of them, and it's true, both of them currently, as of today, I mean, certainly they're going to make more. But as of today, they're not using it in the final product that's hitting the market.

The problem is this. To bring that vaccine, both Moderna and Pfizer, and this is critical, and this is public information; you can go online, and you can find this. This is open knowledge. And even Dr. Hinthorn mentioned this. Both of these vaccines were developed utilizing aborted fetal cell line tissue. In other words, you don't get to market a vaccine without the developmental stage. What happened in the developmental stage? This is what it used. So here's the deal, believers: it's real simple. If you're a believer in Jesus and you want to uphold the Word of God, there is no way that you can justify going in and getting a vaccination on a spiritual level. Again, set the physical aspect aside.

On a spiritual level, knowing these things has been baptized in blood. Period. That's how they developed these vaccines. You cannot justify that on any level. And to watch people figure-skate around this issue is mind-blowing to me. I mean, you just struggle, and you hurt, and I mean, where's the discernment? Where is the discernment of believers out there? I mean, there should be outrage. We should not be entertaining, like, "Well, should we take this? Should we not?" No, there should be outrage exposing the reality of these things being developed, utilizing aborted fetal cell lines—aborted fetuses.

Alright, moving on, we have more left here. I have more information that I want to play for you. I want to bring some things to the table that I think will really enlighten you as you decide whether to get the vaccination.

Dr. Carrie Madej—Well, I mean, if you look at what's happening around the world, the endgame for everybody is that they keep telling us we won't go back to normal until, or the new normal, until we accept many of these vaccines. They want the vaccine into everybody, and so far I've told you there are lots of risks; we've talked about that the benefits are minuscule, so let me just say the few things that they will tell us in the research studies. There are only two



benefits that they're assuming right now. One benefit is prevention of a positive PCR test and prevention of one symptom. That's it.

So, prevention of cough or fever, nothing else. So, we're talking only partial immunity at best. Then they tell us they're assuming, again, we're assuming that we might get only two months of partial immunity after the second dose. So, at best, that's all you get, guys. You don't get prevention of death. You don't get prevention of hospitalization. You don't get prevention of being contagious or transmission of the disease. They admitted that. And because of that, they said you still have to wear a mask, social distance, and quarantine. Why in the world would you put this poison—that's my opinion—this experimental drug into your body for the most minuscule of benefit?

Jana Denoon—Exactly, it makes no sense.

Dr. Carrie Madej—... Code inside of us to make these parts of the virus. So, whatever is in the code, the body will learn to attack. So, in the code, there are many things that are very similar, if not identical, to us humans. So, one of the things is... I'm going to say a few things. One of the things is the syncytin protein. The syncytin protein is found in the gametes of men and the placenta of women. So, we know that since it's in that code, if it's successful in the person's body, the body will start attacking the placenta and start attacking the sperm of the men, because now it's learned to attack anything in that code.

It just happens to be the same sequence in the spike protein as in the syncytin. So, we also know that in that code, we have, part of that code is the same sequence as part of chromosome 8 of humans. So again, you're going to attack anything that is like that, so a part of chromosome 8 will be attacked. That's your intelligence. That's your fertility. There's a double hit on our fertility and now our intelligence, okay? Also, they've identified in the sequence at least 18 subunits of HIV-1, the human immunodeficiency virus—that's scary.



These are particle subunits; that means maybe it doesn't really attack the virus, but it's imposed. It's putting those particles into the body so they could actually be taken up into the genome. And there's actually a research study showing that those things can be taken up into the genome; if you don't have that, I can send that to you. They proved it because HIV-1 is actually a reverse transcriptase enzyme. We have that anywhere in our body naturally.

So, when you're coding for that, the body will sometimes take part of the code, and instead of just spitting out the protein, it'll take that protein to make a complementary DNA and go up into the nucleus, and then it becomes permanent in the genome. You can make it permanent that way. We naturally have an ability. Also, the HIV-1 is just inherently that way.

So those are just some things we've already identified in the code. So here we are, and then the other thing is since the body... Okay, so since this code is so similar to many things in the human body, the body's learning to attack the code—it's learning to attack itself.

Jana Denoon—Okay, so maybe that's why thousands of Israelis were HIV positive after the vaccine, and you say it in Australia as well.

Dr. Carrie Madej—In Australia. So first of all, let's back up. Isn't it strange that after you give the vaccine, they just decided to check them for HIV?

Jana Denoon—Yes.

Dr. Carrie Madej—What would make them want to check? They already knew something to check them for HIV.

Jana Denoon—Why did they say that?

Dr. Carrie Madej—Yes, we already identified that there are subunits of HIV one in there. So, it makes sense to me that they would check for that. Now when they say to everybody, "Don't worry, it's just a false positive; please know that there is no way that any of us can know that until time goes on, years go on," then we will really know whether it's a false or true positive. Those poor people, they'll know in a few years to five years whether or not it's a true HIV infection in their body.

Jana Denoon—Right.

Dr. Carrie Madej—I mean, just that alone should make us put a moratorium on everything, right?

Dr. Christina Parks, Ph.D.—Looking at it, it's not been a transparent process at all, but there appear to be little segments of the HIV protein that cause AIDS in that spike protein. And where they are, they're functional. So that's not a random mutation because you can't just mutate something and make it functional. And so that suggests that... And then when those papers came out, people jumped on them, and they said, "No, no, that's wrong," and they retracted them.



So, there's a lot of politics involved in this. But if that's true, that means this was created in a lab. For what purpose? Some people think, Well, maybe to create an HIV vaccine. Who knows? But the bigger question is, is it ethical to do these studies? Is it ethical to teach Ebola to infect human cells or to infect cells in a way that it spreads like the flu?

Daniel Joseph—I have a question. Is it ethical to put this into somebody's body? I mean, when you think about this, when you think about the effects that this can potentially have that are being talked about by competent scientists, epidemiologists, doctors—I mean, all these virologists and pathologists—I mean, we could go on.

All these people, competent people in their respective fields, are coming out with various concerns about this thing, and then what Dr. Parks just got done saying is really alarming: you know what? This is not some genetic mutation side effect, potentially, but she's talking about what she has studied and what she has looked at: when they see this HIV component within this thing, they see that it was absolutely created this way to function this way. That scares me.

Again, another reason to run for your life, in addition to the main reason for me, is spiritual. My primary objection to getting a vaccination is 100% spiritual in regard to, again, and I talked about this already for those of you who went through the "Four Horsemen." Our body is the temple of God. Either you believe that, or you don't. And Paul talks about this in 1 Corinthians 3:17—If anyone defiles the temple, this means bringing things into this temple. If anyone defiles this temple of God, God will destroy him. And you can be certain I am not going to bring anything into this temple to anger the Lord or defile it. It's holy. You know, I think of Nadab and Abihu in Leviticus, Chapter 10; they offered strange fire. They thought they were fine; they thought they were okay. And yet the Lord responds in Leviticus 10:3— "By those who come near Me I must be regarded as holy." They did not distinguish between holy and unholy.

I'm telling you right now, we are in a generation where your body is supposed to be the habitation of the Holy Spirit. You must distinguish between what is holy and what is unholy. And you can't be like Manasseh, the wicked King Manasseh, who, in Second Chronicles, brought godless things into the temple of God. He totally defiled it and perverted it. I think of Achan in Joshua 7; he brought accursed things into his own habitation, and he himself became accursed for it.

I mean, we could go on and on, and this is something that believers—I guess my expectation was too high. I mean, this is something that I would think of as a no-brainer for believers. But you know, I also thought that during this last election, certain believers just swept the whole concept of abortion under the rug. I'm dumbfounded—I mean, where this generation is going in the church. And as I've been teaching in the book of Jude, it's going to hell. The church is going to hell in a handbasket right now. They are compromising truth; they are compromising the Word of God, and they're inheriting lies, and it's based on fear. This is all based on fear, and this is not a time to be separated from the Lord and His Word.

I'm telling you right now, there's a war for your soul, and the devil wants to get into your temple. He wants you to honor him, to pay homage to him. And a great way to do that is to receive those children that have been sacrificed to him, whether it's in a developmental stage for a vaccine or it's actually in, like, Johnson & Johnson and AstraZeneca.

Let's go on to the next clip here.

Jana Denoon—How about these convulsions? You know, there is one video after next coming up on Twitter, of course, never in mainstream media; you're not going to hear that. But on Twitter constantly, oh, my mom got a vaccine. She, you know, she sent me videos. This is her third day, and they're convulsing. I mean, she goes and shakes on her own.

Dr. Carrie Madej—Yeah.

Jana Denoon—And then a woman can't walk, or she's sitting and doing all kinds of movements, and she can't stop. One of them was a CNA nurse, 25 years of working as a nurse. So, she had to be vaccinated to

continue her work. And on the third day, she started shaking her entire body, and she can't stop shaking. So, what is that?

Short video of a victim testimony—a very functioning person, zero medical issues at work every day. I've been a CNA for 25 years. And I love my patients. I love my job. I got the COVID vaccine, the Moderna, on January the 4th. On Tuesday, I had mild flu-like symptoms. I went to work. Stomach pains and diarrhea, some, you know, on Tuesday, normal flu-like symptoms. On Wednesday, I wasn't feeling good. I wasn't able to go to work. My tongue began to...

Dr. Carrie Madej—Well, when they're using the nanolipid particles, it's actually under a larger heading called hydrogel. Hydrogel has an affinity for the nervous system, the nerves, and the brain, the central nervous cord. So, when I knew they were using that, I actually was not surprised. I thought we would see more problems that are neurologic, meaning seizures, convulsions, migraines, and paralysis, and we are seeing that because we are using something synthetic in the human body, and it has an affinity for the nervous system. Also know that both Moderna and Pfizer are using something called polyethylene glycol, PEG, in them, and that it's been reported that up to 70% of Americans are allergic to that substance. And an allergy could be a little itch, or it could be an anaphylactic shock. It could be anywhere in between.

So that's why there are reports coming from many countries, including the United Kingdom, where people were actually having to be coded. "Coded" means you're trying to bring the person back to life; they're dying. Within minutes of the vaccine being given, they had to be coded back to life. So they put resuscitation units in the places where they were delivering the vaccines. This is really serious. And I've never seen any other vaccine being rolled out like that. And on that part, just so I can tell people, this is not a vaccine. I told you what a vaccine was at the beginning. A vaccine is using an actual organism.

So, in the simplest terms, it's kind of a homeopathic method, right? We aren't using the actual organism. We are using something... They have never isolated the actual organism yet. The CDC hasn't done that.

Jana Denoon—So, hold on. SARS-CoV-2 was never isolated.

Dr. Carrie Madej—It's never been isolated by Koch's postulates or Rivers' postulates, which are the gold standard for isolating an organism by the CDC, by the UK, by Ireland, by Canada, and by many other countries. They've admitted that we've never isolated the organism as the infectious agent yet; that's making people sick. So, because of that, they've made a lot of assumptions. And then they had to; based on the assumptions, they actually used a computer-generated, AI-generated code.

So that is frightening because we don't know for sure. What we are injecting into people is going, is it really the thing at all that could even help you from what is making people sick today? We have absolutely no idea.

Jana Denoon—Yeah, some doctors, they're pro-vaccine, pro-COVID vaccine, actually. They're saying that this mRNA technology is safe, that it has been used before in cancer research, and that they have great results with it. I'm not kidding you. I was just watching the *Focus On The Family* program, where this religious organization brought out actual doctors. And what was scary for me was that particular doctor that was persuading people that this vaccine is safe; he was a pediatric professional. Infectious disease doctor for children.

So, he will probably recommend this vaccine for children, right? So that's a very scary thing. And they're saying that it's been used before in cancer research and it's an excellent technology. So, what do you have to say about religious organizations? I'm talking about faith leaders. We had some ministers that are praying. They have the entire congregations praying for the vaccine to come quickly. So we can return to normal life. And now they are also saying that it's the love that we have for others that you wear a mask because you love your neighbor, and you will get vaccinated because you love your neighbor. So, what's your message to this?

Dr. Carrie Madej—Well, again, I don't know why they're saying that it's really been used before. We've only had small little pockets of research on this for one problem. And you know, most cancer patients die anyway. So, when they're considering it a success, sometimes they're only seeing that, okay, we got the tumor to shrink, but the person still died. I mean, is that a success? But in their eyes, when they're formulating research, they can make an endpoint that says their endpoint is successful if the tumor shrinks, but the person still dies. Is that really a success?

Jana Denoon—Right.

Dr. Carrie Madej—So they're being biased with their research. And no, we haven't had anything widespread out there. So, if they're saying that, that is not true. We have never done anything on this level before.

Jana Denoon—But there were some animal studies on ferrets.

Dr. Carrie Madej—But we, yes, what we do know is that within the last 20 years, we've done mice and ferrets with this SARS-CoV-2 and also with this kind of vaccine, the same vaccine. And in these trials, they used ferrets because they have almost identical immune systems to a human. So, when the ferrets got the vaccine, initially they looked great. They had great antibody levels; their T cells and their immunity looked great on blood work. They were looking at blood work. So, they thought that was a success.

So, the ultimate trial is to then put that animal that's been vaccinated, expose them to the virus, and expose them to SARS-CoV-2, which they did. And it wasn't what they expected. The animals did much worse. They had a cytokine storm. The body attacked itself. The body attacked the lungs and the liver in particular. And the animals did much, much worse. It was a failure every time. So, because it was a failure, they never went on to the human trials purposely because it was not safe enough.

Jana Denoon—And now they're using the same thing?

Dr. Carrie Madej—We're using the same thing, but we skipped the animal trial, so you don't know that.

Daniel Joseph—The bottom line is, no matter what angle you come at this from, you cannot paint a rosy picture of the vaccination that is out on the market or the various companies at any level using this messenger RNA. And so, I just encourage every one of you; you need to do your research. It is a massive decision to go out and decide whether or not to get vaccinated. But I'm also going to encourage you: if you want to make the right decision, you have to cling to the Word of God. This decision—you do not make decisions like this without God's counsel. One thing I can guarantee you: you will regret it. We need the Lord's counsel; that's what we need.

And again, let me just say this kind of in closing: I could go on for literally another hundred hours. I mean, as well as I'm sure many of you could just be talking about this topic. There's so much I didn't even touch on today. There are so many other things that we could have brought to the table. I just want to leave you with this thought, you know: *Focus On The Family*, again. This is a ministry I highly respect and still do to this day. I respect this ministry. It's an unfortunate situation for them to come out with an interview like this, not really coming full circle.

I love their ministry. I love what they stand for. I love the fruit of that ministry. It's pretty amazing. And again, I'm sure these doctors, the integrity of where they're coming from, are simply speaking what they know, what they understand, but you know we're going to agree to disagree on this situation, and I'm going to be governed by the Word of God.

So, I just thank you guys for spending the time. I know this was a longer one. Bless you, and don't make decisions without the Lord. Amen?

Dr. Carrie Madej—And you know they have decoded a lot of the genome, and if you—Bruce Lipton, Gregg Braden—and you know, they've actually found Yahweh, Yahweh's name, in our genome written over and over.

Jana Denoon—They did.

Dr. Carrie Madej—What if that's written out of our genome?

COVID-19 Vaccination: A Call for Informed Consent and Biblical Discernment

MEDICAL AND SAFETY CONCERNS





- **Questionable Efficacy and Testing**
  Some experts suggest efficacy as low as 19%–29%.



- **Accelerated "Warp Speed" Development**
  Bypassing traditional 10-15 year timelines and long-term animal studies creates a "live experiment."



- **Potential for Adverse Biological Reactions**
  Risks cited include Antibody-Dependent Enhancement (ADE), neurological convulsions, and severe reactions to polyethylene glycol.

ETHICAL AND SPIRITUAL IMPLICATIONS





- **The "Body as a Temple" Mandate**
  Believers are urged to protect their bodies from substances perceived as unholy or defiling.

- **Connection to Aborted Fetal Cell Lines**
  Objections focus on the use of tissue derived from abortions during vaccine development.

Historical Fetal Cell Lines Origins	
HEK 293	Established in 1972; used in the development of Moderna and Pfizer vaccines.
MRC-5	Established in 1966 from a 14-week-gestational male fetus.
WI-38	Established in 1962 from a 16-week-gestational female fetus.



- **Discernment Over Cultural Pressure**
  Daniel Joseph emphasizes that decisions must be governed by Scripture, not fear or mandates.