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Memo on COVID Vaccination Mandates

Liberty Counsel is a national nonprofit litigation, education and public policy organization advancing religious freedom, the sanctity of human life, and family. We have engaged in extensive litigation regarding civil rights violations ostensibly justified by “COVID-19.” We have had great success on behalf of our many clients at circuit courts of appeal and at the United States Supreme Court. See, e.g., *Harvest Rock Church v. Newsom*, No. 20A137, 2021 WL 406257 (U.S. Feb. 5, 2021); *Harvest Rock Church v. Newsom, Gov. of CA*, No. 20A94, 2020 WL 7061630 (U.S. Dec. 3, 2020); *Elim Romanian Pentecostal Church v. Pritzker*, 962 F.3d 341 (7th Cir. 2020); *Maryville Baptist Church, Inc. v. Beshear*, 957 F.3d 610 (6th Cir. 2020). The existence of COVID-19 does not justify the numerous violations of fundamental individual, economic and religious liberties. These include the rights of personal autonomy and bodily integrity, and the right to accept or reject the various COVID vaccines based on religious belief or other grounds.

COVID Vaccines Cannot Be Mandatory Under Emergency Use Authorization

On the issue of the COVID vaccines: all of such have been released under an Emergency Use Authorization (“EUA”) and employers (religious and non-religious alike) may not condition continued employment on taking an EUA-authorized COVID vaccine.

The COVID vaccines are in a special category and cannot be treated like FDA licensed vaccines. None of the COVID vaccines are FDA licensed; nor have they received full FDA approval. Rather, their approval is under the special provision noted above as EUA. This means that there is not enough data (which includes duration of testing) for the FDA to render a final approval. More importantly, no one, including private employers, may coerce individuals (by threatening their employment or otherwise) to take an EUA vaccine. Federal law requires full and informed, voluntary consent.

All employees – whether employed by religious organizations, or not – are protected against mandated COVID-19 vaccines, under [21 U.S.C. §360bbb-3](#), which provides that EUA products (like all of these vaccines) require (as a condition of emergency approval) that **people have “the option to accept or refuse administration of the product.”** “FDA has an obligation to ensure that recipients of the vaccine under an EUA are informed... that **they have the option to accept or refuse the vaccine.**”¹ (emphasis added). There is no exception in the statute for “private employers” as opposed to government; or for religious or non-religious employers. All EUA vaccines are optional.

¹ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

Moreover, at the Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) meeting held in August 2020, CDC-ACIP Executive Secretary Amanda Cohn, MD confirmed the non-mandatory nature of an EUA vaccine: “**under an Emergency Use Authorization, an EUA, vaccines are not allowed to be mandatory.** So, early in this vaccination phase, individuals will have to be consented and they won’t be able to be mandated.” (emphasis added).²

COVID Vaccines Cannot Be Mandatory Under Title VII

In general, employee vaccine religious exemption requests must be accommodated, where a reasonable accommodation exists without undue hardship to the employer, under Title VII of the Civil Rights Act of 1964.

Many people hold sincere religious beliefs against taking any vaccines, or taking those derived from aborted fetal cell lines, or taking those sold by companies that profit from the sale of vaccines and other products derived from abortion.

Title VII, as amended, prohibits two categories of employment practices. It is unlawful for an employer: “(1) to fail or refuse to hire or to **discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment**, because of such individual’s race, color, **religion**, sex, or national origin; or (2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities **or otherwise adversely affect his status** as an employee, because of such individual’s race, color, **religion**, sex, or national origin.” 42 U.S.C. § 2000e–2(a). (Emphasis added).

By pattern and practice, virtually every employer in America has shown that reasonable accommodations and alternatives to vaccination indeed exist for employees, and these have been required all along since the inception of COVID: self-screening with temperature checks, wearing personal protective equipment (PPE), and complying with other safety protocols until the number of COVID infections work their way down to acceptable levels. Logically, if these measures are and were effective at preventing the spread of COVID, they will continue to be effective. Thus, no employer can claim an undue hardship by allowing employees to do what they have been doing for over a year, in the alternative to a vaccine.

Liberty Counsel’s interpretation of Title VII is also supported by the footnoted, linked press releases from the Equal Employment Opportunity Commission (EEOC)³ and the U.S. Department of Justice (US DOJ).⁴ It is unlawful for employers to force vaccinations on staff and employees holding religious convictions against a vaccine, and to refuse a reasonable accommodation. This goes for healthcare industry employers. In 2018, one hospital paid \$89,000 to settle a suit after refusing to accommodate and firing employees who declined flu vaccinations based on their religious beliefs. US DOJ sought compensatory damages on behalf of a nursing home employee against whom Ozaukee County, Wisconsin discriminated.

Singling Out Employees For Individual Questioning or Adverse Action Under the ADA, GINA and Title VII

In interpreting the Americans With Disabilities Act (“ADA”), the **EEOC** has opined that it

² <https://www.youtube.com/watch?v=p0zCEiGohJs&list=PLvvp9iOILTQb6D9e1YZWpbUvzfptNMKx2&index=43>. See Minute 1:14:40

³ <https://www1.eeoc.gov/eeoc/newsroom/release/1-12-18.cfm?renderforprint=1>

⁴ <https://www.justice.gov/opa/pr/justice-department-files-lawsuit-against-ozaukee-county-wisconsin-religious-discrimination>

is improper to “ask only one employee—as opposed to asking all employees—questions designed to determine if [he] has COVID-19, or require that this employee alone have [his] temperature taken or undergo other screening or testing[.] “If an employer wishes to ask only a particular employee to answer such questions, or to have [his] temperature taken or undergo other screening or testing, the ADA requires the employer to have a reasonable belief based on objective evidence that this person might have the disease.”⁵ EEOC has also stated that an employer may not “**ask an employee who is physically coming into the workplace whether they have family members who have COVID-19 or symptoms associated with COVID-19,**” as such is a violation of the Genetic Information Nondiscrimination Act (GINA).⁶

The **Occupational Safety and Health Administration** (OSHA) has also recognized that there is “**not evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person,**” and reiterated that employers should not improperly distinguish between employees.⁷ (Emphasis added). “The most effective COVID-19 prevention programs ... include the following elements:”

15. Not distinguishing between workers who are vaccinated and those who are not: Workers who are vaccinated must continue to follow protective measures, such as wearing a face covering and remaining physically distant, because at this time, there is not evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person. The [CDC explains](#) that experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.⁸ (Emphasis original and added).

On May 22, 2021, OSHA’s reversed the following guidance regarding whether adverse reactions experienced by employees who take the shot under certain conditions or arrangements are recordable on OSHA’s recordkeeping log⁹:

If I require my employees to take the COVID-19 vaccine as a condition of their employment, are adverse reactions to the vaccine recordable?

If you require your employees to be vaccinated as a condition of employment (i.e., for work-related reasons), **then any adverse reaction to the COVID-19 vaccine is work-related.** The adverse reaction is recordable if it is a new case under 29 CFR 1904.6 and meets one or more of the general recording criteria in 29 CFR 1904.7.¹⁰ (Emphasis added).

I do not require my employees to get the COVID-19 vaccine. However, I do recommend that they receive the vaccine and may provide it to them or make arrangements for them to receive it offsite. If an employee has an adverse reaction to the vaccine, am I required to record it?

No. Although adverse reactions to recommended COVID-19 vaccines may be recordable under 29 CFR 1904.4(a) if the reaction is: (1) work-related, (2) a new case, and (3) meets one or more of the general recording criteria in 29 CFR 1904.7, OSHA is exercising its enforcement discretion to only require the recording of adverse effects to required vaccines at this time. **Therefore, you do not need to record adverse effects from COVID-19 vaccines that you recommend, but do**

⁵ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

⁶ *Id.*

⁷ <https://www.osha.gov/coronavirus/safework#role-employers-workers>

⁸ *Id.*

⁹ <https://www.osha.gov/coronavirus/faqs#worker>

¹⁰ <https://www.osha.gov/coronavirus/faqs#vaccine>

not require. (Emphasis added).

Note that for this discretion to apply, the vaccine must be truly voluntary. For example, an employee's choice to accept or reject the vaccine cannot affect their performance rating or professional advancement. An employee who chooses not to receive the vaccine **cannot suffer any repercussions from this choice. If employees are not free to choose whether or not to receive the vaccine without fearing adverse action, then the vaccine is not merely "recommended"** and employers should consult the above FAQ regarding COVID-19 vaccines that are a condition of employment. (Emphasis added).¹¹

On May 22, 2021, OSHA's updated FAQ stated as follows:

[Are adverse reactions to the COVID-19 vaccine recordable on the OSHA recordkeeping log?](#)

DOL and OSHA, as well as other federal agencies, are working diligently to encourage COVID-19 vaccinations. OSHA does not wish to have any appearance of discouraging workers from receiving COVID-19 vaccination, and also does not wish to disincentivize employers' vaccination efforts. As a result, OSHA will not enforce 29 CFR 1904's recording requirements to require any employers to record worker side effects from COVID-19 vaccination through May 2022. We will reevaluate the agency's position at that time to determine the best course of action moving forward.¹²

Finally, questioning employees (much less taking adverse employment action against them) on the basis of church membership or church attendance potentially violates not only the ADA, but also Title VII, which prohibits discrimination based on religious worship or religious practices engaged in by the employee outside the workplace.

Conclusion

There are strong protections under federal law for persons who wish to decline the current EUA-authorized COVID vaccines. Neither government nor private employers may force anyone to receive any of the COVID injections.

¹¹ *Id.*

¹² <https://www.osha.gov/coronavirus/faqs#collapse-vaccine>

DR. ARDIS WITH A DIRE WARNING! THE CDC KNOWS CHILDREN WILL BE DAMAGED BY FLU SHOTS/VACCINES

Published August 28, 2021

<https://www.bitchute.com/video/KCTOIkev5Rah/>

{Transcript starts at about 1 minute and 7 seconds into the interview, after introduction}

Interviewer: So, you have big news, a big update about the CDC and some of the nefarious games they're playing that you want people to know.

Dr. Ardis: Yes, so, Aug. 17... Well actually there's a few things. The FDA approved, we know...

Interviewer: Pfizer

Dr. Ardis: ...this new version of the Pfizer Covid-19 shot on Monday of this week. They got two weeks—Pfizer does—to turn into the FDA all listed ingredients that are in this shot, along with a complimentary labeling and they have to match up. So, they have disclose, for the first time, to the world what's in there. There has been proposed ideas that there's Graphene Oxide in there. How much MRNA is in there? We actually don't know all the ingredients.

The emergency use authorization allowed the actual manufacturers to put in and change the formulas the entire time. It's only once the approval process from the FDA steps in that they're not allowed to change it legally anymore. So, they have to submit what's the final version of the vaccine.

Interviewer: So, every shot that people got could be different.

Dr. Ardis: Could be completely different.

Interviewer: That's crazy!

Dr. Ardis: For example, the very first Moderna shots that went out in December (2020) had two patented middle ingredients inside the shots; now there are seven. But they haven't had to disclose what the other five are. We don't even know what they are, so all of these have been different.

So, one of the reasons why people ask, and reach out to us lot: Why is it that I got the shots early on for Covid-19, but I didn't get sick? Why are we seeing all these other issues? I'm telling them that they're actually changing the 'lots' all the time. So, I actually think that the original shots did not have all the ingredients they do now. It's obvious!

Moderna only had two patented ingredients, now there are seven; they're actually more dangerous

now, I would expect, than the previous one. So, that's the news that's come out about the FDA.

The CDC also announced in the same week that—they put out in the media if you haven't seen this, yet—*US News* reported on the 17th, *Florida Star* reported it. They've already got all the media outlets talking about it.

They sent a notice to every hospital in the United States and said, "This week you can expect—all doctors in all hospitals around the country—an outbreak between now and November of this year of a polio-like outbreak disease among children; average age five-years-old.

They can foresee that there's going to be a flooding into hospitals around the country that *children are going to present with paralyzed arms, paralyzed legs and they're not going to be able to walk.* The CDC is letting all the hospitals know that when you see these presentations... *Even half of their faces will be paralyzed! They're calling it "acute flaccid mellitus."* They're telling the doc[tor]s that this is what I looks like; be prepared when they walk in and be sure you diagnose it this way. There is no cure, by the way, is actually what they say to all the hospitals. You just need to start early physical therapy is the only chance to try to restore normal nerve function.

The truth is, the first question you have is: How in the world would the CDC know that there's a coming outbreak among children of a polio-like—as they called it—disease in the next four months? You're a Christian, right?

Interviewer: Yeah!

Dr. Ardis: Some people have the spirit of prophecy?

Interviewer: Un huh!

Dr. Ardis: Do you think the CDC has prophets and they're going, "I can foresee in the next four months there's going to be a flood of children around the world—average age five-years-old..."

Interviewer: They've created something.

Dr. Ardis: How do they know it?

Interviewer: Yeah!

Dr. Ardis: They actually stated that they have seen small outbreaks every two years from 2014, 16, 18 and they're expecting an even larger one now this year [2021].

I spent the last week trying to figure out why in the world would the CDC know that this polio-like new disease in children—average age five-years-old... **How would they know that in 2014 is when this problem started and now they know it's going to be even worse now?** And they said it was 'skipping every two years'—14, 16, 18, 21.

If you go on the **CDC.gov** website it didn't skip any years! It actually has the outbreaks... If you look up "acute flaccid mellitus"... Ask my wife, I've been digging into this all week; when they made the announcement, **I was going to prove to the world why it is they know that children across America over the next four months are going to have paralyzed limbs, arms and faces flooding into hospitals around this country.**

I figured it out; it wasn't that hard. If you go to actually 2014, go to **CDC.gov**^[1] website and type in "acute flaccid mellitus" then click on the left side, it says, "annual outbreaks" and it shows you a map in 2014, 15, 16, 17, 18, 19, 20 and 21. It shows the whole map, which states have these cases in them, every year had cases since 2014. There were just more on those odd numbered years.

Interviewer: I'm not very scientific!

Dr. Ardis: So, the first thing is that they lied to you and they said that it's "skipping years"; no it's not, it's actually been every year since 2014.

It's interesting! When you type in "acute flaccid mellitus." The starting reporting for this disease is only in 2014, it doesn't exist before 2014.

Interviewer: This is amazing!

Dr. Ardis: They know that there's going to be a huge outbreak of this polio-like disease across the nation.

Interviewer: I want to ask you something. **How long do you think the CDC has known about "acute flaccid mellitus"?**

Dr. Ardis: Probably for since it existed. On CDC's website.

The Philippines reported on CDC.gov "**acute flaccid" paralysis** they make this huge notice about

occurred in polio derived vaccines in the Philippines in children, 2001 is the date of the article.

Interviewer: Way before the 2014.

Dr. Ardis: So, they have known! Listen to it, it's actually titled: **Acute Flaccid Paralysis in Children Due to Polio-Derived Vaccines.** *In children!* So, fast forward now to 20 years later...

Interviewer: Actually created from the vaccine.

Dr. Ardis: Actually, polio derived from the vaccines (CDC.gov). So, 20 years later they're actually stating there's going to be this obviously polio-like disease coming out in children across the United States, a large outbreak, the biggest ever. But they've only been tracking this since 2014.

Interviewer: Supposedly!

Dr. Ardis: Well, they know that from 2001, vaccines caused it in the Philippine children in 2001 **Acute Flaccid paralysis, vaccine induced!**

Now, I have a question for you: What organization in our Federal Government actually puts together every year the annual vaccine schedule for all children and adults? Do you know what organization it is?

Interviewer: Would that be the FTC?

Dr. Ardis: Nope! That the Federal Trade Commission.

Interviewer: The CDC?

Dr. Ardis: That's the Centers for Disease Control. So, **the CDC sets the schedule every year for all vaccines every year.**

Do you know all—remember they said that this is going to happen to children—of the child vaccines, do you know which one, and only one, vaccine is actually given at a certain period of time in the year, in all children?

Interviewer: Probably right before five-years-old, right?

Dr. Ardis: No, it's actually every year it has this one season where they give you this one shot. So, the childhood vaccines—which include like Hib and hepatitis B, polio, and D-tab; **all of them are set up on wellness schedule checks with your pediatrician per your birth date.** So, all the children in the world are getting Hep B on their birthday, boosters on their birthday and D-tab and all of them are actually set on a schedule surrounding

your birthday, or the six months between your birth date in a year. ***Except for one!***

The actual CDC just stated there's going to be a polio-like outbreak among children in the United States between August and November {2021} in the next four months. **Do you know that every year there's only one shot that the CDC recommends and mandates and pushes on the populace, including children? From Aug. to the last week of Oct.—every year?**

Interviewer: The flu shot!

Dr. Ardis: **The flue shot!** You just said it. **It's going to happen between August and November.** We know it's going to happen.

Interviewer: Don't go get the flu shot!

Dr. Ardis: And they said that it's only been happening—we've seen these outbreaks—since 2014. So, how do they know this is going to happen in 2021? I already figured it out.

You go on the **FDA.gov**^[2] website and you can actually look at every year which manufacturer's of flu vaccines are given the most lots, or granted the most purchases by the Federal Government to be shipped out across the country. *Three of the largest five lots being administered and given out to vaccine manufacturers this year {2021} for flu shots, three of the five were introduced and FDA approved in 2013!*

Interviewer: Interesting! Wow!

Dr. Ardis: **All three of them have known side effects of paralyzed arms, legs and half the face called Bell's Palsy. It's in their own documents!** Now, each of these three who were actually approved and released—and started to be released in 2014 *were causing this new neurological paralyzed polio-like issue. They called it "acute flaccid mellitus"!* Do you know how it is that they know that in 2021 there's going to be a larger outbreak than in any of these other years?

Interviewer: Gave more shots out.

Dr. Ardis: **They gave these five flu shot companies with known side effects of paralyzing arms and legs in children, they just gave them record amounts of lots that they purchased to actually distribute to all of America this year.**

Interviewer: WOW!

Dr. Ardis: Some of them are by double in the year they were given them before. So, I'm going to

actually take audiences on our **Brighteon.TV**^[3], a show that we're doing live every Wednesday morning 10-11 Eastern. You can expect that I'm going to show you how it is that the CDC has set this up. All the dates in which each vaccine has been authorized and been given to children. When you see the spikes in this new "acute flaccid mellitus"...

But I have to tell you, the CDC, if you really think they love us all and their just giving us a warning to make sure that all the doc[tor]s and hospitals knew that this is what it looks like and this is what you call it. The shame I find with the CDC is their telling all the hospitals that when you see it you're going to call it "acute flaccid mellitus."

Do you know what my problem is with that? It actually *isn't* "acute flaccid mellitus"; it's actually Guillain-Barré syndrome. The FDA's own documents in October before the Covid-19 shots came out in December, the very first listed side effect is Guillain-Barré syndrome.^[4]

Do you know what we've been saying in the media since October? Guillain-Barré syndrome, if you don't know what it is, *it looks like polio!* Now the CDC's coming out right now, you're going to see a polio-like outbreak among children.

Do you know what Pfizer has asked for from the FDA? **They've asked for an approval right now in September or October of this year to start vaccinating all five-year-old to eleven-year-old.** What did the CDC say is the average years of children's ages that gets "acute flaccid" paralyzed arms and limbs? *Five-years-old, in the last seven years starting in 2014.*

I'm going to tell you that they're actually going to push these flu shots known to cause paralyzed arms and legs, and paralyze faces. **Only 60% of the children recover from this after a year, being able to walk or use their arms, or their face returning...**

Interviewer: Oh, my goodness!

Dr. Ardis: ...**40% have it for life!** How does the CDC know that it's going to come out and be the next outbreak of a disease among children is going to be this polio-like paralyzed state? There's two ways they're going to make sure this happens:

1. they're going to push the flu shots that are known to cause this since 2014 that they've approved
2. and Pfizer has asked the FDA to approve by September or October to "allow us to start vaccinating with Covid-19 shots children ages five to eleven."

If the CDC gives approval—and I’m warning all parents right now to be looking out for this—if it comes out in September that the CDC has authorized Pfizer to start injecting 5-11-year-olds, **this is exactly how the CDC KNEW that children were going to be paralyzed** from arms and legs down; they told the hospitals up front that you need to call it “acute flaccid mellitus.”

Do you want to know what they’re telling the hospitals that? To cover their butts, because we know and have been telling people since last October that Guillain-Barré syndrome—which is identical in definition to “acute flaccid mellitus,” and I’m going to show the world next Wednesday morning 10-11 A.M. on thedrardisshow.com^[5]. It will be on **Brighteon.TV** live; go to **Brighteon.TV** and watch it. I’m going to actually show you all the definitions from every health officials website, Federal Government, CDC.

You just need to know that the only way the CDC KNOWS that children are going to start being paralyzed in this massive outbreak across the country is because there’s something they’re going to institute, which is flu shots, which are coming.

I’ll bring you lots across the world, across America, that we’ve never seen in these doses before. If they allow Pfizer in September or October to start injecting kids 5-years-old to 11, you can’t even make this stuff up. They’re putting it right out in front of you.

Interviewer: Right!

Dr. Ardis: If the CDC comes out and allows Pfizer to start injection children, and us, in September and October, **this is how they knew** that there’s going to be all these paralyzed children coming to hospitals.

Do not vaccinate your children this fall. Do not allow them to do the Covid-19 shot. Do not allow them to do the flu shot on any of your children.

Interviewer: *Crimes against humanity!*

Dr. Ardis: **Let’s see if we can stop this supposed polio-like outbreak!** It’s disgusting!

Interviewer: Yeah!

Dr. Ardis: **It’s disgusting!**

Interviewer: Getting your kids the flu shot and that, those two things combined is really going to make sure it happens!

Dr. Ardis: Yep! And for any parents who actually have a schedule getting their children updated

vaccines, remember they said it’s an average of 5-years-old; this would be children going into kindergarten. I did not vaccinate any of my kids before, by time they went to kindergarten. I didn’t vaccinate any of my kids.

So, if you are actually vaccinating your children, and if it’s typical when you go get your vaccine updates before you get your kid into kindergarten, ***if a polio vaccine is a part of that regimen, this is another way in which they know that there’s going to be a polio shot, which is linked to polio-derived “acute flaccid mellitus”*** it’s 2001.

If there’s a shot they’re recommending the children before they go into school, I just don’t know; I never was a part of that. But if there is, you make sure you ask every pediatrician you’re taking your children to: “I don’t want a polio shot before they go to school.” *It’s not required!* “I don’t want a flu shot, and we’re definitely not doing the Covid shot.”

That will stop this pandemic that’s coming, that they’re planning on, which is an outbreak of paralyzing kids!

Interviewer: ***Vital, important information!***

Thank you so much for taking the time to talk about that. I want to kind of ‘circle back’ real quickly to those who have gotten the vaccine and those people who are still making sure that you boost your immune system. Can you quickly go over your regimen; you talked about it last time.

Dr. Ardis: So, every single person in the world that’s gotten the vaccine, is living with someone who’s gotten the vaccine, or you’re interacting in the world with people who have the vaccine; those who have gotten the shots and those who are exposed to those with the shots: **they’re shedding transmission, documented, coming from those who are vaccinated to those who are unvaccinated! The threat is the same!**

There are four things everybody should be doing immediately; it’s part of my disease prevention cocktail:

1. 5,000mg of Vitamin C at minimum every day—I do 10,000 mg.; I will do it for life. This is super important; 5,000 mg is the minimum, 10,000 is the maximum. Split it up throughout the day, because you pee out all your Vitamin C you drink every 2-3 hours. So, you have to keep putting it in.
2. Magnesium—500mg minimum per day. You should try to get to 1,000. I do a 1,000 a day with no issues. 500mg is where you start of magnesium

3. Selenium—200 micrograms (mcg)—1 supplement is enough
4. Apple pectin—700mcg twice daily

This [apple pectin powder] will protect those who are getting ‘the jabs’ from the things that about to be disclosed to the FDA from Pfizer and Moderna has now applied for FDA approval. They’re both going to have to actually tell us now what’s in the shots. It doesn’t matter if it’s **Graphene Oxide**. It doesn’t matter if it’s **Polyethylene Glycol**, it doesn’t matter if it’s **Polysorbate 80**, you have to use apple pectin to help bind to or remove the toxic poisons that are in those shots. They are poisonous! **Apple pectin powder/**

4. **FDA list of possible side effects:**
<https://luis46pr.wordpress.com/2021/08/02/fda-accidentally-reveals-list-of-covid-vaccine-side-effects-myocarditis-autoimmune-disease-death/>
5. **The Dr. Ardis Show**
<https://www.thedrardisshow.com/>
 Covid 19 Research document

<https://www.thedrardisshow.com/pages/research-links>
6. **Holistic Herbal Solutions**
<https://holisherb.com/>
7. **FrankSpeech.com**

Transcribed: bo—9/1/21

Interviewer: Where do you find that?

Dr. Ardis: I actually get it from a company called Holistic Herbs^[6], I get it in full form. 700mg twice a day. They also sell it in capsule form; the key dose is 700mg. Go to **thedrardisshow.com/** and put in your e-mail and I will send to you my 67-page Covid document, my 20 page disease prevention cocktail with all the child doses, adult doses and all the research backing up how we know it’s going to protect you from disease.

{transcriber’s note: link to this document:
<https://www.thedrardisshow.com/pages/research-links>}

Dr. Ardis: Wherever people find access to where we are telling the truth. There’s so much censorship, so much massive media coverage on a narrative that’s completely false. I would pray that individuals are enlightened, inspired to go the platforms where truth is being told. Through you, thedrardisshow.com, Brighteon.TV, FrankSpeech.com^[7]—all the podcasts are there. There’s a lot of people out there telling the truth. Go to Cloudhub, there’s tons of people on Cloud Hub: **<https://www.cloudhub.us/media/>** trying to get the truth out uncensored truth..

Interviewer: Stay away from Google searches, Utube and Facebook. They’re just censoring everything about the truth, right?

{Ends with a prayer}

References:

1. CDC.gov
2. FDA.gov
3. Brighteon.TV

Covid-19 Vaccines & Autopsy

A Pathologist's Summary of What These Jabs Do to the Brain and Other Organs

{<https://tinyurl.com/n4umk6mm>}

{transcriber's note: watching the video is recommended as there are a # of charts shown that will help in understanding certain parts of this talk}

Howdy! Howdy! I'm Dr. Cole! It's an honor to be here with my colleagues, some brilliant minds as you've already seen. I'm humbled to be on the stage with them. I'm excited to be here with attorneys who fight for freedom, as well. It's fantastic to be in a room with smiling faces not covered with unnecessary cloth that does nothing!

Who is the random doctor on stage. I'm Dr. Ryan Cole, a Mayo Clinic trained Board Certified anatomic pathologist, clinical pathologist, {???} pathologist; way too many years of school. I also did some PhD research in immunology, so immunology and virology is right up my alley. If you want mechanisms of action and how things work and what not, go ahead and pick my brain.

So, what about the vaccines? And what about deaths? Dr. ---- had alluded to that, that we have some concerns about these high numbers. What's going on? We see the headlines like Dr. ---- mentioned, a 13-year-old, three days after his shot, dies; a 15-year-old dies of a heart attack; ten children, so far, in the various reports. Probably more now. Death after heart attacks: 39-year-old mom of three, death after the shots, etc., etc., etc.

So, we see the headlines. Here's the question: One would think in this era of a new virus, and a new experimental—I don't like calling it a vaccine—investigational vaccine—a *fake vaccine*—the 'clot shot,' needle rape, whatever you want to call it, so going to the various data: 11,000 deaths, 12,000 deaths, 45,000 deaths in literature so far, about a month ago. ***First post vaccine autopsy!***

- Out of 11,000 deaths?
- Are you kidding me?
- Is this science anymore?

NO!

Medical technocracy! ***Fear suffering shot!*** That's all you're supposed to have. 'Listen to us' and that's all you get! ***NO!***

- How can we do science if we are not looking? ***One cannot find that for which they do not look!***
- Where is the funding? *An independent pathologist...*

I do a lot of biopsies, cancer diagnostics, whatnot. We never complain about getting too much tissue. But when you get the autopsy, you get all the tissue. If it gets wet, you find all the answers, too. ***But if we're not looking we're not going to find it!***

If they're saying, 'Don't autopsy that, it wasn't the vaccine; these are not the droids you're looking for; don't look here.'

How on 'God's green earth' are we going to know? Where is the funding? Autopsies are expensive, yes; but is we have billions to advertise a 'clot shot' to children that don't need it, Dr. Fauci, where's the funding for science?

When an unapproved new drug therapy vaccine is put onto the market, we need to use the French legal system: *guilty until proven innocent!* So, ***if*** there's adverse reaction, ***if*** there's a death, ***it happened from that therapy*** until you prove that it didn't, and we're doing 'look the other way, follow the money, who is behind this? ***I don't know!*** I'm not conspiracy theory anything. I'm not going to be political, but I'm saying that if you want the data, then you need to use that French legal system and say: ***this is guilty until we prove it and have it from something else!*** We're doing just the opposite right now.

What about spike protein? We're getting a sequence, a gene sequence, into the bodies of human beings, and this sequence goes into our deltoid, and we're informed that it has a little anchoring protein and once that gets translated and mixed a little protein and it's on the surface of your cell it stays there. Guess what, *it doesn't!*

There are studies—and of course, the fact checkers will say this isn't true. I'm a scientist! Don't ask the journalists, ask the scientists. So, this spike protein doesn't stay just in the deltoid. This spike circulates in your blood and lands in multiple organs in the body. Do you know what happens? *That spike protein without the body of the virus present—we did studies in lab animals just injecting the spike with no body of the virus—and the spike induced the same disease as Covid-19 induced!* The same lung disease, the same vascular disease, the same heart disease, the same brain disease. ***The spike is the toxin!***

So, again, **why are we injecting something in to the human body that is the toxin?**

- **It is the toxin!**
- **It causes the disease!**

This isn't a vaccine!

{referring to charts on video}

We know about the virus, and everybody has heard about this 'ACE2 receptor'; here's an example: on the left hand side this is one of the cells that lines your blood vessels. I'll show you a chart in a minute where we have 'ACE2 receptors.'

In the corner of that upper grid and the bottom grid, these nice smooth lines. On the right hand side, this is what the spike protein, just the spike alone, from the vaccine is doing to the mitochondria of your cells, the engine of your cells. That's what give you energy, the power of your cells.

Compare the left, the smooth nice put together and compare the right, blown apart, fragmented. **That's from the vaccine, not from the virus, from the vaccine!**

Here's the human body and you can see the plethora of sites where we have 'ACE2 receptors.' Think about it, I mentioned that they tell us, 'Oh gosh! The spike stays in your deltoid.' *It doesn't! it circulates!* In the Harvard Study of Thirteen Nurses showed is circulated for at least two weeks. A lot of people lack something called MRNAs an enzyme that breaks down the RNA, so it may be circulating for even longer.

You hear that they died just so long after the shot—two weeks, three weeks—Hank Aaron, whoever. You know what, that spike is circulating. They tried to pull it over our eyes and say that it couldn't have been *the shot*, we're too far out. *Not if the toxin is still circulating!* **The spike is the toxin** damage to the lungs, like I mentioned. On the left hand side healthy lung tissue, nicely spaced out; that's what pathologists do we look at all these cells all day long. It's kind of fun; we're nerds this way.

On the right hand side; see how much more purple and blue that is, that's all inflammation. Why? ACE2 receptors in that lung, spike binding to it, inflammatory response immune system attacking your own body. Disease from the spike disease from your own 'clot shot' investigational vaccine. **They keep lying to the American public by calling it a vaccine.** They keep taking the word *investigational* off. It's what they call it in the emergency authorization. They keep *not* calling it what it is: **investigational, an experiment on humanity!** That's what they're doing and I'm showing you why.

Spike is a toxin, it crosses the blood brain barrier. I kind of like my brain cells to be where they are and not be blown apart, right? Why in the world would we put a toxin into the human body that's going to disrupt the blood vessels in your brain, allow the spike in there to cause inflammation. The brain fog you hear about from the Covid patients, guess what? You'll hear about it in the post-vaccinated damaged individuals as well.

But 'nobody is hurt by the shot, there's not been one death, not been one injury.' **That's what they tell you! It's a LIE!** And this is science.

Here we go, all the blue on top are brain cells. All the blue doesn't belong there, that's inflammation from the spike.

What about the kiddos? Heart inflammation; guess what? Lots of ACE2 receptors in the heart. Here you can see on the left hand side, see those blue arrows around the white, that's inflammation in the heart. That's not normal; that's after a shot; that's a spike protein landing there. *That's your immune system attacking your own tissues!* See on the right, the red arrows, that's the pericardium sac that surrounds your heart. That's inflammation, that doesn't belong there.

Once you have heart damage, the heart does not heal itself!

Left hand side, all the blue dots: *inflammation!* See that gray in the middle, that's early scarring. Guess what, once a heart cell is damaged, it's damaged forever. It doesn't replace itself with another heart cell; it replaces itself with a scar.

- You tell me that you want to give a 12-year-old, a 5-year-old, a 13-year-old, and 18-year-old a shot, and we see about a 200 times increase in myocarditis in our society right now?
- That's a good idea?
- Let's give a kid a toxin and ruin his heart for life?

Stop and think about what we're doing! Insanity! We need to stop the insanity immediately!

This is over! Game over! This is no longer good science! **This is a poisonous attack on our population, and it needs to stop now!**

Kidney: same thing! The kidneys are kind of important! Three things in life:

1. blood goes round and round
2. got to breathe
3. got to make pee

If you don't do those three things, you die!

You want to damage your kidney with a ‘clot shot’? *Not a good idea either!*

Liver: kind of need your liver to detoxify everything in your life. Same thing! Damage to liver; see all that blue, that’s inflammation, doesn’t belong there.

Testes: kind of important for the next generation, right? As much as that looks like a lovely heart, see all the blue in it? *Inflammation! Same thing in the ovaries!*

Here’s the problem: ***it is essentially absent from the literature!*** What are they hiding from us?

Japanese Bio Distribution Study: It took some doing to find this study. Dr. Bridle up in Canada—of course, he was attacked for telling the truth—the Lipo Nanoparticle that surrounds the MRNA they’re injecting into peoples’ bodies. Yes, a lot of it stays in the deltoid, but it circulates, as well. Guess where it likes to concentrate? ***A really biologically active organ; the ovary!***

In the Pfizer paperwork and application, it clearly states that in the rats there was a 16% decrease in fertility. One of the most fertile little critters/mammals on the planet! These are not the droids they’re looking for, never mind. So, what’s it doing to humanity? Guess what the answer is? ***We don’t know,*** because we don’t have ***long-term safety data,*** yet.

- That’s the tragedy and the crime in all of this!
- They’re pushing it!
- It’s an experiment!
- It’s emergency authorized!
- It’s not approved!

Humanity is the phase three trial!

Covid is a clotting disease, as some of my colleagues have mentioned. After a shot, we as physicians—especially if a patient is complaining of post vaccine symptoms—a D-Dimer will go up when we have clots. We can’t see these clots on an x-ray or scan. These are micro clots. All these inflammatory patterns that I’m showing you are from micro clots, as well.

If we look at this in the patients, we know that they’re micro-clotting. So, this is something Dr. ----, just like Dr. ---- mentioned, a patient that has already had Covid, and recovered—broad beautiful immunity—they’re lying to you to say it’s not equal to vaccine immunity.

I’d love the blue paint rainbow analogy Dr. - --- gave. Screen before vaccine: there is a multiple-fold increase of adverse reactions if you’ve had Covid and recovered, you get a shot and you hyper-

rev that immune system. ***You may be screwed and/or dead!***

*I’m going to reiterate: **one cannot find that for which they do not look!***

*Billions of dollars spent on advertising of, again, **a toxin into the human body of investigational vaccines!** Again, I will say to our agencies and Federal Government: **Where is the funding for real science?***

They don’t want you to see what we’re seeing in the laboratory. I have the tissues of a dead man on the back of my desk. I have two more coming next week. Guess what—*just a couple of days after a shot*—a 50-year-old healthy tri-athlete. One of my favorite surgeons in town that I work with, second shot, mountain biked and gone!

The other concern that I already brought up: ***We have long-term safety data!*** This is what we need to emphasize to society, and ask the authoritative agencies:

- What’s the risk for cancer after the shot? *We don’t know!*
- What’s the risk for autoimmune disease? *We don’t know!*
- What’s the risk of impairing fertility for a lifetime? *We don’t know!*

So, why in the world would we willy-nilly push forward, at the pace and rate that we’re going, without knowing these things? ***Complete anti-science!*** And a complete ***attack on us!*** No more mandatory forcing of employees! How in the world are these hospitals and employers saying, “You can’t work for me if you don’t sign up to be a subject in a experiment on humanity”?

Go back to the 1947 Nuremberg Code! We’re absolutely violating this as a nation and a people!

- Where are the billions to do the autopsies?
- Where are the billions to prove the science?
- Where are the autopsies?

I would go back to crickets! They’re not there!

Dismissal by the collusive media of any adverse events or death; ***that’s a problem!***

- What happened to the concept of the ‘Me Too’ movement?
- Believe everybody?
- What happened to believe her?
- Believe the story?
- What happened to be believe anyone?
- Why won’t they believe the science?

They won't believe the science; they dismiss the science!

- What happened to this movement of *believe it until you can disprove it?*

Gone! Gone!

A couple of side-by-side notes:

Really critically, what we're seeing in the laboratory is the shots dis-regulate your immune response. We have very important cells that keep other viruses in check, that keep cancers in check. There's a type of cell called a CD8-killer T Cell. There's a study out of Germany and the Netherlands that showed a shift of the immune profile.

At the end, their conclusion was: "We see a concerning pattern of the cells we normally need to fight off these other things, but the answer is that we don't know for how long that shifted pattern lasts."

It's like having eight blockers on the frontline—this is Texas, we can talk football—and paralyzing three or four of them. The answer is that we don't know if they're paralyzed for the rest of the game, or the rest of their career! Then what we see from this in the laboratory is a up tick of the herpes family viruses: molluscum, human papilloma virus—all sorts of viruses—mononucleosis, etc., reactivating! Reactivating at levels...

I'm an anthropologist, and we see this in the laboratory and I'm seeing the early signal. Guess what else the CD8 cell does? And some of these receptors on some of these T-cells called toll-like receptors and there's a certain pattern of them? ***They keep cancer in check!***

I have seen a 10-20-fold increase of uterine cancer in the last six months in my laboratory. I keep data year to year to year. In the last six months, when did we start the shots? *January!*

How much solid tumor cancer increase are we going to see over the next several years? *Probably a lot!*

What's the real answer? *We don't know!*

Sometimes that's the most honest answer in medicine: ***We don't know!*** A doctor that tells you he or she knows everything, *don't believe them!* ***Find a new doctor!***

<https://americasfrontlinedoctors.org/videos/summit-sessions-the-science-ryan-cole-md-covid-19-vaccines-autopsy/>

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