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The Biggest Medical Experiment in History

“This is the largest experiment performed on human beings in the history of the world.” Amid pushback against widespread COVID vaccine mandates, this statement could be easily dismissed as knee-jerk hyperbole, except that the speaker is Robert Malone, M.D., a virologist and immunologist who, in 1988 at the Salk Institute, developed the mRNA vaccine platform technology now used in many COVID-19 vaccines. He made the comment during a recent interview with Veronika Kyrylenko of The New American in reference to the accelerated push to vaccinate the world against SARS-CoV-2, the virus that causes COVID-19.



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His assertion echoed what another highly qualified expert had already said: “Humans are now part of the largest experiment performed in the history of mankind.” This was from German microbiologist Sucharit Bhakdi, emeritus head of the Institute of Medical Microbiology and Hygiene at the University of Mainz and former editor-in-chief of *Medical Microbiology and Immunology*. He warned The New American’s Alex Newman that COVID shots would prove lethal, and that boosters could “decimate world population.”

Other specialists agree. Emergency physician and attorney Simone Gold, who has worked in Washington, D.C., for both the surgeon general and the Labor & Human Resources Committee, calls the experimental vaccine push a “crime against humanity.” She explained to listeners of *Church & State Radio* that in the initial rollout, the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) to COVID-19 vaccines, a designation that allows unapproved medical products to be used in a crisis. Used, but not mandated — an important distinction because, according to Gold, mandates of experimental drugs violate the Nuremberg Code, ethical research principles intended to protect people from forced medical experimentation.

Have things changed now that the FDA has fully licensed the Pfizer vaccine? Not according to America’s Frontline Doctors (AFLD), the group Gold says she founded in response to political interference in the practice of medicine. AFLD’s *White Paper on Experimental Vaccines for COVID-19* explains the dangerously unprecedented timetable of FDA drug testing, a process that normally takes years. COVID vaccines had EUA a mere 12 months after health officials detected the supposedly novel virus, and only nine months after the World Health Organization (WHO) declared a pandemic, leaving no time to monitor long-term effects in clinical trials. AFLD described it as “the shortest time scientists have ever been able to develop a new vaccination for a major disease,” recalling the 40-year record of failed attempts on the part of Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, to create an HIV vaccine.

Nevertheless, pundits claim the novel coronavirus justifies vaccine mandates. As of mid-December,



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WHO tallied more than 270 million confirmed cases and more than five million deaths worldwide. “SARS-CoV-2 vaccines are urgently needed to mitigate the consequences of the pandemic and protect from future outbreaks,” proclaimed the *New England Journal of Medicine*, claiming benefits outweigh risks in “a world that lacks a reliable treatment for COVID-19.”

This assertion flies in the face of successful treatments such as that developed by Dr. Peter McCullough, a Dallas internist and cardiologist and former medical professor at Texas A&M University School of Medicine. He testified before the Texas Senate Health and Human Services Committee in March that two independent studies confirmed the outpatient protocol he and several colleagues developed early in the pandemic could have drastically reduced hospitalizations and deaths. “We have over 500,000 deaths in the United States,” he noted. “The preventable fraction could have been as high as 85 percent,” or 425,000, had people realized that reliable treatments exist.

Other researchers find inflated numbers in official data, which belie the supposed need for draconian quarantines and mandates. Stanford University’s expert in disease prevention, John Ioannidis, M.D., incurred establishment wrath in 2020 when he tested COVID-diagnosed patients for antibodies to the virus. At a time when governments were using COVID hysteria to justify life-altering lockdowns and unhealthy mask mandates, Ioannidis’ results, published in the *European Journal of Clinical Investigation*, found that SARS-CoV-2 “has lower average IFR [infection fatality rate] than originally feared,” around 0.15 percent. This was markedly lower than the one-percent IFR that Fauci reported in congressional testimony and the three percent asserted by WHO, according to *National Review*. Ioannidis published further research this past July in the *European Journal of Epidemiology* noting the continued prevalence of misdiagnoses, overcounted deaths, and erroneous death certificates, and pointing out that most “deaths occur in people with several underlying diseases” instead of the population at large.

Regardless, WHO insists on reporting its inflated COVID death numbers. The emergence of the Omicron variant has given the agency’s director-general, Tedros Adhanom, occasion to declare at a December press conference in Geneva, “Surely, we have learned by now that we underestimate the virus at our peril.” He urged vaccination as the solution.

What’s in a Name?

Are COVID vaccines the answer? According to Bhakdi, the differences between these and traditional vaccines are significant and dangerous. He and his biologist/biochemist wife, Karina Reiss, explain why in their books *Corona False Alarm?* and *Corona Unmasked*.

Prior to 2020, all vaccines contained weakened or inactivated viruses that stimulate the body’s immune system to produce defense mechanisms called “antibodies.” If the active virus infects you after vaccination, your antibodies recognize the intruder and stop it before it can do any damage.

COVID vaccines are different because they are gene-based. Instead of weakened or inactivated viruses, they contain a genetic recipe that tells your cells how to make viral spike proteins, with the hope that your immune system will react the same way that it does to traditional vaccines. Bhakdi and Reiss describe the shots as billions of “gene packages” that enter your bloodstream, where they are absorbed by endothelial cells that line your body’s blood vessels. Your cells start producing spike proteins, according to “package” instructions. However, the spike proteins damage your vascular lining, which



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stimulates platelets to form blood clots inside the vessels. Additionally, your immune system's defense cells attack your endothelial cells because the latter have become viral factories. More vascular damage and clotting ensue.

This technology is new in the vaccine world. However, manufacturers get away with labeling their novel drugs as vaccines because since 2015 the U.S. Centers for Disease Control and Prevention (CDC), an agency heavily involved in their creation, has twice conveniently morphed the definition into an umbrella term that includes the new drugs. U.S. Representative Thomas Massie (R-Ky.) tweeted this evolution of meaning and quipped, "They've been busy at the Ministry of Truth."

Merriam-Webster took the cue from CDC in 2020, updating its dictionary just in time for public consumption. The advantages are obvious: the word "vaccine" has a familiar, innocuous connotation. Moreover, unlike other drugs, vaccines enjoy certain liability protection and can in some cases be legally mandated. In the pharmaceutical world, this redefinition is a gold mine.

As Big Pharma reaps benefits, the vascular damage that Bhakdi and Reiss described is wreaking havoc among the jabbed: strokes, heart attacks, heart inflammation, blood disorders, miscarriages, and many other post-COVID jab ailments reported in profusion to the federal government's Vaccine Adverse Event Reporting System (VAERS). Bhakdi and Reiss predicted these effects would be particularly pronounced in younger people due to their more robust immune systems. Unfortunately, their forecasts are playing out. A notable example is the growing number of post-jab injuries among young athletes worldwide. The *Real Science* blog maintains a documented list of the most serious cases, which as of mid-December totaled 337 cardiac incidents and 192 deaths since January 2021.

Japan, where the government mandates post-vax adverse event reporting, has similar results. Rates of death due to cardiovascular issues and stroke are "disproportionately high" in vaccinated individuals, according to the medical magazine *Med Check*, which published Japan's data in September. Researchers estimate the "mortality risk of vaccination is 7 times higher than that of COVID-19" among people in their 20s and warn that, based on clinical trials, it is "ridiculous to consider vaccination for school children."

The Emperor's New Vaccine

You won't hear those stories on the nightly news. "This is a pandemic of the unvaccinated," declared President Biden in September. Major media dutifully blame the spread of SARS-CoV-2 on those who refuse to get the jab. "Germany and Austria seeing COVID cases rise among unvaccinated population," laments a November ABC News headline. "Unvaccinated Texans 40 times as likely to die of covid," bemoans the *Washington Post*. And MSN.com reports, "Doctors see serious COVID-19 complications in unvaccinated pregnant women and their babies."

It is Trump's fault, of course. A National Public Radio analysis contends, "People living in counties that voted heavily for Donald Trump ... have been nearly three times as likely to die from COVID-19" as their Biden-supporting counterparts. NPR offers a two-fold reason: Unvaccinated people tend to be Republicans, and "exposure to misinformation" runs "high among Republicans."

News that doesn't make the Google algorithm cut paints a different picture. The NBC affiliate in Burlington, Vermont, reported a single-day record of new COVID-19 cases and one death in early December. The report notably failed to mention whether the deceased had been jabbed, but the state's



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health department did not expect “a decrease in new infections during the next month.” How could this happen in blue-state Vermont, where the CDC brags more than 85 percent of residents have had at least one shot, and 73 percent are considered fully vaccinated?

California tells a similar story. In a flagrant blue-state display of yellow journalism, the San Diego Fox News affiliate reported in December, “As vaccination rates lagged over the summer, COVID-19 cases surged,” leading readers to blame the unvaxxed. But California is another CDC darling, with nearly 75 percent of residents having received at least one jab by the end of June 2021.

This blue-state phenomenon is confirmed worldwide. Case numbers have spiked in Iceland, reports the Health Ministry, despite the fact that more than 85 percent of adults are double-dosed. “Chile leads the Western Hemisphere in vaccinations,” announced the *Washington Post*, but “coronavirus is still surging.” Israel boasts one of the world’s highest vaccination rates, but official data published in the journal *Science* reveal that a majority of Israelis hospitalized with COVID are fully vaccinated. And health officials in what pundits call “the most vaccinated place on earth,” the tiny British territory of Gibraltar, cancelled Christmas events due to a recent dramatic rise in COVID cases, though every adult there is twice-jabbed.

Fact checkers brush aside damning evidence and blame variants, faulty math, waning immunity, or increasing tests translating into increasing numbers of cases (though they lambasted Trump in 2020 for pointing out the same phenomenon). Most objections are downright Orwellian. Here’s an example from BBC about COVID-19 in Wales: “Although 80% of [COVID-hospitalized] patients have been double-dosed with a vaccine, public health officials said this is not evidence that the vaccine is not working.... The sheer numbers of people vaccinated ... mean that statistically, double-vaccinated patients will be a significant portion of hospital patients.” *USA Today* echoed this illogic in a fact-check crying foul on reports of vaccinated individuals in England dying of COVID-19: “[E]xperts say it’s expected that the vaccinated would account for the majority of deaths as the number of people vaccinated rises.”

The absurdity is unanswerable. An analysis of VAERS data since 1990 shows no such breakthrough effect from other vaccines. The notable exception prior to VAERS was an outbreak of polio in the rushed vaccine rollout of 1955. The infamous Cutter incident involved inoculation batches accidentally infested with live polio virus. The disastrous consequences left 10 children dead and 200 with varying degrees of paralysis, according to a 2006 article in the *Journal of the Royal Society of Medicine*. History repeats.

Vaccine Venom

Breakthrough COVID cases among the jabbed only tell part of the story. What about other adverse effects? Even without clinical data it is easy to surmise that COVID vaccines are injuring and killing huge numbers. Why else would so many healthcare professionals be willing to sacrifice their jobs to avoid the jab?

Blame goes to the vaccine injuries they are witnessing firsthand. “We’ve been seeing a lot [of severe side effects] in the hospitals just between the patients and employees that I work with,” Jennifer Bridges, R.N. told CNN’s *Pulse of the People*. “You don’t know until you take it if you’re going to get one of those reactions or not.” Bridges was the main plaintiff in a lawsuit filed by 117 former employees of a Houston hospital, fired for refusing their employer’s jab mandate. In his ruling, U.S. District Judge Lynn Hughes justified the hospital’s action as “saving lives” and sniffed that the nurses would “simply



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need to work somewhere else.” Hughes failed to explain his insinuation that it would be fine to endanger lives by working elsewhere unvaccinated.



Child endangerment: The CDC approved jabs for five-year-olds, though clinical trials in Japan provoked researchers to declare it “ridiculous to consider vaccination for school children.” (*Photo credit: AP Images*)

VAERS provides clues about why those nurses are squeamish about getting a shot: as of December, more than 20,000 deaths, more than 100,000 hospitalizations, and more than 33,000 people left permanently disabled after getting the jab. Tens of thousands more have endured miscarriages, heart attacks, severe allergic reactions, and other life-threatening conditions.

Although VAERS data relay only reported cases without proven causality, government agencies rely on it as an early-warning indicator, as infectious disease expert Dr. Peter McCullough told *The New American*. “In the 1976 swine flu pandemic we attempted to vaccinate 55 million Americans,” he said. “At 25 deaths, the program was killed.” He noted that today, typically a drug is pulled off the market when reported deaths reach 50. COVID vaccines have already outstripped that limit 400 times over, and deaths attributed to them are more than double the combined VAERS total credited to other vaccines in the previous 30 years.

Historically FDA’s decisions to pull drugs have not depended on proven causality because, the agency admits, due to the voluntary nature of VAERS reporting, its numbers likely account for a small fraction of actual cases. The *Lazarus Report*, a definitive Department of Health and Human Services study, found that “less than 0.3% of all adverse drug events and 1-13% of serious events are reported.” If that holds true for COVID jabs, as many as two million victims have already perished. That’s why many healthcare professionals would rather face unemployment than this particular needlestick.

VAERS numbers are hardly an anomaly. Data obtained through a Freedom of Information Act request to the U.K.’s medical regulatory agency reveal that deaths due to COVID vaccines in the first six months of 2021 were “407% higher than deaths due to all other vaccines combined in the past 11 years,” according to U.K. website *The Exposé*.

The World Health Organization maintains its own database, called *VigiAccess*, which collects drug side-effect information from its 172 member countries and territories. As of mid-December it had recorded nearly three million adverse events and deaths related to COVID shots, with totals climbing daily. An



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astonishing number include pre-born babies — e.g., spontaneous abortions, stillbirths, and other pregnancy-related complications. Were those children counted as people rather than clumps of cells, VigiAccess numbers would include thousands more victims.

Excess Mortality

There is another unnerving phenomenon repeating itself around the globe. Areas of high vaccination rates are experiencing overall excess mortality — even higher than mortality in 2020 when COVID shut down the world. The grassroots group Israeli People’s Committee discovered excess mortality in their country following the government’s coercive vaccine mandates: 18 percent overall and a startling 30 percent in the 20 to 29 age group, compared to past averages. Particularly alarming is the high correlation between the number of people vaccinated per day and the number of deaths per day, in the range of 10 days post-vaccination. Likewise, research in Germany, commissioned by state parliament member Dr. Ute Bergner, found higher excess mortality in areas of the country with higher vaccination rates.

Officials in the United Kingdom brag about their mass immunization program, which began in December 2020 and expanded by July to include those as young as 12. *The Express* reported in early November, “Last week was the 16th week in a row where the [Office of National Statistics for England and Wales (ONS)] reported extra or ‘excess’ deaths” unrelated to COVID. The same data show a mind-boggling 63-percent increase in deaths among teen boys since they started getting jabbed, compared to the same period last year, and a 44-percent rise above the national five-year average in deaths among 12- to 15-year-olds. Former *New York Times* reporter and science writer Alex Berenson analyzed the ONS mortality data and found that since April, “vaccinated English adults under 60 are dying at twice the rate of unvaccinated people the same age.”

Is this excess mortality mere coincidence, or is there a link to vaccines? “The correlation does not prove that excess mortality is caused by vaccination,” notes Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, on the AAPS website. (NPR fell into this same statistical trap when it reported excess COVID deaths in Trump-supporting counties.) “On the other hand, vaccination cannot be shown to decrease mortality, since mortality increased,” Orient said, pointing out that the data demand further research, and that regardless, no one should be denied the “fundamental human right to decline an injection.”

Non-negotiable Rights

Joe Biden has obviously forgotten the concept of fundamental human rights, along with his promise at a December 2020 event in Delaware about the jab: “I wouldn’t demand it to be mandatory.” Now, his tyrannical mandates aim to encompass most Americans, and his recently released COVID Action Plan prioritizes life-threatening vaccinations for children as young as five. Despite damning evidence that proves the colossal failure of COVID vaccines, his administration obviously intends to extend the mandates indefinitely and expects a mask-shackled, lockdown-weary public to submit.

But freedom-loving Americans are using constitutional means to protect their rights. The attorneys general from 27 states, together with more than 100 organizations and companies, filed an appeal with the U.S. Supreme Court in mid-December to block Biden’s OSHA mandates. Courts are also intervening on behalf of the dying, as in the case of Chicago judge Paul Fullerton, who ordered a hospital to “step



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aside” and allow ivermectin for a dying man; the treatment saved his life. Meanwhile, grassroots movements are springing up. CNBC reported that “several hundred Google employees” recently signed a manifesto against vaccine mandates. Thousands of people are planning to gather in Washington, D.C., on January 23 for a grassroots “Defeat the Mandates: An American Homecoming” march planned by an international alliance of physicians, scientists, athletes, journalists, and celebrities.

Such stories are becoming more common. They promise an end to COVID tyranny, as more Americans wake up to their lab-rat status in this giant and deadly vaccine experiment. But they do not necessarily imply a return to normal, and that is a good thing. The pre-COVID world was one eager to surrender its God-given rights for a false sense of security. The outcome has been illicit quarantines, economic shutdown, censorship, and life-threatening injection mandates. America is ready for a new experiment in freedom.

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