



Written by [Lee D. Merritt MD](#) on June 18, 2021

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Are “Vaccines” Harming More Than the “Vaxxed”?

There seems to be no end to the bad news about COVID “vaccines.” First, we have the unprecedented number of deaths. Over the past 20 years among all forms of vaccination, there have been 4,206 total deaths recorded in the government’s Vaccine Adverse Event Reporting System (VAERS). But in 2021, after only five and a half months of COVID vaccination, 4,406 deaths have occurred — more than the previous 20 years of all vaccines combined. In addition to deaths, there have also been issues with bleeding and thrombocytopenia. If one enters the search terms “bleeding,” “hemorrhage,” “thrombocytopenia,” and “pancytopenia” into VAERS, one finds zero reports for 1980, five for 1990, 22 for 2000, 32 for 2010, 34 for 2020 (18 of which were from COVID vaccines), and 493 for the first five months of 2021 alone — 492 of which were from COVID vaccines!



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We are also hearing about myocarditis — an inflammation of the heart — affecting an unexpected number of young people. Enter the search terms “myocarditis,” “heart attack,” “heart inflammation,” and “myocardial” into VAERS, and there are zero reports for 1980, three for 1990, seven for 2000, 21 for 2010, 27 for 2020 (18 of which were from COVID vaccines), and 385 for the first five months of 2021 — 380 of which were from COVID vaccines!

But these new gene-based experimental unapproved agents (not properly called “vaccines” because they do not actually protect a person from getting COVID) are the gift that keeps on giving. Studies on the Pfizer vaccine showed that the spike proteins — structures projecting from the surface coating of a virus that help the virus bind to and invade a host cell — collect in the ovaries of vaccinated individuals.

It should be noted that in 2015, “self-disseminating” vaccines were used to decrease the mouse population successfully in Australia. The vaccines spread by bodily fluids, and as one mouse spread the vaccine to another, those mice became vaccine spreaders to another group. After two or three such passes through a host, the vaccine did not pass further. But the ovarian follicles in female mice were destroyed, thus rendering lifelong infertility. These agents were thus considered “immunogenetic contraceptives.”

The Danger of Shedding

It is important to consider this previous animal research and technology when addressing the latest



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concern of human vaccines — “shedding.” People, especially women, seem to become symptomatic after being in close contact with a recently vaccinated person. Complaints range from flu-like symptoms to a variety of bleeding: irregular menstrual flow, young girls bleeding well before expected onset of menses, post-menopausal women bleeding, testicular pain and genital rashes in boys, and, in at least one clear case, death. I myself had the experience of touching a recently vaccinated patient, and almost a week later, developed significant nose bleeding that stopped only after dosing with hydroxychloroquine and ivermectin. Many would say that this was a coincidence, but at age 68, this was the first nosebleed of my life.

Predictably, media disregarded these complaints and called victims and those speaking for them scaremongers, anti-vaxxers, and idiots. Then, the fact-checkers came out like a swarm of locusts, yelling, “false, false, false!” (That’s a good clue something is true.) But, recently, a paper written by the FDA in 2015 surfaced, titled “Design and Analysis of Shedding Studies for Virus or Bacteria-Based Gene Therapy and Oncolytic Products — Guidance for Industry.” The paper, which was written for pharmaceutical researchers, states in the introduction, “Shedding raises the possibility of transmission of VBGT or oncolytic products from treated to untreated individuals (e.g., close contacts and healthcare professionals).” And just to make sure that researchers knew they would not be prosecuted, the FDA kindly added, “FDA’s guidance documents, including this guidance, do not establish legally enforceable responsibilities.” Lovely.

Note that the FDA refers to these agents not as “vaccines” but as VBGTs, or virus or bacteria-based gene therapies. The FDA suggests pre-clinical data on shedding may be requested if “humans have not been previously exposed to the product and the route of administration differs from the natural route of exposure /infection.” That certainly applies to the COVID shots. The FDA recommends these studies be done prior to licensure, specifically in Stage I testing. We are now at Stage IV of the vaccine approval process, with no official information given to us, and these widespread genetic agents are being foisted on the entire world, including our children.

The FDA warns that in some cases, “shedding of such products may be intermittent and unpredictable.” They suggest that some agents have a higher potential for “recombination or reversion within an individual patient,” thus “what is shared may change.” In other words, our medical experts are injecting us with genetic agents that may recombine genetically within us depending on our genome and what other genetic particles are floating around. These new and unknown products can shed to other people and infect or transfect them. (“Transfection” is inserting genetic material that alters a person’s native DNA.)

To understand the degree of shedding, the FDA advisors recommend collecting samples of vaccinated people beginning on day one and continuing weekly for more than 10 weeks until three consecutive weeks show no evidence of the shedding. They believe that shedding occurs through bodily fluid, and is not airborne. Immune compromised patients may shed for longer periods of time, the FDA says: “Immunosuppressed patients may become persistently infected and may shed the product for extended periods of time.” So, the idea of children infecting and hurting their grandparents is backwards. The elderly — many of whom are pressured into getting the vaccines — may actually shed harmful genetic agents onto their children and grandchildren, and these products may be affecting fertility by attaching to and damaging the ovaries.

FDA regulators say, without apparent studies to confirm, that the risk of shedding is generally low. But



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they recommend “preventive/containment measures that can limit spread of the shed product beyond the treated individual to minimize exposure of third parties, particularly, immune compromised adults, neonates and seniors.” They seem to have missed the people at most risk here, i.e., women who are pregnant and any females of child-bearing age, or young girls.

If you are a female and have experienced alteration in your menstrual cycle either through vaccination or through secondary contamination by shedding, contribute to the knowledge base by adding your data to www.MyCycleStory.com. This site is run by Dr. Christiane Northrup, who has been a pioneer in women’s reproductive health. There is potential for treatment, but this cannot be conclusive until we know more about the syndrome of shedding. If you are pregnant, may become pregnant in the future, or have a compromised immune system, you may be at greater risk if you are in close proximity to recently vaccinated people. However, it does not appear at this time that normal activities such as shopping or being outside around others place you at risk.

Dr. Lee Merritt has been in the private practice of orthopaedic and spinal surgery since 1995, has served on the board of the Arizona Medical Association, and is past president of the Association of American Physicians and Surgeons. She is a lifelong advocate for patients’ right to choose their own medical care without government intervention.

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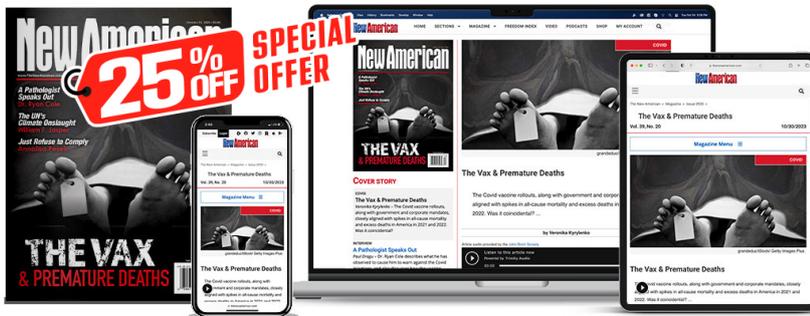


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